Overview

The Health Care and Economic Security Staff Development Center (SDC) has developed training for the June 2017 CBMS Build for Eligibility Sites. This document and other training materials were developed with assistance and feedback from CDHS, OIT and HCPF Program Areas.

The build will be implemented into CBMS and PEAK on June 18, 2017. For additional information regarding the build, reference TrainColorado.com > Courses > CBMS Build Training > June 2017.

Projects listed in orange in the table of contents will be discussed in the June 2017 webinars. For all other projects listed in this document, the information in release notes was determined sufficient by Program Areas.

Some projects may have a reference to the location of training materials related to the project.

For questions related to this training document please contact the Staff Development Center at SOC_StaffDevelopment@state.co.us.

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Project 10687: FA Disqualification Updates

Project Description

Food Assistance (FA) has outstanding federal compliance issues related to Intentional Program Violations. Enhancements are needed to CBMS to align the system to federal and state rules. These necessary updates will allow the system to accurately determine the Start Date of an IPV Disqualification in relationship to the Determination Date that is entered and Document Type.

Why the Change was Requested

To resolve federal compliance issues, several enhancements have been made on the Sanctions, Disqualifications and POIs page in CBMS, specifically on the Disqualifications tab.

User Impact

Will occasionally affect eligibility worker tasks.

Based on the role of the eligibility worker, they may or may not have security access to update information on the Sanctions, Disqualifications and POIs page in CBMS. Those whose duties require them to impose Intentional Program Violation disqualifications will benefit from these updates.

Training Modality

This Project Guide includes all the information about the change. This project will not be delivered live during the build webinar.

Resolves

On the Disqualification tab on the Sanctions, Disqualifications and POIs page in CBMS, the Determination Date field has been renamed to Decision Date.

When updating the Disqualification tab on the Sanctions, the Discovery Date field will become an optional field for Food Assistance.

The discovery date can be updated with the decision date of the disqualification or the court date.

The Disqualification tab will include new values in the Document Type menu which will be mandatory for FA disqualifications. By selecting one of these new values in conjunction with current data entry, CBMS will correctly determine the disqualification start date. These new values are:

- ADH Waiver
- ADH Hearing-State
- ADH Hearing-Local
- Prosecution
- DCA
When will the disqualification start?

<table>
<thead>
<tr>
<th>Value Selected</th>
<th>Disqualification Start Date</th>
</tr>
</thead>
</table>
| ADH Waiver, ADH Hearing - State, or ADH Hearing - Local | If prior to Batch Cutoff:  
   First day of the next month                        |
|                                                     | If on or after Batch Cutoff: 
   First day of the month following the next month   |
| Prosecution, or DCA                                 | If the value entered on the **Source** field is not ‘Federal/State Conviction’ then: 
   45 days from the date entered in the **Decision Date** field |
|                                                     | If the value entered on the **Source** field is ‘Federal/State Conviction’ 
   CBMS will require a date entered on **Begin Date** and/or **Penalty Length** fields |

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**Project 10847: Judgement Claim End Date Logic**

**Project Description**

Currently, if an **End Date** is entered on the Judgment Claims page in CBMS, the Judgment Indicator is set to ‘N’ upon saving, even if the **End Date** is a future date. This logic needs to be updated to read a future **End Date** and leave the Judgment Indicator as ‘Y’ until paid in full is marked or the **End Date** is past.

**Why the Change was Requested**

This project was implemented due to a Help Desk ticket being submitted due to users encountering this issue on the Judgement Claims page.

**User Impact**

Medium: Will occasionally affect eligibility worker tasks. Due to restrictions in security profiles, not all users may have access to update information on the Judgement Claims page in CBMS.

The logic associated with this project is designed to prevent erroneous updates to the **Judgement Indicator** field.

**Training Modality**

This Project Guide includes all the information about the change. This project will not be delivered live during the build webinar.
Resolves

On the Judgement Claims page in CBMS, if the Judgement field is set to ‘Yes’ it should only be updated to ‘No’ when one of two conditions apply:

- The Paid in Full field is set to ‘Yes’

or

- The End Date field reflects a date that has passed.

Project 10828: CBMS Earned Income Redesign

Project Description

Earned income redesign will update and streamline the method in which Income is captured in CBMS. In addition, the redesign will streamline the calculation frequency methods used in CBMS across all High-Level Program Groups.

CBMS Pages

<table>
<thead>
<tr>
<th>New Pages</th>
<th>Updated Pages</th>
<th>Removed Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Summary</td>
<td>Earned Income</td>
<td>Employment History</td>
</tr>
<tr>
<td>Earned Income Type</td>
<td>Unearned Income</td>
<td>Earned Income Details</td>
</tr>
<tr>
<td>Income Type - Help Pop-up</td>
<td>Inkind</td>
<td>Income Received</td>
</tr>
<tr>
<td></td>
<td>Room and Board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child-Spousal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial Aid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collect Employment Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discrepancy Research</td>
<td></td>
</tr>
</tbody>
</table>

Income Summary Page

The project introduces a new Income Summary page. The worker will be able to access records for all income types entered on the case.
**Income Frequency - Calculation**

<table>
<thead>
<tr>
<th>Pay Frequency</th>
<th>Multiplication Factor/Divisor</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>Divide by 12</td>
<td>$12,000 ÷ 12 = $1,000</td>
</tr>
<tr>
<td>Weekly</td>
<td>x 4.3</td>
<td>$450 × 4.3 = $1,935</td>
</tr>
<tr>
<td>Every 2 weeks</td>
<td>x 2.15</td>
<td>$1,200 × 2.15 = $2,580</td>
</tr>
<tr>
<td>Every other month</td>
<td>Divide by 2</td>
<td>$3,000 ÷ 2 = $1,500</td>
</tr>
<tr>
<td>Monthly</td>
<td>x 1</td>
<td>$1,200 × 1 = $1,200</td>
</tr>
<tr>
<td>Quarterly</td>
<td>Divide by 3</td>
<td>$3,000 ÷ 3 = $1,000</td>
</tr>
<tr>
<td>Twice a month</td>
<td>x 2</td>
<td>$800 × 2 = $1,600</td>
</tr>
<tr>
<td>Twice a year</td>
<td>Divide by 6</td>
<td>$6,000 ÷ 6 = $1,000</td>
</tr>
</tbody>
</table>

**Why the Change was Requested**

This project was implemented to enhance data entry of income in CBMS.

**Training Modality**

Comprehensive training about Earned Income Redesign is available in web based training (WBT) modality and Virtual Instructor Led training. Visit TrainColorado.com for information on how to register.
Project 10702: CBMS Spanish RRR Packet and Other Updates

Project Description

The Food Assistance program’s primary means of relaying information to customers regarding their benefits is through correspondence.

