

**TRAC-IT Fiscal Enhancement Webinar**  
**Q & A**  
**10/26/23, 2pm**

In this document, the questions asked during the webinar are listed. The questions are grouped together based on the topic discussed.

**BILLING EXTRACT**

**Q: HOW WILL UPDATED SERVICES BE IDENTIFIED WITHIN THE BILLING EXTRACT? FOR EXAMPLE, WE HAVE DOWNLOADED AND PROCESSED A SERVICE, AND THE NEXT DAY IT GETS UPDATED IN TRAC-IT. HOW WILL WE BE ABLE TO IDENTIFY THAT THIS IS AN UPDATE AND NOT A NEW SERVICE?**

A: Clinicians can update their Contact Notes at any time. If a note has been updated, this is reflected in the Updated Date column that currently exists in the Billing Extract. The new Billing Extract will include this field as well. Below is a screen shot from the current billing extract of this Updated Date column – it is the last column when scrolling to the right on the extract

| AA           | AB           |
|--------------|--------------|
| Created Date | Updated Date |
| 8/8/2023     |              |
| 8/1/2023     |              |
| 8/11/2023    |              |
| 8/8/2023     |              |
| 8/1/2023     |              |
| 8/11/2023    |              |
| 8/1/2023     | 8/25/2023    |

**Q: WILL SERVICE LOG ID STAY THE SAME FOR UPDATED SERVICE?**

A: The service log ID will stay the same for updated services.

**Q: ANY CHANCE YOU CAN INCLUDE THE MONTHLY CAP IN THE ENHANCED BILLING EXTRACT? THIS WOULD BE HUGELY HELPFUL.**

A: Thanks for your suggestion - we will add it to the list the larger project team is reviewing.

**Q: ALSO, FOR GROUPING ASSESSMENT BILLING- WHAT ABOUT WHEN THE SERVICE TYPE IS IFSP MEETING? SOMETIMES THE INITIAL ASSESSMENT AND INITIAL IFSP MEETING ARE DONE ON DIFFERENT DAYS, BUT ROLL-UP BILLING SHOULD STILL BE USED.**

A: The grouped billing will only consider the service activity types of initial assessment or assessment. If you have an assessment happening on the same day as the IFSP activity, you can create two service activities in the same Contact Note task – one as assessment and another related to the IFSP activity.

**Q: SO IF A CHILD DOES NOT HAVE INSURANCE, HOW WILL WE SEE A 'PRODUCTIVITY' REPORT FOR PROVIDERS (NON-SERVICE COORDINATORS)? WILL WE STILL HAVE ACCESS TO THE EXISTING BILLING EXTRACT?**

A: The new Billing Extract will provide all the service-related activities it currently reports, excluding service coordination activities ONLY. If the child does not have insurance, the service will remain on the report, but the insurance columns will not be filled with data.

**Q: IF A CHILD IS MARKED AS NOT HAVING INSURANCE, WILL THEIR SERVICES PULL IN TO THE BILLING EXTRACT?**

A: All services for children, regardless of a child's insurance record status, will be extracted into the billing extract. If a child does not have insurance in TRAC-IT, the insurance columns in the extract will be blank.

**Q: IF WE HAVE TO MAKE A CORRECTION TO A BILLABLE NOTE, WILL IT SHOW UP AS A DUPLICATE ON THE BILLING EXTRACT?**

A: No, revisions to the same contact note will not be extracted as a duplicate – the Updated date column will reflect the date the note was revised.

**Q: JUST TO CONFIRM - WILL THE CPT, MODIFIER, UNITS BE REQUIRED FIELDS COME 12/11?**

A: No – these new fields are not required but can be completed by providers if they would like. If the CPT Code, Modifier, and Units fields are not entered, TRAC-IT will auto-populate these fields for you.

*Questions??*

*Contact Support at  
804-508-7229*

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## SERVICE COORDINATION BILLING EXTRACT

**Q: WHY WOULD WE WANT THE NON BILLABLE NOTE TO POPULATE ON THE SC BILLING EXTRACT?**

A: Non-billable service coordination activities will ONLY appear on the Service Coordination Productivity Extract and will not appear on the Service Coordination Billing Extract.

