Updating Plans, Planned Services, and Authorizations

Objectives

• Generate the Service Authorization report for distribution to providers
• Understand the differences between a migrated plan and a created plan
• Modify migrated plans and update authorizations
• Understand the enabling of EVV delivery on planned services

Migrated Plans

• In May of 2020, all approved 20-21 iBudget cost plans and budgets were migrated to APD iConnect
• Through the data migration process, the budgets and Plans were added to consumers’ records
• Cost plans in draft or pending review status were not migrated and will need to be created by WSC
Migrated Plans

- Migrated plans bypassed plan validation because they were approved in iBudget
- Since plan validation was bypassed, authorizations were generated by a script run in APD iConnect
- Thus, when a migrated plan is modified, there may be some different steps than when a plan has passed plan validation

SANs

- SANs are not being covered in this training
- APD will be sending WSCs information regarding how to handle SANs initiated in iBudget and when to begin requesting them in APD iConnect
- SAN eLearning video will be posted in the APD iConnect eLearning Library

Most Common Plan Modifications

- Provider Changes
  - When there are no claims on the authorization
  - When there are claims on the authorization
- Adding A Service
- Editing/Ending A Service
  - When there are no claims on the authorization
  - When there are claims on the authorization
Most Common Plan Modifications

- There are common steps in all types of plan modifications
- Some types may have an additional step or two
- WSCs should follow the 5/4/2020 Budget and Cost Plan Training Mini-Manual

Provider Claims and APD iConnect

- Like other APD iConnect functionalities, claim submission will occur on a rolling implementation schedule
  - Based on procedure codes
- Claims for Waiver Support Coordination are targeted to begin in APD iConnect after July 1, 2020
  - Official notification will be sent when WSC claims go live
- Remember, WSC Provider Documentation is needed in APD iConnect prior to claim submission

Provider Claims and APD iConnect

- Claims for procedure codes related to Respite will go live in APD iConnect after respite provider implementation in the summer of 2020
- Claims for procedure codes related to Personal Supports will go live in APD iConnect after Personal Supports provider implementation in the fall of 2020
Provider Claims and APD iConnect

• Providers will continue to submit claims via the FMMIS portal for any procedure code not live in APD iConnect for claim submission
• WSCs will need to monitor both iBudget and APD iConnect for claims when updating plans and planned services

Provider Claims and APD iConnect

• There will be no change as to how WSCs monitor claims in iBudget
• WSCs will access APD iConnect to review any claims submitted within the application
• Based on this review of both iBudget and APD iConnect claims, the WSC will know what adjustments can be made to a plan

Provider Claims and APD iConnect

• To see iConnect claims, navigate to the Claims tab of the consumer’s record
Provider Changes

- Provider changes include both editing/ending a service and adding a service
- Once claim data has been validated, the WSC is ready to modify the planned service
- The WSC Cost Plan Adjustment is a new role that has been added to assist with this process
  - Should be automatically available when WSCs log into APD iConnect by June 1, 2020

Provider Changes

- Navigate to the Planned Services subpage and select the Planned Service for the provider change
Provider Changes

• In the Planned Service details screen, update the end date for this provider
  – The Total No of Units will recalculate based on the change in end date
  – If necessary, the WSC can manually adjust the Total No of Units after it recalculates

Provider Changes

• All planned services migrated with the status of Region Review Approved, since they were approved in iBudget
• As the WSC modifies a planned service, there is no need to change the status
• File > Save and Close
Provider Changes

• Add the new provider by adding a new planned service
  – On Planned Services, File>Add Planned Service

• Complete all fields on the new planned service screen for the new provider

• Be sure the start date is after the end date of the prior provider

New Step – Must be completed to pass validation

– Since the authorizations have PA numbers, in order to update the available budget, WSCs will need to unlink, then relink the plan to the budget

– Navigate to the consumer’s budget tab and open the budget for the current fiscal year

– Click on the Linked Plans subpage

– Check the box of the plan, then Tools > Unlink Plan
Provider Changes

Still on the Linked Plans subpage, click File > Link to Plan

Select the plan for the current fiscal year, then click on the carat at then end of the row, and Link

Plan Validation

The plan is now ready for validation

Reminder – migrated plans previously bypassed validation.

