CBMS Project 1535-Medical Assistance Program Reports

Summary of Change

The CBMS reports being modified or created with this change request will ensure the system updates implemented with Project 1404 are being utilized adequately across eligibility sites. Existing reports are being modified along with the creation of new reports to help state and eligibility site staff identify untimely processing and pending reason for medical assistance applications.

With the implementation of CBMS in 2004, there was a lawsuit that was filed with the complaint of untimely processing due to the new eligibility system. The outcome of this litigation was a favorable decision for the plaintiffs. Part of the settlement was to provide the plaintiffs with monthly CBMS reports (Court Reports). These reports were to give both detail and summarize untimely eligibility determinations in numerous aspects. The existing reports were reviewed and new reports will be implemented with this change. Initial reports developed as part of litigation will remain.

All reports shall

- Include data for all Medical programs (AM CHP+, FM, LIS, LTC & MSP)
- Be delivered in COGNOS
- Be run on a monthly basis. Data gathered will equal one month prior to the run date (March's report will contain February's data)
- Be Retained for three years

CBMS Reports

Report 1: Pend for Helpdesk Ticket Report

This report shall be utilized to capture all cases with the Override Reason: "Pending State Help Desk Ticket" within the Collect Case summary Detail window, tab: Program Requested

- Data displayed in this report contains detailed information on the Medical applications that are pending within CBMS due to a Help Desk Ticket
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: County, Office, High Level Program Group, Case Number, Head of Household Name (Last name, First name), Helpdesk Ticket (HDT) Number, Case worker/end user assigned to the High level program, Application Override Date, Number of Days Pending (# of days from the Application Override Effective Begin Date)



Pend for Helpdesk Ticket Report Reporting Month:



County	Office	High Level Program Group	Case Number	Head of Household name (Last name, First name)	Helpdesk Ticket (HDT) Number (free form text field added with Proj 1404)	Case workerlend user assigned to the High level program	Application override Date	Number of Days Pending (# of days from the Application Override Effective Begin Date)

Report 2: Case Programs with Awaiting Verification From Client Flag Set to "Y"-Intake

This report shall be utilized to capture all Medical cases where the Awaiting Verifications from Client Flag has been set to "Y" during Intake mode

- Data displayed in this report contains detailed information on the Medical applications that are pending within CBMS due to the Awaiting Verification from Client field being set to "Y"
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: Case Number, HLPG, Program Aid Description, Program Status Code, Date Flag was Set, Data Entry Complete Field Y or N (for the reporting HLPG), Application date, Application Create date, Application Denial Due Date, Aged # of Days (# of days from the date AVC was set to "Y" & record was saved)



Report View of Report of Case Programs with Awaiting Verification From Client Flag Set to "Y" Intake-All Counties

Reporting Month:



County Office:

Primary Caseload

Case Number	HLPG	Program Ald Description	Program Status Code	Date Flag was Set	Data Entry Complete Field Y or N (forreporting HLPG)	Application date	Application Create Date	Application Denial Due Date	Aged # of Days (#of days from the date AVC was set to "Y" & record was saved)

Report 3: Case Programs with Awaiting Verification From Client Flag Set to "Y"-RRR

This report shall be utilized to capture all Medical cases where the Awaiting Verifications from Client Flag has been set to "Y" during RRR mode

- Data displayed in this report contains detailed information on the Medical applications that are pending within CBMS due to the Awaiting Verification from Client field being set to "Y"
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: Case Number, HLPG, Program Aid Description, Program Status Code, Date Flag was Set, Data Entry Complete Field Y or N (for the reporting HLPG), RRR Due Date, RRR Start Date, Application Denial Due Date, Aged # of Days (# of days from the date AVC was set to "Y" & record was saved)



Report View of Report of Case Programs with Awaiting Verification From Client Flag Set to "Y" - RRR-All Counties

Reporting Month:



Office:

Primary Caseload

Case Number	HLPG	Program Ald Description	Program Status Code	Date Flag was Set	Dafa Entry Complete Field Y or N (for reporting HLPG)	RRR Due Date	RRR Start Date	Application Denial Due Date	Aged # of Days (#of days from the date AVC was set to "Y" & record was saved)
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Report 4: Good Faith Detail

This report shall be utilized to track the use of the "Good Faith" tab within the Display Verification Checklist window. If a record has not been end-dated within 30 days of it's EBD, provide actual number of aging days along with the following data requested below. Good Faith is set, and if not resolved within 30-59, 60-89, 90+ days. Establish control breaks and show summary by cases that have been pending for 30+, 60+ or 90+ days. Provide actual aging days with the detailed data.

