



SSIS Fiscal Flyer

Winging Toward Integration

Issue 33

Social Services Information System

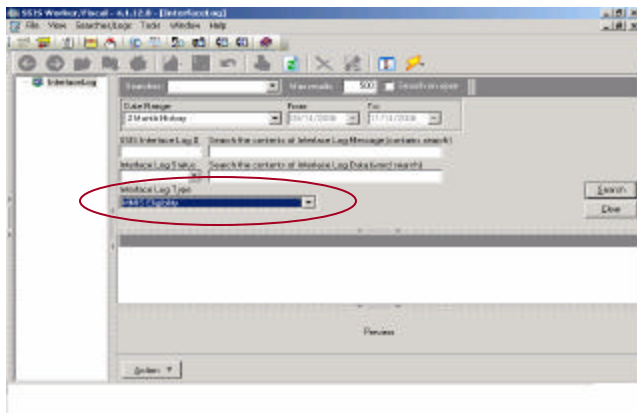
November 21, 2006

[Click here for the SSIS Fiscal home page on CountyLink](#)

MMIS Eligibility Interface Log

Counties cannot correct warning or error messages on the MMIS Eligibility Interface Log.

The warning messages alert you that a particular MMIS Service Arrangement, DD Screening, or



LTC Screening could not be added because there was not a recipient record at the time the interface attempted to load the record. At claiming, a proofing message displays indicating eligibility is not found for the client. Check the MAXIS Eligibility Interface Log for errors or warnings for this client. These claims would then need to be processed through MN-ITS.

A critical error indicates the interface failed. If you encounter critical errors, please contact the SSIS Help Line to determine if the problem is the result of a temporary connection issue or is something more serious.

Process refund/cancellation in CSIS/ County Accounting System

Q: If a check was issued from CSIS or the county legacy system and now a refund or cancellation needs to be done, how should counties do that? This information needs to be included in state reports that will now be in SSIS. But the initial payment is not in SSIS to allow for the refund/cancellation. Finally, how does this relate to the county books?

A: Counties should process these refunds or cancellations in the legacy system they made the payment out of. Continue processing the corresponding entries in the county accounting system as required by your system. Adjust IV-E by entering it in the Recoveries Tab if payment was a IV-E payment. Adjust the SEAGR report by entering a negative adjustment in the SEAGR Adjustment Tab.

Facility license information available

The DHS public website lists DHS -licensed entities including: Adult Day Care, Adult Foster Care, Chemical Dependency Treatment Programs, Child Care Centers, Child Foster Care, Children's Residential Facilities, Crisis Respite Services, Emergency Relative Foster Care, Family Adult Day Care, Family Child Care, Independent Living Assistance for Youth, Private Agencies Providing Adoption and Foster Care Placement, Residential Services, Residential Services for Persons with Physical Handicaps, Residential Treatment Programs, and many others.

Many of these listings can be selected by individual counties. Detail within each list does vary.

Some reports include details such as address, capacity, license number, initial license effective date, current license effective dates. [Click here](#) to access this page.

Phase 2 conversion to national HIPAA procedure codes included in V4.1B

MMIS is implementing the second and final phase of the process to convert local procedure codes to the new national HIPAA procedure codes, effective 10/10/2006. The new codes were included in the SSIS V4.1B release.

In *Service Arrangements*, staff will need to update the records that have the "old" codes to end them effective 09/30/2006. They will need to add new records for the same service(s), but these should carry the new codes, and a start date of 10/01/2006.

SSIS sent a report to all counties that have current Service Arrangements in SSIS displaying "old" HCPC codes with service dates including 10-1/06 or later.

In *Staff Activity*, the old codes will continue to be assigned to time records with service dates through 09/30/2006; the new codes will be assigned to time records with service dates beginning on 10/01/2006. The following procedure code conversions were included in the release:

Old procedure code	New procedure code/modifier(s)
X5265	T2003
X5400	T2024
X5476	T1016 with UC
X5491	T1016 with TF & UC
X5590	H2032 with TF
X5591	H2032
X5592	H2032 with TG
X5593	H2032 with HQ

Bug Alerts:

#1 Payment Reports

The warning message that the Maximum Results have been reached is not displaying for Payment Reports. If your number of payments returned equals the number in the Maximum Results field then your search may have exceeded the limit and it is possible that not all of the payments are displaying.

