

Before we start

- Let us know how we are doing!
- Your questions are not being ignored.
- Attendance tracking is not immediate.
- The Build Guide and PPT are available!
- We are recording this webinar.

 Raise Hand


 Agree

 Disagree

 Step Away

 Speak Louder

 Speak Softer

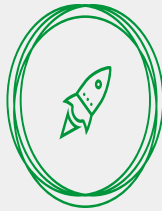
 Speed Up

 Slow Down

 Laughter

 Applause

Presentation Outline



Kick off

Conni Jensen



Projects

Project 12208: Conni Jensen/Natalie Friedman
Projects 12713 & 12714: Conni Jensen/Natalie Friedman
Project 11733: Conni Jensen/Natalie Friedman



Closing

Conni Jensen



HCPF

We oversee and operate Health First Colorado (Colorado's Medicaid Program), Child Health Plan Plus (CHP+), and other public health care programs for Coloradans who qualify.

Project #12208

MA Eligibility Span Updates

System updates to ensure that accurate Medical Assistance (MA) eligibility span data is transferred to the interChange.

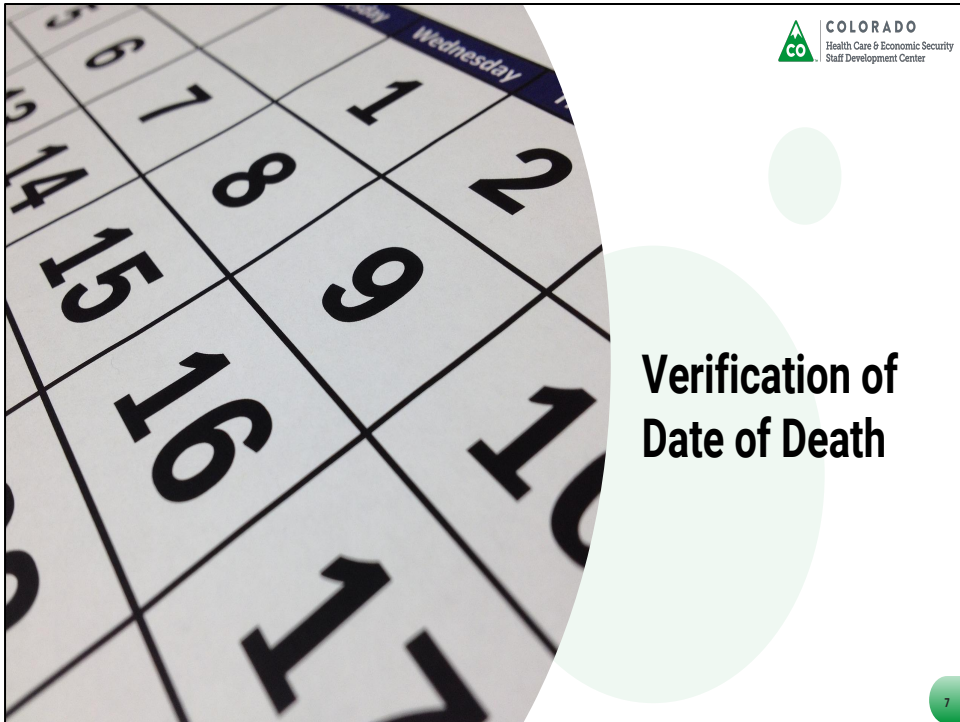
System updates to ensure that accurate Medical Assistance (MA) eligibility span data is transferred to the interChange.



This project updates the current system functionality to allow for the system to correctly generate Medical Assistance (MA) Medical Eligibility Spans.

The purpose of this project is to ensure that accurate Medical Assistance Eligibility Span data will be sent to the InterChange.

Users will continue to see eligibility span breaks within the MA Eligibility Span page, even if eligibility has not changed. This is due to med span process indicator logic that was implemented to accommodate the interChange process.



It was identified that the SSA Interface will populate a Date of Death (DOD) and the Verification as Questionable. CBMS Users are not notified when this occurs so no further action was taken resulting in MA remaining active as MA does not accept Questionable as a valid Verification value.

With this project, when a DOD is entered by the SSA Interface with a Verification value as any value other than Received, a VCL will be triggered and the case will pend.

Standard timeframes for missing verifications will apply. The VCL will have a due date of 1 calendar + 10 business and the denial due date (EDBC trigger) will be set as + 5 business days following the VCL due date.

If the VCL is not returned and Verification value updated to Received by the denial due date, EDDB will run and the client will be terminated due to Failure to Provide Missing Verifications and

Death.

Both termination reasons will be included on the same Notice of Action (NOA) along with the benefit end date = to the DOD.

This applies to both Primary and Secondary MA aid codes.

Request for More Information

Dear [HOH First Name] [HOH Last Name]:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed** or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, "Where to Send the Information."


To choose the right type of proof to send for each item, first check if there is a note in the "Notes" section below the item. If there is no note and you are not sure what we need, please call us for more information.

Information needed for [Individual Name]

Information to send	Due date for each program: send one copy by the earliest date listed
Social Security has reported to us that there may have been a death in your household. If this is accurate, we are sorry for your loss. Please contact your county office to ensure your case has the most current information and to explore any additional options that may be available.	[Due Date] for [Program Name]
Notes for [Program Name]:	

**Date of
Death
VCL**

There is a newly updated Date of Death VCL

 **Medical Assistance Benefits**

We reviewed your information for Medical Assistance benefits and made a decision on [redacted] at [redacted]. Some of your benefits have changed. The people in your household may have qualified for different benefits. The boxes below tell you about these benefits.

For questions about the Medical Assistance you qualify for, contact [redacted] at [redacted] or [redacted]

Health First Colorado ID: [redacted]

does not qualify for:

- X** Health First Colorado (Colorado Medicaid). As of [redacted], you don't qualify because you didn't finish the application process. You may reapply at any time.
- X** Health First Colorado (Colorado Medicaid). As of [redacted], you don't qualify because we received a notice of death for this household member. We're sorry for your loss.

NOA when terminated for VCL Missing Verification and for Death

Please note that missing verification language will be updated in June to “You did not give us all the information we need to decide if you qualify for benefits”



For MA clients, if Date of Death (DOD) is entered and verified (Verification = Received and Source = Any value), the client will be terminated as of DOD.

EDBC will no longer be required to run back to Death Month to terminate the client for Death as of their DOD.

