

# Revenue Cycle Changes Checklist

## CO-LOCATION OF PRIMARY CARE AND BEHAVIORAL HEALTH

AREA	REGULATORY OPTION*					TASK
	TH	3a.i.	IOS	Dual	Shared	
<b>SCHEDULING - EHR – IT –FRONT END</b>						
Schedules	✓	✓	✓			Create action plan for set-up and scheduling of integrated services
	✓	✓	✓			Set up new schedules for integrated services-date sensitive
	✓	✓	✓			Set up access for scheduling staff to integrated services
	✓	✓	✓			Train staff for go live
				✓	✓	Consider staff HIPPA complaint access to schedules across same ownership clinics for coordination of care
Templates	✓	✓	✓			Build templates for integrated services in EHR, develop non-EHR paper process
	✓	✓	✓			Update provider/clinical staff view/edit access to integrated service records
	✓	✓	✓			Train providers as necessary on new or updated EHR system
Coding	✓	✓	✓			Add appropriate CPT/HCPCS/ICD-10/modifiers for intergraded services to host EHR
<b>BILLING-CLAIMS</b>						
<b>EHR</b>						
Diagnoses	✓	✓	✓			Develop/add diagnosis coding pick lists for integrated services as necessary
CPT-MODs	✓	✓	✓			Add new CPT/HCPCS codes and modifiers to EHR to facilitate proper coding of integrated service(s)
Ins plans	✓	✓	✓			Set up new insurance plans in host EHR systems as necessary
Locations	✓	✓	✓			Set up new locations in EHR systems as necessary to facilitate new location(s) of integrated services
MC Plans	✓	✓	✓			Create new reference materials for staff to accommodate plan participation for new integrated services
<b>AR SYSTEM</b>						
Diagnoses	✓	✓	✓			Add new diagnoses codes to AR system as necessary for integrated services
CPT-MODs	✓	✓	✓			Add new CPT/HCPCS codes and modifiers to AR system to facilitate proper coding of integrated service(s)
Ins plans	✓	✓	✓			Set up new insurance plans in host AR systems as necessary
Locations	✓	✓	✓	✓	✓	Set up new locations in AR systems as necessary to facilitate new location(s) of integrated services

AREA	REGULATORY OPTION*					TASK
	TH	3a.i.	IOS	Dual	Shared	
Managed Care Plans	✓	✓	✓	✓	✓	Create new reference materials for staff to accommodate plan participation for new integrated services or service referrals
Claims	✓	✓	✓			Review and automate if possible, splitting/merging claims across payers and disciplines
Dictionaries	✓	✓	✓			Review CPT-claim-modifier relationship to prevent denials for unacceptable modifiers based on payer & service type
Mapping 1		✓	✓			Develop process to add APG E/M XP modifier appropriately to behavioral health E/M service for same day visits
Mapping 2		✓	✓			Develop process to ensure diagnosis coding on same day E/M APG claims is appropriate (primary PC, secondary BH)
Rate codes		✓	✓			Add new 3a.i, IOS rate codes to AR system – date sensitive **No change need for FQHCs operating under an IOS license or 3a.i DRIP Waiver
Tracking	✓	✓				Develop visit volume tracking for integrated service as applicable
Claims	✓	✓	✓			Develop a process to hold same day claims until all services are submitted or adjudicated by the primary payer(s) before submitting PPS or APG claim
<b>GENERAL</b>						
Managed Care Plans	✓	✓	✓	✓	✓	Compare managed care plan participation to ensure the ability to deliver integrated services to all patients who are referred to or require the services
Managed Care Plans	✓	✓	✓	✓	✓	Begin contracting process on all misaligned payer to close payer gaps

#### RATE CODE CHANGES

##### Article 28 Host – 3.a.i. DSRIP Waiver

1102 – Freestanding DTC – APG  
 1104 - Hospital OPD – APG  
 DOH – FQHC – No change to rate code

##### Article 31 Host – 3.a.i. DSRIP Waiver

1106 – OMH Freestanding DTC - APG  
 1110 – OMH Hospital OPD – APG

##### Article 32 Host – 3.a.i. DSRIP Waiver

1114 – OASAS Freestanding DTC - APG  
 1118 – OASAS Hospital OPD – APG

##### Article 28 Host – IOS License

1597 – DOH Freestanding DTC – APG  
 1594 – DOH Hospital OPD – APG  
 DOH – FQHC – No change to rate code

##### Article 31 Host – IOS License

1480 – OMH Freestanding DTC –APG  
 1122 – OMH Hospital OPD – APG

##### Article 32 Host – IOS License

1486 – OASAS Freestanding DTC –APG  
 1130 – OASAS Hospital OPD – APG

\* TH – Current licensure threshold

3a.i. – DSRIP Waiver – 49% threshold for integrated services

IOS – Integrated Outpatient Services (IOS) license – change to operating certificate/license – no service threshold

Dual - Dual licensure for one agency – Multiple providers (operating certificates) under same ownership utilizing same space to deliver integrated services

Shared space – Two providers with different licenses – Separately owned clinics or FQHC's providing integrated services in same "suite" or building

\*\*FQHC – Federally Qualified Health Center operating under an IOS license or 3a.i. waiver