# Today's Topic

## ISP & Prior Authorization (PA) Troubleshooting

➤ Common ISP Error Codes and Messages

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# Common ISP Error Codes and Messages

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# ISP Error Code: BM ECBM1026

> ⊘ The system encountered an error. Please contact your DBHDD Field Office for support. (BM ECBM1026),

**Problem:**

Error code appears when attempting to approve the ISP, preventing the overall approval. This error code is linked to the individual's demographics page.

**Solution:**

Review and correct all addresses listed on the demographics page. IDD Connects utilizes Smarty Streets as the address validation tool. Website: https://smartystreets.com/

# ISP Error Code: BM ECBM1026 – Demographics Area 1

Review and correct all addresses in the two sections below.  Save the updated information and click on the green 'Next Page' button.

Individual's Basic Demographic Information

Individual's Current Physical and Mailing Address →

Individual's Current Physical Address

Individual's Mailing Address ✔ Same as Above

# ISP Error Code: BM ECBM1026 – Demographics Area 2

Review and correct all addresses associated with the Minor/Legal Guardian(s). Save the updated information and click on the green 'Next Page' button.

# ISP Error Code: BM ECBM1026 – Demographics Area 3

Review and correct all addresses associated with the Contacts.  Save the updated information and click on the green 'Next Page' button.

High Risk Individual.  Select the appropriate box and click on the green 'Submit' button.



Assistance from the DBHDD Field Office may be required to complete this section.

# ISP Error Message: Duplicate PA Service Selected



**Duplicate PA Service Selected** ✕

❗ There are duplication of " _____ " in the Detailed Service Description column from the selected list of services. Please Correct it !

✔ Ok
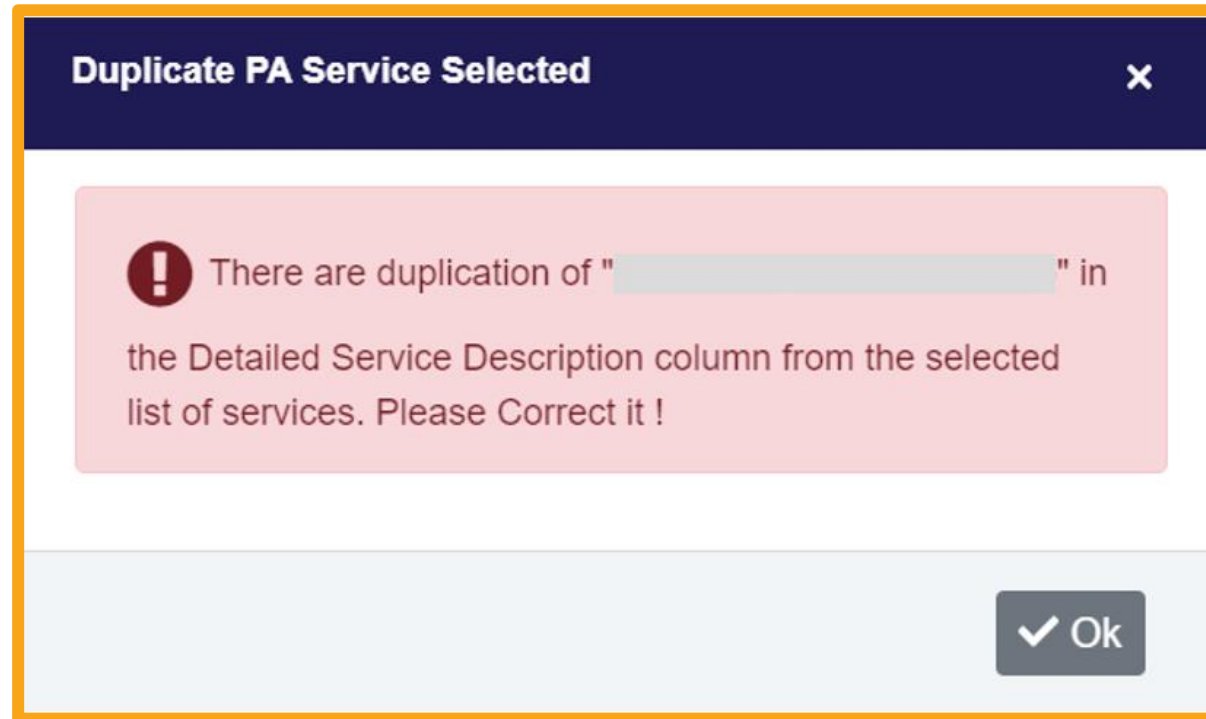
**General Description:** Error message appears when attempting add a service line to the Service Summary for a service currently listed.

