Avatar Implementation User Forum

MINUTES

Date: 3/17/2011
Time: 12:30-2:00
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** • Fee Override – we should know within the next month if this is fixed. The fix has been loaded in the LIVE environment and will be monitored. • Diagnosis issue – During the drop-in session last week it was brought to the Avatar teams attention that there might be an issue with the MediCal Services with no Diagnosis Report, and that not all diagnosis are showing up when the report is generated. Please let us know if you are experiencing this issue by sending an email to the Avatar mailbox at Avatar@saccounty.net • CSI – If the number of dependents is unknown when entering CSI data the State wants us to use '99' but avatar won't allow an entry that high. Please use '98' for that value. The dictionary values for unknown place of birth county and country are not yet resolved but we will let you know when it is finished.	John/Kacey

15	**Claiming Update**
	
	• CIN Document handout for MH - This document is in the draft phase and we are asking for feedback Please read, review and try it out and let us know if you have questions. Send feedback and questions to the Avatar box at Avatar@saccounty.net. The next steps are to clarify any questions, revise, and finalize the document. Thanks in advance for your input.
	
	    • **MH –** Fiscal hopes to complete posting 835s by March 28th
	        o 276 Requests – Please allow 90 days from claim date before sending 276 inquiries to Fiscal. The claim date can be found on Client Ledger (SAC) Report.
	        o 835 – Feb and March for 2010 arrived last month. This claim took over a year to be returned to the County from the State.
	        o Fiscal is currently working on the November MH claim
	
	    • **ADS –** Fiscal will begin posting 835s for ADS as soon as the MH 835 posting is complete.
	        o Fiscal will begin the February 2011 claim next week for ADS as well as retros and CCS (claims correction spreadsheets)
	
	Q. What happens when a Client doesn't have OHC anymore and the Guarantor needs to be updated within Avatar?
	
	A. The end date can be updated, but It depends on what Fiscal has claimed out to date. The end date will depend on where Fiscal is on claiming. You can check the client's ledger to see what has claimed out. Put an end date in Financial Eligibility after the last services that have already claimed to the OHC.
		Kacey/Melony

5	**CSI Update**	Kacey
	Thank you for sending in your living arrangements to the Avatar mailbox. There is a report that is called Missing CSI that can be run to check on missing CSI data. Please send the Client ID and Episode details to the Avatar mailbox when requesting assistance with updating living arrangements. The CSI data only applies to MH and is the equivalent to the CALOMS data in ADS	
	Q. What is the turn around time to get the living arrangements data entered?	
	A. Two to three weeks. Please remember to send to the Avatar mailbox at Avatar@saccounty.net. We will send you an email once the data has been entered.	
	Q. What about new admissions that do not have complete living arrangements?	
	A. Same scenario. Please send the living arrangements to the Avatar box and we will update the living arrangements.	
	Q. What if the Client's address is incorrect?	
	A. Living arrangements is different than address. If the Client's address is unknown please use your agency address.	
	Q. What if we have Clients showing up on our CSI Update Report that are closed to our agency?	
	A. Please send examples to the Avatar mailbox at Avatar@saccounty.net	
10	**SacHIE Update**	Kacey
	UAT (User Acceptance Testing) is the next major event that will take place and is scheduled to begin on May 23rd. We are not sure who will participate in UAT at this time or where the pilot test site will take place. The users and pilot sites will be decided upon at the Avatar Steering Committee meeting. UAT is an event where a user is asked to perform certain business scenarios within Avatar to see it the system is functioning properly.	
	Please send an email indicating any interest in becoming a pilot test site to Avatar@saccounty.net. We have had a couple agencies express interest but we need to have an email documenting interest.	
	Q. Is there a need for AOD and MH pilot sites?	
	A. It is just MH at this point. AOD pilot sites will be determined at a later time	
	The Assessments are now built and the Avatar team is now performing internal QA, InfoScriber is being set up and we are working on order entry and eMAR for the MHTC.	
	Q: Have staff started using typing tutorials?	
	A. Not yet	
	There is a readiness survey that will be sent out to users in the near future. We are currently drafting the memo and will be sending the survey out as soon as possible.	
15	**Reports/Reporting**	John
	• Client Ledger SAC Report – This is another version of the Client Ledger report and is the best bet for a ledger report. Each date and line separates services and provides a history of the service. This is also a good report to check the claim number.	
	• MediCal with no Diagnosis Report – Any client that shows up on this report has a service that preceded the diagnosis and that client will never claim out until this is corrected in Avatar.	
	Q. What should we do if the diagnosis date is not correct?	
	A. Please contact QM for clarification.	
	Q. What about Lockouts?	
	A. Please send example to the Avatar mailbox	
	Q. What is the Client does not have a diagnosis (engagement and no-show)?	
	A. The Client will not show up if there is not a cost associated with a service.	
	Q. For AOD Providers the PCCN for Denials Report is not working very well?	
	A. This report has been replaced with PCCN for Client Services and it has approvals, denials and the reason code. If you are an AOD Provider and are experiencing difficulty with t he PCCN for Denials Report please send the info to the Avatar mailbox and we can take a look at the details for specific clients.	
10	**Drop-in Session Feedback**	Kacey
	We had a good turn out for the first drop in session. The drop in session was to help users resolve issues that are beyond the realm of current expertise. Please provide feedback if you attended.	

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<td>Session feedback that was suggested and received during this meeting:

- request an RSVP for users that would like to attend
- extend the 2 hour timeframe
- Split out Child and Adult providers in separate sessions

We are trying to work out the logistics. Feel free to send any other feedback to the Avatar mailbox at Avatar@saccounty.net

The next drop-in session will April 12th at 2:00.</td>
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<td>**Open Forum**

Q. There are new fields within Financial Eligibility on a new page. Where did it come from and who fills it out?

A. It was included in the last maintenance release that we received from Netsmart. It is okay to ignore the new page. AOD providers are seeing a date of 2/1. Kacey thought it might be related to the MMEF file. We will hide the fields so it will not cause further confusion.

Q. What if I have updated data but it doesn't show up on the Unbilled Report?

A. The data will remain as is until Fiscal submits the next claim.

Q What if the CIN number is missing and services are on the unbilled report?

A. A. If it has been more than 30 days (AOD Provider) you will need to fill out a claims correction spreadsheet and submit it to Fiscal for services that are over 30 days old if there is an applicable delay reason code.

Q. For MH Providers if we do not know that the client is MediCal eligible is it okay to add eligibility?

A. Remember if you are a MH Provider you have 6 months to claim a service w/o a denial reason code and 12 months with a delay reason code.

Q. On the MediCal Eligibility Report is the MEDS data current?

A. This is the information that the County received with our last Meds File. Depending on when you run it could already be old data. This is not a replacement for verifying eligibility within MEDS.

Q. What do the reason codes CO29) and CO 129 indicate?

A. CO 29 is late claim denial code and CO 129 indicates a VOID/Replacement service is past 6 months. The Department of Health Care Services lifted the 6 month rule for AOD Providers. Please send specifics so we can research and we may need to submit a ticket to Health Care Services.

Q. I am an AOD provider and I received a denial because the appropriate modifier was not entered. I entered a replacement but now the claim is being denied for late submission.

A. We will need to look at particular case and work out the details. Please send the details to the Avatar mailbox at Avatar@saccounty.net.</td>
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<td colspan="3">**Next User Forum :** 4/21/2011, 1:00-2:30, 7001 East Parkway, Conf Rm 1</td>
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