

Department of Health Care Policy and Financing Office of the State Auditor Request for Updates on Recommendations October 2011					Staff Updates			
Corres. Line	Audit Title & Release Date	Rec No	Audit Recommendation	Last Implem. Date Provided	Recommendation Status	Update Response	Revised Implementation OR Implemented Date	Severity
1	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	7a	The Department of Health Care Policy and Financing should improve its controls over the calculation of the Medicaid Incurred But Not Reported (IBNR) expenditure estimate by: a. Updating the procedure document for the Medicaid IBNR calculation for any changes in the calculation methodology and documenting reasons for changes to the methodology.	8/31/2011	Implemented	Incurred but not Reported (IBNR) Standard Operating Procedure (SOP) has been created by the Accounting Staff. Supervisor and Controller review was also performed and completed. This SOP describes the Calculating Methodology. The file(s) can be found in the Accounting Section's public drive (S:\).	8/31/2011	Significant Deficiency
2	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	7b	The Department of Health Care Policy and Financing should improve its controls over the calculation of the Medicaid Incurred But Not Reported (IBNR) expenditure estimate by: b. Ensuring an effective supervisory review of the calculation by including specific information on the type of information to be reviewed and how the review should be documented in the procedure document. Staff should be trained on the review procedures, as appropriate.	8/31/2011	Implemented	Incurred but not Reported (IBNR) Standard Operating Procedure (SOP) has been created by the Accounting Staff. Supervisor and Controller review was also performed and completed. This SOP describes Supervisor Review. The file(s) can be found in the Accounting Section's public drive (S:\).	8/31/2011	Significant Deficiency
3	55: OSA-Single Statewide Financial Audit (Feb 2009)	6a	The Department of Health Care Policy and Financing should improve its internal controls over the financial reporting process by: a. Creating and documenting the process for communicating financial adjustments to the accounting section and the Office of the State Controller.	6/30/2011	Implemented	Training was provided during the Department's fiscal year 2011 Open/Close presentation on May 3, 2011. A Financial Adjustments standard operating procedure was created and can be found in the Accounting Section's public drive (S:\). Also, a Financial Adjustment tracking sheet was created and can be found in the Accounting Section's public drive (S:\).	6/30/2011	Deficiency in Internal Control
4	55: OSA-Single Statewide Financial Audit (Feb 2009)	6b	The Department of Health Care Policy and Financing should improve its internal controls over the financial reporting process by: b. Providing training throughout the Department on this process.	6/30/2010	Implemented	The Department's Accounting Section provided additional training to staff on the process for communicating financial adjustments during the yearly FY10-11 Open/FY09-10 Close training held on May 6, 2010. The External Audit Communication Training has been updated to instruct staff to communicate any financial adjustments to the Accounting Section as early as possible. A training that included the new criteria was given on May 19, 2010.	6/30/2010	Significant Deficiency
5	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	8a	The Department of Health Care Policy and Financing should improve controls over the recognition of revenues by: a. Establishing and implementing policies and procedures for recording, investigating, and refunding, if appropriate, excess amounts repaid by providers.	10/31/2011	Implemented	Both HCPF and Affiliated Computer Services (ACS) have created procedures related to investigating and refunding excess amounts repaid by provider. The file(s) can be found in the Accounting Section's public drive (S:\).	10/31/2011	Significant Deficiency
6	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	63a	The Department of Health Care Policy and Financing should improve controls over documentation in Medicaid and Children's Basic Health Plan (CBHP) case files to support eligibility by: a. Continuing to work toward monitoring counties and Medical Assistance (MA) sites to ensure that they are obtaining and maintaining the required case file documentation to support eligibility determinations.	12/31/2008	Implemented	This recommendation remains implemented. The State Verification and Exchange System Interface was implemented on August 30, 2011, which interfaces with Social Security Administration to verify Deficit Reduction Act (DRA) required documentation for applicants. The Program and Eligibility Application Kit (PEAK) allows new Colorado Benefit Management System (CBMS) clients to screen themselves for potential program eligibility ("Am I Eligible?") as well as apply for the Department's family and children's programs online ("Apply for Benefits"). Existing clients can use PEAK to check their benefits ("Check My Benefits") and report changes such as their address. PEAK was implemented in two phases, with the second phase fully implemented by May 30, 2011. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, to reasonably ensure that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed.	6/30/2011	Significant Deficiency

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7	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	63b	<p>The Department of Health Care Policy and Financing should improve controls over documentation in Medicaid and Children's Basic Health Plan (CBHP) case files to support eligibility by:</p> <p>b. Requiring that counties and MA sites review case files to ensure consistency of information between the case file and the Colorado Benefits Management System.</p>	2/28/2010	Implemented	<p>This recommendation has been Implemented.</p> <p>The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards be developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audits findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.</p>	9/1/2010	Significant Deficiency
8	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	60a	<p>The Department of Health Care Policy and Financing should improve controls over Medicaid program eligibility determinations and data entry into the Colorado Benefits Management System (CBMS) by:</p> <p>a. Ensuring that county departments of human/social services and Medical Assistance (MA) sites have in place effective supervisory reviews of CBMS data entry, including comparisons of case file data with CBMS data as part of the eligibility determination process.</p>	6/30/2011	Implemented	<p>This recommendation has been implemented. The Department has implemented several initiatives that address this recommendation:</p> <p>Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report.</p> <p>IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS.</p> <p>Since April 2009, the Department offers additional resources to assist county departments of social/human services experiencing increased number of new applications. Additionally, the overflow process in July 2011 began accepting redeterminations from these sites. As of September 2011, 17,745 new applications and 556 redeterminations have been accepted.</p> <p>The Program and Eligibility Application Kit (PEAK) allows new CBMS clients to screen themselves for potential program eligibility ("Am I Eligible?") as well as apply for the Department's family and children's programs online ("Apply for Benefits"). Existing clients can use PEAK to check their benefits ("Check My Benefits") and report changes such as their address. PEAK was implemented in two phases, with the second phase fully implemented by May 30, 2011.</p> <p>The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, to reasonably ensure that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed.</p> <p>The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focused on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.</p>	6/30/2011	Material Weakness