The effective end date is the DOD for Primary and Secondary Aid Codes for both eligibility and med span.

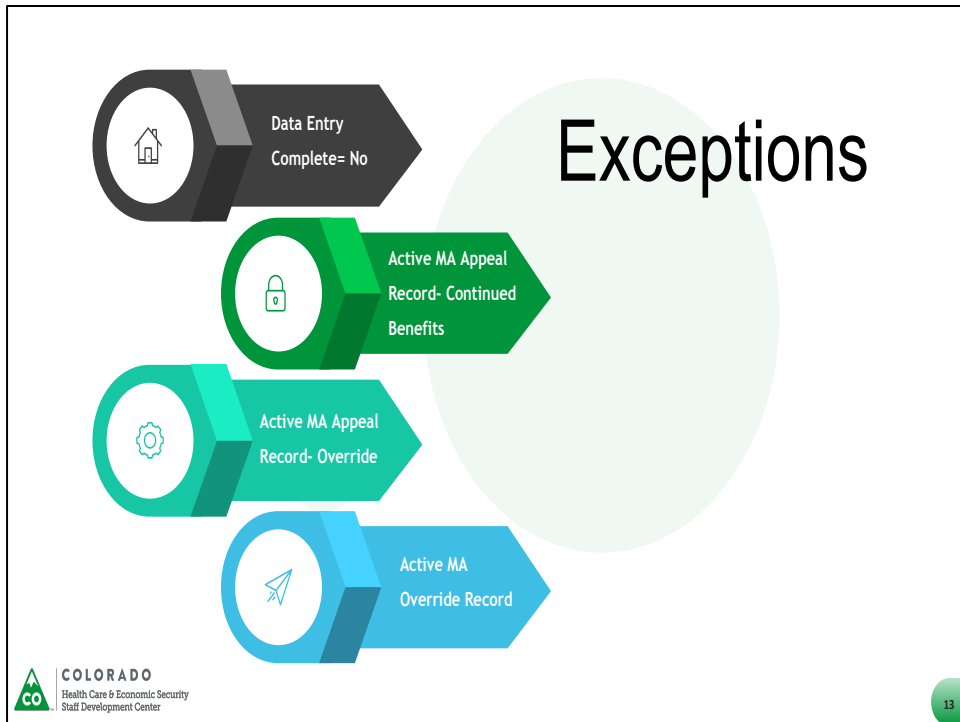
This includes LIS for eligibility only, as there is no med span for LIS.

DOD will be the eligibility end date listed on the termination NOA

DOD will be the med span end date

At the time of implementation, a mass update will be completed to run all MA cases that have an active MA client with a DOD entered. MA will pend or terminate depending on if the DOD has a valid

Verification value entered.



When the MA client has a verified DOD entered and EDBC runs, all pending reasons will be bypassed with some exceptions.

If an MA client has a verified DOD entered and they meet one of the following conditions, they will not be terminated for death until they no longer meet this condition

Data Entry Complete = N

Active MA Appeal Record (Continued Benefits or Override)

Active MA Override Record

This is for EDBC batch run or manual run

It is important to note that if an MA application is pending and a verified DOD is entered and EDBC runs while pending for a reason other than the exceptions listed, the application will be denied due to death. You may want to set the Data Entry Complete field to No to prevent the death denial from occurring prior to completing the application process.

New Cognos Reports



MA Clients
Terminated
Due to Death



Active MA
Clients With A
Date of Death



MA Clients
Terminated
Due to Death
with
Extended Med
Span



MA Head of
Household
Does Not
Have Mailing
Address



MA Overdue
Pregnancy
Records

- **Report Title - MA Clients Terminated due to Death**
 - **Report Description** - Report includes all MA clients that were terminated due to death in the report month
 - **Report Frequency** – Monthly
 - **Report Location** – Eligibility Reports
 - **Action Needed:** Informational
 - **First Run:** After 3/3/19
- **Report Title - Active MA Clients with a Date of Death**
 - **Report Description** - Report includes all active MA clients that have a Date of Death entered
 - **Report Frequency** – Weekly
 - **Report Location** – Eligibility Reports
 - **Action Needed:** Verify DOD, Run EDBC, Authorize MA, Verify Med Span End Date = DOD
 - **First Run:** After 2/17/19
- **Report Title - MA Clients Terminated due to Death with**

- *Extended Med Span*
 - **Report Description** - Report includes all MA clients that were terminated due to death but have a med span end date greater than the date of death
 - **Report Frequency** – Weekly
 - **Report Location** – Eligibility Reports
 - **Action Needed:** Rescind MA, Run EDBC, Authorize MA, Verify Med Span End Date = DOD
 - **First Run:** After 2/17/19

- **Report Title** - *MA Head of Household that does not have a Mailing Address*
 - **Report Description** - Report includes all active MA Heads of Household that have a null mailing address
 - **Report Frequency** – Weekly
 - **Report Location** – Eligibility Reports
 - **Action Needed:** Enter Mailing Address for HOH, Run EDBC, Authorize MA
 - **First Run:** After 2/17/19

- **Report Title** - *MA Overdue Pregnancy Records*
 - **Report Description** - Report is to include all MA clients that have an active Pregnancy record where the Expected Due Date is 15 calendar days in the past and there is no Pregnancy End Date entered
 - **Report Frequency** – Weekly
 - **Report Location** – Eligibility Reports
 - **Action Needed:** Enter Pregnancy End Date, Reason, Verification, Source, Run EDBC, Authorize MA
 - **First Run:** After 2/17/19

Medical Assistance Eligibility Span Error Report

Additional error types added with this build

Medical Assistance Eligibility Span Error Report							
Reporting Period: 06/14/2016							
County : ADAMS Office: Adams - HSB Supervisor : asdfafd, fadsfds MA Worker: xxxx, yyyy							
Client Last Name, First Name	State ID#	CBHS Case #	Error Span Begin Date	Error Span End Date	Error Code	Error Description	Error Type
			3/1/2016	3/1/2016	2020	MAILING ADDRESS IS MISSING	Rejection
			4/1/2016	4/30/2016	2021	MAILING CITY IS MISSING	Warning
			5/1/2016	5/31/2016	2022	MAILING STATE IS MISSING OR INVALID	Rejection
			4/1/2016	4/30/2016	2023	MAILING ZIP CODE MISSING OR INVALID	Warning
			5/1/2016	5/31/2016	2021	MAILING CITY IS MISSING	Warning
			4/1/2016	4/30/2016	2022	MAILING STATE IS MISSING OR INVALID	Rejection
			3/1/2016	3/31/2016	2023	MAILING ZIP CODE MISSING OR INVALID	Warning
Total Record count per user:		7					
Total Record per County:		7					

