



SSIS Fiscal V16.2 Statewide Release Training

06/29/2016

Presented by: Janel Heath – SSIS Fiscal Trainer

V16.2 Release Training Includes:

- ❖ New Northstar Rates Available
- ❖ Change to Use Other Vendors for Service Arrangements and Payments
- ❖ Inactivate Service Arrangements w/Pending Amendments Resolved
- ❖ Child Foster Care Report
 - ❖ New & Renamed Fields
 - ❖ Changes to Proofing Messages
- ❖ Child Foster Care Claim Search
- ❖ New Reports
 - ❖ Open Placements with Unlicensed Provider
 - ❖ Assessments Due – MAPCY or DOC

V16.2 Release Training Includes cont.

- ❖ MAPCY Due Dates Recalculated
- ❖ New RCA Claim Search
- ❖ Northstar Care Fiscal Reconciliations
 - ❖ New Security Function – View Fiscal Recon
- ❖ Healthcare Claiming
 - ❖ Unit Name added to Proofing grids
 - ❖ Claims Exception Report Change
 - ❖ Healthcare Claim Code Changes
 - ❖ MMIS Screening Code Changes
- ❖ Date Picker Changed
- ❖ Reminders & Resources

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Service Arrangements & Payments



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New Northstar Rates Available

The new Northstar Rates are available in Bulletin 16-32-06C

- ❖ These new rates are effective 07/01/2016 – 06/30/2017
- ❖ Begin entering Service Arrangements now for Northstar Foster Care Services with service dates starting 07/01/2016
- ❖ Use the Advanced Service Arrangement Search to find and duplicate existing Service Arrangements for clients in Northstar classified placements by adding the MAPCY Level field to the grid

Change for Use Other Vendors for Special Cost Codes

- ❖ Use other vendors is enabled on Service Arrangements using Services 180 & 181 when the following Special Cost codes are used:
 - ◇ 01 – Initial clothing (**new in V16.2**)
 - ◇ 02 – Additional clothing (**new in V16.2**)
 - ◇ 03 – Transportation, non-medical
 - ◇ 04 – Transportation, medical
 - ◇ 05 – Medical care not paid from MA
 - ◇ 06 – Personal needs allowance
 - ◇ 15 – Educational transportation (Pre-K-12 only)
 - ◇ 20 - 40 – County Defined (**new in V16.2**)
 - ◇ 99 - Miscellaneous

Inactivate Service Arrangements with Pending Amendments Resolved

Inactivate Service Arrangement is *not enabled* if Pending Amendments are associated to the Service Arrangement.

Amendment Type	Amendment Status	Units	Amount	Use Other Vendors	Entry Date
Original	Approved for payment	182.00	\$6,373.64	No	1/14/2016 9:18:52 AM
Pending	Draft	300.00	\$10,506.00	No	5/9/2016 4:11:23 PM

Service Arrangement | Amendments | Comments | Payments

Service arrangement details:

Service arrangement #: 211968629

Start date: 1/1/2016

Description: Foster Care Services

Client name: Tibianni, Joey

Workgroup:

Status: Active/Payments

Business organizations / vendors:

Service vendor: Hannah's Happy Foster C

Payee vendor:

Foster Care Services - 211968629 - Active/Payments

Save

Cancel

Delete

Send for Approval...

Approve Service Information

Approve for Payment

Cancel Approval

Deny Approval

Discard Service Arrangement

Activate Service Arrangement

Inactivate Service Arrangement

Increment Funds

Calc

Print

Print Voucher

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Any
Questions?

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Child Foster Care Report



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New & Renamed Fields

- ❖ Renamed Field
 - ❖ Total Non-Reimbursable Amount
(was Non-Eligible Amount)
- ❖ New Fields (*Optional Columns*)
 - ❖ Paid Over Maximum
 - ❖ IV-E Non-Reimbursable %
 - ❖ IV-E Non-Reimbursable Amount
 - ❖ Approved MA %

Note: These field changes are in the Child Foster Care Report and the Child Foster Care Claim Search.

Child Foster Care Claims Payment Proofing Claimed Payment Proofing Child Count Ratios Child Count Detail Child Count Proofing IV-E Recoveries IV-E Remittance Advice													
Client Name													
IV-E Service Type	Service Start Date	Service End Date	Warrant / EH Date	Service Vendor	Rule Code	Vendor Payment Amount	Total Non-Reimbursable Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	IV-E Intake & Plan Amount	IV-E Maintenance Amount	IV-E Training Amount
Client Name : Iv-E Washington, Elliott						\$672.39	\$0.00	\$672.39	\$336.20	\$336.19	\$0.00	\$672.39	\$0.00
Client Name : Iv-E Washington, Elsa						\$2,234.10	\$2,234.10	\$0.00	\$0.00	\$2,234.10	\$0.00	\$0.00	\$0.00
Client Name : Iv-E Washington, Eva						\$7,326.85	\$3,636.32	\$3,690.53	\$1,845.27	\$0.00	\$93.78	\$3,596.75	\$0.00

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New & Renamed Fields cont.

