



Waiver and AC Healthcare Claiming

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Fiscal Mentor Manual

- SSIS Claiming Helpful Hints and Proofing Messages
 - Overview flow chart
 - Hints for each Healthcare Claim Category
- Fiscal Reports and Descriptions



Waiver and AC Claiming Requirements

Waiver and AC claims include Payments and Time Records meeting the Waiver and AC criteria for eligible clients.



Waiver and AC Claim Types

- Waiver Types:
 - BI Brain Injury
 - CAC Community Alternative Care
 - CADI Community Access for Disability Inclusion
 - DD Developmental Disabilities Waiver
 - ECS Essential Community Support
 - EW Elderly Waiver
- Alternative Care:
 - AC Alternative Care

Eligible Staff Activity Time Records

- Valid Services and Activities vary by Waiver Type and HCPCS/Modifiers

Waivers and AC HCPCS/Modifiers						
HCPCS / Modifiers	Description	Start Date	End Date	Unit Type	Time	Payments
T1016 TF UC	Waiver case management by paraprofessional	10-01-06		15 Minutes	Y	Y
T1016 UC	Waiver case management	10-01-06		15 Minutes	Y	Y

Eligible Staff Activity Time Records cont.

- Service and Activity combined determine the HCPCS/Modifiers assigned

Waiver and AC HCPCS/Modifiers for Time records - by HCPCS/Modifiers					
HCPCS / Modifiers	Service	Activity	Description	Start Date	End Date
T1016 UC - Waiver case management				10/01/06	
	191	CAC/CADI/BI	Case Management	10/01/06	
	7		Client contact	10/01/06	
	8		Collateral contact	10/01/06	
	9		Consultation	10/01/06	
	10		Coordination	10/01/06	
	16		Documentation	10/01/06	
	34		Transportation DD & BI only	10/01/06	
	35		Travel in county DD & BI only	10/01/06	
	36		Travel out of county DD & BI only	10/01/06	
591 - DD Waiver Case Management				10/01/06	
	7		Client contact	10/01/06	
	8		Collateral contact	10/01/06	
	9		Consultation	10/01/06	
	10		Coordination	10/01/06	
	16		Documentation	10/01/06	
	31		Service planning DD only	10/01/06	
	34		Transportation DD & BI only	10/01/06	
	35		Travel in county DD & BI only	10/01/06	
	36		Travel out of county DD & BI only	10/01/06	
691 - AC/EW/CAC/CADI/BI Case Management				10/01/06	
	7		Client contact	10/01/06	
	8		Collateral contact	10/01/06	
	9		Consultation	10/01/06	
	10		Coordination	10/01/06	
	16		Documentation	10/01/06	
	34		Transportation DD & BI only	10/01/06	
	35		Travel in county DD & BI only	10/01/06	
	36		Travel out of county DD & BI only	10/01/06	

Valid Contact Status

- Contact Status must be “Completed” for the following Activities:
 - Client Contact
 - Collateral Contact
 - Service delivery, in home
 - Service delivery, out of home

The screenshot shows a 'New' activity form with the following fields and options:

- Date:** A date selection field.
- Activity Section:**
 - Workgroup:** A dropdown menu with 'Caseload' selected.
 - Program:** A dropdown menu with '34' selected.
 - Service:** A dropdown menu.
 - County sub-service:** A dropdown menu.
 - Activity:** A dropdown menu with '0' selected.
 - Duration:** A time selection field with 'Hr.' and 'Min.' labels, showing '0' for both.
 - City Accty:** A text input field.
 - Regarding:** A large text area.
 - No. of Persons:** A numeric input field with '0'.
 - Allocate Time:** A button.
- Note:** A text area with a small 'E' icon in the top left corner.
- Contact Section:**
 - Purpose:** A text input field.
 - Status:** Radio buttons for 'Completed' (selected) and 'Attempted'.
 - Method:** A dropdown menu.
 - Location:** A dropdown menu.
 - Contact With:** A text input field with an 'Add' button.
- Action:** A dropdown menu at the bottom left.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

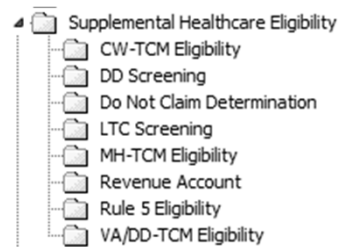
Eligible Payment Records

- Valid Services and Activities vary by Waiver Type and HCPCS/Modifiers

Waiver and AC HCPCS/Modifiers Available on Payments – by HCPCS/Modifiers				
HCPCS / Modifiers	Service	Description	Start Date	End Date
T1016 TF UC - Waiver case management by paraprofessional			10/01/06	
	191	CAC/CADI/BI Case Management	10/01/06	
	691	AC/EW/CAC/CADI/BI Case Management	10/01/06	
T1016 UC - Waiver case management			10/01/06	
	191	CAC/CADI/BI Case Management	10/01/06	
	591	DD Waiver Case Management	10/01/06	
	691	AC/EW/CAC/CADI/BI Case Management	10/01/06	

Supplemental Healthcare Eligibility

- No Supplemental Healthcare Eligibility required





MMIS Recipient Information

- Must be MA or AC Eligible
 - Major Program – all Waivers except AC or ECS
 - MA – Federally-Paid Medical Assistance
 - NM – State-Paid Medical Assistance
 - RM – Refugee
 - Major Program – AC
 - AC – Alternative Care
 - Major Program – ECS
 - UN – Unknown



MMIS Recipient Information cont.

- Eligibility Status must be
 - Active
 - Closed
- Service Dates must be within the Eligibility Start Date and Eligibility End Date



Valid MMIS Waiver Types

- Major Program MA, NM, or RM
- Service Dates must be within the Waiver Start Date and Waiver End Date

MMIS Waiver Type	
F	LTC - CADI Conversion
G	LTC - CADI Diversion
H	LTC - CAC Conversion
I	LTC - CAC Diversion
J	LTC - EW Conversion
K	LTC - EW Diversion
L	LTC - BI NF Conversion
M	LTC - BI NF Diversion
P	LTC - BI Hosp Conversion
Q	LTC - BI Hosp Diversion
R	DD - DD Conversion
S	DD - DD Diversion
Y	LTC - Essential Comm Support



MMIS Service Agreement

- Must have an Approved MMIS Service Agreement on the Service Date
 - Service Agreement Header Status must be Approved or Partially Suspended
 - Service Agreement Line Item for the HCPCS/Modifier must be Approved
 - Service Dates are within the Service Agreement Line Item Start and End Dates
 - HCPCS/Modifier on the Service Agreement Line Item must match the Payment or Time Record
 - The Provider on the Service Agreement Line Item must be the county



Client Information

- No additional client information is required



Diagnosis Codes

- An ICD-10 Diagnosis Code is required
 - MMIS Screening Document
 - SSIS Diagnosis

Diagnosis Code – Screening Document

Document Number	Status	Activity Date	Activity Type	Effective Date	Case Manager
61809011302	Approved	06/16/2006	Reassessment	07/01/2006	

Document Number: 61809011302 Status: A - Approved
Activity Date: 06/16/2006 Activity Type: 06 - Reassessment
Program Type: 06 - CADI Conversion
Case Manager:
CDCS: Yes No CDCS Amount: \$0
Verification Code:
Assessment
Results/Exit Reason 1: 13 - Reassessment visit
Results/Exit Reason 2:
Effective Date: 07/01/2006
Diagnosis Codes
Diagnosis Type: CD-10 CM
Primary Diagnosis: Carcinoma in situ of tongue
Secondary Diagnosis:
Action

Logged On: H59C55150AAPP011QAC\Mary
SSIS Fiscal Mentor Meeting - September 20, 2017
NUM | 8/7/2017 3:13:05 PM | 10%

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Diagnosis Entry Screen

The screenshot displays the 'Diagnosis' entry screen in the SSIS Worker/Fiscal application. The interface includes a menu bar (File, View, Searches/Logs, Tools, Window, Help, Testers) and a toolbar. A left-hand navigation pane lists various search categories such as Business Organization Search, Child Foster Care Claim Search, and Exclusion Searches. The main window is divided into several sections:

- Diagnosis Table:** A table with columns for Type, Code, Diagnosis, Primary Diagnosis, Diagnosis Start Date, and Diagnosis End Date. It contains two entries:

Type	Code	Diagnosis	Primary Diagnosis	Diagnosis Start Date	Diagnosis End Date
ICD-10-CM	F06.0	Psychotic disorder with hallucinations due to known physiological condition	Yes	01/01/2017	
ICD-9-CM	300.09	ANXIETY STATE NEC	Yes		
- Form Section:** Fields for Type (ICD-10-CM), Code (F06.0), and Diagnosis (Psychotic disorder with hallucinations due to known physiological condition). It also includes a date range for 'Diagnosis code effective dates' (10/01/2015 to present) and 'Client's Diagnosis Information' with start and end date pickers.
- Primary Diagnosis:** A radio button selection for 'Yes' (selected) or 'No'.
- Context Menu:** A menu is open over the 'New Diagnosis' button, showing options like 'New Diagnosis', 'New Professionally Determined Disabilities', 'New Substance Involvement', 'Diagnosis Print Grid', 'Save', 'Cancel', 'Delete', and 'Data Clean-up'.

The status bar at the bottom shows the user is logged in as H55CCT:008 and the current date/time is 8/2/2017 8:26:18 AM.



Additional Rules

Time records and Payments for the same client and the same HCPCS/Modifiers, covering the same date range are combined into one claim

- A Time Record with a date that is within the date range of a Payment is combined into one claim using the Payment Service Dates
- Two or more Time Records with the same date are combined into one claim
- Two or more Time Records with contiguous dates are submitted as separate claims
- Two or more Payments with the same date range or overlapping date ranges are combined into one claim
- Two or more Payments that do not meet any of the above conditions are submitted as separate claims



Claim Record

- HCPCS/Modifiers
 - Time Records – Assigned based on the Service & Activity
 - Payments – The HCPCS/Modifiers entered on the Payment
- Units
 - Total number of Units on all selected Time Records
 - Plus total number of Units on all selected Payments
- Amount
 - Calculated Units on the Time Record multiplied by the Staff-provided Rate for the HCPCS/Modifier
 - Plus the total Amount of all selected Payments



Claim Record cont.

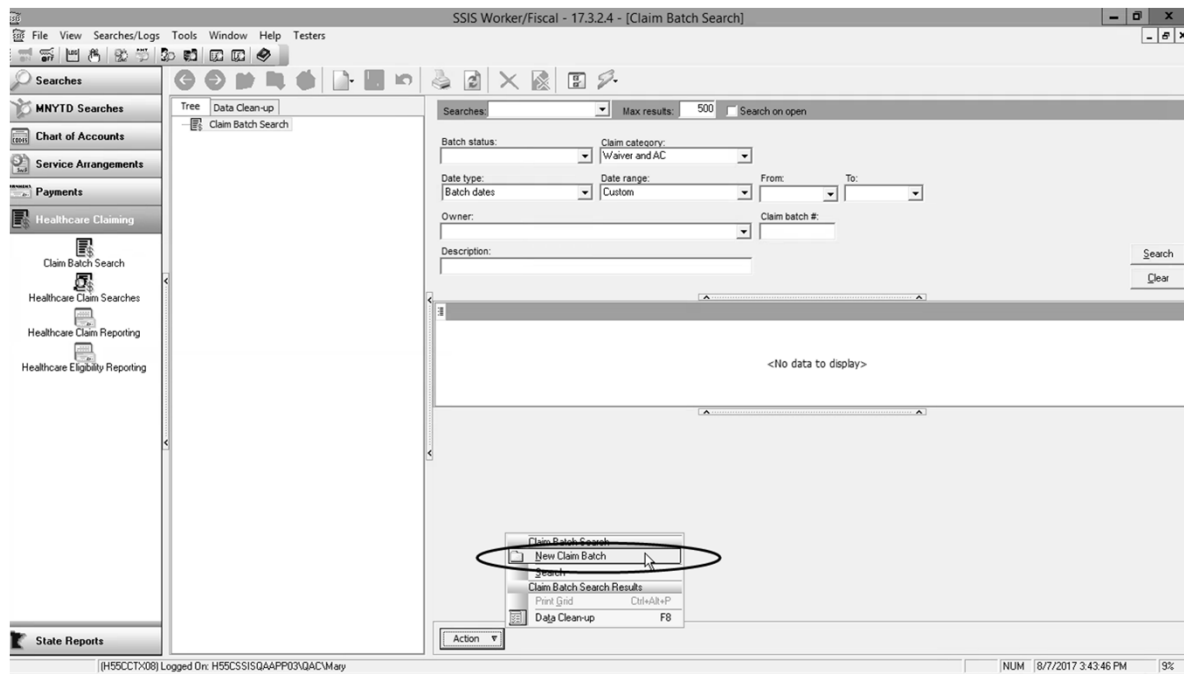
- First Service Date – based on Payment(s) or both Time Record(s) and Payment(s)
 - Payments – earliest Service Start Date of the Payment(s)
 - Time only – Date of the Time Record
- Last Service Date – based on Payment(s) or both Time Record(s) and Payment(s)
 - Payments – latest Service Start Date of the Payment(s)
 - Time only – Date of the Time Record
- Diagnosis Code
 - MMIS Screening Diagnosis Code or SSIS Diagnosis Code
- Prior Auth #
 - MMIS Prior Authorization Number of the effective MMIS Service Agreement



