



# **SSIS Fiscal V15.4 Release Training**

**12/08/2015**

**Presented by: Janel Heath – SSIS Fiscal Trainer**

# V15.4 Release Training Includes:

## Healthcare Claiming

- ▣ Added Exclusion indicator column to reports
- ▣ Removed DD & LTC Supplemental Healthcare Eligibility information from reports
- ▣ Added Purpose to the Time Proofing tab
- ▣ New Proofing message #2308 for ECS
- ▣ New Assessment/Exit Code – 49
- ▣ CADI name change
- ▣ ECS now in effect to use for Workgroups
- ▣ ICD-10 Update

# V15.4 Release Training Includes:

## Child Foster Care (CFC) Report

- ▣ Security Function Names changed
- ▣ New Message when the connection between SSIS Worker and SSIS DHS is down
- ▣ Field & Column changes
- ▣ Child Count Proofing category removed
- ▣ New Manage Grid Settings
- ▣ Flipping Claims
- ▣ Legacy IV-E claims now display a DOC field instead of a MAPCY field

# V15.4 Release Training Includes:

- ▣ Change to Use Other Vendors on Service Arrangements
- ▣ BRASS Changes for 2016
- ▣ Access Table Viewer from SSIS Admin
- ▣ Searches/Logs menu updated
- ▣ Another option available to email banded reports
- ▣ What should you remember?
- ▣ Additional Resources

# V15.4 Healthcare Claiming Changes



# Client Time Detail Report

## Added Exclusion

- ▣ Y = Exclusion entered on the Time Record
- ▣ N = No Exclusion entered on the Time Record

Client Name	Date	Regarding Duration (Min.)	Svc Code	Activity	Status	Method	Location	Claimed	Exclusion
		:00:01 AM	60	193	Client contact	Completed	Face to face	Child's residence	N
		:00:01 AM	120	101	Consultation	Completed	Other	Field/home	N
		00:00 PM	30	490	Travel in county	Completed	Face to face	Other	N
		:00:01 AM	10	490	Client contact	Completed	Phone	Office	N
		:00:01 AM	60	490	Collateral contact	Completed	Face to face	Office	N

*Note: This is an optional column.*

# Payments – Not Automated Potentially Billable Report

## Added Exclusion

- ▣ Y = Exclusion entered on the Payment
- ▣ N = No Exclusion entered on the Payment

Setup Payments - Not Automated Potentially Billable								
HCPCS/Modifiers								
Client Name	Service Start Date	Service End Date	Svc Code	Service Vendor	Rate	Units	Amount	Exclusion
<input type="checkbox"/> County Defined Field	Intervention; mental health professional or practitioner							
<input type="checkbox"/> County Person #		01/31/2008	446	GARDEN CONSTRUCTION	\$75.0000	5.00	\$375.00	Y
<input type="checkbox"/> Current Primary Worker		01/31/2008	446	GARDEN CONSTRUCTION	\$50.0000	5.00	\$250.00	N
<input type="checkbox"/> Date of Birth		01/31/2008	446	GARDEN CONSTRUCTION	\$5.0000	5.00	\$25.00	N
<input type="checkbox"/> Date of Death								
<input checked="" type="checkbox"/> Exclusion								
<input type="checkbox"/> Gender	y Intervention mental health rehabilitation worker							
<input type="checkbox"/> HCPCS Unit Type		12/31/2007	446	GARDEN CONSTRUCTION	\$75.0000	5.00	\$375.00	N
<input type="checkbox"/> HCPCS/Mod Code		12/31/2007	446	GARDEN CONSTRUCTION	\$75.0000	(5.00)	(\$375.00)	N
<input type="checkbox"/> HCPCS/Mod Description								

*Note: This is an optional column.*

# DD Screening Detail Report

Removed DD Supplemental Healthcare Eligibility information

- ▣ Still includes:
  - ▣ Diagnoses entered in SSIS
  - ▣ MMIS DD Screening information

DD Screening Detail						
<b>Name:</b> Dee Dee, Dolly						
<b>Date of Birth:</b> 09/10/1969		<b>Age:</b> 46		<b>Date of Death:</b>		
<b>SSIS Person #:</b> 210494952		<b>County Person #:</b>		<b>SSN:</b>		
<b>SWNDX #:</b>		<b>PMI #:</b> 01365583				
<b>SSIS Diagnosis</b>						
	<b>Type</b>	<b>Code</b>	<b>Diagnosis</b>	<b>Primary</b>	<b>Start Date</b>	<b>End Date</b>
	ICD-9-CM	385.82	CHOLESTERIN GRANULOMA	No	01/30/2014	
	ICD-10-CM	E87.0	Hyperosmolality and hypernatremia	No	01/01/2014	
	ICD-10-CM	F12	Cannabis related disorders	No		
<b>MMIS DD Screening</b>						
<b>Action Date</b>		<b>Action Type</b>		<b>Status</b>		
02/01/2008		Annual review		Approved		
<b>Diagnosis Type</b>		<b>Case Manager</b>				
<b>Diagnosis 1</b>			<b>Diagnosis 2</b>			
<b>Diagnosis 3</b>			<b>Diagnosis 4</b>			
<b>MMIS DD Screening</b>						
<b>Action Date</b>		<b>Action Type</b>		<b>Status</b>		
08/06/2007		Full team screening		Approved		
<b>Diagnosis Type</b>		<b>Case Manager</b>				
<b>Diagnosis 1</b>			<b>Diagnosis 2</b>			
<b>Diagnosis 3</b>			<b>Diagnosis 4</b>			

# LTC Screening Detail Report

Removed LTC Supplemental Healthcare Eligibility information

- ▣ Still includes:
  - ▣ Diagnoses entered in SSIS
  - ▣ MMIS LTC Screening information

LTC Screening Detail					
Name: Listen, Larry					
Date of Birth: 05/01/1965		Age: 50		Date of Death:	
SSIS Person #: 208490650		County Person #:		SSN:	
SWNDX #:		PMI #: 02460879			
SSIS Diagnosis					
Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-9-CM	007.0	BALANTIDIASIS	No		
MMIS LTC Screening					
Activity Date		Activity Type		Status	
03/29/2007		Telephone screen		Denied	
Diagnosis Type			Case Manager		
Primary Diagnosis			Secondary Diagnosis		

*Note: DD & LTC Screenings with Service Dates after 09/30/2013 are no longer claimed through SSIS. DD & LTC Screening Supplemental Eligibility is no longer needed for claiming in SSIS.*

# Healthcare Time Proofing Grid

## Added Purpose

- ▣ View information entered in the Purpose field of a Time Record from Time Proofing
- ▣ Easily determine if an Exclusion should be added or if further research is needed

CW-TCM (Draft) 06/01/2013 - 06/30/2013 Faribault 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  
Restore Defaults

	Svc Code	Activity Date	Activity	Regarding Duration (Min)	Method	Status	Location	Worker	Purpose
<input type="checkbox"/> County Person #									
<input type="checkbox"/> Date of Birth									
<input type="checkbox"/> Employee Type									
<input type="checkbox"/> On Behalf Of #									
<input type="checkbox"/> PMI #									
<input type="checkbox"/> Program									
<input checked="" type="checkbox"/> Purpose									
<input type="checkbox"/> SSIS Person #									
<input type="checkbox"/> SSIS Workgroup #									
<input type="checkbox"/> Svc Description									

Joey  
2013 12:00:01 AM Client contact 60 Face to face Completed Field/home Heath, Janel test

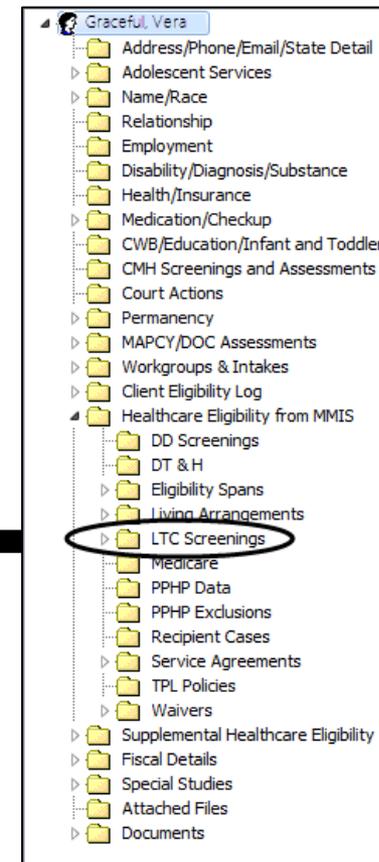
*Note: This is an optional column.*

# New Assessment/Exit Code

## LTC Screenings from MMIS for AC and ECS clients

### ▣ 49 – Citizenship Verified

Document Number:	10101010101	Status:	A - Approved
Activity Date:	10/20/2015	Activity Type:	05 - Document Change Only
Program Type:	29 - Essential Community Supports		
Case Manager:			
CDCS:	<input type="radio"/> Yes <input checked="" type="radio"/> No	CDCS Amount:	
Verification Code			
<b>Assessment</b>			
Results/Exit Reason 1:	49 - Citizenship Verified		
Results/Exit Reason 2:			
Effective Date:	10/20/2015		
<b>Diagnosis Codes</b>			
Diagnosis Type:			
Primary Diagnosis:			
Secondary Diagnosis:			



