

Minutes



Avatar ADS-Implementation User Forum

Date: May 04, 2012

Time: 11:00-12:30

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 <ul style="list-style-type: none">There was a quick check in to see which type of providers attended the user forum.	Kacey	11:00 AM	5 min
Claiming Status Update <ul style="list-style-type: none">We are finished with the March 2012 claiming. We are currently trying to catch up on the backlog of Claims Correction Spreadsheets.We can not stress enough the importance of running your reports prior to the submission of the ADS claim to the State each month. This includes but is not limited to the No Diagnosis Report, the No Policy # Report and the 99999 Report. Melony will continue to contact providers when there are items on the No Diagnosis and No Policy # Reports. Please note if we are unable to reach someone or a response is not returned within the same day, we will edit the client from the batch. When we edit clients from our batch, all of their services are edited not just the ones with the issues.Clients with OHC should either have the OHC in financial eligibility or the 44444 guarantor and not both. If the client isn't eligible for the OHC anymore, the OHC or 44444 guarantors should be end dated in financial eligibility and not deleted. When the guarantor 44444 is used there is an extra step that County Fiscal has to do prior to claiming to the State. Because of this extra step and the time limit we have to claim to ADP we have to close	Melony	11:05 AM	10 min

<p>charges on these services earlier. When we close charges on a service the liability is fixed at the current guarantor and you can't make updates to the service information in the Edit Service Information option. The goal is to be as accurate as possible when you enter the services so you don't have to worry about the services being closed earlier.</p> <ul style="list-style-type: none"> Please be certain you are sending in the most current version of the Claims Correction Spreadsheet. Also, please be sure you are fixing what ever the service was denied for. For example if the denial was for CO*177 and the issue is that the CIN number is wrong. Make sure the CIN is fixed in financial eligibility prior to sending the CCS. 			
<p>Issues with Drug Medi-cal Claims</p> <ul style="list-style-type: none"> NTP and OHC There is a 2 hour meeting that will be scheduled a week from next Thursday to discuss how to handle NTP services when the client has an OHC. The meeting is to clear up the confusion of when to use guarantor 44444 and when to use an OHC. We will also discuss the requirements of ADP Bulletin 12-03. The county is creating a report for the CO*22 denials that occurred when the coordination of benefits were accidentally left off of some of our claims. The county will be doing the replacements for these services and the providers do not have to submit a claims correction spreadsheet or enter new services unless we contact the provider. Services denied for CO*177 (Minor Consent) Sue Guinn and Maisha Bahati are currently working on the Minor Consent issue with a representative from the State. State and Fiscal show the clients are not eligible, but when Maisha prepares the eligibility she is showing them as eligible. There appears to be a glitch in the system. This issue was discovered last month. At this time please do not submit CCSs requesting Replacement Claims for this issue until we find out how to correct it. Providers still need to submit their monthly claims for clients with Minor Consent eligibility because of the 30 day requirement for original submission. Panacea requested payment for CO177 denials that were deducted from prior months claim – My response was for Panacea to send in copies of the denials to fiscal and I would ask Maria for approval to pay. 	Robert	11:15 AM	20 min
<p>5010 Testing Update</p> <ul style="list-style-type: none"> We still are not able to cut over to the 5010 format. 	Melony	11:35 AM	5 min