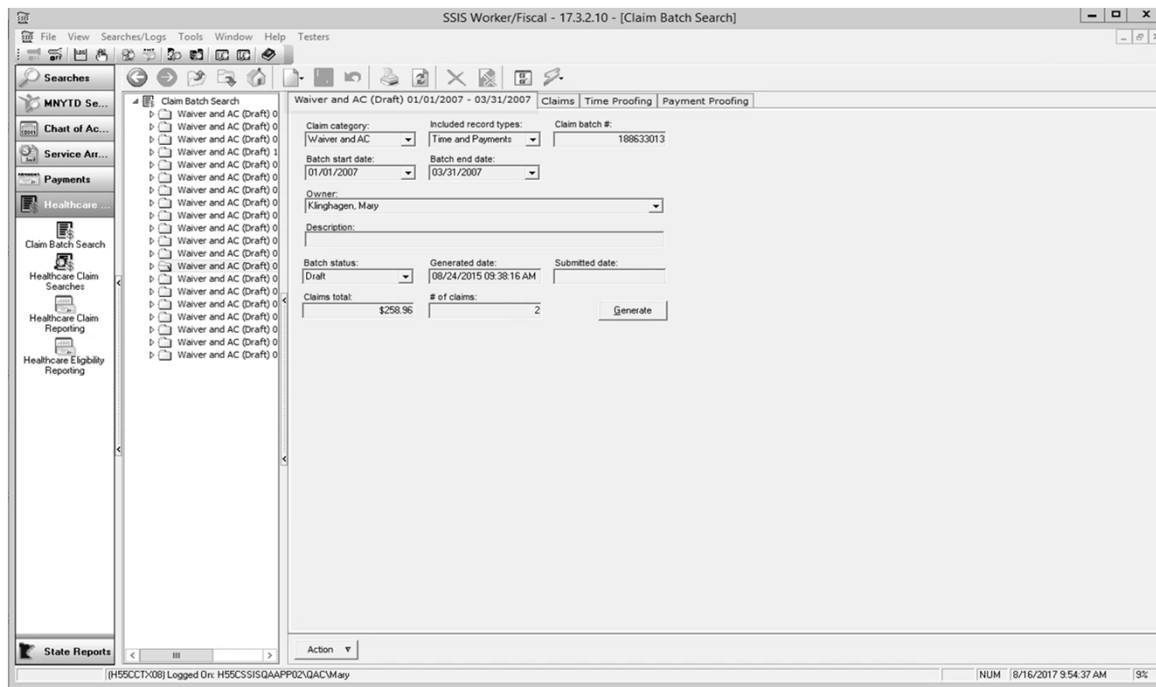
Additional Edits NOT in SSIS – Eligibility

- Waiver Eligibility Age edits are performed in MMIS
- Clients are eligible for only one waiver at a time
- Waiver services are authorized via MMIS Service Agreements/Prior Authorizations
- MMIS Exception code 758 displays when Waiver Case Management and MH-TCM were performed for the same client on the same date of service and you have determined that both services are billable.
 - The claim must be resubmitted via MN-ITS with modifier '59' added to the denied service. See [SSIS Update #380](#) for additional details.

Creating a Waiver and AC Claim Batch



Generating a Waiver and AC Claim Batch



Waiver and AC – Claim Tab

Waiver and AC (Draft) 01/01/2007 - 03/31/2007 Claims Time Proofing Payment Proofing

Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
Waiver and AC	Draft	Open	Resubmissions, Kathy Time	2/1/2007	2/1/2007	4	\$86.32			DD
Waiver and AC	Draft	Open	Resubmissions, Sherry Payments	1/30/2007	1/30/2007	8	\$172.64			DD

Healthcare Claim Time Records Payments Comments

Claim #: 191935734 Claim category: Waiver and AC Claim detail: DD Generated date: 08/24/2015 09:38:16 AM

First service date: 02/01/2007 Last service date: 02/01/2007 Claim status: Draft Status date: 08/24/2015 09:38:16 AM

Bill type: Original claim #: Disposition: Open Disposition date: 08/24/2015 09:38:16 AM

Units: 4 Amount: \$86.32 TCN: Unit type: 15 Minutes

Allowed units: Paid amount: Client responsibility: SSI person #: 184713704 PMI #: 00891415

Client name: Resubmissions, Kathy Time

HCPCS modifiers: T1016 UC - Waiver case management

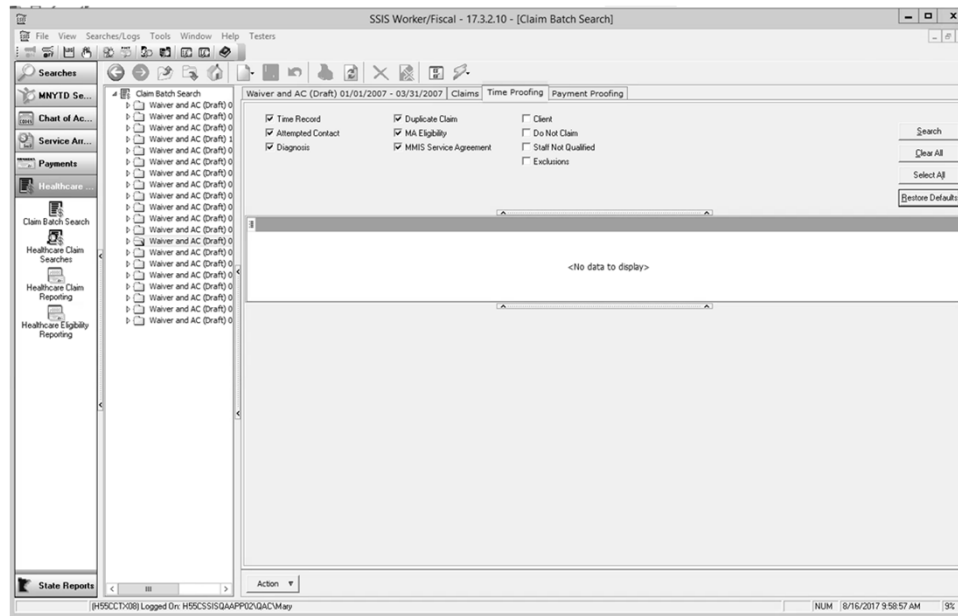
Diagnosis: 318.0 - MOD INTELLECTUAL DISABILITIES

Place of service: Home Prior authorization number: 63639011359

Rule 5 facility name: Rule 5 provider number: Rule 5 NP/UMPL:

Action ▾

Waiver and AC – Time Proofing Tab



Waiver and AC – Time Proofing Results

The screenshot shows the 'SSIS Worker/Fiscal - 17.3.3.2 - [Claim Batch Search]' application. The main window is titled 'Waiver and AC (Draft) 01/01/2007 - 03/31/2007' and is in the 'Time Proofing' tab. The interface includes a menu bar (File, View, Searches/Logs, Tools, Window, Help, Testers) and a toolbar. On the left, there is a sidebar with navigation options like 'Claim Batch Search', 'Healthcare Claim Searches', and 'Healthcare Claim Reporting'. The main area displays a table of activities for 'Claim, Jackie - 01/26/2007'. The table has columns for Svc Code, Activity Date, Activity, Regarding Duration (Min), Method, Status, and Worker. A context menu is open over the table, showing options like 'Print Grid...', 'Export Grid...', 'Export Grid to PDF...', 'Export Raw Grid...', 'Go to', 'Expand/Collapse', 'Sort Ascending', 'Sort Descending', and 'Clear Sorting'. The 'View' sub-menu is also open, showing options like 'Preview', 'Header to Height', 'Row Auto Height', 'Find Panel', 'Increase Record Separator', 'Decrease Record Separator', 'Auto Filter', 'Filter Box', and 'Filter Row'. The status bar at the bottom shows '(H55CCT08) Logged On: (Idle)GAC\Mary' and 'NUM | 8/17/2017 8:26:55 AM | 10%'. The status bar also includes a 'State Reports' button and a 'Help Description' section.

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Time Proofing Messages – Time Record Category

- No Staff Qualification
- No Staff-provided Rate for the HCPCS/Modifiers
- Duration less than half a unit
- County of Service not in the region
- Activity not valid for client's waiver

2003 – No Waiver and AC Staff Qualifications for the worker (name) on the activity date

The screenshot displays a software interface for searching and managing qualifications. The search criteria are: First name: (empty), Last name: claim-qualifications, and Active workers only: checked. The search results table is as follows:

Name	Employee Type	County Entity	Role
Claim-Qualifications, RSC-qualno RSC-qualyes		Social Services	Deanna's role
Claim-Qualifications, VADD		Social Services	Deanna's role
Claim-Qualifications, WaiverAC-Excl		Social Services	Souder - SYSTEM ADMINISTRATOR
Claim-Qualifications, WaiverACHY		Social Services	Souder - SYSTEM ADMINISTRATOR
Claim-Qualifications, WaiverAC-Yes		Social Services	Souder - SYSTEM ADMINISTRATOR

Below the table, a detailed view for 'Healthcare claiming' is shown with the following data:

Type	Claim Category	Qualified	Start Date	End Date
Healthcare claiming	VA/DD-TCM	Yes	01/01/2007	02/27/2007

The interface also includes a 'Qualified to Claim must = Yes' callout box and a 'New Qualification' dialog box with options for 'Save', 'Cancel', and 'Delete'.

2004 – No Staff-provided Rate for the “HCPCS/Modifiers” on the activity date

T1016 UC- Waiver case management

HCPCS: T1016 Mod 1: UC Mod 2: Mod 3: Mod 4:

HCPCS/Modifier description: Waiver case management

HCPCS unit type: 15 Minutes

Start date: 10/01/2006 End date:

Claim category: Waiver and AC Diagnosis required: Yes

Include time: Yes No Include payments: Yes No

Billing information: AC, BI, CAC, CADI, DD, ECS, or EW waiver client. Activity of 'Service planning' is for the DD waiver only; activities of 'Transportation', 'Travel in county', and 'Travel out of county' are for the DD and BI waivers only.

A rate must be in effect for the HCPCS/modifiers

HCPCS / Modifier Information

Claimable Service	Rate	HCPCS Unit Type	Rate Start Date	Rate End Date	Claim Detail
Staff-provided Rates					
	\$25.0000	15 Minutes		01/01/2015	ECS
	\$23.7000	15 Minutes		10/01/2006	EW
	\$22.7800	15 Minutes		10/01/2006	CAC
	\$21.5800	15 Minutes		10/01/2006	DD
	\$23.7000	15 Minutes		10/01/2006	AC
	\$22.7800	15 Minutes		10/01/2006	BI
	\$22.7800	15 Minutes		10/01/2006	CADI

Staff-provided Rates Tab

The screenshot displays the 'SSIS Administration 17.3.3.2 - [Programs and Services Administration]' window. The main pane is titled 'T1016 UC- Waiver case management'. Below this, there are several form fields for HCPCS details, including 'HCPCS Mod 1: UC Mod 2: Mod 3: Mod 4:', 'HCPCS/Modifier description: Waiver case management', 'HCPCS unit type: 15 Minutes', 'Start date: 10/01/2006', 'End date:', 'Claim category: Waiver and AC', 'Diagnosis required: Yes', 'Include time: Yes', and 'Include payments: Yes'. A 'Billing information' section contains a text area with codes: 'AC, BI, CAC, CADL, DD, ECS, or EW waiver client. Activity of Service planning is for the DD waiver only, activities of Transportation, Travel in county, and Travel out of county are for the DD and BI waivers only.'

Below the form is the 'HCPCS/ Modifier Information' section, which contains a table with the following data:

Rate	HCPCS Unit Type	Rate Start Date	Rate End Date	Claim Detail
\$25,000.00	15 Minutes		01/01/2015	ECS
\$23,700.00	15 Minutes		10/01/2006	EW
\$22,780.00	15 Minutes		10/01/2006	CAC
\$21,580.00	15 Minutes		10/01/2006	DD
\$23,700.00	15 Minutes		10/01/2006	AC
\$22,780.00	15 Minutes		10/01/2006	BI
\$22,780.00	15 Minutes		10/01/2006	CADL

An 'Action' menu is visible at the bottom of the table, with 'New Staff-provided Rate' highlighted. A small dialog box titled 'HCPCS/ Modifier Information' is also open, showing the 'New Staff-provided Rate' option selected, with 'Rate 01/01/2015' and 'Print Grid' visible.

2009 – Duration for Client (name) is less than half a unit

The screenshot displays a software interface for entering time records. On the left, a 'Claim Errors' section shows a message: 'Time Record: Duration for Client (Resubmissions, Heidi Proofing) is less than half a unit (15 Minutes)'. Below it, an 'Error Help' section provides a description: 'The Duration for the client in the Regarding section of the Time record is less than half a unit. Duration must be at least half a unit to round up to one unit. (Message #2009)'. The main form area shows the following details:

- Date: 3/1/2007 12:00 AM
- Activity: Resubmission Testing3 EW Case Management 04/15/2008
- Program: 671 - Elderly Waiver
- Service: 691 - AC/EW/CAC/CADI/BI Case Ma
- County sub-service: [Empty]
- Activity: Client contact
- Duration: 0 Hr, 5 Min
- City Acctg: [Empty]
- Note: [Empty]
- Contact: [Empty]
- Purpose: R1049
- Status: Completed (selected)
- Method: Face to face
- Location: Field/home
- Regarding: List of resubmission categories including Gay ServiceAgreement Resubmissions, Kyle Payments Resubmissions, Lana Time Resubmissions, Cecelia HCPCS Resubmissions, Victoria SuppElig Resubmissions, Dalene HCPCS Resubmissions, Alyssa Time Resubmissions, and Dulores Waiver Time Resubmissions.

Duration of a time record is rounded up when more than one half of the allowed unit type is recorded.

2014 – County of Service is not in the region

Tree Data Clean-up

Date: 7/26/2006 04:29 PM

Waiver, Benjy Proofing - 07/26/2006

Activity

Workgroup: RSC Kiltson AS Assessment 05/25/2007 Caseload

Program: 600 - Adult Services (General) No. of Persons: 1

Service: 691 - AC/EW/CAC/CADI/BI Case Ma

County sub-service:

Activity: Consultation

Duration: 0 Hr. 30 Min.