A discrepancy was found between the English RRR Packet and the Spanish RRR Packet. This project will update the Spanish RRR Packet to be consistent with the English RRR Packet. Changes occurring in the Spanish RRR Packet will be minimal and will be done to align both the Spanish and English RRR packets.

Additionally, for Food Assistance customers who are self-employed, CBMS Logic will be updated to allow the following self-employment expenses as acceptable values in CBMS. These expenses are:

- Advertising
- Legal/Professional Expenses
- Livestock Purchases

Why the Change was Requested

Updates to the Spanish RRR packets were made as a means of meeting compliance requests to ensure that the RRR Packets are consistent, regardless of the language used.

Updates to the Food Assistance logic in CBMS to allow the identified self-employment expenses occurred due to several questions sent to the Food Assistance Inbox and Help Desk tickets that were submitted.

User Impact

Will occasionally affect eligibility worker tasks.

Changes to the Spanish RRR packet will be done to ensure that all Food Assistance customers are served equally. When addressing self-employment cases, workers may encounter cases that will have the correct self-employment expenses considered in the eligibility determination.

Training Modality

Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.
Project 10891: CBMS FA RRR, PRF, and FS-14 Language Updates

Project Description

Currently, Food Assistance is out of compliance with Redeterminations and Periodic reports due to incorrect placement of the Reduction/Termination of Benefits statement. This update will include a new message that will display on the FS14 page in CBMS.

Why the Change was Requested

Additional text changes will be made on the Redeterminations and Notice of Action to ensure State Food Assistance will be compliant with federal regulations.

User Impact

Medium: Will occasionally affect eligibility worker tasks. The primary impact eligibility workers will experience is when completing the FS14 page.

Training Modality

Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

Resolves

Updates to the RRR packet and Periodic Report form will include adding the Reduction/Termination of Benefits Statement to the Signature Box. The Signature Box now includes verbiage about a delay in benefits occurring if documentation is provided untimely.

Any changes reported can result in a reduction or termination of benefits. Turning this form in incomplete and/or after the due date can result in a delay of benefits being issued. I have read this form to renew my benefits and to the best of my knowledge and belief, my answers are true. This information includes the people who live in my house and citizenship and non-citizenship information. I have listed all amounts and sources of income, money and property I receive or own. I understand and agree to the information provided in the section titled "What I Should Know."

SIGN HERE: _____________________________ Date: _____________________________

The “What I Should Know - My Rights and Responsibilities” section on the RRR packet will now bold and underline the minimum requirements needed to reapply for benefits.

The “What I Should Know” section will also include updated verbiage about citizenship and immigration status not being requested for individuals not requesting assistance.

The same section will also underline the statement that states that signing the RRR Packet or Periodic Form allows for information to be checked with other agencies.
Finally, both the address and title reported for the Office of Administrative Courts was incorrect. The notice will update the office title to Office of Appeals and list the correct address location.

This updated address will be found in the Notice of Intent to Offset (Intercept) correspondence.

Eligibility workers making updates to the FS14 page may encounter a message instructing them to enter the Reason for Overpayment notes in Spanish.
The following message will be displayed if the customer’s preferred language is Spanish:

“This household has requested to receive communication in Spanish. Please update Reason for Overpayment notes accordingly.”

Project 10896: CBMS FA Supplement Modifications

Project Description
This project will allow Food Assistance supplemental payments to offset existing Food Assistance claims for the specific month that the supplemental payment was intended to cover. If the offset amount exceeds the claim amount for that specific month, any supplemental amount that exceeds the claim amount will be issued to the client.

Why the Change was Requested
Following numerous questions received by Food Assistance policy and numerous Help Desk tickets, FA supplemental payments were modified to allow for them to offset existing FA claims.

User Impact
Will occasionally affect eligibility worker tasks.

When encountering, supplemental payments generating on FA cases that have existing claims, workers must determine how much of an existing claim may be offset by the supplement generated by CBMS.

Training Modality
Training for this project will be delivered live during the build. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.
**Resolves**

Food Assistance supplement payments are created when CBMS determines that a payment of additional benefits is owed to the FA household after benefits have been issued. These payments are made for the current or future issuance month. When an increase in benefit is for a current month and there is an existing claim for the same month, an offset will apply to the claim instead of a supplement being created.

Supplement payments will be applied to existing claims first. If an excess amount remains after being applied to a claim, then the supplement will be issued to the FA household.

When a supplement is used to offset an existing claim, and a balance remains on a claim that is invalid, eligibility workers will now be able to change the claim **Status** to ‘Cancelled’ on the **Claim Status** tab on the Display Recovery Details page.

As a reminder: for a supplement to be used to offset a claim, the claim must contain the same payment months that the supplement is being created for. If the claim is outside of the time-period that the supplement payment is created for, the claim will not be offset.

Additionally, an FA supplement will not be created when a cash grant is issued for the current month and that month subsequently fails for that cash program.
Scenarios

Example 1: Supplement used to offset a claim
EDBC is run on an ongoing FA case on 03/10/17. A claim is established on the case.

<table>
<thead>
<tr>
<th>Claim Month</th>
<th>Claim Amount</th>
<th>Total Claim Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2017</td>
<td>$140</td>
<td>$300</td>
</tr>
<tr>
<td>02/2017</td>
<td>$140</td>
<td></td>
</tr>
<tr>
<td>03/2017</td>
<td>$20</td>
<td></td>
</tr>
</tbody>
</table>

EDBC is run again on 03/24/17 and a supplement of $15 is created for March 2017. CBMS will apply the supplement to offset the March claim.

<table>
<thead>
<tr>
<th>Payment Month</th>
<th>Supplement Amount</th>
<th>Discrepancy Amount Towards Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2017</td>
<td>$15</td>
<td>$20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Claim Amount Before Offset</th>
<th>Total Claim Amount After Offset</th>
<th>Will the customer receive the supplement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300</td>
<td>$285</td>
<td>No</td>
</tr>
</tbody>
</table>

Example 2: Supplement used to offset a claim, and the customer retains the supplement
On 06/10/17 a claim is established for April through June on an ongoing FA Case.

<table>
<thead>
<tr>
<th>Claim Month</th>
<th>Claim Amount</th>
<th>Total Claim Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/2017</td>
<td>$140</td>
<td>$415</td>
</tr>
<tr>
<td>05/2017</td>
<td>$140</td>
<td></td>
</tr>
<tr>
<td>06/2017</td>
<td>$135</td>
<td></td>
</tr>
</tbody>
</table>

On 06/23/17 a supplement payment of $550 is created for June 2017.

<table>
<thead>
<tr>
<th>Total Supplement Amount</th>
<th>Total Claim Amount Before Offset</th>
<th>Total Claim Amount After Offset</th>
</tr>
</thead>
<tbody>
<tr>
<td>$550</td>
<td>$415</td>
<td>$280</td>
</tr>
</tbody>
</table>

The total claim will be offset to $280 and the customer will receive the excess amount as a supplement of $415. The supplement will only be used to offset the June claim and will not be applied to previous claims.
Example 3: When a supplement will not generate

An ongoing FA and AF case is certified from March through August. The AF and FA benefits for May and June were already issued. Benefits for July haven’t been issued yet.

