



**Health Management System (HMS) Meeting**

**Friday, February 14, 2014**

**Time: 11:00am - 1:00pm**

**Agenda**

**Welcome and Introductions**

Ariel Morel, Program Manager  
Melvin Hernandez, Quality Improvement Specialist

**HMS SIG Conference Call Wrap Up**

**HMS Minutes** – Review of January 10, 2014 Minutes

**HMS Access – Reminder**

1. Gain Access to Citrix/HMS: TO: [DLHMSSupport@flhealth.gov](mailto:DLHMSSupport@flhealth.gov) (\*NEW Domain) and CC: [HMSACCESSMD@hscmd.org](mailto:HMSACCESSMD@hscmd.org)
2. Remove Access to Citrix/HMS: TO: [DLHMSSupport@flhealth.gov](mailto:DLHMSSupport@flhealth.gov) (\*NEW Domain) and CC: [ADMIN@hscmd.org](mailto:ADMIN@hscmd.org) – within one (1) business day from staff's departure – Reminder: All of staff's remaining cases must be reassigned to the program manager prior to making the request.
3. Protocols for requesting New Passwords (Reminder)
4. Timeline to gain access to Citrix/HMS from HSCMD (3 business days)

**Healthy Start Programmatic Updates/Changes**

1. Request for Case Transfers (\*NEW Include participant's zip code) Reminder: E-mail [casetransfer@hscmd.org](mailto:casetransfer@hscmd.org)
2. Utilizing HSCMD's website for all standing meetings within 24 hours and reporting website issues in a timely manner. Register only one time.
3. Affidavit of Good Moral Character – Exhibit B8
4. Updated Contact List – Exhibit DD due by February 21, 2014

**Quality Assurance & Improvement**

***HMS & Reports***

1. Local Codes in HMS – Reminder to keep using as needed
2. Compliance with QA/QI Plans

***Monthly & Quarterly Report***

1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QI/QA Team and **not** Manny Fermin
2. Clarification for Review of Classification Level at Initial Contact (Quarterly Report)

***Care Coordination***

1. Timeliness Report for December 2013
2. Utilizing Medicaid Local Code (Update New Code)
3. Case Transfers Protocol – The receiving agency may move forward with providing services as soon as they are approved by HSCMD. No need to wait for FDOH to submit paperwork
4. Documenting and coding without a Care Plan – Use Progress Notes)
5. Utilizing Compatibility Mode when using HMS (Progress Notes Issue E-mail from January 30, 2014)
6. Proper Linking of ICs – ICs completed prior to assignment need to be linked once officially assigned. All screens must be linked at IC (Includes Unable to Locate and Unable to Complete)
7. All HMS documentation must be completed prior to transferring a case (IC & IA coding and forms) **No blanks**
8. Documenting the participant's source of entry into HS on the first encounter/comment (attempt) in HMS
9. Offering all HS Services at time of IC as well as documenting if the participant accepts the services

**VII. Trace Tickets**

None

**VIII. Other Items/Open Discussion**

HSCMD will be closed on Monday, February 17, 2014

**Next HMS Meeting: Friday, March 14, 2014 at 11:00 a.m.**  
**Healthy Start Coalition of Miami-Dade**  
**7205 NW 19<sup>th</sup> Street, Suite 500, Miami, Florida 33126**



Health Management System (HMS) Meeting  
Health Management System (HMS) Meeting  
Friday, February 14, 2014  
Time: 11:00am - 1:00pm  
Minutes

Staff Completing Minutes: Melvin Hernandez, Quality Improvement Specialist

Meeting Started at 11:00am  
Meeting Ended at 1:15pm

#### HMS Minutes

Review of January 10, 2014 Minutes – Approved by Margie Aragon and Claudia Polastri

#### HMS Access – Reminder

1. Gain Access to Citrix/HMS: TO: [DLHMSSupport@flhealth.gov](mailto:DLHMSSupport@flhealth.gov) (\*NEW Domain)  
and CC: [HMSACCESSMD@hscmd.org](mailto:HMSACCESSMD@hscmd.org)

**Healthy Start Contracted Providers (HSCPs) to use the correct e-mail addresses when requesting access for new staff and to assure that the staff is approved on their budget prior to making the request.**