# ISP Error Message: Duplicate PA Service Selected

**Resolution(s):** Resolving this type of message will depend on the status of the ISP. For example, if a service was approved in the Service Summary and Prior Authorization (PA), it should never be removed in place of a duplicate service.



| Detailed Service Description | | Recommendation From/Date | Amount |
|---|---|---|---|
| Community Access - Group **APPROVED** | ▾ | **DO NOT REMOVE** | 5.00 |
| Community Access - Group | ▾ | EVAL - Behavioral - 05/18/2021 | 20.00 |

In the example above, Community Access – Group is listed twice. The second line reflects a higher 'Amount' as a result of recommendation. The increase can be maintained by adjusting the amount on the original service line. Next slide…

# ISP Error Message: Duplicate PA Service Selected Continued

**Step 1:** Identify the duplicate service line.

| Detailed Service Description | | | Recommendation From/Date | Amount |
|---|---|---|---|---|
| Community Access - Group | APPROVED | ▾ | | 5.00 |
| Community Access - Group | DUPLICATE | ▾ | EVAL - Behavioral - 05/18/2021 | 20.00 |

◀     ⏮ ◀◀ 1 ▶▶ ⏭   10 ▾

**Step 2:** Review and compare the 'Amount' for both lines.

| Detailed Service Description | | | Recommendation From/Date | Amount |
|---|---|---|---|---|
| Community Access - Group | APPROVED | ▾ | | ➡ 5.00 |
| Community Access - Group | DUPLICATE | ▾ | EVAL - Behavioral - 05/18/2021 | ➡ 20.00 |

◀     ⏮ ◀◀ 1 ▶▶ ⏭   10 ▾

# ISP Error Message: Duplicate PA Service Selected Continued

**Step 3:** Increase the amount on the approved line.

| Detailed Service Description | | | Recommendation From/Date | Amount |
|---|---|---|---|---|
| Community Access - Group | **APPROVED** | ▾ | | → 20.00 |
| Community Access - Group | **DUPLICATE** | ▾ | EVAL - Behavioral - 05/18/2021 | → 20.00 |

◀

⏮ ◀◀ 1 ▶▶ ⏭  10 ▾

**Step 4:** Remove the duplicate line.

| Detailed Service Description | | Recommendation From/Date | Amount |
|---|---|---|---|
| Community Access - Group | ▾ | | 20.00 |

◀

⏮ ◀◀ 1 ▶▶ ⏭  10 ▾

# ISP Error Message: Calculated Units/Amount Maximums

Error in Line 1.

(1) Calculated Units is greater than the maximum unit defined.

(2) Calculated Amount is greater than the maximum amount defined.
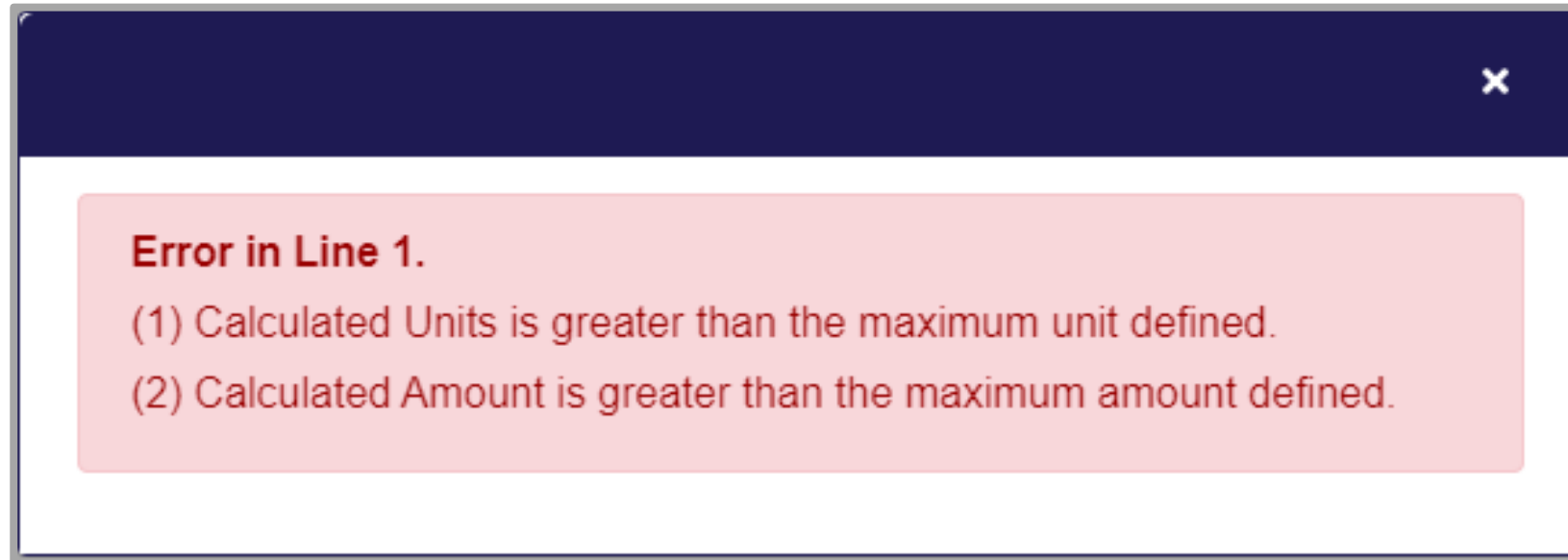
**General Description:** For a particular service, the number of units and calculated amounts are greater than the Medicaid published maximum(s).