<table>
<thead>
<tr>
<th>Payment Months</th>
<th>AF Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/2017</td>
<td>$400</td>
</tr>
<tr>
<td>06/2017</td>
<td>$400</td>
</tr>
<tr>
<td>07/2017</td>
<td>$400</td>
</tr>
</tbody>
</table>

On 06/06/17, an eligibility worker is updating reported income that puts the household over the Need Standard. AF closes out as of 06/30/2017. FA benefits for June have already issued but July benefits have not been issued.

The loss of AF will not create a supplement payment for FA. The grant of $400 that was used for FA eligibility will continue to be used for all months including 06/2017.

The AF grant will no longer be used as of 07/2017 since benefits for FA have not been issued and FA benefits will increase accordingly.

Project 10771: CBMS MA Client Correspondence - Compliance

**Project Description**

This project will update the HIPAA1 and the Non-Discrimination language related to Medical Assistance programs. This project will also add the LEP/Babel Sheet to various Medical Assistance Correspondences. These updates will ensure that HCPF is in compliance with federal regulations regarding noticing.

**Why the Change was Requested**

To ensure the vocabulary in the HIPAA1, Non-Discrimination, LEP/Babel Sheet and various Medical Assistance correspondence is in compliance with the Federal Government.

**Training Modality**

Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

**Examples:**

See Appendix A for Client Correspondence examples.
Project 10796: CBMS MA Disenrollment Reports

Project Description
The Medicaid/PEAK performance audit identified that HCPF did not have an adequate mechanism to monitor disenrollments to ensure members were timely or correctly disenrolled from Medical Assistance (MA). This project will create four disenrollment reports that will allow HCPF and Eligibility Sites to monitor the disenrollment of members from MA for accuracy.

Project 10733: CBMS MA MAGI Adult Parent Caretaker Living with Dependent Children Expansion

Project Description
This project will address existing parents or caretakers in the system who are enrolled in the MAGI Adult category, who live with a dependent child, and whose dependent child reported on their case was determined ineligible for Medical Assistance and individuals (parents and other caretaker relatives) who at Intake request Medical Assistance for the dependent child but the dependent child was found to be ineligible.

Why the Change was Requested
To ensure dependent children have Minimal Essential Coverage (MEC) when their parent or caretaker is approved for Adult MAGI category of Medical Assistance.

Training Modality
Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

Project 10782: CBMS MA MAGI Hierarchy Update

Project Description
This project will move the MAGI Child category of assistance before the MAGI Pregnant category of assistance in the Medicaid hierarchy in CBMS to ensure that a pregnant child, age 19 or under, will be approved in the correct category of assistance based on CMS guidance. The benefit of this project will be that Colorado will become compliant with the format for determining children properly for Medical Assistance.
**Why the Change was Requested**

To ensure individuals who are pregnant and under the age of 19 end up on the MAGI Children category of Medical Assistance in the hierarchy.

**Training Modality**

Training for this project will be delivered live during the build. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

**Project 10681: CBMS PEAK - HCPF Member Handbook**

**Project Description**

This project will make the HCPF Member Handbook available in PEAK. The online HCPF Member Handbook will be available from the PEAK homepage (prior to log in) and from PEAK Manage My Account (following log in).

Eligible Medical Assistance members who log in to PEAK will be able to view, save and print personalized handbook information.

This project will also use Google Analytics to track usage of the new online HCPF Member Handbook in PEAK.

**Project 10668: CBMS PEAK Static Information Maintenance**

**Project Description**

This project will allow the State to make quick updates to specific pages on PEAK, and provide real-time information and resources for members and community partners.

Included in this effort will be a redesign and advanced user-friendly functionality on the following pages:

- PEAK Assistance Programs (formerly called Benefits Information)
- PEAK Contact Us
- PEAK FAQs
- PEAKPro FAQs
- PEAKPro Forms & Materials
- PEAKPro News & Updates
- PEAKPro Training Resources
Project Number 10797: CBMS MA Client Correspondence Enhancements

**Project Description**
This project will update the *Additional Information Resource Packet (AIRP) Cover Letter*, *Income Trust Packet Cover Letter*, and *Buy-In Premium Letter*. The purpose of this project is to ensure that the correspondence is displaying accurate and clear information to the individuals who will be receiving/responding to these letters.

**Why the Change was Requested**
To ensure that individuals who may qualify for the Health First Colorado Medicaid Buy-In Program for Working Adults with Disabilities (WAwD) will receive different Income Trust and Additional Information Resource Packet (AIRP) cover letters from other members. These letters are intended to more clearly explain the individuals’ options and what they need to do, if anything, to respond to the letter.

**User Impact**
Users will effectively review, relay, and clarify information to members.

**Training Modality**
Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

**Scenarios/Examples**

*BUY-IN PREMIUM COVER LETTER (Modified)*

![BUY-IN PREMIUM COVER LETTER (Modified)](image-url)
ADDITIONAL INFORMATION RESOURCE PACKET COVER LETTER (Modified)

STATE OF COLORADO

Date 05/23/2017
Case ID: 431459

Dear [Recipient],

You may qualify for help paying for your medical costs, Medicare premiums, or for long-term services and supports through Health First Colorado (Colorado’s Medicare Program).

To find out if you qualify, complete and return the forms that came with this letter by June 12, 2017. Please do not send us your original documents—send photocopies of your documents.

Return the forms and documents to:

MEDICAL ASSISTANCE SITES
PO BOX 35681
COLORADO SPRINGS, CO 80935-3681

We will send you another letter to let you know if you qualify for Health First Colorado long-term services and supports or help paying for medical costs. If you have questions about this letter, please call us at (855) 752-6749 or visit us at PO BOX 35681 COLORADO SPRINGS CO 80935-3681.

Sincerely,

[Signature]

ConnectHealthCO

QUESTIONS? Call (855) 752-6749

ADDITIONAL INFORMATION RESOURCE PACKET COVER LETTER BUY-IN (New)

STATE OF COLORADO

Date 06/19/2017
Case ID: 123456

Dear [Recipient],

You may qualify for help paying for your medical costs, Medicare premiums or long-term services and supports. This letter explains two options that may be available to you.

Option 1. One option for long-term services and supports is the Health First Colorado Buy-In Program for Working Adults with Disabilities (Buy-In Program). The Buy-In Program provides members with disabilities the opportunity to be employed without fear of losing access to long-term services and supports. With the Buy-In Program, you pay a premium ranging from $0-$200 each month depending on your income, and you may qualify for long-term services and supports. For more information about the specific requirements or if a Buy-In may be available to you, contact MEDICAL ASSISTANCE SITES at (800) 350-1991.

