BILLING CHANGES

What Happened????

- All of the October billing to activity type 4 for Plan First was denied.
- CMS activated new edits to the system.
- A new requirement has been implemented that patient specific time must be broken out.
- ADPH will have to capture patient specific activities separately from activities that do not include patient interaction.

-This was brought to our attention in mid November that all of the October billing to activity type 4 for Plan First was denied.
-An edit is something that prevents us from billing the way we usually do. It's like in ACORN if you code a teen patient to adult patient first, the system stops you from doing that.
-The new edits are requiring the time spent actually with the patient to be billed separately than other functions.
-What that means is all unsuccessful phone calls will be billed separately from a successful phone call.

How are we going to fix this?

- For all current and future billing we will implement Activity Types.
- Information on how to correct October and November billing will be given to you separately.
- All current and future billing will need to adhere to the new guidelines.

-We are going to bring back multiple activity types. So, each activity will have a different activity type that one will code to.
-We are going to discuss the Plan First program initially and then move into Patient First. Remember that Plan First is for women age 19 and over.

Activity Types that stay the same for Plan First

- Activity Type 1: Recruitment-no more than 5 minutes per year can be coded to this activity type.
- Activity Type 5: Low Risk Assessment (this includes the time spent with the patient and time documenting).

-These activity types did not change. All coding that usually goes to these activity types will remain the same.

-As of right now, Activity Type 5 has not changed. We are getting clarification on this code but for now, you will still code all activities related to the low risk assessment to Activity Type 5.

-The new coding will not affect those cases that are being transferred.

Activity Type 6

- This activity type is for the high risk assessment.
- All time associated with the face to face interaction with the patient during the annual family planning risk assessment will be coded to activity type 6.
- All time spent completing the psychosocial assessment and any face to face time with the patient will be coded to the 6.
- No more than 2 hours per year can be coded to activity type 6.

-The definition of this activity type has changed. Now, all time associated with the face to face encounter will be coded to activity type 6.

-The coding for a high risk assessment will remain 6, 1, 4.

New Activity Types

- Activity Type 2
- Activity Type 3
- Activity Type 4: the items coded to the 4 have changed.

We are going to talk about each of these Activity Types individually.

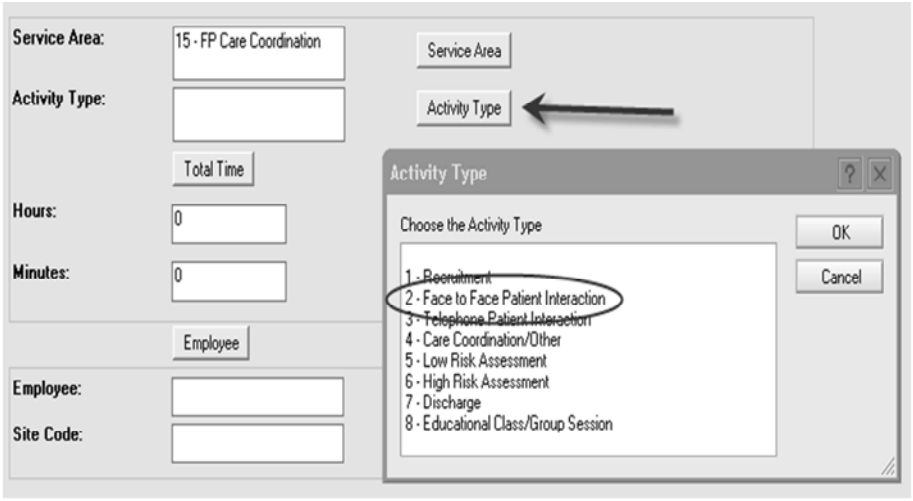
Activity Type 2

- Time coded to a patient for face to face encounters.
- All face to face interaction with a patient that is not associated with a risk assessment is coded to activity type 2.
- No more than two hours per day per patient can be coded to this activity type.
- Can not use this activity type in conjunction with activity type 6.

-Time coded to Activity Type 2 is for high risk patients ONLY.

