

MMIS automation process for July 1, 2014

The 2014 Minnesota Legislature authorized a 5.0% rate increase effective July 1, 2014 for continuing care providers.

Timeframe for July 2014 rate increase

Lead agency (counties and tribes) staff must refrain from adding or making changes to all service agreements from **June 23, 2014 through June 26, 2014** or until DHS gives lead agencies the all clear message. During this time, DHE will enter rates in MMIS and run the rate increase process on June 25, 2014.

Screening documents can be entered during this time.

The Rate Management System (RMS) will be unavailable on June 25, 2014 so DHS can update the framework and historic rate files to reflect the 5% rate increase. No lead agency action is required in the RMS to implement the rate increase.

Reference File Rate Limits

See updated [CC service rate limits](#)

Upcoming notifications

- DSD E-List Announcement “Refrain from adding or making changes to all service agreements” to be sent June 19, 2014.
- DSD E-List Announcement “Resume entering and changing service agreements” to be sent on or about June 26, 2014.

State Established Rates

The following table identifies those services and programs in which the line item REQ RATE field (requested rate) must match the service statewide maximum rate shown in the APP RATE field for services effective July 1, 2014 and greater.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Adult Day Service	15 minute	S5100	X	X				
Adult Day Service	Daily	S5102	X	X				
Adult Day Service FADS	15 minute	S5100 U7	X	X				
Adult Day Service FADS	Daily	S5102 U7	X	X				
Adult Day Service Bath	15 minute	S5100 TF	X	X				
Companion Services	15 minute	S5135	X	X				
Chore Service	15 minute	S5120	X	X	X		X	X

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Family Caregiver Coaching and Counseling	15 minute	S5115 TF	X	X				
Home Delivered Meals	Per Meal	S5170	X	X	X	X	X	X
Homemaker – <i>(Assistance with personal cares)</i>	15 minute	S5130 TG	X	X	X	X	X	X
Homemaker – <i>(Assistance with personal cares)</i>	Daily	S5131 TG	X	X				
Homemaker – <i>(Home Management)</i>	15 minute	S5130 TF	X	X	X	X	X	X
Homemaker – <i>(Home Management)</i>	Daily	S5131 TF	X	X				
Nutrition Services	Visit	S9470	X					
Respite In Home	15 minute	S5150	X	X				
Respite In Home	Daily	S5151	X	X				
Respite out of Home	15 minute	S5150 UB	X	X				

Manually adjusted rates by program

Beginning July 1, 2014, all existing authorized rates in MMIS must be manually adjusted for the services below. Refer to the [CC program service rate limits](#) by program for the new state-established rates for county provided case management.

Continue to authorize contracted case management rates at the county determined rate, up to the service limit. Contracted case management must be billed at the rate in the contract.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Case Management	15 Minutes	T1016 UC	X	X	X	X	X	X
Case Management-Conversion	15 Minutes	T1016	X					
Case Management Aide	15 Minutes	T1016 TF UC	X	X	X	X	X	

(Paraprofessional)								
CDCS Mandatory Case Management	15 Minutes	T2041	X	X				

Respite services using procedure code H0045

Respite services using the H0045 procedure code in the Elderly Waiver and Alternative Care programs must be authorized at the state established rate for services on or after July 1, 2014. Refer to the [CC program service rate limits](#) by program.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Respite Hospital, 24 hours	Daily	H0045	X	X				
Respite out of Home	Daily	H0045	X	X				
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix				

Overview of Automation Process

Service agreement lines for AC, BI, CAC, CADI, DD and EW (including home care lines on waiver service agreements) and Consumer Support Grant (CSG) are partially adjusted by MMIS if all the following criteria are met:

- The line item has a status of approved, pending or suspended
- The line item dates include the date of July 1, 2014 or later
- The line item is priced by a rate and unit, not a total amount
- CSG service agreement lines will be adjusted based on a total amount

After the automation process, lead agencies should use the following Infopac reports to identify which service agreements to adjust:

- MW2083A: Procedure Code Rate Increase Report LTC Waivers/AC Program
- MW2083B: Procedure Code Rate Increase DD Conversion
- MW2083C: Procedure Code Rate Increase DD Diversion
- MW2083D: Procedure Code Rate Increase Consumer Support Grant (CSG)

If users need access to the Infopac reports, contact your lead agency MMIS Security Liaison who will request the access.

