

# This Computes!



**Department of Health Care Services  
Children's Medical Services Network  
(CMS Net) - Information Bulletin #447**

## **August 14, 2014 Change Cycle**

The CMS Net applications will be down at 5:00 p.m. on Friday, August 15<sup>th</sup> through 5:00 p.m. - Saturday, August 16<sup>th</sup>. This update will implement changes included in the August 2014 change cycle further described below:

### **Case Notes**

- Annual Special Care Center (SCC) Team Report

One new CMS Net case note subject has been developed to capture clients with a medical condition in the International Classification of Diseases (ICD) categories identified in Performance Measure #3, Part A, who actually received an authorization for SCC services:

- Annual SCC Team Report

County staff must select the appropriate case note subject when documenting this type of case review. Refer to the California Children's Services (CCS) Program Performance Measure #3B in the CMS Plan and Fiscal Guidelines Manual, Section 03, for information on this annual PM. The Business Object Report will use the date case note is entered, so it is important for counties to enter the case notes in a timely manner.

- When Meds Recon or when user runs MEDS Inquiry on client, if there is no update to the coverage record, system will not generate case notes for each coverage record. Previously, system generated case notes when user enters into coverage screens although there was no update made.

- When user runs MEDS Inquiry, system will display the date of service (DOS) user selected to run MEDS Inquiry on. Previously, without the DOS, user would not know the selected DOS when looking at case note.
- Added additional subject code for creating new case notes:
  - Closure Review
  - Medical Necessity Determination
  - Medical Eligibility Authorization
  - Medical Eligibility Denial
  - Medical Eligibility Physician Services
  - Medical Eligibility Hospitalization
  - DME Request
- Legal County column from Case Note Search Result displays the client's legal county at time of case note entry. Previously, this field only reflected the client's current county even though client may have transferred.
- User County from Case Note Search Result is a new column added to reflect the user's county at time of case note entry.
- Created date from Case Note Search Result displays date and time stamp of time case note was entered. Previously, it only displays the date and no time. Sort should be date/time stamp in chronological order.
- Subject Description from Case Note Search Result for legacy case notes reflects the "General Topic" from legacy narrative screen.
- From Case Note Search Result User may now delete draft case notes using the "Delete Draft Notes" that are not attached to correspondence or Service Authorization Request (SAR).
- System will display case notes entered by users as non-italic format on case note template. System generated text related to attachments (SAR and Correspondence) will display in italic format.
- Added two new fields to display on case note template:
  - Client's county at time of entry
  - User's county at time of entry

- Transfer Case Note: added a field to indicate who requested case note transfer. Case note template displays requestor's name.
- Transfer Case Notes Screen: fixed defect that previously prevented user to navigate to previous page or next page when returning to the Case Notes Search Results page using the back button.
- Allow County System Admin-Plus and State System Admin to transfer draft case notes not associated to correspondence or SARs.
- For any case note that is not transferable, in the transfer case note screen, system will display "Non-transferable" in the status field.
- Added provider type to SAR automatic case notes.
- Added number of days to SAR automatic case notes for inpatient SAR.
- When a SAR is created or modified, system will generate a case note for each modification per user. If a SAR is modified multiple times on the same day by same user, system will re-use the same draft SAR case note associated to that SAR.
  - Draft SAR case notes: when user enter comments on prior case notes after SAR modification but does not enter comments for new modification done on the same day, system will retain the previous comment entered.
- When SAR or correspondence status change happens, for example, from Sent to Cancelled or from Authorized to Cancelled; and case note is not a draft, system will not update prior case note to reflect the new status. Previously, when SAR or letter status changed, system updated the status on prior case note to reflect the new updated status.
- When comments are entered in the MTP module for OT/PT Therapist comments, system should generate only one case note.

## **PEDI**

- Numerous enhancements to the Administrator screen for PEDI
- Added the ability for a user to reset their own password using a secret question/answer they can set.

- Added the ability to search by SAR number, and sort SAR Daily Activity Reports by Case number.
- Added a client information header showing all pertinent information for the client, including the first three diagnosis codes.

### **Enrollment and Assessment Tickler**

- When a program period is deleted the system will cancel any pending enrollment and assessment ticklers created during that program period.

### **Provider Paneling**

- Correction to fix bug where adding an SCC invalid hospital leaves the screen locked.
- The Users will now see a “Please Wait” pop-up message on action buttons. This will discourage users from continuously clicking on the action buttons to confirm a “save” or “search”.

### **Provider Search Results Tab**

- When a provider has multiple Address Types to display, the “Other Address” section is collapsed.

### **On-Line Provider Paneling**

- Removed the “Find” Buttons from the Search Application Screen
- Added the option to search by the provider’s License Number
- Added the word “or” which allows the user to search by the Name, NPI, or License number.
- Combined the Find and Search Functionality
- Clicking the “Search Application Button” will search for existing provider applications.
- Results based on search criteria entered will be displayed.

