

Billing Pilot Items

Ref	System Issue Type	Area of Operation	DDA Tag	Issue Description	# of Pilot Providers affected	Issue Resolved?	Further description and if resolved, how.	When resolved	What is affected?	Level of Concern	DDA Response
1	Capacity / Process Functionality	PCP Process	CCS	Lack of adequate resources at the CCS level to complete tasks timely.	All	No	CCS are not completing their job timely.	Ongoing	Providers will be unable to bill for services rendered.	High	DDA is providing additional support to CCS for the PCP development and submission process to include additional information and education at CCS agencies from DDA's Director of Family Support related to the Communities of Practice in Supporting Families and DDA's State Director of Coordination of Community Services related to PCP development and components. In addition, the DDA will be coordinating with CCS Providers for DDA RO CCS staff to be on site the CCS agency for additional technical assistance, quality monitoring, and support.
2	Capacity / Process Functionality	PCP Process	CCS	Lack of adequate training for CCS.	All	No	Lack of knowledge of LTSS and Waiver Service Definitions.	Ongoing	It creating significant delays in the approval process of PCPs and will ultimately affect the Provider's ability to bill for services rendered.	High	The DDA has been providing training to CCS on LTSS/Maryland and PCP plan facilitation and development since 2018. To improve quality, the DDA has initiated the following improvement strategies: • All CCS were required to complete mandatory training specific to PCP development and the new PCP detail service authorization component. Training was conducted from May through June 2019. CCS also receiving hands on training to ensure they can enter PCPs into the LTSS successfully. • The Columbus Organization was contracted with to assist the DDA in the development of a new CCS training curriculum to include 12 competency-based modules to specifically address aspects of the CCS job roles and responsibilities. The modules will directly enhance the CCS's ability to facilitate the development of PCPs including addressing the person's needs and wants for a good and meaningful life. All CCS agency leads were trained on the curriculum and a new data analysis platform will be utilized to project ongoing training needs and deficits. Training will then be available through recorded webinar and live training across the state of Maryland through the DDA website and through the individual CCS agencies. A database of online testing and evaluation platform will be used to analyze CCS knowledge and target specific areas where additional targeted training may be required. Review of performance measure compliance across CCS agency will also be used to determine areas of training need. • The DDA conducting weekly Educational Series to help inform and educate all stakeholders on the DDA's service delivery system. Webinars include an overview of the topic with opportunities for questions and answers specific to the presentation topic. All stakeholders (people in services, self-advocates, families, CCS providers, advocacy organization, state staff, etc.) were encouraged to participate. While designed to inform all stakeholders, some webinars have also been specifically developed to complement and support other CCS training strategies to develop the Person-Centered Plan, highlighting their role in the plan development and monitoring of its implementation. The recorded webinar are then posted on the DDA dedicated webinar page (https://doh.health.maryland.gov/Pages/DDA2020Webinars.aspx) and can be viewed or reviewed at any time. Below are links to the webinars related to PCP and the CCS responsibilities: • 3/26/19 Person Centered Planning • 4/2/19 Person Centered Plan Authorization • 4/16/19 Self-Directed Service Delivery Model • 4/23/19 Employment and Meaningful Day • 4/26/19 Behavior Services • 5/7/19 Community of Practice & Charting the LifeCourse Framework • 5/21/19 Role of the Coordinator of Community Services (CCS) • 6/11/19 Using SIS-A in Person Centered Planning
3	Capacity / Process Functionality	PCP Process	CCS	Lack of CCS resources and system limitations of not being able to start a PCP more than 90 days out.	All	No	CCS refuse to start the planning process timely due to workload.	Ongoing	Providers are having to battle with CCS agencies to get the PCP Process completed timely. This has and will continue to affect a Provider's ability to bill for services rendered.	High	The DDA partnered with the American Association on the Intellectual and Developmental Disabilities (AAIDD) to provide a recorded webinar training titled "The Supports Intensity Scale- Adult Version" (SIS-A) and its use in Person Centered Planning: Making a Difference" on June 11, 2019. The webinar shared information with all stakeholders on how to interpret and utilize the result of the SIS-A™ to better equip coordinators and teams for identifying needs and including risks and supports needs into the PCP.
4	Capacity / Process Functionality	PCP Process	CCS	CCS not having the Prep meeting and Provider's being left out of the meeting or initial development of the PCP.	All	No	A large portion of the CCS team is inexperienced due to staff turnover.	Ongoing	Providers are having to deny plans due to incorrect information because they are not part of the process on a consistent basis. This is resulting in significant delays in receiving authorizations to bill for services rendered.	High	• The DDA hired additional Regional Office staff including 11 Regional Office CCS Liaison staff and Program staff, who both hold specific PCP reviewer responsibilities.
5	Capacity / Process Functionality	PCP Process	CCS	CCS agencies at times are unresponsive to needed paperwork completed quickly.	All	No	CCS lack of resources.	Ongoing	Lack of a timely response to the changing needs of individuals means that Providers will be unable to bill for services rendered.	High	• The DDA is developing a protocol to clarify steps for coordination agencies to be able to document and request technical support from the DDA. This is proposed to support better monitoring of compliance as requests must be supported with documentation of initial attempts to resolve the identified challenge.
6	Process Functionality	PCP Process	CCS	CCS populating Detailed Service Authorization in LTSS without consideration of a Provider's operational schedule.	All	No	Inaccurate service authorizations being completed in LTSS.	Ongoing	Providers will lose service authorization hours if CCS do not have the Provider's operational schedule. Typically these schedules are provided to DDA 60 days prior to the start of a fiscal year for approval. Schedules will now need to be sent and approved 13 months before the start of a fiscal year.	High	The DDA will not be using "operational calendars" as services should reflect the plans based on an agreement/conversation between the person, and provider offering the services so that the appropriate date/hour/months can be reflected in the detail service authorization
7	Process Functionality	PCP Process	CCS	CCS using service type/descriptions from PCS2 and entering incorrect information into LTSS.	All	No	Lack of training for CCS.	Ongoing	Will result in PCP delay and possibly Providers not being able to bill for services rendered.	High	DDA has published the Guidelines for Service Authorization and Provider Billing, which contains all needed details on the new services. DDA will remind CCS about the Guide and look for additional training opportunities to continue to build capacity. Reference other training and QA
8	Capacity / Process Functionality	EREP	DDA Programs	Sheer volume of Provider sites not submitted and/or approved.	All	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20.	Don't know status	MMIS will be overwhelmed when all applications are submitted. Taking multiple months for Pilot Sites to be approved, what happens when no one is "pushing them through".	High	83% of all base applications and 58% of all site applications have been approved. DDA Provider Relations are working with providers to expedite their applications. DDA and MPS have added resources to support the approval process. As we are aware of provider issues, the DDA is working closely with providers to address issues and provide further guidance or hand-on support. DDA is also now able to support providers by uploading required supporting documentation if it was submitted with other applications.
9	Capacity / Process Functionality	EREP	DDA Programs	Some Providers still not approved for Base MA #.	?	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20.	The process is taking several months to get sites approved.	Providers unable to add site applications. Based on current time frames, some Providers will not be in a position to bill effective 7/1/20.	High	Given the challenges associated with the initial enrollment in ePREP, the DDA focused on supporting providers in getting their base number established prior to adding site based applications. The DDA continues to support the remaining few providers that have not achieved their base numbers and is focusing on supporting providers to have all of their site based applications processed. 154 providers have approved base applications and DDA is working with the remaining providers to finalize their applications for approval.
