



Clinical Care Coverage Policy 3L, Personal Care Services Webinar January 10, 2013

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The Carolina Centers *for* Medical Excellence

Webinar Learning Objectives

Participants will be able to:

- Understand the appeals timeline and process
- Understand the concept of “maintenance of service” (MOS)
- Understand the purpose and process of mediation
- Understand the process to register for and access QiRePort
- Utilize QiRePort to access beneficiary information, reviewing decision notices, submission of beneficiary discharges, and submission of change of status requests
- Navigate the revised CCME Personal Care Services (PCS) Webpage

Module One

- Understand the appeals timeline and process
- Understand the concept of “maintenance of service” (MOS)
- Understand the purpose and process of mediation

Appeals

- Medicaid beneficiaries (or their *authorized personal* representatives) have the right to appeal adverse decisions of the State Medicaid agency and receive a fair hearing pursuant to the Social Security Act, 42 C.F.R. 431.200 *et seq.* and *N.C.G.S. §108A-70.9*.
- Medicaid beneficiaries have a constitutional right to due process because Medicaid is an entitlement program.
- Due process means notice and an opportunity for a hearing when a Medicaid service is denied, reduced, terminated, or suspended.

Adverse Decision Notice

If a beneficiary's service is **denied**, **reduced**, or **terminated** the beneficiary must receive an explanation that contains the following pieces of information:



Adverse Decision Notices Include:

Why the service was denied, reduced, or terminated

The service (if any) and how much of it is approved

The effective date

How to appeal the decision

Adverse Decision Notices Include:

The legal authority supporting the decision in that case

Contact information for someone who can answer questions about the decision in the case

Citation(s) and website(s) supporting the action

A one-page hearing request form and the hearing instructions and information sheet

Filing an Appeal

If the beneficiary chooses, he or she may appeal DMA's decision to deny, reduce or terminate PCS services.



The Appeals Process

1. Request for Hearing Form Completed by beneficiary

The beneficiary must complete the form found in the adverse decision letter received from CCME.



2. Request for Hearing Form Submitted by beneficiary

Form must be submitted within 10 days of the date of the notice of change to keep MOS

Form must be submitted within 30 days of the date of the notice to prevent a lapse in PCS.

Appeals: Maintenance of Service

Maintenance of service (MOS) means the continuation of authorization during the appeal period when a beneficiary appeals a decision to reduce or terminate Medicaid covered service(s) that were authorized on the day immediately preceding the date of the adverse notice.

Appeals: Maintenance of Service

- A beneficiary who has filed a timely appeal is entitled to maintain the same hours of service **he or she** was receiving the day before the Notice of Decision letter was mailed (up to 80 hours per month).
- A beneficiary is eligible to receive services while the appeal is pending as long as he/she remains otherwise eligible for Medicaid.

The Appeals Process

2. Request for Hearing Form Submitted by beneficiary

Form must be submitted by mail or fax at the address or fax numbers provided on or before January 30, 2013.



Office of Administrative Hearing (OAH)

NCDHHS, CPP Appeals Section



The Appeals Process

3. Office of Administrative Hearings (OAH) contacts the beneficiary

OAH offers mediation in an effort to resolve the appeal.



4. Mediation is conducted in person or by phone

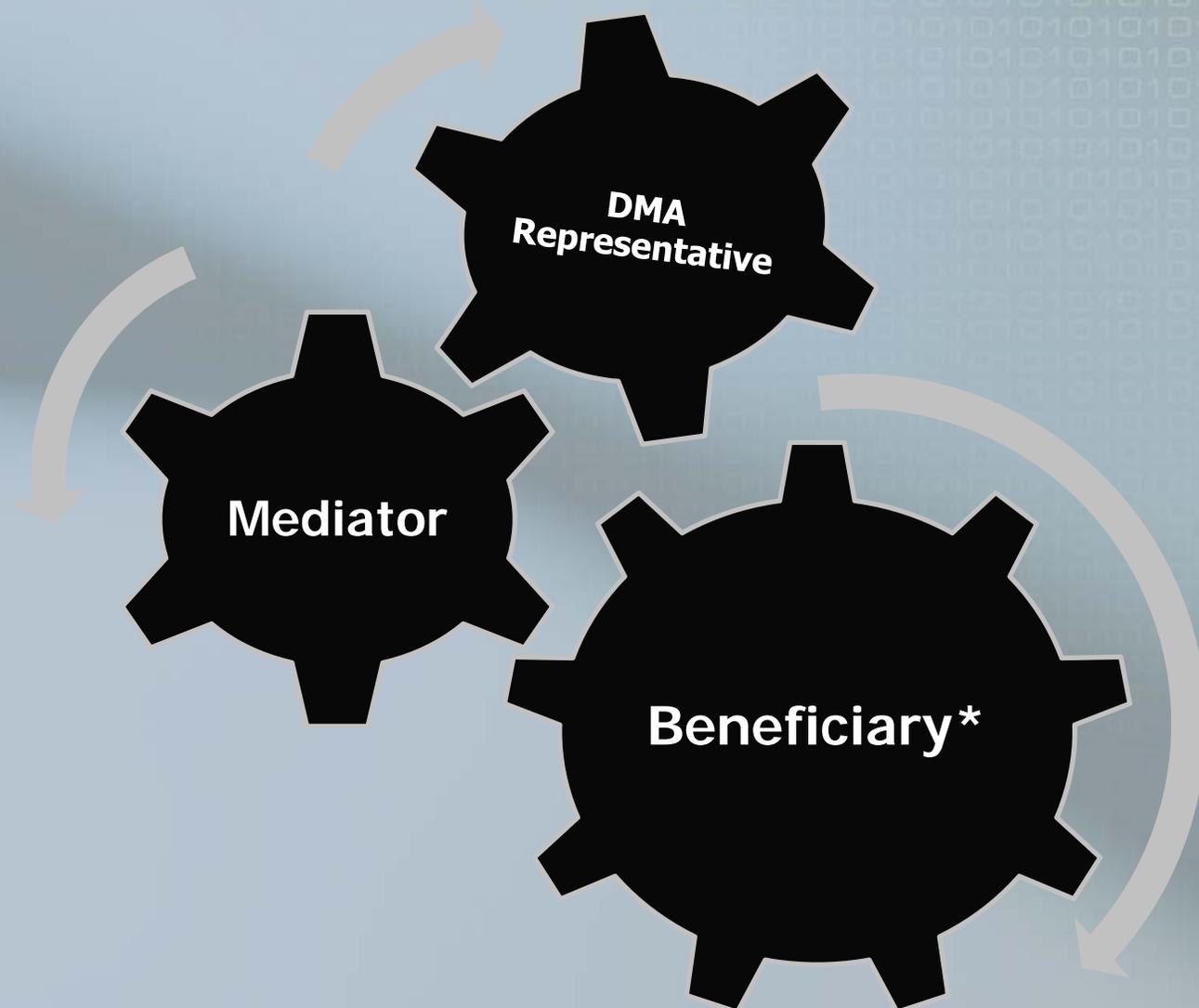
Mediation is conducted with the beneficiary, mediator, and representative of DMA present.