- Data displayed in this report contains detailed information on the Medical applicants pending within CBMS due to Good Faith for more than 30 days
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: Case Number, Individual granted Good Faith (Last name, First Name), High Level Program Group, Date "Good Faith" record was saved, Begin Date, Notes (free form text box), # of Days since Good Faith record was saved "30-59", # of Days since Good Faith record was saved "60-89", # of Days since Good Faith record was saved "90+", Actual # of Days from the date the Good Faith record was saved



Good Faith Detail Report Reporting Month:



County: Office:

Primary Caseload

Case Number	individual granted Good Faith (Last name, First name)	Level	"Good Faith"	Begin Date	Notee (free form text box)	Good Faith record was	# of Days since Good Faith record was saved "60-89"	since Good Faith record	# of Days
	-								
								Count:	

Report 5: Good Faith Summary

This report shall be utilized to track the use of the "Good Faith" tab within the Display Verification Checklist window. If a record has not been end-dated within 30 days of it's EBD, provide actual number of aging days

- Data displayed in this report contains a county summary of the total number of Medical applications pending within CBMS due to Good Faith for more than 30 days
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: County, HLPG, Total # of Cases PE for GF by HLPG, County total # of cases PE for GF, % of Cases PE for GF by HLPG



Good Faith Summary Report Reporting Month:



County	HLPG	Total # of Cases PE for GF by HLPG	County total # of cases PE for GF	% of Cases PE for GF by HLPG
Total				

Report 6: Untimely Application Input Detail

This report shall be utilized to track cases that have been entered into CBMS greater than 30 days from the client's application submission date

- Data displayed in this report contains details on the Medical applications by High Level Program Group (HLPG) initiated within CBMS greater than 30 days from the application date. The application date is compared to the application initiation date.
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: County, Office Name, Case number, Head of Household Name (Last name, First name), Application date, Application Number, Application Create Date, High Level Program Group, App Created by (user id), Aged Days (day(s) old), Case Status



Untimely Application Input Detail Reporting Month:



County	Office Name	Case Number	Head of Household Name (Last name, First name)	Application Date	Application Number	Application Create Date	High Level Program Group	App Created by (User ID)	Aged Days (day(a) old)	Case Status
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Report 7: Untimely Application Input Summary

This report shall be utilized to track the total volume of applications input within the established reporting period.

- Data displayed in this report contains a county summary of the total number of Medical applications by High Level Program Group (HLPG) initiated within CBMS greater than 30 days from the application date. The application date is compared to the application initiation date.
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report shall include the following Column headers: County, Total # of Applications Input for Reporting month by HLPG, County Total # of Applications Input for Reporting month, Total # of Untimely Applications Input by HLPG, Untimely Application Input - County Total, % of total Applications Input for the Reporting month by HLPG, % of HLPG by the total number of all applications over 30 days



Untimely Application Input Summary Reporting Month:



County	HLPG	Total # of Applications Input for Reporting month by HLPG	County Total # of Applications Input for Reporting month	Total # of Unitimely Applications input by HLPG	Untimely Application input - County Total	% of total Applications input for the Reporting month by HLPG	% of HLPG by the total number of all applications over 30 days

CBMS Court Reports

Report 1: Medical Application Initiation Summary

This report shall be utilized to summarize the time frames between the application initiation and application creation within CBMS for all Medical programs

