

This Computes!



Department of Health Services Children's Medical Services Network (CMS Net) - Information Bulletin #360

February 25, 2011 Change Cycle

The CMS Net applications will be down from 5:00 p.m., Friday, February 25th until 5:00 p.m., Saturday, February 26th to implement changes included in the February 2011 change cycle.

CMS Net Web

SAR

- Users may re-print a SAR in Spanish
- A provider may only be selected from the distribution section if the provider's address is valid.
- The search results will display all results for the SAR Medical Supply code using either the 'Generic Name' or the 'Label Name' field
- SAR denied/cancelled short and long reasons will display on the SAR View screen.
- New SAR Cancellation reason added: MISC7 – *Family request a change of provider*
- New SAR Cancellation reason added: RS14 – *Request is deferred to M/C or HF*

Appointment Scheduling

- If a user's security profile is set to 'Default Availability' (8am – 12pm and 1pm – 5pm), system will not allow appointments to be set outside the default timeframe.
- User can search for appointments by county and by status for up to a month date range. Results limit for a month cannot exceed 200 records. Refining search criteria will be required to less than a month if results exceed 200 records found.
- When an appointment is cancelled, the 'Generate Appointment Letter' is disabled. User cannot create a letter for a cancelled appointment.
- When an appointment is rescheduled, user can create new appointment letter without getting message 'Action cannot be performed as This letter in status 'Sent' may not be edited'.
- In the 'Appointments Due' link, clicking on the 'Tickler Date' will sort by tickler date correctly.
- In the 'Appointments Due' link, the 'Delete' (X) function is fixed. It will delete and recalculate the appointment records found.
- Appointments Due Count will display the correct number of appointments due.

Correspondence

Modifications to the business rules when a Notice of Action is created for case closures, case denials, SAR cancellations and SAR denials at the request of the CCS Executive Committee. Notices of Action will continue to be created for all other reason codes, except the following:

*Note: The following reason codes will not generate an appeal document

Reason Code	Used for Client Eligibility Closure	Closure Letter Type Generated	Used for Client Eligibility Denial	Denial Letter Type Generated	Used for SAR Cancellation/ Denial	SAR Letter Type Generated
*MED7 – Orthodontia Denti-Cal denial/closure for severity	Yes	None	Yes	None	Yes	None
MISC2 – Client/Family declines services	Yes	Case Closure Letter (CCSCL)	Yes	*Case Denial Letter (G-87)	Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
RES3 – Client no longer a resident of the	Yes	Case Closure Letter	Yes	*Case Denial Letter	Yes	*SAR Cancellation/ Denial Letter

Reason Code	Used for Client Eligibility Closure	Closure Letter Type Generated	Used for Client Eligibility Denial	Denial Letter Type Generated	Used for SAR Cancellation/ Denial	SAR Letter Type Generated
County		(CCSCL)		(G-87)		to Provider (C-74)
MISC4 – No response to last known address	Yes	None	Yes	None	Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
TXCOM – Provider has terminated services because treatment is complete	Yes	Case Closure Letter (CCSCL)	No		Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
MISC3 – No services prescribed or recommended	Yes	Case Closure Letter (CCSCL)	No		Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
CNCL – Authorized provider has ended services or declined the referral	No		No		Yes	SAR Cancellation/ Denial (C-71)
*MISC7 – Family/client requests provider change	No		No		Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
DIED – Death of Client	Yes	None	Yes	None	Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
AGE21 – Client is over 21 years of age	Yes	Case Closure Letter (CCSCL)	Yes	*Case Denial Letter (G-87)	Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)
RS14 – Request is deferred to M/C or HF	No		No		Yes	*Deferral Letter (C-75)

Reason Code	Used for Client Eligibility Closure	Closure Letter Type Generated	Used for Client Eligibility Denial	Denial Letter Type Generated	Used for SAR Cancellation/ Denial	SAR Letter Type Generated
NEG1 – Negotiated transfer to another county	Yes	Case Closure Letter (CCSCL)	No		Yes	*SAR Cancellation/ Denial Letter to Provider (C-74)

* New Reason Code or Letter type

Provider names with double quotes are viewable and selectable.

