

## CBHS Steering Committee

### Date & Time:

Friday October 3, 2014  
1:00 pm to 2:30pm  
1380 Howard, 515

ATTENDEES	Anne Okubo, Pablo Munoz, Jo Robinson, Gloria Wilder, Winona Mindolovich, Chona Peralta, Jim Genevero, Hans Anderson, Hamilton Holt, Lisa Inman, Emily Gerber
-----------	--

### Action Items:

- 1) Kellee will write the statement requesting the Clinical Informaticist (2935)
- 2) Pablo will write proposal for 100 additional user licenses in Avatar

## Agenda

- 1) Introductions All
- 2) Approval of Minutes Dr. Sung
  - a. No changes to minutes
- 3) CMIO Report/Update Dr. Sung
  - a. Ongoing tracking of patient portal
  - b. Care Connect project will have a better update next meeting, as meeting with Netsmart will have happened by then.
  - c. Proposed changing the name of this meeting from Avatar to CBHS steering committee to reflect that this group talked about things that affect the entire system.
- 4) Fiscal Billing Report Anne
  - a. Claims are completed through June 14th. Substance abuse claims are lower than anticipated but are increasing
  - b. Mental health claims have decreased in fiscal year 13-14. It is still unclear why claims are decreasing. This last fiscal year saw 516,000, the year before that 534,000, and the year before that 588,000. Something that could have influenced this is that the MEDS file posted eligibility for clients who were not actually eligible for MediCal. This could possibly have resulted in clients who were not eligible for services having services billed.
  - c. Currently, the fiscal department is making a report to understand where they stand with mental health billing. This report will look at services at the program level, with detail reports on the units.
- 5) CBHS Revenue Cycle Optimization Project Anne / Pablo
  - a. Netsmart was on site the last few weeks to look at the billing process. They demonstrated new billing functions and best practices. The outcome of this project is 18 new items, about 80% being billing specific. One recommended item is that we use an accounts receivable report to find billing that has not cleared and write them off to reduce the volume of data that needs to be processed. The current plan is to write off 3-4 years of this data, which is mostly general funds, with the expectation that this will speed up processing.
  - b. Another item to come from this project is tying service codes to practitioner type, meaning that practitioners of a certain type will only see the codes associated with their specific role. This was done for new codes, but not for codes that were originally included when Avatar was set up.

- c. We have 287 service codes, out of these 50 are not used at all. Maria Bateaux has deleted the unused services codes, but there are still a large amount that practitioners choose from.
  - d. A large project is to consolidate similar service codes. Ideally, rather than 4 different codes for individual therapy, the user will select one and it will be matched to the correct code in the back end based on the minutes of services. This is anticipated to help significantly. Monterey county is doing something similar with Scriptlink to do filtering up front, and they have seen a large drop in errors due to this.
  - e. Currently, when claims are processed it is done manually. Netsmart can schedule batches to run at night automatically which could help offset the stress it puts on the system. While it can't be fully automated, the scheduler should help. The logs were requested to see when the job ends, and the maximum time that the jobs take, so that we can set up the scheduler to go after
  - f. Netsmart staff was extremely helpful throughout this project, and did it free of charge.
- 6) MSO Training in November (moved) Pablo
- a. Originally scheduled for October, this training has been moved to January.
  - b. Netsmart staff will be be paid to come back on site to train. This training will cover entire MSO application with a special focus for each session. An agenda will be made available as soon as we hear from Netsmart.
- 7) Portal Update
- a. The project has advanced to a point where they need rules about what should go in to the HIE and who should be able to view that information.
  - b. Currently, the plan is to put in all mental health information, but no substance abuse information. The only document that will be sent to the portal is the CCDA, not progress notes. All mental health clients's information will be send, except those that are excepted due to age.
  - c. Mental health opt in will be treated like primary care; the default is opt in. Substance abuse opt in is still being discussed.
  - d. There are no specific regulations around opting out after client has given consent to opt in. Our vendors say that having the data be removed is just one interpretation, and is not required by any regulation.
  - e. Discussions will start November 2nd around the content allowed and the opt in/opt out policies.
- 8) ICD10 Project Status Kellee
- a. Clinical Training in December 2014
    - i. Dates for ICD-10 training: Executive training: 11/17. Prescribers: 12/1 and 12/5. Diagnosing clinicians: 12/8 and 12/9. Train the trainer: 3/15
  - b. Go LIVE in January 2015
  - c. No current location for the trainings, we need to explore places that have a large occupancy.
  - d. Preparation is underway for January 1st change
    - i. Every client that will be active after the go live in October will need to have their diagnosis changed before then
    - ii. BHAC will need to shorten authorizations so they expire in October, requiring them to be renewed with a ICD-10 diagnosis after October.
    - iii. Billing testing will happen after the upgrade, and before the January 1st go live date. There is already a sample file to send to the state so they can see the results.
    - iv. Other testing and changes are already underway (reports, etc.)
- 9) Additional Agenda Items
- a. Budget Requests for 14-15
    - i. If there is a need for new positions; for example if your department is funding anything out of IT, they might need new staff supporting that area
    - ii. Another example is facilities, as they dip more into IT related services, they don't have a resource that understands IT and so are requesting staff.

- iii. There is a request for additional seats from Laguna Honda. This would require additional licenses for Avatar, and we are currently at or near max capacity
    1. Essentially, we need another Clinical informaticist (CI). Kellee currently functions as one, but we need a second full time staff for this position. There is a shell of a structure for the job classification, but needs refinement.
    2. For a budget initiative to get a new CI, the job classification is a Nurse for primary care, for CBHS either a 2932 or 2935 (Senior MFT or Senior Social Worker).
    3. These CIs will improve processes for clinical user over time, and helping meet standards.
    4. **Kellee will write the statement requesting the CI (2935)**
  - iv. Additional Avatar licenses
    1. Best guess is 100 to cover hospital, Laguna Honda, and informaticist
    2. **Pablo will write proposal for 100 additional user licenses in Avatar.**
  - v. There was a proposal for an analyst in behavioral IT, we're waiting for Bill Kim to let us know how he's distributing analyst for 14-15
- b. Winona will bring a current org chart next meeting.

Pending Items:

- eCW client portal
- Appointment Scheduling
- Document Imaging