

PTC CEP Summit Q&A 03.2023

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42 Questions Total

Note: For any additional policy related questions or clarifications, please contact APD Medicaid Policy at apd.medicaidpolicy@odhsoha.oregon.gov.

For PTC related questions, please contact PTC Support at PTC.Support@odhsoha.oregon.gov

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1 Editing and Rejecting Authorizations – 4 Questions

- 1.1) **We have received transmittals that we need to manually email PTC when a consumer/provider start working together again. Even if they were linked when PTC started. Is that still the appropriate step or did I understand correctly that if they have previously been linked in PTC, this re-link would be automatic?**

No, it is not automatic. The local office needs to email PTC Support letting us know when a provider starts working for a consumer again. Business process 1.1.5 Relinking a Provider and Consumer <https://dciconfluenceprod.dcisoftware.com/display/ORPD/Business+Process+-+Relinking+a+Provider+and+Consumer> covers the correct steps.

- 1.2) **When a HCW edits a punch that was originally EVV compliant. This new edit now makes the punch look like it was a historical entry (non EVV). So, in this case the edit is still EVV compliant due to the original punch being compliant?**

No, this makes the punch non EVV compliant. We expect there will always be some non-EVV compliant entries due to the provider correcting punches. These types of corrections should be rare.

- 1.3) **It would be very helpful if we could utilize the "employee number" search option - but their employee ID is unique to PTC; it is not their provider number. We can search the Client ID using the consumer's prime number - why isn't it the same with the provider number?**

The employee number is their UNI ID. This is a number that is assigned to the provider in Mainframe and is unique to each provider. You can find a provider's UNI ID in Mainframe on the PRV8 screen if you want to search by the employee number field in OR PTC DCI.

1.4) When it comes to notifying PTC of terminations deaths etc. is the Case Managers in charge of sending this information or OS2/front desk staff?

This process would be determined by the local office. Typically a Case Manager, Case Aide, or other assigned staff complete the [Case Management Death Checklist](#) available on CM staff tools.

2 [Troubleshooting Payment Errors – 9 Questions](#)

2.1) So, they are no longer doing nightly check runs? When did that stop?

Central Office is still doing the nightly check runs. There is not a nightly check run when overtime is being processed. Overtime is processed the next business day after the pay processing for the current pay period.

2.2) If HCWs do not meet the 3-day cut off and we don't get them paid, it is not considered a late payment on the local office, correct?

Yes. Late payments are issued for correct time entries submitted prior to the cutoff date that were not processed timely.

2.3) When working pending entries, can we reject them after reaching out to providers and the providers do not respond as we have some dating back to January now?

If a provider does not respond, the entry will need to be left in pending status. There is no requirement to clear all pending entries each pay period and the entry should be left in pending status to give the provider opportunity to edit their entry if they choose to.

2.4) Does ONGO have to be stopped and restarted when a provider updates their address to receive checks at the new address?

No, the address will be updated in Mainframe on the ongoing vouchers.

2.5) Is the reason that some batched entries are connected to a voided voucher because the Authorization wasn't updated?

That is correct. If you make a change to a voucher in Mainframe, you will need to make that same change in OR PTC DCI.

2.6) Examples of when vouchers would need to be split?

A provider's number inactivated mid pay period, or another provider or agency was hired mid pay period.

2.7) Is it possible to select more than one cost center when running a payroll batch?

No, but you can run multiple payroll batches and merge them. Here are the instructions on how to merge a payroll batch:

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/Guide+-+Payroll+Batch+and+Time+Entry#GuidePayrollBatchandTimeEntry-MergingBatches>

2.8) Is it possible to pull all entries created previously in another cost center for a HCW who has moved?

No, when a consumer moves to a new cost center, all entries from the day they were transferred will be in the new cost center. Any previous entries will be in the previous cost center.

2.9) Are we able to adjust times by less than 5 minutes to give providers their full authorized hours? There is often a minute or two discrepancies between the times in PTC & Mainframe due to rounding differences. I know we want PTC & Mainframe to match, but are we allowed a few minutes of leeway to account for these differences & give providers their full hours?

