

Minutes



Avatar Implementation User Forum

Date: 10/20/2011

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
5	CSI Update There are a number of records that are failing "logic validation" Dawn Williams is currently compiling a list of Providers and associated clients whose diagnosis record needs to be updated. We will need Provider cooperation in making the requested edits timely to move forward with our CSI submissions. Thank you to all Mental Health Providers for submitting data. We have found that some errors will require additional Provider input due to the way the diagnosis was entered. Dawn is compiling files for Providers and will be sending the information next week. ◇ The file should be finished this week and sent out to managers.	Dawn
15	Claiming /Fiscal Update <ul style="list-style-type: none">We will provide a status on the current claim status for Mental Health and ADS.<ul style="list-style-type: none">ADS - Working on Sept ember claimMH – Fiscal will start the MH claim for September on October 31. The delay is due to a scheduled conference next week.Working on the backlog of ADS 835s to allow ADS Providers to utilize the new faster denial reports. As we move toward this goal however, there will be an impact to the reports ADS Providers are currently using. We will be posting only old 835s from the 1st of the month thru the 15th of the month and then we will posting all new 835s from the 16th of the month to the end of the month. The impact on the providers is that when running the denial reports to see what will be taken back each month you will need to run them only from the 16th of the month until the end of the month. This will start 11/1/2011.An updated claims correction spreadsheet (CCS) has been created. In essence the changes allow for liability to be transferred from one guarantor to another. In addition, the new CCS will allow for denied services to be deleted.<ul style="list-style-type: none">We have added column #15 and #16 (from guarantor and to guarantor). In column 15 please add the guarantor where the current liability is at. In column 16 please put the guarantor where you would like the liability transferred to. Column #17 is also new and we need all denial codes entered in this column for example if the client was denied with CO 22 and CO 177 please list them both. <p>Q: How far back can we go for replacements to claims? A: MH Providers can go back 15 months from the month of service and for ADS there is still no time limit.</p>	Melony

	<ul style="list-style-type: none"> o This becomes effective tomorrow, 10/21/11 and we will post the new CCS on the Avatar website <p>FYI – The week of October 24 some members of the Fiscal team will be out of town Tuesday through Thursday for a Netsmart conference. Please be patient with respect to email correspondence from the Avatar Fiscal email box – there will be 2 people monitoring the box next week.</p>	
10	<p>ADS Recent Communications Review and Q and A</p> <p>There have been several outbound communications to ADS Providers. We will discuss and provide an opportunity for questions and answers.</p> <ul style="list-style-type: none"> - Practice Management Policy - CalOMS Reporting Policy - Guarantor 44444 document <p>ADS Providers only - Gay sent the documents on October 13, 2011. Please send any questions or concerns regarding the communications to the Avatar mailbox at Avatar@saccounty.net</p>	Gay
15	<p>Updated Timeline from DMH</p> <p>State Department of Mental Health has done away with the 97 day rule for replacing denied claims. Their document can be found at the following URL:</p> <p style="text-align: center;">https://mhhitws.cahwnet.gov/systems/sdmc/docs/public/short_doyle_-_medi-cal_phase_ii.asp</p> <p>The positive impact of this change will vary depending on how diligent Providers are with making sure that their claims are submitted timely and how diligently they run and work their denial reports.</p> <p>The extended timeline does not change anything for initial submissions. It is limited to REPLACEMENT transactions and we now have 15 months from the MONTH of service. No longer from the date of service.</p> <p>We will discuss a couple of examples and real world scenarios.</p> <p>Q: Will the county post the link on the Avatar webpage?</p> <p>A: The link will be included in these minutes (above in red) and is owned by the DMH website.</p> <p>Q: What can be done for a client that as OHC but just provided the other healthcare coverage information and the claim is over 12 months old.</p> <p>A: Once you have received the denial information from the State submit a claims correction spreadsheet and the county can transfer to the OHC. When we receive adjudication information from the OHC we can do a replacement and this will allow for an additional 3 months instead of the normal 12 month timeline for CO*22s.</p> <p>**The following URL contains information regarding how to work with Medi-cal directly to remove or update erroneous OHC information from a client's Medi-cal Eligibility file.**</p> <p>http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_10724_1.asp</p>	Kacey
5	<p>Reminder of things to come (from last month's forum) –</p> <ul style="list-style-type: none"> - HIPAA 5010 – Must be implemented prior to 12/31/2011 <p>HIPAA 5010 – will be a new format that counties will have to follow for submitting claims. Short Doyle Medi-Cal has been given an extension until January 1, 2012</p> <p style="text-align: center;">MyAvatar – ETA 2/2012</p> <p>MyAvatar – the county will be upgrading the current version of the Avatar software product to the latest version called MyAvatar. We anticipate upgrading in Feb 2012 when CWS Pilot ends.</p>	Kacey
10	<p>SacHIE Update</p> <p>Three pilot sites are live.</p> <p>As would be expected with a pilot there are several issues that need to be worked through. Overall, however the pilot has been successful and we are on target to continue to move forward ~January training and implementing additional Providers. More details are forthcoming.</p> <p>There are some business process changes that have come out of the pilot.</p> <ul style="list-style-type: none"> • The hardcopy CDS is no longer required and ZIP slips are no longer going to be used • There is now a non-billable service code so staff can document time that is non-billable • Specific colors of paper will not be required for printing documents <p>We are keeping a change log and we will share this information as it is available.</p>	John/Kacey

