TRAC-IT
Fiscal Enhancements

Strategic Solutions Group
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Agenda

- Insurance Updates
- CPT Codes, Units, Modifiers
- ICD-10 Codes
- 15 minute billing
- Service Coordination
- Billing Extract

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Insurance Updates

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Validations

- Enforce only one insurance with the same payer priority for any given date
  - For example: a child can't have more than one primary payer for any date
- Only allow a secondary insurance for a child if there is a primary insurance for the same date
- Don't allow an uninsured record if there is another insurance record for the same date
- Don't allow Medicaid to be the primary insurance if there is another insurance record for the same date

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Overlapping Insurance Records

- There will be a new tile added to the Insurance Dashboard that displays:
  - Records where there are conflicting payer priorities
  - Children who have uninsured records where there are other insurance records for the same date
  - Children where Medicaid is listed as primary payer when there is one or more other active insurances
  - A secondary insurance exists without a primary insurance

- These scenarios can occur as a result of changes to Medicaid benefits OR if insurance updates are made directly to the records.

Delete Insurance Records

- Users will now be able to delete insurance records that had been added to a child's record in error without having to submit a help desk ticket.

CPT Codes, Units, Modifiers

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Initial Mappings

- CPT codes (Treatment codes), Units, and Modifiers will be mapped (if possible) based on the service, discipline, and insurance whenever a service log is created through data entry
- The mapping logic will apply only to records created after this functionality goes LIVE
- Any value sent via EMRs will be saved as they were sent; no mappings will be applied.
- Values will not be re-mapped if the service log or insurance is updated
- Values will not be mapped if there are any conflicting insurance records (multiple payer priorities, uninsured vs. insured records, Medicaid being a higher priority than another insurance record, secondary insurance without a primary insurance)
- These will be *optional* fields

Update Billing Data

- CPT codes (Treatment codes), Units, and Modifiers values can be updated by a user either directly on the contact note or via a new process
- A new process will exist for the EI Biller role named *Update Billing Data*
- A user can enter a date range for date of service (required) and a service type (optional).

Update Billing Data (cont.)

- A list of service logs that meet the above criteria AND are associated to the user's logged in organization based on the billing flag are displayed with the following fields:
  - Date of service / VisitTime (read only)*
  - Clinician (read only)*
  - Service Type (read only)*
  - Discipline (read only)*
  - CPT Code (editable)
  - Modifier (editable)
  - Minutes (read only)*
  - Unit (editable except for service type = Assessment OR Initial / Annual Assessment)
  - Primary Insurance Coverage Type (as of the date of service) (read only)
  - Secondary Insurance Coverage Type (as of the date of service) (read only)

ICD-10 Codes

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ICD-10 Codes

- Currently 1 ICD-10 code can be added to a service log
- Going forward, up to 3 ICD-10 codes will be allowed to be added to a service log
- Users will have access to the Manage ICD-10 Codes task as soon as a referral is received

15 minute billing

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15 Minute Billing Issue

- With only being able to record time in 15-minute intervals, it is a problem with billing. If a person is with a family for 38 min, they would bill 3 units but would need to record 45 min in Trac It since it can only be done in 15-minute increments.
- This presents a problem when they then have to enter time in/out in EHR for billing.
- There is chance for error that EHR will show actual time of 38 min while Trac It will show 45 min.

15 Minute Billing Enhancement

- Remove 15 minute enforcement on EHR import
- Only enforce 15 minute increments on Contact Note tasks (Add Contact Note, Add Service Coordination Contact Note)
- Apply rounding rules upon the generation of the billing extract for those that are sending in exact minutes as opposed to rounded;
- Rounding logic is:
  - 0-7 min = 0 mins
  - 8 - 22 min = 15 mins
  - Etc.