Vendor Payment Amount
- Maximum Allowed
Paid Over Maximum

Paid Over Maximum
+ IV-E Non-Reimbursable Amount
Total Non-Reimbursable Amount

Eligible Amount
- Total IV-E Amount
IV-E Non-Reimbursable Amount

100%
 - IV-E Maint %
 - IV-E I&P %
 - IV-E Trng %
IV-E Non-Reimbursable %

Approved MA %

- ❖ Percent of the approved per diem eligible for Medical Assistance (MA) reimbursement

Child Foster Care Claim Example

Iv-E Washington, Eva (3/1/2015 - 3/31/2015) Maintenance Payment			
Claim Summary			
Client Name: IV-E Washington, Eva		IV-E Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	Northstar Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No
Vendor Payment Amount: \$7,326.85	Eligible Amount: \$7,326.85	Total Non-Reimbursable Amount: \$3,636.32	
Total IV-E Amount: \$3,690.53	Total FFP Amount: \$1,845.27	Northstar Amount: \$0.00	
Service Start Date: 03/01/2015	Service End Date: 03/31/2015	Warrant / Eff Date: 04/01/2015	
IV-E Service Type: A - Maintenance	Per Diem Type:		
Rule Code: 5 - Child residential facility - MH cert.	FFP Type: Minnesota		
Client Details			
SSIS Person #: 209928698	PMI #: 00211154	Date of Birth: 09/22/1995	Reported Age: 19
Claim Details			
Maximum Allowed: \$7,758.06	Paid Over Maximum: \$0.00		
Eligible MAPCY Level:	Exclude Supplemental Amount: <input type="radio"/> Yes <input checked="" type="radio"/> No		
IV-E Maintenance %: 49.03%	IV-E Maintenance Amount: \$3,596.75	FFP Maintenance Amount: \$1,798.38	
IV-E Intake & Plan %: 1.28%	IV-E Intake & Plan Amount: \$93.78	FFP Intake & Plan Amount: \$46.89	
IV-E Training %: 0.00%	IV-E Training Amount: \$0.00	FFP Training Amount: \$0.00	
IV-E Non-Reimbursable %: 49.63%	IV-E Non-Reimbursable Amount: \$3,636.32	Approved MA %: 45.36%	
Service Vendor Details			
Name: NORTHWOOD CHILDREN'S HOME	County Vendor #: 000032920	SSIS Bus Org #: 115665921	
License #: 801775	IV-E Sub Code: A		

See the updated CFC Claims Examples handout for additional calculations using these new and renamed fields.

Rule 5 Room and Board Only Calculation (using MA %)

- ❖ Payment issued using Special Cost Code 17 – Rule 5 Room and Board

Business organizations / vendors			
Name: <input type="text" value="ST JOSEPH'S HOME FOR CHILDREN"/>			
Service vendor:	<input type="text" value="ST JOSEPH'S HOME FOR CHILDREN"/>	County vendor #:	<input type="text" value=""/>
Payee vendor:	<input type="text" value="CATHOLIC CHARITIES"/>	SSIS bus. org. #:	<input type="text" value=""/>
License #:	<input type="text" value="802343"/>	IV-E sub code:	<input type="text" value="B"/>
Programs and services			
Program:	<input type="text" value="420 - Children's Mental Health"/>		
Service:	<input type="text" value="483 - Children's Residential Treatment"/>		
County sub-service:	<input type="text" value=""/>		
HCPCS/modifier:	<input type="text" value=""/>		
Location:	<input type="text" value=""/>		
Fiscal details			
Special cost code:	<input type="text" value="17 - Rule 5 Room and Board"/>		
MAPCY level:	<input type="text" value=""/>	Supplemental per diem:	<input type="text" value=""/>
Unit type:	<input type="text" value="Day"/>	Units:	<input type="text" value="31.00"/>
SEAGR unit type:	<input type="text" value="Day"/>	SEAGR units:	<input type="text" value="31.00"/>
		Basic per diem:	<input type="text" value=""/>
		Rate:	<input type="text" value="\$190.6400"/>
		Amount:	<input type="text" value="\$5,909.84"/>

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Rule 5 Room and Board Only Calculation (using MA %) cont.

Claim Summary			
Client Name: <input type="text" value="IV-E Washington, Eva"/>		IV-E Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	
		Northstar Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No	
Vendor Payment Amount:	<input type="text" value="\$5,909.84"/>	Eligible Amount:	<input type="text" value="\$5,909.84"/>
		Total Non-Reimbursable Amount:	<input type="text" value="\$698.54"/>
Total IV-E Amount:	<input type="text" value="\$5,211.30"/>	Total FFP Amount:	<input type="text" value="\$2,605.66"/>
		Northstar Amount:	<input type="text" value="\$0.00"/>
Service Start Date:	<input type="text" value="01/01/2016"/>	Service End Date:	<input type="text" value="01/31/2016"/>
		Warrant / Eff Date:	<input type="text" value="02/16/2016"/>
IV-E Service Type:	<input type="text" value="A - Maintenance"/>	Per Diem Type:	<input type="text" value=""/>
Rule Code:	<input type="text" value="5 - Child residential facility - MH cert."/>	FFP Type:	<input type="text" value="Minnesota"/>
Client Details			
SSIS Person #:	<input type="text" value=""/>	PMI #:	<input type="text" value=""/>
		Date of Birth:	<input type="text" value="09/22/1995"/>
		Reported Age:	<input type="text" value=""/>
Claim Details			
Maximum Allowed:	<input type="text" value="\$5,909.84"/>	Paid Over Maximum:	<input type="text" value="\$0.00"/>
Eligible MAPCY Level:	<input type="text" value=""/>	Exclude Supplemental Amount:	<input type="text" value=""/>
			<input type="radio"/> Yes <input checked="" type="radio"/> No
IV-E Maintenance %:	<input type="text" value="85.02%"/>	IV-E Maintenance Amount:	<input type="text" value="\$5,024.55"/>
		FFP Maintenance Amount:	<input type="text" value="\$2,512.28"/>
IV-E Intake & Plan %:	<input type="text" value="3.16%"/>	IV-E Intake & Plan Amount:	<input type="text" value="\$186.75"/>
		FFP Intake & Plan Amount:	<input type="text" value="\$93.38"/>
IV-E Training %:	<input type="text" value="0.00%"/>	IV-E Training Amount:	<input type="text" value="\$0.00"/>
		FFP Training Amount:	<input type="text" value="\$0.00"/>
IV-E Non-Reimbursable %:	<input type="text" value="11.92%"/>	IV-E Non-Reimbursable Amount:	<input type="text" value="\$698.54"/>
		Approved MA %:	<input type="text" value="44.44%"/>
Service Vendor Details			
Name: <input type="text" value="ST JOSEPH'S HOME FOR CHILDREN"/>			
		County Vendor #:	<input type="text" value=""/>
		SSIS Bus Org #:	<input type="text" value=""/>
License #:	<input type="text" value="802343"/>	IV-E Sub Code:	<input type="text" value="B"/>

