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# Project 9584

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## MA CBMS Updates - interChange

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**COLORADO**

Health Care & Economic Security  
Staff Development Center

## Project 9584: MA CBMS Updates - interChange

### Project Description:

As part of the Colorado Medicaid Management Innovation and Transformation (COMMIT) Project, the Colorado Department of Health Care Policy and Financing (HCPF) will be transitioning to a new claims system called interChange to replace the current claims system - Medicaid Management Information System (MMIS).

This project will include all CBMS updates necessary to support the Medical Assistance (MA) eligibility interface functionality, including new data elements required for claims processing and reconciliation of eligibility data with the new interChange system that will be required as part of this transition.

### Why was the change requested?:

This change is required to support the MA eligibility interface functionality for the new claims system - interChange.

### User Impact:

#### Medium

CBMS users must understand the system updates included with this project in order to report any system issues timely via the State Help Desk Ticket process

### System Updates:

CBMS will modify the existing MA Eligibility Span process to no longer include the existing Med Span Codes based on the member's eligibility results. The determination of these existing codes will be replaced with the determination of demographic data elements and Yes/No Indicators that will be transferred daily to the interChange to be used to place the member in the appropriate Medical Assistance benefit package.

Note: The current MA Eligibility Span daily and monthly reconciliation processing schedule will not be updated with this project. The current process to receive TRAILS Eligibility Spans and combine with CBMS Eligibility Spans will not be updated with this project. Only TRAILS spans will be sent if the member has active spans in both TRAILS and CBMS.

There will be no changes to existing MA eligibility determination functionality with this project.

The existing file layout used to transfer MA Eligibility Span records will be updated to accommodate the new data elements and indicators.



## New File Layout Data Elements

|  |   |
|--|---|
| Household Number                         | Case Number   |
| Source System Identifier                 | Household Size  |
| Client/State ID/Previous State ID        | Living Arrangement Code                                 |
| Medicare ID#                             | Client Relationship to HoH                              |
| Last, First, Middle name                 | Primary/Secondary Aid Code                              |
| Suffix                                   | Primary/Secondary Aid Code Begin/End Date               |
| Gender                                   | Primary/Secondary Aid Code Termination Reason           |
| Date of Birth                            | Secondary Aid Code                                      |
| Date of Death                            | Secondary Aid Code Begin/End Date                       |
| Client Application Date                  | POI - Y/N Indicator                                     |
| Marital Status Indicator                 | Incarcerate - Y/N Indicator                             |
| Social Security Number                   | Incarcerated Hospital - Y/N Indicator                   |
| Dependent Child - Y/N Indicator          | Address Confidentiality Program - Y/N Indicator         |
| Parolee - Y/N Indicator                  | Limited to Emergency Medical Assistance - Y/N Indicator |
| Immigration Verification - Y/N Indicator | Continuous Eligibility Indicator                        |
| Redetermination Date                     | Benchmark Opt In - Y/N Indicator                        |
| Ethnicity                                | American Indian/Alaska Native - Y/N Indicator           |
| Written/Spoken Language                  | Nursing Facility/Hospital NPI                           |
| Translator Needed - Y/N Indicator        | Nursing Facility/Hospital Zip Code                      |
| Pregnancy - Y/N Indicator                | Nursing Facility Patient Payment Amount                 |
| Pregnancy Begin/End Date                 | Nursing Facility Personal Needs Allowance               |
| Post-Partum Indicator                    | Home Care Allowance                                     |
| Disability - Y/N Indicator               | Adult Foster Care Amount                                |
| All Home/Mailing Address fields          | Financial Aid Type                                      |
| County of Residence Code                 | Maintenance Allowance for Spouse/Children               |



|   |  |
|---|--|
| Primary/Secondary Phone Number fields     | Total Net/Gross Countable Monthly Income |
| FPL Income Bracket Code                   | FPL%                                     |
| EPSDT - Y/N Indicator                     | CHP+ Income Rating Code                  |
| Categorically Eligibility - Y/N Indicator | Special Medical Needs - Y/N Indicator    |
| 300% Eligibility - Y/N Indicator          | SSDI/SSI/1619B - Y/N Indicator           |
| Medicare ID (HIC#)                        | Level of Care Type                       |
| Incarcerated Facility Type                | Email Address                            |
| Parent Indicator - Y/N Indicator          | County of Service Code                   |

**Note:** This table includes all data elements that will be sent in daily/monthly file to the interChange. When there is a change to those elements highlighted above, this may cause a break in span - end date one span and create a new span. Not all eligibility determinations will create a break in a span. For example - a termination of benefits would end date the current span and not create a new one.

The existing MA Eligibility Span Summary and Detail CBMS pages will no longer be populated with the member's benefit category information. These pages will be used for archived spans (closed spans) that are not converted at the time of implementation.

All MA Eligibility Spans that are active at the time of transition will be converted to the new format and populated within the new **Medical Assistance Eligibility Spans** page. All MA Eligibility Spans that are inactive at the time of transition will be viewable within the new **Medical Assistance Eligibility Spans** page by selecting the **Archived Spans** button.