**Q: IF WE DO 3 BILLABLE SERVICE COORDINATION SERVICES THAT ALL FULLY MEET CRITERIA TO BILL EITCM, HOW DOES TRACIT MAKE THE DECISION ON WHICH SERVICE TO INCLUDE IN THE EXTRACT? IS IT BASED ON DATE OF SERVICE, METHOD OF CONTACT, OR SOME OTHER CRITERIA?**

A: In this example, there are 3 notes that meet the criteria to be extracted onto the Service Coordination Billing Extract. In this scenario, TRAC-IT will select the note with the earliest date of service to extract for the Billing Extract.

**Q: SO WE HAVE TO DO 2 EXTRACTS NOW? WILL THE SERVICE COORDINATOR EXTRACT HAVE ALL THE SAME FIELDS AS THE ENHANCED BILLING EXTRACT?**

A: The new billing extract and the service coordination billing extract have the same fields, but report on different service activities. The Billing Extract will report on all service-related activities and the service coordination billing extract will report on the billable service coordination activity for children currently enrolled in the EI Benefit. For a complete picture of all the service coordination activities for all children, you should run the service coordination productivity extract.

**Q: EI TCM CAN BE BILLED FOR THE MONTH OF THE ANNUAL IFSP EVEN IF THE CHILD IS NOT PRESENT AT THE ANNUAL AS LONG AS THE SC SEES THE CHILD SOME OTHER TIME DURING THE MONTH OF THE ANNUAL.**

A: Correct – the example provided during the webinar was if the annual IFSP was the ONLY service coordination note in the reporting month.

**Q: NOT ALL SERVICES/ACTIVITIES COMPLETED BY THE SC MEET THE CRITERIA FOR BILLING EI TCM. HOW WILL THE EXTRACT KNOW TO PULL ONLY THE ACTIVITIES THAT MEET THE REQUIRED CRITERIA (E.G., ALLOWABLE ACTIVITIES, DIRECT CONTACTS, ETC.)?**

A: TRAC-IT has built in logic to determine when to pull a note into the service coordination billing extract based on guidelines provided by DBHDS. If you have a question about a note or are wondering about a specific situation, please contact the Support Desk.

*Questions??*

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**Q: I AM TRYING TO UNDERSTAND ABOUT BILLABLE COLLATERAL CONTACTS WITH A PHYSICIAN OR PROVIDER. I WOULD BE SC. IS THERE NOT A CHECK BOX TO NOTE THIS TYPE OF CONTACT**

A: If you are trying to enter an activity that is not one of the four check boxes, you do not need to select one of the boxes. In the drop-down menu in the service coordination activities, you can select collateral contact as an option.

**Q: IS THERE A MECHANISM TO DISTINGUISH BETWEEN A SC NOTE THAT IS BILLABLE BASED ON ITS CONTENT BUT IS NOT THE BILLABLE SERVICE FOR THE MONTH?**

A: TRAC-IT identifies the billable service coordination note based on several factors. If a note is included and you are not sure it should be, please contact the Support Desk so we can investigate it further.

**Q: I THOUGHT THE SC DIDN'T NEED TO BE ADDED AS A PARTICIPANT TO IFSP BECAUSE TI ASSUMES THE SERVICE COORDINATOR IS PRESENT? IS THIS NOT TRUE?**

A: TRAC-IT does automatically add a service coordinator as an attendee in the IFSP, but the user can remove this entry in the task. If this is removed and the SC is no longer listed as an attendee, it will impact the notes that are pulled for the service coordination billing extract.

**Q: IF A CHILD'S DOES NOT HAVE INSURANCE FOR A PARTICULAR MONTH WHEN WE RUN THE SC EXTRACT, BUT THEN GETS MEDICAID RETROED BACK TO INCLUDE THE NON-COVERED MONTH, WILL THE SC EXTRACT THEN UPDATE TO INCLUDE THE CHILD'S NOTE (ASSUMING WE HAVE UPDATED THE INSURANCE RECORD AND THE CHILD NOW HAS THE EI BENEFIT FOR THE MONTH IN QUESTION)**

A: Once the correct insurance information has been added to the record and the child is enrolled in the EI Benefit for at least one day in the reporting month, the extract should include the note, provided the note qualified based on the additional criteria explained in the webinar.

