Avatar Implementation User Forum

Date: 2/17/2011
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	**Welcome/Introductions**	Dawn
10	**Bug/Issue Update** • Update on the Fee Override Issue- not calculating correctly. We have received a patch and will be installing and testing • There is an outstanding ticket with Netsmart to get place of birth to populate correctly for CSI reporting. We had asked users to enter 99 for the value if the zip code is unknown but Avatar returns an error message indicating the value can be no greater than 98.	Kacey/John

15	**Claiming Update**
	• **MH –** Fiscal is hoping to finish the September claim today. Only a few services left to work manually. Most of the September claim has gone out. Fiscal will start working on the October claim next week. Reminder to keep running and checking the 99999 Report, No-Policy Number Report, No Diagnosis Report.
	    o In Financial Eligibility when something is changed or deleted make sure and add a note with your name and the date you changed the info in the coverage comments text box.
	    o Timeline review –The Phase II Transaction Types contains the timeline and can be viewed here
	• **ADS –** working on retro claims and the Claim Correction spreadsheet. Fiscal will be starting on the January claim next week.
	    o Minor Consent Billing Update- ADP still owes us some info. ADP wants to see the OHC information that was billed and we can't add that information without the services actually billing the OHC. There is a conference call set up for today and we should have an update.
	    o Robert Gillette has sent out an email so that we can get an estimate of how many claims this affects and is awaiting responses.
	        ▪ Please get back to him as soon as possible letting him know if you have Minor Consent Services that you've held or if they have been submitted and were denied. We need to get a sizing on the effort needed.
	    o Changes in Drug Medi-Cal Billing Procedures-We had asked Providers to send hard copies of invoices to ADP and electronic copies to Avatar Fiscal. This has led to confusion regarding invoices. A memo will go out explaining how we will streamline the process.
	        ▪ Providers will have until 15th of the following month to enter services and submit their invoices. ADS Fiscal will not be able follow up with individual Providers for each error received in Avatar during claiming (No diagnosis, No policy, and 99999).
	        ▪ ADS Fiscal also will not be able to submit 2 claims per month. The county will only pay on the units entered in Avatar. Please check the Summary Report and make sure it matches the invoice. Submit a
		Melony/Robert

	Claims Correction for retros, replacements and voids. ▪ Please look for the upcoming memo from Mary Ann Bennett and send any questions to the <u>Avatar mailbox</u>. ○ Q: If we get denials is it possible to run the report and see what has posted? A: Yes, we post first through the end of the month. We do have the info available and can send it via email. ○ Timeline review **–** ADS has 30 days to submit original claims from the date of service.	
5	**CSI Update –** We are hoping to get CSI issues resolved quickly. Remember you are not able to edit the living arrangements but you can send living arrangement info to the <u>Avatar mailbox</u> and we will update for you. On the CSI Admissions screen there is a new page and a couple random new fields. Q: What to do with the new fields on page 3 of the CSI Admissions screen? A: We will be hiding the fields and nothing needs to be entered in these fields. Use CSI Reports to confirm info is corrected. We will respond to requests regarding completed CSI living arrangements via email.	Kacey
10	**SacHIE Update –** Sacramento Health Information Exchange. <u>Roadmaps</u> are on the Avatar Internet page. For the Full EHR Users we are currently on track and making progress. For Users with Own Systems – we are going to continue what we are working on this fiscal year regarding Practice Management and E-Prescribing. Business as usual and next year we will be working on Electronic Exchange of Claiming and State Reporting Information. Please send questions to the <u>Avatar mailbox</u>. Q: What is happening in 2 years? A: Electronic Exchange of Clinical information will occur in 2012-2013. 2011-2012 will be Electronic Exchange of Claiming and State Reporting Information. Q: Will we have a full EHR next year? A: No we will not have a full EHR until 2014/2015 (5 years). A: When is User Acceptance Testing (UAT)? A: UAT is in May, then we will have a pilot for a few months, another update phase, and the Go-Live.	Kacey/Uma
15	**Reports/Reporting** **REMINDER -** When sending email to the Avatar mailbox please include as many specifics as possible in the email. The turn around time will be much faster and easier to recreate if included. Two New Reports: <u>Phase II Denials by Program</u> • significantly faster • Since we just reposted all the old compiles, when this is run for 1/1- whenever it takes us to finish the backlog, you will see denials that you have already worked on • Because of limitations of the tracking tables (which we are going to be pursuing), each denial only shows 1 reason and 0 remarks, regardless of how many reasons/remarks there were in the 835 <u>PCCN for Client Services</u> • Both the Denials and the Approvals will now show up on the same report. If it isn't on here, we don't have a PCCN for it. • The detailed denial reasons can still be seen here, so given the limitations mentioned above, this will be the tool for getting that information (at a client level)	John

	• It is relatively slower than it was previously, typically was taking me up to about 7 minutes for 1/1/11- 2/14/11 to return info, but given the reposting mentioned above, that may improve in "normal" posting months.		

