

Minutes



Avatar Implementation User Forum

Date: 04/21/2010

Time: 11:00-1:00

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 This is our first combined (MH and ADS) forum	Kacey
10	Claiming Status Update <ul style="list-style-type: none">Medicare/Medi-cal eligible clients – impact to UNBILLED report (MH)<ul style="list-style-type: none">We will be excluding clients from the Mental Health claim who have both Medicare and Medi-Cal, as the state is currently expecting to see a denial from Medicare before they will process those claims.These services will begin to show up on the unbilled reportADS is not currently impacted by this issueHold placed by DHCS regarding VOID and REPLACEMENTS<ul style="list-style-type: none">There is a statewide call every Thursday and this will be discussed each weekThis is impacting all California countiesUntil the 'hold' is lifted we can not submit any VOID or Replacement transactions	Kacey
15	Phase II Billing Training Review <ul style="list-style-type: none">Claims Correction Spreadsheet and process<ul style="list-style-type: none">Revisions are being made based on feedback from the billing training, when completed, this will be sent out to all providersDuplicate Modifier review<ul style="list-style-type: none">Services which have the same HCPC code are considered by the state as potential "duplicates"Specifics on how to recognize and work with this were provided as part of the billing trainingOHC Review<ul style="list-style-type: none">During billing training, some attendees were unaware of the OHC requirementsIf Medi-Cal is aware of OHC coverage on a client, they will NOT approve claims unless we provide evidence on the claim file that we previously sought payment from the Other Healthcare Provider.Because of that, OHC coverage MUST be included in the Financial Eligibility of every clients before the Medi-Cal guarantor.Not applicable for Medicare part D coverage and Dental Only	Kacey

	<p>coverage</p> <ul style="list-style-type: none"> ○ Currently still applicable to Vision only services ○ Applies to Drug Medi-cal (ADS) including minors 	
5	<p>Now Processing OCDRs</p> <ul style="list-style-type: none"> • If you have been holding on to deletion requests, please forward them to us at this time. • This includes deletions on closed but not yet claimed services. • Please do NOT change the format 	Kacey
25	<p>New Reports</p> <ul style="list-style-type: none"> • Modified Unbilled Report • DHCS Duplicate Services Report • Client Ledger (835) • Denials by Program 	John
15	<p>Open Forum</p> <p>Q. What does the “Yellow Light” signify? A. SOC may be unmet, or other possible issues which are affecting their eligibility. You will need to work with Medi-Cal on a case by case basis.</p> <p>Q. How do we document pregnancy restricted Medi-Cal? A. This was addressed in the ADS training, but we need to document this for MH as well. Contact Avatar for specific support on this until additional documentation has been provided.</p> <p>Q. What can we edit on entered services? A. On an OPEN charge, you can edit anything but the date, client id and the program of service. On a CLOSED charge, you can edit modifiers only.</p> <p>Q. How far do we go back on entering modifiers for duplicates? A. Eventually this will apply to any services claimed under Phase II, but we are asking that you begin with services starting in February at this time.</p> <p>Q. When do we use modifier 59? A. Different service codes which have the same HCPC code, regardless of provider.</p> <p>Q. What happens if we put modifiers on the first (or non duplicate) services? A. They will be denied.</p> <p>Q. What do we do if the OHC in MEDS is incorrect? A. At this time, our best suggestion is to try and work directly with the eligibility worker to have it corrected in MEDS.</p>	Kacey
<p>Next User Forum : 05/20/10, 1:00-2:30, 7001 East Parkway, Conf Rm 1</p>		