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Level of Care

Level of Care Inquiry

- Level of Care Inquiry (LOC) screen provides information for persons enrolled in long-term care; such as nursing facilities, hospice, home and community based waivers or the Program for the All Inclusive Care of the Elderly (PACE).
- DMAS staff or the service authorization contractor enters the LOC data upon notification by the provider.
- LOC data can be accessed two ways:
 - Benefit Plan screen
 - Level of Care Inquiry screen

Accessing the LOC Inquiry Screen

- Select Assessment from the MMIS Main System Menu to access LOC to navigate to the Assessments Maintenance Menu.

The screenshot shows a web browser window with the URL https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd!/ut/p/c5/dY7LDolwFAU_. The page features the Virginia Medicaid logo and a navigation menu. The 'Assessment' menu item is highlighted with an orange box. The main content area displays the text 'VIRGINIA MEDICAID MAIN SYSTEM MENU' and the date 'Date: 08/22/2011 Time: 13:58'. The browser window title is 'Prod | Home | Contact Us | Help'.

Assessment Maintenance Menu

- Enter Member's SSN or Member ID number
- From the Maintenance Functions drop-down menu select Level of Care
- Select Inquiry, then select Enter

The screenshot shows a web browser window with the URL: <https://www.viriniamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/!ut/p/c5/dY5JDoJAFWP>. The page features the Virginia Medicaid logo and a navigation menu with tabs: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, and Drugs. The main content area is titled "VIRGINIA MEDICAID ASSESSMENT MAINTENANCE MENU" and includes the following fields and sections:

Screen ID: AS-S-005
 Trans ID: VFA0
 Program: AST005
 Date: 03/22/2012
 Time: 09:21

SSN:

Last Name: First Name: MI: Suffix:

Member ID: Assessment Date:

Select Item from Data Entry Functions, Browse Functions or Maintenance Functions

Data Entry Functions:

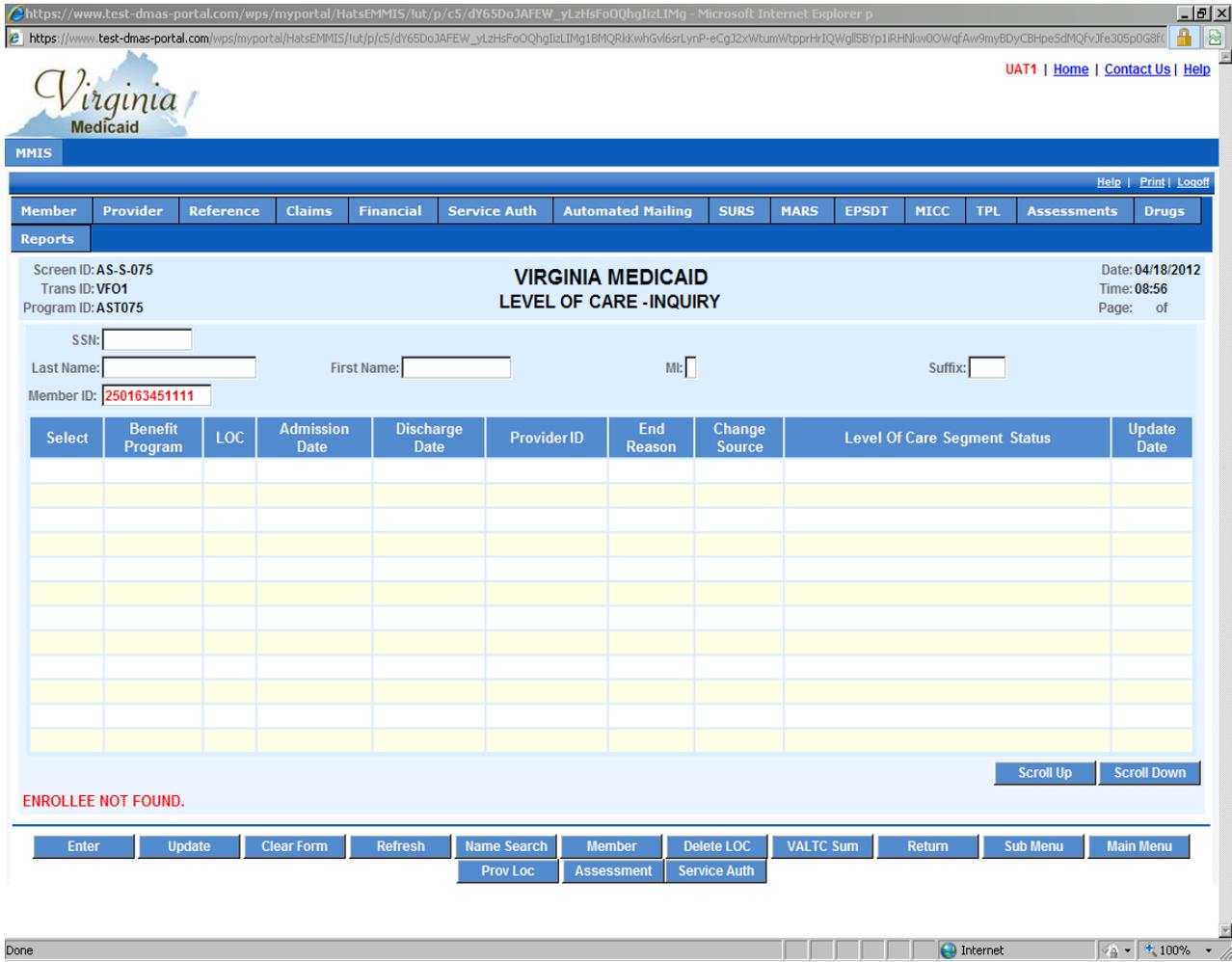
Browse Functions:

Maintenance Functions:

Select Function

Function: Add Change Inquiry Delete

Buttons at the bottom: Enter, Clear Form, Return, Sub Menu, Main Menu



Case Data Screen Field Definitions Unique to the Level of Care Screen

Benefit Program: The first tier or level of the code structure defining the benefit plan. The benefit program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.

01	Medicaid
02	TDO (Temporary Detention Order)
03	SLH (State and Local Hospitals)
04	Premium Payments
05	Regular Assisted Living
06	(HIDP) Health Insurance Demonstration Program
07	FAMIS
08	Assessments
09	System Generated for Medicaid Expansion

LOC: A code used as a modifier to the benefit plan code, indicating the level of care (LOC) that the member is receiving in a nursing home facility or waiver service.

1	ICF
2	SNF
4*	CMM Physician
5*	CMM Pharmacy
6*	CMM Transportation
7*	Out of State Provider
9	Elderly or Disabled Waiver with Consumer Direction
A	Technology Assisted Waiver
D	Hospice
E	<i>AIDS Waiver (No longer in use effective July 2012)</i>
EI*	Early Intervention, <i>effective October 2009</i>
L	Long Stay Hospital
M*	Children's Mental Health
MP	Money Follows the Person (MFP is directly related to LTC Services)
MW*	Medicaid Works, <i>effective July 2009</i>
PP	PACE, <i>effective April 2009</i>
R	IFDDS Waiver
S	Day Support Waiver
T	Alzheimer's Assisted Living Waiver
Y	ID Waiver (formerly the MR Waiver)
blank or spaces	N/A

***Non-LTC Exception Indicators**

Admission Date: The beginning date of enrollment in the benefit plan level of care

Discharge Date: The end date of enrollment in the benefit plan level of care

Provider ID: The Provider Identification Number of the provider assigned by the benefit plan to the member, especially related to managed care, CMM Lock-in, nursing facilities, hospice, and PACE

End Reason: A code indicating the reason that the member's benefit period was ended

Change Source: Source that provided the information resulting in a change of benefit data (specifically, nursing facility, community based care or mental retardation information); or a specific type of benefit

00	No Change Source
01	Provider
02	Member
03	Utilization Review Analyst
04	Other MSS Staff
05	Department of Social Services
06	DBHDS
07	DMAS- Managed Care
08	DMAS - CMM

86	Vent
87	<i>AIDS-no longer in use effective July 2012)</i>
88	System Generated (manual entry not allowed)
89	Complex
91	TBI
92	Rehab
99	Unknown
CD	Converted Data (used only during conversion)
DF	Default benefit which may not be modified manually

Level of Care

Segment Status:

Indicates the disposition of the LOC segment (approved, pending or voided)

A	Assigned/Approved
P	Pending or Pre-assigned
V	Void

Update Date:

Displays the date that the level of care segment was last created or updated

Data/Activities that Affect Level of Care Enrollments

Data that Affects Level of Care Enrollment

MMIS Critical Field(s)	Level of Care Impact Area(s)	Comments
Member ID Number	Continuity Payments	Transfer Member ID numbers Before creating a new Member ID search the system for any existing IDs. IDs with the prefix 975 are DMAS generated IDs used for pre-admission screenings however they must also be used to reflect eligibility. <u>DO NOT create a new ID.</u>
Sex, Date of Birth, and Name	Identification	Sex, date of birth, and name must be accurate to ensure payment and identification.
Aid Category	Enrollment Payments	Aid Categories included in long term care enrollment
TPL Coverage Types	Enrollment Payments Coordination of Benefits	TPL information needs to be entered or closed on an Member's case timely.

Activities that Affect Level of Care Enrollment

- Enrolling members late into appropriate long-term care aid categories.
- Not performing timely changes to aid categories when a member moves from one level of care to another, such as from assisted living to nursing facility placement.
- Not performing timely annual reassessments of eligibility coverage, which causes the eligibility segments to auto close and providers are unable to receive payment. If a member receiving long-term care is canceled on or before cut-off with a cancel reason 003, 005, or 007 and reinstated prior to cut-off the following month, the long-term care enrollment will be retained. If more than two months elapse, the long-term care benefit plan will not automatically be reinstated.
- Anytime a member moves between aid categories not approved for long-term care, it creates a situation where DMAS cannot reimburse providers for services rendered. Aid categories not approved for long-term care are FAMIS (005, 006, 007, 008, 009), AG (012, 032, 052), Plan First (080) and limited coverage Medicaid (023, 043, 053, 055, 056, 063).

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Patient Pay in MMIS

MMIS records and stores patient pay information for Medicaid members receiving long-term care (LTC) services. When patient pay information is entered in the MMIS, a patient pay segment is created on the file and a Notice of Obligation detailing the information used to determine the patient pay amount is sent to the member or person acting on his behalf. The long-term care provider can access the patient pay amount through the Automated Response System (ARS) and Medicall. Once patient pay information is entered into the MMIS, MMIS will be the system of record for patient pay and will generate patient pay activity reports for use by DSS and DMAS staff.

There are five patient pay screens:

- Member Financial-Inquiry
- Patient Pay Screen 1
- Patient Pay Screen 2
- Patient Pay Screen 3
- Patient Pay History-Inquiry

Member Financials-Inquiry screen is the gateway to the patient pay screens and is accessed from the Enrollment Menu. This screen contains information about the member, eligibility and benefit plan, most recent patient pay and income.

The Patient Pay Screens 1-3 record the information used in the patient pay calculation and can be accessed from the Member Financial-Inquiry and the Patient Pay History screens. Patient Pay Screen 1 contains income information. Patient Pay Screen 2 contains special earning allowance information. Patient Pay Screen 3 contains the allowance information and the calculation.

The Patient Pay History-Inquiry screen provides a chronological record of all patient pay segments that have been entered into the MMIS. Information about the member, the patient pay effective dates, amounts, and the date the information was entered into MMIS is displayed.

There is limited functionality for calculating patient pay. The system has the ability to add together income and subtract allowances in most situations. The system will calculate the special earnings allowance. Patient pay for the medically needy (MN) and partial patient pay must be calculated outside of the system and the information recorded on the patient pay screens.

From MMIS, several reports are generated. These reports include both new and ongoing members with patient pay. These reports are available through the LDSS Intranet Medicaid Management Reports link. For a description of these reports see the Patient Pay Reports section of this chapter.

The MMIS will complete an automated update of patient pay each year for most members when the Social Security Administration (SSA) reports the cost of living changes to DMAS.

Member Financials Inquiry Screen

The Member Financials Screen displays data from other areas within the MMIS to give an overview of information important to an individual's eligibility for long-term care services including aid category, exception indicators, benefits plan, patient pay and income. This screen is the first step to entering patient pay information in the MMIS. It is also the only pathway to access the Patient Pay Screens and Patient Pay History Screen.

This screen is inquiry only and cannot be updated. The only data element editable on this screen is the Member ID, which allows change from one member to another without having to return to the Enrollment Menu.

The screenshot displays the Virginia Medicaid Member Financials Inquiry screen. At the top, there is a navigation bar with 'MMIS' and a menu of options: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessments, and Drugs. The main content area shows the following information:

- Screen ID: RS-S-006
- Trans ID: VE06
- Program ID: RST006VA
- VIRGINIA MEDICAID MEMBER FINANCIALS - INQUIRY**
- Date: 05/18/2012
- Time: 13:12
- Member ID: 250163451111
- Name: LTC MEMBER ADD
- Case ID: 250-163455-010
- Caseworker: M0000
- Aid Category: 060
- Case FIPS: 250
- Benefit Plan: MEDICAID FFS
- Comments: N
- Penalty: N
- Exception Indicator:
- Auth Rep:
- Rep Addr1:
- Rep Addr2:
- City:
- State:
- Zip Code:
- Mail To Auth Rep:

Patient Pay

Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
		0.00					

View Previous Patient Pay

SSA Bendex Amt:	0.00	SSA:	0.00	SSI:	0.00
Payment Stat:		Other:	0.00	Earned:	0.00
Begin Date:		Unearned:	0.00		

NO PATIENT PAY INFORMATION FOUND.

At the bottom, there is a navigation bar with buttons: Enter, Clear Form, Refresh, Member, Eligibility, Case, Uncomp Property, TPL Sum, Patient Pay, Sub Menu, and Main Menu. A 'Comments' button is also visible below the Case button.

Case Data Screen Field Definitions Unique to the Member Financials Screen

- Penalty:** Indicates whether penalty information exists for that member. "Y" (Yes) if penalties exist, "N" (No) if no penalties exist (*The Penalty Period Screen is not functional at this time.*)
- Aid Category:** Displays the member's current defined aid category
- Benefit Plan:** Displays the description of the member's benefit plan

- Exception Indicator:** Displays the member's benefit plan exception indicator. (If there is more than one active EI for the member a plus sign (+) will be displayed.)
- Auth Rep:** Name of member's authorized representative, if any
- Rep Addr 1:** Mailing address line one for member's authorized representative, if any
- Rep Addr 2:** Mailing address line two for member's authorized representative, if any
- City:** Mailing address city for member's authorized representative, if any
- State:** State abbreviation in which the member resides
- Zip Code:** Zip code of the area in which the member resides
- Mail to Auth Rep:** This field indicates whether the member's mailing address is the Case address, Individual address or Authorized Representative address, see table below for valid values:

A	Authorized Representative
C	Case
E	Enrollee

This data field will be populated with the case name and address, unless the mailing indicator is changed. If the member or an authorized representative is required to receive the Notice of Obligation, the indicator will have to be changed.

Important-Authorized representative information can only be entered on the Comments Screen (See Page G-23 for Comments Screen information)

- Begin Date:** Latest patient pay begin date is displayed
- End Date:** Latest patient pay end date is displayed
- Patient Pay:** Latest patient pay amount is displayed
- Action Date:** Displays the patient pay added date
- Reason Code:** Latest patient pay reason is displayed
- User ID:** Operator E-code is displayed
- Provider ID:** This is the CMS assigned National Provider Identifier (NPI) that represents an individual entity

ST: Patient pay status is displayed, see table below for valid values:

A	Active
V	Void

View Previous Patient Pay: This field allows viewing of the patient pay history. Click in the selection box and select Enter to access the Patient Pay History screen

If no patient pay information is displayed then there is no active patient pay information in MMIS. If patient pay information appears, select View Previous Patient Pay and Enter to view prior patient pay history.

SSA Bendex Amt: BENDEX amount is displayed

SSA: SSA amount is displayed

SSI: SSI Amount is displayed

Payment Stat: BENDEX Status is displayed, see table below for valid values:

A	Active
V	Void

Other: Other income is displayed

Earned: Calculated total of Income 1 and Income 2

Begin Date: BENDEX added date is displayed

Unearned: Calculated total of SSA amount and Other Income

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Patient Pay Screens 1-3

The patient pay screens may be accessed in inquiry mode or update mode. Patient pay information can be viewed in either mode, but can only be added or changed in update mode. Access to the patient pay screens is only from the Member Financials Inquiry Screen. When in the patient pay screens in update mode, navigation to other screens is limited to the Patient Pay History Inquiry screen and, under certain circumstances, the Comments screen. When in inquiry mode, all function keys are active and navigation to the other screens is allowed. The limited navigation ability while in update mode is due to the calculate functionality of the screens.

Patient pay segments may not be entered with a begin date more than 12 months prior to the month in which action is being taken and no more than 12 months in the future. Patient pay segments cannot have overlapping time periods. Only one patient pay segment may end in the default end date for ongoing patient pay segments of 12/31/9999. There are edits in place to prevent these situations from occurring.

Patient pay screens have two types of functionality; calculate and override. When patient pay is initially entered into MMIS, the screens are in "calculate mode." Once patient pay has been entered into the system, the system will always display the most recent segment entered in the mode in which the segment was entered on Patient Pay screen 1.

Calculate mode mathematically determines the amount of income, the special earnings allowance and the overall amount of patient pay. Other allowances must be determined outside the system.

In override mode, automated calculations are **not** completed. Using the Override button changes screen 3 to override mode. The screen may be changed back and forth between the two modes. Medically needy spenddown cases or other cases that require determination of the amount of patient pay outside the system must be completed using override mode. The initial income calculation on screen 1 is always completed in calculate mode prior to switching to override mode. Both functions work together to complete data entry of patient pay segments. Switching to override mode allows access to certain data fields on screen 3 that must be completed for medically needy spenddown cases.

Three different patient pay segments may be entered at one time. Any time a patient pay segment is entered or updated a Notice of Obligation will be generated by the system. If patient pay is entered for more than one provider a notice is generated for each provider. Each Notice of Obligation can only provide information for three patient pay segments as space on the form is limited. If more than three patient pay segments are entered on any given day, a second Notice of Obligation will be generated for that member. If any segment is voided the day it is entered into MMIS then that segment will not appear on the Notice of Obligation.

Patient Pay Screen 1

Screen ID: RS-S-060-01
Trans ID: VEV6
Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - INQUIRY

Date: 05/18/2012
Time: 13:40

Member ID: 250-163451-111
Name: LTC MEMBER ADD
Mail To(A/C/E): C
Provider ID:

Case Worker: M0000
FIPS: 250

Mail Name: LTC MEMBER ADD A
Provider Name:

Reason Code:
Begin Date:
End Date:
Income Calculation
Unearned Income
SSA:
SSI:
Other Unearned:
Total Unearned:
Earned Income
EMPL1:
EMPL2:
Total Earned:
Gross Income:
Special Earnings Ind:

NO PATIENT PAY INFORMATION FOUND.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
Main Menu

Note: In the example screen shot above, the member does not have any patient pay history, therefore the message “NO PATIENT PAY INFORMATION FOUND” is returned by the MMIS.

Case Data Screen Field Definitions Unique to Patient Pay Screen 1

Mail Name: Display-only field containing the name of the person to receive the Notice of Obligation based on what the user entered in the mail to field

Mail to: This indicator determines who will receive the Notice of Obligation. The MMIS pre-fills this data element with “C”, the case name and address. The “Mail To” indicator must be changed to send the Notice of Obligation to the authorized representative or the member, if the mailing address is different from the address on the Case screen. If “A” is entered and no authorized representative information is present on the Comments screen an error message will display. If the Notice of Obligation must go to the authorized representative, his information must be entered on the Comments screen.