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Rule 5 Room and Board Only Calculation (using MA %) cont.

- ❖ Approved IV-E Maintenance % = 39.04%
- ❖ Approved IV-E Intake/Plan % = 1.45%
- ❖ Approved MA % = 54.08%

Provider Name	License #	IV-E Sub Code	Rule Code	Contract Start Date	Contract End Date
St. Joseph's Home for Children-Residential Treatment Ctr.	802343	B	5	01/01/2012	12/31/2019

Provider Name:	St. Joseph's Home for Children-Residential Treatment Ctr.				
License #:	802343	IV-E Sub Code:	B		
Rule Code:	5 - Child residential facility - MH cert.				
City:		State:			
Rate Group:	Group 1 - Children's Group Residential - Mental Health Cert.				
Lead Agency:	Hennepin				
Contract Start Date:	01/01/2012	Contract End Date:	12/31/2019		

Rate Effective Date	Rate Expiration Date	Expiration Reason	Approved Per Diem	Approved IV-E Min %	Approved IV-E Intake / Plan %	Approved IV-E Trng %	Approved MA %
01/01/2016	12/31/2019		\$415.15	39.04%	1.45%	0.00%	54.08%

Note: %'s from the Title IV-E Group Provider Search

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Rule 5 Room and Board Only Calculation (using MA %) cont.

IV-E Maintenance % = Approved IV-E Maintenance % / (1 - Approved MA %)

IV-E Maintenance % = .3904 / (1 - .5408)

IV-E Maintenance % = .3904 / .4592

IV-E Maintenance % = .8502

IV-E Maintenance Amount = \$5,909.84 * 85.02%

IV-E Maintenance Amount = \$5,024.55

IV-E Intake & Plan % = Approved IV-E Intake/Plan % / (1 - Approved MA %)

IV-E Intake & Plan % = .0145 / (1 - .5408)

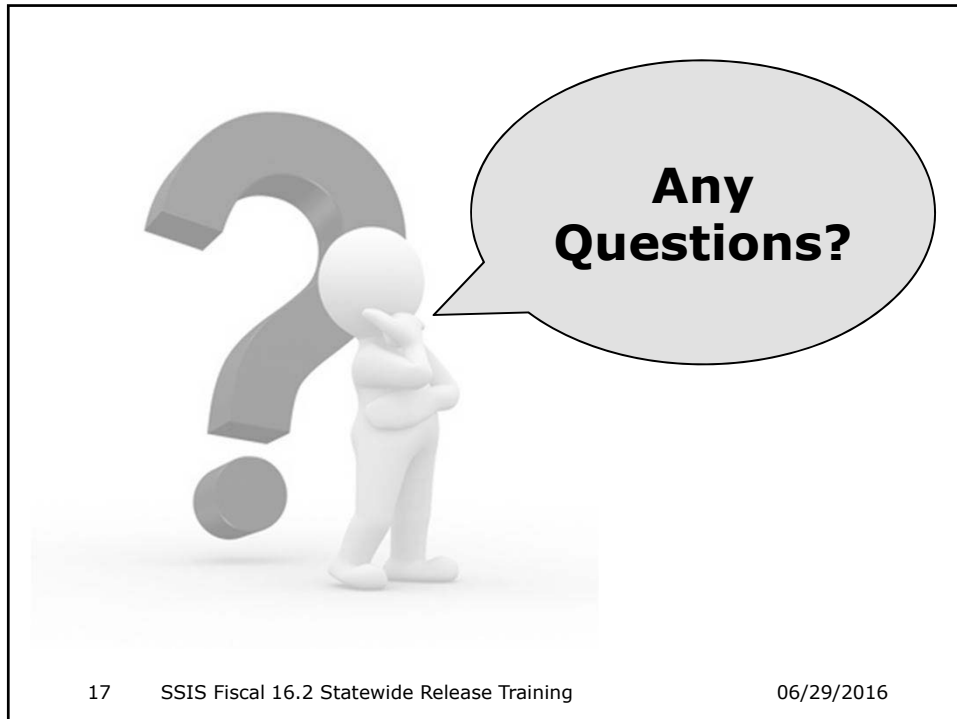
IV-E Intake & Plan % = .0145 / .4592

IV-E Intake & Plan % = .0316

IV-E Intake & Pan Amount = \$5,909.84 * 3.16%

IV-E Intake & Pan Amount = \$186.75

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New Warning Message #1186

Warning - Payment: "Special Cost Code" (96 – Additional foster care (non-reimbursable)) payment does not have a corresponding maintenance payment.