This is an existing report, but new error types have been added with this build

- **Report Title** - Medical Assistance Eligibility Span Error Report
 - **Report Description** - Report includes all MA Eligibility Spans that could not be processed due to an error caused by user data entry. The data entry will need to be corrected and eligibility authorized the span to be resent to the interChange.
 - **Report Frequency** – Daily
 - **Report Location** – Medical Span Folder

For the new Date of Death error reports, the worker will need to verify DOD, run EDBC and authorize MA. MA Span end date should equal DOD

For the new Home Address error reports, the worker will need to correct the Address field that isn't valid, run EDBC, then authorize

MA

Additionally, workers will see these new error reports:

- **LEVEL OF CARE TYPE IS UU - DOES NOT MATCH CLIENTS AGE**
 - *CORRECT LEVEL OF CARE TYPE BASED ON CLIENTS AGE, SAVE, RUN EDBC, AUTHORIZE MA*
- **INSTITUTIONAL MED SPAN RECEIVED WITH OUT VALID NURSING FACILITY/HOSPITAL NPI**
 - *CORRECT LTC INSTITUTION NAME FIELD TO REFLECT A VALID NURSING FACILITY OR HOSPITAL WITH A NATIONAL PROVIDER ID, RUN EDBC, AUTHORIZE MA*
- **PREG BEGIN > CYCLE DATE**
 - *ENSURE THAT PREGNANCY BEGIN DATE IS NOT A FUTURE DATE*
- **ENROLLMENT BEGIN DATE CANNOT BE AFTER DATE OF DEATH**
 - *VERIFY DOD, RUN EDBC AND AUTHORIZE MA. MED SPAN END DATE SHOULD EQUAL DOD.*
- **ENROLLMENT END DATE CANNOT BE AFTER DATE OF DEATH**
 - *VERIFY DOD, RUN EDBC AND AUTHORIZE MA. MED SPAN END DATE SHOULD EQUAL DOD.*
- **NH LOC BEGIN DATE CANNOT BE AFTER DATE OF DEATH**
 - *VERIFY DOD, RUN EDBC AND AUTHORIZE MA. MED SPAN END DATE SHOULD EQUAL DOD.*
- **NH LOC END DATE CANNOT BE AFTER DATE OF DEATH**
 - *VERIFY DOD, RUN EDBC AND AUTHORIZE MA. MED SPAN END DATE SHOULD EQUAL DOD.*

- **HOME ADDRESS POPULATED, HOME CITY IS NOT VALID**
 - *CORRECT HOME ADDRESS CITY FIELD, SAVE, RUN EDBC, AUTHORIZE MA*
- **HOME ADDRESS POPULATED, HOME STATE IS NOT VALID**
 - *CORRECT HOME ADDRESS STATE FIELD, SAVE, RUN EDBC, AUTHORIZE MA*
- **HOME ADDRESS POPULATED, HOME ZIP CODE IS NOT VALID**
 - *CORRECT HOME ADDRESS ZIP CODE FIELD, SAVE, RUN EDBC, AUTHORIZE MA*

EXISTING ERROR TYPES

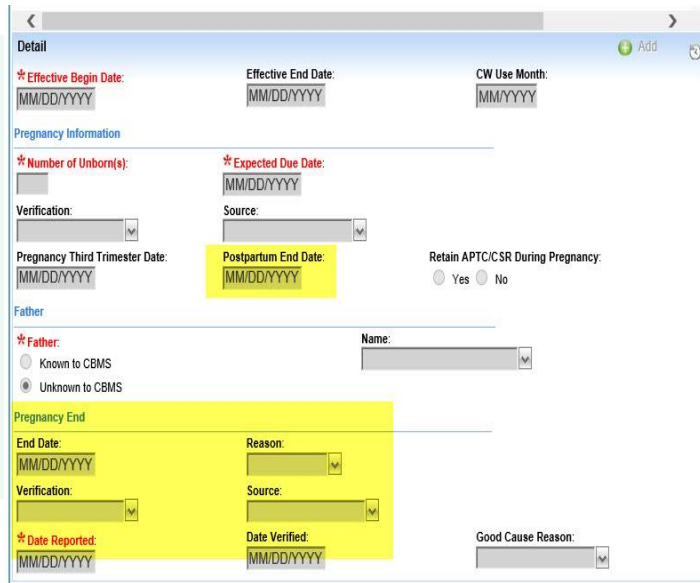
- **MEMBER LAST NAME MISSING**
 - *CORRECT CLIENT LAST NAME, CLEAR, SAVE, RUN EDBC, AUTHORIZE MA*
- **MEMBER FIRST NAME MISSING**
 - *CORRECT CLIENT FIRST NAME, CLEAR, SAVE, RUN EDBC, AUTHORIZE MA*
- **MAILING ADDRESS IS MISSING**
 - *ADD COMPLETE MAILING ADDRESS, SAVE, RUN EDBC, AUTHORIZE MA*
- **MAILING CITY IS MISSING**
 - *ADD MAILING ADDRESS CITY, SAVE, RUN EDBC, AUTHORIZE MA*
- **MAILING STATE IS MISSING OR INVALID**
 - *ADD OR CORRECT MAILING ADDRESS STATE, SAVE, RUN EDBC, AUTHORIZE MA*

- **MAILING ZIP CODE MISSING OR INVALID**
 - *ADD OR CORRECT MAILING ADDRESS ZIP CODE, SAVE, RUN EDBC, AUTHORIZE MA*

- **PHONE NUMBER MUST BE NUMERIC OR SPACES**
 - *CORRECT PHONE NUMBER, SAVE, RUN EDBC, AUTHORIZE MA*

- **DATE OF DEATH CANNOT BE BEFORE DATE OF BIRTH**
 - *CORRECT EITHER DOB OR DOD, CLEAR, SAVE, RUN EDBC, AUTHORIZE MA*

Updates to Pregnancy Page



The screenshot shows a web form titled "Detail" for a pregnancy record. The form is divided into several sections: "Effective Begin Date", "Effective End Date", and "CW Use Month" at the top. Below that is "Pregnancy Information" which includes "Number of Unborn(s)", "Expected Due Date", "Verification", "Source", "Pregnancy Third Trimester Date", "Postpartum End Date" (highlighted in yellow), and "Retain APTC/CSR During Pregnancy" with "Yes" and "No" radio buttons. The "Father" section has "Father" (radio buttons for "Known to CBMS" and "Unknown to CBMS") and "Name". The "Pregnancy End" section is highlighted in yellow and includes "End Date", "Reason", "Verification", "Source", "Date Reported", "Date Verified", and "Good Cause Reason".

