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.

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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.

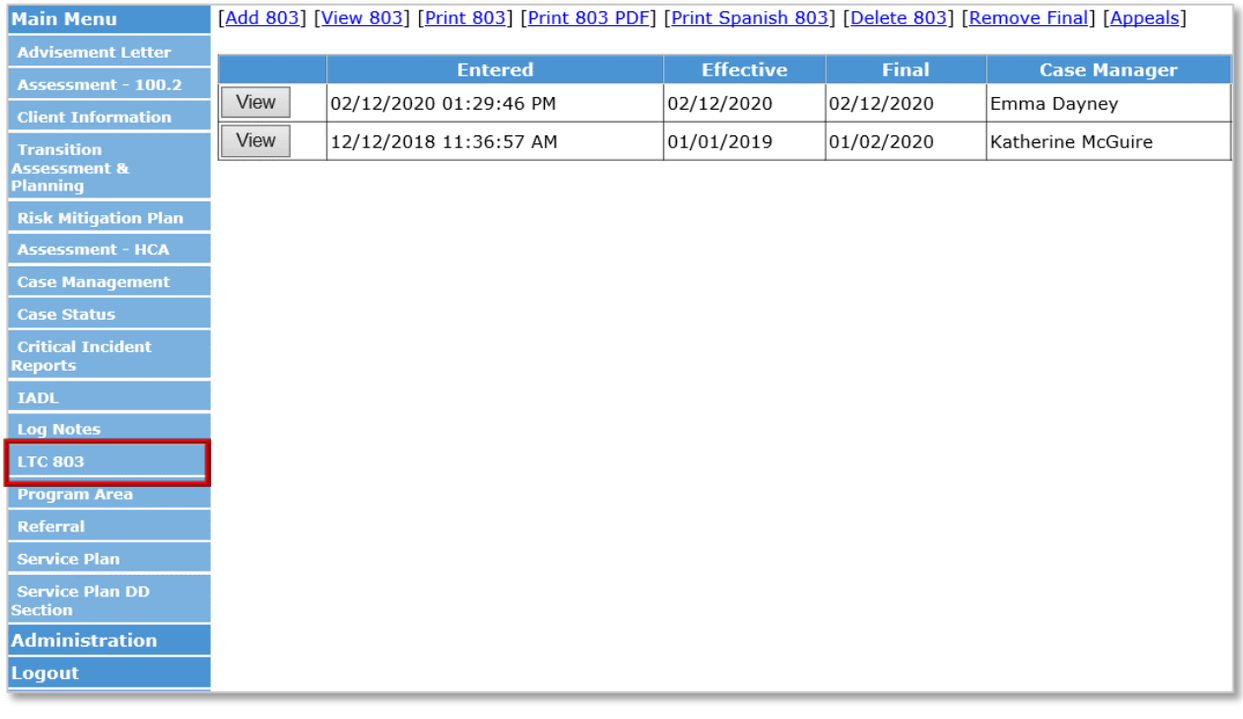
Each SEP will be required to create their own appeal tracker document for use by their agency. SEP's will use their internal agency appeal tracker to verify that the report received from the Department for reimbursement each month matches their records.

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

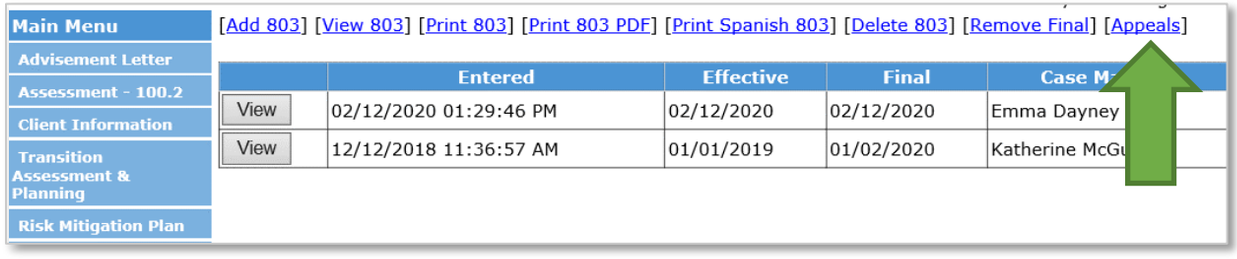
Appeals – Creation of Packet

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.

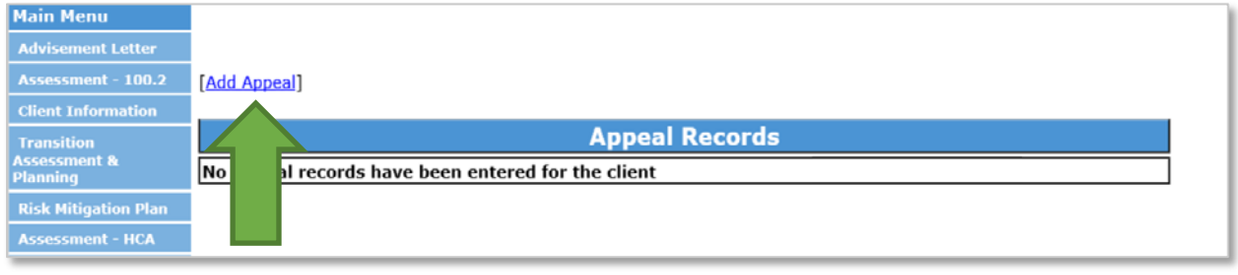
1. Click "LTC 803" from the member's record in BUS.



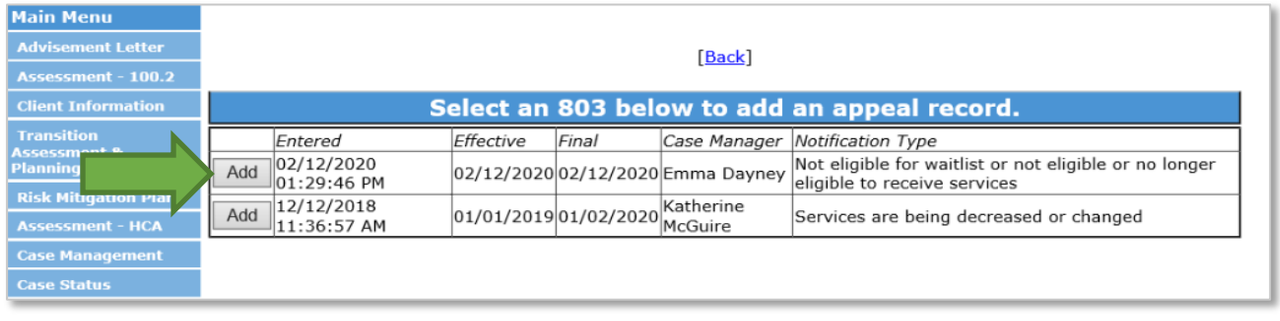
2. Click “Appeals” tab at top of the page.



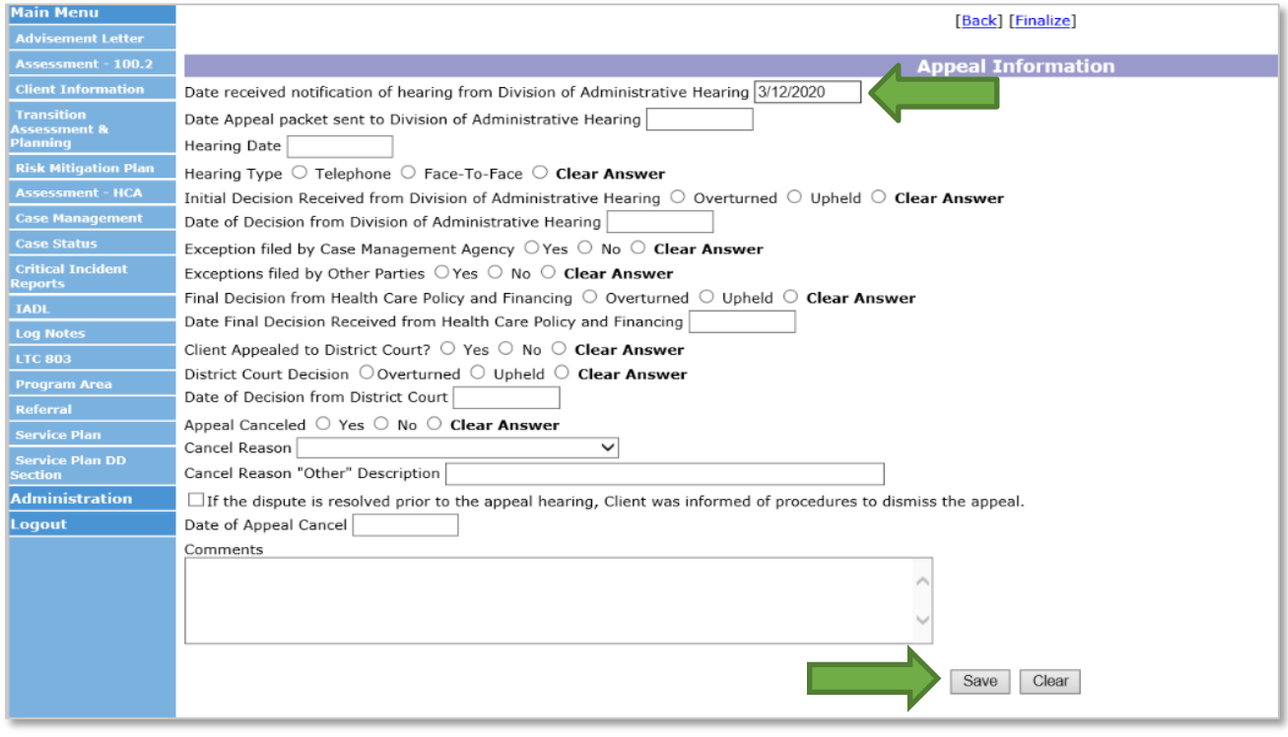
3. Click on “Add Appeal” tab.



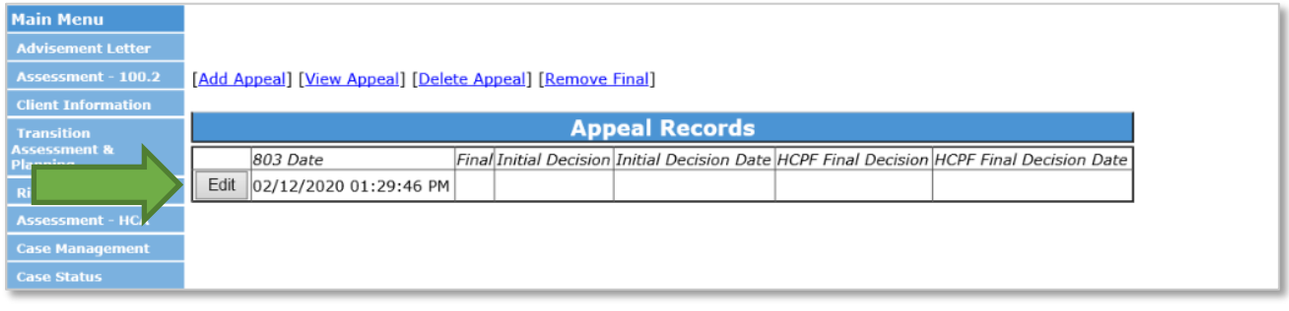
4. Click “Add” on row that corresponds to the 803 Long-Term Care Notice of Action the appeal is based on.



5. Enter the date the notification was received in the corresponding field and click “Save”.

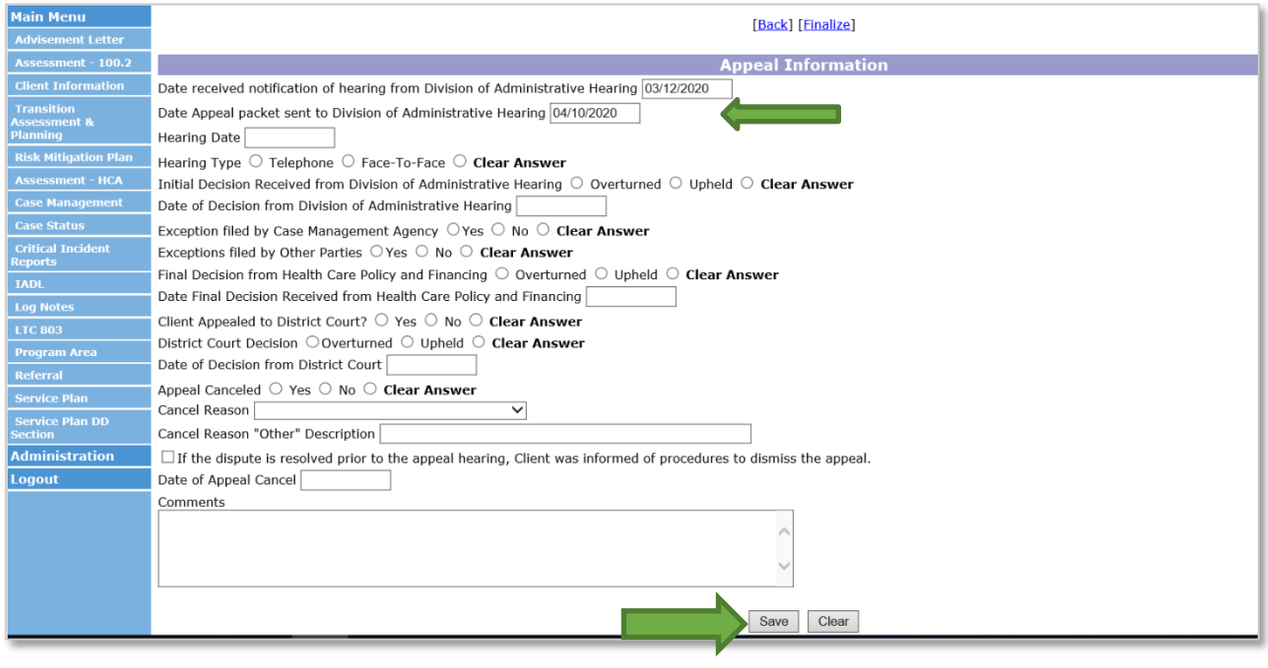


6. Add appeal record to SEP internal tracking. The appeal will then stay saved and in edit mode in the BUS when the Case Manager returns to the appeal tab.



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.

