



**COLORADO**

**Department of Health Care  
Policy & Financing**

## **Single Entry Point Data Entry Rates Technical Guide**

The Department of Health Care Policy and Financing (Department) utilizes a payment methodology based on per activity and deliverable rates for deliverable and case management activities. For case management activities, the methodology requires Single Entry Point (SEP) agencies to enter information in the [Benefits Utilization System \(BUS\)](#) and [interChange \(Bridge\)](#) to be eligible for reimbursement. To ensure all case management activities are documented and billed accurately, the Department developed the following technical guide to provide specified instructions for data entry into the BUS and interChange (Bridge).

Rates associated with each task outlined in this technical guide are listed in the SEP contract.

**Update Published: June 2021**

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## Appeals

SEPs are required to represent the Department through the appeal process in accordance with 10 CCR 2505-10, Sections 8.057 et. seq. This includes representation of its actions and defense of any adverse action at Administrative Law Judge Hearings, timely creation and distribution of appeal packets, detailed documentation throughout the appeals process, and cooperation with the Office of the State Attorney General. Full requirements of Long Term Care Appeals are outlined in the SEP contract.

Each SEP will be required to create their own appeal tracker document for use by their agency. SEP's will use their internal agency appeal tracker to verify that the report received from the Department for reimbursement each month matches their records.

The steps below outline the procedure to be eligible for reimbursement for Appeals-Creation of Packet and Appeals-Attendance of hearing.

### Appeals – Creation of Packet

All appeals documented in the BUS will be aligned with a Long-Term Care Notice of Action which will have been completed and entered in the BUS by the Case Manager. Case Managers will follow normal required Long-Term Care Notice of Action procedures. The following steps will need to be followed for reimbursement purposes regarding the appeals process.

1. Click "LTC 803" from the member's record in BUS.

Main Menu	<a href="#">[Add 803]</a> <a href="#">[View 803]</a> <a href="#">[Print 803]</a> <a href="#">[Print 803 PDF]</a> <a href="#">[Print Spanish 803]</a> <a href="#">[Delete 803]</a> <a href="#">[Remove Final]</a> <a href="#">[Appeals]</a>				
Advisement Letter					
Assessment - 100.2					
Client Information	<a href="#">View</a>	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
Transition Assessment & Planning	<a href="#">View</a>	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire
Risk Mitigation Plan					
Assessment - HCA					
Case Management					
Case Status					
Critical Incident Reports					
IADL					
Log Notes					
LTC 803					
Program Area					
Referral					
Service Plan					
Service Plan DD Section					
Administration					
Logout					

2. Click "Appeals" tab at top of the page.

Main Menu	<a href="#">[Add 803]</a> <a href="#">[View 803]</a> <a href="#">[Print 803]</a> <a href="#">[Print 803 PDF]</a> <a href="#">[Print Spanish 803]</a> <a href="#">[Delete 803]</a> <a href="#">[Remove Final]</a> <a href="#">[Appeals]</a>				
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					

	Entered	Effective	Final	Case Manager
<a href="#">View</a>	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney
<a href="#">View</a>	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire

3. Click on "Add Appeal" tab.

Main Menu	
Advisement Letter	
Assessment - 100.2	<a href="#">[Add Appeal]</a>
Client Information	
Transition Assessment & Planning	
Risk Mitigation Plan	
Assessment - HCA	

Appeal Records	
No	al records have been entered for the client



4. Click "Add" on row that corresponds to the 803 Long-Term Care Notice of Action the appeal is based on.

Main Menu					
Advisement Letter					
Assessment - 100.2					
Client Information					
Transition Assessment & Planning					
Risk Mitigation Plan					
Assessment - HCA					
Case Management					
Case Status					


  

<a href="#">[Back]</a>					
Select an 803 below to add an appeal record.					
	Entered	Effective	Final	Case Manager	Notification Type
<a href="#">Add</a>	02/12/2020 01:29:46 PM	02/12/2020	02/12/2020	Emma Dayney	Not eligible for waitlist or not eligible or no longer eligible to receive services
<a href="#">Add</a>	12/12/2018 11:36:57 AM	01/01/2019	01/02/2020	Katherine McGuire	Services are being decreased or changed

- Enter the date the notification was received in the corresponding field and click "Save".



<b>Main Menu</b>	[Back] [Finalize]
Advisement Letter	
Assessment - 100.2	
Client Information	<b>Appeal Information</b>
Transition Assessment & Planning	Date received notification of hearing from Division of Administrative Hearing <input type="text" value="3/12/2020"/> 
Risk Mitigation Plan	Date Appeal packet sent to Division of Administrative Hearing <input type="text"/>
Assessment - HCA	Hearing Date <input type="text"/>
Case Management	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> <b>Clear Answer</b>
Case Status	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Critical Incident Reports	Date of Decision from Division of Administrative Hearing <input type="text"/>
IADL	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
Log Notes	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
LTC 803	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Program Area	Date Final Decision Received from Health Care Policy and Financing <input type="text"/>
Referral	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
Service Plan	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
Service Plan DD Section	Date of Decision from District Court <input type="text"/>
Administration	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
Logout	Cancel Reason <input type="text"/>
	Cancel Reason "Other" Description <input type="text"/>
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.
	Date of Appeal Cancel <input type="text"/>
	Comments <div><div></div></div>
	 <input type="button" value="Save"/> <input type="button" value="Clear"/>

- Add appeal record to SEP internal tracking. The appeal will then stay saved and in edit mode in the BUS when the Case Manager returns to the appeal tab.

<b>Main Menu</b>													
Advisement Letter													
Assessment - 100.2	[Add Appeal] [View Appeal] [Delete Appeal] [Remove Final]												
Client Information													
Transition Assessment & Planning	<b>Appeal Records</b>												
Ri	<table border="1"> <thead> <tr> <th></th> <th>803 Date</th> <th>Final Initial Decision</th> <th>Initial Decision Date</th> <th>HCPF Final Decision</th> <th>HCPF Final Decision Date</th> </tr> </thead> <tbody> <tr> <td>Edit</td> <td>02/12/2020 01:29:46 PM</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 		803 Date	Final Initial Decision	Initial Decision Date	HCPF Final Decision	HCPF Final Decision Date	Edit	02/12/2020 01:29:46 PM				
	803 Date	Final Initial Decision	Initial Decision Date	HCPF Final Decision	HCPF Final Decision Date								
Edit	02/12/2020 01:29:46 PM												
Assessment - HCA													
Case Management													
Case Status													

If no resolution with the member is determined prior to the scheduled appeal hearing, the Case Manager shall develop an appeals packet which contains all relevant documentation to support the denial or adverse action. The SEP shall develop an appeal's packet no earlier than twenty (20) business days prior to the date of a scheduled hearing. In the event an appeal is not entered into the BUS by the required timeframes for the previous month, it will need to be submitted through the Payment Correction process.

- After the appeals packet is completed and officially sent to the Division of Appeals Court, the Case Manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action in the BUS and complete the field for "Date Appeal packet sent to Division of Administrative Hearing" and click "Save". Do not complete any other fields until after the Initial Decision is received. The SEP will update their internal appeals tracker with this information. The Department will use this field to generate the monthly report for reimbursement of the Appeals-Creation of Packet. Case Managers must create a log note stating the appeals packet was sent to Administrative Courts.

Main Menu	[Back] [Finalize]	
Advisement Letter		
Assessment - 100.2	Appeal Information	
Client Information	Date received notification of hearing from Division of Administrative Hearing 03/12/2020	
Transition Assessment & Planning	Date Appeal packet sent to Division of Administrative Hearing 04/10/2020 	
Risk Mitigation Plan	Hearing Date <input type="text"/>	
Assessment - HCA	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> Clear Answer	
Case Management	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer	
Case Status	Date of Decision from Division of Administrative Hearing <input type="text"/>	
Critical Incident Reports	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer	
IADL	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer	
Log Notes	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer	
LTC 803	Date Final Decision Received from Health Care Policy and Financing <input type="text"/>	
Program Area	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer	
Referral	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer	
Service Plan	Date of Decision from District Court <input type="text"/>	
Service Plan DD Section	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer	
Administration	Cancel Reason <input type="text"/>	
Logout	Cancel Reason "Other" Description <input type="text"/>	
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.	
	Date of Appeal Cancel <input type="text"/>	
	Comments <input type="text"/>	
	 <input type="button" value="Save"/> <input type="button" value="Clear"/>	

If an appeal packet is completed within the timeframes described in the SEP contract and the Member withdraws the appeal after that timeframe or the Administrative Law Judge reverses the decision to have the appeal heard, the SEP will still be eligible for reimbursement for the creation of the appeal packet. In order to receive reimbursement, the Case Manager must complete required documentation in the BUS.

Required documentation in the BUS includes:

- Update the appeals tab with the date the appeal packet was sent to the Division of Administrative Hearing.
- Add a log note and update the section in the appeal tab.
- Select Appeal Canceled or dispute resolved with a reason for cancellation or resolution.
- Once this tab is completed, the Case Manager must save and finalize the appeal information.

