

Avatar Implementation User Forum

Date: 11/18/2010 **Time:** 1:00-2:30

Location: 7001 East Parkway, Sacramento, Conference room 1

Facilitator: Kacey Vencill
Scribe: Cat Keeley

Attendees: (See sign in sheet)

Time	Agenda topic	Presenter
5	Velcome	Dawn
10	Open Netsmart items Fee Override Cost of Services is not working properly. A ticket is currently open with the Vendor and being worked on. 837 file CAS segment isn't being appropriately populated on the claim file. Ticket has been open since 9/20/10. Failed twice in internal testing with Vendor and is being worked on. CSI data is still not being reported. Ticket is open and Vendor is working on it. ETA is week of Thanksgiving.	Kacey
15	Claim Status/Claims Correction Worksheet Update ADS – Fiscal has been claimed through August for all Guarantors ADS - Fiscal is current on the Claims Correction Worksheet MH – Fiscal is current on the Claims Correction Worksheet MH - Fiscal is working on July 2010 for all Guarantors Timelines ADS will have 30 days for original submission and 6 months for replacements. There is no current time limit to void a service. At this time no state deadline is being reinforced. What to do with CIN if it changes? Date of Service is what determines. Update CIN in Avatar with new number and make a comment in the coverage comments area. Also an email must be sent to the Avatar Fiscal box. Please review website for further details found on the Avatar Transaction Types documentation. MH currently there is a 6 month timeline for original submissions MH has 97 days for replacements and there is no time limit to void approved services. Remember Fiscal cannot void denials if a service is denied for an incorrect CIN. Fiscal cannot replace on the MH side. MH Phase I denials through June have been submitted as of 10/1/2010. This could generate new denials for Providers to review. New denials will be in the Phase II format and should be easier to review. Some items were not be claimable due to Share of Cost, late submission, and lack of eligibility	Mary Ann

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	The PCCN is assigned by the State of California and is used to adjudicate payments. There is currently at least a 45 day turn around from the date claimed for approved services.	
	The 276/277 HIPPA transaction is now functional. This allows the County of Sacramento to inquire on a specific claim status by submitting a 276 inquiry and receiving the information back on a 2 transaction. A new process will be developed and will probably be included on the Claims Correction Spreadsheet in the near future. Please send all inquiries to the Avatar-Fiscal email account. Do not use the Claims Correction Spreadsheet for claim status inquiries until notified.	
	Duplicate Modifiers Reminder Make sure they are uppercase, no spaces, only use the 3 codes 59 76, 77	9,
20	SacHie Update	Kacey
	Business Requirements Review summary	
	 Sessions are nearly complete. There are 2 sessions remaining with the Mental Health Treatment Center. A Memo will be sent out nex week regarding Provider's decision for electronic health record use County Avatar system or independent vendor. If using own vendor letter of commitment will have to be provided to county signed by Provider governing board. 	t e.
	Direction forward	
	 New information on the Internet with screen shots User Acceptance Testing will be the next step after the requiremer sessions are complete. Scheduled for April 2011 Pilot testing and training and rollout process will take place in 	nt
	selected sites to tentatively start next July (2011)	
15	Reports/Reporting	John
	Phase II Denials by Posting	
	 Hanging up on summary section. The summary (last page) has be removed, and a "total" has been added at the footer. The report has been renamed to "Phase II Denials by Posting Date". 	
	Phase II Denials by Program	
	 A "total" has been added at the footer. The report has been renamed to "Phase II Denials by Service Date". Duplicates based on resubmitted denials should no longer show up. 	
	Phase II Denials by Service Summary	
	 This is a new report which is in essence what was in the footer of t old "Phase II Denials by Posting". We are open to suggestions for any other groupings in this report. 	
	Missing CSI Information	
	o MH only	
	All open clients and all missing CSI elements. Only living situation can't be corrected by Providers. One data element (Client's Living Arrangement) can not currently be edited by Providers as most Providers have only read-only access to this option. We will communicate the process for updating this field in the near future. Providers however, can correct all other fields. Good idea to go	
	ahead and clean up. Right now report just for current opens. Will	

			eventually go back to 5/1/2009. Wouldn't hurt to get a head start.	
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		0	Right now just applies to MH but will apply to ADS. Use report to make sure an auth is entered.	
25	Open I	Forum	1	All
		Q. A.	What should be done if a CIN changes? Date of Service must be considered. Update the CIN in Avatar with the new number and make a comment in the Coverage Comments area. Also an email must be sent to the Avatar-Fiscal@SacCounty.Net email box. Please review website for further details found on the Avatar Transaction Types documentation.	
		Q. A.	What report should be used to verify Denials? The Phase II Denials by Posting Date report can be run monthly. It would be the best report to use to clean up data.	
		Q. A.	Is there a Denial report available for 2009/2010? No there is not a report available because not all denials are entered, and the processed changed for claims after 2/1/10, so there isn't a way to publish a report that incorporates Phase I and II together.	
		Q. A.	Is there a way to run a report by entry date? There is a Client Services by Entry Date that was meant to mimic the zip slip. This report, although it sorts by entry date, it pulls data by service date, so it could in miss entries which were keyed erroneously for prior months. Need feedback as to whether it should truly be a "by entry date only" report.	
		Q.	Once denials have been entered how can a missing PCCN be verified?	
	,	Α.	PCCN For Denials by Client OR PCCN For Approvals by Client are the fastest way to get PCCNs at a client level. Please allow 60 days before sending inquiries regarding missing PCCN.	
		Q. A.	When is the timeline for claiming to another Guarantor? The November 22, 2010 Avatar Steering Committee will review and the decision will be shared as soon as available.	
Actio	on Items	<u> </u>		

Action Items

- o Fiscal Training Reports Kacey to schedule a meeting to review sample reports with the group
- Bandwidth and PC requirements for SacHIE Kevin to obtain guidelines from the Vendor regarding bandwidth

Next User Forum: 12/15/2010, 1:00-2:30, 7001 East Parkway, Conf Rm 1