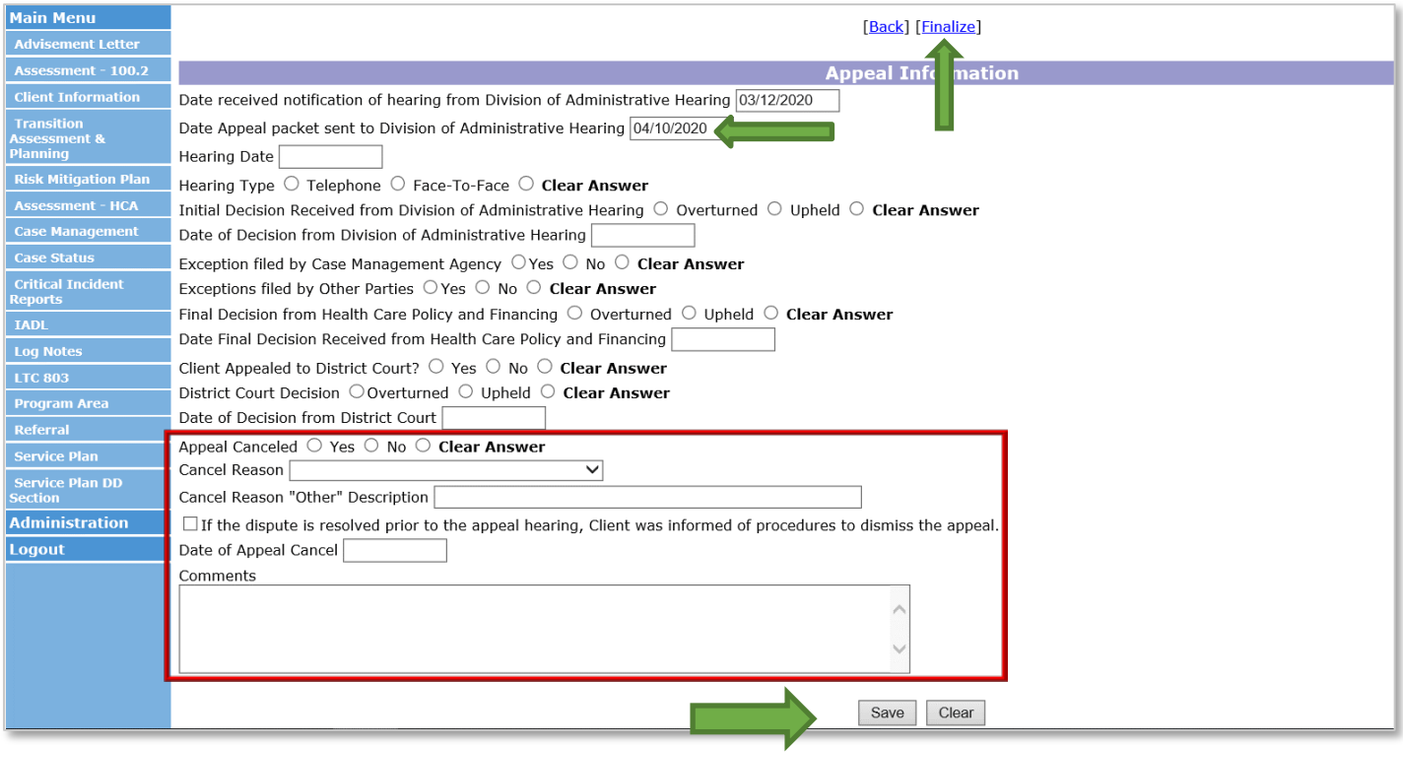
7. After the appeals packet is completed and officially sent to the Division of Appeals Court, the Case Manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action in the BUS and complete the field for “Date Appeal packet sent to Division of Administrative Hearing” 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.



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:

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



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 (11th) 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.

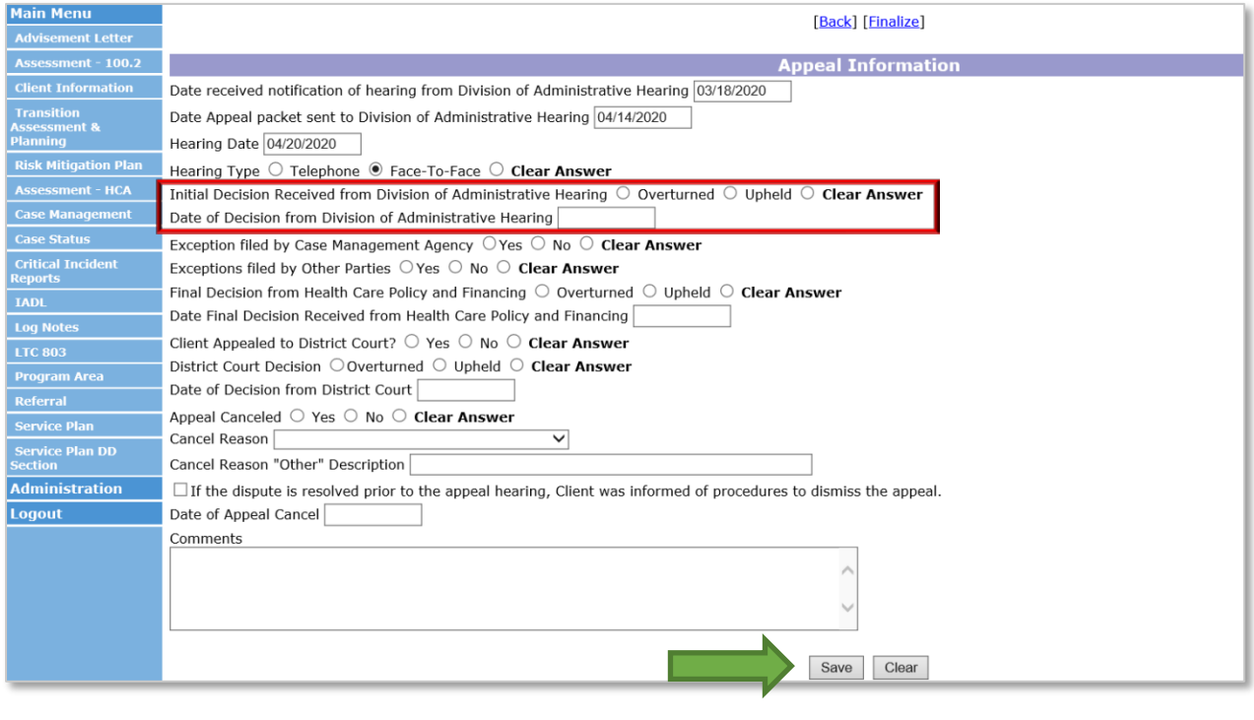
Payment for Attendance of Hearing will not be issued until there has been an initial decision received in writing by the SEP. Appeals-Attendance at Hearing payment will include all hearings that must be attended by the SEP in order for a final decision to be made. The SEP will not be reimbursed more 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.

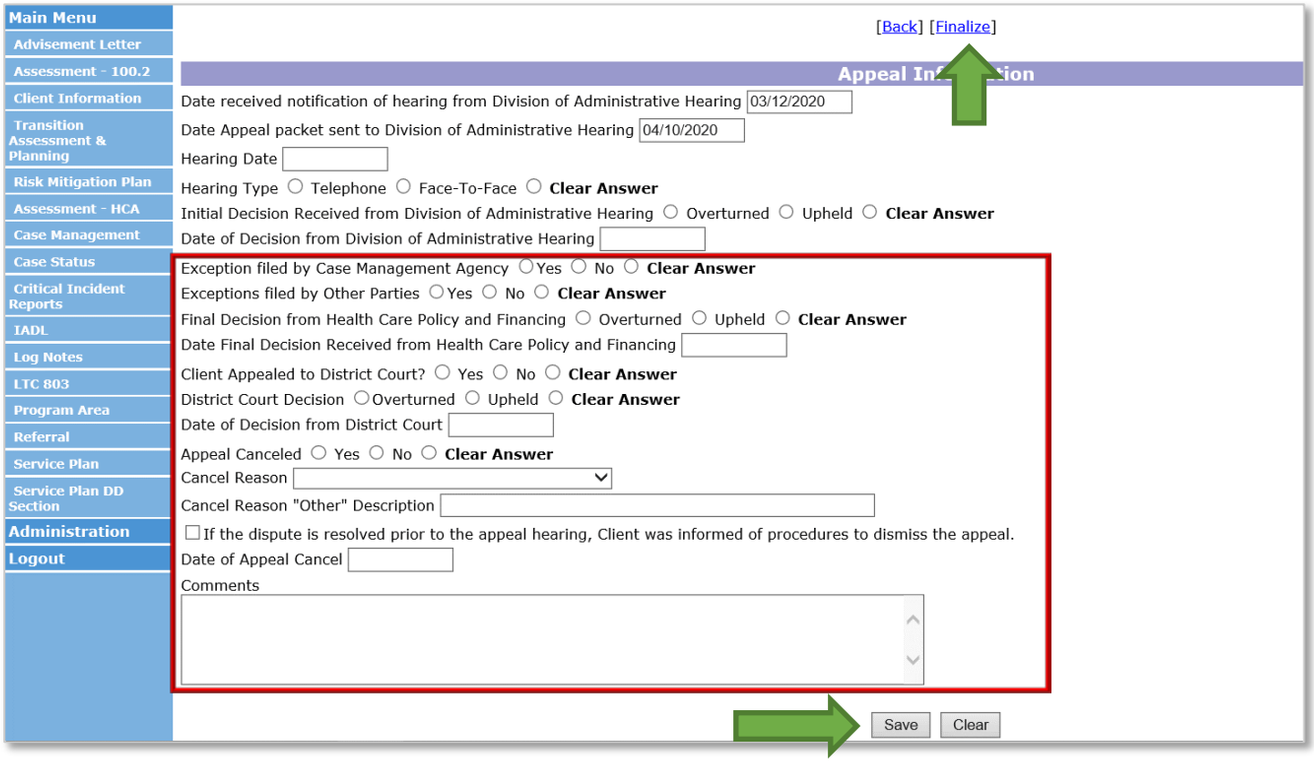
2. When the Initial Decision is received, the Case Manager will go back to the appeal tab for the corresponding 803 Long-Term Care Notice of Action and complete the following fields:

    - Initial Decision Received from Division of Administrative Hearing
    - Date of Decision from Division of Administrative Hearing, and
    - Click "Save".

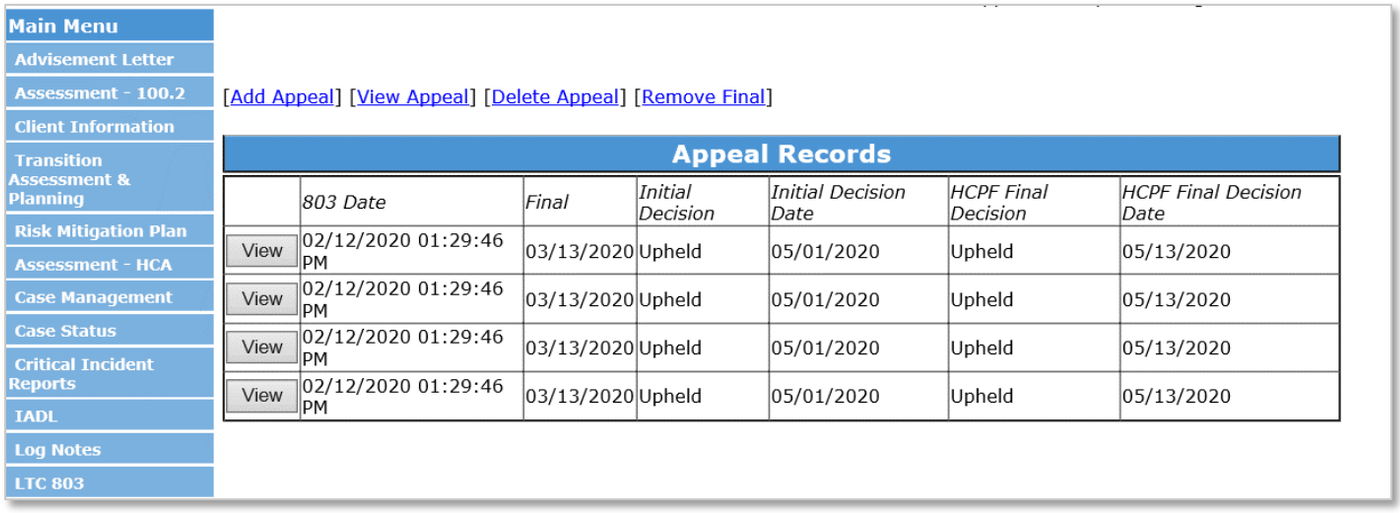
The Department will use these fields to generate the report for monthly reimbursement of Appeals-Attendance of Hearing.



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”.



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.



	803 Date	Final	Initial Decision	Initial Decision Date	HCPF Final Decision	HCPF Final Decision Date
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020
View	02/12/2020 01:29:46 PM	03/13/2020	Upheld	05/01/2020	Upheld	05/13/2020

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 (11th) 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 (10th) in order to be included on the Department data reports pulled on the eleventh (11th) 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.

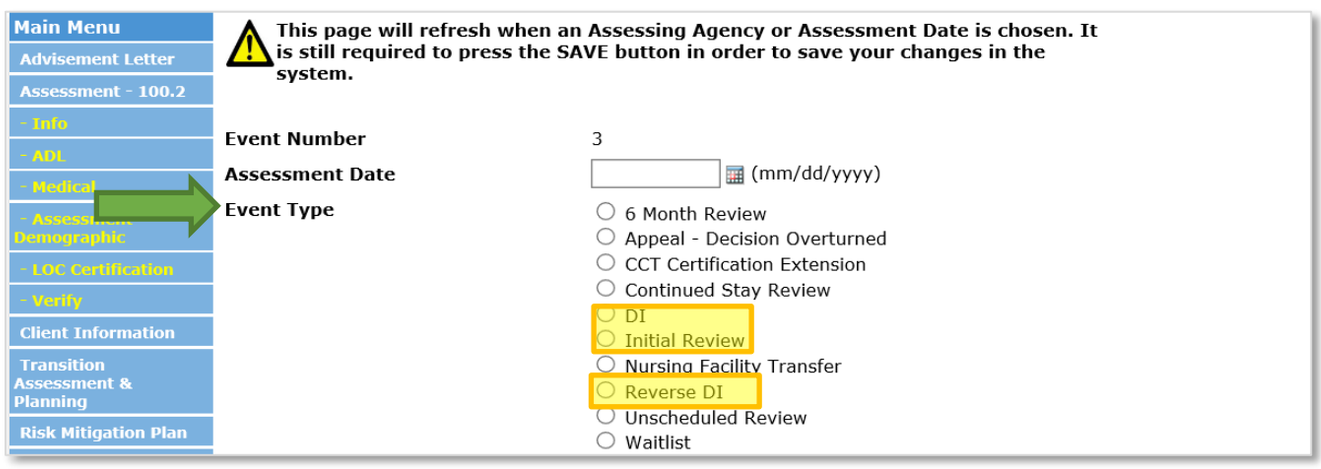
Assessments

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.*

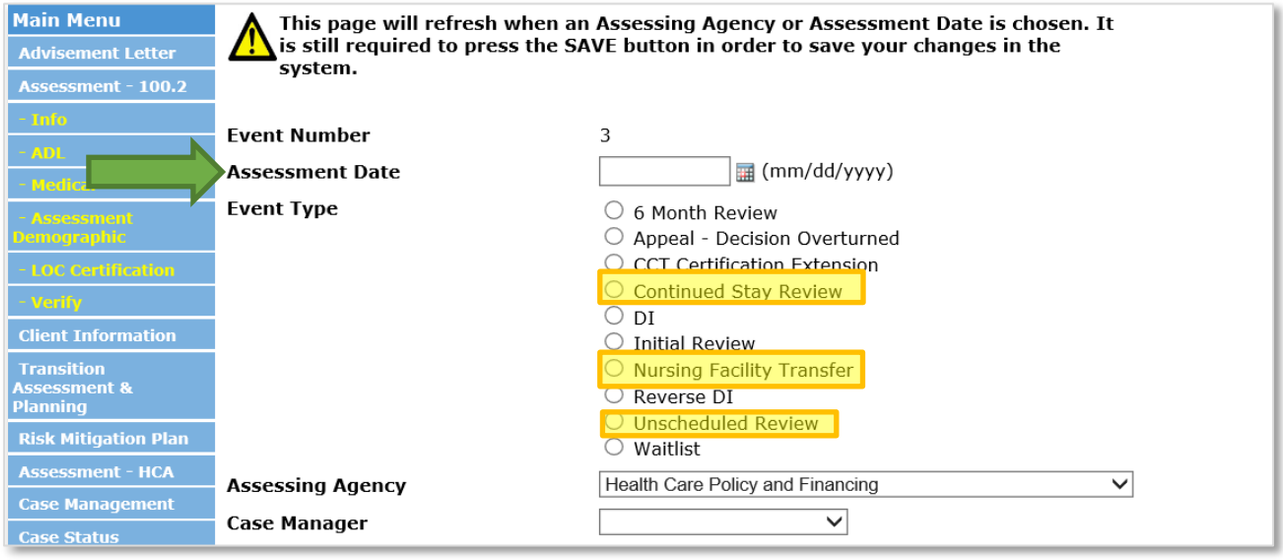
The reimbursement for assessments is provided at two different rates based on the assessment type: Initial Functional Eligibility and Continued Stay Review- Functional Eligibility (CSR). The assessment type is determined by the Event Type selected by the Case Manager during entry into the BUS.