Also, do not blank out the Maximum Results field on the Payment Reports screen. This will result in only 100 payments being returned on the report.

Increase the number in the Maximum Results field to ensure that all payments that meet the selection criteria are returned on the report.

#2 Payment Batch Entry

If a county worker is doing payment batch entry and receives the error, *Record Changed By Another User*:

1. Cancel the changes to the edits just made.
2. Click on the batch a press F5 (Refresh).

Continuing to work without refreshing could create duplicate payments in a batch.

CountyLink Additions

- Data Interchange Spec: IV-E Abstract Reports
- IV-E Abstract Reports—Part 1
- IV-E Abstract Reports—Part 2
- Outcome Indicator charts, 4/1/06-9/30/06
- V4.2 training handouts
- Implementation Memo: V4.2 VPC training

SSIS Diagnosis Code table includes ICD-9-CM diagnosis code updates

The SSIS Diagnosis Code table in Version 4.1B was updated on November 3rd. It includes recent updates in the ICD-9-CM diagnosis code list used in MMIS. It includes new codes and updates made to current codes, including the effective dates and the indicator that verifies whether or not the code is specific enough to be used for MMIS claiming. Counties that received recent claim rejections from MMIS based on the use of invalid diagnosis codes need to resubmit the claims using a code that is still effective and specific enough to be used for claiming, based on the updated Diagnosis Code table.

Other updates made on November 3rd include:

- ◆ The addition of the BRASS service 605 (Long Term Care Consultation (LTCC)) for the AC and EW waiver workgroups in Staff Activity, although no procedure code will be included on the time record since this service is not claimable in MMIS for these two waivers.
- ◆ The association of procedure code H0045 (Respite care services, not in home) with BRASS service 489 (Child Respite Care) in Service Arrangements.
- ◆ The association of procedure codes X5632 (MH Preadmission screening), X5639 (PAS/ARR MH diag asses Masters) and X5640 (PAS/ARR MH diag asses PhD) with BRASS service 408 (Adult outpatient diagnostic assessment/psychological testing) in Service Arrangements. Previously, these three codes were associated with BRASS service 406 (PASARR), but that service ended on 12/31/1999.
- ◆ The association of new procedure code/modifier combination T2025/UD (Family Support Grant) with BRASS services 136 and 636 (Consumer Support Grant), effective 06/01/2006 in Service Arrangements. MMIS will be providing information to counties about this new code/modifier combination and how/when it is to be used for claiming.

- ◆ The default settings for BRASS services 212 (Minnesota Family Investment Program (MFIP) child care) and 211 (Basic sliding fee child care) were changed so that the Vendor Provided setting is *No*, and the County May Override setting is *Yes*. These two services are not expected to be used by a majority of counties for Vendor Payments. In CSIS counties, Vendor Payments should not be entered into SSIS for BRASS services 212 and 211. Payments should continue to be made in CSIS, and CSIS will produce the Child Care Fund report for them. The Vendor Provided setting was changed from *Yes* to *No* to prevent inadvertent Payments from being made if workers mistakenly selected either of these two BRASS services.

Entry of DOC points and IV-E

If a Difficulty of Care (DOC) Assessment is entered for a client, that information can be selected on Service Arrangements' or Payments' DOC Points drop-down. If a worker hasn't entered a DOC Assessment on a client and the points are entered directly into the Service Arrangement, that allows paying the vendor but the DOC Points would not be included in the IV-E claim.

The IV-E Abstract Report verifies the allowable points based on the DOC Assessment for the client.

Dewyre takes new training post

Training Team Leader Beth Dewyre is leaving SSIS at the end of November. She will assume similar training leadership duties for Health Partners at their Regions Hospital site.

Beth came to SSIS in June 2001. We wish Beth the best in her new position and thank her for her many significant contributions to SSIS.