# ISP Error Message: Calculated Units/Amount Maximums

**Example:** Individual Directed Goods & Services

**Individual Directed Goods and Services:**

Individual Directed Goods and Services (T2025-U7/UC)
Maximum Annual number of units = 1500
Annual maximum = $1,500.00

**Appendix A:** Reimbursement Rates for NOW/COMP Services

# ISP Error Message: Calculated Units/Amount Maximums

## **Example:** Individual Directed Goods & Services

| Detailed Service Description | Recommendation From/Date | Amount |
|---|---|---|
| Individual Directed Goods and Services - Self-Directed ▾ | | 1501.00 |

◀ | | |

|◀ ◀◀ [1] ▶▶ ▶|   10 ▾

**Error in Line 1.**

(1) Calculated Units is greater than the maximum unit defined.

(2) Calculated Amount is greater than the maximum amount defined.

# ISP Error Message: Max Amount for NOW/COMP Funding

**Error in Line 1.**

(1) Max amount for COMP funding.
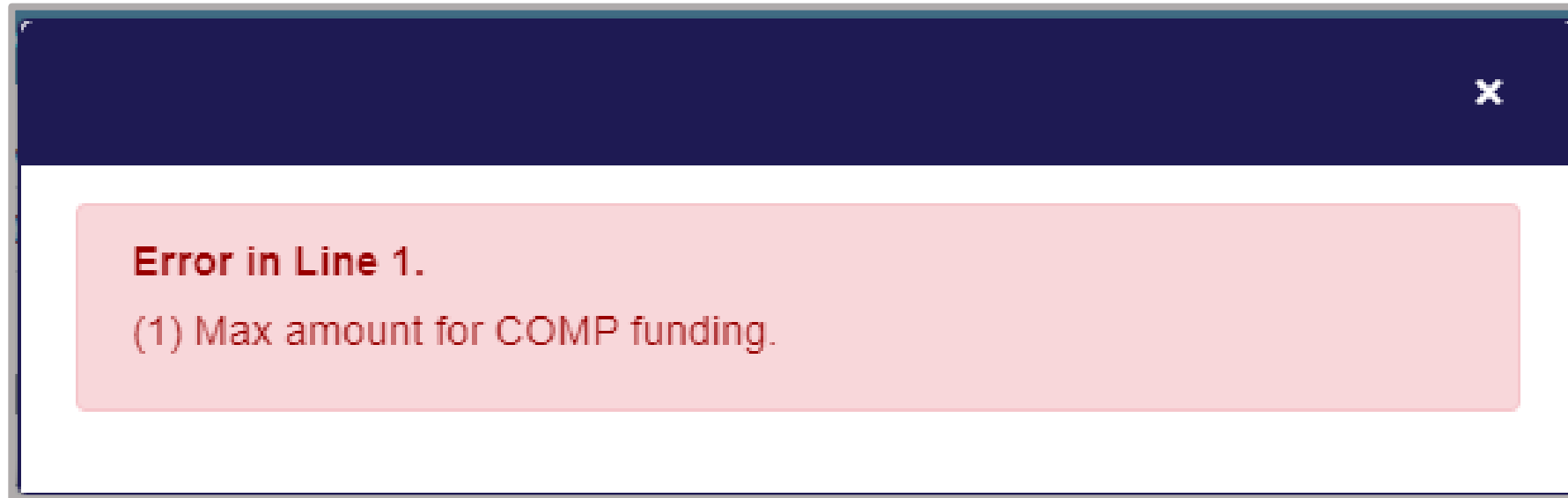
**General Description:** For a particular service, the calculated amounts are greater than the Medicaid published maximum(s).

# ISP Error Message: Max Amount for NOW/COMP Funding

## Example: Community Living Support (CLS)

Total annual amount of all fifteen-minute CLS services billed can*not* exceed $51,300 annually.