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9	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	60b	The Department of Health Care Policy and Financing should improve controls over Medicaid program eligibility determinations and data entry into the Colorado Benefits Management System (CBMS) by: b. Reviewing counties' and MA sites' data input and monitoring their supervisory reviews.	6/30/2011	Implemented	This recommendation has been implemented. The Department has implemented several initiatives that address this recommendation: Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report. IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS. Since April 2009, the Department offers additional resources to assist county departments of social/human services experiencing an increased number of new applications. Additionally, the Overflow process in July 2011 began accepting redeterminations from these sites. As of September 2011, 17,745 new applications and 556 redeterminations have been accepted. The Program and Eligibility Application Kit (PEAK) allows new CBMS clients to screen themselves for potential program eligibility ("Am I Eligible?") as well as apply for the Department's family and children's programs online ("Apply for Benefits"). Existing clients can use PEAK to check their benefits ("Check My Benefits") and report changes such as their address. PEAK was implemented in two phases, with the second phase fully implemented by May 30, 2011. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	6/30/2011	Material Weakness
10	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	59b	The Department of Health Care Policy and Financing should ensure that county departments of human/social services and Medical Assistance (MA) sites are researching and resolving Income, Eligibility, and Verification System (IEVS) data discrepancies for the Medicaid and Children's Basic Health Plan programs by: b. Ensuring county departments of human/social services and MA sites are researching and resolving Medicaid IEVS data discrepancies as required by federal regulations and in accordance with the State Plan filed with the federal government by implementing CBMS changes that do not adversely affect other programs. If this is not feasible, develop an alternative plan to resolve IEVS hits for the Medicaid program.	7/31/2011	Implemented and Ongoing	This recommendation has been implemented and is ongoing. Since the Department's original response, the Department, the Department of Human Services, and Office of Information Technology (OIT) were able to work with the Colorado Benefits Management System (CBMS) maintenance and operations vendor, Deloitte Consulting LLC, to implement changes into CBMS so that county departments and medical assistance sites can verify income through the Income Eligibility Verification System. The changes, which occurred on August 28, 2011, also resolved any discrepancies as requested by state regulations for the Children's Basic Health Plan program.	8/28/2011	Material Weakness
12	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	58b	The Department of Health Care Policy and Financing should improve its controls over eligibility of Medicaid providers by: b. Developing, implementing and documenting a process for verifying the current licensure of all providers that are required to have a license, including out-of-state providers.	9/30/2011	In Progress	Changes to the fiscal agent contract to execute this project have been drafted.	6/30/2012	Material Weakness
14	55: OSA-Single Statewide Financial Audit (Feb 2009)	57b	The Department of Health Care Policy and Financing should improve controls over requests for federal funds through the American Recovery and Reinvestment Act by: b. Documenting written procedures and ensuring adequate review of federal draws and supporting information to ensure their accuracy. This should include ensuring account codes are accurate, investigating negative account balances for appropriateness, and ensuring all necessary amounts are included in the draw request.	3/31/2010	Implemented	This recommendation has been implemented. The Department completed procedures for creating financial transactions to draw down American Recovery and Reinvestment Act funds. The Department has segregated the creation, entry, review and approval functions associated with these financial transactions. The Department staff that complete each of these duties are required to sign and date upon completion of the specific duty.	3/31/2010	Material Weakness

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15	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	63c	The Department of Health Care Policy and Financing should improve controls over documentation in Medicaid and Children's Basic Health Plan (CBHP) case files to support eligibility by: c. Continuing to provide eligibility sites with CBHP training and technical assistance on eligibility and documentation requirements.	2/28/2010	Implemented	This recommendation has been Implemented. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards be developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	9/1/2010	Significant Deficiency
16	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	63d	The Department of Health Care Policy and Financing should improve controls over documentation in Medicaid and Children's Basic Health Plan (CBHP) case files to support eligibility by: d. Enforcing supervisory review processes and corrective action plans by following up on problems identified through the Department's monitoring program and this audit.	2/28/2010	Implemented	This recommendation has been Implemented. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed.	9/1/2010	Significant Deficiency
17	55: OSA-Single Statewide Financial Audit (Feb 2009)	59c	The Department of Health Care Policy and Financing should reduce eligibility determination errors for CBHP by improving oversight and training of eligibility sites. Specifically, the Department should: c. Investigate the causes of the CBMS errors identified in the audit and modify CBMS as needed to correct them.	2/28/2010	Implemented	The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. The Department began providing training In September 2010 and continues to provide training, upon request, through phone support, on site or in a computer lab. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	9/1/2010	Significant Deficiency
18	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	59a	The Department of Health Care Policy and Financing should ensure that county departments of human/social services and Medical Assistance (MA) sites are researching and resolving Income, Eligibility, and Verification System (IEVS) data discrepancies for the Medicaid and Children's Basic Health Plan programs by: a. Ensuring that all county departments of human/social services and MA sites have access to the IEVS data.	7/31/2011	Implemented and Ongoing	This recommendation has been implemented and is ongoing. Since the Department's original response, the Department, the Department of Human Services, and Office of Information Technology (OIT) were able to work with the CBMS maintenance and operations vendor, Deloitte Consulting LLC, to implement changes into CBMS so that county departments and medical assistance sites can verify income through the Income Eligibility Verification System. The changes, which occurred on August 28, 2011, also resolved any discrepancies as requested by state regulations for the Children's Basic Health Plan program.	8/28/2011	Not specified
19	55: OSA-Single Statewide Financial Audit (Feb 2009)	62a	The Department of Health Care Policy and Financing should improve controls over CBHP program data entry into CBMS by: a. Ensuring that county departments of human/social services and MA sites have in place effective supervisory reviews of CBMS data entry, including comparisons of case files data with CBMS data as part of the eligible determination process.	2/28/2010	Implemented	IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, to reasonably ensure that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. The Department began providing training In September 2010 and continues to provide training, upon request, through phone support, on site or in a computer lab. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	4/30/2011	Deficiency in Internal Control

