

Agenda



Avatar ADS-Implementation User Forum

Date: February 10, 2012

Time: 11:00-12:30

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 <ul style="list-style-type: none">The implementation team introduced themselves.The purpose of the meeting is to provide ADS claiming and Fiscal information, Avatar related information for those providers currently using Avatar as well as provide information to those who have yet gone live in Avatar. The meeting also provides a forum to share information, discuss challenges and shape the work as we move toward electronic health records. We envision this forum to facilitate information sharing between providers.	Kacey	11:00 AM	5 mins
Claiming /Fiscal Update <ul style="list-style-type: none">We are still claiming in the 4010 format. We are struggling to get through the claiming based on claiming twice for December.We will start working on January 2012 claims on February 16th 2012.. .	Melony	11:05 AM	10 mins
NTP OHC Claiming Requirements <ul style="list-style-type: none">ADP also announced that for NTP services we no longer have to claim OHC prior to claiming to Medi-Cal. The state is allowing us to send original claims and replacement services from 11-2009 to current date (30,000 services).In order to do this fiscal needs to transfer all services line by line and reclaim. There are 10,000 that must be done by February 29, 2012. If they are not submitted by that date then we could have to wait up to two years for the reimbursement.According to the state although we don't have to claim the OHCs for NTP services the state's system still requires us to put the coordination of benefits information on our claim. For providers	Melony	11:10 AM	10 mins

<p>this means the set up in the financial eligibility must include the OHC or guarantor 44444 for all dates of service. Providers should not have both the OHC and the guarantor 44444 effective during the same time period.</p> <ul style="list-style-type: none"> The OHC should be end dated the last date that services are falling to the OHC guarantor and the guarantor 44444 should have a start date the next day. If the services are currently at an OHC guarantor please submit a CCS to have them transferred to the Medi-Cal guarantor. 			
<p>ADS Services Denied for Late Submission</p> <ul style="list-style-type: none"> Based on an ADP Bulletin there was some assumption made in error about how long a delay reason code could be used in processing our claim submissions that were already passed the 30 day time limit. It was understood that it was okay to use this code for as long as we need and that there was no limit on the time constraint. In fact, the delay reason code is only valid for services that are within 12 months from the month of service. All of these claims will eventually come in as denials. We know these denials are not due to provider error. We will not be recouping these denials and Fiscal will take on the responsibility of replacing them. 	Kacey	11:20 AM	15 mins
<p>ADS Avatar Timeline</p> <ul style="list-style-type: none"> The original timeline for ADS Non Medi-Cal Providers to begin training around the 1st of February and user acceptance testing UAT was originally scheduled for mid March 2012. However, a couple of things have postponed the go live event for the Non Medi-Cal providers. It was crucial that we have enough resources to support the number of increased providers that will be live in Avatar and we will be increasing our resources with the Implementation team to support training and onsite support. In addition, the MyAvatar release date has been postponed until possibly mid April. It is more beneficial to wait until the launch of MyAvatar prior to bringing new providers on board with Avatar for ease of use. 	Kacey	11:35 AM	10 mins
<p>5010 Testing Update</p> <ul style="list-style-type: none"> Sacramento's Testing Status- The team has been doing the 5010 testing with numerous scenarios. All of the ADS 5010 test claims were denied due to invalid NPI's. We are working with the State to fix this issue. The Avatar team was told to put in the County NPI and when that was done, the test claims still were denied. We now know that this is due to a known bug with the State system. We lost six weeks of time trouble shooting this. We found out yesterday that the State will be addressing this and we hope to have an ADP file approved soon. Due to the existing issues at the State we are not willing to chance the switch over to the 5010 format until these issues are resolved.. There will be no difference in how you enter services. However, you will find that the 5010 denial codes are different. We have 	Kacey	11:45 AM	10 mins

<p>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 5010 denial reasons.</p>			
<p>SacHIE Update</p> <ul style="list-style-type: none"> • There are two ways to accomplish the mandated requirement of an electronic health record. Providers can choose to use Avatar or they can use their own electronic health record. <p>Review EHR Roadmap</p> <ul style="list-style-type: none"> • Discussion about where we are in the roadmap took place. We have piloted our clinical documentation (CWS) and e-prescribing solution. Document imaging and consent management are moving forward as well. We are working towards Electronic Order Entry and will eventually have everyone fully integrated to an Electronic Health Record. • Three pilot sites are live with CWS and Infoscriber • As 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. Training and implementing of additional providers will be forthcoming. <ul style="list-style-type: none"> ○ We are reviewing issues as we receive them and working through them. <p>In addition to the CWS implementation there are many other things happening:</p> <ul style="list-style-type: none"> ▪ Non-MediCal ADS Providers are coming on board. Looking into schedule ADS UAT soon. ▪ MHTC –for order entry and electronic e-prescribing. ▪ 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. <ul style="list-style-type: none"> • 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"> ○ There have been additional user forums added to the Implementation Team’s calendar. <ul style="list-style-type: none"> ▪ MH Practice Management User Forum—Billing, State Reporting, Denials, ▪ ADS Practice Management User Forum—Billing, State Reporting, Denials. These providers historically have attended the MH Practice Management User Forum. ▪ DBHS Clinical User Forum User Forum—This is for Clinical folks that will want to have feedback and need to have specific information 	<p>Kacey</p>	<p>11:55 PM</p>	<p>10 mins</p>

<p>that is clinically related.</p> <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>			
<p>Website and Widgets</p> <ul style="list-style-type: none"> • The County Website has changed. The Avatar group is tied to Behavioral Health Website. The Avatar link was demonstrated and how to navigate to the meeting minutes, training information and support link. The FAQ’s around training will be a new feature on the Avatar link. Everything will be on the page but will be organized a little differently • 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: <ul style="list-style-type: none"> • 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 • 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. 	John	12:05 PM	20 mins
<p>Open Forum</p> <p>Information covered in previous sections</p>	All	12:25 PM	5 mins