

MWMA users,

This message is to inform you that new system enhancements will be going into MWMA after November 22nd, 2019. Additional training materials will be posted on TRIS to help you navigate these enhancements. Included in the table below is a summary of the changes:

Topic Area	Impacted User	System Improvements
Level of Care Determination		
LOC Updates	Case Manager, Case Supervisor	<p>The Level of Care Determination process will undergo some operational changes where the responsibility of determining LOC will reside with CHFS rather than QIO.</p> <p>In the situation where LOC is marked as 'Not Met', MWMA generates a correspondence that is sent via certified mail. This correspondence was previously generated from QIO.</p>
Plan of Care		
POC Updates	Case Manager, Case Supervisor	<p>As a part of Waiver Redesign Phase 1, the POC module has two (2) key changes:</p> <ol style="list-style-type: none"> 1. Service review transitions from QIO review of services to a new review process where CHFS is responsible for reviewing services flagged as needing review; 2. Introduction of POC interfaces for sharing service information between MWMA and MMIS. <p>With this enhancement, services cannot be deleted after the Plan has been submitted for any review. Up until the service is first submitted with the Plan for review, the user can delete a service. After submission however, Case Managers can only 'Cancel' services up until the point when a Prior Authorization decision is entered.</p> <p>Also, a new MMIS Response screen is introduced. A summary of what is returned from MMIS for each service is shown on the screen. The screen will provide the response from MMIS, displaying the status of each service and whether any errors were returned. This will alert the user to take any necessary action required.</p> <p>Additionally, there is a minor text change on the Plan Submission screen. The text for the sixth bullet is updated to '<i>The Individual/Legal Representative has been given a choice between institutional and waiver services and has been given a choice between eligible waivers and providers.</i>' This update will replace needing to upload the MAP-350 form in the Plan of Care module.</p>

New Correspondences

Correspondences

Case Manager,
Case Supervisor

As a part of this enhancement, additional correspondences are added to the MWMA correspondence inventory related to the Plan of Care module. These correspondences will now be sent from MWMA instead of QIO.

ID	Correspondence Name	Print/Mailing Details
WCM-200	Prior Authorization Letter	Copy of the letter sent to the Individual, Case Manager and impacted provider (if different)
WCM-201	Service Denial – LOI	Copy of the letter sent to the Case Manager and impacted provider (if different) Copy of the letter sent to the Individual via certified mail
WCM-202	Service Denial – Doesn't Meet Medical Necessity	Copy of the letter sent to the Case Manager and impacted provider (if different) Copy of the letter sent to the Individual via certified mail
WCM-203	Service Denial – Reconsideration Upheld	Copy of the letter sent to the Case Manager and impacted provider (if different) Copy of the letter sent to the Individual via certified mail
WCM-204	Reconsideration Overturned	Copy of the letter sent to the Individual, Case Manager and impacted provider (if different)

Program Closure

Updates to Program Closure

Case Manager,
Case Supervisor

A revision of the Program Closure process is made to help with the removal of external review processes. Information sent to MMIS depends on where in the lifecycle of a program closure is raised. If an error is returned by MMIS, it will be reviewed by CHFS. If Program Closure needs to be updated, a task is created for Case Supervisor to review and make changes as needed. This task can be found in the Case Supervisor drop down and can be worked by any Case Supervisor at the agency.

The process for triggering a Program Closure if Medicaid is lost remains unchanged.