For lines that begin prior to 7/01/2014 and end after 7/01/2014:

MMIS will do the following to the existing line:

- Change the line item end date to **6/30/2014**
- Prorate the units of service
- Add reason code 499 to the line that explains that the line was changed due to the rate increase. Any existing reason codes will now display after the 499
- Post edit 380 (Automatic Line Adjustment)
-

MMIS creates a new line for the same procedure code beginning 7/01/2014. On the new line, MMIS will:

- Use the same end date as the original line item
- Use the same provider number
- Leave the Requested and Approved Rate fields blank unless the requested rate is lower than the statewide maximum rate shown in the State Established Rate table above for the procedure code and program type. Then the REQ RATE field will be changed to the statewide maximum rate.
- Prorate the units of service (REQ TOT UNITS)
- Enter a “MM” in the Source (SRC) field if the procedure code requires manual pricing (Edit 277 will post if the APP RATE/UNIT field is left blank)
- Add reason code 499. Any other reason codes that were displayed on the original line are moved to this line after the 499.
- Suspend the new line
- Change the SA header status to “T” (partially suspended) if it was originally approved
- Post edit 380 (Automatic Line Adjustment) to route the SA to the lead agency for further adjustments

Process for the Elderly Waiver Customized Living Services, 24-hour Customized Living Services and Foster Care line items:

On the newly created line items, MMIS will:

- Use the same end date as the original line item
- Use the same provider number
- Add the new rate to the Approved Rate field
- Re-calculate the Requested Total Amount field
- Prorate the units of service (*REQ TOT UNITS*)
- Enter a “MM” in the Source (*SRC*) field (Edit 277 will post if the APP RATE/UNIT field is left blank)
- Add reason code 499. Any other reason codes that were displayed on the original line are moved to this line after the 499.
- Suspend the new line
- Change the SA header status to “T” (partially suspended) if it was originally approved
- Post edit 380 (Automatic Line Adjustment) to route the SA to the lead agency for further adjustments

Lead agencies must:

- Review the number of units to determine if adjustments are needed. MMIS will automatically prorate line item units according to logic dependent on the length of the line dates and the number of units authorized. Lead agencies must check to see if the number of units is sufficient based on the person's needs, adding or subtracting units as appropriate.
- Remove existing reason codes that are no longer needed (except the 499)
- Approve the new line
- Change the header status to “A” (approved)
- For waiver PCA (T1019), edit 889 (PCA line has more than two lines for the same provider) will post and should be forced due to the rate increase.

Enter the appropriate Requested Rate except for the following services:

- Elderly Waiver foster care, 24-hour customized living services and customized living services (MMIS entered)
- Do not change the Requested and Approved Rate fields if the procedure code and program type are shown in the State Established Rate table. The REQ RATE field will be changed to the statewide maximum rate
- DHS calculates and enters the rates for DD variable rates and services during the day, which are type “D” agreements. Lead agencies should not do anything to or with them.

For lines that begin on or after 7/01/2014:

MMIS will:

- Change the line item status to suspend (if previously approved)
- Post edit 380 (Automatic Line Adjustment)
- Add reason code 499 to the line that explains the line was changed due to the rate increase. Any existing reason codes will now display after the 499
- Leave the Requested and Approved Rate fields blank unless the requested rate is lower than the statewide maximum rate shown in the State Established Rate table above for the procedure code and program type. Then the REQ RATE field will be changed to the statewide maximum rate.
- Add the new rate in the Approved Rate field for Elderly Waiver adult foster care services

Lead agencies must:

- Adjust the Requested Rate, if appropriate. If the service and program is listed in the State Established Rate chart above, adjust the rate so it is lower than the statewide maximum rate shown in the APP RATE field, edit 321 *Manual Price is Not Allowed* posts.
- Adjust the Requested Rate to match the Approved Rate for the Elderly Waiver foster care services
- Remove existing reason codes that are no longer needed other than code 499
- Approve the line
- Change the header status to “A” (approved)

For lines that end after 6/30/2014 with no unpaid units remaining or with no units left after the calculation is performed to prorate the units:

MMIS will:

- Enter a line item end date of 6/30/2014
- Add reason code 499

Lead agencies must:

- Do nothing unless the service continues beyond 7/01/2014. If the service continues, lead agencies must enter a new line that begins 7/01/2014 with the correct rate and units. Approve the line.
- If the procedure code requires manual pricing, remember to enter “MM” in the Source (SRC) field prior to approving the line. Procedure codes that require manual pricing will post edit 438 (Procedure Requires Manual Pricing) if “MM” is not entered on the line.

Exceptions

Line items for the following procedure codes are priced as a lump sum and not run through the MMIS automation process. Lead agencies must manually adjust the line items for the following services:

- AC Discretionary Services (X5527)
- Assistive Technology (T2029)
- Caregiver Training and Education, for the DD program only (S5116)
- Consumer Education and Training (S5109)
- Consumer Directed Community Supports CDCS (T2028)
- PMAP for MSHO and MSC+ (X5609)
- Specialized Supplies and Equipment (E1399 – AC; T2029 – Waivers)
- EW Transitional Services (T2038)

PPHP Home Care Services (X5609) represents the total cost of the MA state plan services for Waiver recipients enrolled with a managed care.

Lead agencies must:

- Increase the total amount authorized to reflect the 5% rate increase for these services.

