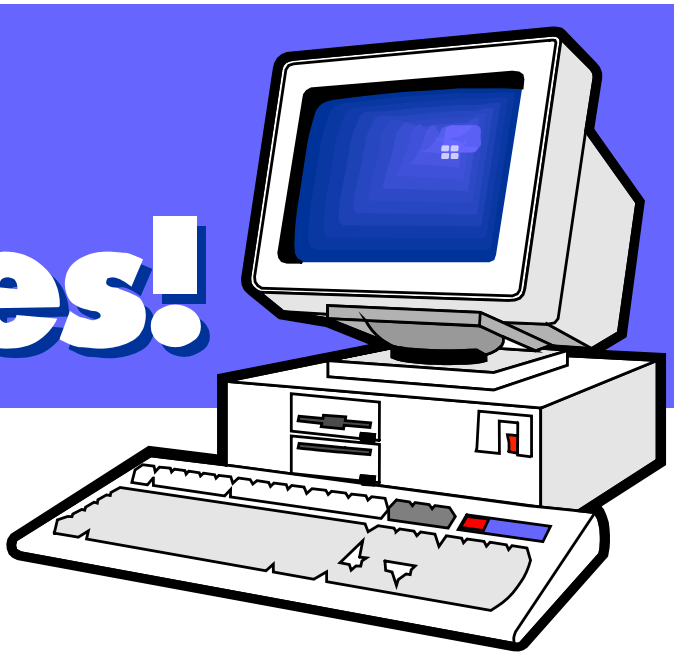
This Computes!



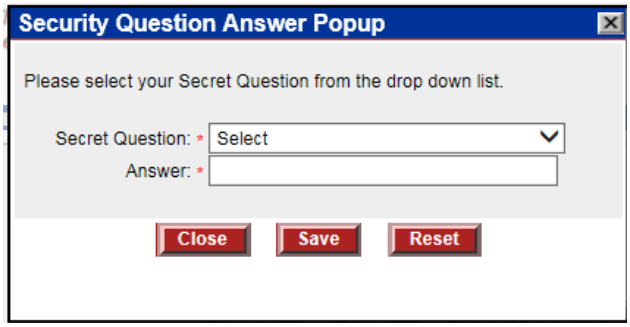
Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #461

January 22, 2016 Change Cycle

The CMS Net applications will be down at 5:00 p.m. on Friday, January 22nd through 6:00 a.m. Monday, January 25th, 2016. This update will implement changes included in the January 2016 change cycle further described below:

Security

- Security has been enhanced to allow users to establish a security question/answer which will allow resetting of their own password if it is expired or forgotten. Effectively immediately, upon initial sign-on you will be prompted to enter a secret question and answer. The secret question is mandatory and you cannot access CMS Net without answering.



- Any users who have an expired password or do not know their password will need to contact the help desk for assistance the initial time they login. Once the security question is established, users can reset the password themselves.

Pediatric Palliative Care Waiver (PPCW)

- A new module for PPCW is available in CMS Net to track and monitor PPCW clients. The PPCW module consists of 4 tables which allows users to:

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- Enrollment Tab: Enter referral dates, referral sources, PPCW diagnosis codes, document Freedom of Choice signature dates and the client's provider agency, in addition to the PPCW enrollment status.
- LOC/F-CAP Tab: Enter Level of Care (LOC) dates and types as well as who completed the LOC. LOC entries establish a *LOC tickler* to be generated 1 year from LOC completion date. Enter F-CAP dates and types and documents compliance with state policies.
- Services Tab: Search and associate Service Authorization Requests (SARs) for PPCW services as well as State Plan Services (Special Care Center Clinic Visits, Shift Nursing and Hospitalizations related to the PPCW condition. Tracking of last family contact is also entered on this tab.
- Remediation/Welfare Tab: Enter remediation dates, reason for remediation and action steps for resolution. Enter health and welfare reporting dates, "reported to" agencies and follow-up steps taken.

- Correspondences for PPCW are available in the Correspondence Module:
  - Complaint/Incident Intake Report (HS802) with accompanying cover letter
  - Freedom of Choice Form (MC2357) with accompanying cover letter
  - Notice of Action with PPCW specific reason codes/citations
- PPCW reports are available to meet Centers for Medicare and Medicaid Services Quality Assurance reporting needs:
  - Initial Level of Care
  - Annual Level of Care
  - Level of Care Form
  - LOC Process
  - F-CAP Matches Needs
  - F-CAP Follows Policy
  - F-CAP Review
  - F-CAP Revisions as Needed
  - Services Match F-CAP
  - FOC Waiver
  - Critical Incident Reported
  - Corrective Action Taken
  - F-Cap H & S Risk Factors
  - Authorized to F-CAP
- PPCW reports are available to meet case management reporting needs:
  - Enrollment list
  - Referral report
  - Pending cases report
  - Dis-enrolled/not eligible list
  - PPCW SAR report

- LOC Tickler report
- The PPCW User Manual as well as an updated Reports User Manual is available within the CMS Net system by clicking the Manual link.

SAR

- When a case is marked as “Not Open” in Registration, pending SARs relating to the case which belongs to that particular County will be marked as deleted.

Caseload

- Added a new Caseload Type called Standard. A Standard caseload type behaves like a Generic caseload and follows the round-robin distribution business rules.

Coverage

- Updated the Coverage Case Note when the policy holder name changes to create a new case note entry.

Reports

- The PTR Transmission report now includes the “Month of Charge” to reflect the charges for a particular Month..
- A report for CCS Performance Measure 2 has been developed in CMS Net under Reports > Miscellaneous. This report will run on a quarterly and annual basis 90 days after the end of each report period.

Patient Therapy Records (PTRs)

- Updated to reinstate the transmission of Exception codes when added to a client PTR record. Exception codes may only be added to a client PTR record when billing greater exceeds 6 months and less than 1 year due to timeliness.

Ticklers

- Fees letter tickers: When fees paid in full is removed (balance is made greater than zero), system restores the letter tickler.
  - When original tickler date is still in the future, system will restore the “future date” tickler. Letter will be generated to “ready to send” status when that “future date” becomes a current date.
  - When original tickler date is past, the “Next Letter Due” tickler date will default to the “current date” (today’s date). Letter will be generated to “ready to send” status the next business day.

If you have questions, please contact the CMS Net Help Desk at cmshelp@dhcs.ca.gov or call (866) 685 – 8449.