

Encounter Reporting MH Residential Services



DBHDD

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Residential Services

Service Group Code	Service Name	Procedure Codes (MH / AD)	Unit of Measure	Auth Period
20501	Independent Residential Services	H0043 R1 H0043 HF R3	1 day	180 days
20502	Semi-Independent Residential Services	H0043 R2 H0043 HF R2	1 day	180 days
20503	Intensive Residential Services	H0043 R3 H0043 HF R3	1 day	180 days

- Source: DBHDD Community Behavioral Health Provider Manual posted on the DBHDD website:
- <http://dbhdd.org/files/Provider-Manual-BH.pdf>

What is an encounter?

- A health care contact between the patient and the provider who is responsible for diagnosing, treatment, and/or care of an individual.
- Often times the terms encounter and claim are used synonymously. However, typically DBHDD uses the term encounter to identify service events that are being tracked for utilization purposes and not payment.

Purpose of encounter submission

- The primary purpose for submission of encounters/claims for state funded services is to document cost and/or utilization of DBHDD services.

Methods to submit Encounters

- Two methods for submitting encounters/claims are:
 - Batch Process
 - Coordinated with an IT vendor and software
 - Electronic files which use the Federal 837 format
 - Online Process
 - Entered via an online IT system
 - Currently the MICP system
 - Beginning 10/1/2015 will utilize the new GA Collaborative IT system ProviderConnect

Online Encounter Submission (MICP)

The screenshot shows the APS CareConnection web application interface. At the top left is the APS Healthcare logo. The main header area contains the text "Welcome To APS CareConnection®" and a link to "Hide Left Menu". Below the header is a navigation menu with the following items: "Search For Request", "Create New Request", "View/Void Encounter", "Add Encounter Data", "New Request", "Update Resend File", "Help", "Change Password", "Survey", "Eligibility", and "LOG OUT". The "Add Encounter Data" menu item is circled in red. The main content area is titled "Encounter Record Search Screen" and contains search criteria fields: "CID:" with an input box, "PA Number:" with an input box, "Start Date:" with an input box and a calendar icon, and "End Date:" with an input box and a calendar icon. A "Search Encounter records" button is positioned below the date fields.

Online Encounter Submission (MICCP)

The screenshot shows a web browser window titled "APS Healthcare, Inc" with a single tab. The page header includes the APS Healthcare logo and the text "Welcome To APS CareConnection®". A navigation menu on the left lists options such as "Search For Request", "Create New Request", "View/Void Encounter", "Add Encounter Data", "Download", "Review", "Update Resend File", "Help", "Change Password", "Survey", "Eligibility", and "LOG OUT". The main content area is titled "Encounter Data Entry Screen" and contains search fields for "PA Number", "CID", "First Name", and "Last Name", each with a corresponding "Find" button. Below these fields is a table with columns for "Service", "Requested Units", "Start Date (mm/dd/yyyy)", and "End Date (mm/dd/yyyy)". The "Service" column has a dropdown menu, and the date columns have calendar icons. At the bottom of the form are "Save Record" and "Clear screen" buttons. The browser's status bar at the bottom shows "Done" and "Internet".

APS Healthcare, Inc + Add Tab

APS Healthcare Welcome To APS CareConnection® << Hide Left Menu

Search For Request Encounter Data Entry Screen

Create New Request

View/Void Encounter PA Number: Find CID:

Add Encounter Data First Name: Last Name:

Download

Service	Requested Units	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Review

Update Resend File

Help

Change Password

Survey

Eligibility

LOG OUT

Save Record Clear screen

Done Internet

Daily vs Span Billing

- Two types of residential service billing:
 - Daily
 - One encounter reported for 1 day of service
 - Example: an encounter submitted for 1 unit of service for the date of service 6/29/2015
 - Span
 - One encounter is submitted for a span of days
 - Example: an encounter is billed for 30 units of service for the date span of 6/1/2015 – 6/30/2015
 - Span billing for residential services does not allow the span to cross over months.
 - Span Billing is allowed for the following services:
 - 20102 - Community Based Inpatient
 - 20501 - Independent Residential Services
 - 20502 - Semi-Independent Residential Services
 - 20503 - Intensive Residential Services
 - 20510 - Structured Residential
 - 21101 - Residential Detoxification
 - 20101 - Crisis Stabilization (Adult and C&A)

Span Billing

Rules for Residential Service Encounters

- Beginning in FY11 (July 2010,) the Encounter Data system will allow providers to submit encounter records representing spans of service for residential services. The rule that requires the start date and the end date of an encounter to be the same date will be suspended for Residential Services, allowing providers to submit a single encounter for up to 31 days of continuous service. Providers who take advantage of this new feature for Residential Service encounters must be sure that submitted encounters follow these rules:
 - No encounter can have a span greater than 31 days.
 - The number of units requested on the encounter must match the span defined by the encounter start date and end date. The span is inclusive of both the start date and end date, so an encounter with a start date of 7/1/2010 and an end date of 7/2/2010 would represent two days.
- No encounter can span across multiple calendar months unless it is for the Crisis Stabilization service. If you are serving a consumer from one month into the next, the system will require separate encounter records for each month for any residential service other than Crisis Stabilization.

Encounter Timely Submission

- Providers have 90 days from the date of service to submit state encounters. For this calculation the service start date is used. This means that the encounter will have to be accepted by the system prior to the 91st day.
- Encounters submitted outside of this timeliness standard will be rejected.

Georgia Collaborative ASO

- Beginning 10/1/2015, DBHDD has contracted with the Georgia Collaborative ASO as our new IT system vendor.
- Providers will begin reporting service authorization requests and state funded claims (encounters) using the ASO's system ProviderConnect.

New Terminology

- As with most IT system implementations, there will be some changes and new terminology.
- You may hear the following terms used:
 - Service Class = Service Group
 - Type of Care = Service Package
 - Type of Service = Disability (MH, SU, MH/SU Co-Occuring)

Level of Service	Type of Service	Type of Care Code	Type of Care Description	Service Class Code	Service Group Code	Service Description	Initial Auth		Concurrent Auth		Max Daily Units
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd	
Outpatient	MH, SU	IR	Independent Residential	IRS	20501	Independent Residential	90	90	90	90	1
Outpatient	MH, SU	SIM	Semi-Independent Residential	SRS	20502	Semi-Independent Residential	90	90	90	90	1
Outpatient	MH, SU	INR	Intensive Residential	INT	20503	Intensive Residential	90	90	90	90	1

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