



Webinar Agenda

- ✓ Terminology
- ✓ Waiver Service Validation IS
- ✓ Waiver Service Validation IS NOT
- ✓ Philosophy – “The Why”
- ✓ Validation Process
- ✓ Calculations
- ✓ Discrepancies Requiring Follow-up
- ✓ Case Examples
- ✓ Sample Case Notes
- ✓ CountyCare Expectations





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Waiver Terminology (for this Presentation)

- **Claims** – written request for payment of services rendered
- **HDM** – Home Delivered Meals
- **PA** – Personal Assistant
- **PA Voucher** – PA payment record
- **Provider** – HFS approved Waiver Provider Agency
- **Service Type** – Waiver Program-specific Covered Service (ADS, HDM, Homemaker, Respite, etc)
- **webCM** – DRS Case Management System

Waiver Service Validation IS

Documented validation that the services you ordered are being delivered:

- by the Provider you intended
- is the Service Type you intended
- for the number of hours/days you intended

Validation:

- Checking or proving the validity or accuracy of something
- Substantiate; confirm

Waiver Service Validation IS NOT


- Member satisfaction with services
- Documenting the number of hours/units on the service plan

Why We Do Waiver Service Validation

- Based on a comprehensive assessment, **you have determined what services the member needs** to remain as independent as possible and in the community as long as the member desires
- Just because you have it written on the service plan does not mean the member is getting it. **Be sure they are getting it.**
- The Care Manager is the lead and owner of the case. **Take ownership.** Own the Service Plan. You are responsible for following up to ensure the member receives what you ordered.



Waiver Service Validation Process



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Process

Prior to Member F2F

- Review current service plan details
- Review claims/PA vouchers submitted since last visit
- Complete calculations and compare
- Identify discrepancies

Discrepancy Research

- Review Provider Communications since the last member visit
- Review member contacts since last visit (vacations, etc)
- Review auths, medical claims, and hospital admits
- Review CountyCare eligibility for gaps in coverage

At the Member F2F

- Confirm your waiver service review/findings with member/family
- Follow-up with member/family on discrepancies and gaps in service

Update the SP as Needed

- Follow-up with Provider(s) as needed depending on discrepancies identified
- Update/adjust the service plan as needed

Calculations




- **PA Voucher Calculation**
 - Add the total amount paid to the PA each month, typically 2 payments. Divide the total amount by \$13.00 (\$19.00 for overtime) to get the number of hours paid. Compare the number of hours paid to the service plan hours.
- **Provider Agency Claims Calculation**
 - Add the units submitted by the provider over the course of the month to get the total monthly units. Compare the monthly units submitted by the provider to the monthly units authorized on the service plan. (homemaker service 1 hour = 4 units).

Discrepancies That Require Follow-up

- **Difference in the Service Type**
 - Service plan: EHRS and ADS; Claims: EHRS, ADS and HDM
 - Service plan: Homemaker and EHRS; Claims: Homemaker
- **Difference in Provider Name/Organization**
 - Service plan: Robert Smith (PA); PA Vouchers: Tony Allen (PA)
 - Service plan: Casa Central ADS; Claims: Catholic Charities ADS
- **Difference in Hours/Units**
 - Service plan: Supported Employment 4 units/week; Claims: 1 unit/week
 - Service plan: Homemaker 200 units/month; Claims: 350 units/month
- **Gaps in services**
 - Member had claims in April, June, and July. Missing May.



Waiver Service Validation Examples



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Example #1 – Service Plan

Agencies

Service, Type and History

1. ☒ No Change ☐ New Service ☐ Service Amount Change ☐ Service Type Change

Resource Type: Homemaker Services - Homemaker Services	Units per Month: 312.00	Hours per Month: 78.00	Rate per Hour: \$18.75	Cost per Month: \$1,462.50
Agency Name: Help at Home	Phone: (312) 762-0900	Authorization start Date: 05-22-2018	Authorization End Date: 08-31-2018	
Back up Plan: Help at Home	Back up Phone: (312) 762-0900	Procedure Code: S5130	Authorization Number: 00000000000000	
I was given a choice of service providers and I have made my selection or I wish to have the care coordinator assign me a provider. Signature: 		Date: 05-22-2018	Special Note To Agency:	

