Chapter 19b –Plan of Care & Service Provided (225) Automated Process For the FAI, BASIS Assessment, and ADRC Options Counseling Form

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Updated 03/02/2017

Plan of Care & Service Provided (225) Automated Process

Introduction   When the Kansas Medicaid system known as KanCare was implemented in January 2013, and expanded to include additional waivers the following year, new electronic assessment forms were created in KAMIS to accommodate the new processes. The new forms - Functional Assessment Instrument (FAI) and BASIS Assessment – have processes built in that automatically create a Plan of Care and the Service Provided (225) billing record for the payment of the assessment.

The waivers that use the FAI (FE, PD, TBI) and BASIS (I/DD) forms no longer manage services through KAMIS, so the assessment (ASMT) service is the only service entered in the Plan of Care.

Another new form - the ADRC Options Counseling form - also makes use of the auto-generated Plan of Care and Service Provided (225) billing record for the Options Counseling (OPCNS) service.

Refer to *Chapter 19a – Plan of Care* for complete instructions on the Plan of Care used with the Uniform Assessment Instrument (UAI), Uniform Program Registration (UPR), and Abbreviated UAI, which are still used for Older Americans Act (OAA) and Senior Care Act (SCA) funded services.

Prerequisite   The automated process described below does not start until the related form has been created and saved in 'Approved' status:
  ‣ FAI – assessment for clients on the FE, PD, and TBI waivers
  ‣ BASIS –assessment for clients on the I/DD waiver
  ‣ ADRC Options Counseling form – assistance form for ADRC clients seeking information and/or services

Automated Process   The table below describes the steps in the automated processes that create the Plan of Care and Service (225) billing record for the Functional Assessment Instrument (FAI), the BASIS Assessment, and the ADRC Options Counseling form.

Step	Action	Result
1.	The form is saved in 'Approved' status.	The automated Plan of Care process begins
2.	The Plan of Care is created	
3.	The appropriate service line is added	ASMT or OPCNS service line is inserted in the POC
4.	The POC status is changed to 'Approved'	The Service Provided (225) process begins
5.	The Service Provided billing record is created.	The automated process ends.

Important Note   Never add OAA or SCA funded services to a Plan of Care that is auto-generated for an FAI, BASIS Assessment, or ADRC Options Counseling form. They should only be entered on the Plans of Care associated with the UAI, Abbreviated UAI, or UPR forms.

Plan of Care & Service Provided (225) Automated Process, continued

KDADS Payment Approval

The automated processes described above run immediately after the form has been saved in Approved status.

Because the KDADS Payment Approval is not part of the automated processes, KDADS still processes the payment approvals during normal payment cycles.

Example Plan of Care (FAI)

Examples of the Plan of Care for an FAI, and the POC Service Line Billing Detail after the KDADS Payment Approval has been processed:

Service line for the FAI:

Service	Self Direct	Funding	SCA %	Provider	Units	Freq	Total MO Units	Start Date	End Date	Dischrg Code	Unit Cost	Oblig.	MO Cost	Processed
ASMT	N	FAIFED1	0	NORTHEAST KANSAS AAA	1	ONCE	1	07/02/15	07/02/15	14	90	0	90	EXISTING - ERROR

(Disregard the 'Existing-Error' status. It has no effect on the POC or the 225 billing record.)

Billing detail for the FAI after the KDADS Payment Approval is processed:

POC Service Line Billing Detail

* Assessment#   * Service Line Item#   * Month   * Year   * Display Suggested Adjustment?

1386202 | 1 | Jul ▾ ... | 2015 | No ▾

[Submit]

SERVICE LINE DETAILS FOR _____

ASMT FAIFED1 "NORTHEAST KANSAS AAA" 1 units per ONCE // 1 authed per month 07/02/15 - 07/02/15 unitCost=$90 copay=$ monthlyCost=$90

ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	KDOA_PAID_DATE	
--------ALREADY PAID BY KDOA--------							This section shows entries that have already been processed through KDOA Approvals, and cannot be changed.
1	0	0	1	1	1	10/13/2015	
--------SUM TOTAL PAID BY KDOA--------							
TTL	0	0	1	1	1		This line shows the total of all entries that have been paid by KDOA.
--------UNPAID BY KDOA--------							This section shows entries that have **NOT** yet been processed through KDOA Approvals, and can still be changed/deleted by KDOA Help Desk if necessary. PSA billing records will need to be adjusted if these are changed.
ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID		
--------SUM TOTAL UNPAID BY KDOA--------							
TTL	0	0	0	0	0		This line shows the total of all entries that have **NOT** yet been paid by KDOA.
--------CURRENT SUM OF ALL PAID/UNPAID ADJUSTMENTS--------							
ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID		
TTL	0	0	1	1	1		This line shows what the total of all entries *would* be, assuming all pending (green) lines are paid by KDOA at their present values.