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20	55: OSA-Single Statewide Financial Audit (Feb 2009)	62b	The Department of Health Care Policy and Financing should improve controls over CBHP program data entry into CBMS by: b. Reviewing counties and MA sites data input and monitoring their supervisory reviews. Follow-up procedures should be performed as appropriate.	2/28/2010	Implemented	IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, to reasonably ensure that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audits findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	4/30/2011	Deficiency in Internal Control
21	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	67a	The Department of Health Care Policy and Financing should ensure compliance with the Deficit Reduction Act (DRA), the Children's Health Insurance Program Reauthorization Act, and related federal regulations governing Medicaid and the Children's Basic Health Plan (CBHP) programs by: a. Ensuring that all Medicaid applications include the citizenship and identity documentation required by DRA prior to approval or denial of eligibility for Medicaid and the CBHP program.	1/31/2011	Implemented	This recommendation has been implemented. Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report. Project 1404 automated the process for terminating eligibility for applicants that did not submit the required Deficit Reduction Act (DRA) verifications. The State Verification and Exchange System Interface was implemented on August 30, 2011, which interfaces with Social Security Administration to verify DRA required documentation for applicants.	8/30/2011	Deficiency in Internal Control
22	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	67b	The Department of Health Care Policy and Financing should ensure compliance with the Deficit Reduction Act (DRA), the Children's Health Insurance Program Reauthorization Act, and related federal regulations governing Medicaid and the Children's Basic Health Plan (CBHP) programs by: b. Obtaining and maintaining citizenship and identity documentation in all CBHP case files.	12/31/2013	Implemented	This recommendation has been implemented. Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report. Project 1404 automated the process for terminating eligibility for applicants that did not submit the required Deficit Reduction Act (DRA) verifications. The State Verification and Exchange System Interface was implemented on August 30, 2011, which interfaces with Social Security Administration to verify DRA required documentation for applicants.	8/30/2011	Deficiency in Internal Control

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23	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	64a	<p>The Department of Health Care Policy and Financing should ensure that county departments of human/social services and Medical Assistance (MA) sites meet program processing timeline requirements for Medicaid and Children's Basic Health Plan (CBHP) eligibility by:</p> <p>a. Using existing mechanisms, such as Colorado Benefits Management System (CBMS) reports and the Application Overflow Unit, to identify all cases, including long-term-care cases that exceed processing guidelines. The Department should consider setting a short-term goal to evaluate and measure the effectiveness of how its mechanisms are working.</p>	6/30/2011	Implemented	<p>This recommendation has been implemented.</p> <p>The Department has implemented several initiatives that address this recommendation:Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report.IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS.Since April 2009, the Department offers additional resources to assist county departments of social/human services experiencing increased number of new applications. Additionally, the Overflow process in July 2011 began accepting redeterminations from these sites. As of September 2011, 17,745 new applications and 556 redeterminations have been accepted.The Program and Eligibility Application Kit (PEAK) allows new CBMS clients to screen themselves for potential program eligibility ("Am I Eligible?") as well as apply for the Department's family and children's programs online ("Apply for Benefits"). Existing clients can use PEAK to check their benefits ("Check My Benefits") and report changes such as their address. PEAK was implemented in two phases, with the second phase fully implemented by May 30, 2011.The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, to reasonably ensure that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.</p>	4/30/2011	Significant Deficiency
24	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	64b	<p>The Department of Health Care Policy and Financing should ensure that county departments of human/social services and Medical Assistance (MA) sites meet program processing timeline requirements for Medicaid and Children's Basic Health Plan (CBHP) eligibility by:</p> <p>b. Working with county departments of human/social services and MA sites to improve the timeliness of application processing by offering technical assistance that focuses on the cause of untimely processing to ensure that new cases and redeterminations for Medicaid and for the CBHP program are processed within state and federal guidelines.</p>	5/31/2011	Implemented	<p>This recommendation has been implemented.</p> <p>The Department has implemented several initiatives that address this recommendation:Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report.IDE (aka Web Portal project) implementation rolled out statewide on April 30, 2011, integrating the application initiation and interactive interview screens in CBMS.Since April 2009, the Department offers additional resources to assist county departments of social/human services experiencing increased number of new applications. Additionally, the Overflow process in July 2011 began accepting redeterminations from these sites. As of September 2011, 17,745 new applications and 556 redeterminations have been accepted.The Program and Eligibility Application Kit (PEAK) allows new CBMS clients to screen themselves for potential program eligibility ("Am I Eligible?") as well as apply for the Department's family and children's programs online ("Apply for Benefits"). Existing clients can use PEAK to check their benefits ("Check My Benefits") and report changes such as their address. PEAK was implemented in two phases, with the second phase fully implemented by May 30, 2011.The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented,reasonably ensuring that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites on improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.</p>	4/30/2011	Significant Deficiency