**Note:** The transition/conversion date is to be determined at this time. It is unknown how the new page/existing pages will function following the September implementation until the go-live date.

The Medical Assistance Eligibility Spans page can be accessed two ways: From the MA Eligibility Spans button on the Inquire on Individual Details page and through the left hand navigation panel under the Interfaces sub-category.

**Note:** Those CBMS users that have access to the current med span pages will have access to the new page.

**Inquire on Individual Details - Individual Detail tab:** The Med Span button will be renamed to MA Eligibility Spans. This button will now take you to the new View interChange Enrollment Spans page.

**Inquire on Individual Details - Time on Aid tab:** The HCBS-CWA section and fields will be removed since they are not used.

Existing Page:

**Inquire on Individual Details** EDMS \$ ☆ ? ↻ 🔍 🗨️ 🖨️

Individual Detail **Time on Aid Summary** Individual History MA Continuous Eligibility

**Time on Aid Totals**

**TANF**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Total Used:          | Remaining:           | Fed. CO Used:        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Add'l CO Used:       | Other States Used:   |                      |
| <input type="text"/> | <input type="text"/> |                      |

**ABAWD**

|                      |                      |
|----------------------|----------------------|
| Used:                | Remaining:           |
| <input type="text"/> | <input type="text"/> |

**ADAD**

|                      |                      |
|----------------------|----------------------|
| Used:                | Remaining:           |
| <input type="text"/> | <input type="text"/> |

**HCBS-CWA**

|                      |                      |
|----------------------|----------------------|
| Used:                | Remaining:           |
| <input type="text"/> | <input type="text"/> |

**Summary**

Sanctions Exemptions 🖨️

New page:

**Inquire on Individual Details** EDMS \$ ★ 📄 ? 🔄 🔍 💬 🖨️

**Individual Detail** | Time on Aid Summary | Individual History | MA Continuous Eligibility

**Name:** TBMUNRAV, MQKQCE J      **SSN:** [REDACTED]      **DOB:** 06/21/1913

**State ID:** [REDACTED]      **Client ID:** [REDACTED]      **MA Card Issuance Date:** 08/01/2004

**Pregnancy Due Date:** MM/DD/YYYY      **MCO Name:** [REDACTED]      **PCP Name:** [REDACTED]

**Address**

**Address:** [REDACTED]

**Authorized Representative**

| Case #     | Authorized Representative |
|------------|---------------------------|
| [REDACTED] | TBMUNRAV, MQKQCE J        |

**MA Eligibility Spans**



- Individual Detail
- Time on Aid Summary**
- Individual History
- MA Continuous Eligibility

**Time on Aid Totals**

**TANF**

Total Used:  Remaining:  Fed. CO Used:

Add'l CO Used:  Other States Used:

**ABAWD**

Used:  Remaining:

**ADAD**

Used:  Remaining:

**Summary**

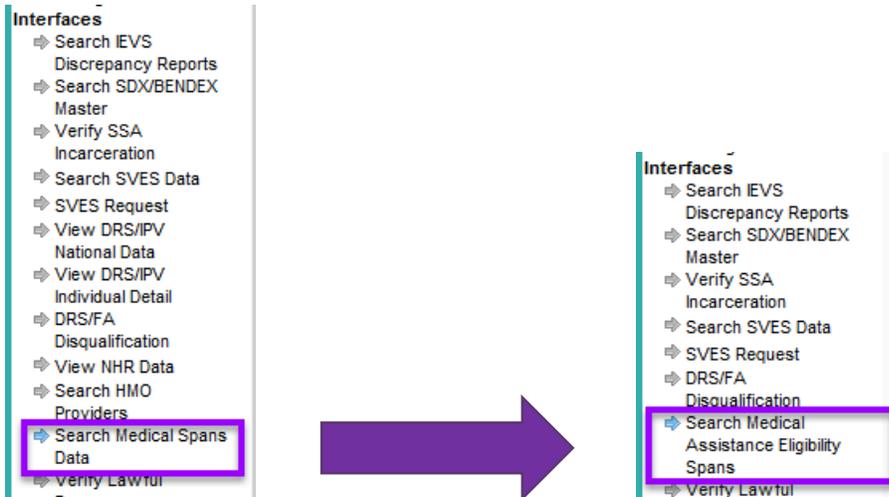
| Begin Date | End Date   | Clock Type | Diversion | Status    | State    | County | Extension |
|------------|------------|------------|-----------|-----------|----------|--------|-----------|
| 12/18/2004 | 08/16/2016 | ABAWD 36   |           | Non-ABAWD | Colorado | LAKE   | No        |

- Sanctions
- Exemptions



The current Search Medical Spans Data link will be removed. This page will no longer be available.

A new link called Search Medical Assistance Eligibility Spans will be added. When selected a new page called Medical Assistance Eligibility Spans will display.



This page will now have more demographic details and the indicator fields mentioned earlier. **MA Enrollment Spans will be viewable immediately upon authorization!! 😊**  
 CBMS users that have access to the current med span pages will have access to the new page.

