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# Medical Assistance Verification

## Project 1404 Post Implementation

### March 9, 2011



# Topics of Discussion

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- Denying for missing verifications
- Good Faith functionality
- Family Medicaid (FM) Reassessment letter
- Location of Reference Guide and Training PowerPoint
- Open forum



# Denying for Missing Verifications

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- Project 1404 implemented in CBMS on January 31, 2011 automated the denial for missing verifications for all medical programs
- The automated trigger for denial is set based on the maximum denial due date
- The maximum denial due date is the denial due date furthest in the future



# Denying for Missing Verifications

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- The denial trigger provides additional processing time for eligibility workers after the verification due date provided to the client
- The case cannot be denied due to missing verifications prior to the maximum denial due date



# Denying for Missing Verifications

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Example:

- FM verification due date on the Verification Checklist is 3/3/2011
- The denial due date is 3/10/2011
  - The case cannot be denied earlier than 3/10/2011
- If verifications are not received, CBMS will automatically deny the case on 3/11/2011
  - Eligibility workers do not need to take any action if verifications are not received



# Denying for Missing Verifications

The following table provides the timeframe for verification due dates and denial due dates for each HLPG.

- The verification due date is set as of the notice date (1 calendar day after the verification checklist is sent)
- “B” is Business days and “C” is Calendar days

	Medical Programs II Missing Verifications				AVC			
	Verification Due Date	Verification Due Day Type	Additional Processing Days	Additional Processing Day Type	AVC Due Date	AVC Due Type	AVC Application Denial Due Date	AVC App Due Type
AM	10	B	5	B	10	B	15	B
CHP	10	B	5	B	10	B	15	B
FM	10	B	5	B	10	B	15	B
LIS	15	C	5	C	15	C	20	C
LTC	10	B	5	B	10	B	15	B
MSP	10	B	5	B	10	B	15	B

# Denying for Missing Verifications

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For detailed information on denying for missing verifications, please refer to the 2011 Reference Guide.

– Section 4, pages 52-63



# Good Faith Functionality

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- The functionality to allow Good Faith within CBMS was implemented within Project 1404 on January 31, 2011
- Good Faith rules can be found at 10 CCR 2505-10 8.100.3.H.10



# Good Faith Functionality

Good Faith is located on a tab within the Display Verification Checklist window.

Display Verification Checklist

Case

Number:  Name:  Programs

Status: Pending Status Date: 01/05/2011 Pending Alerts: 8 WP [Y/N]: N

Summary Detail **Good Faith**

Name	Begin Date	End Date
<input type="text"/>	1/13/2011	<input type="text"/>

Name:  Begin Date: 01/13/2011 End Date:

Notes: Client called to request additional time to provide verification. Granted a Good Faith record.

# Good Faith Functionality

- Good Faith can only be granted if the individual is missing verifications
- Clients receive a Good Faith notice

**STATE OF COLORADO** 

To :

From :

Date :

We did not receive all requested verification documents for \_\_\_\_\_ for Adult Medical Assistance. You have been granted an extension to give you more time to provide the documents. Please provide all the documents as soon as possible and keep your county worker informed of your progress in getting them. Thank You.

# Good Faith Functionality

A note is generated on the verification checklist indicating the Good Faith extension.

NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
	Income from employment	Childrens Health Plan Plus	01/13/2011
<b>NOTES:</b> Good Faith extension granted from 12/28/2010.			

# Good Faith Functionality

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For detailed information on Good Faith functionality within CBMS, please refer to the 2011 Reference Guide.

- Section 1, page 30
- Section 3, pages 40-51
- Section 4, page 61



# Family Medicaid Reassessment Letter

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- On January 31, 2011, project 1404 automated the FM Reassessment letter
  - This letter is for clients on a FM guaranteed program
- The letter is generated upon authorization of a FM guaranteed program
- Although the letter is generated (created) upon authorization, the letter remains in the print queue until 60 days prior to the end of the guaranteed period



# Family Medicaid Reassessment Letter

Within the **Search/View Client Correspondence in the Print Queue** window, the letter will display “00/00/0000” as the Auth Date/Time

The screenshot shows a software window titled "Search/View Client Correspondence in the Print Queue". It contains search criteria fields and a table of search results. A red box highlights a row in the table where the "Auth Date / Time" is "00/00/0000 00:00 AM".

Reason Description	Elig Month	Correspondence Name	Language	Correction [Y/N]	Auth Date / Time
Approved for Family Medical	03/2011	Notice of Action	English	[N]	03/07/2011 03:46 PM
FM Reassessment Letter		Med Reassessment Letter	English	[N]	00/00/0000 00:00 AM
On Medicaid	04/2011	Notice of Action	English	[N]	03/07/2011 03:46 PM
On Medicaid	03/2011	Notice of Action	English	[N]	03/07/2011 03:46 PM

# Family Medicaid Reassessment Letter

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- The letter cannot be printed via “Online Print”
- The letter can be viewed through “Batch Print”
  - When viewing the letter, the current date will populate on the letter



# Family Medicaid Reassessment Letter

- The letter is sent out 60 days prior to the end of the guaranteed period
- The date on the letter is updated to the date it is sent out

**STATE OF COLORADO** 

Client Name  
Address  
City, State, Zip

**03/07/2011**

**RECERTIFICATION NOTICE**

Client Name,  
It is time to see if your family is still eligible for the medical benefits you receive. The information you give will be used to determine if your family is still eligible for these programs.

Please return the following information to me by 12/04/2011 to continue benefits for your family. If you do not return this information by 12/04/2011, your family's benefits may end.

# Family Medicaid Reassessment Letter

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For detailed information on Family Medicaid Reassessment letter, please refer to the 2011 Reference Guide.

– Section 5, pages 66-68



# 2011 Reference Guide and Training PowerPoint

The desk reference guide and training PowerPoint can be located at [Colorado.gov/HCPF](http://Colorado.gov/HCPF) with either two ways:

1. Within the **Search** field enter “medical verification”



# 2011 Reference Guide and Training PowerPoint

Within search results, select “HCPF Training and Reference Documents.”

The screenshot shows the Colorado Department of Health Care Policy and Financing website. At the top, it says "Colorado The Official State Web Portal" and "Colorado.gov". There is a "Live Help" icon and a search bar with the word "Search" inside. Below the search bar, the text "The Department of Health Care Policy and Financing" is displayed. A navigation menu includes "Clients & Applicants", "Providers", "Partners & Researchers", "Boards & Committees", "About Us", "Secured Site", and "MA/PE Portal". A search bar contains the text "medical verification" and a "Search" button. Below the search bar, the results are listed. The first result is "HCPF Training Topics" with sub-links for "Medical Assistance Verification", "Medical Spans", "Presumptive Eligibility", and "School Health Services Program". The second result is "HCPF Training and Reference Documents" which is highlighted with a red box and a red arrow pointing to it. Below this is another result for "Medical Assistance Verification" with sub-links for "Medical Spans Guide", "Presumptive Eligibility", and "School Health Services Program". The third result is "HCPF Provider Bulletins" with a link for "Medical Assistance Program Updates and Changes (B0500193 - 04/05)".



# 2011 Reference Guide and Training PowerPoint

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2. Within the menu choices at the top, select Partners and Researchers → County and Medical Assistance Site on the left hand side → Training and Reference Documents → Medical Assistance Verification



# Open Forum

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