



Health Management System (HMS) Meeting

March 8, 2013

11:00am - 1:00pm

Agenda

I. Welcome and Introductions

Melvin Hernandez, Quality Improvement Specialist

II. HMS SIG Conference Call Wrap Up

III. HMS Minutes

Review of February 28, 2013 Minutes

IV. HMS Access – Reminder

- To: DLHMSSupport@doh.state.fl.us
- CC: HMSACCESSMD@hscmd.org

V. Healthy Start Programmatic Updates/Changes

- Miami-Dade AHEC - February 28, 2013 – no longer a provider
- Program Managers – Out of the Office Notification to the HSCMD

VI. Quality Assurance & Improvement

a. HMS & Reports

i. Subcontracted Employees (see attachment)

- a. Provide name of staff and additional information for NON-Healthy Start Staff/Employees

ii. Coding for Subcontracted Employees

- a. If a Healthy Start Employee – Codes go to the Provider who is subcontracting the employee
- b. If not a Healthy Start Employee – Codes on behalf of the subcontractor but places it under their name and for the provider who is subcontracting.

iii. Security Profiles in HMS

- a. Basic – Care coordinators, data entry staff, etc. Full access to Report Portal
- b. Healthy Start – Program Managers, Directors, Administrator and other appropriate designated staff – slightly higher level of functionality and also has full access to Report Portal.
- c. System Administrator – HSCMD Staff Only to include some DOH Staff and 1 local MDCHD staff Member - has full access to HMS to make administrative changes

- Changes in profiles in HMS – discontinued and if any changes need to be made, must contact the coalition: Ariel/Melvin.

- Staff should see changes when completing IC forms as some information should pre-populate now – address, phone number, etc. If an employee does not see this, they should contact Ariel and he will review the profile.

iv. E-mails to Tallahassee/DLHMSSupport

- a. Front line staff sending e-mails to Tallahassee – should only come from Program Manager

v. Planned Services Report (see HMS Print Out)

- a. Due by April 12, 2013



vi. Local Codes in HMS to be used ONLY by Program Managers:

- a. **Supervisor Review** – Required for Provider who have paraprofessionals as care coordinators and/or contacting clients. Required for Provider who have paraprofessionals as care coordinators and/or contacting clients.
- b. **QA/QI Review** – Required for quarterly review of cases. Used primarily by HS Program Managers to document time spent reviewing case files for QA/QI purposes. Peer reviews are encouraged to assist staff to see each other's work, but this function must still be reviewed by a Program Manager and documented in HMS as such.
- c. **HSCMD QA/QI Review** – Only to be used by HSCMD Staff. Primarily used for Random Desktop Audits, along with yearly monitoring review.
- d. **Travel Time** – to document time spent traveling for clients in HS
- d. **Documentation Time** – to document time spent completing computer/paperwork for clients in HS

MDCHD will need to have their local HMS Administrator for the “CHD” System to create these local codes, so they match what’s on the Non-CHD System.

b. Quarterly Report

- i. Follow-up from last meeting (Due on the 15th both HARD/Electronic Version)

c. Cube Reports

- i. Any questions from the Webinar?

d. Monitoring Visits

- i. New process for 2013
 - a. Desktop Audits
- ii. All visits for 2012-2013 completed
 - a. Corrective Action Plans – will receive follow-up by HSCMD QA/QI Team

e. Care Plans

None

f. Care Coordination

- a. Service Date – Must match the actual Date of Service when the client was contacted
- b. When to complete:
 - i. IC Form – Complete the form for Unable to Locate/Unable to Complete Initial Contact/When contact is successful
 - ii. IA Form – Only complete when contact is completed
- c. Coding E-mail on February 28, 2013 and follow-up. Local “Travel Code” has been created to assist for wraparound services ONLY.

VII. Coding/HMS Training

- a. 2 Sessions for New Staff (0 – 2 years in HS) – Monday, April 22, 2013 9:30 am – 4:30 pm
Wednesday, April 24, 2013 9:30 am – 4:30 pm
- b. 3 Sessions for Intermediate Level Staff (3 – 10+ years in HS) – Tuesday, May 7, 2013 – 9:30 – 12:30pm
Wednesday, May 8, 2013 – 9:30 – 12:30pm
Thursday, May 9, 2013 – 9:30 – 12:30pm
- c. 1 Session for Program Managers (Only for PM/Administrator) – Friday, May 10, 2013 2:00 pm – 5:00 pm – following the HMS meeting (with 1 hour break from 1:00 pm – 2:00 pm)

VIII. Other Items

- a. Client Information Search Sheet (MomCare)
 - b. Open Discussion
- Next HMS Meeting: Friday, April 12, 2013 at 11:00 a.m., Healthy Start Coalition of Miami-Dade, Suite 1401



Health Management System (HMS) Meeting
March 8, 2013
11:00am - 1:00pm
Minutes

Staff Completing Minutes:
Specialist

Melvin Hernandez, Quality Improvement

Meeting Started at: 11:55am
Meeting Ended at: 1:50pm

HMS SIG Conference Call Wrap Up

- Brief discussion in regards to DOH's ticket system and how long the process of correcting or improving what appear to be simple items seems to be.