<b>Main Menu</b>	
Advisement Letter	
Assessment - 100.2	
<b>Client Information</b>	Date received notification of hearing from Division of Administrative Hearing <input type="text" value="03/12/2020"/>
<b>Transition Assessment &amp; Planning</b>	Date Appeal packet sent to Division of Administrative Hearing <input type="text" value="04/10/2020"/>
<b>Risk Mitigation Plan</b>	Hearing Date <input type="text"/>
<b>Assessment - HCA</b>	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> <b>Clear Answer</b>
<b>Case Management</b>	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
<b>Case Status</b>	Date of Decision from Division of Administrative Hearing <input type="text"/>
<b>Critical Incident Reports</b>	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
<b>IADL</b>	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
<b>Log Notes</b>	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
<b>LTC 803</b>	Date Final Decision Received from Health Care Policy and Financing <input type="text"/>
<b>Program Area</b>	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
<b>Referral</b>	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> <b>Clear Answer</b>
<b>Service Plan</b>	Date of Decision from District Court <input type="text"/>
<b>Service Plan DD Section</b>	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <b>Clear Answer</b>
<b>Administration</b>	Cancel Reason <input type="text"/>
<b>Logout</b>	Cancel Reason "Other" Description <input type="text"/>
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.
	Date of Appeal Cancel <input type="text"/>
	Comments <input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Clear"/>

SEPs shall ensure that all Appeals - Creation of Packet are input in the BUS and adhere to all requirements listed in the SEP Contract. The Department will pull data reports from the BUS on the eleventh (11<sup>th</sup>) day of the month for the development of appeals packets from the previous month.

## Appeals – Attendance of Hearing

The SEP shall represent its actions at Administrative Law Judge Hearings when the Member appeals a denial or adverse action affecting a Member's program eligibility or receipt of services.

Payment for Attendance of Hearing will not be issued until there has been an initial decision received in writing by the SEP. Appeals-Attendance at Hearing payment will include all hearings that must be attended by the SEP in order for a final decision to be made. The SEP will not be reimbursed more than once for multiple hearings attended regarding the same Member's appeal. Steps for reimbursement for attendance of an appeal are as follows:

1. The Case Manager shall attend all hearings associated with an appeal by the Member and create a log note of all actions taken associated with the appeal including: Attending the Hearing, initial decision, any exceptions filed and the receipt of the Final Decision.
2. When the Initial Decision is received, the Case Manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action and complete the following fields:
  - Initial Decision Received from Division of Administrative Hearing
  - Date of Decision from Division of Administrative Hearing, and
  - Click "Save".

The Department will use these fields to generate the report for monthly reimbursement of Appeals-Attendance of Hearing.

**Main Menu** [\[Back\]](#) [\[Finalize\]](#)

**Assessment - 100.2** **Appeal Information**

**Client Information** Date received notification of hearing from Division of Administrative Hearing

**Transition Assessment & Planning** Date Appeal packet sent to Division of Administrative Hearing   
Hearing Date

**Risk Mitigation Plan** Hearing Type ☐ Telephone ☒ Face-To-Face ☐ **Clear Answer**

**Assessment - HCA** Initial Decision Received from Division of Administrative Hearing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

**Case Management** Date of Decision from Division of Administrative Hearing

**Case Status** Exception filed by Case Management Agency ☐ Yes ☐ No ☐ **Clear Answer**

**Critical Incident Reports** Exceptions filed by Other Parties ☐ Yes ☐ No ☐ **Clear Answer**

**IADL** Final Decision from Health Care Policy and Financing ☐ Overturned ☐ Upheld ☐ **Clear Answer**

**Log Notes** Date Final Decision Received from Health Care Policy and Financing

**LTC 803** Client Appealed to District Court? ☐ Yes ☐ No ☐ **Clear Answer**

**Program Area** District Court Decision ☐ Overturned ☐ Upheld ☐ **Clear Answer**

**Referral** Date of Decision from District Court

**Service Plan** Appeal Canceled ☐ Yes ☐ No ☐ **Clear Answer**

**Service Plan DD Section** Cancel Reason

**Administration** Cancel Reason "Other" Description

**Logout** ☐ If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.

Date of Appeal Cancel

Comments

**Save** **Clear**



3. When the Final Decision is received, the Case Manager will go back into the appeal tab for the corresponding 803 Long-Term Care Notice of Action and must complete all remaining fields starting with Exception filed by Case Management Agency, click "Save" and then "Finalize".

<b>Main Menu</b>	[Back] [Finalize]
Advisement Letter	
Assessment - 100.2	<b>Appeal Information</b>
Client Information	Date received notification of hearing from Division of Administrative Hearing 03/12/2020
Transition Assessment & Planning	Date Appeal packet sent to Division of Administrative Hearing 04/10/2020
Risk Mitigation Plan	Hearing Date
Assessment - HCA	Hearing Type <input type="radio"/> Telephone <input type="radio"/> Face-To-Face <input type="radio"/> Clear Answer
Case Management	Initial Decision Received from Division of Administrative Hearing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Case Status	Date of Decision from Division of Administrative Hearing
Critical Incident Reports	Exception filed by Case Management Agency <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
IADL	Exceptions filed by Other Parties <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Log Notes	Final Decision from Health Care Policy and Financing <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
LTC 803	Date Final Decision Received from Health Care Policy and Financing
Program Area	Client Appealed to District Court? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Referral	District Court Decision <input type="radio"/> Overturned <input type="radio"/> Upheld <input type="radio"/> Clear Answer
Service Plan	Date of Decision from District Court
Service Plan DD Section	Appeal Canceled <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear Answer
Administration	Cancel Reason
Logout	Cancel Reason "Other" Description
	<input type="checkbox"/> If the dispute is resolved prior to the appeal hearing, Client was informed of procedures to dismiss the appeal.
	Date of Appeal Cancel
	Comments
	Save Clear

**Note:** the BUS is currently adding a duplicate record each time the appeal tab is updated and saved. Each record is updated with the new information each time the Case Manager updates the record and saves. When one record is finalized, all records finalize at that time as pictured below. The Department is aware of the issue and is working to resolve it. Reimbursement for the appeals will be based on the number of Member records and not the duplicate copies currently replicating per member.

<b>Main Menu</b>	[Add Appeal] [View Appeal] [Delete Appeal] [Remove Final]					
Advisement Letter						
Assessment - 100.2						
Client Information						
Transition Assessment & Planning	<b>Appeal Records</b>					
Risk Mitigation Plan		803 Date	Final	Initial Decision	Initial Decision Date	HCPF Final Decision
Assessment - HCA	View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld
Case Management	View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld
Case Status	View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld
Critical Incident Reports	View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld
IADL						
Log Notes						
LTC 803						

If an appeal is attended by the Case Manager and the member does not attend, the SEP will still be reimbursed for attending the appeal hearing after the initial decision is received and the steps listed above are accurately documented in the BUS and the appeal is finalized.

The SEP shall ensure all areas of the “Appeals - Attendance at Hearing” information are entered in the BUS and adhere to all requirements listed in the SEP Contract. The Department will review BUS data on the eleventh (11<sup>th</sup>) day of the month for attendance of hearing from the previous month.

In the event that an appeal notification is received from a member and an 803 Long-Term Care Notice of Action was not issued by the SEP; the SEP will still be reimbursed for all appeal activities. The Case Manager will document all appeal activities through log notes in the BUS. The member’s appeal will be added to SEP’s internal appeals tracker and the work completed will be submitted through the Payment Correction process the month after each activity is completed. Do not add an appeal in the BUS through the LTC 803 tab if there is no corresponding 803 Long-Term Care Notice of Action.

## Appeals Reimbursement

SEP’s shall enter all Appeals (1) Creation of Packet, and (2) Attendance of Hearing in the BUS no later than the tenth (10<sup>th</sup>) in order to be included on the Department data reports pulled on the eleventh (11<sup>th</sup>) to be eligible for reimbursement. If the Appeals (1) Creation of Packet, and (2) Attendance of Hearing are not documented as noted in the above steps it will not be recognized in the Department data pull in order to be eligible for reimbursement.

SEP’s will need to submit a payment correction in the event that a member is not included on payment.

## Assessments

SEP’s shall perform all Initial and Continued Stay Review Functional Eligibility Assessments for the operation of a SEP agency in accordance with §25.5-6-104, C.R.S., 10 CCR 2505-10, Section 8.401, and 10 CCR 2505-10, Sections 8.393.2 *et seq.*

The reimbursement for assessments is provided at two different rates based on the assessment type: Initial Functional Eligibility and Continued Stay Review- Functional Eligibility (CSR). The assessment type is determined by the Event Type selected by the Case Manager during entry into the BUS.