Our records show that your income meets the requirements to qualify for the Buy-In Program. The other requirements for this program are:
1. Be employed part-time, full-time, contract work, etc., and
2. Be age 15-64, and
3. Have a disability determination.

If you meet the requirements listed above, you do not need to do anything. You do not need to fill out the forms that came with this letter to see if you qualify for the Buy-In Program. There is no asset test for the Buy-In Program. We will send you another letter that tells you if you qualify.

Option 2. Another option is long-term services and supports from Health First Colorado, or help paying for your medical costs or Medicare premiums. You will need to pay a monthly premium and you do not have to be employed. You must qualify and you need to report information about your assets.

To find out if you qualify, complete and return the forms that came with this letter. Please do not send us your original documents—send photocopies of your documents.

Return the forms and document copies by June 7, 2017 to:

MEDICAL ASSISTANCE SITES

QUESTIONS? Call (800) 350-1991
MA INCOME TRUST PACKET COVER LETTER (Modified)

STATE OF COLORADO

[Address]

Date: [Date]

[Name]

[Position]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Dear [Name],

Thank you for applying for long-term services and supports from Health First Colorado (Colorado’s Medicaid Program). Based on the total monthly income you reported to us, there are two options that may help you get long-term services and supports.

Option 1: One option is the Health First Colorado Buy-In Program for Working Adults with Disabilities (Buy-In Program). The Buy-In Program provides members with disabilities the opportunity to be employed without fear of losing access to long-term services and supports. With the Buy-In Program, you pay a premium ranging from $0 to $220 each month depending on your income. You may qualify for home and community-based services within the Buy-In Program. For more information about the specific services that may be available to you, contact [Address] at [Phone Number].

Our records show that your income meets the requirements to qualify for the Buy-In Program. The other requirements for this program are:

1. Be employed part-time, full-time, contract work, etc.
2. Be age 15 to 62, and
3. Have a disability determination.

If you meet the requirements listed above, you do not need to do anything. You do not need to fill out the forms that came with this letter to qualify for the Buy-In Program. We will send you another letter that tells you if you qualify.

Option 2: Another option is long-term services and supports from Health First Colorado, which includes all home and community-based services. To qualify for this program, you need to create an income trust. When you create the income trust, you will be able to use about $220 of your income each month for your own use. Any other income you get each month will stay in the income trust.

To create an income trust, please complete the income trust forms that came with this letter and return them to:

[Address]

[Phone Number]

Questions? Call [Phone Number] or [Email Address]

Sincerely,

[Name]
[Position]

[Address]

[City, State, Zip Code]

INCOME TRUST PACKET COVER LETTER BUY-IN (New)

STATE OF COLORADO

[Address]

Date: [Date]

[Name]

[Position]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Dear [Name],

Thank you for applying for long-term services and supports from Health First Colorado (Colorado’s Medicaid Program). Based on the total monthly income you reported to us, there are two options that may help you get long-term services and supports.

Option 1: One option is the Health First Colorado Buy-In Program for Working Adults with Disabilities (Buy-In Program). The Buy-In Program provides members with disabilities the opportunity to be employed without fear of losing access to long-term services and supports. With the Buy-In Program, you pay a premium ranging from $0 to $220 each month depending on your income. You may qualify for home and community-based services within the Buy-In Program. For more information about the specific services that may be available to you, contact [Address] at [Phone Number].

Our records show that your income meets the requirements to qualify for the Buy-In Program. The other requirements for this program are:

1. Be employed part-time, full-time, contract work, etc.
2. Be age 15 to 62, and
3. Have a disability determination.

If you meet the requirements listed above, you do not need to do anything. You do not need to fill out the forms that came with this letter to qualify for the Buy-In Program. We will send you another letter that tells you if you qualify.

Option 2: Another option is long-term services and supports from Health First Colorado, which includes all home and community-based services. To qualify for this program, you need to create an income trust. When you create the income trust, you will be able to use about $220 of your income each month for your own use. Any other income you get each month will stay in the income trust.

To create an income trust, please complete the income trust forms that came with this letter and return them to:

[Address]

[Phone Number]

Questions? Call [Phone Number] or [Email Address]

Sincerely,

[Name]
[Position]

[Address]

[City, State, Zip Code]
Project Number 10798: Waivers for Working Adults with Disabilities (WAwD)

Project Description

HB 16-1321 adds access to additional Home and Community Based Waivered Services (HCBS) for those individuals who are eligible for the Working Adults with Disabilities (WAwD) Medical Assistance (MA) Program and meet the Level of Care (LOC) for a qualified HCBS waiver. The effective date for WAwD + Spinal Cord Injury (SCI) and Brain Injury (BI) HCBS waivers is July 1, 2017. The effective date for WAwD + Supportive Living Services (SLS) HCBS waiver is December 1, 2017.

The Department received federal authorization to allow individuals enrolled in the Health First Colorado (Colorado’s Medicaid Program) Buy-In program for Working Adults with Disabilities (Adult Buy-In/WAwD) to also access Brain Injury (BI) Waiver services or Spinal Cord Injury (SCI) Waiver services if found functionally eligible. This was made available for individuals who meet targeting criteria effective April 1, 2017. To read the Department’s formal communication, including the impact on County staff, click here.

LOC certification forms will be received from Case Management Agencies and will need to be entered as they have been previously. Eligibility will need to be re-determined to see if the individual qualifies for the corresponding HCBS category or if they qualify for MA WAwD + HCBS.

Why the Change was Requested

To allow additional long-term services and supports within Home and Community Based Service Waivers (HCBS). This project will update current CBMS MA WAwD functionality to allow eligible WAwD individuals access to additional long-term services and supports from the following HCBS waivers:

- Spinal Cord Injury (SCI)
- Brain Injury (BI)
- Supportive Living Services (SLS)

SCI and BI are effective July 1, 2017.

SLS effective date is December 1, 2017.

Current CBMS MA WAwD functionality allows access only to additional long-term services and supports within the following HCBS waivers:

- Elderly, Blind Disabled (EBD)
- Community Mental Health Supports (CMHS)
To access these additional services, individuals who meet all eligibility criteria for MA WAwD + HCBS (one of the five eligible LOC types), will have an Eligibility Span within the MA Eligibility Span page that reflects Buy-In WAwD within the Primary Category field and one of the following LOC types within the LOC Type Field:

- SCI in HCBS
- BI in HCBS
- SLS in HCBS
- EBD in HCBS 18-64
- CMHS in HCBS

A Mass Update will be completed for all active MA WAwD individuals who also meet the LOC for HCBS SCI or HCBS BI to re-determine eligibility July 2017 forward and 12/1/2017 forward for HCBS SLS. This will allow for the MA Eligibility Span to be updated and sent to the MA Claim System.