Note the delay in payment – most likely due to a pending Medicaid eligibility hold that was never updated, so the payment was delayed 90 days. See the 'Payment Not Processed' section for more information.

Continued on next page

Plan of Care & Service Provided (225) Automated Process, continued

Example Plan of Care (BASIS) Example of the Plan of Care for a BASIS Assessment, and the POC Service Line Billing Detail after the KDADS Payment Approval has been processed:

Service line for the BASIS Assessment:

Service	Self Direct	Funding	SCA %	Provider	Units	Freq	Total MO Units	Start Date	End Date	Dischrg Code	Unit Cost	Oblig.	MO Cost	Processed
ASMT	N	BASFED1	0	KANSAS CDDO COALITION	1	ONCE	1	05/20/16	05/20/16	14	90	0	90	EXISTING

Billing detail for the BASIS Assessment:

POC Service Line Billing Detail

* **Assessment#** * **Service Line Item#** * **Month** * **Year** * **Display Suggested Adjustment?**

1474614   1   May ▼ ... 2016   No ▼

[Submit]

SERVICE LINE DETAILS FOR ▨▨▨▨▨▨

ASMT BASFED1 "KANSAS CDDO COALITION" **1** units per ONCE // **1** authed per month **05/20/16 - 05/20/16** unitCost=**$90** copay=$ monthlyCost=**$90**

--------ALREADY PAID BY KDOA--------						This section shows entries that have already been processed throug cannot be changed.
ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	KDOA_PAID_DATE
1	0	0	1	1	1	06/14/2016
--------SUM TOTAL PAID BY KDOA--------						
TTL	0	0	1	1	1	This line shows the total of all entries that have been paid by KDOA.
--------UNPAID BY KDOA--------						This section shows entries that have **NOT** yet been processed throu can still be changed/deleted by KDOA Help Desk if necessary. PSA b be adjusted if these are changed.
ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	
--------SUM TOTAL UNPAID BY KDOA--------						
TTL	0	0	0	0	0	This line shows the total of all entries that have **NOT** yet been paid by
--------CURRENT SUM OF ALL PAID/UNPAID ADJUSTMENTS--------						
ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	
TTL	0	0	1	1	1	This line shows what the total of all entries *would* be, assuming al paid by KDOA at their present values.

Plan of Care & Service Provided (225) Automated Process, continued

Example Plan of Care (Options Counseling)

Example of the Plan of Care for an ADRC Options Counseling form, and the POC Service Line Billing Detail after the KDADS Payment Approval has been processed:

Service line for the ADRC Options Counseling form:

Service	Self Direct	Funding	SCA %	Provider	Units	Freq	Total MO Units	Start Date	End Date	Dischrg Code	Unit Cost	Oblig.	MO Cost	Processed
OPCNS	N	ADRCFED1	0	NORTHEAST KANSAS AAA	1	ONCE	1	07/02/15	07/02/15	14	35	0	35	EXISTING

Billing detail for the ADRC Options Counseling form:

POC Service Line Billing Detail

* Assessment# 1386194   *** Service Line Item#** 1   *** Month** Jul ...   *** Year** 2015   *** Display Suggested Adjustment?** No

[Submit]

SERVICE LINE DETAILS FOR ~~V~~

OPCNS ADRCFED1 "NORTHEAST KANSAS AAA" **1** units per ONCE // **1** authed per month 07/02/15 - 07/02/15 unitCost=$35 copay=$ monthlyCost=$35

--------ALREADY PAID BY KDOA--------						This section shows entries that have already been processed through KDOA Approvals, and cannot be changed.

ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	KDOA_PAID_DATE	
1	0	0	1	1	1	08/12/2015	
--------SUM TOTAL PAID BY KDOA--------							
TTL	0	0	1	1	1		This line shows the total of all entries that have been paid by KDOA.

--------UNPAID BY KDOA--------					This section shows entries that have **NOT** yet been processed through KDOA Approvals, and can still be changed/deleted by KDOA Help Desk if necessary. PSA billing records will need to be adjusted if these are changed.

ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	
--------SUM TOTAL UNPAID BY KDOA--------						
TTL	0	0	0	0	0	This line shows the total of all entries that have **NOT** yet been paid by KDOA.

--------CURRENT SUM OF ALL PAID/UNPAID ADJUSTMENTS--------					

ADJ#	COLLECTED	BILLED	PROVIDED	PAID	KDOA_PAID	
TTL	0	0	1	1	1	This line shows what the total of all entries *would* be, assuming all pending (green) lines are paid by KDOA at their present values.

