

Agenda



Avatar MH Avatar User Forum

Date: March 28, 2019

Time: 1:00 to 2:30

Location: 7001 A East Parkway,
Sacramento, CA 95823
Conference room 1

Facilitator: Ann Mitchell

Scribe: Karlynn Only-Sydnor

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
<p>Welcome/Introductions</p> <ul style="list-style-type: none"> Sarah Saldivar has accepted a new position with the Avatar team. She will be registering users for training. 	Ann	1:00PM	5 min
<p>Claiming/Fiscal Update</p> <ul style="list-style-type: none"> Claiming Status Update – Currently working on January 2019 Claims Correction Spreadsheet (CCS) – Submitted last two weeks Reports to work – Pre-billing report 	Mai	1:05PM	10 min
<p>Financial Eligibility Presentation</p> <ul style="list-style-type: none"> There are two ways to identify other healthcare coverage. <ol style="list-style-type: none"> Client's insurance card Medi-Cal eligibility response When to add other healthcare coverage (OHC) guarantor to financial eligibility based on the Medi-Cal eligibility response. <ul style="list-style-type: none"> The message has to specifically stated "OTHER HEALTH INSURANCE COV UNDER CODE F". (see screen shot below) <p>* Eligibility Message: SUBSCRIBER LAST NAME: XXX. EVC #: 816NK175QV. CNTY CODE: 34. PRMY AID CODE: 6H. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ANTHEM BLUE CROSS; MEDICAL CALL (800)407-4627. LIBERTY DENTAL PLAN: DENTAL CALL (888)703-6999. PART A, B AND D MEDICARE COV W/MEDICARE ID #2PD6XA6CA71. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART C CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: ANTHEM BLUE CROSS MEDICARE. COV: OIM VR.</p> <ul style="list-style-type: none"> Screen shot below is not to add as OHC in financial eligibility 	Mai	1:15PM	15 min

<p>* Eligibility Message: SUBSCRIBER LAST NAME: xxx. EVC #: 786N2LPDHD. CNTY CODE: 34. PRMY AID CODE: M1. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ANTHEM BLUE CROSS: MEDICAL CALL (800)407-4627. LIBERTY DENTAL PLAN: DENTAL CALL (888)703-6999.</p> <ul style="list-style-type: none"> • ➤ If client has other health insurance coverage under code A, there is no need to add OHC guarantor to financial eligibility because code A is not required coordination of benefit (COB). ➤ If client has other health insurance coverage under code F, it means that client has Medicare Risk HMO plan, make sure to select the correct guarantor to be added to financial eligibility. ➤ The beginning coverage effective date for the OHC guarantor is the admission date if it was discovered at intake that client has OHC. If OHC is discovered during working denials then the beginning coverage effective date is the first service date that you want to fix. ➤ When adding OHC to financial eligibility, please make sure to add the subscriber policy#. If the subscriber policy# is not available then enter client's SSN. ➤ Any time there's a change or update made to financial eligibility, please DO NOT forget to put a note in the Coverage Comments section. ➤ The guarantor should be OHC, Medicare, Medi-Cal (G3 or G50), Self-Pay (G1 or G123), Match (G17 or G150). If the contract has other grants available, please consult with the contract monitor. ➤ Customized financial eligibility – if anyone has any question, please follow the slide presentation or contact Avatar-Fiscal. 			
<p>Guidelines for backing out discharges: There may be circumstances where providers may request that discharge be backed out. The time frame for consideration is up to two weeks post discharge.</p> <p>The process:</p> <ol style="list-style-type: none"> 1. Provider writes an email including the clinical rational for the request and client information, to their contract monitor. 2. The contract monitor would review the request and consult further if necessary 3. Contract monitor would either approve or deny the provider's request within 24hrs <ol style="list-style-type: none"> A. If the contract monitor approves the request to back out the discharge: <ol style="list-style-type: none"> 1. Contract monitor would submit request to Avatar 2. Avatar would back out discharge 3. Provider would write a non-billable progress note including the clinical rational for backing out the discharge 4. If client has not been seen face-to-face within 90-120 days, the provider will need to document an assessment service within the progress note B. If contract monitor denies the request to back out the discharge: 	Pam	1:30PM	10 min

