

Payment Voucher Reporter Version 1.0.9

### PV Reporter 1.0.9

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# **Background**

The Commonwealth of Massachusetts Executive Office of Elder Affairs (EOEA) has documented the business, technical, and financial requirements for the Senior Information Management System based on program need, interviews with staff members, subject matter experts, and input from the EOEA leadership team. These requirements focus on serving the diverse needs of the aging residents of Massachusetts.

The customization of the SIMS solution will be done over the course of several phases, with each phase introducing additional functionality to meet the needs outlined by the SIMS project team. The initial phase of development, and the functionality to be addressed in that phase as identified by the SIMS Project team, will address functional gaps in the system that impact day to day business and financial requirements.

# **Overview**

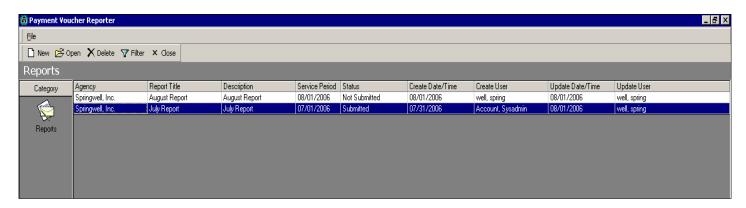
EOEA contracts with providers (SIMS Agency) to provider services to consumers. This contract rate is applicable to active consumers receiving services and sets a unit of measure for financial planning at the ASAP level.

Agencies report on a monthly basis back to EOEA via the 'Payment Voucher' to receive payment for consumers served. The consumers are selected based upon their active service authorization (SIMS Service Plan). They must also track late closures or openings and clients who were active but did not actually receive services in order to report adjustments.

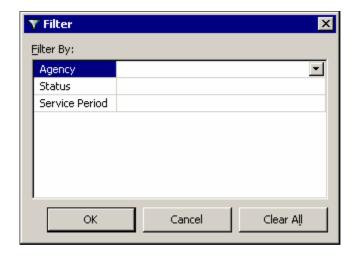
The future roadmap for this process is to support the export of the Payment Voucher directly to the Virtual Gateway Invoice Management system for immediate processing.

The Payment Voucher Reporter (PV Reporter) is a module used to report on active SIMS consumers that are authorized to receive case management and purchase of service for a specified service period, defined as a month and year. This tool allows Agencies to view in summary the total number of active consumers, suspended consumers, adjustments, and billable consumers by Care Program. In addition, users can view the consumer detail for the summary report.

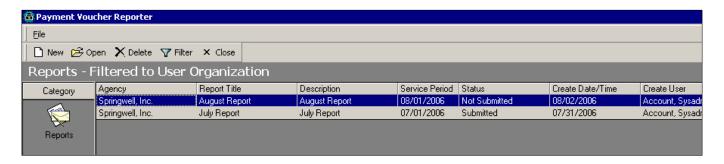
The main form displays a list of reports:



Users can filter the list of reports by Agency, Status, and/or Service Period:



If the report list is filtered, this will be indicated:

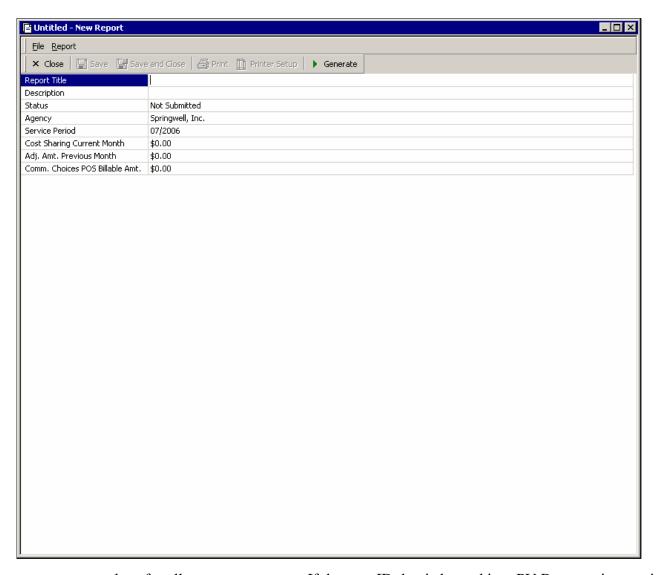


Please note: If the user ID that is logged into the application is associated with a particular organization in SAMS Administrator, the report list will automatically filter to that organization. The user will not be able to alter the Agency filter in this situation. This applies to all agencies with the exception of Executive Office of Elder Affairs.