This page will populate all of the demographic information and all of the active med spans and will no longer display the spans of ineligibility. The Level of Care Type field will only be populated if the Primary Category field is CCT (to identify what HCBS waiver the client qualifies for) OR WAWD (when the client qualifies for additional services within the HCBS EBD or HCBS CMHS waiver).

**Note:** If anything on this page is not populating correctly, submit a service desk ticket.

The screenshot shows a web application titled "Medical Assistance Eligibility Spans" with a browser toolbar at the top. The interface is divided into several sections:

- Search Criteria:** A "State ID:" input field with a search icon and a "Load" button.
- Demographics:** A form with fields for Name, SSN, Client ID, Gender, Date of Birth (MM/DD/YYYY), Marital Status, Date of Death (MM/DD/YYYY), County of Residence, and U.S. Citizen (Yes/No radio buttons). An "Address" button is also present.
- Summary:** A table with columns: Begin Date, End Date, Primary Category, Secondary Category, Transaction Date, and Transmit Date.
- Detail:** A form with fields for Begin Date (MM/DD/YYYY), End Date (MM/DD/YYYY), Primary Category, Secondary Category, and Case#. Below this are several indicator fields with Yes/No radio buttons:
  - Level of Care Type:
  - POI Indicator:
  - Incarcerated Indicator:
  - Limited to EMS Indicator:
  - AI/AN Indicator:
  - Continuous Eligibility Indicator:
  - Pregnancy Indicator:

|   |  |   |
|---|--|---|
| <b>Total Gross Countable Monthly Income:</b><br>\$ [ ] . [ ] 00             | <b>Total Net Countable Monthly Income:</b><br>\$ [ ] . [ ] 00                                  |   |
| <b>FPL%:</b><br>[ ]   | <b>FPL Income Bracket Code:</b><br>[ ]   | <b>CHP+ Income Rating Code:</b><br>[ ]  |
| <b>SSI Indicator:</b><br><input type="radio"/> Yes <input type="radio"/> No | <b>SSI 1619B Indicator:</b><br><input type="radio"/> Yes <input type="radio"/> No              | <b>Disability Indicator:</b><br><input type="radio"/> Yes <input type="radio"/> No    |
| <b>Nursing Facility Patient Payment Amount:</b><br>\$ [ ] . [ ] 00          | <b>Categorically Eligible Indicator:</b><br><input type="radio"/> Yes <input type="radio"/> No | <b>300% Eligible Indicator:</b><br><input type="radio"/> Yes <input type="radio"/> No |
| <b>Transaction Date:</b><br>MM/DD/YYYY                                      | <b>Transmit Date:</b><br>MM/DD/YYYY  |   |

Archived Spans

The Medical Assistance Eligibility Spans page will replace the existing *View Medical Spans Summary/Medical Span Details* pages. These pages will still be viewable by clicking on the Archived Spans button.

When the **Archived Spans** button is selected from the Medical Assistance Eligibility Spans page the View Medical Spans Summary page will display showing all inactive Medical Assistance spans for the member.

|   |   |
|---|---|
| <b>Limited to EMS Indicator:</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Continuous Eligibility Indicator:</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>AI/AN Indicator:</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No          | <b>Pregnancy Indicator:</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No              |

Archived Spans

Select the Detail button to view details of the med span.

**View Medical Spans Summary**

EDMS \$ ☆ 📄 ? ↻ 🔍 🗨

**Individual**

State ID:  Name:

**Summary**

| County Code | Begin Date | End Date | Grant Code | Client Status Code | Category Code | TPL Code | Med Flag | POC Code | SIS Code | Benchmark Code | Tran |
|-------------|------------|----------|------------|--------------------|---------------|----------|----------|----------|----------|----------------|------|
| 33          | 05/01/2008 |          | 4          | 1                  | 01 OAP-A --   | 00       | B        | YX       | B        |                | 04%  |

**Detail** 📄

## CBMS Functionality

When the automatic conversion happens; all active Medical Spans will populate in the new Medical Assistance Eligibility Spans page using the new format. Old Medical Spans will populate in the Archived Spans. There will be no manual process for the users to convert Medical Spans.

1. Select the Search Medical Assistance Eligibility link from the Interfaces sub-category in the left navigation panel.
2. Enter the member's State ID
3. Click the Load button. The med spans will auto populate. If you do not know the State ID, you can select the Find icon and enter the demographic information into the Clear/Inquire on

## Individual page.

Medical Assistance Eligibility Spans

EDMS

CBMS - Clear/Inquire on Individual -- Webpage Dialog

https://cbmssit02.state.co.us/CBMSIDESit02/ModalPopupPage.jsp

Clear/Inquire on Individual

EDMS

Search Criteria

\* State ID:

Demographics

Name:

Gender:

Marital Status:

U.S.Citizen:

Yes No

Summary

Begin Date

Detail

Begin Date:

MM/DD/YYYY

Primary Category:

Search Criteria

Last Name: First Name: Middle Name: Suffix:

Client ID: SSN: Gender:

State ID: Non-Citizen #: DOB: MM/DD/YYYY

Display:

Active  All

County:

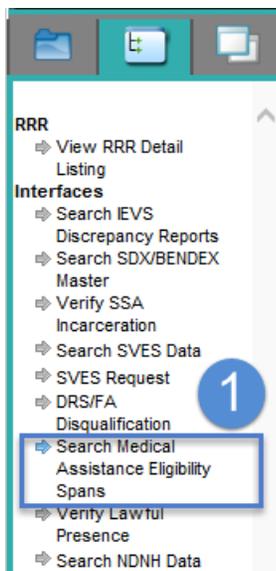
Search

Search Results

| Client ID | State ID | PF | Active [Y/N] | Last Name | First Name | Middle Name | Suffix | Gender |
|-----------|----------|----|--------------|-----------|------------|-------------|--------|--------|
|-----------|----------|----|--------------|-----------|------------|-------------|--------|--------|

Case List Individual Detail Alias Names Special Ind Merged ID Xref New Cancel Select

4. Click the Archived Spans button
5. Highlight the med span for which you would like to see the detail and click the Detail button
6. The Medical Spans detail page displays





## Medical Assistance Eligibility Spans

EDMS



### Search Criteria

\* State ID:

2

3

Load

### Demographics

Name:

Fjojd, Hpdc

SSN:

Client ID:

Gender:

Male

Date of Birth:

02/04/1984

Marital Status:

Single-Never Married

Date of Death:

MM/DD/YYYY

County of Residence:

DENVER

U.S.Citizen:

Yes  No

Address

### Summary

| Begin Date | End Date | Primary Category | Secondary Category | Transaction Date | Transmit Date |
|------------|----------|------------------|--------------------|------------------|---------------|
| 07/01/2016 |          | MAGI Adult       |                    | 08/16/2016       | 08/16/2016    |

### Detail

Begin Date:

07/01/2016

End Date:

MM/DD/YYYY

Primary Category:

MAGI Adult

Secondary Category:

Case#:

1BBHF14

Level of Care Type:

POI Indicator:

Yes  No

Limited to EMS Indicator:

Yes  No

Continuous Eligibility Indicator:

Yes  No

Incarcerated Indicator:

Yes  No

AI/AN Indicator:

Yes  No

Pregnancy Indicator:

Yes  No

Total Gross Countable Monthly Income:

\$ 0 . 00

Total Net Countable Monthly Income:

\$ 0 . 00

FPL%:

0.00

FPL Income Bracket Code:

M05

CHP+ Income Rating Code:



COLORADO

Health Care & Economic Security  
Staff Development Center

CBMS Build Guide Template

Version: 1.0

Release Date:

|   |  |   |
|---|--|---|
| SSI Indicator:<br><input type="radio"/> Yes <input checked="" type="radio"/> No               | SSI 1619B Indicator:<br><input type="radio"/> Yes <input checked="" type="radio"/> No              | Disability Indicator:<br><input type="radio"/> Yes <input checked="" type="radio"/> No    |
| Nursing Facility Patient Payment Amount:<br>\$ <input type="text"/> . <input type="text"/> 00 | Categorically Eligible Indicator:<br><input type="radio"/> Yes <input checked="" type="radio"/> No | 300% Eligible Indicator:<br><input type="radio"/> Yes <input checked="" type="radio"/> No |
| Transaction Date:<br><input type="text" value="08/16/2016"/>                                  | Transmit Date:<br><input type="text" value="08/16/2016"/>  | <b>4</b>  |

Archived Spans

### Field Definitions:

**Search Criteria:** This section will allow you to search for a member. Enter in the member's State ID if known and then click on the Load button to populate the Demographics and Summary sections of the MA Eligibility Spans page. If the State ID is not known, click on the Search Icon (next to the State ID field) to access the Clear/Inquire on Individual page. Enter member demographics, click Search and Select a member to populate the Demographics and Summary sections of the MA Eligibility Spans page.

**Demographics:** This section will auto-populate with the member's demographic information located within Interactive Interview (II) pages once a member is entered/selected.

**Address button:** This button will display the Individual Address page when selected.

**Summary:** This section will display all MA Eligibility Spans for the member.

**Note:** At transition, only active (no end date) Med Spans will be converted to the new format and displayed within the MA Eligibility Spans page. All closed spans will remain within the View Medical Spans Summary page. All new spans created or any span updates that occur 10/31/16 forward will be displayed within the MA Eligibility Spans page.

**Note:** Anything that did not convert will be displayed on the current med span pages.

**Detail:** This section will display the details of the span selected within the Summary section

**Begin Date:** This field will display the begin date for the span selected

**End Date:** This field will display the end date for the span selected

**Primary Category:** This field will display the Primary Category the member was active within for the span selected. This field should always be populated.

**Secondary Category:** This field will display the Secondary Category the member was active within for the span selected. This field will only be populated with **QMB** or **SLMB** if the member was active within both a primary category (not QMB or SLMB) and a secondary category for the span selected.

**Case #:** This field will display the Case # the member was active within for the span selected

**Level of Care Type:** This field will be populated with the Level of Care Type located within the Long-Term Care Level of Care page. This field will always be populated if the member's Primary Category is HCBS CCT for the span selected. This field may be populated if the member's Primary Category is Buy-In WAWD and the member qualifies for additional HCBS for the span selected.