Description of Assessment Types:

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

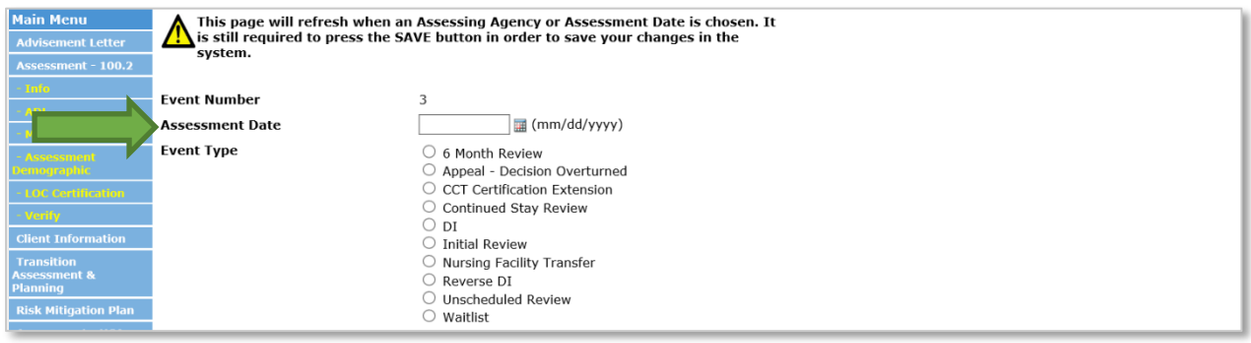


2. **Continued Stay Review - Functional Eligibility -** Continued Stay Review, Nursing Facility Transfer, Unscheduled Review. Continued Stay Review assessments are reimbursed per assessment.

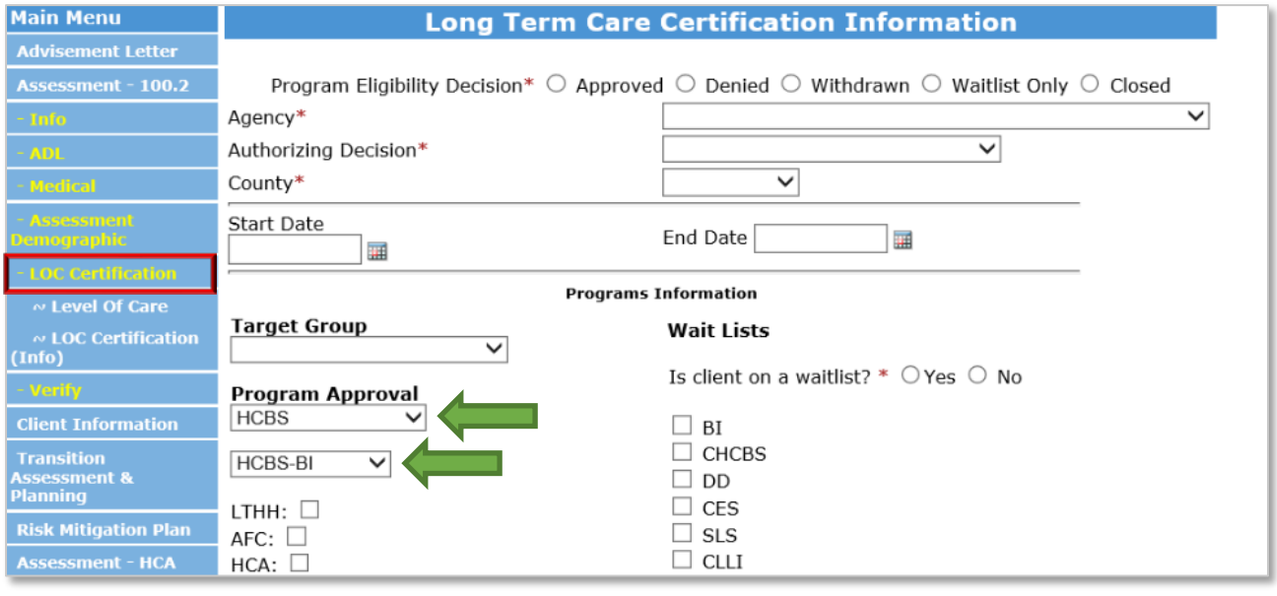


The SEP shall be eligible for reimbursement for conducting all Initial Functional Eligibility Assessments and Continued Stay Review – Functional Eligibility Assessments as identified in the SEP contract. To be eligible for reimbursement each assessment must have one of the previous pictured Event Types 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.



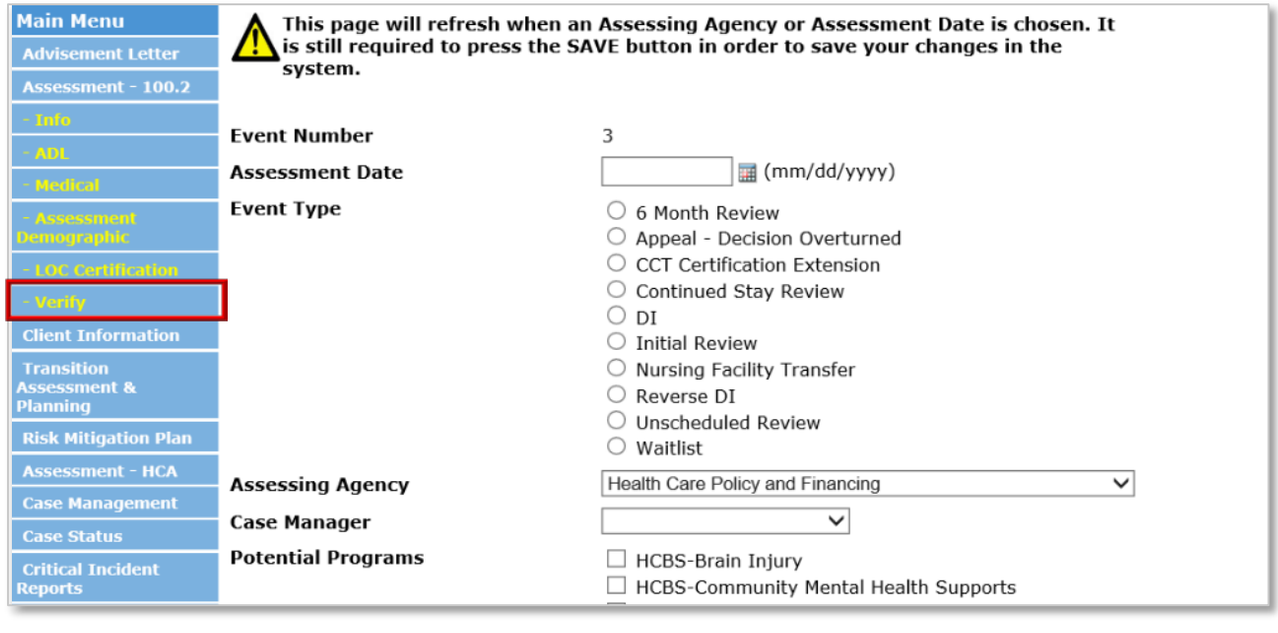
2. The Program Approval must have a selection from both drop down options in the “LOC Certification (Info)” tab.



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.

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



Initials Assessments and CSR Assessments Reimbursement

SEPs shall enter and verify all Initials and CSR Assessments in the BUS no later than the tenth (10th) in order to be included the Department data reports pulled on the eleventh (11th), 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:

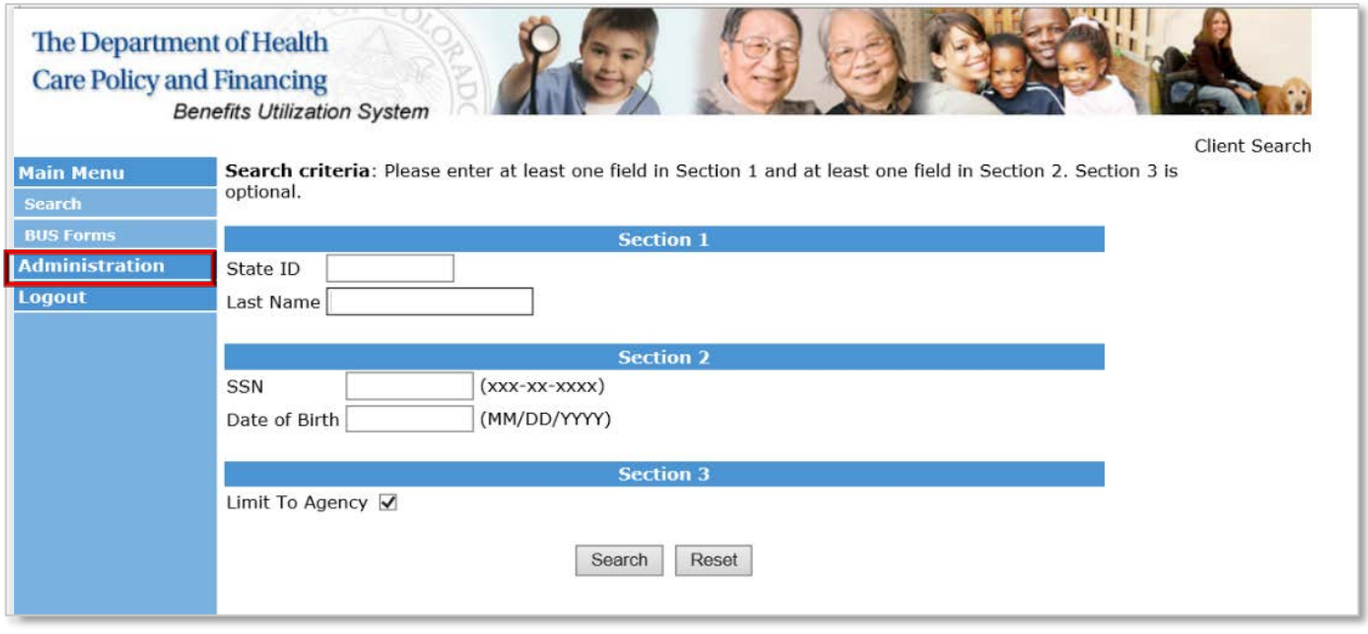
1. Assessment must be verified.
2. Assessments that are denied or withdrawn are eligible for reimbursement.
3. Assessments must be identified as either Initial Assessment or CSR Assessment to be eligible for reimbursement.
4. Assessments must be for HCBS Waivers and programs to be eligible for reimbursement:
    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.

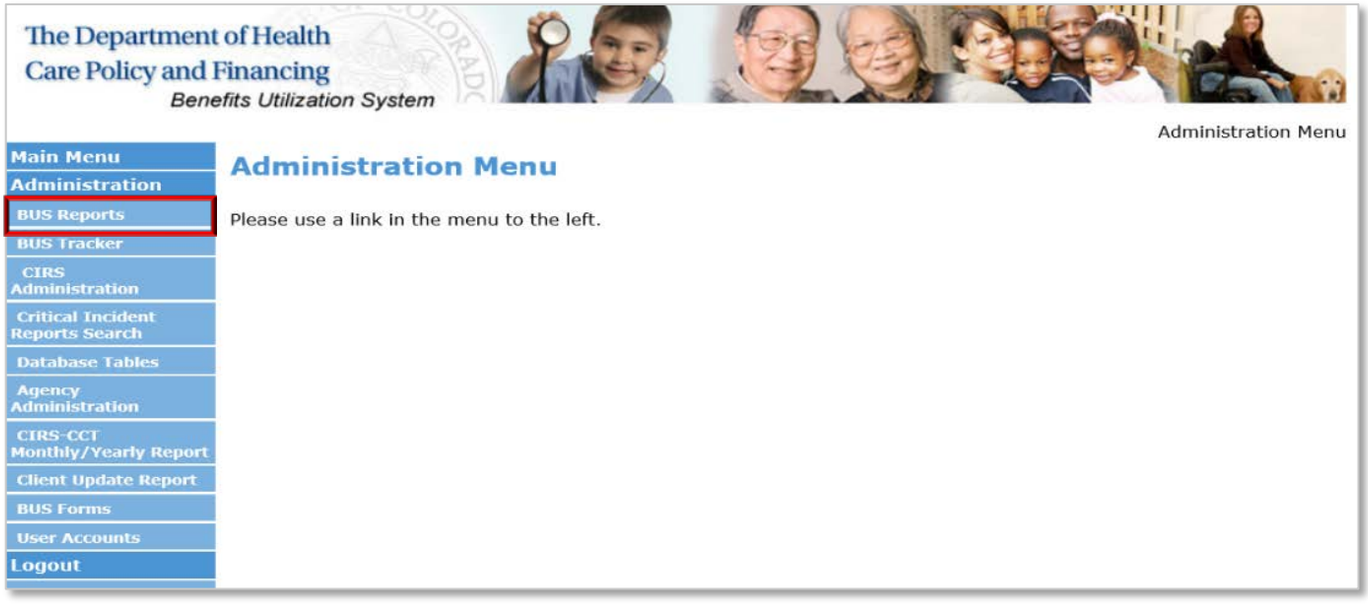
Assessment – Creating a Report in BUS

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.

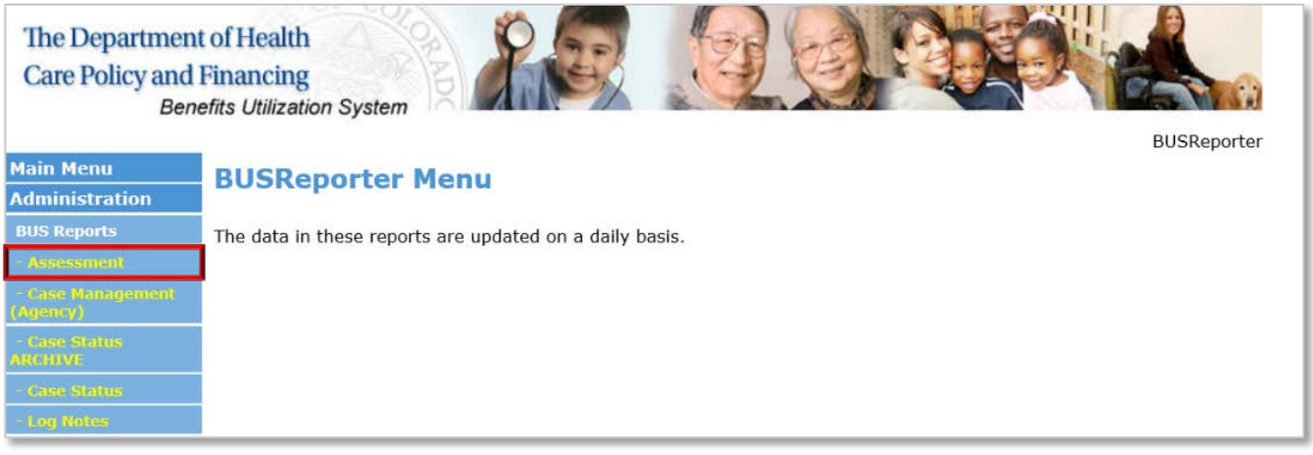
1. Click "Administration" tab.