- The application create date (application initiation) shall be compared to the application date, formulating the number of calendar days in which it took the end user to initiate the application
- Example: Reporting Period for July 2010, application date 6/30/10, applications create (initiation) date 7/21/10, compare 7/21/10 to 6/30/10 = 21 days, include this application in 15 30 days column
- Data displayed in this report contains a summary of the total number of Medical applications initiated within CBMS for the reporting month and the number of calendar days taken to initiate
- Data on applications that are initiated as a combination of medical and non-medical programs are also provided. The application date is compared to the application initiation date
 - Application Date is defined as the date the application was received and date stamped.
 - Application Initiation is defined as the date the application is entered/created within CBMS.
 - Family Programs includes all applications initiated for one of the following medical programs: Family Medicaid (FM), Child Health Plan Plus (CHP+) without non-medical program applications
 - Family Combo includes all applications initiated for at least one family medical program (FM, CHP+) AND at least one non-medical program
 - Adult Programs includes all applications initiated for at least one of the following medical programs: Adult Medical (AM), Medicare Savings Program (MSP) and Long Term Care (LTC)
 - Adult Combo includes all applications initiated for at least one adult medical program (AM, MSP, LTC) AND at least one non-medical program
 - Non-Medical Program is defined as Food Assistance (FA), Colorado Works (CW) and Adult Financial (AF)
- Security profiles able to view the report: State Worker
- The report will include the following column headers: Program Group, Less than 15 days, 15 to 29 days, 60 to 89 days, 90 days or greater, Total



Medical Application Initiation Summary Reporting Month -



Statewide Summary	Program Group	Less than 15 days	15 to 29 days	30 to 59 days	60 to 89 days	90 days or greater	Total
	Adult Combo	1,385	98	43	24	14	1,564
	Adult Programs	2,125	358	335	121	773	3,712
	Family Combo	5,221	276	128	48	18	5,691
	Family Programs	6,220	2,093	2,359	824	1,366	12,862
	Grand Total	14,951	2,825	2,865	1,017	2,171	23,829

New Court Report 2: Medical Applicant Status and Timely Processing

This report shall be utilized to summarize the total number of applications processed, the status of the applicants processed by HLPG, and the timeliness in determining eligibility for the applicants

- Data displayed in this report contains the number of applications processed, the eligibility results
 of the applicants processed, and the timeliness in determining eligibility for the Medical
 applicants.
- For FM, CHP+, MSP, AM & LTC without a Pending disability determination use the following:
 - o Processed timely = Application was authorized ≤ 45 days from the "Clock Start Date"
 - Processed untimely = Application was authorized > 45 days from the "Clock Start Date"
- For AM & LTC with *Pending Disability Clock* start date use the following:
 - Processed timely = Application was authorized ≤ 90 days from Pending Disability Clock start date
 - Processed untimely = Application was authorized > 90 days from Pending Disability Clock start date
- Processed approved shall include all approved applicants
- Processed denied shall include all denied applicants
 - o **Processed** is defined as authorized with an approval or denial
 - o **Approved applicants** is defined as applicants whom are approved within the program group
 - o Denied applicants is defined as applicants whom are denied within the program group
 - Timely is defined as processing within the allotted guidelines for each program group, starting
 as of the date the application is complete. Standard processing time is 45 days unless the
 applicant is pending a disability determination, then it is 90 days.
 - o **Untimely** is defined as processing outside of the allotted guidelines for each program group, starting as of the date the application is complete
 - Complete Application is defined as an application that includes all information required to make an eligibility determination
- Security profiles able to view the report: State Worker
- The report will include the following column headers: Program Group, Total count of applications processed, Total count of applicants processed, Applicant Status, Count of applicants, Count of applicants processed timely, Count of applicants processed untimely, Percentage of applicants processed timely, Percentage of applicants processed untimely



Medical Applicant Status and Timely Processing Reporting Month Statewide Summary



Program Group	Total count of applications processed	Total count of applicants processed		Count of applicants	Count of applicants processed timely	Count of applicants processed untimely	Percentage of applicants processed timely	Percentage of applicants processed untimely
Adult	1,717	12,813	Approved AM	1,069	1,069	0	100%	0%
Programs			Approved AM, LTC	1,659	1,656	3	100%	0%
			Approved AM, LTC, MSP	1,919	1,916	3	100%	0%
			Approved AM, MSP	1,329	1,329	0	100%	0%
			Approved LTC	590	587	3	99%	1%
			Approved LTC, MSP	850	847	3	100%	0%
			Approved MSP	260	260	0	100%	0%
			Denied Adult Programs	5,137	5,121	16	100%	0%

New Court Report 3: <u>Pending Medical Applications Exceeding Processing Guidelines (EPG)</u>
This report shall be utilized to summarize total Medical **applications** that are pending and exceeding processing guidelines

