Oregon Department
of Human Services

APD Q&A

Payment Systems

April 29, 2021

After today's session, you should be able to answer the following questions:

|		
What general information can I learn on how the payment systems work with ONE?	How does the CEP System Work?	What are some common CEP system errors and how do I resolve them?
How does the 512 system work?	What are some common 512 system errors and how do I resolve them?	How does MMIS work with payment authorizations?

The goal of this this session to gain additional knowledge on how the payment systems work in order to troubleshoot payment authorization issues
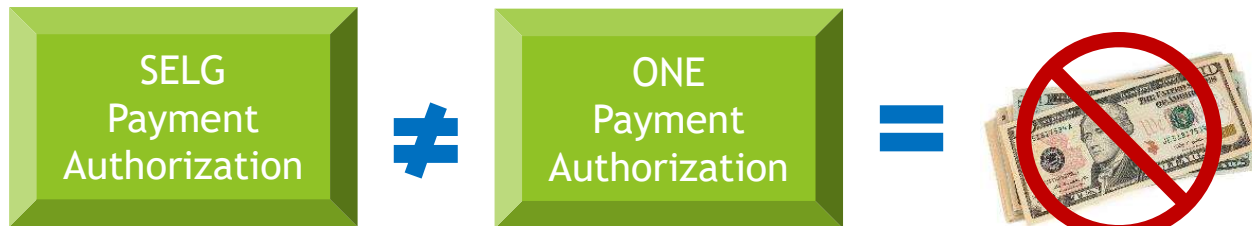
What are APD Payment Systems?

▶ **Consumer Employed Provider System (CEP)** – In-Home Services provided by a homecare worker (HCW)

▶ **512 System** (accessed through SMRQ/SMRF) – APD Community Based Care Services

▶ **MMIS** – Nursing Facility and In-Home Services provided by in-home care agency
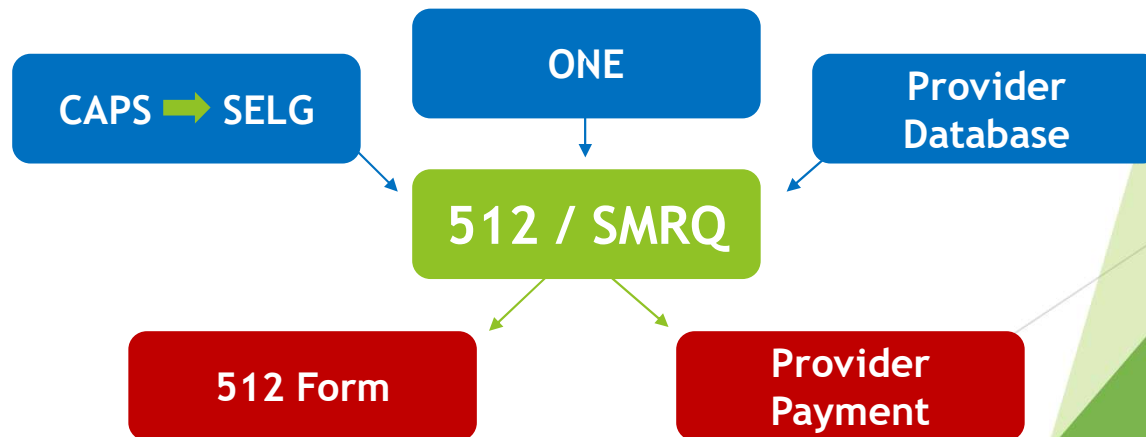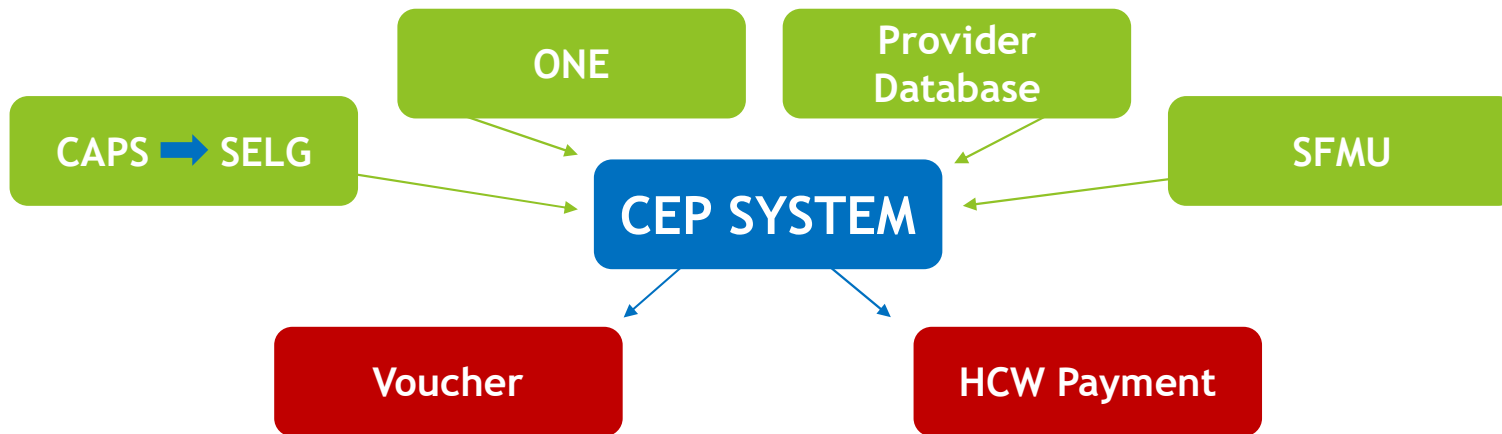
Payment Systems