Provider ID: This is the CMS assigned National Provider Identifier that represents an individual entity

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Provider Name:	Display-only field containing the name of the provider whose ID appears in the Provider ID field
Reason Code:	Latest patient pay reason is displayed
Begin Date:	Patient pay begin date is displayed
End Date:	Patient pay end date is displayed
SSA:	SSA amount is displayed
SSI:	SSI Amount is displayed
Other Unearned:	Other unearned income
Total Unearned:	This is calculated by the system and is the total of Unearned Income except SSI
EMPL 1:	Employer name
EMPL 2:	Employer name
Total Earned:	This is the total of earned Income
Gross Income:	The MMIS will calculate gross income by adding the totals in the total unearned and total earned data fields
Special Earnings Ind:	Valid values are 'NF', 'CBC' or spaces. This indicator will be used for triggering one of two different calculations, one for Nursing Facilities (NF) or one for CBC Waivers (CBC), under the Special Earnings Allowance section of Patient Pay screen

The following is detailed information regarding select data elements on screen 1:

Prov ID – This is the ID number of the provider who is responsible for collection of the patient pay obligation. It is also known as a National Provider Identifier or NPI number. These numbers are assigned by the federal government and are unique to the provider. Waiver providers may also have an ID number called an Atypical Provider Identifier or API in addition to an NPI. An API number is not assigned by the federal government, but may be used in place of an NPI number by a CBC provider. The Prov ID and the Prov Name fields will be prefilled by MMIS when a nursing facility or hospice provider is known to the system. CBC provider ID numbers must be given by the:

- Case Manager at DMAS for Tech Waiver
- Case Manager at the Community Service Board for the ID (formerly MR) and DS Waivers
- Case Manager (Support Coordinator) for DD Waiver

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- Service Facilitator for EDCD with consumer-directed service
- Case Manager for any member with case management services
- Personal Care Provider for EDCD-personal care services and other services.

The provider ID number may be changed as appropriate; however, there is an exception. A hospice provider ID may not be changed when present in this data field, as they are responsible for coordination of patient pay over any other provider of services. The MMIS will validate the correctness of all ID numbers that are entered. An error message will display if the number is not known or incorrect. If the hospice provider is no longer caring for the member and the new provider ID cannot be entered send an email to the DMAS LTC Unit Inbox at ltpatientpayissues@dmas.virginia.gov for assistance.

If a CBC provider has both an NPI and API number, the MMIS may only have one of the numbers recorded for use by the provider as their ID. If the MMIS indicates that a number is invalid, you may check with the national registry at [NPI Registry](#) to verify the NPI number and check for the Virginia Medicaid number, which is the API number. The API number may have to be used in the event the NPI number is not on record with DMAS as a valid provider ID for a waiver provider.

If the Medicaid LTC Communication Form (DMAS-225) has a provider ID that is different from what is already known to the system, change the ID number to the ID number given by the new provider when appropriate.

Note: The provider ID number must be entered prior to updating patient pay. MMIS will not complete a patient pay without a valid provider ID. An error message will display if the system does not recognize the provider number entered as a valid number.

Prov Name – This field is a display only field and will contain the name of the provider associated with the provider ID number on the screen. When a provider number is changed, the system will display the name of the new provider.

Reason Code - Reason codes are used to indicate why a patient pay segment was added, changed, or voided. A reason code must be entered for each column in which a patient pay segment is being added or updated. Some reason codes will require additional action during update of patient pay and others will perform additional transactions for the user. Please review the description for the requirements or transactions. Choose the reason code(s) from the list below that indicates the reason for the patient pay transaction(s) being completed:

Code	Reason	Description
IA	Initial	Used at time of application or when adding a new segment
IN	Change in Income	Used for any change of income
AL	Change in Allowance (s)	Used when a change in the amount of an allowance is required
RAL	Retroactive Change in Allowance (s)	Can only be used for retroactive adjustment of the spousal allowance when the Institutionalized spouse is deceased or discharged from LTC or a deceased Member with non-covered medical expenses; causes a single segment to split into 2 segments
PR	Change in Provider	Used when there is a change in LTC provider
LA	Change in Living Arrangement	Used when Member moves from LTC to a community living arrangement without Medicaid LTC Services.
RE	Renewal of Eligibility	Used at the time of the renewal of eligibility
OT	Other	Used when adding a segment requires explanation not covered by other reason codes, such as deletion of a segment; <u>requires the entry of the explanation on the Comment Screen</u>
RV	Revision (Changes)	Used when modifying existing segments and other reason codes do not apply, such as correcting income/allowance data; <u>requires the entry of the explanation on the Comment Screen</u>
RCD	<i>Client Deceased</i>	<i>Use of this reason code has been suspended. See Broadcast 6931 for additional information.</i>
ROT	Other Retroactive Adjustments	Can only be used for retroactive adjustments by DMAS
VO	Void	Can only be completed the same day the action was taken to add a segment. Cannot be used on segments that were updated. (no notice of obligation is generated for a voided transaction)

Navigation to Other Screens - You **cannot exit Patient Pay screens 1-3** when in update mode except when using reason codes “**OT**” or “**RV**”. Prior to completing an update, the system will require notes be added to the Comments screen. The update cannot be completed unless comments are added. Navigation to the Patient Pay History screen from Patient Pay screen 1 is permitted to access a different Patient Pay segment other than the one that is on Patient Pay screen 1 in column 1. The Patient Pay History screen may also be accessed from Patient Pay screen 3 after update.

When using any other Reason Code, update the Comments screen prior to or after the update transaction has been completed.

Begin Dates - Patient pay is calculated on a monthly basis for long-term care members. Patient pay begins on the first of the month unless:

- A change in provider occurs
- Eligibility does not begin on the first of a month

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- The begin date of the Exception Indicator on the benefit plan does not begin on the first of the month

The dates of the patient pay segment(s) cannot be outside of the dates of the full coverage eligibility segment with the exception of the auxiliary grant aid categories, which are not appropriate for LTC coverage. If that occurs an error message will indicate the member is not enrolled in long-term care. You cannot begin a patient pay segment prior to the begin date of the long-term care Exception Indicator. In this instance, begin patient pay when the level of care begins. Patient pay is not prorated in the month of admission.

End Dates - Enter an end date if the patient pay segment is not ongoing when adding or changing the segment. An overlap error message will display if more than one column has the default end date of 12/31/9999 or any other overlap of dates. End date the patient pay segment when the member leaves long-term care. If there is a future patient pay segment, follow the instructions in this chapter for deletion of a patient pay segment. This will prevent a member's record from being included in the automated SSA cost of living allowance process in November of the calendar year.

A patient pay segment may not end beyond the date the member was terminated from Medicaid coverage or the end date of the Exception Indicator for the member. An error message will display indicating the member is not in long-term care if any of these criteria are not met.

End Dating a Deceased Member - When adding patient pay segments for an applicant who is deceased, the dates of the segments must be within the dates of the eligibility segments. The last day of the most current patient pay segment should be the date prior to the date of death, as Medicaid does not pay the provider for the day a member dies. An error message will display indicating the individual was not in long-term care if the date(s) of a segment extends beyond the date the individual was living.

Reason code **RCD cannot** be used to add patient pay segments to the MMIS. Use of this code to end patient pay for a deceased member has been **discontinued** pending a change to the edits for this code. See [Broadcast 6931](#) for additional information.

Patient Pay Screen 2

Screen ID: RS-S-060-02
 Trans ID: VEV6
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 2 - INQUIRY

Date: 05/18/2012
 Time: 14:03

Special Earnings Allowance Calculation

Member ID: 250-163451-111
 Begin Date:
 End Date:

Nursing Facility Members Only

Total Earned Income:
 Minus Earnings Ded:
 Divided By 2:
 Sub Total:
 Plus Earnings Ded:
 Total:
 Special Earnings Allowance:
 Special Earnings Allow Max:

CBC Waivers Only

%SSI:
 Max Allowable Ded:
 Total Earned Income:
 Special Earnings Allowance:

RECORDS DISPLAYED.

Enter Clear Form Previous Next Sub Menu Main Menu

Case Data Screen Field Definitions Unique to Patient Pay Screen 2

Begin Date:	Begin date from Patient Pay Screen 1
End Date:	End date from Patient Pay Screen 2
Total Earned Income:	Total earned income value from Patient Pay Screen 1
Minus Earnings Ded:	This is a default which will be stored in the parameter table
Divided by 2:	Calculated as total earned income minus Earnings Deduction
Sub Total:	Calculated as Total Earned Income - Minus Earning Deduction divided by 2
Plus Earnings Ded:	A default which will be stored in the parameter table

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Total: Calculated as Total Earned Income - Minus Earnings Deduction divided by 2 + Plus Earnings Ded.

NF Special Earnings Allowance: System should compare the Total data field to the Special Earnings Allowance Max Standard. The Special Earnings Allowance Deduction is the lesser of the two amounts. The system will insert the lesser of the two figures in the Special Earnings Allowance data field in this section and then populate the Special Earnings Allowance data field on page one of the Patient Pay calculation screen with this same amount.

CBC Special Earnings Allowance: Amount of allowance is based on the % of SSI and the numbers of hours worked

Special Earnings Allow Max: Default based on the value entered in % SSI and date. For NF only, the maximum is not tied to the % SSI and can be no greater than \$190.

% SSI: Displays % SSI, the worker will enter a value of either '200' or '300'; this will cause the Max Allowable Deduction field below to populate with a dollar value from the top of the column

Max Allowable Ded: Default based on the value entered in % SSI and date

Total Earned Income: From the income calculation section of this screen using the Total Earned data field when 'CBC' is the Special Indicator in the income sections

Note: At this time the MMIS is unable to calculate the Special Earnings Allowance for NF members with income less than \$75.00, this data must be entered in override mode.

Patient Pay Screen 3

Screen ID: RS-S-060-03
 Trans ID: VEV6
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - INQUIRY

Date: 05/18/2012
 Time: 14:31

Patient Pay Calculation Summary Section

Member ID: 250-163451-111

Begin Date:
 End Date:
 Gross Income:
 SD LIAB/MN Override:
 Remaining Income:
 Basic Allowance Ind:
 Basic Allowance:
 Special Earnings Allowance:
 Guardian Fee:
 Total PNA/PMA:
 Spousal Allowance:
 Dep/Family Allowance:
 Non Covered Med Exp:
 Home Maintenance:
 Total:
 SD Liability:
 Contributable Income:
 Patient Pay:
 Medicaid Rate:

RECORDS DISPLAYED.

Buttons: Enter, Update, Clear Form, Calculate, Member, Eligibility, Financial, Override, PP Hist, Sub Menu, Main Menu, Comments, Previous, Patient Pay

Case Data Screen Field Definitions Unique to Patient Pay Screen 3

- Gross Income:** Gross income that can be counted in the patient pay determination. In calculate mode, field will be populated from the total gross income field in the income calculation section of the screen. In override mode, the user can enter this amount
- SD LIAB/MN Override:** Displays the SD LIAB/MN Override amount, this amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This data field will populate the other SD Liability date field
- Remaining Income:** Displays the remaining income
- Basic Allow Ind:** Displays the basic allowance indicator. The worker will enter one of the following valid values: “NF” for nursing facility, “CBC” for all waivers except the “PACE” for the Program for All Inclusive Services for the Elderly Basic Allowance. (“AIDS” indicator ended 07/01/2012)

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Basic Allowance:	Displays the basic allowance
Special Earnings Allowance:	Displays the special earnings allowance; this amount will be calculated in the special earnings allowance section
Guardian Fee :	Displays the guardian fee amount; this amount will be calculated outside the system and will be entered by the worker, when appropriate
Total PNA/PMA:	Displays the total PNA/PMA amount; this is a system calculated data field. This is the sum of the basic allowance, special earnings allowance and guardian fee amounts. This is the first amount deducted from the amount in the gross income data field
Spousal Allowance:	Displays the spousal allowance; this amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the second deduction from the gross income data field
Dep/Family Allowance:	Displays the dependent/family allowance; this amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the third deduction from the gross income data field
Non Covered Medical Exp:	Displays the non-covered medical expenses amount; this amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the fourth deduction from the gross income data field
Home Maintenance	Displays the Home maintenance amount value. Six months is the maximum allowable time the member is allowed this deduction for maintaining a home. Refer to M1470.240 in the Medicaid Eligibility Manual for procedures on calculating this deduction.
Total:	Displays the total amount in MN override mode; this will be entered by the worker only when the MN override is initiated, otherwise it will be blank and not part of the patient pay calculation
SD Liability:	Displays the spenddown liability amount; this amount will be calculated outside the system and will be entered by the worker, when the MN override function is used. This is a mandatory data field when override initiated and locked when override not initiated

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Contributable Income: Displays the contributable income amount; this amount will be calculated outside the system and will be entered by the worker, when determined appropriate for a particular MN member. This is a mandatory data field for certain MN members when override initiated and locked when override not initiated

Patient Pay: Displays the patient pay amount; this is the patient pay calculation that the system will perform when the Override is not in effect. This is the last calculation that will be performed by the system. If patient pay once calculated is less than 0, the patient pay data field will display 0.

The calculation of income and any of the special earnings allowance comes first. Information from Patient Pay Screen 1 and 2 will populate the appropriate data fields on screen 3.

When the Patient Pay Screens are changed to Override Mode the system will not calculate the amount of patient pay and other data fields that may need to be completed for MN LTC members are not editable.

Medicaid Rate: Displays the Medicaid rate amount, this field will be locked in calculated mode. In override mode this field can be updated and/or added. The Medicaid rate is updated by the eligibility worker will need to contact the facility to obtain this rate. The Medicaid Rate for the month for NF providers is per diem multiplied by 31 days; for CBC providers it is the hourly rates multiplied by the number of hours for the dates of service for the member.

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Patient Pay History Inquiry Screen

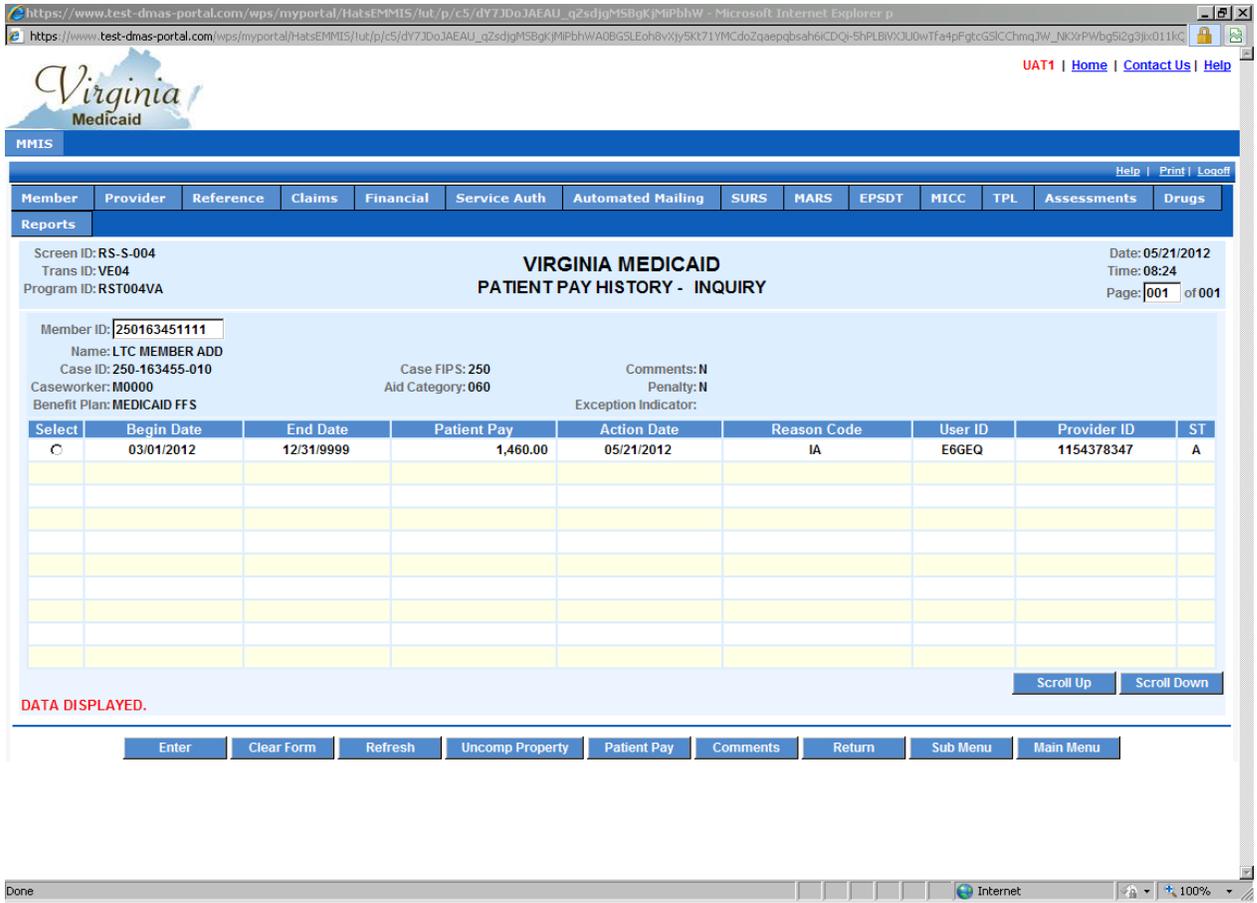
The Patient Pay History Screen is a chronological record of all patient pay segments entered in the system for an individual. The only editable data field on this screen is the member ID number. This enables change from one member to another without leaving the patient pay screens. This screen also provides a pathway to modify patient pay segments other than the most current segment when accessed in update mode from the Member Financials screen.

Information from this screen populates the Eligibility Verification Screen; accessible through the ARS (Automated Response System) and Medicaid systems for providers to obtain information regarding an individual's patient pay. The local departments of social services are not responsible for communicating patient pay information to the provider community.

The top section of the Patient Pay History screen provides basic member information, such as Member ID and name and aid category. The bottom section of the screen contains all patient pay segments for the member. Segments may be "A" active or "V" void. Active segments contain valid patient pay information for the period the segment covers. Information from active segments is reported to providers. Information from voided segments is maintained in history. It is the responsibility of the provider to monitor patient pay information each month, and adjust claims submission accordingly.

When in update mode, select any active segment and then the Patient Pay button to access that segment for modification. Changes in segments must be done in accordance with Medicaid policy. Follow the procedures outlined in this chapter on how to make changes to existing segments. When in inquiry mode select any active segment and then the Patient Pay button to view that segment; no changes can be made in inquiry mode.

To enter authorized representative information or case notes in the Comments screen, access the Member Financials screen in update mode.



Case Data Screen Field Definitions Unique to Patient Pay History Screen

- Penalty:** Indicates whether penalty information exists for that member. “Y” (Yes) if penalties exist, “N” (No) if no penalties exist
- Benefit Plan:** Displays the description of the member’s most defining benefit plan
- Exception Indicator:** Displays the member’s benefit plan exception indicator. (If there is more than one active EI for the member a plus sign (+) will be displayed.
- Begin Date:** Displays the member’s patient pay begin date
- End Date:** Displays member's patient pay end date
- Patient Pay:** Displays member's patient pay liability amount
- Action Date:** Displays the date when the last action was taken on patient pay segment
- Reason Code:** Current patient pay reason is displayed
- User ID:** Operator E-code is displayed

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Provider ID: Provider ID displayed

ST: Code to indicate the status of a period of patient pay. 'A' = Active and
'V' = Void

Member Comments Screen – Update Mode

The authorized representative section of this screen must be completely filled out when that individual is to receive the Notice of Obligation. When “A” is entered in the “Mail To” data field on Patient Pay screen 1, the system will pull the data from the Comments screen to populate the Member Financials Inquiry screen section for the authorized representative. The system will use this address for mailing the Notice of Obligation. An error message will display if the “A” is entered without first completing the authorized representative information on this screen. If an attempt is made to delete the authorized representative information without first changing the “Mail To” indicator to either “E” or “C” an error message will display. The “Mail To” data field must be changed prior to deleting this information. This screen may also be used to enter notes regarding why an action is being taken on the member’s case. The notes may relate to any aspect of a member’s record.

