

Agenda



MH Avatar User Forum

Date: February 22, 2018

Time: 1:00 to 3:00

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

Facilitator: Melony Ibarra

Scribe: Karlynn Only-Sydnor Start Time 1:03pm End Time 1:54pm

Attendees: (See sign in sheet)

Topic	Presenter
Welcome/Introductions	Melony
Claiming/Fiscal Update <ul style="list-style-type: none">• Claiming Update – Claiming Dec. 2017 for MH• Claims Correction Spreadsheet – Up to date -<ul style="list-style-type: none">○ Completed within 2 weeks of the date submitted• Reminders –<ul style="list-style-type: none">○ When entering an OHC guarantor, the policy number needs to be entered in the “subscriber policy #” field in Financial Eligibility (FE). Recently Anthem Blue Cross and Kaiser are rejecting claims without the policy number. They are not accepting SSN anymore. Do not use the HIC or CIN number. Make sure to enter the policy # so we can claim out the services.○ Clients with UMDAP and/or Share of Cost (SOC) will be billed for Oct. 2017 services. The November statements are currently being processed and will be mailed out soon.○ Providers need to spend down clients with SOC on the state website. If you fail to do so, these services will be denied and you may have to submit a CCS to have these services replaced.○ Clients with SOC need to have G123 added to FE eff. 10/1/17. The order for SOC clients should be OHC, Medicare, Medi-Cal (G50), G123, and the Match. If SOC clients have G1 (UMDAP) active in FE, make sure to end date G1 eff. 9/30/17. G123 and G1 cannot be active at the same time.○ UMDAP – Make sure a Family Registration is completed. Only 1 needs to be completed per family. For naming convention, please use the client’s last name and Avatar ID. It makes it’s easier to find when you have a last name like “Smith”.• Reports to Work –<ul style="list-style-type: none">○ Phase II (Program/Client Charge Status) reports to work	Richard/Mai

<p>denials</p> <ul style="list-style-type: none"> ○ 99999 report - Guarantor 99999 Provider report form ○ 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 	
<p>Review Release Items –</p> <ul style="list-style-type: none"> • It is not feasible to have reports imbedded within each other <ul style="list-style-type: none"> ○ They should remain separate • The addition of the medication table to chart view? <ul style="list-style-type: none"> ○ Medication table can be found in the client medical view, in a widget • To have a progress note timeliness report with percent of completion we would need to know specifically what is needed on the report <ul style="list-style-type: none"> ○ Progress note report service date is not indexed because it would change the performance of Avatar • In order to include DOB on Detailed Outpatient Census, something would need to be removed. This also holds true for length of stay. • A widget could possibly be added to show Last Medical Service appointment but it is specific to every agency. • Report for Authorizations will change as we introduce Service Request 2.0 • It is possible to add FTF to Summary of Services Report by Program <ul style="list-style-type: none"> ○ If some information is missing on that report, export to Excel and it will show more info. • To enable auto-save on progress note entry, we need to know the level of interest before going live. • Progress Note Abstract can have FTF indicator added • Changing due dates for assessments is possible but all due dates would need to be the same across all agencies. 	<p>John</p>
<p>Training Update –</p> <ul style="list-style-type: none"> • To assist with training registration we are in the process of creating training descriptions for each class to help agencies ensure that their staff get registered for the appropriate classes. • We are currently working on the March training schedule • As a reminder training registrations are to be submitted 48 hours before the scheduled training date. 	<p>Melony</p>
<p>Project Updates</p> <ul style="list-style-type: none"> • Lab Order Exchange (QUEST) – We are still in pilot phase with APSS We are currently working to resolve some; once these issues have been solved, we will prepare for go-live System wide. <ul style="list-style-type: none"> ○ We are also looking to start a pilot with LabCore and APSS • Service Request 2.0 – Go live is set to be within the next couple of months • Medicare – This is the next big item for the Billing team to take on. 	<p>Melony</p>

<ul style="list-style-type: none"> ○ They will continue to work on client billing for a couple more months to make sure it is working smoothly ○ A pilot will be coming soon. ● Perceptive – We are aware of all the issues and have opened tickets with Netsmart. <ul style="list-style-type: none"> ○ We are working closely with them to get all of the fixes. ○ Some work-arounds for using perceptive: <ul style="list-style-type: none"> ▪ Viewing takes a while initially but once it is loaded, the following documents should appear much quicker. Clicking print will also give a preview of the document. ▪ If a document is not successfully being saved, log out of avatar and log back in to fix. ● Progress Notes – The face to face indicator is going to be a red required field. ● We are currently working on creating a new distribution list <ul style="list-style-type: none"> ○ Kathleen Harris will be sending an email to Authorized Approvers for updated contacts. 	
<p>Open Forum</p>	<p>All</p>