-When a worker has a face to face encounter there will be two SSR entries, one for the face to face which is coded to activity type 2 and an entry for the eligibility and documentation to activity type 4.

Activity Type 2

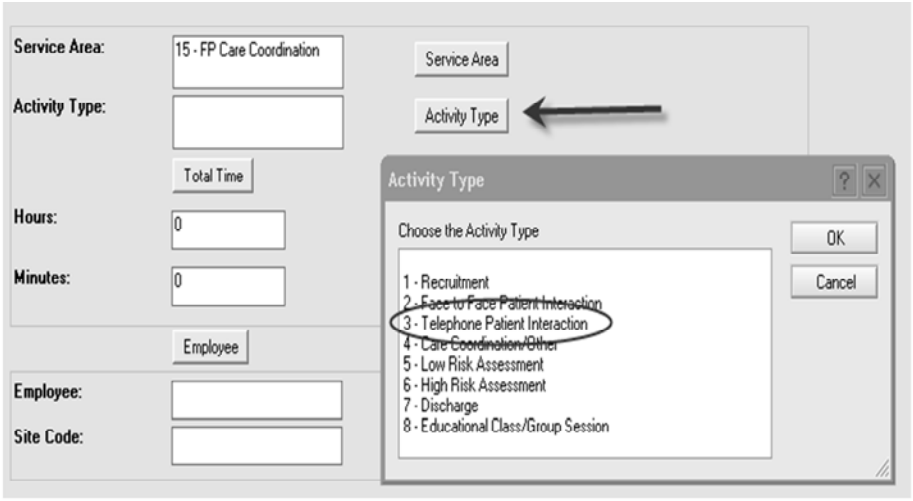


Activity Type 3

- Time spent through telephone contacts with the patient are coded to activity type 3.
- No more than one hour per day per patient can be coded to this activity type.

-Only phone calls with PATIENTS are coded to this activity type.
-These phone calls would be with high risk patients only.
-When a worker has a successful phone call there will be two SSR entries, one for the patient interaction which is coded to activity type 3 and an entry for the eligibility and documentation to activity type 4.
-If a patient is MR and the worker can document that contact needs to be made with the legal guardian, then that will be acceptable. The documentation will need to support the justification to speak to a guardian.

Activity Type 3



Activity Type 4

- All other services with the patient are coded to activity type 4.
- This includes phone calls on behalf of the patient, unsuccessful phone calls to the patient, documentation, filing, updating ticklers, checking eligibility, and any other activities that do not include patient interaction.
- In ACORN the title of this activity type will change to: Care Coordination/Other
- No more than one hour per day per patient can be coded to this activity type.

-Anything that used to be coded to activity type 4 that did not include patient interaction will still be coded to this activity type.

Maximum Billing Amounts

- When coding to Activity Type 2 and 4 the total time coded can be no more than three hours per day per patient.
- When coding to Activity Type 3 and 4 the total time coded can be no more than one hour per day per patient.
- When there is no patient interaction but work is completed on behalf of the patient, time coded to Activity type 4 cannot exceed one hour per day per patient.

-When a worker sees a patient face to face there will be two SSR entries, one to activity type 2 for the face to face interaction time and one to activity type 4 for the documentation, checking eligibility, filing, etc…. These two codes together can be no more than 3 hours per day.
-When a worker calls the patient on the phone and has interaction with the patient, there will be two SSR entries, one to activity type 3 for the actual time on the phone and one to activity type 4 for the documentation, checking eligibility, filing, etc….These two codes together can be no more than one hour per day.
-Unsuccessful phone calls to the patient, documentation, filing, checking eligibility, updating the tickler, etc…time coded to Activity type 4 can not exceed one hour.
-Edits will pop up in ACORN that will not allow the worker to code more than the maximum billing amounts.
-These are maximum amounts, just because one can bill two hours does not mean that one should bill two hours. The documentation still needs to support the amount of time billed.
-A worker should only code the amount of time spent with a patient.

