

1. The iteration showed the ability to enter time in / out with duration or with a drop down of time. If you have 9 minutes, do you just enter start and end times, correct and it will figure duration. Is that how you enter those? This is correct. If your time was 9:09 to 9:15, you would enter the 9:09 and then you could select the 9:15. We were looking for multiple ways for efficiencies in entering times.
2. Could the Service Code trigger a pre-population of the Billing Code? For example, Eligibility is TCM Unallowable. This is not necessarily the case. For example, if an SSA has a planning meeting for two people at the same time it is not billable; however if they have a planning meeting for one person it is billable.
3. Can you tell what all of the service choices are please? In accordance to the user story, they were to match the imagine process titles: Introduction, Eligibility, Discovery, Planning, Resource Management, Listening & Learning and State Hearing.
4. Since many of the SSAs participate in what we would call Admin Time for committees or general work in the office to capture "productive time" will there be the ability to capture this time as we now do and or totals for billed case notes per a specific time period. Not documenting "Administrative time" will also be a training element for County Boards. The State Auditors have indicated this to be a finding for many County Boards as this is not an Allowable or Unallowable entry and therefore should not be counted for the cost report. All entries in case notes (billable / non-billable) show up in the cost report.
5. Is there a method to gather Home Choice TCM units for the annual cost report that need to be separate from other TCM data? The Office of Medicaid is checking to see whether they will still be requiring the documentation of Home Choice units in 2015. If so, this will be added before distribution.
6. Does the system automatically calculate the units? Yes. As soon as the time is entered either by time in / out or by duration the units are calculated on SAVE.
7. Does the note field have limitations? The notes field is limited to 2000 characters.
8. Was the calendar view by individual or across individuals? What we showed in the demo was SSA's Calendar. Logged in user (SSA in our case) can see his calendar and all the case notes for all individuals entered by him per view (Day, Week, Month). A SSA Supervisor or QA can also see the Service Calendar for all SSA's.  
After the iteration Review we have also added the calendar view on Case Notes itself.

CASE NOTE - APPOINTMENT  
New Case Note

Start Time 1/13/2015 1:30 AM  
End Time 1/13/2015 2:00 AM

Duration 30 minutes  
Billing Units --

Case Note Information

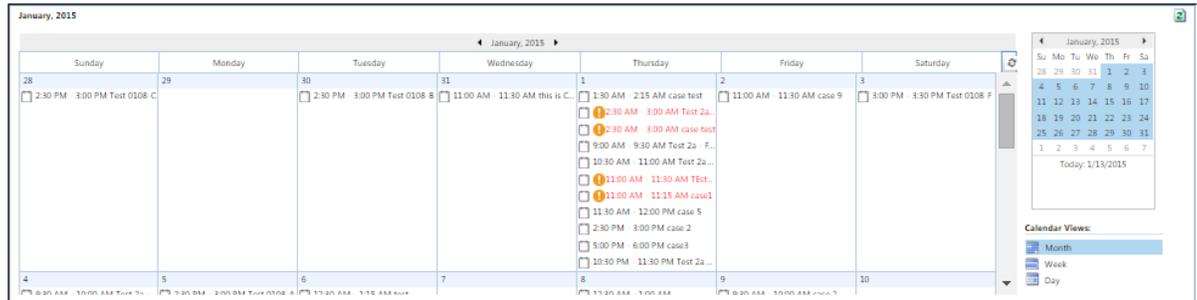
Individual Supported Martha Cimini  
Person Entering John SSA Doome  
Billing Code --  
Location --  
Service State Hearing  
Contact --

County BELM  
Case Note Status Draft  
Last Edited By --  
Last Edited On --  
Assigned QA --