If mediation resolves the case, the appeals process ends here.

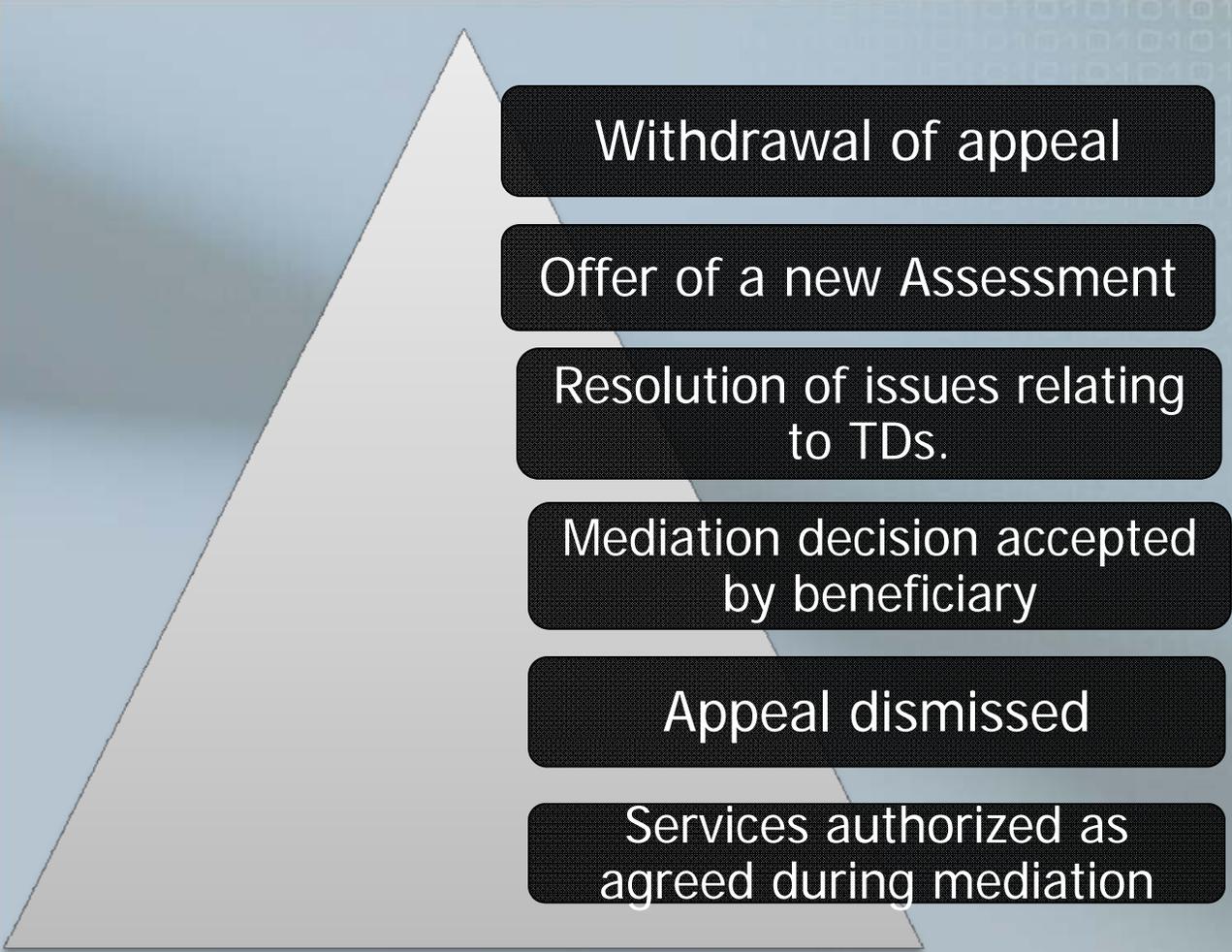
A Little More about Mediations

- ◆ The mediation process is
 - ◆ Voluntary
 - ◆ Free of charge to beneficiaries
 - ◆ Confidential
 - ◆ Legally-binding
- ◆ Must occur within 25 days of receipt of the beneficiary's appeal request by OAH.

A Little More about Mediations



Mediation Outcomes



Withdrawal of appeal

Offer of a new Assessment

Resolution of issues relating to TDs.

Mediation decision accepted by beneficiary

Appeal dismissed

Services authorized as agreed during mediation

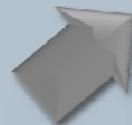
A Little More about Mediations

Beneficiary
declined
mediation

Mediation decision is
not accepted by
beneficiary

Beneficiary did not
attend the scheduled
mediation

Appeals proceeds
to hearing (unless
appeal is
withdrawn)



The Appeals Process

5. Hearing scheduled

For beneficiaries who do not accept offer of mediation or the mediation does not result in resolution of the case

Beneficiary is notified by mail of the date, time and location of the hearing.



6. Hearing Conducted

Takes place before an Administrative Law Judge.

Judge's decision in the case is sent to Medicaid for final agency decision.



The Appeals Process

7. Administrative Law Court Decision

Beneficiary receive copies of both the administrative law judge's decision & Medicaid's final agency decision.

If the beneficiary wishes to appeal the decision to the Superior Court, an appeal must be submitted within 30 days of mailing of the final agency decision.



8. Superior Court Judicial Review

Beneficiary may represent himself/herself, hire an attorney, or ask a relative/friend to speak in court.



The Appeals Process

Mediation

(completed within 25 days of receipt of hearing request by OAH)

OAH Hearing

(completed within 55 days of receipt of hearing request by OAH)

Final Agency Decision

(entered within 20 days of receipt of the case from OAH)

The entire Hearing Process is required to be completed within 90 days of the date that the beneficiary's initial hearing request is received by the Office of Administrative Hearings (OAH).

Appeals: Maintenance of Service

Type of Adverse Decision	MOS (Yes or No)
New admission denial	No
New referral, unable to process	No
New admission technical denial (unable to contact/no show/refusal)	No
Continuing service denial or reduction	Yes
Continuing services, appeal filed late (>30 days)	No
Continuing service technical denial (unable to contact, no show, refusal)	Yes
Continuing service technical denial (unable to contact, no show, refusal), appeal filed late (>30 days)	No

Appeals: Maintenance of Service

Federal law dictates that MOS must be applied to appeals in the following ways:



Appeals: Maintenance of Service



Beneficiary files an appeal with OAH **within 10 calendar days** after the Notice of Decision letter was mailed (same date as the one listed on letter).



Authorization for service will be continued at the previous hours (the hours authorized prior to the date on the letter).

Case Study: Mary

Mary was authorized for 60 hours per month from a previous Independent Assessment.

Mary's most recent Independent Assessment results in a Notice of Decision letter for denial of services. The date on the letter was 1/15 and the effective date was 1/26.

