Social Service Payments in ProviderOne and Client Responsibility

Presented by:

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Client Responsibility (CR) Agenda

- General Client Responsibility Overview
- What is Client Responsibility?
- ProviderOne Application of Client Responsibility
- Viewing Client Responsibility in ProviderOne
- Retroactive Changes to Client Responsibility Application

General Client Responsibility (CR) Overview

- The client's financial eligibility determination establishes total CR amounts.

- Clients and providers should refer to the data available in ProviderOne to determine what the client actually owes.
  - ProviderOne letters
  - Authorization list
  - Remittance Advice (RA)

General Client Responsibility (CR) Overview

- CR should not be collected prior to the month of service.

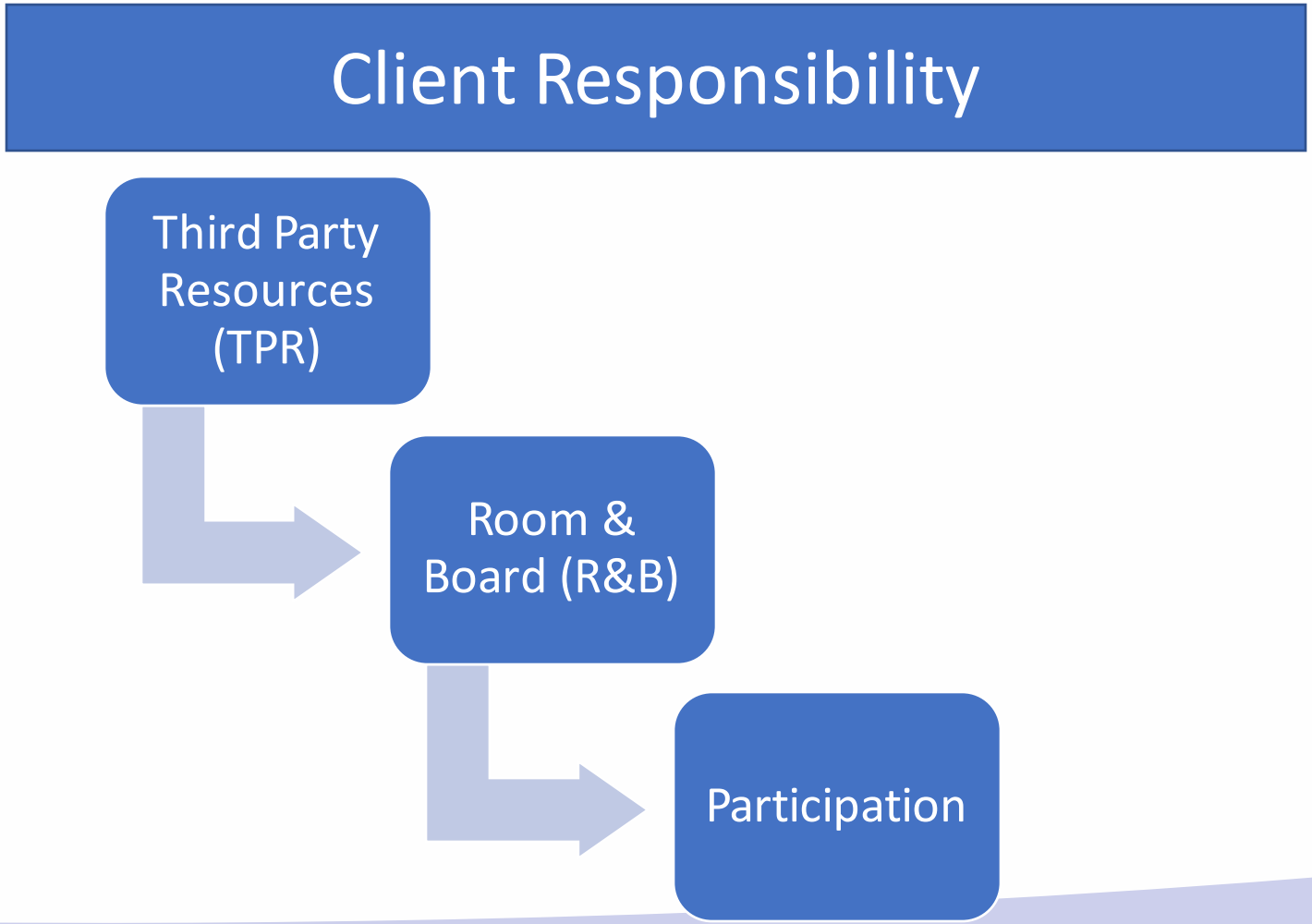
- From the payment section of the provider contract:
  - "The contractor accepts the DSHS payment amount, together with any client participation amount, as sole and complete payment for the services provided under this contract. **The contractor shall be responsible for collection of the client's participation amount (if any) from the client in the month in which services are provided."**

