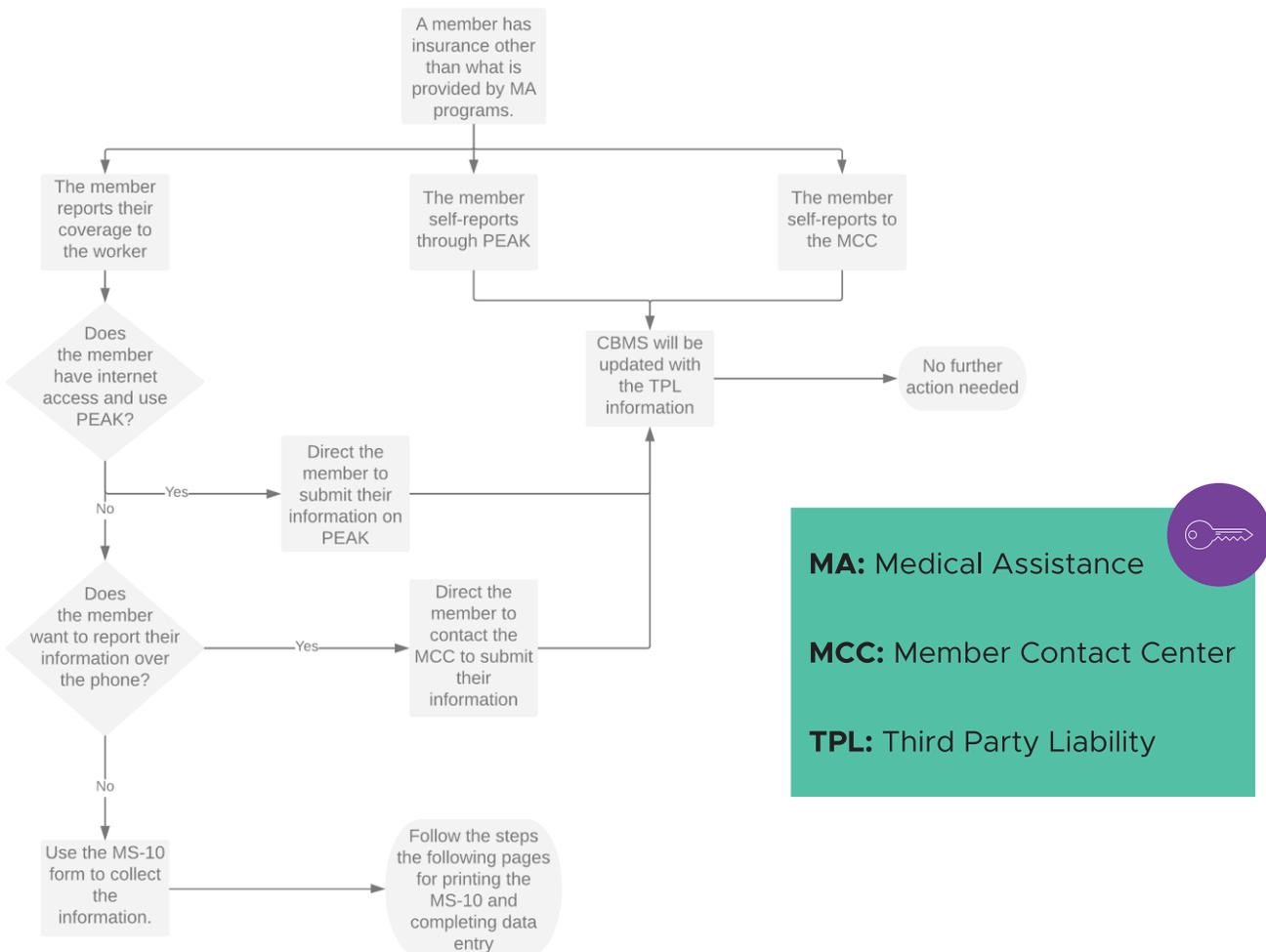


Client Health Insurance MS-10 Form Desk Aid – Project 14047

SUMMARY

Prior to this build, CBMS would automatically mail out the MS-10 form to members no matter how much information was entered into the Health Care Coverage Screen, including updates from PEAK. After Project 14047, CBMS will no longer mail the MS-10. The form can still be accessed if needed from the Print a Form Manually Screen.

WHEN SHOULD YOU PRINT AN MS-10 FORM (VISUAL)?



WHEN SHOULD YOU PRINT AN MS-10 FORM (TEXT)?

