

AGENDA



Electronic Health Record (EHR) SUPT User Forum

Date: January 24, 2024

Time: 2:00-3:30 PM

Location: Virtual using Zoom

Facilitator: Melony Ibarra

Scribe: Sambo Chhoeung

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
<p>Welcome/Introductions</p> <ul style="list-style-type: none">• Zoom meeting overview• New Staff/new roles<ul style="list-style-type: none">○ EHR Training and Support<ul style="list-style-type: none">▪ Makaila Genessy (ASO I)○ EHR Billing<ul style="list-style-type: none">▪ Karen Saephan (ASO I)▪ Ryan Sacco (Accounting Technician)▪ Emily Leflar (Sr. Account Clerk)• Agencies attended:<ul style="list-style-type: none">○ Treatment Associates○ Progress House○ Associated Rehab○ SSYAF○ BayMark○ River City Recovery○ Yolo Wayfarer Center/Walter's House○ Bridges○ ACAC○ Wellspace○ Sacramento Recovery House○ MedMark○ Aegis• Support/Training Registration and Billing Mailboxes• Support: BHS-EHRsupport@sacounty.gov• Training Registration: BHS-EHRtrainingreg@sacounty.gov• Billing: BHS-EHRbilling@sacounty.gov	Melony	2:00 PM	5 min

<p>Claiming/Fiscal Update</p> <ul style="list-style-type: none"> • (Avatar) Claiming Status – Completed June 2023 • (Avatar) Claims Correction Spreadsheet (CCS) - CCS are currently being completed in timely manner • (Avatar) Pre-Billing Reports - Reminder for the Address error, please enter HOMELESS in the first address line and enter valid zip code. You can use the zip code of your agency. You can update this using the Update Client Data form in Avatar • Practice Management one-on-one virtual sessions by appointment - Offered the 1st Wednesday of the month by appointment or as needed • SmartCare Claiming – Completed November 2023 • (SmartCare) Coverage Screen (Group #) – Please do not enter the insured ID in the group # field. Please keep this field blank. Enter the client’s CIN or insurance ID number in the Insured ID field in the Coverage screen. • Subscriber Sex missing – Please make sure to complete this field in the demographic tab of the Client Information screen because it will cause an error if it’s not entered. • SmartCare - Address Errors – Please enter the address correctly in the demographic tab of the Client Information screen or it will cause errors. • SmartCare Denial process – We have claimed quite a bit of services and we have been receiving responses back from DHCS. John created a report (Program Denials (Sac) that will allow you to see the denials that your program is receiving. The denial process will be very similar in Avatar. We will provide links on our website that will link you to the most up to date denial reasons crosswalk from DHCS. You will then make the corrections needed in the system and submit the new Claims Correction Spreadsheet. You will not need to enter a new service when asking us to replace a service 	Richard	2:05 PM	15 min
<p>ECM Claiming Update</p> <ul style="list-style-type: none"> • SmartCare Claiming Updates – We submitted claims through November 2023 for Healthnet and Aetna and are awaiting adjudication. • (SAC) Reports in SmartCare <ul style="list-style-type: none"> ○ ECM and Outreach Counts – This will show you how many times your program has performed or attempted an ECM outreach service to a client. ○ Program Coverage Report (SAC) – This report shows the date that the client was enrolled and the coverage the client has or had during that date range. ○ Service Diagnosis Error (SAC) – This report will show you errors that are related to the diagnosis, 	Mike	2:20 PM	5 min

