

This Computes!



**Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #444**

May 9, 2014 Change Cycle

The CMS Net applications will be down at 5:00 p.m. on Friday, May 9th through 5:00 p.m. Sunday, May 11th. This update will implement changes included in the May 2014 change cycle further described below:

CMS Net Web

SAR

- Correction to display the user credentials and job title in the last updated by field.
- Correction when creating a new SAR after previously denying a SAR. The system will no longer retain the previous denial SAR number and status.
- Correction to remove all Canceled SAR data when a SAR is reissued by staff with SAR Authorize security.
- Added functionality that when a case is updated to Not Open, all pending SAR will be deleted.

Case Alerts (Formerly Electronic Post It Notes)

- Electronic Post It Notes has been renamed to Case Alerts and is now available in CMS Net Web as well as Legacy. The new manual is located: <http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/WebManual.aspx>

Caseload

- Correction when a case is reopened, the system will enforce the "Temporary daily limit" rule before processing through regular caseload distribution.
- Modified comments field on Caseload Maintenance to allow special characters.

- Added new caseload types for creation on Caseload Maintenance with values: "Complex" and "Non-Complex". Caseload Distribution logic rules apply to these new caseload types where cases are distributed round-robin within each type and caseload carve-out rules apply.
- Corrected defect related to caseload transfer search to display client names correctly
- Correction made to caseload transfer logic to enforce county validation at time of transfer.

Paneling (Provider Services Unit Only)

- Updated Supporting Documentation Screen to allow supporting documentation to be saved with each Paneling Specialty type.

Hospital Approval Tab

- Added the following new fields on the hospital tab:
 - "Approval Status" with values of Conditional, Provisional, Full or Denied
 - "Specialty type" with values of Burn Center, NICU, or Rehabilitation, and Orthopedics which are selectable and displayed when the Hospital Level Type is Special.
 - "Next Review Date "

Correspondence

Application Status:

- Removed from CMS Net legacy and now available via Correspondence module.
- Refer to web manual for Section 49:
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/WebManual.aspx>
- Application Series & Non-Series is now generated via Correspondence module.
- Application status update may be updated via Correspondence-View Correspondence or Registration-Additional Information tab.

Transfer series:

- Corrected defect related to software attempted to delete letters belonging to a different County and not allowing users to create Transfer series.
- Corrected defect that previously didn't allow user to edit or reissue transfer series. System now retains the new legal county originally selected by user when a user reissue or edit letter with ability to edit legal county and new primary addressee information.

Medical Report Request series:

- Added the ability to enter date range to each requested reason selected during C-13 (Medical Report Request (05/1996) #1) and G-13 (GHPP Medical Report Request #1) report request creation.
- Deactivate the C-17 (Medical Report Request #1 + ROI cover letter). We are allowing users to attached ROI Form to other letter types.
- Medical Report Request series: added ability for GHPP user to select SCC when creating G-17 (GHPP Special Care Center Report Request #1).

Supplemental Attachment:

- Added ability for user to select supplemental attachment when creating Free Text attachment correspondence and to the allowed correspondence type.

Edit Addressee (Select Addressee) - dialog box:

- System displays available addressee type from Registration-Addressee for selection (excluding those with do not send mail or bad address flags).

Correspondence Search:

- Corrected issue with retaining client. System will now retain selected client after correspondence is saved and user returning to Main Correspondence page.

Correspondence Search Results:

- Reduced the "Addressed To" display length and add "Updated by" field to display the name of the user who took action on the letter correspondence.

View Correspondence:

- Added a "Next Letter Due Date" field that will display the next series letter due date.
- Added "Letter Type" to display the next letter due type.

Edit Correspondence:

- Refresh the correspondence addressee information when there are source updates to the specific addressee such as client's name, DOB, CIN, case #, primary addressee and provider addressee.
- Note: refreshing the provider's correspondence addressee information will only refresh for correspondence generated after release 62.

- NOA free text update: system will update the Cancellation Details on View SAR page, when the NOA free text associated to the SAR is reissued.
- MC 2600 (HEALTH INSURANCE INFORMATION) is corrected. The format was previously distorted.
- Corrected the display of "P.O. Box" address on template and when viewing on screen display..
- G-41 (GHPP approval, fee due #1) and G-42 (GHPP approval, No fee due): corrected defect, G-41 and G-42 can now be reissued.