If Reason Codes “RV” or “OT” are used when entering patient pay data, the Comments screen **must** be added from Patient Pay screen 3.

The screenshot shows the 'MEMBER COMMENTS - UPDATE' screen for Virginia Medicaid. At the top, there is a navigation bar with tabs for Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessments, and Drugs. Below this, the screen displays the following information:

- Screen ID: RS-S-023
- Trans ID: VE24
- Program ID: RST023VA
- Member ID: 250-163451-111
- Case ID: 250-163455-010
- Name: LTC MEMBER ADD
- Caseworker: M0000
- Case FIPS: 250

The 'Authorized Representative' section contains the following fields:

- Authorized Representative:
- Eff Date:
- Address 1:
- Address 2:
- City:
- State:
- Zip Code:
- Phone:
- User ID: E6GEQ
- Change Date: 05/21/2012

At the bottom, there is a 'Comments' field with a text area and a 'DATA DISPLAYED.' message. Navigation buttons at the bottom include 'Enter', 'Update', 'Return', 'Sub Menu', and 'Main Menu'.

Case Data Screen Field Definitions Unique to Member Comments Screen

Authorized Representative: Member’s authorized representative’s name

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- Eff Date:** Effective date of authorized representative
- Address 1:** Authorized representative's additional address name
- Address 2:** Authorized representative's street address
- City:** Authorized representative's city name
- State:** Authorized representative's state name
- Zip Code:** Authorized representative's zip code
- User ID:** E-code of worker that entered authorized representative data (updated by the MMIS)
- Change Date:** Member's authorized representative change date (updated by the MMIS)

Entering Initial/New Patient Pay Segments

This is the procedure for data entry of initial or new patient pay segments. When the system is in calculate mode, the user must pass through the Patient Pay screen 2 which calculates the Special Earnings Allowance even when the member has no earned income. See the procedure for entering patient pay for an individual who is entitled to a Special Earnings Allowance in this chapter.

- Enrollment Menu, select Member and Update, then enter Member ID number
- Select Financials (alternate pathway, select Member or Eligibility, then select Financials)
- From Member Financials screen select Patient Pay to go to Patient Pay screen 1
- In column 1 enter:
 - Mail To Indicator- Default is C, change if required
 - Provider ID (NPI)
 - Reason Code
 - Begin Date
 - End Date if closed period is appropriate, otherwise leave field blank
 - Income in appropriate fields
- Select Enter (select Enter a second time if no end date to populate MMIS default date of 12/31/9999), then select Next to go to Patient Pay screen 2.

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

Member ID: 250-163451-111
 Name: LTC MEMBER
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M0000
 FIPS: 250
 Mail Name: LTC MEMBER
 Provider Name: THE CEDARS

Reason Code: IA
 Begin Date: 03/01/2012
 End Date: 12319999

Income Calculation

Unearned Income

SSA:	1,500.00		
SSI:	0.00		
Other Unearned:	0.00		
Total Unearned:	1,500.00		

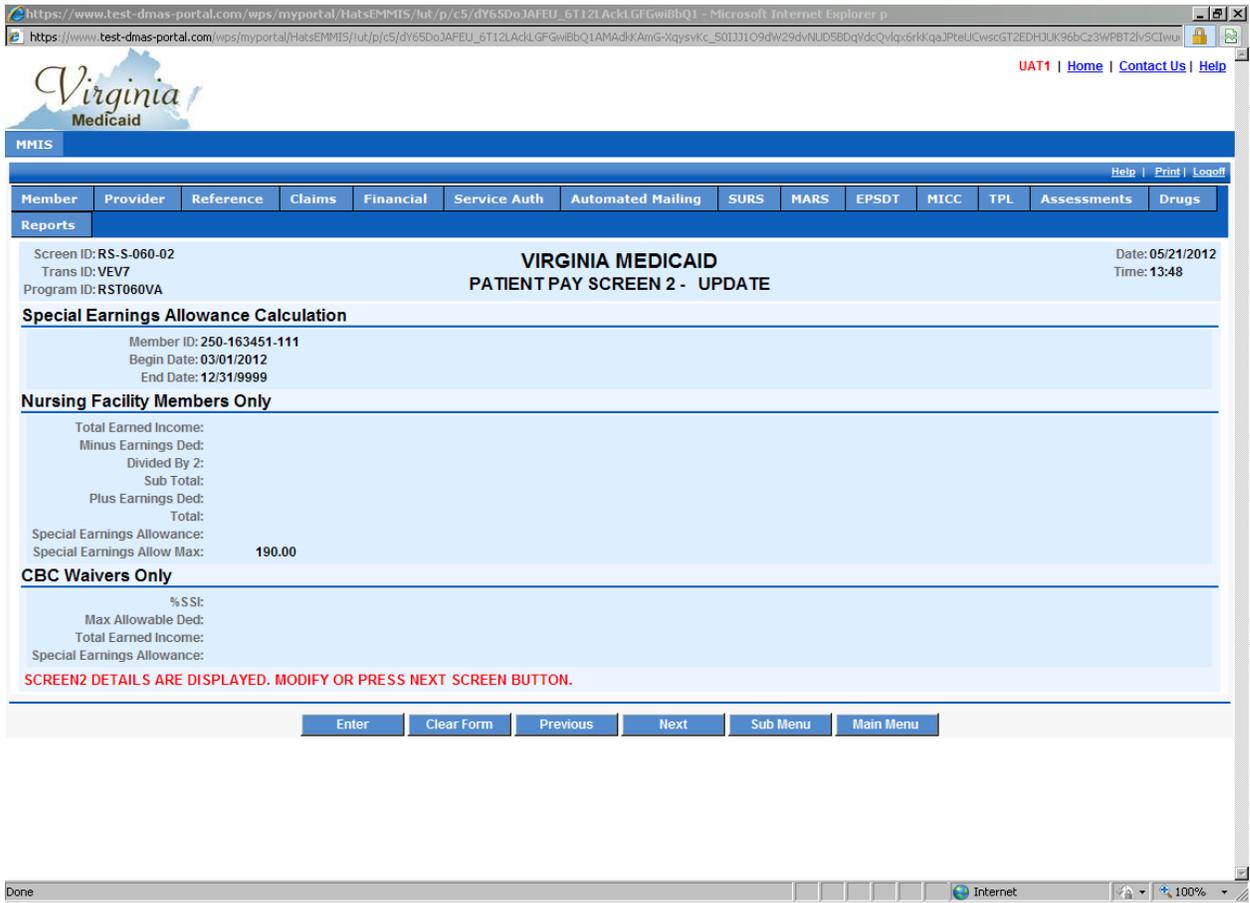
Earned Income

EMPL1:	0.00		
EMPL2:	0.00		
Total Earned:	0.00		
Gross Income:	1,500.00		
Special Earnings Ind:			

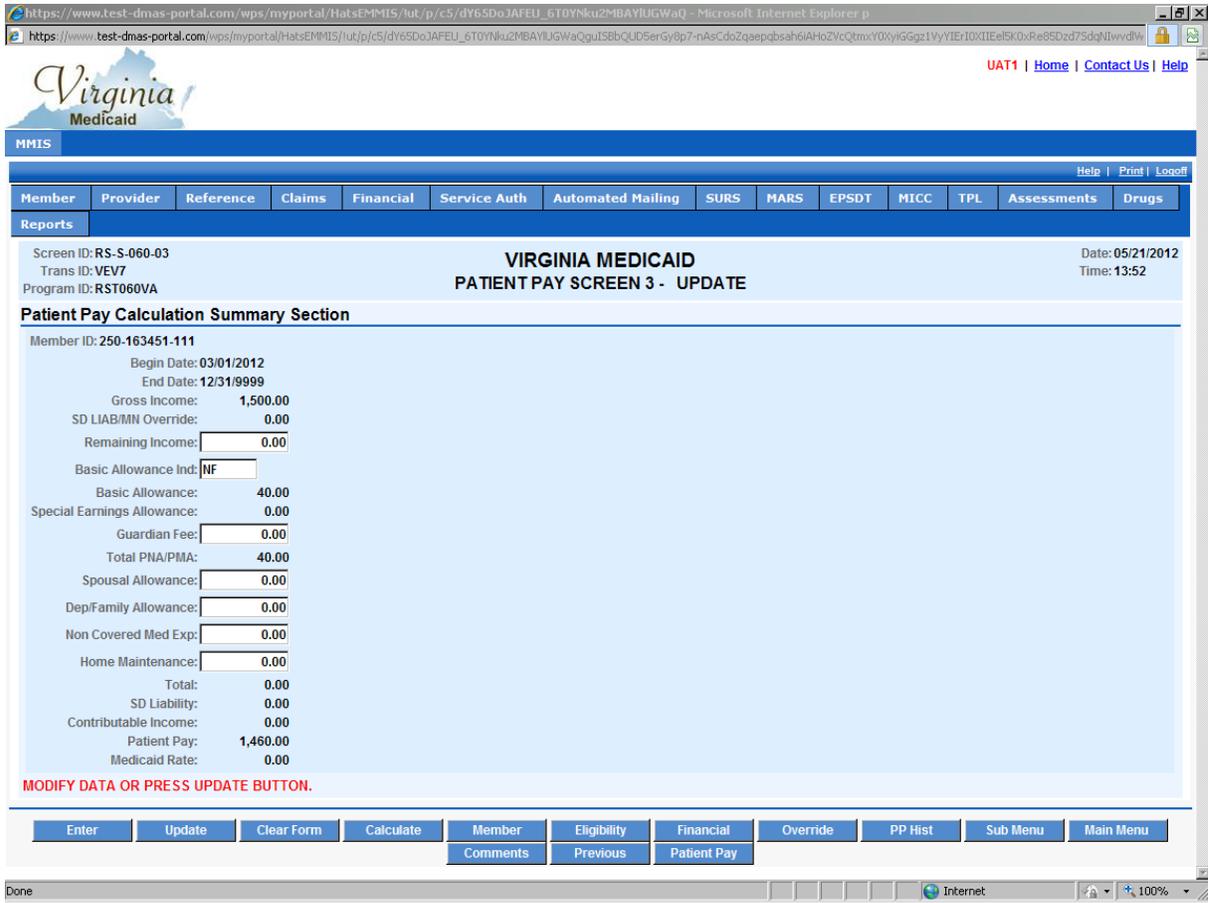
RECORDS DISPLAYED.

Buttons: Enter, Clear Form, Refresh, Member, Eligibility, Financial, Override, PP Hist, Comments, Next, Sub Menu, Main Menu

You must select Enter before moving to the next screen or MMIS will not recognize changes to data on the screen.



- Patient Pay screen 2, select Next to go to Patient Pay screen 3 if no special earnings allowance



- In column 1 enter:
 - Basic Allowance Indicator (use the Help option for tables), the MMIS will automatically display the Basic Allowance amount related to the indicator entered in Calculate Mode.
 - Enter any other allowances approved for the member
- Select Enter, then Update to save data
- Select PP Hist to verify update

Screen Notes:

- The MMIS will populate the Begin Date, the End Date, and the Gross Income data fields from Patient Pay screen 1.
- The Basic Allowance Indicator displays the value for the basic allowance related to the indicator code entered and the begin date of the patient pay segment when in calculate mode.

Please be aware that when entering patient pay segments in Override that these values change effective January 1st of each year. When manually entering this allowance in Override you must enter the updated value effective the 1st of January. More than one patient pay segment may have to be entered when patient pay segment dates overlap the change in the value of the indicator. Set up a reminder to update patient pay when the value of the indicator changes.

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Example – Effective January 1 of each year, the values for CBC, or PACE may change; The automated SSA COLA change will update most members with the new values when a COLA is given; otherwise workers must manually change the values for the coming year.

- Patient pay data can be corrected for new segments the same day it is added to the MMIS, to include the provider ID number. If the worker is unable to correct the data, refer to the Same Day Void Procedure located in the manual to void out the patient pay segment. If additional assistance is needed, email the Patient Pay Inbox for assistance at patientpay@dmas.virginia.gov.

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Updating an Existing Patient Pay Segment

Changes to an individual's patient pay are made in accordance with Medicaid policy governing patient pay determinations. Refer to [M1470 and M1480 in the Medicaid Eligibility Manual](#). This procedure is used when end dating an ongoing segment or ending a closed segment earlier than the original end date. The procedure is followed any time a change occurs, including when a member has been discharged from Medicaid long-term care services. For changes in providers during a month, refer to the section in this chapter addressing provider changes. **Increases in patient pay must be entered in MMIS no later than the close of business on the 15th of the month in the current month.**

Important to Remember: When you re-enter patient pay screens 1-3, the screens will either be in Calculate or Override mode depending upon which mode the segment in column 1 was entered. When Enter is selected the system will calculate income, invoke date edits and align data in the columns. Selecting Override at screen 1 will cause the system to jump to Screen 3 and change the mode to Override or keep the screen in override mode. If the message on patient pay screen 3 does not indicate the screen is in override mode, select Override again to switch the screen to Override, if that is the mode required for data entry.

Example: The following is an example of a member who has had a change in the amount of income and the change was reported prior to the effective date of the increase.

- Proceed to Patient Pay screen 1 in Update mode.
- In column 1 enter:
 - Reason Code
 - End Date
- In column 2, enter:
 - Reason Code
 - Begin Date
 - End Date
 - All Income data
- Select Enter
 - For Calculate Mode:
 - Select Next to go to Patient Pay screen 2
 - If there is no special earnings allowance select Next to go to Patient Pay screen 3
 - Select Enter to calculate patient pay, align data, and invoke edits
 - For Override Mode:
 - Select Override to jump to Patient Pay screen 3
 - Select Enter to invoke edits and align data
- On Patient Pay screen 3, tab to column 3 and enter:
 - Calculate Mode:
 - Basic Allowance Indicator
 - Any Allowances
 - Select Enter, then Update to save data
 - Override Mode:

- Basic Allowance Indicator
 - Basic Allowance
 - If appropriate, Guardian Fee
 - Total PNA/PMA
 - Any other allowances
 - For a MN case, enter any other appropriate data
 - Patient Pay
 - Select Enter, then Update to save data
- Select PP Hist to verify update The original segment now appears as void and is replaced by the end dated segment and the new segment. Select Return to go to Member Financial screen

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/07/2012
 Time: 11:57

Member ID: 250-656512-110
 Name: UPDATE LTC MEMBER
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E): [C] Mail Name: UPDATE LTC MEMBER
 Provider ID: 1154378347 Provider Name: THE CEDARS

Reason Code:	JA		
Begin Date:	03/01/2012		
End Date:	12319999		

Income Calculation

Unearned Income

SSA:	691.00		
SSI:	0.00		
Other Unearned:	0.00		
Total Unearned:	691.00		

Earned Income

EMPL1:		0.00	
EMPL2:		0.00	
Total Earned:		0.00	
Gross Income:		691.00	
Special Earnings Ind:			

SCREEN IS DISPLAYED IN CALCULATE MODE. MODIFY DETAILS AND PRESS ENTER.

Buttons: Enter, Clear Form, Refresh, Member, Eligibility, Financial, Override, PP Hist, Comments, Next, Sub Menu, Main Menu

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	-------------	-------

Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/07/2012
 Time: 11:58

Member ID: 250-656512-110
 Name: UPDATE LTC MEMBER
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E): C
 Mail Name: UPDATE LTC MEMBER
 Provider ID: 1154378347
 Provider Name: THE CEDARS

Reason Code:	IN	IA	
Begin Date:	03/01/2012	07/01/2012	
End Date:	06/30/2012	12/31/9999	

Income Calculation

Unearned Income

SSA:	691.00	724.00	
SSI:	0.00	0.00	
Other Unearned:	0.00	0.00	
Total Unearned:	691.00	724.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	691.00	724.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65DoJAFEU_6T12LGFAsKPCsE1DcA - Microsoft Internet Explorer p

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/07/2012
 Time: 12:06

Patient Pay Calculation Summary Section

Member ID: 250-656512-110

Begin Date:	03/01/2012	07/01/2012
End Date:	06/30/2012	12/31/9999

Gross Income:	691.00	724.00
SD LIAB/MN Override:	0.00	0.00
Remaining Income:	0.00	0.00
Basic Allowance Ind:	NF	NF
Basic Allowance:	40.00	40.00
Special Earnings Allowance:	0.00	0.00
Guardian Fee:	0.00	0.00
Total PNA/PMA:	40.00	40.00
Spousal Allowance:	0.00	0.00
Dep/Family Allowance:	0.00	0.00
Non Covered Med Exp:	0.00	0.00
Home Maintenance:	0.00	0.00
Total:	0.00	0.00
SD Liability:	0.00	0.00
Contributable Income:	0.00	0.00
Patient Pay:	651.00	684.00
Medicaid Rate:	0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY65DoJAFEU_6T32ozwZIEIKBbQyAqAdkkgovFysr7+PuZDdzAuTV3OzTIUHaSQ6U0uWzqQVh3R80Q6dxfco08IIEW1CFsyeeucnJa-RO12XT2LyT5

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	-------------	-------

Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/07/2012
 Time: 12:08

Patient Pay Calculation Summary Section

Member ID: 250-656512-110

Begin Date: 07/01/2012
 End Date: 12/31/9999

Gross Income: 724.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF

Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00

Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 684.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY65EoJAEAU_aYyBwwUsFpQVWe6EwpJCKLALPh8NTLyd4791IedolYauPybcSg79CPXCY6g3nELNSrQpFenA3K0IFCGBFOWCl_jhr:IN63swl6LrdIEZl

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	-------------	-------

Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/07/2012
 Time: 12:09
 Page: 001 of 001

Member ID: 250656512110
 Name: UPDATE LTC MEMBER
 Case ID: 250-656512-314
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 018
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
C	07/01/2012	12/31/9999	684.00	06/07/2012	IA	E6GEQ	1154378347	A
C	03/01/2012	06/30/2012	651.00	06/07/2012	IN	E6GEQ	1154378347	A
C	03/01/2012	12/31/9999	651.00	06/07/2012	IA	E6GEQ	1154378347	V

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

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Screen Notes:

Reason Codes OT/RV - When using reason codes “OT” or “RV” for data entry of a patient pay segment, notes must be placed on the Comments screen or the MMIS will not complete the update of the patient pay segments.

Eligibility Renewals - If patient pay does not need to be changed at the time of renewal, no action in the MMIS needs to be taken. If a change is required, end date the patient pay segment the last day of the month in which action is being taken to renew eligibility using Reason Code “**RE.**” Use the appropriate reason code to begin the new patient pay segment(s).

Member Discharged from Medicaid LTC Services or Medicaid Eligibility Ends -

For NF members, end date the appropriate patient pay segment the day prior to the date of discharge from Medicaid long-term care services. If there are active patient pay segments beyond the date the member’s Medicaid long-term care services end, follow the procedure in this chapter for deleting future patient pay segments.

For CBC members, end date patient pay the date prior to discharge or the date of discharge if services were provided on that date. The exception is when the member was admitted to a NF on that date, then end patient pay the date prior to the date of discharge. The NF must have the date of admission to the facility as the beginning of the NF patient pay segment.