<p>discrepancies with the diagnosis dates, or if the client is missing a diagnosis.</p> <ul style="list-style-type: none"> • Entering Managed Care Guarantors in SmartCare – Some providers have been entering the MediCal guarantor instead of the Managed Care guarantors. When entering new ECM services, please remember that all Managed Care plans will start with “Managed Care”. The order of guarantors should always be OHC, MediCare, MediCal, Managed Care Plan and then Mental Health County Fund. • Reminder to run your ECM Pre Billing Reports in Avatar for PY Services 			
<p>SmartCare Support</p> <ul style="list-style-type: none"> • Please reach out to us for support questions at BHS-EHRsupport@saccounty.gov • Service Import – We are currently up to date with service imports for December of 2023. Starting in February we will be getting files for January services and will be processing these as soon as we get them. • Reports to monitor Address and Demographics <ul style="list-style-type: none"> ○ Program Coverage Report ○ Program Demographics report • Demo-Client Information Screen-Address and Demographics • Demo-TADT form • Special Populations <ul style="list-style-type: none"> ○ See release document 	Justin	2:25 PM	15 min
<p>SmartCare Reports</p> <ul style="list-style-type: none"> • See Release Items • Report discussion 	Val & John	2:40 PM	15 min
<p>Program Updates</p> <ul style="list-style-type: none"> • General Updates – We are continuing to look at expanding our residential treatment, withdraw management and residentials. Akua Mind Body is a new residential withdrawal management and it also has an intensive outpatient program. They are now accepting new clients. 	Ed	2:55 PM	5 min
<p>Special Populations</p> <ul style="list-style-type: none"> • Please make sure to enter Special Populations for all clients including their housing status. 	Dawn	3:00 PM	5 min
<p>CalAIM</p> <ul style="list-style-type: none"> • Please continue to send all questions to BHS-ECM@saccounty.gov • Continue to email questions/concerns/Anthem Success Stories to BHS-ECM@saccounty.gov • Next MHP/SUPT ECM Provider Meeting: February 1, 2024 at 9:00am 	Dana	3:05 PM	5 min
<p>Training Updates</p> <ul style="list-style-type: none"> • Training schedules posted through March 	Kat	3:10 PM	10 min

<ul style="list-style-type: none"> • Training Reg Form Update (last updated 1/19/2024) – Reminder to always use the newest form posted to the webpage. • Provider Service Corrections Q&A Sessions (February) – Starting in February we will be offering 3 Q&A sessions for Provider Service Corrections. These will be 2 hours sessions and led by the EHR Billing team. There will be a brief presentation at the beginning of each session. No registration required to attend these sessions. The zoom link for each of the session will be posted to the EHR webpage. • Provider Service Corrections Training (March) – The March training calendar have been updated to include the Provider Service Correction training. Training will not be required for existing admins but it is highly encouraged to attend the trainings in order to understand the process. Registration for this class is required and currently open. After March, this will be a regularly offered training twice a month at 1pm, on the same day as the Provider Admin Training. Provider Admin Training will be a pre-requisite for new users before taking the Provider Service Corrections. Existing Admin staff will automatically receive the Corrections role in their user account. New users will need to take the training in order to obtain the Corrections role which will include access to the denials report. • The next SUPT User Forum will be on Wednesday March 27th at 2pm. 			
<p>New EHR-SmartCare</p> <p>CalOMs issue update – There has been an issue with the correct FSN populating when completing a CalOMS admission and/or discharge. We have been working with CalMHSA and they will soon be correcting the issue with the backend setup of the programs. Once we have confirmation this has corrected the issue, we will reach out with the update.</p>	Kristi	3:20 PM	5 min
<p>Open Forum</p> <ul style="list-style-type: none"> • Will Residential Providers use the Timeliness form? – Will Residential Providers use the Timeliness form? Yes, the date the client requests services should be the first date they reach out not the date of admission if it differs. • There is a concern for the timeline being 6 months from denial date which previously was not 6 months but 4 and a half for the county to have their own time for processing. The concern stems from the fact that we are 7 months into the fiscal year when we haven't been given a process yet. – It's 6 months from the date that we received the adjudication. We have not started claiming any of these services until very recently. • For the Batch Service Tip Sheet, is this what we can use now instead of uploading individual day rate notes? – Unfortunately, no, it is not for notes. It's for providers who use their own system for the notes but it is not for creating 	All	3:25 PM	5 min

a note.

- We had a follow up conversation with QM and Residential providers and they were given the option to use the Batch Service Entry for the daily rate as long as a staff is documenting in another note.