	<p>Q: There seems to be a lot of hands on support for the participating pilot sites how about after the pilot ends?</p> <p>A: We are hoping that the majority of issues will be worked out but we do anticipate that we will be able to provide some onsite support.</p> <p>Q: What if we have multiple sites? How will that be handled?</p> <p>A: We are working out those details right now in the training plan.</p> <p>Support going forward will utilize the T4T approach</p> <p>Q: Can we review Notes before finalizing?</p> <p>A: Yes. A Supervisor can review a Note before it is finalized.</p> <p>Q: Who will enter Notes in Avatar?</p> <p>A: Staff will enter their own Notes and privileges will be tied to professional classification.</p> <p>Clinical work will be done by Clinicians in the system.</p> <p>Please remember to abide by the current standards that are in place today. Especially for Users who will continue to use their own electronic health record.</p>	
25	<p>Open Forum</p> <p>The CIN number is no longer available on the state's verification system since they changed vendors. Sacramento county opened a ticket with the state and the following information may provide some value if referenced when you call the state:</p> <ul style="list-style-type: none"> • Behavioral health providers are classified as an 'Other atypical Providers' • ticket #1-4536769 <p>Q: When we submit a Claims Correction Spreadsheet do we have to re-enter the service if it is a replacement?</p> <p>A: Yes if the denial is because of something in the service like duration or date of service. Please enter the service and immediately submit a claims correction spreadsheet. This will help avoid the newly entered service getting claimed as an original service instead of as the replacement you intended.</p> <p>Q: What if we know a client does not have OHC. How do we get prove of that?</p> <p>A: Work with WATS and the Client Eligibility worker and keep a record in the chart.</p> <p>Q: I noticed there were some changes on the Financial Eligibility screen that I did not make. Who has access to these screens?</p> <p>A: The only people that would have access to your programs clients would be county staff and your agency's staff. County fiscal staff has a policy to always put their initials and the current date if errors are found and changes are made to the eligibility screen. It is very good practice for all to put comments, names and dates on the Financial Eligibility screen if editing data.</p> <p>Q: If our agency has more than one program can we transfer services between programs?</p> <p>A: No there is no way to replace a service in a different program. You would have to delete the service and enter in the correct episode.</p> <p>There is no ETA for the next round of re-coupmnt CD's. We have to conduct additional analysis and take into consideration the new 15 month rule.</p> <ul style="list-style-type: none"> • Please remember that there is a drop-in Session on the second Tuesday of each month at the Tech Center from 2:00 – 4:00. Please bring any Avatar questions along with real world scenarios for help and review. The sessions are held at our training location on Tech Center drive and the address can be found on the Avatar web page: http://www.sacdhhs.com/default_old.asp?WOID=MBR 	All
<p>Next User Forum : 11/17/2011, 1:00-2:30, 7001 East Parkway, Conf Rm 1</p>		