❖ Payments with Special Cost Code 96 do not create Title IV-E or Northstar claims

You must split the payment if the Payment with Special Cost Code 96 includes the basic per diem and supplemental per diem.

New Warning Message #1186 cont.

Use the Payment Search and add the Special Cost Code column to the grid to review Payments with Special Cost Code 96 – Additional foster care (non-reimbursable)

Payment Status	Warrant / Eff Date	Amount	Service Vendor	Client Name	Service Start Date	Service End Date	COA Code	Spec Cost Code
Paid	02/06/2016	\$1,085.62	Hannah's Happy Foster Care	Tribianni, Joey	01/01/2016	01/31/2016	11-423-710-3810-6040	
Paid	02/06/2016	\$309.38	Hannah's Happy Foster Care	Tribianni, Joey	01/01/2016	01/31/2016	11-423-710-3810-6040	96
Paid	03/06/2016	\$980.56	Hannah's Happy Foster Care	Tribianni, Joey	02/01/2016	02/28/2016	11-423-710-3810-6040	
Paid	03/06/2016	\$279.44	Hannah's Happy Foster Care	Tribianni, Joey	02/01/2016	02/28/2016	11-423-710-3810-6040	96
Paid	04/06/2016	\$1,085.62	Hannah's Happy Foster Care	Tribianni, Joey	03/01/2016	03/31/2016	11-423-710-3810-6040	
Paid	04/06/2016	\$309.38	Hannah's Happy Foster Care	Tribianni, Joey	03/01/2016	03/31/2016	11-423-710-3810-6040	96
Paid	05/06/2016	\$1,350.00	Hannah's Happy Foster Care	Tribianni, Joey	04/01/2016	04/30/2016	11-423-710-3810-6040	96

- ❖ First payment includes the Basic Per Diem and Supplemental Per Diem, no Special Cost Code
- ❖ Second payment includes the additional amount, over and above the allowed amount, with Special Cost Code 96

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Warning Message #1300

Changed to reflect the new Paid Over Maximum field name.

- ❖ Old Message
 - ❖ Warning – Claim: A portion of the Payment is not eligible to claim. “Non-Eligible Amount” is \$100.00.
- ❖ New Message
 - ❖ Warning – Claim: A portion of the Payment is not reimbursable. “Paid Over Maximum” is \$100.00

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No IV-E Proofing Messages for Payments with Non-Claimable IV-E Special Cost Codes

- ❖ Changed business rules to only display proofing messages for Payments where IV-E Reimbursable = Yes, if the Special Cost Code used is claimable
 - ❖ Fewer Proofing Messages display

Note: Proofing messages still display for Payments where IV-E Reimbursable = Yes and no Special Cost Code selected

Negative IV-E Recoveries

Changed the wording on a warning message if a negative dollar amount is entered on the IV-E Recoveries tab.

- ❖ Old Message
 - ❖ Warning: The "IV-E Recovery Amount" is negative. Enter a positive value unless the Child Support Payment Center (CSPC) has required your agency to set up a recoupment and your agency has sent a check to the CSPC to adjust an incorrect distribution amount.
- ❖ New Message
 - ❖ Warning: The "IV-E Recovery Amount" is negative. Enter a positive value unless the amount is intended to correct a previous reduction in Title IV-E reimbursement.

Child Foster Care Claim Search

- ❖ Field Name has been changed in the search criteria section to match the field name on the CFC Claim
 - ❖ Orig CFC Claim # (was Orig Claim #)

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New Report – Open Placements with Unlicensed Provider

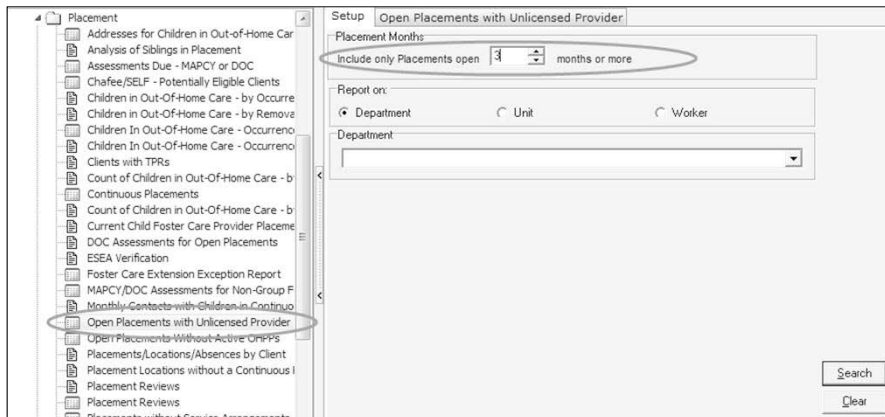
This report displays client and placement information if:

- ❖ A valid IV-E or Northstar Placement exists
 - AND
- ❖ No valid license record exists during the placement dates for the provider
 - ❖ A valid license includes LNDX Links and Tribal & Out of States Licenses

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New Report – Open Placements with Unlicensed Provider cont.



❖ Tools/General Reports/Placement

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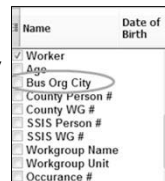
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New Report – Open Placements with Unlicensed Provider cont.