Patient First

- At this time the billing for Patient First has not been denied. However, we are going to be proactive and be prepared for the same changes to the Patient First program.
- There will be no need to change the billing for October and November.
- Therefore, activity type 4 will be broken down in Patient First as well.

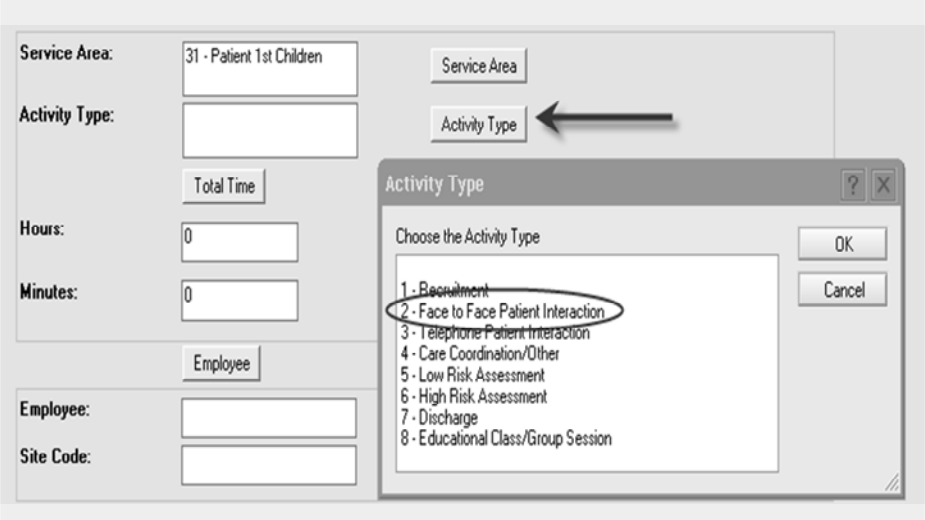
-This will also make the programs consistent. Hopefully, it will be easier to code the same way in each program.

