Agenda

Avatar MH Practice Management Forum

Date: April 19, 2012
Time: 1:30-3:00
Location: 7001 A East Parkway,
Sacramento, CA 95823
Conference room 1

Facilitator: Kacey Vencill

Scribe: Lucy Stanley

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions There was representation from both Children and Adult Mental Health.	Dawn	1:30 PM	5 min
CSI Update The July file passed. We are hopeful that August will pass as well.	Dawn/Kacey	1:35 PM	5 min
Claiming /Fiscal Update • CO42 claiming 2011 finished. We will be starting to claim both Jan and February together. Our goal is to stay current, preferably within 2 weeks. We are currently up to date. CO42 on program status report is showing it in the denial column. They are actually approvals. It shows voided in the status file. **5010 update** • 15 month Replacement Rule • Not cut over. Need to be by june30th. Still working on it. Came across new rule. With 5010- had 15 months to do replacements. Review for older services, timeline. 535 in our 510 format. More than 15 months on approved services. If original was approved it was ok in the 4010 environment. • Q: What if pending claims we don't have status on them. • A: Only have 15 months. Claims need to be claimed out at timely as possible. • Voids- No change in timeline. July 2012 change original to 12 months. Right now it's 6 months. • Currently only one person allowed to post 835 at a	Melony	1:40 PM	10 min

time. It's a system limitation. SF and Sacramento County to found an enhancement to have multiple people at once. Goal to assign task to several people. • ETA about a week out. .			
Reminder – Process for correcting charges prior to claiming It was discovered, the some agencies are purposefully, entering bad modifiers so that the charges are denied by the State. Please don't do this, please follow the OCDR process in place to delete services that you do not want to claim. It is not a good idea to send claims that we know will be denied Reminder no periods or semicolons in the modifier field.	Melony		
MyAvatar Sneak Preview • Financial, diagnosis, Client charge input will remain the same. • Pilot sites are using the CWS. • My Pending Notes, aren't finalized they will never get billed out. • Progress Note Edit-When you finalized it's locked and not editable. If a supervisor needs to reject the document they can kick it back to draft and will go back to the clinicians list of things to do. • They are able to make edits. Once the supervisor approves. The only way to edit is to append. When goes final creates a bill? It creates the billing. What happens if sup sits for 3 weeks. There could be a case that the charge could get billed. Working to fix that. • Modifiers will remain the same as they are mandated by the state Note will be entered, clinicians do not deal with the modifiers. • Scheduler Module is currently only being used at APSS. It requires set up and set up for the practitioners. Don't have to be a Clinical person to have the Caseload options. • Dragging clients into your My clients widget wont keep them there permanently when you log off these clients will be removed.	John	1:50 PM	20 min
Reports/Reporting – Patch 249 If you notice issues related to this patch after the May 7th installation date, please inform us so that we are able to address those issues.	John	2:10 PM	10 min
SacHIE Update • **Pilot Update**	Kacey	2:20 PM	15 min

Going well.

- **New Security Protocol to be implemented**-
April 18th reminder was sent. If you find you were deactivated. Need to submit an Avatar Request form. If it's been more than 60 days, you will need to go through 101 training.

- **Timeline/Schedule Review**
- New MyAvatar page can be found on the project website. In the event on May 7th, new URL, any New ODCB configure you will need. Anticipated down time as well.
- Expect the system to go down at midnight on 5/4 and up at 8am on 5/7. System code user id and password will remain the same.
  - My favorites will be my forms. Appointments scheduled in the current version will be there after the upgrade.
  - UAT – Integrated w/ outpatient, order connect, document management. Also includes ADS, MH and MHTC.
  - A communication will be sent asking for your preferred go-live month.

The team is largely out at a conference next week. A couple of people will be available to answer the mailbox. Will check email as time permits.

Document Management Requirement Sessions have been successful. Agencies have been doing a good job of providing these documents. We have a pretty good list to start with.

Please send them to Avatar@saccounty.net if you have not attended these sessions and would like to provide these documents to the Avatar Implementation team.

What are your thoughts on back scanning? Please share your thoughts how far back do we want to go.
  - DBHS Executive management will ultimately make this decision, and would still like feedback.
  - We would like to give our recommendations.
    - Want anything a doctor will need to be scanned avail.
    - Most recent notes first and oldest last.
County has purchased a number of batch scanners. There is a max limit of scanned items.
It is necessary to have a scanner at your agency.
  - Anything in high volume will need to batch scanned, batch scanning if implemented, will be done with assistance from the County.
  - Programs are not likely able to determine, individually what documents need to be scanned.
  - Quality management needs to be aware of what will be in hard copy vs. electronic charts. These options, will be communicated with them and they will be involved in the decision making process.

Open Forum	All	2:35 PM	25 min