Regarding:

- Sammi RSC Claiming
- Lacey Regions Cwtcm
- Donald Proofing Waiver
- Tabitha Proofing Waiver
- Bonnie Proofing Waiver
- Percy Proofing Waiver
- Benjy Proofing Waiver
- Tony Proofing Waiver
- Maria Regions Resubmission

Allocate Time

Help Description

The County of Service must match the Claiming County on the Claim Batch. Record is not valid for any county in this region. (Message #2014)

REGIONS ONLY:
County of Service on the Workgroup Setup must be within the Region.

Contact:

Purpose:

Status: Completed Attempted

Method:

Location:

Contact With:

- Sammi RSC Claiming
- Lacey Regions Cwtcm
- Donald Proofing Waiver
- Tabitha Proofing Waiver

2301 – Service and Activity are not claimable for the Waiver “Type”

The screenshot displays a software interface with the following elements:

- Tree:** Data Clean-up
- Date:** 1/15/2007 12:00 AM
- Activity:** VOID WAWER CDAC Case Management 10/10/2008
- Workgroup:** VOID WAWER CDAC Case Management 10/10/2008
- Program:** 673 - Adult - Community Access for Dis
- Service:** 691 - AC/EW/CAC/CADI/BI Case Ma
- County sub-service:** (empty)
- Activity:** Travel out of county
- Duration:** 1 Hr, 0 Min
- Only Acctg:** (empty)
- Regarding:** List of voids including Bertha, Brooke, Bradley, Burton, Bubba, Buddy, Betsy, and Bwana.
- Claim Errors:** Time Record Service and Activity are not claimable for the Waiver Type (LTC-CADI Divisions)
- Error Help:** Help Description: Some Service and Activity combinations are only valid for certain waiver types or AC only (Message #2301)
- Contact:** Purpose: Scenario 299 record added after; Status: Completed; Method: Face to face; Location: Field/home

Text Box: The Service and Activity combination must be claimable for the Waiver "Type".



Time Proofing – Attempted Contact Category

- Attempted Contact is not claimable

2202 – “Contact Status” (Attempted) is not claimable

Tree Data Clean-up

Date: 12/21/2007 10:46 AM

Resubmissions, Care Timeandf

Claim Errors

- Time Record
- Contact Status (Attempted) is not claimable.

Activity

Workgroup: Resubmission Testing4 EW Case Management 04/15/2008 Caseload

Program: 671 - Elderly Waiver No. of Persons: 1

Service: 691 - AC/EW/CAC/CADI/BI Case Ma

County sub-service:

Activity: Client contact

Duration: Hr: 1 Min: 0

City Acct:

Note:

E

Error Help

Help Description

Attempted contacts are not claimable. Contact Status must be "Completed" to claim. (Message #2202)

Contact:

Purpose: R439

Status: Completed Attempted

Method: Face to face

Location: Field/home

Contact With:

- Edward HCPCS Resubmissions
- Care TimeandPayments Resubmissions
- Rochelle HCPCS Resubmissions
- Merbeth Time Resubmissions

Action

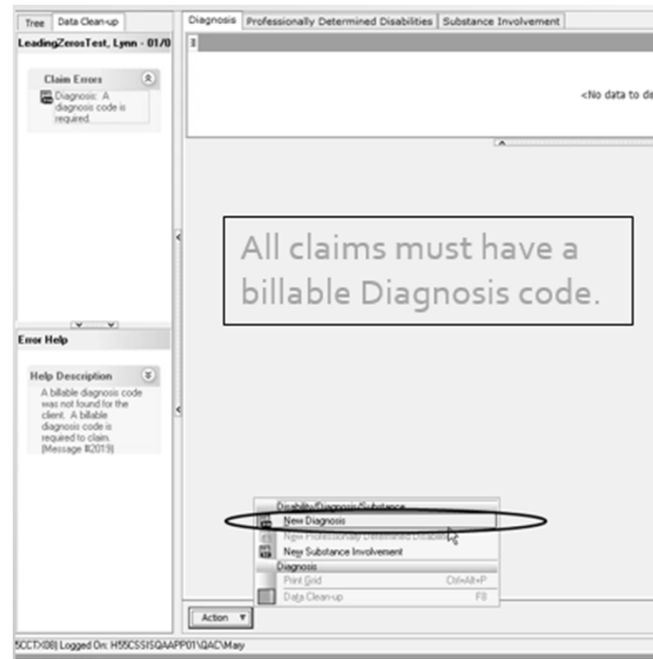
55CCT008 Logged On: H55CSISQAAPP01\QAC\Mary



Time Proofing – Diagnosis Category

- Diagnosis required

2019 – A diagnosis is required





Time Proofing – Duplicate Claim Category

- Claim would be a duplicate

2017 – One or more claims already exist during the service dates

The screenshot displays a software interface for claim management. On the left, a 'Claim Errors' panel shows a warning: 'Claim: One or more claims already exist during the service dates (11/15/2007)'. The main area features a table with columns: Claim Category, Claim Status, Disposition, Client Name, First Service Date, Last Service Date, Units, Amount, Allowed Units, Paid Amount, and Claim Detail. A table entry shows 'Waiver and AC' with status 'Draft', disposition 'Open', client 'Resubmissions, Destin TimeandPayments', first service date '11/01/2007', last service date '11/30/2007', 4 units, and \$200.00 amount. Below the table is a 'Healthcare Claim' form with fields for Claim # (196387946), Claim category (Waiver and AC), Claim detail (OO), Generated date (06/22/2017 02:54:38 PM), First service date (11/01/2007), Last service date (11/30/2007), Claim status (Draft), Status date (06/22/2017 02:54:38 PM), Bill type (Original claim), Original claim #, Disposition (Open), Disposition date (06/22/2017 02:54:38 PM), Units (4), Amount (\$200.00), TCN, Allowed units, Paid amount, Client responsibility, Unit type (15 Minutes), Client name (Resubmissions, Destin TimeandPayments), SSIS person # (184712612), PII # (00019105), HCPCS modifiers (11016 UC - Waiver case management), Diagnosis (S18.0 - MOD INTELLECTUAL DISABILITIES), Place of service (Home), Prior authorization number (70069011974), Rule 5 facility name, and Rule 5 provider number (Rule 5 NPUSPL). A text box on the right states: 'Only one claim can be submitted for the service dates for each service.'

Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
Waiver and AC	Draft	Open	Resubmissions, Destin TimeandPayments	11/01/2007	11/30/2007	4	\$200.00	0	\$0.00	DD



Time Proofing – MA Eligibility Category

- Client must be MA Eligible to claim
- Invalid Major Program
- No MMIS Eligibility Information
- Client must be on a Waiver
- Major Program not Valid for Waiver Type

2010 – No Eligibility Span exists for the service dates

The screenshot displays a software interface with a tree view on the left and a main data area on the right. The tree view shows a folder named 'LTCC, Dobie HCPCS - 10/15/2'. Below it, a 'Claim Errors' section contains a message: 'MA Eligibility: No Eligibility Span exists for the service dates (10/15/2006)'. An 'Error Help' section below that provides a 'Help Description': 'The client must have an Eligibility Span in effect on the service dates and the "Status" must be "Active" or "Closed" (Message #2010)'. The main data area features a table with columns: Major Program Code, Major Program, Eligibility Type, Status, Begin Date, End Date, and MMIS Case Number. A single row is visible with values: MA, Federally-Paid Medical Assistance, Disabled No Sub-Type, Active, 11/01/2006, and empty cells for End Date and MMIS Case Number. Below the table, there are dropdown menus for Major Program (MA - Federally-Paid Medical Assistance), Eligibility Type (DX - Disabled No Sub-Type), Status (A - Active), and Begin Date (11/01/2006). There are also input fields for MMIS Case Number and End Date. A text box on the right side of the interface contains the message: 'A valid MMIS Eligibility Span must exist for the service dates.'

Major Program Code	Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA	Federally-Paid Medical Assistance	Disabled No Sub-Type	Active	11/01/2006		

2011 – The Major Program is not valid for Waiver and AC

The screenshot displays a software interface with the following elements:

- Tree:** Data Clean-up
- Waiver, Fiona Proofing - 02/15:**
 - Claim Errors:** MA Eligibility: The "Major Program" (LL) is not valid for Waiver and AC.
- Error Help:**
 - Help Description:** The Eligibility Span in effect for the client must have a "Major Program" that is valid for the claim category. (Message #2011)
- Major Program:** LL - MinnesotaCare Citizen Kids/PWS
- Eligibility Type:** DX - Disabled No Sub-Type
- Status:** C - Closed
- MMIS Case Number:** [Empty]
- Begin Date:** 02/01/2005
- End Date:** 04/28/2007

A large text box in the center of the interface contains the message: "The Major Program in effect must be valid for the Waiver Type."

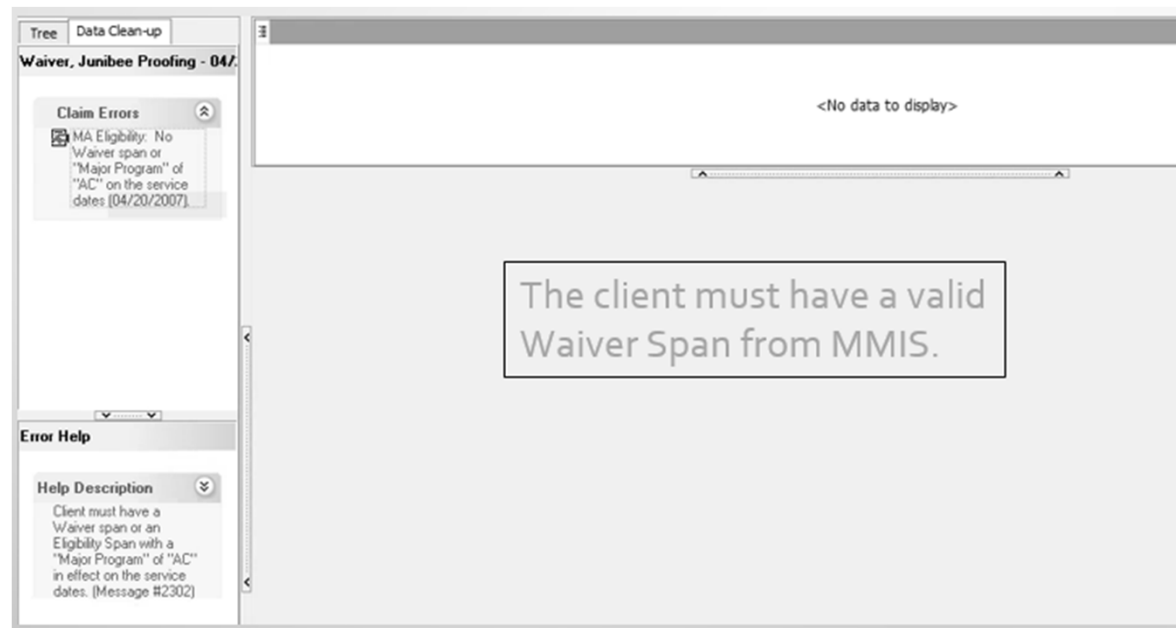
2021 – The client has no Healthcare Eligibility from MMIS

The screenshot displays a software interface with a 'Claim Error' message on the left: 'MM Eligibility: The client has no Healthcare Eligibility from MMIS.' The main area contains a form with the following fields and options:

- Date: 9/25/2008 11:11 AM
- Activity: Waiver Client ACAD Case Management 05/16/2007
- Program: 600 - Ad&A Services (General)
- Service: 647 - Independent Living Skills
- County sub-service: [Empty]
- Activity: Maintenance
- Duration: [Empty]
- City Accty: [Empty]
- Note: [Empty]
- Contact: [Empty]
- Purpose: [Empty]
- Status: Completed Attempted
- Method: [Empty]
- Location: [Empty]
- Regarding: List of names including Tootie Pooling Waiver, Ben Pooling Waiver, Elan Pooling Waiver, Daniel Pooling Waiver, Jodie Pooling Waiver, June Pooling Waiver, Greg Pooling Waiver, Tom Pooling Waiver, and Patrick Pooling Waiver.

A text box on the right side of the interface states: "The client must have MMIS Eligibility information."

2302 – No Waiver span or “Major Program” of “AC” on the service dates



2308 – The “Major Program” is not valid with the Waiver “Type”

The screenshot displays a software interface with a left-hand navigation pane and a main content area. The navigation pane includes a 'Tree' view showing 'Waiver, Kanasta ECSProofing' and a 'Claim Errors' section with a message icon. Below that is an 'Error Help' section with a 'Help Description' icon. The main content area features a table with columns: 'Type', 'Last Screening Date', 'Begin Date', and 'Through Date'. A single row is visible with the following data: 'LTC - Essential Comm Support', '01/01/2007', '11/01/2006', and an empty cell. Below the table are several form fields: 'Type' (dropdown menu showing 'Y - LTC - Essential Comm Support'), 'Last Screening Date' (dropdown menu showing '01/01/2007'), 'Begin Date' (dropdown menu showing '11/01/2006'), and 'Through Date' (dropdown menu). A text box on the right side of the main area contains the message: 'The Major Program for the client must be valid for the Waiver Type.'

Type	Last Screening Date	Begin Date	Through Date
LTC - Essential Comm Support	01/01/2007	11/01/2006	

Type: Y - LTC - Essential Comm Support

Last Screening Date: 01/01/2007

Begin Date: 11/01/2006 Through Date:

The Major Program for the client must be valid for the Waiver Type.

Claim Errors

- MA Eligibility: The "Major Program" (MA) is not valid with Waiver "Type" (LTC - Essential Comm Support).