Mary appeals the decision to OAH in a timely manner. Her request for appeal is received by OAH on 1/23.



MOS will be authorized at 60 hours per month for the current provider effective 1/23, until CCME is notified that the appeal has been resolved. Mary will not experience a lapse of service.

Appeals: Maintenance of Service



Beneficiary files an appeal with OAH **more than 10 calendar days** from the date the Notice of Decision letter was mailed, **but within 30 days** of the letter date.

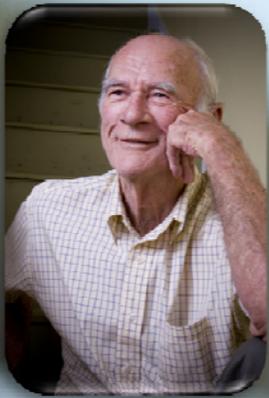


Authorization for services will be interrupted from the effective date of the reduction or denial until the date the appeal request is received by OAH.



When the appeal request is received, authorization for service will be reinstated the date the appeal was received at OAH.

Case Study: Jonathan



Jonathan was authorized for 40 hours per month from a previous Independent Assessment.

Jonathan's most recent Independent Assessment results in a Notice of Decision letter for denial of PCS services. The date on the letter was 1/15 and is effective 1/26.

Jonathan appeals the decision to OAH within 30 days of the letter date. His request for appeal is received by OAH on 2/5.

MOS will be authorized at 40 hours per month for the current provider effective 2/5, until CCME is notified that the appeal has been resolved. Jonathan will experience an interruption in his PCS service between 1/26 and 2/5.

Appeals: Maintenance of Service

Beneficiary wishes to change providers while the appeal is pending.



MOS authorization will be transferred to the new provider. The MOS will be effective for the new providers 10 days after the date of the letter.

Please note that this process is currently done manually. Providers will not see the MOS on the Provider Interface. Providers will receive a Change of Provider/Maintenance of Service referral and authorization via fax.



Case Study: Annie

- Annie was authorized for 50 hours per month from a previous Independent Assessment.
- Annie's most recent Independent Assessment results in a Notice of Decision letter for reduction of PCS services. The letter on the date was 12/15 and is effective 12/26.
- Annie appeals the decision to OAH and her request for appeal is received by OAH on 12/22.
- Annie attends the mediation, via phone on 12/28. She rejects the settlement offered at the mediation and schedules a hearing.



Case Study: Annie

- Annie also rejects the settlement offered during the informal discussion that was presented by the DHHS Attorney and DMA representative.
- Annie and her daughter attend the Administrative Law Hearing on 12/28 before an Administrative Law Judge who will uphold the notice decision.
- Beneficiary will receive the judges decision in the mail from OAH and the final agency decision from DMA. Medicaid will update superior court.
- Annie's settlement hours begin the date of the notice.

Module II: **QiRePort**

- **Overview of the QiRePort Provider Interface to access beneficiary information**
- **Review decision notices**
- **Submission of beneficiary discharges**
- **Submission of change of status requests**



QiRePort: Getting Started

The Carolinas Center for Medical Excellence

Provider Registration For PCS Agency Use of QiRePort

Complete this form and send to The Carolinas Center for Medical Excellence (CCME) via fax at 877-272-1942 or mail: CCME, ATTN: PCS Independent Assessment, 100 Regency Forest Drive, Suite 200, Cary NC 27518-8598. For questions, contact CCME at 800-228-3365 or PCSAssessment@thecarolinascenter.org.

Agency Identification and Primary Contact Information

Owner/Corporate Identity (Full name)					Main Phone			Main Fax			
Agency Name If Different Than Corporate Identity (dba):					NPI			DHSR License #			
Agency Mailing Address											
Street Address or PO Box				City			State	NC	Zip		
Agency Staff Contact Information For QiRePort Support and Communications (For the agency as a whole)											
Last Name			First Name			Position			Telephone		
Last Name			First Name			Position			Telephone		

List Agency Medicaid Provider Numbers Used For PCS Billing (List up to 15 agency Medicaid provider numbers below)

List Staff Requiring Access To Recipient Information For All Agency Medicaid Provider Numbers Listed Above (Up to 5 agency staff)

Agency Staff or Designated Representatives				
Last Name	First Name	Type of Access To QiRePort *	E-Mail Address	Telephone

* Type of Access: Select either Add/Edit or View Only

Home Care Agency providers will continue to utilize the same form and registration process.

QiRePort: Getting Started

The Carolinas Center for Medical Excellence

Provider Registration For Licensed Facility PCS Provider Use of QiRePort

Complete this form and send to The Carolinas Center for Medical Excellence (CCME) via fax at 877-272-1942 or mail: CCME, ATTN: PCS Independent Assessment, 100 Regency Forest Drive, Suite 200, Cary NC 27518-8598. For questions, contact CCME at 800-228-3365 or PCSAssessment@thecarolinascenter.org.

Facility Identification and Primary Contact Information

Owner/Corporate Identity (Full name)					Main Phone			Main Fax			
Facility Name if Different Than Corporate Identity (dba)											
Facility Mailing Address											
Street Address or PO Box				City			State	NC	Zip		
Facility Staff Contact Information For QiRePort Support and Communications (For the organization as a whole)											
Last Name			First Name			Position			Phone		
Last Name			First Name			Position			Phone		

List Facility Medicaid Provider Numbers Used For PCS Billing (List up to 15 agency Medicaid provider numbers below)

List Staff Requiring Access To Beneficiary Information For All Facility Medicaid Provider Numbers Listed Above (Up to 5 staff)

Agency Staff or Designated Representatives				
Last Name	First Name	Type of Access To QiRePort *	E-Mail Address	Phone

Licensed Facility PCS Providers are to complete and fax registration forms to CCME
1-877-272-1942

Welcome

User Login

User Name:

Password:

Log In

[Forgot password?](#)

Information

[Terms of Use](#)

[Safety and Usage Requirements](#)

Contact Us

Your Email:

Enter Question:

Send

Call Center Phone Number:

1-800-228-3365



Learn more about PCS Independent Assessments and PACT Reviews: The DHHS, Division of Medical Assistance is implementing new policies and procedures for personal care services. Agencies and organizations interested in knowing more about this new initiative should [click here to learn more](#). You do NOT need to log-in with a user name and password to see this information.

QiReport is a new web service developed to support quality improvement and utilization management initiatives sponsored by the NC Department of Health and Human Services, Division of Medical Assistance. The Carolinas Center For Medical Excellence administers QiReport on behalf of the Division Medical Assistance.



