Avatar MH Practice Management Forum

Date: January 26, 2012
Time: 1:00-2:30
Location: 7001 A East Parkway,
          Sacramento, CA 95823
          Conference room 1

Facilitator: Kacey Vencill

Scribe: Gay Teurman

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions • Lucy Stanley was introduced as a member of the implantation team • Lucy has been answering the Avatar support line since go-live so many of you may have had contact with her already	Dawn	1:00 PM	5 min
Claiming /Fiscal Update • Fiscal is still claiming Mental Health Oct and Nov 2011 claims right now. There is one person working on this due to Melony and Mary Ann being pulled to do other projects temporarily. • In Financial Eligibility please do not delete guarantors if you have had services claimed to that guarantor. • Guarantor 123: The description says "Client-Share of Cost" This is a guarantor for us to use for several reasons. One of the examples when we would use this guarantor is if we billed an OHC and the remittance advice from the OHC stated that the client had a copay or deductible. Right now fiscal is the only ones adding this guarantor on the MH side. Providers can run the Guarantors by Class report to see that this is a self pay guarantor. Providers don't have to do anything to keep track of these. • We are current on Claims corrections spreadsheets. If it has been a couple of weeks and you have not heard from us, then please check back with us. We have noticed some people have sent the Claims Correction Spreadsheets to an erroneous address and we never received them. We usually work on them right away. • Out of County guarantors—prior to phase II these guarantors were used to bill other counties. In phase I if the client had out of county Medi-Cal and Sacramento County provided services when we claimed to the State	Melony	1:05 PM	10 min

we were not paid the full amount so we also had to bill the other county. Since we went live with Phase II which ever county serves the client receives the full payment. These guarantors are still in Avatar but they are now used for children's services for tracking purposes and should be in the last order on the Financial Eligibility tab in the Financial Eligibility option. If providers notice that are in the wrong order, please change the order and make a note in financial eligibility.			
Provider Information Sharing • At the drop in session Karrie Carson mentioned Stanford Home had success in having erroneous OHC information removed from the Medi-Cal eligibility system. • Stanford Home has been using the OHC Unit's fax number to get the erroneous OHC removed. Within 30 days the information was removed. **http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_10724_1.asp**	Karrie Carson (Stanford Home)	1:15 PM	5 min
Report/Reporting and Website Update • The County Website is changing. Some portions have changed. The Avatar group is tied to Behavioral Health Website. The Avatar website will change when Behavioral Health changes which should be February 6th. The FAQ's around training will be a new feature on the Avatar link. Everything will be there but will be organized a little differently • The next release cycle will be in February and we will be talking about report changes. If you have any issues with current reports you may want to e-mail the Avatar box and let us know so that they can be incorporated into this quarter's release cycle.	John	1:20 PM	10 min

Discussion: How 15 month Rule impacts CO 22 Denials (Denials for not billing OHC)
 	
- The 15 month rule will impact the way providers should send claims correction spreadsheets for services denied for CO*22 when the service date is more than 12 months and within 15 months from the month of service. In this situation providers will now have to send 2 claims correction spreadsheets.
- The first Claims Correction Spreadsheet should be sent requesting a Transfer of the denied services to the OHC. -The second Claims Correction Spreadsheet should be sent after the OHC has been claimed and we have received adjudication information. The request on the second Claims Correction Spreadsheet should for a replacement.
- Here is the process:
    o The first thing you should do when you receive a denial of CO*22 is figure out what the OHC is and enter it into Financial Eligibility.
    o Then you would submit a CCS requesting a transfer of these charges to the OHC.
    o Fiscal will process this transfer. After the CCS
	Kacey	1:30 PM	5 min