10	**What's New**
	
	• Client Resources – Option in Avatar that allows for capture of different Client resources. For example: A CPS case workers name, Pediatrician, PCP Practitioner, APS worker, personal resources, etc.
	   o This option is client specific not episode specific. We need this to be filled out for coordination of care, client contact, etc. Please use end dates for resources if known so we have good info and are able to communicate effectively
	   o Please let us know if we need to add additional resource categories.
	   o Client Data Sheet does not have all the client resource information. One Provider shared that they are using the same people that they are obtaining Release of Information for.
	
	• OHC Coverage Request for Information – follow up. As previously discussed at the User Forums, Health Insurances often request additional information Ie: Chart notes. We will need the information with in 3 days. If not received within 7 days. QM will contact you. The reason for the quick turn around is to prevent claims from aging out.
	
	• Q. Can we fax chart notes?
	
	• A: Yes it can be faxed but the preferred method is by email. Zipped, encrypted and password protected.
	
	• Q: Who will be contacted at Provider?
	
	• A: Previously identified fiscal liaisons.
	
	• Q: How should Providers handle calls received from Insurance companies requesting OHC coverage?
	
	• A: Send info to the Avatar Fiscal mailbox.
	
	• Q: ADP Memo acceptable denial reasons?
	
	• A: ADP said there were only two acceptable reasons. 1. Beneficiaries benefits are exhausted or 2. Services are not covered. Those are not the same Denial reasons are that we receive from the State. We are currently following up with the State to clarify which of our denial reasons are acceptable.
	
	• New Learning and Collaboration Opportunities – There has been feedback received by the Avatar team indicating that it would be helpful to have additional forums to discuss issues related to Avatar and the SacHIE implementation. A memo will be sent outlining the new forums and will be sent out as soon as dates are determined.
	   o A new cyclical meeting series will begin Exec Directors will be invited to attend and discuss Avatar specific questions/concerns
	   o Drop-in sessions at Tech Center to help with specific questions.
	     ▪ If a particular question is not able to be resolved at the drop in sessions it will be possible to arrange for a site visit to further assist with the resolution of the identified issues.
			Uma/Kacey

10	**Tips and Tricks**
	
	• Data Entry Reminders – if invalid zip codes are used the whole claim file is rejected. One wrong zip code impacts the entire claim. If client is homeless please use Provider's address. ADS' is using parent site's address if applicable. Extra spaces results in the same thing. Please use valid zip codes, no preceding spaces, space on the end.
	   o Modifier text box on client charge input is only for duplicate modifiers.
	   o If there is a space in front of the CIN then the state accepts it but that service will be denied. No dashes, etc. should be included in the CIN number (policy number) Just enter numbers. Only time dash is accepted is with OHC when entering SSN.
	
	• What to do and who does it when a CIN Number Changes – This occurs more for kids. (Adoptions, etc). CIN will be changed by the County. Access Teams will make note of the new CIN in Financial Eligibility 'Coverage Comments' text box. Alias/ Name changes will be noted in Update Client Data. CIN number changes should be changed until voids and replacements corrected. Then it can be corrected.
	
	Q: If we find out CIN changes today will it create a problem if changed?
	
	A: Yes, because we are behind on claiming and it won't match up. Kacey is putting together documentation that will outline the process.
			Uma/Kacey

	Q: Will there be the opportunity to change the name? A: Update with new name and put the old in the alias field. - Protect PHI – County policy is when info is sent outside of network it must be zipped, encrypted, password protected. When info is sent to the county it must follow the same procedure. There are free tools that are available if you do not have WinZip. Glen Holland put together a procedure and it is available. MRN's are considered PHI. Q: Do I always need to send a password? A: Yes, but remember to send the password in a separate email. - Financial Eligibility Coverage Effective Dates – a reminder that the coverage effective dates play an important roll. Make sure to put a date prior to the first date of service you expect this guarantor to bill for. If there is no guarantor set up to cover the date of service your service will fall to guarantor 99999.	
25	**Open Forum** - March User Forum will start 30 minutes earlier - Positive Feedback - using unbilled report - Please send ideas for Tips and Tricks	All
Next User Forum : 3/17/2011, 12:30-2:00, 7001 East Parkway, Conf Rm 1		