

FamilyNet ORCHIDS Release Information

September 4, 2011

Why Did I Receive This Information?

We are releasing a new version of ORCHIDS in order to make some improvements. To access the new version, you do not have to do anything. FamilyNet will update itself automatically the first time you log in, on or after Sunday, September 4, 2011.

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 managers, nurses and other home visitors, data entry users, and billing staff. This document contains the following sections:

- **System Improvements**
This section lists improvements in the system and is relevant to data entry staff and anyone that works with Medicaid reimbursements or reconciles the remittance advice (RA) from DMAP.
- **Form Improvements**
This section describes changes to the forms and is relevant to nurses and data entry staff.
- **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 all program staff.
- **Known Issues in the System**
This section describes newly identified issues in the system, along with solutions and/or workarounds. This section will be relevant to nurses, staff who enter data, and staff that uses reports.

System Improvements

1. Maternity Case Management Billing Changes

In an effort to reduce costs, DMAP changed the Maternity Case Management billing rules and reimbursement amounts. These changes were effective on August 1, 2011, ONLY for dates of service on or after August 1. New, temporary Oregon Administrative Rules are in effect, but are pending long-term approval from the federal Centers for Medicare and Medicaid Services.

The partial case codes, G9009-Partial Case Management and G9010-Partial High Risk Case Management, were eliminated. Providers may no longer receive reimbursement for a partial case management procedure code, which represents partial service delivery to a client. A visit-level

procedure code will be reimbursed for a partial case, but a partial case management procedure code will no longer be reimbursed for a partial case.

For a case-level procedure code to be reimbursable, services must have been initiated before delivery, provided to the client for 3 months or longer, and continued through delivery. DMAP will reimburse the case-level procedure code G9002-Case Management when services were initiated before delivery, provided for 3 months or longer, and carried through the date of delivery. DMAP will reimburse the high-risk case-level procedure code G9005-High Risk Case Management when the client and/or pregnancy meet the high risk criteria for any part of the service period AND MCM services were initiated before delivery, provided for at least 3 months, and carried through the date of delivery. A high-risk client and pregnancy are defined in OAR 410-130-0595(5)(d) and (e). Providers will not be reimbursed for both case-level codes, in combination, for the same case (G9002-Case Management and G9005-High Risk Case Management). Prior to August 1, 2011, multiple case codes were reimbursable for a single case.

The visit-level procedure code G9012-Case Management Visit is replaced by G9012-Case Management Home Visit and is reimbursed **ONLY** for visits delivered in the home. The procedure code G9011-Telephone Visit has been replaced by G9011-Case Management Visit Outside the Home and is reimbursed for visits delivered anywhere **EXCEPT** in the home. A telephone visit is still reimbursable with procedure code G9011, but it pays out at \$21.45 instead of \$10.72. The chart below compares the old set of procedure codes with the new set of procedure codes.

Visit-Level Procedure Codes	
Claims for Dates of Service before 8/1/2011	Claims for Dates of Service on or after 8/1/2011
\$24.59 G9001-Initial Assessment User selected the location onscreen.	\$24.59 G9001-Initial Assessment User selects the location onscreen.
\$42.89 G9006-Environmental Assessment ORCHIDS automatically submitted the "Home" location on the claim.	\$42.89 G9006-Environmental Assessment ORCHIDS automatically submits the "Home" location on the claim.
\$42.89 G9012-Case Management Visit User selected the location "Home" onscreen.	\$42.89 G9012-Case Management <u>Home</u> Visit ORCHIDS automatically submits the "Home" location on the claim.
\$42.89 G9012-Case Management Visit User submitted any location except "Home" onscreen.	\$21.45 G9011-Case Management Visit Outside the Home ORCHIDS automatically submits the "Other" location on the claim.
\$10.72 G9011-Telephone Visit ORCHIDS submitted the "Other" location on the claim.	\$21.45 G9011-Case Management Visit Outside the Home ORCHIDS automatically submits the "Other" location on the claim. The procedure code will reimburse a case management visit that occurs over the telephone or in any location besides the home.

Case-Level Procedure Codes (Only one is reimbursable per case.)	
Claims for Dates of Service before 8/1/2011	Claims for Dates of Service on or after 8/1/2011
\$75.06 G9002-Full Case Management ORCHIDS submitted the "Other" location on the claim.	\$75.06 G9002-Case Management ORCHIDS automatically submits the "Other" location on the claim.
\$37.53 G9009-Partial Case Management ORCHIDS submitted the "Other" location on the claim.	
\$128.67 G9005-Full High Risk Case Management ORCHIDS submitted the "Other" location on the claim.	\$128.67 G9005-High Risk Case Management ORCHIDS automatically submits the "Other" location on the claim.
\$64.34 G9010-Partial High Risk Case Management ORCHIDS submitted the "Other" location on the claim.	

In most situations, ORCHIDS automatically selects the appropriate location for each procedure code.