# CADI Name Change

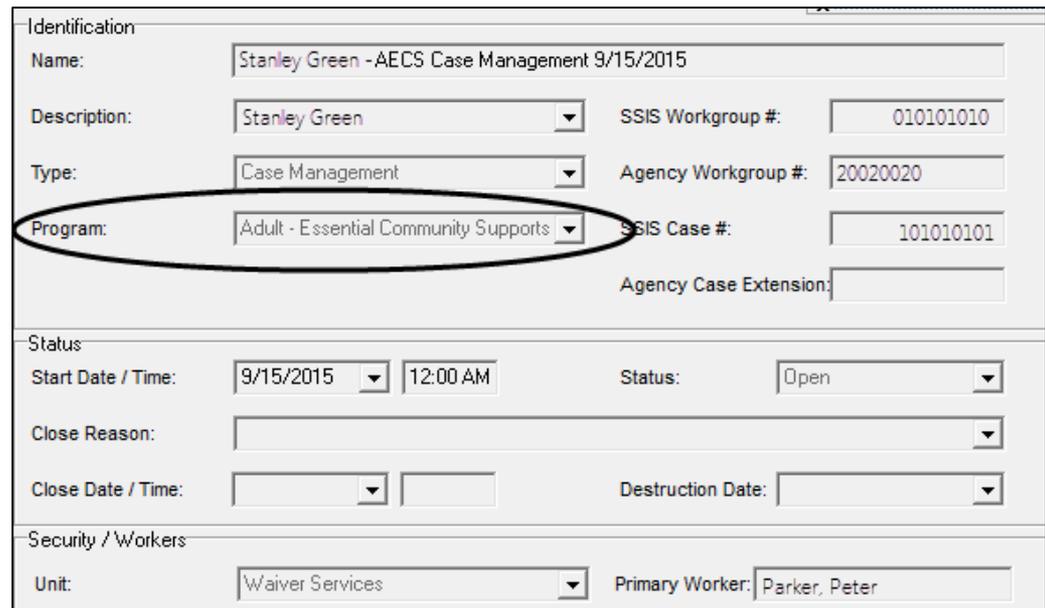
- ▣ Effective 10/01/2015
  - ▣ Changed from:
    - Community Alternatives for Disabled Individuals
  - ▣ New Name
    - Community Access for Disability Inclusion
- ▣ Programs affected:
  - ▣ 173 – Child – Community Access for Disability Inclusion
  - ▣ 673 – Adult – Community Access for Disability Inclusion

# Essential Community Supports (ECS)

New Program added in V15.4 to identify ECS Workgroups

- Available in Intakes, Workgroups, Contact/Activities, Service Arrangements & Payments
- Destruction Date for closed ECS Workgroups is 10 years from the closing date

*Note: Can now close ECS workgroups for clients not receiving services any longer*



The screenshot displays a software interface for managing workgroups. The 'Identification' section includes the following fields:

- Name: Stanley Green - AECS Case Management 9/15/2015
- Description: Stanley Green
- Type: Case Management
- Program: Adult - Essential Community Supports (circled in black)
- SSIS Workgroup #: 010101010
- Agency Workgroup #: 20020020
- SSIS Case #: 101010101
- Agency Case Extension: (empty)

The 'Status' section includes:

- Start Date / Time: 9/15/2015 12:00 AM
- Status: Open
- Close Reason: (empty)
- Close Date / Time: (empty)
- Destruction Date: (empty)

The 'Security / Workers' section includes:

- Unit: Waiver Services
- Primary Worker: Parker, Peter

# ICD-10 Testing Done!!!

- ▣ Healthcare Claims Generated!
- ▣ Healthcare Claims Batches Submitted!
- ▣ Four Mental Health Billable Diagnosis Codes lists available in the Fiscal Mentor Manual:
  - ▣ *Mental Health Billable ICD-9 Codes in Alpha Description Order*
  - ▣ *Mental Health Billable ICD-9 Codes in Code Order*
  - ▣ *Mental Health Billable ICD-10 Codes in Alpha Description Order*
  - ▣ *Mental Health Billable ICD-10 Codes in Code Order*

# Are all your ICD-10 Codes Entered?

The screenshot shows a software interface with a 'Claim Errors' panel on the left and a main data table. The error message reads: 'Diagnosis: A Mental Health diagnosis is required.' The main table has columns for 'Claim Category', 'Batch Start Date', 'Batch End Date', 'Batch Status', 'Generated Date', 'Submitted Date', 'Owner', 'Claims Total', and '# of Claims'. A row for 'MH-TCM' shows 'Claims Total' as 29 and '# of Claims' as 29. Below the table, there are checkboxes for various options, with 'Diagnosis' checked. A 'Count: 44' box is also visible. A dashed arrow points from the error message to the '# of Claims' column.

Claim Category	Batch Start Date	Batch End Date	Batch Status	Generated Date	Submitted Date	Owner	Claims Total	# of Claims
MH-TCM	10/01/2015	10/31/2015	Draft	11/02/2015 02:31:10 PM		Worker, Claim	29	29

- ▣ SSIS Update #430 – 10/06/2015
- ▣ SSIS Update #433 – 11/24/2015



**Any  
Questions?**

# V15.4 Child Foster Care (CFC) Report Changes



# Security Functions Name Change

- ▣ Previously
  - ▣ Create IV-E Abstract Report
  - ▣ Submit IV-E Abstract Report
- ▣ Current
  - ▣ Create Child Foster Care Rpt
  - ▣ Submit Child Foster Care Rpt

Roles with these Functions will update automatically for all users

# New Message – No Connection



The SSIS DHS database and your agency's SSIS database must be connected to generate the Child Foster Care Report.

# COA Column Added to Child Foster Care Claims Grids

- ▣ Child Foster Care Report Claims Grid
- ▣ Child Foster Care Claims 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 <input type="text"/>												
IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	COA	
<input type="checkbox"/> CFC Claim #												
<input type="checkbox"/> Cnty Sub-Svc Description												
<input type="checkbox"/> Cnty Sub-Svc Number												
<input checked="" type="checkbox"/> COA												
<input type="checkbox"/> Cont Placement #												
<input type="checkbox"/> Continuous Placement Start Date												
<input type="checkbox"/> Date of Birth												
<input type="checkbox"/> Eligible Amount	15	01/31/2015	02/09/2015	Chambersburg Family Foster Home	1	\$976.50	\$0.00	\$976.50	\$488.25	\$488.25	11-430-710-3810-6077	
<input type="checkbox"/> Eligible DOC Points												
<input type="checkbox"/> Eligible MAPCY Level												
						\$1,343.83	\$0.00	\$0.00	\$0.00	\$1,343.83		
						\$660.90	\$0.00	\$0.00	\$0.00	\$660.90	11-430-710-3810-6077	
						\$682.93	\$0.00	\$0.00	\$0.00	\$682.93	11-430-710-3810-6077	
						\$976.50	\$0.00	\$976.50	\$488.25	\$488.25	11-430-710-3810-6077	
						\$976.50	\$0.00	\$976.50	\$488.25	\$488.25		
						\$2,320.33	\$0.00	\$976.50	\$488.25	\$1,832.08		

*Note: This is an optional column.*

# Payment Quarter Column Name Changed

Payment Quarter ➔ Payment Period

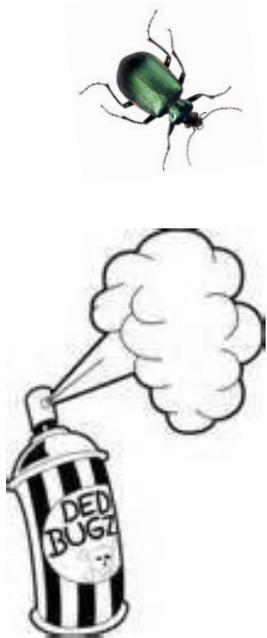
- ▣ Child Foster Care Claim Search
- ▣ Child Foster Care Claims tab (CFC Report)
- ▣ RCA Claims tab (RCA Report)

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 <input type="text"/>												
IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Payment Period	
<input type="checkbox"/> Northstar Claim	, Elsa											
<input type="checkbox"/> Original CFC Claim #	02/28/2015	03/06/2015		Allen Child Foster Care	NYL	\$2,085.16	\$0.00	\$0.00	\$0.00	\$2,085.16	2015 Q1	
<input type="checkbox"/> Payment #												
<input checked="" type="checkbox"/> Payment Period												
<input type="checkbox"/> Per Diem Type						\$2,085.16	\$0.00	\$0.00	\$0.00	\$2,085.16		
<input type="checkbox"/> PMI #												
<input type="checkbox"/> Reported Age	, Erin											
<input type="checkbox"/> Rule Code Description	01/31/2014	02/01/2015		Allen Child Foster Care	NYL	\$774.07	\$0.00	\$0.00	\$0.00	\$774.07	2015 Q1	
<input type="checkbox"/> Service Code												
<input type="checkbox"/> Service County Vendor #						\$774.07	\$0.00	\$0.00	\$0.00	\$774.07		
						\$10,186.08	\$3,636.32	\$3,690.53	\$1,845.27	\$2,859.23		

*Note: This optional column displays the Payment Period in which the Payment was Paid.*

