RI IHH/ACT Custom Billing Release Notes v2.0.146

Released June 5, 2023   Requires EchoVantage Version 3.31+

DOCUMENT HISTORY

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Date	Description	Author	Version
02/04/2021	Rel. of RI Custom Billing V2	Heather Sherwood	1.0.44
03/12/2021	Do not report rendering provider for shadow claims	Heather Sherwood	1.0.52
04/02/2021	Updated IHH/ACT population script for each agency	Heather Sherwood	1.0.54
06/09/2021	Updated to work with new interface. No functional changes to Acorn	Heather Sherwood	1.0.56
08/20/2021	V4 – change to Per Diem in place of bundles	Heather Sherwood	2.0.37
01/20/2022	Updated Per Diem Customization to handle two separately active Medicaid Client Payers in a single month	Heather Sherwood	2.0.47
04/05/2022	Updated how the Acorn determines the reported staff person for the Per Diem charge when no sub-program is mapped.	Heather Sherwood	2.0.49
05/06/2022	The following Updates and Bug Fixes were addressed. • Use of StaticValues for Sub-program component IDs, EV-3616 EV-3583 • Better PerDiem date reporting around hospitalization and incarceration periods • Custom Billing form sets shadow service to *DONE* if PerDiem already exists • Option to Reverse just PerDiems that have errors • Error Messages are cleaned up when a PerDiem Charge is reversed	Heather Sherwood	2.0.64
07/20/2022	Updated the Acorn to accommodate multiple programs attached to the IHH/ACT Per Diem Service Definitions. EV-4353	Heather Sherwood	2.0.83
08/16/2022	Bug Fixes EV-4624 (IHH/ACT changes)	Heather Sherwood	2.0.103
09/07/2022	IHH/ACT improvements EV-4657 and EV-4672 Plus a Thrive only update EV-4671	Heather Sherwood	2.0.108
09/23/2022	Version bump due to changes to Staff Credential Modifier	Heather Sherwood	2.0.125
12/29/2022	Updating the Reverse action on the custom Billing form to reverse Ready/Not Ready Per Diem Services only, EV-5214	Heather Sherwood	2.0.132
02/23/2023	IHH/ACT Bug Fixes EV-5759 and EV-6135	Heather Sherwood	2.0.140
04/19/2023	IHH/ACT Changes per SOW-192 EV-6477 An update was made to the Stored Procedure section below, this note applies to Thrive only.	Heather Sherwood	2.0.144
06/05/2023	Version bump due to changes to BH Link	Heather Sherwood	2.0.146

Overview

The RI Custom Billing Acorn addresses state-specific billing requirements for ACT (Assertive Community Treatment) and IHH (Integrated Health Home) program services. Custom forms in the *Forms* main menu flag Medicaid Payers as MCO, create Per Diem Charges, and reverse Per Diem Charges. The 837P is created per the typical workflow in *Fiscal Overview > Unbilled Charges.*

Installation & Setup of the IHH/ACT Acorn

Installing the Acorn Script (Completed by Echo)

The *install-ri-custom-billing-2.0.1**44**.RELEASE.sql* installation script creates the following three records in the dbo.AcornRegistrations table and also updates the RIHealthHomes Acorn version in the *Help > About* page.

- RI 837P Customization
- RI Per Diem Customization
- *RI Staff Credential Modifier - Please see the RI Staff Credential Modifier Release Notes for detailed information on configuring and using this Charge Customization Acorn type.*

Installing the Data Population Script (Completed by Echo)

The Data Population Script inserts values into the *dbo.RICustomServiceDefinitions, dbo.RICustomAcornPrograms, dbo.RICustomAcornSubPrograms, dbo.RICustomReportingStaff,* and *dbo.RIPerDiemDefinitions* tables if empty. The IHH and ACT Per Diem Service Definitions must be created before the installation. The data population script uses the following ids specifically:

- 20210715034004491057304ID703F4154B95 for the IHH Per Diem Service Definition
- 20210715034126193EAFD20CE963E4B818EA for the ACT Per Diem Service Definition

In addition,

- The individual Services defined in the Bundled Service Definitions are removed from the *H0037 Integrated Health Home* and the *H0040 Assertive Community TX* Bundled Service Definitions
- The new IHH and ACT Service Definitions are marked as *Not billable to most payers*
- And the *dbo.RICustomBundles* table is removed

The Configuration & Maintenance section at the end of this document provides additional information on the tables, views, and populated data installed or updated by each script.

Configuring the Application

Overriding the IHH/ACT Per Diem Service Definitions for Medicaid Payers

The IHH/ACT Per Diem Service Definitions are not billable by default. This change may be verified in the Charge Calculation Method field in *Configuration > Services/Payers > Service Definitions > Rates.* The IHH/ACT Per Diem Service Definitions are configured as not billable by default to prevent the creation of Per Diem Charges for non-Medicaid Payers in error.

For each Medicaid Payer (the list of Medicaid Payers can be found on the RI Medicaid Payers form or by running the SQL query listed below), the Service Definition default rate must be overridden to be billable.

To identify Medicaid Payers via the database, execute the following query.