Special Populations Screen Definitions

#	Special Populations Item	Definitions
1	AOT- Court Ordered	Member who declines engagement in services and meets all criteria for AOT-Court ordered services under WIC, a petition is filed with the court and AOT is granted will be moved to this special population designation from AOT-Outreach and Engagement.
2	AOT- Outreach and Engagement	Member referral has been reviewed for meeting minimum criteria by County AOT team and has been referred to Contractor for further assessment, engagement in services and/or referral to the appropriate level of care. Member will continue in this special population until Member is transitioned to Voluntary status, is granted AOT under Court Petition or is closed for a variety of reasons (i.e., incarceration, unable to locate, meets criteria for lower or higher level of care)
3	AOT- Voluntary	Member who are intensively engaged through Outreach and Engagement stage and are agreeable and meet medical necessity for FSP services who will be served by the Contractor AOT team for continuity of care.
4	CalWORKS	Member is linked to CalWORKS.
5	Child Protective Services	Member has Child Welfare Involvement or is a Dependent Youth.
6	Foster Care	Member is currently in Foster Care.
7	Homeless- Bridge/Interim	Member is receiving interim housing via the Behavioral Health Bridge Housing (BHBH) grant funded Safe Stay Beds and BHBH funded interim beds. This will include 30 Sober living beds and/or other beds addressing the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports.
8	Homeless- Sheltered	Member is staying at a government or non-profit funded shelter with the goal of securing permanent housing. This may include temporary housing funded by MHP provider with MHSA flexible funding, for example short term hotel, room in Room and Board, etc.
9	Housed/No Imminent Risk of Homelessness	Member is stably housed.
10	ICC/IHBS	Member was screened via a CFT for ICC/IHBS and meets the criteria for ICC/IHBS services. ICC, IHBS and CFT Meeting services are available to all children and youth who: <ul style="list-style-type: none"> • Are under the age of 21 • Are eligible for the full scope Medi-Cal services; and • Meet medical necessity criteria for these Specialty Mental Health Services (SMHS) pursuant to CCR, Title 9, Section 1830.205 or Section 1830.210. • Medical Necessity Criteria reflecting the need for ICC & IHBS.
11	Imminent Risk of Homelessness	A member that, without intervention or change in circumstances, will likely lose housing in the next 14 days and

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		homeless prevention services are required to preserve current housing or obtain alternative permanent housing. Member may be living in their own home, living with family/friends or “couch surfing” with a required move-out date within the next 14 days such as an unresolved formal eviction notice. Interventions are permissible prior to receiving a required move out date or sooner than 14 days, if it is clear that the intervention will prevent an official notice to move and there are no other resources available.
12	Katie A- ICC/IHBS	Member meets the criteria for Katie A Subclass Criteria. The Katie A. Subclass members are full-scope Medi-Cal eligible children/youth up to age 21 who: <ol style="list-style-type: none"> 1. Have an open child welfare services case; 2. Meet the medical necessity criteria for Specialty Mental Health Services; <u>AND</u> 3a. Are currently in or being considered for wraparound, TFC, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to TBS or crisis stabilization/interventions <u>OR</u> 3b. Are currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility or has experienced three or more placements within 24 months due to behavioral health needs.
13	Literally Homeless-Chronic Homelessness	Member is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services Contractor, or location not meant for human habitation and meets the 4 requirements for chronic homeless status. Chronic homeless status requires that the member lacks a regular fixed nighttime residence and has continuously lived in a place not meant for human habitation, including emergency homeless shelters, for at least 12 months consecutively or at least on 4 separate occasions adding up to 12 months in the last 3 years. For example: Member may be living in an unconverted garage or trailer, without connection to water or electricity and meets the duration requirements for chronic homeless status.
14	Literally Homeless- Not Chronic Homeless	Member does not meet chronic homeless status AND member is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services Contractor, or location not meant for human habitation. For example, member recently moved into an unconverted garage or trailer for example, without connection to water or electricity and does not meet the duration criteria for chronic homelessness
15	LPS Conservatorship	Member is on LPS Conservatorship. LPS conservatorship gives legal authority to one adult (called a conservator) to make certain decisions for a seriously mentally ill person (called a conservatee) who is unable to take care of him/ herself. The conservator can give consent to mental health treatment, even if the conservatee objects, make decisions such as

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		whether to start or stop taking psychiatric medications or accept other medical treatment, manage money and decide where to live. The LPS conservatorship can last for a maximum of one year at a time, but it can be renewed in court at the end of the year.
16	Other Conservatorship	Member is on one of the following conservatorships: <i>A Limited Probate Conservatorship</i> applies when the person is developmentally disabled. In this type of conservatorship, the powers of the conservator are limited so that the disabled person may live as independently as possible. The Self-Help Center offers a workshop to assist with requesting appointment of a limited conservator. <i>A General Probate Conservatorship</i> is for adults who are unable to provide for their personal needs due to physical injury, advanced age, dementia, or other conditions rendering them incapable of caring for themselves or making them subject to undue influence.
17	Presumptive Transfer	Member is Medi-Cal eligible child, youth, and non-minor dependent (under the age of 21) in foster care who was placed outside of their counties of original jurisdiction receiving timely access to Specialty Mental Health Services (SMHS). Applies to PT or Waiver of PT)
18	Probation	Member is currently on Probation.
19	Therapeutic Foster Care (TFC)	Member is receiving TFC.
20	Transitional Temporary Housing	Member is receiving interim stability and support for housing while working towards the goal of permanent housing. Examples include: Adolfo, Saint John's or Wind Youth