

FamilyNet ORCHIDS Release Information

August 8, 2010

Why Did I Receive This Information?

We are releasing a new version of ORCHIDS in order to make some improvements in the data system. To access the new version, you do not have to do anything. FamilyNet will update itself automatically when you log in for the first time on or after Sunday, August 8, 2010.

With each new release of ORCHIDS, you will receive this notice, which describes new features and “bug” fixes in the system.

How Is This Information Relevant to Me?

Information in this document is relevant to all ORCHIDS users, because the information can apply to nursing practice, data entry, and data reports.

This document contains the following sections:

- **System Improvements**
This section lists improvements in the system and will be most relevant to staff who enter data and staff who use reports.
- **Form Improvements**
This section describes changes to the forms and is relevant to nurses who fill out the forms and staff who enter data.
- **Policy/Practice Implications of System and Form Improvements**
This section describes policy/practice implications of any changes to the system and/or forms. This section will be relevant to nurses, staff who enter data, and staff who use reports.
- **Known Issues in the System**
This section describes known issues in the system, along with solutions and/or workarounds. This section will be relevant to nurses, staff who enter data, and staff who use reports.

System Improvements

ORCHIDS changed the location codes that it submits on all billing claims, starting in June. DMAP also changed how it translates these location codes before they are loaded into the MMIS, starting in July. These changes affected both TCM billing claims and MCM billing claims. In this release, users

will see some onscreen changes to the “Location” field in both Babies First and CaCoon. There are no onscreen changes to the “Location” field in Maternity Case Management.

In addition, the reimbursement rate for Babies First and CaCoon visits increased from \$241 to \$303 for dates of service on or after July 1, 2010. All billing claims for visit dates on or after July 1 show the amount \$303.

▪ **Onscreen changes in the “Location” field of Babies First and CaCoon**

Users can no longer submit a TCM billing claim without a location. Users also can no longer submit a TCM billing claim for a visit with the location “8-Client Not Home/Failed Visit.” When a user attempts to bill a TCM visit with no location or with the “failed visit” location, the user will see an error message on the screen. The error message will warn the user that a location is required for billing or that a failed visit is not billable. The error will prevent a billing claim without a valid location from being submitted for processing. A save message will not appear onscreen, and the “Submit TCM Claim” checkbox will not show a checkmark or an “X.” The Billing Report will show these visits with the billing status “UNBILLED” and no error message. The Client Profile report will show an “N” (for “No”) under the “Visit Billed?” column.

Data saved in the ORCHIDS “Location” field are translated into DMAP codes before they are loaded into the “POS” (Place of Service) field in the MMIS. The chart below compares what appears in ORCHIDS to what appears in the MMIS (in the Claim Detail section of the Claim screen). The third column in the table shows what each MMIS code means.

No additional changes to the “Location” field and billing processing are planned for the future.

ORCHIDS “Location” Field	Code in MMIS “POS” Field	Meaning of “POS” Code
Blank / No location selected	(Not billed)	(Not billed)
1-Home/Field	12	12-Home
2-Hospital	99	99-Other Place of Service
3-Health Department	71	71-Public Health Clinic
4-School	99	99-Other Place of Service
5-Telephone	99	99-Other Place of Service
6-Tertiary Care Evaluation	99	99-Other Place of Service
7-Group Home/Shelter	99	99-Other Place of Service
8-Client Not Home/Failed Visit	(Not billed)	(Not billed)
9-Other	99	99-Other Place of Service

▪ **Location Processing changes completed in the MMIS**

Recent changes in the MMIS have completed all scheduled changes to location processing on MCM claims. Most of these changes were not apparent to users, because they happened in the background and affected the way that claims process in both systems.

DMAP requires a location on every MCM billing claim that ORCHIDS submits. A user saves a location on an MCM visit only when the user bills the procedure codes “G9001–Initial Assessment” and “G9012–Case Management Visit.” For other procedure codes, ORCHIDS submits a default location that the user does not actually save on the screen. All MCM claims submitted by ORCHIDS now include a location code for home (12), public health clinic (71), or other place of service (99). The MMIS displays the location of a visit in the “POS” (Place of Service) field on the Claim Detail section of the Claim screen. Recent changes to the MMIS now assure that the location code that ORCHIDS submits on an MCM claim appears unchanged in the MMIS system.

For the home assessment procedure code (G9006), ORCHIDS submits the default code for home (12). For telephone visits, ORCHIDS submits the default code for other place of service (99), because there is no MMIS place of service code for telephone visits.