The Pregnancy Page has been updated to include:
Worker will not be able to enter an Effective End Date for a client if there is no Pregnancy End Date for the current record
Worker will be unable to enter a new Pregnancy Record if there is a current Pregnancy Record with no End Date
Worker will be unable to enter an Effective End Date if the post-partum date has not ended

Update to LTC Institution Details

The screenshot displays the 'Long Term Care Institution' page. At the top, there is a header with the Colorado logo and the text 'COLORADO Health Care & Economic Security Staff Development Center'. Below the header, there is a search bar for the institution name. The main content area is titled 'LTC Institution Summary' and contains a table with columns for Effective Begin Date, Effective End Date, Institution Name, Entry Date, Discharge Date, and Expected Return Date. Below the table is the 'LTC Institution Details' section, which includes several input fields: Effective Begin Date (MM/DD/YYYY), Effective End Date (MM/DD/YYYY), Institution Name (highlighted in yellow), National Provider ID (highlighted in yellow), Admit Date (MM/DD/YYYY), Discharge Date (MM/DD/YYYY), Per Diem Rate (a currency field with a value of .00), and radio buttons for 'Admitted to Current Institution from Home' (Yes/No) and 'Expected to Return Home' (Yes/No).

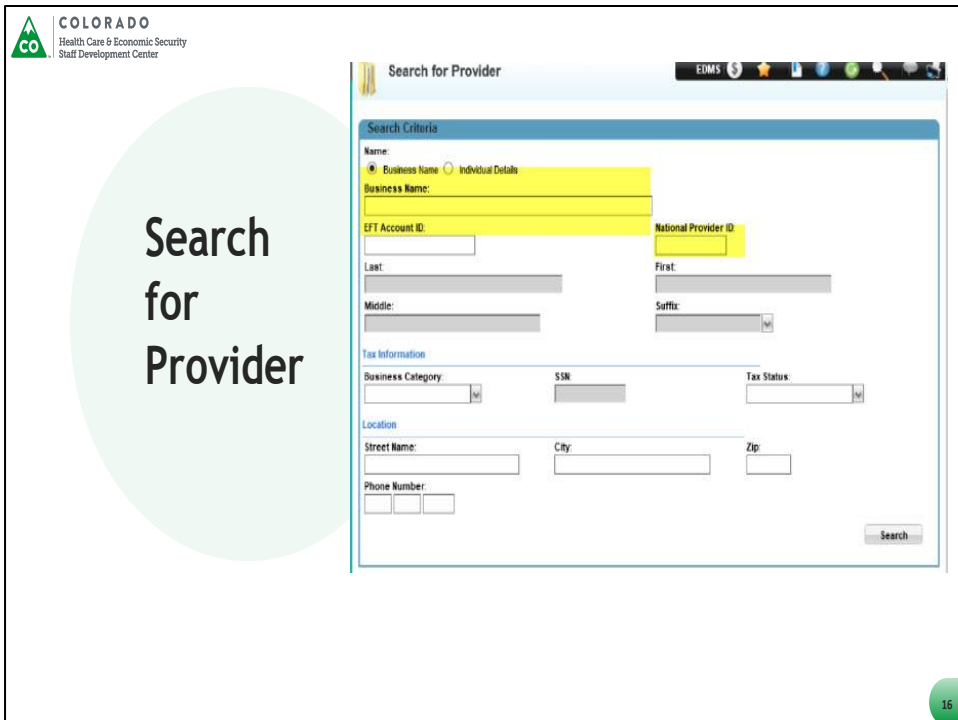
New field added to the LTC Institution page – National Provider ID

When searching for an Institution Name within the LTC Institution page, the provider search results will only display Nursing Facilities and Hospitals that are in an Active status and have a National Provider ID (NPI) listed.

When an institution is selected within the Search for Provider page, the NPI will auto-populate within the LTC Institution page

Per Diem rate will also continue to populate as it does today

Reminder: For MA - the Institution Name field should always be entered with a valid institution name when the client meets the institutionalized level of care for either residing in a nursing facility or hospital (30 consecutive days). If the client is approved for the MA NF/Hospital aid code and this field is left blank or includes an invalid institution, this will cause claims/billing issues.




The Business Name field in the Search for Provider page has been extended to accept up to 60 characters.

New field added to the Search for Provider page – National Provider ID. CBMS users will now be able to search by NPI if known.

When accessing the Search for Provider page from the LTC Institution page, search results will only display Nursing Facilities and Hospitals that are in an Active status and have a National Provider ID (NPI) listed.

Please submit a Help Desk Ticket if you are unable to locate a Nursing Facility or Hospital you are searching for

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Health Care & Economic Security
Staff Development Center

Address Update

Delivery Address Rural Route Address PO Box Address General Delivery Address

Address Information

* Number:

Suffix:

Unit #:

* City:

County Code:

Pre:

Post:

Rural Route #:

* State:

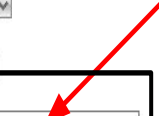
In Care of:

* Street Name:

Unit Type:

PO Box:

* Zip:

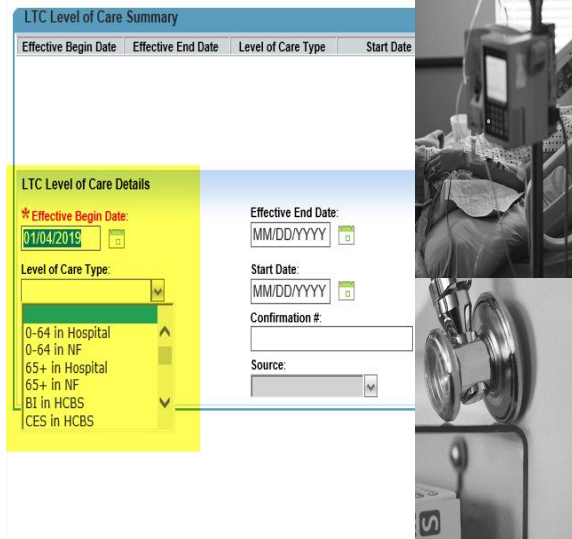


The Individual Address Details page now requires that all city names have more than one character

Reminder: Mailing Address should always be populated for HOH

Level of Care Types

Updates to Logic



The Level of Care Types have been updated to include logic for filtering. You will only see the items that the client qualifies for by age, based upon the date of birth listed in the Individual Demographics page. So, if a client is 63 years old, you will not see options for **65+ in NF** in the Level of Care Types drop down menu. Or, if a client is 66 years old, you will not see the option for **0-64 in NF** in the drop down list for Level of Care Types.

