

# Agenda



## Avatar Implementation User Forum

**Date:** 12/15/2011

**Time:** 1:00-2:30

**Location:** 7001 East Parkway, Sacramento, Conference room 1

**Facilitator:** Kacey Vencill

**Scribe:** Gay Teurman

**Attendees:** (See sign in sheet)

Time	Agenda topic	Presenter
5	<b>Welcome/Introductions</b> CSI update: submitted another file. Will know shortly if the test file passes. Then we will do another file for June. Thanks for getting those files cleaned up. We will keep you posted.	Dawn
10	<b>Claiming /Fiscal Update</b> <b>ADS</b> We will start working on the November 2011 claim tomorrow. We are also going to be claiming part of December 2011 (1st-20th) starting December 21st 2011 to minimize any issues there might be with the 5010 cutover on 1/1/2012. If your services aren't in before December 21st they will go out when we normally claim after January 15th 2012. Claims Correction Spreadsheets for services over 6 months old are being held due to a bug on the State's side. The 6 month replacement deadline for denied services was accidentally turned back on and services over 6 months were getting denied for CO*129. The state is working on this bug. The e-mail sent earlier this week asking provider to enter all units possible prior to December 21 <sup>st</sup> was intended as a courtesy notice for ADS providers. When we do cutover we want to avoid as much turbulence as possible and claiming as many units as possible in the 4010 format will help that effort. The e-mail was not meant to cause a burden and pose a problem for providers. <b>MH</b> We have started working on both October/November 2011 this week. We are up to date on our Claims Correction Spreadsheets.	Melony/Kacey
10	<b>Changes made to the client lookup feature</b> John demonstrated the new fields that have been added to the client lookup function. We believe that this will be extremely helpful in ensuring that the correct client is selected. Now you can see DOB, SSN and Gender. This is for all client based options. .This is for both PM and CWS.	John
15	<b>5010 Testing Update</b> <ul style="list-style-type: none"><li>As mentioned for several forums, there is a federal mandated implementation date of 1/1/2012 to change the way we submit our claim files. We must change from the current version (4010) to the next HIPAA version (5010). There was mention of a delay to the cutover but this has not been extended for short Doyle Medi-Cal.</li><li>We have identified 33 business scenarios that need to be tested. Of the 33 scenarios 14 scenarios have passed. The ones that have not passed are ADS claims and are identified as an issue with the state. .</li></ul>	Kacey

	<ul style="list-style-type: none"> <li>• The changes regarding our claims also include beginning to claim to Medicare. The claims to Medicare must also be in the 5010 format.</li> <li>• Due to the requirement to bill Medicare prior to Medi-cal, and the differences between what the Guarantors will cover there will be changes to current screens/options used by Providers.</li> <li>• Based on our testing we have not noticed any differences or changes to processes in our 5010 processes. However, there are changes to the delay reason codes and the denial reasons. We will be updating those delay reason codes and denial reasons and posting that out on the project website.</li> <li>• This will impact Providers that use both client charge/recurring client charge input as well as those that are live with CWS and whose charges are generated from a progress note.</li> <li>• The changes to the screen/options are global –everyone will see the changes and will need to know what they are and how to use the new fields. <ul style="list-style-type: none"> <li>▪ The new fields will be added to separate direct service (Billable to both Guarantors) and travel and documentation time that is not reimbursable by Medicare.</li> <li>▪ Prior to making the changes we will provide information on how to use the new fields</li> </ul> </li> </ul>	
5	<p><b>Reminder of things to come</b></p> <ul style="list-style-type: none"> <li>• HIPAA 5010 – Must be implemented prior to 12/31/2011</li> <li>• MyAvatar – ETA 2/2012. Monterey has gone live with My Avatar and we are waiting for another county to go live to see how the conversion goes. So far we have heard that practitioners like it and it has increased efficiencies.</li> </ul>	Kacey
10	<p><b>SachIE Update</b></p> <ul style="list-style-type: none"> <li>• Three pilot sites are live with CWS and Infoscriber</li> <li>• 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. <ul style="list-style-type: none"> <li>○ We are reviewing issues as we receive them and working through them.</li> </ul> </li> </ul> <p>In addition to the CWS implementation there are many other things happening:</p> <ul style="list-style-type: none"> <li>▪ Non-MediCal ADS Providers are coming on board. Looking into schedule ADS UAT soon.</li> <li>▪ MHTC –for order entry and electronic e-prescribing.</li> <li>▪ Doc Mgmt- POS scanners, and documents scanners have arrived, Netsmart training for the documents and document types is being set up to determine what needs to be maintained in the electronic chart. Naturally, DBHS management will be involved in meeting regarding this.</li> </ul> <ul style="list-style-type: none"> <li>• As the SachIE Project continues the number of users will continue to grow and consequently the forums for communication need to expand as well. <ul style="list-style-type: none"> <li>○ Calendar Year 2012 Avatar User Forum Master Schedule is available in hard copy and will be posted to the project website as well.</li> <li>○ There have been additional user forums added to the Implementation Team's calendar. <ul style="list-style-type: none"> <li>▪ <b>MH Practice Management User Forum</b>—Billing, State Reporting, Denials,</li> <li>▪ <b>ADS Practice Management User Forum</b>—Billing, State Reporting, Denials. These providers historically have attended the MH Practice Management User Forum.</li> <li>▪ <b>DBHS Clinical User Forum User Forum</b>—This is for Clinical folks that will want to give feedback and need to have specific information that is clinically related.</li> </ul> </li> </ul> </li> </ul> <p>You do not have to attend all of them but attend those that are related to what you do. There may be some cross over.</p>	John/Kevin/Kacey
30	<p><b>Open Forum</b></p> <p><b>Q. How will we know whether we can reference the 4010 or 5010 denial reason codes?</b></p>	All