HMS Minutes

Minutes were approved for the February 8, 2013 meeting. Ly Collins of UMSESS moved to approve the minutes as they were with a second by Heather Baker of The Village South. The rest of the HS providers present agreed.

HMS ACCESS – Reminder

- To: DLHMSSupport@doh.state.fl.us
- CC: HMSACCESSMD@hscmd.org

Melvin Hernandez emphasized the importance of using the DLHMSSupport email address rather than emailing Adam Reeves directly and everyone was reminded to copy HMSACCESSMD email as well.

Healthy Start Programmatic Updates/Changes

- Healthy Start contracted providers were informed that due to contract termination, Miami-Dade AHEC was no longer a provider in the Healthy Start system as of February 28, 2013.

Quality Assurance & Improvement

a. *HMS Reports*

- i. Providers were asked to complete a Subcontracted Employee Form in order to provide the name of subcontracted staff as well as some other pertinent information to be added to HMS. The only provider which needed to update this information was Wellness for Life since all the other subcontracted employees' information had been entered in HMS prior to today's meeting.



Healthy Start Coalition of Miami-Dade

- ii. Proper coding for subcontracted services was discussed. If a Healthy Start employee is subcontracted to provide wraparound services at another HS provider's agency he or she will code their services under the subcontractor's agency. If the subcontractor is not a HS employee, codes will be entered under the subcontractor's agency and must be placed under the non HS subcontracted employee's name. This will allow us to properly track all subcontracted staff's productivity whether they are HS employees or not. Therefore, whoever is inputting on the subcontractor's behalf must assure that they are selecting the appropriate subcontractor's name when entering into HMS.
- iii. Security profiles in HMS were also discussed. HSCMD staff has updated profiles and information in HMS, some of these changes can be seen on the IC form for which some information pre-populates (address, phone etc). Staff was told to contact HSCMD if they are not noticing these updates in the system. HSCMD staff has also created three (3) types of HMS profiles with unique features and access capabilities. These profiles include:
 - Basic Profile– which is limited to Care Coordinators, data entry staff etc. They will have full access to the Report Portal.
 - Healthy Start Program Managers, Directors, Administrators and other designated staff Profile which will have a slightly higher level of functionality and full access to the Report Portal.
 - System Administrator Profile is strictly limited to HSCMD staff only and will include DOH staff and one local MDCHD staff member as well. This profile has full access to HMS and is able to make administrative changes. Changes in profiles should no longer be made by Program Managers and should be completed by HSCMD. Program Managers were reminded to contact HSCMD if changes need to be made.
- iv. Providers were reminded that frontline staff should not be sending emails directly to Tallahassee and should only come from the Program Manager. Exception can be made if the Program Manager will be on vacation. Staff was asked to assure that HSCMD be made aware of this by sending an e-mail.
- v. The Planned Services report was distributed to the staff present. Staff was instructed not to use the feature because it is not being used properly and is clogging the system with unnecessary data. Heather Baker requested to continue using the feature as it helps her and her staff with following up with their participants. HSCMD will need to assure that The Village staff is properly using the feature in order to make the determination to continue using or discontinue.
- vi. The creation of Local Codes in HMS was discussed and how they are only to be used by Program Managers. The meeting ran very late so a brief overview of the codes was given and will be readdressed during the next month's meeting in April.



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- **Supervisor Review** – Required for Providers who have paraprofessionals as care coordinators and/or contacting clients. Required for Provider who has paraprofessionals as care coordinators and/or contacting clients. Should be utilized when providing supervision, support, feedback, shadowing etc.
- **QA/QI Review** – Required for quarterly review of cases. Used primarily by HS Program Managers to document time spent reviewing case files for QA/QI purposes. Peer reviews are encouraged to assist staff to see each other's work, but this function must still be reviewed by a Program Manager and documented in HMS as such.
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Open Discussion:

- ✓ Natalia Coletti distributed the updated Client Information Search Sheet (MomCare) form and instructed the staff to utilize this version from this point forward. An electronic copy will be sent out to the providers in order for them to type the information. They were reminded not to alter the form.
- ✓ Manuel Fermin discussed the Coalition's current financial situation and how budget amendments (reductions) would need to occur once again. He also addressed the Coalition's internal changes in staff at which points he introduced Charmaine Johnson (Fiscal Analyst) who will be taking over the Director of Operations' duties since that position was eliminated. Charmaine addressed the importance of the providers submitting their invoices in a timely manner and attaching supporting documentation/backup. She stated that there would be no reimbursement for overtime (unless previously approved) or food. Providers were reminded to stay within their approved budget and that the Coalition would not be reimbursing if the Provider goes over a line item unless a budget amendment is approved. Due to a tight timeframe, conference calls needed to be scheduled with all the providers in order to review their budgets and assess for possible decreases. A tentative schedule was passed around with available time slots in order for the Providers to choose from. It was agreed that Providers which could not select a date at the time of the meeting would be followed up early next week to schedule an appointment.

As previously stated, the meeting ran very late and several items on the agenda were not addressed during the meeting. They will be on the agenda for April 12, 2013.