<p>1. The contract monitor would respond in writing to the provider with the decision to deny request</p> <p>2. The former client my always be referred through Access for specialty mental health services.</p> <p>Criteria in which backing out discharge may be approved:</p> <ol style="list-style-type: none"> 1. There is a medication need where safety is a concern 2. The provider accidentally discharged the individual 3. There is a crisis situation including safety concerns 4. All other requests would need to be considered on a case by case situation. <p>Criteria in which backing out discharge shall not be approved:</p> <ol style="list-style-type: none"> 1. Circumstances that violate contract scope 2. Lack of engagement into services 3. Lack of Eligibility for Medi-Cal 4. Any new referral that has not received any Mental Health Services <p>PSC 35 – More information coming next week Continue to scan into the Assessment category of Avatar</p> <ul style="list-style-type: none"> • Naming convention example– PSC-35:3-28-19 • Please follow naming conventions for your site on all documents 			
<p>Service Request 2.0 updates –</p> <ul style="list-style-type: none"> • Avatar electronic Service Request 2.0 updates going into the LIVE environment on 4/2/2019 <ul style="list-style-type: none"> ○ Added client name at the bottom of the SR details form ○ Origination date was added to the bottom of SR details form ○ Transmission Type was added to SR details page ○ Made changes to Associated Populations section <ul style="list-style-type: none"> ▪ Removed unlinked ▪ Removed Tay ▪ Changed KTA to CPS ▪ Changed 785 to AAP ▪ Removed AB 109 ○ 2 new dispositions added– completed and not completed for LOCUS or IPT • Paper Service Request form updates <ul style="list-style-type: none"> ○ Went from 3 to 2 pages ○ 1st page contains demographics fields, phone numbers etc. ○ 2nd page contains fillable fields – risk factors, presenting problems ○ Contact Erin McClure for questions at 916 876 5541 • Fast Financials <ul style="list-style-type: none"> ○ Access will no longer do Fast Financials <ul style="list-style-type: none"> ▪ Fast Financials will still be done for time limited Authorizations ▪ As always providers are responsible for verifying and completing financial information for all clients ○ Access will no longer completed Managed Care Authorizations for all authorized Service Request. They will only complete one for time limited authorizations. ○ If there is not a Managed Care authorization 	John/Rob	1:40PM	10 min

<p>completed for a client, they will not show up on the following reports that were being pulled by authorization.</p> <ul style="list-style-type: none"> ▪ Active Authorization Report ▪ Authorization Check Report ▪ Expiring Authorizations ▪ Pending Authorizations 			
<p>Review Release Items</p> <ul style="list-style-type: none"> • Crisis Progress note entry <ul style="list-style-type: none"> ○ Added, changed, and removed drop down options ○ Added a lightbulb to the Referrals Completed section for clarification • Scheduling Calendar <ul style="list-style-type: none"> ○ Added a section for staff Only Appointment Details. • Service Code <ul style="list-style-type: none"> ○ Changed description code 28042 from Subsidies to Voucher Supplement • New Document Capture category (Released on 3/29) <ul style="list-style-type: none"> ○ Homeless documents <ul style="list-style-type: none"> ▪ This is for Expansion for MHSA <ul style="list-style-type: none"> • Housing items should be scanned here • Application for housing access should be scanned here • Personal information should not be scanned here 	Melony	1:50PM	20 min
<p>NACT</p> <p>Dawn Williams is working on this and will reach out to providers regarding any missing information. Providers are reminded to:</p> <ul style="list-style-type: none"> • Fill out form exactly as instructed with no blanks • Contact Dawn Williams if there are any questions. 	Ann	2:10PM	10 min
<p>Training Update-</p> <ul style="list-style-type: none"> • Introduction to Avatar Webinar update <ul style="list-style-type: none"> ○ Webinar is currently still being created ○ CWS & PM will have Introduction to Avatar broken out in to a webinar ○ It will give more time to talk about other things during trainings ○ It will be a prerequisite to coming to CWS or PM training ○ There will be a quiz incorporated into the webinar to ensure required information was successfully understood. ○ There will be an overview of the webinar in the 	Melony	2:20PM	10 min

<p>beginning of the in person class</p> <ul style="list-style-type: none"> ○ We would still offer monthly in person introduction to Avatar training if needed. ● Reminder to use the most recent Avatar Account/Training Registration form, it can be found on the Avatar Project page (http://www.dhs.saccounty.net/BHS/Avatar/Pages/GI_Avatar_Training.aspx) <ul style="list-style-type: none"> ○ New items were added to the form ○ Use the drop down selections when filling out the form. This is what Avatar uses when registering staff for training ● CWS drop in sessions or Training Refreshers <ul style="list-style-type: none"> ○ Staff are always welcome to come back for a refresher. They would just follow the training registration process ○ If your staff needs a refresher in CWS on specific items or needs a drop-in session for questions please contact us and we will try to accommodate. 			
<p>Project Updates</p> <ul style="list-style-type: none"> - Lab Orders- <ul style="list-style-type: none"> ○ Electronic interface with Quest remains in pilot with APPS ○ We continue to work on known issues regarding billing - MModal- <ul style="list-style-type: none"> ○ Speech to text program software for diction ○ Works on Avatar as well as all other applications on your computer (Word, Outlook) ○ Early adopters being trained on 3/29/19 and testing the functionality. We hope to release the use of MModal to all providers by the end of the FY - E-Prescribing (Controlled Substances) – <ul style="list-style-type: none"> ○ On the road map for Q1 of FY19/20 - CANS 50/PSC 35 – - CANS 50 <ul style="list-style-type: none"> ○ Providers with their own EHR, should begin working with IT departments to extract the required data. ○ A communication will be coming out from QM in the 	Ann	2:30PM	10 min

<p>coming weeks with additional information and instructions</p> <ul style="list-style-type: none"> - PSC 35 <ul style="list-style-type: none"> o Continue to scan documents for PSC 35 in the “Assessments” document category o A communication with additional information will be coming out from QM with additional information and instructions - Care Connect Inbox – Coming soon <ul style="list-style-type: none"> o Allows users to send secure messages thru Avatar to internal Avatar users as well as non-Avatar users, non MHP partners o Has components specific to Referrals/Service Requests to the MHP o Allows users to attach and send documents securely thru Avatar and save directly into the client chart. 			
<p>Open Forum</p>	<p>All</p>		