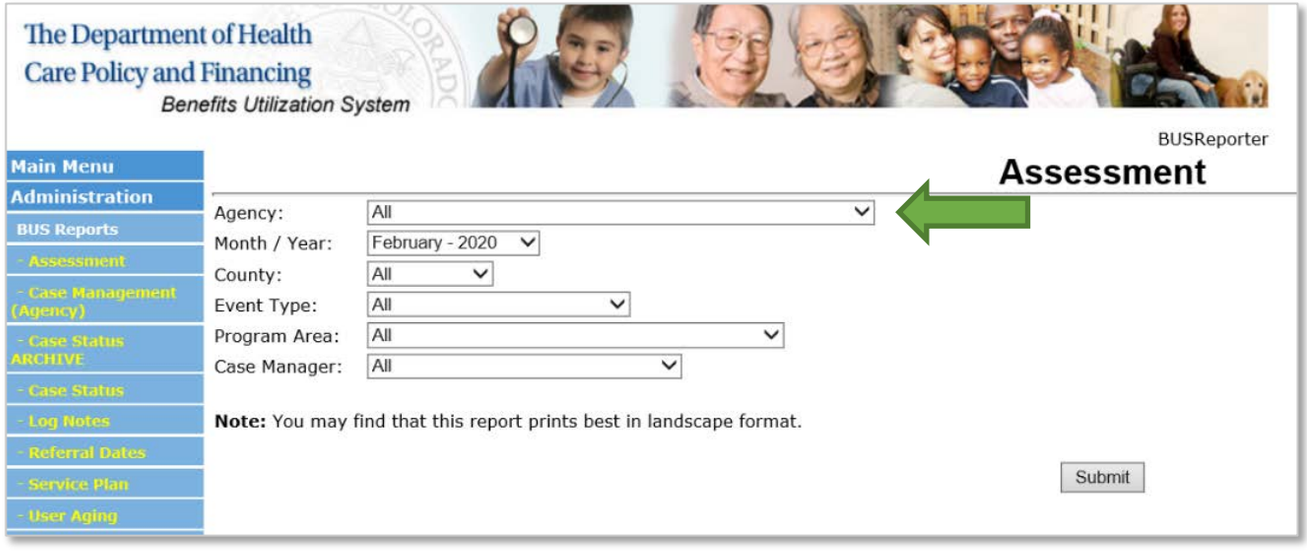
2. Click "BUS Reports" tab.



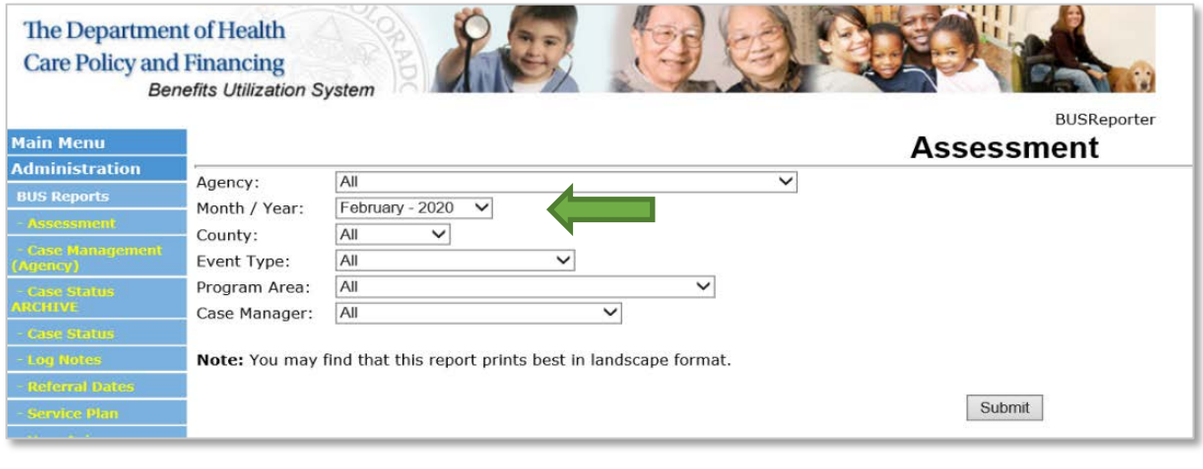
3. Click “Assessment” tab.



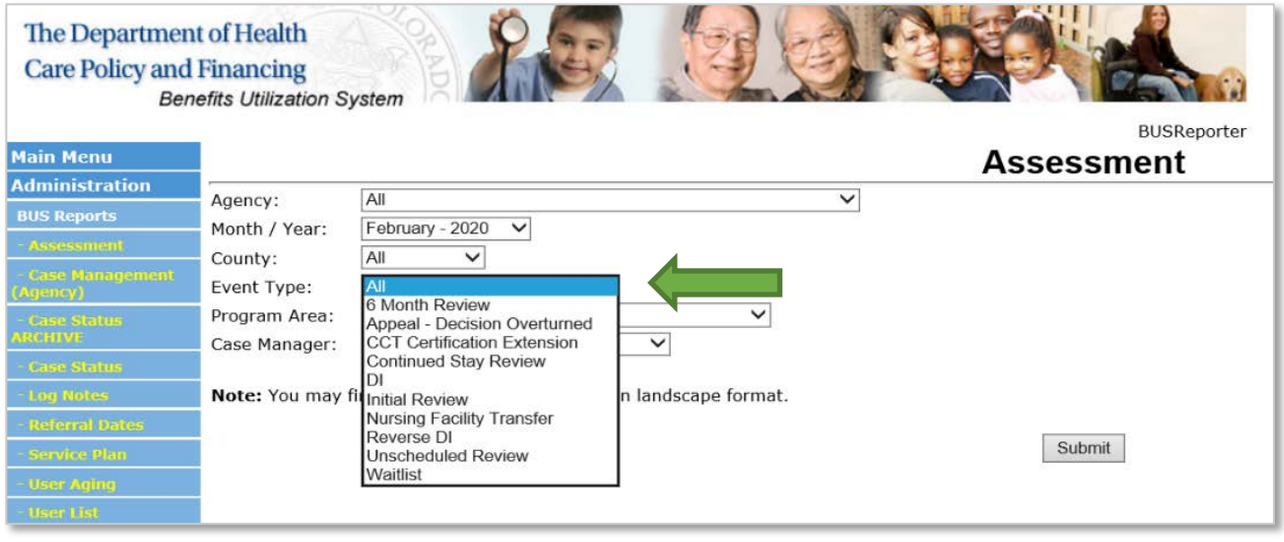
4. Agency - Select your agency.



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

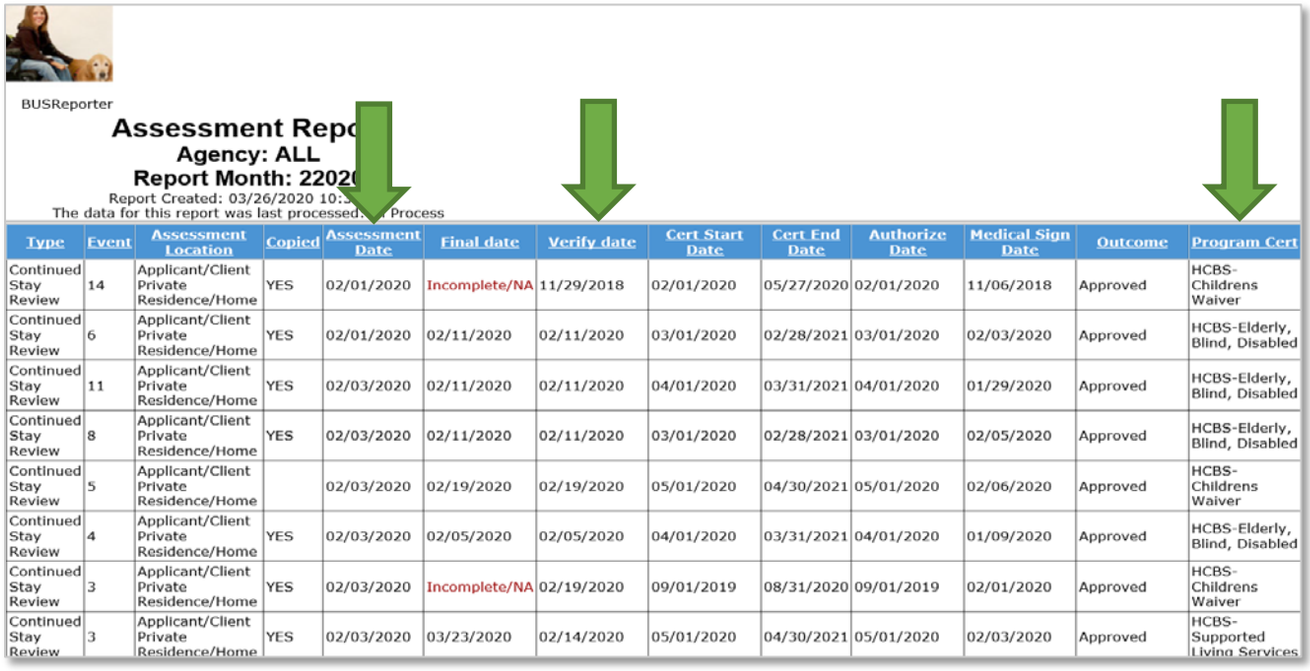


6. Event Type. This section allows reports to be created for specified event types. To create a report for a specified Event Type(s), highlight the chosen Event Type, for a search for all Event Types, select All.



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.



BUSReporter

Assessment Repo
Agency: ALL
Report Month: 2202
Report Created: 03/26/2020 10:
The data for this report was last processed: Process

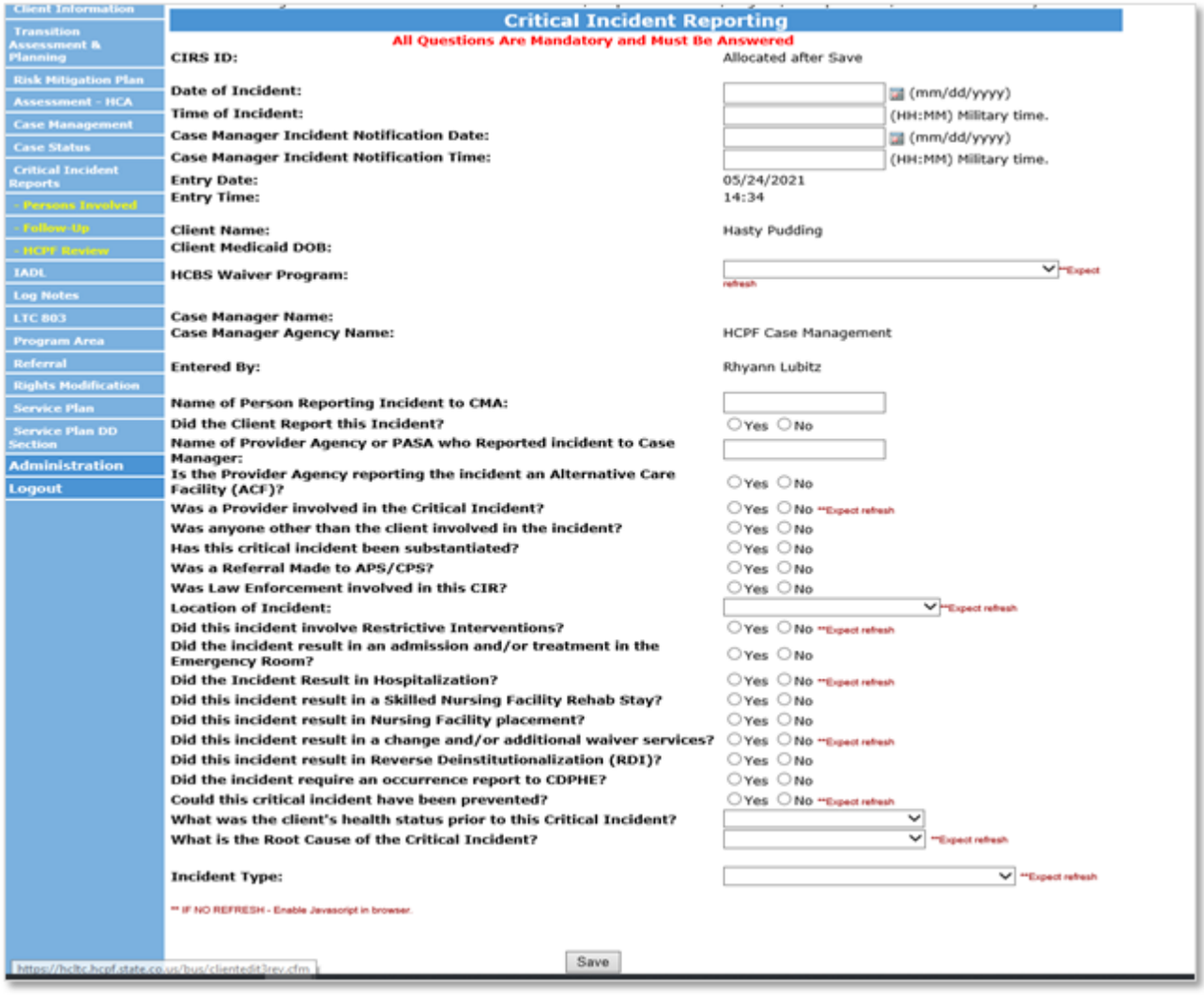
Type	Event	Assessment Location	Copied	Assessment Date	Final date	Verify date	Cert Start Date	Cert End Date	Authorize Date	Medical Sign Date	Outcome	Program Cert
Continued Stay Review	14	Applicant/Client Private Residence/Home	YES	02/01/2020	Incomplete/NA	11/29/2018	02/01/2020	05/27/2020	02/01/2020	11/06/2018	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.

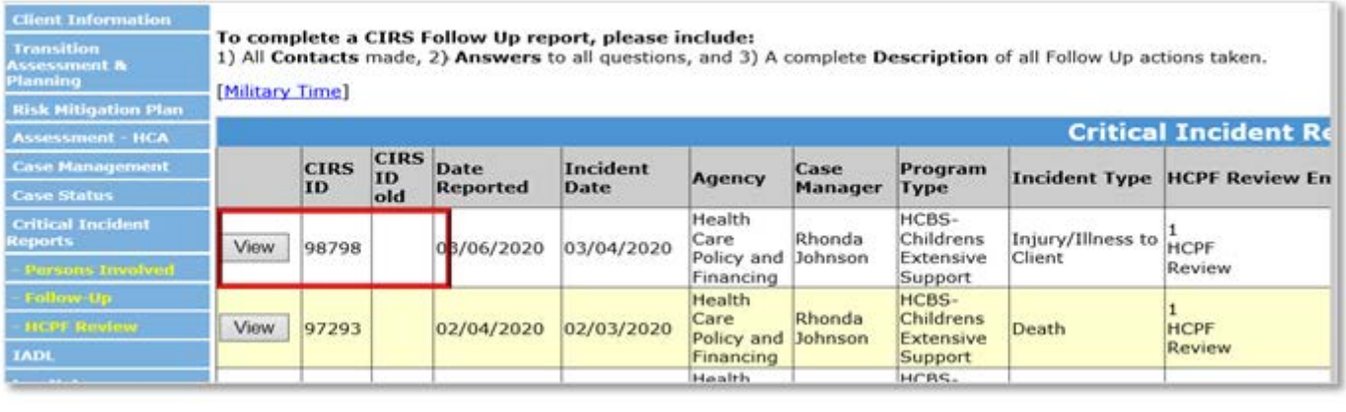
Critical Incident Reports (CIRS)

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.

