DCF/DAC-Subcommittee Finalize Unique Constraint Meeting

Date: 11/04/20

Start Time: 10:00

End Time: 11:20

Attendees: Attendees: Jonathan Hall, Richard Power, Greg Nix, Ed De Cardenas, Jesse Lindsey, Diego Wartensleben, Tracey Fannon, Joanne Szocinski, Johnny Guimaraes, Steve Lord, Nathan McPherson, Mike Lupton, Roderick Harris, Lisa Tajdari, Ryan Lavender, Larry Brown, Danielle Downing

Jesse – The last couple of weeks we've been talking about these composite keys and the service event is the only outlier at this point. One of the big items is in v13, whether to keep the staff identifier in or not. CFBHN brought up a point or situation where someone at a provider level might be using someone else's staff ID for billing and budgeting purposes. I spoke with Joe about this and he did confirm that is the case with some of their providers and he wanted everyone else to do that confirmation, as well, to see if they do have – if these specific composite key fields would return duplicates. I think he had about 9,000 in his system based on an email he sent to me. Now, the other half of this is that this is going to be something where we have two separate composite keys, depending on v13 and v14. So, one of the things we discussed in addition to these composite keys is also the need to deduplicate some of the FASAMS data by allowing the MEs to do one of three different choices; either submit deletion records, FEI purges v13 data and it's all resubmitted; and FEI purges v13 data and it's all resubmitted in v14 format. When I spoke to Joe about this, I don't know if we have Joe on the line, but I asked if he would have any issues because CFBHN has a plan to resubmit into the v14 format, so therefore his issue with these composite keys do go away based on an email he sent me earlier this week. I wanted to open up the conversation and hear from Diego and CFBHN and anyone else who has a strong opinion and try to finalize these composite keys today so we can get the development going as soon as possible on the FEI side. With that being said, I want to open the floor and hear the opinions of the group.

Steve – Just looking at the v14 one, I do have a little bit of concern about the staff identifier. In that, I'm thinking that with our FMT team we have three different case managers. One is specialized in benefits; another one might be specialized in housing and the third one does something else. So, although it is very unlikely, it seems like it would be conceivable for the same program area code, the same covered service code, HCPC to be done at the same time by two different people.

Jesse – So, that would be a case for adding the staff identifier to v14 composite fields?

Steve – Yes.

Jesse – Okay.

Steve – Again, unlikely, but it could happen.

Jesse – Okay, thanks for that, Steve. Does anyone else have that as a scenario for their providers?

Diego – I think the treatment locale, I don't know if it is something that should be there.

Jesse – No, can you talk us through that, Diego?

Diego – I find it kind of weird that somebody would have to add the staff identifier to v14, then you would have two people doing the same services at different treatment locales for the same client; for the same covered service; for the same procedure code; starting at the same time, is very unlikely.

Larry – I see the instance where it can happen with a FACT team, for instance, where they may use staff identifiers for other than just the team leader, and when a patient goes into the FACT team office that would be, you would have multiple people doing multiple services at the same time. But also there could be a FACT team member who is doing something with a landlord at the same time out in the field. We felt that it was needed to go ahead and provide the treatment locale code as an extra distinction to help make this thing where it would go ahead and provide unique records, unique constraints, and it was one of the few deals where we could have where it was significant and it had enough distinctions and would occur in practically every case.

Diego – One question, are we including the staff identifier in v14 or not?

Jesse – Well, we haven't made that decision yet. I think that this v14 composite key is essentially what was used in v12 in SAMHIS.

Larry – It pretty much is. It has a high level of correlation. We tried to go ahead and put as many fields into the construct for the composite key as possible and we used v12 as a basis to do so. When we had fewer fields in there it went ahead, and we saw the potential for the duplication and right now I don't see a problem with going ahead and adding the staff identifier into that particular one. Joe may have a different opinion. I don't know if he's the caller 1 in this discussion this morning.

Jesse – Yeah, and Joe did have a concern where a staff member might essentially use their supervisor's ID. So, that could still potentially create a problem, I think, right?

Diego – I think that is kind of a problem. I think, I don't know, somebody using somebody else's ID.

Larry – You'll have it with people who are interns and for budget and billing purposes where a clinical supervisor's ID number will go into the records rather than the actual clinician who performs the service hands on. We see that frequently.

Diego – I think it's wrong. That's my opinion.

Jesse – Larry, do you know if we do add staff ID here does the addition of the ServiceCountyAreaCode and TreatmentLocaleCode help with the duplicates that Joe identified previously?

Larry – You're going to need to have – we took a long time going ahead and working this one out. Without the additional codes for service county and treatment locale we're seeing a problem.