Visit www.qireport.net



Features of the Provider Interface For QiRePort

Electronic Referral Process

- Receipt from CCME
- Agency accept or decline

Access to CCME generated PCS documents for your agency's clients/referrals only

- IA documents
- Accept or decline letters
- Notification letters

Online submission of information

- Change of Status

Viewing Referrals

Q. How do I view referrals CCME has sent to my agency?

QiRePort Home | **Referrals** | Reports

Referrals

Referrals Ready for Review

Name	MID	Request Type	Assmt / Request Date	Provider No.	Referral Letter	Hours
LEESY, BETTY	000012345L	Change of Provider	8/11/2010	4408912	[letter]	80
POPE, BARBARA	000051689M	New Request	4/27/2010	4409516	[letter]	28

Referral Info
[Referrals for Review](#)
[Accepted \(last 60 days\)](#)
[Denials \(last 6 months\)](#)

Recipients w/ IA
[Search Recipient](#)
[Recipient Summary](#)
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Recipient w/o IA
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Maintenance
[Counties Served](#)

HOME CARE AGENCY (HCA) PROVIDERS

Viewing Referrals

Q. How do I view referrals CCME has sent to my agency?
(LRF provider view)



The screenshot shows the QiRePort web application interface. At the top left is the QiRePort logo. To the right of the logo is a navigation bar with 'Home' and 'Referrals' (the latter is highlighted). Below the navigation bar is a blue header with the word 'Referrals'. On the left side, there is a sidebar with a yellow background containing links for 'Referral Info', 'Referrals for Review', 'Accepted (last 60 days)', 'Denials (last 6 months)', 'Recipient Info', 'Search Recipients', 'Recipient Summary', and 'Discharge'. The main content area is titled 'Referrals / Notifications for Review' and contains a table with the following columns: Name, MID, Notification Type, Action Date, Provider No., Notification Letter, and Hours.

Licensed
Residential
Facility (LRF)

Referrals

Referral Info

- [Referrals for Review](#)
- [Accepted \(last 60 days\)](#)
- [Denials \(last 6 months\)](#)

Recipients w/ IA

- [Search Recipient](#)
- [Recipient Summary](#)
- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Recipient w/o IA

- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Maintenance

- [Counties Served](#)

Referral for Acceptance Review

[Print](#) * = Required

Recipient Data			
Recipient Name	LEESY,BETTY	Medicaid ID	000012345L
Address 1	4001 TAMER LANE	Address 2	
City, State Zip	CHARLOTTE,NC 28205	County	MECKLENBURG
Phone	980-226-2642	DOB	1/29/1947
Gender	Female		

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type
LEESY,BETTY	000012345L	980-226-2642	7/23/2010	Change of Provider

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
8/11/2010	[comments]	Change of Provider	80

Referral Decision *	-- select --
Comment	



**Q: How do I accept or decline
a referral?**



Accepting & Declining Referrals

A: From “Referrals For Acceptance Review Screen”:

1. Click on underlined beneficiary’s name, under “Requests for Independent Assessment” to view request



Home | **Referrals** | Reports

Referrals

Referral Info

- [Referrals for Review](#)
- [Accepted \(last 60 days\)](#)
- [Denials \(last 6 months\)](#)

Recipients w/ IA

- [Search Recipient](#)
- [Recipient Summary](#)
- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Recipient w/o IA

- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Maintenance

- [Countries Served](#)



Referral for Acceptance Review

[Print](#) * = Required

Recipient Data			
Recipient Name	DREWRY,CONNIE	Medicaid ID	000062198P
Address 1	1224 Main Street	Address 2	213 FOREST TRAIJNG
City, State Zip	CLINTON,NC 283280000	County	SAMPSON
Phone	919-555-1212	DOB	7/23/1916
Gender	Female		

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type
DREWRY,CONNIE	000062198P	919-555-1212	9/20/2010	Annual Assessment

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
9/20/2010	[comments]	Annual Review	28



Accepting & Declining Referrals

Request will appear:

PCS Services Request - Change of Provider

[Print](#) * = Required

Request / Recipient Information			
Request Date *	<input type="text" value="07/23/2010"/>	Date CCME Received *	<input type="text" value="07/23/2010"/>
Requested by: *	<input type="text" value="Recipient"/>	Recipient Language	<input type="text" value="English"/>
Phone	<input type="text" value="980-226-2642"/> <input type="checkbox"/> NO Phone *		
Parent/Guardian (if patient is under 18)			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text" value="-- select --"/>	Alt. Phone	<input type="text"/>
Provider Information			
Reason for Change *	<input type="text" value="Recipient choice"/>		
Other Reason	<input type="text"/>		
Status of PCS Services *	<input type="text" value="Scheduled for discharge"/>		
(Scheduled) Discharge Date	<input type="text" value="07/26/2010"/>		
Preferred Provider Lookup			
Provider Name *	<input type="text" value="INTERCARE HEALTH SERVIC"/>	Number	<input type="text" value="6601558"/>
Address	<input type="text" value="1801 NORTH TRYON"/>	City	<input type="text" value="CHARLOTTE"/>
Zip Code	<input type="text" value="282062607"/>	Phone	<input type="text" value="704-332-9880"/>
Alternate Provider Lookup			
Provider Name	<input type="text"/>	Number	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Zip Code	<input type="text"/>	Phone	<input type="text"/>
Contact Information for Questions about Change of Provider Request			
Contact Name *	<input type="text" value="DR HEATHER MANOS"/>	Relationship to Recipient *	<input type="text" value="DR"/>
Contact Phone *	<input type="text" value="704-446-1000"/>	Contact Fax	<input type="text" value="704-446-1018"/>
Contact Email	<input type="text"/>		
Is Request Complete? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date Request Complete	<input type="text" value="07/23/2010"/>



Accepting & Declining Referrals

- Click on underlined assessment date under "Independent Assessments on File for Recipient"

QiRePort Home | **Referrals** | Reports

Referrals

Referral Info
[Referrals for Review](#)
[Accepted \(last 60 days\)](#)
[Denials \(last 6 months\)](#)

Recipients w/ IA
[Search Recipient](#)
[Recipient Summary](#)
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Recipient w/o IA
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Maintenance
[Counties Served](#)

Referral for Acceptance Review

Print * = Required

Recipient Data			
Recipient Name	DREWRY, CONNIE	Medicaid ID	000062198P
Address 1	1224 Main Street	Address 2	213 FOREST TRAJN6
City, State Zip	CLINTON, NC 283280000	County	SAMPSON
Phone	919-555-1212	DOB	7/23/1916
Gender	Female		

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type
DREWRY, CONNIE	000062198P	919-555-1212	9/20/2010	Annual Assessment

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
<u>9/20/2010</u>	[comments]	Annual Review	28



Accepting & Declining Referrals

PDF of 12-page IA document will appear:

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE (DMA) Independent Assessment For Personal Care Services									
Section A. Assessment Identification									
Assessment Type:	Annual Review		Assessment Date		09/20/2010		Travel Mileage (RT)		
Assessment Start Time:			Assessment Completion Time				Travel Time (In minutes)		
Assessment Completed In: (Location)	Recipient Residence		Assessor Name				Assessment Method		Face to Face
Others Present During Assessment:									
Name of Person Attending		Relationship to Recipient		Name of Person Attending		Relationship to Recipient			
John Smith		Spouse		Kevin Goddard		Legal rep (not fam)			
Fred Bames		Friend		Tony Soprano		Friend			
Just Added		Friend				-- select --			
Section B. Recipient Identification									
Manual Assessment ID	20100920-65673-159765			Medicaid ID	000062198P				
Recipient Last Name	DREWRY		First Name	CONNIE		Mi	B		
Gender	Female		Date of Birth	07/23/1916		Recipient Language	Date of Last Physician/Practitioner Visit		
Recipient Primary Physical Location Address									
Street	1315 B JASPER ST			City	CLINTON		State	NC Zip 28328-0000	
Recipient Mailing Address									
Street				City			State	Zip	
Alternate Contact									
Alternate Contact Relationship to Recipient				Does Alternate Contact Live with Recipient?					
Alternate Contact Last Name				Alternate Contact First Name			Alternate Contact Telephone		
Alternate Contact Address, if applicable									
Street				City			State	NC Zip	



Accepting & Declining Referrals

3. Click on “Comments” to view overflow comments from IA document



Home | Referrals | Reports

Referrals

Referral Info

[Referrals for Review](#)
[Accepted \(last 60 days\)](#)
[Denials \(last 6 months\)](#)

Recipients w/ IA

[Search Recipient](#)
[Recipient Summary](#)
[Change of Status Request](#)
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[Provider Number Change](#)

Recipient w/o IA

[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Maintenance

[Counties Served](#)

Referral for Acceptance Review

[Print](#) * = Required

Recipient Data			
Recipient Name	DREWRY,CONNIE	Medicaid ID	000062198P
Address 1	1224 Main Street	Address 2	213 FOREST TRAIJN6
City, State Zip	CLINTON,NC 283280000	County	SAMPSON
Phone	919-555-1212	DOB	7/23/1916
Gender	Female		

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type
DREWRY,CONNIE	000062198P	919-555-1212	9/20/2010	Annual Assessment

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
9/20/2010	[comments]	Annual Review	28



Accepting & Declining Referrals

PDF of assessment comments will appear:

Assessment Comments for DREWRY,C - 20100920-65673-159765

Section N Comments

(none)

Section O Safety/Risks Comments

Threat to Patient Safety Comment

test

Home Safe to Provide PCS Comment

test2

Section P Comments

not too bad

Section Q EPSDT Comments

Caregiver Needs Comment

(none)

Location of Services Comment

(none)

Day Care Comment

(none)

Patient Amelioration Comment



Accepting & Declining Referrals

- Click on drop-down arrow in “Referral Decision” box & make a selection of Accepted or Denied.

QiRePort Home | Referrals | Reports

Referrals

Referral for Acceptance Review

[Print](#) * = Required

Referral Info
[Referrals for Review](#)
[Accepted \(last 60 days\)](#)
[Denials \(last 6 months\)](#)

Recipients w/ IA
[Search Recipient](#)
[Recipient Summary](#)
[Change of Status Request](#)
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[Provider Number Change](#)

Recipient w/o IA
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Maintenance
[Counties Served](#)

Recipient Data			
Recipient Name	DREWRY,CONNIE	Medicaid ID	000062198P
Address 1	1224 Main Street	Address 2	213 FOREST TRAJN6
City, State Zip	CLINTON,NC 283280000	County	SAMPSON
Phone	919-555-1212	DOB	7/23/1916
Gender	Female		

Requests for Independent Assessment				
Recipient Name	MID	Phone Number	Request Date	Request Type
DREWRY,CONNIE	000062198P	919-555-1212	9/20/2010	Annual Assessment

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
9/20/2010	[comments]	Annual Review	28

Referral Decision *

Comment

Make a selection



Accepting & Declining Referrals

5. Click “Save” to submit (once the save button turns gray, the system has accepted your decision). Do not try to navigate away from the page until the save button turns gray.

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
<u>9/20/2010</u>	<u>[comments]</u>	Annual Review	28

Referral Decision *	Accepted <input type="button" value="v"/>
Comment	<div style="border: 1px solid gray; height: 100px;"></div>

← **Click “Save”**

**Q: How do I view CCME
letters for my clients?**



Viewing Records for Current Clients

A: You can only view records for your current clients who have had an IA completed.

1. Click on "Accepted (last 60 days)". The "Referrals Ready to Review" screen will open.

QiRePort Home | Referrals | Reports

Referrals

Referrals Ready for Review

	MID	Request Type	Assmt / Request Date	Provider No.	Referral Letter	Hours
LEESY, BETTY	000012345L	Change of Provider	8/11/2010	4408912	[letter]	80
POPE, BARBARA	000051689M	New Request	4/27/2010	4409516	[letter]	28

Referral Info

- [Referrals for Review](#)
- [Accepted \(last 60 days\)](#)
- [Denials \(last 6 months\)](#)

Recipients w/ IA

- [Search Recipient](#)
- [Recipient Summary](#)
- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Recipient w/o IA

- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Maintenance

- [Counties Served](#)

HCA

Viewing Records for Current Clients

2. Click on “letter” next to beneficiary’s name to view Referral Letter or Notice of Decision Letter of current clients.

QiRePort Home | Referrals

Referrals

Referrals Accepted/Reviewed Last 60 Days

Name	MID	Assmt Date	Notification Type	Effective Date	Provider No.	Notification Letter	Recipient Notice	Hours
Way, Ernest		9/17/2012	ACH Transition	1/1/2013	7806232	N/A	[letter]	80
Hurston, Nellie		1/1/2013	Appeal Resolution	1/1/2013	7806232	[letter]	[letter]	80

Letters

Licensed Residential Facility (LRF)



The Carolinas Center *for* Medical Excellence

100 Regency Forest Drive, Suite 200, Cary, NC 27518-8598 • 919.461.5600 • 800.228.3365

**NOTICE OF DECISION ON A CONTINUING REQUEST
FOR MEDICAID SERVICES**

(See original for notice date)

LARRY EVANS
WALDEN ASSISTED LIVING
2345 PEACEFUL WAY
RALEIGH, NC 276100000

WALDEN ASSISTED LIVING
2345 PEACEFUL WAY
RALEIGH, NC 276100000

RE: LARRY EVANS
MID: 999999999T
Service Requested: Personal Care Services

Dear LARRY EVANS

Effective January 1, 2013, N. C. Medicaid will no longer offer services under the In-Home Care (IHC) and Adult Care Home Personal Care Services (ACH-PCS) programs. Personal care services for beneficiaries residing in private living arrangements and in licensed ACH facilities will instead be provided under a new, consolidated Personal Care Services (PCS) benefit. Licensed ACH facilities include Adult Care Homes, Family Care Homes, Supervised Living Group Homes, and Combination Homes with ACH beds.

