SSR Coding Refresher

Satellite Conference and Live Webcast
Tuesday January 12, 2016
9:00 am – 10:00 am Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Objectives

- Participants will understand how their coding affects the billing process
- Participants will be able to recognize the most common errors associated with SSR coding and how to avoid them
- Participants will understand how their SSR coding impacts both their billable time and their productive time

Productive Time vs Billable Time

- The average employee codes approximately 20% of their time to leave (annual, sick, holidays, breaks, FMLA, etc.)
- This means that around 80% of the average employee's time should be <u>productive</u>

What is Productive Time?

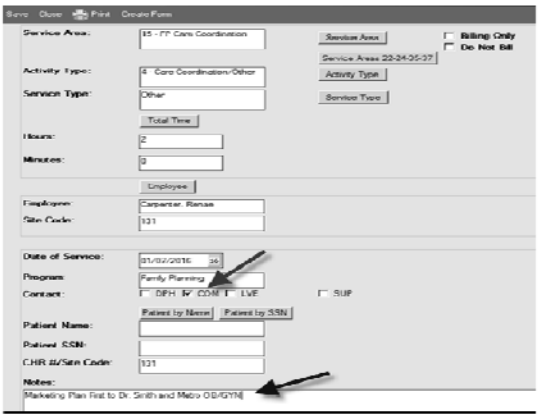
1. Productive time may be time spent on an activity that benefits the agency, not a specific patient
   - Examples: Marketing, cultivating resources, reading protocol, attending trainings and meetings on behalf of ADPH (Children's Policy Council or Multi-Needs meetings at DHR)

What is Productive Time?

2. Productive time may be time spent working with a specific patient, but the time can not be billed
   - Examples: Working maternity referrals to market Plan First, central office / governor's referrals, patients who are not <u>eligible</u> for Medicaid

How is Productive Time Coded?

- **There are 4 ways to code productive time:**
  1. **COM – used for marketing purposes including working maternity referrals, health fairs, etc.**



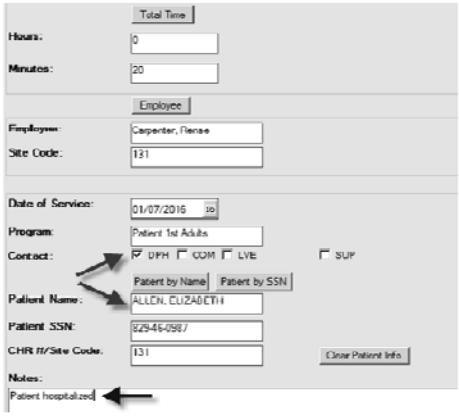
How is Productive Time Coded?

- **There are 4 ways to code productive time:**
  2. **DPH – time spent related to a specific program or cost center, as long as the time is program specific**
- **Examples include Training (92), reading Plan First protocol (15) or attending general RCO meetings (27 and/or 39)**

How is Productive Time Coded?

- **There are 4 ways to code productive time:**
  3. **Time coded to DPH with a patient's name**
- **Example: Time spent trying to contact a patient who has Plan First Medicaid, but who has not had an annual risk assessment completed, or a patient who is hospitalized. If the patient's name is not included then the time may not be captured as productive time**

  *** There is an edit in ACORN that prevents a DPH 15 - 4 with the patient's name IF there is a 15 - 5 in the system**



How is Productive Time Coded?

- There are 4 ways to code productive time:
  4. Time coded to DPH with or without a patient's name, using service areas 20, 30, or 70 (indigent codes)

*** A billable case must be closed, prior to coding to the indigent code**

**** These codes are for patients who do not have AND are not eligible for Medicaid Case Management (ie, dual - eligibles, private insurance, no insurance, etc.)**

How is Billable Time Calculated?

- It is recommended that billable time account for approximately 80% of productive time of an employee
- The formula for calculating the expectations of a full time worker who is working 100% in billable programs is:
  - Annual hours X 80% = Productive hours X 80% = Billable hours

How is Billable Time Calculated?

- In a month with 22 paid days, the formula is:
  - 22 X 8 hours per day = 176 total hours
  - 176 hours X 80% = 140.8 productive hours
  - 140.8 hours X 80% = 112.8 billable hours
- This is where we get the average of 113 billable hours per month as the goal for every full - time worker for billable time

How is Billable Time Coded?

- There is only one way to code billable time
  - That is to code directly to a patient who is eligible, or who *appears* to be eligible for one of the ADPH case management programs

Successes

1. Most employees are completing their SSR's on a daily basis
2. Most employees who code time to COM and DPH are utilizing the notes section of the SSR
3. Most employees are utilizing the indigent codes to accurately reflect time spent with a non - eligible patient

Successes

- However, meetings such as general staff meetings are NOT specific to a particular program and should be coded to DPH 90 - 4
- Your efforts have been successful!!
- You have lowered the program cost per unit of service

Areas of Opportunity

1. When a patient switches programs, always close out the previous program before coding to the current program

- Examples:
- 1a. Patient has been receiving services under EPSDT case management, but flips to Plan First. Enter a 31-7, to close out the EPSDT case before entering time for the risk assessment under Plan First.

Areas of Opportunity

- Examples:
- 1b. If a patient has been receiving High Risk Intensive case management, but flips to Patient First Adults, then close out the Plan First case using the patient's name, 15 - 7, then bill under the patient's name, 21 - 4
- *Remember to follow Patient First protocol so in this example there will need to be a referral form completed, the risk assessment updated, and a progress note created to explain the changes

Areas of Opportunity

- Examples:
- 1c. If a patient has been receiving services under Patient First Adults, then becomes eligible for QMB Medicare, close out the Patient First Adults case by coding to the patient's name, 21 - 7, and then begin coding using the patient's name and 70 - 4 <u>because this patient is not eligible for a Medicaid case management program</u>

Areas of Opportunity

2. Never close out a case because a patient changed from Plan First to Patient First <u>without</u> opening it to Patient First case management unless the patient refuses services

Areas of Opportunity

3. Never DPH time spent working with a patient who has <u>applied</u> for Medicaid, if the service is otherwise billable
4. Never DPH time spent working with a patient who has lost Medicaid if they appear to remain eligible

Areas of Opportunity

5. Never code general office activities to a particular program
6. Never follow up on a Plan First patient who was risk assessed as Low Risk

Areas of Opportunity

7. Never DPH time spent providing follow - up services on patients just because their Medicaid status is pending
8. Never DPH time spent documenting on a Plan First patient who refused services
   - Prior to closing the case, complete all documentation

Areas of Opportunity

9. Never DPH time to Plan First for time spent working with a woman who has a positive pregnancy test.
   - Code this time to Service Area 20

Areas of Opportunity

10. Never bill to DPH for time spent working with a patient who has flipped back and forth between Patient First and Plan First, if she currently has Plan First and has had her annual risk assessment coded to Plan First

Protocol Updates

- Some patients / families meet all the criteria for Medicaid eligibility but have failed to either apply for Medicaid or re - certify at their annual review

Protocol Updates

- In these situations, the care coordinator should encourage and assist families in activating their Medicaid coverage
  - Code time to the patient with the appropriate billable service area, not the indigent codes

Patient First Protocol Update

- Please complete a new referral form each year on family planning patients

Patient First Family Planning

- Example: Patient initially seen in 2012 and has been consistent with family planning services when the patient comes in for the annual reassessment in 2016 a new referral form should be completed

Questions???

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