1. **All questions are mandatory** and must be answered.



2. Once all information is entered, "Save CIR" and a CIRs ID will be generated.



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

Please refer to the Department training site on Critical Incident Reporting for any further clarification: 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.

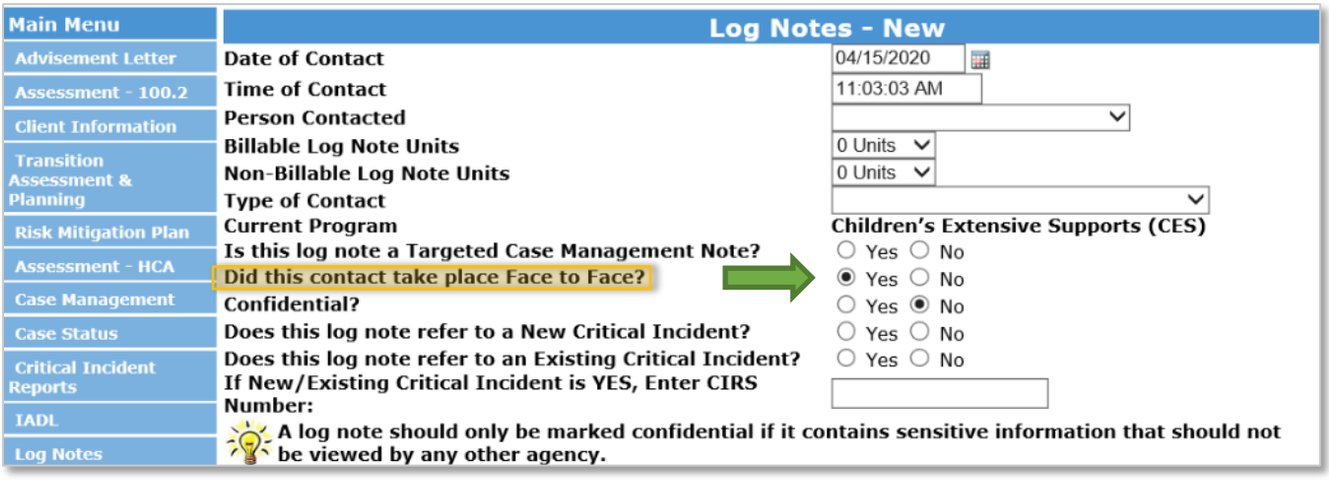
If the SEP does not agree with the Department's calculations, the SEP must notify the Department in writing within ten (10) business days of receiving the payment summary. The Department will request supporting documentation and will determine if the performance standard was met based on the information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

In-Person Monitoring

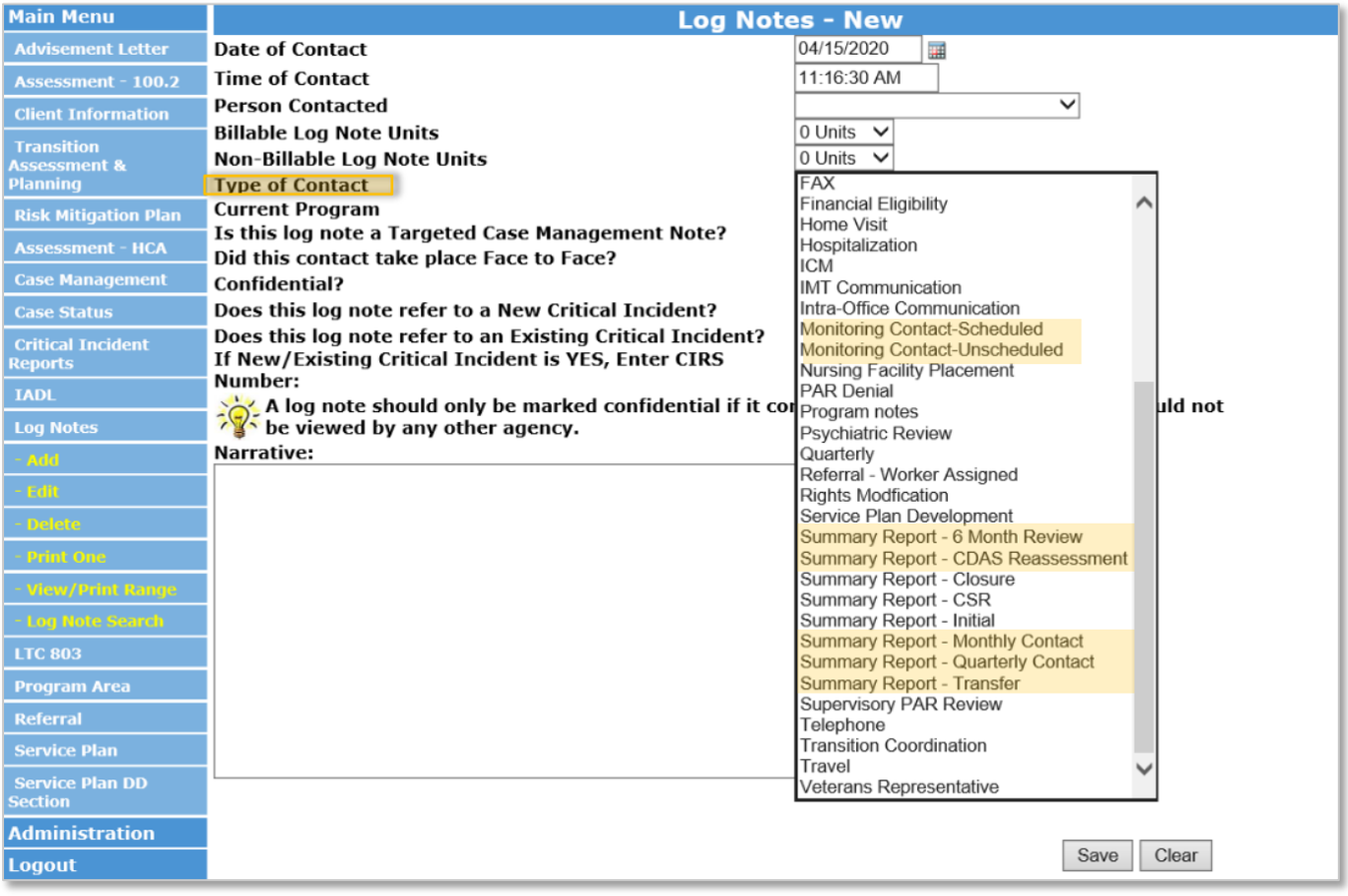
SEP's shall conduct In-Person Monitoring visit at least one time, and no more than two times during the Support Plan year and must adhere to all requirements indicated in the SEP contract. SEPs shall be eligible for reimbursement for each completed In-Person Monitoring visit. A monitoring visit is not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



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



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 form the BUS on the eleventh (11th) 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.

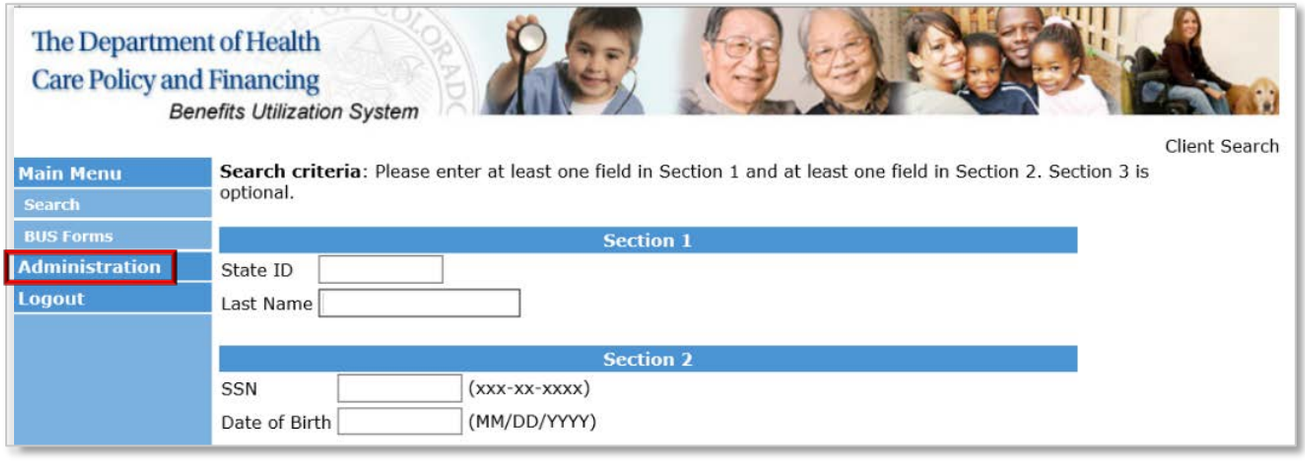
SEP's will need to submit a payment correction in the event that a member is not included on payment.

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 (1st) In-Person Monitoring as required in SEP Contract, and all members are eligible to receive a second (2nd) 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

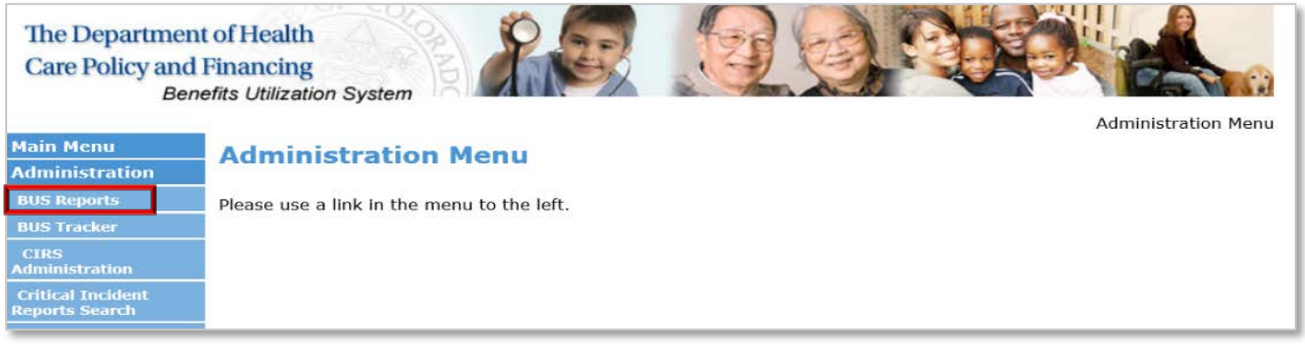
In-Person Monitoring – Creating Report in BUS

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.

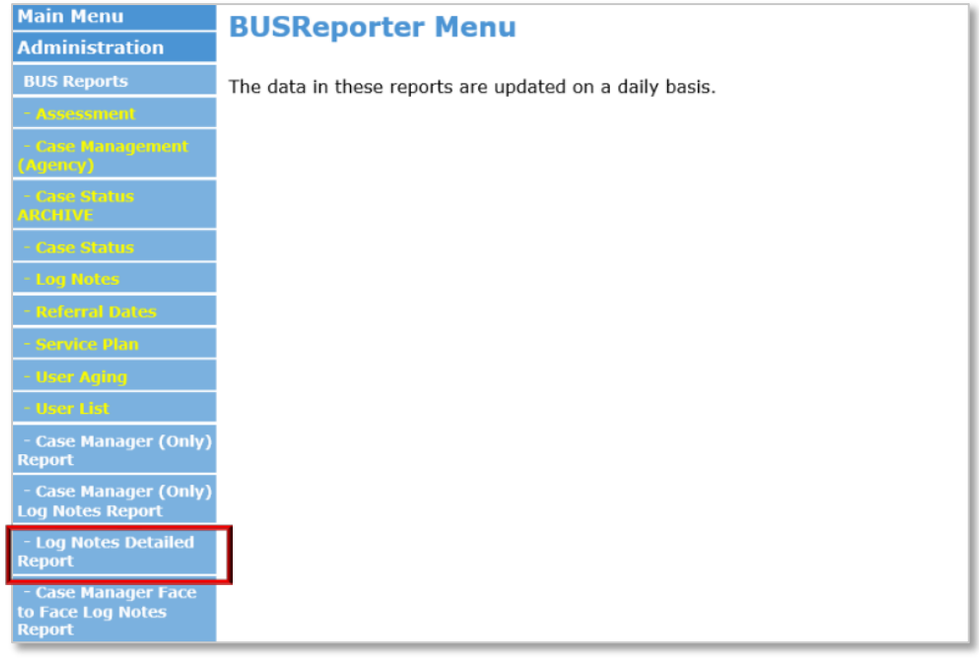
1. Click on “Administration” tab.