Name	Date of Birth	Start Date	Effective Date	Months In This Placement	Bus Org/Provider	SSIS Bus Org #	County Vendor #	Bus Org County	Worker
Diamante, Dalton Darryl	5/17/1999	3/7/2005	3/7/2005	134	Elise Marina Foster-Home	102306094		Aitkin	Baker, William
Subaru, Jeremy Michael	12/15/1989	12/31/2004	12/31/2004	137	Jello Foster Home	102306083		Aitkin	Baker, William
Focus, Ford Hunter	6/22/1992	12/20/2004	12/20/2004	137	Jello Foster Home	102306083		Aitkin	Baker, William
Steath, Samuel Steven	8/22/1998	1/5/2005	1/5/2005	136	Jello Foster Home	102306083		Aitkin	Baker, William
Escalade, Eric James	6/14/1999	2/25/2005	2/25/2005	135	Brady Foster-Home	102306087		Aitkin	Baker, William
Lincoln, Alec Abraham	6/14/1999	1/18/2005	1/18/2005	136	Jello Foster Home	102306083		Aitkin	Baker, William
Odyssey, Hunter Michael	8/1/1999	1/4/2005	1/4/2005	137	Jello Foster Home	102306083		Aitkin	Baker, William
Sportster, Ricky Little	12/4/2002	11/25/2003	11/25/2003	150	Jello Foster Home	102306083		Aitkin	Baker, William
Chrysler, Kyra Carly	8/4/1999	3/1/2005	3/1/2005	135	Brady Foster-Home	102306087		Aitkin	Baker, William
Spectrum, Simon Michael	12/5/1990	1/14/2005	1/14/2005	136	Elise Marina Foster-Home	102306094		Aitkin	Baker, William
Roadrunner, Jenna Marie	8/22/1997	3/10/2005	3/10/2005	134	Elise Marina Foster-Home	102306094		Aitkin	Baker, William

❖ Add optional columns for additional information

❖ Ex. Use Bus Org City to determine if the licensing process is completed by a different agency



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Assessments Due – MAPCY or DOC

- ❖ Displays MAPCYs and DOC Assessments Due using the Effective Date and the 1st of the Month the next Assessment is due

Name	DOB	Placement Start Date	Assessment Type	Last Assmt Date	Next Assmt Due Date	# Days Overdue	Primary Worker
Arrageddon, Billie Joe	01/01/2003	01/01/2015	MAPCY		01/31/2015	464	Abduruf, Stacey
Beaufeaux, Frank	07/01/2010	02/03/2014	DOC	02/01/2015	02/01/2016	98	Heath, Janel
Beaufeaux, Phoebe	09/03/2008	02/03/2014	DOC	02/01/2015	02/01/2016	98	Heath, Janel
Geller, Ross	06/15/2000	11/15/2014	DOC		12/15/2014	511	Heath, Janel
Tribanni, Joey	03/14/2012	02/03/2015	MAPCY	02/03/2015	03/01/2016	69	Heath, Janel

- ❖ Tools/General Reports/Placement

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MAPCY Due Dates & Effective Dates

Best Practice

- ❖ Enter effective dates on MAPCY reassessments as the 1st of the month
- ❖ See [SSIS Update #443](#) for additional guidance with MAPCY Due Dates & Effective Dates

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MAPCY Due Dates Recalculated

Prior to V16.2:

- ❖ MAPCY Due Dates were calculated using the Agency Approved Date

Now in 16.2:

- ❖ MAPCY Due Dates are calculated using the Effective Date

Setup	Document	Scoring	Properties	Comments
No required fields needed to complete.				
MAPCY:	Child Domains (Ages 0-12)	Effective Date:	03/15/2015	
Description:	Child Domains (Ages 0-12)			
Status:	Agency approved	Complete Date:	04/30/2015	Agency Approval Date: 04/30/2015 Revision: 0

Note: Use the Assessments Due - MAPCY or DOC report to find correct due dates. This change is retroactive and will recalculate ALL MAPCY due dates.


CFC Claims Flip if MAPCY Overdue

Supplemental Eligibility is NOT reimbursable if a MAPCY is overdue.

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Total Non-Reimbursable Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Maintenance	11/01/2015	11/30/2015	12/10/2015	Chambersburg Family Foster Home	1	\$858.30	\$197.40	\$660.90	\$330.45	\$330.45
Maintenance	11/01/2015	11/30/2015	12/10/2015	Chambersburg Family Foster Home	1	(\$858.30)	\$0.00	(\$858.30)	(\$429.15)	(\$429.15)
						\$0.00	\$197.40	(\$197.40)	(\$98.70)	(\$98.70)

MAPCY level:	D	Supplemental per diem:	\$6.58	Basic per diem:	\$22.03	\$22.03 X 30 days \$660.90
Unit type:	Day	Units:	30.00	Rate:	\$28.6100	
SEAGR unit type:	Day	SEAGR units:	30.00	Amount:	\$858.30	Calc


Note: There is a 3 month grace period built in to still claim the Supplemental per diem. Claims will not include the Supplemental per diem once they are overdue by 3 months.



Any Questions?