10	Capacity / Process Functionality	EREP	DDA Programs	Provider waiting for Service Authorization letter from DDA RO to submit site applications.	CMRO	No		Not Resolved	Delay in submitting applications.	Moderate	Given the challenges associated with the initial enrollment in ePREP, the DDA focused on supporting providers in getting their base number established prior to adding site based applications. The DDA continues to support the remaining few providers that have not achieved their base numbers and is focusing on supporting providers to have all of their site based applications processed. Please share any concerns about DDA Provider Relations staff with their supervisors, the Regional Office Director, as well as with Teara Winwood, Director of Provider Relations, for resolution.
11	Process Functionality	EREP	DDA Programs	Applications being sent from EPREP to DDA for review, attachments are not being forwarded.	Multiple	No		Ongoing	Delay in processing applications.	Moderate	DDA is now able to support providers by uploading required supporting documentation if it was submitted with other applications. This will assist with processing the remaining applications. Please share any concerns about DDA Provider Relations staff with their supervisors, the Regional Office Director, as well as with Teara Winwood, Director of Provider Relations, for resolution. We will provide a list of the contacts as an attachment to this
12	Policy Issue	General Issue	DDA Programs	Each of the RO frequently delivers different messages/information from each other.	All	No	Providers need clear consistent communication.	Ongoing	Providers need clear consistent communication.	High	DDA agrees that there should be a consistent message across Headquarters and the Regional Offices. DDA is sharing information through several newsletters and on its website to help ensure consistent communications. In addition, a dedicated LTSS/Maryland webpage has been created and will be expanded to include information for the various stakeholders.
13	Capacity / Process Functionality	General Issue	DDA Programs	Lack of resources at RO to complete tasks timely. Some RO are still several months behind on paperwork.	All	No		Ongoing	Any delays in processing, will ultimately affect the Provider's ability to invoice for services rendered.	Very High	The DDA has implemented a new PCP Processing Priority and provided additional guidance for CCS related to timely submission of PCPs. RO Leads are providing support to CCS agencies and providers to ensure timely submission of PCPs. The DDA has also provided support and review PCPs prior to submission to support robust plans reflecting the person's chosen outcomes and services providers.
14	Policy Issue	General Issue	DDA Programs	No official policy guidance on any of the new Waivers services scheduled to be effective 7/1/20.	All	No	Unless Providers are given clear directives now, there will be no opportunity to appropriately prepare for a 7/1/20 transition.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High	The DDA Waivers services have been shared with stakeholders over the past several years through the waiver development and input process including work conducted by the Employment First Workgroup. The Waivers are posted on the DDA website and includes service descriptions and requirements. The DDA has published the Guidelines for Service Authorization and Provider Billing documentation, which contains details on the all waiver services. To provide additional information and support the DDA is developing additional policies and guidance. As per the request of MACS, the DDA also provided information and support to the MACS consultant for the MACS pre-conference on the DDA Waivers Services. During this pre-conference, MACS provided attendees the detailed presentation on the "steep dive" into the DDA waiver services. In addition, the DDA has shared with the Provider Technical Group a cross walk of the rate components and policies to demonstrate how they were considered and influenced the final rate.
15	Capacity / Process Functionality	PCP Process	DDA Programs	Provider in pilot experienced significant delay in getting the PCP authorized in LTSS.	1	Yes	Complex fix, but issue has been ongoing since the inception of the Pilot.	Resolved 2/4/20	PCP took almost 4 months to complete. Provider unable to bill during that time period.	High	This concern was noted for one provider and does not demonstrate a systemic issue. In the process of this PCP, there was much back and forth between the provider and the CS agency. The PCP was submitted to the region and within a couple days was sent back for clarification to the CCS, which is the normal process. In the clarification, the CCS had to have the provider adjust and accept services again. The final PCP was approved within 48 hours of being sent back to the Regional Office.
16	System Functionality	EVV	EVV	Provider unable to enter a manual punch for a missed punch, system says "server not responding."	1	No	MMIS has been aware of the issue for over 4 weeks and is unable to fix and does not know what is causing the issue.	Ongoing	Provider cannot correct billing record. No one seems to know why the error is occurring.	High	This issue is impacting one provider for a single date of service due to a PCP back-end issue. This fix is currently slated for the LTSS/Maryland April release.
17	System Functionality	EVV	EVV	EVV will not allow for shift splits of services for an individual.	All	No	If an individual receives morning supports and the staff utilizes EVV, the afternoon staff cannot punch in through EVV because a service has already been provided for that day.	Ongoing	System issue is creating mandatory exceptions.	High	This is incorrect. A clock in and clock out can be completed in the morning. Then another clock in or clock-out can be completed in the afternoon or at any other time. Where providers have had to coordinate their staff more closely to ensure that the morning staff person remembers to clock out and that the afternoon staff person remembers to clock in. Even if either staff person forgets, the agency administrative staff is able to go in to LTSS/Provider Portal and appropriately adjust the times to reflect the services. The system, again, does not inhibit multiple shifts a day for the same person.
18	Capacity / System Functionality	EVV	EVV	Provider had EVV claims rejected stating "Client not enrolled in a DDA Program."	1	No	Individual removed from CS Waiver without notification to Provider.	Ongoing	Lack of a timely communication system on when individuals in CSW and FSW are removed from the Waivers means that Providers run the risk of providing unfunded supports without knowing it.	High	This is associated with one provider and was functioning as designed. LTSS denied services from creating payment as the system was not properly enrolled in a Medicaid program. The person is now enrolled into the program and payment has been released by the person's automatically. As with current requirements for all enrolled Medicaid providers, it is the provider's responsibility to verify a person's Medicaid eligibility by using the Eligibility Verification System (EVS). The Eligibility Verification System (EVS)/Interactive Voice Response (IVR) is a telephone-inquiry system that enables providers to quickly and efficiently verify a Medicaid recipient's current eligibility status. To ensure recipient eligibility for a specific Date of Service, providers should use EVS/IVR prior to rendering service. EVS/IVR is fast and easy to use, and it's available 24 hours a day, 7 days a week. EVS/IVR verifies eligibility and during each call you can verify as many recipients as you like. EVS also provides the capability of verifying past dates of eligibility for services rendered up to 1 year ago. EVS is an invaluable tool to Medicaid Assistance providers for ensuring accurate, timely eligibility information for claim submissions. References: https://mmcp.health.maryland.gov/docs/EVS_Brochure_July2017.pdf
19	System Functionality	EVV	EVV	Provider receiving an exception that "Provider has exceeded the maximum authorization for the month." This exception occurred on the 2nd of January. Has occurred for a second Provider	1	?	Provider was referred to the LTSS Portal Manual which they believe does not address this particular exception.	Ongoing	Provider unable to bill for services rendered. Lack of actual support from the LTSS Helpdesk. Second Provider was referred by the DDA Helpdesk by the LTSS Helpdesk	High	Acknowledged. This issue was indeed a LTSS system defect and identified on 1/2/2020, then researched and prioritized for the next possible release. This issue was fixed as part of the 2/29/2020 release. This information was communicated to the providers.
