

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Use of Electronic Health Record and Data Collection

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

A handwritten signature in black ink that reads "Jo Robinson".

Manual Number: 6.00-04
References:

Date: August 29, 2011

Technical Revision. Replaces 6.00-04 of 12-2-2010

Purpose:

REQUIRED USE OF ELECTRONIC HEALTH RECORD AND DATA COLLECTION

To support and enhance scheduling for Advanced Access and integrated services, client centric and consumer friendly workflow management and interface with other City and County of San Francisco service agencies, Community Behavioral Health Services (CBHS) has funded and is implementing an integrated Electronic Health Record and modernized patient finance and billing system that will support an active consumer portal and development of a consumer driven Personal Health Record.

Federal and State legislation requires detailed and specific clinical information be correlated with billing records at the client, service and claims levels. This correlation can only be fully supported in an electronic record that provides work flow tracking, prompts, alerts and reminders to clinicians to select the services for which each client is eligible and enter all required documentation to support the services billed. Regulations place increasing demands on clinicians to provide and document services using evidence-based practices (EBP) and to measure outcomes of care. The ADP CalOMS project and the DMH CSI (MHSA and SAMHSA DIG) initiative call for increased clinical data to support funding on an individual service level.

Scope

This policy applies to the categories of staff defined in the current version of the "Staffing Qualifications for Service Delivery and Documentation" section of the San Francisco Mental Health Plan Documentation Manual.¹, the Substance Abuse providers and clerical staff for whom healthcare documentation or recordkeeping and billing system utilization is part of their job description or contract.

Policy

In order to support all of the above and the CBHS goals of “Any Door is the Right Door”, Harm Reduction, Advanced Access, Child Youth and Family and Adult/Older Adult Program Goals as well as service effectiveness and efficiency, each Civil Service and contract agency program will:

- Require and supervise clinician use of electronic client records to review client information and enter treatment, prescribing and progress information directly into an electronic record as well as complete required surveys and assessments to meet all billing documentation, outcomes and performance measurement, and reporting requirements.
- Require clinician use of electronic signatures according to the CBHS Electronic Signature Policy.
- Require and supervise prescribing clinician use of Infoscriber, eprescribing solution.
- Provide for other required data collection including Full Service Partnership evaluations, patient satisfaction surveys, level of care assessment and calculation surveys, as well as other data collection requirements not yet identified.
- Provide for consumer portal and/or Personal Health Record interface functionality as systems are developed.

Contract and Civil service programs are responsible for the following related requirements:

- Identify and train staff providing registration, scheduling and eligibility verification and clinical functions within the electronic recordkeeping system in order to meet all scheduling, registration and eligibility requirements related to billing, reporting, quality management and program evaluation, and medication monitoring.
- Include computer competencies and data collection requirements in job descriptions, hiring qualifications and performance monitoring for all levels of employees.

Contract programs electing to opt out of using the new CBHS EHR are required to demonstrate use of an individual electronic record that maintains all of the security and functionality standards as well as interoperability with CBHS IS that provides for all of the above requirements. Only contract programs with an existing EHR at the time of the CBHS EHR implementation are eligible to opt out of using the CBHS EHR. See Appendix A SF Avatar Go-Live Plan and Time Line for details.

Attachment: Appendix A

Contact Person: IS Manager, CBHS. Phone: 415 255-3545

Distribution:

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Information System Requirement	<u>SF Avatar Time line</u>	<u>Alternate System Timeline</u>
	<ul style="list-style-type: none"> • All programs and staff will use direct data entry of health records except as specifically designated for special programs identified and approved by CBHS. • Clinic work flow may change due to need for greater eligibility management at beginning of client services. 	<ul style="list-style-type: none"> • Alternate systems recordkeeping must demonstrate ability to meet all DMH and ADP electronic signature, electronic recordkeeping and audit requirements. • Clinic work flow may change due to need for greater eligibility management at beginning of client services.
<p>Client Registration all BIS client registration and episode opening/closing/transfer activity:</p> <ol style="list-style-type: none"> 1. New client 2. Returning client 	<p>Phase 1: July 1, 2010 Direct data entry all programs</p> <ol style="list-style-type: none"> 1. Verify information, client search to prevent duplicates, complete required fields 2. Review and confirm registration information at first visit after go-live and at least monthly 	<p>Phase 1: July 1, 2010 Direct data entry to Avatar, all programs</p> <ol style="list-style-type: none"> 1. Verify information, client search to prevent duplicates, complete required fields 2. Review and confirm registration information at first visit after go-live and at least monthly <p>Phase 2: 2010-2011 FY No change</p> <p>Phase 3: 2011-2012 FY Research EDI/HIE with BHIS</p>
<p>Eligibility Verification</p> <ol style="list-style-type: none"> 1. New client 2. Returning client 	<p>Phase 1: July 1, 2010 Direct data entry all programs</p> <ol style="list-style-type: none"> 1. Verify insurance at first visit after go-live and at least monthly <ol style="list-style-type: none"> a. Medi-Cal: execute 270/271 transaction b. Clear SOC c. Complete OHC information according to established CBHS guidelines 	<p>Phase 1: July 1, 2010 Direct data entry all programs</p> <ol style="list-style-type: none"> 1. Verify insurance at first visit after go-live and at least monthly <ol style="list-style-type: none"> a. Medi-Cal: execute 270/271 transaction b. Clear SOC c. Complete OHC information according to established CBHS guidelines <p>Phase 2: 2010-2011 FY No change</p>

		Phase 3: 2011-2012 FY Research EDI/HIE with BHIS
Consents/NPP/Release of Information	Phase 1: July 1, 2010 Print forms from Avatar Maintain signed forms in paper record. Phase 2: 2010-2011 FY Implement electronic forms via scan or esignature during third quarter.	Phase 1: July 1, 2010 Maintain signed forms in paper record. Phase 2: 2010-2011 FY Implement electronic forms via scan or esignature into Avatar during third quarter. Phase 3: 2011-2012 FY Research EDI/HIE with BHIS
Regulatory Data Collection and reporting 1. CSI 2. CalOMS	Phase 1: July 1, 2010 Direct data entry all programs 1. CSI 2. CalOMS	Phase 1: July 1, 2010 Direct data entry all programs 1. CSI 2. CalOMS Phase 2: 2010-2011 FY Research EDI/HIE with BHIS
Episode opening/closing or Program Admission/Discharge	Phase 1: July 1, 2010 All programs: direct data entry All assessments including ANSA/CANS program admission and discharge assessments to open and close episodes of care.	Phase 1: July 1, 2010 All programs unless specifically excluded by CBHS Executives: direct data entry ANSA/CANS in MH and ASI in SA Adult programs: Admission and Discharge forms to open and close sessions of care within a program or episode of care within a Substance Abuse agency. 1. Maintain all other assessments in retrievable, reportable format. 2. Able to provide remote access and/or reports to meet QM and program performance evaluation requirements Phase 2: 2010-2011 FY No change Phase 3: 2011-2012 FY Research EDI/HIE with BHIS
Clinical Plan of Care	Phase 1: July 1, 2010 All programs: direct data entry Treatment plans. 1. Adherence to plan of care requirements and timelines	3. Phase 1: July 1, 2010 All programs unless specifically excluded by CBHS Executives: direct data entry POC

	2. Complete POC in timely manner to meet documentation requirements	1. POC data file to be available for down load by programs during August 2010. Phase 3: 2011-2012 FY Research EDI/HIE with BHIS
Clinical Progress Note	Phase 1: July 1, 2010 All programs: direct data entry at the time of service: Progress notes with service billing submission. Adherence to progress notes and service definition requirements Complete progress notes in timely manner to meet documentation requirements Meet requirements for co-signature and billing submission. Residential care services utilizing daily or weekly progress notes, continue current paper records.	Phase 1: July 1, 2010 1. System enforces timely progress note documentation 2. System requires adequate progress note for production of service billing. 3. Maintains all records in retrievable, reportable format. 4. Able to provide remote access and/or reports to meet QM and program performance evaluation requirements Phase 2: 2010-2011 FY No change Phase 3: 2011-2012 FY Research EDI/HIE with BHIS
ePrescribing	Phase 1: July 1, 2010 1. All programs: direct data entry All prescriptions, at the time of service 2. Allergy information 3. Medication Monitoring requirements 4. Health monitoring assessments 5. Medication only POC	Phase 1: July 1, 2010 1. All programs: direct data entry All prescriptions, at the time of service 2. Allergy information 3. Medication Monitoring requirements 4. Health monitoring assessments, 5. Meds only POC
Service Billing	Phase 1: July 1, 2010 1. All programs with one billing per progress note requirements: direct data entry at the time of service: Progress notes with service billing submission. Adherence to progress notes and service definition requirements.	Phase 1: July 1, 2010 1. System enforces plan of care schedule and requires active POC for service billing 2. System requires adequate progress note for production of service billing. 3. Work with BHIS to