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RCA Claims



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New RCA Claim Search

Client Name	Reported Age	Worksheet Effective Date	RCA Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Claim Amount	Eligible Amount	Non-Eligible Amount
Client Name : North, Sally										
North, Sally L	11	08/01/2014	Maintenance	01/01/2015	01/31/2015	02/15/2015	MAGENTA/ANN	\$10	\$8	\$2
North, Sally L	11	08/01/2014	Maintenance	02/01/2015	02/28/2015	03/15/2015	MAGENTA/ANN	\$8	\$8	\$0
North, Sally L	10	08/06/2013	Maintenance	04/01/2014	04/30/2014	04/03/2014	MAGENTA/ANN	\$326	\$326	\$0
								\$344	\$342	
Client Name : North, Steve										
North, Steve	3	10/08/2012	Maintenance	09/01/2013	09/30/2013	04/04/2014	Cactus/Carla	\$507	\$507	\$0
North, Steve	3	10/08/2012	Maintenance	07/16/2013	07/31/2013	04/04/2014	Cactus/Carla	\$267	\$267	\$0
North, Steve	3	10/08/2012	Maintenance	08/01/2013	08/31/2013	04/04/2014	Cactus/Carla	\$507	\$507	\$0
								\$1,281	\$1,281	
Client Name : West, Star										
West, Star	4	03/19/2013	Maintenance	06/01/2013	06/30/2013	04/07/2014	MAGENTA/ANN	\$249	\$214	\$35
West, Star	3	03/19/2013	Maintenance	05/01/2013	05/31/2013	04/07/2014	MAGENTA/ANN	\$214	\$214	\$0
West, Star	3	03/19/2013	Maintenance	03/19/2013	03/31/2013	04/07/2014	MAGENTA/ANN	\$92	\$92	\$0
								\$555	\$520	
								\$2,180	\$2,143	

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Northstar Care Fiscal Reconciliations



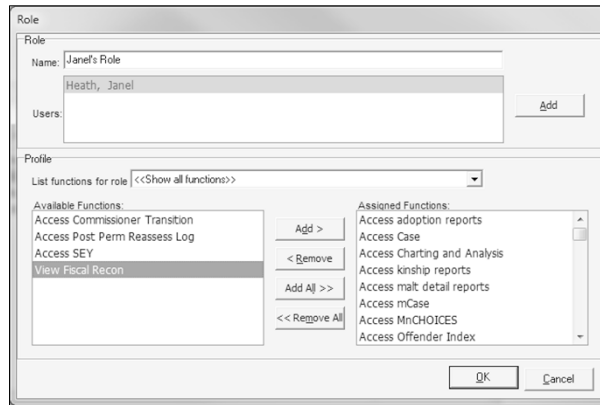
34

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New Security Function – View Fiscal Recon

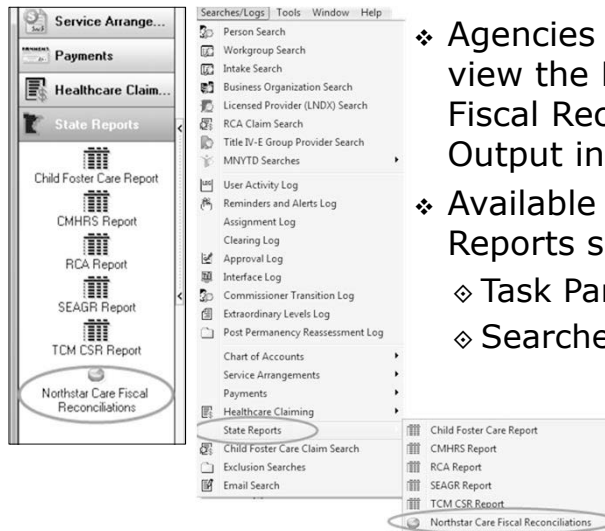
- ❖ New Function added to view the output
- ❖ View Fiscal Recon



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Northstar Care Fiscal Reconciliations – State Reports



- ❖ Agencies have the ability to view the Northstar Care Fiscal Reconciliation Agency Output in SSIS
- ❖ Available from the State Reports section from both,
 - ❖ Task Panel
 - ❖ Searches/Logs

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Northstar Care Fiscal Reconciliations cont.

- ❖ Headers display for each Northstar Care Fiscal Reconciliation
 - ❖ Same basic framework as State Reports
 - ❖ Each header includes:
 - ❖ Reconciliation Period
 - ❖ As of State Report Period
 - ❖ Status & Status Date
 - ❖ From & To Historical Periods
 - ❖ From & To Trend Periods
- ❖ Agency Output displays in Print Preview as a PDF

*Note: This information is **display only**. Contact David Hanson (FOD) if you have questions regarding your Northstar Care Fiscal Reconciliations.*

Northstar Care Fiscal Reconciliations cont.

Reconciliation Period	Revision	Status	Status Date	As Of State Report Period
2015 Q1	0	Approved	12/02/2015	2015 Q2
2015 Q2	0	Approved	12/07/2015	2015 Q2
2015 Q2	1	Approved	05/10/2016	2015 Q3

Reconciliation Period: Year: 2015, Quarter: Q1 (Jan 1 - Mar 31)
 As Of State Report Period: Year: 2015, Quarter: Q2 (Apr 1 - Jun 30)
 Scope: Counties
 From Historical Period: Year: 2011, Quarter: Q1 (Jan 1 - Mar 31)
 To Historical Period: Year: 2014, Quarter: Q4 (Oct 1 - Dec 31)
 From Trend Period: Year: 2011, Quarter: Q1 (Jan 1 - Mar 31)
 To Trend Period: Year: 2014, Quarter: Q4 (Oct 1 - Dec 31)
 Revision: 0, Status: Approved, Status Date: 12/02/2015
 Reconciliation #: 109800043

Agency Output – Page 1

Northstar Care Fiscal Reconciliation Summary - Interim Format
 Agency: 99 Bjorn
 Quarter: 2015 Q2 (Apr 1 - Jun 30)
 Reconciliation: Approved 05/10/2016