20	System Functionality	EVV	EVV	Individual contact information being pulled from PCS2 and entered into LTSS.	All	No	PS Staff who have phone numbers is PCS2 for organizational purposes and/or have a family member receiving services and have a contact # listed.	Ongoing	Staff phone # are being associated with the wrong individual and are unable to utilize LTSS to clock in and out.	Moderate	Acknowledged. The EVV system uses phone # stored in the LTSS/Maryland system to assist in identifying participants served by the Personal Supports staff. As the LTSS system manages the contact information of participants from multiple programs, there may be instances where the participant's or the staff's relatives information will overlap. This issue was resolved immediately as soon as the issue was escalated. The EVV system was designed with the understanding that phone # may overlap between various participants and staff, so it can be quickly resolved with a one time information correction.
21	System Functionality	EVV	EVV	Provider having overlap time with a CFC Provider and is unable to get the billing situation corrected.	Multiple	No	Providers are both unable to bill for the conflict.	Ongoing	The Provider who is billing correctly is at the mercy of the Provider who is in the wrong to correct their error before the correct information can be processed and paid.	Very High	CFC Personal Assistance and DDA Personal Supports are distinct services and can not be provided at the same time. Some people receive CFC supports in their home prior to receiving PS for in-home skills development or community engagement support. Payment for the same time is considered duplicative and is strictly not allowed per CS and DDA program policies. To ensure that payment resolutions are fair, as this often involves different providers, MMV will coordinate between CFC and DDA providers to determine the appropriate next steps for resolving the exceptions and facilitate any resolution steps required by either provider agency.
22	Process Functionality	EVV	EVV	Provider had CCS refuse to issue the OTP device during the Pilot because the individual also had a registered cellphone.	1	Yes	At the request of the Provider, RO directed CCS to distribute OTP.	10-Jan-20	Provider unable to test all methods of entry in to EVV.	Low	This was associated with one provider and was resolved. As the use of the OTP is new to all stakeholders, additional support and guidance was provided to the CCS. It did not limit the providers ability to test all methods of entry in to EVV during the pilot.
23	Capacity / Process Functionality	EVV	EVV	Providers are finding it difficult to find staff who want to utilize the EVV system due to having to enter their own SSN.	All	No	Some type of written communication from MMIS that could be given to staff to reassure them that their information is safe.	Ongoing	Providers are having a more difficult time in locating staff to provide services.	Moderate	This system has been in use for a number of years and has required staff to enter SSN. DDA will work with Medicaid in the preparation of training materials to help staff be ensured that their information is safe in Medicaid's system.
24	Capacity / System Delay	EVV	EVV	Providers noticing a significant amount of time to reconcile EVV payments.	All	Not possible	Sheer volume of transactions.	Never	Significant increase in workload.	Moderate	Providers have historically collected and maintained documentation for the delivery of services, submitted claims via PCS2 or invoices, submitted error reports (technical billing errors, and tracked and reconcile prospective payments annually. Providers will need to review and adjust as needed their internal business model. Some pilot providers have reported needing to make changes to their claim staffing, and others have just adjusted processes. Based on phase in decisions, providers that do not fully transition billing in LTSS/Maryland in July 2020 will need to maintain two billing

50	System Functionality	LTSS	LTSS/System Technology	Client Search function not operational for multiple Providers.	All	No	Has been corrected for some Providers on a manual basis, system wide issue has not been address appropriately.	Ongoing	Providers cannot search for clients. Multiple Providers are experiencing various issues.	High	This is not a manual issue. There is a back-end issue impacting the client search function. This is currently being worked through the defect process and is slated for an April 2020 release date
51	System Functionality	LTSS	LTSS/System Technology	Remittance Advice Report does not work correctly. Does not show any non-EVW claims, nor does it show the site address in the drop down menu like the Random MMIS payment delay on 12/31/19 and 1/1/20.	All	No	Notified that a system wide fix will be pushed out on 2/29/20.	Ongoing	Major system reporting issues cannot take 60 days to fix. This issue was brought to light in the beginning of January.	High	The purpose of the pilot is to allow the opportunity for rigorous testing/review and identification of issues in the system. This is currently a noted defect and is slated for a release in March 2020
52	System Functionality	LTSS	LTSS/System Technology	Provider has claims being rejected due to a coding issue with how the Provider # was setup in MMIS.	All	Yes	Claims processed on these days were kicked to the next billing cycle.	Following billing cycle	Provider cash flow affected, no knowledge of what caused the delay or why.	High	MMIS issue, payment was contingently released.
53	System Functionality	LTSS	LTSS/System Technology	Providers cannot see their own PCP attachments in LTSS.	1	No	Provider unable to bill for services rendered.	Ongoing	Provider unable to bill for services rendered.	High	This issue affected only one Pilot provider. The issue was resolved. LTSS Team will be reprocessing the claims for this provider and tracking them to full resolution. This effort is underway, beginning early March 2020.
54	System Functionality	LTSS	LTSS/System Technology	Providers cannot see their own PCP attachments in LTSS.	All	No	Providers cannot verify that the correct attachments were uploaded by the CCS. This could create discrepancies in services and potential deficiencies.	Ongoing	Providers cannot verify that the correct attachments were uploaded by the CCS. This could create discrepancies in services and potential deficiencies.	High	Providers can view the specific PCP components through the Provider Portal including the detailed services authorization, outcomes, the assigned CCS Coordinators, contacts for the individual, waiver and other information associated with the person. Service Providers do not have view access to attachments. Providers are responsible for providing the authorized services as per the approved federal waiver application and their provider
55	System Functionality	LTSS	LTSS/System Technology	Provider having trouble with Base MA # for Day Program.	1	No	Provider unable to bill for services rendered.	Ongoing	Provider unable to bill for services rendered.	High	Base MA# should NOT be tied to Day program. There were two instances where through some cutarounds and re-work, there were Day-Hab services incorrectly tied to a Base MA# Base MA#s do not carry the approved CCS for Day-Hab services. We reviewed this issue as a defect and it was update on the 2/29 release. Since the 2/29/2020 Release, the system will NOT allow a service to be tied to an MA# that does not specifically contain the approved CCS for that service, regardless of any cutarounds or incorrect steps taking by a user.
56	System Functionality	LTSS	LTSS/System Technology	LTSS does not display the rate when entering billing entries.	All	No	Multiple Providers in the Pilot are receiving the wrong residential rate for services and were not able to tell until they received payment.	Ongoing	Multiple Providers in the Pilot are receiving the wrong residential rate for services and were not able to tell until they received payment.	High	The system was not designed to operate that way. The rates are displayed in multiple other places in the system. The rate is displayed on the individual's service plan, in the service authorization section, in the claims/billing information after it has been processed, and in all the relevant reports.
57	System Functionality	LTSS	LTSS/System Technology	Provider received a MMIS rejection decision of "procedure code not valid for date of service".	1	No	Provider billed correct date of service, correct billing code, service authorized in current plan.	Ongoing	Provider discovered that the PCP attached to the Monthly Authorized Services Summary Report was looking at the old PCP instead of the current active PCP. Not sure why the system is only picking up the old PCP.	High	This is due to a mismatch between the procedure code in LTSS and a Procedure code in MMIS. DDA has identified this issue and is working with the system vendor to fix it. This is slated for an April 2020 update to the system.