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25	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	61e	The Department of Health Care Policy and Financing should improve its controls over the calculation and reporting of family planning expenditures under the Medicaid Managed Care Program by: e. Ensuring that supervisors review the data, the calculations, and the supporting documentation for compliance with the established methodology prior to submission of reports to the federal government.	8/31/2011	Implemented and Ongoing	This recommendation has been implemented and is ongoing. The Department provided training for supervisors who oversee staff that work with the family planning program to ensure that the data, calculations, and supporting documentation are properly reviewed prior to the submission of reports to the federal government.	8/31/2011	Material Weakness
26	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	61f	The Department of Health Care Policy and Financing should improve its controls over the calculation and reporting of family planning expenditures under the Medicaid Managed Care Program by: f. Ensuring that all data from the State's accounting system, COFRS, are extracted in a consistent manner and in accordance with policies and procedures.	8/31/2011	Implemented	This recommendation has been implemented. The Department extracted data from the Colorado Financial Reporting System based on the Centers for Medicare and Medicaid Services approved methodology for calculating and reporting family planning expenditures.	8/31/2011	Material Weakness
27	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	57a	The Department of Health Care Policy and Financing should improve controls over payments to laboratory providers for the Medicaid program by: a. Continuing to work to implement the Medicaid Management Information System (MMIS) edits necessary for accepting complete certification information from providers and verifying that the edits are working as intended to ensure compliance with the Clinical Laboratory Improvement Amendment (CLIA) requirements	7/31/2011	Implemented and Ongoing	Customer Service Request 2366 has been implemented. Medical Management Inforamtion System edits necessary for accepting complete certification information from providers are working as intended to ensure compliance with the Clinical Laboratory Improvement Amendment (CLIA) requirements.	9/30/2011	Material Weakness
28	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	57b	The Department of Health Care Policy and Financing should improve controls over payments to laboratory providers for the Medicaid program by: b. Continuing to implement its alternative method to verify that only providers with CLIA certification are receiving payments through the Medicaid program until the MMIS edits have been implemented.	7/31/2011	Implemented and Ongoing	A alternative method was not identified. As of September, 2011, claims for Clinical Laboratory Improvement Amendment (CLIA) services are edited for CLIA compliance. Customer Service Request 2366 has been implemented. MMIS edits necessary for accepting complete certification information from providers are working as intended to ensure compliance with the Clinical Laboratory Improvement Amendment (CLIA) requirements.	9/30/2011	Material Weakness
29	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	57c	The Department of Health Care Policy and Financing should improve controls over payments to laboratory providers for the Medicaid program by: c. Continuing to review laboratory payments to identify providers who are not certified and are receiving payments, including the completion of the review of 2008 through 2010 laboratory payments.	12/31/2011	Partially Implemented	The deadline for all providers to submit copies of their Clinical Laboratory Improvement Amendment (CLIA) certificates to Affiliated Computer Services (ACS) has expired. Now that current CLIA certificates are on file, the next phase of monitoring and review has commenced. All lab claims with dates of service from 1/1/2008 through 12/31/2010 have been queried. Further analysis was done to determine if the CLIA certificates sent to ACS by providers matched the procedure codes billed. There are 12 providers for which the CLIA type did not match the procedure codes billed and they will be receiving a request for records from Program Integrity the first week January 2012. The request will include asking for a copy of the CLIA certificate in force at the time of the date of service. If the CLIA certificate type does not match the procedure codes billed then overpayments will be identified and the recovery process initiated. Providers have a statutory deadline of 45 days from the date of our request for records letter in which to provider requested records to the Department. A review of records will follow and review findings communicated to providers. It is anticipated that the first recoveries will be realized no sooner than the first calendar quarter in 2012 due to statutory informal reconsideration and formal appeal timelines.	10/14/2011	Material Weakness
30	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	66c	The Department of Health Care Policy and Financing should improve controls over the manual processing of occupational and physical therapy claims by: c. Continuing to seek recovery of the erroneous payments identified in the Fiscal Year 2009 audit and seeking recovery for erroneous payments identified in the Fiscal Year 2010 audit.	9/30/2011	Implemented and Ongoing	The physical therapy (PT) overpayments are being repaid via montly payments of \$625. Original overpayment amount was \$7,500.00; remaining balance as of 9/30/11 is \$3,700.00. Occupational therapy (OT) outliers were identified using Electronic Surveillance Utilization Review System (ESURS) reports. Both outliers claims were reviewed which resulted in identification of fraud. Both cases were referred to the Medicaid Fraud Control Unit (MFCU) for criminal investigation. Both cases remain under active investigation. No recoveries were identified as a result. All recoveries will occur from the criminal prosecution process.	10/14/2011	Significant Deficiency
31	55: OSA-Single Statewide Financial Audit (Feb 2009)	73a	3The Department of Health Care Policy and Financing should improve MMIS user access controls by immediately implementing our prior year recommendation and strengthening MMIS' operating system, including: a. Evaluating MMIS user access profiles and identifying those profiles, or combinations of profiles, that are appropriate for different system users. This information should be shared with the supervisors of MMIS users.	6/30/2012	In Progress	In Progress. Implementation has taken longer than expected because the relationships between employees' roles, MMIS groups and MMIS screens (which allow and limit access) proved to be more intertwined and complex than expected. The Department expects to complete implementation of this recommendation by June 2012.	6/30/2012	Significant Deficiency