General Client Responsibility (CR)

- If you have questions about the CR applied to an authorization follow-up with the case manager.

- If you have questions about how CR was deducted from a claim or how to adjust a claim if CR application changed contact the Health Care Authority (HCA).

What is Client Responsibility (CR)?



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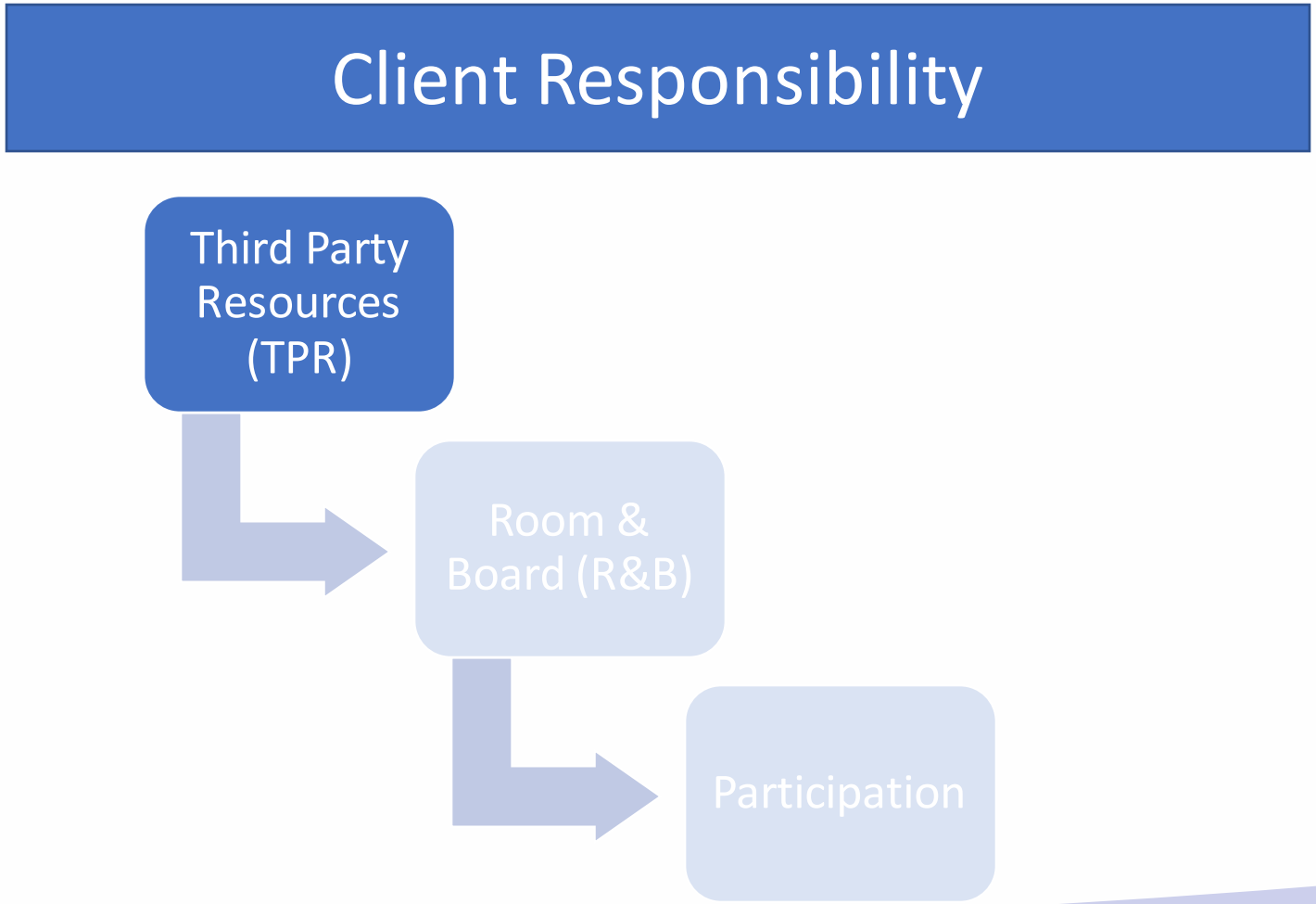

