

FamilyNet ORCHID Release Information

June 7, 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 Monday, June 7, 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 has changed the location codes that it submits on billing claims. DMAP is also changing how it translates these location codes before they are loaded into the MMIS. These changes affect TCM billing and MCM billing.

- **Location on TCM Billing Claims (Babies First and CaCoon)**

DMAP requires the location of a visit to be included on every TCM billing claim. Although an ORCHIDS user can submit a TCM claim without saving a location in the “Location” field of Visit Tab 3, the claim will error during Saturday night billing processing and will not transfer to DMAP. The Billing Report will show the visit with the billing status “BILLING ERROR” and the error message, “Location missing on claim.” The Client Profile report will show the visit with an “N” (for “No”) under the “Visit Billed?” column.

Users also can save a billing claim with the location “8–Client Not Home/Failed Visit,” but the claim will error during Saturday night billing processing and will not transfer to DMAP. The Billing Report will show the visit with the billing status “BILLING ERROR” and the error message, “Failed visit is not billable.” The Client Profile report will show an “N” (for “No”) under the “Visit Billed?” column.

Future changes in ORCHIDS, which will be released in August of this year, will prevent TCM claims from being saved without a location. These future changes will also prevent claims for failed visits (with location “8–Client Not Home/Failed Visit”) from being saved. Starting in August, users who try to bill a TCM visit with no location or who try to bill a failed visit will see an error message on the screen that will prevent the billing claim from being saved. 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.

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 on MCM Billing Claims**

DMAP now requires the location of a visit to be included on every MCM billing claim that ORCHIDS submits. The MMIS displays the location of a visit in the “POS” (Place of Service) field on the Claim Detail section of the Claim screen.

ORCHIDS requires a location to be recorded on billing claims only for procedure codes “G9001–Initial Assessment” and “G9012–Case Management Visit,” although what users saved was not being recorded correctly on claims. DMAP was translating whatever ORCHIDS submitted into the code “11” (“11–Office”). As of Saturday, June 12, ORCHIDS will submit codes that correspond to the “POS” codes in the MMIS for procedure codes G9001 and G9012. Codes for “12–Home,” “71–Public Health Clinic,” and “99–Other Place of Service” will be submitted on MCM claims according to what is saved on the ORCHIDS screen. (See table below.)

For the procedure code that relates to a home assessment (G9006), ORCHIDS will submit the default code “12,” which represents “12–Home” in the MMIS. For telephone visits, ORCHIDS will submit the default code “99,” which represents “99–Other place of service” as there is no MMIS place of service code for telephone visits.

Note that claims for cases, which can be a combination of telephone visits and face-to-face visits that occurred in multiple locations, must be submitted with a location. (The procedure codes that are for cases, not individual visits, are G9002–Full Case Management, G9009–Partial Case Management, G9005–Full High Risk Case Management, and G9010–Partial High Risk Case Management.) ORCHIDS will submit the location code “99” (99-Other place of service) on claims for procedures codes that refer to the overall case.

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 (Claim Detail section of the Claim screen). The third column in the table shows the meaning of each MMIS code.

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

▪ **CAWEM Plus Added to the “Insurance Status at Intake” Field**

County agencies that are CAWEM Plus providers are now able to record “CAWEM Plus MCM/MOP” in the “Insurance Status at Intake” field when a non-citizen, pregnant client is covered under this benefit plan at the time of enrollment into MCM. See these DMAP provider announcements for more information about CAWEM Plus:

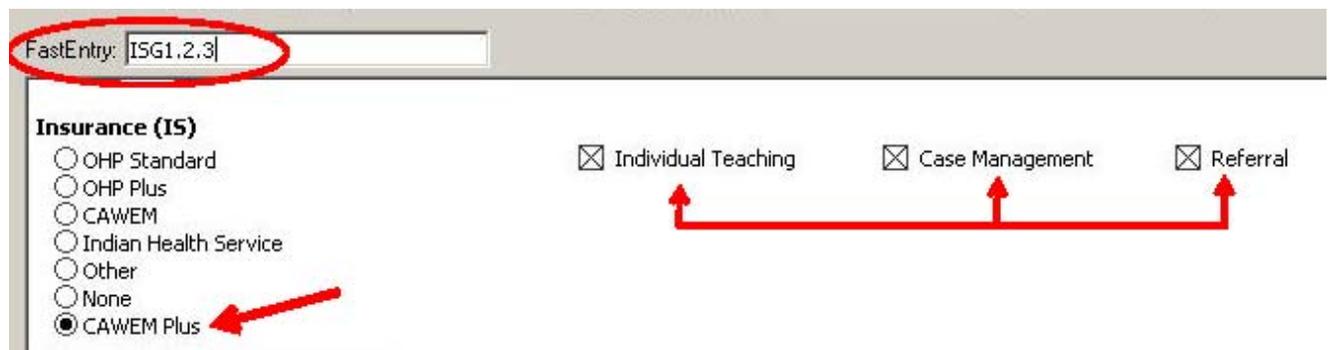
- http://www.oregon.gov/DHS/healthplan/notices_providers/2009/prov-cawem-web.pdf
- <http://www.dhs.state.or.us/policy/healthplan/transmit/im/2008/im08041.pdf>

CAWEM Plus: the expanded benefit package for pregnant noncitizens who live in certain counties. CAWEM Plus covers additional services beyond what CAWEM covers, including maternity case management and most other services that OHP Plus covers. Once the client’s pregnancy ends, her CAWEM Plus coverage converts to CAWEM emergency coverage, which does not cover maternity case management services.