**Appendix A:** Reimbursement Rates for NOW/COMP Services

# ISP Error Message: Max Amount for NOW/COMP Funding

## **Example:** Community Living Support (CLS)

| Amount | Calculated Units | Unit Rate | Authorized Amount |
|--------|------------------|-----------|-------------------|
| 130.00 | 27040 | $2.54 | $68,681.60 |

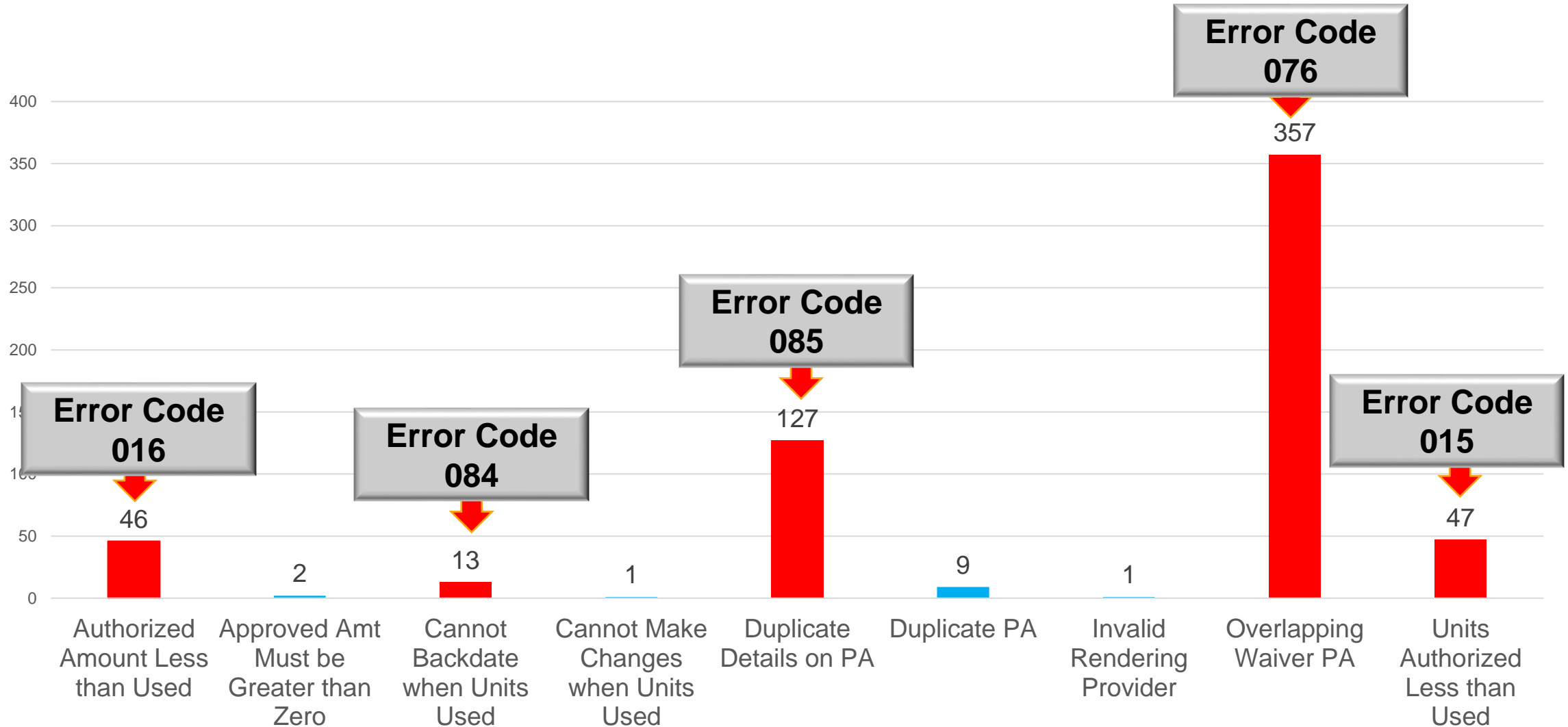| Detailed Service Description | Recommendation From/Date | Amount |
|------------------------------|--------------------------|--------|
| Community Living Supports | | 130.00 |

1  10

**Error in Line 1.**
(1) Max amount for COMP funding.

# Common PA Error Codes

# PA Rejections as of 4/1/2022



**Error Code 076**

357

**Error Code 085**

127

**Error Code 016**

46

**Error Code 084**

13

**Error Code 015**

47

| | |
|---|---|
| Authorized Amount Less than Used | 46 |
| Approved Amt Must be Greater than Zero | 2 |
| Cannot Backdate when Units Used | 13 |
| Cannot Make Changes when Units Used | 1 |
| Duplicate Details on PA | 127 |
| Duplicate PA | 9 |
| Invalid Rendering Provider | 1 |
| Overlapping Waiver PA | 357 |
| Units Authorized Less than Used | 47 |