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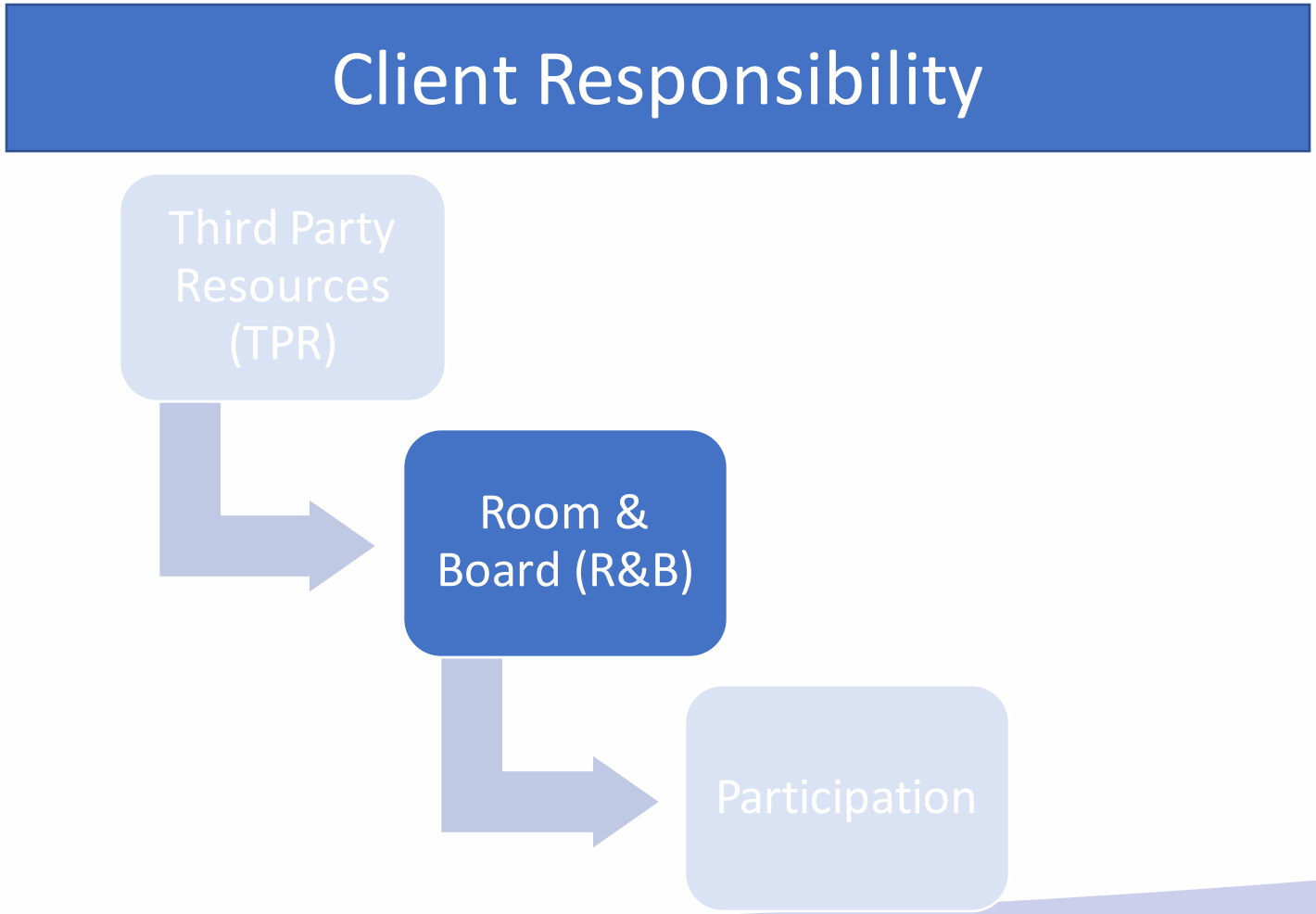
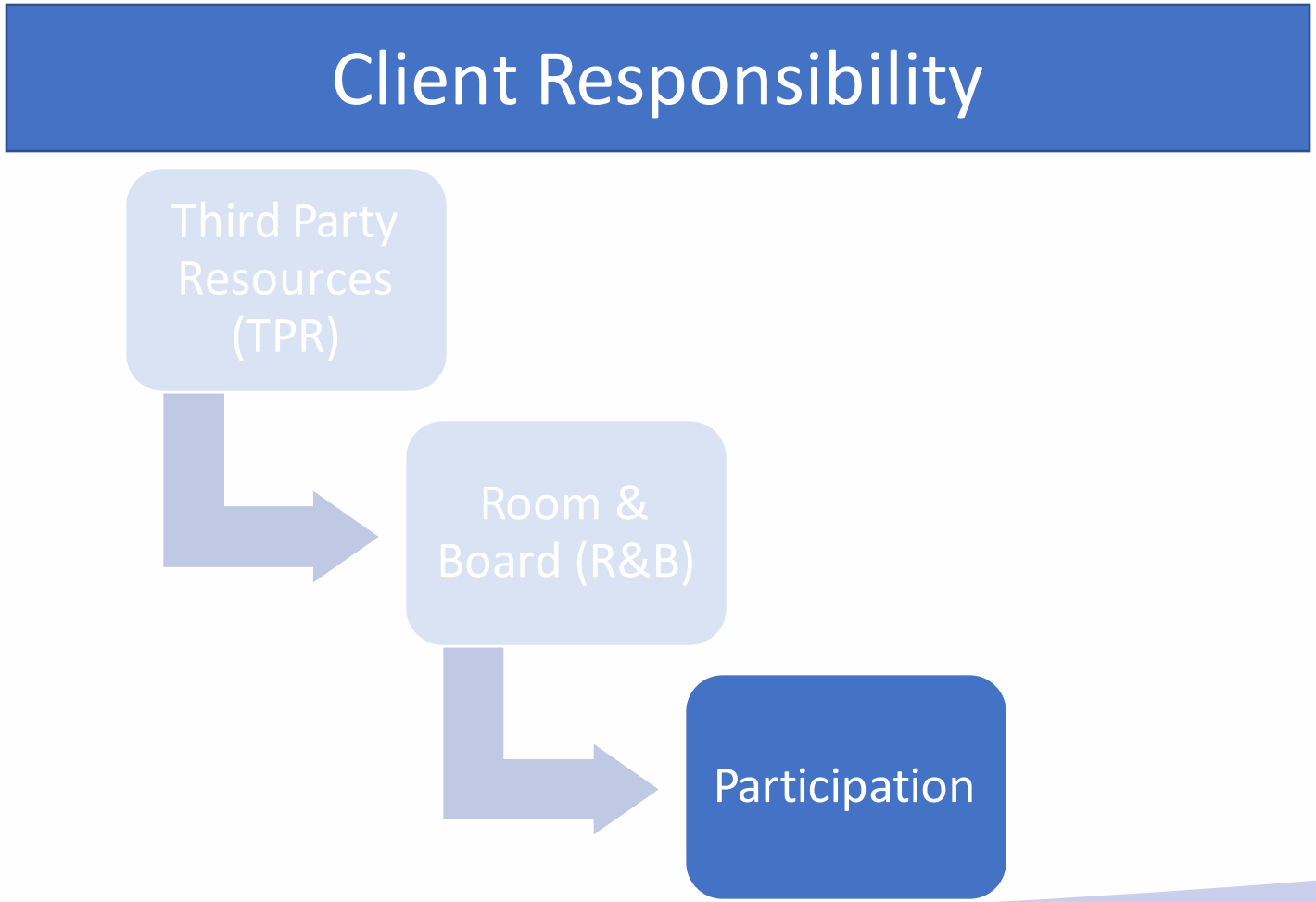