# Another Bug Terminated

Legacy IV-E Claims now display a blank Eligible DOC points field on the claims screen instead of a blank MAPCY Level field



Iv-E Washington, Ellen (2/1/2011 - 2/28/2011) Maintenance Payment

Claim Summary

Client Name:  IV-E Claim:  Yes  No Northstar Claim:  Yes  No

Vendor Payment Amount:  Eligible Amount:  Non-Eligible Amount:

To:  Amount:  From:  Northstar Amount:

SSIS Person #:  Plan #:  Date of Birth:  Reported Age:

Claim Details

Maximum Allowed:  **Eligible DOC Points:**  Exclude Supplemental Amount:  Yes  No

IV-E Maintenance %:  IV-E Maintenance Amount:  FFP Maintenance Amount:

IV-E Intake & Plan %:  IV-E Intake & Plan:  FFP Intake & Plan Amount:

CFC Claim #:  Maint Claim #:  Legacy IV-E Claim:  Yes  No

Original CFC Claim #:  Payment #:  Flipped:  Yes  No

State Report #:

# Child Count Proofing – IV-E Eligibility Category Removed

Before:

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

<input checked="" type="checkbox"/> Continuous Placement	<input checked="" type="checkbox"/> Client	<input type="button" value="Search"/>	
<input checked="" type="checkbox"/> Extended Foster Care	<input checked="" type="checkbox"/> IV-E Eligibility		<input type="button" value="Clear All"/>
<input checked="" type="checkbox"/> Placement	<input checked="" type="checkbox"/> Child Count Warnings		<input type="button" value="Select All"/>
<input checked="" type="checkbox"/> Placement Authority			<input type="button" value="Restore Defaults"/>

After:

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

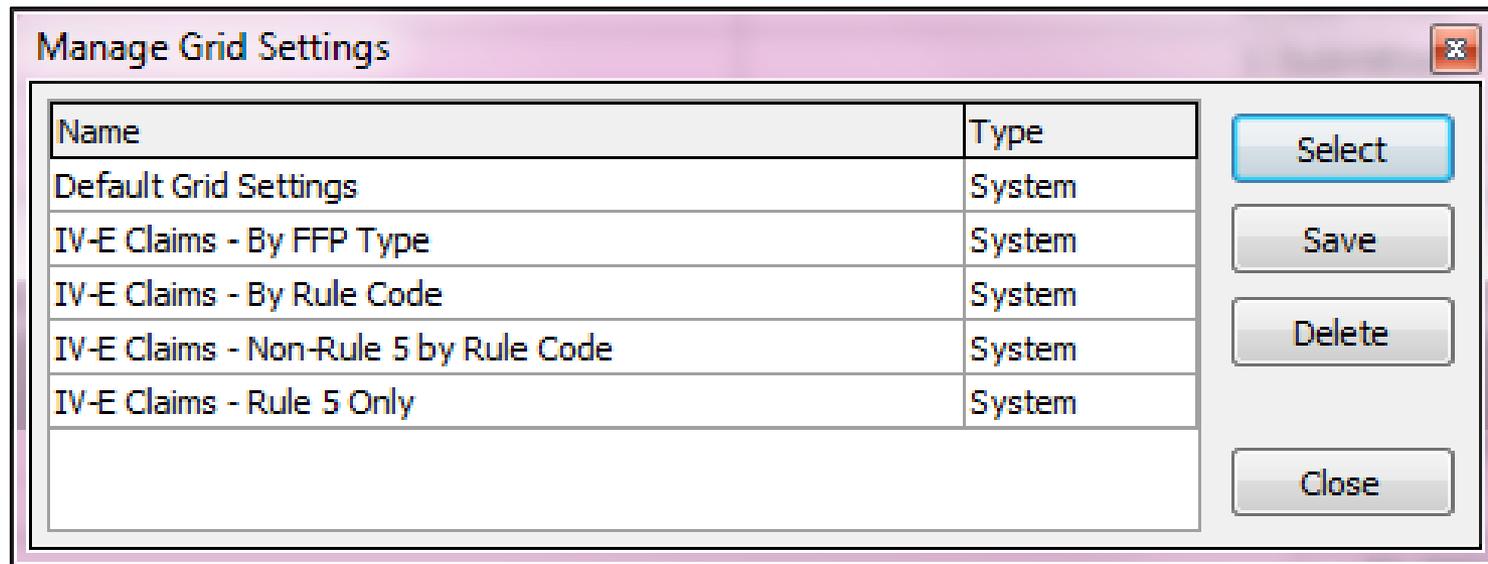
  

<input checked="" type="checkbox"/> Continuous Placement	<input checked="" type="checkbox"/> Client	<input type="button" value="Search"/>	
<input checked="" type="checkbox"/> Extended Foster Care	<input checked="" type="checkbox"/> Child Count Warnings		<input type="button" value="Clear All"/>
<input checked="" type="checkbox"/> Placement			<input type="button" value="Select All"/>
<input checked="" type="checkbox"/> Placement Authority			<input type="button" value="Restore Defaults"/>

# New Manage Grid Settings for Child Foster Care Claims

Available from:

- ▣ Child Foster Care Report Claims Grid
- ▣ Child Foster Care Claims Search



# IV-E Claims - By FFP Type

Review FFP Type for your Title IV-E Claims

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

FFP Type ▾ Rule Code ▾ Payment Period ▾

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
FFP Type : Minnesota				\$65,240.33	\$32,632.24	\$63,592.34	\$31,796.21	\$1,599.89	\$799.95	\$48.10	\$36.08
				\$65,240.33	\$32,632.24	\$63,592.34	\$31,796.21	\$1,599.89	\$799.95	\$48.10	\$36.08

(IV-E Claim equals Yes) ▾ Customize...

- Use this Manage Grid Setting to determine if you are getting Tribal FFP when expecting it

# IV-E Claims - By FFP Type cont.

Are there claims with Rule Code OT2 under the Minnesota FFP Type?

- Review Race and Placement to determine if the Title IV-E Claim is eligible for Tribal FFP

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												
FFP Type <input type="text" value="Rule Code"/> <input type="text" value="Payment Period"/>												
	Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
+	FFP Type : Mille Lacs Band Tribe											
					\$941.10	\$781.11	\$941.10	\$781.11	\$0.00	\$0.00	\$0.00	\$0.00
-	FFP Type : Minnesota											
+	Rule Code : 1											
					\$51,553.19	\$25,776.67	\$51,553.19	\$25,776.67	\$0.00	\$0.00	\$0.00	\$0.00
+	Rule Code : 4											
					\$4,999.01	\$2,536.00	\$0.00	\$0.00	\$4,853.12	\$2,426.58	\$145.89	\$109.42
+	Rule Code : 5											
					\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00
+	Rule Code : 8											
					\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00
-	Rule Code : OT2											
					\$90.00	\$46.00	\$90.00	\$46.00				
+	Rule Code : SIL											
					\$1,650.00	\$825.00	\$1,650.00	\$825.00				
					\$71,927.53	\$36,000.35	\$66,012.02	\$33,006.09	\$5,769.62	\$2,884.84	\$145.89	\$109.42
+	FFP Type : White Earth Band of Ojibwe											
					\$774.02	\$574.32	\$562.96	\$467.25	\$204.90	\$102.45	\$6.16	\$4.62
					\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04

(IV-E Claim equals Yes)

# IV-E Claims - By Rule Code

## Breakdown of Title IV-E Claims by Rule Code and Payment Period

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												
Rule Code		Payment Period										
	Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
[-] Rule Code : 1												
[-] Payment Period : 2015 Q1												
	Placement, Cambrie	12/10/2014	12/31/2014	01/08/2015	(\$873.62)	(\$436.81)	(\$873.62)	(\$436.81)	\$0.00	\$0.00	\$0.00	\$0.00
	Nstar Ive, Thea	02/01/2015	02/28/2015	03/09/2015	(\$892.92)	(\$446.46)	(\$892.92)	(\$446.46)	\$0.00	\$0.00	\$0.00	\$0.00
	Flipped, Celine	03/01/2015	03/01/2015	03/03/2015	\$200.00	\$100.00	\$200.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
	Flipped, Ferghus	03/01/2015	03/02/2015	03/03/2015	\$300.00	\$150.00	\$300.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00
	Flipped, Hayward	03/02/2015	03/02/2015	03/03/2015	\$425.00	\$212.50	\$425.00	\$212.50	\$0.00	\$0.00	\$0.00	\$0.00
					(\$841.54)	(\$420.77)	(\$841.54)	(\$420.77)	\$0.00	\$0.00	\$0.00	\$0.00
[+] Payment Period : 2015 Q2												
					\$53,335.83	\$26,978.55	\$53,335.83	\$26,978.55	\$0.00	\$0.00	\$0.00	\$0.00
					\$52,494.29	\$26,557.78	\$52,494.29	\$26,557.78	\$0.00	\$0.00	\$0.00	\$0.00
[+] Rule Code : 4												
					\$5,210.07	\$2,643.07	\$0.00	\$0.00	\$5,058.02	\$2,529.03	\$152.05	\$114.04
[+] Rule Code : 5												
					\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00
[+] Rule Code : 8												
					\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00
[+] Rule Code : OSH												
					(\$90.00)	(\$45.00)	(\$90.00)	(\$45.00)	\$0.00	\$0.00	\$0.00	\$0.00
[+] Rule Code : OT2												
					\$562.96	\$467.25	\$562.96	\$467.25	\$0.00	\$0.00	\$0.00	\$0.00
[+] Rule Code : SIL												
					\$1,830.00	\$915.00	\$1,830.00	\$915.00	\$0.00	\$0.00	\$0.00	\$0.00
					\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04
<input checked="" type="checkbox"/> (IV-E Claim equals Yes) <input type="checkbox"/> <span style="float: right;">Customize...</span>												