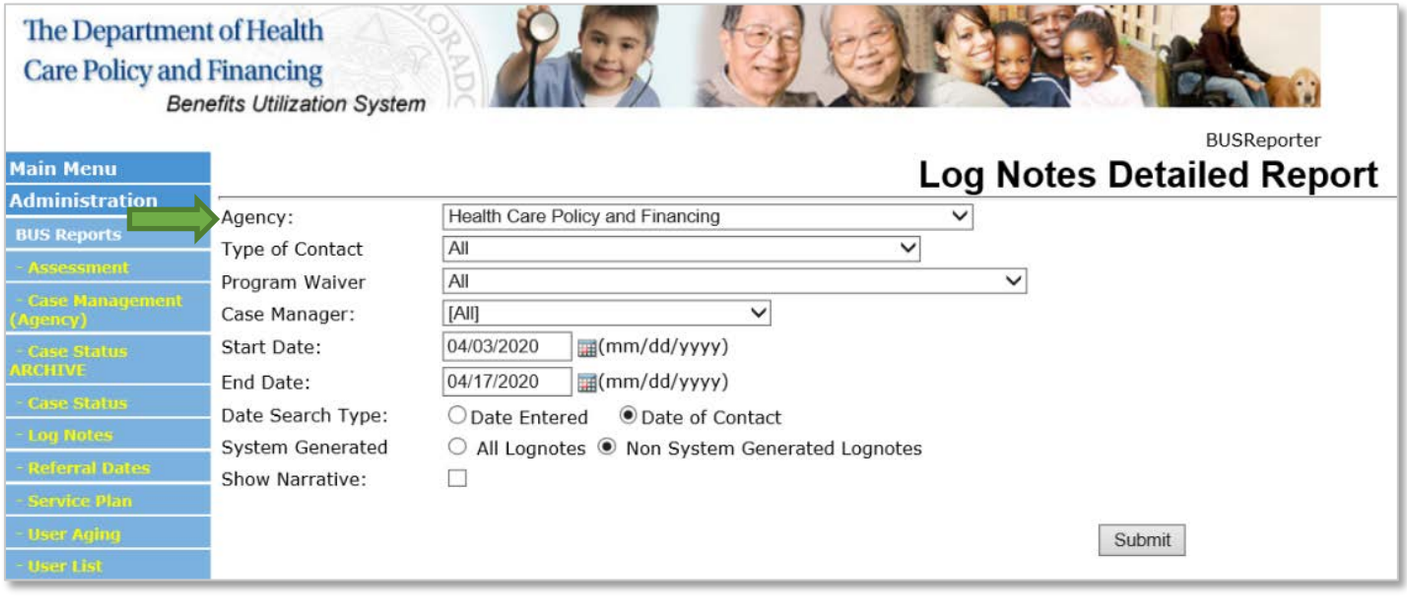
2. Click on “Bus Reports” tab



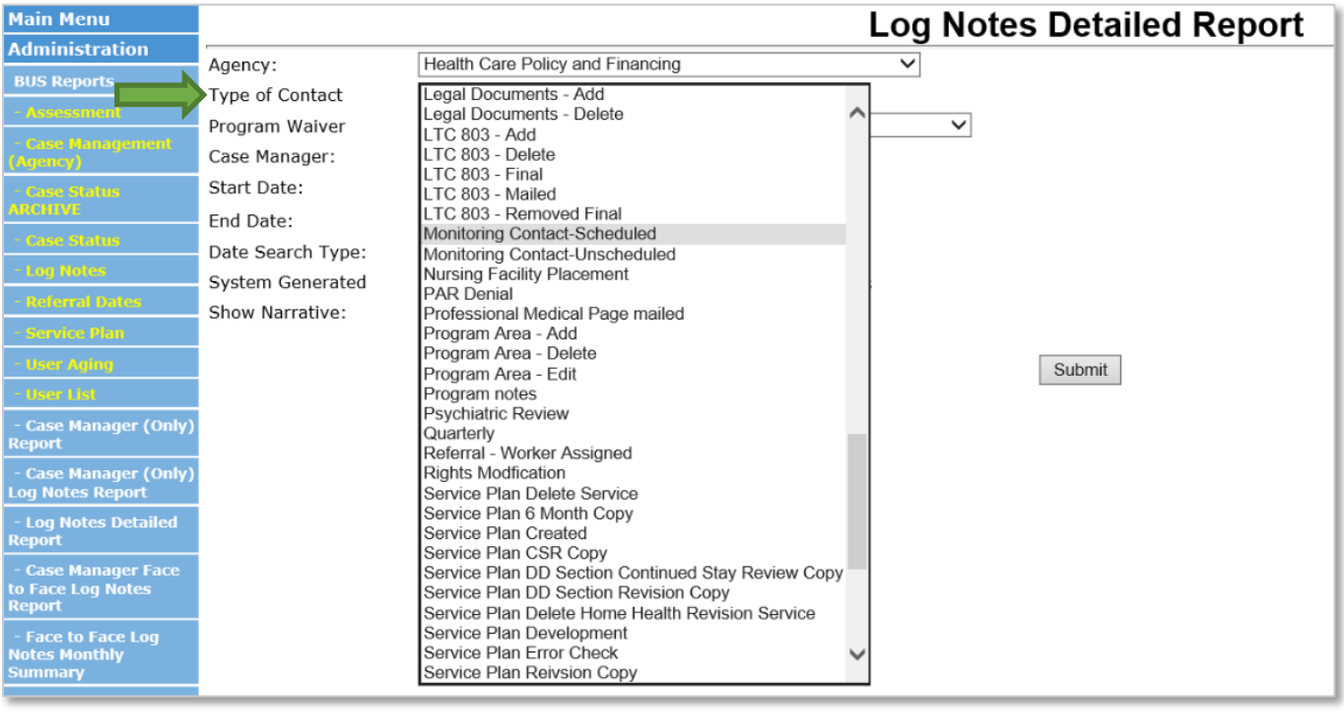
3. Click on “Log Notes Detailed Report” tab



4. Agency - Select your agency.

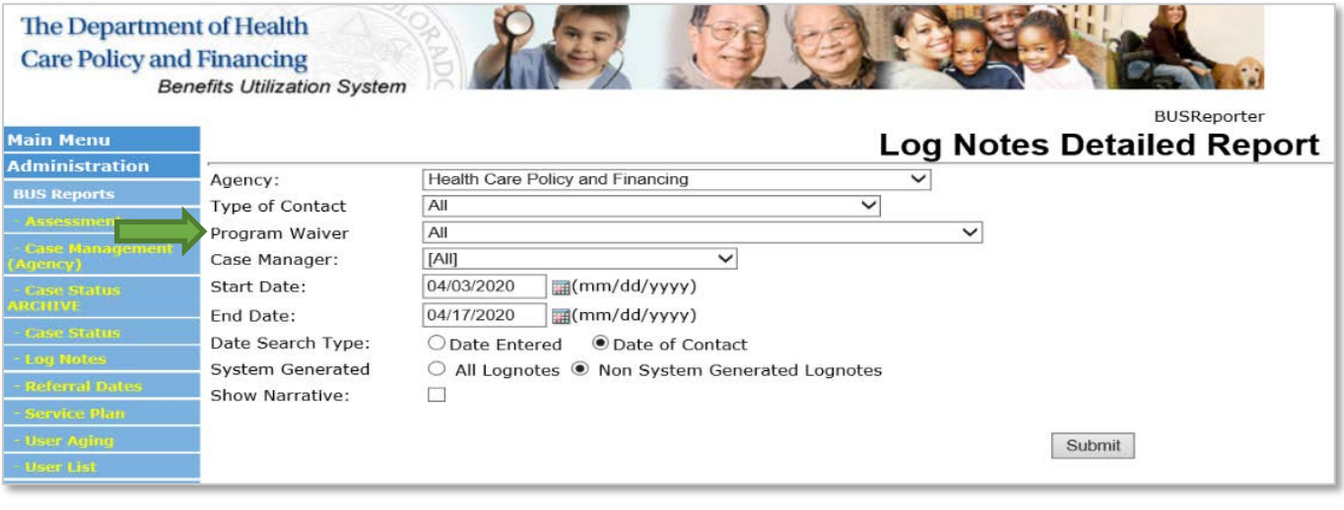


5. Type of Contact - Select desired monitoring contact.

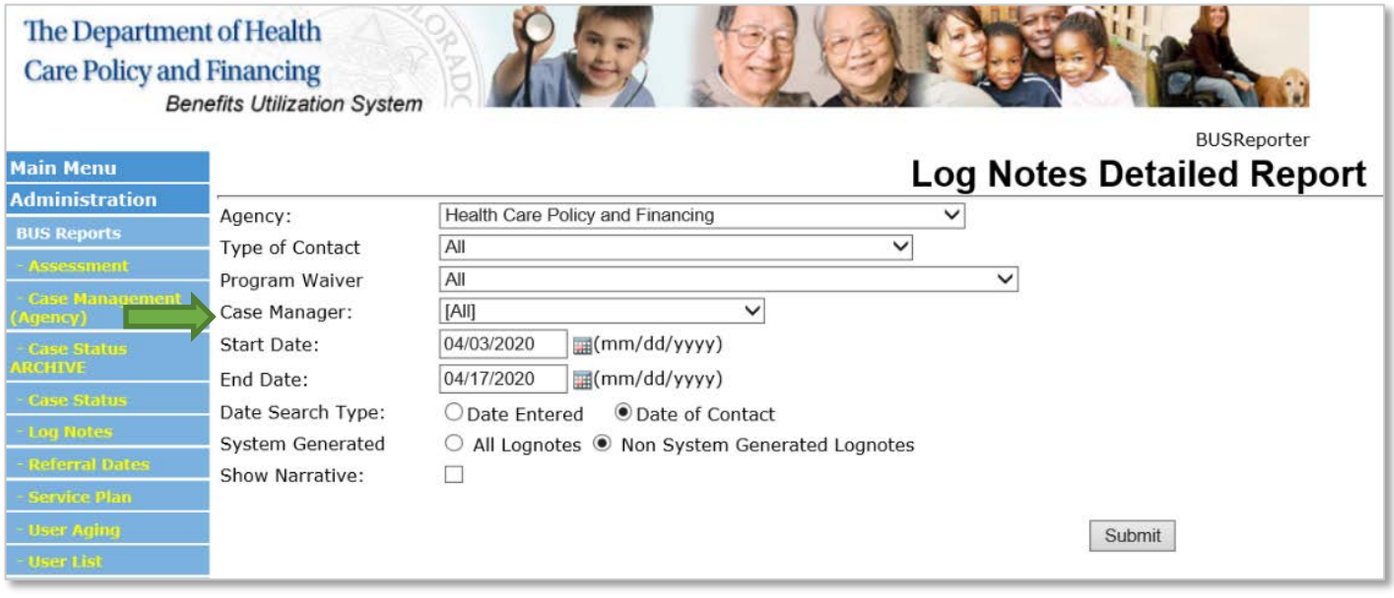


A separate report will need to be pulled for each of the seven (7) monitoring contacts eligible for reimbursement: (1) Monitoring Contact-Scheduled, (2) Monitoring Contact- Unscheduled, (3) Summary Report- 6 Month Review, (4) Summary Report- CDAS Reassessment, (5) Summary Report- Monthly Contact, (6)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

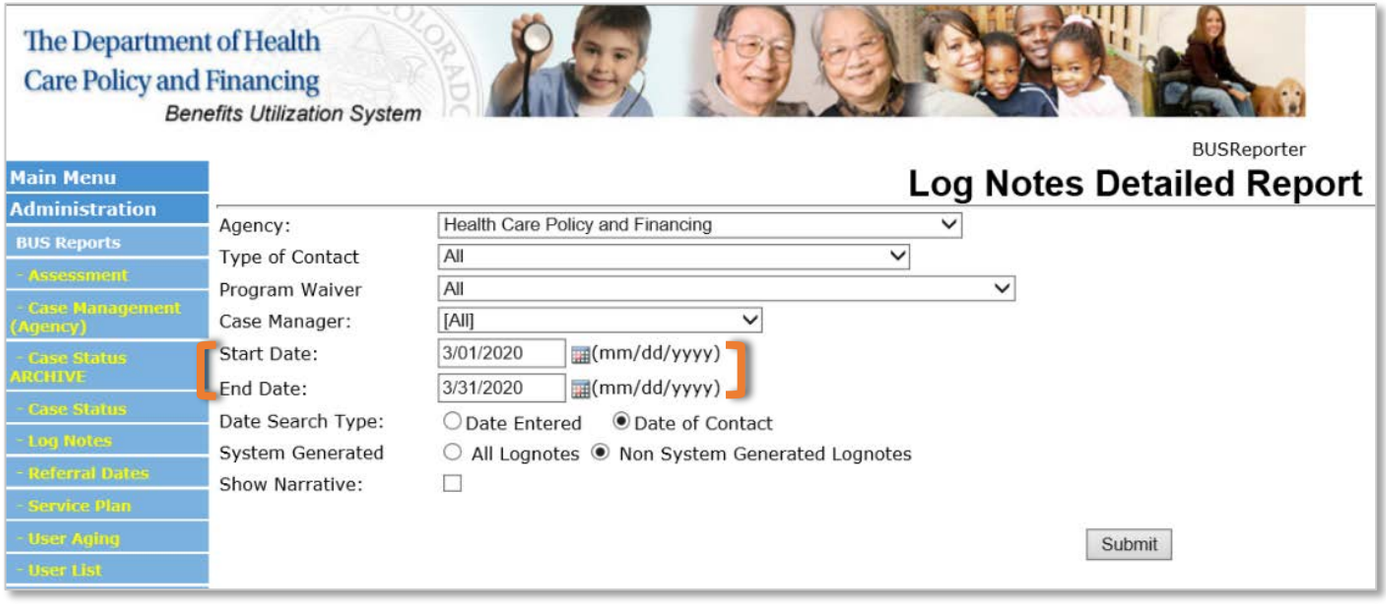
6. Program Waiver - Select All



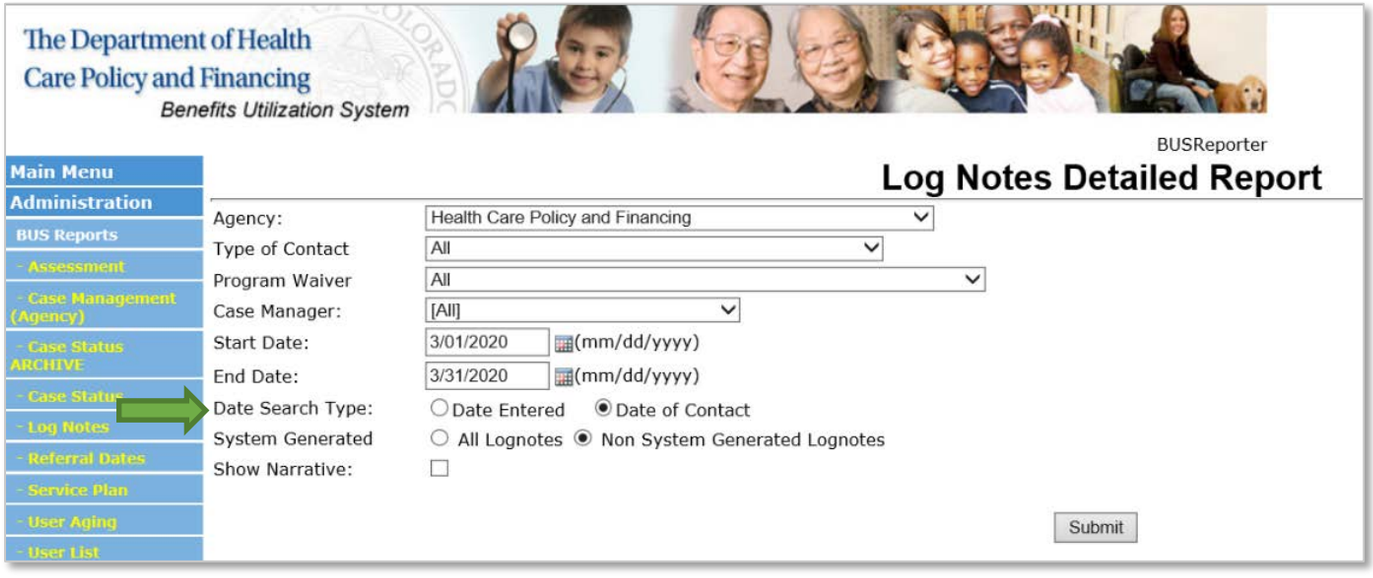
7. Case Manager - Select [All].