# Common PA Error Codes

Error Code: 076

Slide 23

Error Code: 084

Slide 28

Error Code: 015

Slide 32

Error Code: 016

Slide 36

Error Code: 085

Slide 40

# Error Code: 076
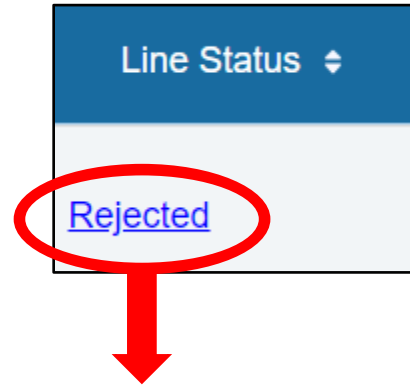
## General Description

The error code will appear if the member has another existing waiver PA in the Medicaid system (GAMMIS) for the same or overlapping header and/or detail line effective and end date where the status is approved.

The existing PA can be for waiver programs outside of the NOW and COMP such as the Community Care Services Program (CCSP), Independent Care Waiver Program (ICWP), Services Options Using Resources in Community Environments (SOURCE) and Community Based Alternatives for Youth (CBAY).
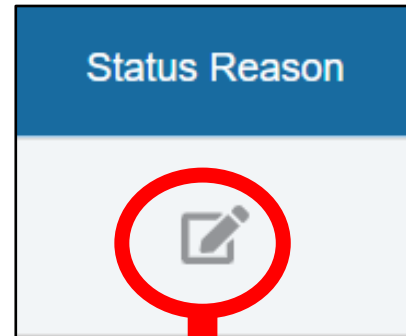
# Error Code: 076 – Line Status View

| Line Status ⇕ |
|---|
| [Rejected](#) |

| Status History | ✕ |
|---|---|

| Status | Date | Status Reason |
|---|---|---|
| Saved | 04/30/2020 | |
| Processing | 05/06/2020 | |
| Rejected | 05/08/2020 | Existing authorization with overlapping dates found for individual. Please review existing authorization dates and resubmit. (PR 076) |

# Error Code: 076 – Status Reason View

# Error Code: 076 – Key Tips to Remember

➢An existing NOW PA can cause an incoming NOW PA to reject.

➢An existing COMP PA can cause an incoming COMP PA to reject.

➢PAs from other waiver programs can trigger error code 076.

# ISP Error Code: 076 - Resolution

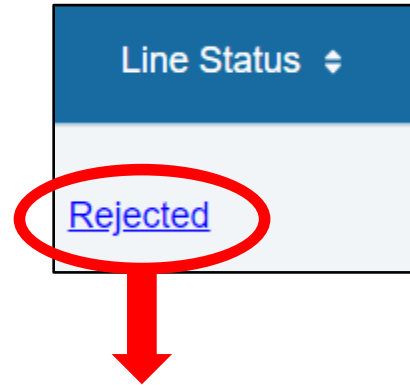Please contact the DBHDD Field Office (Operations Analyst) for assistance.

# Error Code: 084

## General Description

The error code will appear when the user attempts to change a PA service line detail date when a claim has been billed against it and the detail date change conflicts with the paid claim date(s).
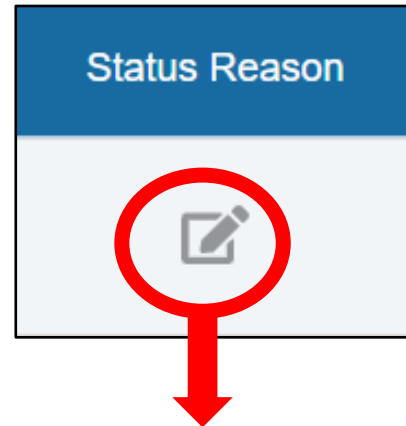
# Error Code: 084 – Line Status View

| Line Status ⇕ |
|---|
| [Rejected]|

| Status History | | | ✕ |
|---|---|---|---|
| **Status** | **Date** | **Status Reason** | |
| Rejected | 04/29/2020 | Cannot change service line dates when services have previously been billed. Please revert any change made to service line and resubmit. (PR 084) | |

# Error Code: 084 – Status Reason View

# ISP Error Code: 084 - Resolution

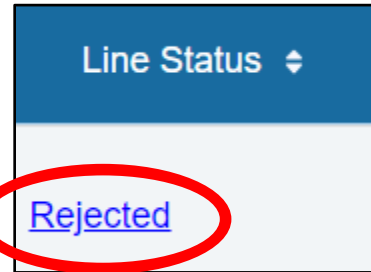Please contact the DBHDD Field Office (Operations Analyst) for assistance.

