

Encounter Data Submission Guidance for Developmental Disabilities Services – Home and Community-based Service

Clare McFadden, DAIL Deputy Director of Payment Reform

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Welcome and Introductions

- Clare McFadden, Deputy Director of Payment Reform, DAIL
- Jessica Bernard, Senior Compliance Auditor and Program Consultant, DDS
- Erin Flynn, Health Care Program Director, DVHA Payment Reform Team
- Special thanks to HowardCenter for hosting

Overview of webinar

- Review of *DDS Encounter Data Submission Guidance*
- Will review sections and pause for questions – type in chat or raise your hand
- Time for questions at the end as well
- People can send additional questions after the presentation to clare.mcfadden@vermont.gov
- We will compile all the Q & A and send out
- Our payment reform group is happy to provide or arrange for targeted technical assistance as providers work to implement

Why is the State changing how services are reported?

- Reporting is done currently in the MSR (Monthly Service Report) system
- The MSR system is old and has limitations
- There are gaps in the information in the MSR related to completeness and accuracy for DS
- Federal requirement to have complete and accurate reporting of services
- The State Auditor's office review of DDSD oversight of its program indicated that we needed improvements in accounting for services delivered compared to what was paid to providers
- Identified as a major component of DDS Payment Reform that has a goal of enhancing transparency and accountability

Moving from MSR to MMIS

- For the above reasons, the State made the decision to move the reporting of service delivery from MSR to MMIS
- MMIS = Medicaid Management Information System
- Once providers begin reporting through MMIS, reporting to MSR will no longer be required for DDS

What is encounter data?

- Encounter data is record of service delivery to a person that includes:
 - What service was delivered
 - The date delivered
 - To whom it was delivered
 - How much service was delivered
 - Where it was delivered
 - Who delivered the service
 - Staffing ratio
- Similar to billing for service that are paid fee for service, but these encounter claims will pay zero dollars.

What is changing now?

- Reporting to MMIS instead of MSR
- New codes for reporting services – move to nationally recognized service codes
- Additional codes to more accurately reflect the types of services that are being provided
- Need to follow National Correct Coding (a federal CMS initiative) rules when submitting claims

What is not changing now?

- Services available in HCBS
- Documentation requirements
- Worker qualifications
- The method of paying providers

What do agencies need to do to be able to accurately report encounter data?

- Determine how the information required for encounter claims will flow from the staff providing the service
- Determine what changes are needed to their EHRs or other systems to allow for accurate reporting
- Determine what workflow or business practice changes are needed
- Determine how the information reported to them from ARIS will be reported to MMIS

What do agencies need to do to be able to accurately report encounter data, cont.

- Determine how information from contractors/subcontractors or other services that are invoiced to agency will be collected and reported
- Implement all changes to their systems
- Train staff in new procedures
- Develop their process for dealing with denied claims

How will the encounter data be used?

- Initially, it will be used as a record of service delivery
- State will be monitoring for completeness and accuracy
- The DDS Payment Reform team needs 6 months a complete and accurate data to be used as a measure of service usage to help inform the design of a new payment model
- After a new payment model has been implemented, encounter data will be used for reconciliation of payments and services provided

How will encounters be used for reconciliation?

- Plan under consideration – not decided yet
- Agencies are paid based on approved budgets for individuals they serve – total dollar amount paid to agency calculated for the year
- Each unit of service has a dollar value assigned to it – some will be standard uniform rates (TBD) and others will be based on cost
- A calculation will be made from the units of service reported on encounter claims x the value of each unit of service
- If the amount paid to a provider is within a set threshold of the total value of all the units of service delivered, the payment will be determined to have been earned. If not, some adjustment or payback would occur. **QUESTIONS?**

Review Encounter Data Submission Guidance

Questions?

- Questions now
- After, send questions or requests for technical assistance to clare.mcfadden@vermont.gov