	<ol style="list-style-type: none"> 2. Alternate data entry for repetitive charge and single client charge entry 3. Alternate data entry by file upload for specific programs. 4. Residential care services utilizing daily or weekly progress notes, continue current paper records and submit client charge entry billing. 	<p>develop batch service files and upload of batch services to Avatar</p> <p>Phase 2: 2010-2011 FY Work with BHIS to develop and implement 837/835 transaction processing. Ability to produce 837 claim in CBHS specified format. Ability to accept 835 remittance advice in CBHS specified format.</p>
User Training	<p>Phase 1: July 1, 2010 Go-live training April 19-June 30</p> <ol style="list-style-type: none"> 1. Trainers certified, super users identified. 2. Contract agencies with certified trainers may train their staff. 3. Batch service file management training TBD 	<p>Phase 1: July 1, 2010</p> <ol style="list-style-type: none"> 1. Trainers certified, super users identified. 2. Contract agencies with certified trainers may train their staff on Avatar. 3. Batch service file management training TBD
Financial Reporting	<p>Phase 2: After July 2010 All programs:</p> <ol style="list-style-type: none"> 1. Utilize Avatar ERS to review and manage financial reporting and cost reconciliation activities. 2. Supervise and support appropriate administrative staff to manage electronic reporting for review of financial reports according to established billing cycle schedule. 3. Follow-up financial reporting issues to assure billing information is correct and complete. 	<p>Phase 2: After July 2010 All programs:</p> <ol style="list-style-type: none"> 1. Utilize Avatar ERS to review and manage financial reporting and cost reconciliation activities. 2. Supervise and support appropriate administrative staff to manage electronic reporting for review of financial reports according to established billing cycle schedule. 3. Follow-up financial reporting issues to assure billing information is correct and complete.
Quality Management Reporting	<p>Phase 2: After July 2010 All programs:</p> <ol style="list-style-type: none"> 1. Utilize Avatar ERS to review and manage clinical and outcomes reporting activities. 	<p>Phase 2: After July 2010 All programs:</p> <ol style="list-style-type: none"> 1. Utilize Avatar ERS to review and manage clinical and outcomes reporting activities.

	2. Supervise and support appropriate administrative staff to manage clinical and outcomes reporting activities.	2. Supervise and support appropriate administrative staff to manage clinical and outcomes reporting activities.
Provider Management	Phase 1: July 1, 2010 Continue current practice Phase 2 TBD	Phase 1: July 1, 2010 Continue current practice Phase 2 TBD
Practitioner Management	Phase 1: July 1, 2010 Continue current practice Phase 2: After July 2010 All staff to be processed through Provider Management for credentialing	Phase 1: July 1, 2010 Continue current practice Phase 2: After July 2010 All staff to be processed through Provider Management for credentialing
User Management	Phase 1: July 1, 2010 Continue current practice Except new form that requires identification of job responsibilities	Phase 1: July 1, 2010 Continue current practice Except new form that requires identification of job responsibilities
	4.	4.
Call Logging/Access Tracking	Phase 1: July 1, 2010 Continue current practice Phase 2: 2010-2011 FY Implement electronic call logging during second quarter	Phase 1: July 1, 2010 Continue current practice Phase 2: 2010-2011 FY Provide required reports and accounting for client access to services from electronic system
eScheduling	Phase 1: July 1, 2010 Continue current practice Phase 2: 2010-2011 FY Implement during second quarter Require and supervise clinician use of electronic scheduling that provides for location of available appointments for open clinic slots. Phase 3: 2011-2012 FY Require and supervise clinician use of electronic scheduling that provides for location of available appointments for specific clinician profiles for specific types of services.	Phase 1: July 1, 2010 Continue current practice Phase 2: 2010-2011 FY Provide information regarding open clinic slots to CBHS Central Access, in electronic format, to facilitate system-wide client placement. Phase 3: 2011-2012 FY Provide information regarding specific clinician scheduling to CBHS Central Access, in electronic format, to facilitate system-wide client placement.