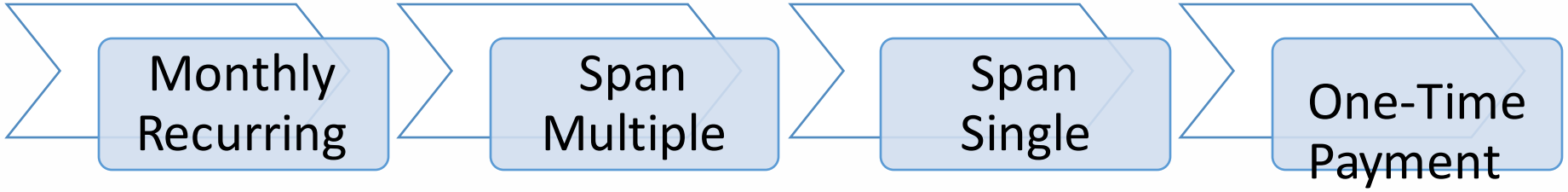
What is Client Responsibility (CR)?



ProviderOne Application of CR

TPR and **Participation** Amounts have same Hierarchy

- **First by:** Billing Type



- Only Participation, not TPR

- **Next By:** Cost of care (Highest Dollar Amount)
  - **Then by**: Date and Time Created/Entered

Room & Board is assigned by the Date and Time Entered – First Line Entered gets amount assigned

ProviderOne Application of CR

On the last night of the month, CR is assigned to open authorizations for the *Next month*. The CR balances are applied per the rules of the system.

Any changes made to authorizations during the current or past month of service may reassign TPR, R&B, and Participation to a different authorization or different authorization service line.

Viewing CR in ProviderOne

- Client responsibility data in ProviderOne:
  - ProviderOne letters
  - Authorization list
  - Remittance Advice (RA)

RA Number: 50:
Category: Paid
Warrant/EFT #:
Billing Provider: 111

RA Number: 50:
Category: Paid
Warrant/El
Billing Prov

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #
B 2 WA	5: ADSA-H 1
	5: ADSA-H 1

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Authorization Line Client Responsibility

Yr/Mo	Last Update Date	Third Party Resource	Room & Board	Participation	Tot
2021/05	2021-05-01 16:33:37	$0.00	$713.00	$2,507.00	$3,2
2021/04	2021-04-01 04:41:41	$0.00	$713.00	$2,507.00	$3,2

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Month & Year	Client Responsibility
Jun-2020	$0.00

T2031 Assist living waiver/diem from 05/29/2020 to 06/07/2020 at the rate of $87.45 per Day. Payment may be made for a maximum of (31) Day up to a maximum of $2,710.95 per month.

[redacted] is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by [redacted] includes:

Month & Year	Client Responsibility
May-2020	$13.40
Jun-2020	$612.15

T2031 Assist living waiver/diem from 06/16/2020 to 04/30/2021 at the rate of $87.45 per Day. Payment may be made for a maximum of (31) Day up to a maximum of $2,710.95 per month.

[redacted] is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by [redacted] includes:

Month & Year	Client Responsibility
Jun-2020	$100.85
Jul-2020	$100.85
Aug-2020	$100.85
Sep-2020	$100.85
Oct-2020	$100.85

Viewing CR in ProviderOne: Letters

There are 2 types of letters generated from ProviderOne that are especially relevant to CR.

- PE408 – Auth Letter
- PE418 – Retroactive Change in Client Responsibility

These letters are generated when:

- An authorization is created or modified
- Monthly client responsibility application (services that have CR applied)

Regardless of a provider's preferred method of communication a client and or their AREP receive a copy of these letters.

Viewing CR in ProviderOne: Letters

The intro of the letter identifies:

- Authorization number
- Client Name
- Client ProviderOne ID
- Provider Name

June 24, 2020

ST

SEATTLE WA 98108

RE: Authorization Number:

ProviderOne ID #: WA

Dear Center:

This is to notify you your authorization has been modified:

The e - 02 is authorized to provide the following service(s) for :

Viewing CR in ProviderOne: Letters

Each letter is authorization specific and identifies the authorization number and client (name and ID) the letter is referencing.