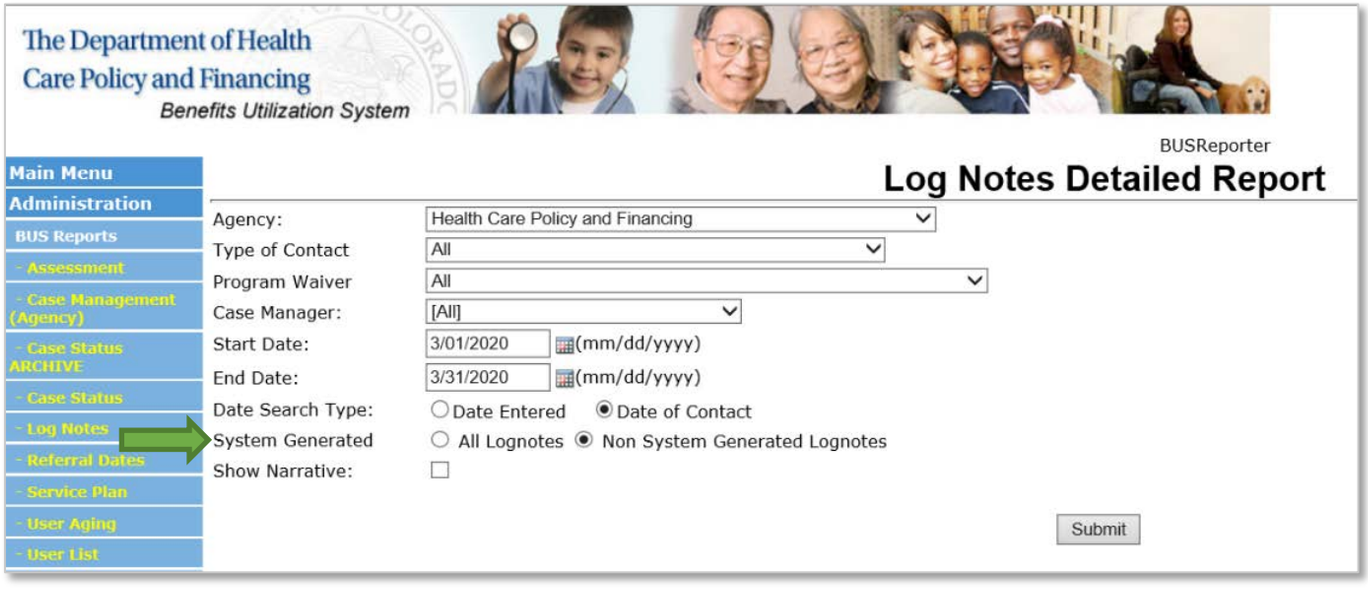
8. Enter date range for desired month.



9. Date Search Type - Select “Date of Contact”.



10. System Generated - Select “Non System Generated Log notes”.



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.

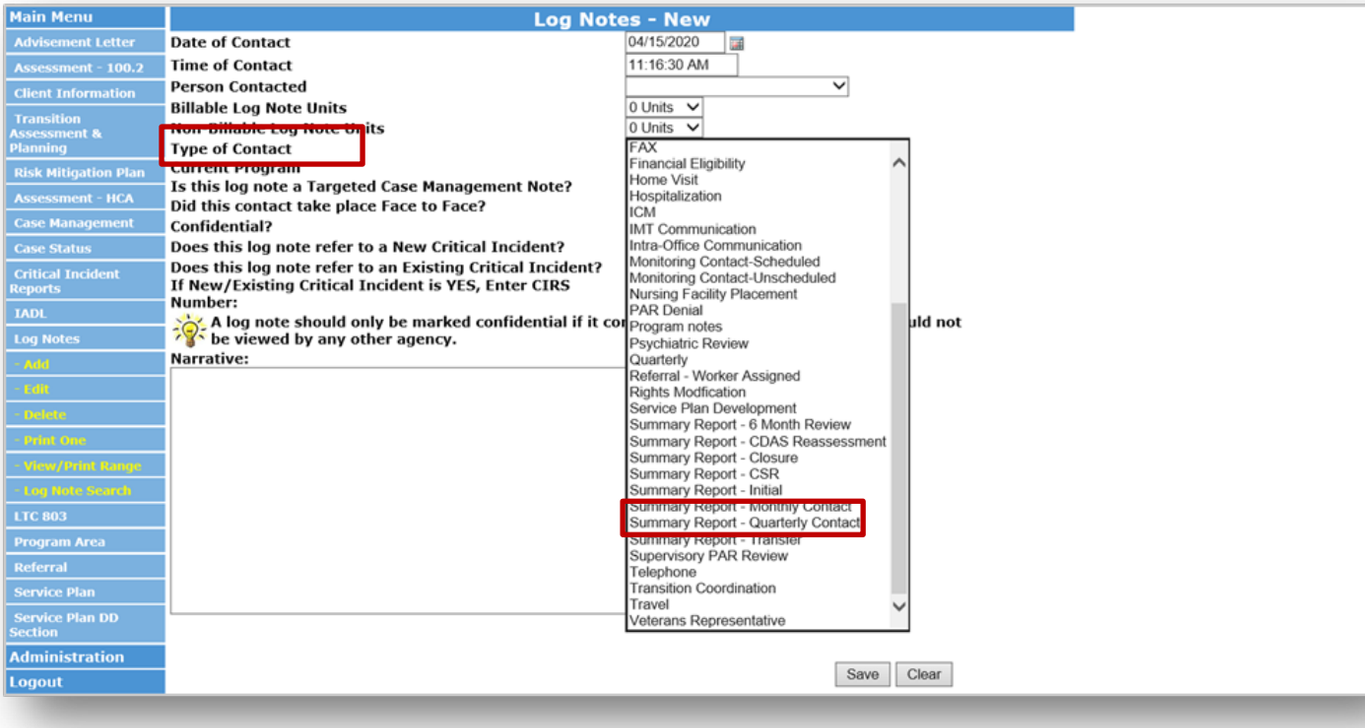
Log Notes Detailed Report
Agency: Health Care Policy and Financing
Case Manager Name: [All]
Report Created: 04/17/2020 4:12 PM
Contact Date: from 02/01/2020 to 04/16/2020
Units entered prior to the log note report update on 08/31/2018, are under non-billable units.

	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
View	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
View	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
View	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
View	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
View	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
View	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
View	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
View	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

Printable View | Export to Excel

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.



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:

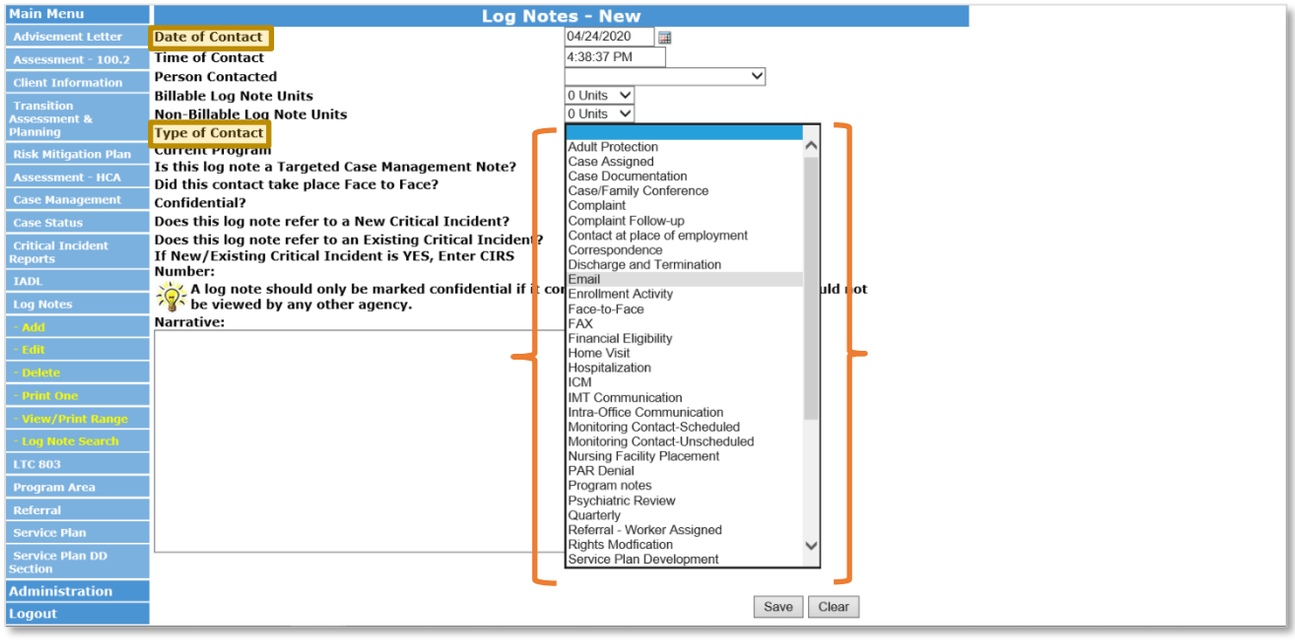
(1) A Non System Generated log note in the BUS

(2) Prior Authorization Request (PAR) in Approved status in Interchange (Bridge),

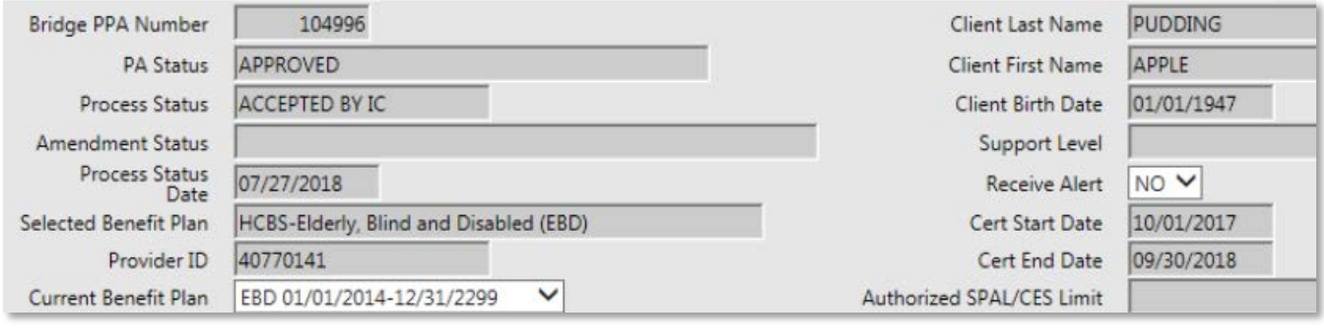
(3) The member must also be financially eligible and coded for their waiver program in the Colorado Benefits Management System and interChange (Bridge).

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 (10th) in order to be included on the Department data report pulls on the eleventh (11th) 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).

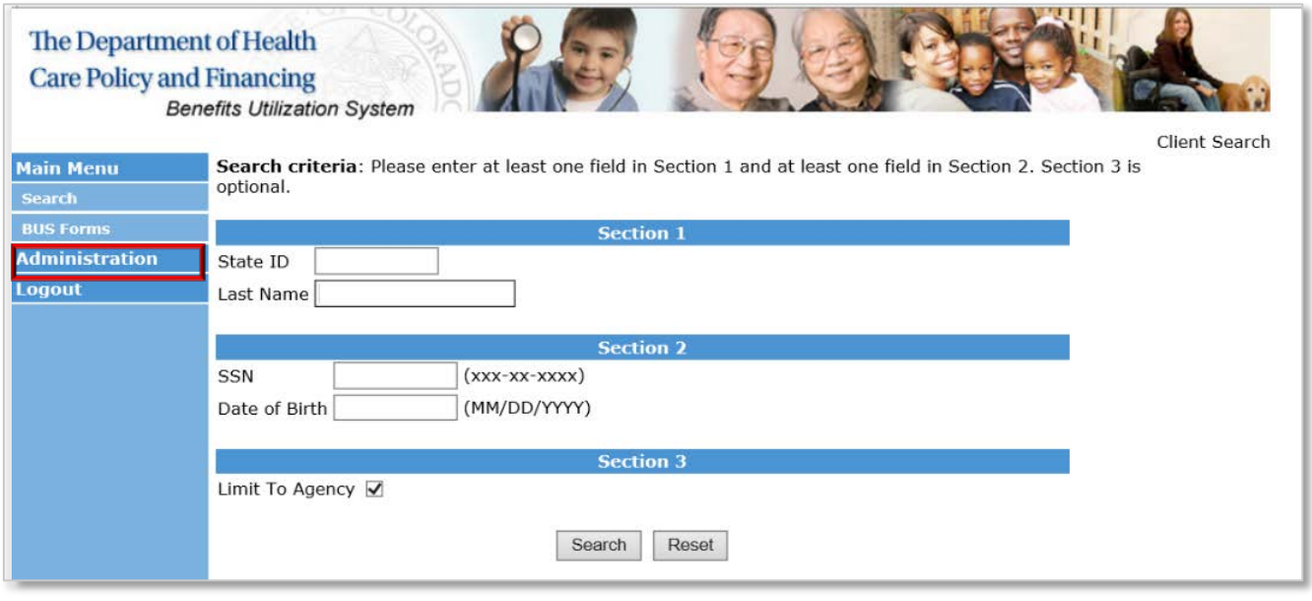
A member must meet all three criteria listed above as of the tenth (10th) of following month to be eligible for reimbursement.

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

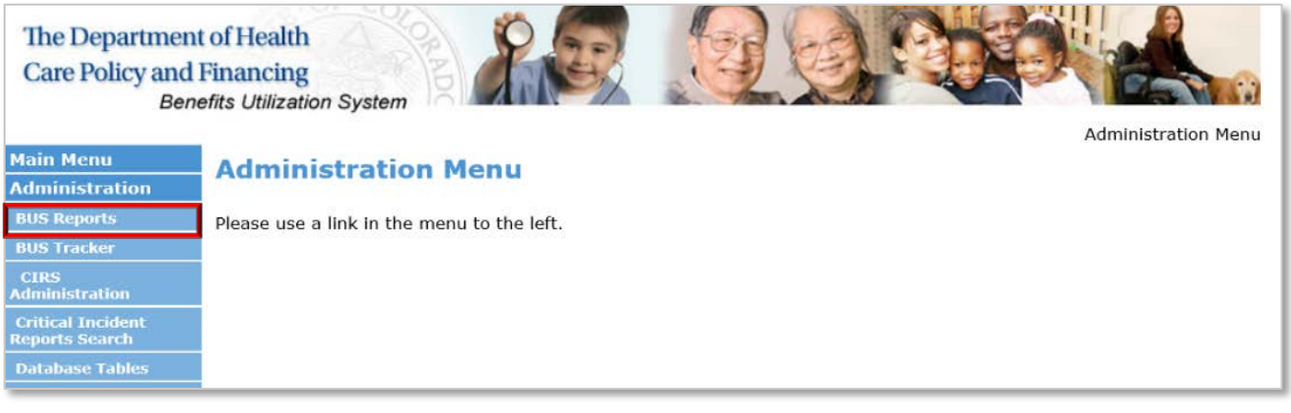
On-Going Case Management - Creating Reports