Payment Not Processed

Introduction
There are several reasons why a payment for an FAI, BASIS assessment, or ADRC Options Counseling form may not get processed. For the payment to be processed, the issue that caused the skipped payment must be corrected.

Possible Errors Causing Payment Delay
FAI, BASIS, ADRC Options Counseling:
- An incorrect assessment date was entered (example: 01/26/2015 instead of 01/26/2016.) Thus, the POC and Service Provided record were created with a date long past the three-month 'look back' period for KDADS Payment Approvals, so the assessment or options counseling service was never paid.

FAI:
- A triggering Medicaid Eligibility field in the FAI had a response which delays the POC automated process.

BASIS:
- A triggering Medicaid card field in the BASIS assessment had a response which delays the automated POC creation process.

Fix It: Incorrect Date
Follow the steps in the table below to report and fix an error that prevents a payment from being processed due to an incorrect date on an FAI, Basis Assessment, or Options Counseling form.

Step	Action	Result
1.	Submit a KDADS Problem Report and provide the following information: • Customer name & KAMIS ID # • Assessment/Form type and date as currently entered on the form • Request the form be reset to WIP status • Provide the correct date that should be on the assessment/form • Request the POC and Service Provided record be updated with the correct date	All information needed to fix the payment processing error is submitted to the KDADS Help Desk.
2.	Fix the date on the assessment/form.	Date is changed.
3.	Save the assessment/form in Approved status.	Automatic POC process does *not* run again.
4.	a. If the corrected date is within the normal three-month look-back period for KDADS Accounting to still process the payment, no further action is required. b. If the corrected date is outside the normal look-back period, continue with step 5.	a. Because the POC and the billing records dates were changed by KDADS, the payment will appear in the next KDADS Payment Approval list to be processed during the next payment cycle.

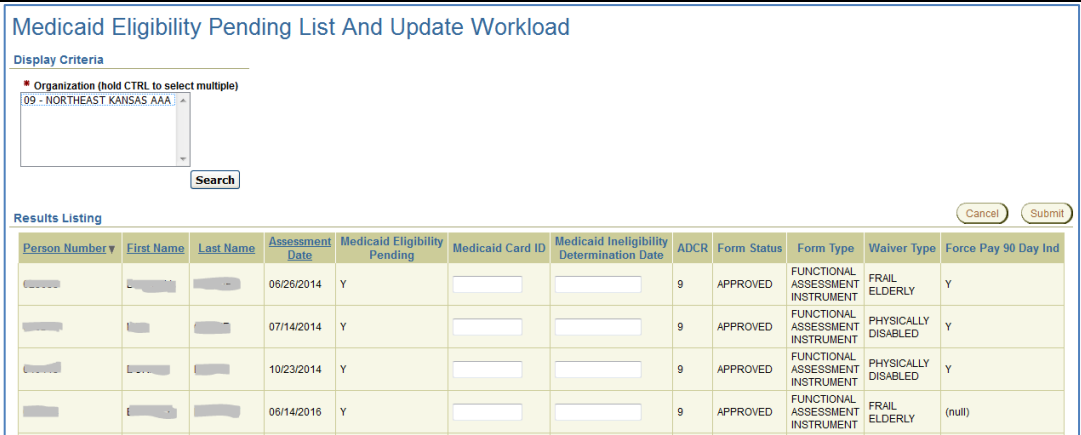# Payment Not Processed, continued

Fix It:
Incorrect Date

Continued

Step	Action	Result
5.	After e-mail notification from KDADS that the dates have been corrected, contact the KDADS Accounting Division to request that the payment be processed outside of the normal look-back period.	KDADS Accounting will make the determination whether or not to allow the payment.

Fix It: Missing
Medicaid ID
(FAI)

Follow the steps in the table below to enter the missing Medicaid ID number for an FAI that was not paid due to pending Medicaid eligibility at the time of the assessment. These steps must be completed to trigger the creation of the POC/billing record that will ensure the KDADS Payment Approval is processed in a timely manner.

Note: If there is a delay in getting a customer's Medicaid number and 90 days pass since the FAI was done, a 'Force Pay after 90 Days' process is triggered to ensure the FAI is paid.

Step	Action	Result
1.	From the KAMIS Home Page, in the 'WORKLOADS' region, click on the **Pending Medicaid Eligibility Information Update** button.	The 'Medicaid Eligibility Pending List And Update Workload' page displays.
2.	Find the customer in the *Results Listing*. Note: The list is sorted by KAMIS ID (Person Number), but you can sort on First Name, Last Name, or Assessment Date by clicking on the column heading.	