Reminder: Review this page at RRR to ensure that the Level of Care record is current/accurate and update if necessary.

Health Insurance Claim Number Update

Medicare Expense

The following event(s) occurred:
 12108: Incorrect Health Insurance Claim # format entered please re-enter the Health Insurance Claim #

Select Expense Category
 Summary Dependent Care Medical Medicare Child-Spousal Other

*Name:
 Susan, Paul, 25 12345678901234

Summary

Health Insurance Claim #	Effective Begin Date	Effective End Date

Detail

*Effective Begin Date: MM/DD/YYYY
 Buy-in State:
 Health Insurance Claim #: 158369111
 Medicare Beneficiary ID:

Effective End Date: MM/DD/YYYY
 *Frequency:
 *Verification:
 Source:

Part A
 Payment Method: Eligible to Enroll in Medicare Part A under Currently Enrolled:

The Health Insurance Claim Number field on the Medicare Expense Page has been updated to accept 11 digits.

First 9 digits must be numeric

10th digit must be alpha

11th digit can be alpha/numeric

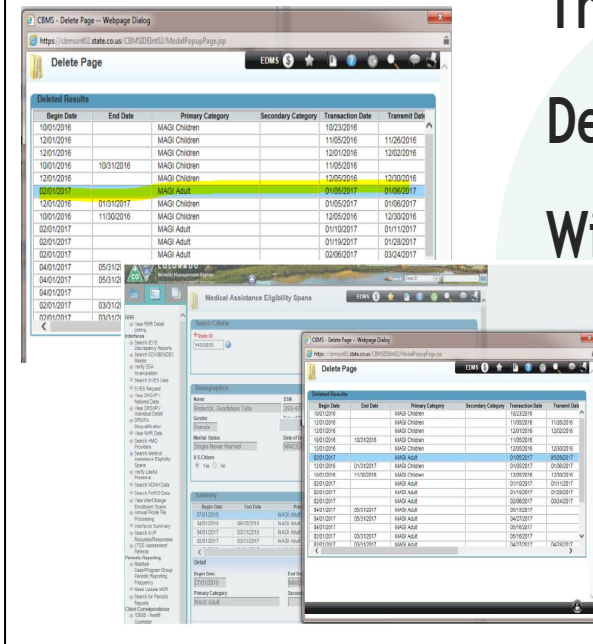
Field must have 10 digits, the 11th digit is optional

No dashes or spaces are allowed

Error message will appear if the number is entered incorrectly

This logic is available in PEAK, also

Transmit Date in Delete/History Window



The MA Eligibility Span Delete/History page will now capture Transmit Date history for spans
 When the med span Transmit Date is updated for a span, the span with previous Transmit Date will be captured in the Delete/History page
 The most current Transmit Date will be reflected in the MA Eligibility Span page as it is today

Questions?



Projects #12713 & 12714

CBMS MA CHP+ Other Health Insurance Interface Updates- CHP+ Prenatal

System changes to add CHP+ eligibility functionality and updates.

These projects will add CHP+ Prenatal (N2) to the CHP+ Other Health Insurance eligibility functionality created with Project 11718. Eligibility updates for CHP+ Continuous Eligibility individuals(N1) and for CHP+ Newborn (N4) individuals will also be included in these projects.



These projects add to the current functionality of 11718: Other insurance is considered as part of the eligibility determination for the Child Health Plan Plus (CHP+) Medical Assistance (MA) category. This category does not allow for other insurance. If other health insurance is reported or discovered, the individual should be considered ineligible for CHP+. This project will create functionality in CBMS to receive an interface file containing other health insurance data for individuals who are currently receiving CHP+, update CBMS with the data and act on the information.

Functionality of 10 Day Noticing

Date: Effective End Date: MM/DD/YYYY
 Family Name: Provider Name: Health Plan:
 Group Number: Member ID:
 Verified By: **Client Statement**
 Collateral Contact
 CHP+ Interface
 Deductible: \$.00
 Co-Pay: \$.00
 Contact:

and/or Cervical Cancer

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Example #1:

CBMS received a CHP+ Interface record for an individual who is ongoing CHP+ Prenatal (N2) on 09/21/2018. A CHP+ letter was sent with a due date of 10/05/2018, and the denial due date is 10/12/2018. On 09/25/2018 the CHP+ Prenatal recipient contacts the CBMS worker to inform them that she has other health insurance.

Result:

On 09/25/2018 the CBMS worker changes the Verified By value on the active Other Health Insurance record to Client Statement. The individual will no longer be eligible for CHP+ Prenatal (N2) beginning 11/2018, as there is not enough time for timely noticing to terminate for October.

Example #2:


CBMS received a CHP+ Interface record for an individual who is ongoing CHP+ Prenatal (N2) on 09/21/2018. A CHP+ letter was sent with a due date of 10/05/2018, and the denial due date is 10/12/2018. On 10/03/2018 the CHP+ Prenatal recipient contacts

the CBMS worker to inform them that she does have other health insurance.