58	Capacity / System Delay	LTSS	LTSS/System Technology	Providers having to request and wait for LTSS helpdesk to activate a login.	All	No	Creating operational delays for Providers in being able to have staff access LTSS. The response time from LTSS is inadequate, sometimes taking more than a week.	Ongoing	Creating operational delays for Providers in being able to have staff access LTSS. The response time from LTSS is inadequate, sometimes taking more than a week.	High	In the process of training, DDA has created well over 1600 accounts and activated them through the helpdesk. Normal response time for Helpdesk in creating accounts is 48 hours. Not an ongoing issue
59	Capacity / System Delay	LTSS	LTSS/System Technology	Users not being notified of account activation.	All	No	Users are supposed to be notified when their accounts are activated.	Ongoing	Creating operational delays for Providers.	High	Users are sent emails when their account is activated by the Helpdesk
60	System Functionality	LTSS	LTSS/System Technology	Conflict in Logins for TBI Providers.	2 in the Pilot, 5 total in the State	No	Provider having to add multiple logins outside of their DDA login. When DDA logins were added, the TBI logins were voided by default.	Ongoing	Providers have had to create a "work around".	Low	TBI accounts cannot overlap with DDA accounts. This was shared with the provider early on and mitigated by providers creating a separate login account. This is not an ongoing issue.
61	System Functionality	LTSS	LTSS/System Technology	Provider seeing individuals under the Client Tab that are not part of the Pilot.	All	No	No major affect, but no one can explain why it is happening.	Ongoing	No major affect, but no one can explain why it is happening.	Low	All new approved clients should be seen under the agency profile. With the electronic acceptance going live for all providers, a provider in the pilot is able to view the non-pilot persons. Similarly, a provider NOT in the pilot is able to view the services and persons that they support in the Provider Portal as service acceptance requests come in and the PCPs are subsequently approved.
62	System Functionality	LTSS	LTSS/System Technology	LTSS shows multiple services attached to a Provider's Base MA #; this list must be Provider specific.	All	No	Should be Provider specific based on the Provider's licensed and approved services.	Ongoing	Without Provider specific criteria, CCS selected and submitted for a service that the Provider is not licensed to provide. This has already happened in the Pilot and created PCP delays.	Moderate	A provider's approval has the CCS services that they are approved to provide at that Base MA#. They may NOT be approved for all available services for the Base MA#.
63	Capacity / System Delay	LTSS	LTSS/System Technology	Provider had new staff in LTSS assigned to old MA #s.	1	Yes	LTSS corrected the issue for the Provider, but unsure if the root cause of the issue was addressed.	Ongoing	Why are old MA #s in LTSS and how should they be designated as "Do Not Use" so that this is prevented from happening again?	Moderate	Old MA# have to exist in LTSS/Maryland because they are currently being used and tied to legacy services. They are indicated/linked as "Basic Only" for basic-only service authorization (agency process). Starting after rollout, those MA# will NOT be added to services for individuals
64	Capacity / System Delay	LTSS	LTSS/System Technology	Provider not receiving adequate response from LTSS Helpdesk regarding connecting the Electronic Health Record (EHR) system.	1	No	3rd party vendor has attempted contact with LTSS helpdesk multiple times without resolution.	Ongoing	Provider incurring costs due to lack of response from LTSS helpdesk. Provider has discovered that they will have to spend about \$10k to resolve their issue.	Moderate	Specific steps of timeline opened multiple times for resolution of issues with The Provider Upload process. Currently there is a heightened period open starting 2/17/2020 through 2/28/2020. There was initially a heightened period open in December for 2 weeks as well.
65	System Functionality	LTSS	LTSS/System Technology	Provider and CCS seeing different information on the same screen in LTSS.	All	No	Leads to delays and confusing on what is actually in LTSS. Make providers hesitant to approve a PCP based on what the system is displaying.	Ongoing	Leads to delays and confusing on what is actually in LTSS. Make providers hesitant to approve a PCP based on what the system is displaying.	Moderate	CCS access and functionality is within LTSS/Maryland and Providers access and functionality is within the Provider Portal. Therefore their views will differ.
66	System Functionality	LTSS	LTSS/System Technology	LTSS Service description for Day services incorrect.	1	No	Individual PCP is authorized for Dayhab - small group, being paid at correct rate with correct waiver code, description says Dahab - 1-1 services.	Ongoing	Leads to confusion. OHCQ could require Provider to provide the 1:1 supports, even though it is not funded.	Moderate	This has been noted as a system labeling issue. This has been noted as a current defect and to DDA is following up with the developers to rectify the issue.
67	Capacity / System Delay	LTSS	LTSS/System Technology	LTSS helpdesk not responding timely.	All	No	This is a major system issue, response times are taking days to weeks and some issues longer. There are currently only 9 Providers with less than 40 individuals. The concern is that this part of the system will only impede with a major volume increase. Providers will not receive the help that they need.	Ongoing	This is a major system issue, response times are taking days to weeks and some issues longer. There are currently only 9 Providers with less than 40 individuals. The concern is that this part of the system will only impede with a major volume increase. Providers will not receive the help that they need.	Very High	Concerns related to the LTSS/Maryland Helpdesk should be reported to the DDA ServiceDesk at servicedesk.DDA@maryland.gov or 410-767-0147.
68	System Functionality	LTSS	LTSS/System Technology	Providers have billed individuals in residential sites and received varying payments that are not in line with the number of individuals in the home.	All	No	Provider received 1 person rate for a portion of December. Only 1 person was billed due to a delay in the PCP for the second person. The 1st person was approved for the 2 person rate.	Ongoing	There have been multiple instances of the wrong rate being setup in LTSS, but more importantly there are situations where LTSS is changing the rate without authorization or communication/notification to the Provider.	Very High	DDA is currently reviewing and analyzing all CGLH rates that have been paid out in the pilot so far. We understand that there were issues with Residential-related payments in the month of December and January. After the thorough analysis is done, any payments that need to be reprocessed will be reprocessed to ensure the provider is paid the correct rate.
69	System Functionality	LTSS	LTSS/System Technology	LTSS service descriptions for Community Living Group Home must specify overnight or non-overnight and the number of people in the home.	All	No	This is a major flaw in the system. There have been multiple Providers in the Pilot affected because the generic service description does not communicate the actual service being approved or billed.	Ongoing	This is a major flaw in the system. There have been multiple Providers in the Pilot affected because the generic service description does not communicate the actual service being approved or billed.	Very High	Providers that have overnight supports in their home or specific sites are indicated in the residential configuration of the provider within the system DDA's Provider Relations staff. They also indicate the licensed capacity for the home. The overnight rate is applied based on this set up and can be changed at anytime by contacting the DDA RO. Overnight support are based on the provider's business model and the person's assessed need. Some providers may choose to have awake staff on duty and others may choose to have staff present in the home. The specific overnight support a person needs must be described in the person's PCP to address health and safety needs and dedicated hours can be authorized for 1:1 and 2:1 supports. Residential services are reflected in the detailed service authorization section: Community Living - Enhanced Supports, Community Living - Enhanced Supports Trial Experience, Community Living - Group Home, Community Living - Group Home Trial Experience, Dedicated Hours for Community Living - Group Home (2-1), Dedicated Hours for Community Living - Group Home (1-1), Dedicated Hours for Community Living - Enhanced Supports (2:1), Dedicated Hours for Community Living - Enhanced Supports (1:1), Supported Living, Shared Living - Level 1, Shared Living - Level 2, and Shared Living - Level 3.