**POI Indicator:** This field will be set to Yes if the member's Primary Category is LTC related (Nursing Facility/Hospital, HCBS, PACE) and the member is currently serving a Period of Ineligibility due to a Transfer of resources without Fair Consideration for the span selected. Otherwise, this field will be set to No.

**Limited to EMS Indicator:** This field will be set to Yes if the member is a Non-Citizen that is eligible for a Primary Category that allows Limited to Emergency Medical Services Only for the span selected. Otherwise, this field will be set to No.

**Continuous Eligibility Indicator:** This field will be set to Yes if the member remains eligible for a Primary Category due to Continuous Eligibility for the span selected. Otherwise, this field will be set to No.

**Incarcerated Indicator:** This field will be set to Yes if the member is Incarcerated and remains eligible for a Primary Category that allows limited benefits while incarcerated for the span selected. Otherwise, this field will be set to No.

**AI/AN Indicator:** This field will be set to Yes if the member has declared that at least one of their ethnicity selections is American Indian/Alaska Native, they are a member of a Federally Recognized Tribe, they are eligible to receive health services at an I/T/U and/or have received health services at an I/T/U for the span selected. Otherwise, this field will be set to No.

**Pregnancy Indicator:** This field will be set to Yes if the member has an active (no end date) Pregnancy record within the Pregnancy page for the span selected. Otherwise, this field will be set to No.

Note: please remember to enter an End Date within the Pregnancy End section of the Pregnancy page for each pregnancy record once it has been reported that the pregnancy has come to an end.

**Total Gross Countable Monthly Income:** This field will be populated with the Total Gross Countable Monthly Income used in the income determination for the member for the span selected. This field will be populated for all spans.

**Total Net Countable Monthly Income:** This field will be populated with the Total Net Countable Monthly Income used in the income determination for the member for the span selected. This field will be populated for all spans.

**FPL%:** This field will be populated with the corresponding FPL% based on the Total Net Countable Monthly Income field for the span selected. This field will be populated for all spans.

**FPL Income Bracket Code:** This field will be populated with the corresponding FPL Income Bracket Code based on the FPL% field for the span selected. This field will be populated for all spans.

**CHP+ Income Rating Code:** This field will be populated with the corresponding CHP+ Income Rating Code based on the FPL% field for the span selected. This field will only be populated if the Primary Category field is a CHP+ category.

**SSI Indicator:** This field will be set to Yes if the member has an active (no effective end date) unearned income record for SSI within the Unearned Income page for the span selected. Otherwise, this field will be set to No.

**SSI 1619B Indicator:** This field will be set to Yes if the member has a record within the SSI Details page that includes the 1619B field set to Yes for the span selected. Otherwise, this field will be set to No.

**Disability Indicator:** This field will be set to Yes if the member meets Disability Criteria for the span selected. Otherwise, this field will be set to No.

**Nursing Facility Patient Payment Amount:** This field will be populated with the calculated Nursing Facility Patient Payment Amount displayed in Wrap-Up for the span selected. This field will only be populated if the member's Primary Category is Nursing Facility.

**Categorically Eligibility Indicator:** This field will be set to Yes if the member's Primary Category is LTC related (Nursing Facility/Hospital, HCBS, PACE) and the member meets Categorical Eligible Criteria for the span selected. Otherwise, this field will be set to No.

**300% Eligible Indicator:** This field will be set to Yes if the member's Primary Category is LTC related (Nursing Facility/Hospital, HCBS, PACE) and the member meets 300% Eligible Criteria for the span selected. Otherwise, this field will be set to No.

**Transaction Date:** This field will be populated with the date the span selected was authorized. This field will be populated for all spans.

**Transmit Date:** This field will be populated with the date the span selected was sent to the interChange. This field will be populated for all spans.



## View Medical Spans Summary

EDMS

**Individual**

State ID:  Name:

**Summary**

| County Code | Begin Date | End Date | Grant Code | Client Status Code | Category Code | TPL Code | Med Flag | POC Code | SIS Code | Benchmark Code | Tran I |
|-------------|------------|----------|------------|--------------------|---------------|----------|----------|----------|----------|----------------|--------|
| 030063311   | 04/05/2003 |          | 3          | 1                  | 01 OAP-A --   | 00       |          | YX       | B        |                | 03/    |

Detail



Select the med span and then click the detail button to view the details about the med span.

**Medical Spans Details** EDMS

Case Grant Category TPL SSA

| Household | Case # | County   | Begin Date | End Date | Program | Category | Grant Code     |   |
|-----------|--------|----------|------------|----------|---------|----------|----------------|---|
|           |        | ARAPAHOE | 04/05/2003 |          | Adult   | SSI      | 3 Medical Only | 1 |

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**Detail**

Household Number:

\*Case#:

\*County:

\*Begin Date:

End Date:

\*Program:

\*Category:

\*Grant Code:

\*Client Status Code:

\*Category Code:

\*TPL Code:

\*Med Flag:

\*POC Code:

\*SIS Code:

Benchmark Code:

\*Transaction Date:

Asset Test:  Yes  No

Non-Citizen Status:

## Additional CBMS Page Updates

Applicant Information: Interpreter field will be renamed to Interpreter or Translator Needed.

