

DBHS Mental Health – Avatar Implementation User Forum

Date: 01/21/2010 **Time:** 1:00-2:30

Location: 7001 East Parkway, Sacramento, Conference room 1

Facilitator: Kacey Vencill **Scribe:** John Sawyer

Attendees: (See sign in sheet)

Time	Agenda topic	Presenter
5	Welcome/Introductions Dawn Williams New MH Project Lead	Tracy/Kacey
10	 Medi-Cal services have been closed through December in anticipation of upcoming claiming changes. Changes to Medi-Cal claiming are state wide and other counties are being impacted as well, but we have the added complication of the recent conversion Charges for services prior to 12-31 can still be entered after the charges are closed, but they will be claimed under the new Phase II guidelines. 	Kacey
15	SDMC Phase II Status Update	Kacey
20	New Reports	John

- Zero guarantors Missing policy number on Medicare/Medi-Cal Eligibility Verified = "No" **Service Outlier Report** – services between two dates with a duration greater than one you define Program Dashboard Report – High level 2 page summary of demographic and program information, including named users for the program System Code 15 Review of Previously Communicated Processes Kacey **OCDR** o Open charges only that cannot be edited by the provider (i.e. no duration/service code/practitioner changes) Do NOT submit loss of eligibility deletions Changing the program of services DOES require deletion Loss of authorization prior to service DOES require deletion The County will communicate the process for deleting **CLOSED** charges in the near future. The process for deleting closed charges will be very similar to the OCDR process. However, it will include additional data to accommodate the **VOID** and **REPLACEMENT** transactions as appropriate. More information forthcoming in the next 2 weeks. Requests for deletions for charges that were in an open status when requested, now in a closed status will be honored. The County will communicate to Providers as necessary to let them know when their charges have been deleted. **Financial Eligibility** Yes, to "Eligibility Verified" Expiration date of the quarantor should be NULL or services after the expiration date will not charge to that guarantor.
 - Diagnoses Required for Claiming
 - Must be on file for the episode of the service
 - Must be on or prior to the date of service
 - **Policy Numbers required for claiming** MUST be in the 'policy number' field (including the Medi-Cal CIN)
 - Awareness of ADS' values in shared system
 - Need for accurate address information impact to claiming
 - User Accounts we will be coming out with instructions for adding/inactivating users using a more formal process. We will also begin inactivating accounts which have not been used in over 90 days. Users that are inactivated who come back more than 60 days after that will be required to complete a training again. All of this will be outlined in the procedure coming soon.

15	Open Forum		Kacey
	Q. A.	Can we run our unbilled reports right now? Until we finalize the claims through December, there is no value in running the unbilled report. The purpose of the unbilled report is to reflect services which have been closed, but which have not yet been claimed to the state. All services through 12-31 have been closed, but we have only claimed through August at this point, so all services between September and December would fall to the unbilled report at this time.	-
	Q.	When we get to the point that charges are closing on the 10 th of each month, does that mean we have to have all of the eligibility and guarantor customizations completed by then?	
	Α.	Yes, all pre-billing reports and guarantor customizations/updates will need to be completed by the time charges are closed.	

Next User Forum: 02/18/10, 1:00-2:30, 7001 East Parkway, Conf Rm 1