Non-Federal Portion				Non-Federal Portion Before Prior DHS Payments			
	A. State Issued Payments	B. Agency Issued Payments	C. Total Payments	D. Federal Title IV-E Earned	L. State Issued	F. Agency Issued	G. Total
01. Family Foster Care and EFC-SL	\$0.00	\$52,298.00	\$52,298.00	\$9,275.00	\$0.00	\$42,823.00	\$42,823.00
02. Relative Custody Assistance	\$0.00	\$8,259.00	\$8,259.00	\$0.00	\$0.00	\$8,259.00	\$8,259.00
03. Minnesota Permanency Demonstration Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04. Northstar Kinship Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05. Adoption Assistance	\$6,654.00	\$0.00	\$6,654.00	\$2,732.00	\$3,922.00	\$0.00	\$3,922.00
66. TOTAL	\$6,654.00	\$60,357.00	\$67,011.00	\$12,007.00	\$3,922.00	\$51,082.00	\$55,004.00

Shares				Non-Federal Portion After Prior DHS Payments		
	H. State Share Amount	I. Agency Share Amount	J. Total	K. State Issued	L. Agency Issued	M. Total
00. Non-Federal Effective Rate	35.09199330958%	64.9080669042%	100.000000000000%	\$8,259.00	\$24,569.00	\$42,823.00
01. Family Foster Care and EFC-SL	\$15,037.44	\$27,796.56	\$42,823.00	\$0.00	\$8,259.00	\$8,259.00
02. Relative Custody Assistance	\$2,898.25	\$5,360.75	\$8,259.00	\$0.00	\$0.00	\$0.00
03. Minnesota Permanency Demonstration Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04. Northstar Kinship Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05. Adoption Assistance	\$1,376.31	\$2,545.69	\$3,922.00	\$3,922.00	\$0.00	\$3,922.00
66. Rounded TOTAL	\$19,302.00	\$35,702.00	\$55,004.00	\$12,181.00	\$42,823.00	\$55,004.00

I-26. This is the Total Agency Share for Northstar Care, including legacy
 L-26. This is the Agency Net Outlay prior to this reconciliation

(Owe) & Due						S. This is the net result
	N. (Owe) to State	O. Due to Agency	P. Net before Prior DHS Payments	Q. (Prior DHS Payments)	R. Net After Prior DHS Payments	
01. Family Foster Care and EFC-SL	\$0.00	\$15,037.44	\$15,037.44	(\$8,259.00)	\$6,766.44	
02. Relative Custody Assistance	\$0.00	\$2,898.25	\$2,898.25	\$0.00	\$2,898.25	
03. Minnesota Permanency Demonstration Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
04. Northstar Kinship Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
05. Adoption Assistance	(\$2,545.69)	\$0.00	(\$2,545.69)	\$0.00	(\$2,545.69)	
66. Rounded TOTAL	(\$2,545.00)	\$17,925.00	\$15,380.00	(\$8,259.00)	\$2,130.00	

41. Amount Due to Agency from DHS - DHS will pay this amount: **\$2,130.00**

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Agency Output – Page 2

Northstar Care Fiscal Reconciliation Summary - Interim Format
 Agency: 99 Bjorn
 Quarter: 2015 Q2 (Apr 1 - Jun 30)
 Reconciliation: Approved 05/10/2016

1st Fundamental Calculation: State/Local Share	
100.000000000000%	Total Non-Federal Amount: \$22,465,737
43.08839278231%	State Non-Federal Amount: \$9,480,125
56.91160721769%	Agency Non-Federal Amount: \$12,785,612

Statewide State/Agency Shares

2nd Fundamental Calculation: Proportionate Share

100.000000000000%	Agency Non-Federal Amount: \$12,785,612
99.72075661123%	All Other Agency Amount: \$12,749,910
0.27924338877%	Agency Share Amount: \$35,702

Proportionate Share

Non-Federal Effective Rates for this Agency

Agency Non-Federal Effective Rate %:	64.9080669042%	Agency Non-Federal Share Amount:	\$35,702
State Non-Federal Effective Rate %:	35.09199330958%	State Non-Federal Share Amount:	\$19,302
Total Non-Federal Portion:	100.000000000000%	Total Non-Federal Portion:	\$55,004

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Printing the Agency Output

- ❖ Use the Print option from the PDF viewer
 - ❖ Do not use the Print option from the Treeview toolbar



Note: The printed document currently defaults as Portrait. Change your printer settings to Landscape for easier reading.



Healthcare Claiming



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Unit Name Added to Proofing Reports

- ❖ New Optional Column for Time Proofing and Payment Proofing tabs in the Healthcare Claim Batch

CW-TCM (Draft) 06/01/2013 - 06/30/2013 Claims Time Proofing

Time Record Duplicate Claim Client
 Attempted Contact MA Eligibility Do Not Claim
 Client Age Supplemental Eligibility Staff Not Qualified
 Exclusions

Search
Clear All
Select All

On Behalf Of #	PMI #	Program	Purpose	SSIS Person #	SSIS Workgroup #	Svc Description	Time Record #	Unit Name	Workgroup	Svc Code	Activity Date	Activity	Regarding Duration (Min)	Method	Status	Location	Worker	Unit Name
											013 12:00:01 AM	Client contact	60	Face to face	Completed	Field/home	Heath, Janel	Sue N's Unit

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Claims Exception Report Change

- ❖ Note added to clarify that this report looks at the months in their entirety, even if the date range entered is for a partial month

Claims Exception Report			
Date Range: Custom (02/01/2013 - 02/01/2013)			
Report on: All			
ClaimType: All			
Note: This report only displays results for entire months of data based on the date range selected.			
Claim Category	Start Date	End Date	Months Not Claimed
Current Primary Worker :			
Name : Everything, Evelyn #208730296			
CW-TCM	06/01/2007		FEB-13;
Name : Everything, Everett #208730400			
MH-TCM	07/01/2006		Claim or Do Not Claim records exist for all months within selected dates.
Name : EVELINERS, Evie #207944532			
VA/DD-TCM	12/15/2006		FEB-13;

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SSIS Fiscal 16.2 Statewide Release Training

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Claims Exception Report – Results Bug Fixed

- ❖ Report results display correctly based on the Max results number entered on the Setup tab

Note: You will see the error message ONLY if the search results exceed the Max results entered.