# Error Code: 015

## General Description

The error code will appear if the 'Units' on the service line is less than the units (Used Units) billed on the corresponding service line in the Medicaid system (GAMMIS).

# Error Code: 015 – Line Status View

**Line Status** ⇕

Rejected

**Status History** ✕

| Status | Date | Status Reason |
|---|---|---|
| Processing | 04/20/2021 | |
| Transmitted | 04/30/2021 | |
| Rejected | 05/01/2021 | The units authorized for this service are less than the units used. Please correct units and resubmit. (PR 015) |
| Rejected | 05/03/2021 | The units authorized for this service are less than the units used. Please correct units and resubmit. (PR 015) |

# Error Code: 015 – Status Reason View
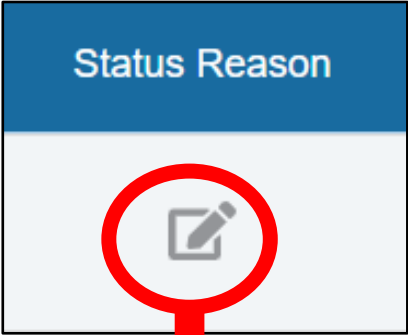
# ISP Error Code: 015 - Resolution

Please contact the DBHDD Field Office (Operations Analyst) for assistance.

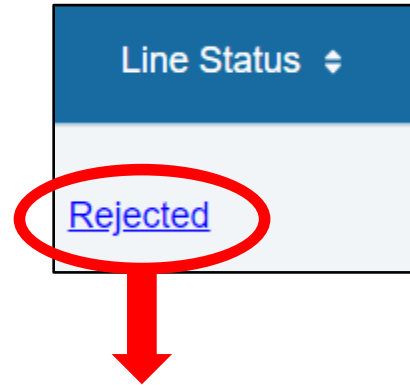# Error Code: 016

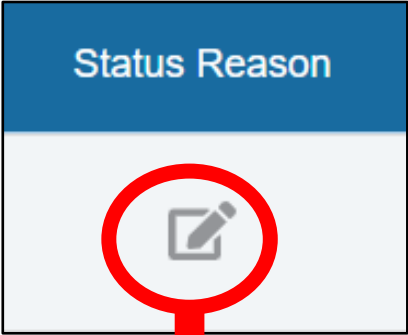**General Description**

The error code will appear if the 'Authorized Amount' on the service line is less than the amount (Used Dollars) billed on the corresponding service line in the Medicaid system (GAMMIS).

# Error Code: 016 – Line Status View

# Error Code: 016 – Status Reason View

# ISP Error Code: 016 - Resolution

Please contact the DBHDD Field Office (Operations Analyst) for assistance.

# Error Code: 085

## General Description

The error code will appear when the same procedure code/modifier, same provider ID number and same or overlapping date(s) of service lines appear between two or more service lines.

# Error Code: 085 – Line Status View

# Error Code: 085 – Status Reason View

# ISP Error Code: 085 - Resolution

Please contact the DBHDD Field Office (Operations Analyst) for assistance.