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

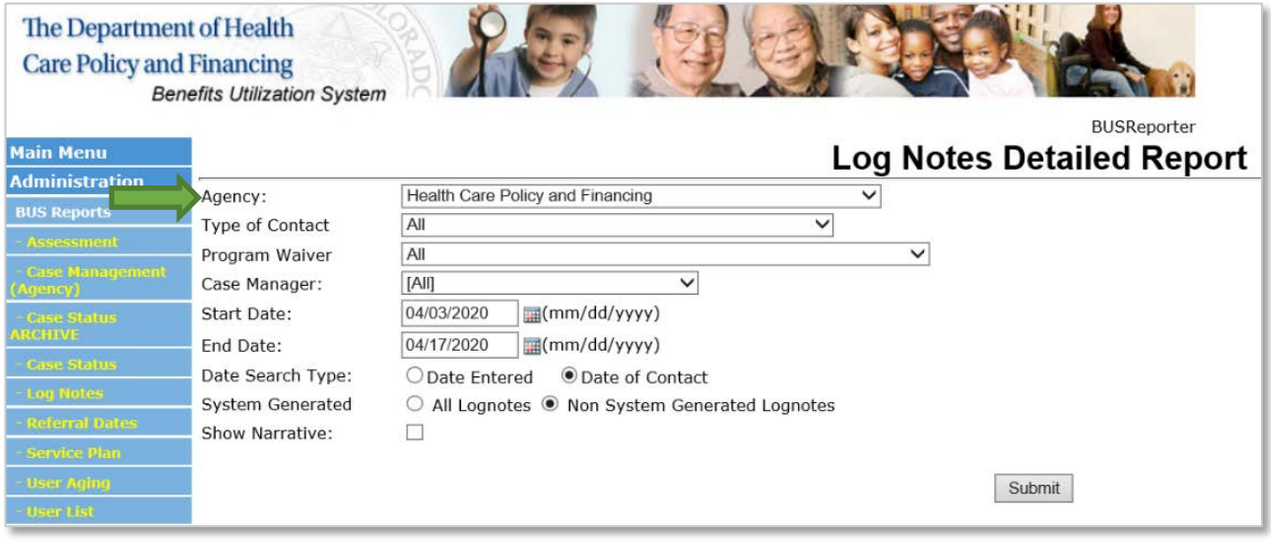


2. Click “Bus Reports” Tab

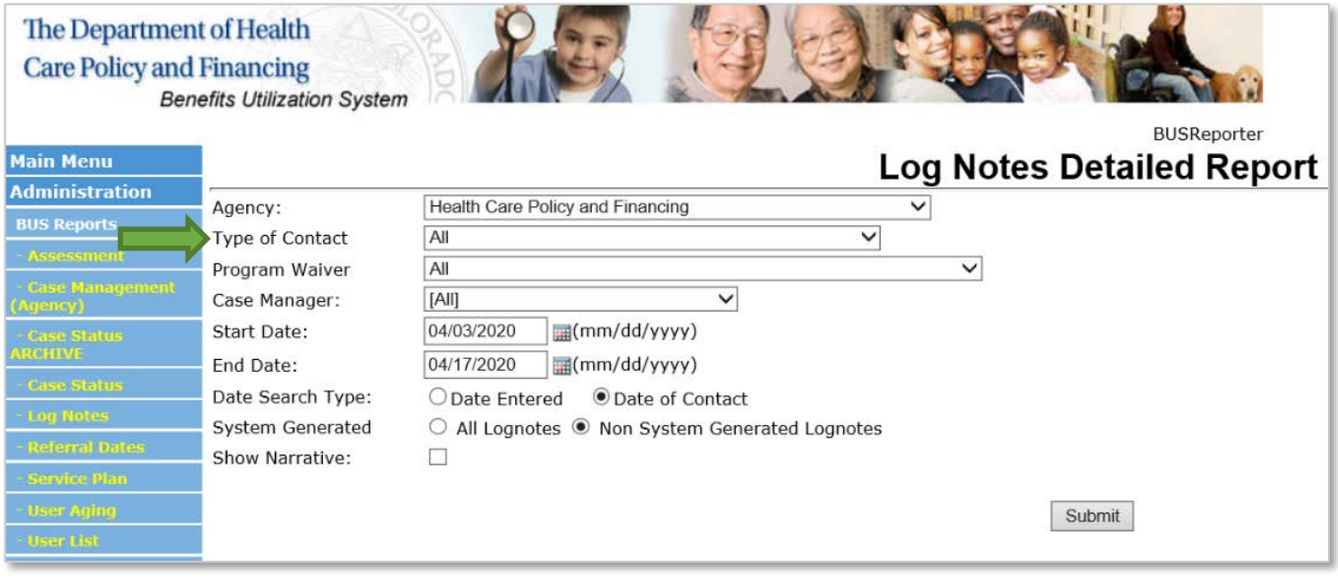


3. Click “Log Notes Detailed Reports” Tab

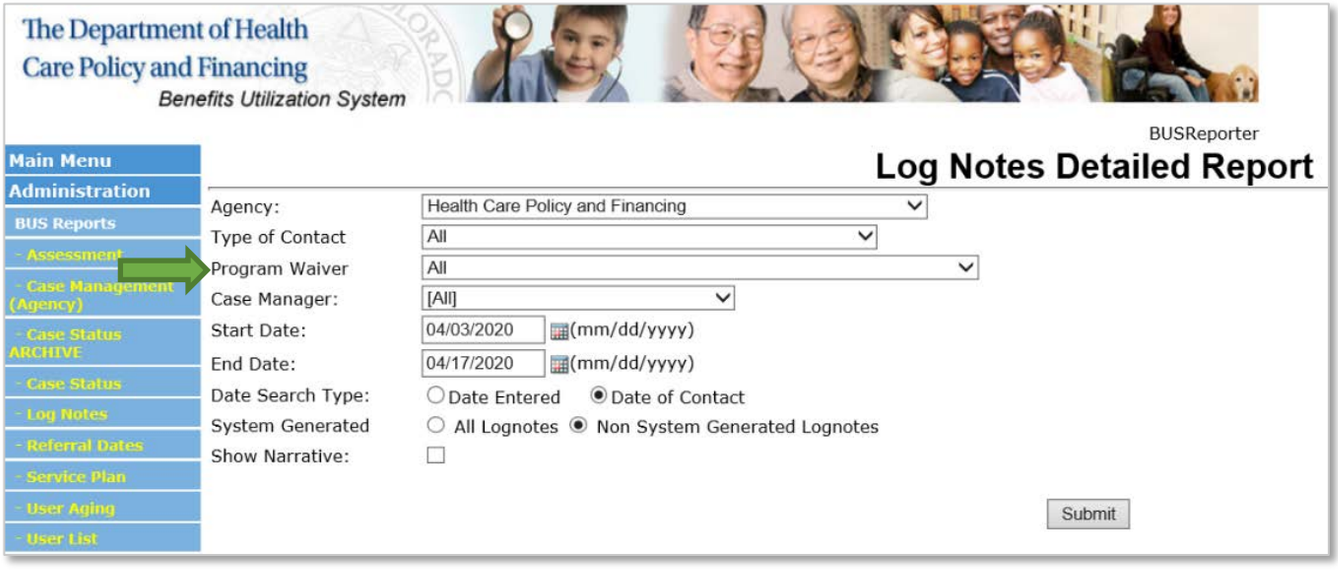
4. Agency - Select Your Agency



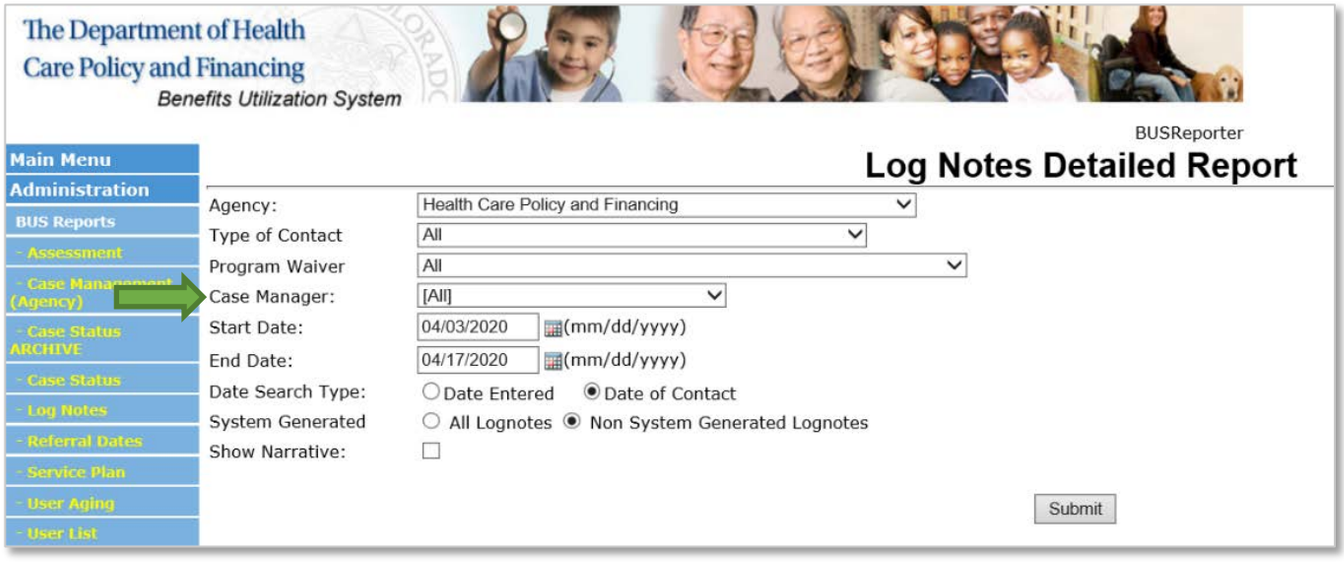
5. Type of Contact - Select All



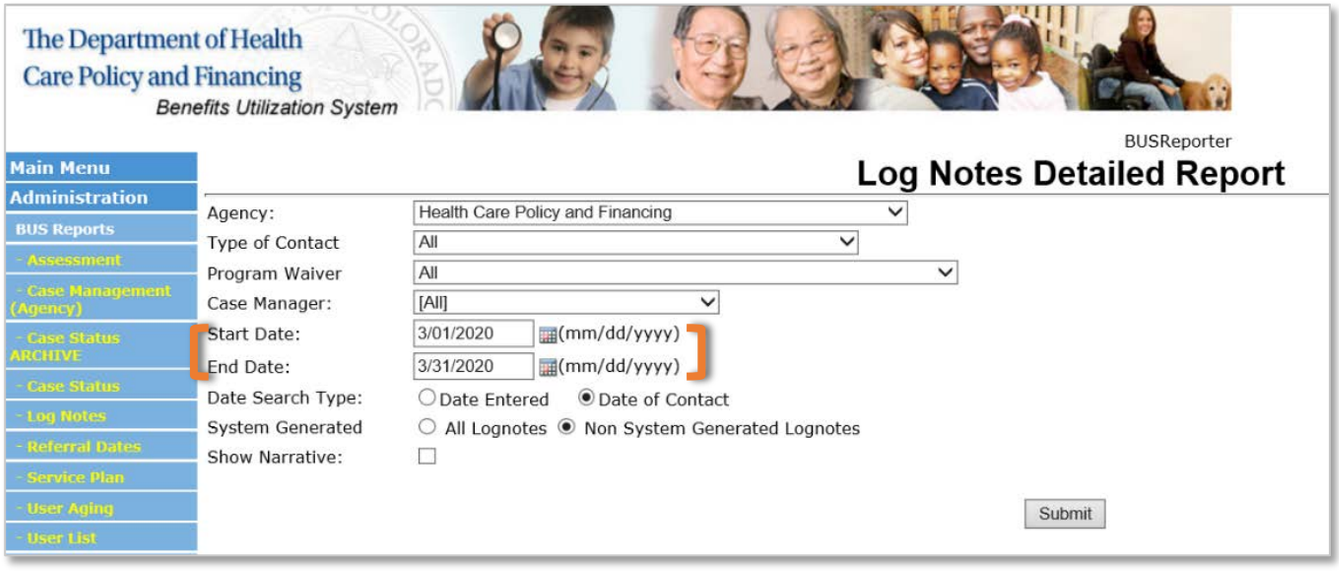
6. Program Waiver - Select All



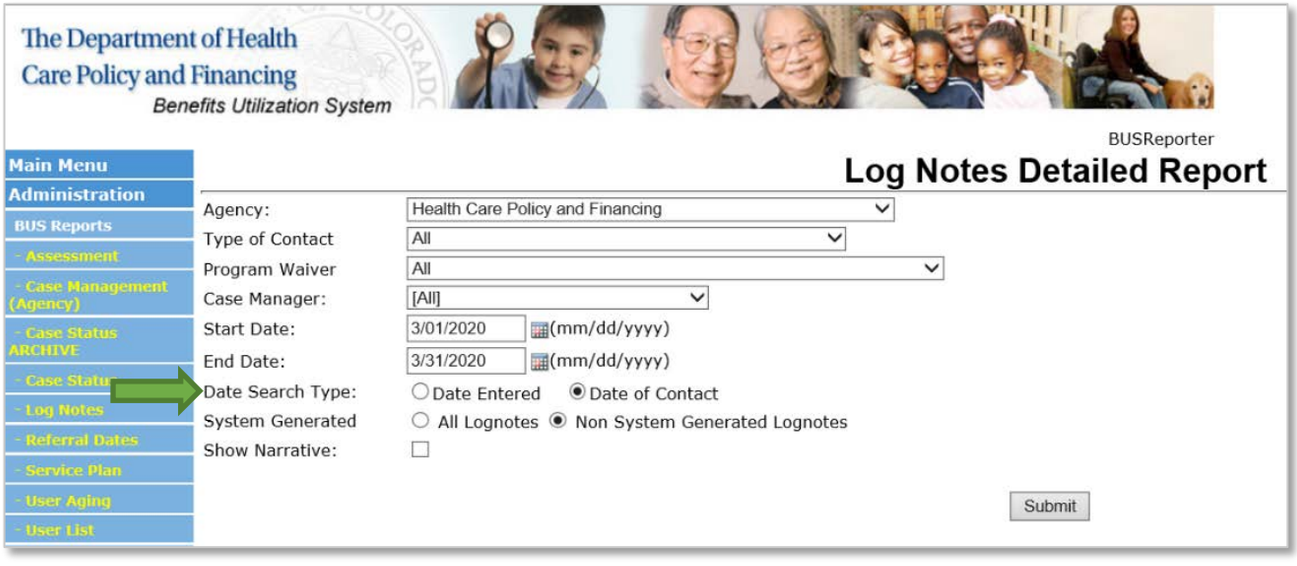
7. Case Manager - Select All



8. Enter Date Range for desired month



9. Date Search Type - Select “Date of Contact”



10. System Generated - Select “Non System Generated Lognotes”

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

This will create a report for all non-system generated log notes in the BUS for the timeframe stipulated by agency. 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”.

Log Notes Detailed Report
Agency: Health Care Policy and Financing
Case Manager Name: [All]
Report Created: 04/17/2020 4:12 PM
Contact Date: from 02/01/2020 to 04/16/2020
Units entered prior to the log note report update on 08/31/2018, are under non-billable units.

	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	ICM	TCM Units	Non-TCM Units	Contact Face to Face
View	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
View	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
View	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
View	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
View	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
View	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
View	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
View	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

Printable View | Export to Excel

This will allow each agency the ability to filter the “Client Name”, “Client Program” and “Case Manager” columns to filter out duplicate member data and case managers that do not work with active members or client programs that are not reimbursed by the On-Going Case Management methodology.

Log Notes Detailed Report
Agency: Health Care Policy and Financing
Case Manager Name: [All]
Report Created: 04/17/2020 4:12 PM
Contact Date: from 02/01/2020 to 04/16/2020
Units entered prior to the log note report update on 08/31/2018, are under non-billable units.

	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	ICM	TCM Units	Non-TCM Units	Contact Face to Face
View	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
View	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
View	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
View	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
View	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
View	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
View	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
View	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

Printable View | Export to Excel

Each SEP can use this data pull from the BUS along with the Enrollment Report in COGNOS for active PARs to identify members that will qualify for On-Going Case Management reimbursement.

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

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 (11th) 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 (10th) of the following month. SEP's are also responsible for submitting Payment Corrections. The following business day on the eleventh (11th), 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 (10th) 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 (10th) to be included on the data pull, and ultimately eligible for reimbursement.

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

The agency must enter all case management activities into the BUS by COB of the tenth (10th) monthly. If the tenth (10th) 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 (11th) 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 1st to July 31st, is pulled on August 11th

The Department will pull SEP data reports on the eleventh (11th) of each month for the previous month. If the eleventh (11th) 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.

COLORADO
Department of Health Care Policy & Financing

SEP Contract Payment Correction Form

Single Entry Point Agency	
SEP Contact Name:	
Email & Phone Number:	

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**
- Programmatic Questions: **Victor.Robertson@state.co.us**