Due to potential underpayment concerns, policy guidance is to pay them the extra minute and pay the full hours if they are one minute under (due to rounding concerns in OR PTC DCI). If downloaded entries from OR PTC DCI show they are one minute short but the intent in OR PTC DCI is to claim their full hours (remaining balance in OR PTC DCI is 0.01 hours meaning one more minute would push them over), offices are allowed to add one minute to final entry to ensure they are paid their full hours. You cannot adjust times by more than one minute for a full pay period.

3 PTC Authorization Clean Up – 1 Question

3.1) What about the flex clients that we have here in D15 branches Milwaukie and Oregon City? How will this impact them?

It will not affect them if they are claiming time in OR PTC DCI. If there are providers remaining on the service account that are not claiming time or planning on claiming time, please follow business process 2.6.2 End

Authorization, Expiration, Terminations

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/Business+Process+-+End+Authorization%2c+Expiration%2c+Terminations+of+Provider>

4 APD Medicaid Policy - 8 Questions

4.1) The 60 days is not when the BCU denies them on background check though correct? I read that we must terminate them immediately and they cannot work during appeal?

The 60 days is for Termination Notices that APD Central Offices issues, not BCU. BCU has their own rules. When BCU terminates, we need to abide by their rules and our rules would not apply. If they decide they do not want to be a HCW any longer, for any reason, and they verbally tell us, we can issue the notice that says they verbally resigned on xx/xx/xxxx when they talked to (staff member name).

4.2) We have a HCW who calls or comes in each week since start of PTC saying "she doesn't do computers". We have all worked with her trying to train her in the time entry. Would this affect her as not having the skills required?

Local offices should not be doing time entries for HCWs. Please provide these HCWs with resources to help them learn the system. We understand a provider is having a difficult time navigating OR PTC DCI. Unfortunately, there are no exceptions to the three options that are available to providers for tracking and entering their time. The provider has three options: landline phone, mobile app, or fob. If a provider is having a hard time navigating the option they chose, they should speak with their consumer-employer about another option. For example: if the provider is having a hard time navigating the computer for fob use or the mobile app, then the landline would be the option they would need to learn. Another example: If the provider is having a hard time listening to the prompts on the telephone, maybe the volume on the phone needs to be adjusted or the phone needs to be placed on speaker so that the consumer-employer can assist the provider in answering the prompts. If a landline is not an option for a consumer-employer, then the fob is the best option. The provider will need to learn how to use the website to enter the fob information.

We understand that providers may be struggling based on technological, ADA, or other barriers/concerns. In response, the department has ample trainings that providers can access to learn the new system and be comfortable in this new environment.

Here are some resources that should be given to providers who choose the landline option:

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/QRG+-+OR+PTC+DCI+Landline+Tip+Sheet>

Here are some resources that should be given to providers who choose the fob option:

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/Take+a+Course+on+Adding+a+Fob+Entry+to+the+OR+PTC+DCI+Web+Portal>

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/QRG+-+How+to+Use+a+Fob>

Here are some resources that should be given to providers who choose the mobile app option:

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/Watch+a+Video+About+the+OR+PTC+DCI+Mobile+App+for+Providers>

The Oregon Department of Human Services has an array of information and resources for homecare workers that can be found here:

<https://www.oregon.gov/DHS/APD/ORPTC/pages/index.aspx>

Here is a list of landline and internet service assistance programs for consumers or providers who are struggling to pay for these services:

<http://www.dhs.state.or.us/policy/spd/transmit/im/2022/im22113.pdf>

Again , local office staff should not be doing time entries for HCWs. Rules about an employee not being able to be a HCW:

411-031-0040(8) (a) ENROLLMENT STANDARDS. A homecare worker must meet all of the following standards to be enrolled with the Department's Consumer-Employed Provider Program and may not work, or claim payment for service unless they meet the following criteria: (K) Is not an employee of Aging and People with Disabilities, Area Agency on Aging, the Office of Administrative Hearings, Oregon Health Authority Health Systems Division, Oregon Department of Human Services Background Check Unit, or the Oregon Home Care Commission may not be authorized to deliver services to a consumer-employer or to a participant of the independent choices program, as defined in OAR 411-030- 0100.