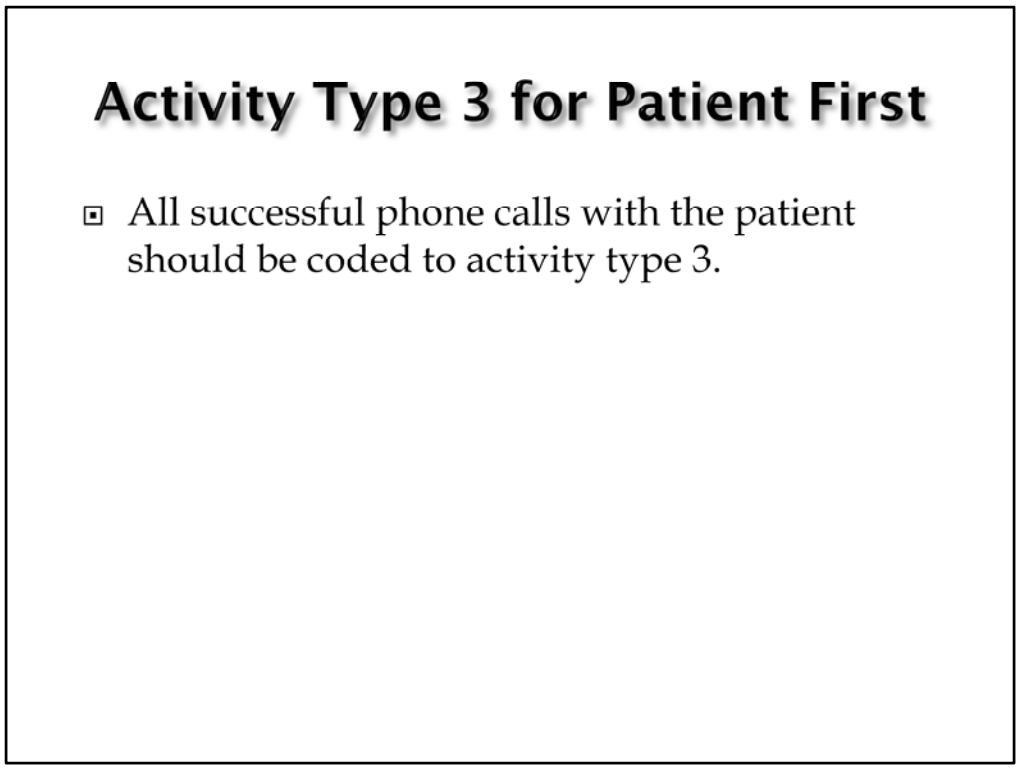
Activity Type 2 for Patient First

- All face to face interaction with a patient will be pulled out of activity type 4 and coded to activity type 2.

-Any face to face time will need to be broken out and coded to this activity type and not lumped into the 4.
-When a worker has a face to face encounter there will be two SSR entries, one for the face to face which is coded to activity type 2 and an entry for the eligibility and documentation to activity type 4.

Activity Type 2 for Patient First

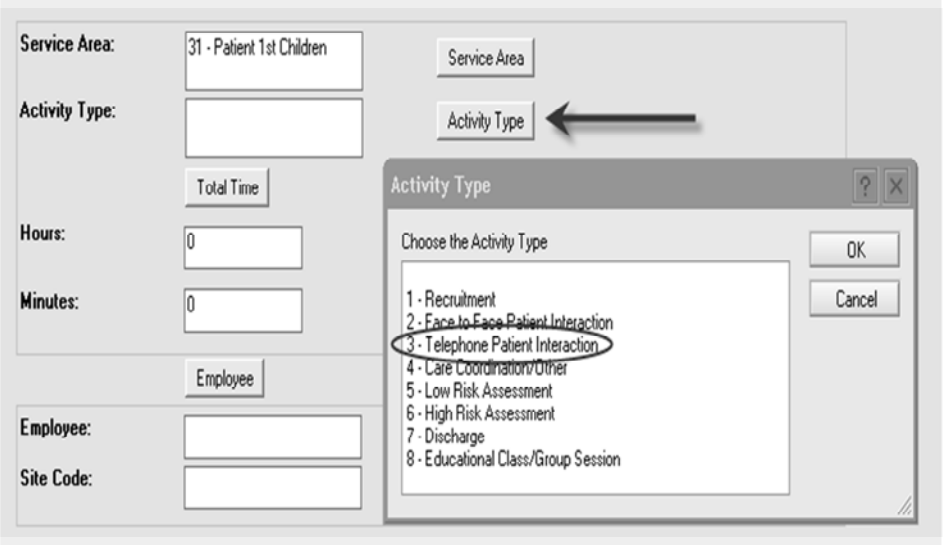




-A successful phone call with the patient's guardian if the patient is not able to consent for services will count as activity type 3.

-When a worker has a successful phone call there will be two SSR entries, one for the patient interaction which is coded to activity type 3 and an entry for the eligibility and documentation to activity type 4.

Activity Type 3 for Patient First



Activity Type 4 for Patient First

- All activities that do not include patient interaction will be coded to activity type 4.
- This includes phone calls on behalf of the patient, unsuccessful phone calls to the patient, documentation, filing, updating ticklers, checking eligibility, and any other activities that do not include patient interaction.

-This will include all unsuccessful phone calls, all letters mailed to the patient, successful phone calls with a physician's office on behalf of the patient, all unsuccessful home visits, all documentation, etc… will be coded to activity type 4.

-All interaction with the patient either on the phone or in person, will not be coded to the 4 but broken down separately.

Summary

- All face to face interaction with patients will be coded to activity type 2, unless a Plan First risk assessment was completed.
- All successful phone calls with patients will be coded to activity type 3.
- All activities that do not include patient interaction will be coded to activity type 4.
- Activity type 7 remains for discharge/closure of a case.

-For activity type 3, all phone calls with a patient's guardian on behalf of a minor child can be coded to activity type 3.
-ACORN will be programmed to limit the amount of coding to each activity type. If a worker goes over the amount of time allowed per patient per day, the time will need to be coded to DPH.