

# Agenda



## Avatar ADS-Implementation User Forum

**Date:** 1/6/2012

**Time:** 11:00-12:30

**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>	Kacey
10	<b>Claiming /Fiscal Update</b> ADS: Partial claiming for December to minimize claiming issues for cutover to 5010. Felicia is working on November invoices while Alice is out on vacation and will start on partial December invoices on Monday. December services that were not claimed with the partial December file will be captured in January. We are still current with ADS claims. There is no Avatar issue related to claiming not being processed. Providers stated nothing has been received from ADS fiscal about the November invoices. This is because ADS fiscal is behind in reconciling the November invoices due to the last minute decision to also do a partial December claim before the 5010 cutover. When submitting a claims correction spreadsheet for the 44444 guarantor do not delete the ADS Medi-Cal guarantor in financial eligibility. 44444 will be the first Guarantor listed and ADS Medi-Cal guarantor as secondary. There is still no final decision made at the State on when ADS can stop billing OHC for NTP's. We are still billing the services as we have in the past.	Mary Ann
10	<b>ADS Avatar Timeline</b> ADS UAT scheduled to begin for Non-Medi-Cal users 3-15-12. If you want to participate in UAT please e-mail the Avatar box at Avatar@saccounty.net Please see the project website for the timeline: <a href="http://www.sacdhs.com/default_old.asp?WOID=MBR">http://www.sacdhs.com/default_old.asp?WOID=MBR</a>	Kacey
10	<b>CalOMS reporting requirements in Avatar</b> Eventually all providers will be required to be entering the data submitted via the Avatar web-based system. As we approach integration of all Drug and Alcohol providers using AVATAR for their practice management and electronic health information system we strongly encourage all providers to aggressively discharge any erroneous client data that still exists in their CalOMS treatment data. It is crucial that all non active clients be discharged so to avoid the transfer of erroneous data prior to Go Live for the remaining ADS providers on to AVATAR.	Kacey
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</li></ul>	Kacey

	<p>cutover but this has not been extended for short Doyle Medi-Cal.</p> <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>	
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>○ 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 have 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>	Kacey
30	<p><b>Open Forum</b></p> <p>Policy issues: last policy decision—ACAC won’t have to split out everything (ADS/MH) out any longer. Kacey will show Sandy how this works.</p> <p>Can non county clients be entered into the Avatar system? (grapple item at Orientation meetings) The answer is NO. Sac County Behavioral Health Record is for Sacramento County Behavioral Health clients only.</p> <p>However, CalOMS clients will still all be entered, (Not the treatment plans, progress notes or forms, just data of service delivered) regardless of whether they are Sacramento County</p>	All

clients or not.

Medicare as a guarantor—we don't have to bill Medicare yet it needs to be in the guarantor under financial eligibility if the client is eligible. Although, Medicare does not cover ADS services so no services should fall to Medicare.

C077-NPI denials—invalid NPI number...ACAC still receiving them. Should not be happening. Send Kacey examples.

New Denial—Panceea—C0177 not eligible in meds. They come up eligible in AIDS and MediCal website, but can not check meds. Make sure the CIN number is correct. Zip and encrypt send to Myesha to check to make sure CIN is correct or send to Avatar box for evaluation.

Netsmart Demo with Addiction Management module. —An invitation went out to Methadone providers to see the demo. The demo went well. We are working with Netsmart to look at different pricing systems to consider purchasing this module for the methadone providers.