### Existing page:

**Applicant Information**

EDMS

**Page Actions**

\* Application #:

Add Open

**Detail**

**Application**

\* Date: MM/DD/YYYY \* Type: Input Date: MM/DD/YYYY

\* Source: Location: PEAK Tracking #:

**Applicant Details**

\* Last Name: \* First Name: Middle Name: Suffix:

\* Gender: DOB: MM/DD/YYYY SSN:

**Language**

\* Primary: \* Written: Interpreter: Yes No

**Contact Information**

Home: Cell: Message/Work: Type:

E-mail Address:

**Ethnicity**

**Home Address**

Is The Applicant Homeless: Yes No

Is The Applicant's Home Address Permanent: Yes No

Inquire on individual



## New page:

**Applicant Information** EDMS \$ ★ ? ↻ 🔍 🗨️ 🏠

**Page Actions**

**Detail**

**Application**

**\* Date:** 07/01/2016 **\* Type:** Initial/New **Input Date:** 08/16/2016

**\* Source:** Walk-in **Location:** DENVER/DEN-MAIN/FER **PEAK Tracking #:**

**Applicant Details**

**\* Last Name:** Fjojd **\* First Name:** Hpodc **Middle Name:** **Suffix:**

**\* Gender:** Male **DOB:** **SSN:**

**Language**

**\* Primary:** English **\* Written:** English

**Interpreter or Translator Needed:**  
 Yes  No

**Contact Information**

**Home:** **Cell:** **Message/Work:** **Type:**

**E-mail Address:**

**Ethnicity**

American Indian/Alaska Native  Asian  Black/African American  
 Hispanic/Latino  Native Hawaiian/Other Pac Isl  
 Other/Unknown  White

**Home Address**

**Is The Applicant Homeless:**  Yes  No  
**Is The Applicant's Home Address Permanent:**  Yes  No

**Inquire on Individual** + - 🏠



Case Information: A new field called Interpreter or Translator Needed will be added.

New page:

Case Information
EDMS

Case Information
Fjojd, Hpdc (Pending-07/01/2016, Alerts-1) – Programs

**\* Effective Begin Date:**   **Effective End Date:**

**Case Name**

**\* Last:**  **\* First:**  **Middle:**  **Suffix:**

**\* Head Of Household:**  **\* Applicant Name:**

**Language**

**\* Spoken:**  **\* Written:**

**Interpreter or Translator Needed:**  
 Yes  No

**Telephone**

**Home:**    **Cell:**    **Message/Work:**    x  **Type:**

**Address Information**

**\* Whereabouts Unknown:**  Yes  No **Reason:**

**\* Designated Case Addressee:**  **E-mail:**

**County**

**County Use Only Field #1:**  **\* Funding Type:**

**Programs Requested Summary**

| Program Group      | Req Date   | Status  | Override Date | Override Reason |
|--------------------|------------|---------|---------------|-----------------|
| Medical Assistance | 07/01/2016 | Pending |               |                 |

**Programs Requested Details**

**Program Group:**

**Override Date:**   **Override Reason:**

**Program Status:**  **Status Date:**  **Application Date:**

**Help Desk Number:**

Case Individual: Benchmark Opt Out will be renamed to Benchmark Opt-In. This field will have the default of Yes and will be disabled for data entry. This field is not currently used but is planning to be used in the future.

Existing page:

Case Individual

EDMS \$ ★ 📄 ? ↻ 🔍 💬 🖨️

- Fjojd, Hpodc (Open-08/16/2016, Alerts-2) - [Programs](#), RRR Month:06/2017(MA)

**\* Name:**

**Program Requested Summary**

| Effective Begin Date | Effective End Date | Program Group | Request Date | Requesting | Ancillary Member |
|----------------------|--------------------|---------------|--------------|------------|------------------|
|                      |                    |               |              |            |                  |

**Program Requested Detail**

**\* Effective Begin Date:**  
MM/DD/YYYY

**\* FA Use Month:**  
MM/YYYY

**Program Group:**  
[Dropdown]

**\* Requesting Assistance:**  
 Yes  No

**ELE:**  
 Yes  No

**Medicaid Buy-In Opt In:**  
 Yes  No

**Benchmark Opt In:**  
 Yes  No

**\* Date Reported:**  
MM/DD/YYYY

**Effective End Date:**  
MM/DD/YYYY

**CW Use Month:**  
MM/YYYY

**\* Request Date:**  
MM/DD/YYYY

**\* Ancillary Member:**  
 Yes  No  
Change

**ELE Opt In:**  
 Yes  No

**MA Trans Med Opt In:**  
 Yes  No

**Half Sibling/Adoption Subsidy:**  
 Yes  No

**\* Reason:**  
[Dropdown]

**Good Cause Reason:**  
[Dropdown]

**ELE Opt In Date:**  
MM/DD/YYYY

**MA Continuous Eligibility Opt In:**  
 Yes  No

**Child has Minimum Essential Coverage:**  
 Yes  No  Unknown

**Other Information**

**\* Effective Begin Date:**  
MM/DD/YYYY

**FA Use Month:**  
MM/YYYY

**\* In Home:**  
 Yes  No

**Temporary Absence:**  
 Yes  No

**Effective End Date:**  
MM/DD/YYYY

**CW Use Month:**  
MM/YYYY

**Verification (In Home):**  
[Dropdown]

**Reason for Absence:**  
[Dropdown]

**Source (In Home):**  
[Dropdown]

New page:

Case Individual
EDMS

– Fjojd, Hpodc (Pending-07/01/2016, Alerts-2) – [Programs](#)

**\* Name:**

**Program Requested Summary**

| Effective Begin Date | Effective End Date | Program Group      | Request Date | Requesting | Ancillary Member |
|----------------------|--------------------|--------------------|--------------|------------|------------------|
| 04/01/2016           |                    | Medical Assistance | 07/01/2016   | Yes        |                  |

**Program Requested Detail**

**\* Effective Begin Date:**

**\* FA Use Month:**

**Program Group:**

**\* Requesting Assistance:**  
 Yes  No

**ELE:**  
 Yes  No

**Medicaid Buy-In Opt In:**  
 Yes  No

**Benchmark Opt In:**  
 Yes  No

**\* Date Reported:**

**Effective End Date:**

**CW Use Month:**

**\* Request Date:**

**\* Ancillary Member:**  
 Yes  No

**ELE Opt In:**  
 Yes  No

**MA Trans Med Opt In:**  
 Yes  No

**Half Sibling/Adoption Subsidy:**  
 Yes  No

**\* Reason:**

**Good Cause Reason:**

**ELE Opt In Date:**

**MA Continuous Eligibility Opt In:**  
 Yes  No

**Child has Minimum Essential Coverage:**  
 Yes  No  Unknown

**Other Information**

**\* Effective Begin Date:**

**FA Use Month:**

**\* In Home:**  
 Yes  No

**Temporary Absence:**  
 Yes  No

**Effective End Date:**

**CW Use Month:**

**\* Verification (In Home):**

**Reason for Absence:**

**\* Source (In Home):**

Maintain Provider Details: MMIS Provider ID field will be renamed to National Provider ID. All of the National Provider ID related information will be updated. This is only for Nursing Facilities.

Existing page:

**Maintain Provider Details**

EDMS

Provider Category

**Detail**

Business or Individual:  
 Business Name  Individual Details

\* Business Name:  EFT Account ID:

Last:  First:

Middle:  Suffix:

\* Status:  Status Effective Date:  MMIS Provider ID:

% FFP Allowed:  % County/State Share:  Approved by CDHS:  
 Yes  No

Received County Funds:  Project Code:  County:

**License Information**

Number:  Effective Date:  Expiration Date:

Type:  Status:  Verified:

Verified Date:

**Tax Information**

SSN:  \* Tax Status:  Tax ID Change Reason:

Tax ID Change Date:  Federal ID:  State ID:

\* Business Category:  1099 Needed:  W9 Received:

\* Location:

Phone Number:  Fax Number:

Email:

Address

Detail

# New page:

**Maintain Provider Details** EDMS \$ ★ 📄 🌐 🔄 🔍 🗨️ 🏠

**Provider** Category

**Detail**

**Business or individual:**  
 Business Name  Individual Details

**\* Business Name:**  **EFT Account ID:**

**Last:**  **First:**

**Middle:**  **Suffix:**

**\* Status:**  **Status Effective Date:**  **National Provider ID:**

**% FFP Allowed:**  **% County/State Share:**  **Approved by CDHS:**  
 Yes  No

**Received County Funds:**  Yes  No **Project Code:**  **County:**

**License Information**

**Number:**  **Effective Date:**  **Expiration Date:**

**Type:**  **Status:**  **Verified:**  
 Yes  No

**Verified Date:**

**Tax Information**

**SSN:**  **\* Tax Status:**  **Tax ID Change Reason:**

**Tax ID Change Date:**  **Federal ID:**  **State ID:**

**\* Business Category:**  **1099 Needed:**  Yes  No **W9 Received:**  Yes  No

**\* Location:**

**Phone Number:**  **Fax Number:**

**Email:**

**Address**

View MMIS Enrollment Spans: The View MMIS Enrollment Spans page will be renamed to View InterChange Enrollment Spans. The fields will remain the same.

