

**COLORADO TITLE XXI STATE PLAN
FACT SHEET**

Name of Plan:	Child Health Plan Plus (CHP+)
Date Plan Submitted:	October 14, 1997
Date Plan Approved:	February 18, 1998
State Plan Effective Date:	April 22, 1998
Date Amendment # 1 Submitted:	January 19, 1999
Date Amendment # 1 Approved:	September 21, 1999
Date Amendment # 1 Effective:	April 22, 1998
Date Amendment #2 Submitted:	December 20, 2000
Date Amendment #2 Approved:	March 28, 2001
Date Amendment #2 Effective:	October 1, 2000
Date Amendment #3 Submitted:	December 27, 2000
Date Amendment #3 Approved:	March 28, 2001
Date Amendment #3 Effective:	October 1 2000
Date Amendment #4 Submitted:	June 28, 2002
Date Amendment #4 Approved:	April 24, 2003
Date Amendment #4 Effective:	February 1, 2002
Date Amendment #5 Submitted:	December 17, 2003
Date Amendment #5 Approved:	March 9, 2004
Date Amendment #5 Effective:	November 1, 2003

Background

- On October 14, 1997, Colorado submitted a Title XXI State Plan to expand children's access to health coverage by building on the experience and infrastructure of the Colorado Child Health Plan (CCHP), an existing State-only program providing basic medical services to low-income children, and established Child Health Plan + (CHP+), a separate child health program.
- Coverage was initially provided to children through age 17 with family incomes at or below 185 percent of the Federal Poverty Level (FPL).

Amendments

- Effective April 22, 1998, Colorado amended its Title XXI State Plan to expand coverage to children through age 18 with family incomes at or below to 185 percent of the FPL.

- Colorado submitted its second amendment on December 20, 2000, to eliminate premiums and implement an annual enrollment fee for families with incomes between 151 and 185 percent of the FPL.
- On December 27, 2000, Colorado submitted an amendment to its Title XXI State Plan to make changes in its application and enrollment process and in its service delivery system.
- Colorado submitted its fourth amendment on June 28, 2002, to update and amend its SCHIP State Plan to indicate compliance with the final SCHIP regulations and to add dental benefits for children. The addition of the dental benefit was effective February 1, 2002.
- On December 10, 2003, Colorado submitted its fifth amendment to provide Colorado with the authority to implement and to subsequently revoke an enrollment freeze, as the State budget allows. A freeze on enrollment became effective on November 1, 2003, and will remain in place until either additional funds become available, or the number of enrolled children no longer obligates all appropriated funds.

Children Covered Under Program

- The State reported that 74,144 children were ever enrolled in the program during Federal Fiscal Year 2003.

Administration

- The Department of Health Care Policy and Financing administers CHP+ with subcontracts for provider network administration, enrollment, outreach, and customer service.

Health Care Delivery System

- The program uses MCOs for health care delivery services. The statewide provider network established by the former Colorado Child Health Plan has been expanded to care for children who are eligible for CHP+ but who have not yet been enrolled in a HMO (HMOs generally initiate coverage on the first of the month only) and those children who live in areas where no service is available.
- The State contracts directly with provider practices to deliver covered benefits to children in areas of the State where HMOs are not available.

Benefit Package

- Colorado is using a benchmark-equivalent benefit package. The benefit package includes inpatient services; outpatient services; physician services; surgical services; dental services; vision services; prescription drugs; lab and radiology services; prenatal care and family planning services; inpatient and outpatient mental health services; outpatient substance abuse treatment services; durable medical equipment; home and community-based health care; case management services; physical and occupational therapy; hospice care; medical transportation; organ transplant and skilled nursing facility care.

Crowd-Out Strategy

- Information on access to health care coverage is collected. There is a 3-month waiting period for applicants who had coverage with at least a 50 percent employer contribution.
- The State will monitor for substitution. Reports are generated on a monthly basis that break out application denials due to other insurance and access to State employee benefits.

Cost Sharing

- The table below describes CHP+ cost sharing in detail:

CHP+ Cost Sharing										
Poverty Level	Annual Enrollment Fee		Copayment				Coinsurance			
	One Child	Two or more children	Outpatient Services	Emergency Room	Prescription Drugs	Inpatient Services	Substance Abuse	Physical and OT Therapy	Vision	Dental Services
0% - 100%	No Enrollment Fee	No Enrollment Fee	No copayment	\$3	No copayment	No copayment	No copayment	No copayment	No copayment	No copayment
101% - 150%	No Enrollment Fee	No Enrollment Fee	\$2	\$3	\$1	No copayment	\$2	\$2	\$2	Coinsurance for non routine service not to exceed \$5 per service*
151% - 185%	\$25	\$35	\$5	\$15	\$3 - \$5	No copayment	\$5	\$5	\$5	

* Effective January 1, 2003

State Outreach and Enrollment Activities

- CHP+ created an extensive marketing and outreach program encompassing strategies that range from grass roots networking to mass market advertising campaigns. These efforts have been implemented to reach families in many different ways with different messages.

Coordination between SCHIP and Medicaid

- The State uses a joint application. Eligibility is first determined for Medicaid. If the child is determined ineligible, eligibility is then determined for CHP+.
- State statutes mandate that only plans willing to contract with Medicaid are eligible to serve CHP+ members. This measure ensures continuity of care if a child becomes eligible for Medicaid.

Financial Information

Total FFY 2004 SCHIP allotment -- \$44,865,429
 FFY '04 Enhanced Federal Matching Rate -- 65%

Date last updated: March 9, 2004