70	Capacity / System Functionality	PCP Process	LTSS/System Technology	Issues with the Detailed Service Authorization in LTSS and the CCSs not inputting information correctly.	All	No	Last month of the plan year showing up blank or with a "0" in the month. Annual calculation includes some value from the field. CCSs not understanding or not having the ability to enter pro-rated or correct monthly totals of service authorization levels.	Ongoing	Providers are being required to sign off on PCPs that are not correct.	High	The last month of the plan year showing up blank is referenced as a defect. This was fixed on the 2/29/2020 release. CCS can do and enter estimates of the correct monthly totals of service authorization.
71	System Functionality	PCP Process	LTSS/System Technology	Conflict of PCPs when multiple Providers are involved.	All	No	If an individual is being served by multiple Providers and one of the Providers rejects the PCP or fails to approve the PCP timely, the other Provider cannot bill for services.	Ongoing	Provider unable to bill for services rendered.	High	LTSS/Maryland includes functionality to support service unit flexibility within the PCP for Meaningful Day Services that would exceed the weekly limits. This functionality was created to support the person's choice and assessed need to receive services and supports that best meet their needs during the year. For example, a person may get an increase in work hours and need more 15 - ongoing supports or may choose to use more CCS instead of Day Habilitation services. To minimize the need to Revoke the PCP, the person can access these services but must not exceed the total number of Meaningful Day Services hours limits as per the approved waiver. To support financial accountability, the system limits the billing of services in excess of the limits but does not prevent the ability to allow service authorization within the PCP. Therefore, LTSS/Maryland has flexibility for service authorization levels and controls to prevent the billing above the maximum regardless of service authorization levels.
72	System Functionality	PCP Process	LTSS/System Technology	CCSs not able to see Providers and/or Provider sites in LTSS.	All	No	CCSs appear to have the same rights issues that some Providers are experiencing of what they can and cannot see.	Ongoing	CCSs unable to enter PCPs in LTSS.	High	CCSs do not have any rights limitations for seeing providers and adding a plan. In the plan process, only the approved provider sites/locations with the approval for the appropriate CCS for that service is available to be selected. Further training and information can be shared with the CCS agency to ensure that they understand this.
73	System Functionality	PCP Process	LTSS/System Technology	Transition between PCPs does not appear to be working correctly.	All	No	Provider was unable to bill for a period of time in the last 30 days because a new PCP had been approved.	Ongoing	There is concern that the LTSS system is unable to access/assess multiple PCPs at one time. It appears that once the new plan is approved that the old one is immediately default, rendering billing to the old PCP unavailable. Providers have 12 months to bill Medicaid claims.	High	Each PCP has a specific effective date and only one PCP can be active on a specific date. Providers have up to 12 months to bill for services. The LTSS/Maryland system will compare all actual date of service delivery on claims submitted with PCPs including current and inactive PCPs to see if service being billed for was approved at the time of service delivery.
74	System Functionality	PCP Process	LTSS/System Technology	CCSs experiencing a # of system functionality issues.	All	No	Providers are being told that CCSs are having to do "work arounds" to accomplish basic tasks.	Ongoing	These types of issues must be addressed on a system level. There is no way that CCSs and RO can continue to function utilizing "work arounds".	High	As system concerns and recommendations for new system functionality are shared with the DDA, they are researched, remediated, and considered for future enhancements. Concerns should be reported to the LTSS/Maryland Helpdesk at 855-463-5877 or LTSSHelpDesk@LTSSMaryland.org.
75	Process Functionality	PCP Process	LTSS/System Technology	Providers unable to access complete approved PCPs in LTSS.	All	No	Providers do not have access to all aspects of the PCP in LTSS therefore are dependent on the CCS to provide them with a complete copy of the plan.	Ongoing	Providers are being left out of the loop.	High	Providers have access to aspects of the PCP they approved for the services that their specific agency renders and can review that information perpetually.
76	Process Functionality	PCP Process	LTSS/System Technology	Auto-extend function not working as designed.	All	No	Auto-Extend feature allows more time for the CCS to complete the plan, but does not appear to allow Providers to bill during the interim period.	Ongoing	Providers will not be able to bill for services during the Auto-Extended PCP Process.	High	Auto Extend feature was designed to allow provider 60 days of additional billing time for the Annual plan to be completed and approved. This functionality is in the process of being updated. This update is planned for a release in May of 2020. The specific details around this will be shared with Pilot Providers as the date approaches.
77	Process Functionality	PCP Process	LTSS/System Technology	Providers unable to print complete PCP from LTSS.	Multiple	No	Providers unable to print the complete PCP.	Ongoing	Providers unable to print the complete PCP. Could result in incorrect services.	High	Inability to print the PCP does not result in incorrect services. All details of the service and the approved signature sheets can be seen/viewed, accessed and printed at anytime by anyone at the provider agency. However, DDA recognizes that it may be helpful to print the PCP on occasion and we are tracking that item as a future enhancement.

Billing Pilot Issues
as of 2/10/20

Ref	System Issue Type	Area of Operation	DDA Tag	Issue Description	# of Pilot Providers affected	Issue Resolved?	Further description and if resolved, how.	When resolved	What is affected?	Level of Concern
1	Capacity / Process Functionality	PCP Process	CCSs	Lack of adequate resources at the CCS level to complete tasks timely.	All	No	CCSs are not completing their job timely.	Ongoing	Providers will be unable to bill for services rendered.	High
2	Capacity / Process Functionality	PCP Process	CCSs	Lack of adequate training for CCSs.	All	No	Lack of knowledge of LTSS, and Waiver Service Definitions.	Ongoing	Is creating significant delays in the approval process of PCPs and will ultimately affect the Providers' ability to bill for services rendered.	High
3	Capacity / Process Functionality	PCP Process	CCSs	Lack of CCS resources and system limitations of not being able to start a PCP more than 90 days out.	All	No	CCSs refuse to start the planning process timely due to workload.	Ongoing	Providers are having to battle with CCS agencies to get the PCP Process completed timely. This has and will continue to affect a Provider's ability to bill for services rendered.	High
4	Capacity / Process Functionality	PCP Process	CCSs	CCSs not having the Prep meeting and Provider's being left out of the meeting or initial development of the PCP.	All	No	A large portion of the CCS team is inexperienced due to staff turnover.	Ongoing	Providers are having to deny plans due to incorrect information because they are not part of the process on a consistent basis. This is resulting in significant delays in receiving authorizations to bill for services rendered.	High
5	Capacity / Process Functionality	PCP Process	CCSs	CCS agencies at times are unresponsive to needed paperwork completed quickly.	All	No	CCS lack of resources.	Ongoing	Lack of a timely response to the changing needs of individuals means that Providers will be unable to bill for services rendered.	High
6	Process Functionality	PCP Process	CCSs	CCSs populating Detailed Service Authorization in LTSS without consideration of a Provider's operational schedule.	All	No	Inaccurate service authorizations being completed in LTSS.	Ongoing	Providers will lose service authorization hours if CCSs do not have the Provider's operational schedule. Typically these schedules are provided to DDA 60 days prior to the start of a fiscal year for approval. Schedules will now need to be sent and approved 13 months before the start of a fiscal year.	High