Description of Assessment Types:

1. **Initial Functional Eligibility** - Initial Review, Deinstitutionalization (DI), Reverse Deinstitutionalization (RDI). Initial Functional Eligibility assessments are reimbursed per assessment.

Main Menu

Advisement Letter

Assessment - 100.2

- Info

- ADL

- Medical

- Assessment Demographic


- LOC Certification

- Verify

Client Information

Transition Assessment & Planning

Risk Mitigation Plan


**This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.**

Event Number

3


Assessment Date

(mm/dd/yyyy)

Event Type

☐ 6 Month Review
 ☐ Appeal - Decision Overturned
 ☐ CCT Certification Extension
 ☐ Continued Stay Review
 ☒ DI
 ☒ Initial Review
 ☐ Nursing Facility Transfer
 ☒ Reverse DI
 ☐ Unscheduled Review
 ☐ Waitlist

2. **Continued Stay Review - Functional Eligibility** - Continued Stay Review, Nursing Facility Transfer, Unscheduled Review. Continued Stay Review assessments are reimbursed per assessment.


<b>Main Menu</b>	 This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter		
Assessment - 100.2		
Info		
ADI		
Medical		
Assessment Demographic		
LOC Certification		
Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		
Case Management		
Case Status		

Event Number	3
Assessment Date	<input type="text"/> (mm/dd/yyyy)
Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input checked="" type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input checked="" type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input checked="" type="radio"/> Unscheduled Review <input type="radio"/> Waitlist
Assessing Agency	Health Care Policy and Financing ▼
Case Manager	▼

The SEP shall be eligible for reimbursement for conducting all Initial Functional Eligibility Assessments and Continued Stay Review – Functional Eligibility Assessments as identified in the SEP contract. To be eligible for reimbursement each assessment must have one of the previous pictured Event Types and all of the information outlined in the next three steps entered in the BUS by the Case Manager or it will not populate on the data report the Department pulls for reimbursement. The steps below outline the procedure to be eligible for reimbursement for an Initial and CSR Assessments:

1. The assessment must have an Assessment Date.

<b>Main Menu</b>	 This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter		
Assessment - 100.2		
Info		
ADI		
Medical		
Assessment Demographic		
LOC Certification		
Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		

Event Number	3
Assessment Date	<input type="text"/> (mm/dd/yyyy)
Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input type="radio"/> Unscheduled Review <input type="radio"/> Waitlist


- The Program Approval must have a selection from both drop down options in the "LOC Certification (Info)" tab.

Main Menu	Long Term Care Certification Information	
Advisement Letter	Program Eligibility Decision* <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Withdrawn <input type="radio"/> Waitlist Only <input type="radio"/> Closed	
Assessment - 100.2	Agency*	<input type="text"/>
- Info	Authorizing Decision*	<input type="text"/>
- ADL	County*	<input type="text"/>
- Medical	Start Date	End Date <input type="text"/>
- Assessment Demographic		
- LOC Certification	<div>Programs Information</div> <div> <div>Target Group</div> <div><input type="text"/></div> </div> <div> <div>Program Approval</div> <div> <div>HCBS <input type="text"/></div> <div>HCBS-BI <input type="text"/></div> </div> </div> <div> <div>Wait Lists</div> <div>Is client on a waitlist? * <input type="radio"/> Yes <input type="radio"/> No</div> <div> <input type="checkbox"/> BI  <input type="checkbox"/> CHCBS  <input type="checkbox"/> DD  <input type="checkbox"/> CES  <input type="checkbox"/> SLS  <input type="checkbox"/> CLLI </div> </div>	
~ Level Of Care		
~ LOC Certification (Info)		
- Verify		
Client Information		
Transition Assessment & Planning		
Risk Mitigation Plan		
Assessment - HCA		

Note: Members who are functionally denied or have withdrawn their assessment request after the home visit is completed will not have a program approval area. The Case Manager will select Denied or Withdrawn from the program eligibility decision options and verify the assessment to be eligible for reimbursement.

For members who only receive Long Term Home Health (LTHH), it is required to select Target Group and the LTHH box must be selected.

- The assessment must be verified in the BUS by the timelines specified in the contract.

Main Menu	 This page will refresh when an Assessing Agency or Assessment Date is chosen. It is still required to press the SAVE button in order to save your changes in the system.	
Advisement Letter		
Assessment - 100.2		
- Info	Event Number	3
- ADL	Assessment Date	<input type="text"/> (mm/dd/yyyy)
- Medical	Event Type	<input type="radio"/> 6 Month Review <input type="radio"/> Appeal - Decision Overturned <input type="radio"/> CCT Certification Extension <input type="radio"/> Continued Stay Review <input type="radio"/> DI <input type="radio"/> Initial Review <input type="radio"/> Nursing Facility Transfer <input type="radio"/> Reverse DI <input type="radio"/> Unscheduled Review <input type="radio"/> Waitlist
- Assessment Demographic		
- LOC Certification		
- Verify		
Client Information	Assessing Agency	Health Care Policy and Financing <input type="text"/>
Transition Assessment & Planning	Case Manager	<input type="text"/>
Risk Mitigation Plan	Potential Programs	<input type="checkbox"/> HCBS-Brain Injury <input type="checkbox"/> HCBS-Community Mental Health Supports
Assessment - HCA		
Case Management		
Case Status		
Critical Incident Reports		

## Initials Assessments and CSR Assessments Reimbursement

SEPs shall enter and verify all Initials and CSR Assessments in the BUS no later than the tenth (10<sup>th</sup>) in order to be included the Department data reports pulled on the eleventh (11<sup>th</sup>), to be eligible for reimbursement for conducting Assessments. In addition to the reimbursement rate for Initial and CSR Assessments, SEPs designated as rural or frontier, as determined by the [Colorado Rural Health Center County Designations Map](#), will receive the reimbursement rate for Rural Travel Add-On based on the member's location in the BUS. If the Initial and CSR Assessments are not documented as noted in the above steps it will not be recognized in the Department data pull in order to be eligible for reimbursement.

SEPs will need to ensure the following:

1. Assessment must be verified.
2. Assessments that are denied or withdrawn are eligible for reimbursement.
3. Assessments must be identified as either Initial Assessment or CSR Assessment to be eligible for reimbursement.
4. Assessments must be for HCBS Waivers and programs to be eligible for reimbursement:
  - a. HCBS – Brain Injury (BI)
  - b. HCBS – Elderly, Blind, and Disabled (EBD)
  - c. HCBS – Community Mental Health Supports (CMHS)
  - d. HCBS – Children with Life Limiting Illness (CLLI)
  - e. HCBS – Spinal Cord Injury (SCI)
  - f. Long Term Home Health (LTHH)
  - g. Hospital Back-Up (HBU)
  - h. Nursing Facility (NF)
  - i. Program for All-Inclusive Care for the Elderly (PACE)

SEP's will need to submit a payment correction in the event that an active member is not included on payment.

## Assessment – Creating a Report in BUS

SEP's may view all assessments entered into the BUS by accessing reports in the BUS. Only Agency Administrators delegated in the BUS by the SEP will have the ability to run Assessment report data.

1. Click "Administration" tab.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Client Search

**Main Menu**  
Search  
BUS Forms  
**Administration**  
Logout

**Search criteria:** Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

**Section 1**  
State ID   
Last Name

**Section 2**  
SSN  (xxx-xx-xxxx)  
Date of Birth  (MM/DD/YYYY)

**Section 3**  
Limit To Agency ☒

Search Reset

2. Click "BUS Reports" tab.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Administration Menu

**Main Menu**  
**Administration**  
**BUS Reports**  
BUS Tracker  
CIRS Administration  
Critical Incident Reports Search  
Database Tables  
Agency Administration  
CIRS-CCT Monthly/Yearly Report  
Client Update Report  
BUS Forms  
User Accounts  
Logout

**Administration Menu**  
Please use a link in the menu to the left.



3. Click "Assessment" tab.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

**Main Menu**

- Administration
- BUS Reports
  - Assessment**
  - Case Management (Agency)
  - Case Status ARCHIVE
  - Case Status
  - Log Notes

**BUSReporter Menu**

The data in these reports are updated on a daily basis.

4. Agency - Select your agency.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

**Assessment**

Agency: All  
Month / Year: February - 2020  
County: All  
Event Type: All  
Program Area: All  
Case Manager: All

**Note:** You may find that this report prints best in landscape format.

Submit

5. Select the Month/Year for the desired report.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

**Assessment**

Agency: All  
Month / Year: February - 2020  
County: All  
Event Type: All  
Program Area: All  
Case Manager: All

**Note:** You may find that this report prints best in landscape format.

Submit

6. Event Type. This section allows reports to be created for specified event types. To create a report for a specified Event Type(s), highlight the chosen Event Type, for a search for all Event Types, select All.

7. Once all information is entered, click the "Submit" button.

This will create a report of the assessments for the timeframe stipulated for the agency to verify the total number of assessments and number of each assessment type that the agency may be reimbursed for each month. If no assessment date or program approval (Program Cert on the BUS report) is input in the BUS by the Case Manager, the assessment will not populate on the Department's data report. To be eligible for reimbursement the assessment must have a verify date.

