Healthy Start Coalition of Miami-Dade

Health Management System (HMS) Meeting
December 14, 2012
11:00am - 1:00pm
<u>Agenda</u>

I.   **Welcome and Introductions**   Ariel Morel, Program Manager
Melvin Hernandez, Quality Improvement Specialist

II.   **HMS SIG Conference Call Wrap Up**
   ➤   **HMS "How To Guide"**

III. **HMS Minutes**
Review of November 9, 2012 Minutes

IV.   **HMS ACCESS – New Process**
   ➤   To: DLHMSSupport@doh.state.fl.us
   ➤   CC: HMSACCESSMD@hscmd.org

V.   **Quality Assurance & Improvement**

   a. *HMS Reports*
   i.   None

   b. *Quarterly Report*
   i.   None

   c. *Monitoring Visits*
   i. Integrity of the Audit: Do <u>***not***</u> make any changes to the
   file/HMS for the records that are requested for auditing

   ii. Upcoming visits:
     - Miami-Dade Family Learning Partnership: December 18, 2012
     - Great Guidance: December 20, 2012
     - Brainheart Guidance: January 8, 2013

   iii. Entering within appropriate time frames in HMS (3 days from Date of Service)
       ➤ "Starting" an initial contact within 3 days but then not really filling it out until weeks/months later
       ➤ Audit History report

   d. *Care Plans*
    i. Open Date should match MDCHD date stamp
    (This will help you keep a true tally of cases assigned
    Each month)

   e. *MOMCare Request Forms*

      Open Discussion   All

Next HMS Meeting: Friday, January 11, 2013 at 11:00 a.m., Healthy Start Coalition of Miami-Dade, Suite 1401

Healthy Start Coalition of Miami-Dade

Health Management System (HMS) Meeting
December 14, 2012
11:00am - 1:00pm
Minutes

Staff Completing Minutes: Melvin Hernandez, Quality Improvement Specialist

Meeting Started at 11:05 am
Meeting Ended at 1:15 pm

HMS SIG Conference Call Wrap Up

Recommendations for additional information to be added to the HMS User Manual (locally created by the HSCMD) were made by various Program Managers. Everyone agreed that the manual appears to be very helpful for staff to follow.

HMS Minutes

Minutes for the November 9, 2012 minutes were reviewed and required some corrections. These minutes were placed on hold for the next meeting scheduled on January 11, 2013 for final approval.

HMS ACCESS – New Process
  ➢ To: DLHMSSupport@doh.state.fl.us
  ➢ CC: HMSACCESSMD@hscmd.org

HMS Access for Staff – discussion was completed as it relates to gaining access for new users in Miami-Dade. It was recommended that forms should be scanned and sent to DOH and everyone was advised of the new e-mail address that must be copied. This e-mail address is listed above for your reference. Moving forward for all future "new" and "remove" users, this e-mail address must be utilized. This new process will allow for the HSCMD to maintain an accurate Employee profile in HMS, and also assist with keeping track of individuals that are being removed.

Quality Assurance & Improvement

HMS Reports **-** None

Quarterly Report **-** None

Monitoring Visits

Melvin and Ariel reminded the providers to ensure in order to maintain the integrity of the monitoring visits that no changes should be made to the physical file and/or HMS the records that are being requested for auditing. Any changes, if any, should be made after the monitoring visit has been completed.

Ariel announced that for 2013 a new set of coding trainings will be set up to assist in further enhancing the quality assurance the coalition will provide the HS providers in completing their deliverables for the Coalition. Ariel

announced that the new goals for the QI/QA Team will be to set up the following types of training as it relates to coding and HMS:
- 1 Training for New Staff
- 1 Training for Staff that has 2+ (Refresher Training)
- 1 Program Manager Training (More related to QI/QA and Case Management)

All trainings will have a HMS Training component developed into the Coding Training to ensure that this is provided at least once a year. This HMS training will review the HMS Manual Guide created and in addition will provided how to utilize HMS for the users and answer any questions and/or concerns by users.

Melvin and Ariel announced the upcoming visits scheduled for monitoring visits. These locations were listed as follows:

  - Miami-Dade Family Learning Partnership: December 18, 2012
  - Great Guidance: December 20, 2012
  - Brainheart Guidance: January 8, 2013

Entering within appropriate time frames in HMS (3 days from Date of Service)
  ➢ "Starting" an initial contact within 3 days but then not really filling it out until weeks/months later
  ➢ Audit History report

These topics above were discussed in detail with the providers. During the recent monitoring visits, Ariel and Melvin have noticed that the providers are taking too long to enter their information as it relates to documentation within the IC/IA and/or Care Plans (Encounters – Comments), and examples were shown by Ariel via HMS on the projector. The providers were advised that the "Audit History" function within HMS is being utilized to monitor this performance expectation/contractual requirement. An example was shown on how providers are coding for services but then are not completing the initial contact form within the appropriate time frame.