Reports

- Added the ability to search by "Last Updated By User" to the SAR- Print Authorizations and SAR-List of SARs reports.
- Modifications to the SARs Report & Print Authorizations Reports:
 - Added a column for Caseload assignment (code) and Case Manager, and updated by user. (List of SAR's only)
 - Added output option for Excel format. (List of SAR's only)
 - Added option to select by Caseload Code. (List of SAR's and Print Authorizations)
 - Added output option for Excel Format.
- Added option for report to output multiple caseloads or All caseloads, not just by specific caseload, with added column to include the Caseload a client is assigned to - output in Excel format.
- Transactions Tracking Report: added Application Status. The system will now track the following related to application status.
 - Signed App Received Date
 - No Action Reason
 - Application type

Registration Facesheet

- Modification to display expired program eligibility periods when there is no current period displayed.
- Added the "type" next to phone numbers on Face Sheet (Home, Cell & Work numbers)

Registration

- Correction to allow user to remove a contact phone number from an "other addressee".
- Application Status has been added to facesheet as a new section.
 - Application Status (will either display the letter or status (signed app or no action).

- Date signed or no action reason
- Corrected defect related to removing the contact phone from other addressee.

Client Search Results

- Client Search will display the most recent on the top
- Resolved issue where formatting of the client name being displayed in search results were inconsistent, depending on how the search was performed.

Replace BIC

- Replace BIC functionality is available in the web. Manual located: <http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/WebManual.aspx>

Referral Tracking

Added the following enhancements to Referral Tracking

- Case referrals may be “Rejected as Inappropriate” or “Incomplete/Pending Information” from any Referral Source expect the following:
 - Family
 - Legal Guardian
 - Self
- “Financially Ineligible” has been added to the Return Request Reason list when a case referral is “Rejected as Inappropriate” or “Incomplete/Pending Information”. This reason is only displayed when specific case conditions are met. Refer to manual for details.
- “Current Medical Report Needed” has been added to the Return Request Reason list when a case referral is returned as “Incomplete/Pending Information” **(For Los Angeles County Users Only)**.
- The following return reasons has been added to the Return Request Reason list when a case referral is returned as “Rejected as Inappropriate” or “Incomplete/Pending” **(For Los Angeles County Users Only)**
 - Commercial HMO, PPO, etc (without relevant exclusions)
 - Medical condition possibly medically eligible; but nothing to authorize
 - Medi-Cal (with or without Managed Care).

- Added duplicate Check functionality for “New” referrals. When a user saves a referral the system will perform a check for potential duplicate clients based on specific criteria entered.
- Added a new Referral History Status section to the Referral Information Screen. This section will capture any changes made to the Referral status. The following data will be displayed: Date of change, previous referral status, and Updated by.
- Referral created and updated through the Referral Tracking Module are now viewable in Track Transactions.
- Added new field “Caseload Code” to the Referral Information Screen. A new caseload type “Unregistered Caseload” has been created for each county. Referrals created through Referral Tracking on unregistered cases will be assigned to the newly created “Unregistered Caseload”.
- Added new field “Consulting Physician” to the Referral Information Screen. ***(For Los Angeles County Only)***
- When a user selects a client that has multiple referrals and “Completes registration” for one of the referrals, the system will update the referral status of all linked referrals to “Accepted for Registration” unless the referral status is currently “Rejected as Inappropriate”.

CMS Net Legacy

Electronic Post It Notes

- Removed Electronic Post-It Notes and renamed to Case Alerts. Case Alerts is available in CMS Net Web.

Replace BIC

- Removed Replace BIC from Legacy and moved to CMS Net web.

Client Eligibility

- Added new denial reason (NOA-REF): app not received.
- This reason is only available from Client Eligibility screen when denying a case and only applies to CCS client.
- Case denial: system will now delete all pending SARs that belong to the County of the client being denied.

Business Objects

- Added two new fields to Patient Registration table. Case Manger 1 if Role= Nurse Case Manager, and if not found use the first User ID that is not role "PFSW" Case Manager 2: Role="PFSW", use the User ID for that role in this field. If Nurse Case Manager not found, use the first User ID that is not role "NCM"
- Added one new field to table SAR, SAR Reporting Category
- Correction to Parent Organization Unit (Parent OU) to be Parent OU name, not ID

PEDI

- Correction when a PEDI user their own password through the change password option to expire after 90 days.
- Correction when a PEDI user uses the change password tool and it is not 8 characters long or does not meet the parameters of an upper case, lower case, and number, an error message is displayed in a popup window and is not actually validated.
- Correction to suspended user accounts to enforce termination date validations. Correction for when a user is logged in and goes to change password and chooses a new password with a character that is not allowed (i.e. %), Exception Occurred error that was occurring is now resolved.