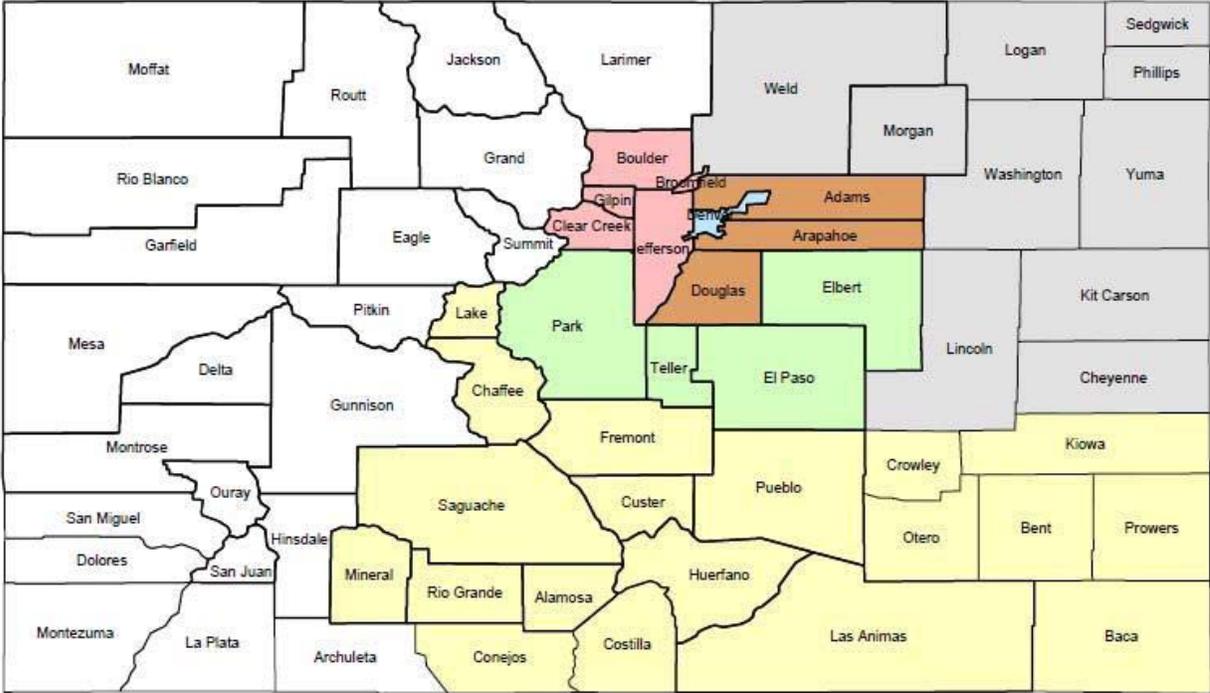
Corres. Line	Audit Title & Release Date	Rec No	Audit Recommendation	Last Implem. Date Provided	Recommendation Status	Update Response	Revised Implementation OR Implemented Date	Severity
32	55: OSA-Single Statewide Financial Audit (Feb 2009)	73b	The Department of Health Care Policy and Financing should improve MMIS user access controls by immediately implementing our prior year recommendation and strengthening MMIS' operating system, including: b. Establishing a written procedure that HCPF IT security staff follow when MMIS access is requested. The procedure should identify users requesting elevated levels of access and should require that the final decision to grant elevated access be documented and retained.	9/30/2011	In Progress	A draft Standard Operating Procedure was submitted to the clearance process in July, 2011.	11/1/2011	Significant Deficiency
33	55: OSA-Single Statewide Financial Audit (Feb 2009)	73c	The Department of Health Care Policy and Financing should improve MMIS user access controls by immediately implementing our prior year recommendation and strengthening MMIS' operating system, including: b. Establishing a written procedure that HCPF IT security staff follow when MMIS access is requested. The procedure should identify users requesting elevated levels of access and should require that the final decision to grant elevated access be documented and retained.	6/30/2012	In Progress	In Progress. Implementation has taken longer than expected because the relationships between employees' roles, MMIS groups and MMIS screens (which allow and limit access) proved to be more intertwined and complex than expected. The Department expects to complete implementation of this recommendation by June 2012.	6/30/2012	Significant Deficiency
34	55: OSA-Single Statewide Financial Audit (Feb 2009)	73d	The Department of Health Care Policy and Financing should improve MMIS user access controls by immediately implementing our prior year recommendation and strengthening MMIS' operating system, including: d. Periodically reviewing MMIS user access levels for appropriateness and promptly removing access for terminated users, including comparing active MMIS users to termination information contained in the Colorado Personnel and Payroll System and requiring business managers to annually verify the accuracy and relevance of access levels belonging to the MMIS users they supervise.	6/30/2012	In Progress	Implementation has taken longer than expected because the relationships between employees' roles, MMIS groups and MMIS screens (which allow and limit access) proved to be more intertwined and complex than expected. The Department expects to complete implementation of this recommendation by June 2012.	6/30/2012	Significant Deficiency
35	55: OSA-Single Statewide Financial Audit (Feb 2009)	81a	The Department of Health Care Policy & Financing should ensure a comprehensive and uniform assessment process for determining functional eligibility and the services necessary to address the needs of individuals seeking long-term care services by: a. Improving written guidance to direct single entry point agencies on all aspects of the intake, functional assessment, and service planning processes, including how case managers should document information in the Benefits Utilization System.	10/31/2009	Implemented and Ongoing	Implemented and ongoing. The Department has developed a Program Tool that captures important process timelines and information relevant to intake, assessment and service plan development/revisions. Training was completed by February 18, 2011.	10/31/2009	Material Weakness
36	55: OSA-Single Statewide Financial Audit (Feb 2009)	81b	The Department of Health Care Policy & Financing should ensure a comprehensive and uniform assessment process for determining functional eligibility and the services necessary to address the needs of individuals seeking long-term care services by: b. Modifying State Medicaid Rules to more clearly define how to score functioning when the individual uses an assistive device and making appropriate corresponding changes to the Department' functional assessment tool.	6/30/2012	In Progress	In Progress. The Department's Program and Policy Training Unit staff are working with the Long Term Care Benefits Division subject matter experts to develop trainings to address several identified needs including assessment scoring. The Department is planning four regional trainings with case management agencies for Fiscal Year 2012 with other teleconference and/or web programs as appropriate.	6/30/2012	Material Weakness
37	55: OSA-Single Statewide Financial Audit (Feb 2009)	81c	The Department of Health Care Policy & Financing should ensure a comprehensive and uniform assessment process for determining functional eligibility and the services necessary to address the needs of individuals seeking long-term care services by: c. Strengthening its state-sponsored training by making standard cor training courses available to all SEP agencies. Case managers should be required to complete state-sponsored or state-approved training in core areas commensurate with their level of experience and responsibility on a routine basis. Case managers who fail to complete the required training should be prohibited from conducting functional assessments and developing service plans for clients.	10/31/2009	Implemented and Ongoing	Implemented and ongoing. The SFY 10-11 and 11-12 case management agency contracts include mandatory training topics and requirements that all new case managers successfully complete before assignment to independent case management work. Additionally, the Department continues to work with External training Unit staff on the development of training programs to target a broader audience in multiple manners.	10/31/2009	Significant Deficiency