# Questions

# D·B·H·D·D

## Georgia Department of Behavioral Health & Developmental Disabilities

BE **D·B·H·D·D**

BE COMPASSIONATE

BE PREPARED

BE RESPECTFUL

BE PROFESSIONAL

BE CARING

BE EXCEPTIONAL

BE INSPIRED

BE ENGAGED

BE ACCOUNTABLE

BE INFORMED

BE FLEXIBLE

BE HOPEFUL

BE CONNECTED

BE **D·B·H·D·D**
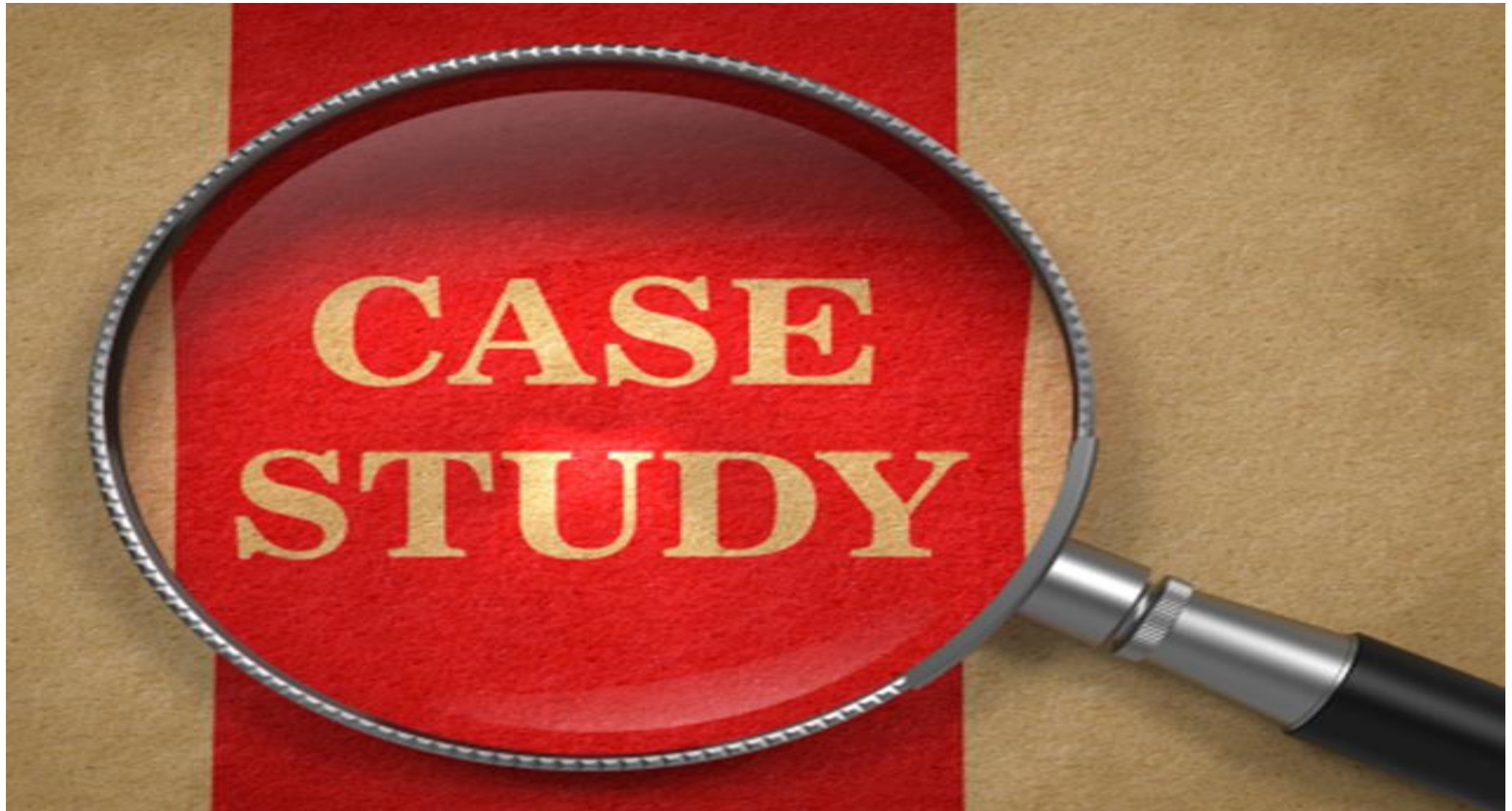
# Case Study

# Case Study: 59-Year-Old Male

Resides in a Host Home

Authorized: SC, CRA, CAG, SMS, RN

### Diagnoses

- IDD,
- Schizophrenia,
- Intermittent Explosive Disorder,
- Seizure Disorder,
- Seasonal Allergies,
- Chronic Idiopathic Constipation,
- Cellulitis,
- Tinea Pedis

### Diagnoses

- GERD,
- Type 2 Diabetes,
- Advance Severe Periodontal Disease,
- Hyperlipidemia,
- Hypertension,
- Incontinence-Urinary,
- TIA symptoms

# Case Study: 59-Year-Old Male

- Activities of Daily Living (ADL's) Assistance
  - Unsteady Gait
    - Requires 2 staff for assistance with ambulation using rollator walker.
  - He requires 1-2 staff for
    - Dressing
    - Personal hygiene
    - Bathing
    - Toileting
    - He requires 1 staff to feed him with all mealtime and snacks. He has weakness in his right dominant hand. He requires a soft diet. Requires 2 staff for assistance with transfers.
- Supported by several clinical professionals: PCP, Neurologist, Psychiatrist, Dentist, Optometrist

# Case Study: 59-Year-Old Male

- Receives Proxy for Healthcare Activities
- RN Oversight for:
  - Complex Assessment
  - HealthCare Plans: Bowel and Bladder, Endocrine, Respiratory, Cardiovascular, Gastrointestinal, Musculoskeletal, Mental Health, Neurological, Skin Integrity, Preventative and Routine Healthcare Maintenance

# Emergency Transfer:

Individual was approved for an emergency move due to the HHP being hospitalized.

## Supports Needed:

1. What specific measures were in place to ensure that all of his health support needs were met during his transition from one host home to another?

