

# SSIS Fiscal Flyer

Issue 57

Social Services Information System

March 18, 2008

## BRASS Services that ended affect Q1 2008 SEAGR Report

The following BRASS codes have ended effective 12/31/07:

417x – Child Transportation

475x – Child Acute Hospital Inpatient

The counties that are still paying 2007 dates of service in 2008 for these BRASS codes will see a proofing message for those payments in SEAGR. Error #2000, "Payment BRASS Service is not valid for the reporting period," will display.

This is a change from how CSIS handled this situation. CSIS mapped the ended BRASS Service code to another code where they could and included those records automatically in your SEAGR Report.

So, before submitting your Q1 2008 SEAGR Report, either change the Service on the Payment Request or create an adjustment record in SEAGR for these payments to be included in your SEAGR totals. After 12/31/07, 417x should be reported under 416x and 475x should be reported under 473x.

There are also some changes to the SEAGR unit type conversions for non-standard units. Refer to Attachment C in the 2008 SEAGR Bulletin (will be published as #08-32-05, dated 3/31/08), Table 2 for these exceptions. SSIS will convert these unit types automatically for the SEAGR Report.

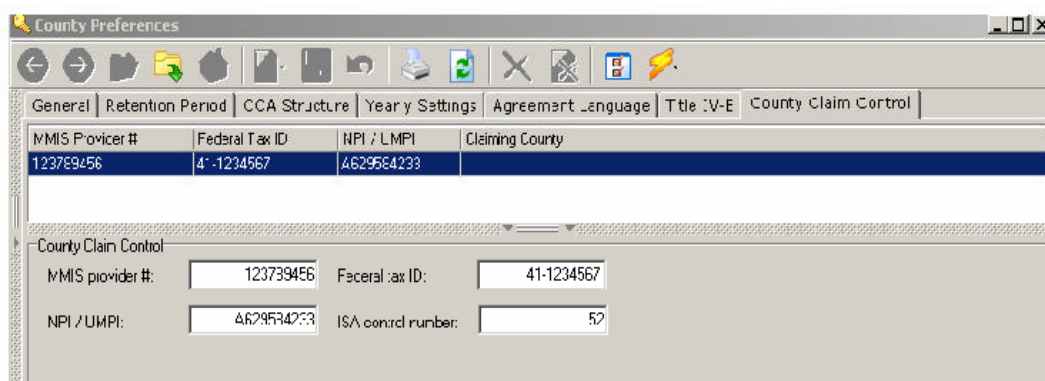
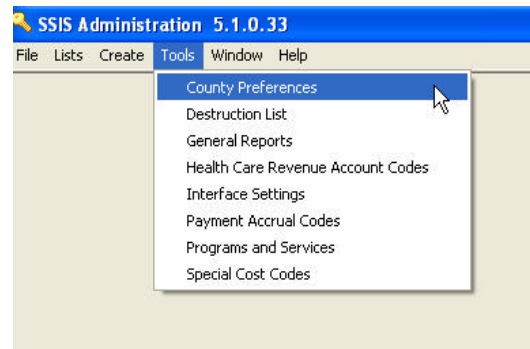
## Enter your UMPI into SSIS

MHCP-enrolled providers who are not health care providers under the federal definition were issued a 10-character ID that begins with either alpha character "A" or "M". The remaining nine digits are your legacy Provider #. These are called UMPI's (Unique Minnesota Provider Identifiers).

Be sure to enter the UMPI number assigned to you from DHS in the County Claim Control tab in SSIS Admin (see screen shots). When MMIS makes the switch from MMIS Provider # to NPI/UMPI on **May 10, 2008**, there must be an UMPI number entered in SSIS in order to create a claiming batch. All Social Service claims submitted through SSIS will require that ID.

**Note:** The NPI/UMPI field is not case sensitive.

You do not have to wait to use your UMPI for claiming. MMIS has a cross reference between your UMPI and MMIS Provider #'s for use before the May 10<sup>th</sup> cut-off.



## LTCC HCPCS change

*DSD Listserv Announcement dated 2/29/08 states:*

Effective April 1, 2008, counties **must use procedure code T1023 instead of 99450 when submitting claims for face-to-face LTCC assessments** completed for persons under age 65. All claims submitted with procedure code 99450 will deny after March 31, 2008. This procedure code change is required to bring the claiming for this service into federal compliance.

On claims submitted to MMIS for LTCC screening dates from February 25, 2008, through March 31, 2008, SSIS will include time records and payments only for LTCC service dates through the end of March, regardless of whether or not the 35-day span after the screening date extends into April.

For LTCC screening dates beginning on April 1, 2008, through May 5, 2008, SSIS will include time records and payments only for LTCC service dates on April 1 or later, regardless of whether or not the

35-day span before the screening date began in March.

For LTCC screenings where the 35-day span before and after the screening date overlaps the effective date of this code change on April 1, 2008, counties will need to submit claims to MMIS using the MN-ITS system.

### What does this mean to you?

For counties not using SSIS to submit LTCC claims, this adjustment must be made to your automated or manual process for the claim to be paid if your service dates cross this change date. If you use SSIS to claim LTCC, determine a process to identify these affected claims.

