35 Hour Rule Webinar

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Topics Covered in Webinar

• What are the Implementation Dates and Timelines?
• How does the 35 hour rule work?
• What services are included/excluded?
• How do groups get calculated?
• If I go over, which claims get recouped?
• What other things do I need to know?
Implementation Dates and Timelines

• Implementation Date
  – Sunday, November 16\textsuperscript{th}, 2014

• Timelines
  – If services are recouped, they will be done the first Saturday of each month.
  – Since the first four week period does not finish until December 6\textsuperscript{th} 13\textsuperscript{th}, 2014, the first recoupment will not be until January 3\textsuperscript{rd}, 2015.
35 Hour Limit

• Only billed hours are counted, not hours for documentation, travel, etc.
• Weeks run from Sunday to Saturday.
• If an individual works at multiple agencies or for themselves, all hours are combined.
• In essence, because of the four week rolling average, the limit is really a 140 four week limit.
How does the rolling four week average impact hours?

• This allows providers to work extra hours during a week, but must be balanced out later in the four week period.

• Example
  • Week 1: 38
  • Week 2: 37
  • Week 3: 32
  • Week 4: 33
    = 140 Hours
Four Week Periods

- 11/16/2014 to 11/22/2014
- 11/30/2014 to 12/6/2014
- 12/7/2014 to 12/13/2014
- 12/14/2014 to 12/20/2014
- 12/21/2014 to 12/27/2014
- 12/28/2014 to 1/3/2015
- 1/4/2015 to 1/10/2015

And so on...
What services are included/excluded?

• Excluded
  – Assessment (H0031)
  – Tx Plan Update (H0032)
  – Outpatient Crisis
  – Testing

• Included (partial list)
  – Psychotherapy (Individual and Group)
  – Case Management
  – Rehab (Individual and Group)

• See [http://www.odmhsas.org/arc.htm](http://www.odmhsas.org/arc.htm) for full list
What services are included/excluded?

• Includes only behavioral health paid claims which ODMHSAS pays partially (TXIX) or in whole (DMH).
  – Basically, only funding ODMHSAS is responsible for.

• Excludes crossover (Medicare) claims, inpatient, DDSD, OJA, TFC, etc.

• Excludes any hours billed to private insurance or self-pay.
Group Service Calculations

• Group Size
  – Rehab (H2017) and Kids = 8
  – Rehab (H2017) and Adults = 14
  – Psychotherapy (H0004) and Kids = 6
  – Psychotherapy (H0004) and Adults = 8
  – ICF/IID (formerly ICF/MR) = 6
  – Day Tx (H2019) = 8
  – PACT Groups (H0039) = 8
Group Hour Calculation, Example 1: All Claims the same number of units

Step One: Get all the claims for:
1) each rendering
2) each agency
3) each day
4) each type of group service
5) age group

Step Two: Sort by Units

Step Three: Group together the first set of records for each service type (see previous slide), repeat

Step Four: Count the hours for the first service in each group

Billed Claims (16 claims)

<table>
<thead>
<tr>
<th>Rendering</th>
<th>Member ID</th>
<th>Service</th>
<th>Age Category</th>
<th>Service Date</th>
<th>Units</th>
</tr>
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<tbody>
<tr>
<td>200012345</td>
<td>100000123</td>
<td>H0004 HE HQ</td>
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<td>4</td>
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<td>H0004 HE HQ</td>
<td>Kids (Under 18)</td>
<td>11/9/2014</td>
<td>4</td>
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</tbody>
</table>

Groups could have been

A. Four groups of Three and one group of 4
   a. 5 Hours

B. Four Groups of 4
   b. 4 Hours

C. Two Groups of 6 and one group of 4
   c. 3 Hours

Calculation will always be the smallest number of hours possible, which benefits the provider.

