DS ENCOUNTER DATA WORKGROUP MEETING

Oct 8, 2020
Attendees:
DAIL: Clare McFadden, Jim Euber; DVHA: Erin Flynn, Donna Hatcher,
Naomi Quenneville, ARIS, Sandy Holt, LSI, Sherry Thrall, LSI, Delaina Norton, HC, Ed Giroux, HC
Heather Lockwood, HCRS, Lynne Cleveland-Vitzthum, VCP

Project Workplan and Timeline:

- Erin and Clare provided an update for the workgroup on status of the work:
    - Encounter Data Reporting guidance had been published 1.28.20 and webinar explaining the requirements was done in early March.
    - Due to COVID, work on encounter data was paused in mid-March. DAIL decided to resume work in July. This is the first meeting of the workgroup, but DAIL/DVHA have been researching information and working with partners.
    - Erin and Clare have been working on updating the list of codes and modifiers. There had been some services for which we did not have codes or modifiers to reflect a service. Asking for this group for input on these codes. We will then work with DXC to get these codes/modifiers approved and set up in MMIS.
    - Clare has been meeting with Jennifer Garabedian at ARIS regarding updating the timesheet and non-payroll reimbursement request forms to include the new codes. Also, drafting policies regarding timely submission of timesheets and use of electronic submission of timesheets.
    - Clare has met with Transition-II to review how changes will impact them and the people they support to self/family-manage.
    - Once codes/modifiers are approved, the Encounter Data Reporting guidance will be updated.
    - DAIL/DVHA is proposing a webinar to review the updated guidance. Plan is for the process maps that were developed by DVHA business analysts in conjunction with a few providers to be updated and shared as a tool for other providers. A readiness checklist will also be shared. State team is available for technical assistance.
    - Some agencies have been running into some issues with reporting and denials. Information about challenges was sent by agency Billing Managers. DAIL/DVHA is working together with DMH and ADAP to address issues that overlap departments. Proposed solutions will be run by providers.
- Decision was made to target 1/1/21 as date for agencies to report encounter data in MMIS. Erin asked if anyone was surprised at the restart or target date for reporting:
    - People acknowledged being aware.
    - Clare had reached out to the DDS directors; encounter data has been brought up at those meetings. Clare let billing mgrs. know about restart and target date.

- o Clare noted that this is a target date. Dept. is aware of ongoing pressures on agencies related to COVID and challenges with some providers transitioning to new EHRs. We would like agencies to keep moving forward towards the target date and we are available to provide any assistance we can.
- Feedback on webinar:
  - o Anyone in provider agencies who would be relevant for participation in the webinar would be included.
  - o It was noted that ARIS agencies have a process "nailed down".
  - o General support for the webinar.
- General direction of the encounter data project:
  - o Question was raised about where the workgroup left off with either ARIS or the provider agencies submitting encounter data for those services that are paid through ARIS.
    - ▪ The team plan was focused on options:
      - For one option, ARIS would submit on behalf of an agency and the agency would verify and then ARIS would submit.
      - Or, have ARIS send encounter data info on the 837 claim file to the provider agency who would submit themselves. Discussion has focused on how to import that information into EHRs.
        - o Howard Ctr confirmed that this is where the workgroup discussions left off prior to the project being placed on hold due to the pandemic.
  - o Further discussion centered on denials.
    - ▪ The claim would likely need to be regenerated, however, there are multiple options which could be feasible.
    - ▪ A business analyst was suggested as a resource to potentially map the flow.
    - ▪ It will be helpful to better understand the issue; this is a topic for the next meeting.

Codes Under Review for Encounter Data Reporting:

- S5165 – Code identified for home modifications
  - o Delaina mentioned that Safety Connection was moved under home modification category for funding proposals. Other codes have been identified for Safety Connections.
  - o This shift was discussed at Equity; new locations on the spread sheet may be considered.
  - o The team was in agreement with the concept of matching in aggregate what was approved annually. Multiple encounters could be submitted during the year up to approved amount or agency could just submit one encounter for the year for all the work on modification. This issue for agencies would be to figure out what the trigger was to enter the encounter. Could be invoices if submitting multiple encounters.

- o Further thought must be given to the process and trigger which will cause an encounter to be entered and will need a plan to get into EHR. Generally, it is ok to go forward.
- T2012 – capturing participation in post-secondary education.
  - o Team discussion focused on the need to guarantee a certain number of students and impact of a student dropping out. Agency has to pay upfront fee that is not refundable after a certain point. However, Medicaid funds are for the delivery of a service and encounter data is the method of accounting for service delivery.
  - o For the purposes of future reconciliation, we will need to think about how to value encounters and setting a minimum threshold for participation that demonstrates service delivery for amount paid.
  - o There is no monthly code for this type of service; guidance may not go into that level of detail.
  - o The post-secondary programs agreed that they can report dates of participation, so this code will work for reporting encounters.

- S5160 & S5161 – Two codes under consideration for safety connections program.
  - o S5161 reflect monthly service fee that does not include installation and testing. S5160 is for installation and testing. Agencies will need to report both codes for participants.
  - o Occasionally 2 people share, and monitoring would be for 2 people.
    - The origination of the claim is the individual; For installation and testing, it is just to have the equipment installed, so just 1 encounter claims should be entered if there is sharing in a home. This would be easier for agencies than submitting separate claims for half the price. They will need to figure out how this will be done so only one claim is submitted.
    - The team discussed whether the instructions indicate that it is submitted under the name of one person in the home. The trigger could be the receipt of the invoice.
    - It was confirmed that 5160 a usually once in a lifetime event
    - Discussed whether we would require modifiers to indicate number of people served. Could have an option to not include U1. There was interest in having flexibility: there is variability from agency to agency so, potentially, we could make these allowable but not required.
- We ran out of time prior to reviewing all the new proposed codes and modifiers. Decision was made that Clare would write up a brief description of how each of the remaining codes would be used and send it to the group for feedback.
- Next meeting is November 12.