From the main screen, users have the option of creating new reports, opening existing reports, deleting reports, filtering the report list, or closing the application. Only reports that do not have a status of "Submitted" can be deleted.

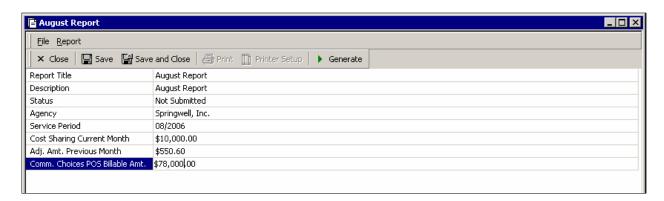
**Important:** You cannot change the status of a report in a Submitted state. This is permanent as after submitting a PV Report, and only after submitting a report can you formulate the basis of adjustments. If the report status was to change it could change the adjusted items.

To create a new report, click **New** from the main application window. This will open the new report window:

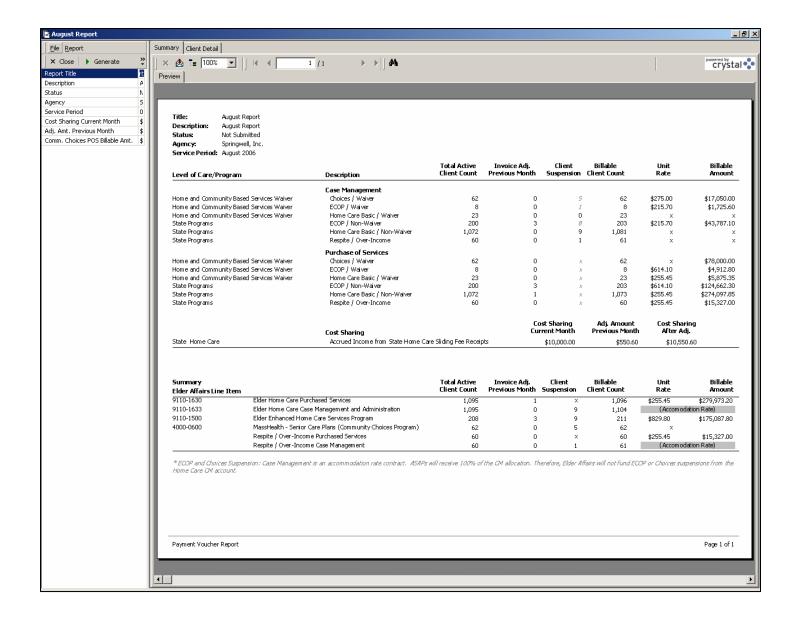


The user must enter values for all report parameters. If the user ID that is logged into PV Reporter is associated with a specific organization, with the exception of Executive Office of Elder Affairs, the Agency parameter will be automatically filled in and cannot be changed. Report parameters may be modified at any time while the report is not submitted. Once the report has been submitted these values become read-only.

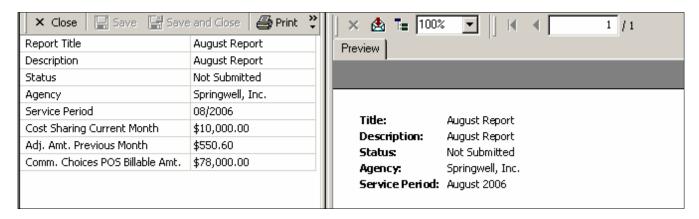
Once the user has entered values for these parameters, click "Generate" to generate the report.