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38	55: OSA-Single Statewide Financial Audit (Feb 2009)	81d	The Department of Health Care Policy & Financing should ensure a comprehensive and uniform assessment process for determining functional eligibility and the services necessary to address the needs of individuals seeking long-term care services by: d. Setting minimum standards for single entry point agencies' quality assurance and case file review practices. Standards should include steps for measuring inter-rater reliability on functional assessment scoring, and for systematically compiling, reporting, and addressing the results of the case file reviews.	10/31/2009	Implemented and Ongoing	Implemented and ongoing. The Department has finalized Administrative and Program Monitoring Tools that are used to measure Single Entry Point & Community Centered Board performance in administrative and case management/case file areas. Training on the Program Tool was completed on February 18, 2011.	10/31/2009	Significant Deficiency
39	55: OSA-Single Statewide Financial Audit (Feb 2009)	82a	The Department of Health Care Policy & Financing should ensure eligible individuals have timely access to Medicaid long-term care services by developing an integrated approach to monitor the timelines of all components of the eligibility determination process, identify problems, and make improvements. At a minimum, the Department should: a. Provide clear and consistent written guidance to single entry point agencies regarding how the timeliness of the functional assessment and other processes will be measured. Guidance should specify defined dates that anchor the start and end of the time frames being measured.	11/3/2009	Implemented	Implemented. The contract for FY 2010-11 includes Pay for Performance criteria which tracks referrals, authorization dates and timelines for level of care eligibility.	11/3/2009	Significant Deficiency
40	55: OSA-Single Statewide Financial Audit (Feb 2009)	82b	The Department of Health Care Policy & Financing should ensure eligible individuals have timely access to Medicaid long-term care services by developing an integrated approach to monitor the timelines of all components of the eligibility determination process, identify problems, and make improvements. At a minimum, the Department should: b. Make improvements to the Benefits Utilization System to capture all dates necessary to evaluate the timeliness of single entry point agencies' intake and functional assessment processes. This should include moving relevant information currently maintained in case log notes into defined date fields. Timeliness statistics should be tracked and reported for the entire client population by single entry point agency and system-wide on a routine basis. System improvements should be accompanied by written guidance to ensure that all data fields are populated and treated consistently by users.	12/31/2009	Implemented	Implemented. The contract for case management in FY 2010-11 includes Pay for Performance criteria specific to the points offered in the recommendation. The Department will be monitoring functional assessment scoring and conducting case file reviews.	12/31/2009	Significant Deficiency
41	55: OSA-Single Statewide Financial Audit (Feb 2009)	82d	The Department of Health Care Policy & Financing should ensure eligible individuals have timely access to Medicaid long-term care services by developing an integrated approach to monitor the timelines of all components of the eligibility determination process, identify problems, and make improvements. At a minimum, the Department should: d. Make changes to weekly reports in the Colorado Benefits Management System to identify all pending Medicaid long-term care applications that exceed required processing time frames and compile summary statistics on the timely processing of Medicaid applications by county and statewide. The Department should continue to work with county departments of human/social services to identify reasons why Medicaid applications are processed late or remain pending beyond established deadlines and address problems.	11/30/2011	Implemented and Ongoing	Implemented and ongoing. Project 1404 was implemented in two phases: Phase 1, implemented on January 29, 2011, added a field to the Colorado Benefits Management System (CBMS) that determines an application is complete versus incomplete. Phase 2, implemented on April 20, 2011, uses the new field to calculate the EPG (exceeding processing guidelines) report. The Medical Eligibility Quality Improvement (MEQIP) initiative has been implemented, ensuring that eligibility processing standards be developed, implemented and monitored among county and medical assistance sites. The Department began providing training in September 2010 and continues to provide training, upon request, through phone support, on site or in a computer lab. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed. The Colorado Eligibility Process Improvement Collaborative (CEPIC) is a joint effort between the Department and the Southern Institute on Children and Families Process Improvement Center to assist county sites in improving the efficiency, effectiveness and quality of processes within the Department's public programs. CEPIC, which began in January 2010, focuses on eligibility services, specifically the timely processing of applications. The July 2011 results of CEPIC showed that participating counties reduced their processing time averages from 28 days to 13 days. The Department is working toward obtaining additional grant funding to continue CEPIC, which will allow additional medical assistance sites to participate and learn business process tools.	4/30/2011	Significant Deficiency