Type	Event	Assessment Location	Copied	Assessment Date	Final date	Verify date	Cert Start Date	Cert End Date	Authorize Date	Medical Sign Date	Outcome	Program Cert
Continued Stay Review	14	Applicant/Client Private Residence/Home	YES	02/01/2020	Incomplete/NA	11/29/2018	02/01/2020	05/27/2020	02/01/2020	11/06/2018	Approved	HCBS-Childrens Waiver
Continued Stay Review	6	Applicant/Client Private Residence/Home	YES	02/01/2020	02/11/2020	02/11/2020	03/01/2020	02/28/2021	03/01/2020	02/03/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	11	Applicant/Client Private Residence/Home	YES	02/03/2020	02/11/2020	02/11/2020	04/01/2020	03/31/2021	04/01/2020	01/29/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	8	Applicant/Client Private Residence/Home	YES	02/03/2020	02/11/2020	02/11/2020	03/01/2020	02/28/2021	03/01/2020	02/05/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	5	Applicant/Client Private Residence/Home		02/03/2020	02/19/2020	02/19/2020	05/01/2020	04/30/2021	05/01/2020	02/06/2020	Approved	HCBS-Childrens Waiver
Continued Stay Review	4	Applicant/Client Private Residence/Home	YES	02/03/2020	02/05/2020	02/05/2020	04/01/2020	03/31/2021	04/01/2020	01/09/2020	Approved	HCBS-Elderly, Blind, Disabled
Continued Stay Review	3	Applicant/Client Private Residence/Home	YES	02/03/2020	Incomplete/NA	02/19/2020	09/01/2019	08/31/2020	09/01/2019	02/01/2020	Approved	HCBS-Childrens Waiver
Continued Stay Review	3	Applicant/Client Private Residence/Home	YES	02/03/2020	03/23/2020	02/14/2020	05/01/2020	04/30/2021	05/01/2020	02/03/2020	Approved	HCBS-Supported Living Services

Members who are functionally denied or have withdrawn their assessment request after the home visit is completed will be present on the report and eligible for reimbursement provided the assessment has been verified.



The Case Manager is responsible for entering Critical Incident Reports (CIR) in the Department prescribed system as soon as possible, but no later than 24 hours (one business day) following notification as required by Section 1.14 of the SEP contract.

- | Client Information  |  | Critical Incident Reporting   |   |
|---|--|---|---|
| Transition Assessment & Planning  |  | All Questions Are Mandatory and Must Be Answered                                  |   |
| Risk Mitigation Plan  |  | CIRS ID:  | Allocated after Save  |
| Assessment - HCA  |  | Date of Incident:   | <input type="text"/> (mm/dd/yyyy)                                   |
| Case Management   |  | Time of Incident:   | <input type="text"/> (HH:MM) Military time.                         |
| Case Status   |  | Case Manager Incident Notification Date:  | <input type="text"/> (mm/dd/yyyy)                                   |
| Critical Incident Reports   |  | Case Manager Incident Notification Time:  | <input type="text"/> (HH:MM) Military time.                         |
| Persons Involved  |  | Entry Date:   | 05/24/2021  |
| Follow Up   |  | Entry Time:   | 14:34   |
| HCPF Review   |  | Client Name:  | Hasty Pudding   |
| IADL  |  | Client Medicaid DOB:  | <input type="text"/> **Expect refresh                               |
| Log Notes   |  | HCBS Waiver Program:  | refresh   |
| LTC 803   |  | Case Manager Name:  | HCPF Case Management  |
| Program Area  |  | Case Manager Agency Name:   | Rhynn Lubitz  |
| Referral  |  | Entered By:   | <input type="text"/>  |
| Rights Modification   |  | Name of Person Reporting Incident to CMA:   | <input type="text"/>  |
| Service Plan  |  | Did the Client Report this Incident?  | <input type="radio"/> Yes <input type="radio"/> No                  |
| Service Plan DD Section   |  | Name of Provider Agency or PASA who Reported incident to Case Manager:            | <input type="text"/>  |
| Administration  |  | Is the Provider Agency reporting the incident an Alternative Care Facility (ACF)? | <input type="radio"/> Yes <input type="radio"/> No                  |
| Logout  |  | Was a Provider involved in the Critical Incident?                                 | <input type="radio"/> Yes <input type="radio"/> No **Expect refresh |
|   |  | Was anyone other than the client involved in the incident?                        | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Has this critical incident been substantiated?                                    | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Was a Referral Made to APS/CPS?   | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Was Law Enforcement involved in this CIR?   | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Location of Incident:   | <input type="text"/> **Expect refresh                               |
|   |  | Did this incident involve Restrictive Interventions?                              | <input type="radio"/> Yes <input type="radio"/> No **Expect refresh |
|   |  | Did the incident result in an admission and/or treatment in the Emergency Room?   | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Did the Incident Result in Hospitalization?                                       | <input type="radio"/> Yes <input type="radio"/> No **Expect refresh |
|   |  | Did this incident result in a Skilled Nursing Facility Rehab Stay?                | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Did this incident result in Nursing Facility placement?                           | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Did this incident result in a change and/or additional waiver services?           | <input type="radio"/> Yes <input type="radio"/> No **Expect refresh |
|   |  | Did this incident result in Reverse Deinstitutionalization (RDI)?                 | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Did the incident require an occurrence report to CDPHE?                           | <input type="radio"/> Yes <input type="radio"/> No                  |
|   |  | Could this critical incident have been prevented?                                 | <input type="radio"/> Yes <input type="radio"/> No **Expect refresh |
|   |  | What was the client's health status prior to this Critical Incident?              | <input type="text"/>  |
|   |  | What is the Root Cause of the Critical Incident?                                  | <input type="text"/> **Expect refresh                               |
|   |  | Incident Type:  | <input type="text"/> **Expect refresh                               |
| ** IF NO REFRESH - Enable Javascript in browser.  |  |   |   |
| <a href="https://hcr.hcpf.state.co.us/bov/clienteditnev.cfm">https://hcr.hcpf.state.co.us/bov/clienteditnev.cfm</a> |  | Save  |   |

- |                                  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| Client Information               | <b>To complete a CIRS Follow Up report, please include:</b><br>1) All <b>Contacts</b> made, 2) <b>Answers</b> to all questions, and 3) A complete <b>Description</b> of all Follow Up actions taken.<br><u>[Military Time]</u> |  |  |  |  |  |  |  |  |  |
| Transition Assessment & Planning |  |  |  |  |  |  |  |  |  |  |
| Risk Mitigation Plan             |  |  |  |  |  |  |  |  |  |  |
| Assessment - HCA                 |  |  |  |  |  |  |  |  |  |  |
| Case Management                  |  |  |  |  |  |  |  |  |  |  |
| Case Status                      |  |  |  |  |  |  |  |  |  |  |
| Critical Incident Reports        |  |  |  |  |  |  |  |  |  |  |
| Persons Involved                 |  |  |  |  |  |  |  |  |  |  |
| Follow-Up                        |  |  |  |  |  |  |  |  |  |  |
| HCPF Review                      |  |  |  |  |  |  |  |  |  |  |
| IADL                             |  |  |  |  |  |  |  |  |  |  |

## Critical Incident Per Member Per Month (PMPM) – Reimbursement

CIRs include all initial entries and any follow up entries requested by the Department. SEP's shall ensure all CIRs have been entered in the BUS within the required timeframe. The Department will reimburse per member enrolled each month based on actively enrolled members pulled from the Department prescribed system on the eleventh (11th) day of the month, for enrollments from the previous month.

The Department will reimburse the SEPs the CIRs PMPM rate for each member with an approved Prior Authorization Request (PAR) in interChange (Bridge).

"PA Status" in InterChange (Bridge) must be in Approved Status

Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	ACCEPTED BY IC	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/27/2018	Receive Alert	NO

In the event that an active member is not reflected on the SEP's payment for the previous month, it will need to be submitted through the Payment Correction process.

Each SEP will be able to use data pull from the Enrollment report in COGNOS for active PARs to identify members that will qualify for CIR PMPM payment.

Please refer to the COGNOS training provided by the Department for any questions on running the Enrollment report: [hcpf.colorado.gov/long-term-services-and-supports-training](http://hcpf.colorado.gov/long-term-services-and-supports-training)

Please refer to the Department training site on Critical Incident Reporting for any further clarification: [hcpf.colorado.gov/hcbs-waiver-critical-incident-reporting](http://hcpf.colorado.gov/hcbs-waiver-critical-incident-reporting)

## Critical Incident Quarterly Follow-Up Completion and Entry Performance Standard - Reimbursement

SEPs are eligible to receive a performance-based payment for the timely completion of the requested CIR follow-up action each quarter. To receive this quarterly performance-based payment, SEPs must have ninety percent (90%) of all CIRs assigned follow-up completed and entered into the BUS with the timelines assigned by the department and/or Department Quality Improvement Organization. The Department will calculate the SEP's performance at the close of each quarter to determine if the payment will be awarded.