Select Name from Payers where Category ='2020051412360015731580C69C8A441C4A83'

To override the Service Definition default rate,

- Navigate to *Configuration > Services/Payers > Payers > Rates*
- Select one of the IHH/ACT Per Diem Service Definitions
  - *PD Integrated Health Home (PDIHH)* or *PD Assertive Community Tx (PDZACT) for Thrive*
  - *H0037 IHH Per Diem (IHHPD)* or *H0040 ACT Per Diem (ACTPD) for Newport*
- Then select the blue *OVERRIDE SERVICE DEFINITION DEFAULT* button if the Payer Rate is not already defined.
- Select *Unit Per Day* in the Charge Calculation Method dropdown box
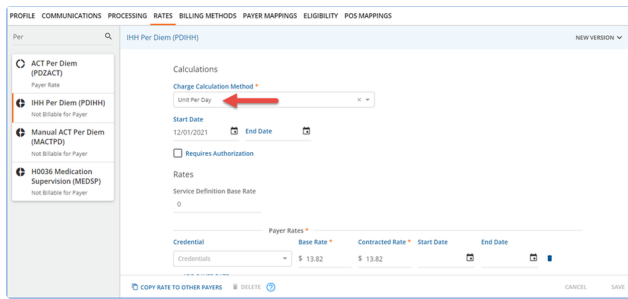
- Enter the Rate information for that Payer and remember to select *SAVE* to record the changes
- Select the second Per Diem Service Definition and repeat the process to make it billable for the current Payer

Repeat the steps above for ALL Medicaid Payers.
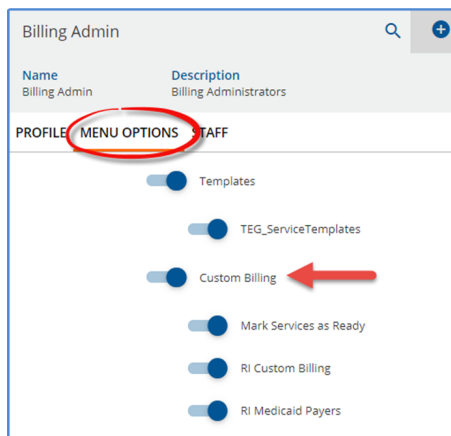
Custom Forms in the Forms Menu

After a new installation, Navigate to *Configuration > Setup > Forms*

- Add a Category – A *Custom Billing* Category was created in the example below.
- Add the Acorn installed Custom Forms to the new Category. These custom forms have the *MENU* Form Location, so they are immediately available to select in the *Add Forms* list.
  - RICustomBilling
  - RIMedicaidPayers

NOTE The RIMarkServicesAsReady is an agency custom form created to help ensure the completeness of IHH/ACT Services before updating the Status to *Ready.* While this is not part of the Acorn itself, Ready Services are required before billing with the Acorn.
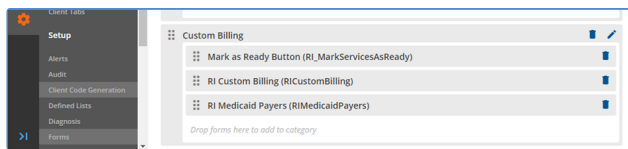
- Navigate to *Configuration > Staff/Users > Staff > User Groups*
- Select the User Group that should have access to the form
- Select Menu Options
- Toggle the form on
- Save and Repeat for any other User Groups that should have access

- After upgrading, navigate to the Forms main menu to verify that the previously installed forms display correctly.
- Verify that the RI Custom Staff Mapping Form is no longer displayed.

- Review the data in the existing forms to ensure nothing is missing or in error.

Indicating the Medicaid MCOs

Use the *RI Medicaid Payers* form in the *Forms* main menu to indicate which Payers are Managed Care Organizations. The Acorn only works with the Medicaid Category provided by default in EchoVantage as the Acorn references an internal ID for the Medicaid Category, not the label. The Payers list on the *RI Medicaid Payers* form is pulled from the Payers column of the *RICustommedicaidPayers* table. The data population script populates this table with the Payers with the default Medicaid Category assigned. By default, the MCO value is set to *'N.'*

To set a Payer's MCO value to *'Y'* to indicate that it is a Managed Care Organization,

- Click on the desired Payer to highlight
- Click on the down arrow in the *Is MCO* dropdown box
- Select *'Yes'*
- Click on the now enabled blue *SAVE* (bottom left) to record your changes
- To exit edit mode without recording any changes, select *CANCEL*
-

Enabling the Acorn for Medicaid Payers

Assign the Acorn to all Payers with the Medicaid Category – the list of Payers on the RI Medicaid Payers form, above

- Navigate to *Configuration > Services/Payers > Payers > Processing* tab
  - Choose the *RI Per Diem Customization* and the *RI Staff Credential Modifier* options in the Acorns dropdown listing
  - Select *SAVE* to record the changes
  - Like the image below, both options should display

- Next, navigate to the Payer's *Billing Methods* tab
  - Select the 837 Professional option
  - Validate that the "RI 837P Customization" option is selected in the Acorns dropdown
  -

  - Confirm that the "Report Staff" and "Report Staff Taxonomy" options are checked for the Payer
  -

 - Select *SAVE* to record the changes, if any

Billing with the Acorn

Once the configuration steps outlined above are complete and IHH/ACT Services should be marked as *READY* using the custom Mark Ready form. Once services have a *READY* status, the application is ready to begin billing with the Acorn. Some Fiscal processes must be initiated from the custom billing form, while others use core Fiscal Overview functions - the recommended billing workflow is outlined below. The following *READY* Services are used in the billing job example below.

Creating Charges

Unlike most billing jobs, which start in Fiscal Overview, the IHH/ACT billing jobs start from the RI Custom Billing form in the Form's menu. Select the Month, enter the Year, and optionally specify a client. Leave the **Client** blank to create charges for all IHH/ACT Clients with Services. Once entered, select the blue *Create Charges* button.