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Underpayments and Overpayments

If the patient pay screens are in calculate mode, prior to selecting update to complete the transaction, select override to access the patient pay data field. Adjust the amount of patient pay for any underpayment or overpayment by adding or subtracting the appropriate amount from the amount of patient pay determined by the MMIS. **Do not adjust patient pay for underpayments of more than \$1,500.** Underpayments greater than \$1,500.00 must be referred to the DMAS Recipient Audit Unit per [M1470.900.D, Medicaid Eligibility Manual](#). The Member must have a patient pay greater than zero to return an overpayment. Refer to [Broadcast 7373](#) for additional information.

Override Function

The override function **must** be used for all medically needy cases, underpayments and overpayments, and any time patient pay must be apportioned between providers. Failure to enter the required data elements for medically needy cases may result in an incorrect patient pay. Additionally, it will cause these segments to be included in the Automated SSA COLA Update Process which is contrary to policy and procedure.

Example: - The following example is for a member who is widowed and living in a nursing facility with income greater than 300% SSI, Medicare, no earned income and has a change in an allowance. Remember, the Medicaid rate is obtained by contacting the facility and this amount is unique to the provider. The example shown has ongoing patient pay, which is only allowable for medically needy individuals whose spenddown liability is less than the Medicaid rate for the facility. Additionally, under this set of circumstances ongoing patient pay may be entered. All data entry must be completed in Override Mode.

- Proceed to Patient Pay screen 1 in update mode and enter the following:
 - Mail To Indicator-Default Value C, change if required
 - Provider ID
 - Reason Code
 - Begin Date
 - End Date if closed period is appropriate, otherwise leave field blank
 - Member income data
- Select Enter (select Enter a second time if no end date to populate MMIS default date of 12/31/9999)
- Select Override to change from Calculate to Override Mode and jump to screen 3
- Patient Pay screen 3, all fields are accessible in override mode with the exception of the begin and end date fields. A message displays at the bottom of the screen alerting the user that override mode is active. Remember, the MMIS will NOT calculate patient pay when in override mode
- Update the required fields as appropriate to the situation or member. Data entry of the medically needy data elements is **mandatory** on this screen. If any field is not accessible, select Override again to allow entry

- Select Enter, then Update to save data. (After Update has been selected, the MMIS will move the most current patient pay segment to the first column. This segment will display when the patient pay screens are accessed for future updates.)
- Select PP Hist to verify the update

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/06/2012
 Time: 09:48

Member ID: 250-221231-526
 Name: PROVIDERS CHANGE N
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M000
 FIPS: 250
 Mail Name: PROVIDERS CHANGE N
 Provider Name: THE CEDARS

Reason Code:	IA	AL	
Begin Date:	02012012	05012012	
End Date:	04302012	12319999	

Income Calculation

Unearned Income

SSA:	2,200.00	2,200.00	
SSI:	0.00	0.00	
Other Unearned:	300.00	300.00	
Total Unearned:	2,500.00	2,500.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	2,500.00	2,500.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Screen ID: RS-S-060-03
Trans ID: VEV7
Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/06/2012
Time: 09:57

Patient Pay Calculation Summary Section

Member ID: 250-221231-526

Begin Date:	02/01/2012	05/01/2012
End Date:	04/30/2012	12/31/9999
Gross Income:	2,500.00	2,500.00
SD LIAB/MN Override:	2,230.00	2,230.00
Remaining Income:	270.00	270.00
Basic Allowance Ind:	NF	NF
Basic Allowance:	40.00	40.00
Special Earnings Allowance:	0.00	0.00
Guardian Fee:	0.00	0.00
Total PNA/PMA:	40.00	40.00
Spousal Allowance:	0.00	0.00
Dep/Family Allowance:	0.00	0.00
Non Covered Med Exp:	150.00	0.00
Home Maintenance:	0.00	0.00
Total:	80.00	230.00
SD Liability:	2,230.00	2,230.00
Contributable Income:	2,310.00	2,460.00
Patient Pay:	2,310.00	2,460.00
Medicaid Rate:	4,060.00	4,060.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Screen is in Override Mode

Screen is in Override Mode

Screen ID: RS-S-060-03
Trans ID: VEV7
Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/06/2012
Time: 09:59

Patient Pay Calculation Summary Section

Member ID: 250-221231-526

Begin Date:	05/01/2012	
End Date:	12/31/9999	
Gross Income:	2,500.00	
SD LIAB/MN Override:	2,230.00	
Remaining Income:	270.00	
Basic Allowance Ind:	NF	
Basic Allowance:	40.00	
Special Earnings Allowance:	0.00	
Guardian Fee:	0.00	
Total PNA/PMA:	40.00	
Spousal Allowance:	0.00	
Dep/Family Allowance:	0.00	
Non Covered Med Exp:	0.00	
Home Maintenance:	0.00	
Total:	230.00	
SD Liability:	2,230.00	
Contributable Income:	2,460.00	
Patient Pay:	2,460.00	
Medicaid Rate:	4,060.00	

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Screen is in Override Mode

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
Comments Previous Patient Pay

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY67DoJAFEQ_6Y4ewltuYFII0Iij20IRrNAXgwBwNeLIZuOe2cAQh2pp6mpuxqHqIAdpIEJ81XVvFE0QAX380kg7OKDCGDHPVStGTi25vfdmdJ3z3auEs33f


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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VED4
 Program ID: RST004VA

VIRGINIA MEDICAID

PATIENT PAY HISTORY - INQUIRY

Date: 06/06/2012
 Time: 09:59
 Page: 001 of 001

Member ID:
 Name: PROVIDERS CHANGE N
 Case ID: 250-221231-518
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 058
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	12/31/9999	2,460.00	06/06/2012	IA	E6GEQ	1154378347	A
<input type="radio"/>	02/01/2012	04/30/2012	2,310.00	06/06/2012	IA	E6GEQ	1154378347	A

DATA DISPLAYED.

Enter	Clear Form	Refresh	Uncomp Property	Patient Pay	Comments	Return	Sub Menu	Main Menu
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Done Internet 100%

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Same Day Void of Patient Pay Segments

When a patient pay segment has been entered in error, the reason code “VO” permits the segment to be voided the same day the segment was entered. Using “VO” voids the segment and blocks the generation of a Notice of Obligation that includes that segment. The voided segment is maintained in patient pay history, but is not reported to providers. Only segments that are an initial entry can be voided using this process. Segments that existed previously and have been modified cannot be voided using this process. Contact DMAS at patientpay@dmas.virginia.gov when permission is needed to void a segment; approval must be granted to avoid an audit error.

Patient pay segments that are entered into the MMIS may be modified the same day they are entered. Patient pay segments for a future period may be modified after the day they are entered in accordance with Medicaid policy. It is not necessary to void the segment unless the segment cannot be corrected.

- On the Patient Pay History screen select the radio button beside the patient pay segment to be voided, then select Patient Pay to go to Patient Pay screen 1
- Enter Reason Code “VO” then select Enter
- The following message appears at the bottom of the screen: “THIS PATIENT PAY SEGMENT WILL BE VOIDED. PRESS NEXT SCREEN BUTTON.” Select Next twice to go to screen 3
- Select Enter, then Update to confirm void
Patient Pay screen 3 will now be refreshed with the most active current segment which is moved to column one. Once a segment is voided it only appears on the patient pay history screen as status “V” for void and cannot be updated.
- Select PP Hist to verify the update
- Select Return to go to Member Financials screen. The most current active segment will now appear here. If the segment that was voided was the only patient pay segment for this member, no patient pay segment is displayed on the Member Financials screen.

Review the screen shots on the pages that follow:

Screen ID: RS-S-004
 Trans ID: VED4
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 05/31/2012
 Time: 09:20
 Page: 001 of 001

Member ID: 250111123418
 Name: LTC MEMBER UPDATE A
 Case ID: 250-111123-426
 Case Worker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 011
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input checked="" type="radio"/>	04/01/2012	12/31/9999	1,360.00	05/31/2012	IN	E6GEQ	1154378347	A
<input type="radio"/>	03/01/2012	03/31/2012	1,560.00	05/31/2012	IA	E6GEQ	1154378347	A
<input type="radio"/>	03/01/2012	12/31/9999	1,560.00	05/31/2012	IA	E6GEQ	1154378347	V

DATA DISPLAYED.

Buttons: Enter, Clear Form, Refresh, Uncomp Property, Patient Pay, Comments, Return, Sub Menu, Main Menu

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/31/2012
 Time: 09:21

Member ID: 250-111123-418
 Name: LTC MEMBER UPDATE A
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E):
 Mail Name: LTC MEMBER UPDATE A
 Provider ID: 1154378347
 Provider Name: THE CEDARS

Reason Code:

Begin Date:

End Date:

Income Calculation

Unearned Income

SSA:

SSI:

Other Unearned:

Total Unearned:

Earned Income

EMPL1:

EMPL2:

Total Earned:

Gross Income:

Special Earnings Ind:

DETAILS ARE IN CALCULATE MODE. MODIFY OR PRESS NEXT SCREEN BUTTON.

Buttons: Enter, Clear Form, Refresh, Member, Eligibility, Financial, Override, PP Hist, Comments, Next, Sub Menu, Main Menu

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dy73Do3AEAU_qZt90MIMYQm0Heg2C4FoCMW5CDy9eL3k6_uVQ9K0JnqrWvrtZunsoAcSr0SEsqMxqrKkoSglzTF5IEjoteQY5q3XqyXNSrH505_pDIABi

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/31/2012
 Time: 09:24

Member ID: 250-111123-418
 Name: LTC MEMBER UPDATE A
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M000
 FIPS: 250

Mail Name: LTC MEMBER UPDATE A
 Provider Name: THE CEDARS

Reason Code: VO
 Begin Date: 04/01/2012
 End Date: 12/31/9999

Income Calculation

Unearned Income

SSA:	800.00		
SSI:	0.00		
Other Unearned:	600.00		
Total Unearned:	1,400.00		

Earned Income

EMPL1:	0.00		
EMPL2:	0.00		
Total Earned:	0.00		
Gross Income:	1,400.00		
Special Earnings Ind:			

THIS PATIENT PAY SEGMENT WILL BE VOIDED. PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done Internet 100%

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dy73Do3AEAU_qRuG2Tw051gCo2GQ7UgGgKy3RCIFL148uSre9WDAK7Gamubam2nseohq0rHY5yZUak5BBK0RMaquXDRFF5CFDpRQdncP3mgWHucXIZ

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/31/2012
 Time: 09:27

Patient Pay Calculation Summary Section

Member ID: 250-111123-418

Begin Date: 03/01/2012
 End Date: 03/31/2012

Gross Income: 1,600.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF

Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00

Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 1,560.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 05/31/2012
 Time: 09:36
 Page: 001 of 001

Member ID: 250111123418
 Name: LTC MEMBER UPDATE A
 Case ID: 250-111123-426
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 011
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	04/01/2012	12/31/9999	1,360.00	05/31/2012	VO	E6GEQ	1154378347	V
<input type="radio"/>	03/01/2012	03/31/2012	1,560.00	05/31/2012	IA	E6GEQ	1154378347	A
<input type="radio"/>	03/01/2012	12/31/9999	1,560.00	05/31/2012	IA	E6GEQ	1154378347	V

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

Screen ID: RS-S-006
 Trans ID: VE06
 Program ID: RST006VA

VIRGINIA MEDICAID
MEMBER FINANCIALS - INQUIRY

Date: 05/31/2012
 Time: 09:37

Member ID: 250111123418
 Name: LTC MEMBER UPDATE A
 Case ID: 250-111123-426
 Caseworker: M000
 Aid Category: 011
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Comments: N
 Penalty: N
 Exception Indicator:

Auth Rep: LTC MEMBER UPDATE A
 Rep Addr1: UPDATE A LTC MEMBER WAY
 Rep Addr2:
 City: RICHMOND State: VA Zip Code: 55555 Mail To Auth Rep: C

Patient Pay

Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
03/01/2012	03/31/2012	1,560.00	05/31/2012	IA	E6GEQ	1154378347	A

View Previous Patient Pay

SSA Bendex Amt: 0.00
 Payment Stat: 0.00
 Begin Date:

SSA: 1,000.00
 Other: 600.00
 Unearned: 1,600.00

SSI: 0.00
 Earned: 0.00

DATA DISPLAYED.

Enter Clear Form Refresh Member Eligibility Case Uncomp Property TPL Sum Patient Pay Sub Menu Main Menu
 Comments

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Updating Patient Pay - Change in Provider during a Month

When a change in provider occurs during the month it will be necessary to establish the amounts of patient pay each provider will be responsible to collect during the month of the change. The amount of patient pay for each provider must be determined in accordance with Medicaid policy governing these changes. Medicaid policy regarding changes in provider is located at M1470.900. Changes in provider during a month will require adjustments be made to patient pay segments in the MMIS. Multiple patient pay transactions are required to complete any necessary changes. These procedures apply to the following facility changes:

- CBC to CBC
- NF to NF
- CBC to NF
- NF to CBC
- CBC or NF to a DBHDS/CSB as the provider
- CBC or NF to a PACE Program
- PACE Program to a Non-PACE CBC or NF provider

Change in Provider Scenarios and Procedures

The following is a list of general scenarios that workers will come across when having to complete a change of provider for patient pay:

1. DMAS-225 is received for a change in the current month; patient pay will increase beginning the next month and it is prior to advance notice cutoff.
2. DMAS-225 is received for a change in the current month; patient pay will increase beginning the next month and it is after advance notice cutoff.
3. DMAS-225 is received timely; the change occurred in the current month; patient pay will decrease in the future.
4. DMAS-225 is received untimely; the change occurred in the past; patient pay will increase and it is prior to cutoff for advance notice in the month in which action is being taken.
5. DMAS-225 is received untimely; the change occurred in the past; patient pay will increase and it is after cutoff for advance notice in the month in which action is being taken.
6. DMAS-225 is received timely or untimely; the change occurred in the past or in the current month; patient pay be split in the month of change, but is the same as in the past.

Systems Cutoff for Patient Pay Increases – If a change in provider occurs and the new patient pay amount is greater than what the member was previously advised, the MMIS will block the entry of the increase in patient pay in the current month, or the future month if after the 15th of the current month. This scenario, normally occurs when a member moves from a CBC to NF provider due to the differences in the amount of the basic allowance. Increases in patient pay are always done prospectively in accordance with [M1470 and M1480 of the Medicaid Eligibility Manual](#). If an underpayment occurs refer to [M1470](#) of the Medicaid manual for procedures in making referrals to the DMAS Recipient Audit Unit.

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Different Waiver Services Under the Same CBC Provider - If a member receives different CBC services at different times from the same provider using a different NPI number for each service and the patient pay is greater than zero, the change in provider procedure must be followed. Patient pay must be apportioned using the NPI number that matches the service being provided.

Policy says that patient pay is collected by the provider having the greatest number of billable hours if the member receives more than one type of service during a month. The providers are responsible for determining how much patient pay each one has to collect.

The change of provider procedure is not required when:

Patient Pay is Zero and CBC Member Switches Services - When patient pay for a waiver member is zero and the member is admitted and discharged back and forth between personal care and respite care services, it is not necessary to complete the change in provider procedure. Patient pay segments should be linked to the personal care provider. Remember, zero patient pay = zero patient pay.

Member Enters Hospital and Returns to the Same LTC Provider within a Month – If this scenario occurs, it is not necessary to follow the change in provider procedures or to change the patient pay. This is a claims issue between the provider and DMAS.

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Change in Provider During a Prior Month

Patient Pay is split between 2 Providers in the Month of Change with the New Provider Collecting a Greater Share of the Patient Pay than the Former Provider

This procedure applies to like provider changes that occurred in a prior month when the ongoing patient pay remains the same from one provider to the next.

Example 1 - The member is moving from one CBC provider to another in March 2012. The provider from which this member is being discharged will be responsible for collecting a portion of the patient pay for the month of change. The date of discharge is 03/15/2012. The full month patient pay amount is \$212.00. The former provider will collect \$100.00 in the month of change based on their Medicaid per diem rate. The new provider will collect \$112.00 in the month of change. The date of admission to the new provider is 03/16/2012. The ongoing patient pay is the same as it was in the past, so advance notice is not required. The member was notified of the patient pay amount when the Notice of Obligation was generated by the MMIS for the former provider.

Since the patient pay amount to the new provider is greater than the amount to the former provider in the month of change, patient pay segments must be entered out of date sequence. This will turn off the MMIS edit preventing retroactive increases since the change occurred in a past month.

This example has been grouped into four transactions to show the breakdown of how each segment is entered. Note that there are multiple ways to make this change in the MMIS and achieve the same results. This example only demonstrates one way to make this type of change.

