Updating Plans, Planned Services, and Authorizations

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#### 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

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#### **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

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#### 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

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## 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

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#### 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

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#### 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

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#### 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 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

































#### **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

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- If the WSC gets a validation report indicating region review is needed, it means the plan needs to be in "Approved" status
  - <u>Only Region or State Office staff can place a plan</u> <u>in "Approved" status</u>





### **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

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## 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

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#### 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

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- 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

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## 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

# Rejection Not Corrected 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

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# **Rejection Not Corrected**

#### **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

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#### **Rejection Not Corrected**





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## Rejection Corrected by Update to Consumer/Provider Record

• 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

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#### 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

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#### 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



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#### Rejection Corrected by Update to Planned Service

- 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.

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- 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**

- Run plan validation and route to region/state office if indicated on the validation report
  - Follow the steps for the Pending Plans queueRegion 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

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## **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

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Do not change if status = Region Review Approved

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- 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