Error Help

Help Description

"Major Program" (UN) is only valid with Waiver "Type" (LTC - Essential Comm Support)." The "Major Program" must be "UN" if the Waiver "Type" is "LTC - Essential Comm Support." (Message #2308)



Valid Major Programs

- Must be MA or AC Eligible
 - Major Program – all Waivers except AC or ECS
 - MA – Federally-Paid Medical Assistance
 - NM – State-Paid Medical Assistance
 - RM – Refugee
 - Major Program – AC
 - AC – Alternative Care
 - Major Program – ECS
 - UN – Unknown



Time Proofing – MMIS Service Agreement Category

- No MMIS Service Agreement
- County is not the service provider on the Service Agreement
- Service Agreement status is not valid (header status or line item status)

2304 – No MMIS Service Agreement Line Item exists for the “HCPCS/Modifiers” for the service dates

Claim Errors

MA Eligibility: No MMIS Service Agreement Line Item exists for the "HCPCS/Modifiers" (S476) for the service dates (09/04/2005).

Error Help

Help Description

The client must have a MMIS Service Agreement with a Line Item that is in effect on the services dates for the "HCPCS/Modifiers" to be claimed. (Message #2304)

Prior Authorization Number	Status	Type	Start Date	End Date	Total Amount Used
62729001487	Approved	Agreement - CADI Diversion	10/01/2006	09/30/2007	\$5,731.74
52849001597	Approved	Agreement - CADI Diversion	10/01/2005	09/30/2006	\$24,041.48

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
2	Approved	10/01/2005	09/30/2006	T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates	0	0
3	Approved	03/01/2006	09/30/2006	X5476 - Case management	56	20
1	Approved	10/01/2005	02/28/2006	X5476 - Case management	40	6

Line Item Number: 2 Status: A - Approved

Start Date: 10/01/2005 End Date: 09/30/2006

HCPCS/Modifiers: T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates

Amount Requested: \$23,462.20 Amount Used: \$23,462.20

Units Requested: 0 Units Used: 0

Rate Per Unit: \$58,919.00 Service Frequency: [dropdown]

Provider Name: ORION ISO INC

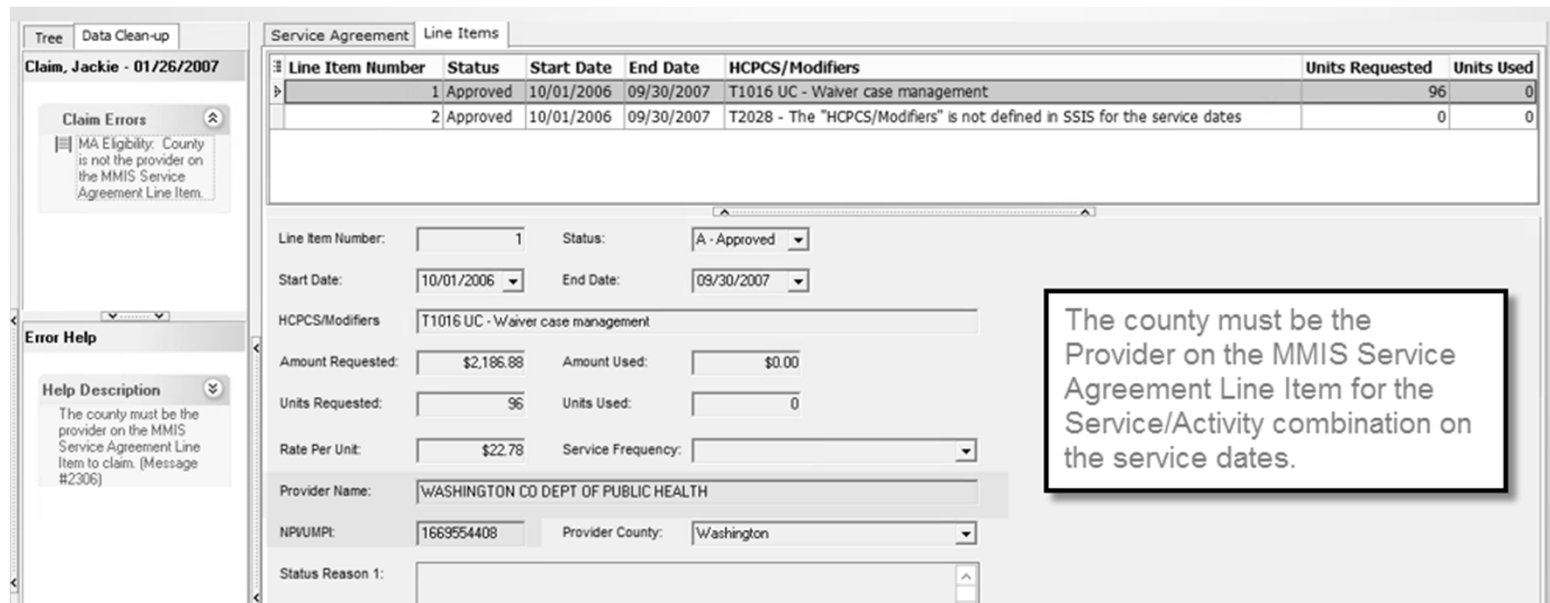
NPVUMPT: A544125100 Provider County: Hennepin

Status Reason 1: [text field]

Status Reason 2: [text field]

A MMIS Service Agreement Line Item must exist for the Service/Activity combination on the service dates.

2306 – County is not the provider on the MMIS Service Agreement Line Item



The screenshot displays the MMIS Service Agreement Line Item interface. On the left, a 'Claim Errors' panel shows a message: 'MA Eligibility: County is not the provider on the MMIS Service Agreement Line Item.' Below it, an 'Error Help' panel provides a 'Help Description' with the text: 'The county must be the provider on the MMIS Service Agreement Line Item to claim. (Message #2306)'. The main area shows a table of line items:

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
1	Approved	10/01/2006	09/30/2007	T1016 UC - Waiver case management	96	0
2	Approved	10/01/2006	09/30/2007	T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates	0	0

Below the table, the details for Line Item 1 are shown:

- Line Item Number: 1
- Status: A - Approved
- Start Date: 10/01/2006
- End Date: 09/30/2007
- HCPCS/Modifiers: T1016 UC - Waiver case management
- Amount Requested: \$2,186.88
- Amount Used: \$0.00
- Units Requested: 96
- Units Used: 0
- Rate Per Unit: \$22.78
- Service Frequency: [Dropdown]
- Provider Name: WASHINGTON CO DEPT OF PUBLIC HEALTH
- NPVUMPI: 1669554408
- Provider County: Washington
- Status Reason 1: [Dropdown]

A callout box on the right contains the following text: 'The county must be the Provider on the MMIS Service Agreement Line Item for the Service/Activity combination on the service dates.'

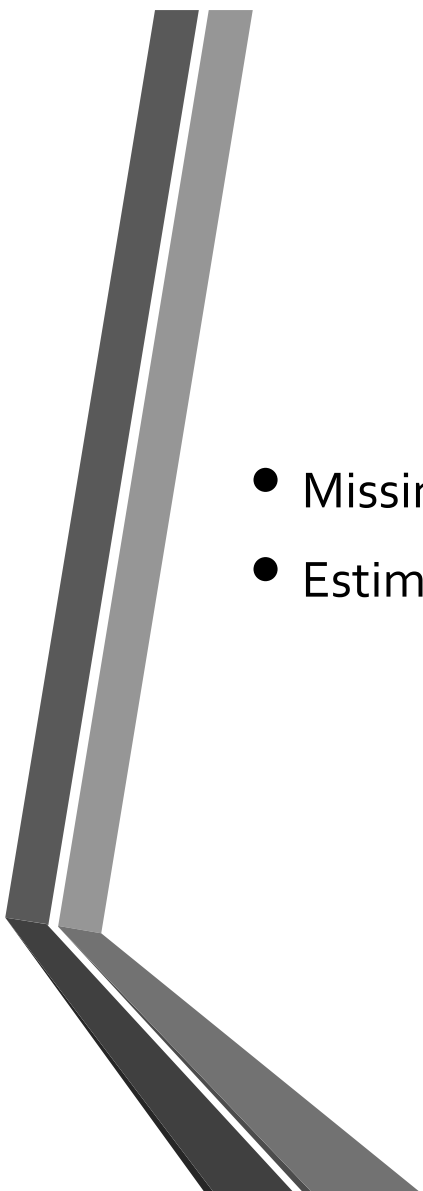
2307 – The Service Agreement “Status” or Line Item “Status” is not valid

The image displays two screenshots of the MMIS system interface. The left screenshot shows the 'Service Agreement' details for prior authorization number 70129011421. The status is 'S - Suspended'. A 'Claim Errors' box indicates: 'MA Eligibility: The Service Agreement "Status" or Line Item "Status" is not valid.' A 'Help Description' box explains: 'The Service Agreement "Status" must be "Approved" or "Partially suspended." The Line Item "Status" must be "Approved." (Message #2307)'. A text box notes: 'The header Status of the MMIS Service Agreement must be Approved or Partially'.

The right screenshot shows the 'Line Items' table for the same service agreement. The table has columns: Line Item Number, Status, Start Date, End Date, HCPCS/Modifiers, Units Requested, and Units Used. The data is as follows:

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
1	Approved	01/01/2007	12/31/2007	T1016 UC - Waiver case management	120	0
3	Approved	01/01/2007	12/31/2007	T2017 - Supported living services, adult (15 minutes)	5856	264
2	Approved	01/01/2007	12/31/2007	T2032 U9 - The "HCPCS/Modifiers" exist more than once in SSIS for the service dates	24	1

Below the table, the details for Line Item 1 are shown: Status is 'A - Approved'. A text box notes: 'The Line Item of the service being claimed must be Approved.'



Time Proofing – Client Category

- Missing PMI#
- Estimated DOB

1018 – No PMI

Name / Status / Gender						
Legal Name:	Prefix	First name	Middle name	Last name	Suffix	<input type="checkbox"/> Unknown
		Beatrice		Bear		
Clearing Status:	Client		Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Birth/Death Information						
Date of birth:	Age:	39 years*		Date of death:		
Est. date of birth:	2/20/1978	Est. Age:	39			
Birth location:	County	State	Country			
Person numbers						
County Person #:		SSIS Person #:	89140489	SWNDX #:	29482897	
SSN:	234-56-7899	PMI #:		SMI #:		
US Citizenship						
US citizenship status:		Verification method:				
US citizenship date:		Date verified:				
Other						
Primary Language:						
Hispanic heritage:	No	Interpreter Needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Marital Status:		Qualifies under ICWA:	<input type="radio"/> Yes <input checked="" type="radio"/> No			

The client must have a PMI #

107 – Est. date of birth

Name / Status / Gender

Legal Name: Prefix: [] First name: [Beatrice] Middle name: [] Last name: [Bear] Suffix: [] Unknown

Cleaning Status: [Client] Gender: Male Female

Birth/Death Information

Date of birth: [] Age: [39 years] Date of death: []

Est. date of birth: [2/20/1978] Est. Age: [39]

Birth location: County: [] State: [] Country: []

Person numbers

County Person #: [] SSS Person #: [09140489] SWDCX #: [29402097]

SSN: [234-56-7899] PII #: [] SMI #: []

US Citizenship

US citizenship status: [] Verification method: []

US citizenship date: [] Date verified: []

Other

Primary Language: []

Hapanic heritage: [No] Interpreter Needed: Yes No

Marital Status: [] Qualifies under ICWA: Yes No

Action [v]

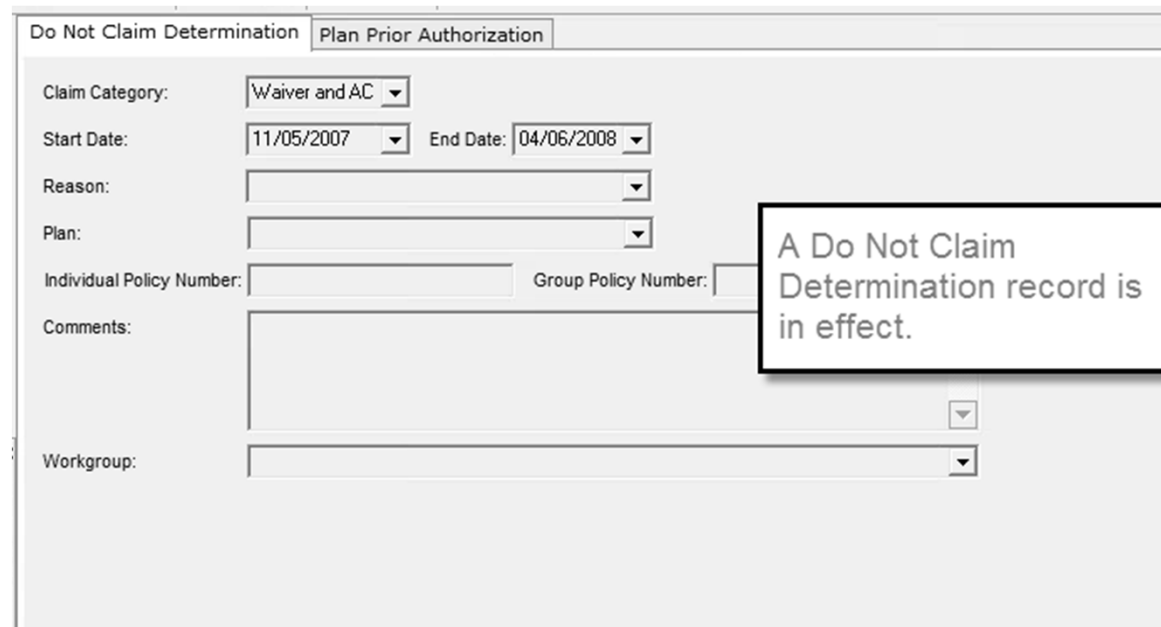
The client must have an actual Date of birth.