- Data displayed in this aging report contains a summary of pending complete applications that are EPG. The EPG starts as of the day following the allotted processing guidelines for each program group. Standard processing time is 45 days unless the applicant is pending a disability determination, then it is 90 days. If an application (no disability determination) is pending for 46 days after it is considered to be complete, the application will be included in the 46-59 days column.
- Display the actual number of days the application has been pending starting as of the point in time in which they are untimely
 - Application Date is defined as the date the application was received and date stamped.
 - Complete Application is defined as an application that includes all information required to make an eligibility determination
 - Family Programs includes all applications initiated for one of the following medical programs: Family Medicaid (FM), Child Health Plan Plus (CHP+) without non-medical program applications
 - Family Combo includes all applications initiated for at least one family medical program (FM, CHP+) AND at least one non-medical program
 - Adult Programs includes all applications initiated for at least one of the following medical programs: Adult Medical (AM), Medicare Savings Program (MSP) and Long Term Care (LTC)
 - Adult Combo includes all applications initiated for at least one adult medical program (AM, MSP, LTC) AND at least one non-medical program
 - Non-Medical Program is defined as Food Assistance (FA), Colorado Works (CW) and Adult Financial (AF)
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: Program Group, 45 to 59 days, 60 to 74 days, 75 to 104 days, 105 to 134 days, 135 days or greater, Total



Pending Medical Applications Exceeding Processing Guidelines (EPG) Reporting Month -



Statewide Summary	Program Group	46 to 59 days	60 to 74 days	75 to 104 days	105 to 134 days	135 days or greater	Total
	Adult Combo	19	21	51	21	12	124
	Adult Programs	31	24	53	22	29	159
	Family Combo	84	96	185	152	293	810
	Family Programs	139	111	167	226	417	1,060
	Grand Total	273	252	456	421	751	2,153

New Court Report 4: <u>Pending Medical Applicants Exceeding Processing Guidelines (EPG)</u>
This report shall be utilized to summarize the total Medical **applicants** exceeding processing guidelines (EPG)

 Data displayed in this aging report contains a summary of pending applicants that are EPG. The EPG starts as of the day following the allotted processing guidelines for each program group.
 Standard processing time is 45 days unless the applicant is pending a disability determination, then it is 90 days. If an applicant (no disability determination) is pending for 46 days after the application is considered to be complete, the applicant will be included in the 46-59 days column.

- Display the actual number of days the application has been pending starting as of the point in time in which they are untimely
 - Application Date is defined as the date the application was received and date stamped.
 - Complete Application is defined as an application that includes all information required to make an eligibility determination
 - Family Programs includes all applications initiated for one of the following medical programs: Family Medicaid (FM), Child Health Plan Plus (CHP+) without non-medical program applications
 - Family Combo includes all applications initiated for at least one family medical program (FM, CHP+) AND at least one non-medical program
 - Adult Programs includes all applications initiated for at least one of the following medical programs: Adult Medical (AM), Medicare Savings Program (MSP), Long Term Care (LTC)
 - Adult Combo includes all applications initiated for at least one adult medical program (AM, MSP, LTC) AND at least one non-medical program
 - Non-Medical Program is defined as Food Assistance (FA), Colorado Works (CW) and Adult Financial (AF)
- Security profiles able to view the report: State Worker, County Supervisor, County Worker
- The report will include the following column headers: Program Group, 45 to 59 days, 60 to 74 days, 75 to 104 days, 105 to 134 days, 135 days or greater, Total



Pending Medical Applicants Exceeding Processing Guidelines (EPG) Reporting Month -



Statewide Summary	Program Group	46 to 59 days	60 to 74 days	75 to 104 days	105 to 134 days	135 days or greater	Total
	Adult Combo	24	22	68	33	25	172
	Adult Programs	36	39	69	33	48	225
	Family Combo	330	342	677	563	1,086	2,998
	Family Programs	484	361	621	805	1,448	3,719
	Grand Total	874	764	1,435	1,434	2,607	7,114

New Court Report 5: Medical Applications Pending Client vs. Site

This report shall be utilized to summarize the total Medical **applications** pending and detail if the pending status is Client or Eligibility Site caused