2. Remove Access to Citrix/HMS: TO: [DLHMSSupport@flhealth.gov](mailto:DLHMSSupport@flhealth.gov) (\*NEW Domain)  
and CC: [ADMIN@hscmd.org](mailto:ADMIN@hscmd.org) – within one (1) business day from staff's departure

**Ariel reminded the HSCPs to meet the required timeline when removing staff access as well as reassigning all of staff's remaining cases to the program manager prior to making the request.**

3. Protocols for requesting New Passwords (Reminder)

**HSCPs were once again advised to include the staff's contact information in order to be contacted for their new password.**

4. Timeline to gain access to Citrix/HMS from HSCMD (3 business days)

**Ariel reminded HSCPs to allow HSCMD up to three (3) business days to allow for access to Citrix/HMS.**

#### Healthy Start Programmatic Updates/Changes

1. Request for Case Transfers (\*NEW Include participant's zip code) Reminder: E-mail [casetransfer@hscmd.org](mailto:casetransfer@hscmd.org)

**HSCPs were once again advised that they must copy the Program Manager in receipt of the transfer in order to ascertain that the transfer has been accepted.**

2. Utilizing HSCMD's website for all standing meetings within 24 hours and reporting website issues in a timely manner. Register only one time.

**Ariel advised HSCPs to click only one time when utilizing the website to register for trainings or meetings in order to avoid duplicate registration.**

3. Affidavit of Good Moral Character – Exhibit B8

**An Affidavit of Good Moral Character must be filed in each staff member's personal record for all staff funded by Healthy Start dollars. This will be a requirement for each fiscal year and will be submitted with each provider's first quarter report.**

4. Updated Contact List – Exhibit DD due by February 21, 2014

**An updated contact list for each provider will be submitted. This sheet is also to be submitted when there is a staffing change or update (new staff, a staff member leaves, position/title change, new phone).**



## Quality Assurance & Improvement

### *HMS & Reports*

1. Local Codes in HMS – Reminder to keep using as needed

**The importance of utilizing the local codes in HMS was reiterated. Medicaid (Infant and Mother to be developed), Contact Healthcare Provider, Supervision, QA/QI. These reports will be used during audits and will assist in determining future funding.**

2. Compliance with QA/QI Plans

**HSCPs were reminded that they must adhere to their QA/QI Plans and that any changes in process must be submitted to HSCMD along with start and end dates. This will allow for monitoring of the plan and avoid confusion.**

### *Monthly & Quarterly Report*

1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QI/QA Team and not Manny Fermin

**HSCPs were once again reminded to submit hard copies to the QI/QA team (Ariel Morel and Melvin Hernandez) and not to Manny. This will avoid confusion.**

2. Clarification for Review of Classification Level at Initial Contact (Quarterly Report)

**The proper completion and interpretation of the report was reviewed. Basically, the leveling report is based on the Initial Contacts completed for the reporting month based on the cases assigned. If an IC is completed for a case assigned in the previous month(s), it will be counted in the “previous months” row.**

### *Care Coordination*

1. Timeliness Report for December 2013

**The Timeliness Report for December was shared with the HSCPs. They were also reminded to continue updating their annual tab in the reporting spreadsheet.**

2. Utilizing Medicaid Local Code (Update New Code)

**New codes will be developed for capturing Medicaid information the new codes will be Medicaid Mother and Medicaid Infant. These will be used for documenting the Medicaid numbers for each and should correspond accordingly if it is for the mother or the infant.**

3. Case Transfers Protocol

**The receiving agency may move forward with providing services as soon as they are approved by HSCMD. No need to wait for FDOH to submit paperwork.**

4. Documenting and coding without a Care Plan – Use Progress Notes

**The use of Progress Notes in HMS was addressed and reviewed with the HSCPs. Progress Notes must be used when documenting for participants without a Care Plan.**

5. Utilizing Compatibility Mode when using HMS (Progress Notes Issue E-mail from January 30, 2014)

**Using compatibility mode may reduce or minimize the possibility of ongoing issues with the Progress Notes feature in HMS.**

6. Proper Linking of ICs – ICs completed prior to assignment need to be linked once officially assigned. All screens must be linked at IC (Includes Unable to Locate and Unable to Complete)

**The proper linking of Initial Contacts to the screens is directly connected to the ability to run reports in HMS that will be tied to future funding, therefore we need to assure that we are linking all of the ICs with screens. This does not apply to self referrals but HSCPs should advise their staff that if there is a screen attached to a current pregnancy or an infant then it should be linked to the IC. HSCPs were reminded that**



this also applies to cases closed as unable to complete and unable to locate. If an IC is completed prior to case assignment, the provider must wait for the case to be assigned in order to link. If the case is assigned to another provider, the provider who completed the IC must still link the screen to the IC.