Time Proofing – Do Not Claim Category

- Client marked “Do Not Claim”

2008 – A Do Not Claim Determination is in effect on the service dates



The screenshot shows a software interface with two tabs: "Do Not Claim Determination" (selected) and "Plan Prior Authorization". The form contains the following fields:

- Claim Category: Waiver and AC
- Start Date: 11/05/2007
- End Date: 04/06/2008
- Reason: (empty dropdown)
- Plan: (empty dropdown)
- Individual Policy Number: (empty text box)
- Group Policy Number: (empty text box)
- Comments: (empty text area)
- Workgroup: (empty dropdown)

A callout box on the right side of the form contains the text: "A Do Not Claim Determination record is in effect."



Time Proofing – Staff Not Qualified Category

- Staff Claim Qualifications, Qualified = No

2018 – “Qualified” = “No” on the Waiver and AC Staff Qualifications for the worker on the activity date

The screenshot shows a software interface for claim management. On the left, there is a 'Claim Errors' section with a message: "Admin: 'Qualified' = 'No' on the Waiver and AC Staff Qualifications for the worker (Qual-No, May) on the activity date (12/30/2007)". Below this is an 'Error Help' section with a 'Help Description' that reads: "The Service is claimable, but the staff person is not qualified to claim for Waiver and AC. (Message #2018)".

The main interface area is titled 'Resubmissions, Bobbie StaffQu' and shows a date of 12/30/2007 at 11:09 AM. It includes a 'Workgroup' dropdown set to '[Resubmission Testing] EW Case Management 04/15/2008', a 'Program' dropdown set to '671 - Elderly Waiver', and a 'Service' dropdown set to '691 - AC/EW/CAC/CADI/BI Case Ma'. The 'Activity' dropdown is set to 'Client contact'. The 'Duration' is set to 2 hours and 0 minutes. The 'City Accty' field is empty. The 'Note' field contains the text 'Qualified to claim must = Yes.'.

The 'Contact' section shows a 'Purpose' of 'R110', a 'Status' of 'Completed', and a 'Method' of 'Face to face'. The 'Location' is set to 'Field/home'. The 'Contact With' dropdown is set to 'Add'. A list of service providers is shown, including 'Gary ServiceAgreement Resubmissions', 'Kyle Payments Resubmissions', 'Lana Time Resubmissions', 'Suzanne Diagnosis Resubmissions', 'Cecilia HCPCS Resubmissions', 'Victoria SuppEig Resubmissions', 'Dialene HCPCS Resubmissions', and 'Alyssa Time Resubmissions'.

Staff Qualifications Entry

Name	Employee Type	County Entity	Role
Qual=No, Mary		Social Services	Mary

Qual=No, Mary | Program restrictions | Department Assignments | Unit Assignments | Units supervised | **Qualifications** | Special Studies

Type	Claim Category	Qualified	Start Date	End Date
Healthcare claiming	DD Screening	No	06/01/2007	
Healthcare claiming	Waiver and AC	No	01/01/2005	03/31/2008
Healthcare claiming	CW-TCM	No	01/01/2005	
Healthcare claiming	VA/DD-TCM	No	01/01/2006	
Healthcare claiming	RSC-TCM	No	01/01/2005	

Type: Healthcare claiming Qualified: Yes No

Claim Category: Waiver and AC

Start Date: 01/01/2005 End Date: 03/31/2008



Time Proofing – Exclusions Category

- Exclusions Exist – Time Records

2051 – An Exclusion for Healthcare Claiming exists

Waiver, Cal Proofing - 11/15/2007 Exclusions

Date: 11/15/2007 12:00 AM

Activity

Workgroup: Waiver EW Case Management 05/23/2007

Program: 671 - Elderly Waiver

Service: 681 - AC/EW/CAC/CAD/BI Case Ma

County sub-service:

Activity: Client contact

Duration: 0 Hr. 30 Min.

Only Acctg:

Note:

Contact:

Purpose: DNC + Exclusion

Status: Completed Attempted

Method: Face to face

Location: Field/home

Exclude From	Reason	Create Date	Additional Information
Healthcare Claiming	Other	10/02/2013	A DNC record exists for the date range Scenario 1132

Exclude From: Healthcare Claiming

Reason: Other

Create Date: 10/02/2013

Additional Information: A DNC record exists for the date range Scenario 1132

An Exclusion cannot exist for the Time Record

Waiver and AC – Payment Proofing Tab

Waiver and AC (Draft) 01/01/2004 - 10/31/2015 | Claims | Time Proofing | **Payment Proofing**

<input checked="" type="checkbox"/> Payment	<input checked="" type="checkbox"/> Duplicate Claim	<input type="checkbox"/> Client
<input checked="" type="checkbox"/> Diagnosis	<input checked="" type="checkbox"/> MA Eligibility	<input type="checkbox"/> Do Not Claim
	<input checked="" type="checkbox"/> MMIS Service Agreement	<input type="checkbox"/> Exclusions


Search
Clear All
Select All
Restore Defaults

Waiver and AC – Payment Proofing Results

The screenshot displays the 'Payment Proofing' window for a 'Waiver and AC (Draft)' claim batch. The interface includes a menu bar, a toolbar, and a sidebar with navigation options like 'MNYTD Se...', 'Chart of Ac...', 'Service An...', 'Payments', and 'Healthcare...'. The main area shows a table of claim items with columns for Svc Code, Service Start Date, Service End Date, Rate, Units, Amount, and Location. Below the table, there are sections for 'Claim Errors', 'Error Help', and 'Payment Details'.

Svc Code	Service Start Date	Service End Date	Rate	Units	Amount	Location
Client Name : Resubmissions, Denise Donotclaim						
691	11/01/2007	11/10/2007	\$25.0000	10.00	\$250.00	Field/home
Supp Eligibility: A Do Not Claim Determination is in effect on the service dates (11/01/2007 - 11/10/2007).						
691	11/15/2007	11/15/2007	\$25.0000	10.00	\$250.00	Field/home
Supp Eligibility: A Do Not Claim Determination is in effect on the service dates (11/15/2007 - 11/15/2007).						
Client Name : Resubmissions, Kate Donotclaim						
691	11/01/2007	11/30/2007	\$25.0000	10.00	\$250.00	Field/home
Supp Eligibility: A Do Not Claim Determination is in effect on the service dates (11/01/2007 - 11/30/2007).						

Payment Details:
 Payment #: 184714822
 Payment type: Posted payment
 Payment status: Paid
 Service start date: 11/01/2007
 Service end date: 11/10/2007
 Client name: Resubmissions, Denise DoNotClaim
 SSIS person #: 184663486
 Business organizations / vendors: Dazzling Daisies
 County vendor #: 6823
 SSIS bus. org. #: 115152570



Payment Proofing – Payment Category

- No HCPCS/Modifiers on Payment
- Original Payment for a Modification already claimed

2007 – No “HCPCS/Modifiers” for a Waiver and AC “Service”

The screenshot displays a software interface for SSIS Fiscal Claims with the following sections:

- Payment details:** Payment #: 181587402; Payment type: Payment request; Payment status: Paid; Service arrangement #: [blank]; Service start date: 05/01/2007; Service end date: 05/31/2007; Client name: Gnat, Nate; SSIS person #: 116586369.
- Business organizations / vendors:** Service vendor: EIAN TRANSPORTATION; County vendor #: 000001106; SSIS bus. org. #: 116198231; Payee vendor: [blank]; License #: [blank]; I-E sub code: [blank].
- Programs and services:** Program: 100 - Child Welfare (General); Service: 116 - Transportation; County sub-service: [blank]; HCPCS/modifier: [blank]; Location: [blank].
- Fiscal details:** Special cost code: [blank]; MAPCY level: [blank]; Unit type: Trip, client; Units: 2.00; Rate: \$23.5000; SEAGR unit type: [blank]; SEAGR units: [blank]; Amount: \$47.00; Warrant / eff. date: 06/04/2007; Accrual code: [blank]; County defined date: [blank]; Chart of accounts: 11 | 430 | 710 | 3160 | 6011 | pay child transportation; Submitted date: 06/04/2007 1:53 PM; Warrant / GL number: 0604103; Warrant / GL amount: \$117.00; I-E reimbursable: Yes (selected) / No; Invoice number: [blank]; Invoice date: [blank]; 1099: No; Arrangement group: [blank].

Modifications Process Steps for SSIS Fiscal Claims With No HCPCS/Modifier on the Service Arrangement/Payment

2016 – The original payment for the Adjustment Reversal has a Claim

The image displays two screenshots of a software interface, likely a financial or claims management system, showing payment details for an adjustment reversal.

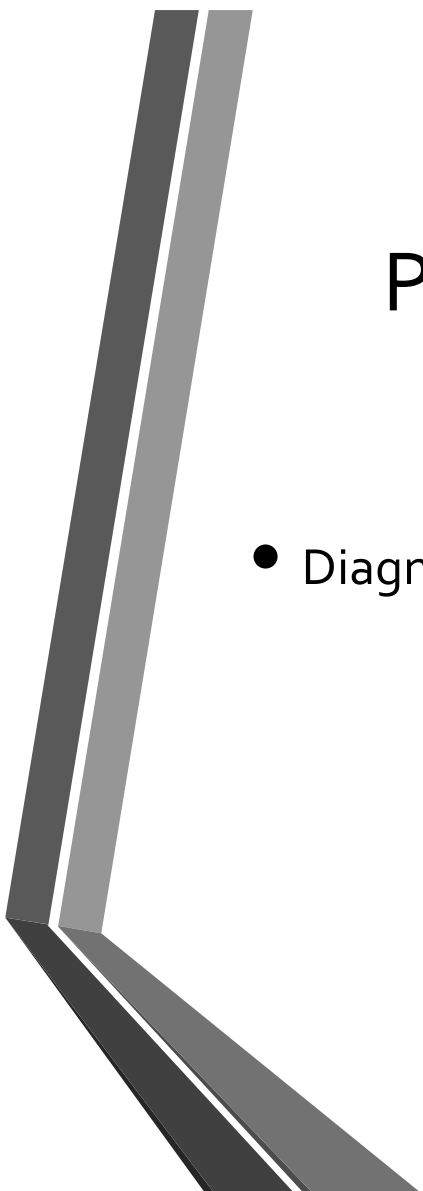
Left Screenshot: Payment Details

- Title:** Data Overview
- Payment Transactions:**
 - Payment ID: 1000008
 - Original payment ID: 1000026
 - Payment type: Adjustment reversal
 - Payment status: PAID
 - Service arrangement: 1000008
 - Service arrangement ID: 1000008
 - Service start date: 06/23/2007
 - Service end date: 06/23/2007
 - Client name: Waven, Totsi/Payment
 - SSN person ID: 1000008
 - Workgroup: [Dropdown]
 - Business organization / vendor: [Dropdown]
 - Service vendor: LONGE DAC PROGRAM
 - County vendor ID: 0000113
 - SSN bus. org. # 1000026
 - Agency vendor: [Dropdown]
 - License #: [Dropdown]
 - SLI sub code: [Dropdown]
 - Program and service:
 - Program: 000 - Developmental/Disability General
 - Service: 001 - DD Waiver Case Management
 - County sub-service: [Dropdown]
 - HOPCL/holder: 01001 UC - Waiver case management
 - Location: Field/Home
 - Fiscal details:
 - Special cost code: [Dropdown]
 - ISAPY: [Dropdown]
 - Unit: [Dropdown]
 - Supplemental per item: [Dropdown]
 - Rate per item: [Dropdown]
 - Rate: \$1,000
 - Unit type: Hour
 - Unit amount: 0.75
 - Amount: \$750.00
 - Warrant/alt date: 06/23/2007
 - Actual date: [Dropdown]
 - County defined date: [Dropdown]
 - Chart of accounts: [Dropdown]
 - Submitted date: [Dropdown]
 - Warrant/SL number: 000000
 - Warrant/SL amount: \$750
 - Invoice date: [Dropdown]
 - Invoice number: [Dropdown]
 - Invoice date: [Dropdown]
 - Invoice arrangement group: [Dropdown]

Right Screenshot: Payment Transactions

Payment Type	Payment Status	Warrant / SL Date	Amount	Service Number	Client Name	Service Start Date	Service End Date	CGA Code
Original Payment	PAID	07/23/2007	\$15.00	LONGE DAC PROGRAM	Waven, Totsi Payment	06/23/2007	06/23/2007	05-430-750-2300-0002
Adjustment Reversal	PAID	07/23/2007	(\$15.00)	LONGE DAC PROGRAM	Waven, Totsi Payment	06/23/2007	06/23/2007	05-430-750-2300-0002
Correcting Adjustment	PAID	07/23/2007	\$15.00	LONGE DAC PROGRAM	Waven, Totsi Payment	07/23/2007	07/23/2007	05-430-750-2300-0002

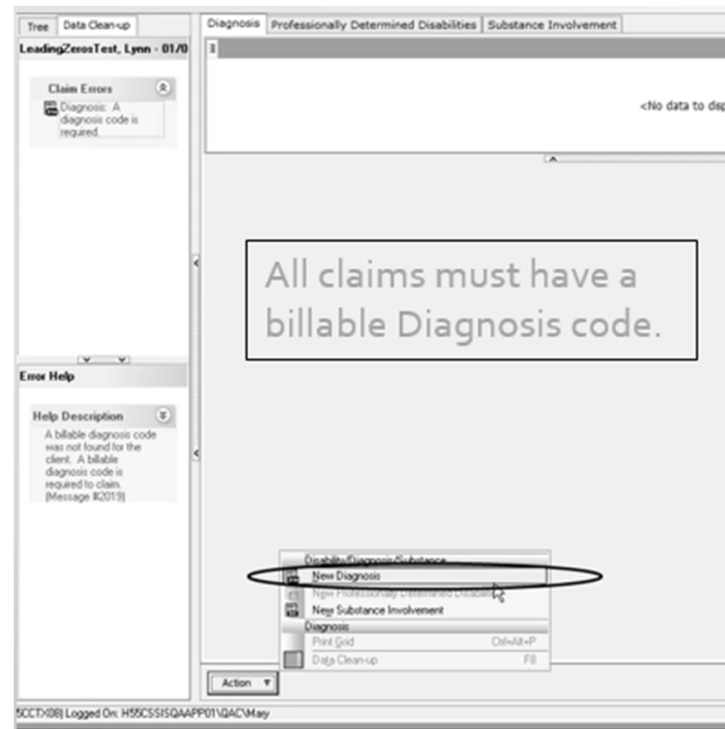
Callout Box: Adjustment Reversal
Refund
Recovery
Cancellation (Refund)
Cancellation (Recovery)