When *Create Charges* is selected on the custom billing form, the **dbo.usp_RI_Acorn_Services_To_Job** stored procedure starts the job, which is then visible on the Fiscal Overview > Unprocessed Services > History tab.
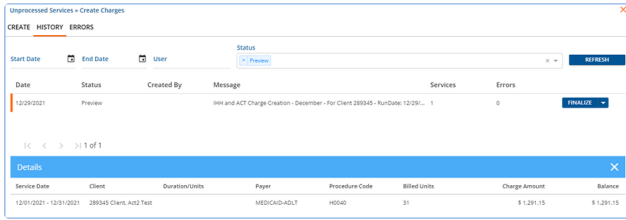
- A single Per Diem Charge is created – the Client has one Payer and no hospitalizations or incarcerations.
- Errors can be found on the adjacent Errors tab and should be reviewed before finalizing the job.
- In this version of the Acorn, an IHH/ACT *Create Charges* job can be retried from the *Unprocessed Services > History* tab because the Acorn marks the individual Services as Done and creates the Per Diem Charge(s).
  - Only the Per Diem Charges are retried, the linked individual Services remain in *DONE* Status.
  - Retrying from the *Unprocessed Services > History* can pick up changes in Rate or updates to the Client's Payers.
  - The job must be reversed to change the Services linked to the Per Diem Charge(s).
- Reversing an IHH/ACT *Create Charges* job must be performed from the RI Custom Billing Form. This form has a new section, *Reverse Per Diem,* which can successfully reverse the Acorn created Per Diem Charge(s) and reset the *DONE* Services back to a *READY* status.
- Select the blue FINALIZE button to complete the charge creation process when satisfied with all the created charges.

> ⚠ A specific workflow is required to successfully reverse an Acorn created Per Diem Charge. Please refer to the *Funtional Overview > Reversing Per Diem Charges* section below for complete information and detailed steps.

Creating Bills

The creation of the 837P now takes place in the core *Fiscal Overview* function *Unbilled Charges.* References to the 837P were removed from the *RI Custom Billing Form.* Provided *RI 837P Customization* is specified in the **Acorns** field of the 837P for each Medicaid Payer and the Payer mapping settings are correct,

- The custom logic for reporting staff, using the values in dbo.RICustomReportingStaff, is used during the 837-file creation.
- If a Payer is flagged as MCO in the Medicaid Payers mapping form, Staff is not reported in the 837P.
- If the Acorn creates the Per Diem Charge, the individual Services are reported as detailed SV1 lines.

837 for Acorn Created Per Diem Charges	
NM1*PR*2*MEDICAID-ADLT*****PI*056000522	
CLM*289345-110811*1291.15***11:B:1*Y*A*Y*Y*P	The total Per Diem Charge (Claim) Amount is $1,291.15.
HI*ABK:F2081	The Staff is reported because Medicaid is not an MCO Payer.
NM1*82*1*STAFFER*JOE*J***XX*1159999999	In LX*1, the first SV1 line shows the Per Diem Charge of $1,291.15 with the Services date range, 12/01/2021-12/31/2021.
PRV*PE*PXC*1041C0700X	
LX*1	
SV1*HC:H0040*1291.15*UN*31***1	The nine individual Service details are listed in LX*2 through LX*10. These detail lines do not have a billed amount but include the Service-specific billing code, unit, modifier, and Service date.
DTP*472*RD8*20211201-20211231	
REF*6R*289345-110811	
LX*2	
SV1*HC:99212*0*UN*1***1	
DTP*472*D8*20211202	
LX*3	
SV1*HC:H0036*0*UN*1***1	
DTP*472*D8*20211203	
LX*4	

```
SV1*HC:T1016*0*UN*1***1
DTP*472*D8*20211210
LX*5
SV1*HC:H2023*0*UN*1***1
DTP*472*D8*20211214
LX*6
SV1*HC:T1016*0*UN*1***1
DTP*472*D8*20211216
LX*7
SV1*HC:90834*0*UN*1***1
DTP*472*D8*20211217
LX*8
SV1*HC:T1016*0*UN*1***1
DTP*472*D8*20211221
LX*9
SV1*HC:H2023*0*UN*1***1
DTP*472*D8*20211224
LX*10
SV1*HC:H2023*0*UN*1***1
DTP*472*D8*20211228
```

Functional Overview

Calculating the Per Diem Charges

Ready IHH and ACT eligible Services are included in the Create Charges job if

- The service falls in the date range entered (Month and Year).
- The Service Program matches an open IHH or ACT Client Enrollment Program.
- **The Service SubProgram is an IHH or ACT SubProgram, as defined in dbo.RICustomAcornSubPrograms.**

> ℹ️ **The SubProgram check uses the SubProgram Component id defined in dbo.StaticValues to know which Service Component to compare to the values in dbo.RICustomAcornSubPrograms. The values stored in dbo.RICustomAcornSubPrograms are a subset of the SubProgram component code values. The Enrollment SubProgram drop-down list values are pulled from dbo.SubPrograms, which is an entirely different list that is not used or referenced in Service Entry.**

- The IHH and ACT Per Diem Service Definitions' minimum requirements are satisfied.
  - Minimum Minutes: IHH = No Min., ACT = 15
  - Minimum Services: IHH = 1, ACT = 1
  - Minimum Service Duration: IHH = No Min., ACT = 15
  - A Per Diem Charge for the same Client, Month, and Year does not already exist.