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42	55: OSA-Single Statewide Financial Audit (Feb 2009)	82f	The Department of Health Care Policy & Financing should ensure eligible individuals have timely access to Medicaid long-term care services by developing an integrated approach to monitor the timelines of all components of the eligibility determination process, identify problems, and make improvements. At a minimum, the Department should: f. Capture and analyze data on an ongoing basis to monitor and evaluate how long it takes eligible individuals to gain access to Medicaid long-term care services from the time they first enter the system.	10/31/2010	Implemented and Ongoing	Implemented and ongoing. Modifications to the Benefits Utilization System to capture dates related to level of care eligibility are complete. Monitoring of these dates/timelines are included in Department's ongoing monitoring efforts.	10/31/2010	Significant Deficiency
44	55: OSA-Single Statewide Financial Audit (Feb 2009)	85b	The Department of Health Care Policy and Financing should improve controls over updating Medicaid provider licenses in MMIS by: b. Continuing to develop and implement a plan to automate the process for updating licenses for providers participating in the Medicaid program.	12/31/2010	In Progress	Changes to the fiscal agent contract to execute this project have been drafted.	6/30/2012	Material Weakness
46	49: OSA-Single Statewide Financial Audit (March 2008)	62c	The Department of Health Care Policy and Financing should improve controls over Subrecipient monitoring for the Medicaid and the State Children's Health Insurance programs by: c. In cases where the Department is a pass-through entity, requiring all subrecipients with federal expenditures of \$500,000 or more within a fiscal year to provide annual audits performed in accordance with OMB Circular A-133 requirements.	6/30/2009	Implemented	IMPLEMENTED. The Department met with the state Attorney General's Office on April 13, 2009; they confirmed that the Childrens Health Plan Plus (CHP+) contracts should not be considered subrecipient contracts or be subject to the subrecipient monitoring requirements.	6/30/2009	Material Weakness
47	49: OSA-Single Statewide Financial Audit (March 2008)	65a	The Department of Health Care Policy and Financing should improve its oversight of certifications required for nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR) by: a. Maintaining written notification of CDPHE recommendations to certify or terminate certifications to document compliance with the interagency agreement.	3/4/2009	Implemented	This recommendation has been implemented.	3/4/2009	Significant Deficiency
48	49: OSA-Single Statewide Financial Audit (March 2008)	65b	The Department of Health Care Policy and Financing should improve its oversight of certifications required for nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR) by: b. Developing and implementing a certification tracking mechanism to monitor and document recommendations for certifications and terminations of certifications.	2/25/2010	Implemented	This recommendation has been implemented.	2/25/2010	Significant Deficiency
49	49: OSA-Single Statewide Financial Audit (March 2008)	69b	The Department of Health Care Policy and Financing should improve its monitoring of application processing for CBHP by eligibility sites to ensure eligibility decisions are made timely, in accordance with federal and state rules and guidelines. Specifically, the Department should: b. Work with the eligibility sites to investigate the underlying factors contributing to processing delays, including the reasons CBHP applications, supporting documentation, or enrollment fees have not been entered or processed in CBMS.	1/31/2009	Implemented and Ongoing	Implemented and ongoing. The Department continues to monitor timely processing of the counties and medical assistance sites through the Medical Eligibility Quality Improvement Project (MEQIP). This initiative has been implemented, reasonably ensuring that eligibility processing standards are developed, implemented and monitored among county and medical assistance sites. The Department began providing training in September 2010 and continues to provide training, upon request, through phone support, on site or in a computer lab. With information gathered through MEQIP and other audit findings, the Department has begun conducting quality site reviews on eligibility sites to determine the additional trainings, tools and resources needed.	1/1/2009	Deficiency in Internal Control
50	49: OSA-Single Statewide Financial Audit (March 2008)	69c	The Department of Health Care Policy and Financing should improve its monitoring of application processing for CBHP by eligibility sites to ensure eligibility decisions are made timely, in accordance with federal and state rules and guidelines. Specifically, the Department should: c. Further target training and technical assistance to address the underlying problems of late processing.	1/1/2009	Implemented and Ongoing	Implemented and ongoing. The Department continues to provide regional trainings. Regional trainings were completed in May and June 2009 which consisted of Children's Basic Health Plan (CBHP) program representatives assisting technicians and community partners in understanding program rules and training eligibility sites on best practices. These regional trainings are scheduled throughout the year, in addition to the annual Colorado Ongoing Network of Experience & Collaborative Training (CONNECT) conference. CBHP representatives will continue to identify topics and participate in these training sessions.	1/1/2009	Deficiency in Internal Control