The authorization details included are:

- Service code
- Service name
- Authorized dates for a specific service line.
- Authorized rate
- Authorized units
- Client Responsibility specific to each authorized service line

Month & Year	Client Responsibility
Jun-2020	$0.00

T2031 Assist living waiver/diem from 05/29/2020 to 06/07/2020 at the rate of $87.45 per Day. Payment may be made for a maximum of (31) Day up to a maximum of $2,710.95 per month.

[illegible] is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by [illegible] includes:

Month & Year	Client Responsibility
May-2020	$13.40
Jun-2020	$612.15

T2031 Assist living waiver/diem from 06/16/2020 to 04/30/2021 at the rate of $87.45 per Day. Payment may be made for a maximum of (31) Day up to a maximum of $2,710.95 per month.

[illegible] is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by [illegible] includes:

Month & Year	Client Responsibility
Jun-2020	$100.85
Jul-2020	$100.85
Aug-2020	$100.85
Sep-2020	$100.85
Oct-2020	$100.85

Viewing CR in ProviderOne: Letters

Letters identify the authorizing worker because CR application is driven by changes to the social service authorization.

If you have questions about this authorization, please contact your authorizing worker.

206-

CC:

Viewing CR in ProviderOne: Letters

RE: Authorization Number: [illegible]
[illegible]
ProviderOne ID #: [illegible]

Dear / :Care

This is to notify you that the client responsibility payment owed by [illegible] has changed for a past month or months:

Previous Amount JUL-2020		Updated Amount JUL-2020	
$0.00	Third Party Responsibility (TPR)	$0.00	Third Party Responsibility (TPR)
$0.00	Room and Board	$0.00	Room and Board
$731.00	Participation	$0.00	Participation

Previous Amount AUG-2020		Updated Amount AUG-2020	
$0.00	Third Party Responsibility (TPR)	$0.00	Third Party Responsibility (TPR)
$0.00	Room and Board	$0.00	Room and Board
$731.00	Participation	$0.00	Participation

This amount may not have been applied to your payment before it was issued.

Viewing CR in ProviderOne: Authorization List

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Provider Portal > Provider Authorization List

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Provider Authorization List

Filter By : Start/End Date 07/01/2020 06/30/2021 And And Go Save Filter My Filters

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Phone Number
1 12	4	1	2	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	06/30/2021	$246.86	31	Day	Monthly Recurring	$3,220.00	05/01/2021	Approved	No Error		No		360
1 12	5	2	2	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	06/30/2021	$0.56	100	Mile	Monthly Recurring	$0.00	05/01/2021	Approved	No Error		No		360
1 8	4	8	1	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	05/01/2020	04/30/2021	$99.25	31	Day	Monthly Recurring	$713.00	04/01/2021	Approved	No Error		No		360
1 8	7	4	1	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	04/30/2021	$0.56	100	Mile	Monthly Recurring	$0.00	04/01/2021	Approved	No Error		No		360
1 6	2	3	2	WA	01	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state def	10/01/2020	03/31/2021	$153.00	31	Day	Monthly Recurring	$254.76	04/01/2021	Approved	No Error		No		360
1 6	3	2	2	WA	01	S0215	Nonemerg transp mileage	U4	M/caid care lev 4 state def	01/01/2021	03/31/2021	$0.56	50	Mile	Monthly Recurring	$0.00	04/01/2021	Approved	No Error		No		360

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Page ID: pgSSBPPRVDAuthorizationList(Social Services) Environment: UAT ID: app01_200 Server Time: 05/18/2021 02:11:34 PDT

Viewing CR in ProviderOne: Authorization List

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error	Case Manager Name	Case Manager Phone
1	2	4	1	2	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	06/30/2021	$246.86	31	Day	Monthly Recurring	$3,220.00	05/01/2021	Approved	No Error	No	360
								Nonemerg		M/caid care						Monthly				No		

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Authorization Line Client Responsibility

Yr/Mo	Last Update Date	Third Party Resource	Room & Board	Participation	Total Client Responsibility
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2021/04	2021-04-01 04:41:41	$0.00	$713.00	$2,507.00	$3,220.00
2021/03	2021-04-01 04:41:41	$0.00	$713.00	$2,507.00	$3,220.00
2021/02	2021-02-28 15:48:43	$0.00	$713.00	$2,507.00	$3,220.00

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Provider Authorization List

Filter By : Start/End Date 07/01/2020 06/30/2021 And And Go | Save Filter | My Filters