This will load the Crystal Report window and display the summary report:



The "Report Title", "Description", "Status", "Agency", and "Service Period" parameters are displayed in the report header:



Note that the "Cost Sharing Current Month" and "Adj. Amount Previous Month" parameters are displayed on the report under "Cost Sharing":

	Cost Sharing	Cost Sharing Adj. Amount Cost Sharing Current Month Previous Month After Adj.
State Home Care	Accrued Income from State Home Care Sliding Fee Receipts	\$10,000.00 \$550.60 \$10,550.60

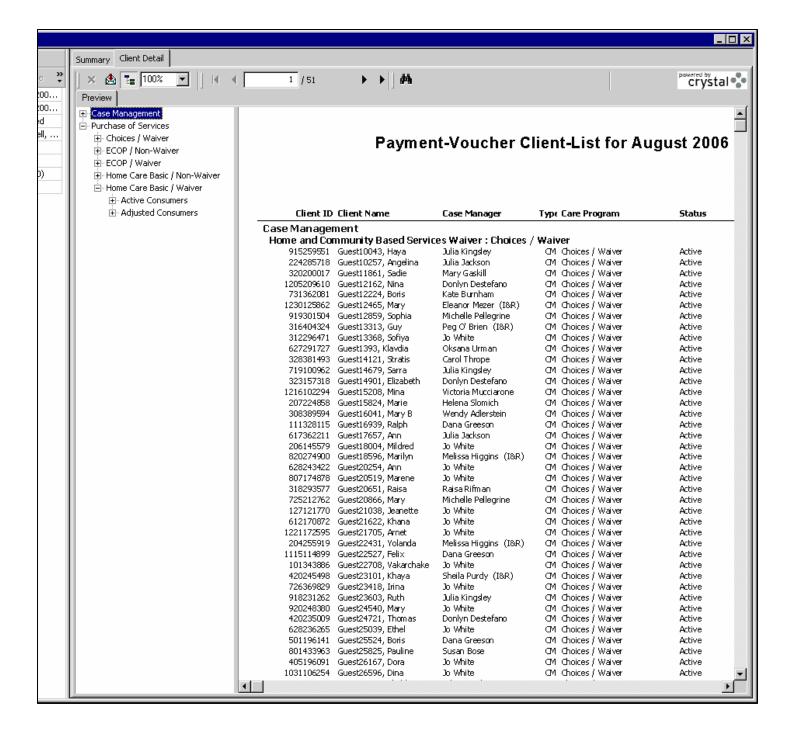
These two values are added together to generate the "Cost Sharing After Adj." value:

	Cost Sharing	Cost Sharing Current Month	Adj. Amount Previous Month	Cost Sharing After Adj.
State Home Care	Accrued Income from State Home Care Sliding Fee Receipts	\$10,000.00	\$550.60	\$10,550.60

The "Comm. Choices POS Billable Amount" parameter is used to get the billable amount for the Community Choices care program under Purchase of Services. This is displayed on the report:

Purchase of Services Choices / Waiver	62	0	χ	62	x	\$78,000.00
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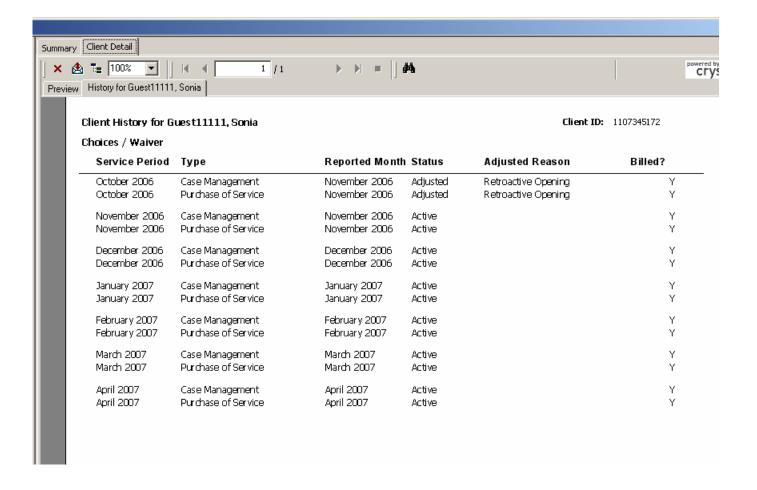
Users can also view the client detail for the report:



For adjusted consumers, the report will display the reason for adjustment and service period for which they were adjusted:

Client ID	Client Name	Case Manager	Турє	Care Program		Status	
urchase of S	ervices						
State Program	ns : Home Care Basic	/ Non-Waiver					
		,			T	otal Negative Adjustment	ts:
Positive Adjus	tments					-	
1231236151	Guest2828, Barbara	Ann Stimson	PO5	Home Care Basic	/ Non-Waiw	er Adjusted Retroactive Op	ening for: July 20
	ŕ			·	'	Total Positive Adjustment	ts
						Total Billable Client	ts: 9
Home and Co	mmunity Based Servi	ces Waiver : Home Ca	are Bas	sic / Waiver			
	Guest12421, Gloria	Wendy Adlerstein		Home Care Basic	/ Waiver	Active	
1227219040	Guest12915, Mary	Mary Gaskill	PO5	Home Care Basic	/ Waiver	Active	
831381641	Guest14517, Mary	Yaw Adjei-koranteng	PO5	Home Care Basic	/ Waiver	Active	
705378057	Guest1495, Elizabeth	Ken Alpert	PO5	Home Care Basic	/ Waiver	Active	
1025329926	Guest16295, Bella	Peg O' Brien (I&R)	POS	Home Care Basic	/ Waiver	Active	
804184828	Guest16368, Madeline	Mary Gaskill	POS	Home Care Basic	/ Waiver	Active	
612469670	Guest17264, Sally	Beth Fenton	POS	Home Care Basic	/ Waiver	Active	
523230212	Guest18008, Sosya	Alla Granovsky	POS	Home Care Basic	/ Waiver	Active	
822292721	Guest18944, Oshagan	Mary Gaskill	PO5	Home Care Basic	/ Waiver	Active	
1216243055	Guest19223, Oganes	Peg O' Brien (I&R)	PO5	Home Care Basic	/Waiver	Active	
619323239	Guest198, Rose	Neil Dinkin	PO5	Home Care Basic,	/Waiver	Active	
417351986	Guest19804, Kira	Diane Johnson	PO5	Home Care Basic,	/Waiver	Active	
509249485	Guest20253, Hayganus	Helena Slomich	PO5	Home Care Basic,	/Waiver	Active	
1106411937	Guest21453, Judith	Sheila Purdy (I&R)	PO5	Home Care Basic,	/Waiver	Active	
405412869	Guest21850, Marsha	Beth Fenton	PO5	Home Care Basic,	/Waiver	Active	
111424983	Guest22398, Mary	Eleanor Mezer (I&R)	PO5	Home Care Basic,	/Waiver	Active	
825361879	Guest25530, John	Victoria Mucciarone	PO5	Home Care Basic,	/Waiver	Active	
110179009	Guest274, Athina	Eleanor Mezer (I&R)	PO5	Home Care Basic,	/Waiver	Active	
1106177872	Guest454, Boris	Julia Kingsley	PO5	Home Care Basic,	/Waiver	Active	
621178340	Guest541, Kava	Julia Kingsley	POS	Home Care Basic,	/Waiver	Active	
816265495	Guest5617, Mazel	Mindy xCohen (I&R)	POS	Home Care Basic,	/Waiver	Active	
1362040346	Guest8975, Abdul	Karen Tsiakals	POS	Home Care Basic,	/Waiver	Active	
902150194	Guest967, Rasya	Alla Granovsky	PO5	Home Care Basic,	/Waiver	Active	
						Total Active Consumer	rs:
Negati ve Adju							
724371777	Guest12421, Gloria	Wendy Adlerstein	PO5	Home Care Basic,		Adjusted Unbilled Partici	
					T	otal Negative Adjustment	
						Total Billable Client	ts

Clicking on a client ID will display a client history detail report with complete reporting history for the client ID selected:



## - PV Reporter Definitions -

#### **Active Status:**

An **active** client for the current report period is any client that has care enrollment, a care plan and a service schedule for at least one service that begins on or before the end of the report service period, and does not end on the last date of the month and is not suspended.

### **Suspended Status:**

A **suspended** client for the current report period is any client that has a care enrollment, a care plan and a service schedule for at least one service that begins on or before the end of the PV report service period. The consumer must be suspended for the *entire service month*. This is the month that the PV is generated for (the service month). Because the consumer is suspended for the entire month, they will not have services in that month and will be billed as suspended. The only way a consumer can be billed as suspended is if they meet this definition.