<p>We are testing larger files, but we aren't receiving 835s in a timely manner. Two files were submitted on 3/27/2012 and we still don't have the 835s. The last follow up email I sent to the state requesting an 835 was this morning. The state has emailed that these services are approved, but we need to validate that when we receive the 835s. June 30th is the deadline in which we need to cutover to the 5010 format.</p> <ul style="list-style-type: none"> We are starting to see 5010 denial reasons. We have worked on a current 5010 code list, but it isn't posted yet. This list will be replacing the one we have on our project website for the Phase II codes. This code list document will be posted next week. After it's posted if you find a denial reason that's not on the list, please let us know. We haven't seen 5010 denial reasons for Alcohol and Drug Services yet. 			
<p>Timeline Review</p> <ul style="list-style-type: none"> The MyAvatar upgrade has been postponed. After much thought and input from both the County Implementation Team and Netsmart Management, the conclusion was made to postpone the upgrade. The decision to postpone was primarily due to an issue related to reporting. This issue was discovered late in the testing phase. After additional testing is complete, we will proceed with the MyAvatar upgrade. At this time there is no reschedule date for the upgrade, nor do we have an ETA. We are hopeful that the delay is no more than 2 wks. Once a go-live date has been determined, a communication will go out 7 days prior to the go-live date. Other than the minor issues related to reporting, we are prepared for the MyAvatar upgrade. UAT (User Acceptance Testing) will be for two weeks over at the Tech Center. We will continue to train remaining go-live providers prior to UAT. Due to postponement of the MyAvatar upgrade, other projected dates on the timeline maybe affected. 	Kacey	11:40 AM	10 min
<p>Quarterly Release Document Review</p> <ul style="list-style-type: none"> These reports will be made available following the Mental Health PM forum. <ul style="list-style-type: none"> Zip Map by Program- First release Program Charge Summary- Added in grouping by guarantor financial class 	John	11:50 AM	15 min

<ul style="list-style-type: none"> ○ Phase II Client Charge Status- Moved client identifier from the report header to the page header so it will show all pages ○ Program Financial Eligibility Summary- Modified DOB and SSN to pull from the client, not the subscriber ○ Program Dashboard- Modified guarantors chart to only show viable guarantors as of the report date. Split diagnosis “blanks” from unknowns” ○ Detailed Outpatient Census- Modified primary and secondary funding source to reflect the full name of the guarantor <ul style="list-style-type: none"> ● Pending Items <ul style="list-style-type: none"> ○ Progress Notes Voided Report ○ Client Ledger (SAC) ○ Program Monitor Report (New) 			
<p>SachIE Update</p> <ul style="list-style-type: none"> ● Timeline was discussed earlier during the forum. ● A memo with an excel spreadsheet attachment went out to providers regarding Training Go-Live preferences. The spreadsheet lists go-live month preference, number of staff and their level of computer skill. There was discussion about the spreadsheet and memo having conflicting due dates of either the 7th or 17th. Please send those in as soon as possible. For agencies that will not be using the County Systems, be sure to provide us with the Vendor, Contacts and the Model you will be utilizing. You may send this information to avatar@saccounty.net. ● Methadone Dispensing Software – There is a contract negotiation meeting on the May 11th, we anticipate we should know at that time. Contract amendments, not be in place for this go-live date. ● Requirement sessions are over for the Lab Order and Document Management Lab. We are in the process of consolidating these orders. We will then forward these on to the P and T committee. If you haven’t already submitted these to us, please do so as soon as possible. ● UAT is around the corner. We will be asking for volunteers to participate. This will happen shortly after the MyAvatar upgrade. We will be sending out a request for providers to participate soon after we have a projected MyAvatar upgrade date. User acceptance testing is done at the Tech Center. 	Kacey	11:55 AM	10 min
<p>MyAvatar Sneak Peek</p>	John	12:05 PM	10 min

<ul style="list-style-type: none"> John showcased a CWS ChartView. The chart view lists the clients gender, age, and known allergies. To the left is a list of client based forms. You are able to click, view and make edits directly from the chart. Items in red are reminders that they are pending items. Both the types of forms that are visible in the chart as well as the information that is visible in the chart are based on the permissions of the logged in user. 			
<p>Open Forum</p> <ul style="list-style-type: none"> Share of Cost- This was causing problems keeping charges open. Everything will be handled the way it was previously. For most folks it was not helpful, rather more of a hindrance. This function has been turned "off" in the system. Some providers were not certain if they submitted all their information for Document Management. We are able to look up that information to verify. Drop-in sessions are done on the second Tuesday of every month from 2-4pm. The next one is on 5/7/12. Drop-in sessions are an opportunity for providers to bring any questions or share any problems they are experiencing at their agency regarding billing or any production issues. 	All	12:15 PM	15 min

Action Items (Resolved topics are shaded in gray)					
<i>ID</i>	<i>Post Date</i>	<i>Action item Description / Update Status</i>	<i>Assigned To</i>	<i>Due Date</i>	<i>Date Closed</i>
1	04/6/12	Confirmation of a valid CCS received sent to providers within 5 days	Robert	04/20/12	