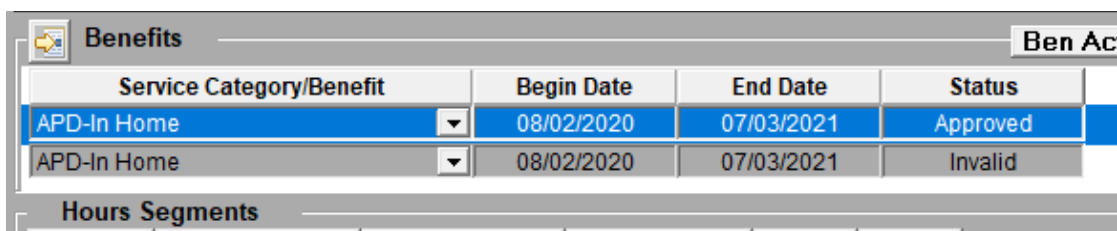


Medicaid Provider Payment Troubleshooting

This QRG supplements the “Medicaid Long Term Care” QRG and is designed for APD case managers, support staff, and any other staff that need assistance with resolving issues related to authorizing or paying Medicaid Provider Payments.

For payments to properly authorize and pay, the service benefit authorized in Oregon ACCESS must match with the corresponding Types of Assistance (TOA) service benefit that is authorized in the ONE system. This includes the actual benefit and authorized dates. For individuals that are already receiving services, the individual may move from one medical program to another, causing a need to change the benefit authorization in Oregon ACCESS.

In Oregon ACCESS, the benefit is authorized in the “Service Planning” part in CA/PS, under the Benefits section:



Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	08/02/2020	07/03/2021	Approved
APD-In Home	08/02/2020	07/03/2021	Invalid

As described in the “Medicaid Long Term Care” QRG, this information is transmitted to the SELG screen in the Mainframe. This information indicates to all payment systems that the individual is eligible for service-related benefits.

In the ONE system, a corresponding TOA is needed. An individual that is eligible for OSIPM or MAGI medical benefits, as well as eligible for Long Term Care Services, will have one of the following TOAs:

- LTCSERV
 - OSIPM eligible. The individual is dependent on being eligible for services in order to be eligible for OSIPM
- NMAGISERV
 - OSIPM eligible. The individual is not dependent on being eligible for services in order to be eligible for OSIPM
- MAGISERV
 - MAGI eligible

To quickly review an individual’s current TOA benefits, complete the following:

1. Click on “Quick Search”, then use the menu to search for the specific individual. An easy way to find the individual is to click on “Prime #”, then enter in the individual’s Prime Number.

The screenshot shows a search interface with a breadcrumb trail: Case Individual EDG Application Resource Assessment. A dropdown menu is open under 'Prime #', and a text input field is provided for entering a Prime Number. At the bottom, there are three buttons: 'Reset', 'Search', and 'Advanced Search'.



2. After selecting the individual, the “Individual Summary” screen will appear. TOA benefits are displayed here; however, it might be easier to find the needed information if the authorization history is reviewed. Scroll down to the “Benefit Details” section. Click on “View Authorization History”

Benefit Details

Case #	Category of Assistance	EDG Status	Authorization Date	Renewal Date	EDG#
	ADLT	Terminated	10/05/2020		
	PACA	Terminated	09/09/2020		
	MSERV	Approved	08/04/2020		
	MSERV	Terminated	10/05/2020		
	NMAGISERV	Approved	10/05/2020	11/30/2021	
	OSIPMAD	Approved	10/05/2020	11/30/2021	
	QMBP	Approved	10/05/2020	11/30/2021	


[View Authorization History](#)

- The search criteria will display. To make it easier to find the current authorizations that are applicable, the following search criteria is recommended:

Authorization History   



Search Criteria

Begin Date  15

End Date  15

Individual

Program

Authorization Status

[Search](#)

Begin Date: Use the first of the month of when the issue is occurring.

Program: Medical

End Date: Leave blank

Authorization Status: Authorized

Individual: Name of the individual

- After completing the search, the authorization history will update according to the parameters that were set. Here is an example:

Medical								
EDG #	Category of Assistance	Name	Begin Date	End Date	ISS NF/PIF	EDG Status Auth Status	Auth Date	Details
3195642	MSERV		11/01/2020	Ongoing	N/A N/A	Terminated Authorized	10/05/2020	Notice Reason RFI Details Financial Summary- N/A Patient Liability Summary- N/A View Disqualification - N/A
3195643	NMAGISERV		11/01/2020	11/30/2020	N/A N/A	Approved Authorized	10/05/2020	Notice Reason RFI Details-N/A Financial Summary- N/A Patient Liability Summary View Disqualification - N/A
3195643	NMAGISERV		12/01/2020	Ongoing	N/A N/A	Approved Authorized	10/05/2020	Notice Reason RFI Details-N/A Financial Summary- N/A Patient Liability Summary View Disqualification - N/A

Here are some important things to note:

- The “Category of Assistance” column will tell you the TOA that has been authorized or terminated.
- The “Begin Date” column will tell you when the action took place
- The “EDG Status” column will say “Approved” if the benefit is in effect, or “Terminated” if the benefit is no longer in effect. The word “Authorized” means that this action took place.

As stated at the beginning of this QRG, the Oregon ACCESS benefit must match with the corresponding TOA benefit that is authorized in the ONE system. The below chart will help with properly matching the TOA with an appropriate OA benefit:

TOA Compatability Chart w/ Oregon ACCESS Benefits	
LTCSEV or NMAGISERV	MAGI SERV
APD-In Home	KPS-In Home
APD-Residential	KPS-Residential
APD-SPH	KPS-SPH
ICP	NFC (all variations)
NFC (all variations)	PAC
PAC	BPO
BPA	

Please note: the OPI benefit is not dependent on a TOA.

If the displayed TOA does not match the authorized benefit in Oregon ACCESS, the benefit in Oregon ACCESS must be updated, effective on the date displayed on the Authorization History in ONE. If a TOA change occurs in the middle of a payment authorization (such as a HCW voucher), the voucher will need to be split into two vouchers, corresponding with the benefit authorization dates in Oregon ACCESS.

If there is no authorized service TOA for the dates needed, please work with a financial eligibility specialist to determine the root cause. For example, the medical benefit may have ended or the ONE application does not indicate the individual as applying for service benefits.