- Navigate to Member Financials screen, select the Patient Pay button; note the segment in which the change occurred is in column 1

Transaction 1

- In column 1 enter:
 - Reason Code "PR"
 - End Date is the last day of the month prior to the month of change
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is the day of admission to new provider
 - End Date is the last day of the month of the month of change
- Select Enter, then Override to go to Patient Pay screen 3 and shut down the automated calculations
- In column 2 enter:
 - Basic Allowance Ind.
 - Patient Pay to the new provider
- Select Enter, then select Update to save data
- Select the Patient Pay button to return to Patient Pay screen 1

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Transaction 2

- Enter the new provider ID number
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is date is the first day of the month following the month of change
 - End Date is last day of the month following the month of change
 - Income
- Select Enter, then select Override to go to Patient Pay screen 3 and shut down the system automated calculations
- In column 2 enter:
 - Basic Allowance Ind.
 - Basic Allowance
 - Total PNA/PMA
 - Patient Pay
- Select Enter and then Update to save data
- Select the Patient Pay button to go to return to Patient Pay screen 1

Transaction 3

- In column 1 enter:
 - Reason Code "IA"
 - End Date is 12/31/9999 for ongoing patient pay
- Select Enter, then Next twice to go to Patient Pay screen 3
- Select Enter, then Update to save data
- Select PP Hist to go to the patient pay history screen

Transaction 4

- Select the segment to former provider that ended the month prior to the month of change, then select Patient Pay to go to Patient Pay screen 1
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is the first day of the month in which the change occurred
 - End Date is the date prior to date of discharge from the former provider
 - Income (and special earnings indicator, if appropriate)
- Select Enter, then Override to go to Patient Pay screen 3
- In column 2, enter:
 - Basic Allowance Ind.
 - Basic Allowance
 - Total PNA/PMA
 - Any other allowances
 - Patient Pay
- Select Enter, then Update to save data
- Select PP Hist to review all changes

See the screen shots of this example on the following pages:

Transaction 1

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS!ut/p/c/5/d/Y5LD0NAFEZ_0r3euhwqhjDEgNdGpt - Micr...
 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS!ut/p/c/5/d/Y5LD0NAFEZ_0r3euhwqhjDEgNdGptU9v0qV9f00XV7-zP-aCCK0IsXvWtp7EAAVUes0IK92akquYprodU25MNH-RKSLI

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/21/2012
 Time: 13:53

Member ID: 250-001133-515
 Name: PATIENT PAY EXAMPLE
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E): C
 Mail Name: PATIENT PAY EXAMPLE
 Provider ID: 1447312525
 Provider Name: HOMEAID INC

Reason Code: PR
 Begin Date: 01/01/2012
 End Date: 02292012

Income Calculation
 Unearned Income

SSA:	947.00	0.00	
SSI:	0.00	0.00	
Other Unearned:	416.00	0.00	
Total Unearned:	1,363.00	0.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	1,363.00	0.00	

Special Earnings Ind:

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS!ut/p/c/5/d/Y7JDoJAEAU_qZt9PA6gLIHRMMgyFw - Micr...
 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS!ut/p/c/5/d/Y7JDoJAEAU_qZt9PA6gLIHRMMgyFwJRCCgWQyDy9eLjk6_UVQ8E7AzIDtI3bD2UEGQ-4HLJRarkKISgrzXlwPyyjJC5CC

Medicaid

MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/21/2012
 Time: 13:54

Patient Pay Calculation Summary Section

Member ID: 250-001133-515
 Begin Date: 03/16/2012
 End Date: 03/31/2012

Gross Income: 0.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: CBC
 Basic Allowance: 0.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 0.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00
 Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 112.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Transaction 2

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 1 - UPDATE**

Date: 05/21/2012
 Time: 13:55

Member ID: 250-001133-515
 Name: PATIENT PAY EXAMPLE
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E): C
 Mail Name: PATIENT PAY EXAMPLE
 Provider ID: 0087008261
 Provider Name: BAY AGING

Reason Code:	PR	PR	
Begin Date:	03/16/2012	04012012	
End Date:	03312012	04302012	

Income Calculation

Unearned Income

SSA:	0.00	947.00	
SSI:	0.00	0.00	
Other Unearned:	0.00	416.00	
Total Unearned:	0.00	1,363.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	0.00	1,363.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done Internet 100%

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/plc5/dY7JEKNAFEU_6T1DkGUBogINaTFtFJWUqFvH1kVvWUWd_zoUCsZqbZtqaax6iGDQim5gkQpRLJg55GdJ9JZ-ZaIKl

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 3 - UPDATE**

Date: 05/21/2012
 Time: 13:57

Patient Pay Calculation Summary Section

Member ID: 250-001133-515

Begin Date: 04/01/2012
 End Date: 04/30/2012

Gross Income: 1,363.00

SD LIAB/MN Override: 0.00

Remaining Income: 0.00

Basic Allowance Ind: CBC

Basic Allowance: 1,151.00

Special Earnings Allowance: 0.00

Guardian Fee: 0.00

Total PNA/PMA: 1,151.00

Spousal Allowance: 0.00

Dep/Family Allowance: 0.00

Non Covered Med Exp: 0.00

Home Maintenance: 0.00

Total: 0.00

SD Liability: 0.00

Contributable Income: 0.00

Patient Pay: 212.00

Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

Transaction 3

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY65DoJAFEU_6TOYNsthkSUwGoZloCEYDAHZCgkRrxcrk-_p27IQwslUb11br9081QMikLWkSyjybVqxILJEM9LkLkxwZPQC

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 1 - UPDATE**

Date: 05/21/2012
 Time: 13:57

Member ID: 250-001133-515
 Name: PATIENT PAY EXAMPLE
 Mail To(A/C/E): C
 Provider ID: 0087008261

Case Worker: M000
 FIPS: 250
 Mail Name: PATIENT PAY EXAMPLE
 Provider Name: BAY AGING

Reason Code: JA
 Begin Date: 04/01/2012
 End Date: 12319999

Income Calculation

Unearned Income

SSA: 947.00
 SSI: 0.00
 Other Unearned: 416.00
 Total Unearned: 1,363.00

Earned Income

EMPL1: 0.00
 EMPL2: 0.00
 Total Earned: 0.00
 Gross Income: 1,363.00
 Special Earnings Ind:

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter	Clear Form	Refresh	Member	Eligibility	Financial	Override	PP Hist	Comments	Next	Sub Menu
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Internet 100%

Transaction 4

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID:RS-S-060-01
 Trans ID:VEV7
 Program ID:RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/21/2012
 Time: 14:00

Member ID: 250-001133-515
 Name: PATIENT PAY EXAMPLE
 Case Worker: M000
 FIPS: 250

Mail To(A/CIE): C
 Mail Name: PATIENT PAY EXAMPLE
 Provider ID: 1447312525
 Provider Name: HOMEAID INC

Reason Code:	PR	PR	
Begin Date:	01/01/2012	03012012	
End Date:	02292012	03152012	

Income Calculation

Unearned Income

SSA:	947.00	947.00	
SSI:	0.00	0.00	
Other Unearned:	416.00	416.00	
Total Unearned:	1,363.00	1,363.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	1,363.00	1,363.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID:RS-S-060-03
 Trans ID:VEV7
 Program ID:RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/21/2012
 Time: 14:01

Patient Pay Calculation Summary Section

Member ID: 250-001133-515

Begin Date:	01/01/2012	03/01/2012
End Date:	02/29/2012	03/15/2012

Gross Income:	1,363.00	1,363.00
SD LIAB/MN Override:	0.00	0.00
Remaining Income:	0.00	0.00
Basic Allowance Ind:	CBC	CBC
Basic Allowance:	1,151.00	1,151.00
Special Earnings Allowance:	0.00	0.00
Guardian Fee:	0.00	0.00
Total PNA/PMA:	1,151.00	1,151.00
Spousal Allowance:	0.00	0.00
Dep/Family Allowance:	0.00	0.00
Non Covered Med Exp:	0.00	0.00
Home Maintenance:	0.00	0.00
Total:	0.00	0.00
SD Liability:	0.00	0.00
Contributable Income:	0.00	0.00
Patient Pay:	212.00	100.00
Medicaid Rate:	0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

**VIRGINIA MEDICAID
 PATIENT PAY HISTORY - INQUIRY**

Date: 05/21/2012
 Time: 14:03
 Page: 001 of 001

Member ID: 250001133515
 Name: PATIENT PAY EXAMPLE
 Case ID: 250-003355-779
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 020
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	04/01/2012	12/31/9999	212.00	05/21/2012	IA	E6COS	0087008261	A
<input type="radio"/>	04/01/2012	04/30/2012	212.00	05/21/2012	PR	E6COS	0087008261	V
<input type="radio"/>	03/16/2012	03/31/2012	112.00	05/21/2012	PR	E6COS	0087008261	A
<input type="radio"/>	03/16/2012	03/31/2012	112.00	05/21/2012	PR	E6COS	1447312525	V
<input type="radio"/>	03/01/2012	03/15/2012	100.00	05/21/2012	PR	E6COS	1447312525	A
<input type="radio"/>	01/01/2012	12/31/9999	212.00	05/21/2012	IA	E6COS	1447312525	V
<input type="radio"/>	01/01/2012	02/29/2012	212.00	05/21/2012	PR	E6COS	1447312525	A

DATA DISPLAYED.

[Scroll Up](#) [Scroll Down](#)

[Enter](#) [Clear Form](#) [Refresh](#) [Uncomp Property](#) [Patient Pay](#) [Comments](#) [Return](#) [Sub Menu](#) [Main Menu](#)

MMIS Users' Guide	Page G-55
Chapter G-Long Term Care (LTC)	7/25/2012

All of the Patient Pay for the Month is Paid to the Former Provider

The following procedures apply when: NF to NF, CBC to CBC and PACE to PACE provider changes occur; patient pay for the latter part of the month of change is less than patient pay for the following month; it is after system cutoff for advance notice; and the member had previously received notice of the amount of patient pay due in the following month.

Example 2- The member changes from one NF to another in the month of April 2012. Notification of the change is not received by the agency until after patient pay cutoff for increases, the 15th of the month, in May 2012. The full month patient pay is \$845.00. Patient pay in April to the former provider will be \$845.00 based in the NF's Medicaid rate, and \$0.00 to the new provider. Patient pay for May ongoing will remain the same. The member was notified of the patient pay amount when the Notice of Obligation was generated by the MMIS for the former provider. Since patient pay for the latter part of the month of April is less than the amount of patient pay for May, the segments will have to be entered out of date sequence. This will turn off the MMIS edit preventing retroactive increases since the change occurred in a past month. As a result, the May patient pay segment will be entered prior to entering the segment for the latter part of April.

Transaction 1

- Navigate to the Member Financials screen
- Select the Patient Pay button to navigate to Patient Pay screen 1
- In column 1 enter:
 - Reason Code "PR"
 - End Date is date prior to the date of discharge from former provider
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is first day of the month following the month of change
 - End Date is last day of the month following the month of change
 - Income
- Select Enter, then Next twice to go to Patient Pay screen 3
- In column 2 enter:
 - Basic Allowance Indicator
 - Any allowances, if appropriate
- Select Enter, the Update to save data
- Select Patient Pay to go to Patient Pay screen 1

Transaction 2

- Enter the New Provider's NPI number
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is date of admission to new provider in the month of change
 - End Date is last day of the month of change
- Select Enter, then Override to go to Patient Pay screen 3
- In column 2 enter:
 - Basic Allowance Indicator

- Select Enter, then Update to save data
- Select Patient Pay to go to Patient Pay screen 1

Transaction 3

- In column 1 enter/change:
 - Reason Code "IA"
 - End Date is 12/31/9999
- Select Enter, then Next twice to go to Patient Pay screen 3
- Select Enter, then Update to save data
- Select the PP Hist to verify updates

Transaction 1

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDoJAEAU_qZtFwOMAhoHaaBj2C4FgCMIWQAHl68WTJ1_dqx4UcDBVa9dWopunaoAMCq3kEsg2FaqSoxgGuvyknJl

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
Reports													

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

Date: 05/21/2012
Time: 14:09

**VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE**

Member ID: 250-998855-116
 Name: NF NF
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M000
 Mail Name: CBC NF
 Provider Name: THE CEDARS
 FIPS: 250

Reason Code:	PR	PR	
Begin Date:	01/01/2012	05012012	
End Date:	04242012	05312012	

Income Calculation

Unearned Income

SSA:	1,450.00	1,450.00	
SSi:	0.00	0.00	
Other Unearned:	400.00	400.00	
Total Unearned:	1,850.00	1,850.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	1,850.00	1,850.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
Main Menu

Done Internet 100%

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

Date: 05/21/2012
 Time: 14:10

VIRGINIA MEDICAID PATIENT PAY SCREEN 3 - UPDATE

Patient Pay Calculation Summary Section

Member ID: 250-998855-116

Begin Date: 01/01/2012	05/01/2012
End Date: 04/24/2012	05/31/2012
Gross Income: 1,850.00	1,850.00
SD LIAB/MN Override: 0.00	0.00
Remaining Income: 0.00	0.00
Basic Allowance Ind: NF	NF
Basic Allowance: 40.00	40.00
Special Earnings Allowance: 0.00	0.00
Guardian Fee: 0.00	0.00
Total PNA/PMA: 40.00	40.00
Spousal Allowance: 0.00	0.00
Dep/Family Allowance: 0.00	0.00
Non Covered Med Exp: 0.00	0.00
Home Maintenance: 0.00	0.00
Total: 0.00	0.00
SD Liability: 0.00	0.00
Contributable Income: 0.00	0.00
Patient Pay: 1,810.00	1,810.00
Medicaid Rate: 0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Buttons: Enter, Update, Clear Form, Calculate, Member, Eligibility, Financial, Override, PP Hist, Sub Menu, Main Menu, Comments, Previous, Patient Pay

Transaction 2

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

Date: 05/21/2012
 Time: 14:12

VIRGINIA MEDICAID PATIENT PAY SCREEN 1 - UPDATE

Member ID: 250-998855-116
 Name: NF NF
 Mail To(A/C/E): C
 Provider ID: 1205942703

Case Worker: M000
 FIP: 250
 Mail Name: CBC NF
 Provider Name: THE ORCHARD

Reason Code:	PR	PR	
Begin Date:	05/01/2012	04252012	
End Date:	05312012	04302012	

Income Calculation

Unearned Income

SSA:	1,450.00	0.00	
SSI:	0.00	0.00	
Other Unearned:	400.00	0.00	
Total Unearned:	1,850.00	0.00	

Earned Income

EMPL1:	0.00	0.00	
EMPL2:	0.00	0.00	
Total Earned:	0.00	0.00	
Gross Income:	1,850.00	0.00	
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Buttons: Enter, Clear Form, Refresh, Member, Eligibility, Financial, Override, PP Hist, Comments, Next, Sub Menu, Main Menu

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dY7JDoJAEAU_gZsdjwMYFmFEBInmQIAaARKFEIh8VXjy5Kt71QM0B005NriW5NONQdpABVwsmoGIZkSzYkq6jyJTpRL2z

Medicaid

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/21/2012
 Time: 14:12

Patient Pay Calculation Summary Section

Member ID: 250-998855-116

Begin Date: 05/01/2012	04/25/2012
End Date: 05/31/2012	04/30/2012
Gross Income: 1,850.00	0.00
SD LIAB/IN Override: 0.00	0.00
Remaining Income: 0.00	0.00
Basic Allowance Ind: NF	NF
Basic Allowance: 40.00	0.00
Special Earnings Allowance: 0.00	0.00
Guardian Fee: 0.00	0.00
Total PNA/PMA: 40.00	0.00
Spousal Allowance: 0.00	0.00
Dep/Family Allowance: 0.00	0.00
Non Covered Med Exp: 0.00	0.00
Home Maintenance: 0.00	0.00
Total: 0.00	0.00
SD Liability: 0.00	0.00
Contributable Income: 0.00	0.00
Patient Pay: 1,810.00	0.00
Medicaid Rate: 0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Internet 100%

Transaction 3

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/21/2012
 Time: 14:14

Member ID: 250-998855-116
 Name: NF NF
 Case Worker: M000
 FIPS: 250

Mail To(A/C/E): C Mail Name: CBC NF
 Provider ID: 1205942703 Provider Name: THE ORCHARD

Reason Code: IA

Begin Date: 05/01/2012
 End Date: 12319999

Income Calculation

Unearned Income

SSA:	1,450.00		
SSI:	0.00		
Other Unearned:	400.00		
Total Unearned:	1,850.00		

Earned Income

EMPL1:	0.00		
EMPL2:	0.00		
Total Earned:	0.00		
Gross Income:	1,850.00		
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done Internet 100%

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/21/2012
 Time: 14:14

Patient Pay Calculation Summary Section

Member ID: 250-998855-116

Begin Date: 05/01/2012
 End Date: 12/31/9999

Gross Income: **1,850.00**
 SD LIAB/IMN Override: **0.00**
 Remaining Income: **0.00**

Basic Allowance Ind: **NF**

Basic Allowance: **40.00**
 Special Earnings Allowance: **0.00**
 Guardian Fee: **0.00**
 Total PNA/PMA: **40.00**
 Spousal Allowance: **0.00**
 Dep/Family Allowance: **0.00**
 Non Covered Med Exp: **0.00**
 Home Maintenance: **0.00**

Total: **0.00**
 SD Liability: **0.00**
 Contributable Income: **0.00**
 Patient Pay: **1,810.00**
 Medicaid Rate: **0.00**

SCREEN3 DETAILS ARE DISPLAYED. MODIFY OR PRESS ENTER BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY65DoJAFEU_6T32oRzAMBAWZZCtR - Mic...

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 05/21/2012
 Time: 14:16
 Page: 001 of 001

Member ID: 250998855116

Name: NF NF
 Case ID: 250-998877-608
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 022

Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1205942703	A
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1205942703	V
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	V
<input type="radio"/>	04/25/2012	04/30/2012	0.00	05/21/2012	PR	E6COS	1205942703	A
<input type="radio"/>	01/01/2012	04/24/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	A
<input type="radio"/>	01/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1154378347	V

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

Done Internet 100%

MMIS Users' Guide	Page G-60
Chapter G-Long Term Care (LTC)	7/25/2012

Change of Provider is in the Past and an Underpayment has Occurred which will Require Collection of an Underpayment through Patient Pay

Example 3 - In this example the member changes from CBC to NF during the ongoing patient pay segment. The month of change is March. A DMAS-225 is received on May 29th notifying the agency of the change. It is after the 15th of the month which is cutoff for increases. As a result, the earliest that patient pay can increase is July. CBC patient pay was zero. NF patient pay is \$478 per month after allowances are deducted. Patient pay for the months of April, May and June are all underpayment months. The underpayment amount is \$1434.00, which is less than \$1500, so the LDSS will collect the underpayment.

Transaction 1

- Navigate to the Member Financials screen
- Select the Patient Pay button to navigate to Patient Pay screen 1
- In column 1 enter:
 - Reason Code "PR"
 - End Date is date prior to the date of discharge from former provider
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date, date of admission to new provider
 - End Date is last day of the month of change
- In column 3 enter:
 - Reason Code "PR"
 - Begin Date, first day of first underpayment month
 - End Date, last day of last underpayment month
 - Income
- Select Enter, then Override to go to Patient Pay screen 3
- In column 2 enter:
 - Basic Allow Ind
- In column 3 enter:
 - Basic Allow Ind
 - Basic Allowance
 - Total PNA
 - Other allowances
 - Zero Patient Pay
- Select Enter, then Update to save data; select Patient Pay to go to Patient Pay screen 1

Transaction 2

- Enter the New Provider's NPI number
- In column 2 enter:
 - Reason Code "PR"
 - Begin Date is date of first ongoing month of patient pay
 - End Date is last day of the first ongoing month of patient pay
 - Income
- In column 3 enter:
 - Reason Code "PR" or "IA"

MMIS Users' Guide	Page G-61
Chapter G-Long Term Care (LTC)	7/25/2012

- Begin Date, first day of the second month of ongoing patient pay
 - End Date, last day the second month of ongoing patient pay
 - Income
- Select Enter, then Override to go to Patient Pay screen 3
- In column 2 enter:
 - Basic Allow Ind
 - Basic Allowance
 - Total PNA
 - Other allowances
 - Patient Pay = ongoing patient pay plus total underpayment amount
- In column 3 enter:
 - Basic Allow Ind
 - Basic Allowance
 - Total PNA
 - Other allowances
 - Ongoing Patient Pay
- Select Enter, then Update to save data; select Patient Pay to go to Patient Pay screen 1

Transaction 3

- In column 1 enter/change:
 - Reason Code "IA"
 - End Date is 12/31/9999
- Select Enter, then Next twice to go to Patient Pay screen 3
- Select Enter, then Update to save data
- Select the PP Hist to verify updates and change Provider ID for the month of change segment to the new provider

Transaction 4

- Select the radio button next to segment for new provider in the month of change
- Select Patient Pay to go to screen 1
- Change the Provider ID to the new provider's NPI
- Select Enter, then Override to go to Patient Pay screen 3
- Select Update to save data
- Select the PP Hist to verify update

Transaction 1

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/29/2012
 Time: 15:12

Member ID: 250-055055-013
 Name: PROVIDER CBCNF
 Case Worker: M1234
 FIPS: 250

Mail To(A/C/E): C
 Mail Name: PROVIDER CBCNF
 Provider ID: 1447312525
 Provider Name: HOMEAID INC

Reason Code: PR
 Begin Date: 01/01/2012
 End Date: 03182012

Reason Code: PR
 Begin Date: 03192012
 End Date: 03312012

Reason Code: PR
 Begin Date: 04012012
 End Date: 06302012

Income Calculation

Unearned Income

SSA:	782.00	0.00	782.00
SSI:	0.00	0.00	0.00
Other Unearned:	0.00	0.00	0.00
Total Unearned:	782.00	0.00	782.00

Earned Income

EMPL1:	0.00	0.00	0.00
EMPL2:	0.00	0.00	0.00
Total Earned:	0.00	0.00	0.00
Gross Income:	782.00	0.00	782.00
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done Internet 100%

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDoJFEU_6T0oQ1kWMAXRVFoFUIEQIVBMIQQxy-uxHrP_pwLEj6y6q6rYqf-hvrgjBwWkXEHVdWJN8QIGHCdWFC