Ready IHH and ACT eligible Services are NOT included in the Create Charges job if

- A Per Diem Charge already exists for that Client, Month, and Year – the Service Status is updated to *DONE.*
- The Per Diem minimums are not met – the Service is Placed on Hold.
- The service was provided on a day the Client was hospitalized or incarcerated (*ACT Only*) **AND the Medicaid Payer is an MCO Payer (MCO = 'Y' on the RI Medicaid Payers Custom form).**
  - The service is set to *DONE,* and the day(s) is(are) excluded from the Per Diem date range.
    - If the stay (hospitalization or incarceration) is mid-month, the Acorn creates two Per Diem Charges around the stay.
      - Suppose a Client is hospitalized from 6/6 to 6/9 and receives ACT eligible Services in June outside of the hospitalization period that satisfy the minimum requirement.

- In this case, the Acorn creates two Per Diem Charges.
- The first is dated 6/1-6/5, and the second is 6/9-6/30.
- The Per Diem date range is adjusted if the period includes the month's beginning or end.
  - For example, suppose a Client is hospitalized from 5/29 to 6/7 and receives ACT eligible Services in June outside of the hospitalization period that satisfy the minimum requirement.
  - In this case, the Acorn creates one Per Diem Charge dated 6/7-6/30.
- Note that the Discharge Date is billable for hospitalizations.

> ⚠️ If an Act client has a non-MCO Medicaid Payer (MCO = 'N') and has an incarceration or hospitalization, the per diem is not split.

Once the Service date range is established, the Per Diem Charge is calculated based on the rate and units. For Per Diem Charges, the Charge Calculation method is Unit Per Day. For example, if the ACT Per Diem Service Definition minimums were satisfied in June and there are no days excluded due to a hospitalization or incarceration, the Charge is $1,249.50 ($41.65x30).

The example below shows two ACT Per Diem Charges due to a mid-month hospitalization.

Service Date	Client	Details Duration/Units	Payer	Procedure Code	Billed Units	Charge Amount	Balance
06/09/2021 - 06/30/2021	288819 Spencer, Frank	22 units	MEDICAID-ADLT	H0040	22	$ 916.30	$ 916.30
06/01/2021 - 06/05/2021	288819 Spencer, Frank	5 units	MEDICAID-ADLT	H0040	5	$ 208.25	$ 208.25

- 6/1-6/5 is five days, so five units x $41.65 for a Charge Amount of $208.25
- 6/9-6/30 is 22 days, so 22 units x $41.65 for a Charge Amount of $916.30
- If a client is admitted and discharged on the same day (hospitalization or incarceration), the Per Diem charge is no longer split.
- If the Medicaid Payer being billed for this client has MCO = N configured on the RI Medicaid Payers Custom form, the hospitalization period is ignored and the Per Diem charge is not split. It would be $1,249.50 dated 6/1-6/30, 30 days x $41.65.

Hospitalization and Incarceration Periods

The *VRIClientStays* view is created by the Acorn and used to determine hospitalization and incarceration days where Client Services should not be billed. The three columns of the view are populated with the following column values from the *RI_HospitalAdmissions* and the *RI_LegalTracker* tables.

VRIClientStays	Client	AdmissionDate	DischargeDate	Where
RI_HospitalAdmissions	Client	VHRStartDate	DischargeDate	AdmissionType **is NOT** *ER-MED, ER-PSYCH,* or *SAHS*
RI_LegalTracker	Client	VHRStartDate	VHREndDate	LegalIncarc **IS** *Incarcerated*

The excluded values for hospitalizations are now stored in dbo.StaticValues rather than the Acorn. The PropertyKey is *EXCLUDED_HOSPITAL_VALUES* and the PropertyValue contains the excluded Admission Types (*ER-MED, ER-PSYCH, SAHS, and/or Emergency Visits).* This change accommodates different excluded values per agency. In addition, changes in the excluded values will no longer require an update to the Acorn.

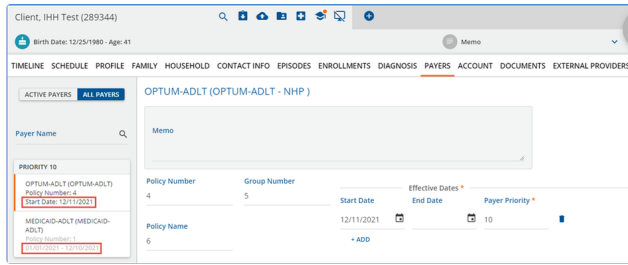## Changing Enrollments Mid-Month

If a Client changes between two different enrollments (ACT to IHH or IHH to ACT) in a single month, each with a qualifying IHH/ACT sub-program, multiple Per Diem Charges are created – one for each Enrollment.

Client Payer or Policy Number Changes Mid-Month

The Acorn is designed to create Per Diem charges for IHH/ACT Services for **up to two Client Medicaid Payers** that are separately active during a single month. *The active date range for these Medicaid Payers cannot overlap. If there is a date range overlap, the Acorn selects only one Payer for the entire month and the Per Diem charge is not split.*

For example, the IHH Test Client has the following Payers.

Medicaid was active until 12/10/2021, and NHP Optum became active on 12/11/2021.

Four IHH Services were provided in December, and the *RI Custom Billing* form was used to create a Per Diem Charge. (The view above is from the Services screen.)

Two Per Diem Charges are created for December, one for Medicaid and one for Optum.