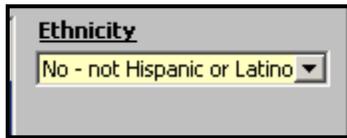
If you bill (or rebill) dates of service that occurred on or after August 1, 2011, you must follow the new billing rules and use the new MCM procedure codes. If you bill (or rebill) dates of service that occurred before August 1, you will bill according to the old billing rules and will use the old MCM procedure codes.

2. Client Master Changes: Ethnicity Categories Changed

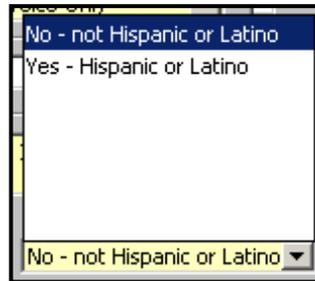
The values in the "Ethnicity" field changed earlier this year. The field is located on the "Client Primary" tab in Client Master.

The value "Yes-Hispanic" changed to "Yes-Hispanic or Latino." The value "No-Not Hispanic" changed to "No-Not Hispanic or Latino." The value "Unknown" can no longer be saved in this field. Any record with "Unknown" recorded in the "Ethnicity" field in the past had the value converted to "No-Not Hispanic or Latino."

Since the field is located in Client Master, which is the part of FamilyNet shared across all programs, the change affected all clients, including WIC, Immunization, Babies First, CaCoon, and Maternity Case Management clients.



“Ethnicity” field onscreen.



Drop-down list of values in the “Ethnicity” field.

3. Cut-Off Field Text Restored

On the lower part of the Client Info tab, a column width was adjusted to allow values to display fully. The “Event Date” column was cutting off the year. This was a minor cosmetic issue.

Program Name	Event Date	Agency Name
Babies First!	01/17/2009	Baker CHD
Visit	05/06/2010	Baker CHD
Visit	04/12/2010	Baker CHD

“Event Date” column cuts off the year.

Program Name	Event Date	Agency Name
Babies First!	01/17/2009	Baker CHD
Visit	05/06/2010	Baker CHD
Visit	04/12/2010	Baker CHD

“Event Date” column now displays the year fully.

4. Federal Poverty Level Updates on Demographic Reports

Calculations on the Client Population Summary reports were updated a few months ago with the 2011 federal poverty levels. Both the Client Population Summary report in ORCHIDS and the Client Population Summary report in Crystal Reports were updated. The federal government did not release poverty level changes in 2010. Both the ORCHIDS version and the Crystal Reports version of the Client Population Summary now use the same simplified formula to calculate a client’s poverty level.

5. Bug Fixes on Referrals Out Report in ORCHIDS and Crystal Reports

- a. In ORCHIDS Reports, the Referrals Out Report was not displaying all digits in certain columns and was also not displaying data about all referral agencies. The “Visit Count” columns were cutting off some digits, but now display values fully. In addition, a small amount of referral data was not showing on the report. All referral out agencies are included on the report now. As a result, numbers will increase slightly in certain circumstances.
- b. In Crystal Reports, the formulas for the “Getting Services” and “Not Eligible” columns were corrected. The denominator for the percentage of clients getting services or ineligible for services is the total number of clients with reported follow-up. The recalculated percentages are slightly higher in most instances.

6. New Tickler Reports in Crystal Reports

Tickler Reports were released for each program. The purpose of this report is to summarize active clients for each home visitor and to show basic data about the client, along with the next expected visit date. The Babies First and CaCoon Tickler reports are almost identical and list clients on a nurse’s caseload, estimated next visit dates, and all visit dates, along with the client’s age at each visit and any screening tests or anthropometric measurements recorded at each visit. The CaCoon Tickler Report also shows the assigned CaCoon Tier for each case. A client will remain on this report until the case closes in ORCHIDS.

The MCM and MOP Tickler Report lists MCM and MOP clients separately or will combine them. This report lists each client with an open case, along with all visit dates, age at each visit, and the client’s due date and actual delivery date. A client will remain on this report until the case closes in ORCHIDS.

Form Improvements

There are changes to all three forms with this release. The current version of each form shows the date **9/4/2011** in the footer of every page. To download the current version of each form, go to:

http://public.health.oregon.gov/HEALTHYPEOPLEFAMILIES/DATAREPORTS/ORCHIDS/Pages/orchids_train.aspx

1. MCM Billing Changes

Multiple MCM procedure codes have changed. Some procedure codes have been ended. Other procedure codes have new names, new definitions, and new reimbursement amounts. For tips on how to bill (or rebill) procedure codes that have changed, see the section below called, “Policy/Practice Implications of System and Form Improvements.”

The following changes were made to the MCM billing fields on the form. These changes are in effect for dates of service on or after August 1, 2011.