In this example, the provider may have worked 5 hours, but we will only count it as 3 hours.
Group Hour Calculation, Example 2: Claims with different number of units

Step One: Get all the claims for:
1) each rendering
2) each agency
3) each day
4) each type of group service
5) age group

<table>
<thead>
<tr>
<th>Rendering</th>
<th>Member ID</th>
<th>Service</th>
<th>Age Category</th>
<th>Service Date</th>
<th>Units</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>200012345</td>
<td>100000123</td>
<td>H2017 HEHQ</td>
<td>Adults (18+)</td>
<td>11/9/2014</td>
<td>12</td>
<td>3</td>
</tr>
</tbody>
</table>

Step Two: Sort by Units

Step Three: Group together the first set of records for each service type (see previous slide), repeat

Step Four: Count the hours for the first service in each group

### Billed Claims

<table>
<thead>
<tr>
<th>Rendering</th>
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<th>Age Category</th>
<th>Service Date</th>
<th>Units</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>200012345</td>
<td>100001234</td>
<td>H2017 HEHQ</td>
<td>Adults (18+)</td>
<td>11/9/2014</td>
<td>12</td>
<td>3</td>
</tr>
</tbody>
</table>

### Recoded Hours

<table>
<thead>
<tr>
<th>Rendering</th>
<th>Member ID</th>
<th>Service</th>
<th>Age Category</th>
<th>Service Date</th>
<th>Units</th>
<th>Group Size</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>200012345</td>
<td>100001234</td>
<td>H2017 HEHQ</td>
<td>Adults (18+)</td>
<td>11/9/2014</td>
<td>12</td>
<td>3</td>
<td>6.5</td>
</tr>
</tbody>
</table>

In this example, the provider may have worked 6.5 hours, but only 5.5 hours will be calculated against the 35 hours.
If I go over, which claims get recouped?

* Technical process for identifying over limits and how we will identify which claims to recoup:

1. Calculate hours worked per week.
2. Moving from first four-week period to last four-week period, identify four week periods worked which exceed 140 hours for those individuals.
3. Claims are sorted by Rendering Provider ID (9 Characters, no letter), Service Date, Billed Date, ICN, detail number.
4. Then, within each four-week period, moving from last week to first week, identify if last week exceeded 35 hours.
   1. If No, return to Step 3 and repeat, moving to previous week.
   2. If Yes, mark last detail line to be recouped and remove hours from calculation.
   1. If four week total is still over 140 hours, return to Step 4 and repeat.
   2. If four week total is no longer over 140 hours, stop processing.
If I go over, which claims get recouped?

- For each four week period, we work in reverse order of dates, recouping claims until the week is equal to or less than 35 hours or until the four week period is equal to or less than 140 hours.

Example:

\[37 \ 33 \ 35 \ 36 = 141\]

1. Remove last claim, which is one hour in this example.

\[37 \ 33 \ 35 \ 35 = 140\]

2. Now the four week period is \(= 140\) hours, no other processing required.
What if an individual works at multiple agencies?

- Claims are sorted in this order
  - Rendering Provider ID (9 Characters, no letter)
  - Date of Service (Sunday to Saturday)
  - Billed Date
  - ICN
  - Detail Number

- Therefore, if an individuals work at multiple agencies and exceeds the 35 hour limit, the claim most like to be recouped are:
  - Those at the end of the week (Saturday, Friday, so forth)
  - Those which were billed last
Things to know

• Claims recouped may bring provider under the 140 hour limits. Providers may rebill the claim to equal the 140 hour limit, but will be recouped again if the 140 hour limit is exceeded.

• This process will always go back to 11/16/2014 to identify claims.
  – This is needed because providers have up to one year to bill claims.

• As new procedure codes are included, report in PICIS will reflect codes to be included in process.

• Report in PICIS will show claims sent for reprocessing, but not until they are recouped.
  – EOB 8047 will be what the provider sees as a denial reasons
Questions?

• Contact information
  – Mark A. Reynolds
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  – David Melton
    • dmelton@odmhsas.org
  – PICIS Helpdesk
    • gethelp@odmhsas.org
    • 405-248-9326

• Documents
  – http://www.odmhsas.org/arc.htm

Rules starts 11/16/2014. Includes all persons billing behavioral health, including Case Managers, LPC, LADC, LBHPs, RSS, psychologist, etc. Claims with HL modifiers for psychologists will be removed/excluded.