Care Plans

Melvin emphasized the need to ensure that the open date for care plans opened by providers should match the date "sent" stamp indicated by the MDCHD. This was advised to be because this will help you keep a true tally of cases assigned each month. What should occur is that when you run a Case Load Report in HMS, it will match with what came in for the month. *Exception to those providers such as UMNICU who's process is different.*

MOMCare Request Forms

Ariel advised the providers were advised that any approved Coalition forms should not be altered in anyway. Any needs for forms to be changed should be submitted to the Coalition via a request and unless approved and modified by the Coalition, then all forms should be used as is. In addition, when utilizing forms such as the MOMCare Request form, the staff must ensure that it is legible and also completely filled out. Otherwise, the form may be denied and thus causing a delay in processing and obtaining information as it relates to the client. Example was shown to the providers of what should not be done to the MOMCare search request form.

Open Discussion

- Discussion was completed as it relates to going Paperless in Miami-Dade. As a result of a request

from Margie Aragon of UMNICU as it relates to printing out Care Plan Report, IC Forms, Infant Screen received from MDCHD, etc., it was agreed upon and approved by the HSCMD that when cases such as those that come from NICU and for any providers making transfer request – the need to print anything out that is already inputted into HMS was no longer needed and required. As such, the HS Providers were instructed to ensure that any documents that are not entered into HMS (i.e. FSP, Consent Forms, Referral Forms, and Provider Letter, etc.) should be the only documents that need to go to the MDCHD to complete a transfer request. In addition, it was recommended that the only time that is needed to print everything out for a case, would be for those cases that are requested by the QI/QA Team at the HSCMD for monitoring visit purposes. At which time, all information would be printed out to supplement what is already being reviewed online.

- Tania of ICFH expressed concerns as it relates to auditing a file internally and preferring to utilize paper instead of the computer. Much discussion was completed and Ariel expressed that a "Care Plan Report" could be utilized which would allow for all the documentation to be seen and thus not needing to print anything out.
- Ariel once again (refer to November 9, 2012 HMS meeting) discussed and reviewed via HMS, examples of properly linking screens. In addition, Ariel provided an overview of how the linking process will play a vital role with the upcoming release of the Cube Reports. The staff was stressed the importance of insuring that all cases have either their prenatal and/or postnatal screen linked at BOTH registration and at the time of IC. Advised that during the time of IC, this can only be done ONCE an IC is initiated for the first time. For postnatal clients, the mother's prenatal screen (if available) should be linked to the postnatal screen.
- In regards to seeing screens in the Non-CHD HMS, Ariel explained the differences as to which screens can be seen and not. This is as follows:
  o Screens that indicate No to Sharing of Specific Health Information
  o Screens that indicate neither Yes or No (left blank) to Sharing of Specific Health Information
  o Screens that are checked off as "Not Referred" to Healthy Start – despite meeting criteria
  o Screens that are from out of county
  o Self-Referral forms

Melvin and Ariel advised that when "registration" is completed via the initiation of a care plan, providers should clearly document how the case was received – i.e. "Avanti Support and Services CC received a Prenatal Screen from the office of Dr. Jennifer Lopez via the MDCHD HSDMO today at 2:15 pm, from Vivian, PM." – within the comment section in the Care Plan *(as of now)*.

- Unable to Locate Client at the time of IC – discussion was completed as it relates UTL clients who at the time of closure was UTL, but then 2 weeks later they call back and you are able to complete the IC form. Discussion was had by Providers and HSCMD as it relates to proper coding. Advice was given.
- A review of coding properly based on having travel time and multiple individuals within a class setting. Melvin reviewed what was appropriate and stressed the importance of keeping the documentation within "real time" and also to ensure that for a group setting, the time it took to "prepare" and as well as travel for the class should only be counted 1 time (within 1 client). Coding should be a reflection of your actual work day hours.
- Discussed Non-Level 3 clients in Psychosocial Groups and advised HS Providers that they should continue to serve the client and provide the service accordingly and code under ICC. Contact the HSCMD for further instructions as needed.
- As soon as a Monitoring visit is completed by the HSCMD, all recommendations provided during the exit interview should be initiated immediately. The HS Provider should not have to wait until the official letter is sent and received by the agency prior to initiating changes to their program.