Exceeding the Case Mix Cap for AC and EW

The case mix caps for AC and EW increase by 5% in MMIS beginning July 1, 2014. A new AC or EW screening document entered with an activity type date of July 1, 2014 or greater will change the TOTAL CAP AMOUNT on the service agreement. Those months up to June 30, 2014 will use the case mix budget prior to the increased cap amount, while those remaining months in the service agreement starting July 1, 2014 will use the increased case mix budget. The cost of all services must not exceed the pro-rated total service agreement budget otherwise edit 672 (Total Authorized Amount is Excessive) will post. The units or total amount on one or more line items must be reduced to bring the amount in the TOTAL AUTHORIZED AMOUNT field to be equal to or less than the TOTAL CAP AMOUNT field on the ASA screen.

Approve rates over the MMIS Reference File Limit for BI, CAC, CADI and DD

Service rates for the BI, CAC, CADI and DD waivers are county negotiated **except** for case management, homemaker and home care services. Lead agencies that want to approve a rate higher than the MMIS Reference File Limit for services other than case management, homemaker and home care services, must manually price the line.

To manually price a line if entering a rate and a unit, lead agencies must:

- Enter the higher rate in the Requested Rate Per Unit (REQ RATE/UNIT) field
- Enter the number of units authorized in the Requested Total Units (REQ TOT UNITS) field
- Enter the higher rate in the Approved Rate Per Unit (APP RATE/UNIT) field
- Enter “MM” in the Source (SRC) field

To manually price a line that is a lump sum amount, lead agencies must:

- Enter the total amount in the Requested Total Amount (REQ TOT AMT) field
- Enter the total amount in the Approved Rate Per Unit (APP RATE/UNIT) field
- Enter “MM” in the Source (SRC) field

Manually pricing the line with a rate that is higher than the Reference File Rate Limit will cause service agreement Edit 321 (Manual Price Greater Than the Allowed Charge) to post. Lead agencies can force Edit 321.

Lead agencies should only approve rates over the MMIS Reference File Rate Limits for services other than case management, homemaker and home care services and only when the county can manage the cost within its aggregate budget.

Manual option for adjusting lines on service agreements

Lead agencies may manually adjust line items (including home care lines) on service agreements before the scheduled automatic adjustment. Any changes must be completed prior to **6/15/2014**.

Lead agencies must:

- Identify line items with dates that begin prior to and end after 7/01/2014
- Change the line item end date to 6/30/2014
- Create an identical new line beginning 7/01/2014
- Except for DT&H services, enter the appropriate rate for the new line in the REQ RATE/UNIT field. Rates for these services are automatically entered on the new line.
- Decide how to divide the units between two line items
- Adjust the units on the old line
- Enter the appropriate units in the REQ TOT UNITS field of the new line
- Leave the new line item suspended
- Leave the service agreement header status as ‘T’ (partially suspended) until after the automation
- After the automation has occurred and the all-clear email sent, lead agencies can approve these suspended lines

Consumer Support Grants (CSG) Manual Adjustment of Service Agreement Lines

CSG service agreements are part of the MMIS automation process that runs on June 25, 2014.

For lines that begin prior to 7/01/2014 and end after 7/01/2014:

MMIS will do the following to the existing line:

- Change the line item end date to 6/30/2014
- Add reason code 499 to the line that explains that the line has been changed due to the rate increase. Any existing reason codes will now display after the 499.
- Post edit 380 (Automatic Line Adjustment)

Lead Agency Responsibilities:

Manually adjust CSG service agreement line items with T2025 (FSE and county) by 5% rate increase with dates of service on or after 7/01/2014.

- Line item will have status of approved, pended or suspended

For lines that begin prior to 7/01/2014 and end after 7/01/2014, lead agencies must:

1. Determine the new [CSG monthly budget](#) effective 7/01/2014
2. Review new lines beginning 7/01/2014 and extending to the end of the service agreement.
 - Enter two lines, one for FSE and one for the county administrative costs (95% - 5%)
3. Enter the new total amount on the lines beginning 7/01/2014 based on the 2014 CSG monthly budget limit times the number of months of the line
4. Enter reason code 499 on all the CSG adjusted lines, those ending 6/30/2014 and new lines starting 7/01/2014
5. Press F9 to edit the SA. MMIS will re-determine the CSG cap amount on the ASA1 screen and post edits as appropriate
6. Resolve all county based edits
7. Approve the new lines
8. Verify the header status is "A" (approved)

For lines beginning 7/01/2014 or after, lead agencies must:

1. Determine the new [CSG monthly budget](#) effective 7/01/2014
2. Adjust the new total amount on the lines
 - 2014 CSG monthly budget limit times the number of months on the line
 - Adjust two CSG lines, one for FSE and one for the county administrative costs (95% - 5%)
3. Enter reason code 499 on all the CSG adjusted lines
4. Press F9 to edit the SA. MMIS will re-determine the CSG cap amount on the ASA1 screen and post edits as appropriate
5. Resolve all county based edits
6. Approve the new lines
7. Verify the header status is "A" (approved)