Payment Proofing – Diagnosis Category

- Diagnosis required

2019 – A diagnosis is required

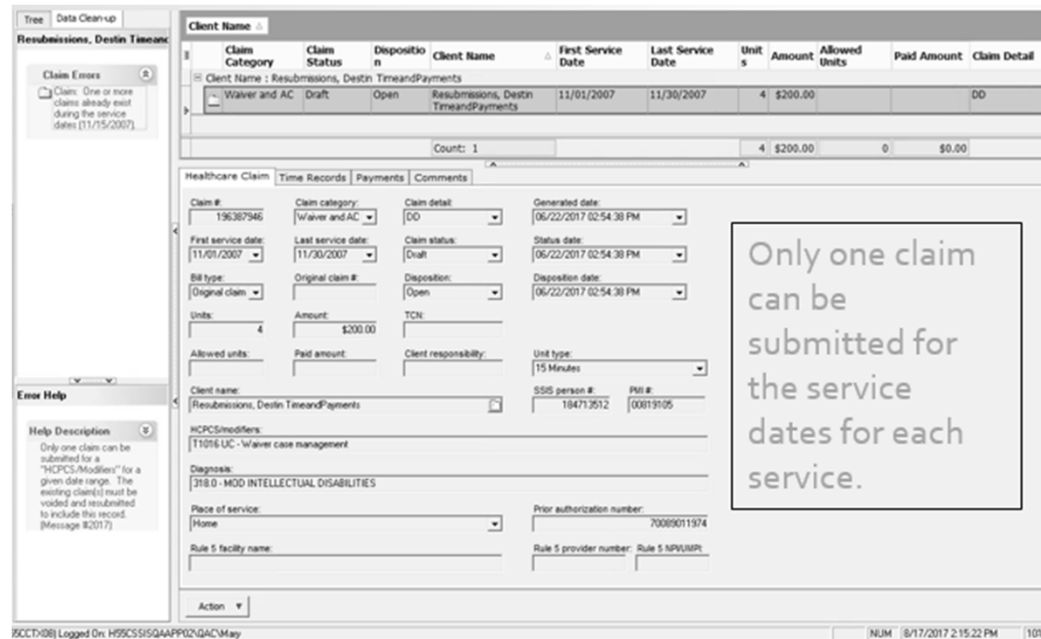




Payment Proofing – Duplicate Claim Category

- Claim would be a duplicate

2017 – One or more claims already exist during the service dates



The screenshot displays a software interface for claim management. On the left, a sidebar contains a 'Claim Errors' section with a message: 'Claim: One or more claims already exist during the service dates (11/15/2007)'. Below it is an 'Error Help' section with a 'Help Description' that reads: 'Only one claim can be submitted for a "HCPCS-Modifier" for a given date range. The existing claim(s) must be voided and resubmitted to include this record. (Message #2017)'. The main area shows a table of claims for 'Resubmissions, Destin TimeandPayments' with columns for Claim Category, Claim Status, Disposition, Client Name, First Service Date, Last Service Date, Units, Amount, Allowed Units, Paid Amount, and Claim Detail. A single row is visible with a 'Waiver and AC' category, 'Draft' status, 'Open' disposition, and service dates from 11/01/2007 to 11/30/2007. Below the table, a detailed view of a claim is shown, including fields for Claim # (196367946), Claim category (Waiver and AC), Claim detail (DD), Generated date (06/22/2017 02:54:38 PM), First service date (11/01/2007), Last service date (11/30/2007), Claim status (Draft), Status date (06/22/2017 02:54:38 PM), Bill type (Original claim), Original claim #, Disposition (Open), Disposition date (06/22/2017 02:54:38 PM), Units (4), Amount (\$200.00), TCN, Allowed units, Paid amount, Client responsibility, Unit type (15 Minutes), Client name (Resubmissions, Destin TimeandPayments), SSS person # (184712612), PII # (00019105), HCPCS/Modifiers (T1016 UC - Waiver case management), Diagnosis (318.0 - MOD INTELLECTUAL DISABILITIES), Place of service (Home), Prior authorization number (70089011974), and Rule 5 provider number (Rule 5 NPUSPR).

Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
Waiver and AC	Draft	Open	Resubmissions, Destin TimeandPayments	11/01/2007	11/30/2007	4	\$200.00	0	\$0.00	DD

Count: 1

4 \$200.00 0 \$0.00

Only one claim can be submitted for the service dates for each service.



Payment Proofing – MA Eligibility Category

- Service Dates not within a single Living Arrangement
- Service Dates not within a single Eligibility Span
- Client must be MA Eligible to claim
- Invalid Major Program
- No MMIS Eligibility Information
- No Living Arrangement
- Client must be on a Waiver
- Service Dates not within a single Waiver span
- Major Program not valid for Waiver Type

2005 – The service dates span more than one Living Arrangement

The screenshot displays a software interface with a table of service dates and a callout box. The table has the following data:

Type	Begin Date	End Date	Facility Name	NPI/UMPI
ICF/MR - Public or private	11/09/2006		COMMUNITY LIVING INC #1	1609937341
Nursing Facility I - Medicare certified	11/01/2006	11/09/2006	LAKE MINNETONKA SHORES	1184737926
ICF/MR - Public or private	12/05/2005	11/01/2006	COMMUNITY LIVING INC #1	1609937341
Community	06/01/1991	12/05/2005		

The callout box contains the text: "The service dates of the payment must be within the dates of one Living Arrangement."

The interface also shows a "Claim Errors" section with the message: "MA Eligibility: The service dates (12/01/2005 - 12/07/2005) span more than one Living Arrangement." and an "Error Help" section with the message: "The service dates on the Payment must be completely within a single Living Arrangement. (Message #2005)".

2006 – The service dates are not completely within an Eligibility Span

The screenshot displays a software interface with a table of program data and a callout box. The table has the following columns: Major Program Code, Major Program, Eligibility Type, Status, Begin Date, End Date, and MMIS Case Number. The data rows are:

Major Program Code	Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA	Federally-Paid Medical Assistance	Disabled No Sub-Type	Closed	12/01/2004	06/15/2006	
SL	Part B Premiums Only (SLMB)	Disabled SLMB	Closed	07/01/2005	05/31/2006	
NM	State-Paid Medical Assistance	Disabled No Sub-Type	Active	06/16/2006		

Below the table, there are dropdown menus for Major Program (MA - Federally-Paid Medical Assistance), Eligibility Type (DX - Disabled No Sub-Type), Status (C - Closed), Begin Date (12/01/2004), and End Date (06/15/2006). There are also input fields for MMIS Case Number.

A callout box on the right contains the text: "The service dates of the payment must be within the dates of one Eligibility Span."

On the left side of the interface, there are sections for "Claim Errors" and "Error Help". The "Claim Errors" section shows a message: "MA Eligibility: The service dates (06/02/2006 - 06/28/2006) are not completely within an Eligibility Span." The "Error Help" section shows a "Help Description" that reads: "The service dates on the Payment must be completely within a single Eligibility Span. (Message #2006)"

2010 – No Eligibility Span exists for the service dates

Tree Data Clean-up
LTCC, Dobie HCPCS - 10/15/2

Claim Errors
MA Eligibility: No Eligibility Span exists for the service dates [10/15/2006]

Major Program Code	Major Program	Eligibility Type	Status	Begin Date	End Date	MMS Case Number
MA	Federally-Paid Medical Assistance	Disabled No Sub-Type	Active	11/01/2006		

Major Program: MA - Federally-Paid Medical Assistance
Eligibility Type: DX - Disabled No Sub-Type
Status: A - Active
Begin Date: 11/01/2006

Error Help
Help Description
The client must have an Eligibility Span in effect on the service dates and the "Status" must be "Active" or "Closed" (Message R2010)

There must be a valid Eligibility Span for the service dates of the payment.

2011 – The Major Program is not valid for Waiver and AC

The screenshot displays a software interface with a left-hand navigation pane and a main content area. The navigation pane includes a 'Tree' tab, a 'Data Clean-up' section, and a 'Waiver, Fiona Proofing - 02/15' section. Under 'Claim Errors', there is a message: 'MA Eligibility: The "Major Program" (LL) is not valid for Waiver and AC...'. Below this is an 'Error Help' section with a 'Help Description' that reads: 'The Eligibility Span in effect for the client must have a "Major Program" that is valid for the claim category. (Message #2011)'. The main content area contains a form with the following fields: 'Major Program' (dropdown menu showing 'LL - MinnesotaCare Citizen Kids/PwS'), 'Eligibility Type' (dropdown menu showing 'DX - Disabled No Sub-Type'), 'Status' (dropdown menu showing 'C - Closed'), 'MMIS Case Number' (text input field), 'Begin Date' (dropdown menu showing '02/01/2005'), and 'End Date' (dropdown menu showing '04/28/2007'). A large text box in the center of the main content area contains the message: 'The Major Program in effect must be valid for the Waiver Type.'

2021 – The client has no Healthcare Eligibility from MMIS

The screenshot displays a software interface for managing MMIS eligibility. The main window is titled 'Waiver, Leaha Pooling - 05/21'. The 'Chain Errors' section on the left shows an error: 'MM Eligibility: The client has no Healthcare Eligibility from MMIS.' Below this, the 'Help Description' section states: 'The client must have Healthcare Eligibility from MMIS in SSIS to verify eligibility. No eligibility information has been received from MMIS. (Message R0021)'. The main form area shows the following details:

- Date:** 3/25/2008 11:11 AM
- Workgroup:** Waiver Client ACAD Case Management 05/16/2007
- Program:** 600 - ADA Services (General)
- Service:** 647 - Independent Living Skills
- Activity:** Maintenance
- Duration:** 0 - 30
- Regarding:** Toodle Pooling Waiver, Ben Pooling Waiver, Elan Pooling Waiver, Daniel Pooling Waiver, Jordan Pooling Waiver, June Pooling Waiver, Greg Pooling Waiver, Tina Pooling Waiver, Patrick Pooling Waiver
- Note:** [Empty text area]
- Contact:** Purpose, Status (Completed/Attempted), Method, Location, Contact With (Toodle Pooling Waiver, Ben Pooling Waiver, Elan Pooling Waiver, Daniel Pooling Waiver)

The client must have MMIS Eligibility information.

2022 – Client must have a Living Arrangement record

Tree Data Clean-up

Waiver, June Proofing - 09/20/2007 - 09/20/2007

Claim Errors

MA Eligibility: Client must have a Living Arrangement record.

Error Help

Help Description

The client must have a Living Arrangement record to verify client has a valid Living Arrangement. No Living Arrangement records have been received from MMIS for this client. [Message #2022]

Type	Begin Date	End Date	Facility Name	NPI/UMPI
Rule 203 - Adult foster home	06/01/1999	06/30/2007		

Type: 55 - Rule 203 - Adult foster home

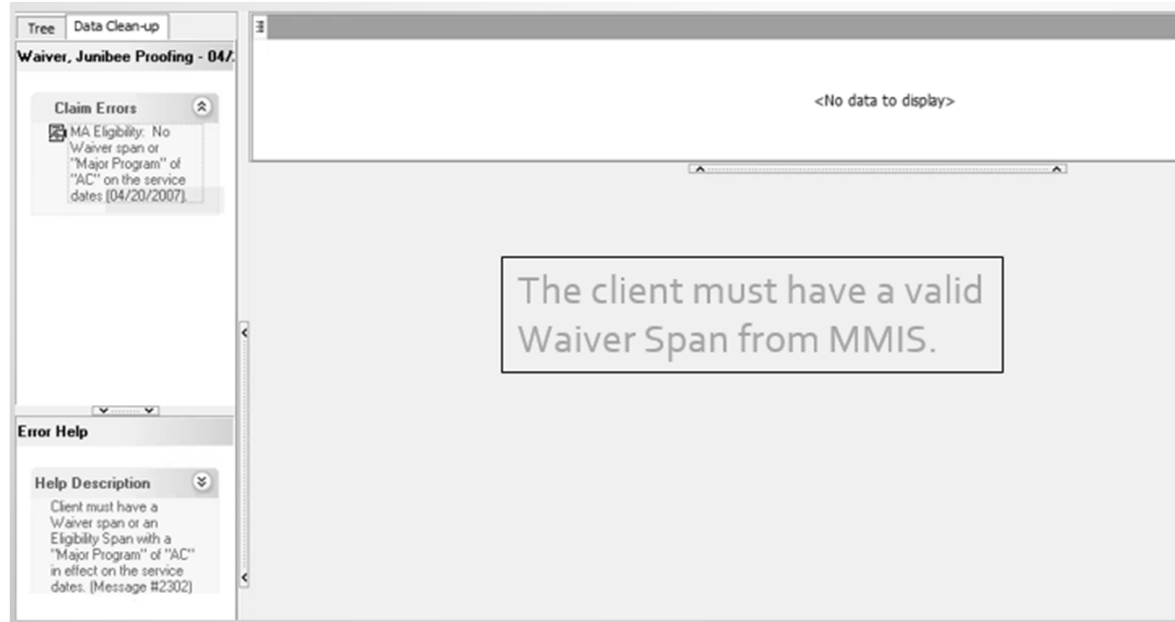
Begin Date: 06/01/1999 End Date: 06/30/2007

Facility Name:

NP/UMPI: Provider County:

No Living Arrangement in effect for the Payment record of 9/20/2007.

