

## Medicaid Transformation Changes in IRIS

The following changes will appear in IRIS by July 1, 2021 In order to incorporate fields needed for Medicaid Transformation and to improve data analysis and trending. Providers will select certain options for Pre-paid Health Plans in order to route reports appropriately.

### Provider Information

Provider will provide information about the Provider agency/ facility and will choose between Pre-paid Health Plan and LME-MCO based on whether the consumer is enrolled in the Standard Plan or with the LME-MCO. If consumer is enrolled in a Standard Plan, the provider will then select which pre-paid plan the individual is enrolled.

### Cottage/ Unit added

**Local Facility/Unit/Group Home**

NOTE: If the blinking cursor disappears during entry, click the left mouse button in the entry field and continue

NPI Number:

CABHA MPN:

★ Local Facility Name:

Cottage/Unit Name:

### Enrolled Plan

★ Which plan/service is the individual enrolled in?:

★ Which Pre-paid Health Plan?:

## Consumer Information/ Treatment Tab

Information below is fake- to be used as example.

Provider will now enter individual's Medicaid number or CNDS Number and the funding source for the services that this provider is providing.

☆ Medicaid ID:	<input type="text" value="999-00-888"/>
CNDS ID:	<input type="text" value="633636"/>
☆ Consumer's Date of Birth:	<input type="text" value="07/21/1960"/> <input type="checkbox"/> Date of Birth unknown
☆ Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input checked="" type="radio"/> Gender non-conforming
☆ Race/Ethnicity:	<input type="text" value="Black or Africa"/>
Height:	<input type="text" value="6"/> ft <input type="text" value="2"/> in <input type="checkbox"/> Unknown
Weight:	<input type="text" value="154"/> lbs <input type="checkbox"/> Unknown
Dates of Last 2 Medical Exams:	<input type="text" value="03/29/2021"/> <input type="checkbox"/> None <input type="text" value="03/08/2021"/> <input type="checkbox"/> None
☆ Services that the individual is receiving is/are funded by:	<input type="text" value="Medicaid"/>

The provider will also now add information regarding any Traumatic Brain Injury and Veteran status.

☆ Does consumer receive Innovations Waiver?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
☆ Self-Directed Waiver?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
☆ Is this person in the Money Follows the Person program?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
☆ Does consumer have TBI (Traumatic Brain Injury)?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
☆ Has this person ever hit his/her head or been hit in the head, including being told that he or she has/had a concussion?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
☆ Has the person ever had a loss of consciousness or experienced a period of being dazed and/or confused because of the injury to the head?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
How old were you the first time you were knocked out or loss consciousness?	<input type="text" value="8"/>
<b>Veteran:</b> Have this person or a family member ever served in the Active Duty, Guard, or Reserve Armed Services? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Known If yes, has this person ever served in a Combat Zone? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Known	

Based on the above and other information entered, IRIS will determine level of incident and route report to appropriate PHP or LME-MCOs (Home and Host) and appropriate agencies.