# IV-E Claims - By Rule Code cont.

Use to balance your Remittance Advice for reporting revenue on the SEAGR Report

- These amounts are included on the IV-E Remittance Advice tab

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												
Rule Code		Payment Period										
Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount	
[-] Rule Code : 1												
[-] Payment Period : 2015 Q1												
				(\$841.54)	(\$420.77)	(\$841.54)	(\$420.77)	\$0.00	\$0.00	\$0.00	\$0.00	
[-] Payment Period : 2015 Q2												
				\$53,335.83	\$26,978.55	\$53,335.83	\$26,978.55	\$0.00	\$0.00	\$0.00	\$0.00	
				\$52,494.29	\$26,557.78	\$52,494.29	\$26,557.78	\$0.00	\$0.00	\$0.00	\$0.00	
[-] Rule Code : 4												
				\$5,210.07	\$2,643.07	\$0.00	\$0.00	\$5,058.02	\$2,529.03	\$152.05	\$114.04	
[-] Rule Code : 5												
				\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00	
[-] Rule Code : 8												
				\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00	
[-] Rule Code : OSH												
				(\$90.00)	(\$45.00)	(\$90.00)	(\$45.00)	\$0.00	\$0.00	\$0.00	\$0.00	
[-] Rule Code : OT2												
				\$562.96	\$467.25	\$562.96	\$467.25	\$0.00	\$0.00	\$0.00	\$0.00	
[-] Rule Code : SIL												
				\$1,830.00	\$915.00	\$1,830.00	\$915.00	\$0.00	\$0.00	\$0.00	\$0.00	
				\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04	

(IV-E Claim equals Yes) Customize...

# IV-E Claims - By Rule Code cont.

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	
IV-E Maintenance Amount:	<b>\$67,516.08</b>	FFP Maintenance Amount:	<b>\$34,254.45</b>	IV-E Recovery Amount:	(\$482.00)	FFP Recovery Amount:	(\$241.00)
IV-E Child Support Amount:	(\$668.81)	FFP Child Support Amount:	(\$334.41)	Net IV-E Maintenance Amount:	\$66,365.27	FFP Maintenance Reimbursement Amount:*	\$33,679.00
IV-E Intake & Plan Amount:	<b>\$5,974.52</b>	FFP Intake & Plan Amount:	<b>\$2,987.29</b>	IV-E Training Amount:	\$152.05	FFP Training Amount:	<b>\$114.04</b>
Net IV-E Administration Amount:	\$6,126.57	FFP Administration Reimbursement Amount:*	\$3,101.00	FFP Total Reimbursement Amount:*		\$36,780.00	

\*Annotated fields are rounded

- ▣ The amounts shown with bolded boxes are the same amounts shown on the IV-E Claims – By Rule Code Manage Grid Setting footer

# IV-E Claims – Non-Rule 5 by Rule Code

Identifies the FFP Maintenance, FFP Intake and Plan and FFP Training Amounts for Rule Codes not Rule 5

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
Rule Code : 1				\$43,773.04	\$21,886.54	\$43,773.04	\$21,886.54	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : 4				\$1,647.99	\$836.03	\$0.00	\$0.00	\$1,599.89	\$799.95	\$48.10	\$36.08
Rule Code : OSH				\$4,201.04	\$2,100.52	\$4,201.04	\$2,100.52	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : OT2				\$9,267.17	\$5,932.02	\$9,267.17	\$5,932.02	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : SIL				\$10,285.69	\$5,142.86	\$10,285.69	\$5,142.86	\$0.00	\$0.00	\$0.00	\$0.00
				\$69,174.93	\$35,897.97	\$67,526.94	\$35,061.94	\$1,599.89	\$799.95	\$48.10	\$36.08

- FFP Maintenance Amount + FFP Intake & Plan Amount + FFP Training Amount = Total FFP Amount

# IV-E Claims - Rule 5 Only

Identifies the Rule 5 FFP Maintenance and FFP Intake and Plan Amounts

- Report Total FFP for Rule 5 Only on Line F28 on the SEAGR Report

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount
Payment Period : 2015 Q1										
					\$5,001.01	\$2,500.52	\$4,873.93	\$2,436.97	\$127.08	\$63.55
Payment Period : 2015 Q2										
					\$7,726.05	\$3,863.03	\$7,519.96	\$3,759.98	\$206.09	\$103.05
					\$12,727.06	\$6,363.55	\$12,393.89	\$6,196.95	\$333.17	\$166.60

- FFP Maintenance Amount + FFP Intake & Plan Amount = Total FFP Amount

# Reporting Title IV-E Revenue – Line F1 – SEAGR Report

1. Find FFP Total Reimbursement Amount from the IV-E Remittance Advice tab of the CFC Report
  - The FFP Recovery Amount and FFP Child Support Amount are already deducted from this total
  
2. Subtract Total FFP Amount for Rule 5 Only claims
  - Use the IV-E Claims – Rule 5 Only Manage Grid Setting on the Child Foster Care Claims tab of the CFC Report to find this total
  - This is the same amount report on Line F28

Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Court Ratios
Child Court Detail	Child Court Proofing	IV-E Recoveries	IV-E Remittance Advice
N-E Maintenance Amount:	\$67,516.08	FFP Maintenance Amount:	\$34,254.45
N-E Recovery Amount:	(\$482.00)	FFP Recovery Amount:	(\$241.00)
N-E Child Support Amount:	(\$668.81)	FFP Child Support Amount:	(\$334.41)
Net N-E Maintenance Amount:	\$66,365.27	FFP Maintenance Reimbursement Amount*	\$33,679.00
N-E Intake & Plan Amount:	\$5,974.52	FFP Intake & Plan Amount:	\$2,987.29
N-E Training Amount:	\$152.05	FFP Training Amount:	\$114.04
Net N-E Administration Amount:	\$6,126.57	FFP Administration Reimbursement Amount*	\$3,101.00
		<b>FFP Total Reimbursement Amount*</b>	<b>\$36,780.00</b>

\*Annotated fields are rounded

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount
Payment Period : 2015 Q1										
					\$5,001.81	\$2,500.92	\$4,871.83	\$1,438.97	\$127.08	\$63.55
Payment Period : 2015 Q2										
					\$7,726.05	\$3,863.03	\$7,518.96	\$3,759.98	\$206.99	\$103.05
					<b>\$12,727.86</b>	<b>\$6,363.95</b>	<b>\$12,390.79</b>	<b>\$5,198.95</b>	<b>\$334.07</b>	<b>\$166.60</b>



**Any  
Questions?**

# Flipping Child Foster Care Claims



# What Makes a CFC Claim Flip?

A claim flips when something related to a Northstar and/or Title IV-E claim changes and invalidates all or part of that claim.

- ▣ The negative claim is the flipped claim
- ▣ Flipped claims reference the Original CFC Claim #
- ▣ The flipped claim & the new positive claim are not always created at the same time

Client Name <input type="text"/>											
	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Irish											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$941.10)	\$0.00	(\$941.10)	(\$781.11)	(\$159.99)
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$941.10	\$0.00	\$0.00	\$0.00	\$941.10
							\$0.00	\$0.00	(\$941.10)	(\$781.11)	\$781.11

*Note: Previously the original claim would display in Claimed Payment Proofing and a Payment Modification was needed to back out the original claim and create a new claim.*

# See Which Claims Will Flip Before You Generate

Claims flip automatically when you Generate the Child Foster Care Report.