Pursuant to N.C. Session Law 2012-142, Sections 10.9F.(b) and 10.9F.(c); North Carolina State Plan for Medical Assistance; and Division of Medical Assistance (DMA) Clinical Coverage Policy 3L, PCS covers hands-on assistance with Activities of Daily Living (ADLs), including bathing, dressing, mobility, toileting, and eating. PCS may also include assistance with related home management tasks, medications, adaptive or assistive devices, and durable medical equipment. **PCS does not cover transportation or errands.** The full list of covered and non-covered services can be found in Division of Medical Assistance (DMA) Clinical Coverage Policy 3L, which is available at <http://www.dbhs.state.nc.us/dma/mp/index.htm>.

As required by the North Carolina State Plan for Medical Assistance; N.C. Session Law 2012-142, Sections 10.9F.(b) and 10.9F.(c); and Division of Medical Assistance (DMA) Clinical Coverage Policy 3L, all Medicaid beneficiaries receiving Personal Care Services must be referred by their primary or attending physician who attests to the medical necessity for the service, and receive an independent assessment by a registered nurse or social worker affiliated with DMA or the Independent Assessment Entity (IAE) designated by DMA. The Carolinas Center for Medical Excellence (CCME) is the IAE designated by DMA to conduct independent assessments.

CCME completed your assessment on 09/17/2012. After reviewing the assessment results, Medicaid approved **80 hours** of PCS per month until the earlier of 03/07/2013 or the next assessment. Si necesitas ayuda para leer y entender la carta, por favor contáctese con el 1-800-662-7030. DIGA AL OPERADOR QUE LA NOTIFICACION DMA 3504PCS-Transition.

DMA 3504PCS-Transition- HC
10/23/2012

Viewing Records for Current Clients

Mr. Evans' notice
of decision
(page 1)

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LARRY EVANS
999999999T

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assessment completed by DMA or the IAE designated by DMA. This is an increase to the service hours you currently receive.

Your approved service level is based on your assessed self-performance levels and days of unmet need for assistance with the five qualifying Activities of Daily Living (ADLs). Your assessed self-performance levels and days of unmet need for assistance with the five qualifying ADLs are as follows:

ADI	Self-Performance Level	Days of Unmet Need per Week
Bathing	Can do with extensive hands-on assistance	2
Dressing	Can do with limited hands-on assistance	7
Mobility	Can do with extensive hands-on assistance	7
Toileting	Can do with limited hands-on assistance	7
Eating	Can do with limited hands-on assistance	7

This approval of services is effective **January 1, 2013**. The above named provider was selected by you and will be providing these services. If you wish to select a different provider, please contact CCME at 1-800-228-3365.

Sincerely,

Independent Assessment Department
The Carolinas Center for Medical Excellence
1-800-228-3365

C: Provider

Viewing Records for Current Clients

Mr. Evans' notice of decision (page 2)

Providers are encouraged to print and save a copy of letters in the beneficiary's medical records as the letters will not be accessible in QiRePort after 60 days.

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**Q: How do I submit a
change of status?**



Submitting a Change of Status (COS)

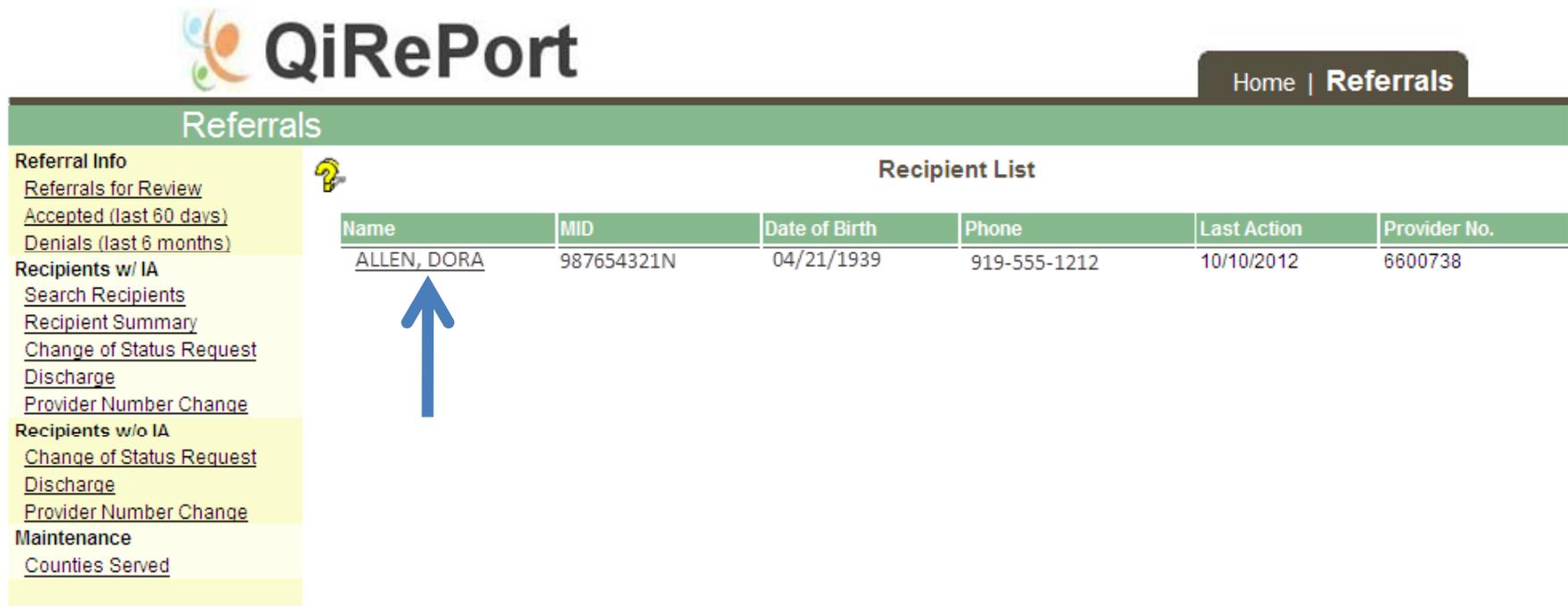
1. Click on "Search Recipients" tab

The screenshot displays the QiRePort web application interface. At the top left is the QiRePort logo. A navigation bar at the top right contains 'Home | Refe'. Below this is a green header bar labeled 'Referrals'. The main content area is divided into two columns. The left column contains a sidebar menu with the following items: 'Referral Info' (with a help icon), 'Referrals for Review', 'Accepted (last 60 days)', 'Denials (last 6 months)', 'Recipients w/ IA', 'Search Recipients' (highlighted with a blue arrow), 'Recipient Summary', 'Change of Status Request', 'Discharge', 'Provider Number Change', 'Recipients w/o IA', 'Change of Status Request', 'Discharge', 'Provider Number Change', 'Maintenance', and 'Counties Served'. The right column contains a 'Recipient List' search form with three input fields: 'Last Name (partial)' containing 'A', 'First Name (partial)' containing 'DORA', and 'Medicaid Id'. A 'Search' button is located below the fields. A red asterisk legend indicates '* = Required'. The HCA logo is in the bottom right corner.



