



State of Colorado

CBMS Post-Implementation Review

Detailed Assessment Findings and Recommendations

May 2005

Version 3.0

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Defects outstanding against Medicaid Decision Tables do point to significant problems that should be resolved in the short-term along with structural problems around how effective date information is used in rules engine processing. As a result, county staff spends an excessive amount of time researching problems as they lack timely help desk support, policy clarifications, and application of non-standard workarounds.

1.2. Client Correspondence

Current Client Correspondence functionality, even with recent enhancements, remains a problem. The design of Client Correspondence functionality has created a significant additional workload for county staff. Each county interviewed stated that the volume of calls related to Client Correspondence has risen dramatically since the implementation of CBMS. This requires Eligibility Technicians to spend a significant portion of their work day explaining system generated notices received by the client. This unanticipated, added responsibility is a very real issue for the counties.

Though enhancements have been made to Client Correspondence since initial implementation of CBMS in September 2004, Correspondence is not consistent across HLPGs and remains very confusing to clients. Clients receive multiple Notices of Action that often present duplicative or conflicting eligibility results. This is due primarily to multiple dispositions in a day and the month-by-month nature of the current Correspondence logic.

States interpret Federal noticing guidelines differently. Some states interpret that a notice is required for each disposition, while other States interpret those guidelines to require Notices be generated based on the end result of case circumstances at the end of a processing day (except in exception situations such as when a case is opened then denied on the same day). Integrated eligibility systems, such as CBMS where eligibility routines can be run dynamically lend themselves to the later noticing approach. This minimizes the potential for client and Technician confusion and provides the client with an accurate picture of the change to their benefits.

The following issues were identified with CBMS current Correspondence functionality during the Assessment:

- In addition to fielding numerous phone calls from recipients, many counties have instituted a standard process of suppressing duplicative and/or incorrect notices generated by the system. This is a time consuming process that could be alleviated by enhanced noticing functionality. To avoid duplicative correspondence, Eligibility Technicians must access the appropriate screen to review pending notice triggers and suppress the generation of notices manually. Counties report this adds, at a minimum, several minutes to each eligibility transaction authorized. Eligibility Technicians who follow this procedure expressed frustration with correspondence generated during batch eligibility and their inability to suppress batch-generated notices.
- It appears that noticing logic is not the same across all HLPGs. During our abbreviated review, the Assessment Team could not identify specific details of this issue. However, in discussions with State Program staff, CBMS technical and testing staff, and county Eligibility Technicians, it is apparent that different Correspondence Decision Tables have been constructed and function differently across HLPGs. Further, Correspondence logic has been enhanced for some programs, but not for others. Inconsistencies in noticing logic across HLPGs adds to client confusion resulting in additional time demands for the county staff.

- County and State Program team staff alike agree that most notices, when reviewed in isolation, accurately reflect the monthly benefit authorization at a specific point in time. In most cases, it is the format (month by month) and volume of notices generated that is most problematic to end users and clients.
- In some cases, notices are generated with inaccurate or missing information. An example of this was provided for a Medicaid case denied for not submitting a redetermination packet. The notice informs the client they are denied, but variable text regarding the effective date of the denial is missing and left blank on the notice sent to the client. The notice itself was valid, but missing information from the correspondence did not adequately inform the client of their benefit status. The example notice was generated on 4/12/2004 for the May 2005 benefit month, indicating problems exist even since the most recent Correspondence modifications were released.
- Correspondence related to recoveries ("Notice of OverPayment" and "Demand Letters") was also expressed as a key issue by many county and State Program Team staff. Staff received many calls regarding demand letters and notices of overpayment which has led to a significant amount of time required to analyse the system action and communicate their findings to clients. However, recent enhancements to recovery logic have reduced the problems with the Noticing aspect of these recoveries. Based on the information available to the Assessment Team, recovery notices are no longer sent out until county staff have reviewed and initiated a claim. However, the review of claims validity is, itself, burdensome for the counties.

Additional issues with Correspondence should be treated as a priority by the CBMS program team. The impact of current noticing logic is substantial concern to county staff and clients. The added analysis, notice suppression, and handling of client calls related to CBMS Correspondence create a significant burden on county staff and limits their time and ability to manage other aspects of their caseloads.

1.3. Alerts and Ticklers

Alerts and Ticklers provide a powerful mechanism allowing eligibility staff, supervisors, and clerical staff to effectively and proactively manage their assigned caseload. The Alerts module in CBMS provides a summary screen where a case worker can see a snapshot of outstanding actions ("alerts") pending for cases and/or individuals assigned to them. By selecting an "alert", end-users are driven to a details page. This details page provides the capability to display additional detail about what specific action must be taken by the end-user.

While the *design* of the Alerts and Ticklers in CBMS is sound, the implementation has not had the desired result in terms of proactive caseload management. End-users complain of receiving too many alerts, not knowing what to do with alerts received, and the tedious process required to clear alerts that have been processed. While many end-user complaints in this area are unsubstantiated, and likely based on differing opinions than designers of the system, there were recommendations made by county staff that would improve alert adoption and warrant more in depth review.

In general, it appears too many alerts are being generated preventing end users from effectively using CBMS Alerts capability. In fact, many workers report ignoring alerts altogether because of the volume and added time required to effectively manage the alerts they receive.