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/29/2012
 Time: 15:13

Patient Pay Calculation Summary Section

Member ID: 250-055055-013

	01/01/2012 03/18/2012	03/19/2012 03/31/2012	04/01/2012 06/30/2012
Gross Income:	782.00	0.00	782.00
SD LIAB/IN Override:	0.00	0.00	0.00
Remaining Income:	0.00	0.00	0.00
Basic Allowance Ind:	CBC	NF	NF
Basic Allowance:	1,151.00	0.00	40.00
Special Earnings Allowance:	0.00	0.00	0.00
Guardian Fee:	0.00	0.00	0.00
Total PNA/PMA:	1,151.00	0.00	40.00
Spousal Allowance:	0.00	0.00	0.00
Dep/Family Allowance:	0.00	0.00	0.00
Non Covered Med Exp:	249.00	0.00	249.00
Home Maintenance:	0.00	0.00	0.00
Total:	0.00	0.00	0.00
SD Liability:	0.00	0.00	0.00
Contributable Income:	0.00	0.00	0.00
Patient Pay:	0.00	0.00	0.00
Medicaid Rate:	0.00	0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Done Internet 100%

Transaction 2

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDolwFEU_6T0GoS6hGAoRVMrYDYFoCMIUSErk66WVK_-Zn3NBwM5YyapInYaqx5yEEBjFVQdGumKqGCHj9ox9A

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 1 - UPDATE**

Date: 05/29/2012
 Time: 15:16

Member ID: 250-055055-013
 Name: PROVIDER CBCNF
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M1234
 FIPS: 250
 Mail Name: PROVIDER CBCNF
 Provider Name: THE CEDARS

Reason Code:	PR	PR	PR
Begin Date:	04/01/2012	07/01/2012	08/01/2012
End Date:	06/30/2012	07/31/2012	08/31/2012

Income Calculation

Unearned Income

SSA:	782.00	782.00	782.00
SSI:	0.00	0.00	0.00
Other Unearned:	0.00	0.00	0.00
Total Unearned:	782.00	782.00	782.00

Earned Income

EMPL1:	0.00	0.00	0.00
EMPL2:	0.00	0.00	0.00
Total Earned:	0.00	0.00	0.00
Gross Income:	782.00	782.00	782.00
Special Earnings Ind:			

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDoJAEAU_qZt9OA6DYymIggDFwLREJA1tgSDy9eLk6_uVQ8y20mlpa6kuR76ogUBmZ5zCWWbarkK1SgczXFDPy

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 3 - UPDATE**

Date: 05/29/2012
 Time: 15:17

Patient Pay Calculation Summary Section

Member ID: 250-055055-013

Begin Date:	04/01/2012	07/01/2012	08/01/2012
End Date:	06/30/2012	07/31/2012	08/31/2012
Gross Income:	782.00	782.00	782.00
SD LIAB/MN Override:	0.00	0.00	0.00
Remaining Income:	0.00	0.00	0.00
Basic Allowance Ind:	NF	NF	NF
Basic Allowance:	40.00	40.00	40.00
Special Earnings Allowance:	0.00	0.00	0.00
Guardian Fee:	0.00	0.00	0.00
Total PNA/PMA:	40.00	40.00	40.00
Spousal Allowance:	0.00	0.00	0.00
Dep/Family Allowance:	0.00	0.00	0.00
Non Covered Med Exp:	249.00	249.00	249.00
Home Maintenance:	0.00	0.00	0.00
Total:	0.00	0.00	0.00
SD Liability:	0.00	0.00	0.00
Contributable Income:	0.00	0.00	0.00
Patient Pay:	0.00	1,972.00	493.00
Medicaid Rate:	0.00	0.00	0.00

MODIFY DATA OR PRESS UPDATE BUTTON.

Done Internet 100%

Transaction 3

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 https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDoJAEAU_qZt9OA6MYSCCyrBfCERDQLZEApGyF0-efHwveIDAwV1tbVM7TRWFWRQ6kWQUGZ2qEqOQgI6QIPMwE

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 05/29/2012
 Time: 15:20

Member ID: 250-055055-013
 Name: PROVIDER CBCNF
 Case Worker: M1234
 FIPS: 250

Mail To(A/C/E): C
 Mail Name: PROVIDER CBCNF
 Provider ID: 1154378347
 Provider Name: THE CEDARS

Reason Code:	IA		
Begin Date:	08/01/2012		
End Date:	12/31/9999		

Income Calculation

Unearned Income

SSA:	782.00		
SSI:	0.00		
Other Unearned:	0.00		
Total Unearned:	782.00		

Earned Income

EMPL1:	0.00		
EMPL2:	0.00		
Total Earned:	0.00		
Gross Income:	782.00		

Special Earnings Ind:

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done Internet 100%

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MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/29/2012
 Time: 15:21

Patient Pay Calculation Summary Section

Member ID: 250-055055-013
 Begin Date: 08/01/2012
 End Date: 12/31/9999

Gross Income:	782.00
SD LIAB/MN Override:	0.00
Remaining Income:	0.00
Basic Allowance Ind:	NF
Basic Allowance:	40.00
Special Earnings Allowance:	0.00
Guardian Fee:	0.00
Total PNA/PMA:	40.00
Spousal Allowance:	0.00
Dep/Family Allowance:	0.00
Non Covered Med Exp:	249.00
Home Maintenance:	0.00
Total:	0.00
SD Liability:	0.00
Contributable Income:	0.00
Patient Pay:	493.00
Medicaid Rate:	0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

Transaction 4

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

**VIRGINIA MEDICAID
 PATIENT PAY HISTORY - INQUIRY**

Date: 05/29/2012
 Time: 15:22
 Page: 001 of 001

Member ID: 250055055013
 Name: PROVIDER CBCNF
 Case ID: 250-055055-005
 Caseworker: M1234
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 042
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	08/01/2012	12/31/9999	493.00	05/29/2012	IA	E6COS	1154378347	A
<input type="radio"/>	08/01/2012	08/31/2012	493.00	05/29/2012	PR	E6COS	1154378347	V
<input type="radio"/>	07/01/2012	07/31/2012	1,972.00	05/29/2012	PR	E6COS	1154378347	A
<input type="radio"/>	04/01/2012	06/30/2012	0.00	05/29/2012	PR	E6COS	1154378347	A
<input type="radio"/>	04/01/2012	06/30/2012	0.00	05/29/2012	PR	E6COS	1447312525	V
<input checked="" type="radio"/>	03/19/2012	03/31/2012	0.00	05/29/2012	PR	E6COS	1447312525	A
<input type="radio"/>	01/01/2012	03/18/2012	0.00	05/29/2012	PR	E6COS	1447312525	A
<input type="radio"/>	01/01/2012	12/31/9999	0.00	05/29/2012	IA	E6COS	1447312525	V

Scroll Up | Scroll Down

DATA DISPLAYED.

Done

Internet 100%

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

**VIRGINIA MEDICAID
 PATIENT PAY SCREEN 1 - UPDATE**

Date: 05/29/2012
 Time: 15:23

Member ID: 250-055055-013
 Name: PROVIDER CBCNF
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M1234
 FIPS: 250
 Mail Name: PROVIDER CBCNF
 Provider Name: HOMEAID INC

Reason Code: PR

Begin Date: 03/19/2012
 End Date: 03312012

Income Calculation

Unearned Income

SSA: 0.00
 SSi: 0.00
 Other Unearned: 0.00
 Total Unearned: 0.00

Earned Income

EMPL1: 0.00
 EMPL2: 0.00
 Total Earned: 0.00
 Gross Income: 0.00
 Special Earnings Ind:

SCREEN DATA REFRESHED.

Main Menu

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dY7JDoJAEAU_qZsdjzKQHAQBgXmQn - Micr...

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Medicaid

MMIS

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 05/29/2012
 Time: 15:24

Patient Pay Calculation Summary Section

Member ID: 250-055055-013

Begin Date: 08/01/2012
 End Date: 12/31/9999

Gross Income: 782.00
 SD LIAB/IMN Override: 0.00
 Remaining Income: 0.00
 Basic Allowance Ind: NF
 Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 249.00
 Home Maintenance: 0.00
 Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 493.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done Internet 100%

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dY7JDoJAEEO_qZt9PLIoA0EUBInmQjA1EB5-XjSsurwbvUK0Ozt6WUirke-qkFFLIaMwFFYwxlwZYQYcp0sF3jy3ShA

Virginia Medicaid

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 05/29/2012
 Time: 15:24
 Page: 001 of 001

Member ID: 250055055013
 Name: PROVIDER CBCNF
 Case ID: 250-055055-005
 Caseworker: M1234
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 042
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	08/01/2012	12/31/9999	493.00	05/29/2012	IA	E6COS	1154378347	A
<input type="radio"/>	08/01/2012	08/31/2012	493.00	05/29/2012	PR	E6COS	1154378347	V
<input type="radio"/>	07/01/2012	07/31/2012	1,972.00	05/29/2012	PR	E6COS	1154378347	A
<input type="radio"/>	04/01/2012	06/30/2012	0.00	05/29/2012	PR	E6COS	1154378347	A
<input type="radio"/>	04/01/2012	06/30/2012	0.00	05/29/2012	PR	E6COS	1447312525	V
<input type="radio"/>	03/19/2012	03/31/2012	0.00	05/29/2012	PR	E6COS	1154378347	A
<input type="radio"/>	03/19/2012	03/31/2012	0.00	05/29/2012	PR	E6COS	1447312525	V
<input type="radio"/>	01/01/2012	03/18/2012	0.00	05/29/2012	PR	E6COS	1447312525	A
<input type="radio"/>	01/01/2012	12/31/9999	0.00	05/29/2012	IA	E6COS	1447312525	V

Scroll Up Scroll Down

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

Done Internet 100%

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Chapter G-Long Term Care (LTC)	7/25/2012

The examples provided in this section do not cover all of the scenarios that may be encountered. Please remember to contact the patient pay email address for questions regarding other scenarios or when the necessary steps to complete the change in provider are not clear. (patientpay@dmas.virginia.gov)

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Updating Patient Pay Segments - Member Deceased

When ending patient pay for a deceased Member use Reason Code “OT”. The end date of patient pay is the day prior to the date the individual died. Refer to the section in this chapter on retroactive update of an allowance. The member’s eligibility segment may be cancelled prior to or after ending patient pay. If a member dies prior to the begin date of the earliest patient pay segment entered into the MMIS, “OT” cannot be used to end date patient pay. “OT” cannot be used to add patient pay segments. Follow the procedures for updating patient pay and deleting patient pay segments in this chapter.

Note: Per [Broadcast 6931](#) Workers should no longer use the “RCD” reason code to end date patient pay segments for deceased members. Using this code prevents entry of future payments and therefore requires assistance from the MMIS fiscal agent

DOD in Ongoing Patient Pay Segment

- Navigate to Patient Pay screen 1 in update mode
- Enter:
 - Reason Code “OT”
 - End Date -the date prior to date of death
- Select Next, twice, to go to Patient Pay screen 3
- Select Comment button, enter message that the member is deceased; select Update, then Return to go back to the patient pay screen 3
- Select Update to save data
- Select the PP Hist to verify update

Future Patient Pay Segments

- From the Financials Screen select radio button for View Previous Patient Pay, then select Enter
- At the Patient Pay History screen, select the segment in which the member became deceased and select the Patient Pay button to go to Patient Pay screen 1
- Enter:
 - Reason Code to “OT”
 - End Date-date prior to the date of death
- Select Enter, then Next twice to go to Patient Pay screen 3
- Select Comment button, enter message that the member is deceased; select Update, then Return to go back to the patient pay screen 3
- Select Enter, then Update to save data
- Select the PP Hist to verify update

Entering Patient Pay with a Special Earnings Allowance

The Special Earnings Indicator data field on Patient Pay screen 1 is entered when a special earnings allowance should be calculated. Patient Pay screen 2 is the special earnings allowance calculation screen. When the SP Earnings Ind data field is entered earned income from Patient Pay screen 1 populates Patient Pay screen 2. For nursing facility members with a special earnings allowance no other data is required to be entered on screen 2. For CBC or PACE Members the % SSI data field must be entered in order for the system to complete the calculations. The % SSI data field is the only data field that can be updated.

When override mode is required to enter patient pay for a member with a special earnings allowance, override mode is not invoked until Patient Pay screen 3. On screen 3 select override to switch the screen to override mode.

Special Earnings Allowance Indicator Codes:

NF	Nursing Facility
CBC	Community Based Care Waivers & PACE

Patient Pay screen 2 is divided into two sections, nursing facility members and CBC/PACE members.

Nursing Facility Members

- Navigate to Patient Pay screen 1 and enter the appropriate special earnings allowance indicator code in the Special Earnings Ind. field
- Select the Next button to navigate to Patient Pay screen 2

Note: If earned income is less than \$75.00 for a NF member, the MMIS will not be able to complete the special earnings calculation. Skip to Patient Pay screen 3 and switch system to override mode. Next, enter the amount of income as the Special Earnings Allowance in that data field. Add the basic allowance and the guardian fee, if any, to determine the total PNA. Patient pay will have to be determined outside the system and the worker must enter the amount of patient pay along with any other allowances.

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For CBC and PACE Members:

- On Patient Pay screen 1 enter the % SSI data field, either 200 or 300
- Select Enter to invoke calculation of the special earnings allowance and error/informational messages
- Review data; if % SSI data field changed, select Enter again prior to update
- Select the override button to navigate to Patient Pay screen 3. The MMIS will complete the calculations and make the necessary comparison to determine the appropriate amount of the allowance

Example – The following example is for a member receiving CBC waiver services, with a single marital status, unearned and earned income.

- Navigate to the Member Financial screen
- Select Patient Pay button to go to Patient Pay screen 1
- Enter the following:
 - Mail to Indicator
 - Provider ID
 - Reason Code
 - Begin Date
 - End Date (or leave blank for default date of 12/31/9999)
 - Income
 - Special Earnings Ind.
- Select Enter to invoke calculations, error/informational messages and align data
- Select the Next button to go to Patient Pay screen 2
- Enter % SSI (200 or 300 for CBC and PACE)
- Select Enter to calculate allowance, then Next to go to Patient Pay screen 3
- Patient Pay screen 3 enter:
 - Basic Allowance Ind.
 - Change/add any allowance amount
- Select the Override button to switch to override mode
- Enter the following as appropriate for the ongoing segment:
 - Spenddown Liab/MN Override
 - Remaining Income
 - Basic Allowance Ind. (Note: An error message displays when the Special Earnings Ind. does not match the Basic Allowance Indicator)
 - Basic Allowance
 - Sp Earnings Allowance
 - Guardian Fee
 - Total PNA/PMA
 - Any other allowances
 - Spenddown Liability
 - Total
 - Contributable Income
 - Patient Pay
 - Medicaid Rate
- Select Enter, then Update to save data
- Select PP Hist to verify update

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Retroactive Update of an Allowance

A retroactive update of an allowance applies when the a deceased member had health insurance premiums or non-covered medical expenses that should have reduced patient pay or an institutionalized spouse is deceased or has been discharged from long-term care and the community spouse is owed money for a spousal allowance, (see M1470.910 of the Medicaid Eligibility Manual). No other retroactive changes in patient pay are allowed. Changes in allowances must be reported timely in order for the change to be completed.

Reason Code "RAL" is used for retroactive adjustments of allowances. "RAL" causes the system to split an existing patient pay segments into two separate segments. The end date entered to split the segment is the last day of the month prior to the month in which the change affects the amount of patient pay.

Example – The procedure that is used in the following example is appropriate when a single member is deceased or when an institutionalized spouse is deceased. In this example the member's marital status is single, with SSI/SSA income and pension less than 300% of SSI, no earned income, and a non-covered medical expense reported timely in the month the member became deceased.

- Navigate to the Patient Pay History screen and select the segment in which the member became deceased and select Enter to go to Patient Pay screen 1
- In column 1 enter:
 - Reason Code "RAL"
 - End Date is the last day of the month prior to the month of the allowance deduction
- Select Enter to invoke systems edits, then select Next button twice if no Special Earnings Allowance to move to Patient Pay screen 3
- Select Update to save changes
- Select the PP Hist button to review changes and select the next segment; note that the original segment has been split in two
- Select the segment that requires a patient pay adjustment, then select Enter to go to Patient Pay screen 1
- In column 1 enter:
 - Reason Code "AL"
- Select Enter, then select Next twice if no Special Earnings Allowance to go to Patient Pay screen 3
- In column 1 enter:
 - the amount of the non-covered medical expense or spousal allowance
- Select enter to invoke system edits (An informational message will appear advising that the new patient pay amount is less than the existing patient pay amount)
- Select Update to save changes, then PP Hist to review changes

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65DoJAFEU_6T3ZLQcwDAjMq2TEL - Windows Internet Explorer pro

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/25/2012
 Time: 16:33

Patient Pay Calculation Summary Section

Member ID: 250-360362-414

Begin Date: 03/01/2012
 End Date: 04/30/2012

Gross Income: 691.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF

Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00
 Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 651.00
 Medicaid Rate: 0.00

SCREEN3 DETAILS ARE DISPLAYED. MODIFY OR PRESS ENTER BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu Comments

Previous Patient Pay

Done Internet 100%

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65DoJAFEW_yLzHjWLYSAMIoNsDY - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65DoJAFEW_yLzHjWLYSAMIoNsDY - Windows Internet Explorer pro

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/25/2012
 Time: 16:35

Patient Pay Calculation Summary Section

Member ID: 250-360362-414

Begin Date: 05/01/2012
 End Date: 06/11/2012

Gross Income: 691.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF

Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00
 Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 651.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu Comments

Previous Patient Pay

Done Internet 100%

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7LDkNQFEU_6RsvHY40uEHLVa-3E11Q6T9FXUUFda77Wfng:OhmJp6m3uxqfoIIFMhnhVKEHInckpoo2k4SLR688Wgg3CjmrFLnd58T59CXsD3383XX16hru978w6VkeXUFD430d



MMIS Help | Print | Logout

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/25/2012
 Time: 16:36
 Page: 001 of 001

Member ID: 250360362414
 Name: EXMAPLE RAL
 Case ID: 250-360362-422
 Caseworker: M000
 Benefit Plan:

Case FIPS: 250
 Aid Category:
 Comments: Y
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	06/11/2012	651.00	06/25/2012	OT	E6GEQ	1154378347	A
<input type="radio"/>	03/01/2012	04/30/2012	651.00	06/25/2012	RAL	E6GEQ	1154378347	A
<input type="radio"/>	03/01/2012	06/11/2012	651.00	06/25/2012	OT	E6GEQ	1154378347	V
<input type="radio"/>	03/01/2012	06/30/2012	651.00	06/25/2012	IA	E6GEQ	1154378347	V

Scroll Up Scroll Down

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7JDoJAEAU_g2sdjwMYBskgMijLhW - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7JDoJAEAU_g2sdjwMYBskgMijLhWbQ4IIGhL548-ep95CF56fqiIq7Lg4ghWTMuxG2g521kq6jwvYp57kTE9ICBCHKGa_lg517k3mFmraWEenF3r7G8FmEx:15rA1C8pdc3cd

MMIS Help | Print | Logout

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/25/2012
 Time: 16:36

Member ID: 250-360362-414
 Name: EXMAPLE RAL
 Mail To(A/C/E):
 Provider ID: 1154378347

Case Worker: M000
 FIPS: 250
 Mail Name: EXAMPLE RAL
 Provider Name: THE CEDARS

Reason Code:

Begin Date:

End Date:

Income Calculation

Unearned Income

SSA:

SSI:

Other Unearned:

Total Unearned:

Earned Income

EMPL1:

EMPL2:

Total Earned:

Gross Income:

Special Earnings Ind:

DETAILS ARE IN CALCULATE MODE. MODIFY OR PRESS NEXT SCREEN BUTTON.

Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu Main Menu

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7JDoJAEAU_gRuGzeMAHUMKoMscyEQDQHZEdKvH46eFLVveqBqTOHJa6n2ixDvJQgFLC2URHGdYHGwMEL_LKOLKEXGSFY2LbnAW7lCtTFFYwFdmMMLGFFYR9J3Dep:56l

Help | Print | Logout

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs	Reports
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Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/25/2012
 Time: 16:40

Patient Pay Calculation Summary Section

Member ID: 250-360362-414

Begin Date: 05/01/2012
 End Date: 06/11/2012

Gross Income: 691.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF

Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 50.00
 Home Maintenance: 0.00

Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 601.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu Comments
 Previous Patient Pay

Done Internet 100%

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7JDoJAEAU_gRuG9cgWHVik01CMC - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy7JDoJAEAU_gRuG9cgWHVik01CMCcr2R1DL5ePhny1b3qQEHQ7J0dTU341B1KEEHYD3JQgb0JogDORIXGrUjRUghQ6FvTIF25z5u7HEZK7ZAp-Ig5mQMLa2bq700LTXz6Rl

Virginia Medicaid

MMIS

Help | Print | Logout

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/25/2012
 Time: 16:40
 Page: 001 of 001

Member ID: 250360362414
 Name: EXMAPLE RAL
 Case ID: 250-360362-422
 Caseworker: M000
 Benefit Plan:

Case FIPS: 250
 Aid Category:

Comments: Y
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
C	05/01/2012	06/11/2012	601.00	06/25/2012	OT	E6GEQ	1154378347	A
C	05/01/2012	06/11/2012	651.00	06/25/2012	OT	E6GEQ	1154378347	V
C	03/01/2012	06/11/2012	651.00	06/25/2012	OT	E6GEQ	1154378347	V
C	03/01/2012	04/30/2012	651.00	06/25/2012	RAL	E6GEQ	1154378347	A
C	03/01/2012	06/30/2012	651.00	06/25/2012	IA	E6GEQ	1154378347	V

DATA DISPLAYED.

Scroll Up Scroll Down

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

Done Internet 100%

Deleting a Patient Pay Segment

Deletion of a patient pay segment may **only** be completed when a member is discharged from LTC for a reason other than death and future patient pay segments are no longer valid or when the member dies prior to the begin date of the first patient pay segment. A segment which is deleted is maintained in the member's patient pay history with a void status, but will not appear on the Member Financials screen. Reason code "OT" must be used when deleting a segment and comments must be entered regarding why the action to delete a segment is being taken on the Comments screen. Note: When a retroactive adjustment of an allowance is required see the section in this chapter for this type of update.

- Navigate to Patient Pay screen 1 of the patient pay segment that is to be deleted
- Enter "OT" in the Reason Code field
- Delete the End Date and enter two periods ".."
- Select Enter, then Next twice to go to Patient Pay screen 3
- Select the Comments button and enter statement as to why segment is being deleted
- Select Update, then Return to go back to Patient Pay screen 3
- Select Update to save data
- Select the PP Hist button to verify update

Note: (The segment has been placed in a void status and is maintained in history)

The screenshot displays the Virginia Medicaid MMIS interface. At the top, there is a navigation bar with 'UAT1 | Home | Contact Us | Help'. Below this is the 'MMIS' header and a menu with options like 'Member', 'Provider', 'Reference', 'Claims', 'Financial', 'Service Auth', 'Automated Mailing', 'SURS', 'MARS', 'EPSDT', 'MICC', 'TPL', 'Assessments', and 'Drugs'. The main content area is titled 'VIRGINIA MEDICAID MEMBER FINANCIALS - INQUIRY' and includes the following information:

- Screen ID: RS-S-006, Trans ID: VE06, Program ID: RST006VA
- Member ID: 250998855116
- Name: DECEASED MEMBER, Case ID: 250-998877-608
- Caseworker: M000, Case FIPS: 250, Benefit Plan: MEDICAID FFS
- Auth Rep: CBC NF, Rep Addr1: 555 PROVIDER CHANGE WAY, City: PROVIDER CHANGE, State: VA, Zip Code: 55555

The 'Patient Pay' section contains a table with the following data:

Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
05/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1205942703	A

Below the table, there is a 'View Previous Patient Pay' section with the following financial summary:

SSA Bendex Amt:	0.00	SSA:	1,450.00	SSI:	0.00
Payment Stat:		Other:	400.00	Earned:	0.00
Begin Date:		Unearned:	1,850.00		

At the bottom of the screen, there is a 'DATA DISPLAYED.' message and a row of buttons: Enter, Clear Form, Refresh, Member, Eligibility, Case, Uncomp Property, TPL Sum, Patient Pay, Sub Menu, Main Menu, and Comments.

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65D0JAFEU_6T32sRwYAlxYFJ8IGg - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65D0JAFEU_6T32sRwYAlxYFJ8IGgLRECUiBHyergY67-nA4Ciqz669p67eapHqAAoVc3DK2rYyFELQs2TEbRhhchwLkUnJEu4R_WVbHbQ90IGr

UAT1 | Home | Contact Us | Help



MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/14/2012
 Time: 10:17
 Page: 001 of 001

Member ID: 250998855116
 Name: DECEASED MEMBER
 Case ID: 250-998877-608
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 022
 Comments: N
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1205942703	A
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1205942703	V
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	V
<input type="radio"/>	04/25/2012	04/30/2012	0.00	05/21/2012	PR	E6COS	1205942703	A
<input type="radio"/>	01/01/2012	04/24/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	A
<input type="radio"/>	01/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1154378347	V

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Clear Form | Refresh | Uncomp Property | Patient Pay | Comments | Return | Sub Menu | Main Menu

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65D0JAFEU_6T1Zx3IAwYkEEYaA - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65D0JAFEU_6T1Zx3IAwYkEEYaA hGQ0CzqDw9WJ5T39ORckOBiQpannuRmHqgMBhVbyEqWGSsnWYyEXa7KZ-ZdJHQQMhCollwU7DNwt_NJWn3

UAT1 | Home | Contact Us | Help



MMIS

Help | Print | Logout

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	-------------	-------

Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/14/2012
 Time: 10:19

Member ID: 250-998855-116
 Name: DECEASED MEMBER
 Mail To(A/C/E): C
 Provider ID: 1154378347

Case Worker: M000
 FIPS: 250
 Mail Name: CBC NF
 Provider Name: THE CEDARS

Reason Code:	<input type="text" value="OT"/>	<input type="text"/>	<input type="text"/>
Begin Date:	01/01/2012	<input type="text"/>	<input type="text"/>
End Date:	04222012	<input type="text"/>	<input type="text"/>

Income Calculation

Unearned Income

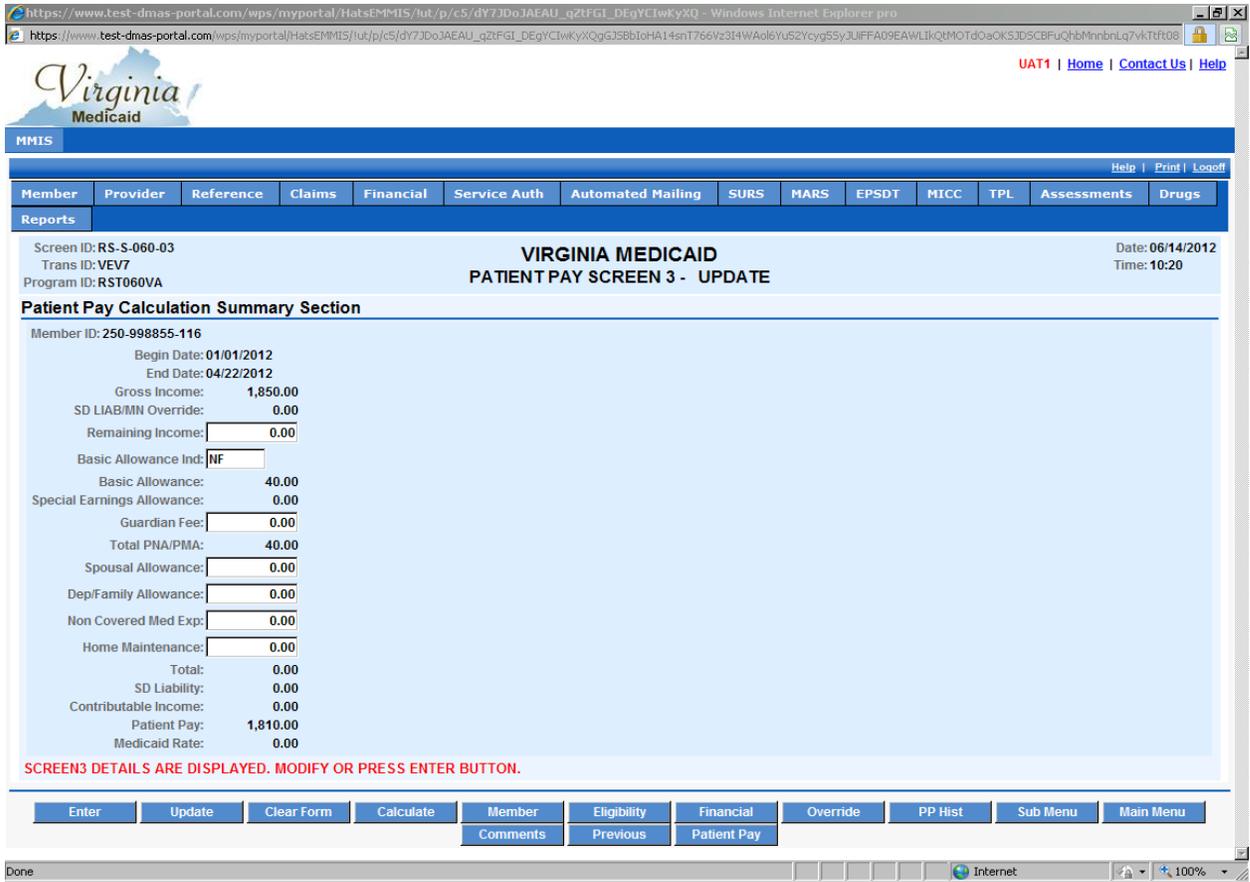
SSA:	1,450.00	<input type="text"/>	<input type="text"/>
SSI:	0.00	<input type="text"/>	<input type="text"/>
Other Unearned:	400.00	<input type="text"/>	<input type="text"/>
Total Unearned:	1,850.00	<input type="text"/>	<input type="text"/>

Earned Income

EMPL1:	0.00	<input type="text"/>	<input type="text"/>
EMPL2:	0.00	<input type="text"/>	<input type="text"/>
Total Earned:	0.00	<input type="text"/>	<input type="text"/>
Gross Income:	1,850.00	<input type="text"/>	<input type="text"/>
Special Earnings Ind:	<input type="text"/>	<input type="text"/>	<input type="text"/>

MODIFY DATA OR PRESS NEXT SCREEN BUTTON.

Enter | Clear Form | Refresh | Member | Eligibility | Financial | Override | PP Hist | Comments | Next | Sub Menu | Main Menu



https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy73DoJAEAU_q2tFGI_DEqYCIwKyXQ - Windows Internet Explorer pro

UAT1 | Home | Contact Us | Help

Virginia Medicaid

MMIS Help | Print | Logout

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/14/2012
 Time: 10:20

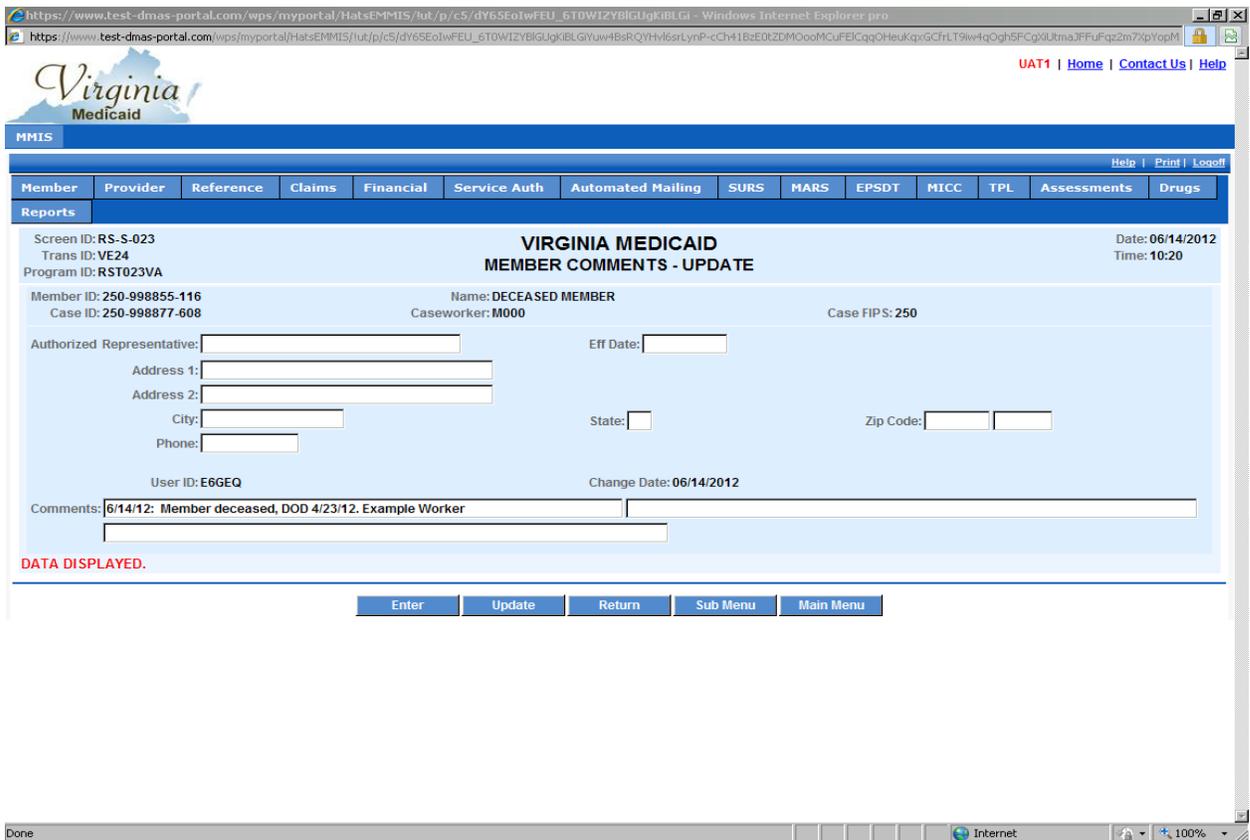
Patient Pay Calculation Summary Section

Member ID: 250-998855-116
 Begin Date: 01/01/2012
 End Date: 04/22/2012

Gross Income:	1,850.00
SD LIAB/MN Override:	0.00
Remaining Income:	0.00
Basic Allowance Ind:	NF
Basic Allowance:	40.00
Special Earnings Allowance:	0.00
Guardian Fee:	0.00
Total PNA/PMA:	40.00
Spousal Allowance:	0.00
Dep/Family Allowance:	0.00
Non Covered Med Exp:	0.00
Home Maintenance:	0.00
Total:	0.00
SD Liability:	0.00
Contributable Income:	0.00
Patient Pay:	1,810.00
Medicaid Rate:	0.00

SCREEN3 DETAILS ARE DISPLAYED. MODIFY OR PRESS ENTER BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay



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Virginia Medicaid

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs Reports

Screen ID: RS-S-023
 Trans ID: VE24
 Program ID: RST023VA

VIRGINIA MEDICAID
MEMBER COMMENTS - UPDATE

Date: 06/14/2012
 Time: 10:20

Member ID: 250-998855-116
 Case ID: 250-998877-608
 Name: DECEASED MEMBER
 Caseworker: M000
 Case FIPS: 250

Authorized Representative: Eff Date:

Address 1:

Address 2:

City: State: Zip Code:

Phone:

User ID: E6GEQ
 Change Date: 06/14/2012

Comments: 6/14/12: Member deceased, DOD 4/23/12. Example Worker

DATA DISPLAYED.

Enter Update Return Sub Menu Main Menu

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65e03AEAU_aUaYw0XUBaEVQGSeg - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy65e03AEAU_aUaYw0XUBaEVQGSegppLEqgMKCrqxj1_n3Q8y20LUa6KqR76oaUEMJPdZHy_vLEIp2oFC9s15SMgRWhQzo0Gj4y3e5qzGz0YF25

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/14/2012
 Time: 10:23

Patient Pay Calculation Summary Section

Member ID: 250-998855-116

Begin Date: 05/01/2012
 End Date: 12/31/9999

Gross Income: **1,850.00**
 SD LIAB/MN Override: **0.00**
 Remaining Income: **0.00**

Basic Allowance Ind: **NF**
 Basic Allowance: **40.00**
 Special Earnings Allowance: **0.00**
 Guardian Fee: **0.00**
 Total PNA/PMA: **40.00**
 Spousal Allowance: **0.00**
 Dep/Family Allowance: **0.00**
 Non Covered Med Exp: **0.00**
 Home Maintenance: **0.00**

Total: **0.00**
 SD Liability: **0.00**
 Contributable Income: **0.00**
 Patient Pay: **1,810.00**
 Medicaid Rate: **0.00**

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/14/2012
 Time: 11:14
 Page: 001 of 001

Member ID: 250998855116
 Name: DECEASED MEMBER
 Case ID: 250-998877-608
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPs: 250
 Aid Category: 022
 Comments: Y
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1205942703	A
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1205942703	V
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	V
<input checked="" type="radio"/>	04/25/2012	04/30/2012	0.00	05/21/2012	PR	E6COS	1205942703	A
<input type="radio"/>	01/01/2012	04/24/2012	1,810.00	06/14/2012	PR	E6GEQ	1154378347	V
<input type="radio"/>	01/01/2012	04/22/2012	1,810.00	06/14/2012	OT	E6GEQ	1154378347	A
<input type="radio"/>	01/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1154378347	V

DATA DISPLAYED.

Enter Clear Form Refresh Uncomp Property Patient Pay Comments Return Sub Menu Main Menu

Done

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy73DolwFEW_yL2HXJcFDENKHUCGbh/Mh08M2Wk8GxrdYrxnF6HFAT190ddVodVdX7aQqzBhKXqJdd3TRCMIqN7cDk4c-QgY56Juy8U842206a7bp5G

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-01
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 06/14/2012
 Time: 11:17

Member ID: 250-998855-116
 Name: DECEASED MEMBER
 Mail To(A/C/E): C
 Provider ID: 1205942703

Case Worker: M000
 FIPS: 250

Mail Name: CBC NF
 Provider Name: THE ORCHARD

Reason Code:	<input type="text" value="OT"/>	<input type="text"/>	<input type="text"/>
Begin Date:	<input type="text" value="04/25/2012"/>	<input type="text"/>	<input type="text"/>
End Date:	<input type="text" value=".."/>	<input type="text"/>	<input type="text"/>

Income Calculation

Unearned Income

SSA:	0.00	<input type="text"/>	<input type="text"/>
SSI:	0.00	<input type="text"/>	<input type="text"/>
Other Unearned:	0.00	<input type="text"/>	<input type="text"/>
Total Unearned:	0.00	<input type="text"/>	<input type="text"/>

Earned Income

EMPL1:	0.00	<input type="text"/>	<input type="text"/>
EMPL2:	0.00	<input type="text"/>	<input type="text"/>
Total Earned:	0.00	<input type="text"/>	<input type="text"/>
Gross Income:	0.00	<input type="text"/>	<input type="text"/>
Special Earnings Ind:	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS PATIENT PAY SEGMENT WILL BE VOIDED. PRESS NEXT SCREEN BUTTON.