7	Process Functionality	PCP Process	CCSs	CCS using service type/descriptions from PCIS2 and entering incorrect information into LTSS.	All	No	Lack of training for CCS.	Ongoing	Will result in PCP delay and possibly Providers not being able to bill for services rendered.	High
8	Capacity / Process Functionality	EPREP	DDA Programs	Sheer volume of Provider sites not submitted and/or approved.	All	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20.	Don't know status	MMIS will be overwhelmed when all applications are submitted. Taking multiple months for Pilot Sites to be approved, what happens when no one is "pushing them through".	High
9	Capacity / Process Functionality	EPREP	DDA Programs	Some Providers still not approved for Base MA #.	?	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20.	The process is taking several months to get sites approved.	Providers unable to add site applications. Based on current time frames, some Providers will not be in a position to bill effective 7/1/20.	High
10	Capacity / Process Functionality	EPREP	DDA Programs	Provider waiting for Service Authorization letter from DDA RO to submit site applications.	CMRO	No		Not Resolved	Delay in submitting applications.	Moderate
11	Process Functionality	EPREP	DDA Programs	Applications being sent from E-PREP to DDA for review, attachments are not being forwarded.	Multiple	No		Ongoing	Delay in processing applications.	Moderate
12	Policy Issue	General Issue	DDA Programs	Each of the RO frequently delivers different messages/information from each other.	All	No	Providers need clear consistent communication.	Ongoing	Providers need clear consistent communication.	High
13	Capacity / Process Functionality	General Issue	DDA Programs	Lack of resources at RO to complete tasks timely. Some RO are still several months behind on paperwork.	All	No		Ongoing	Any delays in processing, will ultimately affect the Provider's ability to invoice for services rendered.	Very High
14	Policy Issue	General Issue	DDA Programs	No official policy guidance on any of the new Waivers services scheduled to be effective 7/1/20.	All	No	Unless Providers are given clear directives now, there will be no opportunity to appropriately prepare for a 7/1/20 transition.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
15	Capacity / Process Functionality	PCP Process	DDA Programs	Provider in pilot experienced significant delay in getting the PCP authorized in LTSS.	1	Yes	Complex IP, but issue has been ongoing since the inception of the Pilot.	Resolved 2/4/20	PCP took almost 4 months to complete. Provider unable to bill during that time period.	High
16	System Functionality	EVV	EVV	Provider unable to enter a manual punch for a missed punch, system says "server not responding."	1	No	MMIS has been aware of the issue for over 4 weeks and is unable to fix and does not know what is causing the issue.	Ongoing	Provider cannot correct billing record. No one seems to know why the error is occurring.	High
17	System Functionality	EVV	EVV	EVV will not allow for split shifts of services for an individual.	All	No	If an individual receives morning supports and the staff utilizes EVV, the afternoon staff cannot punch in through EVV because a service has already been provided for that day	Ongoing	System issue is creating mandatory exceptions.	High
18	Capacity / System Functionality	EVV	EVV	Provider had EVV claims rejected stating "Client not enrolled in a DDA Program.	1	No	Individual removed from CS Waiver without notification to Provider.	Ongoing	Lack of a timely communication system on when individuals in CSW and FSW are removed from the Waivers means that Providers run the risk of providing unfunded supports without knowing it.	High
19	System Functionality	EVV	EVV	Provider receiving an exception that "Provider has exceeded the maximum authorization for the month." This exception occurred on the 2nd of January. Has occurred for a second Provider	1	?	Provider was referred to the LTSS Portal Manual which they believe does not address this particular exception.		Provider unable to bill for services rendered. Lack of actual support from the LTSS Helpdesk. Second Provider was referred by the DDA Helpdesk by the LTSS Helpdesk.	High
20	System Functionality	EVV	EVV	Individual contact information being pulled from PCIS2 and entered into LTSS.	All	No	PS Staff who have phone numbers is PCIS2 for organizational purposes and/or have a family member receiving services and have a contact # listed.	Ongoing	Staff phone # are being associated with the wrong individual and are unable to utilize LTSS to clock in and out.	Moderate
21	System Functionality	EVV	EVV	Provider having overlap time with a CFC Provider and is unable to get the billing situation corrected.	Multiple	No	Providers are both unable to bill for the conflict.	Ongoing	The Provider who is billing correctly is at the mercy of the Provider who is in the wrong to correct their error before the correct information can be processed and paid.	Very High
22	Process Functionality	EVV	EVV	Provider had CCS refuse to issue the OTP device during the Pilot because the individual also had a registered cell phone.	1	Yes	At the request of the Provider, RO directed CCS to distribute OTP	10-Jan-20	Provider unable to test all methods of entry in to EVV.	Low
23	Capacity / Process Functionality	EVV	EVV	Providers are finding it difficult to find staff who want to utilize the EVV system due to having to enter their own SS#.	All	No	Some type of written communication from MMIS that could be given to staff to reassure them that their information is safe.	Ongoing	Providers are having a more difficult time in locating staff to provide services.	Moderate
24	Capacity / System Delay	EVV	EVV	Providers noticing a significant amount of time to reconcile EVV payments.	All	Not possible	Sheer volume of transactions.	Never	Significant increase in workload.	Moderate
25	System Functionality	EVV	EVV	When Personal Support services are continuous, staff transferring is creating a problem of overlapping time. There should be some mechanism for staff to be able to communicate with each other when the shift change occurs.	All	No	Creating exceptions in EVV.	Ongoing	Providers having to deal with multiple exceptions and there is not a good staff transfer process in EVV.	Moderate
26	Process Functionality	EVV	EVV	Consumers refusing to carry the OTP device and refusing to allow staff to utilize their registered cell phone to clock in.	Multiple	No	Consumer choice is affecting whether Providers can implement the EVV system.	Ongoing	Providers having to enter multiple manual punches into EVV.	Moderate
27	Process Functionality	EVV	EVV	Providers not being involved in the EVV entry selection method regardless of their internal infrastructure capabilities.	All	No	CCSs are not involving Providers in the conversation about which EVV entry method is best based upon the individual's particular situation.	Ongoing	Providers are finding different challenges with the different entry systems and should have input on what their preference is as well, not just the individual's choice.	Moderate
28	Policy Issue	General Issue	EVV	If anyone with PS is required to use EVV on 7/1/20, all of their services will have to be transitioned.	All	No	Individuals cannot be in LTSS and PCIS2 at the same time.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
29	Policy Issue	General Issue	General and Other	Rates not finalized and no funding from the Governor in the FY21 budget.	All	No	Providers still cannot do FY21 budget projections.	Ongoing	Providers are unable to determine if they will be able to provide services for FY21.	Extremely High
30	Policy Issue	General Issue	General and Other	Rounding policy not published.	All	Yes/No	Tech workgroup has discussed the draft rounding policy for hourly services on 2/4/20. The policy has not been officially published.	Ongoing	Pilot Providers need the finalized rounding policy to be distributed immediately. If Providers bill based on the draft and any further changes are made, they will be required to go back and correct their billing.	High
31	System Functionality	General Issue	General and Other	Pilot people have been removed from PCIS2 for Incident Reporting.	All	No	Individuals cannot be in LTSS and PCIS2 at the same time.	Ongoing	Providers may be underreporting incidents.	Moderate
32	Capacity / System Delay	General Issue	General and Other	Pilot providers, on a small scale, are understanding the impact on their infrastructure and are starting to make additions to their team.	All	No	All Providers will need to add significant additional fiscal staff to be able to handle the additional responsibilities of the new system. This process will take 3 to 6 months, once a full understanding of the need is discovered.	Ongoing	Providers that are NOT in the Pilot will have no idea of the infrastructure needs that will be required to implement and run the new process. They will need a 3 to 6 month window to get up to speed.	Very High
