

Minutes



Avatar Implementation User Forum

Date: 6/16/2011

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	Uma
10	Bug/Issue Update <ul style="list-style-type: none">• Currently tracking the previously identified bug in the CSI dictionary. The patch has been installed in the test environment for validation before installing in the LIVE environment.• Fee Override – no updated status• There is a bug in Avatar that is resulting in approved services for zero dollars. Netsmart is working on the bug. The good news is that the problem is fixed when we process replacements on these claims. The next step will be for Fiscal to reclaim them. Providers do not need to do anything regarding these services. <p>Q. Are there rebilling deadlines associated with these approvals? A. There are no deadlines associated with approvals.</p>	Kacey/John
15	Claiming Update <ul style="list-style-type: none">• ADS – started working on the May 2011 claims today. Continue to work on retros and the Claim Correction Worksheets• MH – working on the April 2011 claiming as well as the retros and the Claim Correction Worksheet• Fiscal has also started working on MH Medi-Medi denials• Please continue to run all of the pre-billing reports such as the unbilled, no diagnosis, no policy number, etc• Also continue to be careful when adding modifiers. Make sure to use upper case letters and a comma between modifiers. No spaces.	Melony
5	CSI Update <p>Sacramento county recently submitted another CSI file. Thanks to all for the clean-up effort on the Living Arrangements data.</p> <ul style="list-style-type: none">• Remember the Missing CSI report is a good report to run to check for missing data. <p>As a reminder on the 'Client Charge Input' option, page 1, The 'Evidence-Based Practice/Service Strategies (CSI)' field does not always apply and if needed it is appropriate to choose unknown. This is the data that the State requires.</p>	Kacey

10	<p>SachIE Update</p> <p>UAT is complete. Thanks to all who participated. The Avatar Implementation Team is reviewing all feedback received from UAT participants and working through the documented issues.</p> <p>The next step is piloting CWS at the designated Pilot sites. Currently there is a meeting scheduled on July 8th to review Pilot site requirements.</p> <p>Following completion of the pilot is full go-live. Full go-live will utilize a rolling implementation approach.</p> <p>A new ADS resource has been assigned to help with the Avatar implementation. There is currently a planning meeting scheduled to workout details.</p>	Kacey
15	<p>Reports/Reporting</p> <ul style="list-style-type: none"> • <u>Phase II Program Charge Status Report</u> – use this report to work rebills and to clean up denials and review claiming activities <ul style="list-style-type: none"> ○ Remember you have to click on one of the Group links (Approved, Denied, Pending Claims, Rebilled Claims, and Unbilled) to see the details. Please remember that claim information will only show up for what has been claimed to date. ○ If there is a 'T' indicator next to the claim Liability, it has been Transferred. Use the Client Ledger (SAC) to determine where the service has been transferred. ○ Services with a claim number in the Rebill Claim column indicate that the service has already been rebilled. You can search in the relevant subreports for the rebill claim number to see its status as well (Denials, Approvals, Pending) • <u>Phase II Client Charge Status Report</u> – same format as above but at the Client level, and only reflects services with a medi-cal action (approval or denial). This is taking the place of the old PCCN reports. • We are currently working on a more structured process for publishing reports – The Missing CSI Information and Provider Last Service Report are in the QA phase and should be available soon. 	John
25	<p>Open Forum</p> <p>Q. Have there been changes to the Financial Eligibility Screen? A. There was a change about 4 to 6 months ago. On page 5 there is now a Medi-cal eligibility area. It gets populated from the MMEF file we receive from the State. It was a patch that was installed by Net Smart.</p> <p>Q. What is the priority for the real time Medi-Cal? A. Waiting on the State.</p> <p>Q. Client Service Report has group services split out now? A. Yes it was a change made to that report.</p> <p>Q. Edit Service screen would not allow a Practitioner to be removed. A. We will look into it.</p> <p>Q. Who should we send the Living Arrangement emails to? A. Please send the Living Arrangement info to the Avatar mailbox at Avatar@saccounty.net.</p> <p>Q. Should we send a list of living arrangements? A. Yes, send the details as soon as you can.</p> <p>Q. Why do we see so many 'T' on the data on the CDs A. When Fiscal posts the 835 the data can be compiled but not posted or it can Transfer off. These are defined at the denial code level.</p> <p>Q. IS there a way to see how much realignment has been used? A. No there is not because of the waterfall process..</p> <p>CDs – questions are being logged, analyzed and reviewed. A second CD will be sent soon. There was some data on the first CD that should not have been included.</p>	All

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