Payment Not Processed, continued

Fix It: Missing Medicaid ID (FAI)

Continued

Step	Action	Result
3.	Enter the customer's Medicaid number in the **Medicaid Card ID** column.	
4.	Click on the **Submit** button.	The record disappears from the Results Listing. The automated process is triggered to create the POC and the Service Provided (225) billing record for the assessment (ASMT) service.

Note: If the Medicaid ID number is obtained after the 'Force Pay 90 Day' process is triggered, the number should still be entered here to remove the customer from the Results Listing table.

Fix It: Medicaid Ineligible (FAI)

Follow the steps in the table below to enter the Medicaid Ineligibility Determination Date for a customer for whom an FAI was done, to trigger the POC/billing record creation that will ensure the KDADS Payment Approval is processed.

Note: If there is a delay in getting a customer's Medicaid ineligibility determination date, and 90 days pass since the FAI was done, a 'Force Pay after 90 Days' process is triggered to ensure the FAI is paid.

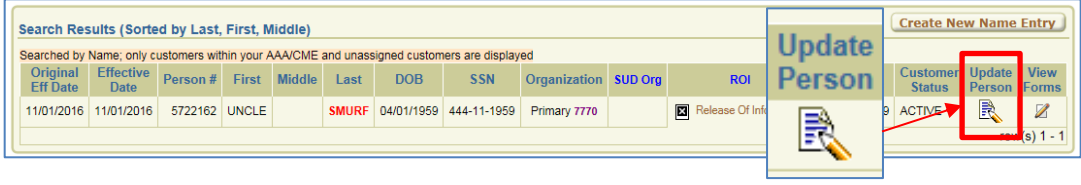| Step	Action	Result
1.	From the KAMIS Home Page, in the 'WORKLOADS' region, click on the **Pending Medicaid Eligibility Information Update** button.	The 'Medicaid Eligibility Pending List And Update Workload' page displays.
2.	Find the customer in the *Results Listing*. Note: The list is sorted by KAMIS ID (Person Number), but you can sort on First Name, Last Name, or Assessment Date by clicking on the column heading.	
3.	Enter the determination date (mm/dd/yyyy format) in the **Medicaid Ineligibility Determination Date** column.	Slashes (/) are entered automatically.
4.	Click on the **Submit** button.	Initiates the process to create the POC and the Service Provided (225) billing record for the assessment (ASMT) service.

Note: If the ineligibility date is obtained after the 'Force Pay 90 Day' process is triggered, the date should still be entered here to remove the customer from the Results Listing table.

Payment Not Processed, continued

Fix It: Medicaid ID Missing (BASIS)

Follow the steps in the table below to add a missing Medicaid ID number to a BASIS customer's person record.

Step	Action	Result
1.	Do a Person Search to find the customer with the missing Medicaid ID.	The Search Results displays the customer information.
2.	Click on the Update Person icon in the Search Results.	Customer's Person Admin record displays.
3.	In the *HCBS Waiver Eligibility Information* region, enter the missing Medicaid ID Number.	Must be eleven digits, starting with '001'
4.	Click on the **Save** button in the *Person Administration* region.	The Medicaid ID number is saved, and will now display in the **Medicaid Card ID Number** field on the 'Main Assessment Info.' page of the customer's BASIS Assessment.
5.	Submit a KDADS Problem Report and provide the following information: • Customer name & KAMIS ID # • Assessment type (BASIS) and date • Request the form be reset to WIP status • Provide the reason – the missing Medicaid ID number has been entered and the assessment needs to be re-saved as Approved so the POC/billing process can be triggered to run.	KDADS Help Desk resets the BASIS Assessment to WIP status.
6.	Review the Medicaid information on the 'Main Assessment Info.' page to make sure everything is correct.	

Payment Not Processed, continued

Fix It: Medicaid ID Missing (BASIS)   *continued*

Step	Action	Result
7.	Save the BASIS Assessment in Approved status.	Triggers the process to create the POC and the Service Provided (225) billing record for the assessment (ASMT) service.
8.	Click on the <u>Plan of Care</u> link in the Assessment and look at one of the line item entry tabs to confirm the ASMT service line has been added.	Confirms the Plan of Care has been created.
	Note: If the Plan of Care is still not auto-generated, contact the KDADS Help Desk for further assistance.	

Fix It: Medicaid Status (BASIS)   If a BASIS Assessment was saved in Approved status without correct Medicaid Card ID information, the POC and billing auto-generation may not be triggered. In this event, contact the KDADS Help Desk for assistance. Depending on the reason why the automated process did not run, it may be possible to reset the triggering event so it can run successfully. If the correction/change is not done in a timely manner, the assessment may not be paid.