If the SEP does not agree with the Department's calculations, the SEP must notify the Department in writing within ten (10) business days of receiving the payment summary. The Department will request supporting documentation and will determine if the performance standard was met based on the information provided.

## In-Person Monitoring



SEP's shall conduct In-Person Monitoring visit at least one time, and no more than two times during the Support Plan year and must adhere to all requirements indicated in the SEP contract. SEPs shall be eligible for reimbursement for each completed In-Person Monitoring visit. A monitoring visit is not eligible for reimbursement if completed in conjunction with a reimbursable assessment activity.

The SEP shall document all In-Person Monitoring activities in the BUS and maintain detailed documentation with the following steps.

1. "Did this contact take place Face to Face?" must be checked "yes".

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020 
Assessment - 100.2	Time of Contact	11:03:03 AM
Client Information	Person Contacted	<input type="text"/>
Transition Assessment & Planning	Billable Log Note Units	0 Units 
	Non-Billable Log Note Units	0 Units 
Risk Mitigation Plan	Type of Contact	<input type="text"/>
	Current Program	<input type="text"/>
Assessment - HCA	Is this log note a Targeted Case Management Note?	Children's Extensive Supports (CES) <input type="radio"/> Yes <input type="radio"/> No
Case Management	Did this contact take place Face to Face?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Case Status	Confidential?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Critical Incident Reports	Does this log note refer to a New Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
	Does this log note refer to an Existing Critical Incident?	<input type="radio"/> Yes <input type="radio"/> No
IADL	If New/Existing Critical Incident is YES, Enter CIRS Number:	<input type="text"/>
Log Notes	 A log note should only be marked confidential if it contains sensitive information that should not be viewed by any other agency.	

2. "Type of Contact" must be labeled as one of the following contact types

Main Menu		Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020	
Assessment - 100.2	Time of Contact	11:16:30 AM	
Client Information	Person Contacted	<div><div></div></div>	
Transition Assessment & Planning	Billable Log Note Units	0 Units	<div><div></div></div>
	Non-Billable Log Note Units	0 Units	<div><div></div></div>
	Type of Contact	<div> <div>FAX</div> <div>Financial Eligibility</div> <div>Home Visit</div> <div>Hospitalization</div> <div>ICM</div> <div>IMT Communication</div> <div>Intra-Office Communication</div> <div>Monitoring Contact-Scheduled</div> <div>Monitoring Contact-Unscheduled</div> <div>Nursing Facility Placement</div> <div>PAR Denial</div> <div>Program notes</div> <div>Psychiatric Review</div> <div>Quarterly</div> <div>Referral - Worker Assigned</div> <div>Rights Modification</div> <div>Service Plan Development</div> <div>Summary Report - 6 Month Review</div> <div>Summary Report - CDAS Reassessment</div> <div>Summary Report - Closure</div> <div>Summary Report - CSR</div> <div>Summary Report - Initial</div> <div>Summary Report - Monthly Contact</div> <div>Summary Report - Quarterly Contact</div> <div>Summary Report - Transfer</div> <div>Supervisory PAR Review</div> <div>Telephone</div> <div>Transition Coordination</div> <div>Travel</div> <div>Veterans Representative</div> </div>	
Risk Mitigation Plan	Current Program		
Assessment - HCA	Is this log note a Targeted Case Management Note?		
Case Management	Did this contact take place Face to Face?		
Case Status	Confidential?		
Critical Incident Reports	Does this log note refer to a New Critical Incident?		
IADL	Does this log note refer to an Existing Critical Incident?		
Log Notes	If New/Existing Critical Incident is YES, Enter CIRS Number:		
- Add	 A log note should only be marked confidential if it could not be viewed by any other agency.	Should not	
- Edit	Narrative:		
- Delete			
- Print One			
- View/Print Range			
- Log Note Search			
LTC 803			
Program Area			
Referral			
Service Plan			
Service Plan DD Section			
Administration			
Logout			

Save

Clear

## In-Person Monitoring- Reimbursement

SEP's shall enter all In-Person Monitoring visits in the BUS no later than the tenth (10) in order to be included on the Department data report pulls from the BUS on the eleventh (11<sup>th</sup>) to be eligible for reimbursement. In addition to the reimbursement rate for In-Person Monitoring, SEPs designated as rural or frontier, as determined by the [Colorado Rural Health Center County Designations Map](#), will receive payment for Rural Travel Add-On based on the member's location in the BUS. If the In-Person Monitoring visit is not documented as noted in the above steps it will not be recognized in the Department data pull in order to be eligible for reimbursement.

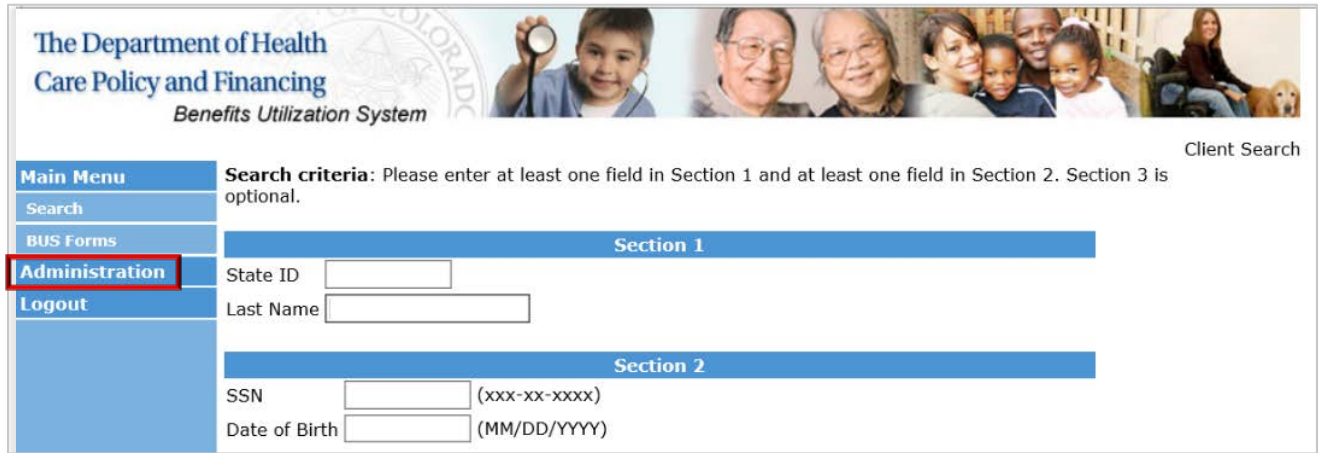
SEP's will need to submit a payment correction in the event that a member is not included on payment.

1. In-Person Monitoring must have a HCBS Waiver identified
2. In-Person Monitoring must have a log note with date of contact
3. Log notes must be identified as face to face in the BUS
4. Each member must have their first (1<sup>st</sup>) In-Person Monitoring as required in SEP Contract, and all members are eligible to receive a second (2<sup>nd</sup>) In-Person Monitoring based on member's need
  - a. In-Person Monitoring Detail tab includes *Number of Log Notes in (Support Plan) SP Year*. This column will identify the member's first or second In-Person Monitoring

## In-Person Monitoring – Creating Report in BUS

SEP agencies may view all In-Person Monitoring activities entered into the BUS for monthly invoicing by accessing reports in the BUS. Only Agency Administrators delegated in the BUS at each SEP will have the ability to run In-Person Monitoring report data.

1. Click on “Administration” tab.



The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Client Search

**Main Menu**  
Search  
BUS Forms  
**Administration**  
Logout

**Search criteria:** Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

**Section 1**

State ID

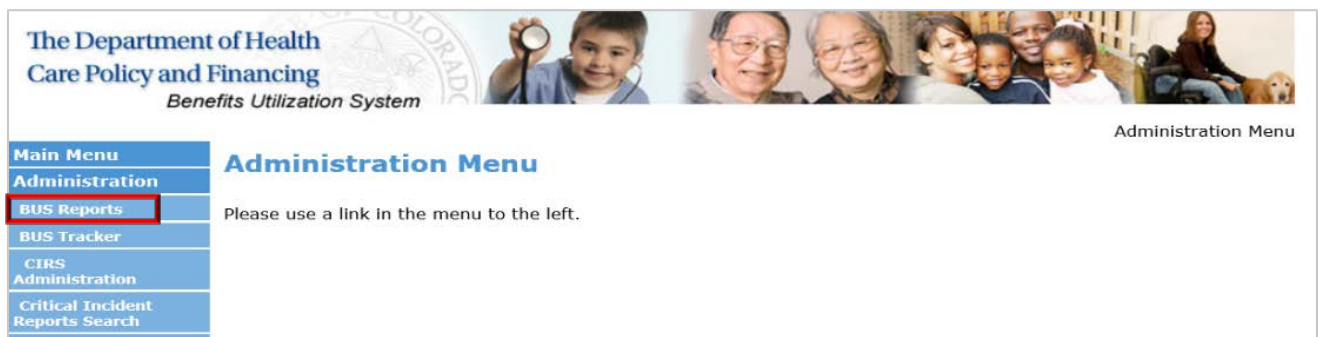
Last Name

**Section 2**

SSN  (xxx-xx-xxxx)

Date of Birth  (MM/DD/YYYY)

2. Click on “Bus Reports” tab



The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Administration Menu

**Main Menu**  
**Administration**  
**BUS Reports**  
BUS Tracker  
CIRS Administration  
Critical Incident Reports Search

**Administration Menu**

Please use a link in the menu to the left.