R. The state will be taking the system down on the 29<sup>th</sup> of December and preparing for the cutover. Once the cutover to 5010 has happened there will be an expectation to use the 5010 denial reason codes for the claims that have been processed. When we receive a 5010 835 we will make sure to communicate that as well as the new denial reasons.

**Q. What is CWS?**

R. Clinician's work station.

**Q. Will there be extra training around My Avatar, what will the rollout look like?**

R. We will start the conversation at these forums. There will be a number of factors to how we train and who we train first. The options themselves will not change and the system functionality will not change. But how the home view looks will change. The home view will represent the data that is most relevant to you as a user. These views on the home view are called "widgets." These are all determined based on the type of user that you are and what you need access to as a user. As far as rollout goes, all new go-live events will be using the MyAvatar product..

**Q. Why doesn't the Program Charge Summary show the updated guarantor?**

R. There are services and charges. The charge can have multiple rows per service. When you update a guarantor it does not update the charge summary. Fiscal still has to do a liability update before this will show on the charge summary.

**Q On the Avatar reports I see that it says 12/1/11 client ineligible. However the client is eligible on 12/1/11.**

R. Any report that has eligibility from Avatar is not what you want to use. You need to continue to verify eligibility regularly. The reports in Avatar are based on point in time data received from the State and not substitutes for eligibility verification.

**Q. Have there been any noticeable delays in billing or dropping units as a result of the CWS implementation?**

R. No. Actually billing more quickly and running more reports.

**Q. What are the timelines around implementation for everyone else?**

R. The timelines have not been updated in a while and we are waiting to update the posted timelines until we have an opportunity to analyze the schedule. The timelines are on the project website. We are due to begin in February and plan on continuing until December.  
[http://www.sacdhrs.com/default\\_old.asp?WOID=MBR](http://www.sacdhrs.com/default_old.asp?WOID=MBR). We have to consider our training and resources available for onsite support. We are currently doing some analysis now as to how we can make that work for the system, what are our resources and what are our constraints.

**Q. Subscriber issue date invalid.**

R. Medi-Cal eligibility –Marshall Stinson will send Kacey the policy that they established and we will share it with the providers.

**Q. Do ADS Providers need to update the HCFA 1500/837 Maintenance Option screen when a client is no longer pregnant and therefore no longer using guarantor 40350 ?**

R. Since the information in this option is guarantor specific, it is fine to do that. **It is important however, to ensure that you end date the perinatal guarantor and use the correct non perinatal guarantor.**

**Q. How are the user roles defined? Do I need three different log in because I have three different responsibilities in Avatar.**

R. No, user IDs get different user roles and can have as many as needed for a user's job function. It will be the same in CWS as it is in PM.

**Q. How should we handle records requests from Molina**

R. In the last three weeks Molina has asked three providers for charts. It seems specific for Molina. What SJUSD ended up doing was calling QM, for endorsement to respond to Molina. SJUSD responded to Molina by saying it was a client that they had never seen. Kacey will check with ADS to verify if it is possible to respond. ADS does not have a QM unit to support this action to respond.