PSA will display on one page including the primary address and a cover page.

Web Messaging

Empty folders may be deleted from Web Messaging.

MTP

Managing Physician entered on the Medical Information screen will display in the Managing Physician field on the MTP Referral screen.

Patient Search

The patient search on the web modules will display all records. The search results will include more than 25 per page and the indexing will include all name variables.

Reports

SCG 51 Report now includes denied SARs

CMS Net Legacy

Patient Registration

Added the Special Care Center details from Patient Registration to the Registration Display and Printed Face sheet templates.

Application Status

The date in the 'Date Signed Appl Recvd' field in the Application Status screen may be backdated further than 334 days and 'signed app received' will be selectable at all times.

SCI Inquiry

Removed "Unknown" as a selectable value from the table in the Gender field

Program Eligibility

- Any information in the Reason Not Required field in the Program Eligibility screen will clear when PSA Status is changed from 'Not Required' to either of the following: Not Signed, Signature Pending, or Signed.
- Prevent program eligibility dates from overlapping.
- The program eligibility's begin date will default to the referral date or one day after the previous program period end date, with the ability to change if necessary
- Program eligibility's begin date and client eligibility start date must be on or after the date of birth.
- Program begin date must be after any previous closure/denial date.
- For re-referrals, if the old program eligibility end date has passed, the user *must* create a new program period.
- When the old program eligibility end date has not passed, the user *may* select this period as the current period or create a new period. It will be presented in the pop-up reminder when accessing the Eligibility module.
- When a case is closed, the program eligibility's end date is set to match the closure date; any pending program eligibility periods will be deleted except for negotiated transfers.

Client Eligibility

- Prevent client eligibility dates from overlapping.
- Disallow gaps between client eligibility periods when there is ongoing program eligibility for the client.
- The client eligibility's start date will default to the programs begin date or one day after the previous client eligibility end date, with the ability to change if necessary.
- Allow the client eligibility's start date to be the same date as the program begin date with the ability to change.

- Allow the program eligibility's begin date, program eligibility's end date and client eligibility's start date to be editable on the Client Eligibility screen.
- Disallow a case to be closed in a pending period. The 'Closed' status will not be displayed in the status pick list.
- New closure reason added: NEG1 – Negotiated transfer to another county. Will allow the program end date to remain unchanged.
Note: Please refer to [NL: 15-1207](#) regarding case transfers between counties.
- Use RES3 for residence established outside the county. Used for this scenario: *Family moved to new county without informing the old county they have moved or any other reason for leaving the county without further notification.*
- New Closure reason added: MED7 – *Orthodontia Denti-Cal denial/closure for severity*
- All case closures and denials except Aid Code Change and Negotiated Transfer closure reasons will automatically auto-populate the program end date to the closure date/denial date.

GHPP Updates

- Changed the client's name in the Medical Report Request series letters (G-13, G-13A & G-17) to mixed case.
- Added a new Zero Enrollment Fee form as an attachment to the GHPP Approval, Zero Enrollment Fee letter (G-42).
- Changed the addressee from the client to the SAR provider for the SAR Denial Letter (G-72).
- Removed all cases with the Application Status of "No action" from the GHPP Application Status report.
- Updated the GHPP Approval, Fee Due (G-41).
- Added a new message for when authorizing a SAR for GHPP Clients enrolled in Managed Care Plans. When the plan is other than a COHS. "Client Enrolled in a Medi-Cal Managed Care Plan".
- Allow the user to enter the California 540 tax information and calculate enrollment fees for GHPP.
- Add the GHPP SARs to the County Organized Health Systems (COHS) Service Authorization File (SAF) daily extract.
- Updated the Incomplete Application Letters (G-37, G-37A).
- All addresses for medical home & specialists will display on screen and spool print.