- Some plans will fail validation, even on a simple provider change because certain services require either State Office review or a two-tiered approval
  - Planned service status = Region or State Review AND Plan status = Approved
Plan Validation

- Simply follow the plan validation steps as outlined in the 5/4/2020 Budget and Cost Plan Training Mini-Manual
- Navigate back to Plan Information, and update the Plan Status to ‘No Review Required’
- File > Save and Validate

Plan Validation

- Click View Issues, and the Okay button to display the plan validation report
Plan Validation

• The plan validation report will detail the issues
• WSCs should remedy any issues they can
  – Correct living setting
  – Remove services that fail due to a consumer’s age
• When the only failure reasons are region or state review, the WSC will complete the steps to route appropriately

Plan Validation

• In this example one service requires two-tier approval and one service requires State Office review
• Remember, all migrated planned services have the status of “Region Review Approved”
• If the WSC gets a validation report indicating region review is needed, it means the plan needs to be in “Approved” status
  – Only Region or State Office staff can place a plan in “Approved” status
Plan Validation

NOTE: Since the last WSC classroom training for plans and planned services, APD iConnect has been configured with a regional pending plans queue

– Please review the manual for new steps

Plan Validation

• Route the plan to region or State Office as indicated by the Plan Validation report
  – Using the WSC Cost Plan Adjustment role and reverse the status on the plan (see slide 13)
  – If the plan needs to go to the region, update the worker on the plan to the region waiver liaison for the WSC
  – When routing a plan to State Office, there is no need to update the worker on the plan

Plan Validation

• Change the Plan status to “Pending” and select which review is needed by choosing either the appropriate region or State Office
Plan Validation

- The region or State Office will review and if everything is approvable per the iBudget Rule and Handbook, they will update the worker back to the WSC and change the Plan status to “Approved” and validate the plan
- WSCs can monitor their Pending Plans queue on their My Dashboard
  - Adjust the filter to search for only Approved plans
Plan Validation

• Once the plan is validated, the WSC can update the authorization
• Open the consumer’s plan
• Navigate to the Planned Services subpage
• Check the box at the end of the row of the planned service(s) that have been modified
• File > Update Authorizations

Plan Validation

• Click “OK” on the message indicating the authorization was updated

Plan Validation

• Now click the checkbox for the new provider, then File > Create Authorizations
• Click “OK” on the message indicating the authorization was created
Authorizations

- The updated and created authorizations will transmit to FMMIS
- WSCs can monitor their My Dashboard for updated Authorizations
- The status of the authorization reflects where it is in the process of receiving a PA number from FMMIS

Rejected Authorizations

- When one or all services on an authorization is rejected by FMMIS, the status of the authorization will either be Rejected (all services) or Partially Approved (at least one service is approved)
- WSCs can review authorizations to see the reason for the rejection
Rejected Authorizations

• From the Authorizations pane on My Dashboard, the WSC can open the rejected authorization
• Click on the Auth Service subpage, and then select the rejected service

Rejected Authorizations

• In the AuthService screen, click on the Error Message subpage

Rejected Authorizations

No PA Number Exists

• The error message will fall into one of 3 workflows for handling a rejected authorization
  – Rejection Not Corrected
  – Rejection can be corrected by updating a consumer or provider record
  – Rejection can be corrected by updating the planned service
The Rejection is not corrected when there is no PA number issued, and the authorization was sent to FMMIS in error. Example: consumer is deceased

Using the WSC Cost Plan Adjustment role, the WSC will reverse the status of the plan.

- Update the planned service:
  - Total No of Units = 0
  - Do not change the Planned Service status

- Run Plan Validation:
  - Send to region or state if needed

**NOTE – Do NOT use Update Authorization on Planned Services file menu**

- Rather, once validation has passed, WSC will send the plan to their regional waiver liaison via a Cost Plan Review Note, requesting the authorization be restored to match the planned service.

Navigate to the consumer’s record and the Plans tab.

- Open the plan, and navigate to the Cost Plan Review Notes subpage.
• Select File > Add Note
• Update the following fields
  – Program = Your WSC Agency/ Solo Provider
  – Cost Plan Review Note? = Yes
  – Note Type = Cost Plan Review
  – Note Subtype = Rejected Authorization
  – Description = Request to Manually Update Authorization
  – Note = Describe the request
  – Status = Pending
  – Recipient = Region Waiver Liaison

Region Waiver Workstream Worker (waiver liaison) will navigate to the Authorizations tab of the consumer’s record, opens the correct authorization and updates the following fields
  – Max Units = 0
  – Amount Approved updates to $0.00 automatically
When the planned service is correct but the rejection is due to an error in the consumer or provider record, updating the record can remedy the rejected authorization.

- Example:
  - Consumer did not have Medicaid at the time the auth was transmitted to FMMIS.
  - Provider Medicaid ID number was not active at the time the auth was transmitted to FMMIS.