33	Outside Agency Impact	General Issue	General and Other	Provider submitted individual's Waiver renewal information to EDD in a timely fashion. EDD did not process the information timely resulting in billing being rejected and a new plan for "State Only Funding" needing to be created.	All	No	EDD does not process information timely. They fail to communicate, rarely answer the phone and are not quick to resolve issues.	Ongoing	Providers have experienced EDD issues for years, but now EDD's shortcomings will affect the Provider's ability to bill for services rendered.	Very High
34	Policy Issue	General Issue	General and Other	Providers have asked if DDA will continue to allow DDA funded individuals to co-habitate with Non-DDA funded individuals (TB) and what affect it will have on rates.	Multiple	No	No response has been received from DDA.	Ongoing	Depending on the decision that DDA makes, this would require multiple changes of individual living arrangements. Will negatively affect many long term relationships. Will take several months to implement any changes.	Very High
35	Policy Issue	General Issue	General and Other	No information provided to date as to what services will transition on 7/1/20.	All	No	Unless Providers are given clear directives now, there will be no opportunity to appropriately prepare for a 7/1/20 transition.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
36	Policy Issue	General Issue	General and Other	Lack of clear and consistent communication and directives from DDA to the entire Provider Community. Different information being given to Providers vs. CCS Agencies.	All	No	Many Providers have a very limited idea of what is coming on 7/1/20.	Ongoing	Without written policies distributed with appropriate time for Providers to react and implement changes, the Provider Community as a whole will be ill-prepared to implement the changes occurring on 7/1/20.	Very High

37	Policy Issue	General Issue	General and Other	Providers will need DDA to authorize more hours than the cap for braided services.	All	Discussed	Rate tech Workgroup discussed the possibility of having additional authorizations beyond the billing cap.	Ongoing	If Providers cannot receive authorization levels beyond the cap, there will be services for which they are unable to bill. DDA needs to create a clear policy on this issue and confirm that LTSS is capable of handling the issue.	Very High
38	Outside Agency Impact	LTSS	General and Other	Provider license expired during the Pilot and required a POC. Provider's Base MA # deactivated by MMIS the day after the license expired.	All	No	Chioma had to manually push through a correction by MMIS to allow entry of a plan into LTSS.		OHCO's timeliness of processing license renewals ahead of the due date and notifying MMIS will be critical. Any delay in this process will render Providers unable to bill.	Very High
39	System Functionality	EPREP	LTSS/System Technology	"Business Name" field has been removed from the system. This is where Providers were instructed to put site specific identifiers. Provider was told to utilize the DBA field and upload a blank piece of paper in lieu of the DBA legal paperwork. For any Provider who had previously utilized this line as a site specific identifier, the field has been removed from all previous applications.	All	No	Provider spent multiple hours explaining issue to MMIS, only to be told not possible to restore. Provider was told to use DBA field and upload a blank page for the documentation.	Resolution not possible per MMIS	Provider not able to use site specific identifier in the system to make billing easier to track.	Low
40	Capacity / Process Functionality	EPREP	LTSS/System Technology	Providers not receiving residential Community Settings Rule letter showing compliance. Have been told to submit applications anyway.	All	No		Not Resolved	Provider will have to resubmit applications once letter is received.	Moderate
41	System Functionality	General Issue	LTSS/System Technology	Pilot Providers unsure of how mid-month residential changes in the number of individuals in the house will work.	All	No	Do rate changes occur at the end of the month or on the date of the move; Providers have heard both answers.	Ongoing	If rate changes occur mid-month, how will Providers be compensated for a shortage and if overpaid, how will Medicaid view the overpayment?	High
42	Policy Issue	General Issue	LTSS/System Technology	Pilot providers have not been directed on how to handle Contribution to Care (CTC) payments.	All	No	Draft Policy discussed in Tech Workgroup on 2/4/20.	Ongoing	Providers need to know how to handle CTC payments.	High
43	Policy Issue	General Issue	LTSS/System Technology	Billing for 2:1 staffing is an issue if staff are late to work.	All	No	Rate tech Workgroup discussed the issue on 2/4/20.	Ongoing	Providers need a policy decision to be made soon so that they can create operational guidelines for staff.	High
44	Capacity / System Functionality	General Issue	LTSS/System Technology	LTSS/Pilot issues are being handled on a case by case basis.	All	No		Ongoing	There is significant concern that issues are being dealt with to get them "pushed through" without overall thought being given to the root cause of the problem.	Very High
45	System Functionality	General Issue	LTSS/System Technology	CCSs have access to everyone in LTSS regardless if they are part of their caseload or even associated with their agency.	All	No	Major HIPAA issue.	Ongoing	We need to ask the question of why an error or issue occurred as opposed the "work around" methodology. Short-term fix vs. long-term success.	Very High
46	Process Functionality	General Issue	LTSS/System Technology	The Pilot contains very simplistic testing scenarios, no add-ons, etc.	All	No	No failure points for complex issues will be discovered in the pilot.	Ongoing	Major HIPAA issue.	Very High
47	Capacity / System Functionality	LTSS	LTSS/System Technology	Site applications being approved by E-PREP not showing up in LTSS for extended periods of time.	All	No	Manual fix only.	Ongoing	The Pilot does not adequately test all potential scenarios or available services, only the most basic.	Very High
48	Capacity / System Functionality	LTSS	LTSS/System Technology	Provider site MA #s being approved by E-PREP and not being added to the Admin profile for assignment to other users.	All	No	Manual fix only.	Ongoing	System issue must be addressed. Providers will not be able to bill for services.	High
49	System Functionality	LTSS	LTSS/System Technology	Providers experiencing multiple issues with user rights in LTSS. Administrators not being able to see all of their sites.	All	No	Providers are experiencing multiple issues.	Ongoing	System issue must be addressed. Providers will not be able to bill for services.	High
50	System Functionality	LTSS	LTSS/System Technology	Client Search function not operational for multiple Providers.	All	No	Has been corrected for some Providers on a manual basis, system wide issue has not been address appropriately.	Ongoing	This seems to be an ongoing issue with multiple aspects of LTSS that affect not only the Providers ability to setup and assign user rights, but seems that it randomly affects what the Provider is able to see, does not appear to be a pattern.	High
51	System Functionality	LTSS	LTSS/System Technology	Remittance Advice Report does not work correctly. Does not show any non-EVV claims, nor does it show the site address in the drop down menu like the Provider claims report does.	All	No	Notified that a system wide fix will be pushed out on 2/29/20.	Ongoing	Providers cannot search for clients. Multiple Providers are experiencing various issues.	High
52	System Functionality	LTSS	LTSS/System Technology	Random MMIS payment delay on 12/31/19 and 1/1/20.	All	Yes	Claims processed on these days were kicked to the next billing cycle.	Following billing cycle	Major system reporting issues cannot take 60 days to fix. This issue was brought to light in the beginning of January.	High
53	System Functionality	LTSS	LTSS/System Technology	Provider has claims being rejected due to a coding issue with how the Provider # was setup in MMIS.	1	No		Ongoing	Provider cash flow affected, no knowledge of what caused the delay or why.	High
54	System Functionality	LTSS	LTSS/System Technology	Providers cannot see their own PCP attachments in LTSS.	All	No		Ongoing	Provider unable to bill for services rendered.	High