### **Closed Status:**

A **closed** client for the report period is any client that has care enrollment, a care plan and a service schedule for at least one service that begins on or before the end of the report service period, and the service ends on or before the last day of the month. This end date can come from the service plan, or the care plan, or the care enrollment termination date.

Adjustments are calculated by looking at all **submitted** reports between the beginning of the fiscal year (July 1<sup>st</sup>) and the service period prior to the service period of the generated report. If the service period of the generated report is before August, adjustments will be calculated by looking at all submitted reports beginning to July 1<sup>st</sup> of the previous fiscal year (i.e. a July 2007 service period report will look at July 2006-June 2007 for adjustments, a June 2007 report will look at July 2006-April 2007 for adjustments, etc.). If the service period being reported on is August or later, adjustments will be calculated by looking at reports from only the current fiscal year (i.e. an August 2007 service period report will look at July 2007-August 2007 for adjustments, etc.).

Adjustment reasons can be one of the following:

- **Retroactive Opening**: Clients that were opened and received services prior to the current billing month. These clients were not entered into SAMS in time to be included in the prior month's billing.
  - Clients that qualify by Active definition and received a service delivery during the service report month that was not included in the original submitted billing.
  - Clients that qualify by suspended definition, that were not included as either Active or Suspended in the original submitted billing. (Note: These clients will also receive a Retroactive Suspension Adjustment.).
  - o A retroactive opening is a positive adjustment.
- **Retroactive Closing**: Clients that were closed prior to the current billing month but were not "closed" in SAMS. These clients were included in the prior month's billing.
  - Clients who were billed as Active or Suspended in the submitted billing report and now fails to meet
    the criteria of an active client. This includes the addition of a termination date, the changing of care
    plan end dates and the removal of service plans.
  - o A retroactive closing is a negative adjustment.
- **Retroactive Suspension**: Clients that were suspended (did not receive any purchased services) for an entire month (prior to the current billing month) which was not entered into SAMS.

- Clients who were billed as Active for the submitted service period, did not receive any services for the indicated service month and now meet the criteria of a suspended client for the same time period.
- o *Exception:* Clients in Respite and Home Care that move from an Active listing to Suspended status do not negatively impact the Case Management count, only the Purchase of Service count.
- o A retroactive suspension is a negative adjustment.
- **Retroactive Reinstatement**: Clients that were reported as being suspended in the original submitted billing month but did receive purchased services.
  - o *Exception:* Clients in Respite and Home Care that move from a Suspended listing to an Active status do not positively impact the Case Management count, only the Purchase of Service count.
  - o A retroactive reinstatement is a positive adjustment.
- **No Services Received**: Clients that were billed as Active in the original submitted billing month but did not actually receive services.
  - o *Exception:* Clients in Respite and Home Care that were billed as active but did not get services will not affect the Case Management count, only the Purchase of Service count.
  - o A no services received is a negative adjustment.
- **Program Transfer**: Clients that were transferred from one program (ex. Home Care) to another (ex. ECOP) but this information was not entered into SAMS during the month that the transfer was made.
  - o Program transfers have no effect on the adjusted consumers count.

# - PV Reporter Calculations -

The following is a sample report output of the PV Reporter. This demonstrates examples of how consumers are counted in the report under different categories. The examples are broken down into two different reports. The first shows data without looking at adjustments. This just demonstrates how a consumer count is calculated in the report for each of the following categories:

- Total Active Client Count
- Invoice Adj. Previous Month
- Client Suspension
- Billable Client Count
- Unit Rate
- Billable Amount

The following report shows consumers that appear on the PV followed by an explanation of why they are there:

Title: Sample Agency report.