These charges can then be Finalized and included in a *Create Bills* job. The 837 files for each Payer contain the appropriate Per Diem and Shadow Service detail lines, highlighted below. Payer Optum is a Medicaid MCO, so the Staff Name and Taxonomy are not reported.

Medicaid	Optum
NM1*PR*2*MEDICAID-ADLT*****PI*056000522	NM1*PR*2*OPTUM-ADLT*****PI*87726
CLM*289344-110804*138.2***11:B:1*Y*A*Y*Y*P	CLM*289344-110805*290.22***11>B>1*Y*A*Y*Y*P
HI*ABK:F3110	HI*ABK>F3110
NM1*82*1*STAFFER*JOE*J***XX*1159999999	LX*1
PRV*PE*PXC*1041C0700X	SV1*HC>H0037*290.22*UN*21***1
LX*1	DTP*472*RD8*20211211-20211231
SV1*HC:H0037*138.2*UN*10***1	REF*6R*289344-110805
DTP*472*RD8*20211201-20211210	LX*2
REF*6R*289344-110804	SV1*HC>H0036*0*UN*1***1
LX*2	DTP*472*D8*20211211
SV1*HC:H0036*0*UN*1***1	LX*3
DTP*472*D8*20211201	SV1*HC>T1016*0*UN*1***1
LX*3	DTP*472*D8*20211221
SV1*HC:H0036*0*UN*1***1	
DTP*472*D8*20211207	

The Acorn also splits the Per Diem charge when the Payer Policy Number changes mid-month. For example, a client has the following Payer information for July 2022.

· Optum, Policy Number 123 effective 01/01/2022 – 07/15/2022

Optum, Policy Number 456 effective 07/16/2022 – 08/13/2022

	OPTUM-ADLT (OPTUM-ADLT)
	Policy Number: 456
	07/16/2022 - 08/13/2022
	OPTUM-ADLT (OPTUM-ADLT)
	Policy Number: 123
	01/01/2022 - 07/15/2022

The following ACT services are provided for the client in July.

	Status	Date	Client	Staff	Service Code	Program	
✓	Ready	07/28/2022 9:00 AM 60 min	290133 Client, Act	1002	EM2ACT	CSP	✓
	Ready	07/21/2022 9:00 AM 60 min	290133 Client, Act	1842	CMNDIHHACT	CSP	✓
	Ready	07/14/2022 9:00 AM 60 min	290133 Client, Act	2517	CMNDIHHACT	CSP	✓
	Ready	07/07/2022 9:00 AM 60 min	290133 Client, Act	1842	TXIND60ACT	CSP	✓
	Ready	07/03/2022 9:00 AM 60 min	290133 Client, Act	1842	VOCASMTACT	CSP	✓

The Acorn create charges process results in two Per Diems based on the *Client Payer Effective Dates* entered in EchoVantage.

Service Date	Client	Duration/Units	Payer	Procedure Code	Billed Units	Charge	Balance	Message
07/16/2022 - 07/31/2022	290133 Client, Act		OPTUM-ADLT	H0040	16	$ 666.40	$ 666.40	
07/01/2022 - 07/15/2022	290133 Client, Act		OPTUM-ADLT	H0040	15	$ 624.75	$ 624.75	

When these charges are included in a *Create Bills* job, the 837 file for this payer has the appropriate policy information for each charge. The policy number and service date range for each charge is in bold in the Debug file excerpt below.

```
[L.2000B!L.2010BA]NM1*IL*1*CLIENT*ACT*TEST***MI*456

[L.2000B!L.2010BA]N3*123 ANY ST

[L.2000B!L.2010BA]N4*ANYWHERE*RI*123456000

[L.2000B!L.2010BA]DMG*D8*19970826*M

[L.2000B!L.2010BB]NM1*PR*2*OPTUM-ADLT*****PI*87726

[L.2000C!L.2300]CLM*290133-174631*666.4***11>B>1*Y*A*Y*Y*P

[L.2000C!L.2300]HI*ABK>R454

[L.2000C!L.2300!L.2400]LX*1

[L.2000C!L.2300!L.2400]SV1*HC>H0040*666.4*UN*16***1

[L.2000C!L.2300!L.2400]DTP*472*RD8*20220716-20220731

[L.2000C!L.2300!L.2400]REF*6R*290133-174631

[L.2000C!L.2300!L.2400]LX*2

[L.2000C!L.2300!L.2400]SV1*HC>H0036*0*UN*1***1

[L.2000C!L.2300!L.2400]DTP*472*D8*20220721

[L.2000C!L.2300!L.2400]LX*3

[L.2000C!L.2300!L.2400]SV1*HC>99212*0*UN*1***1

[L.2000C!L.2300!L.2400]DTP*472*D8*20220728

[L.2000B]HL*3*1*22*0

[L.2000B]SBR*P*18*******CI

[L.2000B!L.2010BA]NM1*IL*1*CLIENT*ACT*TEST***MI*123

[L.2000B!L.2010BA]N3*123 ANY ST

[L.2000B!L.2010BA]N4*ANYWHERE*RI*123456000

[L.2000B!L.2010BA]DMG*D8*19970826*M

[L.2000B!L.2010BB]NM1*PR*2*OPTUM-ADLT*****PI*87726

[L.2000C!L.2300]CLM*290133-174630*624.75***11>B>1*Y*A*Y*Y*P

[L.2000C!L.2300]HI*ABK>R454

[L.2000C!L.2300!L.2400]LX*1

[L.2000C!L.2300!L.2400]SV1*HC>H0040*624.75*UN*15***1

[L.2000C!L.2300!L.2400]DTP*472*RD8*20220701-20220715
```

Reversing Per Diem Charges

An IHH or ACT Per Diem Charge must first be returned to a *READY (or NOT READY)* Per Diem **Service.** Then, it can only be fully reversed using the *RI Custom Billing* form, the same form used to create the Charges. Previously, the *Reverse Per Diem* function reversed both Services and Charges. Due to this change, the *Errors Only* option is no longer needed and has been removed from the Custom Billing form. Per Diem Services in Ready or Not Ready status can be reversed for all or a selected Client with Per Diem Services in the entered date range.

