

Responses to Questions from Billing Extract Webinar:

1. I see we can have a primary and secondary Insurance, can we have a tertiary?

We will be adding another option to allow adding Tertiary insurance information as part of billing enhancements. This information can be stored as part of the child's record as well as included in the billing extract.

2. Medicaid allows a 5–7-month window for HSI, how will TRAC-IT accommodate this?

TRAC-IT application will be mirroring the same condition as part of billing enhancements. Six months is defined as occurring anytime within the 5th, 6th, or 7th month. So, if the HSQ is sent in February, the next questionnaire can be sent in July, August, or September.

3. It doesn't seem these changes capture each of SC's billable activities. Is there a plan to make the Service Coordination Activities dropdown relevant to the billable activity?

The dropdown menu of service coordination activities in TRAC-IT matches the list of billable activities in Chapter 11 of the Practice Manual. There will be a new option available on the Service Coordination Contact Note to mark a service as non-billable.

4. How will billing be pulled for children who have been previously discharged within the month if they don't have an active insurance record?

As long as the child had an active insurance when the services were provided, their data will be included in the extract. "Active" insurance is based on the date of service.

5. What is the billing extract being used for by other programs? Does it generate the information only for billing to be sent to a billing company?

You may want to check with other local systems about how they are using the billing extract. While it is designed to provide the information needed by local agencies to generate bills, there may be other uses for the data provided.

6. Will there be an option to have a "primary" insurance of the family choosing not to bill private insurance? so that Medicaid can then be billed as secondary?

There is already existing functionality in TRAC-IT to capture Primary and Secondary insurance with consents. We will be including consent to bill values for each insurance in the billing extract. Mapping for CPT/Unit/Modifiers will happen automatically based on service, discipline and insurance where consent to bill is selected as Yes. In terms of mapping the values, the system will be ignoring insurance records where consent to

bill is No and will consider next highest payer priority where consent to bill is Yes. Additionally, on the process where a user can manually add or update CPT/Units/Modifiers, the system will display consent to bill values for both the primary and secondary insurances.

7. All of this is related to service coordination. Will there be anything for PT, OT, or speech?

There will have two separate billing extracts one to support service coordination and one to support services. The services billing extract already exists but additional fields will be added which were discussed later in the session.

8. Will each service coordinator need to run their own billing extract report?

How can services be voided if billing needs to be retracted? Is there a place for billing provider NPI number if the clinician is licensed?

The extract can be run at local agency level, so they do not each need to run their own report.

There is currently no functionality to make the services void. Service logs can be updated if changes are needed. These changes will be reflected in the extract.

NPI number of the clinician is already supported in TRAC-IT.

9. Will there be a user guide provided on where in TRAC-IT each piece of data needs to be entered? And can this be entered by a single user for everyone in your organization?

Yes, there will be updates to the user manual related to the fiscal enhancements that were discussed. Yes, one user can enter the data across the organization.

10. What was the updated date column on the billing extract?

The updated date column reflects the last date and time when a change was made to the service log.

11. Will there be a column to add in a local ID (ie a credible ID)

There is already a column labeled 'Billing id' that is intended for this purpose.

12. When does this go live

We anticipate these features will be rolled out in the fall.

13. Did you have a field to capture subscriber's DOB? does private insurance require the subscriber (parent's) DOB?

Yes, there is Subscriber DOB field that is present, but it is not a required field.

14. Can the alternate ID of the consumer used in our E.H.R.s be populated on the extract?

'Billing id' can be used to enter the information.

15. Can IDs from our EHRs be added as a column and collected in trac-it.

'Billing id' can be used to enter the information.

16. What if the contracted provider and local lead agency both want to do a data upload, we both have different billing IDs?

SSG is updating the process/design to allow for multiple organizations billing for the same child to be able to enter their unique billing ID. Each ID will be linked to an organization.

17. Is it a new requirement that the Health Status is sent within 30 days of the initial IFSP? We send after Intake, which is before the IFSP and often more than 30 days before the IFSP.

This is a new requirement that is necessary to ensure for the logic to work when billing for the month in which the initial IFSP occurred. Sending the Health Status Questions before the IFSP meets this new requirement.

18. Should a private insurance be added to TRAC IT if the parent is not giving consent to bill or just leave it out and only enter Family Fees?

Private insurance still should be entered in TRAC-IT if the parent is not giving consent. This documents payor of last resort and provides data on how many families are declining use of their private insurance, trends over time, etc.

19. Do you enter the Medicaid MCO ID# or the Medicaid ID when they are different (for example Anthem)? For Aetna, Molina, VA Premier - their ID is the same as the Medicaid ID.

The Medicaid number is the critical data element for getting the child enrolled in Medicaid-EI benefit. You should add both numbers when you have both. There is a field in TRAC-IT for Group/Policy Number/Medicaid MCO and one for Subscriber's Member ID/Child's Medicaid Number.