7. All HMS documentation must be completed prior to transferring a case (IC & IA coding and forms)

**No blanks – A proper review should be completed by the sending provider. It is the receiving Program Manager’s responsibility to assure that all components and documentation is complete and accurate prior to accepting a transfer. Program Managers can deny a transfer if documentation is not complete. Ongoing documentation issues must be reported to HSCMDs QI/QA team.**

8. Documenting the participant’s source of entry into HS on the first encounter/comment (attempt) in HMS -

**HSCPs were reminded that the first note in HMS once a participant is assigned and registered must include the source of the referral to include the referring provider’s name and whether the case entered Healthy Start via a screen or a self referral.**

9. Offering all HS Services at time of IC as well as documenting if the participant accepts the services

**All Healthy Start services must be offered at the time of Initial Contact. These include Parenting, Childbirth (Prenatal cases), Nutrition, Psychosocial, Breastfeeding, Tobacco and ICC. Offering HS services must be clearly documented and whether to mother accepts or declines each service must also be clearly entered in HMS. All of this required documentation must be included in the IC form next to each respective education title (with the exception of smoking and ICC which will have to be added on the IC form).**

#### VII. Trace Tickets

None

#### VIII. Other Items/Open Discussion

- An announcement was made advising HSCPs that HSCMD will be closed on Monday, February 17, 2014.
- Melvin advised HSCPs that all goals identified on Family Support Plans must be listed in the comments section in HMS when coding for each FSP.
- HSCPs were reminded that all communication with the Florida Department of Health in Miami-Dade County (FDOHMD) should be directly with the supervisor, Rachele Theodore and not with other staff unless authorized by Rachele. This will avoid confusion and minimize errors.
- HSCPs were reminded that all screens are available in HMS when making transfers and there is no need to contact FDOHMD.
- Ariel discussed a common finding upon completing some of the staff interviews at during the monitoring visits. It appears that frontline staff may not be receiving ongoing individual supervision as it relates to staff expectations to meet contractual terms. In other words several staff report not knowing where they fall within their respective organization and within their team. It would be beneficial for staff to know the performance measures and know how they are impacting the outcomes (negative or positive). Several HSCPs expressed concern over this and were shocked to hear this. Ariel took the opportunity to advise staff to document their interactions with their staff members in reference to supervision and coaching.
- Manny advised the HSCPs that there would be ongoing Well Family System demonstrations and that the system may be implemented statewide.
- Manny took the opportunity to discuss Healthy Start’s continued changes due to AHCA requirements. Our HIPAA documentation will become more stringent as well as our coding requirements. QI/QA will play a large role since coding errors may have a negative impact (we may not be reimbursed or may have to pay back for errors). He also advised HSCPs that there would be a lot of trainings offered in the near future in order to strengthen our frontline staff. He did remind the Program Managers that they need to be mindful of who they are sending to these trainings since case assignments would continue.
- Ariel Morel also took the opportunity to remind the HSCPs that the QI/QA team can visit a provider within 48 hour notice as well as accompany Care Coordinators on home visits (unannounced).
- Manny requested that clinic based providers check what system they utilize at their agency to gather Medicaid numbers, take a screen shot (blacking out names and personal information) and submit to HSCMD.
- HSCPs were advised to utilize the “Documentation” local code when searching for Medicaid and/or registering clients.
- Chinyere Woke announced that Jessie Trice Community Health Center is providing groups for HIV+ pregnant women on the last Tuesday of each month at 5:00pm and providing dental services on the first and third Saturdays of each month from 9am to 2pm.



- **HSCMD has a surplus of printer cartridges. A list of the cartridges was shared with the HSCPs and they were asked to e-mail HSCMD if they were interested.**