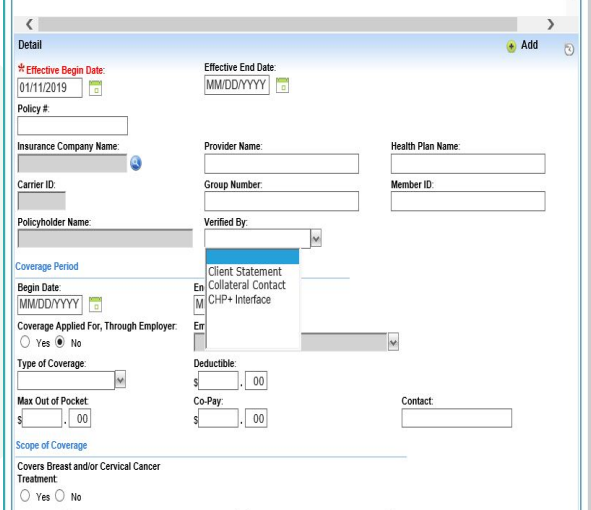
Result:

On 10/03/2018 the CBMS worker changes the Verified By value on the active Other Health Insurance record to Client Statement. The individual will no longer be eligible for CHP+ Prenatal (N2) as of 11/2018.

In both examples, the client indicates that they have other insurance AFTER the cutoff, so their coverage is not terminated until 11/2018.



Verified By
field





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Eligibility workers will still see the Client Statement, Collateral Contact, and CHP+ Interface options in the drop-down menu in the Verified By field on the Health Care Coverage Page. Workers can update this field, based upon information received, but **the record cannot be deleted once it has been entered**, no matter the value of this field.


If the record is not saved the worker can close the window and any updates made to the screen will not be saved or kept. Once a record has been entered and saved the record cannot be deleted.

Coverage Termination









Use Policy End Date on the Insured Individual page to show the coverage end date, not the Effective End Date on the Health Care Coverage page. End dating the coverage on the Health Care Coverage screen will end date the coverage for all people on the case, not just the individual whose coverage has ended.

Other Health Insurance as an Exception



Other Health Insurance is no longer an exception for CHP+ Continuous Eligibility. If a client reports that they have other health insurance, manually entered into CBMS or PEAK, they will still remain eligible for CHP+ under Continuous Eligibility. Interfaced records from PEAK will be ignored for the remainder of the Continuous Eligibility period. An individual who is ongoing CHP+ Newborn reporting other health insurance, manually entered into CBMS or PEAK, will remain eligible for CHP+ Newborn through their guaranteed period or eligibility. Interfaced records will be ignored for the remainder of the guaranteed period.

This is not changing the currently functionality at Application or RR. If a client reports that they have other health insurance at AI or RRR, they will be discontinued from CHP+ for having other health insurance. The only change is for Ongoing cases. Per currently functionality, an individual is denied CHP+ at Intake or RRR is there is an active or open Insured Individual record.



For CHP+ and CHP+ Newborn, if the Health Care Coverage record is NOT the first interface record the record will be ignored, and the CHP+ Interface letter will not be sent.

Current functionality has CBMS terminating an individual if there is a duplicate record received. This update will change this functionality such that a client will not be terminated for a duplicate interfaced record.

This project will remove the duplicate check for CHP+ and CHP+ Newborn aid codes.



If the interfaced record is the first record received, the individual will receive the CHP+ Interface letter

If no updates are made to the insurance screen, the individual will terminate.

If the interfaced record is the 2nd or subsequent record, and the 1st record/letter has been updated (indicating they don't have other insurance), then the individual will remain approved for CHP+ under continuous eligibility.

Example:

Ongoing case with 1 adult (MAGI adult) and 2 children (CHP+)

On 10/08/2018 the CHP+ Interface creates Health Care Coverage and Insured Individuals record for the children

On 10/08/2018 CBMS generates the CHP+ Interface letter with a due date of 10/23/2018

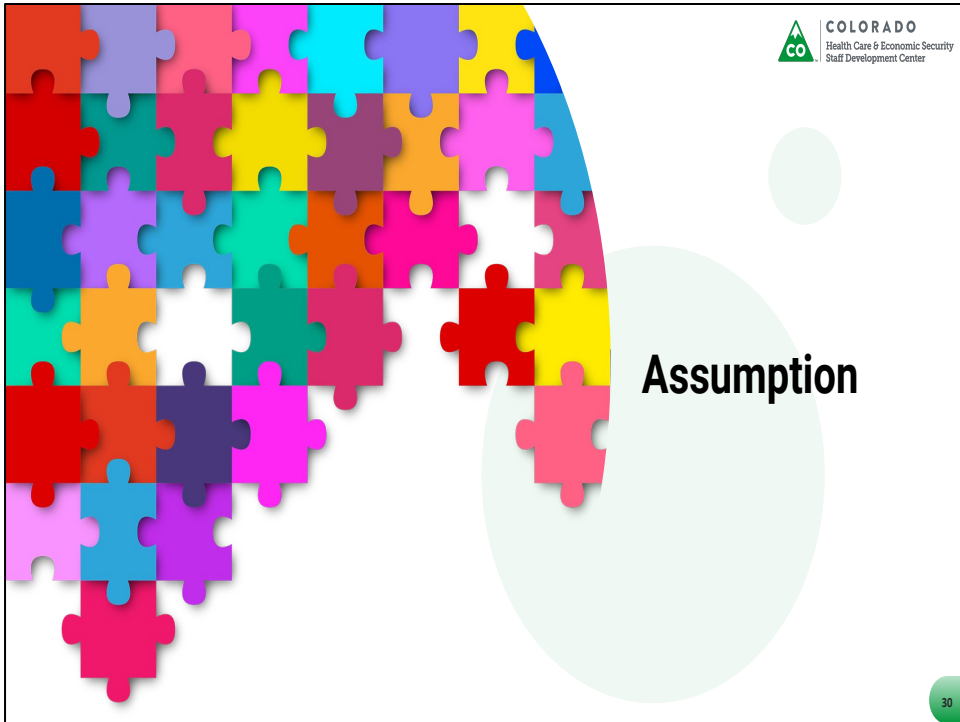
On 10/20/2018 parents contacts worker to report the insurance ended on 09/30/2018

Worker will update information, change the Verified By to Client Statement, and run EDBC

Children will remain eligible for CHP+ but are now in Continuous Eligibility

CE begin date for children will be set to 09/01/2018, based upon when they were originally approved for CHP+

Med Flag for CE will begin 11/01/2018



Reasonable compatibility is not changing, so an individual who is receiving CHP+ Continuous Eligibility after the first CHP+ Interface can be terminated from Continuous Eligibility if they are not **reasonably compatible**.