To see which claims will flip:

- ▣ Create and Save the report header
- ▣ **DO NOT GENERATE YET**
- ▣ Run Claimed Payment Proofing
- ▣ Identify claims that will flip

*Note: Not all claims will flip automatically.*

# Why Claims Flip

- ▣ Client changes
  - ▣ PMI added or removed
- ▣ IV-E Eligibility
  - ▣ Determined and now eligible, or ended
  - ▣ Not Eligible for all Service Dates
- ▣ IV-E Reimbursability
  - ▣ Reimbursability determined or ended
  - ▣ Not Reimbursable for Service Dates
- ▣ Placement changes
  - ▣ Settings
  - ▣ Dates
  - ▣ Courtesy Supervision changed to Y
- ▣ New DOC Assessments or MAPCY Assessments Approved at a lower level
- ▣ Payment changes
  - ▣ IV-E Reimbursable Indicator
  - ▣ License #
  - ▣ IV-E sub code

*Note: These are some examples, there are many changes that may cause a claim to flip.*

# Flipped Claim Example #1

- ❑ The original CFC Claim was submitted with:
  - ❑ IV-E Claim = No (No IV-E Eligibility)
  - ❑ Northstar Claim = Yes
- ❑ IV-E Eligibility Determination completed
  - ❑ Client is IV-E Eligible for the dates of service
- ❑ Original Claim flips and creates a negative claim
- ❑ New CFC Claim created
  - ❑ IV-E Claim = Yes, Northstar Claim = Yes

Client Name <input type="text"/>											
	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Terrianne											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster	1	\$1,026.90	\$0.00	\$1,026.90	\$513.45	\$513.45
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster	1	(\$1,026.90)	\$0.00	\$0.00	\$0.00	(\$1,026.90)
							\$0.00	\$0.00	\$1,026.90	\$513.45	(\$513.45)

# Flipped Claim Example #1 cont.

Child Count Detail | Child Count Proofing | IV-E Recoveries | IV-E Remittance Advice  
 Child Foster Care Claims | Payment Proofing | Claimed Payment Proofing | Child Count Ratios

Claimed Proofing, Terrianne (4/1/2015 - 4/30/2015) Maintenance | Payment

Claim Summary  
 Client Name: Claimed Proofing, Terrianne IV-E Claim:  Yes  No Northstar Claim:  Yes  No

Vendor Payment Amount: (\$1,026.90) Eligible Amount: (\$1,026.90) Non-Eligible Amount: \$0.00  
 Total IV-E Amount: \$0.00 Total FFP Amount: \$0.00 Northstar Amount: (\$1,026.90)  
 Service Start Date: 04/01/2015 Service End Date: 04/30/2015 Warrant / Eff Date: 05/05/2015

CFC Claim #: 207645541 Maint Claim #: Legacy IV-E Claim:  Yes  No  
 Original CFC Claim #: 207618568 Payment #: 206896795 Flipped:  Yes  No  
 State Report #: 207170626

**New Claim**

Child Count Proofing | IV-E Recoveries | IV-E Remittance Advice  
 Payment Proofing | Claimed Payment Proofing | Child Count Ratios

Claimed Proofing, Terrianne (4/1/2015 - 4/30/2015) Maintenance | Payment

Client Name: Claimed Proofing, Terrianne IV-E Claim:  Yes  No Northstar Claim:  Yes  No

Vendor Payment Amount: \$1,026.90 Eligible Amount: \$1,026.90 Non-Eligible Amount: \$0.00  
 Total IV-E Amount: \$1,026.90 Total FFP Amount: \$513.45 Northstar Amount: \$513.45  
 Service Start Date: 04/01/2015 Service End Date: 04/30/2015 Warrant / Eff Date: 05/05/2015

CFC Claim #: 207645636 Maint Claim #: Legacy IV-E Claim:  Yes  No  
 Original CFC Claim #: Payment #: 206896795 Flipped:  Yes  No  
 State Report #: 207170626

**Flipped Claim**

**References Original CFC Claim #**

# Flipped Claim Example #2

- ❑ The original CFC Claim was submitted with:
  - ❑ IV-E Claim = No
  - ❑ Northstar Claim = Yes
- ❑ License # added to Payment
- ❑ Original Claim flips and creates a negative claim
- ❑ New CFC Claim created
  - ❑ IV-E Claim = Yes
  - ❑ Northstar Claim = Yes

Client Name											
	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Nell											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$920.40	\$0.00	\$920.40	\$460.20	\$460.20
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$920.40)	\$0.00	\$0.00	\$0.00	(\$920.40)
							\$0.00	\$0.00	\$920.40	\$460.20	(\$460.20)

# Flipped Claim Example #2 cont.

Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios
Claimed Proofing, Nell (4/1/2015 - 4/30/2015) Maintenance <span>Payment</span>			
Claim Summary			
Client Name: Claimed Proofing, Nell		IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No Northstar Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Vendor Payment Amount: (\$920.40)	Eligible Amount: (\$920.40)	Non-Eligible Amount: \$0.00	
Total IV-E Amount: \$0.00	Total FFP Amount: \$0.00	Northstar Amount: (\$920.40)	
Service Start Date: 04/01/2015	Service End Date: 04/30/2015	Warrant / Eff Date: 05/05/2015	
IV-E Service Type: A - Maintenance		Per Diem Type: Legacy Foster Care	
CFC Claim #: 207645536	Maint Claim #:	Legacy IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No	
Original CFC Claim #: 207618557	Payment #: 206896642	Flipped: <input checked="" type="radio"/> Yes <input type="radio"/> No	
State Report #: 207170626			

**New Claim**



Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Payment Proofing	Claimed Payment Proofing	Child Count Ratios
/30/2015) Maintenance <span>Payment</span>		
IV-E Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No Northstar Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No		
Vendor Payment Amount: \$920.40	Eligible Amount: \$920.40	Non-Eligible Amount: \$0.00
Total IV-E Amount: \$920.40	Total FFP Amount: \$460.20	Northstar Amount: \$460.20
Service Start Date: 04/01/2015	Service End Date: 04/30/2015	Warrant / Eff Date: 05/05/2015
IV-E Service Type: A - Maintenance		Per Diem Type: Legacy Foster Care
CFC Claim #: 207645631	Maint Claim #:	Legacy IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No
Original CFC Claim #:	Payment #: 206896642	Flipped: <input type="radio"/> Yes <input checked="" type="radio"/> No
State Report #: 207170626		

**Flipped Claim**  
 **References Original CFC Claim #**

# Flipped Claim Example #3

- ❑ The original CFC Claim was submitted with:
  - ❑ IV-E Claim = Yes
  - ❑ Northstar Claim = Yes
- ❑ IV-E Reimbursable changed to No on Payment
- ❑ Original Claim flips and creates a negative claim
- ❑ New CFC Claim created
  - ❑ IV-E Claim = No
  - ❑ Northstar Claim = Yes

Client Name ▲											
	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Irish											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$941.10)	\$0.00	(\$941.10)	(\$781.11)	(\$159.99)
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$941.10	\$0.00	\$0.00	\$0.00	\$941.10
							\$0.00	\$0.00	(\$941.10)	(\$781.11)	\$781.11

# Flipped Claim Example #3 cont.

Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios
Claimed Proofing, Irish (4/1/2015 - 4/30/2015) Maintenance <b>Payment</b>			
Claim Summary			
Client Name: Claimed Proofing, Irish		IV-E Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No Northstar Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Vendor Payment Amount: (\$941.10)	Eligible Amount: (\$941.10)	Non-Eligible Amount: \$0.00	
Total IV-E Amount: (\$941.10)	Total FFP Amount: (\$781.11)	Northstar Amount: (\$159.99)	
Service Start Date: 04/01/2015	Service End Date: 04/30/2015	Warrant / Eff Date: 05/05/2015	
IV-E Service Type: A - Maintenance Per Diem Type: Legacy Foster Care			
CFC Claim #: 207469504	Maint Claim #:	Legacy IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No	
Original CFC Claim #: 207353625	Payment #: 206896638	Flipped: <input checked="" type="radio"/> Yes <input type="radio"/> No	
State Report #: 207170260			

**New Claim**



**Flipped Claim**  
 **References Original CFC Claim #**

Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Payment Proofing	Claimed Payment Proofing	Child Count Ratios
4/30/2015) Maintenance <b>Payment</b>		
IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No Northstar Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No		
Vendor Payment Amount: \$941.10	Eligible Amount: \$941.10	Non-Eligible Amount: \$0.00
Total IV-E Amount: \$0.00	Total FFP Amount: \$0.00	Northstar Amount: \$941.10
Service Start Date: 04/01/2015	Service End Date: 04/30/2015	Warrant / Eff Date: 05/05/2015
IV-E Service Type: A - Maintenance Per Diem Type: Legacy Foster Care		
CFC Claim #: 207469583	Maint Claim #:	Legacy IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No
Original CFC Claim #:	Payment #: 206896638	Flipped: <input type="radio"/> Yes <input checked="" type="radio"/> No
State Report #: 207170260		

# How Payment Modifications affect Flipped Claims

- ▣ If a Payment Modification, (ex. COA changed), is completed before the CFC Report is submitted:
  - ▣ The Flipped Claim & New Claim are removed when the report is regenerated
  - ▣ A negative claim is created
    - This negative claim is marked Flipped = No because it was created from the Adjustment Reversal
  - ▣ A new claim is created using the Correcting Entry Adjustment, if all other business rules are met

*Note: Not all Payment Modifications will create new claims. Be sure to check Payment Proofing if a claim does not generate.*

# Payment Modification or Flipped Claim

Add the Flipped column to your grid to help determine which negative claims are Flipped and which negative claims are the result of a Payment Modification

Child Count Proofing		IV-E Recoveries		IV-E Remittance Advice							
Child Foster Care Claims		Payment Proofing		Claimed Payment Proofing							
		Child Count Ratios		Child Count Detail							
Client Name <input type="text"/>											
IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Flipped
Client Name : Claimed Proofing, Marco											
Basic Maintenance	12/10/2014	12/30/2014	07/01/2015	Chambersburg Family Foster Home	1	(\$455.49)	\$0.00	\$0.00	\$0.00	(\$455.49)	No
Basic Maintenance	12/11/2014	12/31/2014	07/01/2015	Chambersburg Family Foster Home	1	\$455.49	\$0.00	\$0.00	\$0.00	\$455.49	No
						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Client Name : Claimed Proofing, Marli											
Maintenance	02/01/2015	02/28/2015	04/06/2015	Chambersburg Family Foster Home	1	(\$1,143.24)	\$0.00	(\$1,143.24)	(\$571.62)	(\$571.62)	Yes
						(\$1,143.24)	\$0.00	(\$1,143.24)	(\$571.62)	(\$571.62)	
Client Name : Claimed Proofing, Mitch											
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$1,375.80)	\$0.00	(\$1,375.80)	(\$687.90)	(\$687.90)	Yes
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$1,375.80	\$0.00	\$0.00	\$0.00	\$1,375.80	No
						\$0.00	\$0.00	(\$1,375.80)	(\$687.90)	\$687.90	
Client Name : Claimed Proofing, Nell											
						\$44,179.61	(\$3,045.32)	\$43,386.56	22,037.03	(\$11,324.33)	