**Service Period:** September 2007

Level of Care/Program	Description	Total Active Client Count	Invoice Adj. Previous Month	Client Suspension	Billable Client Count	Unit Rate	Billable Amount
	Case Management						
Home and Community Based Services Waiver	Choices / Waiver	1	0	0	1	\$275.00	\$275.00
Home and Community Based Services Waiver	Home Care Basic / Waiver	1	0	0	1	X	х
State Programs	ECOP / Non-Waiver	0	0	1	0	\$207.00	\$0.00
State Programs	Home Care Basic / Non-Waiver	1	0	0	1	X	х
State Programs	Respite / Over-Income	1	0	0	1	x	х
	Purchase of Services						
Home and Community Based Services Waiver	Choices / Waiver	1	0	Χ	1	X	\$0.00
Home and Community Based Services Waiver	Home Care Basic / Waiver	1	0	Х	1	\$255.45	\$255.45
State Programs	ECOP / Non-Waiver	0	0	Χ	0	\$614.10	\$0.00
State Programs	Home Care Basic / Non-Waiver	1	0	Χ	1	\$255.45	\$255.45
State Programs	Respite / Over-Income	1	0	Χ	1	\$255.45	\$255.45
	Cost Sharing			est Sharing Frent Month	Adj. Amount Previous Month	Cost Sharing After Adj.	
State Home Care	Accrued Income from State Home Care	e Sliding Fee Receipts		\$150.00	\$0.00	\$150.00	

Summary		Total Active	Invoice Adj.	Client	Billable	Unit	Billable
Elder Affairs Line Item		Client Count	Previous Month	Suspension	Client Count	Rate	Amount
9110-1630	Elder Home Care Purchased Services	2	0	x	2	\$255.45	\$510.90
9110-1633	Elder Home Care Case Management and Administration	2	0	0	2	(Accomodat	ion Rate)
9110-1500	Elder Enhanced Home Care Services Program	0	0	1	0	\$821.10	\$0.00
4000-0600	MassHealth - Senior Care Plans (Community Choices Program)	1	0	0	1	x	
	Respite / Over-Income Purchased Services	1	0	x	1	\$255.45	\$255.45
	Respite / Over-Income Case Management	1	0	0	1	(Accomodat	ion Rate)

<sup>\*</sup> ECOP and Choices Suspension: Case Management is an accommodation rate contract. ASAPs will receive 100% of the CM allocation. Therefore, Elder Affairs will not fund ECOP or Choices suspensions from the Home Care CM account.

Payment Voucher Report Page 1 of 1

The consumers that are reimbursed through the PV Process must be enrolled and have a service plan in a billable program. Examples, as noted above, of a billable program are:

- Choices / Waiver
- ECOP / Waiver
- Home Care Basic / Waiver
- Case Management / Non-Waiver
- ECOP / Non Waiver
- Home Care Basic / Non-Waiver
- Respite Over Income

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Note that a client enrolled in a program such as NAPIS are not reimbursed through the Payment Voucher format and thus do not appear on this report.

- Total Active Client Count This is the total consumers in a program that have an active status. They are enrolled in the program in the Description Column and have a care plan and a service schedule for at least one service that begins on or before the end of the report service period, and does not end on the last date of the month and is not suspended. The active count is for both Case Management (those consumers with a service schedule) and Purchase services (those consumers receiving services in the service month specified in the report). These consumers will appear in the client detail of the report with an active status.
- Client Suspension A consumer that would be active, but for a current suspension for the consumer. In the report below you can see an active count of 1 for the Case Management Consumers, except for ECOP / Non-Waiver. This consumer (highlighted in red) is suspended as of the last day of the service month, and therefore is counted as suspended and is not a part of the active consumer count. These consumers will appear in the client detail of the report with a suspended status and are not billable. In the next service month if the consumer suspension is ended, then the CM rate for the consumer is billed as they become an active consumer once again.
- Billable Client Count The total billable count in the Case Management at this point shows the active consumers who have active care plans, and schedules are not suspended. The total billable count in the Purchase of Service Section shows those consumers who are active and are not suspended. We will get into negative adjustments as a reason to not be billed in the next segment.
- Unit Rate This is the amount that is paid for each billable client. Note that there are different rates depending on the program the consumer is enrolled in. Also, some programs pay accommodation rates instead of reimbursing by consumer.
- Billable Amount This amount is calculated by multiplying the Billable Client Count and the Unit Rate for the programs that have a reimbursable rate.

Once the subsequent report is run you will begin to see adjustments:

Title: Sample Agency Report.