Submitting a Change of Status (COS)

2. From the Recipient List select the correct beneficiary by clicking on their name.



The screenshot shows the QiRePort interface. The top navigation bar includes 'Home' and 'Referrals'. The main content area is titled 'Referrals' and contains a 'Recipient List' table. A sidebar on the left lists various actions under categories like 'Referral Info', 'Recipients w/ IA', 'Recipients w/o IA', and 'Maintenance'. A blue arrow points to the name 'ALLEN, DORA' in the first row of the table.

Name	MID	Date of Birth	Phone	Last Action	Provider No.
<u>ALLEN, DORA</u>	987654321N	04/21/1939	919-555-1212	10/10/2012	6600738



Submitting a Change of Status (COS)

- The "Recipient Summary" will appear for the selected beneficiary.

QiRePort Home | Referrals

Referrals

Referral Info

- [Referrals for Review](#)
- [Accepted \(last 60 days\)](#)
- [Denials \(last 6 months\)](#)

Recipients w/ IA

- [Search Recipients](#)
- [Recipient Summary](#)
- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Recipients w/o IA

- [Change of Status Request](#)
- [Discharge](#)
- [Provider Number Change](#)

Maintenance

- [Counties Served](#)

Recipient Summary

Recipient Data

Recipient Name	ALLEN, DORA	Medicaid ID	987654321N
Address 1	123 ALLEN DRIVE	Address 2	
City, State Zip	WENDELL, NC 27591	County	DURHAM
Phone	919-555-1212	DOB	04/21/1939
Gender	Female	Status	OK

Requests for Independent Assessment

Recipient Name	MID	Phone Number	Request Date	Request Type

Independent Assessments on file for Recipient

Assessment Date	Comments	Assessment Type	Hours
10/10/2012	[comments]	Annual Review	56
11/12/2010	[comments]	Annual Review	0
10/27/2011	[comments]	Annual Review	47

HCA

Submitting a Change of Status (COS)

The screenshot displays the QiRePort web application interface. At the top left is the QiRePort logo. A navigation bar at the top right contains 'Home | Referrals'. Below this is a green header with the word 'Referrals'. On the left side, there is a yellow sidebar menu with the following categories and links:

- Referral Info**
 - [Referrals for Review](#)
 - [Accepted \(last 60 days\)](#)
 - [Denials \(last 6 months\)](#)
- Recipients w/ IA**
 - [Search Recipients](#)
 - [Recipient Summary](#)
 - [Change of Status Request](#)
 - [Discharge](#)
 - [Provider Number Change](#)
- Recipients w/o IA**
 - [Change of Status Request](#)
 - [Discharge](#)
 - [Provider Number Change](#)
- Maintenance**
 - [Counties Served](#)

The main content area shows a search for 'Requests for ALLEN, DORA'. Below the search results, there is a table with columns: 'e', 'Complete Date', and 'Disposition'. An 'Add' button is visible next to the table. A help window titled 'Change of Status Request' is overlaid on the page, containing the following text:

Change of Status Request

Click on this option if you need to send the independent assessment entity (CCME) a change of status request for assessment.

If there have been any prior change of status requests for the same recipient, they will appear in a list. You can click on any listed request and see the request. Otherwise, click on the Add button.

Use this option ONLY for recipients with an independent assessment already completed. If you have not already "looked up" a recipient, click the "Search Recipients" selection and enter a name (or partial name), or MID to find the recipient you are looking for.

If you have already selected a recipient, selecting this option will display a listing of Change of Status requests for this recipient. You may select an existing request to review, or click the Add button to create a new Change of Status request for this recipient.

Submitting a Change of Status (COS)

- Complete the fields on the "PCS Services Request – Change of Status page.

QiRePort Home | Referrals

Referrals

Referral Info
[Referrals for Review](#)
[Accepted \(last 60 days\)](#)
[Denials \(last 6 months\)](#)

Recipients w/ IA
[Search Recipients](#)
[Recipient Summary](#)
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Recipients w/o IA
[Change of Status Request](#)
[Discharge](#)
[Provider Number Change](#)

Maintenance
[Counties Served](#)

PCS Services Request - Change of Status

* = Required [Print](#)

Independent Assessments on file for Recipient			
Assessment Date	Comments	Assessment Type	Hours
10/10/2012	[comments]	Annual Review	56

Recipient Data			
Recipient Name	ALLEN, DORA	Medicaid ID	987654321N
Address 1	123 ALLEN DRIVE	Address 2	
City, State Zip	WENDELL, NC 27591	County	DURHAM
Phone	919-555-1212	DOB	04/21/1939
Gender	Female	Status	

Request / Recipient Information

Request Date * Recipient Language

Phone NO Phone *

Alternate Contact / Parent / Guardian (Required if Recipient under 18 or NO Phone)

First Name Last Name

Relationship Alt. Phone

Recipient Medical History

Diagnoses Information



QiRePort Resources

Home | Referrals

HomeWelcome Jack

- [Home](#)
- [Logoff](#)
- Personal**
 - [Preferences](#)
- Information**
 - [Learn More](#)
 - [Frequently Asked Questions](#)
 - [Getting Started](#)
 - [Privacy Guidelines](#)

Announcements



NEW 9/13/2010 -Reminder to Providers: Medicaid recipients who receive notification of reduction in or denial of PCS hours are entitled to an appeal. During the appeal process, recipients are entitled to maintenance of service at the previously authorized service level. For example, a recipient was receiving 40 hours per month of PCS services. An Independent Assessment is completed that results in a reduction of service to 28 hours per month. The recipient then appeals this decision within the appeal deadline (30 days). The recipient is entitled to "maintenance of service" effective the date the appeal is filed, and he or she may then resume receiving 40 hours per month of PCS until the appeal is resolved, either by mediation or formal hearing. (Note that if the appeal is filed by the notice effective date - within 10 days of the notice, services will continue without interruption). Please allow 10 days for processing of the appeal notices before billing claims at the previous authorized service level.

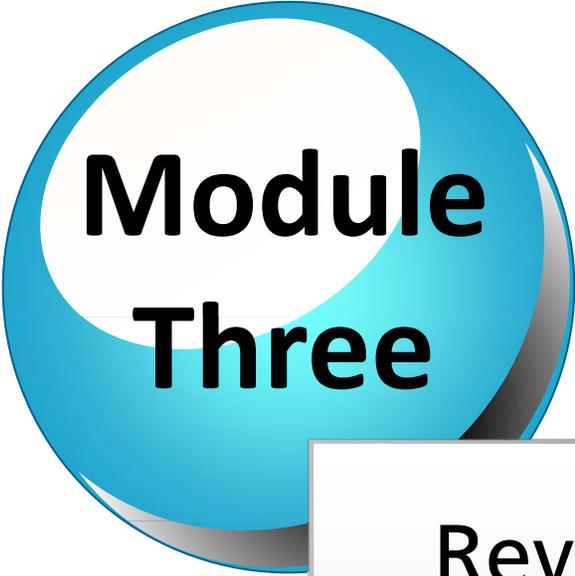
NEW 9/13/2010 - Please advise your clients that CCME independent assessment nurses will be wearing a photo ID badge and will present a business card upon their arrival at the home.