### **SERVICE COORDINATION PRODUCTIVITY EXTRACT**

**Q: SC PRODUCTIVITY EXTRACT- WILL THERE STILL BE AN INDICATOR OF THE CHILD'S ENROLLMENT STATUS? AS A SUPERVISOR, IT WILL BE IMPORTANT TO KNOW WHICH CHILDREN WERE ALREADY IN SERVICES VS. THOSE WHO HAVE NOT HAD AN INTAKE YET.**

A: Thanks for your suggestion - we will add it to the list the larger project team is reviewing.

*Questions??*

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## CONTACT NOTES

**Q: ARE THE TELEHEALTH, NOT BILLABLE, FAMILY AND CLIENT PRESENT FIELDS MULTI SELECT?**

A: The check boxes in the Service Coordinator Contact Notes are separate check boxes. More than one can be selected at any time.

**Q: IF I DO A VISIT AND HAVE 1 UNIT OF LANGUAGE TREATMENT, 2 UNITS OF FEEDING, AND 1 UNIT IFSP DEVELOPMENT, DO I HAVE TO MAKE 3 SEPARATE CONTACT NOTES?**

**Q: IF THE SERVICE TYPE IS THE SAME FOR EACH OF THE CPT CODES THAT ARE NEEDED, IS THE ONLY OPTION TO DO SEPARATE NOTES FOR EACH CODE? THE SERVICE TYPE HAS TO MATCH THE IFSP**

A: You do not need to complete three separate Contact Note tasks, however, you should create 3 unique service activity lines with the appropriate CPT Code entered for each activity. You can create additional service activities in the Contact Note task by clicking the + button in the note:



The screenshot shows a form with the following fields and options:

- Service Type**: A dropdown menu with "None selected" as the current value.
- Start Time**: A time selection field showing "1:00 M" and a calendar icon.
- Minutes**: A text input field.
- Individual / Group**: A dropdown menu with "None selected" as the current value.
- Team Services**: A checkbox that is currently unchecked.
- Copy icon**: A small icon in the top right corner of the form area.

**Q: YOU CAN MAKE CHANGES TO A NOTE AFTER IT IS FINALIZED? WHEN IS IT EVER "LOCKED"?**

A: A contact note can be edited at any time and is never "locked."

## GENERAL QUESTIONS

**Q: WE'VE NEVER PUT INFORMATION IN THE MONTHLY CAP FIELD ON THE FCS BECAUSE ALL OF THE HEADERS ABOVE THAT PARTICULAR FIELD ARE ONLY USED WHEN WE CHECK BOXES FOR DISCOUNTED FEES (I.E., MONTHLY CAP IS SUB TO DISCOUNTED FEES, WHICH IS COMPLETELY SEPARATE FROM MEDICAID)**

A: If you need to add a Monthly Cap, you can complete a new FCSA task by creating a new task from the ad hoc task list. You may need to enter \$0 in the monthly cap for Medicaid children. However, we will look at changing the monthly cap requirement after the fiscal enhancements go live.

**Q: WHY WOULD A MONTHLY CAP BE ENTERED ON THE FCSA FOR A CHILD WITH MEDICAID? ARE WE SUPPOSED TO BE PUTTING 0 THERE?**

Questions??

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A: You will need to enter a monthly cap on the FCSA agreement for a child with Medicaid. We are going to look at changing the monthly cap requirement after the fiscal enhancements go live.

**Q: IS THERE A HISTORY OR RECORD SOMEWHERE OF WHEN THE INSURANCE WAS EDITED OR CHANGED**

A: There is currently not a revision history available to the user in TRAC-IT. We can add this suggestion to the list for the larger project team to investigate. If you have a question about changes to a specific insurance record, please contact the Support Desk. The Support Desk is able to access the audit log of the database and see any revisions.

**Q: IF A CHILD'S INSURANCE IS UNKNOWN, WE OFTEN MARK THE CHILD AS UNINSURED. CAN I DELETE AN THIS UNINSURED RECORD ONCE I ENTER THE CORRECT INSURANCE?**

A: If you remove the uninsured record, it may appear that the insurance record existed from the beginning of the child's record. This could lead to billing complications such as the billing department not realizing earlier services were not billed OR that the agency was not timely in their billing practices. The best practice would be to end date the uninsured record so it does not overlap with the newly entered insurance record.

