

Avatar Implementation User Forum

Date: 06/17/2010 **Time:** 1:00-2:30

Location: 7001 East Parkway, Sacramento, Conference room 1

Facilitator: Dawn Williams
Scribe: John Sawyer

Attendees: (See sign in sheet)

Time	Agenda topic	Presenter
5	Welcome/Introductions	Dawn
10	 Issue/Bug Status Phase I claim cleanup— working through the 12,000+ denials Unable to add delay reason codes – impacting clean up, possible State resolution by 6/22 Transition for call-in support – Liaison email list Minor Consent- still no feedback from the state on the OHC requirement Client Resource Screen- for tracking CPS among other items. This option spans episodes, and will be useful for reporting on several items of interest to the state. Please keep it updated where appropriate. 	John
20	 VOID and REPLACEMENT processing If you are submitting a replacement, you need to enter the new service in Avatar prior to submitting the spreadsheet. The only exception is for an OHC denial. In that case you don't have to enter another service. There is no place to note on the spreadsheet that the only issue was OHC. If you removed one that was invalid and need to reclaim, just note on the reason "OHC". Common problems Practitioner ID (7100 instead of 1700) Duplicate modifier problems (case, spacing) Invalid aid codes Other Healthcare Coverage Claim Status ADS through April (pending 40250 for Dec-Feb) MH still working on February 	Melony

10	Reports/Reporting		John			
		porting platform testing for July, there is a possibility it will be on July 18 th				
	0	Unbilled Report – other options				
45	Open Forum					
	Q.	What does it mean when for OHC Medi-Cal just says "comprehensive"?				
	A.	In our experience, this is typically Champus or Pacificare, but there is no way to tell from MEDS, so you will have to ask the client.				
	Q.	What does we do when the OHC Ends?				
	A.	You can put an end date on it in Financial Eligiblity.				
	Q.	What defines a Phase II claim?				
	Α.	All ADS services in Avatar fall under Phase II. Any Mental Health service claimed after 2/1/10 is Phase II.				
	Q.	Are ADS providers at risk of not meeting the 30 day deadline for OHC problems?				
	A.	No, you can use a valid delay reason code.				
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