has been processed providers should keep a copy of the CCS and monitor the status. 　　○ Providers would do this by running the client ledger. 　　○ Once the service is adjudicated by the OHC and transferred back to Medi-Cal providers will need to submit a second CCS requesting fiscal to submit the services as replacements of the originally denied Medi-Cal charge. Q. When do we start doing this process? A. We are doing it now and have received some requests on the claims correction spreadsheets already. It was brought to our attention that some people did not have enough clarity around this so it was decided to go over it again. Q. If we are within 12 months do we only send one CCS? A. Yes, you wouldn't need to submit the second CCS if the services were going to be claimed to Medi-Cal again within 1 year from the month of service. Q. What about denials that are already over 15 months old now that came back from OHC that we have not caught, is there any recourse for those? A. No, delay reason codes are only good for 12 months from the month of service.			
5010 Update The new file format that complies with the federal mandate. 　• **Sacramento's Testing Status**-The test scenarios have gone great. We do not anticipate any problems with the MH claims. On the ADS side we are having difficulty with the NPI numbers being recognized and accepted by the State. We will not cutover until both sides of the house can cutover. 　• **Issue's with DHCS' system** - C022 denials for OHC have been happening even though we have already billed the other health care coverage. We will wait until this issue is resolved prior to converting to the new format. Q. Will there be any noticeable difference in the format from an end user perspective? A. No. There will be no difference in how you enter services. But you will find that the 5010 denial codes are different. We have updated our website with this information. We will inform everyone when we do cutover so you will know and we will tell you where to find the denial reasons. 　• State backlog of adjudicating claims and impacts to 276/277 requests submitted. Many of you have noticed a great number of claims in pending status for a long time. Fiscal has received a lot of 276 requests for these claims. We are not processing 276 requests at this time because we know that the state has at least an eight week backlog. When we send 276 requests the backlog applies to these transactions as well. So we could send the 276 and not get back the 277 response for over 2 months. At that point it is very possible that we would	Kacey	1:35 PM	10 min

have already received the 835 back. DHCS has a goal to be caught up by March 31st. We will be waiting for the State to be caught up with 835's to determine if we should start send 276 requests again.			

SacHIE Update
• Pilot Update—Just loaded a patch last night to fix some "to do" items. We have had a few issues with this at Turning Point. They want to send folks out with a little Netbook and we are working on how to incorporate that with the signature pads. Every site has its uniqueness but there are no show stopper issues. Issues are being resolved and working fine. We have a meeting tomorrow to look at CWS policy issues.
 	
• Master Forum Schedule—yesterday evening there was an e-mail with the master schedule link. Alternatively, you can go to the project website and you will find the master schedule there. This has been a little confusing because we now have three Forums each month.
    • **ADS specific Practice Management User Forum**
      • **DBHS Clinical User Forum Management**
      • **MH Practice Management User Forum.**
Folks have wondered who should go to which forum? The clinical forum is really designed for clinical folks who will be directly involved in using CWS or the clinical platform.
 	
Q. If we are not yet using CWS is it still relevant for clinical folks to attend?
A. Yes, because they can get exposure to what they will be using, hear successes that some folks are having and get exposed to what will be coming.
 	
• High Level Schedule Update--There are a number of reasons that the schedule has been delayed. The most significant delay is that we are awaiting the official release of MyAvatar by Netsmart prior to going live with any additional sites
 	
• MyAvatar Sneak Peek— A preview of the MyAvatar "Sandbox" was demonstrated. MyAvatar offers all the same options and features but the views will look different. Each person's roles/job/permissions will determine their individual home screen. Example: Supervisor, front office staff, billing staff.
 	
• Some features include being able to:
• Dock and Undock widgets
• Forms are now called forms instead of "options"
• Searching is now very user friendly
• Zooming in and zooming out functions to increase and decrease the information presented on screen
• Toggle in between different forms (i.e. admission form and financial eligibility)
• Toggling between client records is easy as well
	Kacey	1:45 PM	25 min

- The navigation is so much more efficient. There is also a "My preferences" where you can design what colors you would like for your personal Avatar view. "My Forms" takes the place of "My Favorites." The menu paths are still the same if you currently chose to use these. - Also the help button will now give us contact sensitive help; if I am in progress notes it will take me to progress notes help. - The training time for My Avatar is less than two hours for those who have been using Avatar, based on information we received from other California Counties. For new users, they will go live using My Avatar. - We are looking forward to the implementation of My Avatar. Q. Are the home views customizable? A. Yes, they are. But we are going to come up with 5 or 6 home views and they will be assigned to users based on job function/role Q. When are we expecting to be able to use this? A. The release date for My Avatar was February. This has been pushed back by Netsmart. The tentative date is now April. Should this date slip so will our schedule Q. Is there a message center where one Avatar user sends a message to another Avatar user? A. I don't know but this is limited This might be a place where we put the claiming status or something like that. More to come. Q. Will reports look the same? A. Yes, it is reasonable to expect reports to look the same. We are hoping to use the widgets to reduce the number of reports that users need to run. Q. Will the hold on My Avatar postpone go live of CWS? A. Yes, because we want everyone else to take advantage of the new software with the implementation of the CWS. Q. Will My Avatar time out the same as Avatar does? A. The time out is set to the office of compliance standards so MyAvatar will time out the in the same manner as it currently does. Q. Will Access to reports vary based on your user roll? A. Yes and it is that way now…based on job function and need to know, security roles are built with that in mind. Q. Do the security role apply to forms and screens? A. Yes.			
Open Forum – Information covered in previous sections.	All	2:10 PM	20 min