Answering question: What general information can I learn on how the payment systems work with ONE?

Approved Oregon ACCESS Benefits → SELG → ONE →

SELG Payment Authorization = ONE Payment Authorization =

SELG Payment Authorization ≠ ONE Payment Authorization =

Payment Systems

Answering question: What general information can I learn on how the payment systems work with ONE?

- ▶ Everything for the payment time period needs to stay the same.

  - ▶ If anything changes in the middle of the pay period (payment rate, change in TOA, etc.), the payment must be split.

- ▶ If the benefit is up to date and correct, running a new eligibility determination in ONE may be needed to pickup the service TOA.

Payment Systems

Answering question: What general information can I learn on how the payment systems work with ONE?

For LTCSERV TOA to stay active, the must be ongoing benefits approved in Oregon ACCESS (which is sent to SELG).

If a benefit is not reauthorized timely, the LTCSERV benefit will end.

- When eligibility in ONE occurs (due to a reported change, renewal, or mass update), it will evaluate for LTCSERV as follows:

  - On or before the 15th, it will check the SELG record for the current month and the following month. If there is no SELG record for any part of that time, LTCSERV will end effective at the end of that month.

  - After the 15th, it will check for the SELG record for current month, next month, and the month after that. If the SELG is ending during this time period, LTCSERV will end with timely notice.

Payment Systems

Answering question: What general information can I learn on how the payment systems work with ONE?

For LTCSERV TOA to stay active, the must be ongoing benefits approved in Oregon ACCESS (which is sent to SELG).

- ▶ ONE evaluates service eligibility daily.
    - ▶ If ONE sees that the SELG record is ending, it will also end LTCSERV with timely notice.
    - ▶ This is also true for MSERV and NMAGISERV, however medical will remain in place.

Payment Systems

Answering question: What general information can I learn on how the payment systems work with ONE?

If an LTCSERV benefit (or MSERV/NMAGISERV) has ended and needs to be renewed:

▶ Approve a new Oregon ACCESS benefit for the SELG record

▶ Run eligibility in the ONE system.

Payment Systems
Answering question: How does the CEP System Work?

▶ The CEP system authorization begins with a case management authorization for a HCW to work, which includes the pay period dates, hours, and mileage.

   ▶ Initial authorization is manually generated by local office staff in the CEP system. When an authorization is attempted, the CEP system will check against:

SELG	ONE	Provider Credentials (including the correct rate)	SFMU

▶ For future authorizations, the vouchers are autogenerated through the "ONGO" process. For these future authorizations, it will again check against the four areas indicated above.

▶ If there is a mismatch or missing information between SELG and ONE, there is a provider credential issue, or a pay-in is not paid, an error will be received.

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Answering question: What are some common CEP system errors and how do I resolve them?

An error message may be viewed by:

- ▶ Seeing it when an initial authorization occurs or
- ▶ Through the SVCH screen (when the voucher is suspended).