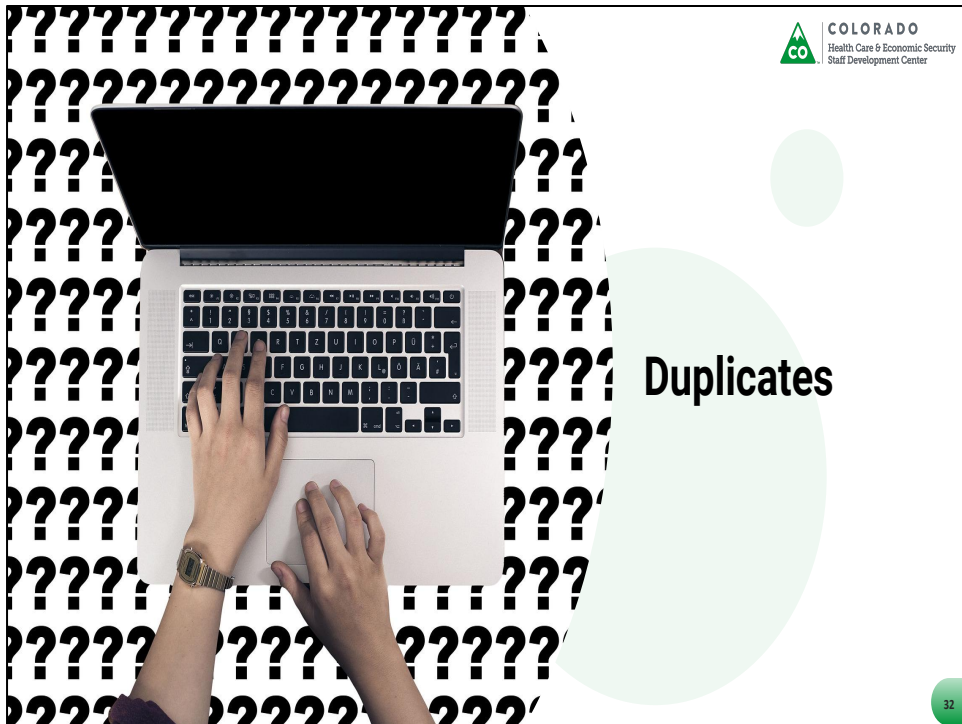


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**Dates of
Coverage**

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Eligibility workers need to end date a client's insurance coverage on the date it ends, ***even if it is in the middle of the month.***



When determining if a CHP+ Interface record is a duplicate, CBMS will look at all records on the Health Care Coverage page in CBMS, regardless of how the record was created. To determine a duplicate, CBMS will look at the Coverage Period Begin Date, Policy # and Coverage Period End Date.



Example #1


Policy #	Individual Name	Coverage Period Begin Date	Coverage Period End Date
A6789	AAA	07/01/2018	Null
A6789	ZZZ	07/01/2018	Null

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Interface has a record to post to the Health Care Coverage page on Case #12345; there is a Health Care Coverage record for Policy #A6789 with a Policy Coverage Begin Date of 07/01/2018. Before posting, CMBS will look to see if it is a duplicate of a record in CBMS.

CBMS has a manual record entered for Case #12345 for Policy #A6789

Results: CBMS will consider the interface record as a duplicate since the interface record has the same Begin Date and Policy Number.



Example #2

Policy #	Individual Name	Coverage Period Begin Date	Coverage Period End Date
D7890	AAA	07/01/2018	Null
D7890	ZZZ	07/01/2018	Null

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Interface has a record to post to the Health Care Coverage page on Case #12345; there is a Health Care Coverage record for Policy #A6789 with a Policy Coverage Begin Date of 07/01/2018. Before posting, CMBS will look to see if it is a duplicate of a record in CBMS.

CBMS has a manual record entered for Case #12345 for Policy #D7890

Results: CBMS will not consider the interface record as a duplicate since the interface record has a different policy number. A new Health Care Coverage record will be added for Policy #A6789.

Example
#3

Policy #	Individual Name	Coverage Period Begin Date	Coverage Period End Date
A6789	AAA	07/01/2018	Null
A6789	ZZZ	07/01/2018	Null

Interface has a record to post to the Health Care Coverage page on Case #12345; there is a Health Care Coverage record the father (Adult A) and child (Child X) for Policy #A6789 with a Policy Coverage Begin Date of 07/01/2018. Before posting, CBMS will look to see if it is a duplicate of a record in CBMS. CBMS has a manual record entered for the child (Child X) as the Policyholder (and the insured individual) on Case #12345 for Policy # A6789.

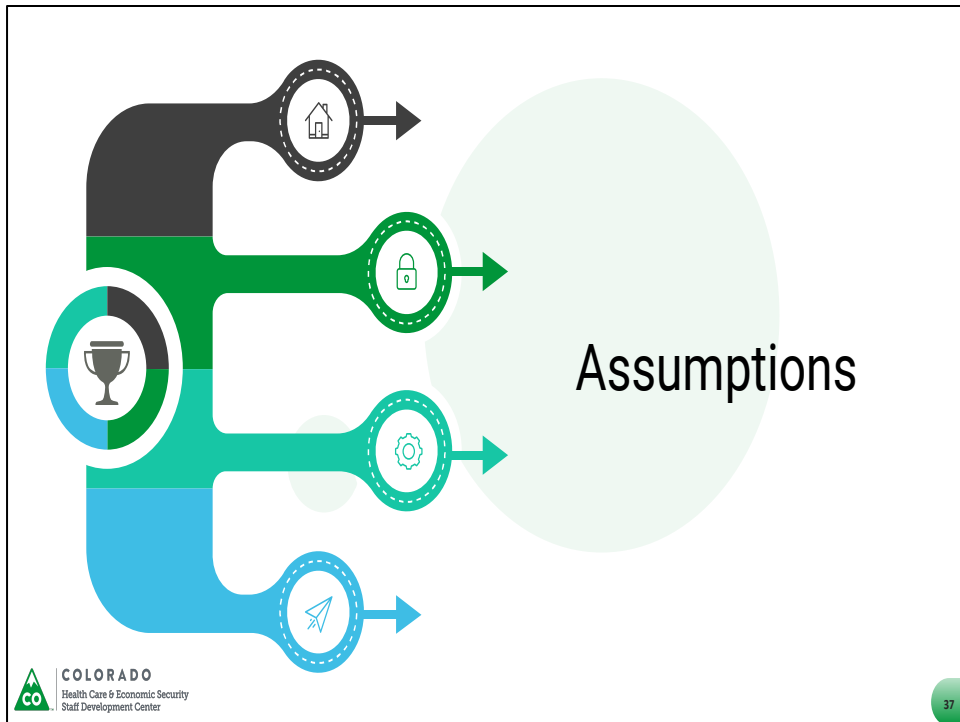
Results: CBMS will consider the interface record as a duplicate since the interface record has the same Begin Date and Policy Number.



