Bridge User Guide

Client Missing in the Bridge
Version 5.0

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The Bridge, CBMS, and the Colorado interChange: An Overview

This module addresses a specific task or process regarding electronic Prior Authorization creation and maintenance. Below is an overview of the various systems and interfaces that work together to support the work of Prior Authorization creation, approval, and maintenance, as well as claims payment.

The Colorado interChange and the CBMS

The Colorado interChange is the claims payment system for the Department of Health Care Policy & Financing. It is sometimes referred to as the Medicaid Management Information System (MMIS). The Colorado interChange is maintained by our fiscal agent, DXC Technology (DXC). The Colorado interChange also manages provider enrollment to Health First Colorado (Colorado's Medicaid Program) and Child Health Plans Plus (CHP+). The Colorado interChange also contains member eligibility information which is uploaded nightly from the Colorado Benefits Management System (CBMS).

Prior Authorizations and the Prior Authorization Subsystem of interChange

A finalized Prior Authorization Request (PAR) in the Colorado interChange is required for services billed by qualified Home and Community Based Services (HCBS) providers to be paid. All finalized PARs are stored in the Prior Authorization subsystem of the Colorado interChange. Finalized PARs in the Prior Authorization subsystem have Colorado interChange PAR numbers and serve as the PAR of record when claims are billed. Clients must have continuous eligibility during the certification span of the Prior Authorization for claims to pay.

The Bridge

The Bridge is the case management interface where HCBS PARs are initiated and transmitted into the Prior Authorization Subsystem. The Bridge is also where aspects of clients' service plans and other data related to clients' HCBS are maintained. Designed and maintained by DXC, it is a subsystem of the Colorado interChange. The Bridge reflects the eligibility information maintained in the interChange. The Bridge pushes information to the Prior Authorization Subsystem nightly. Discrepancies between the information reflected in each system could cause claim denials. The information in the Prior Authorization Subsystem dictates whether a claim pays or denies.

Helpful Contact Information

Case Management Contacts	
Contact	**Reason**
HCPF_BPA-CBMS-Mismatch@state.co.us	Correction of eligibility-related issues preventing PAR processing. Include all relevant CBMS Screenshots.
ccmhelpdesk@hpe.com	First Point of contact for systems bugs and barriers to PAR processing not related to client ineligibility. Only for use by case managers. Allow five business days for a response from DXC before emailing again. Should resolution not be reached, contact joanne.svenningsen@state.co.us. Include the Contact Tracking Number (CTN) with all communications.
commit_helpdesk@dxc.com	Bridge Password resets and Bridge login errors.
lthhpars@hcpf.state.co.us	All Long-Term Home Health PARs, including revisions.
Nina.Snyder@state.co.us	Activate/Revoke Bridge access for case managers.
All contacts above are for case managers only - do not share with providers. Inquiries to these contacts from providers will go unanswered. Providers are to contact the DXC call center at 1-844-235-2387.	

Client Missing in the Bridge:

Purpose/Summary:

The client search function does not show the client information in the Bridge. This could be caused by:

1. The client's financial eligibility might not have been determined by the county.
2. The client might be associated with another case management agency.
3. Entering incorrect client information while searching for client.

Policy Documentation Reference:

1. Financial Eligibility and Client Information Completeness:

The client must have waiver eligibility or have had waiver eligibility in the past to be viewable in the Bridge. Additionally, all data fields in CBMS must be accurate and complete for a client's new or updated eligibility spans to be viewable in the Bridge. A PPA (Pre-Prior Authorization) cannot be created until the county updates the individual's benefit eligibility in CBMS. Updated client eligibility information is transmitted into the Bridge daily.

If the county is representing that the client has waiver eligibility in CBMS, please send the appropriate screenshots of the HCBS certification spans from CBMS to the CBMS Mismatch team (HCPF_BPA-CBMS-Mismatch@hcpf.state.co.us) so the client can be viewed in the Bridge with correct certification span dates. If the Mismatch Team determines that the cause is incomplete or inaccurate data in CBMS, case managers may need to request that the county review all data fields for accuracy, as well as verify that the information is accurate across the county and case management data points.

If CBMS must be updated, it may take **up to two business days** for these updates to reflect in the Bridge.

2. Client Transfers:

When a client gets transferred from one agency to another, the transferring and receiving agencies must coordinate to ensure that the client is transferred in the Bridge.

1. The transferring agency must **click the add button** on the **Agency tab**.
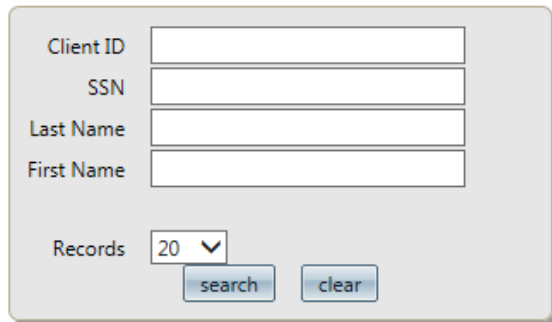2. The transferring agency must **select the receiving agency** from the dropdown and **save changes**.
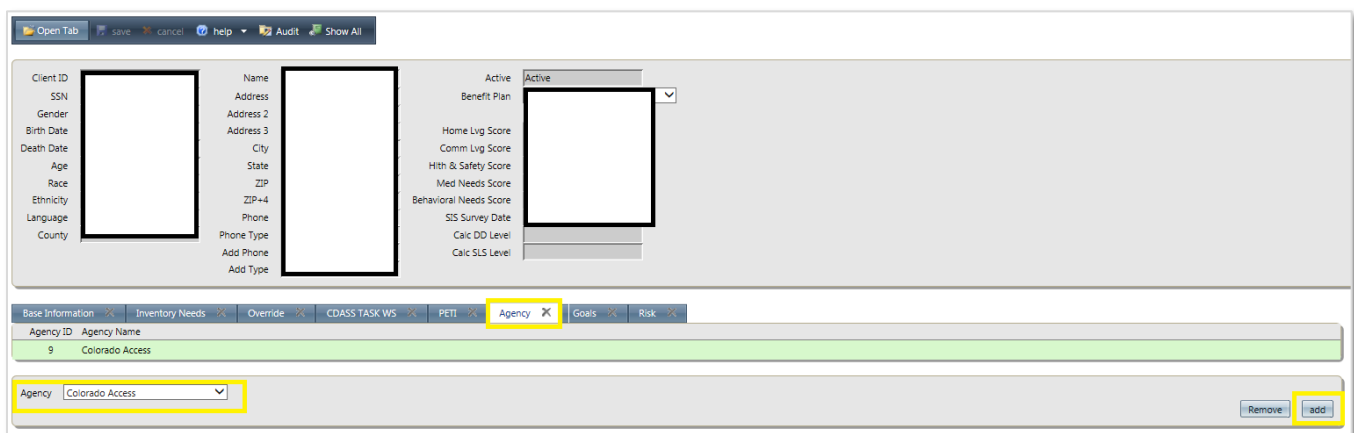
3. Once the receiving agency is added to the case, they will be able to view the client and edit the PPA.
4. The **receiving agency must remove the transferring agency** once the transfer is completed.

3. Entering Incorrect Information While Searching for Client:
When searching for clients, case managers should search by using multiple search criteria.

1. If data entered does not generate a match, verify the information in BUS and contact the County to check client data accuracy.

For general questions regarding the Bridge, contact CCMHelpdesk@hpe.com.