

To: Mental Health System of Care Providers
From: Steve Jones, LCSW, QM Program Manager

Date: 6/8/17

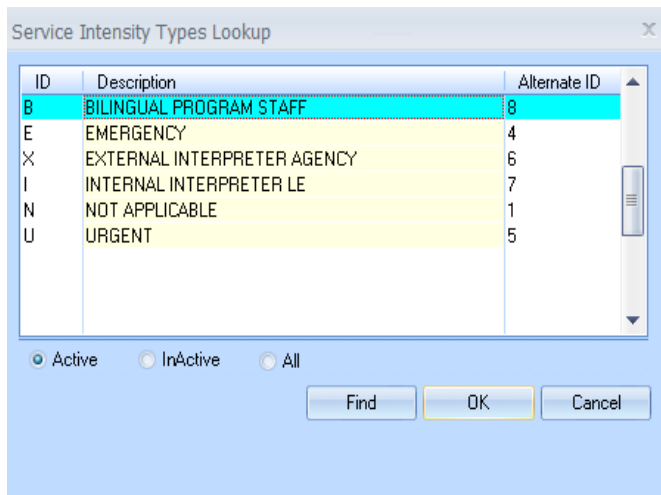
Re: New Billing Service Indicators for Interpreter Use and Language

Due to upcoming Department of Health Care Services (DHCS) data reporting requirements, BHS has worked to develop systems to collect data for the use of interpreters in service delivery and the languages in which services have been provided.

To reach this goal, BHS is utilizing two previously unused tables in the Billing Encounter to capture the use of interpreters and language utilized in service delivery. These two tables are **BILLING TYPE** and **SERVICE INTENSITY TYPE**.

Billing Type = Language utilized for service delivery.

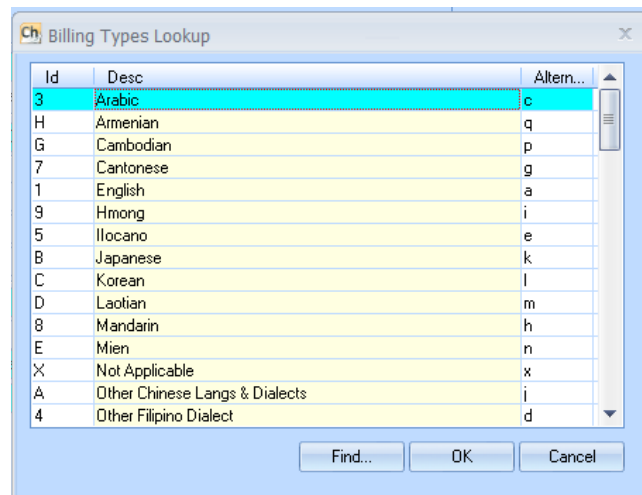
Intensity Type = Interpreter utilized for service delivery.



ID	Description	Alternate ID
B	BILINGUAL PROGRAM STAFF	8
E	EMERGENCY	4
X	EXTERNAL INTERPRETER AGENCY	6
I	INTERNAL INTERPRETER LE	7
N	NOT APPLICABLE	1
U	URGENT	5

Active
 InActive
 All

Find OK Cancel



Id	Desc	Altern...
3	Arabic	c
H	Armenian	q
G	Cambodian	p
7	Cantonese	g
1	English	a
9	Hmong	i
5	Ilocano	e
B	Japanese	k
C	Korean	l
D	Laotian	m
8	Mandarin	h
E	Mien	n
X	Not Applicable	x
A	Other Chinese Langs & Dialects	i
4	Other Filipino Dialect	d

Find... OK Cancel

Effective July 3, 2017, these two fields will be required at service entry. These fields will be defaulted to blank when entering the service indicators. Both of these fields are required in order to save the service data. These fields must be entered for every service.

DEFINITIONS OF SERVICE INTENSITY TYPE (USE OF INTERPRETER)

1. **Bilingual Program Staff** – Select this value if the service was provided in a language other than English and the service was provided by an internal program bilingual staff.
2. **External Interpreter Agency** – Select this value if the service was provided utilizing an external agency that comes to the program site to provide interpretation for the service delivery.
3. **Internal Interpreter LE** – Select this value if your Legal Entity has a dedicated trained staff(s) that provides interpreter services for all programs within the legal entity. Also use, if an internal program staff is used as an interpreter for another program staff within the program. (Example: If a bilingual staff interprets for the client during a medication visit with M.D.)
4. **Not Applicable** – Select this value when no interpreter is used for the service delivery.

4 WAYS TO ENTER A PROGRESS NOTE

There are four screens available to enter services in CCBH. Below are the four examples which show the location of the new data fields for Billing Type and Intensity Type.

1. Clinicians Home Page – New Individual Progress Note (used by clinicians)
2. Individual Client Services Maintenance (used by Admin staff)
3. Clinicians Home Page – New Group Progress Notes
4. Group Services Maintenance (used by Admin staff)

1. Clinicians Homepage Individual Progress Note

2. Individual Client Services Maintenance

BILLING TYPE - LANGUAGE

INTENSITY TYPE - INTERPRETER

3. Clinicians Homepage Group Progress Note

BILLING TYPE - LANGUAGE

INTENSITY TYPE - INTERPRETER

4. Group Services Maintenance

NOTES

1. If more than one language, other than English, is used to deliver the service, select the one that was mostly utilized.
2. Most services are provided solely in English, and English should be selected. The decision was made NOT to default to English.
3. Outpatient level of care programs will **never** select the values of “Emergency” or “Urgent”. These values are not to be selected. These two values are solely used for emergent/urgent and crisis stabilization level of care programs (ESU, EPU, CSUs).
4. For service corrections 998/999, enter the correct billing indicators for the original service.
5. For “No Show” services, enter Not Applicable for both Billing and Intensity Type.

PROCESS FOR EMERGENT/URGENT CARE PROVIDERS (ESU, EPU, Crisis Stabilization Units)

1. The above referenced providers will NOT enter Interpreter Use for service delivery. This is due to the type of program and the requirement for Emergent/Urgent type indicators to be identified on the claim. These services are reimbursed at a different rate and therefore need to be coded as emergent/urgent. These providers will not need to do anything for the Billing Type. These subunits are defaulted to include the appropriate Billing Type.
2. The above referenced providers will enter the Language of service delivery in the Billing Type field.
3. The Performance Improvement Team (PIT) will be using an alternate method to determine Interpreter use for the above referenced providers.
4. Below is an example of the “urgent” default.

EPU, ESU, and other Adult/Older Adult Crisis Stabilization Units will **not** enter Intensity Type. Leave defaulted value in the field. This is connected to a higher reimbursement rate for these types of services.

EPU, ESU, and other Adult/Older Adult Crisis Stabilization Units will enter the language used in the service delivery.

Please direct any questions and/or comments to the QI Matters mailbox:

QIMatters.HHSA@sdcounty.ca.gov