- The case management codes for partial service delivery, G9009-Partial Case Management and G9010-Partial High Risk Case Management, have been removed.
- The code G9011-Telephone Visit has been changed to G9011-Case Management Visit Outside the Home.
- The code G9012-Case Management Visit has been changed to G9012-Case Management Home Visit.

Billing Tab	MCM Services and Billing [*]	Location	Dx Code
	<input type="checkbox"/> G9001 Initial Assessment <input type="checkbox"/> G9006 Home Assessment <input type="checkbox"/> G9011 Case Management Visit Outside the Home <input type="checkbox"/> G9012 Case Management HOME Visit	<input type="checkbox"/> Home <input type="checkbox"/> LHD (Non-FQHC) <input type="checkbox"/> Other	_____ _____ _____ _____
	Case Management Services		
	<input type="checkbox"/> G9002 Case Management <input type="checkbox"/> G9005 High Risk Case Management		_____ _____

MCM billing fields onscreen.

2. Client Master Changes on All Forms

Identical changes appear on the Client Primary tab of all three ORCHIDS forms. Below is a screenshot of fields in the upper half of page 1 on the Babies First form. The “Ethnicity” field is marked with a red border. New values appear in this field.

MAY WE CONTACT YOU BY MAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No			MAY WE CONTACT YOU BY PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRIMARY PHONE TYPE <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	PHONE NO.	PHONE OPTIONS <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only	Guardian Last Name	Guardian First Name
Alternate Phone Type <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	Phone No.	Phone Options <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only	Guardian Middle Name	Guardian Type
Client E-mail			SPOKEN LANGUAGE	
RACE (Check all that apply.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			WRITTEN LANGUAGE	
			Alternate Format <input type="checkbox"/> Audio Tape <input type="checkbox"/> Braille <input type="checkbox"/> Computer Disk <input type="checkbox"/> Large Print <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Other	
			ETHNICITY <input type="checkbox"/> No-Not Hispanic or Latino <input type="checkbox"/> Yes-Hispanic or Latino	
			Medicaid No: Deceased Date	

New values in the “Ethnicity” field of the Client Primary tab.

Policy/Practice Implications of System and Form Improvements

1. MCM Billing Changes

New and temporary Oregon Administrative Rules are in effect as of August 1, 2011. The changes will result in lower overall reimbursement for MCM services that occurred on or after August 1, 2011. The temporary OARs are pending longer term approval from the federal Centers for Medicare and Medicaid Services and are posted on DMAP's website:

<http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html>

See Oregon Administrative Rules 410-130-0595 (Maternity Case Management) and 410-147-0200 (FQHC/RHC Maternity Case Management).

Billing staff should become familiar with these changes, which are changes to both program policy rules and MCM reimbursement rules. The reimbursement codes for the overall case have changed. Partial delivery of case management services will no longer be reimbursed. A procedure code for case management is reimbursable only for a case where services are initiated before delivery, service delivery is three months or longer, and services continue through delivery of the baby. A procedure code for a high-risk case is reimbursable if the client or pregnancy is defined as high risk AND services were initiated before delivery, lasted three months or longer, and were maintained through delivery of the baby. The two case management codes may not be reimbursed in combination for the same case. Either G9002-Case Management or G9005-High Risk Case Management may be reimbursed for a case, but not both case management codes together.

In addition to policy changes regarding the level of reimbursable services for the overall case, some procedure codes and reimbursement names and amounts also changed. Only a case management visit that is delivered within the client's home is reimbursable for \$42.89 (G9012-Case Management Home Visit). A case management visit delivered in any other location, including over the telephone (G9011-Case Management Visit Outside the Home), is reimbursable for \$21.45.

If you bill (or rebill) dates of service that occurred on or after August 1, 2011, you must follow the new billing rules and use the new MCM procedure codes. If you bill (or rebill) dates of service that occurred before August 1, you will bill according to the old billing rules and will use the old MCM procedure codes.

2. Client Master Changes: Collection of Ethnicity Data

"Unknown" may no longer be recorded for a client in the "Ethnicity" field, per USDA policy. Since Client Master is shared between TWIST and ORCHIDS, and TWIST must follow USDA policy regarding race and ethnicity data collection, ORCHIDS also follows this USDA policy. In the rare situation when a client declines to answer this question, the staff member should record a best guess.

3. MCM Postpartum Data

Please remember to report the date of birth for all infants on the MCM//MOP Postpartum tab. This data point is essential to help measure birth outcomes. The Babies First and MCM cases are not linked to one another in the database.

Known Issues in the System

There are no new system issues to report.

To download the current version of each form, go to:

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Pages/orchids_train.aspx

For previous FamilyNet ORCHIDS Release Notes, go to

<http://public.health.oregon.gov/HEALTHYPEOPLEFAMILIES/DATAREPORTS/ORCHIDS/Pages/index.aspx>

For copies of the current forms, manuals, and training documents, go to

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Pages/orchids_train.aspx

Have questions or need more information?

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