- Data displayed in this report contains a summary of pending applications and the cause for pending
- Eligibility Site Pending = applications where any individual is pending for Disability Determination OR State Help Desk Ticket Pending OR Data Entry = N
- Client Pending = applications where there is any individual pending for missing verifications (II checklist), AVC = Y OR Good Faith = Y

- Family Programs includes all applications initiated for one of the following medical programs: Family Medicaid (FM), Child Health Plan Plus (CHP+) without non-medical program applications
- Family Combo includes all applications initiated for at least one family medical program (FM, CHP+) AND at least one non-medical program
- Adult Programs includes all applications initiated for at least one of the following medical programs: Adult Medical (AM), Medicare Savings Program (MSP), Long Term Care (LTC)
- Adult Combo includes all applications initiated for at least one adult medical program (AM, MSP, LTC) AND at least one non-medical program
- Non-Medical Program is defined as Food Assistance (FA), Colorado Works (CW) and Adult Financial (AF)
- o Client Pending is defined as requested verifications have not been received
- o Eligibility Site Pending is defined as data entry incomplete
- Security profiles able to view the report: State Worker
- The report will include the following column headers: Program Group, Eligibility Site Pending, Client Pending, Total



Medical Applications Pending Client vs. Site Reporting Month -



Statewide Summary	Program Group	Eligibility Site Pending	Client Pending	Total
	Adult Combo	724	128	852
	Adult Programs	1,757	251	2,008
	Family Compo	763	984	1,747
	Family Programs	2,721	1,502	4,223
	Grand Total	5,965	2,865	8,830

New Court Report 6: Medical Applicants Pending Client vs. Site

This report shall be utilized to summarize the total volume of Medical **applicants** pending and detail if the pending is caused by the State, Tech and Client

Data displayed in this report contains a summary of pending applicants and cause

- Eligibility Site = any individual is pending for Disability Determination OR State Help Desk Ticket
 Pending OR Data Entry = N
- Client Pending = when the individual is pending for missing verifications (II checklist), AVC = Y
 OR Good Faith = Y
 - o **Family Programs** includes all applications initiated for one of the following medical programs: Family Medicaid (FM), Child Health Plan Plus (CHP+) without non-medical program applications
 - Family Combo includes all applications initiated for at least one family medical program (FM, CHP+) AND at least one non-medical program
 - Adult Programs includes all applications initiated for at least one of the following medical programs: Adult Medical (AM), Medicare Savings Program (MSP), Long Term Care (LTC)
 - Adult Combo includes all applications initiated for at least one adult medical program (AM, MSP, LTC) AND at least one non-medical program
 - Non-Medical Program is defined as Food Assistance (FA), Colorado Works (CW) and Adult Financial (AF)
 - Client Pending is defined as requested verifications have not been received

- o Eligibility Site Pending is defined as data entry incomplete
- Security profiles able to view the report: State Worker
- The report will include the following column headers: Program Group, Eligibility Site Pending, Client Pending, Total



Medical Applicants Pending Client vs. Site Reporting Month -



Statewide Summary	Program Group	Eligibility Site Pending	Client Pending	Total
	Adult Combo	1,771	375	2,146
i i	Adult Programs	3,947	667	4,614
- 6	Family Combo	3,595	4,891	8,486
	Family Programs	12,245	7,538	19,783
	Grand Total	21,558	13,471	35,023

New Court Report 7: Pending Reason for Medical Applications

This report shall be utilized to summarize the reason the applications are pending for all medical HLPGs

- Data displayed in this report contains a summary of the reason applications are pending
- Pending Reason column shall include applications that are pending
- The pending reason should provide the case level pending such as AVC, Good Faith, Missing verifications
- Not all pending reasons will go into the pending reports (Pend for Supervisor Approval)
- Report may have duplicate counts (Case pending for Missing verifications & AVC will count once for the Missing verifications and will also count again for AVC)
- Security profiles able to view the report: State Worker
- The report will include the following column headers: Pending Reason, Total Count



Statewide Pending Reason for Medical Applications Reporting Month:



Pending Reason	Total Count
Awaiting Verification from Client (AVC)	526
Good Faith	14
Missing Verifications	2,015
Data Entry Incomplete	3,935
Grand Total	6,490