Agenda MH Avatar User Forum Date: April 26, 2018 Time: 1:00 to 3:00 Location: 7001 A East Parkway, Sacramento, CA 95823 Conference room 1 Facilitator: Ann Mitchell Scribe: Justin Miller Attendees: (See sign in sheet) Topic Presenter Welcome/Introductions Ann Training Update – New Avatar implementation website- Please update your links back at your office. http://www.dhs.saccounty.net/BHS/Avatar/Pages/GI Avatar Training.aspx Avatar Account/ Training Registration - for additional requests on trainings use the comments field- Example would be permissions beyond what they normally would have or access to forms that are not included in the training such as Perceptive. The field is now red on the Avatar Account/ Training Registration form to alert us there is something additional being requested. Melony Demo default in Order Connect-We have had some calls that prescriptions are not going through. The cause could be that no selection was chosen in output section on Order Connect, our system defaults are set to none so the prescriber needs to select the appropriate output. Deactivations-When someone leaves your agency please let us know so we can deactivate their account as soon as possible. If they are not deactivated they would still have access to your system and clients. Report Update -Consoles Updates- As a reminder there are Consoles available to see additional information for clients. This will allow you see information versus running a report. New upcoming Consoles-There are some new widgets that will be available in the John consoles. Here are a couple of examples. Client Plan console widget-This will allow you to see all Client Plants for this client based on Episode. Progress Note Entry console widget-This will allow you to see all

Progress Note Entry console widget-This will allow you to see all progress notes for a client and allow you to Open and edit a Progress Note from this widget.

QM Update -	Alex/Melony	
Client	Billing & UMDAP-	
	✓ We wanted to point things we still see that are occurring. You should be doing a FIF form for everyone regardless if they are Full scope Medi-Cal eligible or not. If they fall off Medi-Cal they may receive a bill for services.	
	This is an opportunity to explain to the clients that in the event they are not Medi-Cal eligible they may receive a bill. If you are doing a Fee Waiver please make sure you send them to Alex Rechs to review. Please make sure to send those on a regular basis. If they do not want to sign make sure you still complete that form and have that on file.	
• Demo	the Family Registration form in Avatar-	
	✓ Family Registration- When you setup a family be sure to use there last name and Avatar ID number.	
	✓ Family Members- Every member of the family should be entered in the "Family Members" section. They do not have to have an Avatar ID. It should reflect all family members living in the household.	
	 Umdap Information-This would include all of their financial information and it will calculate their annual liability. If there is an adjustment it would have to be approved by a supervisor at your agency and you need to go back into Avatar to make the adjustment and record who approved it. Start of UMDAP year will always start on the same month/Year. 	
	der to use the correct discharge reasons The correct reason needs to be ed in the Discharge reason drop down. See attached definitions for discharge	Dawn
•	ning CSI changes- New data elements regarding timeliness will be nented by the state on July 31.	
Project Upda	ates	Ann
	rder Exchange with Quest Labs– We are still Piloting this with APPS and are ing known issues. We hope to be able to present a system wide go live plan poon.	
	e Request 2.0 – We continue to work on the re-design that allows us to use al client. No Go Live yet but getting very close.	
	are – Now that we have completed several client billing cycles, billing team will actively working on getting the system ready to bill Medicare.	
our TR	otive – We are aware of the current issues and we are testing a new patch in RAIN environment that seems to be working better. As soon as we are able to into LIVE we will get that loaded to hopefully alleviate the issues. We	

	appreciate your patients and feedback as we trouble shoot	
•	Child and Adolescent Needs And Strengths Assessment (CANS) and Pediatric Symptom Checklist (PSC-35) –We are working on new forms related to the CANS and PSC-35 to satisfy new requirements to send data to the State. Forms are in development and review. A communication will be provided by QM if changes are required to your current process.	
Claim	Richard/Mai	
٠	Claiming Update – We are currently claiming Feb 2018.	
٠	Claims Correction Spreadsheets (CCS) are up to date except for clients that were part of the Tri-Annual audit and we are not processing them until further notice from QM.	
•	Please make sure to run your Pre-Billing reports to catch any errors.	
•	Reports to work:	
	 ✓ Phase II (Program/Client Charge Status) reports to work denials ✓ Unbilled report – Unbilled Non-Medi-Cal Services by Program form ✓ Lost Add-on report – Lost Add-On Services Report form ✓ NON DHCS ICD10 – To avoid using non approved ICD10 code ✓ 99999 report - Guarantor 99999 Provider report form 	
•	Effective 2/1/18 an Advance Billing Rule was created in Avatar causing services that were entered with a co-practitioner to automatically fall to guarantor 99999. A communication was sent out by QM on January 22, 2018 to providers regarding the use of co-practitioners. (Reference- DHCS - Information Notice 18-002)	
•	Continue to enter self-pay guarantors. For clients with Share of Cost (SOC) enter guarantor G123 and for clients with no Medi-Cal eligibility enter guarantor G1 (UMDAP).	
•	If you are having an issue with the DOB or gender being incorrect in the state system. The client will need to contact the Department of Human Assistance (DHA) at , 916-874-3100 to request a correction.	
٠	Claims Correction Spreadsheet Update, Process, & Rules – See PPT for Monitoring CCS after completed by Avatar billing.	
	To request a void on the MH side the service must be approved by the state. Another reason to submit a CCS for void is when the service should not have been billed to Medi-cal. You need to monitor to verify if your CCS has been approved. Usually takes 6-8 weeks.	
	 ✓ Run the Phase II Client Charge Status report or your Client Ledger to see if the service was approved or denied. 	
<u> </u>	Forum-	

Open Forum-

• How does an agency update the Authorized Approver for the Authorized approver list when the Authorized Approver leave?

- ✓ They would contact Lynn Goode at QM. She can be reached via email at: GoodeL@SacCounty.net
- Who do we contact for UMDAP questions?
 - ✓ You would contact the Avatar Billing team (Avatar-Fiscal@SacCounty.net)