**Service Period:** October 2007

Level of Care/Program	Description	Total Active Client Count	Invoice Adj. Previous Month	Client Suspension	Billable Client Count	Unit Rate	Billable Amount
	Case Management						
Home and Community Based Services Waiver	Choices / Waiver	1	0	0	1	\$275.00	\$275.00
Home and Community Based Services Waiver	Home Care Basic / Waiver	1	0	0	1	X	x
State Programs	ECOP / Non-Waiver	2	1	0	3	\$207.00	\$621.00
State Programs	Home Care Basic / Non-Waiver	1	0	0	1	X	х
State Programs	Respite / Over-Income	1	0	0	1	x	х
	Purchase of Services						
Home and Community Based Services Waiver	Choices / Waiver	1	0	Χ	1	X	\$45.00
<b>Home and Community Based Services Waiver</b>	<b>Home Care Basic / Waiver</b>	1	-1	χ	0	\$255.45	\$0.00
State Programs	ECOP / Non-Waiver	2	1	Χ	3	\$614.10	\$1,842.30
State Programs	Home Care Basic / Non-Waiver	1	-1	χ	0	\$255.45	\$0.00
State Programs	Respite / Over-Income	1	-1	Χ	0	\$255.45	\$0.00
	Cost Sharing			st Sharing rent Month	Adj. Amount Previous Month	Cost Sharing After Adj.	
State Home Care	Accrued Income from State Home Care	e Sliding Fee Receipts		\$175.00	\$0.00	\$175.00	

Summary		Total Active	Invoice Adj.	Client	Billable	Unit	Billable
Elder Affairs Line Item		Client Count	Previous Month	Suspension	Client Count	Rate	Amount
9110-1630	Elder Home Care Purchased Services	2	-2	x	0	\$255.45	\$0.00
9110-1633	Elder Home Care Case Management and Administration	2	0	0	2	(Accomodation Rate)	
9110-1500	Elder Enhanced Home Care Services Program	1	0	0	1	\$821.10	\$821.10
4000-0600	MassHealth - Senior Care Plans (Community Choices Program)	1	0	0	1	X	
	Respite / Over-Income Purchased Services	1	-1	x	0	\$255.45	\$0.00
	Respite / Over-Income Case Management	1	0	0	1	(Accomoda	tion Rate)

<sup>\*</sup> ECOP and Choices Suspension: Case Management is an accommodation rate contract. ASAPs will receive 100% of the CM allocation. Therefore, Elder Affairs will not fund ECOP or Choices suspensions from the Home Care CM account.

Payment Voucher Report Page 1 of 1

Adjustments occur for varying reasons. They can only be calculated when previous reports have been submitted. An adjustment can be a positive adjustment, where a consumer would be billed the current service month after not being billed previously for services delivered, or there can be a resulting negative adjustment for not receiving planned services.

- Invoice Adj. Previous Month This column in the report will record all of the adjustment activities for the current PV (current Service Month). In the sample report above there are 3 negative adjustments and a positive adjustment. These adjustments appear for the following reasons:
  - No Services Received These are clients that were supposed to receive a service in the previous month, but did not receive them. In the case of the October report above the Home Care Basic / Waiver consumer is negatively adjusted because they were billable for Purchased Services in September, but did not actually receive the services in Sept. If the client were to get posted services for September at a later date (within the adjustment period), they would receive a positive adjustment to offset this negative adjustment in the October report.
  - Retroactive Opening There are 2 consumers counted in ECOP / Non-Waiver for the October report. There is also a positive adjustment. The reason for this positive adjustment is that the second consumer was posted late. Notice that the Adjustments column shows a 1 for the positive adjustment, and the Billable Client Count shows 3. This is because the September PV did not include this consumer as it was posted after the September PV was submitted. This positive adjustment accounts for the lack of billing in September.
  - Retroactive Reinstatement The originally suspended consumer in the September PV actually did receive services in September and should have been counted. They are no longer suspended on the last day of the month and are seen as an active consumer. The adjustments column shows 1 as they were reported as inactive in the previous PV, and the billable count displays 3 with the billable amount to reflect the 2 active consumers and the adjustment. The consumer is billed despite not being billed previously for services posted late. This is a positive adjustment.