Service Coordination

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Non-Billable Service Coordination Activities

- Users will be able to mark service coordination contact notes as *Not Billable*
- These will be counted for productivity but not considered for billing purposes

Service Coordination Billing – Prior to an IFSP

All of the logic below must be met in order to bill for service coordination prior to an IFSP:

- An Initial Early Intervention Service Coordination Plan must be completed, signed and dated.
- Service coordination can only be billed for a child up to 90 days after the Initial Early Intervention Service Coordination plan has been signed.
- There must be a signed family cost share agreement.
- There must be one service coordination contact note for the calendar month

Service Coordination Billing – After an IFSP

All of the logic below must be met in order to bill for service coordination after a signed IFSP:

- At a minimum, a phone, email, text, or a face-to-face contact with the family must occur every three calendar months
  - A checkbox will be added to the service coordination contact note named: family contact
- If an initial or annual IFSP meeting occurred in the month being reported on AND it is the only service coordination activity for the month, then the child must be present for service coordination the same month as the initial IFSP / annual IFSP.
  - A checkbox will be added to the service coordination contact note to indicate that the child was present.

Service Coordination Billing – After an IFSP (cont.)

- If an Initial IFSP or Annual IFSP meeting occurred in the month being reported on AND it is the only service coordination activity for the month, then the Service coordinator needs to be at the IFSP meeting
  - One or more roles (discipline) must be selected for each attendee who attends an IFSP meeting (required)
  - Discipline values for each attendee is dependent on their certification
- The health status indicator questions must be submitted to the child's physician every six months
  - The month that the initial IFSP occurs in cannot be billed unless an HSQ is sent within 30 days of the IFSP signed date.
  - Subsequent months billing is dependent on an HSQ being sent in the last six months.

Service Coordination Billing Extract

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Service Coordination Billing

- Service Coordination Contact Notes will no longer appear on the existing billing extract
- There will be a new extract named: *Service Coordination Billing*
- It will be available to all users who currently have access to the billing extract
- The user can select a month / year to run the report for

Service Coordination Billing Logic

The following enrollments shall be considered:

- Only children who have an active insurance record = Medicaid with EI benefit = Yes and Consent to Bill = Yes during the time period for which the extract is being run
- Only records where the billing flag = yes for the user's organization who is running the report
- Only service coordination contact notes where Not Billable = FALSE shall be considered
- Child must have one or more service coordination contact notes for the month that the report is being run for.
- All of the other criteria described in the previous slides must be met.
- Only one line item per child is included in the output if all criteria is met

Service Coordination Billing Output

- Mirror the fields on the existing billing extract for the service coordination billing extract except for insurance information
- For insurance data, the service coordination billing extract shall display:
  - Plan Name
  - MCO / Medicaid Number
  - If an MCO number exists, use that. Else use the Medicaid Number
  - Do not need to display any additional insurance related fields
- Use the values on the earliest activity for the month
- There will be a location field added to the service coordination contact note that will also display in the billing output
- CPT Code always = T2022
- Unit will always = 1
- Report output will be delivered via a link in an email.

Service Coordination Billing – Multiple Local Systems

- When a child transitions from one local system to another and both systems provide service coordination during that month, only one of the local systems can bill for EI TCM.
- In this scenario, include the child on both extracts with a field that shows the other local system that the child met the criteria for (field name: Other Enrolled Local System)

Service Coordination Billing – Sample Extract

Microsoft Excel Worksheet

Service Coordination Productivity Extract

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Service Coordination Productivity – Logic

- All children are included
- Not dependent on billing flag or billing rules
- Users enter:
  - Month/Year
  - Medicaid/Non-Medicaid

Service Coordination Productivity – Output

Two data tabs

- A list of all service coordination activities reported for the selected parameters
  - Fields match those that are on the services billing extract
  - Do not hard code units to be 1 – show actual values
  - CPT Code shall always be T2022
- A list of aggregated totals by service coordinator. Fields includes:
  - Service Coordinator name
  - Total Minutes for parameters selected (do not apply any rounding)

Service Coordination Productivity – Sample Extract

Microsoft Excel Worksheet

Services Billing Extract

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New Fields

- CPT Code
- Unit
- Modifier
- Additional ICD-10 Code fields
- Insurance Type
- Insurance Name
- Group Number
- Subscriber ID

Sample Services Billing Extract

Microsoft Excel
Worksheet

Questions?

Thank you!

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