Acronyms:

- MA: Medical Assistance
- MCC: Member Contact Center
- TPL: Third Party Liability

1. A member has insurance other than what is provided by MA programs.
 - a. If the member self-reports through PEAK or self-reports to the MCC, then CBMS will be updated with the TPL information and no further action is needed; therefore you will not print the MS-10 Form.
 - b. If the member reports their coverage to the worker continue to 2.
2. Does the member have internet access and do they use PEAK?
 - a. If **yes**: Direct the member to submit their information on PEAK. CBMS will be updated with the TPL information and no further action needed; therefore you will not print the MS-10 Form.
 - b. If **no**: continue to 3.
3. Does the member want to report their information over the phone?
 - a. If **yes**: Direct the member to contact the MCC to submit their information. CBMS will be updated with the TPL information and no further action needed; therefore you will not print the MS-10 Form.
 - b. If **no**: Print and use the MS-10 form to collect the information. Follow the steps on the following pages for printing the MS-10 and completing data entry.

Printing the Form Manually

If you determine that the best option for the client is to fill out the MS-10 form in person, it can be accessed from Client Correspondences in CBMS via the Print a Form Manually Screen.

Remember: You may need to allow pop ups to view correspondence!

1. Log in to CBMS.
2. Click on the **Follow Up Activities** tab.
3. Click on the **Print a Form Manually** tab.
4. Click on the **Client Correspondence** tab.
5. Select the appropriate **Correspondence Type** from the drop down.
6. Enter the **Case ID**.
7. Select the appropriate **Program** from the drop down menu.
8. Select **Client Health Insurance (TPL)1** in English or Spanish from the drop down
9. Click on **Batch Print*** or **Online Print****

The screenshot displays the 'Print a Form Manually' interface in the CBMS system. At the top, there is a navigation bar with various tabs including 'Follow Up Activities' and 'System Functions'. Below this, a search form is visible with the following fields:

- *Correspondence Type:** A dropdown menu with the option 'Select Correspondence Type ...'.
- Case ID:** A text input field.
- Individual Name:** A dropdown menu with the option 'Select Individual Name ...'.
- *Program:** A dropdown menu with the option 'Select Program ...'.
- *Form Name:** A dropdown menu with the option 'Select Form Name ...'.
- Form #:** A text input field.

A blue 'Search' button is located to the right of the Form # field. Below the search form, there is a table with the following structure:

Variable Name	Value	Description
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At the bottom right of the interface, there are two buttons: 'Batch Print' and 'Online Print'.

***Batch:** This will create a new Print (or Reprint) to view request in the Print Queue that is scheduled to be mailed in the next batch run.

***Online:** The form is moved from the print queue to history - the user will have to manually print and send to the household.

Health Care Coverage (HCC) Screen

1. Open the member's case in CBMS.
2. Navigate to the **Health Care Coverage** Screen by using the **map** icon.
3. Select the record for the health care coverage you would like to edit.
4. Using the information from the MS-10 form, update the **Health Care Coverage** details.
5. Document the receipt of the MS-10 in case comments and add it to the case file.

The screenshot shows the 'Health Care Coverage' screen with the following fields and sections:

- Detail** section:
 - Effective Begin Date (highlighted)
 - Effective End Date
 - Policy # (highlighted)
 - *Insurance Company Name (highlighted)
 - *Provider Name
 - Health Plan Name
 - Carrier ID
 - Group Number
 - Member ID (highlighted)
 - Policy Holder Name
 - Verified By
 - Select Verified By ...
- Coverage Period** section:
 - Begin Date
 - End Date
 - Children on this policy have Minimum Essential Coverage: Yes, No, NA
- Coverage Applied For, Through Employer** section:
 - Coverage Applied For, Through Employer: Yes, No
 - Employer Name: Select Employer Name ...
- Type of Coverage** section:
 - Type of Coverage: Select Type of Coverage ...
 - Deductible

The HCC Screen is complex, because it contains fields that are necessary for Connect for Health and CHP+. However, not all of these fields are needed for Medical Assistance. For a record to be complete, enter the data for the following:

1. Effective Begin Date
2. Policy # or Member ID
3. Insurance Company Name

ACCESSIBILITY

This document is designed to comply with the Web Content Accessibility Guidelines (WCAG) 2.1 AA standard. If you experience any difficulty accessing the content or have questions regarding the process, please contact SOC_StaffDevelopment@state.co.us for assistance.