▪ **New Outcome Added to the “Insurance” Issues/Outcomes/Interventions” Field**

The new outcome “CAWEM Plus” appears in the “Insurance” issue, which is located on the Visit Tab. A home visitor should record this outcome in the field when she addresses this type of insurance during a visit, i.e., assesses insurance status/access, or assists a client in maintaining this insurance coverage.

“CAWEM Plus” appears as the final outcome in the list and is entered in the FastEntry code field onscreen with the letter “G.” Enter “ISG” for the CAWEM Plus outcome only, with no interventions. Enter “ISG1” for the CAWEM Plus outcome with the intervention “Individual Teaching.” Enter “ISG2” for the CAWEM Plus outcome with the intervention “Case Management.” Enter “ISG3” for the CAWEM Plus outcome with the intervention “Referral.” To enter the CAWEM Plus outcome with combinations of interventions, place a period between the intervention numbers, for example, “ISG1.2” or “ISG1.3” or “ISG2.3” etc. See the example in the graphic below.



FastEntry codes for the “CAWEM Plus” Outcome in the “Insurance” field

Form Improvements

New versions of the Babies First!, CaCoon, and MCM/MOP Encounter/Data forms are available: http://www.oregon.gov/DHS/ph/ch/orchids_train.shtml. Please discard all previous versions of the forms and begin using the new versions immediately. The current forms show the date **6/7/2010** in the footers on every page.

Babies First and CaCoon Forms

Future changes in ORCHIDS, which will be released in August of this year, will prevent TCM claims from being saved when no location is saved on a visit or when the location “8–Client Not Home/Failed Visit” is saved on a visit.

The “Location” field on Visit Tab 3 is now marked on the forms with an asterisk (*) along with a reminder that location is required to bill a claim. (Fields that are marked with an asterisk in ORCHIDS indicate that entry is required to perform a function, such as billing a visit, or closing a visit or case.)

County Codes	Estimated Date of Next Visit	Date Case Closed*
Location* (Required for billing)		Time
<input type="checkbox"/> 1 - Home / Field	<input type="checkbox"/> 2 - Hospital	<input type="checkbox"/> 3 - Health Department
<input type="checkbox"/> 4 - School	<input type="checkbox"/> 5 - Telephone	<input type="checkbox"/> 6 - Tertiary Care Evaluation
<input type="checkbox"/> 7 - Group Home / Shelter	<input type="checkbox"/> 8 - Client Not Home / Failed Visit	<input type="checkbox"/> 9 - Other
		<input type="checkbox"/> Submit TCM Claim*

“Location” field on the Babies First and the CaCoon forms, located on Visit Tab 3

MCM/MOP Form

- CAWEM Plus Added to the “Insurance Status at Intake” Field

The screenshot shows the 'Client Info' tab with the 'Client Information' section highlighted. Below this, there are fields for 'Income', 'Interval', and 'Family Size'. The 'Insurance Status at Intake' dropdown menu is open, showing 'CAWEM PLUS MCM/MOP' selected.

“CAWEM Plus MCM/MOP” in the “Insurance Status at Intake” field of the Client Info tab

- New Outcome in the “Insurance” Issues/Outcomes/Interventions” Field

Insurance (IS)			
<input type="radio"/> OHP Standard	<input type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Referral
<input type="radio"/> OHP Plus			
<input type="radio"/> CAWEM			
<input type="radio"/> Indian Health Service			
<input type="radio"/> Other			
<input type="radio"/> None			
<input type="radio"/> CAWEM Plus			

OHP Follow-Up Information (OF)			
<input type="radio"/> Client refused referral			
<input type="radio"/> OHP Pended			
<input type="radio"/> OHP Denied			

CAWEM Plus outcome in the “Insurance” Issues/Outcomes/Interventions field

Policy/Practice Implications of System and Form Improvements

Changes to Location Codes on Babies First and CaCoon Billing Claims

Users who bill TCM claims within ORCHIDS should be aware that location is being processed differently now. ORCHIDS is submitting more accurate location codes on billing claims. DMAP is also changing the way that it translates location codes on billing claims, and will no longer be translating all location codes into office visits.

Users who are billing TCM claims in ORCHIDS should be vigilant about always saving a location whenever a visit is billed, and not billing any failed visits. From June until early August, it will be possible to save billing claims without locations and to save billing claims for failed visits. These claims will error during Saturday night processing and will NOT transfer to DMAP. Billers should check the Billing Report every Monday for billing errors on claims that were submitted without a location or with the location “8-Client Not Home/Failed Visit.” Contact App Support if you are unsure about how to generate or manipulate a Billing Report, how to rebill a claim, or how to delete an errored billing claim.

Changes to Location Codes on Maternity Case Management Billing Claims

Users who bill MCM claims within ORCHIDS should be aware that location is being processed differently now. ORCHIDS is submitting more accurate codes that will map more easily to MMIS codes. DMAP will be translating codes more accurately before loading MCM claims 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.

CAWEM Plus and MCM/MOP

Seven county agencies have become CAWEM Plus providers for pregnant undocumented women who meet other eligibility criteria. More information about this program is available on DMAP’s website: <http://www.oregon.gov/DHS/healthplan/index.shtml>

Visits to MCM clients with CAWEM coverage are not eligible for reimbursement, but visits to MCM clients with CAWEM Plus coverage are reimbursable through delivery. Keep in mind that CAWEM Plus converts to CAWEM after delivery, which means that any postpartum MCM services delivered to these clients with CAWEM coverage are not billable.

During the initial intake, home visitors should record accurate insurance status, and record “CAWEM Plus MCM/MOP” in the “Insurance Status at Intake” field when appropriate. Nurses should also begin using the “CAWEM Plus” outcome in the “Insurance” IOI. Using these field updates will result in accurate data being available in the future.

Known Issues in the System

There are no new 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