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51	49: OSA-Single Statewide Financial Audit (March 2008)	71b	The Department of Health Care Policy and Financing should ensure ineligible women and children are properly and timely disenrolled from CBHP. Specifically, the Department should: b. Strengthen efforts to ensure that, until the planned changes to CBMS and MMIS are fully implemented and working properly, participants are disenrolled from CBHP as soon as their eligibility ends. This should include modifying the contract with ACS to include performance standards for timely and accurate disenrollments, monitoring and enforcing ACS' compliance with the performance standards, identifying and actively monitoring individuals due for disenrollment, and working with ACS to improve the accuracy of disenrollment reports.	12/31/2009	Implemented and Ongoing	The Eligibility and Enrollment for Medical Assistance Program (EEMAP) Contract, executed on July 20, 2010, contains specific Performance Standards/ Service Level Agreements (SLAs) which were implemented on October 15, 2010 the "go-live" date. In addition, there are Incentive Payments and Liquidated damages based on the contractual SLAs. Incentives give the Contractor an opportunity to increase monthly payments when contractual SLAs are exceeded by specific measurements. Liquidated Damages are assessed when contractual SLAs are not met. There are a total of sixteen (16) performance standards ranging from Operational Metrics to Eligibility and Enrollment Metrics. Section 3.2.5 – Disenrollment of the EEMAP Contract outlines performance standards for disenrolling ineligible clients, including the following requirement: Disenroll clients within ten (10) business days from date of request. Monthly disenrollment reports are forwarded from the EEMAP Vendor to the Department.	10/15/2010	Significant Deficiency
52	45: OSA - CHP+ Perf Audit (May 2008)	14b	The Department of Health Care Policy and Financing should ensure it has adequate and accurate information to effectively manage CBHP by: b. Establishing data collection and analysis processes to meet the identified needs.	12/31/2009	In Progress	This recommendation remains in progress. The Department has defined reporting requirements for new reports to be generated from the Colorado Benefits Management System (CBMS) by Deloitte, a contractor for the Office of Information Technology. The implementation of the change request remains pending. Due to competing priorities, including requirements issued in the recent CBMS lawsuit, this change request has been delayed by OIT. This is on the 18-month calendar; OIT has given no timeline for implementation.	12/31/2011	Not specified
11 43	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	58a	The Department of Health Care Policy and Financing should improve its controls over eligibility of Medicaid providers by: a. Ensuring that the Medicaid Management Information System (MMIS) contains current licensing information for all Medicaid providers that are required to have a license. Until the implementation of licensure information is automatically updated in MMIS, the Department should implement an alternative method of ensuring that all providers are currently licensed.	9/30/2011	In Progress	Changes to the fiscal agent contract to execute this project have been drafted.	6/30/2012	Material Weakness
13 45	59: OSA-2010 Single Statewide Financial Audit (Released Feb 2011)	58c	The Department of Health Care Policy and Financing should improve its controls over eligibility of Medicaid providers by: c. Ensuring that all providers have valid current provider participation agreements.	9/30/2011	In Progress	Changes to the fiscal agent contract to execute this project have been drafted.	6/30/2012	Material Weakness

Regional Care Collaborative Organization Map



	Region 1: Rocky Mountain Health Plans
	Region 2: Colorado Access
	Region 3: Colorado Access
	Region 4: Integrated Community Health Partners
	Region 5: Colorado Access
	Region 6: Colorado Community Health Alliance
	Region 7: Community Care of Colorado

Annual Maximum Income Guidelines- 2011					
Persons	100% FPL	133% FPL	200% FPL	205% FPL	250% FPL
1	\$10,890	\$14,484	\$21,780	\$22,325	\$27,225
2	\$14,710	\$19,564	\$29,420	\$30,156	\$36,775
3	\$18,530	\$24,645	\$37,060	\$37,987	\$46,325
4	\$22,350	\$29,726	\$44,700	\$45,818	\$55,875
5	\$26,170	\$34,806	\$52,340	\$53,649	\$65,425
6	\$29,990	\$39,887	\$59,980	\$61,480	\$74,975
7	\$33,810	\$44,967	\$67,620	\$69,311	\$84,525
8	\$37,630	\$50,048	\$75,260	\$77,142	\$94,075
For each additional person, add	\$3,820	\$5,081	\$7,640	\$7,831	\$9,550
Monthly Maximum Income Guidelines- 2011					
Persons	100% FPL	133% FPL	200% FPL	205% FPL	250% FPL
1	\$908	\$1,207	\$1,815	\$1,861	\$2,269
2	\$1,226	\$1,631	\$2,452	\$2,513	\$3,065
3	\$1,545	\$2,054	\$3,089	\$3,166	\$3,861
4	\$1,863	\$2,478	\$3,725	\$3,819	\$4,657
5	\$2,181	\$2,901	\$4,362	\$4,471	\$5,453
6	\$2,500	\$3,324	\$4,999	\$5,124	\$6,248
7	\$2,818	\$3,748	\$5,635	\$5,776	\$7,044
8	\$3,136	\$4,171	\$6,272	\$6,429	\$7,840
For each additional person, add	\$319	\$424	\$637	\$653	\$796
Miscellaneous Limits					
	Monthly Amount	Annual Amount	Approximate FPL		
AFDC Level	\$216	\$2,592	24% FPL		
SSI Level	\$674	\$8,088	74% FPL		
300% SSI Level	\$2,022	\$24,264	223% FPL		

SOURCE: *Federal Register* , Vol. 76, No. 13, January 20, 2011, pp. 3637-3638