Next are two of the most common error messages and how to resolve them.

Payment Systems

Answering question: What are some common CEP system errors and how do I resolve them?

A84- No SVC CAT FOUND for SERV

This typically means that there is no approved service benefit in Oregon ACCESS for the entire time period. Authorizing the benefit will generally resolve the issue.

Payment Systems

Answering question: What are some common CEP system errors and how do I resolve them?

008 Recipient NOT ON FILE

This typically means either there was a change in the medical TOA or there is a missing service TOA (this would be typically be the LTCSERV TOA).

Example on a change in medical TOA:

▶ The individual started receiving SSI on March 1. Previously, the individual was receiving MAGI medical benefits (ADLT), however was converted in ONE to SSIR (OSIPM medical).

To resolve the issue:

▶ End KPS In-home on 2/28/2021

▶ Start APD In-home on 3/1/2021

▶ Split the voucher so that the first one ends on 2/28/21 and start the next one on 3/1/21.

Payment Systems

Answering question: What are some common CEP system errors and how do I resolve them?

008 Recipient NOT ON FILE

This typically means either there was a change in the medical TOA or there is a missing service TOA (this would be typically be the LTCSERV TOA).

Example on a missing medical TOA:

▶ The benefit in Oregon ACCESS ends on 5/8/21.

▶ ONE is updated on 4/1/21, causing the LTCSERV benefit to end on 5/31/21.

▶ The "Recipient NOT ON FILE" message is received when attempting to authorize the 5/23/21-6/5/21 voucher.

To resolve the issue:

▶ Assuming the individual is still eligible, create a new benefit In Oregon ACCESS.

▶ Re-run eligibility in ONE.

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Answering question: What are some common CEP system errors and how do I resolve them?

This training only covered a couple of the most common error messages.

An updated

Voucher Troubleshooting Guide

will be provided soon!

This Guide will include issues related to authorization and ONGO, as well as additional error codes and how to resolve them.

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Answering question: How does the 512 system work?

As in the CEP system, authorization begins with a case management authorization for a CBC provider to provide services. This includes when the services begin. Other information, such as rates or liability calculations, come from SELG and the ONE system respectively. The CBC system will check against:

SELG	ONE	Provider Credentials (including the correct rate)

▶ The initial check will be for the current calendar month, as well as any previous calendar month if a retroactive authorization is needed.

▶ The 512 will regularly check against the above criteria.

▶ If there is a mismatch or missing information between SELG and ONE, or there is a provider credential issue, the 512 will suspend.

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Payment Systems

Answering question: What are some common 512 system errors and how do I resolve them?

- ▶ To review suspended 512 payments, enter SCFP,b,(branch number) in the mainframe.

- ▶ Local offices should check this SCFP on a weekly basis.

- ▶ Whenever possible, payment issues should be resolved prior to the end of the calendar month.

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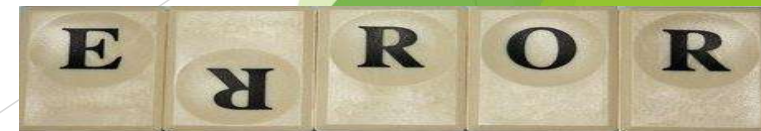Answering question: What are some common 512 system errors and how do I resolve them?

B221 Paid Thru Date > Eff Beg Date

This may occur when touching or creating a 512 with an effective date that is beyond when a payment is made.

▶ For example, if a 512 is being touched effective 3/1/21, and the payment for March has already been issued, then the error message will occur.

To resolve the issue:

▶ Change the start date to be the day after the last payment was made.

Payment Systems

Answering question: What are some common 512 system errors and how do I resolve them?

ER278 TOA Code on 512 must match TOA Code in IE Elig

ER305 Grant Amount on CMS and 512 are not equal

ER110 Cur Client Asmt Base and Add-ons do not match the 512

ER102 Cur Rate Level on Client Asmt do not match lvls on 512

ER115 Past Rate Level on Client Asmt do not match lvls on 512

All of these error messages usually mean the 512 authorization must be "touched". However, sometimes the authorizations must be split.

