

## Developmental Disabilities Services Payment Reform: Encounter Data Readiness Inventory Summary of Common Themes

### **Business Practice Changes**

This category includes changes to how staff complete their day to day job functions, how agencies manage their DS programs, and how encounter data is captured (electronically or other) at the point of service delivery.

Coding changes will initiate workflow changes in service delivery, finance, billing, IT & data reporting.

Working through challenge of turning subcontractor paid services into MMIS data submissions. May require additional FTE to manually enter and manipulate data. Data quality/standardization issues exist. Subcontractor invoices typical list a dollar amount, but don't always indicate the amount of time spent on delivering the service. There is also currently no way to ensure timely submission of data from subcontractors. This challenge also exists for shared living providers, staffed residential and group homes.

Working through challenge of turning any services not captured in the EMR into MMIS data submissions. For example, some staff record their time/services manually on paper and it would be a major shift to move to electronic data capture at the point of service. Specifically, this would require purchasing additional hardware and software, as well as time spent on training and learning curve in working with the EMR. One agency indicated that approx. 200 DSPs do not have EMR access currently.

Working through challenge of turning self-directed services paid through ARIS into MMIS data submissions. Data quality issues exist, including: batch reporting of hours (not tied to a date of service), delay in submission that could trigger timely filing rules.

Currently services are monitored and entered in a cumulative fashion throughout the week or in monthly summaries. This will need to significantly change and will result in an increase in admin time.

Reviewing staff work flows to ensure that staffing ratio is accurately reflected.

Reviewing staff work flows to ensure that other required data elements are accurately reflected.

Some agencies are implementing new EMR's at varying times in 2019. Staff training and business practice/work-flow changes will result. This could complicate things.

Need to hire new staff, or enhance existing staff daily functions (for example: adding data quality staff to monitor claims processing issues, adding staff to manually enter data, adding staff to function as "helpdesk" to support other staff IT needs)

Certain clinical and crisis staff do not currently track time spent at the individual client level, this would need to change.

May need to acquire and equip staff with tablets to track service delivery data while in the field.

<p><b>IT System Changes</b>  This category includes any changes to the way data is stored (electronically or other), and then used to populate an MMIS encounter claim submission.</p>	<p>IT may need to build a utility to import data before going into the electronic health record.</p> <p>Some agencies indicate they would need to train staff on how to submit Medicaid claims.</p> <p>At least one agency reported not having an EMR, and staff time is captured in a software that cannot auto generate claims.</p> <p>Work to "remap" EMR claims processing logic. Some agencies have not activated the "claims processing engine" of the EMRs and would need to do so. Concern that time will be given to test these new functionalities in a "hold-harmless" way.</p> <p>The same "remapping" would need to be done to payroll and accounting systems to ensure accurate reporting of Electronic Financials and MSR data at the appropriate Cost Center level.  In both cases these "mapping" changes likely come with IT costs and staff time.</p> <p>At least one agency expressed interest in automating data submissions from shared living providers (through some sort of IT solution ).</p> <p>One agency indicated that they would need to acquire a mileage tracking software at an additional cost.</p>
<p><b>Other Changes</b>  This category is for any miscellaneous changes not captured in the previous two categories.</p>	<p>Concern that agencies will not be reimbursed for time spent on services outside the identified list of covered services.</p>