411-031-0050(3) (v) Is an employee of Aging and People with Disabilities, Area Agency on Aging, the Office of Administrative Hearings, Oregon Health Authority Health Systems Division, Oregon Department of Human Services Background Check Unit, the Oregon Home Care Commission, or to a participant of the independent choices program, as defined in OAR 411-030-0100

4.3) What additional steps can we take to make sure this process is equitable for all HCWs? Being technologically savvy should not be a requirement for being a caregiver, their caregiving skills should be. Especially with the additional bugs the system causes, HCWs are more stressed than they have been before. In the end, the people these new requirements are going to harm the most is the consumers who will lose good HCWs just because they don't own a computer/smart phone or aren't good with those devices. If we have tried everything we can and a provider just isn't able to understand the PTC system, there needs to be some sort of exemption, so we don't lose them as a caregiver. We are already too short on caregivers across the state.

There are many options for them to choose from to meet their skill level, but they need to pick one to be EVV compliant.

4.4) I apologize if I missed this, but what actions are going to be taken toward HCWs who consistently miss their deadlines and/or have repeated underpayments? I get that question from case managers a lot. And those HCWs who intentionally wait until the end of the pay period and enter it all via historical entry?

Document and staff with Traci Lerner.

4.5) Something I've wondered about is if there is a reasonable accommodation process that a HCW can request and complete if the 3-time entry modes aren't an option for them. If this isn't something that has been created, can this be taken to CMS?

There are no accommodations besides the 3 different time entry methods. We understand a provider is having a difficult time navigating OR PTC DCI. Unfortunately, there are no exceptions to the three options that are available to providers for tracking and entering their time. The provider has three options: landline phone, mobile app, or fob.

4.6) We have also had discussions with our APS staff that the “task list” that used to show when providers were logging their time was extremely helpful in their investigations. Is that something that can be reimplemented?

Paper task lists should still be issued. The task lists that are

4.7) Why was 0631i limited to not actively working? We have had HCWs who are being investigated and because APS won't close a case until the last possible day, the HCW can continue to work even though they have performed misconduct.

This means that they are not actively working an APD consumer and imminent danger exists, we can suspend the provider number pending the APS investigation. It has always been this way; this was not a change in procedure.

4.8) All requests go through Central Office still, correct?

All termination requests go through CO.

5 [Business Operations and Technology Services – 8 Questions](#)

5.1) Does the info in Oregon Access reflect in Mainframe for tax/direct deposit purposes?

You must manually update the screens in Mainframe.

5.2) I have a few HCWs that have active ONGOs, but the vouchers don't auto generate. Is this something that the SFO can correct or is this a DHR issue?

Please send an email over to BOTS at mainframe.businessanalysts@odhsoha.oregon.gov

5.3) I thought the CA View Reports were no longer valid due to ONE?

We can't speak for all reports but many CEP, 512 and provider CA reports continue to be valid.

5.4) Can you please provide the written reasons for the HATH, OATH, and AATH error codes?

These are the most common error codes:

- A. 013 Service Hours Exceed Allowed Hours - Normally due to the exceptions process not being completed/exception not renewed or due to an ONGO voucher not voided/ended.
- 008 Recipient not on File ~ This error is due to lack of medical or medical program incompatible with the service being authorized.
- P41 Invalid Wkr ID ~ Please contact mainframe BOTS team if this is seen, particularly if the worker ID has been valid previously.
- 006 Provider ineligible on date of serv ~ The provider is not eligible sometime during the voucher period.
- 007 Vchr period has a break Svc ELIG/Catg period ~ the consumer's service eligibility is not valid sometime during the period.
- Incorrect Rates ~ Remember, this rate only reflects the rate when the voucher is created. If you see an incorrect rate, you do not need to void the voucher to correct it. If the provider is entitled to a higher rate between the time the voucher is created and paid, the system will pay the higher rate. The rate the provider will be paid if the voucher is paid today can be seen on the applicable payment screen. If an error is seen, the mainframe team is happy to take a look, but your provider contacts can also help and bring us into the loop if needed.