Jesse – So we would keep the service county and treatment locale in? If we added staff ID in as well do you still have the same problem or does that kind of resolve it?

Larry – No, I don't see a problem with adding the staff ID into the fields that we requested for that or having the service county or treatment locale in there, as well. Joe may have a different opinion on that but he's not available at the moment, evidently.

Jesse – Joanne, you said you sent that out to Joe just to make sure that he had a reminder. I think he was on the original invite, but if you could just verify.

Joanne – I sent out a note to all of us in our team.

Jesse – I really need to get this one buttoned up since we're getting close to the halfway point of the quarter. If we can get him that would be ideal, of course. So, Larry, it seems that you think this would be fine and you wouldn't have the same issue that Joe brought up before. If we added the staff ID in, but also kept ServiceCountyAreaCode and TreatmentLocaleCode, but you don't know 100% until Joe can speak to it.

Larry – Yes, that is correct.

Diego – Larry, let's say that somebody is using somebody else's staff ID; what are the probabilities that they use exactly the same covered service for the same client, same procedure code and same service date and time?

Jesse – I think Joe sent me that query. Larry, you might have been copied on it. It was something like 9,000 in your system for this v13 grouping. I don't know what it is with these two added.

Diego – It doesn't seem like those are more of a duplicate than real services? I would consider them more duplicates than real services, maybe. That's what I'm trying to say. Just because you have it doesn't mean that they are real.

Jesse – Right, I hear what you're saying Diego. They might be duplicates in the MEs source system. I would have imagined that Joe would have looked for that, but he's not here right now to speak to it directly. It seems like maybe adding the staff identifier in the v14 would resolve it if we can make sure we're not going to prevent a lot of Central Florida's records from coming in, and then we keep it in for v13 for those that will either be resubmitting v13 or cleaning up v13.

Larry – Like I said, I don't see a problem with having Staff Identifier in v14.

Jesse – Alright, maybe we go forward with that. Does anyone else have any issues or concerns with either of these composite keys for v13 or v14 for service event? Alright, we'll keep that as it is, then. We also have the non-client specific. We touched on this briefly and it feels like we came to a conclusion that these are the fields to use. Anybody remember otherwise? I remember mostly talking about the service event, client specific service events. Did anyone have any concerns for what we laid out for non-client specific?

Diego – I think that's fine with me.

Jesse – Okay, Larry, Joanne, anyone else?

Larry – Yeah, I'm not seeing a problem with that.

Jesse – Those are the only two we have left on our list. Waiting list was also discussed last week and it was requested to remove site ID and outcome code, which seemed to be fine with everyone on the call. Alright, that is all I have. I know that we have Jonathan on the call. Jonathan, do you have anything else that you might want to cover. I knew that this was going to be a short one if we were able to get the answers to these. If there's any other items, maybe I can kick it over to you.

Diego – I have one question. There's going to be any validation about services overlapping, or not?

Larry – Yeah, that figures heavily into the client specific records for just exactly the stuff we were talking about because of the situations where the supervisor staff ID could be used rather than the clinician. We see it in case management issues, and we see it in supported housing. We're thinking that the addition of the staff identifier and keeping in the service county area and the treatment locale code, I'm

thinking that would – the situation Diego brought up – it figures heavily into those things were you do have a service that the timeframe is going to overlap for the client.

Jesse – I think that should be fine if they have different start times. Is that correct?

Larry – Yeah, it can vary even slightly, by just a minute or two or something like that, but yeah that situation is definitely present in our data, I know, just because Diego asked the question, I'm assuming he sees it, as well.

Jesse – And what is that situation? Maybe I don't fully understand it. Can you walk me through it?

Larry – The best example I can think of offhand is for the FACT Team, and the client comes into the FACT Team provider offices, for instance, and he or she is there for maybe an hour or two and while they are there they have contact with multiple people on the staff. They have several people who are going to manage the medicine, do case management, probably put the individual into some outpatient for therapy, counseling sessions for a little while, and in the meantime, from whatever input he or she has given them from where they are or how they're feeling today or what's going on, they may have someone go ahead and reach out to the landlord or go ahead and contact the pharmacy and all of this stuff is happening during that same hour to an hour and a half that the person is there. Those are the types of situations that lend themselves to going ahead and having – the services will overlap, at a certain timeframe, at some point.

Jesse – Yeah, I don't think that would matter then since we're not actually collecting duration of the service, right? Just the actual start of it and you mentioned those times are usually not going to be the exact same start time, right?

Larry – Correct.

Jesse – So, duration wouldn't have an impact on this. Diego, is that what you were asking about, as well?

Diego – Yes, I was asking about if there is going to be any validation about a service for the same client, for the same unique constraint, but the only thing that is going to change is the service start time and when it is going to overlap with one another.

