

Agenda



Avatar MH Practice Management Forum

Date: June 25, 2015

Time: 1:30 to 3:00

Location: 7001 A East Parkway,
Sacramento, CA 95823
Conference room 1

Facilitator: Kacey Vencill

Scribe: Justin Miller

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions	Kacey	1:30 PM	5 min
Claiming/Fiscal Update <ul style="list-style-type: none"> - Claiming Update-Starting April 2015 services next week. Working on CCS sent in in the last 2 weeks. Fiscal is entering in Rates as it is the end of the year. After July if you are entering a service and notice there is no rate, fiscal may still be working on entering them. Should be completed by middle of July. Up to date on 835's. Make sure to send all emails to the Avatar Fiscal mailbox. - Benefit Plan updates-We have updated benefit plans that include additional levels that will include what services can be covered by certain classifications. - We created 5 levels for Medi-Cal and Commercial insurance. The 1st plan is everything 5/1/09 through 6/30/15 and beginning 7/1 there are new restrictions on the new benefit plan levels. - The 2nd level is the most open and covers services like case management that can be covered by most staff. - 3rd level is services that can be covered by LPHA and license waived, covers Group Therapy and similar services. - 4th level is for Nurses who provide their specific services. - 5th level is for Doctors who provide their services and is the most restricted. - Services that are not supposed to be done by the staff will fall to the 99999 report. 	Melony	1:35 PM	15 min

<ul style="list-style-type: none"> - Demo-How to update Financial Eligibility for client's with customized plans? - From a process perspective it will be the same process as before. When you update the benefit plans you would carry forward the benefit plans using the carry over feature. You would end date the previous plan levels and enter the start date for all of the new 5 levels. <p>QA-Will you have to enter the KTA in the guarantor levels? Yes you would add those in the appropriate level.</p> <p>QA-Would the match guarantors need to be copied over the same way. No. It would just need to cover the dates to cover the Guarantors.</p> <p>QA-Is there a report were we can see all of the customized plan program financial eligibility report.</p> <p>QA-What do I do if my client is already customized. You can customize those to add the new levels before 7/1/15.</p> <p>We will be able to assist at drop in sessions if there are any questions on customization.</p> <p>If you see anything fall to the 99999 report that should be covered by a practitioner please let us know.</p> <ul style="list-style-type: none"> - Impacts to the Guarantor 99999 report <p>It will make the report larger if clients have customized plans in financial eligibility that is not set up correctly.</p> <ul style="list-style-type: none"> - Crisis Intervention Services provided prior to 7/1/15 <p>After 7/1/15 if you need to replace a service, correct a service or enter a new service that occurred prior to 7/1/15 you will have to use a new code called 95510C. That rate for that code will be used on last year's rate.</p>	Kacey/Marcia	1:50 PM	15 min
<p>Training Update</p> <ul style="list-style-type: none"> - Training schedule/process 	Justin	2:05 PM	10 min
<p>Report and Widget Changes for new service codes</p> <p>There are 15 reports that have been updated in Live for the CPT code changes.</p> <ul style="list-style-type: none"> - Client services report (practitioner) we got rid of the displayed durations because the table is no longer storing the information the same way. This is now a unit based report. - - Most of the client services reports have been restructured to be unit based reports. It now shows the join ID and the Primary Id to identify the service. Those that have been using the practitioner report for productivity will have to run another report. - - Productivity by practitioner report will now show indicators that will show if there was an add-on associated with the 	John	2:15 PM	15 min

<p>service. It will total all of the services with costs at the bottom of each section for each practitioner. It also has a new option to search by System Code so it will cover practitioners who work at multiple programs.</p> <p>QA-would there be a way to add by practitioner. Yes it would be possible and we can look at that.</p> <p>Client service Report weekly staff. It will tell you everything your staff did for the week. It will give you a summary of their daily totals for the week.</p> <p>Other reports that have changed Missing CSI Service Information Services without Progress Notes Service Duration Outliers</p> <ul style="list-style-type: none"> - Services by practitioner by entry-Is a summary report that has 1 row per service and shows with an indicator if it has an Add-On. - The 2 Phase II program charge status has been changed to show all of the services. It has a highlighted indicator right below the service that shows the Original Services that went out and what has been received back adjudicated. You have to wait for all of the pieces of the services to come back before you can submit a correction if needed. In the footer is a summary by group. <p>Demo-Reviewed Correction Process for services with Add-Ons.</p> <ul style="list-style-type: none"> - You will have to wait for a Void to come back from the state before you can create a new service - We have added modifiers in the background to code 90840 because it was provided by the same practitioner to avoid those denials. - Current Financial Eligibility widget has been broken out to show plan levels and start and end dates. It will have a new row if the date is different on a level, otherwise it will show on one row. 			
<p>Project Updates</p> <ul style="list-style-type: none"> - ICD10 and DSM5 update <p>There are no plans until we move ahead with DSM IV until we have assurance that our chart audits will be fine we are going to stay with DSV IV.</p> <p>If you have your own EHR please make sure that you have your system up to date and ready for the ICD 10 implementation.</p> <p>If you are using Avatar you will need to look at updates to your Diagnosis for your clients.</p> <p>We will have training from Netsmart tomorrow and we will have more information on details. What we do know is that 100% of the diagnosis will need to have an equivalent ICD 10 by clinical staff. Expect a lot of updates before Oct 1 to get ready for the</p>	Kacey	2:30 PM	15 min

implementation.			
<p>Open Forum</p> <p>EBP marked TFCBT is now showing Inactive.</p> <p>Will there be assistance is identifying what clients will need ICD 10? 100% of your open clients will need to be updated.</p> <p>Will there be training on the ICD 10 implementation? We will know more after we have received our training, but we will provide training on the diagnosis form and we will assist with reports and other tools.</p>	All	2:45 PM	15 min