Example #1 – Claims (Help at Home)

Status	Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Units
P	05/01/2018	12	S5130	S5130	S5130	12
P	05/02/2018	12	S5130	S5130	S5130	12
P	05/03/2018	12	S5130	S5130	S5130	12
P	05/04/2018	12	S5130	S5130	S5130	12
P	05/07/2018	12	S5130	S5130	S5130	12
P	05/08/2018	12	S5130	S5130	S5130	12
P	05/09/2018	12	S5130	S5130	S5130	12
P	05/10/2018	12	S5130	S5130	S5130	12
P	05/11/2018	12	S5130	S5130	S5130	12

Status	Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Units
P	05/14/2018	12	S5130	S5130	S5130	12
P	05/15/2018	12	S5130	S5130	S5130	12
P	05/16/2018	12	S5130	S5130	S5130	12
P	05/17/2018	12	S5130	S5130	S5130	12
P	05/18/2018	12	S5130	S5130	S5130	12
P	05/21/2018	12	S5130	S5130	S5130	12
P	05/22/2018	12	S5130	S5130	S5130	12
P	05/23/2018	12	S5130	S5130	S5130	12
P	05/24/2018	12	S5130	S5130	S5130	12
P	05/25/2018	12	S5130	S5130	S5130	12
P	05/29/2018	12	S5130	S5130	S5130	12
P	05/30/2018	12	S5130	S5130	S5130	12
P	05/31/2018	12	S5130	S5130	S5130	12

Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Units
06/01/2018	12	S5130	S5130	S5130	12
06/04/2018	12	S5130	S5130	S5130	12
06/05/2018	12	S5130	S5130	S5130	12
06/06/2018	12	S5130	S5130	S5130	12
06/07/2018	12	S5130	S5130	S5130	12
06/08/2018	12	S5130	S5130	S5130	12
06/12/2018	12	S5130	S5130	S5130	12
06/13/2018	12	S5130	S5130	S5130	12
06/14/2018	12	S5130	S5130	S5130	12
06/15/2018	12	S5130	S5130	S5130	12
06/18/2018	12	S5130	S5130	S5130	12
06/19/2018	12	S5130	S5130	S5130	12
06/20/2018	12	S5130	S5130	S5130	12
06/25/2018	12	S5130	S5130	S5130	12
06/26/2018	12	S5130	S5130	S5130	12
06/27/2018	12	S5130	S5130	S5130	12
06/28/2018	12	S5130	S5130	S5130	12
06/29/2018	12	S5130	S5130	S5130	12

Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Units
07/02/2018	12	S5130	S5130	S5130	12
07/03/2018	12	S5130	S5130	S5130	12
07/05/2018	12	S5130	S5130	S5130	12
07/06/2018	12	S5130	S5130	S5130	24
07/09/2018	12	S5130	S5130	S5130	12
07/10/2018	12	S5130	S5130	S5130	24
07/11/2018	12	S5130	S5130	S5130	12
07/12/2018	12	S5130	S5130	S5130	12
07/13/2018	12	S5130	S5130	S5130	12
07/16/2018	12	S5130	S5130	S5130	12
07/17/2018	12	S5130	S5130	S5130	12
07/18/2018	12	S5130	S5130	S5130	12
07/19/2018	12	S5130	S5130	S5130	12
07/20/2018	12	S5130	S5130	S5130	12
07/23/2018	12	S5130	S5130	S5130	12
07/24/2018	12	S5130	S5130	S5130	12
07/25/2018	12	S5130	S5130	S5130	12
07/26/2018	12	S5130	S5130	S5130	12
07/30/2018	12	S5130	S5130	S5130	12
07/31/2018	12	S5130	S5130	S5130	20

Example #1 - Comparison

	Service Plan Homemaker– Help at Home	Claims	Discrepancy
May	312 units	108 + 156 = 264 units	-48 units
June	312 units	216 units	-96 units
July	312 units	272 units	-40 units

Example #1 – Case Note Sample

- Waiver Service Validation is included as part of your member contact note.
- “Claims review confirmed member received homemaker services from Help at Home in May (264 units), June (216 units), and July (272 units). Member was asked about services in June which were well below the intended number of hours. Member noted that family was in town visiting the 3rd week in June and she did not need services at that time. Member states she is satisfied with the homemaker in place through Help at Home....etc.”