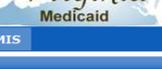
Enter Clear Form Refresh Member Eligibility Financial Override PP Hist Comments Next Sub Menu
 Main Menu

Done

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy73JekNAFEW_KPUeps6y625m6Ahi2i - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/dy73JekNAFEW_KPUeps6y625m6Ahi2i25dhp0a14-sqqz9zP-dCDH90ddVodVdX7aQqzY0YqYMH092CmE6B2qjE4R-J5Qg1p7ouWLa03TKm7mrPLUc

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/14/2012
 Time: 11:18

Member ID: 250-998855-116

Begin Date: 04/25/2012
 End Date: ..

Gross Income:	<input type="text" value="0.00"/>
SD LIAB/IN Override:	<input type="text" value="0.00"/>
Remaining Income:	<input type="text" value="0.00"/>
Basic Allowance Ind:	<input type="text" value="NF"/>
Basic Allowance:	<input type="text" value="0.00"/>
Special Earnings Allowance:	<input type="text" value="0.00"/>
Guardian Fee:	<input type="text" value="0.00"/>
Total PNA/PMA:	<input type="text" value="0.00"/>
Spousal Allowance:	<input type="text" value="0.00"/>
Dep/Family Allowance:	<input type="text" value="0.00"/>
Non Covered Med Exp:	<input type="text" value="0.00"/>
Home Maintenance:	<input type="text" value="0.00"/>
Total:	<input type="text" value="0.00"/>
SD Liability:	<input type="text" value="0.00"/>
Contributable Income:	<input type="text" value="0.00"/>
Patient Pay:	<input type="text" value="0.00"/>
Medicaid Rate:	<input type="text" value="0.00"/>

MODIFY DATA OR PRESS UPDATE BUTTON.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ul/p/c5/dy65D0JAFEU_6T3ZLQcwDIRFGGR+CAVNFIFsxcDxSfW9_TnXCjPzYWrq14ND_VABKJUSshu3Y3F0sUdPQZj34922bQChhQyIkWa4u00cw9jfs3D2x0g

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-023
 Trans ID: VE24
 Program ID: RST023VA

VIRGINIA MEDICAID
MEMBER COMMENTS - UPDATE

Date: 06/14/2012
 Time: 11:18

Member ID: 250-998855-116
 Case ID: 250-998877-608

Name: DECEASED MEMBER
 Caseworker: M000
 Case FIPS: 250

Authorized Representative: DECEASED REPRESENTATIVE
 Eff Date: 06142012

Address 1: 555 DECEASED MEMBER WAY
 Address 2:
 City: DECEASED
 State: VA
 Zip Code: 55555

Phone:
 User ID: E6GEQ
 Change Date: 06/14/2012

Comments: 6/14/12: MEMBER DECEASED, DOD 4/23/12. EXAMPLE WORKER

DATA DISPLAYED.

Enter Update Return Sub Menu Main Menu

Done

Internet 100%

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ul/p/c5/dy5J00N0FEZ_0r3m1-VDYwqhpreRn - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ul/p/c5/dy5J00N0FEZ_0r3m1-VDYwqhpreRnSUFNECL-uuqq89mf8wGHg75coqqc66EwW3iAqWLTUDSN5BYsrB0mCKdAvcoo2Q0QzYwRyR-Lucebuo:MI-3xyE

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MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessments	Drugs
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Reports

Screen ID: RS-S-060-03
 Trans ID: VEV7
 Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 3 - UPDATE

Date: 06/14/2012
 Time: 11:20

Patient Pay Calculation Summary Section

Member ID: 250-998855-116
 Begin Date: 05/01/2012
 End Date: 12/31/9999

Gross Income: 1,850.00
 SD LIAB/MN Override: 0.00
 Remaining Income: 0.00

Basic Allowance Ind: NF
 Basic Allowance: 40.00
 Special Earnings Allowance: 0.00
 Guardian Fee: 0.00
 Total PNA/PMA: 40.00
 Spousal Allowance: 0.00
 Dep/Family Allowance: 0.00
 Non Covered Med Exp: 0.00
 Home Maintenance: 0.00
 Total: 0.00
 SD Liability: 0.00
 Contributable Income: 0.00
 Patient Pay: 1,810.00
 Medicaid Rate: 0.00

RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.

Enter Update Clear Form Calculate Member Eligibility Financial Override PP Hist Sub Menu Main Menu
 Comments Previous Patient Pay

Done

Internet 100%

Screen ID: RS-S-004
 Trans ID: VE04
 Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 06/14/2012
Time: 11:20
Page: 001 of 001

Member ID: 250998855116
 Name: DECEASED MEMBER
 Case ID: 250.998877-608
 Caseworker: M000
 Benefit Plan: MEDICAID FFS

Case FIPS: 250
 Aid Category: 022
 Comments: Y
 Penalty: N
 Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Action Date	Reason Code	User ID	Provider ID	ST
<input type="radio"/>	05/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1205942703	A
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1205942703	V
<input type="radio"/>	05/01/2012	05/31/2012	1,810.00	05/21/2012	PR	E6COS	1154378347	V
<input type="radio"/>	04/25/2012	04/30/2012	0.00	06/14/2012	PR	E6GEQ	1205942703	V
<input type="radio"/>	01/01/2012	04/24/2012	1,810.00	06/14/2012	PR	E6GEQ	1154378347	V
<input type="radio"/>	01/01/2012	04/22/2012	1,810.00	06/14/2012	OT	E6GEQ	1154378347	A
<input type="radio"/>	01/01/2012	12/31/9999	1,810.00	05/21/2012	IA	E6COS	1154378347	V

[Enter](#) [Clear Form](#) [Refresh](#) [Uncomp Property](#) [Patient Pay](#) [Comments](#) [Return](#) [Sub Menu](#) [Main Menu](#)

Repeat this process until all future segments are deleted.

Appendix 1 – Notice of Obligation

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

NOTICE OF OBLIGATION FOR LONG-TERM CARE COSTS

TO: __ (2) _____ (3) _____ (1) _____ (4) _____
 _____ (5) _____
 _____ (6) _____
 _____ (7) _____ (8) _____ (9) _____ (10) _____

Local Agency: (11)
 Address: (12)
 _____ (13) _____ (14) _____ (15) _____

 Local Agency Phone #: 16

 Provider #: (17)
 Provider: (18)

Recipient Name: _____ (20 21 19 22) **Recipient ID#:** _____ (23)

This form serves as your notice of patient pay which is the amount of your income that must be paid to the provider every month for the cost of long-term care services you receive. If you are a current recipient of long-term care services, this will serve as the 10-day advance notice when your patient pay amount is increased. Please contact your eligibility worker if you have questions.

For individuals assigned to a VALTC Managed Care Organization (MCO), notification of the name of the provider to which you are to make payment will be given to you by your MCO's Care Coordinator.

You must report any changes in income or resources to the local agency. Failing to report changes or providing false or misleading information may result in your prosecution for fraud.

Patient Pay Calculation

Effective Date of Patient Pay(24)	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Reason(25)	XXX	XXX	XXX
<u>Income</u>			
SSA(26)	9999.99	9999.99	9999.99
Other Unearned Income(27)	9999.99	9999.99	9999.99
Total Earned Income(28)	99999.99	99999.99	99999.99
Total Gross Income(29)	99999.99	99999.99	99999.99
Minus Spend down Liability (SDL)(30)	9999.99	9999.99	9999.99
Remaining Income(31)	33) 99999.99	99999.99	99999.99
<u>Allowances</u> The amounts below were deducted from your income to determine your patient pay.			
Personal/Maintenance Needs(32)	9999.99	9999.99	9999.99
Spousal(33)	9999.99	9999.99	9999.99
Child/Family Member(34)	9999.99	9999.99	9999.99
Non-covered Medical Expense(35)	9999.99	9999.99	9999.99
Home Maintenance(36)	9999.99	9999.99	9999.99
Income Remaining After Allowances(37)	9999.99	9999.99	9999.99
Spend down Liability(38)	9999.99	9999.99	9999.99
Contributable Income(39)	9999.99	9999.99	9999.99
Medicaid Rate for Month(40)	9999.99	9999.99	9999.99
<u>Patient Pay(41)</u>	9999.99	9999.99	9999.99

IA - Initial; RE - Renewal of Eligibility; AL - Change in Allowance(s); PR - Change in Provider; IN - Change in Income; LA - Change in Living Arrangement; OT - Other; RV - Revision(s); RCD - Client Deceased; RAL - Retroactive change in Allowance(s); ROT - Other retroactive change

Patient pay may be the lesser of the SDL amount, contributable income amount (income remaining after deductions plus the SDL), remaining income or the Medicaid Rate, whichever is applicable to the individual's circumstances. Patient pay will not exceed the Medicaid Rate.

Eligibility Worker: _____ (42) Date of Notice: _____ (43)

If you disagree with the patient pay calculation you may appeal this decision within 30 days of receipt of this notice. If you appeal an increase in patient pay within 10 days of receipt of this notice, the increase will not take effect until a hearing decision is made. If the decision upholds the increase, you will have to pay the increased amount and the amount that was not paid during the appeal process. Appeals should be in writing and should be sent to Client Appeals, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Virginia 23219. Please read below for additional information about Appeals and Fair Hearings.

APPEALS AND FAIR HEARINGS

A fair hearing provides you the opportunity to review the way the amount of your patient pay for Medicaid was determined. The fair hearing is a private, informal meeting with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer or a friend. The Medicaid Technician or a representative of the local agency and possibly other staff who know about your case will be present to tell how the amount of patient pay was reached. Also present will be a hearings officer. The hearings officer, who is the official representative of the Department of Medical Assistance Services, will make a decision on your appeal.

In addition to filing an appeal, you have the right to request a conference with your Medicaid Technician or local agency at which time the Medicaid Technician or local agency must give you an explanation of the proposed change in patient pay. You will be given the opportunity to present any information on which your disagreement with the proposed patient pay is based. At the conference you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer. If you request the conference within 10 days of receipt of this notice and the proposed action is to increase your patient pay, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the explanation you receive at the conference and want your present patient pay to continue until a hearing decision on the increase in patient pay is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file an appeal within 10 days of this notice, your present patient pay will be continued until a hearing decision is reached. If your present patient pay continues and the action to increase patient pay is upheld, you will be required to pay the patient pay that was not paid during the appeal process. If you do not file an appeal within two days of the conference, the increase in your patient pay will occur but you can still appeal the action within 30 days of the date of this notice.

If you wish to request a hearing, follow the instructions on the front of this form. You will be notified of the date and time for your hearing at a location agreeable to you and the Medicaid Technician or local agency. If you cannot be there on that day, call the Medicaid Technician or local agency immediately.

At the hearing, you and/or your representative will have the opportunity to:

- 1) Examine all documents and records which are used at the hearing;
- 2) present your case or have it presented by a lawyer or by another authorized representative;
- 3) Bring witnesses;
- 4) Establish pertinent facts and advance arguments; and
- 5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the Medicaid Technician or the local agency representative would be given the opportunity to question or refute this additional information. You will be notified of the decision in writing within 90 days of the date your Medicaid appeal is received by the Department of Medical Assistance Services.

It is **YOUR RIGHT TO APPEAL** decisions. If you want more information or help with an appeal, you may contact the local agency or Medicaid Technician. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Appendix 2 - Search for Provider Identification Number

The following procedure may be used to search for the NPI/API number for LTC Providers to enable data entry of patient pay segments into MMIS.

- Navigate to the Main Menu and select Provider
- At the Provider Main Menu Select Provider Name from the Cross Reference Inquiry drop down menu
- Screen select Inquiry and enter the provider's name in the Last Name/Bus Name data field. Note: if the full name or spelling of the provider is not known a partial name search can be performed by entering an asterisk (*) next to the last letter of the name or next to the last three letters of the name.
- Select Enter to navigate to the Provider Cross Reference Screen which displays a listing of providers that match the search criteria. Provider location, ID number, and other information is displayed.
- If additional data is required click the radio button beside the provider and select Enter to navigate to the Provider Location Information screen.

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/tut/p/c5/dY7RDkMwGEYf - Microsoft Internet Explorer p

Prod | Home | Contact Us | Help

Virginia Medicaid

MMIS

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Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL

Assessment | Drugs | Reports

Screen ID: PS-S-000
Trans ID: VT00
Program ID: PST000

VIRGINIA MEDICAID
PROVIDER MAIN MENU

Date: 05/11/2012
Time: 11:04

Select Item from Selection or Cross Reference Inquiry Lists

Selection - or - Cross Reference Inquiry

Select Function

Function: Add Change Inquiry

ID Value:

Last Name/Bus Name: First Name:

ENTER A SELECTION.

Enter | Return | Sub Menu | Main Menu

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/ut/p/c5/dY5RDkNAFEXX - Microsoft Internet Explorer p

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL
Assessment	Drugs	Reports									

Screen ID: PS-S-012
Trans ID: VT37
Program ID: PST060

VIRGINIA MEDICAID
PROVIDER CROSS REFERENCE

Date: 05/11/2012
Time: 11:06
Page: 001 of 001

Cross Reference Type: PROVIDER NAME
Key Selected: CED*/

Select	Status	FEIN	Provider Name	PC	PCT	GRP TYP	Provider ID	City Name
<input type="radio"/>	C	541395005	CEDAR CREST	F	056		004941586	WYTHEVILLE
<input type="radio"/>	A	541771901	CEDAR CRK EYECARE, DR OF OPTOM		031		1477741072	WINCHESTER
<input type="radio"/>	C	541208422	CEDAR HILL GROUP HOME	F	056		004942761	CHARLOTTESVIL
<input type="radio"/>	C	541903144	CEDAR LAWN INVESTMENTS, LLC	T	088		010097321	ABINGDON
<input type="radio"/>	C	514626601	CEDAR PARK CVS INC #1847	F	062		009132309	VIENNA
<input type="radio"/>	C	541626015	CEDAR PARK CVS, INC.	T	088		008849978	WOONSOCKET
<input type="radio"/>	C	261174136	CEDAR RIDGE BUILDERS LLC		088		1740425230	WOONSOCKET
<input type="radio"/>	A	421417307	CEDAR VALLEY MEDICAL SPECIALIS		095		1497794242	WATERLOO
<input type="radio"/>	C	541821750	CEDARFIELD CORPORATION	T	088		00886792	RICHMOND
<input type="radio"/>	C	541821715	CEDARFIELD PHARMACY	F	062		009118802	RICHMOND
<input type="radio"/>	A	541821715	CEDARFIELD PHARMACY		062		1639152036	RICHMOND
<input type="radio"/>	A	541821715	CEDARFIELD PHARMACY	F	062		009116966	RICHMOND
<input type="radio"/>	A	541821715	CEDARFIELD PHARMACY	F	060		008508411	RICHMOND
<input type="radio"/>	C	541821715	CEDARFIELD PHARMACY	060	060		008518068	RICHMOND
<input type="radio"/>	C	540899944	CEDERQUIST CAROLINE S	I	020		005651115	MANASSAS

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https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/ut/p/c5/dY7LDoIwFAU_ - Microsoft Internet Explorer p

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL
Assessment	Drugs	Reports									

Screen ID: PS-S-001-03
Trans ID: VT01
Program ID: PST003

VIRGINIA MEDICAID
PROVIDER LOCATION INFORMATION - INQUIRY

Date: 05/11/2012
Time: 11:09
Screen: 3

Provider ID: 00886792 Legacy ID: 00886792 FPS: 087 Tracking ID: Status: INACTIVE
Name: CEDARFIELD CORPORATION Group Count: 0 Type/Loc: 001 OF 001

Servicing Address Information

Attn:	Office:	Ext:	FAX:
Address: 2300 CEDARFIELD PARKWAY	24 Hr:	Ext:	TDD:
RICHMOND VA 23233-1936	Email:		Ext:
Contact:	Contact #:	Ext:	Site Ind:
	Update Date:		User ID:

Provider Program Information

Prog	Begin Date	End Date	Rsn	Fee Ind	Prog	Begin Date	End Date	Rsn	Fee Ind

Provider Type Information

Type	Begin Date	End Date	Rsn	License	Rev Ind	BD	ST	Begin Date	End Date	Rsn
088	01/01/2000	12/31/9999	000							

Agreement Ind: I
OED:

Provider Specialty Information

Spec	Begin Date	End Date	Rsn	Prmy	Spec	Begin Date	End Date	Rsn	Prmy
000	01/01/2000	12/31/9999	000	N					

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Appendix 3, Patient Pay Reports

Monthly Reports

- RS-O-063** Patient Pay Add/Updates – includes all the patient pay information that was added or changed for members since the last report.
- RS-O-064** Patient Pay Active LOC without 122 (patient pay) on File - cumulative report of all members with active LOC and eligibility, but no patient pay in MMIS. These are members for whom patient pay must be added to MMIS.
- RS-O-065** Patient Pay Active LOC with 122 (patient pay) on File – cumulative of all Members with patient pay in MMIS.
- RS-O-066** Patient Pay Active LOC without Active Eligibility – cumulative report of all members with active LOC and no active eligibility. These are members for whom eligibility must be reviewed.
- RS-O-067** Patient Pay 300% Group Active Eligibility without Active LOC – cumulative report of all members in the 300% SSI Group who have active eligibility but no LOC. These are members for whom eligibility must be reviewed.
- RS-O-068** Patient Pay Members with LOC in Pending Status – cumulative report of all Members with LOC in a pending status. These are members for whom DMAS needs to take action to determine if the LOC status should be changed to active.

Daily Reports

- RS-O-069** Patient Pay Notice of Obligation Long Term Cost – provides a copy of the patient pay information printed on the Notice of Obligation sent to the member or representative. A copy of this report may be provided to the member or representative when the notice is lost or otherwise missing. Copies of the actual notice are stored by DMAS.

Report Discrepancies

Individuals for whom discrepancies are noted for RSO-064 and RSO-066 should be reported to the DMAS LTC Division at this email address: ltpatientpayissues@dmas.virginia.gov . The discrepancies may include but are not limited to, eligible members who no longer receive Medicaid LTC services, but have an active LOC and members with an active LOC, but are no longer Medicaid eligible. The subject line should read “PP Report Issues.” A list of member names, ID numbers description of issue should be provided in the body of the email. The LTC Division will address any discrepancies and if required, adjust the individual’s MMIS record. The end dating of any LOC will cause the Member to drop off the PP report. Localities should also include a contact person’s name and phone number in the event additional information is needed.

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Appendix 4 - SSA COLA Automated Update Process

In November of each year, DMAS receives a data file from the Social Security Administration reporting changes in the amount of a member benefit or entitlement. The MMIS, subsequent to receipt of this data file, will run the file against LTC members in the MMIS to update the member's Bendex data. The updated data will be utilized by MMIS to complete an automated mass update of member patient pay records.

Not all member patient pay records will be updated by the automated process. Patient pay records that will be excluded from the process are minimal and include those for whom patient pay:

- Was not entered until after the update process was completed
- Was entered in override mode
- Contains a spousal or family/dependent child allowance
- Is based on a SSA dual entitlement determination
- Has a date range that ends prior to the beginning of the next year.

All other members will be included in the process and have their patient pay updated.

Three reports will be generated at the beginning of December of each year for LDSS workers. These reports will be available through the LDSS Intranet, Medicaid Management Reports link.

Yearly Reports

- RS-O-070A** SSA COLA Update, Patient Pay Recalculated – members with updated patient pay. No action is required.
- RS-O-071A** SSA COLA Update, Patient Pay Not Changed – members whose patient pay was not updated. These are members for whom patient pay must be reviewed to determine if action should be taken to update patient pay.
- RS-O-072A** SSA COLA Update, SSA Amount Changes – provides data on members' prior benefit amount and new benefit amount.