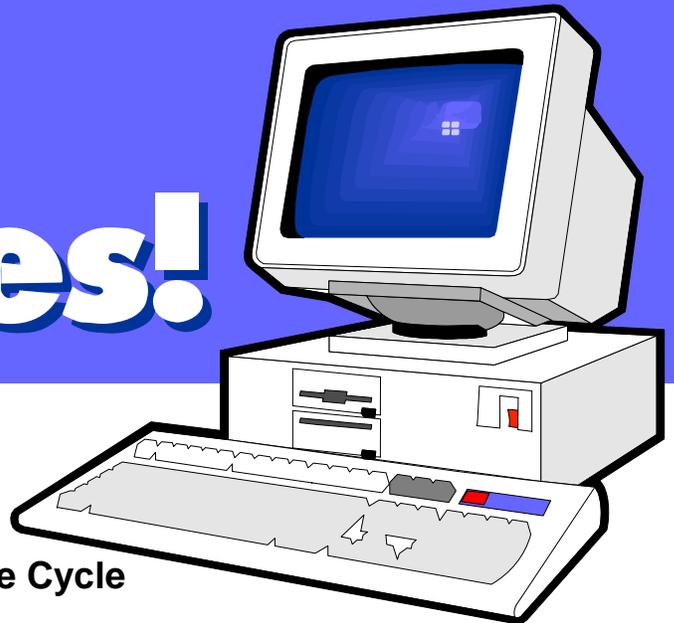


This Computes!



**Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #168**

May 2006 Change Cycle

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

Web Based System:

Press "Enter" verses the "Find" button: Added the ability to begin searching by pressing the "Enter" key verses the clicking on "Find" button to retrieve results. This functionality has been places in several areas within the SAR module but not all. You will find this short cut in the following areas:

Provider> Special Care Centers > Provider Name > Enter(Find Button)
Provider> Special Care Centers > Provider ID > Enter(Find Button)
Provider> Special Care Centers> Search > SCC Details > Hospital Name> Enter
(Find Button)
Provider> Special Care Centers> Search > SCC Details > Satellite SCC Name>
Enter (Find Button)
Provider> Special Care Centers> Search > SCC Details > Arranged HRIF at >
Enter (Find Button)
Provider> Special Care Centers> Search >Provider Team > Provider Name >
Enter (Find Button)
Provider> Special Care Centers> Search >Provider Team >Provider ID > Enter
(Find Button)
Provider> Special Care Centers> Search > Non PMF Provider > Provider Name
> Enter (Find Button)

Filter deactivated Users: Filter all deactivated users from the user pick-list. The authorized by, denied by and canceled by fields on the SAR screens use this pick-list.

Menu Change: Added the text "Medical Supplies" to the formulary main menu option. CCS Modules > Service Codes > Formulary and Medical Supplies

Legacy System:

of copies on Correspondence: Corrected the number of copies that print. The number of copies is now based on the number entered by the user.

Eligibility Program Period message: Added a warning message on the program eligibility screen to display when a user enters an end date on which is more than one year from the Program begin date.

Broadcast Message: Display the Mailman alert prior to the broadcast messages.

Medi-Cal Coverage Screen: The Medi-Cal number field was disabled from user entry in the February change cycle. The monthly MEDS Reconciliation or a MEDS Inquiry will place a number in the Medi-Cal number field if there is a valid number in the MEDS system.

Monthly Management Report: A report was created to replace the Quarterly Caseload Count report per the 06/07 Plan and Fiscal Guidelines. A This Computes! will be released with details on this new report.

MEDS Recon Report: Provided the ability to spool print the MEDs Recon report.

Removed Warning message: A warning message appeared when two users attempted to transmit batches at the same time. This system error was causing user to be stuck in a loop. Now the system will display a simple message **Transmission in Process. Try later.**

GHPP Print Template

- Add MS8100 to address on top of authorization
- Changed line 3 of billing instructions to read: Medical Providers to bill with active "Medi-Cal Provider" number. If client has private insurance attach a copy of the insurance Explanation of Benefits (EOB) to the claim. All other private insurances, including Medicare, and Medi-Cal Managed Care to be billed first.
- Changed line 4 of the billing instructions to read: Dental Providers to bill with "CGP" number. All other private dental insurances, including Denti-cal to be billed first. Dental Providers with a "CGP" number is a unique provider number for provider who render services to GHPP clients. If you need a "CGP" number or are not sure if you have one, please contact GHPP for assistance.
- Deleted line 5 of billing instructions.