2302 – No Waiver span or “Major Program” of “AC” on the service dates



2303 – The service dates are not completely within a Waiver span

The screenshot displays a software interface with a tree view on the left and a data table on the right. The tree view shows a 'Waiver, Lark Proofing - 09/14/2005 - 09/25/2005' with a 'Claim Errors' section containing a message: 'MA Eligibility: The service dates (09/14/2005 - 09/25/2005) are not completely within a Waiver span.' Below this is an 'Error Help' section with a 'Help Description' stating: 'The service dates on the Payment must be completely within a single Waiver span. (Message #2303)'. The data table has columns for 'Type', 'Last Screening Date', 'Begin Date', and 'Through Date'. It lists two rows: 'LTC - EW Diversion' with dates 10/01/2006, 09/16/2005, and 09/30/2007; and 'LTC - CADI Diversion' with dates 06/18/2005, 06/15/2005, and 09/15/2005. Below the table are input fields for 'Type', 'Last Screening Date', 'Begin Date', and 'Through Date'. A callout box on the right contains the text: 'Service dates must be completely within the dates of the Waiver span.'

Type	Last Screening Date	Begin Date	Through Date
LTC - EW Diversion	10/01/2006	09/16/2005	09/30/2007
LTC - CADI Diversion	06/18/2005	06/15/2005	09/15/2005

Service dates must be completely within the dates of the Waiver span.

2308 – The “Major Program” is not valid with the Waiver “Type”

The screenshot displays a software interface with a left-hand navigation pane and a main content area. The navigation pane includes a 'Tree' view showing 'Waiver, Kanasta ECSProofing', a 'Claim Errors' section with a selected error message, and an 'Error Help' section with a corresponding help description. The main content area features a table with columns for 'Type', 'Last Screening Date', 'Begin Date', and 'Through Date'. Below the table are input fields for 'Type', 'Last Screening Date', 'Begin Date', and 'Through Date'. A text box on the right side of the main area contains the error message.

Type	Last Screening Date	Begin Date	Through Date
LTC - Essential Comm Support	01/01/2007	11/01/2006	

Claim Errors

MA Eligibility: The "Major Program" (MA) is not valid with Waiver "Type" (LTC - Essential Comm Support).

Error Help

Help Description

"Major Program" (UN) is only valid with Waiver "Type" (LTC - Essential Comm Support)." The "Major Program" must be "UN" if the Waiver "Type" is "LTC - Essential Comm Support." (Message #2308)

Type: Y - LTC - Essential Comm Support

Last Screening Date: 01/01/2007

Begin Date: 11/01/2006 Through Date:

The Major Program for the client must be valid for the Waiver Type.



Payment Proofing – MMIS Service Agreement Category

- No MMIS Service Agreement
- Service Dates not within a single Service Agreement
- County is not the service provider on the Service Agreement
- Service Agreement status is not valid (header status or line item status)

2304 – No MMIS Service Agreement Line Item exists for the “HCPCS/Modifiers” for the service dates

Claim, Jackie - 09/04/2005

Claim Errors

- MA Eligibility: No MMIS Service Agreement Line Item exists for the "HCPCS/Modifiers" for the service dates [09/04/2005]

Error Help

Help Description

The client must have a MMIS Service Agreement with a Line Item that is in effect on the service dates for the "HCPCS/Modifiers" to be claimed. (Message 82304)

Prior Authorization Number	Status	Type	Start Date	End Date	Total Amount Used
62729001487	Approved	Agreement - CADI Diversion	10/01/2006	09/30/2007	\$5,731.74
52849001597	Approved	Agreement - CADI Diversion	10/01/2005	09/30/2006	\$24,041.48

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
2	Approved	10/01/2005	09/30/2006	T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates	0	0
3	Approved	03/01/2006	09/30/2006	XS476 - Case management	56	20
1	Approved	10/01/2005	02/28/2006	XS476 - Case management	40	6

Line Item Number: 2 Status: A - Approved

Start Date: 10/01/2005 End Date: 09/30/2006

HCPCS/Modifiers: T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates

Amount Requested: \$23,462.20 Amount Used: \$23,462.20

Units Requested: 0 Units Used: 0

Rate Per Unit: \$59,919.00 Service Frequency:

Provider Name: ORION ISO INC

NPVUMPR: A544125100 Provider County: Hennepin

Status Reason 1:

Status Reason 2:

A MMIS Service Agreement Line Item must exist for the Service/Activity combination on the service dates.

2305 – The service dates are not completely within the dates of a MMIS Service Agreement Line Item

The screenshot displays the MMIS interface. On the left, a 'Claim Errors' window shows a message: 'MA Eligibility: The service dates (03/13/2007 - 03/17/2007) are not completely within the dates of a MMIS Service Agreement Line Item.' Below it, an 'Error Help' window provides a description: 'The service dates on the Payment must be completely within a single Line Item for the "HCPCS/Modifiers." (Message #2305)'. The main window shows a table of Prior Authorization Numbers and a detailed view of a Service Agreement Line Item.

Prior Authorization Number	Status	Type	Start Date	End Date	Total Amount Used
60769001737	Approved	Agreement - CADI Diversion	04/01/2006	03/31/2007	\$9,625.60
50619001304	Approved	Agreement - CADI Diversion	04/01/2005	03/31/2006	\$12,922.63

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
9	Approved	11/01/2006	03/31/2007	T1021 - Home health aide visit	82	25
10	Approved	11/01/2006	03/31/2007	T2029 - Assistive technology/Supplies and equip., extended	0	0
11	Approved	11/01/2006	03/31/2007	T2029 - Assistive technology/Supplies and equip., extended	6	2
12	Approved	11/15/2006	03/15/2007	T1016 UC - Waiver case management	48	0

The dates on the Payment must be completely within the associated Line Item of the MMIS Service Agreement.

2306 – County is not the provider on the MMIS Service Agreement Line Item

The screenshot displays the MMIS Service Agreement Line Items interface. On the left, a sidebar shows a tree view with 'Claim, Jackie - 01/26/2007' selected. Below it, a 'Claim Errors' section lists an error: 'MA Eligibility: County is not the provider on the MMIS Service Agreement Line Item.' An 'Error Help' section provides a description: 'The county must be the provider on the MMIS Service Agreement Line Item to claim. (Message #2306)'. The main area shows a table of line items:

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
1	Approved	10/01/2006	09/30/2007	T1016 UC - Waiver case management	96	0
2	Approved	10/01/2006	09/30/2007	T2028 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates	0	0

Below the table, the details for Line Item 1 are shown:

Line Item Number: 1 Status: A - Approved
Start Date: 10/01/2006 End Date: 09/30/2007
HCPCS/Modifiers: T1016 UC - Waiver case management
Amount Requested: \$2,186.88 Amount Used: \$0.00
Units Requested: 96 Units Used: 0
Rate Per Unit: \$22.78 Service Frequency: [dropdown]
Provider Name: WASHINGTON CO DEPT OF PUBLIC HEALTH
NP/UMPI: 1669554408 Provider County: Washington
Status Reason 1: [dropdown]

A callout box on the right contains the text: 'The county must be the Provider on the MMIS Service Agreement Line Item for the Service/Activity combination on the service dates.'

2307 – The Service Agreement "Status" or Line Item "Status" is not valid

Claim Errors

MA Eligibility: The Service Agreement "Status" or Line Item "Status" is not valid.

Help Description

The Service Agreement "Status" must be "Approved" or "Partially suspended". The Line Item "Status" must be "Approved" (Message #2307)

Line Item Number	Status	Start Date	End Date	HCPCS/Modifiers	Units Requested	Units Used
1	Approved	01/01/2007	12/31/2007	T1016 UC - Waiver case management	120	0
3	Approved	01/01/2007	12/31/2007	T2017 - Supported living services, adult (15 minutes)	5856	264
2	Approved	01/01/2007	12/31/2007	T2032 U9 - The "HCPCS/Modifiers" exist more than once in SSIS for the service dates	24	1

Claim Errors

MA Eligibility: The Service Agreement "Status" or Line Item "Status" is not valid.

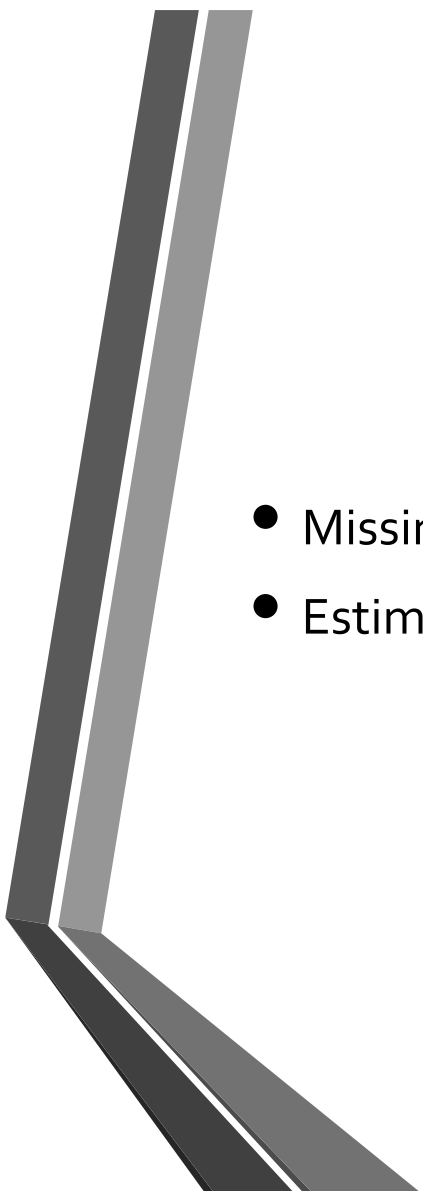
Error Help

Help Description

The Service Agreement "Status" must be "Approved" or "Partially suspended". The Line Item "Status" must be "Approved" (Message #2307)

The header Status of the MMIS Service Agreement must be Approved or Partially

The Line Item of the service being claimed must be Approved.



Payment Proofing – Client Category

- Missing PMI#
- Estimated DOB

1018 – No PMI

Name / Status / Gender						
Legal Name:	Prefix	First name	Middle name	Last name	Suffix	<input type="checkbox"/> Unknown
		Beatrice		Bear		
Clearing Status:	Client		Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Birth/Death Information						
Date of birth:	Age:	39 years*		Date of death:		
Est. date of birth:	2/20/1978	Est. Age:	39			
Birth location:	County	State	Country			
Person numbers						
County Person #:		SSIS Person #:	89140489	SWNDX #:	29482897	
SSN:	234-56-7899	PMI #:		SMI #:		
US Citizenship						
US citizenship status:		Verification method:				
US citizenship date:		Date verified:				
Other						
Primary Language:						
Hispanic heritage:	No	Interpreter Needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Marital Status:		Qualifies under ICWA:	<input type="radio"/> Yes <input checked="" type="radio"/> No			

The client must have a PMI #

107 – Est. date of birth

Name / Status / Gender				
Legal Name:	Prefix	First name	Middle name	Last name Suffix
	Beatrice			Ear
Clearing Status:	Client			Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
Birth/Death Information				
Date of birth:	Age:	Date of death:		
	39 years			
Est. date of birth:	Est. Age:			
2/20/1978	39			
Birth location: County State Country				
Person numbers				
County Person #:	SSS Person #:	SHNDX #:		
	00140489	29462807		
SSN:	PII #:	SIR #:		
234-56-7899				
US Citizenship				
US citizenship status:	Verification method:			
US citizenship date:	Date verified:			
Other				
Primary Language:				
Hispanic heritage:	No	Interpreter Needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Marital Status:		Qualifies under ICWA:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Action				

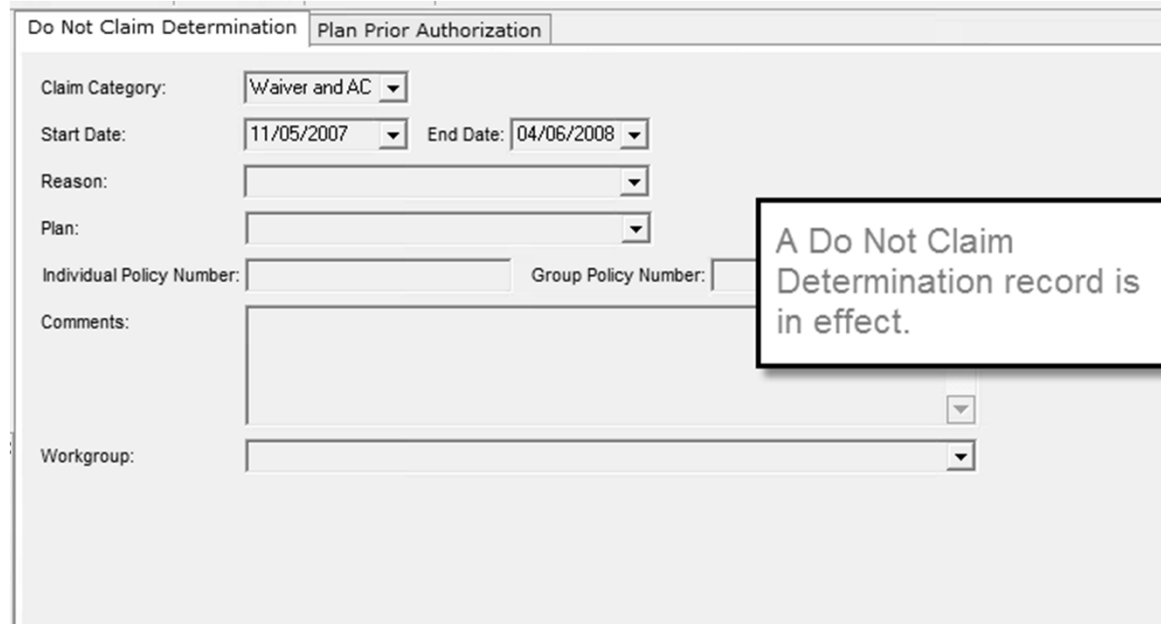
The client must have an actual Date of Birth



Payment Proofing – Do Not Claim Category

- Client marked “Do Not Claim”


2008 – A Do Not Claim Determination is in effect on the service dates



The screenshot shows a software interface with two tabs: "Do Not Claim Determination" (selected) and "Plan Prior Authorization". The form contains the following fields:

- Claim Category: Waiver and AC (dropdown)
- Start Date: 11/05/2007 (dropdown) End Date: 04/06/2008 (dropdown)
- Reason: (dropdown)
- Plan: (dropdown)
- Individual Policy Number: (text input) Group Policy Number: (text input)
- Comments: (text area)
- Workgroup: (dropdown)

A callout box with a black border is positioned over the right side of the form, containing the text: "A Do Not Claim Determination record is in effect."