For example:

▶ A 512 is suspend for March 2021 (payment is made through February)

▶ The liability amount changed for April 2021

▶ A 512 is needed for just the month of March 2021, then a new one for April and ongoing.
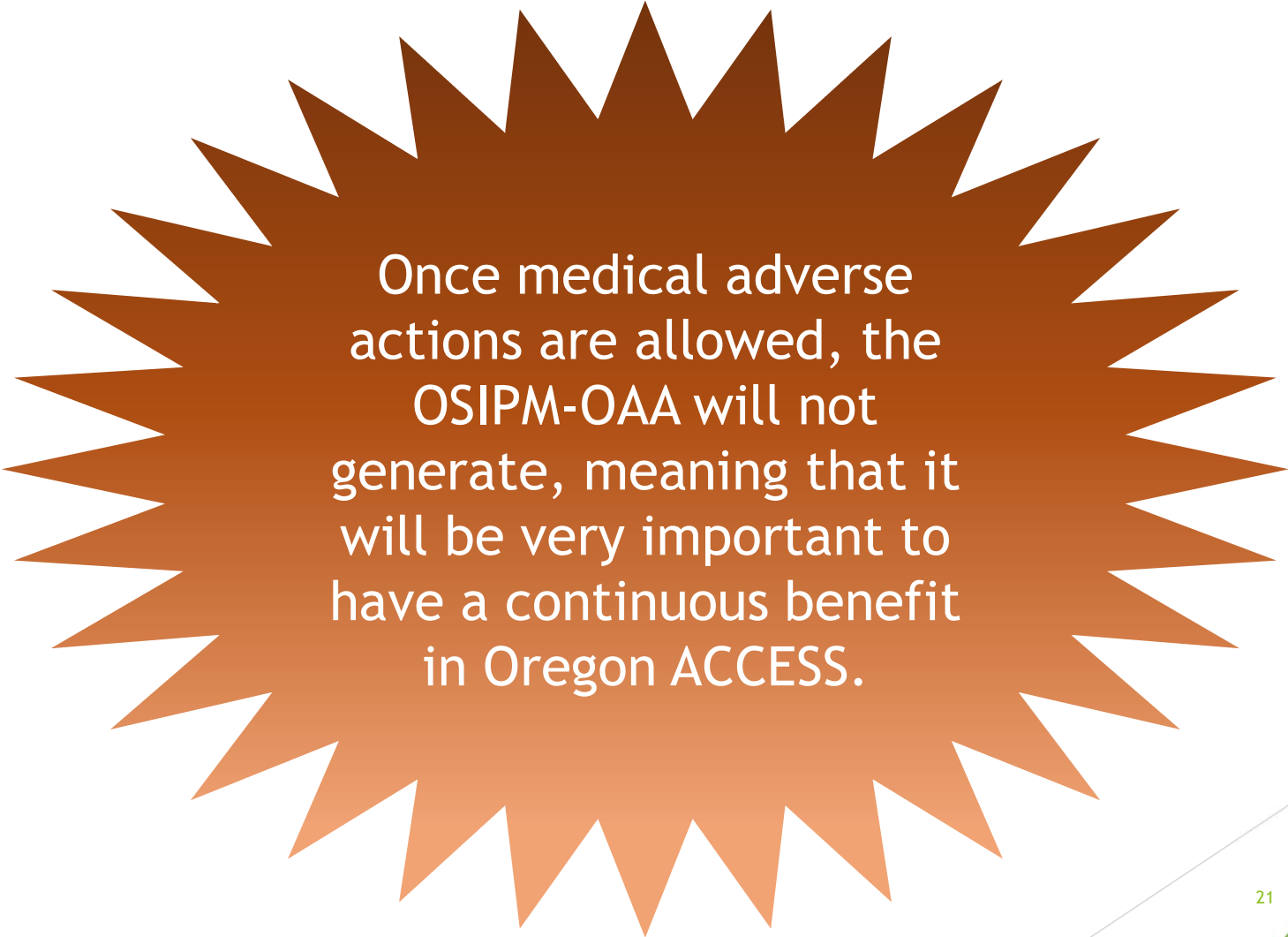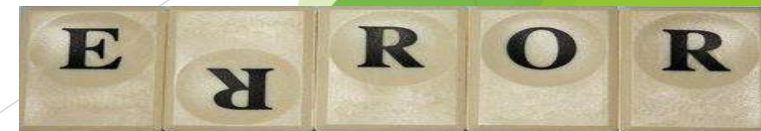
Payment Systems

Answering question: What are some common 512 system errors and how do I resolve them?