LOC certification forms will be received from Case Management Agencies and will need to be entered as they have been previously. Eligibility will need to be redetermined to see if the individual qualifies for the corresponding HCBS category or if they qualify for MA WAwD + HCBS.

**Med Span record for SCI**

The Med Span begin date for WAwD + HCBS SCI will not have a begin date less than 7/1/2017. If you see spans with begin dates prior to, please submit a help desk ticket.
**Med Span record for BI**

The Med Span begin date for WAwD + HCBS BI will not have a begin date less than 7/1/2017. If you see spans with begin dates prior to, please submit a help desk ticket.

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
<th>Primary Category</th>
<th>Secondary Category</th>
<th>Transaction Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>07/01/2017</td>
<td>06/30/2017</td>
<td>Buy-In WAwD</td>
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<td>12/07/2017</td>
<td>12/28/2017</td>
</tr>
<tr>
<td>06/01/2017</td>
<td>06/30/2017</td>
<td>Buy-In WAwD</td>
<td></td>
<td>07/27/2017</td>
<td>07/28/2017</td>
</tr>
</tbody>
</table>

**Med Span record for SLS**

The Med Span begin date for WAwD + HCBS SLS will not have a begin date less than 12/1/2017. If you see spans with begin dates prior to, please submit a help desk ticket.

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
<th>Primary Category</th>
<th>Secondary Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>12/01/2017</td>
<td>12/31/2017</td>
<td>Buy-In WAwD</td>
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<td>12/04/2017</td>
<td>01/26/2018</td>
</tr>
<tr>
<td>11/01/2017</td>
<td>11/30/2017</td>
<td>Buy-In WAwD</td>
<td></td>
<td>12/04/2017</td>
<td>12/29/2017</td>
</tr>
<tr>
<td>08/01/2017</td>
<td>09/30/2017</td>
<td>Buy-In WAwD</td>
<td></td>
<td>12/04/2017</td>
<td>12/29/2017</td>
</tr>
<tr>
<td>07/01/2017</td>
<td>07/31/2017</td>
<td>HCBS SLS</td>
<td></td>
<td>07/12/2017</td>
<td>12/29/2017</td>
</tr>
</tbody>
</table>
Notice of Action Updates

Individuals who meet all eligibility criteria for WAwD + HCBS are notified within the Additional Information section of the Notice of Action (NOA) when they qualify or no longer qualify for additional services in MA WAwD.

Adding HCBS

What you qualify for

[+] Medical Assistance Benefits

You applied for Medical Assistance benefits on [ ] and we made a decision on [ ]. The people in your household may have qualified for different benefits. The boxes below tell you about these benefits.

For questions about the Medical Assistance you qualify for, contact [ ].

Health First Colorado ID: [ ]

You qualify for Health First Colorado Medicaid Buy-In Program. As of [ ], you also qualify for Long-Term Services and Supports.

Terminating HCBS

What you qualify for

[+] Medical Assistance Benefits

We reviewed your information for Medical Assistance benefits and made a decision on [ ]. Some of your benefits have changed. The people in your household may have qualified for different benefits. The boxes below tell you about these benefits.

For questions about the Medical Assistance you qualify for, contact [ ].

Health First Colorado ID: [ ]

does not qualify for:

[×] You qualify for the Health First Colorado Medicaid Buy-In Program, but as of [ ], you don't qualify for Long-Term Services and Supports.
User Impact
Will occasionally affect eligibility worker tasks

Training Modality
Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

Scenarios

Example 1
John is a 25-year-old individual who is applying for MA. His MA application dated 6/2/2017 is processed on 6/20/2017. He is approved for MA WAwD with a begin date of 6/1/2017. On 6/26/2017, the CBMS user receives a LOC form indicating that John is eligible for the SCI waiver with a begin date of 6/3/2017. The LOC record is entered and eligibility is redetermined. John does not meet all eligibility criteria for the HCBS SCI primary category but continues to meet criteria for WAwD.

John’s begin date for MA WAwD + HCBS SCI will be July 1, 2017

Example 2
Michael is a 63-year-old individual who is active MA WAwD. On 7/31/2017, the CBMS user receives a LOC form indicating Michael is eligible for the BI waiver with a begin date of 7/28/2017.

The LOC record is entered and eligibility is redetermined. Michael does not meet all eligibility criteria for the MA HCBS BI primary category but continues to meet criteria for MA WAwD.

Michael’s eligibility date for WAwD + HCBS BI will be July 28, 2017

Example 3
Kelly is a 59-year-old individual who is active MA WAwD. On 12/22/2017, the CBMS user receives a LOC form indicating Kelly is eligible for the SLS waiver with a begin date of 9/28/2017. The LOC record is entered and eligibility is redetermined. Kelly does not meet all eligibility criteria for the MA HCBS SLS primary category but continues to meet criteria for MA WAwD.

Kelly’s eligibility date for WAwD + HCBS SLS will be December 1, 2017

Project 10833: CBMS MA Spouse Verification Updates

Project Description
This project will update the rules in CBMS for some of the Medical Assistance Non-MAGI aid codes to correctly request verification of an applicant/recipient’s spouse’s income/resources and deny the individual if the verification is not received by the due date.

**Why the Change was Requested**

To ensure some of the Non-MAGI categories of Medical Assistance correctly request income and resources for the applicant’s spouse at intake and RRR.

**Training Modality**

Training for this project will be delivered live during the build webinar. Much of the information regarding this project will be discussed then. The webinar will be recorded and available on TrainColorado.com within three working days of the webinar.

**Project 10627: QAS, Error Log, and Restricted Case Access Improvements**

**Project Description**

This project will ensure only users with access to Confidential and Address Confidentiality Program (ACP) cases can view these cases in Inquiry and all other tracks.

**Project 10822: Client ID Merge Enhancements**

**Project Description**

This project will provide a hover functionality on the Clear/Inquire on Individual page that includes the customer’s DOB and SSN to prevent the user from needing to scroll.

In addition, this project will enhance the capability to automatically transfer over additional pages from one ID to another when completing the merge process, as the system currently does with Income pages and data.

**Project 10665: CBMS NDNH Processing Improvements Project**

**Project Description**

This project will redesign NDNH batch process to run more efficiently and in a reasonable amount of time.

**Project 10739: CBMS PEAK Google Analytics Implementation**

**Project Description**

This project will implement Google Analytics on the PEAK and PEAKMobile websites to gain insights on the customer experience. Tracking code will monitor customer behavior, such as click through rates, average time spent on pages, and types of devices used. Additionally, this
Project 10771: CBMS MA Client Correspondence—Compliance examples:

Current Version of Colorado Medicaid Notice of Privacy Practices in English
Colorado Medical Assistance Program

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

As a Colorado Medical Assistance Program client, some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing. The Department is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The Department is required to follow the terms of this Notice. We may change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by the Department. If our privacy practices change, you will be notified in writing. The updated version will also be available on the Department’s website (http://www.chcpf.state.co.us).

