Colorado Benefits Management System

Accident Liability Window
Associated with the 04/14/07 Application Build

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Supercedes	
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Description	The Accident Liability window in CBMS has been significantly enhanced to allow the Department of Health Care Policy and Financing (Department) to collect more complete information with regard to accidents that Medicaid clients may have been involved in. Since Medicaid is the payer of last resort, this information will allow the Department to more actively pursue reimbursement from third-party insurance in cases where a Medicaid client has been injured in an accident. This document defines the changes that have been made to CBMS and the steps that need to be taken to properly enter the accident information for existing clients or new applicants.

1.0   Collect Case Question Window

Window Information
On the Collect Case Question window, the user should check the **Has anybody Been Involved in an Accident** check box whenever a Medicaid client is involved in any sort of accident. Once checked, the Display Accident Liability Summary window will be added to the queue.

2.0 Display Accident Liability Summary
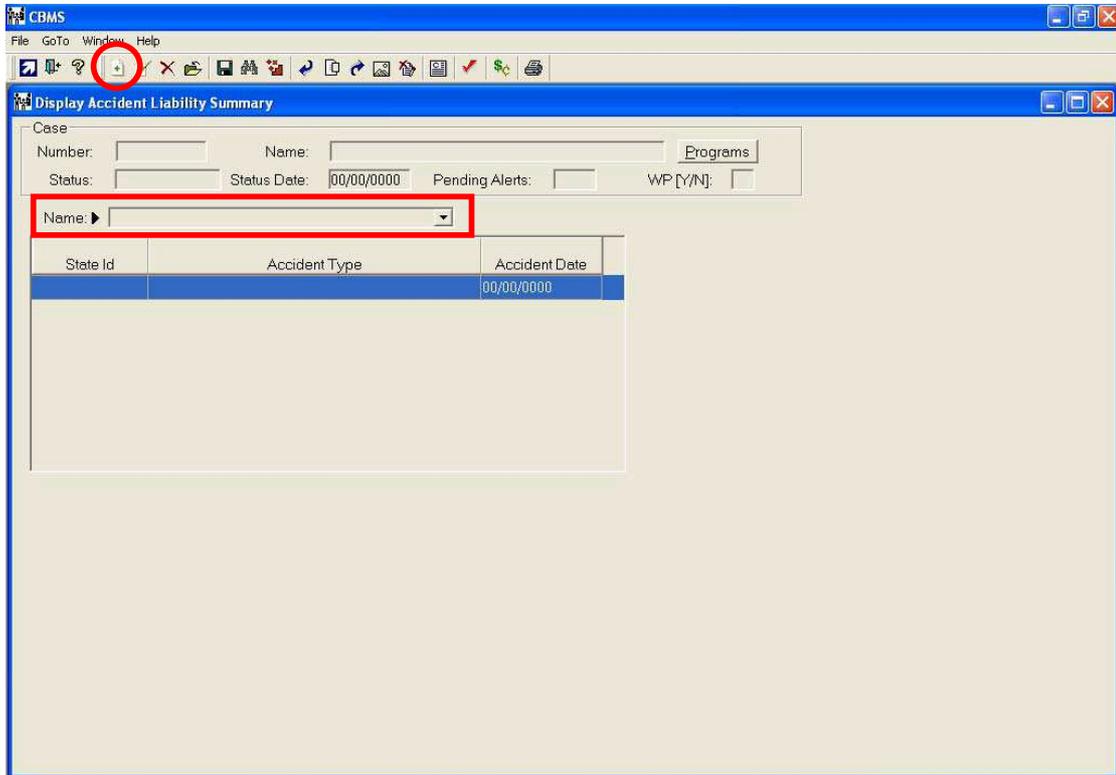
Window Information
The Summary window will display the **State ID**, **Accident Type**, and **Accident Date** for the selected client on the case. To add a new accident record, select the client's name from the **Name** drop-down, and then click on the **Add** icon on the toolbar to add a new record. One client could have more than one accident record, but these would identify separate events that took place.

3.0   Collect Accident Liability Detail Window –Accident Details Tab

Field Information		
Field Name	**Required**	**Description**
Effective Begin Date	►	Required. Refer to the ***Navigating Effective Begin Dates and Effective End Dates in CBMS*** document listed in the ***CBMS Document Index*** on the CDHS Portal.
Effective End Date		Refer to the ***Navigating Effective Begin Dates and Effective End Dates in CBMS*** document listed in the ***CBMS Document Index*** on the CDHS Portal.
Type		Select the appropriate Type of Accident.
Accident Date	►	Required. Date of the accident being described.
Person Reporting Accident		Informational.
Brief Desc. of Accident		Informational.
Does the injured plan to take legal action [Y/N]		Informational.
Verification	►	Required. Select the appropriate Verification for the information.