Existing page:

**Search Criteria**

\* State ID:

**Search**

**Summary**

| State ID | Enrollment Type Code | Enrollment Type Description | Enrollment Begin Date | Enrollment End Date | Provider ID | Provider Name |
|----------|----------------------|-----------------------------|-----------------------|---------------------|-------------|---------------|
|          |                      |                             |                       |                     |             |               |

**Detail**

State ID:  Enrollment Type Code:  Enrollment Type Description:

Enrollment Begin Date:  MM/DD/YYYY Enrollment End Date:  MM/DD/YYYY

Provider ID:  Provider Name:

Disenrollment Reason Code:  Disenrollment Reason Description:

Enrollment Status Code:  Enrollment Status Description:

Enrollment Source Code:  Enrollment Source Description:

New page:

**View interChange Enrollment Spans**

EDMS

**Search Criteria**

\* State ID:

Search

**Summary**

| State ID                   | Enrollment Type Code              | Enrollment Type Description  | Enrollment Begin Date | Enrollment End Date | Provider ID | Provider Name |
|----------------------------|-----------------------------------|------------------------------|-----------------------|---------------------|-------------|---------------|
| <b>Detail</b>              |                                   |                              |                       |                     |             |               |
| State ID:                  | Enrollment Type Code:             | Enrollment Type Description: |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              | <input type="text"/>         |                       |                     |             |               |
| Enrollment Begin Date:     | Enrollment End Date:              |                              |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              |                              |                       |                     |             |               |
| Provider ID:               | Provider Name:                    |                              |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              |                              |                       |                     |             |               |
| Disenrollment Reason Code: | Disenrollment Reason Description: |                              |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              |                              |                       |                     |             |               |
| Enrollment Status Code:    | Enrollment Status Description:    |                              |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              |                              |                       |                     |             |               |
| Enrollment Source Code:    | Enrollment Source Description:    |                              |                       |                     |             |               |
| <input type="text"/>       | <input type="text"/>              |                              |                       |                     |             |               |

# COGNOS

CBMS will create a new **Cognos Report** that will include all errors with MA Eligibility Spans that were sent to the interChange. These errors could be caused by data entry discrepancies. CBMS Users will need to review this report daily, resolve errors and re-authorize eligibility timely. If the error cannot be resolved, a State Help Desk Ticket should be submitted.

- **Report Title** - *Medical Assistance Eligibility Span Error Report*
- **Report Description** - Report includes all MA Eligibility Spans that could not be processed due to an error caused by user data entry. The data entry will need to be corrected and eligibility authorized the span to be resent to the interChange.
- **Report Frequency** - Daily
- **Report Format** - Excel, PDF, CSV
- **Report Access** - County/MA Site Supervisors, County/MA Site Worker, State Staff. County/MA Site will only have access to their portion of the report. State Staff will have access to the entire report.
- **Report Field Columns** - Client Last Name, First Name, State ID # , CBMS Case # , Error Span Begin Date, Error Span End Date, Error Code, Error Description, Error Type
- **Report Location** - Medical Span Folder

|                            |           | <b>Medical Assistance Eligibility Span Error Report</b><br>Reporting Period: 06/14/2016 |                       |                     |            |  |            |
|---|-----------|---|-----------------------|---------------------|------------|---|------------|
| County : <b>ADAMS</b><br>Office: <b>Adams - HSB</b><br>Supervisor : asdfafd, fadsfds<br>MA Worker: xxxx, yyyy |           |   |                       |                     |            |   |            |
| Client Last Name, First Name  | State ID# | CBMS Case #   | Error Span Begin Date | Error Span End Date | Error Code | Error Description   | Error Type |
| asdfds, fadsfefd  | Q324616   | 18023X5   | 3/1/2016              | 3/31/2016           |            | 2020 MAILING ADDRESS IS MISSING   | Rejection  |
| fasdfa, gadg  | Q324627   | 180H446   | 4/1/2016              | 4/30/2016           |            | 2021 MAILING CITY IS MISSING  | Warning    |
| aFFfa, fadfasd  | Q324640   | 1802082   | 5/1/2016              | 5/31/2016           |            | 2022 MAILING STATE IS MISSING OR INVALID  | Rejection  |
| fasdfa, gadg  | Q324640   | 18057Y0   | 4/1/2016              | 4/30/2016           |            | 2023 MAILING ZIP CODE MISSING OR INVALID  | Warning    |
| agdsj, gapas  | Q324640   | 18075S8   | 5/1/2016              | 5/31/2016           |            | 2021 MAILING CITY IS MISSING  | Warning    |
| aFsdF, gFadg  | Q324873   | 18076H7   | 4/1/2016              | 4/30/2016           |            | 2022 MAILING STATE IS MISSING OR INVALID  | Rejection  |
| fasdfa, gadg  | Q325300   | 1808Y62   | 3/1/2016              | 3/31/2016           |            | 2023 MAILING ZIP CODE MISSING OR INVALID  | Warning    |
| <b>Total Record count per user:</b>   |           | <b>7</b>  |                       |                     |            |   |            |
| <b>Total Record per County:</b>   |           | <b>7</b>  |                       |                     |            |   |            |

Types of Errors that could be received:

|  |
|--|
| MEMBER LAST NAME MISSING                     |
| MEMBER FIRST NAME MISSING                    |
| MAILING ADDRESS IS MISSING                   |
| MAILING CITY IS MISSING                      |
| MAILING STATE IS MISSING OR INVALID          |
| MAILING ZIP CODE MISSING OR INVALID          |
| PHONE NUMBER MUST BE NUMERIC OR SPACES       |
| DATE OF DEATH CANNOT BE BEFORE DATE OF BIRTH |