

Frequently Asked Questions – WSCs and Providers

Question	Answer
1. Do I need to complete a separate Supplemental Waiver Services Application for each area where I provide services?	Yes.
2. How do we distinguish between In-Home Supports with one agency provider and Respite Care with another?	The service-family concept removes distinctions between personal services such as respite, in-home supports, companion, and personal care services. The provider qualifications for these services are the same. If two authorized services require two providers, then a service authorization will be needed for each one.
3. Does Medicaid (the Agency for Health Care Administration or AHCA) have a way to correlate invoices to the new service codes, such as "UC?"	Yes. AHCA and APD have worked closely together to identify service codes.
4. Does the draft iBudget handbook replace the current <i>Medicaid Waiver Policies and Limitations Handbook</i> ?	Yes, but not until the iBudget system is implemented in your area. At that point, the iBudget handbook will supersede the <i>Medicaid Waiver Policies and Limitations Handbook</i> . The area office will provide you with the current version of the iBudget handbook.
5. How do you verify provider email addresses?	It is critical that each provider has an up-to-date email account and notifies the area office of any changes. Area offices are responsible for maintaining provider email addresses at this time. In the future, providers will be able to update their information directly.
6. Does the system automatically shut down an old provider once a new provider is selected?	No, this is not an automatic process. The waiver support coordinator (WSC) must submit a new service authorization request for a cancellation or change.
7. How does iBudget Florida handle changes in services or providers and ensure there is no disruption in services?	Authorizations and other changes that are submitted by the WSC are processed and posted nightly and are reflected within 24 hours. The WSC will continue to be responsible for providing the service authorizations to providers.

<p>8. How fast will the application keep up with service utilization?</p>	<p>There is a one-week lag time between the date the provider bills through the Florida Medicaid Management Information System (FMMIS) and the date iBudget will record the billed service.</p>
<p>9. How is Delmarva going to be working with iBudget?</p>	<p>Delmarva has been involved with APD on iBudget Florida. Meetings and updates between Delmarva and APD will continue as the implementation goes forward. Delmarva monitoring tools will be updated where necessary to accommodate the iBudget waiver. There are many similarities between iBudget services and those in the current tier waiver system.</p>
<p>10. How is the provider alerted to changes to service authorizations?</p>	<p>Providers will be notified by WSCs either through secure email, postal mail, or hand delivery.</p>
<p>11. Will there be a Help Desk?</p>	<p>The APD Help Desk is available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time), for assistance with technical problems in the iBudget system if they occur. Questions regarding policy or individual situations of service needs must be handled by contacting the area office.</p>
<p>12. Is all billing under FMMIS done under 96 codes with iBudget?</p>	<p>No. There are still 96 and 98 codes. A provider will need to look at FMMIS to see what code was generated and bill accordingly or the authorization will be denied.</p>
<p>13. Once there is an approved cost plan, when will providers receive service authorizations?</p>	<p>Service authorizations are generated nightly, Monday through Friday. Using secure email, WSCs will email service authorizations to providers.</p>
<p>14. Should we anticipate problems with iBudget producing valid service authorizations?</p>	<p>During testing of the iBudget application, more than 30,000 test cases were sent to FMMIS, successfully creating service authorizations. If there is a service authorization error, the area office will assist in resolving the issue.</p>
<p>15. Since the iBudget waiver service codes are different than the tier waiver service codes, will FMMIS accept the new codes when the areas move to iBudget?</p>	<p>Yes, the FMMIS system has been operating with iBudget service codes since October 2011.</p>