3. Click on "Log Notes Detailed Report" tab

Main Menu	BUSReporter Menu
Administration	
BUS Reports	The data in these reports are updated on a daily basis.
- Assessment	
- Case Management (Agency)	
- Case Status ARCHIVE	
- Case Status	
- Log Notes	
- Referral Dates	
- Service Plan	
- User Aging	
- User List	
- Case Manager (Only) Report	
- Case Manager (Only) Log Notes Report	
- Log Notes Detailed Report	
- Case Manager Face to Face Log Notes Report	

4. Agency - Select your agency.

The Department of Health  
Care Policy and Financing  
*Benefits Utilization System*



BUSReporter

## Log Notes Detailed Report

Main Menu

Administration

BUS Reports

- Assessment

- Case Management (Agency)

- Case Status ARCHIVE

- Case Status

- Log Notes

- Referral Dates

- Service Plan

- User Aging

- User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

5. Type of Contact - Select desired monitoring contact.

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)
  - Case Status ARCHIVE
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List
- Case Manager (Only) Report
- Case Manager (Only) Log Notes Report
- Log Notes Detailed Report
- Case Manager Face to Face Log Notes Report
- Face to Face Log Notes Monthly Summary

**Log Notes Detailed Report**

Agency: Health Care Policy and Financing

Type of Contact: Legal Documents - Add, Legal Documents - Delete, LTC 803 - Add, LTC 803 - Delete, LTC 803 - Final, LTC 803 - Mailed, LTC 803 - Removed Final, Monitoring Contact-Scheduled, Monitoring Contact-Unscheduled, Nursing Facility Placement, PAR Denial, Professional Medical Page mailed, Program Area - Add, Program Area - Delete, Program Area - Edit, Program notes, Psychiatric Review, Quarterly, Referral - Worker Assigned, Rights Modification, Service Plan Delete Service, Service Plan 6 Month Copy, Service Plan Created, Service Plan CSR Copy, Service Plan DD Section Continued Stay Review Copy, Service Plan DD Section Revision Copy, Service Plan Delete Home Health Revision Service, Service Plan Development, Service Plan Error Check, Service Plan Revision Copy

Program Waiver

Case Manager:

Start Date:

End Date:

Date Search Type:

System Generated

Show Narrative:

Submit

**A separate report will need to be pulled for each of the seven (7) monitoring contacts eligible for reimbursement:** (1) Monitoring Contact-Scheduled, (2) Monitoring Contact- Unscheduled, (3) Summary Report- 6 Month Review, (4) Summary Report- CDAS Reassessment, (5) Summary Report- Monthly Contact, (6) Summary Report- Quarterly Contact, and (7) Summary Report- Transfer.

6. Program Waiver - Select All

**The Department of Health  
Care Policy and Financing**  
Benefits Utilization System

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)
  - Case Status ARCHIVE
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List

**Log Notes Detailed Report**

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐


Submit

7. Case Manager - Select [All].

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**  
Administration  
BUS Reports  
- Assessment  
- Case Management (Agency)   
- Case Status ARCHIVE  
- Case Status  
- Log Notes  
- Referral Dates  
- Service Plan  
- User Aging  
- User List

Agency: Health Care Policy and Financing  
Type of Contact: All  
Program Waiver: All  
Case Manager: [All]  
Start Date: 04/03/2020 (mm/dd/yyyy)  
End Date: 04/17/2020 (mm/dd/yyyy)  
Date Search Type: ☐ Date Entered ☒ Date of Contact  
System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes  
Show Narrative: ☐

Submit

8. Enter date range for desired month.

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**  
Administration  
BUS Reports  
- Assessment  
- Case Management (Agency)  
- Case Status ARCHIVE  
- Case Status  
- Log Notes  
- Referral Dates  
- Service Plan  
- User Aging  
- User List

Agency: Health Care Policy and Financing  
Type of Contact: All  
Program Waiver: All  
Case Manager: [All]  
Start Date: 3/01/2020 (mm/dd/yyyy)  
End Date: 3/31/2020 (mm/dd/yyyy)  
Date Search Type: ☐ Date Entered ☒ Date of Contact  
System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes  
Show Narrative: ☐

Submit



9. Date Search Type - Select "Date of Contact".

The screenshot shows the 'Log Notes Detailed Report' form. The header includes 'The Department of Health Care Policy and Financing' and 'Benefits Utilization System'. A banner image shows a group of diverse people. The left sidebar has a 'Main Menu' with options: Administration, BUS Reports, Assessment, Case Management (Agency), Case Status ARCHIVE, Case Status, Log Notes (highlighted with a green arrow), Referral Dates, Service Plan, User Aging, and User List. The form fields are: Agency (Health Care Policy and Financing), Type of Contact (All), Program Waiver (All), Case Manager ([All]), Start Date (3/01/2020), End Date (3/31/2020), Date Search Type (radio buttons for Date Entered and Date of Contact, with Date of Contact selected), System Generated (radio buttons for All Lognotes and Non System Generated Lognotes, with Non System Generated Lognotes selected), and Show Narrative (checkbox). A 'Submit' button is at the bottom right.

10. System Generated - Select "Non System Generated Log notes".

This screenshot is identical to the previous one, but the 'Non System Generated Lognotes' radio button under 'System Generated' is now selected, as indicated by the green arrow pointing to it.

11. Once all information is entered, click the "Submit" button.

This will create a report for each specified monitoring contact for the timeframe stipulated for the agency to verify the total number of contacts and number of each contact type that your agency may be reimbursed for In-Person Monitoring. Due to the large volume of data that will be pulled monthly, each SEP has the ability to select the option at the bottom of the report to “Export to Excel”.

This will allow each agency the ability to filter the “Contact Type” and “Contact Face to Face” columns to ensure accuracy in the number of In-Person Monitoring activities that may be reimbursed for each month.

<b>Log Notes Detailed Report</b> <b>Agency: Health Care Policy and Financing</b> <b>Case Manager Name: [All]</b> <small>Report Created: 04/17/2020 4:12 PM</small> <small>Contact Date: from 02/01/2020 to 04/16/2020</small> <small>Units entered prior to the log note report update on 08/31/2018, are under non-billable units.</small>																
Log Note ID	Case Manager	Client Name	Client State ID	Client Program (current)	Client Program (at time of log note)	Contact Date	Contact Time	Entered Date	Person Contacted	Contact Type	Billable Units	Non-Billable Units	TCM	TCM Units	Non-TCM Units	Contact Face to Face
<a href="#">View</a> 34707026	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	04/16/2020	13:00	04/16/2020	Case Manager	Case Documentation	0	0	N	0	0	N
<a href="#">View</a> 34725837	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/13/2020	16:10	04/17/2020	Client	Summary Report - 6 Month Review	0	0	N	0	0	Y
<a href="#">View</a> 34725848	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	04/05/2020	16:11	04/17/2020	Client	Monitoring Contact- Unscheduled	0	0	N	0	0	Y
<a href="#">View</a> 34707037	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	03/13/2020	00:00	04/16/2020	Alternative Care Facility	Complaint	0	0	N	0	0	N
<a href="#">View</a> 34348522	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020			0	0	N	0	0	N
<a href="#">View</a> 34348530	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	03/11/2020	10:25	03/11/2020	None	Case Documentation	0	0	N	0	0	N
<a href="#">View</a> 34135700	Johnson, Rhonda	pudding, vanilla	G100000	Children's Habilitation Residential Program (CHRP)	Children's Habilitation Residential Program (CHRP)	02/19/2020	14:02	02/19/2020	Attorney	Complaint Follow-up	0	0	N	0	0	N
<a href="#">View</a> 34725853	Salner, Brent	Pudding, Hasty	A222222	Children's Extensive Supports (CES)	Children's Extensive Supports (CES)	02/15/2020	16:11	04/17/2020	Client	Summary Report - Quarterly Contact	0	0	N	0	0	N
<div>Printable View   Export to Excel</div>																

## Quarterly Contact Documentation

Case Managers are to document all quarterly contact activities in the BUS log note section. The Case Manager will document the fully completed quarterly contact using "Type of Contact: Summary Report-Quarterly Contact". If multiple contact attempts are needed and/or discussions with the member and collateral contacts, the Case Manager will log note the attempts made using the appropriate correspondence selection (ex. Telephone, email) but will reserve using "Type of Contact: Summary Report-Quarterly Contact" for documenting the fully completed contact. The Department will pull reports from the BUS to review and monitor SEP performance for completing quarterly contacts according to Department regulation and requirements.