55	System Functionality	LTSS	LTSS/System Technology	Provider having trouble with Base MA # for Day Program.	1	No		Ongoing	Providers cannot verify that the correct attachments were upload by the CCS. This could create discrepancies in services and potential deficiencies.	High
56	System Functionality	LTSS	LTSS/System Technology	LTSS does not display the rate when entering billing entries.	All	No		Ongoing	Provider unable to bill for services rendered.	High
57	System Functionality	LTSS	LTSS/System Technology	Provider received a MMIS rejection decision of "procedure code not valid for date of service".	1	No	Provider billed correct date of service, correct billing code, service authorized in current plan.	Ongoing	Multiple Providers in the Pilot are receiving the wrong residential rate for services and were not able to tell until they received payment.	High
58	Capacity / System Delay	LTSS	LTSS/System Technology	Providers having to request and wait for LTSS helpdesk to activate a login.	All	No		Ongoing	Provider discovered that the PCP attached to the Monthly Authorized Services Summary Report was looking at the old PCP instead of the current active PCP. Not sure why the system is only picking up the old PCP.	High
59	Capacity / System Delay	LTSS	LTSS/System Technology	Users not being notified of account activation.	All	No	Users are supposed to be notified when their accounts are activated.	Ongoing	Creating operational delays for Providers in being able to have staff access LTSS. The response time from LTSS is inadequate, sometimes taking more than a week.	High
60	System Functionality	LTSS	LTSS/System Technology	Conflict in Logins for TBI Providers.	2 in the Pilot, 5 total in the State	No	Provider having to add multiple logins outside of their DDA login. When DDA logins were added, the TBI logins were voided by default.	Ongoing	Creating operational delays for Providers.	High
61	System Functionality	LTSS	LTSS/System Technology	Provider seeing individuals under the Client Tab that are not part of the Pilot.	All	No		Ongoing	Providers have had to create a "work around".	Low
62	System Functionality	LTSS	LTSS/System Technology	LTSS shows multiple services attached to a Provider's Base MA #; this list must be Provider specific.	All	No	Should be Provider specific based on the Provider's licensed and approved services.	Ongoing	No major affect, but no one can explain why it is happening.	Low
63	Capacity / System Functionality	LTSS	LTSS/System Technology	Provider had new staff in LTSS assigned to old MA #s.	1	Yes	LTSS corrected the issue for the Provider, but unsure if the root cause of the issue was addressed.	Ongoing	Without Provider specific criteria, CCS selected and submitted for a service that the Provider is not licensed to provide. This has already happened in the Pilot and created PCP delays.	Moderate
64	Capacity / System Delay	LTSS	LTSS/System Technology	Provider not receiving adequate response from LTSS Helpdesk regarding connecting the Electronic Health Record (EHR) system.	1	No	3rd party vendor has attempted contact to LTSS helpdesk multiple times without resolution.	Ongoing	Why are old MA #s in LTSS and how should they be designated as "Do Not Use" so that this is prevented from happening again.	Moderate
65	System Functionality	LTSS	LTSS/System Technology	Provider and CCS seeing different information on the same screen in LTSS.	All	No		Ongoing	Provider incurring costs due to lack of response from LTSS helpdesk. Provider has discovered that they will have to spend about \$10k to resolve their issue.	Moderate
66	System Functionality	LTSS	LTSS/System Technology	LTSS Service description for Day services incorrect.	1	No	Individual PCP is authorized for Dayhab - small group, being paid at correct rate with correct waiver code, description says Dahab - 1:1 services.	Ongoing	Leads to delays and confusing on what is actually in LTSS. Makes Providers hesitant to approve a PCP based on what the system is displaying.	Moderate
67	Capacity / System Delay	LTSS	LTSS/System Technology	LTSS helpdesk not responding timely.	All	No		Ongoing	Leads to confusion. OHCO could require Provider to provide the 1:1 supports, even though it is not funded.	Moderate
68	System Functionality	LTSS	LTSS/System Technology	Providers have billed individuals in residential sites and received varying payments that are not in line with the number of individuals in the home.	All	No	Provider received 1 person rate for a portion of December. Only 1 person was billed due to a delay in the PCP for the second person. The 1st person was approved for the 2 person rate.	Ongoing	This is a major systems issue, response times are taking days to weeks and some issues longer. There are currently only 9 Providers with less than 40 individuals. The concern is that this part of the system will truly implode with a major volume increase. Providers will not receive the help that they need.	Very High
69	System Functionality	LTSS	LTSS/System Technology	LTSS service descriptions for Community Living Group Home must specify overnight or non-overnight and the number of people in the home.	All	No		Ongoing	There have been multiple instances of the wrong rate being setup in LTSS, but more importantly there are situations where LTSS is changing the rate without authorization or communication/notification to the Provider.	Very High
70	Capacity / System Functionality	PCP Process	LTSS/System Technology	Issues with the Detailed Service Authorization in LTSS and the CCSs not inputting information correctly.	All	No	Last month of the plan year showing up blank or with a "0" in the month. Annual calculation includes some value from the field. CCSs not understanding or not having the ability to enter pro-rated or correct monthly totals of service authorization levels.	Ongoing	This is a major flaw in the system. There have been multiple Providers in the Pilot affected because the generic service description does not communicate the actual service being approved or billed.	Very High
71	System Functionality	PCP Process	LTSS/System Technology	Conflict of PCPs when multiple Providers are involved.	All	No	If an individual is being served by multiple Providers and one of the Providers rejects the PCP or fails to approve the PCP timely, the other Provider cannot bill for services.	Ongoing	Providers are being required to sign off on PCPs that are not correct.	High
72	System Functionality	PCP Process	LTSS/System Technology	CCSs not able to see Providers and/or Provider sites in LTSS.	All	No	CCSs appear to have the same rights issues that some Providers are experiencing of what they can and cannot see.	Ongoing	Provider unable to bill for services rendered.	High
								Ongoing	CCSs unable to enter PCPs in LTSS.	High

73	System Functionality	PCP Process	LTSS/System Technology	Transition between PCPs does not appear to be working correctly.	All	No	Provider was unable to bill for a period of time in the last 30 days because a new PCP had been approved.	Ongoing	There is concern that the LTSS system is unable to access/assess multiple PCPs at one time. It appears that once the new plan is approved that the old one is immediately defunct, rendering billing to the old PCP unavailable. Providers have 12 months to bill Medicaid claims.	High
74	System Functionality	PCP Process	LTSS/System Technology	CCSs experiencing a # of system functionality issues.	All	No	Providers are being told that CCSs are having to do "work arounds" to accomplish basic tasks.	Ongoing	These types of issues must be addressed on a system level. There is no way that CCSs and RO can continue to function utilizing "work arounds"	High
75	Process Functionality	PCP Process	LTSS/System Technology	Providers unable to access complete approved PCPs in LTSS.	All	No	Providers do not have access to all aspects of the PCP in LTSS therefore are dependent on the CCS to provide them with a complete copy of the plan.	Ongoing	Providers are being left out of the loop.	High
76	Process Functionality	PCP Process	LTSS/System Technology	Auto-extend function not working as designed.	All	No	Auto-Extend feature allows more time for the CCS to complete the plan, but does not appear to allow Providers to bill during the interim period.	Ongoing	Providers will not be able to bill for services during the Auto-Extended PCP Process.	High
77	Process Functionality	PCP Process	LTSS/System Technology	Providers unable to print complete PCP from LTSS.	Multiple	No	Providers unable to print the complete PCP.	Ongoing	Providers unable to print the complete PCP. Could result in incorrect services.	High