# Flipped Claim Example #4

- ❑ The original CFC Claim for a Group Facility (183) was submitted with:
  - ❑ IV-E Claim = Yes
  - ❑ Northstar Claim = No
- ❑ License information changed
- ❑ Original Claim flips and creates a negative claim
- ❑ No new CFC Claim created
- ❑ Payment displays in Payment Proofing

Client Name <span style="float: right;">▲</span>											
	IV-E Service Type	Service Start Date	Service End Date <span style="float: right;">▲</span>	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Nova											
	Maintenance	05/01/2015	05/31/2015	06/10/2015	Mapletree Group Home	8	(\$5,218.23)	(\$177.94)	(\$5,040.29)	(\$2,520.15)	\$0.00
							(\$5,218.23)	(\$177.94)	(\$5,040.29)	(\$2,520.15)	\$0.00

# Flipped Claim Example #4 cont.

Claimed Proofing, Nova (5/1/2015 - 5/31/2015) Maintenance Payment

Claim Summary

Client Name: Claimed Proofing, Nova IV-E Claim:  Yes  No Northstar Claim:  Yes  No

Vendor Payment Amount: (\$5,218.23) Eligible Amount: (\$5,218.23) Non-Eligible Amount: (\$177.94)

Total IV-E Amount: (\$5,040.29) Total FFP Amount: (\$2,520.15) Northstar Amount: \$0.00

Service Start Date: 05/01/2015 Service End Date: 05/31/2015 Warrant / Eff Date: 06/10/2015

IV-E Service Type: A - Maintenance Per Diem Type:

Rule Code: 8 - Child residential facility FFP Type: Minnesota

Client Details

VPA Signed Date: 03/10/2015 Cont Placement #: 207169891

CFC Claim #: 207645595 Maint Claim #: Legacy IV-E Claim:  Yes  No

Original CFC Claim #: 207618633 Payment #: 207169940 Flipped:  Yes  No

State Report #: 207170626

**Flipped Claim**

**References Original CFC Claim #**

**Payment Proofing**

Tree Data Clean-up

Claimed Proofing, Nova - 05/01/2015 -

Errors And Warnings

- License: The "Service Class" (Children's Residential Facilities) of the LNDX License must be "Child Foster Care" or "DOC-Child Foster Care."
- License: The service dates must be within the "Initial Effective Date" (05/15/2015) and the "Expiration Date" (12/31/2015) on the LNDX License.

Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios
Drag a column header here to group by that column			
Client Name	Svc Cod	Spec Cost Co	Service Start D: Service End D: Warrant/Eff D: Amount Primary Wor IV-E Reimburse
Claimed Proofing, Nova	183		05/01/2015 05/31/2015 06/10/2015 \$5,218.2 Holte, Deanni Yes
License: The "Service Class" (Children's Residential Facilities) of the LNDX License must be "Child Foster Care" or "DOC-Child Foster Care." License: The service dates must be within the "Initial Effective Date" (05/15/2015) and the "Expiration Date" (12/31/2015) on the LNDX License.			

# Flipped Claim Example #5

- ❑ The original CFC Claim was submitted with:
  - ❑ IV-E Claim = Yes
  - ❑ Northstar Claim = Yes
- ❑ Placement Date was changed to start one day later
- ❑ Original Claim flips and creates a negative claim
- ❑ No new CFC Claim created
- ❑ Payment displays in Payment Proofing

Client Name <span style="float: right;">▲</span>											
III	IV-E Service Type	Service Start Date	Service End Date <span style="float: right;">▲</span>	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Peace											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$1,257.90)	\$0.00	(\$1,257.90)	(\$628.95)	(\$628.95)

# Flipped Claim Example #5 cont.

Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice
Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios
Claimed Proofing, Peace (4/1/2015 - 4/30/2015) Maintenance <input type="button" value="Payment"/>			
Claim Summary			
Client Name: Claimed Proofing, Peace		IV-E Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No Northstar Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Vendor Payment Amount: (\$1,257.90)	Eligible Amount: (\$1,257.90)	Non-Eligible Amount: \$0.00	
Total IV-E Amount: (\$1,257.90)	Total FFP Amount: (\$628.95)	Northstar Amount: (\$628.95)	
Service Start Date: 04/01/2015	Service End Date: 04/30/2015	Warrant / Eff Date: 05/05/2015	
IV-E Service Type: A - Maintenance	Per Diem Type: Legacy Foster Care		
CFC Claim #: 207645562	Maint Claim #:	Legacy IV-E Claim: <input type="radio"/> Yes <input checked="" type="radio"/> No	
Original CFC Claim #: 207618600	Payment #: 206896823	Flipped: <input checked="" type="radio"/> Yes <input type="radio"/> No	
State Report #: 207170626			

**Flipped Claim**  
 **References Original CFC Claim #**

**Payment Proofing**

Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice			
Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios			
Client Name <input type="text" value="Claimed Proofing, Peace"/>						
Svc Code	Spec Cost Code	Service Start Date	Service End Date	Warrant/Eff Date	Amount	Primary Worker
181		04/01/2015	04/30/2015	05/05/2015	\$1,257.90	
Placement: The service dates must be within a valid Placement.						

# Tracking Flipped Claims

Use the Child Foster Care Claim Search to see claim details and track flipped claims

Client Name <input type="text"/>		IV-E Service Type <input type="text"/>										
	Service Vendor	Service Start Date	Service End Date	Warrant / Eff Date	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Flipped	
Client Name : Flipped, Celine												
IV-E Service Type : Maintenance												
	Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	\$575.98	\$0.00	\$0.00	\$0.00	\$575.98	No	
	Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	\$575.98	\$0.00	\$575.98	\$287.99	\$287.99	No	
	Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	(\$575.98)	\$0.00	(\$575.98)	(\$287.99)	(\$287.99)	Yes	

*Note: Claim details are not included in Payment Searches*

	Payment Type	Payment Status	Warrant / Eff Date	Amount	Service Vendor	Client Name	Service Start Date	Service End Date	COA Code
	Posted payment	Paid	04/20/2015	\$575.98	Chambersburg Family Foster Home	Flipped, Celine	03/01/2015	03/31/2015	11-430-710-3810-6077

# Why a New Positive Claim is not Created

If a claim flips and creates a negative claim, but does not create a positive claim automatically, the Payment may display in Payment Proofing

- ▣ Service Dates do not match Placement Dates
- ▣ No PMI for Client
- ▣ Placement Type/Setting is not valid
- ▣ COFR changed on the workgroup
- ▣ Missing or Invalid License
  - A Northstar Claim may be created if within the first six months

*Note: These are some examples, there are many other reasons a Payment displays in Payment Proofing.*

# Not Everything Can Flip

- ▣ Review error and warning messages on Claimed Payment Proofing
- ▣ Legacy IV-E Claims submitted prior to the Q1 2015 CFC report
- ▣ Still working on additional proofing to flip claims automatically

# Payment Modifications

Payment Modifications create negative claims and are not classified as Flipped claims.

To identify what claims will flip and complete Payment Modifications first:

- ▣ Create and Save the report header
- ▣ **DO NOT GENERATE**
- ▣ Run Claimed Payment Proofing to identify claims that need Payment Modifications
- ▣ Complete your Payment Modifications
- ▣ Generate the CFC Report

# Payment Modifications cont.

If you generate your report, then complete Payment Modifications, Flipped claims associated to those Payments will be removed and new negative claims will be created.