5.5) So, if they write exempt and they don't follow the directions (using a corresponding letter), we exempt them anyway? On the SW4u screen.

I would recommend contacting the provider to get clarification. Traci Lerner or Provider Relations might be good resources if the provider does not respond.

5.6) Are HCWs Independent contractors?

No, HCWs are not independent contractors. They receive W2s at the end of the year.

5.7) Is there somewhere a HCW can talk to someone about their prior year withholdings, or why it had changed without them updating a new W-4 from year to year?

I would recommend they contact the Customer Relations Unit. We are unable to give tax advice, but our system is coded to comply with the tax withholdings as directed by the IRS and Oregon Department of Revenue. The calculations do change slightly every year.

5.8) The process that takes place when an Under/Overpayment is submitted is somewhat mysterious, especially if it's a non-standard situation where the rate was changed midway through the pay period. Is it possible to get an explanation of the workflow process?

We do not pay more than one rate throughout the whole voucher period. If we do need to pay two different rates, a separate voucher needs to be created. These situations are going to be very rare as training certifications always start on the first day of the voucher period.

6 [Provider Relations Unit – 2 Questions](#)

6.1) When doing an overpayment, and all hours need removed, we cannot do that on STIM, so we reduce to 1 min, but always get a message saying we need to adjust STIM to match. Is there a way to remove all entries in STIM?

Correct, when doing an Overpayment down to zero, local office staff cannot take them down to zero. PRU will have to do that part for you.

6.2) How do we avoid getting those overpays delayed? Every time we've had one, we get an email back saying STIM doesn't match. We include language in the email saying we can't take off all the shifts, but still get an email.

Not sure who is sending you those messages back with that. I will check with our staff, but if it is a situation needing to void the payment and taking it down to zero, you should just note it on the bottom and continue to do what you are doing.

7 Oregon Home Care Commission – 6 Questions

7.1) How do we know if a provider entered their entries on time if it only shows the day it was submitted by the HCW? However, we don't know what time of day the HCW submitted those entries.... Will office be fined for paying those?

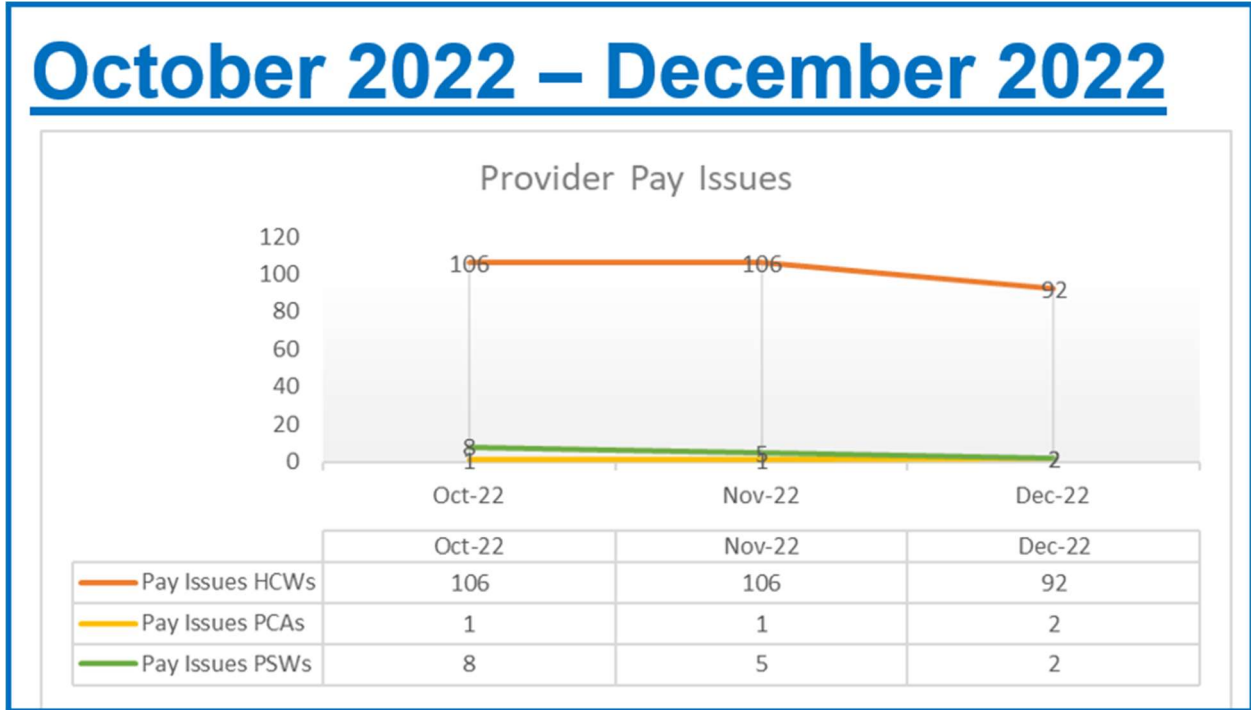
In OR PTC DCI you can pull the report as shown during the summit:

Below is a submission report for a provider that is not EVV compliant but had entered their time for the pay period: 02/26 – 03/11. The HCW entered their time before the deadline of 03/15. To ensure you capture all entries created on the submission deadline, we suggest pulling a final batch the date after the submission deadline to capture historical entries.



7.2) Are these errors (slide 95) for both admin and HCWs? or just ones that late fees were paid?

These are pay issues that were approved for late pay penalty fees in total.



7.3) Is the spreadsheet we send used if/when a provider claims to their union that they received a late/underpayment and are granted the ~\$50 bonus (IIRC)?

No, you would not use the spreadsheet in that case.

7.4) How does it work if only one entry is missed for the late payment fees?

It would need to be determined if it is an agency error or if it is a provider error. If it is a provider error, they do not qualify for late pay penalty fees. If it is an agency error, the Customer Relations Unit will triage each situation to determine the error and reasoning as to why the payment was late. If we determine it was an agency error, we then determine the amount of the late pay penalty fees and the amount they are eligible for. If a provider has already experienced a late pay penalty fee, they could potentially be eligible for a fee that is greater than the gross pay amount.

7.5) If someone only turns in a state W4 claiming exempt, but does not turn in a new federal - what is best policy to handle?

Follow up with the provider and have them complete both forms. Until both forms are received, we should not be updating the system. This is in place for us as state workers as well.

7.6) With the new I9 released, should we be prompting providers to redo all their forms?

The only time an I9 is required is when a provider's number has been terminated and they are reestablishing their credentials.

8 General Questions – 4 Questions

8.1) Is there any way for testing profiles to be set up for local office staff to use. Meaning a provider and client login that are not linked to any actual pay system but can be used to test and interact with the provider/client-side steps? This would be very useful to try and guide providers when they come into our office with confusion and questions.

There are system limitations in the training environment, and we are unable to provide and maintain enough profiles for the whole state. We suggest reviewing provider/consumer facing material as it does include step-by-step instructions with screenshots so you can better assist them in navigation.

8.2) Can we get a message button on the employee detail screen or maybe be able to search employees by their username? It is hard to find the exact John Smith you are looking for in the messaging system.

Unfortunately, this is a system limitation and there is no other way to search for a provider other than with their name.

8.3) Why are providers not able to see how many hours they have remaining in a pay period when their last entry is in pending status? We are asking providers to correct their pending entries, but they are unable to see how much they have gone over their authorized hours & so they are not able to see how much they need to edit their time.

Providers have the overtime gauge on their dashboard in the mobile app that they can see how much they are over. When they clock in on the mobile app, it also shows them their remaining balance for that pay period. if they do a historical entry on the web portal it displays the remaining balance. When they call in on the landline it says their available balance.

8.4) Why are basic computer and technology classes not being offered to HCWs?

PTC has resources for HCWs to assist them in learning how to use the system. The Provider's Learning Material can be found here:

<https://dciconfluenceprod.dcisoftware.com/display/ORPD/Provider+Learning+Materials+Catalog>