

## DEPARTMENT OF SOCIAL SERVICES

## DIVISION OF FAMILY SERVICES

P.O. BOX 88

JEFFERSON CITY, MISSOURI

July 14, 2003

MEMORANDUM

TO: ALL CHILDREN'S SERVICES STAFF

FROM: DENISE CROSS, DIRECTOR

SUBJECT: NEW SYSTEM EDITS REGARDING DUPLICATE PAYMENTS THROUGH CHILDREN'S SERVICES INTEGRATED PAYMENT SYSTEM (CSIPS)

The purpose of the memorandum is to inform staff that effective July 15, 2003, new system edits will be in place to prevent duplicate payments and overpayments from occurring in CSIPS. This change was a recommendation from the Missouri Results Initiative (MRI) Payment Team that was developed with the purpose of providing more timely and accurate payment to our providers. In addition to preventing duplicate payments, the decision was made to also set monthly caps on the maximum number of units/days that could be paid per specific service codes. These caps are based upon current maximums or number of service days in a month. For example, for residential treatment payments, the system will now only allow a payment to be entered for the number of days the child is shown placed in an residential (RFA) placement. If additional payments that exceed the number of days placed in an RFA placement are attempted, it will produce an error message. Any requests to pay more than the allowed number of units per month must be done on a CS-65 and sent through Area Office to Central Office with documentation explaining why the additional services are warranted.

Below is a breakdown of the new system edits and the monthly caps that have been set for each service code.

**DEFINITIONS:**

**Standard Duplicate Payment Check:** when a payment is made either via the CS-65 or CS-65A, the system will look for an exact duplicate payment to include: DCN, DVN, service month, service code and total amount. If a match is found, an error message will be displayed and the payment will not be allowed.

**Rolling Year:** a twelve month period (including current service month) that looks back at the previous 12 months (example, 4/03 back to 5/02).

### **PAYMENT EDITS BY PROGRAM AREA**

**1.) Residential Treatment Program Area: (will be subject to the standard check)**

plus payment of any combination of the following service codes can only be equal to or less than the number of days the child is showing placement in an RFA placement on ZPLA. For example, if the child was placed on 4-1-03 in an RFA placement and then moved to a career home on 4-15-03, the system will only allow 14 days of residential treatment payments to be made for that service month.

EMER  
MODR  
SEVR  
PSYR  
INTD  
MATR  
MATI  
FFRS

The service codes ARCR, ASRT and RTAD can only be entered if a corresponding RT payment using one of the above service codes has already been entered for that service month.

**2.) Daycare Program Area (will be subject to the standard check) plus:**

When paying any combination of daycare service codes (FINF, CPXH, GSAP, etc.), the total number of units (days) paid cannot exceed **23** in a service month. Requests for payment for any additional days will have to be sent to Central Office via CS-65 with an explanation.

**3.) CT Program Area/Supplementary CTS Service Codes (no standard check):**

These service codes may continue to be authorized through the SEAS system, but only for the maximum units indicated below. If an authorization is completed for more than the allowed number of units, when the CS-65A invoice is entered, the system will only allow the maximum units indicated below to be paid. Any additional units will have to be paid via the CS-65 and sent to Central Office with an explanation as to why these additional units were necessary. These caps were determined based on limits set forth by Missouri Medicaid policy:

**Unit= 1 hour**

PRAD	payments can only be less than or equal to <b>40</b> units per DCN per month
HOMK	payments can only be less than or equal to <b>23</b> units per DCN per month
PECB	payments can only be less than or equal to <b>12</b> units per DCN/DVN/month
RECR	payments can only be less than or equal to <b>80</b> units per DVN per month

RSCR	payments can only be less than or equal to the number of days in the service month per DCN
FMAS	payments can only be less than or equal to <b>50</b> units per DCN per month
CASA	standard check only

**Unit= 1 day**

DTRP/DTRS Any payments of the service codes DTRS and DTRP must be less than or equal to **23** units (days) per month.

CRNU maximum of 30 days per rolling 12 month period

CRNT max \$500 per DCN per 6 month rolling period

**4.) CT Program Area/Psychology/Counseling Codes:** Will not be subject to the standard check, but will only be subject to the following caps:

**Unit= 1/2 hour**

FPCO	max 10 units per month per DCN	No combination of these can exceed 10 units/month/DCN
FSCO	max 10 units per month per DCN	
FPWO	max 10 units per month per DCN	
FSWO	max 10 units per month per DCN	
FPCH	max 10 units per month per DCN	No combination of these can exceed 10 units/month/DCN
FSCH	max 10 units per month per DCN	
FPWH	max 10 units per month per DCN	
FSWH	max 10 units per month per DCN	
ITPO	max 10 units per month per DCN	No combination of these can exceed 10 units/month/DCN
ITSO	max 10 units per month per DCN	
ITSH	max 10 units per month per DCN	
ITPH	max 10 units per month per DCN	
GTPO	max 15 units per month per DCN	No combination of these can exceed 15 units/month/DCN
GTSO	max 15 units per month per DCN	
CIPO	max 12 units per DCN/DVN per rolling year	No combination of these can exceed 12 units per DCN/DVN per rolling year
CISO	max 12 units per DCN/DVN per rolling year	
CIPH	max 12 units per DCN/DVN per rolling year	
CISH	max 12 units per DCN/DVN per rolling year	
ASPA	max 8 units per DCN/DVN per rolling year	No combination of these can exceed 8 units/DCN/DVN/year
ASSA	max 8 units per DCN/DVN per rolling year	
ASPB	max 8 units per DCN/DVN per rolling year	
ASSB	max 8 units per DCN/DVN per rolling year	