The **Reverse Per Diem and Set Shadow Services Ready** option on the RI Custom Billing form performs the following functions.

- Reverses the Acorn-created Per Diem Services.
- Removes the Per Diem Service from the database.
- Resets the individual Shadow Services from *DONE* to *READY.*
- Removes the records in the dbo.RICustomPerDiemServices table that linked the Per Diem Charge(s) and the individual Services.

> ℹ️ Services set to *DONE* due to a hospitalization or incarceration period remain in *DONE* status after the reversing process is complete.

The two recommended workflows for reversing Acorn created Per Diem Charges are detailed below. The appropriate workflow selection depends on whether the Per Diem Charge is currently in an unfinalized Create Charges job or if the Charge Creation process was completed. Each process is covered below.

Per Diem Charge is in an Unfinalized Create Charges Job

If the Per Diem Charge is currently in an *Unprocessed Services > Create Charges* job that has not been finalized, then the job must be reversed or finalized before using the Custom Billing form to complete the process.

- If the Create Charges job is reversed, all IHH and ACT Per Diem Charges associated with that job become *READY* IHH or ACT Per Diem Services and can then be removed using the custom form.
- If the job is finalized, only the IHH and ACT Per Diem Charges with errors are returned to *Ready Status* and can then be removed using the custom form.

For example, the following *Create Charges* job is in Preview Status for Client #289345 for December 2021 Services.

- If the job is reversed, all 13 Per Diem Charges become *READY* Per Diem Services.
- If the job is finalized (shown below), 6 Per Diem Charges are created (with a Charge Status of *ACTIVE)* and 7 Per Diem Charges are returned to Ready Services.

- The Errors count continues to display on the *Unprocessed Services > History* screen for the job until the Per Diem charges are reversed.

In Services, there are 7 *READY* IHH/ACT Per Diem Services.

Navigate to the Custom Billing Form in the Forms menu to reverse these Services.

When the reversal option is selected, a stored procedure is called that reverses the Per Diem Service(s) and makes the necessary database updates. Any errors encountered during the reversal process are displayed in the box beneath the Client input. Once processing is finished, the September Services associated with the reversed Per Diem Services are returned to Ready status, excluding those marked as *DONE* due to a hospitalization or incarceration period.

Per Diem Charge was Finalized

If the Per Diem Charge was created and the *Create Charges* job was finalized, the reversing process starts on the Claims Management screen.

For example, the following ACT services were provided and marked as Ready.

A hospitalization period of 12/14-12/17 was recorded. When the Create Charges job is run, two Per Diem Charges are created (one before and one after the hospitalization).

When the Create Charges job is Finalized, the resulting ACT Per Diem Charges have Charge Status of *Active* and Service Status of *Charge Created* (circled in red below) in Claims Management.

To Reverse

Step 1 – Create a Reverse Service Transactions Job in Claims

a)   Locate the Charge in Claims and select the checkbox

b)   Select the *Reverse Service Transactions* Action

c)   Enter a job Message

d)   Select the Transaction Date

Select the blue *CONTINUE WITH SELECTION* button to create the reversing job and acknowledge the confirmation popup

Step 2 – Review and Finalize the Reverse Service Transactions Job

a)   Navigate to the *Claims > Reprocessing History* screen

b)   Locate the Per Diem Reprocessing job and Correct the Errors if any

c)   Select the Per Diem job row to review the *Details*

d)   Ensure that the *Current Active Payer* is blank and that the *Current Active Charge* is $0.00

e)   Select the blue *FINALIZE* button and acknowledge the confirmation popup

Once the Reverse to Service Transactions Job is Finalized, the record on the Claims Management screens displays "-"for the *Active/Last Payer,* "Reversed" for *Charge Status,* and "Ready" for *Service Status.*
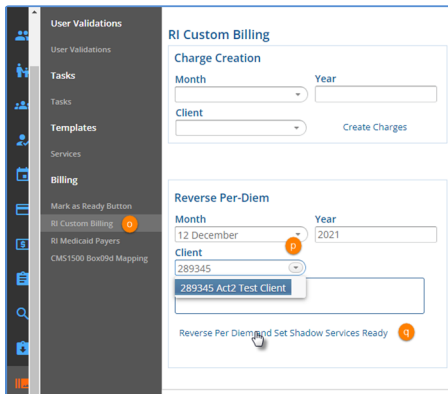

Step 3 – Review the Services

a) Navigate to the Services main menu option

b) Use the filters to display the necessary Client, Month, and Year

c) The individual Services should still have a *Done* Status

d) There should now also be one (or more) Per Diem Service in *Ready* Status

Step 4 – Reverse the Per Diem Service from the Custom Form

a) Navigate to the *Forms* main menu option and select the *RI Custom Billing* form

b) Enter the Month, Year, and Client for the Acorn Created Per Diem Service being reversed

c) Select the reversing option to trigger the stored procedure

Reprocessing Per Diem Charges in the Claims Management Screen

The following Reprocessing Actions, available in the Claims Management Screen, function the same for Acorn created Per Diem Charges as for all non-Acorn Charges. These three actions do not change anything about the service; they affect the Charge only. A brief description of each action related to the Acorn created Per Diem Charge is listed below.