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to provide you with needed medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is giving you health care.

Payment: We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

Health Care Operations: We will use and share your health information for Department operations necessary to make sure our clients receive quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors’ records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices.

Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

Research: Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Health Oversight Activities: We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners, and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

Workers’ Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

National Security and Intelligence Activities: We may share your health information to authorized federal officials for activities related to national security and special investigations.
Updated Version of Colorado Medicaid Notice of Privacy Practices in English
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

As a Colorado Medical Assistance Program client, some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing. The Department is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The Department is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by the Department. If our privacy practices change, we will prominently post our revised Notice on our web site and provide the revised notice to you at reenrollment. The most recent version of our Notice is available on the Department’s web site at http://www.colorado.gov/hcpf.

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to ensure you are provided medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is providing you health care. If you are part of the Department’s Accountable Care Collaborative (ACC), we will share your information with our Regional Care Collaborative Organizations (RCCOs) to attain the objectives of the ACC to improve clients’ health and reduce costs.

Payment: We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

Health Care Operations: We will use and share your health information for Department operations that are authorized by law. For example, the Department may share your health information with an outside contractor to coordinate your care, resolve disputes, or audit the compliance of our providers with regulations. We may also share your information with another state or federal agency to fulfill our mission of providing coordinated benefits to you.

Communications: We may use your health information to communicate with you about health care programs and health care choices.
Colorado Medical Assistance Program

Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent a serious threat to your health and safety or the health and safety of others such as in abuse, neglect, or domestic violence situations, or for law enforcement purposes.

Research: Under certain circumstances, we may share your health information for research purposes.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Health Oversight Activities: We may share your health information with a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners, Funeral Directors and Organ Procurement Organizations/Entities: Consistent with applicable law, we may share your health information with a coroner, medical examiner, or funeral director so that they may carry out their duties, or with appropriate personnel for the purpose of facilitating organ, eye or tissue donation and transplantation.

Workers Compensation: We may share your health information with programs that provide benefits for work-related injuries or illness.

National Security and Intelligence Activities and Specialized Government Functions: We may share your health information with authorized federal officials for activities related to national security and special investigations or for military and veterans activities.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official for the purposes of health care or safety.

Marketing and Sale of Health Information: We will not use or disclose your health information for marketing purposes (with limited exceptions), or sell your health information, without your written Authorization.
Colorado Medical Assistance Program

Other uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR HEALTH INFORMATION RIGHTS:
Right to See and Get a Copy of Your Health Information: You may see and get a copy of your health information and billing records by making a written request to the Department’s Privacy Officer. We can only provide those records that were created for or on behalf of the Department. The Department need not provide psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

Right to be Notified Following a Breach of Your Unsecured Health Information: The Department is required by law to notify you following a breach of your unsecured health information. This notice will describe the circumstances of what happened and the information that was inappropriately used or disclosed. You may receive this notice in the mail, or if you have elected to receive communications from the Department by email, through an email sent to the email address that we have on file for you.

Right to Request that We Correct Your Health Information: If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the Department’s Privacy Officer. In certain cases, the Department may deny your request to amend your information.

Right to a List of Disclosures Made of Your Health Information: You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or other than when you specifically authorized the Department to share your information. Your request must be in writing to the Department’s Privacy Officer.

Right to Request that Your Health Information be Communicated in a Confidential Manner: You may request that we contact you in a specific way, for example, home or office phone, or to send mail to a different address. The Department will consider all reasonable requests, and will agree to your request if you tell us you would be in danger if we did not.

Right to Request that We Not Use or Share Your Health Information: You have the right to request that we not use or share your health information for treatment, payment, or health care operations. This would include your right to request that we not share your information with persons involved in your care except when specifically authorized by you. Your request must be in writing to the Department’s Privacy Officer, and we will consider your request but we are not legally required to agree to it.
Colorado Medical Assistance Program

Right to a Copy of the Notice: You may ask us for a paper copy of this Notice at any time and we will provide it to you.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Department’s Privacy Officer at:

Privacy Officer/State of Colorado/Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary/U.S. Department of Health and Human Services
Office of Civil Rights; 200 Independence Avenue, SW
Washington, DC 20201
Or by visiting: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

THE DEPARTMENT WILL NOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IN ANY WAY IF YOU FILE A PRIVACY COMPLAINT.

This Notice is effective as of September 20, 2013.
Programa de Asistencia Médica de Colorado

AVISO DE PRACTICAS DE PRIVACIDAD

Esta nota describe como información sobre usted mayo es utilizado y es revelado y como puede conseguir acceso a esta información. Lea lo por favor con cuidado.

Como cliente del Programa de Asistencia Médica de Colorado, alguna de la información de salud se recoge y se mantiene por el Estado de Colorado, Departamento de Cuidado de la Salud Política y Financiamiento. El Departamento está obligado por ley a mantener su privacidad y la seguridad de su información de salud y de proveerle con este Aviso de prácticas de privacidad. Este Aviso describe como su información médica puede ser usada y compartida, y explica sus derechos de privacidad. El Departamento está obligado a seguir los términos de este aviso. Podemos, sin embargo, cambiar nuestras prácticas de privacidad y los términos de este Aviso en el futuro, y los cambios pueden afectar a toda la información médica mantenida por el Departamento. Si nuestras prácticas de privacidad cambian, se lo enviará un nuevo aviso. La versión actualizada está disponible en el sitio web del Departamento (http://www.chcpf.state.co.us).

USOS PERMITIDOS Y INTERCAMBIO DE INFORMACIÓN SOBRE SU SALUD:

Tratamiento: Nosotros usamos y compartimos su información de salud para asegurar que se proporcionan atención y servicios médicos. Por ejemplo, el Departamento puede compartir su información médica con un médico u hospital que le está dando atención de salud.

Pagas: Utilizamos y compartimos su información médica para pagar por su tratamiento médico y servicios. Por ejemplo, su doctor puede enviar información sobre su salud al Departamento, cuando el Departamento de facturación de sus servicios de atención de salud.

Operaciones de atención médica: Nosotros usamos y compartimos su información de salud para operaciones del Departamento necesarias para asegurar que se proporcionen servicios de atención médica de calidad. Por ejemplo, el Departamento puede compartir su información de salud con un clínica externa para hospital de revisión y los registros de los médicos para evaluar la atención que recibió.

Comunicaciones: Futuros: Podemos utilizar su información médica para enviarle información sobre los programas de cuidado de la salud y la salud opciones de atención.

Requisitos legales: Vamos a compartir información sobre su salud cuando sea requerido para ello por la ley federal o estatal.

Para evitar daños: Podemos usar o compartir su información de salud para prevenir amenazas serias a su salud y seguridad o la salud de y la seguridad de los demás.