- ▣ Flipped = No for the new negative claim
- ▣ A new positive claim may be created if eligible for Title IV-E or Northstar
- ▣ If no new positive claim is created, payment may display in Payment Proofing

*Note: It is not wrong to generate the report first. Just be aware, flipped claims will no longer display as "flipped" if a Payment Modification is completed for the original claim.*



**Any  
Questions?**

# More V15.4 Changes



# Service Arrangements - Use Other Vendors Enabled

- ▣ When using Special Cost Codes
  - ▣ 03 – Transportation, non-medical
  - ▣ 04 – Transportation, medical
  - ▣ 15 – Educational transportation (Pre-K – 12 only)
  - ▣ 99 – Miscellaneous
- ▣ For Services:
  - ▣ 180 – Treatment Foster Care
  - ▣ 181 – Child Family Foster Care
  - ▣ 188 – Supervised Independent Living (18 up to 21)

# Service Arrangements - Use Other Vendors Enabled cont.

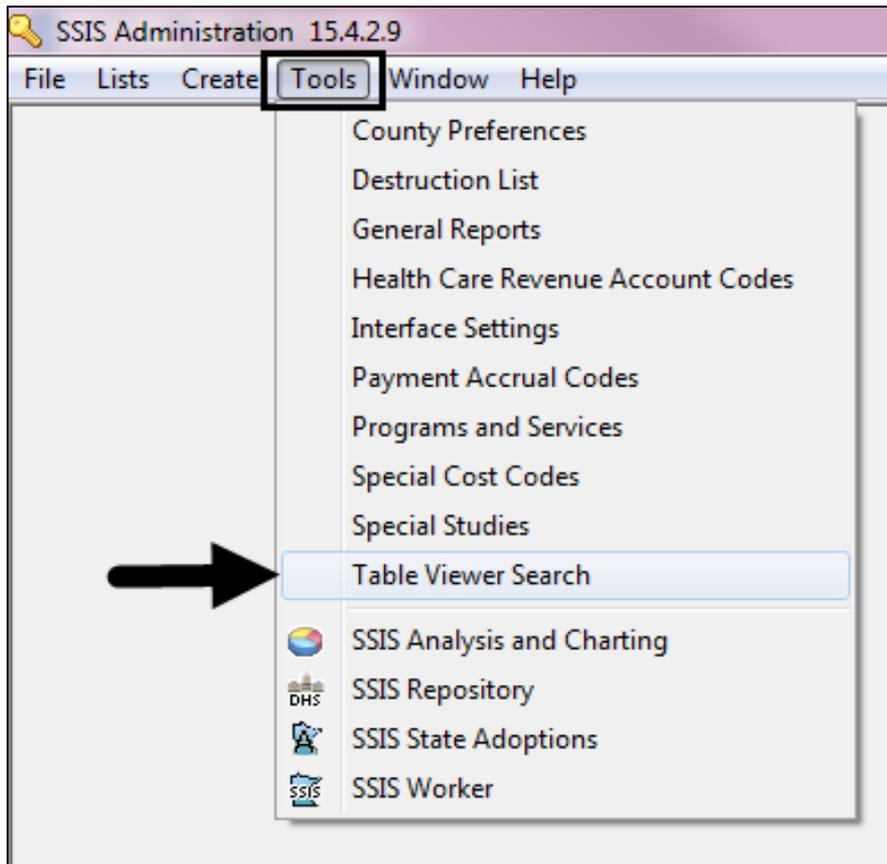
Programs and services	
Program:	100 - Child Welfare (General) <span>a/4</span>
Service:	181 - Child Family Foster Care
County sub-service:	
HCPCS/modifier:	
Location:	
Fiscal details	
Special cost code:	15 - Educational transportation (Pre-K - 12 only) <span>a/4</span>
Paying county:	
MAPCY level:	
Supplemental per diem:	
Unit type:	Mile
Units:	200.00
Rate:	\$0.5500
SEAGR Unit type:	Day
Amount:	\$110.00 <span>Calc</span>
Remaining units:	200.00
Remaining amount:	\$110.00
Chart of accounts:	11 - 423 - 710 - 3810 - 6040 <span>Child Foster Care Local Funding</span>
Service agreement:	Arrangement group:
M-E reimbursable:	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Use other vendors</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
1099:	No
Include in voucher batch:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pay client specific:	<input type="radio"/> Yes <input type="radio"/> No
Contract number:	

# BRASS Changes for 2016

- ▣ New BRASS Code
  - ▣ 457 – Child Family Psychoeducation
- ▣ Title Change (effective 01/01/2016)
  - ▣ 196 – Adoptions & Kinship
    - ▣ Formerly called - Adoptions
- ▣ Many other changes to clarify BRASS descriptions
  - ▣ Review the changes to ensure entry in SSIS and reporting is accurate
- ▣ *Bulletin 15-32-09*

# Table Viewer Search

- Access Table Viewer Search from SSIS Administration



- Must have Administer System assigned to your role to access SSIS Admin

# Table Viewer Search cont.

Use Table Viewer Search to view data in SSIS

▣ Example – Diagnosis Code Table

▣ Non-Specific Indicator & MH Billable Indicator

The screenshot shows the SSIS Administration 15.4.0.50 - [Table Viewer Search] window. The interface includes a menu bar (File, Lists, Create, Tools, Window, Help), a search bar with a dropdown for 'Searches:' and a 'Max results:' field set to 200. Below this, the 'Table Name:' is set to 'DIAGNOSIS\_CODE', and there is an 'All Records' checkbox. The 'Date Range:' is set to 'This Year', with 'Start Date' at 1/1/2015 and 'End Date' at 12/31/2015. A 'Search' button and a 'Clear' button are present. The main area displays a table with columns: DIAGNOSIS\_ID, DIAGNOSIS\_CD, DIAG\_TYPE\_CD, DIAG\_DESC, DIAG\_CD\_START\_DT, DIAG\_CD\_END\_DT, NONSPECIFIC\_IND, DIAG\_BLOCK\_ID, MH\_BILLABLE\_IND, and LAST\_CHGD\_DT. The row for 'Alcohol dependence with withdrawal with perceptual disturbance' (DIAGNOSIS\_ID: 36928205, DIAGNOSIS\_CD: F10.232) is highlighted in blue. Below the table, a detailed view of the selected record is shown, including fields for DIAGNOSIS\_ID, DIAGNOSIS\_CD, DIAG\_TYPE\_CD, DIAG\_DESC, DIAG\_CD\_START\_DT, DIAG\_CD\_END\_DT, NONSPECIFIC\_IND, DIAG\_BLOCK\_ID, MH\_BILLABLE\_IND, LAST\_CHGD\_BY, and LAST\_CHGD\_DT.

DIAGNOSIS_ID	DIAGNOSIS_CD	DIAG_TYPE_CD	DIAG_DESC	DIAG_CD_START_DT	DIAG_CD_END_DT	NONSPECIFIC_IND	DIAG_BLOCK_ID	MH_BILLABLE_IND	LAST_CHGD_DT
7327	302.85	2	GEND IDEN DIS ADOL/ADULT	1/1/1964	9/30/2015	N		Y	
7328	302.89	2	PSYCHOSEXUAL DIS NEC	1/1/1964	9/30/2015	N		Y	
7329	302.9	2	PSYCHOSEXUAL DIS NOS	1/1/1964	9/30/2015	N		N	
36938217	F18.288	4	Inhalant dependence with other inhalant-induced disorder	10/1/2015		N	62	N	
36928205	F10.232	4	Alcohol dependence with withdrawal with perceptual disturbance	10/1/2015		N	62	Y	
36928240	F14.129	4	Cocaine abuse with intoxication, unspecified	10/1/2015		N		62	N
37275590	S11.20	4	Unspecified open wound of pharynx and cervical esophagus	9/30/2015	10/1/2015	Y		216	N
36926959	R45.81	4	Low self-esteem	10/1/2015		N		206	N
36933559	F14.23	4	Cocaine dependence with withdrawal	10/1/2015		N		62	N

DIAGNOSIS\_ID: 36928205 | DIAGNOSIS\_CD: F10.232 | DIAG\_TYPE\_CD: 4 | DIAG\_DESC: Alcohol dependence with withdrawal with perceptual disturbance | DIAG\_CD\_START\_DT: 10/01/2015

DIAG\_CD\_END\_DT: | NONSPECIFIC\_IND: N | DIAG\_BLOCK\_ID: 62 | MH\_BILLABLE\_IND: Y | LAST\_CHGD\_BY: 1 | LAST\_CHGD\_DT: 08/26/2015 3:53:22 PM

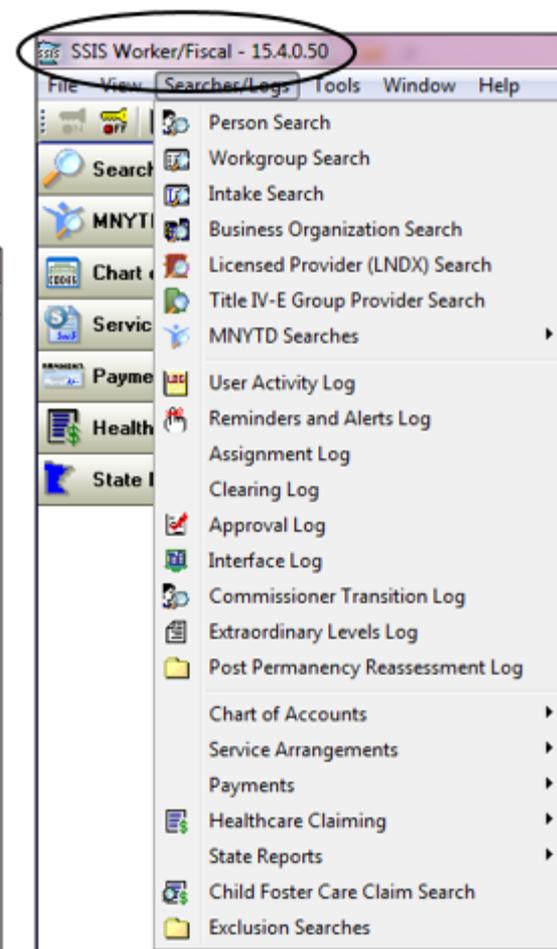
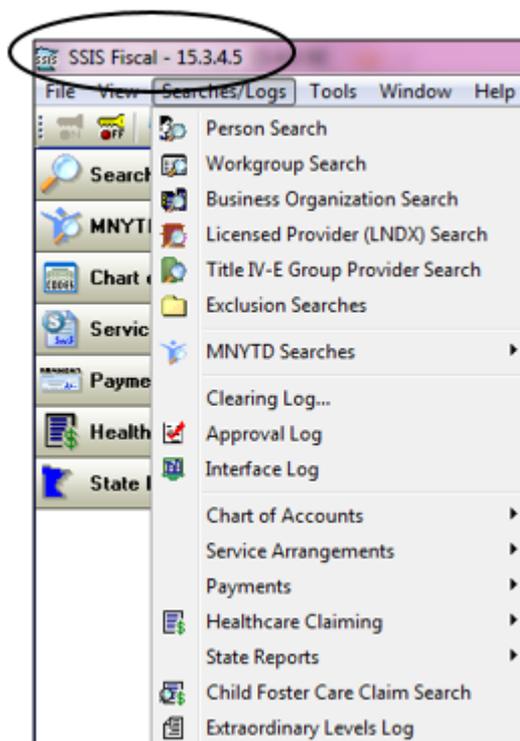
*Note: For information regarding tables and information in the tables, refer to the Data Definitions documents.*