- Rebill Outgoing and Denied Charges – Resets the Per Diem Charge(s) Status from *Outgoing* to *Active* for rebilling in *Unbilled Charges > Create Bills*
- Reprocess Active Payer – Recalculates the Per Diem Charge for the Current Payer only; the Status is set to *Active*
- Reprocess All Payers – Recalculates the Per Diem Charge amount for all Payers; the Status is set to *Active*

The Reversing Action should only be used as detailed in the section above.

Configuration & Maintenance

The data Population script is intended to handle the initial configuration automatically. There are no forms to update or modify these tables as they are presumed to be largely static.

Adding a New Medicaid Payer

If any new Medicaid Payers are added in *Configuration > Services/Payers > Payers,* then the new Payer id(s) must be added to the table below to create charges and bill through the Acorn for that Payer.

RICustomMedicaidPayers – Both values are required

- Payer CHAR(36) Link to Payers.id
- MCO CHAR(1), Y or N

Additional Tables and Stored Procedures

In addition to the table above, all Programs and Subprograms that qualify for IHH/ACT Services are stored. A Custom Reporting Staff mapping is also stored. If changes or additions to the Reporting Staff, Programs, or Subprograms are needed, contacting Echo for assistance in the setup is strongly recommended.

Adding a New IHH/ACT Service Definitions

If an additional IHH/ACT Service Definition is required, it first must be created in EchoVantage. Then the Service Definition id, type (I or A), and CountsTowardRequirement (Y or N) must be added to the RICustomServiceDefintions table.

Adding or Updating Reporting Staff

If additional Reporting Staff or changes to existing Reporting Staff are required, the Staff, Program, and Subprogram ids must be added/updated to this table to be picked up by the Acorn.

RICustomReportingStaff

- Id CHAR(36) Use the NEWSMARTGUID function (not null)
- CreateDate datetime (not null)
- UpdateDate datetime (not null)
- CreateUser CHAR(36) – Staff.id of db user (not null)
- UpdateUser CHAR(36) - Staff.id of db user (not null)
- Staff CHAR(36) Link to Staff.id (not null)
- Program CHAR(36) Link to ComponentCodes.id (null)
- SubProgram CHAR(36) Link to ComponentCodes.id (null)

Adding a New Program

If any new Programs are added, the component code id must be added to this table to be picked up by the Acorn.

RICustomAcornPrograms

- Program CHAR(36) Link to ComponentCodes.id

Adding a New SubProgram

If any new **IHH/ACT** Subprograms are added, the component code id must be added to this table to be picked up by the Acorn.

RICustomAcornSubPrograms – Both values are required

- SubProgram CHAR(36) Link to ComponentCodes.id
- Type CHAR(1), A or I

Stored Procedures

dbo.usp_RI_Acorn_Services_To_Job

- Creates the charge creation job
- Parameters: month, year, and an optional client id

dbo.usp_RI_Acorn_Reverse_PerDiem_Services

- Reverses Acorn created Per Diem Charges
- Parameters are month, year, Client

dbo. usp_RI_Acorn_Not_Ready_Service_SubProgram_Update

- Optional, non-Acorn stored procedure, used by Thrive only
- This stored procedure is called by the Custom Mark Ready Form
- Used by the Mark Ready form process to update the service SubProgram based on the associated Enrollment subprogram

Services Linked to Per Diem Services Table

A new table was added in this version of the Acorn that links a Per Diem Service with the individual Services used to create it. The table has '3' columns *id, PerDiem, Service.* The PerDiem and Service columns each link to dbo.Services.id.

Static Values

The custom data population script adds dbo.StaticValues records with the following PropertyKey values and agency specific values in the PropertyValue column.

- SUBPROGRAM_COMPONENT_ID
- DAILY_PROGRAM_ID (CCA Only)
- EXCLUDED_HOSPITAL_VALUES
- INCLUDE_NON_REQUIRED_COMPONENTS (CCA Only)