Payment Proofing – Exclusions Category

- Exclusions Exist - Payments

2050 – An Exclusion for Healthcare Claiming exists

Tree Data Clean-up

Waiver, Baron Mmissa - 04/01/2007 - 04/

Claim Errors

Payment: An Exclusion for Healthcare Claiming exists.

Error Help

Help Description

Claims are not created when an Exclusion record for Healthcare Claiming exists for the payment. (Message #2050)

Payment Transactions Exclusions

Payment details

Payment #: 188851962 Original payment #: 188851956

Payment type: Refund Payment status: Paid

Service arrangement: Service arrangement #:

Service start date: 04/01/2007 Service end date: 04/30/2007

Client name: Waiver, Baron MMISsa SSIS person #: 181849138

Workgroup:

Business organizations / vendors

Name: County vendor #: SSIS bus. org. #

Service vendor: ACE ON THE LAKE 000000945 116110631

Payee vendor:

License #: IV-E sub code:

Programs and services

Program: 500 - Developmental Disabilities (General)

Service: 591 - DD Waiver Case Management

County sub-service:

HCPCS/modifier: T1016 UC - Waiver case management

Location: Field/home

Payment Transactions Exclusions

Exclude From	Reason	Create Date	Additional Information
Healthcare Claiming	Other	10/11/2013	Scenario 1138

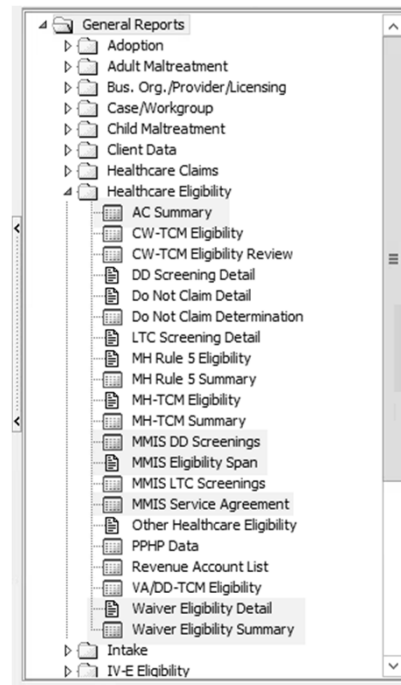
Exclude From: Healthcare Claiming Create Date: 10/11/2013

Reason: Other

Additional Information: Scenario 1138

An Exclusion cannot exist for the payment.

Waiver and AC Reports



AC Summary Report

Setup AC Summary

Date Range

Period: Custom

From: To:

Search

Clear

AC Summary Report Results

Setup		AC Summary	
Name/SSIS Person #			
Begin Date	End Date	Status	
▶ Name/SSIS person #: Agent, Andrew #208490255			
02/05/2004	12/31/2005	Closed	
▢ Name/SSIS person #: Ashes, Angela #208543216			
11/22/2005	07/31/2006	Closed	
▢ Name/SSIS person #: Bennett, Elizabeth Ac #176255623			
01/05/2007	01/05/2008	Closed	

MMIS Eligibility Span Report

The screenshot shows a software interface for generating a report. It features a 'Setup' tab and a 'Preview' tab. The 'Date Range' section includes a 'Period' dropdown set to 'Custom', with 'From' and 'To' date pickers set to 1/1/2017 and 8/21/2017 respectively. The 'Client' section has input fields for 'First Name', 'Last Name', 'County Person #', and 'SSIS Person #', along with a search icon. The 'Sort Order' section contains a list of fields with checkboxes: 'Name', 'SSIS Person #', 'PMI', 'DOB', and 'Gender'. A 'Descending' checkbox is also present. At the bottom right, there are 'Search' and 'Clear' buttons. An 'Action' dropdown menu is located at the bottom left.

MMIS Eligibility Span Report Results

MMIS Eligibility Span

Date Range: Custom (01/01/2017 - 08/21/2017)

Note: Estimated date of birth prints with an asterisk.

Name		SSIS Person #	PMI #	Date of Birth*	Gender
Anselmo, Jodie L		115289275	00119148	11/11/1970	Female
MMIS Eligibility Information:					
Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA - Federally-Paid Medical Assistance	AA - AFDC Related Absent Parent	Active	12/1/2006		

Name		SSIS Person #	PMI #	Date of Birth*	Gender
Batch, Dilbert		150838095	00025888	07/07/1991	Male
MMIS Eligibility Information:					
Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA - Federally-Paid Medical Assistance	EX - Over Age 85 No Sub-Type	Active	1/1/2007		
QM - Qualified Medicare Beneficiary	EQ - Over 65 QMR Only	Active	2/1/2005		

Name		SSIS Person #	PMI #	Date of Birth*	Gender
Batch, Dolores		150838089	02856457	01/30/1998	Female
MMIS Eligibility Information:					
Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA - Federally-Paid Medical Assistance	DX - Disabled No Sub-Type	Active	10/1/2005		
QM - Qualified Medicare Beneficiary	DQ - Disabled QMB Only	Active	3/1/2004		

MMIS Service Agreement Report

The screenshot shows a software window titled "Setup MMIS Service Agreement". It contains the following fields and controls:

- Date Range:** A section with a "Period:" dropdown menu set to "Custom", and "From:" and "To:" dropdown menus.
- Client:** A section with four input fields: "First Name:", "Last Name:", "County Person #:", and "SSIS Person #:". There is a small icon to the right of the "SSIS Person #" field.
- Buttons:** "Search" and "Clear" buttons are located in the bottom right corner.
- Action:** An "Action" dropdown menu is located in the bottom left corner.

MMIS Service Agreement Report Results

Setup MMIS Service Agreement																																											
Name/SSIS Person #																																											
Prior Authorization Number	Type	Start Date	End Date	Status	Total Cap Amount	Total Amount Used																																					
Name/SSIS Person # : Waiver, Aces Diagnosis #191670628																																											
53329011770	Agreement - EW Diversion	1/1/2015	12/31/2015	Approved	\$2,103.00	\$2,010.28																																					
<table border="1"> <thead> <tr> <th>Line Item Number</th> <th>Status</th> <th>Provider Name</th> <th>NPI/UMPI</th> <th>Start Date</th> <th>End Date</th> <th>Amount Requested</th> <th>Units Requested</th> <th>Amount Used</th> <th>Units Used</th> <th>HCPCS/Modifiers</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Approved</td> <td>Test County</td> <td>A629584233</td> <td>01/01/2015</td> <td>12/31/2015</td> <td>\$185.44</td> <td>8</td> <td>\$92.72</td> <td>4</td> <td>T1016 UC - Waiver case management</td> </tr> <tr> <td>2</td> <td>Approved</td> <td>ELDER HAVEN</td> <td>M846687400</td> <td>12/01/2005</td> <td>12/31/2005</td> <td>\$1,917.56</td> <td>1</td> <td>\$1,917.56</td> <td>1</td> <td>X5362 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates</td> </tr> </tbody> </table>											Line Item Number	Status	Provider Name	NPI/UMPI	Start Date	End Date	Amount Requested	Units Requested	Amount Used	Units Used	HCPCS/Modifiers	1	Approved	Test County	A629584233	01/01/2015	12/31/2015	\$185.44	8	\$92.72	4	T1016 UC - Waiver case management	2	Approved	ELDER HAVEN	M846687400	12/01/2005	12/31/2005	\$1,917.56	1	\$1,917.56	1	X5362 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates
Line Item Number	Status	Provider Name	NPI/UMPI	Start Date	End Date	Amount Requested	Units Requested	Amount Used	Units Used	HCPCS/Modifiers																																	
1	Approved	Test County	A629584233	01/01/2015	12/31/2015	\$185.44	8	\$92.72	4	T1016 UC - Waiver case management																																	
2	Approved	ELDER HAVEN	M846687400	12/01/2005	12/31/2005	\$1,917.56	1	\$1,917.56	1	X5362 - The "HCPCS/Modifiers" is not defined in SSIS for the service dates																																	
Name/SSIS Person # : Waiver, Annabell Diagnosis #191670558																																											
61529011414	Agreement - EW Diversion	1/1/2015	12/31/2015	Approved	\$38,388.00	\$9,316.88																																					
Name/SSIS Person # : Waiver, Bengston Diagnosis #191670642																																											
61679001645	Agreement - EW Diversion	1/1/2015	12/31/2015	Approved	\$25,236.00	\$10,906.26																																					

Waiver Eligibility Detail Report

Setup | Preview

Date Range
Period: Custom
From: To:

Include in Report
 Include Diagnosis
 Include Do Not Claim

Client
First Name: Last Name: County Person #: SSIS Person #:

Waiver Type
Check All Uncheck All
 AC
 BI
 CAC
 CADI
 DD
 ECS
 EW

Sort Order
 Name
 SSIS Person #
 PMI
 Date of Birth
 Gender
 Descending

Sort Order
 Waiver Type
 Waiver Start Date
 Waiver Screening Date
 Descending

Search
Clear

Action

Waiver Eligibility Detail Report Results

Waiver Eligibility Detail

Date Range: Custom (01/01/2017 - 08/21/2017)

Include Diagnosis: Yes

Include Do Not Claim: Yes

Waiver Type: All

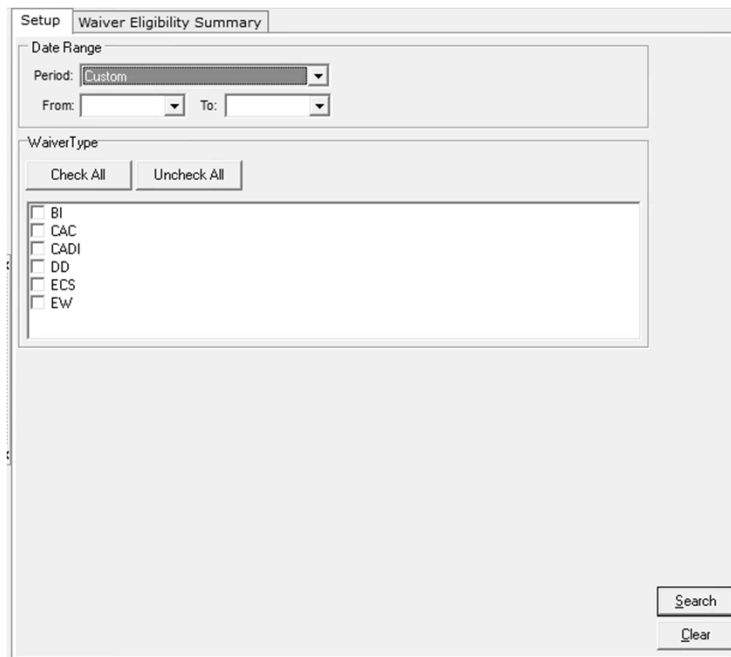
Sort Order: Name:

Note: Includes Do Not Claim records for the Claim Category of Waiver and AC for clients with Waiver or AC eligibility during the date range selected.

Note: Estimated date of birth prints with an asterisk

Name	SSIS Person #	PMI #	Date of Birth*	Gender		
Resubmissions, Gerald Waivertype	184386690	01686613	07/03/1966	Male		
MMIS Eligibility						
Major Program	Status	Begin Date	End Date			
AC - Alternative Care	Active	07/01/2005				
QM - Qualified Medicare Beneficiary	Active	07/01/2005				
Screening/Diagnosis						
Source	Type	Diagnosis Code	Diagnosis	Action/Activity Date	SSIS Diagnosis Start Date	SSIS Diagnosis End Date
LTC Screening		724.9		03/07/2006		
LTC Screening		436		03/07/2006		

Waiver Eligibility Summary Report



The screenshot shows a software window titled "Waiver Eligibility Summary" with a "Setup" tab. The window contains the following elements:

- Date Range:** A section with a "Period:" dropdown menu set to "Custom", and "From:" and "To:" dropdown menus for date selection.
- WaiverType:** A section with two buttons, "Check All" and "Uncheck All", and a list of waiver types with checkboxes:
 - BI
 - CAC
 - CADI
 - DD
 - ECS
 - EW
- Search and Clear:** Two buttons, "Search" and "Clear", located at the bottom right of the window.

Waiver Eligibility Summary Report Results

Setup Waiver Eligibility Summary

Name/SSIS Person # △			
Type	Last Screening Date	Begin Date	Through Date
▶ Name/SSIS Person # : Waiver, Aces Diagnosis #191670628			
LTC - EW Diversion	12/01/2006	12/01/2003	
⊕ Name/SSIS Person # : Waiver, Annabell Diagnosis #191670558			
⊕ Name/SSIS Person # : Waiver, Bengston Diagnosis #191670642			
⊕ Name/SSIS Person # : Waiver, Bertram Proofing #181358109			
⊕ Name/SSIS Person # : Waiver, Clementine Diagnosis #191670586			



QUESTIONS?

- SSIS application questions
 - dhs.ssishelp@state.mn.us or 651-431-4801
- MMIS questions
 - 651-431-2700 or 800-366-5411