

COVID LOCK IN TRENDS

03/01/2021

COVID INBOX TRENDS

| INBOX TRENDS | DESCRIPTION |
|----------------------------|---|
| Date Verified | Old VCL's are not clearing if the date verified is not within 60 days of the current date. This is an HDT (should be within 60 days of the due date) and confirmed as a defect. The Department is currently working with Deloitte to get HDT build date set. Resolution: If you are experiencing this issue, please open a help desk ticket. Please do not manipulate the date verified dates to clear the old VCL-THIS WILL CAUSE AUDIT FINDINGS. For more information on date verified please reference projects 10402 and 11206. |
| 2ndary Aid Code/ARP | The Medical Assistance Secondary Aid Codes (QMB/SLMB) (SAC) are force passing in error due to COVID when the client meets all eligibility criteria. This occurred due to an issue when the system looks at the current eligibility run compared to the previous eligibility run. Resolution : The system was modified to correctly pass the SAC when the client meets all eligibility criteria. This issue was resolved, and a global fix was conducted on 12/2020. HDT Project# 13570/global data fix CO-1118472 |

IEVS RESEARCH TRENDS

| IEVS TRENDS | DESCRIPTION |
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| Data Entry | We are seeing that end-users are not entering information correctly causing the MBU to calculate incorrectly. Resolution: Please remember to enter all information received from the client such as relationships, tax filing information, marital status, in the home, etc. as this will ensure the MBU is calculated correctly and the members on the case are put in the correct MBU. Incorrect data entry will result in an incorrect calculation of the MBU when an IEVS record is received. |
| Income/Reasonable Comp atibility | Income determined not compatible and IEVS letter sent. The Income/Reasonable Compatibility window needs contains the reasons for the income not being compatible. Resolution: Please remember to update this window with the reason provided by the member so the IEVS record will be resolved. The reasons include the following: 1. Decrease in H.H. size 2. Employer Changed 3. Hours Changed 4. Income Changed 5. Increase in H.H. Size 6. No Longer Employed 7. Other |

CHP+ TRENDS

| CHP+ TRENDS | DESCRIPTION |
|--------------------|---|
| Exceptions | Cases being updated are exceptioning out at batch, causing CHP+ clients to remain on CHP+ even if they have aged out or are no longer in their post-partum period. This prevents members from gaining other coverage (such as Medicaid or purchasing a plan through Connect for Health Colorado). Resolution: If there is a CHP+ case that is remaining active even though they aged out or are no longer in their post-partum period. Please remember to continue to work your Mass Update Exception and Case Error Details report to clear exceptions. |
| COVID Speed Letter | The 1-time COVID Lock In speed letter did not generate for approximately 55,000+ members. It was identified through research that the letter is not getting triggered for clients that are pending during the initial force pass determination. This happened because the trigger to generate the 1 time letter is triggered during the pend, so when the client gets locked in, the system looks back and recognizes the trigger set during the pend and therefore does not trigger again. Resolution: This issue was corrected in the 2/13/2021 release with HDT-54950. The 1-time COVID Lock In speed letter is now being generated correctly. In addition, on 3/6/2021 the 55,000+ letters that were not triggered prior to the issue being corrected on 2/13/2021 will be sent to IDS for printing and mailing. |
| MedSpan Issue | Med Spans were not being end-dated in alignment with eligibility termination. Resolution: A system issue was identified and a global data fix corrected the issue on 1/27/2021. Deloitte will be monitoring to ensure this does not happen in the future. This was not a COVID issue. |

COMBINED (INBOX, IEVS AND CHP+) TRENDS

| COMBINED TRENDS | DESCRIPTION |
|-----------------------|--|
| COVID Logic Confusion | <p>Some CBMS users seem to be confused on the COVID logic. Based off inbox inquiries we are receiving from the eligibility workers there is particular confusion on whether the client should be on a different aid code and not in the aid code in which they are locked into. Resolution: When eligibility workers are expecting their client to switch to a higher aid code they need to be reminded that in order for a client to move to a higher aid code while in COVID they need to qualify for that higher aid code (meet all eligibility components) before the client will roll up, otherwise the client will remain locked in to the current aid code and not move to the higher aid code. Please also remember that members will only roll to a higher aid code during COVID and not to a lower aid code (i.e. MAGI to CHP). Please reference projects 14000 and 14017.</p> <p>Additional clarification: If a member is requesting additional assistance and wanting to move into a higher benefit category (such as going from MAGI to LTC), the disability determination (if needed) within the Medical Conditions window must be received along with the Level of Care (LOC). The member will pend within the MAGI category until the disability and LOC criteria is met and other financial eligibility criteria is met. NOTE: Verifications are required for a member when moving from MAGI to LTC because this is not considered a new application in the system. Please reference project <i>self-attestation projects #14167 and 14282</i> for additional guidance on when verifications may or may not be required for financial eligibility.</p> |

