DBHS Mental Health – Avatar Implementation User Forum

Date: 02/18/2010
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/Kacey

15	SDMC Phase II Status Update
	 • Testing Update- we have not yet completed our test scenarios for Phase II. We are working to complete the remaining scenarios. Once we have completed our Testing we will schedule a Phase II training to communicate with Providers the changes that are required for Phase II in greater detail.
	  o We anticipate finishing our testing around the middle of March.
	 • Phase II Requirements
	  o Other Healthcare Coverage- this is now required for Medi-cal claiming, including policy number if there is other coverage
	  o Share of Cost
	   ▪ UMDAP would be set as the primary (first) guarantor
	  o Medi-Medi- the state appears to be moving towards resolving the Medicare claiming issue. We will keep providers informed as information becomes available.
		Kacey

10	Training Updates
	 • Policy Discussion
	  o Discussed again deactivation of inactive user accounts with more than 90 days since last use.
	  o Users who's account has been deactivated for more than 60 days will be required to re-attend training.
	  o Programs can request deactivation at any time, which will be processed without written confirmation. We will begin notifying program liaisons (using the email contact information we have already) of all uses who are inactivated by request, or due to inactivity.
	 • Account Request Form – after the March 2nd training, we will begin to incorporate the formal request process for all new users.
		Kacey

	• New training schedule (TBD) 　　○ We will be revamping our training schedule to include quarterly refresher training related to claiming/billing. 　　○ In addition, we will be conducting quarterly training on how to use AVATAR reports to manage the data. 　　○ We will be posting a training schedule once we have completed our Phase II testing.	
5	MHSA IT Plan Update – The plan has been submitted to the State and the Project should formally kick-off in July.	Dawn
20	New Reports • Program Charge Summary - This can be run by date range for a program and returns liabilities by guarantor regardless of claim status. • Financial Eligibility Summary – Provides a visual representation of a client's Guarantors by covered month for a chosen year. Takes into account coverage effective and end dates as well as guarantor customization. • System Code User List – discussed the ability for programs to run a list of their own users with the last login date. This has been completed and deployed to the Provider Date Entry role.	John
15	Open Forum **Q. Can we run our unbilled reports right now? Why are all of those guarantor 17s showing up?** A. We have completed claiming through December 31st and do not expect to be submitting the next Mental Health claim for several weeks. This would be a good time for programs to run their unbilled reports. Guarantors 17s were showing up in some cases based on Medi-cal payments for May 2009 services causing a balance to fall to secondary guarantors. The report has been revised to only pull in data for primary guarantors at this time. **Q. When you say that Medi-Cal requires us to enter information for Other Health Care coverage, are you talking about Vision and Dental as well?** A. It doesn't make much sense to us either, but at this time claims are being denied for lack of documentation for these plans. We do not have a clear answer at this time if this is working as intended or if it will continue to be required. **Q. How do we request the deletion of closed charges? What about deletions we already submitted?** A. We will be coming out with a formal process similar to the OCDR form to request deletion of these charges. At this time, please hold on to them. We do intend to honor requests made prior to the announced cutoff. If you submitted one and it was returned, please re-submit it.	Kacey
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