B269 Eligibility record does not exist for this Prim Id

▶ Check to make sure there is an approved benefit in Oregon ACCESS.

▶ Once there is an approved benefit, try touching the 512 to clear the error.

▶ If this doesn't work, most likely the LTCSERV TOA is needed. If you see that the consumer has a standalone medical TOA, such as the OSIPM-OAA, most likely the solution is re-running eligibility in ONE for LTCSERV to reactivate.

Once medical adverse actions are allowed, the OSIPM-OAA will not generate, meaning that it will be very important to have a continuous benefit in Oregon ACCESS.

Payment Systems

Answering question: What are some current issues with OPI authorizations?

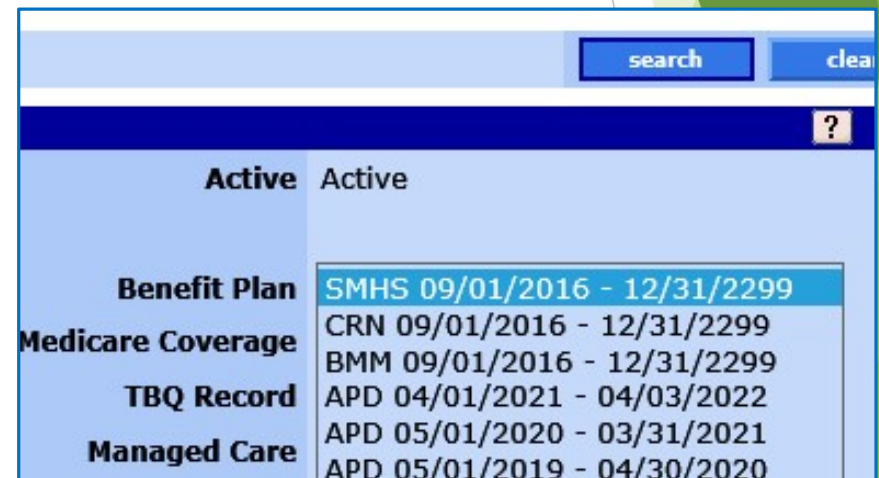**An approved OPI benefit is sent to SELG, which in turn is sent to MMIS.**

▶ If ONE later determines the individual eligible for Medicaid, however, it reads MMIS and sees the OPI benefit, it may end up rejecting the approval and deny the benefit. A data fix has been implemented for this issue, waiting for confirmation this has resolved the issue.

▶ Similarly, if an individual on OPI is determined eligible for Medicaid, and a new APD-In home benefit is created, ONE may reject the Medicaid benefit during the OPI approved time period.

  ▶ Update the APD-In home benefit date to match the OSIPM eligibility date if it doesn't impact any submitted voucher claims.

Payment Systems

Answering question: How do I troubleshoot MMIS payment authorizations?

SELG information is also sent to MMIS for payment authorization for NFC and IHCA POCs. As mentioned during the Service Eligibility training, the following benefits are sent to MMIS, along with the service dates:

- ▶ APD In-home or CBC (OSIPM)

- ▶ KPS In-home or CBC (MAGI)

- ▶ BPA (State Plan Personal Care - OSIPM)

- ▶ BPO (State Plan Personal Care - MAGI)

- ▶ NFC (Nursing Facility setting, OSIPM or MAGI)

- ▶ PAC (PACE benefit)

Payment Systems

Answering question: How do I troubleshoot MMIS payment authorizations?

The authorization dates for the benefits come from SELG.

POC authorizations dates must match these dates for the correct Benefit Plan to be generated.

If the benefit plan dates splits for any reason, separate POCs must be created to align with the benefit plan dates.

If a POC is saved, and for some reason the benefit dates are then split, the benefit plan will no longer be displayed.

Dates can be viewed in MMIS

APD 04/01/2021 - 04/03/2022
APD 05/01/2020 - 03/31/2021

This is usually not an issue, however if a new POC is retroactively needed, you may run into issues where a claim was already paid. This may require the provider to temporarily back out claims for the time period where the previous POC is being ended for a new POC to be established.

What questions do you have?

Please type your questions into the broadcast text box and our moderator will ask the panel