Updates

Ticket Number	Description
EV-3616	Version 2.0.47 The Sub-program component IDs were initially hard coded in the Acorn and a job will fail if the component IDs do not match. To prevent future potential conflict, the StaticValues table is now used to store these Sub-program component IDs. This change does not affect the existing functionality, BUT the population script MUST be run again after upgrading the Acorn.
EV-3583	Version 2.0.47 • Hospitalization and Incarceration or "stay" periods that overlapped the beginning of the month were causing incorrect dates to be reported in the DTP*472 segment of the 837. The issue was addressed and now if a "stay" overlaps the beginning of the month, the Client's IHH/ACT Enrollment Start Date is reported in the DTP*472 segment if it is later than the date the Client is discharged from the "stay." If the IHH/ACT Enrollment start date is before the "stay" discharge date, then the discharge date is used. • When Reversing a Charge using the RI Custom Billing form, error messages associated with the Per Diem Services were not being resolved causing an error in the form. Now when Per Diem Charges are Reversed, the date of the Reversal is stamped in the ResolvedDate to prevent the Service Processing Messages from persisting and potentially causing errors. • On the RI Custom Billing Form, a checkbox was added and is selected by default, that allows the reversal of just the Per Diems with errors instead of all Per Diems in a Create Charges job. • The Create Charges process on the RI Custom Billing form was updated to set a shadow Service to done when a Per Diem Charge for that same Client, Month, and Year already exists.
EV-4353	CCA reported an issue where the Program displayed in the UI for the IHHPD Service Definition did not match the Program in the shadow Service Program component. We found that the Acorn's create charges job stored procedure was filtering out the Service Program when it matched one in the Service Definition, and then took the top one from the Per Diem Service Definition. This method created the issue for CCA since their IHHPD and ACTPD Service Definitions have multiple Programs defined. Now if the Service Program component matches one from the Per Diem Service Definition, then the Service Program is used.
EV-4657	The IHH/ACT Per Diem charge is now split when a client has a policy renewal that results in a new policy number. The split is based on the client payer effective dates. For example, if an IHH client has Medicaid with effective dates for Policy A from 08/01/2022 through 08/11/2022 and then renews with Medicaid to Policy B from 08/12/2022 through 08/31/2022, the PerDiem charges would be as follows. • IHHPD $152.02 for 11 days (8/1-8/11) with Policy A information • IHHPD $276.40 for 20 days (8/12-8/31) with Policy B information
EV-4671	A new stored procedure was created to help identify and correct services with the wrong SubProgram information, for example, entering IHH instead of ACT. Before the completion of EV-4672, this type of error would result in a Per Diem charge for both ACT and IHH. While the EV-4672 task below prevents additional per diem charges, this new stored procedure compares the service Program and SubProgram to the Enrollment with the matching Program that is active as of the Service Date and then updates the service SubProgram to match the Enrollment SubProgram if needed. This SubProgram update allows all associated shadow services to be included in the Per Diem charge creation job. The existing mark ready stored procedure is updated to call this new stored procedure.

| EV-4672 | The Acorn now checks for an existing IHH or ACT Per Diem charge before creating new IHH and ACT Per Diem charges. When either an IHH or ACT PD charge is found, the Acorn sets the shadow service to done and logs a record in dbo.ServiceProcessingMessages with code 9001 - *"Found existing per diem. Setting service to done."* These messages do not display in the UI |

Bug Fixes

Ticket Number	Case Number	Description
EV-4624	CCA	CCA reported an issue with SubProgram values not copying to the Acorn created Per Diem charges, even though there was a SubProgram value in the associated service. The cause was due to SubProgram not being set as a required component. The issue was addressed by adding an *INCLUDE_NON_REQUIRED_COMPONENTS* PropertyKey record to dbo.StaticValues. Only CCA will have the PropertyValue set to 'Y' for this flag.
		CCA also reported that their excluded hospitalization Admission Types differed from Thrive and Newport. To address this issue, the excluded values for hospitalizations are now stored in dbo.StaticValues rather than the Acorn. The PropertyKey is *EXCLUDED_HOSPITAL_VALUES* and the PropertyValue contains the excluded Admission Types (*ER-MED, ER-PSYCH, SAHS, and/or Emergency Visits)*. This change accommodates different excluded values per agency. In addition, changes in the excluded values will no longer require an update to the Acorn.
		It was reported that Client Stays where the admission and discharge occurred on the same day resulted in a split Per Diem charge. This issue was addressed and now same day admissions and discharges no longer result in multiple Per Diems.
		An update was made to the Reverse Per Diem process initiated on the RI Custom Billing form. Now system created adjustments (Copays, or Contractual Adjustments, for example) are deleted when a Per Diem charge is reversed, provided they have not been posted to GL. If the system created adjustments have been posted to GL or there are other types of adjustments associated with the Per Diem charge, it cannot be reversed.
EV-5214		An issue was reported where the Reverse button on the RI Custom Billing form reversed IHH/ACT PD Charges with a status of *Outgoing* or *Active* in error when the Client field was not populated. IHH/ACT Per Diem Charges with a Status of *Done* or those with associated payment information were not affected.
		The issue was resolved by restricting the reverse procedure to affect only IHH or ACT Per Diem **Services** with a *Ready* or *Not Ready* status, regardless of whether the Client field is populated on the RI Custom Billing Form. This change means that an IHH or ACT PD Create Charges job must be reversed or finalized before reversing.
EV-5759		An issue was addressed where the Acorn was not respecting the Enrollment Start and End Dates when the Client had a gap between Enrollments during the month and both a Hospitalization and Incarceration period.
		For example, a client has the following two Enrollments.
		• CSP > ACT 01/01/2023 to 01/15/2023
		• CSP > ACT 01/17/2023 with no end date
		And the following "stays"
		• Hospitalization on 01/10/2023-01/12/2023
		• Incarceration on 01/20/2023-01/22/2023
		The Acorn now correctly creates Per Diem Charges with the following dates.
		• Per Diem 1, 01/01/2023-01/09/2023
		• Per Diem 2, 01/12/2023-01/15/2023
		• Per Diem 3, 01/17/2023-01/19/2023
		• Per Diem 4, 01/22/2023-01/31/2023
EV-6135	18703	An issue was reported where the Acorn was not respecting the Excluded Hospital Stay values. This issue has been resolved with an updated data population script.
EV-6477	**SOW-192**	This task addressed the change outlined in SOW-192. Now, the per diem charge created by the Acorn is no longer split for hospitalizations or incarcerations if the payer is a non-MCO Medicaid Payer (MCO = 'N').