# Searches/Logs Menu

## Reorganized & Grouped Menu Options

- 1) Searches (Worker & Fiscal)
- 2) Logs
- 3) Fiscal Tasks

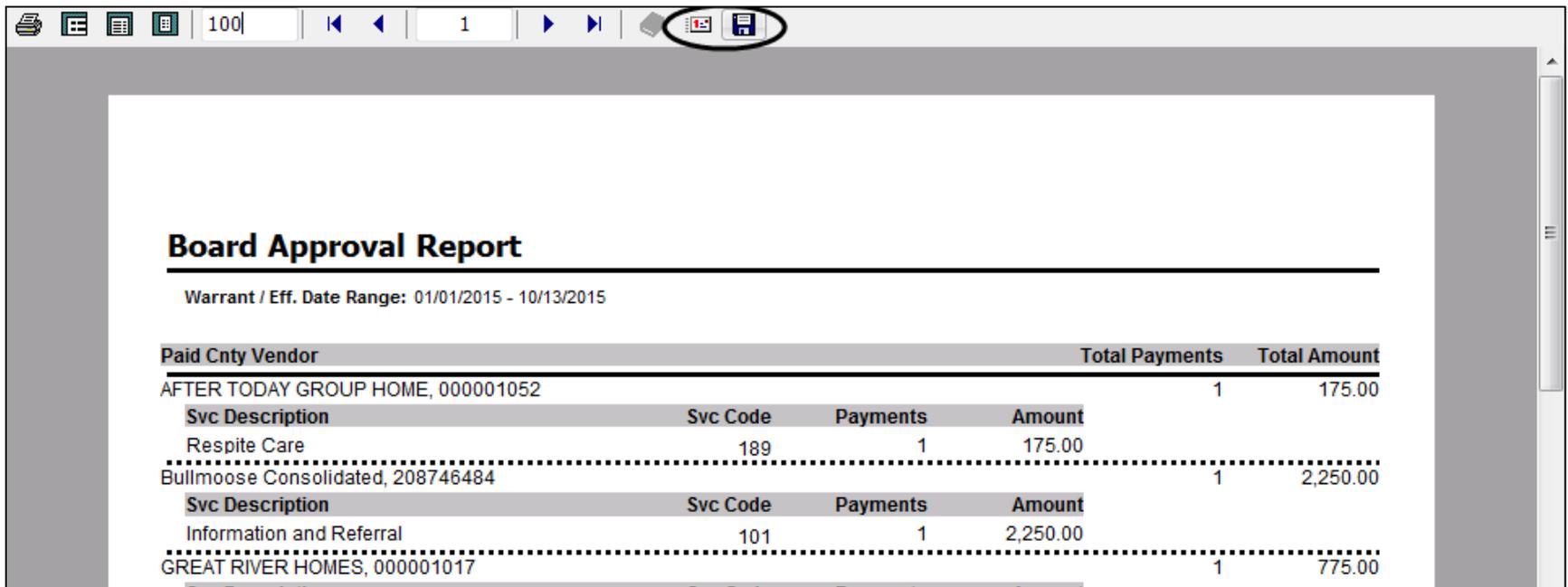
*Note: Searches, Logs & Tasks that display in the Menu are dependent on the user's Role & Functions.*



# Save to File

Another option is available to email banded reports from SSIS

- ❑ Email Report does not work for agencies that use Office 365 or Office 2013 with Windows 8



The screenshot shows a web browser window displaying a report titled "Board Approval Report". The report includes a date range filter and a table of vendor payments. The browser's toolbar shows the "Save to File" icon circled in red.

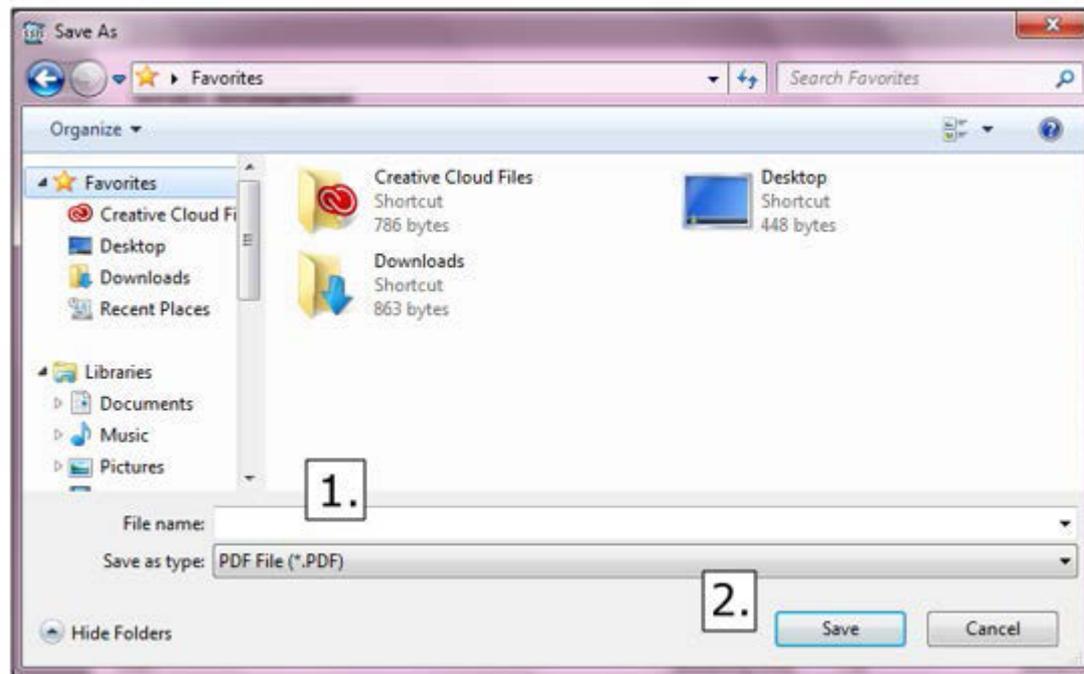
**Board Approval Report**

Warrant / Eff. Date Range: 01/01/2015 - 10/13/2015

Paid Cnty Vendor		Total Payments	Total Amount
AFTER TODAY GROUP HOME, 000001052		1	175.00
Svc Description	Svc Code	Payments	Amount
Respite Care	189	1	175.00
Bullmoose Consolidated, 208746484		1	2,250.00
Svc Description	Svc Code	Payments	Amount
Information and Referral	101	1	2,250.00
GREAT RIVER HOMES, 000001017		1	775.00

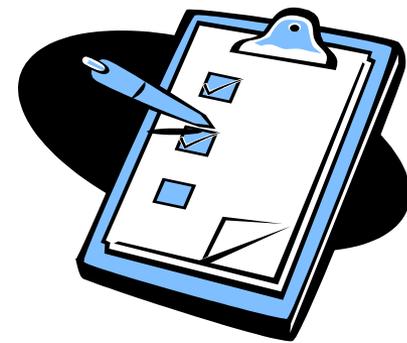
# Save to File cont.

1. Enter File name
2. Save PDF
3. Attach to email



# What should you remember?

- ▣ Healthcare Claiming
  - ▣ Regenerate Healthcare Claim Batches
- ▣ Start Q4 2015 reports now
  - ▣ Regenerate if Draft reports are created
- ▣ Review documents
  - ▣ What's New in 15.4
  - ▣ Release Notes
  - ▣ Known Defects
  - ▣ Handouts



# Start Your CFC Reports Now!



# Additional Resources

- ▣ SSIS Help Desk
  - ▣ Email – **[dhs.ssishelp@state.mn.us](mailto:dhs.ssishelp@state.mn.us)**
  - ▣ Phone – (651) 431-4801
- ▣ Northstar Policy Questions
  - ▣ Email – **[northstar.care@state.mn.us](mailto:northstar.care@state.mn.us)**
  - ▣ Phone – (651) 431-4485
- ▣ SSIS website
- ▣ Fiscal & Worker Mentors



**Any  
Questions?**

# Thank You!