Note  
--

Generated Bill File Name --

Calendar



9. Is there a way to enter a case note for one person, hit save & close, then enter a case note for a second person, without having to close out the 1st person's profile and open up the 2nd person's profile? In a future iteration we will be showing you entries from the calendar. From the calendar you could enter the person, the information, save and then go onto the next person.
10. Is QA a "role"? Yes. Assigned by the County Board. Its new role we created in CRM for doing the QA work around Case Notes (This role have access to Case Notes – Sampling, Approving Case Notes, Generate Bill File and Individual Front Page).
11. Do we have to ask for the QA role for case notes? Yes. Counties will have a designated QA. Again, this is a role not a title within your Board. It may be a lead SSA, your Medicaid Services Manager, your Business Manager – whoever reviews the case notes before they are billed to Medicaid. The County will only need to do a random sample – even if it is 5% - to mark them “ready to process”. If a county has a different process they do not feel fits with this, we can discuss it independently to see how we can help.
12. Who sets the percentage the county wishes to run the random sample by? The SSA Supervisor would set the percentage by which the random sample would be applied.
13. Who has security to do each of the tasks? Only an SSA has the security to enter, change, or adjust a case note. A QA has read only access to pull the random sample, mark ready to process, and create the bill file.
14. Are you going to make the random sample report available to run quarterly? The random sample is for any case notes that have been marked “Ready to Review” by the SSA and are not

yet marked “Ready to Process” by the QA. So whenever the QA does the Sampling the system will pull all the case notes in “Ready to Review” Status for that county. There is no pre-determined time delineation set by the application – the tool is designed to be flexible to accommodate each county’s business process. (ex – daily, weekly, monthly, quarterly etc.)

15. Is it just the QA sample case notes that have to be manually marked processed or is it all case notes? Until DODD is able to automate the submission of the case notes to eMBS, rather than the County Board doing it manually, all of the case notes “configured to a bill file” would have to be manually marked processed.

Definition of Processed in CRM: The bill file that was generated by the QA has been uploaded successfully to eMBS. Please Note: only Case Notes that are marked “Processed” by the QA are available for adjustment. We are discussing internally if there is an interim solution.

16. Will the random sample report be exportable to Excel for QA prior to approvals? The random sample actually brings up the case notes to be reviewed on the Case Notes Management Screen. The random sample, created behind the scenes and based off of sampling percentage located on the county profile, produces the case notes to be reviewed by QA.
17. When the QA role sends a reviewed case note back to draft is there a way to provide the reason for return? When the QA sets the reviewed case note back to draft, it sends a notification to the SSA. The QA can add a reason in NOTES field. (Per our discussion we will let you know if we can add CRM out of box notes field).
18. Can corrections be made to case note after billed? Only as an adjustment. Once a case note has been uploaded to eMBS (please refer to number 15 above), it should not be altered as it is a record for audit, instead we are making a second record for adjustment and processing.
19. Do we have a case note report by person and by date? SSA, QA or SSA Supervisor can run four types of reports
- View all Case Notes entered by a SSA
  - View all Case Notes entered for an Individual
  - View all Case Notes entered by Date Span
  - Single Case Note
20. Will there be a function built in to allow the SSA Director to attest to the greater than 26 units? Until DODD is able to automate the submission of the case notes to eMBS, the County Board would be downloading the bill file and attesting to them as your current process indicates.
21. Will the connection with eMBS be active before we are using this module? The automated submission to eMBS will not be connected before County Boards start to use the module, however DODD is working hard at making the connection.
22. The words TCM Billable and Non-Billable are confusing because an allowable service would not be billed if the person supported is not Medicaid eligible. Will there be a date driven method to generate the TCM, SSA Allowable units for C/R? The TCM Rule speaks to what is billable / non-billable. The Medicaid Cost Report Instructions speak to what is Allowable / Non-allowable. We can provide training to the field for clarification. The work for what bucket the unit goes into for the Cost Report is done behind the scenes based on the criteria provided to us by Clay Weidner.

23. If you make a billing adjustment, and the billing file has already been sent, how is that additional time billed? If a claim has to be adjusted, the system would go back and re-calculate the day to ensure the number of units is still correct.

Ex.

- the person had three entries for the day: 10 min, 3 min, and 8 min
- $10+3+8 = 21$  min = 1 unit (first 15 minutes equals 1 unit; the remaining 6 minutes which is less than 8 minutes is not considered as a full unit.)
- Now the SSA makes an adjustment to the 3rd case notes from 8 minutes to 12 minutes
- $10+3+12 = 25$  min = 2 unit (first 15 minutes equals 1 unit; the remaining 10 minutes which is more than 8 minutes is now considered as a full unit.)

24. Is there a time frame that an adjustment has to be done within? Medicaid requires a claim to be billed or adjusted within 330 days of the date of service.