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Phone Number
1 12	4	1	2	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	06/30/2021	$246.86	31	Day	Monthly Recurring	$3,220.00	05/01/2021	Approved	No Error		No		360
1 12	5	2	2	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	06/30/2021	$0.56	100	Mile	Monthly Recurring	$0.00	05/01/2021	Approved	No Error		No		360
1 8	4	8	1	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	05/01/2020	04/30/2021	$99.25	31	Day	Monthly Recurring	$713.00	04/01/2021	Approved	No Error		No		360
1 8	7	4	1	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	04/30/2021	$0.56	100	Mile	Monthly Recurring	$0.00	04/01/2021	Approved	No Error		No		360
1 6	2	3	2	WA	01	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state def	10/01/2020	03/31/2021	$153.00	31	Day	Monthly Recurring	$254.76	04/01/2021	Approved	No Error		No		360
1 6	3	2	2	WA	01	S0215	Nonemerg transp mileage	U4	M/caid care lev 4 state def	01/01/2021	03/31/2021	$0.56	50	Mile	Monthly Recurring	$0.00	04/01/2021	Approved	No Error		No		360

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					mileage			def															
1	8	4	8	1	WA			01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	05/01/2020	04/30/2021	$99.25	31	Day	Monthly Recurring	$713.00	04/01/2021	Approved	No Error	No	360

Authorization Line Client Responsibility

Yr/Mo	Last Update Date	Third Party Resource	Room & Board	Participation	Total Client Responsibility
2021/04	2021-04-01 02:55:02	$0.00	$713.00	$0.00	$713.00
2021/03	2021-04-01 02:55:02	$0.00	$713.00	$0.00	$713.00
2021/02	2021-02-28 15:04:22	$0.00	$713.00	$0.00	$713.00
2021/01		$0.00	$0.00	$0.00	$0.00

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Viewing CR in ProviderOne: RA

RA Number: 50: Warrant/EFT #: !! Warrant/EFT Date: 07/23/2020 Prepared Date: 07/24/2020 RA Date: 07/24/2020

Category: Paid Billing Provider: 111 Page 3

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 2 WA	5: ADSA-H 1	1	167	07/01/2020- 07/01/2020	T1020 U1	1.0000	$188.02	$188.02	$0.00	$0.00	$188.02	$0.00		142 45 94 = $188.02
	5: ADSA-H 1	2	167	07/02/2020- 07/02/2020	T1020 U1	1.0000	$188.02	$188.02	$0.00	$0.00	$188.02	$0.00		142 45 94 = $188.02
			Document Total:	07/01/2020-07/02/2020		2.0000	$376.04	$376.04	$0.00	$0.00	$376.04	$0.00		
				Category Total:		2.0000	$376.04	$376.04	$0.00	$0.00	$376.04	$0.00		
				Billing Provider Total:		2.0000	$376.04	$376.04	$0.00	$0.00	$376.04	$0.00		

Retroactive Changes to CR

- ProviderOne runs daily Client Responsibility jobs when triggered. These are triggered by
  - Changes to an existing service line;
  - a new service line is created.

- If a Case Manager modifies multiple authorizations on the same day and the Cost of Care becomes higher for a different authorization or service line then ProviderOne will assign CR to the auth with the highest **cost of care.**

Retroactive Changes in CR: What to do

If the client's CR application has changed (removed from an authorization service line or added to a new authorization service line) then you will need to **adjust any paid claims associated to that service line**.

- You can look up your claims by authorization number and you can see which claims are associated to specific months of service.
- If you have multiple claims for a single month of service you may need to look at your RA to determine which specific TCNs need to be adjusted.
- If the TOTAL amount of CR a client owes you for past months is reduced you will need to refund the client the difference.

Retroactive Changes in CR: What to do

- You can reduce the risk of issues related to changes in CR application by reporting when the client leaves your facility as soon as possible.
- When a case manager has to make a change to an authorization after you have already submitted claims you increase the risk that your paid claims will need to be adjusted.
- If you need assistance adjusting your paid claims after there has been a change in CR application you can contact the Health Care Authority (HCA) for assistance.

Long-Term Care Foundation

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Thank you for your time!

Questions?

shereice@ltcfwa.org