Rejection Corrected by Update to Consumer/Provider Record

- Consumer Ineligible
  - WSC works with DCF to re-establish Medicaid eligibility.
  - Once eligibility is re-established, WSC updates authorization on planned service.
    - No need to reverse status.
    - No need to make any changes to the planned service.
Rejection Corrected by Update to Consumer/Provider Record

• Provider Medicaid ID not active
  – WSC contacts provider to advise that the authorization was rejected due to issue with provider’s Medicaid ID
  – Provider works with AHCA and region to update provider record
  – Once the provider record has been updated, the provider notifies the WSC
• WSC updates authorization on planned service
  – No need to reverse status
  – No need to make any changes to the planned service

Rejection Corrected by Update to Planned Service

• If the rejection is due to an error in the planned service, the WSC will use the WSC Cost Plan Adjustment role and reverse the status of the plan to update the planned service
• Example:
  – Duplicate PA (two or more planned services for the same provider in the same date range)
Rejection Corrected by Update to Planned Service

- In cases of a Duplicate PA rejection, the WSC will have to adjust the associated planned services so there is only one planned service for the same service code for the same provider and the same span of dates.

- What the WSC had intended was for the second planned service to be for the Res. Hab. to be 1:1 Live In but only through 8/31/2020.

- The WSC simply updates the end date on the second planned service and then follows plan validation.

- Once validated, the WSC updates the authorization on the planned service.
Cancelling Planned Services

• Planned Services with claims paid or pending cannot be cancelled.
  — The WSC will have to edit the planned service and update the end date and total units.
  — This workflow is noted on slides 13 – 16

• Planned services with no claims paid or pending can be terminated in the Plan

Cancelling Planned Services

• Using the WSC Cost Plan Adjustment role, the WSC will reverse the status of the plan to Draft

• Open the planned service to be terminated and update the following fields
  — Total No of Units = 0
  — Comments = Terminated
  — Planned Service Status = Terminated
Cancelling Planned Services

• Run plan validation and route to region/state office if indicated on the validation report
  – Follow the steps for the Pending Plans queue
  – Region will update the Planned Service Status to Region Review Approved and will change the Plan status to Approved
• The validated plan will be routed back to the WSC who will update the Authorization

Cancelling Planned Services

• If FMMIS approves the cancellation
  – AuthService EDI Status and Auth Status are updated to Terminated
  – FMMIS changes Max Amount (Amount Approved) to $0.00
  – Amount Unauthorized on the consumer’s budget is updated
Cancelling Planned Services

- If FMMIS rejects the cancellation
  - AuthService EDI Status and Auth Status are updated to Rejected
  - Cancelled = No
  - Max Amount (Amount Approved) is not changed
  - Amount Unauthorized on the consumer’s budget is not updated

Rejected Cancellations

- FMMIS will reject cancellations for one of three reasons
  - Paid claims exist
  - Invalid Begin Date
  - Cancellation sent in error

- Paid claims exist
  - Was the service provided and are the claims valid?
    - Yes – authorization should not have been cancelled
      - The planned service should have been ended and units reduced to cover the services delivered/billed
    - No – provider submitted claim in error
      - WSC contacts provider to void the claim
      - WSC updates auth after claim is voided
Rejected Cancellations

- Invalid Begin Date
  - WSC updates the planned service begin date
  - No change to the Planned Service Status
  - Re-run plan validation
    - Because the begin date was changed, this plan will require region review
  - Use Pending Plans Queue to route to region/state if needed
  - WSC updates auth after plan passes validation

Rejected Cancellations

- Authorization Cancelled in Error
  - WSC updates the planned service back to original state
    - Total No of Units = original #
    - Max Amount will update automatically
    - Comments = Termination sent in error
    - Planned Service Status = Approved
      - Do not change if status = Region Review Approved

Rejected Cancellations

- Authorization Cancelled in Error
  - Re-run validation / use Pending Plans Queue if needed to route to region/state
  - Once plan passes validation and is approved, WSC will send request to region waiver liaison via Cost Plan Review note requesting they manually update the Auth Service (see slides)
Rejected Cancellations

- Select File > Add Note
- Update the following fields
  - Program = Your WSC Agency/ Solo Provider
  - Cost Plan Review Note? = Yes
  - Note Type = Cost Plan Review
  - Note Subtype = Rejected Authorization
  - Description = Request to Manually Update Authorization
  - Note = Describe the request
  - Status = Pending
  - Recipient = Region Waiver Liaison

Rejected Cancellations

Authorization Cancelled in Error
- Region updates following fields on AuthService
  - Total No of Units = original approved # units
    - Should match updated planned service
  - Amount Approved – no changes
  - AuthServiceStatus = Restored
  - AuthServiceEDIStatus = updates to Approved when record is saved
- WSC monitors My Dashboard for Approved authorizations