- The user will have the option to either select a provider from the search results screen or enter a “New Application”
- If the user selects “New Application” the user is taken to the Provider Paneling Application screen and when they click on the “Find Button” the system will search the Provider Master File for the provider based on the search criteria previously entered.

### **Referral Tracking**

- ICD Codes entered in Referral Tracking for service referrals will populate on the created SAR. If no Dx were entered in the service referral, they will be populated from Registration.
- New fields added to service referrals, ‘Service Begin Date’ and ‘Service End Date’. Going forward, ‘Referral Received On’ should be entered as the actual date the referral was received, instead of using it to populate the begin date on the SAR

### **Reports**

- Corrected Issue where Dx values were not being correctly displayed in transaction tracking.
- Monthly MTU Statistics

This new report is generated by the system monthly.

- Report will display all Patient Therapy Record (PTR) statistics for the selected county during the report month.
- Report will only generate for counties that use MTP PTRs for billing in the CMS Net.
- The CMS Net will retain generated reports for one year. The system will delete any reports over one year old.
- Report Security Roles
  - Corrected the issue where Statewide were unable to run reports for all counties. Statewide may run reports for any county.
  - Corrected the issues where SRO and SCRO with additional counties were unable to run report for their additional counties.

## **Registration**

- Corrected security role. Users with “View only” security role may only view data.
- Reopening pend a closed, denied or not open case from a different county to another county, system should only have users county as the legal county selection
- Add a validation in Next Patient and Previous Patient in Registration so user can't access the clients from different counties
- Removed all the un-necessary messages from the Addressee Tab for SCC
- Corrected the issue with the free text entry for the referral in patient info, changes the provider/plan type selection drop down
- Corrected the issue with the extension phone number in Patient info to not allow any letters, phone extensions are now only numeric.
- Chart# in the face sheet now displays the complete 20 character
- Data cleanup for all old converted cases with Primary addressee who had flags for "Do Not Send Mail" and “bad Address" set to yes.
- Corrected the issue with setting the flags for Patient and Primary Addressee for Care Giver and Involuntary Placements, should not affect each other.
- System will not allow special characters in the client name filed in registration and referral tracking module

## **Miscellaneous Ticklers**

- Users now have the ability to view Miscellaneous Ticklers from their own county or the state. The select County option has been added to allow the User to view Miscellaneous Ticklers with the Date Range option as well.

## **Administration**

- Password fields now constrain length to 8 characters in both the CMS Net and PEDI.
- Resolved issue where Statewide users were not able to set Out of Office notifications on user availability and unavailability. Statewide users may now set out of office notification for web message.

## **USPS Zip+4**

- Updated ZIP Code field to capture Zip Code based on the new USPS Zip+4 software for address verification

## **Appointments**

- Appointment Due: system will run daily job to delete any tickler that has a program period renewed.
- Enhancement to delete any booked appointments for a case when it is marked as a Duplicate of another case.

## **The CCS Program Pilot Plan**

- Resolved issue where comments modified through the CCS Program Pilot Project screen were not updating in Case Note.
- Resolved issue where users would enter a comment when enrolling/disenrolling, which was preventing them from later deleting the pending enrollment/disenrollment.

## **Other Coverage/Insurance**

- Enable ability to edit fields that are not sent to MEDS.
  - Identified fields on the Insurance Screen: Deductible, Annual Max Benefit, Out-of-Pocket
- Correction to fix a bug where Insurance records cannot be removed if the Comments section contains carrier returns.

## **MEDS Inquiry**

- Update deleted records or records entered in error from MEDS Inquiry if the insurance matches an insurance in the CMS Net
  - Deleted records or records entered in error are where the stop date is the day after the start date.
  - Allow the CMS Net to update insurance record with the stop date in MEDS
- Correction to fix a bug where a MEDS Inquiry on a case with both Managed Care Plan and Other Health Coverages would only save one coverage type.
- Correction to fix a bug where Medi-Cal number cannot be assigned to the correct case due to duplicates in the MEDS Inquiry process.

## **Duplicate Case**

- For duplicate cases, the system will display a message indicating to the user the case is a duplicate and will provide the user the case number at the end of the message.

## **Caseload**

- Caseload Transfer Screen
  - System no longer hangs when a user enters more than ten caseloads to transfer cases from.

## **Case Number Expansion**

- Increased the case number length to accept up to 9 digits.

## **The CMS Net Legacy**

The following management reports have been removed from the CMS Net Legacy. Business Objects reports have replaced these reports. The Business Objects report replacement is listed.

- *Removed Legacy report: "Business Objects report replacement"*
- Active/Pending List: "CMS 14 – Active Pending Counts and List"
- Baseline Count: "CMS 20 – Case Count Report"
- Case Count Report: "CMS 20 – Case Count Report"
- Healthy Families Plans: "CMS 07 – MC TLICP and HF Caseload Count" and "CMS 08 – Active HF Other Coverage Plan"
- Pending List: "CMS 14 – Active Pending Counts and List"