Example:

CBMS received a CHP+ Interface record for an individual who is ongoing CHP+ Prenatal (N2) on 09/21/2018. A CHP+ Letter was sent with a due date of 10/05/2018 (10/12/2018 is the denial due date). The client does not reply to the letter.

Result: One day after the denial due date (10/13/2018), CBMS triggers EDBC to run. Since the Verified By value remains as CHP+ Interface, eligibility will use the Other Health Insurance record and will terminate the individual from CHP+ Prenatal (N2) beginning with 11/2018 (as there is enough time for timely noticing).



CHP+ Prenatal (N2) will continue to act on manually entered records (non CHP+ interface records) per current functionality. It is assumed that in Ongoing mode, an individual receiving CHP+ Prenatal (N2) will be terminated (with timely noticing) when there is a manually entered Other Health Insurance/Insured individual record.

The CHP+ Interface letter will be triggered for CHP+ Prenatal whether it is the first record or not, and will be triggered each time a new interface record is received.

If a duplicate CHP+ Prenatal interface record is received the interface letter should not be sent. Instead, the CBMS worker should terminate the individual for having other health insurance. The termination will take effect the month after 10 day noticing is applied. The worker should trigger the Notice of Action MA0214 (You Have Other Health Insurance) for the individual.

A duplicate record is an interface record that where all information (except the Coverage Period End Date) is the same as a previously received CHP+ Interface record that was posted to CBMS.

Questions?

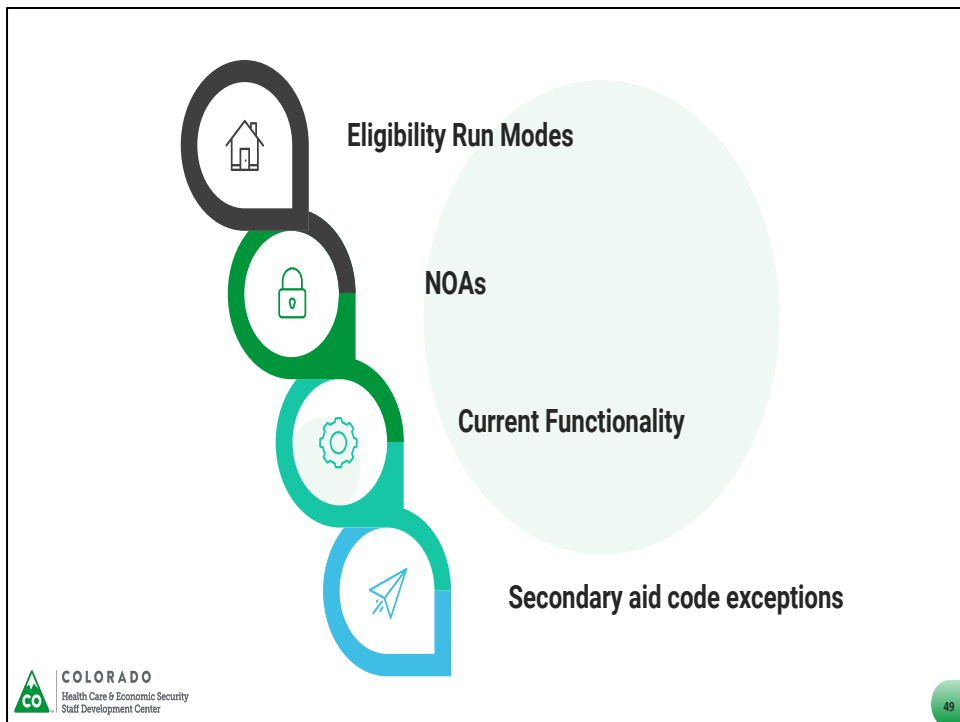


Projects #11733

Non-MAGI Secondary Aid Code

Logic Updates

*key points, detailed information available on the desk aid



Following the implementation of this project scheduled for 02/10/2019, when EDBC determines eligibility, the following will occur:

- a. For cases run in Intake and Ongoing modes if the current date is greater than **02/10/19** then the rules updated and added with this project will apply to all run months.
- b. For cases run in RRR mode if the MA RRR date is greater or equal to **02/2019** then the rules updated and added with this project would apply to all run months.

Trigger Denial /termination of NOA for secondary aid codes

The Termination NOA triggered will be the same NOA that would be triggered in the same situation if the aid code they are being denied in was a Primary Aid Code.

The Denial NOA triggered will be the same NOA that would be triggered in the same situation if the aid code they are being denied in was a Primary Aid Code.

Current functionality is not changing; for example, the timing of verifications remains the same, and current AVP functionality will also apply to secondary aid codes

Secondary aid code exceptions

When eligibility is being determined for a Secondary Aid code for Medical Assistance and the individual provided an AIRP for the Primary Aid Code, the return of that AIRP for the Primary Aid Code will satisfy the AIRP requirement for the Secondary Aid code if an AIRP was returned within 4 months of the Secondary Aid code eligibility determination.

If an AIRP was generated for an individual in a primary aid code and the due date for that AIRP is in the future, CBMS will set the secondary aid code eligibility status to 'Pending'. Another AIRP packet will not be created for the secondary aid code in this situation.

Desk Aid visual
demonstration



Stop here to show the desk aid for Project 11733

Questions?



Summary Outline



Projects for February, 2019

Project 12208: MA Eligibility Span Updates

Projects 12713 & 12714: CHP+ Other
Health Insurance Interface Updates,
including CHP+ Prenatal

Project 11733: Non-MAGI Secondary Aid
Code Logic Updates

For more
information...

TrainColorado for Desk Aids

CDHS Portal>CBMS Tab>Release Notes

COLearn>CBMS Builds>WBTs for

#12416, #12529, #12599

- February 2019 Build projects
- Further training opportunities
- Responses to unanswered webinar questions from today's session (Q&A Document)
- More information

Q&A Document

Will be posted on
February 15, 2019