Main Menu		Log Notes - New	
Advisement Letter	Date of Contact	04/15/2020	
Assessment - 100.2	Time of Contact	11:16:30 AM	
Client Information	Person Contacted		
Transition Assessment & Planning	Billable Log Note Units	0 Units	
Risk Mitigation Plan	Non Billable Log Note Units	0 Units	
Assessment - HCA	Type of Contact	<div> FAX  Financial Eligibility  Home Visit  Hospitalization  ICM  IMT Communication  Intra-Office Communication  Monitoring Contact-Scheduled  Monitoring Contact-Unscheduled  Nursing Facility Placement  PAR Denial  Program notes  Psychiatric Review  Quarterly  Referral - Worker Assigned  Rights Modification  Service Plan Development  Summary Report - 6 Month Review  Summary Report - CDAS Reassessment  Summary Report - Closure  Summary Report - CSR  Summary Report - Initial  Summary Report - Monthly Contact  Summary Report - Quarterly Contact  Summary Report - Transfer  Supervisory PAR Review  Telephone  Transition Coordination  Travel  Veterans Representative </div>	
Case Management	Current Program		
Case Status	Is this log note a Targeted Case Management Note?		
Critical Incident Reports	Did this contact take place Face to Face?		
IADL	Confidential?		
Log Notes	Does this log note refer to a New Critical Incident?		
- Add	Does this log note refer to an Existing Critical Incident?		
- Edit	If New/Existing Critical Incident is YES, Enter CIRS Number:		
- Delete	A log note should only be marked confidential if it could not be viewed by any other agency.		
- Print One	Narrative:		
- View/Print Range			
- Log Note Search			
LTC 803			
Program Area			
Referral			
Service Plan			
Service Plan DD Section			
Administration			
Logout			

## On-Going Case Management

SEPs shall be eligible to receive reimbursement for performing On-Going HCBS Case Management activities, on a monthly basis in accordance with the SEP contract.

The On-Going Case Management requires that each member must have the following:

- (1) A Non System Generated log note in the BUS
- (2) Prior Authorization Request (PAR) in Approved status in Interchange (Bridge),
- (3) The member must also be financially eligible and coded for their waiver program in the Colorado Benefits Management System and interChange (Bridge).

The steps below outline the procedure to be eligible for reimbursement for the On-Going Case Management.

1. Create a Non System Generated Log Note by entering the "Date of Contact". Log Note can be any "Type of Contact" as long as it is entered by a staff member at the SEP.

2. "PA Status" in InterChange (Bridge) must be Approved

The Department will reimburse the On-Going Case Management based on data reports pulled from BUS and interChange (Bridge) on the eleventh (11th) day of the month for the previous month. Members who lose Medicaid eligibility during the month and are reinstated may have On-Going Case Management billed through the Payment Correction process once eligibility is restored.

## **On-Going Case Management – Reimbursement**

SEP's shall enter all On-Going Case Management information in the BUS and InterChange (Bridge) no later than the tenth (10<sup>th</sup>) in order to be included on the Department data report pulls on the eleventh (11<sup>th</sup>) to be eligible for reimbursement. If the On-Going Case Management is not documented as noted in the steps above, it will not be recognized in the Department data pull in order to be eligible for reimbursement.

A member must have (1) a Non System Generated log note in the BUS, (2) Prior Authorization Request (PAR) in Approved status in interChange (Bridge), (3) member must also be financially eligible and coded for their waiver program in the Colorado Benefits Management System and interChange (Bridge).

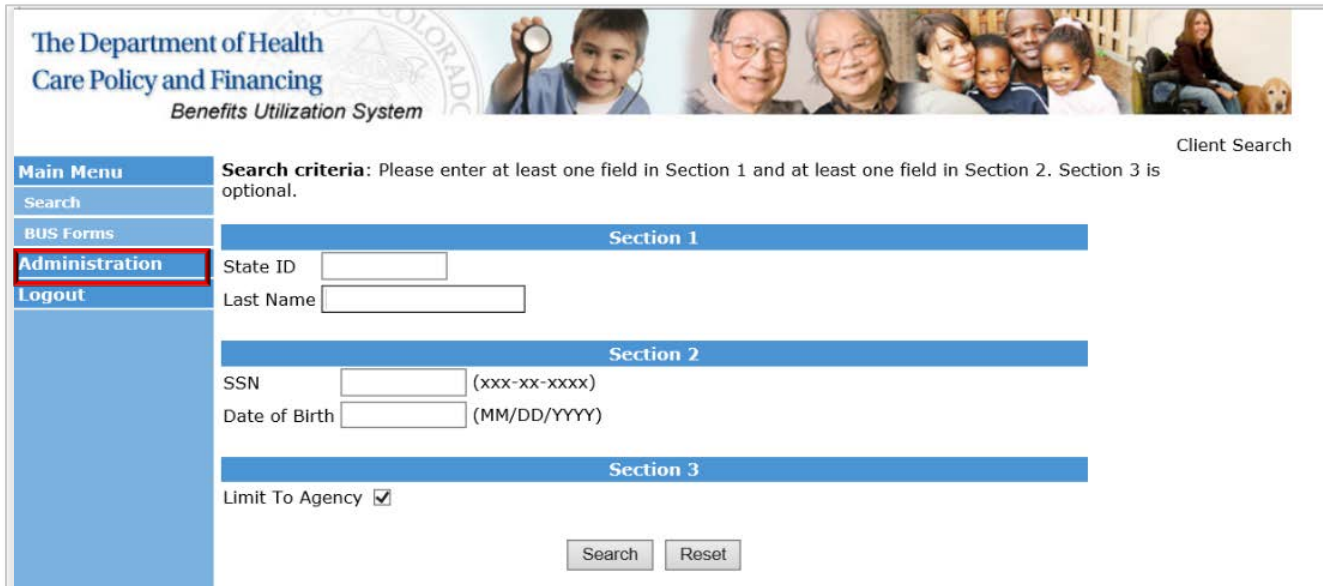
A member must meet all three criteria listed above as of the tenth (10<sup>th</sup>) of following month to be eligible for reimbursement.

SEP's will need to submit a payment correction in the event that an active member is not included on payment.

## On-Going Case Management - Creating Reports

SEP agencies may view all On-Going Case Management activities entered into the BUS by accessing reports in the BUS. Only Agency Administrators delegated in the BUS at each SEP will have the ability to run On-Going Case Management report data.

1. Click "Administration" Tab



The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Client Search

**Main Menu**  
Search  
BUS Forms  
**Administration**  
Logout

**Search criteria:** Please enter at least one field in Section 1 and at least one field in Section 2. Section 3 is optional.

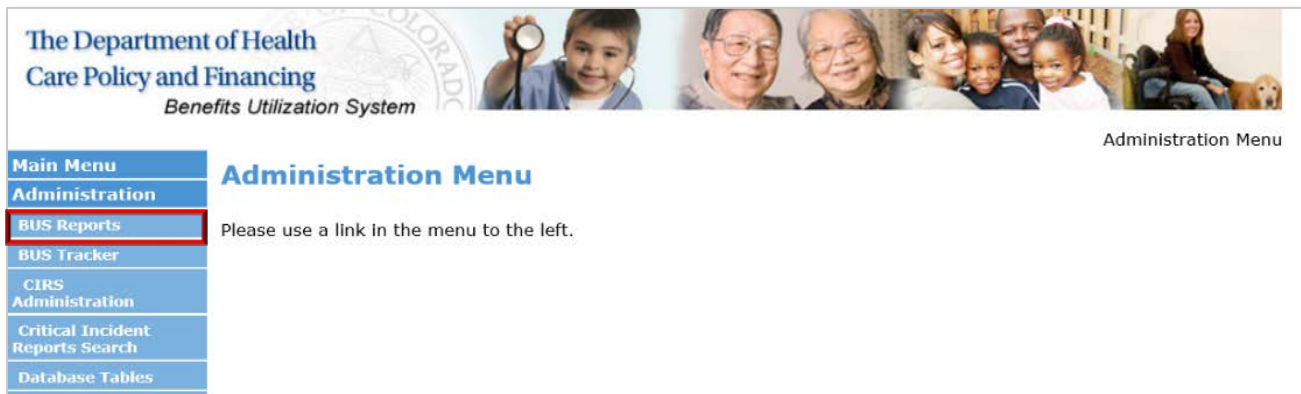
**Section 1**  
State ID   
Last Name

**Section 2**  
SSN  (xxx-xx-xxxx)  
Date of Birth  (MM/DD/YYYY)

**Section 3**  
Limit To Agency ☒

Search Reset

2. Click "Bus Reports" Tab



The Department of Health  
Care Policy and Financing  
Benefits Utilization System