### **MEDICAID INSURANCE ENTRY**

**Q: FOR THE EI BENEFIT - DOES THE LOCAL SYSTEM UNCHECK THAT OR THE STATE WHEN WE FIND THAT IT HAS LAPSED. OR BOTH?**

A: The EI Benefit check box can be unchecked by users with the EI Insurance role. By unchecking this box, the user is indicating that the EI Benefit has lapsed and a date will be populated in the Medicaid disenroll field. A date is also added to this field when the state disenrolls a child from the EI Benefit.

**Q: WE DON'T DATE THE MEDICAID START DATE BASED ON THE MEDICAID DISPOSITION DATE- WE OFTEN HAVE NO WAY OF KNOWING WHEN THE MEDICAID ACTUALLY BECAME ACTIVE. WE OFTEN JUST PUT THE 1ST DAY OF THE MONTH OF THE REFERRAL. IS THIS GOING TO CAUSE ANY ISSUES NOW THAT THE EI BENEFIT DATE IS ALSO BEING ENTERED?**

A: When entering the Medicaid start date, you can continue using your current process. The start date of the EI Benefit is set when the state enrolls the child in the benefit. TRAC-IT only considers the EI Benefit start and end dates when determining Medicaid coverage for the child.

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**Q: IF THE START DATE IS UNKNOWN AT THE TIME OF ENTRY, IS IT OKAY TO USE THE CHILD'S BIRTHDATE?**

A: When entering insurance, it is important to remember you can always open the insurance record and edit the existing information. Specifically for Medicaid, the EI Benefit start date will be determined by the state when the child is enrolled in the benefit.

**Q: HOW WILL WE TRACK OR CAPTURE BILLING FOR CHILDREN WHOSE MEDICAID IS BACK DATED WITH THE EI BENEFIT?**

**Q: WHAT HAPPENS WHEN A CHILD COMES IN AND WHEN WE CHECK MEDICAID IT'S "NO ELIG RECORDS". IN THIS CASE I PUT THE CHILD IN TRAC IT AS "UNINSURED". FREQUENTLY THE CHILD THEN GETS MEDICAID AND IT'S RETRO BACK TO THE INTAKE DATE FOR EI. WHAT IS THE BEST WAY TO INDICATE THAT "UNINSURED" HAS ENDED AND MEDICAID IS NOW PRIMARY. I CURRENTLY ADD THE END DATE OF UNINSURED TO BE THE SAME DAY AS THE START DATE AND WHEN I ADD MEDICAID I PUT THE START DATE AS THE INTAKE DATE. THIS MEANS THAT THERE IS AN INSURANCE RECORD WITH A START AND END DATE OF 8/1 AND ONE FOR MEDICAID WITH A START DATE OF 8/1. WILL THIS BE A PROBLEM?**

**Q: IF THE CHILD LOSES MEDICAID ENTIRELY (NOT JUST LOSING THE EI BENEFIT). WE HAVE BEEN INSTRUCTED TO REMOVE THE CHILD'S MEDICAID INFORMATION FROM THE RECORD. WHAT IS THE BEST WAY TO DO THIS? FREQUENTLY THEN THE CHILD GETS MEDICAID BACK AND IT'S RETRO BACK TO WHEN THEY LOST IT. WHEN THIS HAPPENS, SHOULD WE PUT IN AN END DATE WHEN THEY LOSE IT. AND THEN DO WE CREATE A RECORD FOR "UNINSURED"? AND IF THEY GET IT BACK, WHAT IS THE NEXT STEP? CAN WE DELETE THE END DATE FROM THE FIRST RECORD OR CREATE A NEW ONE?**

A: These three questions above all relate to what happens if the EI Benefit start date is back dated. When entering Medicaid insurance, it is important to remember that the EI Benefit start and end dates are set by the state enrolling and disenrolling a child in the EI Benefit. These benefit start and end dates are the dates that TRAC-IT considers when considering if the child has an active Medicaid record.

If you have already entered an uninsured record and the EI Benefit start date is back dated, you should enter an end date on the uninsured record that is the DAY BEFORE the EI Benefit start date. You should not remove the uninsured record completely since this may cause unanticipated consequences for your billing department.

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