Example #2 – Service Plan

Service, Type and History

1. ☒ No Change ☐ New Service ☐ Service Amount Change ☐ Service Type Change

Resource Type: Personal Care - Personal Assistant	Units per Month: 858.00	Hours per Month: 214.50	Rate per Hour: \$13.00	Cost per Month: \$2,788.50
Agency Name: Kevin Green	Phone: [REDACTED]	Authorization start Date: 05-04-2018	Authorization End Date: 11-30-2018	
Back up Plan: Anastasia Flores	Back up Phone: [REDACTED]	Procedure Code: S5125	Authorization Number: 00000000	
I was given a choice of service providers and I have made my selection or I wish to have the care coordinator assign me a provider. Signature: [REDACTED]		Date: 05-04-2018	Special Note To Agency:	
Confirmed Started On:		Provider NPI:		

2. ☒ No Change ☐ New Service ☐ Service Amount Change ☐ Service Type Change

Resource Type: Home Delivered Meals - Home Delivered Meals	Units per Month: 124.00	Hours per Month: 31.00	Rate per Hour: \$15.00	Cost per Month: \$465.00
Agency Name: American Accord	Phone: (000) 000-0000	Authorization start Date: 05-04-2018	Authorization End Date: 11-30-2018	
Back up Plan: American Accord	Back up Phone: (000) 000-0000	Procedure Code: S5170	Authorization Number: 00000000	

Example #2 – PA Service Plan in webCM

Managed Care Service Plan for [REDACTED] : 05/11/2018

Provided Services

There is no Provided Services reported.

Estimated Costs

Service	Rate/Amount	Weekly Hours	Monthly Hours	Monthly Cost
Personal Assistant	\$13.00	49.31	214.50	\$2,788.50

Total Cost: \$2,788.50

SCM: \$3,616.00

Total DON: 60

Certification

Disability Certification: Not Found

Medicaid: Not Found

RIN: [REDACTED]

Customer meets DON score eligibility: PASS

Meets Service Cost Maximum or has exceptional rate: PASS

Photo Verification

Photo Verification Date: 09/06/2011

Photo Verification Type: Case file contains personal photograph and other form of id

Period

Eligibility Start Date: 05/03/2018

Document History

Example #2 – PA Vouchers in webCM

Paid Vouchers for [REDACTED]

Fiscal Year: 2018
 Authorization #
 Service Description Code:

Paid Vouchers List

Service From Date↑	Code↑	Description↑	Authorization #↑	Voucher #↑	Vendor Name↑	Amount↑
06/16/2018	04150	PA	7023751230	6500023	GREEN, KEVIN	\$1,026.87
06/16/2018	04150	PA	7023751231	6500023	FLORES, ANASTASIA	\$353.34
06/01/2018	04150	PA	7023751232	6500001	GREEN, KEVIN	\$1,037.79
06/01/2018	04150	PA	7023751233	6500001	FLORES, ANASTASIA	\$343.98
05/16/2018	04150	PA	7023751234	6600013	GREEN, KEVIN	\$1,042.99
05/16/2018	04150	PA	7023751235	6600013	FLORES, ANASTASIA	\$347.75
05/01/2018	04150	PA	7023751236	6600011	GREEN, KEVIN	\$1,037.53
05/01/2018	04150	PA	7023751237	6600011	FLORES, ANASTASIA	\$352.56

Paid Vouchers List

Service From Date↑	Code↑	Description↑	Authorization #↑	Voucher #↑	Vendor Name↑	Amount↑
08/16/2018	04150	PA	7023751222	6500009	GREEN, KEVIN	\$1,038.96
08/01/2018	04150	PA	7023751223	6500006	GREEN, KEVIN	\$1,039.09
08/01/2018	04099	PA OVERTIME @ 1.5	7023751224	6500006	GREEN, KEVIN	\$60.06
07/16/2018	04150	PA	7023751225	6500003	GREEN, KEVIN	\$962.39
07/16/2018	04099	PA OVERTIME @ 1.5	7023751226	6500003	GREEN, KEVIN	\$251.16
07/01/2018	04150	PA	7023751227	6500002	GREEN, KEVIN	\$1,117.61
07/01/2018	04099	PA OVERTIME @ 1.5	7023751228	6500002	GREEN, KEVIN	\$83.07
07/01/2018	04150	PA	7023751229	6500002	FLORES, ANASTASIA	\$213.85
Total Expenses:						\$4,766.19