Investigación: Sobre ciertas circunstancias, podemos compartir su información médica para fines de investigación. Todos los proyectos de investigación deben ser aprobado, y el proyecto debe mantener su información confidencial.

PSalud Pública: Podemos compartir su información médica con agencias de salud pública para prevenir o controlar la propagación de enfermedades.

Actividades de supervisión médica: Podemos compartir su información de salud a una agencia de supervisión sanitaria para actividades autorizadas por la ley. Estas actividades pueden incluir, por ejemplo, auditorías, investigaciones e inspecciones.

Demandas y disputas: Nosotros podamos compartir su información médica en respuesta a una valida orden judicial o administrativa.

Médicos Forenses, Examinadores Médicos y Directores de Fúnebres: De conformidad con la legislación aplicable, podemos compartir su información de salud a un médico forense, médico forense, o director de funeraria, de modo que puedan llevar a cabo sus funciones. Su información de salud también puede ser compartida para garantizar la donación de órganos y tejidos.

La compensación de trabajadores: Podemos compartir su información de la salud con programas que dan beneficios para los trabajadores de salud.

La seguridad nacional y las Actividades de la Inteligencia: Podemos compartir su información de la salud a funcionarios federales autorizados para actividades relacionadas a la seguridad nacional e investigaciones especiales.
Programa de Asistencia Medica De Colorado

AUSOS PERMITIDOS Y INTERCAMBIO DE INFORMACION SOBRE SU SALUD (cont.):
Compensación a los Trabajadores. Podemos compartir su información de salud con programas que dan beneficios por lesiones relacionadas al trabajo o enfermedad.

De Seguridad Nacional y Actividades de Inteligencia: Podemos compartir su información médica a funcionarios federales autorizados para las actividades relacionadas con la seguridad nacional o investigaciones especiales.

Presión: Si usted es un recluso de una institución corregional o bajo la custodia de un oficial de la ley, podemos compartir su información de salud a la institución corregional o funcionario policial a los efectos de la atención de la salud o de seguridad.

Otros usos o compartir su información médica se harán solo con su autorización escrita.

SUS DERECHOS DE INFORMACIÓN:

Derecho a ver y obtener una copia de su información médica: Usted puede ver y obtener una copia de su información de salud y de los registros de facturación al hacer una solicitud por escrito al Departamento, Oficial de Privacidad. Solo podemos ofrecer los registros que se crearon por o en nombre del Departamento. Usted no puede ver una copia de las notas de psicoterapia o la información preparada exclusivamente para su uso en un civil, la acción penal, administrativa o jurídica.

Derecho a solicitar que corrijamos su información médica: Si usted tiene que la información de salud que ha sido transmitida incorrecta o incompleta, puede pedirnos que corrijamos la información mediante una petición por escrito al Departamento, atención al Oficial de privacidad. En algunos casos, el Departamento puede negar su petición para suministrar su información.

Derecho a una lista de revelaciones hechas de su información médica: Usted tiene el derecho a una lista de aquellos casos en los que hemos compartido su información de salud, que no sean para tratamiento, pago y operaciones de cuidado de la salud, o cuando usted específicamente autorizó al Departamento a compartir su información. Su solicitud debe ser por escrito al Departamento, oficio de Privacidad. No revelaciones hechas antes del 14 de abril de 2003 se separan.

Derecho a solicitar que su información médica se comunique de modo confidencial: Usted puede solicitar, por escrito, al Departamento, atención al Oficial de privacidad, su información de salud que se pruebe de manera confidencial, como el envío de correo electrónico a una dirección distinta de su casa. El Departamento a las solicitudes razonables.

Derecho a pedir que no usamos o compartimos su información médica: Usted tiene el derecho a pedir que no usamos o compartimos su información de salud para tratamiento, pago y operaciones de cuidado de la salud, o para las personas involucradas en su cuidado, excepto cuando es autorizado específicamente por usted, cuando sea requerido por ley, o en caso de emergencia. Su solicitud debe ser por escrito al Departamento, Atención al Oficial de privacidad; y vamos a considerar su solicitud, pero no estamos legalmente obligados a aceptarla.

Derecho a una copia del aviso: Usted puede solicitar una copia de este aviso en cualquier momento.

PARA MAS INFORMACION SOBRE LA PRIVACIDAD O PARA REPORTAR UN PROBLEMA DE PRIVACIDAD:

Si usted tiene preguntas acerca de sus derechos de privacidad, si desea información adicional acerca de algo en este Aviso, o si tiene una queja porque cree que sus derechos de privacidad han sido violados, usted puede comunicarse con el Departamento, al Oficial de privacidad:

Privacy Officer:
Dept of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Y también puede presentar una queja ante el Secretario del Departamento de Salud y Servicios Humanos en:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

EL DEPARTAMENTO NO PUEDE QUITARLE sus BENEFICIOS O TOMAR REPRESALIAS CONTRA USTED DE NINGUNA MANERA SI USTED PRESENTA UNA RECLAMACION DE PRIVACIDAD.
Este aviso va en efectivo a partir del 14 de abril de 2003.
Programa de Asistencia Médica de Colorado

AVISO SOBRE PRÁCTICAS DE PRIVACIDAD

Este aviso describe el modo en que su información podría ser utilizada y divulgada y cómo puede acceder a ella. Lea el detenidamente.

Como cliente del Programa de Asistencia Médica de Colorado, el Departamento de Políticas y Financiamiento de Asistencia Médica del Estado de Colorado recoge y mantiene parte de su información médica. Por ley, este Departamento debe mantener la privacidad y seguridad de su información médica y asegurarse de que sus Prácticas de Privacidad, que se describen en este aviso, se utilicen y compartan su información médica y se explicen sus derechos a la privacidad. El Departamento debe cumplir los términos contenidos en este aviso. Sin embargo, podrán cambiar estas prácticas de privacidad y los términos de este aviso, y dichos cambios podrán afectar su información médica que mantenga el Departamento. Si nuestras prácticas de privacidad se modifican, le entregaremos un aviso modificado al sitio web del Departamento en http://www.colorado.gov/hcpp.

USOS PERMITIDOS E INTERCAMBIO DE SU INFORMACIÓN MÉDICA:

Tratamiento: Utilizamos y compartimos su información médica para garantizar que usted reciba tratamiento y servicios médicos. Por ejemplo, el Departamento podrá compartir su información médica con un médico u hospital que le estén brindando atención médica. Si forman parte del programa Accountable Care Collaborative (ACC) del Departamento, compartiremos su información con nuestros Organizaciones Colaborativas de Cuidado Regional (RCCO), a fin de alcanzar los objetivos de la ACC que tienen que ver con mejorar la salud de los clientes y reducir los costos.

Pago: Utilizamos y compartimos su información médica con el fin de pagar por su tratamiento y servicios médicos. Por ejemplo, su médico puede enviar al Departamento información médica acerca de usted cuando la factura al Departamento los servicios de atención médica que usted recibió.