Jesse – No, we're not really including that in this rule.

Diego – Okay

Larry – If you're not validating on the units like that, like you're suggesting, then that works.

Jesse – We aren't. No, we wouldn't be doing that. Yeah, we will just be looking at strictly these fields, not bringing into account the units of measure for the specific service event, like hours or minutes, like you said, or day. Okay, so that resolves that question. Any more items for this before we move on to anything potentially that Jonathan might want to talk about? Alright, great. Well, thanks everyone, again, I think we've got Jonathan on the call. Did you have anything that you wanted to touch on since we didn't get to meet yesterday, or do you want to just hold it for next Tuesday?

Jonathan – I think the goals I'll hold for next Tuesday; the goals that I sent out so we can have a more full conversation on that because I don't think we'll have many other agenda items for Tuesday. I'd like to focus on that and give it its own space to look at that more closely. I did send out a list of service setting codes versus treatment locale codes. There's been a request that we adjust the treatment locale codes

to be consistent with how they're laid out and worded in v12 since that's already imbedded into the provider's work system and electronic system. If we could keep it the same as it was in v12 is the request. So, I sent out a list of what the service setting codes were in v12 versus what the treatment locale codes are in v14. At face value, there just seems to be more options in v12. There's about 14 options in v14 versus in v12 there's about 30 different options. I was just seeing what everybody's initial response was to that. Does anyone see a problem with going back to v12 treatment locale codes? What was everyone's thoughts on that?

Larry – I think it's preferable to go ahead and keep more codes and with descriptions that are consistent over time, so I'd go for v12.

Steve – Agreed.

Johnny – I'll third that.

Jonathan – Anyone disagree and feel that the outline in v14 is what we should go with?

Jesse – Alright, good deal.

Jonathan – So everybody's in agreement to go to v12. Did anybody notice anything that was added in v14 or stated differently that might be helpful to include in v12 or adjust what we have in v12? Any minor tweaks that anyone noticed would be helpful as we go back to v12 service setting codes?

Larry – Can we look at that and get back to you? Again, I wouldn't mind having even more selection values available for the data. So, I'd like to review that again to see if some of the ones in v14 implied a differentiation that was the same from some of the others that were already there, already existing.

Jonathan – Okay.

Diego – I think Sharyn has some thoughts about the locale codes, but she is not feeling well today so I will tell her to try to get that to you.

Jonathan – Alright, yeah, we'll put this on the agenda for next Tuesday with the mindset that we'll likely switch to v12 with some tweaks. We'll discuss what tweaks need to happen on Tuesday, but I'll give everybody a week to think through what tweaks they would like to see, and we'll revisit this on Tuesday.

Larry – Before we sign off, Jesse, Joe's joined the call if you want to go ahead and touch base with what he missed.

Jesse – Certainly, I'll go ahead and represent here. So, Joe, we were looking at the v14 and the recommendation was to add staff identifier into v14, and we wanted to know if this is going to give an issue to Central Florida Behavioral. I know that's one addition maybe beyond what the original composites were in v12, which I know you were trying to kind of replicate. The question is if staff identifier is added as a composite key for the client specific service events does that cause problems? I know that staff ID caused issues for v13; does it cause issues if it's added to v14?

Joe – I have to look at the data. I can't tell you right now. I would have to see, because like I said before, we have providers that are submitting the same staff ID for services. Because they have set their E.H.R.'s up to bill Medicaid, so they're billing Medicaid by the supervisor's identifier.

Jesse – Gotcha, okay. So, you'll look at that and get back. Otherwise, the rest of the group thinks that this should work for them. Like I had mentioned before to the group we are trying to get this finalized

as soon as possible so we can make sure that it gets developed in this quarter. We're getting close to the halfway point in the quarter, so can you get that back to me today, Joe, do you think?

Joe – Sure.

Jesse – Okay.

Steve – Hey, Joe, this is Steve Lord, we also do that same kind of billing where we send the supervisor to Medicaid, but we send the rendering to the State. I was just wondering if you knew off the top of your head if any of those providers are using Credible EMR?

Joe – I'll take a look at which providers are doing that.

Steve – Cause if it's Credible I think that there's a way around that.

Joe – I actually think it might be Netsmart. I'll take a look.

Steve – Okay.

Jesse – Alright, so we'll wait to hear from you. In the meantime, we'll take a look again from the DCF side and try to get this moved up and if this does change, we would want to be flexible to make sure it works for everyone but hopefully we can get this thing finalized as soon as possible. Alright, well that's all I've got. I think that's probably it; anybody else have anything to discuss? Alright, well thanks for joining everyone in kind of an impromptu meeting and we will talk again next Tuesday.