For procedure codes that bill claims for the overall MCM case, ORCHIDS submits the location code “99” (99-Other place of service). These procedure codes refer to the overall case and can include a combination of telephone visits and face-to-face visits that occurred in multiple locations. Case procedure codes include G9002–Full Case Management, G9009–Partial Case Management, G9005–Full High Risk Case Management, and G9010–Partial High Risk Case Management.

The table below compares what appears in ORCHIDS to what appears in the MMIS (Claim Detail section of the Claim screen). The fourth column in the table shows the meaning of each MMIS code.

No additional changes to the MCM “Location” fields or billing processing are planned at this time.

MCM Procedure Code	ORCHIDS “Location” Field	Code in MMIS “POS” Field	Meaning of “POS” Code
G9001–Initial Assessment	Home LHD (Non-FQHC) Other	12 71 99	12-Home 71-Public Health Clinic 99-Other Place of Service
G9006–Home Assessment		12	12-Home
G9011–Telephone Visit		99	99-Other Place of Service
G9012–Case Management Visit	Home LHD (Non-FQHC) Other	12 71 99	12-Home 71-Public Health Clinic 99-Other Place of Service
G9002–Full Case Management		99	99-Other Place of Service
G9009–Partial Case Management		99	99-Other Place of Service
G9005–Full High Risk Case Management		99	99-Other Place of Service
G9010–Partial High Risk Case Management		99	99-Other Place of Service

- **TCM Rate Increase**

The reimbursement rate for Babies First and CaCoon visits increased from \$241 to \$303, for dates of service on or after July 1, 2010. Claims for dates of service before July 1, 2010, will continue to pay at \$241 regardless of when the claims are submitted. The overall percentage of the match amount due has not changed, although the amount of prepayment has increased for visits that are reimbursed at the new rate of \$303. More information about match rates and the new TCM Oregon Administrative Rules are available through your nurse consultant and on DMAP's TCM website: <http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html>

Form Improvements

There are no changes to forms with this release. The current version of each form shows the date **6/7/2010** in the footer.

To download the current version of each form, go to:
http://www.oregon.gov/DHS/ph/ch/orchids_train.shtml

Policy/Practice Implications of System and Form Improvements

Changes in ORCHIDS and in the MMIS during the Summer of 2010 have affected billing fields onscreen and how claims process. The user interface changed and the background processing of claims changed. Many of these changes were invisible to data entry clerks and billers. Whether or not your agency bills Medicaid claims through ORCHIDS, however, your agency is affected by the recent changes to Targeted Case Management program policy. Some changes were made within ORCHIDS and within the MMIS to accommodate these new TCM program policy rules. If your agency is submitting Medicaid claims on paper or through some other electronic means, you will need to make changes in your procedures to accommodate these rules. Significant changes have occurred that expand program eligibility and that increase billable activities. See below for resources for more information about these TCM program policy changes.

- **Changes to Location Codes on TCM Billing Claims**

Users who bill TCM claims within ORCHIDS should be aware that location is being processed more accurately by ORCHIDS and the MMIS. Onscreen messages appear in this August release that warn ORCHIDS users that they cannot submit a TCM claim without a location or with a "failed visit" location. MMIS also processes the ORCHIDS location codes correctly now. These values appear in the MMIS "POS" field of the Claim Detail screen. As a result, data in ORCHIDS and in the MMIS are more accurate. Fewer errored claims will appear on the Billing Report, because validation errors that happen on the user's screen in ORCHIDS prevent claims without valid locations from ever processing.

- **Changes to Location Codes on MCM Billing Claims**

Users who bill MCM claims within ORCHIDS should be aware that location is being processed correctly now by both ORCHIDS and the MMIS. ORCHIDS submits accurate codes that correspond to MMIS codes. DMAP staff no longer changes these location codes into office visits before loading them into the MMIS. Users do not need to change their practices, but should be

aware that these changes have happened due to incorrect processing in the past, by both ORCHIDS and the MMIS.

- **TCM Rate Increase**

The new TCM rate change for Babies First and CaCoon was part of a larger package of changes that happened to TCM programs. These changes included expansion of age eligibility and reimbursable activities. More information about these changes is available through your state nurse consultant or through DMAP's TCM website:

<http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html>. The amount (not the percent) of match payments will increase as a result of the increased reimbursement.

Known Issues in the System

There are no new system issues to report.

For previous FamilyNet ORCHIDS Release Notes, go to <http://www.oregon.gov/DHS/ph/ch/orchids.shtml>

For copies of the current forms, manuals, and training documents, go to http://www.oregon.gov/DHS/ph/ch/orchids_train.shtml

Have questions or need more information?

Contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us