

# This Computes!



**Department of Health Services  
Children's Medical Services Network  
(CMS Net) - Information Bulletin # 140**

## **November Change Cycle**

The following is a list of changes which were added to the CMS Net System for the November Change Cycle:

### CMS Net Web:

The Authorization link on top of the login page has been removed and replaced by the label CCS Modules. In order to access Authorization, please move your cursor to the CCS Modules and it will display a drop down which includes Authorization and Service Codes. If Service Codes are selected you will have the option to select Formulary or Procedure codes.

Medical Home Display: Added the Medical Home from the Patient Registration Face sheet on the SAR.

Exclusion of Modifiers Y1, Y2, Y6 & Y7: For SARs with Dates of Service on or after November 1<sup>st</sup> the Y modifiers listed above cannot be used. For existing SARs the modifier cannot be changed and if the dates of service are prior to November 1<sup>st</sup> the Y modifiers can be selected.

Modified the PIP reports: The following reports have been modified to include the capability of searching by Provider ID, County, Start Date, End Date and/or status. If you are a Healthy Family Plan or Managed Care Plan you will not have the option to perform a search by Provider ID.

Print Cancelled, Authorization, and Denied Reports  
Daily Activity Reports

Portrait will be default when printing the reports, however, you have the option to change the setting by going to File, Page Set Up and selecting 'Landscape'.

The search criteria for the Start and End date is no more than 2 weeks. These dates reflect when the county/regional office actually authorized, pend, canceled or denied a SAR.

CMS Description for the Medical Supply Group: SARs and any other related correspondence will now display the CMS description instead of the service description.

SAR Special Instructions: Two new special instructions have been added for selection on a SAR.

- Authorization is cancelled. Please see the expiration date for effective date of the cancellation.
- Service must have a scope of coverage denial form the client's HMO in order to be covered by CCS.

SAR Error Message: The message "Service Codes Units should be in whole numbers" will no longer display when a space is entered after the units.

CMS Net Legacy:

Added a new Reason not referred to M/C: Added MTP only as a new option on the Reason NOT referred to M/C pick list.

Patient Search: Added the ability to search by Primary Addressee.

Determined By Field in the Client Eligibility screen : Changed the system logic to not auto populate the name entered in the Determined By field (Client Eligibility) screen to the Determined By field (Medical Eligibility) screen on case closures.

Modified the PTR record layout: Modified the PTR record layout to correct the submission format.

MEDS Inquiry:

Historical MEDs Inquiries were not allowed to save Medi-Cal Coverage results after the MEDS Reconciliation. This was to prevent users from replacing up-to-date data on the Medi-Cal Coverage screen with historical (inaccurate) data.

The ability to save historical inquiries has been restored. When a historical (before the latest reconciliation) Medi-Cal Coverage Results is saved, the results will be saved on the MEDS inquiry screen under the Event Tracking menu. A MEDs Inquiry run after the monthly MEDS reconciliation will save to the Medi-Cal Coverage screen and the MEDS Inquiry Display screen.

MEDS Reconciliation: We are aware that non-M/C aide codes are erroneously populating in the Medi-Cal number field and when the MEDS Recon run. We have identified the aid codes that should not display a Medi-Cal number, and will have the change in place before the next MEDs Recon.