Trámites relacionados con la atención médica: Utilizamos y compartimos su información médica para los trámites relacionados con el Departamento que sean autorizados por ley. Por ejemplo, el Departamento podrá compartir su información médica con un contrainterna a fin de coordinar su atención, resolver controversias o analizar el cumplimiento de las regulaciones. Además, podremos compartir su información con otras agencias estatales o federales para cumplir nuestra misión de ofrecerle beneficios coordinados.

Comunicaciones: Podremos utilizar su información médica para comunicarnos con usted e informarlo acerca de programas y opciones de atención médica.

Requisitos legales: Compartiremos su información médica cuando las leyes federales o estatales lo exijan.

Para evitar datos: Podremos utilizar o compartir su información médica a fin de evitar una amenaza seria a su salud y seguridad, o a la salud y seguridad de otros, como en el caso de situaciones de abuso, negligencia o violencia familiar o para propósitos de cumplimiento de la ley.

Investigación: Bajo determinadas circunstancias, podremos compartir su información médica con fines de investigación.

Salud pública: Podremos compartir su información médica con organismos de salud pública, a fin de evitar o controlar la propagación de enfermedades.

Actividades de control de la salud: Podremos compartir su información con un organismo de control de la salud para que se lleven a cabo actividades autorizadas por la ley. Estas actividades podrían incluir, por ejemplo, auditorías, investigaciones e inspecciones.

Juicio o litigio: Podremos compartir su información médica para responder a una orden judicial o administrativa válida.

Jueces: de instrucción, médicos forenses, directores forenses y organizaciones o entidades encargadas de manejar la adquisición de órganos: De acuerdo con las leyes pertinentes, podremos compartir su información médica con un jueces de instrucción, médico forense o director forense, de modo que puedan llevar a cabo sus tratos, si bien, con el personal pertinente con el propósito de facilitar la donación o el trasplante de órganos, ojos o tejido.
Programa de Asistencia Médica de Colorado

Compensación laboral: Podrán compartir su información médica con programas que ofrezcan beneficios por lesiones o enfermedades relacionadas con el trabajo.

Actividades de seguridad nacional e inteligencia y funciones especializadas del Gobierno: Podrán compartir su información médica con funcionarios federales autorizados para la realización de actividades relacionadas con la seguridad nacional e investigaciones especializadas o para llevar a cabo actividades militares y de seguridad.

Presos: Si usted está preso en un convencional o está bajo la custodia de un funcionario responsable de hacer cumplir la ley, podremos compartir su información médica con dicho convencional o funcionario con fines relacionados con la atención médica o la seguridad.

Mercadeo y venta de información médica: No utilizaremos ni divulgaremos su información médica para propósitos de mercadeo (salvo excepciones limitadas), ni vendremos su información médica si no contamos con su autorización por escrito.

Se pueden realizar otros usos y divulgaciones: no descritos en este aviso únicamente con su autorización por escrito.

SUS DERECHOS CON RESPECTO A LA INFORMACIÓN DE SALUD:

Derecho a ver y obtener una copia de su información médica: Puede ver y sacar una copia de su información médica y los registros de facturación si realiza un pedido por escrito al Funcionario de Privacidad del Departamento. Solo podrán proporcionar los registros que fueron creados para o en nombre del Departamento. El Departamento no necesita proporcionar notas de psicoterapia ni información recopilada con anticipación razonable a una acción o procedimiento civil, penal o administrativo ni para que sean utilizadas en dicha acción o procedimiento.

Derecho a ser notificado luego de un incumplimiento respecto de su información médica no protegida: El Departamento, por ley, debe notificarte luego de un incumplimiento con respecto a su información médica no protegida. Este aviso describirá las circunstancias de lo que sucedió y la información que se utilizó o divulgó de manera inadecuada. Podrá recibir este aviso por correo; o bien, por correo electrónico si eligió recibir las comunicaciones del Departamento por este medio. Esto se enviará a la dirección de correo electrónico que figura en su expediente.

Derecho a ser corregidos si recibimos su información médica: Si consideras que la información médica que le proporcionamos es incorrecta o este incompleta, podrás solicitar su corregida por medio de una solicitud por escrito al Funcionario de Privacidad del Departamento. En determinados casos, el Departamento puede rechazar dicho pedido de amonestación.

Derecho a una lista de las divulgaciones realizadas con respecto a su información médica: Tiene derecho a obtener una lista de los casos en los que compartimos su información médica, que no sean los relativos al tratamiento, pago y tramitaciones relacionadas con la atención médica, o que no sean los casos en los que usted autorizó específicamente al Departamento a compartir su información. Debe realizar el pedido por escrito al Funcionario de Privacidad del Departamento.

Derecho a solicitar que su información médica sea comunicada de manera confidencial: Podrá solicitar que no compartamos su contacto con usted de un modo específico, por ejemplo, a través del teléfono del hogar o del trabajo, o que envíe su correspondencia a una dirección diferente. El Departamento considerará todos los pedidos que sean razonables y aceptará el pedido si nos informa que no hacerlo representa un peligro para usted.

Derecho a solicitar que no compartamos su información médica: Tiene derecho a solicitar que no compartamos su información médica para tratamiento, pago o tramitaciones relacionadas con la atención médica. Esto incluirá el derecho a solicitar que no compartamos su información con las personas involucradas en su atención, salvo cuando usted lo autoriza específicamente. Debe realizar el pedido por escrito y dirigirlo al Funcionario de Privacidad del Departamento y tendrá un plazo de un mes para hacerlo.

Derecho a obtener una copia del Aviso: Puede solicitar un en cualquier momento una copia en papel de este Aviso y se la proporcionaremos.
Programa de Asistencia Médica de Colorado

PARA OBTENER MÁS INFORMACIÓN O PARA INFORMAR UN PROBLEMA:

Si tiene preguntas con respecto a sus derechos a la privacidad, si desea obtener información adicional acerca de este Aviso o si desea presentar un reclamo porque considera que no se respetaron sus derechos a la privacidad, puede comunicarse con el Funcionario de Privacidad del Departamento:

Privacy Officer/State of Colorado/Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1815
303-866-4366

También puede presentar un reclamo ante el Secretario del Departamento de Salud y Servicios Humanos de los Estados Unidos:

Secretary/US. Department of Health and Human Services
Office of Civil Rights; 200 Independence Avenue, SW
Washington, DC 20201
O si visita: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

EL DEPARTAMENTO DE NINGUNA MANERA LE QUITARÁ SUS BENEFICIOS NI TOMARÁ REPRESALIAS EN CONTRA DE USTED SI PRESENTA UN RECLAMO EN RELACIÓN CON LA PRIVACIDAD.

Este Aviso entra en vigor a partir del 20 de septiembre de 2013.