TEPA	max 8 units per DCN/DVN per rolling year	No combination of these can exceed 8 units/DCN/DVN/year
TEPB	max 8 units per DCN/DVN per rolling year	

**All other service codes that are paid as program area CT and vendor type CT will be subject to the Standard Duplicate Payment Check.**

**5.) Alternative Care Payments (AC PROGRAM AREA)**

**Service codes with policy specified upper limits:** If payments are entered that exceed these limits, an error message will appear. Staff then needs to review payment history for accuracy. Any request to pay over these limits needs to be sent through Area Office to Central Office with an explanation.

FHEM – System will not pay more than the number of days in the month.

AVAL – System will not pay more than the number of days in the month.

FCMS – System will not pay more than the number of days in the month.

ADCM – System will not pay more than the number of days in the month.

CENT – System will not pay more than \$100 per month per DCN.

INFT – System will not pay more than \$50.00 per month per DCN

PPMN – System will not pay more than \$100 per month per DCN

CLTH - \$250 per DCN per year for youth age 13 and over  
 \$200 per DCN per year for youth age 6 -12  
 \$150 per DCN per year for youth age 0 – 5

**ALL OTHER PROGRAM AREA AC PAYMENTS WILL BE SUBJECT TO THE STANDARD DUPLICATE PAYMENT CHECK ONLY.**

**6.) Payments for multiple Program Areas:**

A DCN cannot receive payments for the service codes EMER, MODR, SEVR, PSYR, MATR, MATI, FFRS, INTD, DTRS, DTRP in any combination of units greater than the number of days in the service month.

If staff tries to make payments for MAIN, FHEM, BHFC, MDFC **and** any of the residential service codes (EMER, MODR, SEVR, PSYR, MATR, MATI, FFRS, INTD) have already been previously paid for the same service month, the following error message will be displayed:

“DCN receiving main and residential in same month, please verify”

Staff is to verify by checking payment history (ZPAY) and placement history (ZPLA) to ensure that the payment amount is correct. If it is determined that it is accurate, then staff can type "YES" to verify and make the payment.

**ANY OTHER SERVICE CODES NOT SPECIFICALLY MENTIONED IN THIS MEMORANDUM ARE SUBJECT TO THE STANDARD DUPLICATE PAYMENT CHECK.**

**New payment inquiry screen:**

Effective immediately, staff can access a new screen ZPSC, which will allow them to view any payments immediately made via a CS-65. To date, after entering a CS-65, staff had to wait overnight to check ZPND to be able to see if the payment had been entered. Now a payment entered by a CS-65 can be viewed immediately on ZPSC. Payments made via the SEAS CS-65A system cannot be viewed on ZPSC.

If a payment is entered incorrectly and is showing on ZPSC, the individual line of payment can be deleted by contacting State Office.

\*\* Please remember that the payments showing on ZPSC have not yet gone through the overnight edits. Therefore, even though a payment shows on ZPSC, it may potentially error off in the overnight edits and not appear on ZPND the next day. Staff should always verify by checking ZPND.\*\*

**Duplicate payments in relation to the entry of SEAS invoices (CS-65A)**

Due to the new service code caps outlined in this memo, all SEAS authorizations should not exceed these limits as to the number of units allowed. It is the responsibility of staff to check all current authorizations to be sure that the number of units authorized does not exceed these caps. If the authorization does exceed the cap, then the worker should update the CS-67A to reflect the new limits.

When a SEAS invoice (CS-65A) is entered, the system will check ZPAY, ZPND and ZPSC for any other payments made for the same service month and using the same service code. If the payment being entered exceeds the caps outlined above, an error message will appear indicating how many, if any, units are left that can be paid. Only that amount will be allowed to be paid via the CS-65A. Any additional units will have to be paid via the CS-65 and sent through Area Office to State Office for approval.

**Error Reports:**

A daily error report will be produced that will indicate any payments through SEAS or CSIPS that were entered, but did not go through. This report will be sorted by county, by authorizing or service worker. A copy will be sent to the county office listed on the report as well as to the Area office. It is very important that each county look over these

daily reports to identify payments that did not go through CSIPS successfully. These payments will have to be done on a CS-65 and sent to State office for approval and entry. Staff who have questions or did not receive an error report should contact their Area Office for a copy. Copies will not be retained in State Office.

NECESSARY ACTION:

1. Review this memorandum with all Children's Service staff.
2. All comments and questions regarding this memorandum should be cleared through normal supervisory channels.

DC/LDL