

MMIS PLAN OF CARE (POC) REFERENCE GUIDE

Base Information

(Enter only if a POC APD Benefit hasn't been created)

| Field | Data |
|----------------------|---|
| Case Manager ID | MMIS User ID (User Name) |
| Client ID | Prime Number |
| Division | SPD |
| POC Development Date | Auto-fill – NO ACTION NEEDED |
| POC Review Date | Leave blank – NO ACTION NEEDED |
| POC Start Date | Date the POC starts (once saved, do not change) |
| POC End Date | 12/31/2299 under all circumstances |

(Click "Add" after completing the Base Information)

Line Item

| Description | Nursing Facility | Agency Provider | Agency Mileage |
|-----------------------|----------------------|--------------------------------|--------------------|
| Rendering Provider ID | Provider # | Provider # | Provider # |
| Service Code | 100 | HK-S5125 / PC-T1019 | Mileage-A0090 |
| Service Code Type | Revenue Code | Procedure Code | Procedure Code |
| Effective Date | Service Plan Start | Service Plan Start | Service Plan Start |
| End Date | Service Plan End | Service Plan End | Service Plan End |
| Units | 1 | *Hours x 2 | **Miles / 2 |
| Unit Qualifier | SPD Residential Stay | 15-minutes | Mile |
| Frequency | Daily | Weekly | Weekly |
| Payment Method | Pay System Price | Pay System Price | Pay System Price |
| Status | Active | Active | Active |
| Authorizing Entity | Branch # | Branch # | Branch # |
| Benefit Plan | Nursing Home | APD, KPS, or CMS State Plan | APD or KPS |

(Click "Save" after completing each Line Item)

MMIS POC Tips

*For agency provider units, it is the number of hours multiplied by two. If you are authorizing 30 PC hours per service period, you must enter "60" for this section.

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**For agency mileage, it is the number of miles divided by two. If you are authorizing 20 miles per service period, you must enter “10” for this section.

- ✓ The POC Line Item must perfectly match the service plan in the CA/PS service plan. This includes:
 - Creating a new POC Line Item when a new assessment and service plan have been created.
 - Matching the dates and units in the POC Line Item to what the service plan authorized.
 - Ending a POC Line Item whenever the authorized amount of units changes, then creating a new POC Line Item with the new authorization.
 - Not invalidating a benefit, hours, or service plan segment in CA/PS if any services were provided during that time frame (unless you plan to recreate the segments).
- ✓ Update the service plan and the POC Line Item as soon as possible when changes occur. It is preferable to start In-Home Agency (IHCA) POCs at the beginning of the week (if possible) for billing purposes. However, if the POC needs to be updated in the middle of the week, please inform the IHCA right away of this change (please keep in mind that MMIS will not prorate hours for IHCA's for partial weeks).
- ✓ The provider must be notified as soon as possible when any changes occur.
- ✓ Hours are authorized on a weekly basis for IHCA's. Hours authorized in one week do not carry over into the following week.
- ✓ Do not attempt to bypass any error messages.
- ✓ Do not end the benefit line in CA/PS unless the consumer actually moves to another care setting (i.e., in-home to AFH). Benefit lines should not end if the individual is in the hospital or receiving skilled NF care.