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SSIS Fiscal 16.2 Statewide Release Training


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Healthcare Claim Code Changes

- ❖ Claim Exception
 - ◇ New
 - ◇ 747 – Claim System Replacement – NCCI
- ❖ Claim Remittance Advice Adjustment Reason
 - ◇ Inactivated as of 05/01/16
 - ◇ B5 – Coverage/program guidelines were not met or were exceeded
- ❖ Claim Rate Adjustment Reason
 - ◇ New
 - ◇ CT – Computed tomography tech cutback
 - ◇ DL – Dental Increase Outside 4 Metro Co
 - ◇ Inactivated as of 06/30/2016
 - ◇ LT – Legislative Rate Reduction Transport

MMIS Screening Code Changes


- ❖ LTC Assessment/Exit Codes
 - ◇ New
 - ◇ 12 – Case management service change
 - ◇ Description changed
 - ◇ 07 – Administration activity (*was Case management/administration Activity*)
- ❖ Screening Activity Code
 - ◇ New
 - ◇ 10 – Case management service change



Any Questions?

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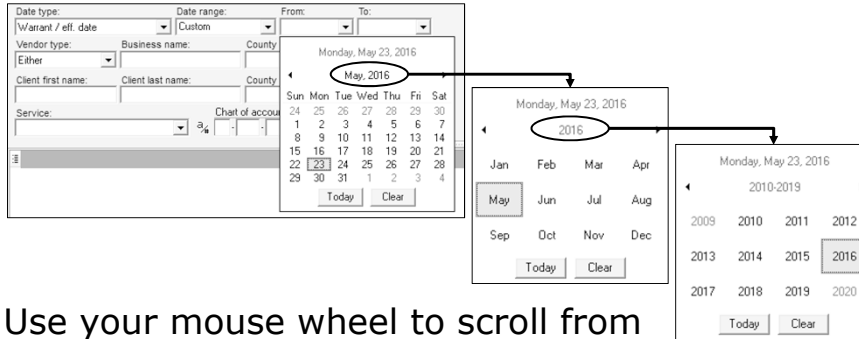
Other Misc Items



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Date Picker Changed

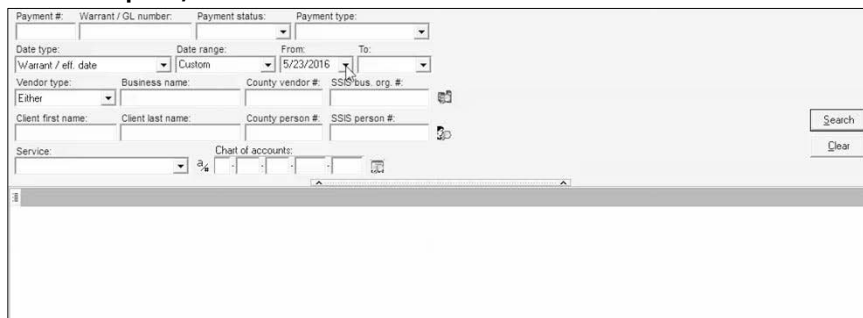
❖ New Look!



- ❖ Use your mouse wheel to scroll from month to month or year to year
- ❖ Click on the month & year to select a different month, or drill down deeper for a different year

Date Picker Changed cont.

❖ Example, in motion!



- ❖ Click the image for a demonstration of the new date picker

Remember to Check the Interface Logs

The screenshot displays the 'Searches/Logs' menu on the left, with 'Interface Log' highlighted. The main window shows search filters for 'Date Range' (Today), 'From' (5/16/2016), and 'To' (5/16/2016). The search results list various interface log types, including 'All Claim Interfaces', 'All Payment Interfaces', 'MMIS Claim Acknowledgement - 997/999', 'MMIS Claim Status', 'MMIS Claim Submission - 837', 'MMIS Eligibility', 'MMIS Renewance Advice - 835', 'Payment Batch Submission Status', 'Paid Payment Confirmation', 'Payment Batch Submission', and 'Vendor Import'.

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What should you remember?

- ❖ Regenerate Healthcare Claim Batches
- ❖ Generate or Regenerate Q2 State Reports
- ❖ Review V16.2 documents
 - ❖ Release Notes
 - ❖ Known Defects
 - ❖ What's New in 16.2
 - ❖ Handouts



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Additional Resources

- ❖ SSIS Help Desk
 - ❖ Email – dhs.ssishelp@state.mn.us
 - ❖ Phone – (651) 431-4801
- ❖ Northstar Policy Questions
 - ❖ Email – northstar.care@state.mn.us
- ❖ SSIS Website
 - ❖ SSIS Update Articles
- ❖ Fiscal & Worker Mentors



Thank You!