Example #2 - Claims (American Accord)

Name	Address	City	State	Zip Code	ID
AMERICAN ACCORD FOOD CORP	PO BOX 497182	CHICAGO	IL	60649	202989611-001

COB Information

Coverage Layer	Other Coverage Member ID	Other Coverage Member Name	Other Coverage Birth Day	Other Coverage Group ID
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Claim Info

Assignment	Pat Acct #	Rec Dt.	Prior Auth Num	Outside Lab	Accident Info	Diag 1
Provider	DATA NOT SUPPLIED	6/14/2018	2017081724246	N	N	Z049 (10)

Treatment

Financial	Clinical	Accumulators	COB	Payer Compass								
Line	Status	Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Mod(1)	Mod(2)	Mod(3)	Mod(4)	Diag Ptr	Units
1	P	05/01/2018	12	S5170	S5170	S5170					1	62

Financial	Clinical	Accumulators	COB	Payer Compass								
Line	Status	Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Mod(1)	Mod(2)	Mod(3)	Mod(4)	Diag Ptr	Units
1	P	06/01/2018	12	S5170	S5170	S5170					1	60.00

Financial	Clinical	Accumulators	COB									
Line	Status	Svc Date	POS	Sub Proc	Adj Proc	Pay Proc	Mod(1)	Mod(2)	Mod(3)	Mod(4)	Diag Ptr	Units
1	R	07/01/2018	12	S5170	S5170	S5170					0	62


Example #2 – Comparison

	Service Plan PA – Kevin Green	PA Voucher	Discrepancy
May	858 units/214.50hrs	$\$2,780.83/\$13 = 213.91\text{hrs}$	-.59 hrs
June	858 units/214.50hrs	$\$2,761.98/\$13 = 212.46\text{hrs}$	- 2.04 hrs
July	858 units/214.50hrs	$\$2,293.85/\$13 = 176.45\text{hrs}$ + $\$334.23 \text{ (OT)}/\$19 = 17.59\text{hrs}$ = 194.04hrs total	-20.46 hrs

	Service Plan HDM–American Accrd	Claims American Accord	Discrepancy
May	124 units	62 units	-62 units
June	124 units	60 units	-64 units
July	124 units	62 units	-62 units

Example #2 – Case Note

- Waiver Service Validation is included as part of your member contact note.
- “PA Vouchers confirm that PA services were provided to member by Kevin Green and Anastasia Flores in May (213.91 hrs), June (212.46 hrs), and July (194.04 hrs which included OT hrs). Member reports K. Green worked OT hours due to _____. Education conducted with member around OT policy and consequences.”
- “Claims review confirm American Accord provided meals to the member in May (62 units), June (64 units), and July (62 units). Member confirmed she is receiving 2 meals/day. Care Coordinator will correct Service Plan to accurately reflect HDM being provided to the member. Member is satisfied with meals.”



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Expectations

- Prior to each scheduled member contact, review the Claims/PA vouchers submitted and compare to the service plan to validate consistency, down to the unit level
- Validation is done with every Service Type, not just homemaker and PA, and is documented
- Discrepancies btw the service plan and what shows in claims for Service Type and the Provider Name requires follow-up
- Hours/units being provided to the member above or below the approved hours (equivalent to 1 week of service), requires follow-up and should be addressed with the providers involved
- An explanation for gaps in service must be documented (member on vacation, in the hospital, out of the home, etc)
- In the absence or delay of provider claims, contact with the provider to establish what they have provided to the member is required
- Update the service plan as necessary to address/correct the discrepancies

CountyCare HCBS Contacts

- CountyCare Centralized Waiver Inbox
 - countycarewaivers@cookcountyhhs.org
- Marcy Elamin, LTSS Program Manager
 - melamin@cookcountyhhs.org
 - 312-466-2955



Thank You!



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