If you have any LTCC-related questions, contact Suzanne Wilson at [suzanne.m.wilson@state.mn.us](mailto:suzanne.m.wilson@state.mn.us) or (651) 431-4889. If you have an SSIS question contact the SSIS Help Line at [ssishelp@state.mn.us](mailto:ssishelp@state.mn.us) or (651) 431-4801.

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## Disability Services Division answers LTCC questions

The Disability Services Division (DSD) made a policy decision in December 2007 regarding the number of days counties were allowed to bill before and after the actual LTCC screening date. This change occurred because SSIS is now used for billing LTCC screenings for persons under the age of 65. The decision was based on current statute and policy guidance on timelines for when LTCC screenings needed to be done and when a support plan needed to be completed.

The policy allows counties to bill 35 days before and after the LTCC screening date per Listserv notices sent out 12/3/07 and 2/29/08.

After hearing from counties concerned about the new policy, DSD and Aging staff met with counties in February to discuss the reasons for the change and solicit feedback about counties' concerns. During that meeting, DSD and Aging staff suggested an alternative for the new policy; however, there was no guarantee that any suggested policy change would happen immediately.

SSIS system changes can take three months or longer to implement following a policy decision. The decision on timeframe for needed changes is determined by SSIS project requirements currently in line. The system change must occur prior to any policy implementation.

DSD is in the process of clarifying the LTCC eligible activities that can be billed such as developing an individual community support plan.

DSD will request data from counties on eligible LTCC activities that occur outside of 35-day windows that meet criteria. DSD is also requesting systems data reports on billed LTCC activities per county.

DSD will notify counties via Listserv of approved changes to the LTCC eligible billing span, LTCC activities, and the date of system change implementation.

Questions may be referred to Suzanne Wilson, TCM/LTCC Policy Consultant, (651) 431-4889.

## Uniform Electronic Transactions and Implementation Guide Standards

Minnesota Session Laws 2007, **Chapter 147 (HF 1078-3E)**, Article 15, section 4, created the *Uniform Electronic Transactions and Implementation Guide Standards*. This may change how you verify eligibility, submit claims to and receive your remittance advice from MHCP and all other Minnesota health plans.

This new law will require all Minnesota health plans to conduct the following HIPAA-compliant health care transactions electronically with all health care providers in Minnesota:

Transaction	Effective Date	Impact on MHCP-enrolled Providers
Eligibility Request and Response (270/271)	January 15, 2009	No change Continue to verify eligibility monthly for each client using MN-ITS Interactive, MN-ITS Batch or the phone-based eligibility verification system (EVS)
Health Care Claim (837)	July 15, 2009	All providers must register for and use MN-ITS Interactive, MN-ITS Batch or both to submit claims to MHCP by 7/15/09 <b>After 7/15/09, MHCP cannot accept paper claims that can be submitted electronically via MN-ITS.</b>
Remittance Advice (RA) (835)	December 15, 2009	MHCP will continue to distribute electronic RAs (PDF or X12 format) through your MN-ITS Mailbox MHCP will not mail paper RAs to providers after 12/15/09

Counties using SSIS for claiming are already in compliance with this directive and do not need to make any changes. SSIS already interfaces to MMIS using MN-ITS and processes the Remittance Advice electronically. For counties that do not use SSIS for Claiming these changes must be made to your automated or manual process for your claims to be accepted by MMIS.

If you are currently submitting any claims on paper, there will only be a few situations where a paper claim will be accepted. Here are three that would be most common to counties. For a complete list see: [http://www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs16\\_140673.pdf](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_140673.pdf)

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### CountyLink Additions & Updates

- ◆ Software specs:
  - Changes to Bus Org
  - Programs and Services
  - SEAGR
- ◆ Centralized Training Database calendar
- ◆ Federal and State Indicator Charts, 4/1/07-9/30/07
- ◆ V5.0 Release Notes
- ◆ V5.0 Known Bugs

### SSIS Frequently-Called Phone Number

Main Line 651-431-4800 Fax 651-431-7521  
 Help Line 651-431-4801 [ssishelp@state.mn.us](mailto:ssishelp@state.mn.us)

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If	Then
The other third party insurance has not responded to your three billing attempts within 90 days, or the other insurance has requested information from a source other than the billing provider:	Submit a paper claim with attachment(s) showing your three billing attempts and any related responses from the insurance. Claims to MHCP must be billed within <b>12 months</b> of the date of service for payment consideration.
The claim is over one year old: <b>Provider errors do not qualify for this exception.</b>	Submit a paper claim with the attachment explaining the erroneous denial(s). If the erroneous denial is due to a change in a recipient's eligibility effective date or benefit, submit a paper claim with the county letter attached, verifying eligibility date/benefit change. <b>Providers must submit these claims with the county letter within six months of the date the county correction was made.</b>
A recipient is enrolled in a managed care organization (MCO) and receives retroactive coverage for another program with increased benefits:	Submit a paper claim with a copy of the Explanation of Benefits from the MCO and a note stating 'overlapping MHCP coverage.'

Refer to the Legislative Update for information regarding attachments to paper claims and other information included in this announcement.  
<http://www.dhs.state.mn.us/main/idcplg?>

**IdcService=GET\_DYNAMIC\_CONVERSION  
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