2. What specific measures are in place to ensure that his current host home provider is receiving adequate support?

# Who can help with this individual's support needs?

Regional Field Office

Providers: CRA and RN

Support Coordination

Office of Health & Wellness

# Provider Manual:

III. Documentation

 i. The organization must have policy, procedures and practices for Discharge/Transfer/immediate transfer due to medical or behavioral needs of individuals in all cases. Agency employees, subcontractors and their employees and volunteers who abandon an individual are subject to administrative review by the contracting Regional Field Office(s) representing DBHDD to evaluate increasing new admission capacity further or continuing the relationship with the provider agency.

 j. All relocation/discharge of individuals within or outside the agency must have prior approval from the contracting Regional Field Office representing DBHDD. A copy of the approval must be maintained in the individual record.

# Provider Manual:

II. Individual Service Plan (ISP)

    14. Individualized plans or portions of the plan must be reassessed as indicated by the following:

        a. Changing needs, circumstances and responses of the individual, including but not limited to:

            i. Any life change;

            ii. Change in provider;

            iii. Change of address;

            iv. Change in service type or frequency; and

            v. Change in medical, behavioral, cognitive or physical status.

# Proxy Caregiver Rules: Chapter 111-8-100

(m) "Proxy caregiver" means an unlicensed person who has been determined qualified to have the necessary knowledge and skills acquired through training by a licensed healthcare professional to perform documented health maintenance activities, including specialized procedures, for an individual with a disability who has delegated to the designated proxy caregiver the performance of such health maintenance activities through execution of a written informed consent by the individual with a disability or a person legally authorized to act on behalf of such individual with a disability.

(n) "Written plan of care" means the specific set of written instructions which have been determined necessary, usually by a registered professional nurse, to implement the written orders of the attending physician or an advanced practice registered nurse or physician assistant working under a nurse protocol agreement or job description respectively.

# Proxy Caregiver Rules: Chapter 111-8-100

The licensed facility using proxy caregivers for medication assistance must meet the following conditions:

(a)The individual with a disability or the legally authorized representative has provided a written informed consent which meets the requirement of these rules;

(b) The medications and assistance being provided have been determined by an appropriately licensed healthcare professional to be health maintenance activities that may be safely performed by properly trained proxy caregivers; and

(c) The proxy caregiver has been trained in accordance with these rules and determined through completion of a skills competency checklist before an appropriately licensed healthcare professional to have the knowledge and skills necessary to perform the specific health maintenance activities in accordance with the written plan of care.

# RN Oversight in I/DD Community Settings, 02-808

- RN Oversight: The process by which a licensed Registered Nurse determines the appropriateness of development, delegation, coordination, training, intervention, and documentation of health- related tasks.

- RN Oversight complies with:
  DBHDD policy/procedures
  COMP Waiver Manual Part III Nursing Chapter
  Generally accepted standards of nursing practice
  HCP and physician orders
  Appropriate reflection and support of nursing interventions and hours awarded for nursing oversight for a single individual

# Case Study: CIR after the move

- Individual was very thirsty and asking for water. It was noted that he was urinating more than usual. Caregiver noticed that the individual became lethargic. He was taken to the ER for evaluation. His pulse was 140 and blood sugar level was 500. He was given fluids and insulin to decrease his blood sugar level. He was admitted for stabilization.

- The individual had a follow up appointment with his PCP. New orders for blood glucose level to be checked and recorded twice a day. New orders for soft diabetic diet.

# Steps taken for support needs:

- RCR created in IDD-C for Annual Nursing Assessment
- RCR task assigned to OHW RN
- Nursing Assessment completed with new nursing calculations.
- Notification via email to provider and Support Coordinator of completed NA with new nursing calculations.
- Version change to PA

# Steps taken for support needs:

- Waiver RN to complete assessment and follow up of incident. Document in clinical notes.
- Waiver RN to review and update HCPs.
- Waiver RN to provide education and training to the proxy caregiver on new orders and updated HCPs.
- Provider Staff Training Rosters completed and available.
- HRST updated for new orders and recent ER visits and hospital admission.

# Steps taken for support needs:

- CIR reviewed in IMAGE
- Individual placed on Statewide Clinical Oversight surveillance and documented in the Developmental Disabilities Clinical Oversight Application (DDCO).
- OHW will review in IDD Connects- Support Notes, Referral and Coaching, and Individual Quality Outcome Measures Review to review documentation concerning the event/incident.
- OHW will reach out to providers and ISC/SC to follow up with OHW Statewide Clinical Oversight Surveillance for recent event.

# Steps taken for support needs:

- Confirm compliance with Hospitalization/MD recommended treatment(s) and discharge instructions.

- Confirm that HCPs and HRST have been updated.

- Confirm that provider staff have been trained on new orders and HCPs.

- Confirm that follow up appointments with PCP were completed with new orders implemented.

- Confirm the nursing supports that were clinically recommended by OHW in the nursing assessment is being implemented by the provider per policy.

Questions?

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