<p>16. Do we put hard copies of service authorizations in the customer's file?</p>	<p>No. The WSC will first ask the customer for approval. Once approval is received, the WSC will indicate <i>Yes</i> for the “<i>Consumer Accepts Cost Plan?</i>” field in iBudget Florida. This is considered an electronic signature for the cost plan. This electronic signature and authorization are kept in the iBudget system.</p>
<p>17. Since there are quarterly authorizations, will there be a requirement for quarterly billings?</p>	<p>No. Under federal law, providers have up to one year to bill for services rendered. However, providers are encouraged to bill prior to the 15th day of any particular month for the previous month's services rendered. Clients' budgets and flexibility for changing or rearranging services depend on knowing the exact amount of allocated funds and the amount available for use.</p>
<p>18. Toward the end of the fourth quarter, must we meet with providers to make adjustments to cost plans to adjust for actual service use?</p>	<p>No. Claims may be monitored by using the <i>Claims</i> button, which provides information from a weekly data transfer from FMMIS on paid claims.</p>
<p>19. What about providers with no email access?</p>	<p>Providers are required by the iBudget handbook rule to have active email addresses.</p>
<p>20. What does a provider do if they run out of quarter hours for a service, requiring a change to the service authorization?</p>	<p>The provider is only authorized for the units that are contained in the service authorization. Providers and WSCs must work closely together to ensure that services are provided as needed and as authorized. If there is a concern, the provider should contact the WSC.</p>
<p>21. What happens if providers do not check their emails in a timely fashion? What will be done to ensure that they don't bill for something that has been changed or cancelled?</p>	<p>The iBudget application uses a quarterly service authorization process. If a provider is not authorized to provide services, they will not be paid. Waiver support coordinators still have to check periodically with providers to keep track of client utilization. There is a <i>Paid Claims</i> feature in the iBudget application which is currently updated weekly by FMMIS.</p>

<p>22. What is the difference between Companion/Life Skills Development 1 and Companion/Personal Supports?</p>	<p>Under iBudget Florida, companion services are converted to either Personal Supports or Life Skills Development 1, depending on the individual's needs. Personal Supports provides supports for activities of daily living, while Life Skills Development 1 is more focused on training and learning of new skills to participate in the community. If a person lives in a group home, Personal Supports cannot be chosen to provide the community inclusion service; rather, Life Skills Development 1 would be appropriate.</p>
<p>23. When does a provider receive service authorizations for the upcoming quarter?</p>	<p>The provider will be notified by the WSC 15 days prior to the beginning of the quarter. Unexpected changes that occur quickly will be communicated by the WSC to the provider via email and by a phone call to notify them of the change prior to its effective date.</p>
<p>24. Once there is an approved cost plan, when will providers receive service authorizations?</p>	<p>Service authorizations are generated nightly, Monday through Friday. They are available to the WSC and area office within 24 hours of the cost plan's approval. Using secure email, WSCs will email service authorizations to providers.</p>
<p>25. Will emailing the service authorization be a violation of the Health Insurance Portability and Accountability Act (HIPAA)?</p>	<p>No. Waiver support coordinators will email service authorizations using secure email. This method has been approved by the APD security officer, who is responsible for HIPAA compliance.</p>
<p>26. Will iBudget work with Macintosh computers?</p>	<p>At this time, no. iBudget is built on a Microsoft platform that does not work with most Macs. Newer Macintosh machines have a new PC feature that may work with the system. This is being explored.</p>
<p>27. How will the number of quarter hours provided by a specific provider be monitored?</p>	<p>Claims should be monitored by WSCs for utilization. Paid claims may be viewed in iBudget under the <i>Claims</i> tab. Claims reports are generated weekly by FMMIS.</p>
<p>28. Will providers be held accountable to inform WSCs when they go over monthly allocated units, and if not, who is accountable?</p>	<p>If a provider renders services outside the service authorization, they will not be paid. Service authorizations are quarterly approvals.</p>

<p>29. When will providers have access to iBudget?</p>	<p>Whatever the date is for iBudget implementation in a particular area, all WSCs who have completed the Network Access Request Form (NARF), changed their default password to a unique one at their APD area office, and completed iBudget training will have immediate access to the iBudget application. Providers other than WSCs will not have access to the iBudget application at this time.</p>
<p>30. Will the comments included with the service authorizations in the first quarter continue to be included with subsequent quarters' service authorizations?</p>	<p>At this time, each service authorization is generated quarterly. The WSC will update any notes quarterly. If there are no changes, a simple <i>Copy</i> and <i>Paste</i> function can be used for the comments in each service authorization. This allows the information to be current, and new information can be added to service authorizations as needed.</p>
<p>31. For service authorizations, do the PA numbers remain the same for the provider each quarter?</p>	<p>No. A new service authorization number will be issued each quarter.</p>
<p>32. Has APD verified all provider email addresses? How will this be kept current?</p>	<p>APD has collected the email addresses of all HCBS providers that have an email addresses and were willing to provide them. Due to the changing nature of email addresses, it will be incumbent on each service provider to make certain their information is correct and communicated with the area office, which is responsible for maintaining provider email address lists at this time. In the future, providers will update their email information directly.</p>