Field Information		
Field Name	**Required**	**Description**
Source		Select the appropriate Source for the information.

4.0   Collect Accident Liability Detail Window – Other Liable Parties Tab

Field Information		
Field Name	**Required**	**Description**
Effective Begin Date	►	Required. Refer to the *Navigating Effective Begin Dates and Effective End Dates in CBMS* document listed in the *CBMS Document Index* on the CDHS Portal.
Effective End Date		Refer to the *Navigating Effective Begin Dates and Effective End Dates in CBMS* document listed in the *CBMS Document Index* on the CDHS Portal.
At Fault Person		
Last Name	►	Required. Last Name of Liable Party. If not known, use **Unknown**. If the Liable Party is a company, enter the company name in the **Last Name** field, and **N/A** in the **First Name** field.
First Name	►	Required. First Name of Liable Party. If not known, use **Unknown**.
Middle Name		Informational.
Suffix		Informational.

Field Information		
Field Name	**Required**	**Description**
Telephone #		Informational.
Ext		Informational.
Address		Select **Address** button to complete address of Liable Party
Verification	►	Required. Select the appropriate Verification for the information.
Source		Select the appropriate Source for the information.

NOTE: There can be multiple Liable Parties for each accident record.

5.0 Collect Accident Liability Detail Window – Insurance Claim Details Tab

Field Information		
Field Name	**Required**	**Description**
Effective Begin Date	►	Required. Refer to the *Navigating Effective Begin Dates and Effective End Dates in CBMS* document listed in the *CBMS Document Index* on the CDHS Portal.
Effective End Date		Refer to the *Navigating Effective Begin Dates and Effective End Dates in CBMS* document listed in the *CBMS Document Index* on the CDHS Portal.
Claim #		Informational.
Verification	►	Required. Select the appropriate Verification for the information.
Source		Select the appropriate Source for the information.
Insurance Company Information		
Name	►	Required. Name of insurance company.
Policy #		Informational.

Field Information		
Field Name	**Required**	**Description**
Settlement Date **(State-entry only)**		<u>**Only State personnel will utilize this field.**</u> An alert for the user will be generated when this field is completed. It will read *Client has received possible settlement recovery, contact client concerning resources*. In addition, a *Speed Letter* will also be sent to the client. It will notify the client as follows: *Our records indicate that you may have received funds from a personal injury accident/incident settlement. If you have received a settlement, please contact your county worker.*
Address		Select **Address** button to complete address of Insurance company.
Contact Information		
Last Name		Informational. Name of insurance company contact.
First Name		Informational.
Middle Name		Informational.
Phone #		Informational.
Employer Information		
Name		Informational. Drop-down will consist of all employers for all clients as entered in Employment History. Select the appropriate Employer, if applicable.
Workers' Comp. Case #		Informational.
Address		Will populate once **Employer Name** is selected.
Phone #		Will populate once **Employer Name** is selected.
Ext		Will populate once **Employer Name** is selected.

NOTE: There can be multiple Insurance Claims for each accident record.

6.0   Collect Accident Liability Detail Window – Attorney Details Tab

Field Information		
Field Name	**Required**	**Description**
Effective Begin Date	►	Required. Refer to the ***Navigating Effective Begin Dates and Effective End Dates in CBMS*** document listed in the ***CBMS Document Index*** on the CDHS Portal.
Effective End Date		Refer to the ***Navigating Effective Begin Dates and Effective End Dates in CBMS*** document listed in the ***CBMS Document Index*** on the CDHS Portal.
Attorney Information		
Last Name		Informational. Last Name of attorney.
First Name		Informational. First Name of attorney.
Middle Name		Informational.
Suffix		Informational.
Firm Name		Informational. Name of attorney's firm.
Telephone #		Informational.
Ext		Informational.
E-Mail		Informational.

Field Information		
Field Name	**Required**	**Description**
Address		Select **Address** button to complete address of attorney / firm.

NOTE: There can be multiple Attorneys for each accident record.

State and Federal regulations allow the Department to pursue claims and seek reimbursement from third parties in such situations where a legal liability has been found to exist. The information collected on this window will assist the Department's Tort and Casualty section in fulfilling this obligation.

Existing data will be converted upon implementation of this window. Please note that entries and updates to this window will cause a case data change that will result in the case being picked up in batch EDBC and authorization.