NEW 9/9/2010 - When completing the "QiReport Provider Registration Form", please be sure to enter the PCS provider number for the agency, NOT the home health provider number. Agency Medicaid provider numbers used for PCS billing (and required to complete the registration form) have the prefix: 660--. If you have submitted a registration form with incorrect PCS provider numbers, this form cannot be processed. Please re-submit the registration form with corrected numbers to CCME, as soon as possible.

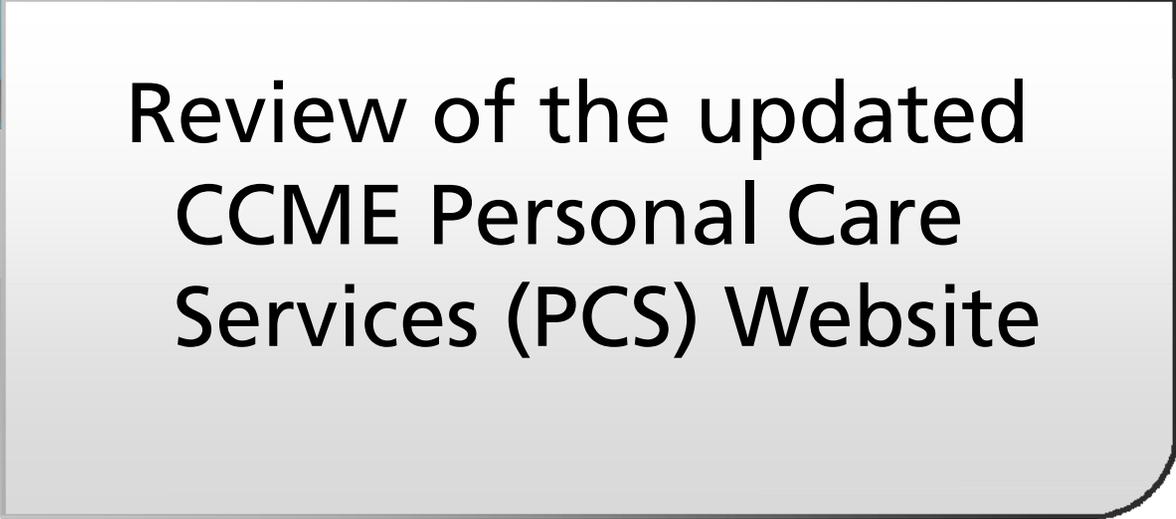
NEW 9/1/2010 - Beginning September 1, 2010, providers can register as users of QiRePort. We encourage early registration. You will have access to the provider interface of QiRePort on October 4, 2010. During September, look for additional information on agency use of QiRePort. Also, consider attending one of the scheduled CCME training sessions in September that will cover

Give us your Feedback!

Have a Comment, Problem or a Suggestion? Tell us.



Module Three



Review of the updated
CCME Personal Care
Services (PCS) Website

CCME Personal Care Services Website

The Personal Care Services (PCS) webpage on the CCME Website has been updated to reflect the January 1, 2013 transition.

www.thecarolinascenter.org/PCS

DMA, Consolidated PCS Webpage:
www.ncdhhs.gov/dma/pas/pas.html



[Home Care Agencies](#)

[Licensed Residential Facilities](#)

[PCS FAQs](#)

[PCS Trainings](#)

[PCS Forms](#)

[PCS Important Links](#)

Personal Care Services (PCS)

The [North Carolina Division of Medical Assistance \(DMA\)](#) has contracted with The Carolinas Center for Medical Excellence (CCME) to conduct Independent Assessments for Personal Care Services (PCS) for Medicaid recipients in North Carolina. Medicaid PCS for recipients in all settings – including private residences and licensed adult care homes (ACH), family care homes, 5600a and 5600c supervised living homes, and combination homes with ACH beds – will be provided under a consolidated Clinical Coverage Policy 3L, PCS benefit.

Quick Links

- [PCS Webinar Registration](#)
- [HCA Announcements](#)
- [LRF Announcements](#)





[HCA Announcements](#)

[HCA FAQs](#)

[HCA Forms](#)

[HCA Important Links](#)

[HCA Archived
Announcements](#)

Home Care Agencies (HCA)

Announcements

1/4/2013 - Personal Care Services (PCS) Webinar

Personal Care Services (PCS) Webinar for Licensed Home Care Providers and Licensed Adult Care Home Providers is scheduled for Thursday, January 10, 2013. For more information and to register visit the [PCS Webinar section](#).

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Quick Links

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- [PCS Forms](#)
- [PCS Important Links](#)

Home Care Agencies (HCA) cover the services of a paraprofessional aide in the recipient's residence to assist with the recipient's unmet need for personal care. Personal care for unmet need focuses on hands-on assistance for qualifying activities of daily living that are directly linked to a medical condition, disability, or cognitive impairment. The services do not include skilled medical or skilled nursing care. More information on HCA, please refer to the [North Carolina Division of Medical Assistance webpage](#).



[LRF Announcements](#)

[LRF FAQs](#)

[LRF Forms](#)

[LRF Important Links](#)

[LRF Archived
Announcements](#)

Quick Links

- [PCS FAQs](#)
- [PCS Trainings](#)
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Licensed Residential Facilities (LRF)

Announcements

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Licensed Residential Facilities (LRF) provide room and board and 24-hour supervision and services for people needing assistance with activities of daily living (ADLs) and some health care needs due to normal aging, a chronic illness, a cognitive disorder, or a disability. LRFs bridge the gap between independent living and nursing facility care that provides medical and nursing care in addition to help with ADLs. The LRF is not a substitute for the nursing facility, but rather another level of care appropriate for those who cannot live by themselves and need assistance with bathing, dressing, ambulation, eating, toileting, and/or medication administration.



[PCS Webinar](#)

[PCS Training Resources](#)

Quick Links

- [Home Care Agencies](#)
- [Licensed Residential Facilities](#)

PCS Trainings

The Carolinas Center for Medical Excellence (CCME), in cooperation with the [North Carolina Division of Medical Assistance \(DMA\)](#), offers regional trainings, webinars, and online training to providers. The online modules are web-based training programs and are self-paced (modules may be started, paused, or stopped at any time).

If you have questions, contact CCME via email at PCSAssessment@thecarolinascenter.org.

Provider Resources

Division of Medical Assistance (DMA) -

<http://www.ncdhhs.gov/dma/index.htm>

Home and Community Care Section 919-855-4340

Basic Medicaid and NC Health Choice Billing Guide -

<http://www.ncdhhs.gov/dma/basicmed>

Carolina Center for Medical Excellence (CCME) -

www.thecarolinascenter.org

CCME Call Center is available Monday through Friday
from 8:00 a.m. – 5:00 p.m. Toll Free Number 1-800-228-3365

HP Enterprise Services (HPES) – Provider Services

Toll Free Number 800-688-6696



Thank you for participating!