Administration Menu

**Main Menu**  
Administration  
**BUS Reports**  
BUS Tracker  
CIRS Administration  
Critical Incident Reports Search  
Database Tables

**Administration Menu**  
Please use a link in the menu to the left.




### 3. Click "Log Notes Detailed Reports" Tab

Main Menu	BUSReporter Menu
<b>Administration</b>	
BUS Reports	The data in these reports are updated on a daily basis.
- Assessment	
- Case Management (Agency)	
- Case Status ARCHIVE	
- Case Status	
- Log Notes	
- Referral Dates	
- Service Plan	
- User Aging	
- User List	
- Case Manager (Only) Report	
- Case Manager (Only) Log Notes Report	
<b>- Log Notes Detailed Report</b>	
- Case Manager Face to Face Log Notes Report	

### 4. Agency - Select Your Agency

The Department of Health  
Care Policy and Financing  
Benefits Utilization System



BUSReporter

## Log Notes Detailed Report

<b>Main Menu</b>	Agency:	Health Care Policy and Financing
<b>Administration</b>	Type of Contact	All
BUS Reports	Program Waiver	All
- Assessment	Case Manager:	[All]
- Case Management (Agency)	Start Date:	04/03/2020 (mm/dd/yyyy)
- Case Status ARCHIVE	End Date:	04/17/2020 (mm/dd/yyyy)
- Case Status	Date Search Type:	<input type="radio"/> Date Entered <input checked="" type="radio"/> Date of Contact
- Log Notes	System Generated	<input type="radio"/> All Lognotes <input checked="" type="radio"/> Non System Generated Lognotes
- Referral Dates	Show Narrative:	<input type="checkbox"/>
- Service Plan		
- User Aging		
- User List		

Submit

5. Type of Contact - Select All

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)
  - Case Status ARCHIVE
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

6. Program Waiver - Select All

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)
  - Case Status ARCHIVE
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit



## 7. Case Manager - Select All

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)**
  - Case Status ARCHIVE
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 04/03/2020 (mm/dd/yyyy)

End Date: 04/17/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

## 8. Enter Date Range for desired month

The Department of Health  
Care Policy and Financing  
Benefits Utilization System

BUSReporter

### Log Notes Detailed Report

**Main Menu**

- Administration
- BUS Reports
  - Assessment
  - Case Management (Agency)
  - Case Status ARCHIVE**
  - Case Status
  - Log Notes
  - Referral Dates
  - Service Plan
  - User Aging
  - User List

Agency: Health Care Policy and Financing

Type of Contact: All

Program Waiver: All

Case Manager: [All]

Start Date: 3/01/2020 (mm/dd/yyyy)

End Date: 3/31/2020 (mm/dd/yyyy)

Date Search Type: ☐ Date Entered ☒ Date of Contact

System Generated: ☐ All Lognotes ☒ Non System Generated Lognotes

Show Narrative: ☐

Submit

9. Date Search Type - Select "Date of Contact"

The screenshot shows the 'Log Notes Detailed Report' form. On the left is a 'Main Menu' with options: Administration, BUS Reports, - Assessment, - Case Management (Agency), - Case Status ARCHIVE, - Case Status, - Log Notes (highlighted with a green arrow), - Referral Dates, - Service Plan, - User Aging, and - User List. The form fields include: Agency (Health Care Policy and Financing), Type of Contact (All), Program Waiver (All), Case Manager ([All]), Start Date (3/01/2020), End Date (3/31/2020), Date Search Type (radio buttons for Date Entered and Date of Contact, with Date of Contact selected), System Generated (radio buttons for All Lognotes and Non System Generated Lognotes, with Non System Generated Lognotes selected), and Show Narrative (checkbox). A 'Submit' button is at the bottom right.

10. System Generated - Select "Non System Generated Lognotes"

This screenshot is identical to the previous one, but the 'Non System Generated Lognotes' radio button under 'System Generated' is now selected, as indicated by the green arrow pointing to the 'Log Notes' menu item.

11. Once all information is entered, click the "Submit" button.



Please refer to the COGNOS training provided by the Department for any questions on running the Enrollment report: [hcpf.colorado.gov/long-term-services-and-supports-training](https://hcpf.colorado.gov/long-term-services-and-supports-training)

The Department understands that these systems update daily. For clarification purposes the Department will run all reports for billing on the morning of the eleventh (11<sup>th</sup>) day of the month, for payment for the previous month. Please be aware if your Agency runs these reports on a different date that data may differ from the Department ran data.

## **Payment and Correction Process**

The SEP payment process is a coordinated effort between the Department and SEP's. SEP's must enter all case management activities by the tenth (10<sup>th</sup>) of the following month. SEP's are also responsible for submitting Payment Corrections. The following business day on the eleventh (11<sup>th</sup>), the Department pulls the data reports that are used for monthly payments. Once payments have been processed by Accounting Section, the Department sends notification of Payment, as well as including payment corrections dates and reminders. SEP's will be notified of any date deviations.

SEP monthly payments are based on the data reports pulled by Benefits Utilization System (BUS) and interChange (Bridge), and data reports are the supporting documentation for payments. All data reports are made available through SharePoint for each SEP agency. Monthly data reports include the following case management activities:

- (1) Appeals
- (2) CIRs PMPM
- (3) Initial and CSR Assessments
- (4) In-Person Monitoring
- (5) On-Going Case Management

The data reports include a Summary tab and Details tab for each case management activity. The Summary tab is a high-level overview of the activity, waiver, and final number of members. The Details tab includes information on each member who received a case management activity that was completed and entered into the Department's prescribed systems and accounted for on the data report pull. SEP's are encouraged to review the Payment Summary and Data Reports, as Data Reports will be inclusive of case management activities completed in a full month. Example: April will be inclusive of the full 30 days.

The SEP Contract requires SEPs to submit deliverables throughout the contract fiscal year. Each deliverable has a set of submission dates with a reimbursement rate. The Department provides templates for each deliverable to ensure consistent reporting state-wide. All deliverables shall be reviewed and accepted by Department before payment is issued. Deliverables and deliverable rates can be found in the SEP contract.

## **Payment Process Includes:**

### **Case Management Activities**

Case Managers must enter all case management activities completed for the previous month no later than the Close of Business (COB) of the tenth (10<sup>th</sup>) of the following month unless the Department states otherwise. All case management activities must be entered into the BUS and interChange (Bridge) by the tenth (10<sup>th</sup>) to be included on the data pull, and ultimately eligible for reimbursement.

Example: Case management activities completed July 1<sup>st</sup> to July 31<sup>st</sup>, must be entered into the BUS and interChange (Bridge), no later than COB August 10<sup>th</sup>

The agency must enter all case management activities into the BUS by COB of the tenth (10<sup>th</sup>) monthly. If the tenth (10<sup>th</sup>) falls on a weekend or holiday, then SEPs shall be notified of adjusted dates.

## Data Reports

The Department pulls data reports for the previous month no later than the eleventh (11<sup>th</sup>) of the following month. Any case management activities entered into the BUS and interChange (Bridge) after the tenth (10) (or adjusted date) will NOT be included on the data reports generated.

Example: July Data to be inclusive of July 1<sup>st</sup> to July 31<sup>st</sup>, is pulled on August 11<sup>th</sup>

The Department will pull SEP data reports on the eleventh (11<sup>th</sup>) of each month for the previous month. If the eleventh (11<sup>th</sup>) falls on a weekend or holiday, then SEPs shall be notified of adjusted dates.


## Payment

Payment Summary and data reports are uploaded on SEP's SharePoint webpage, and notification of payment and associated dates and reminders are sent to SEP's monthly.

## Payment Correction

SEP's shall review all payments made by the Department to ensure accuracy with ten (10) business days of receiving the payment summary. Any errors in billing or payment must be submitted through the payment correction form, shown below, which is available on each SEP's SharePoint webpage. Please ensure that any payment corrections submitted to the Department is also corrected in the BUS and interChange (Bridge).

Once the Department has received and reviewed the payment correction form, over and underpayments will be corrected on the following month's payment.

 <b>COLORADO</b> Department of Health Care Policy & Financing									
<b>SEP Contract Payment Correction Form</b>									
Single Entry Point Agency: <input type="text"/>									
SEP Contact Name: <input type="text"/>									
Email & Phone Number: <input type="text"/>									
Name of Individual	Medicaid ID	Waiver/Program	Activity	Month/Year	Change Payment	Dollar Amount	Comments	Approved/Denied	Dollar Amount Increase/Decrease

## Contact Information

If you have questions, please contact the appropriate Department contact outlined below:

- Contract, Deliverable, Payment, Payment Corrections, and Data Report Questions : [Sarah.McDonnell@state.co.us](mailto:Sarah.McDonnell@state.co.us)
- Programmatic Questions: [Victor.Robertson@state.co.us](mailto:Victor.Robertson@state.co.us)