



Health Management System (HMS) Meeting
May 10, 2013
11:00am - 1:00pm
Agenda

I. Welcome and Introductions

Ariel Morel, Program Manager
Melvin Hernandez, Quality Improvement Specialist

II. HMS SIG Conference Call Wrap Up

III. HMS Minutes

Review of April 12, 2013 Minutes

IV. HMS Access – Reminder

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

V. Healthy Start Programmatic Updates/Changes

- Program Managers – Out of the Office Notification to the HSCMD
- New Program Managers:
 - Rachelle Theodore – Rachelle.Theodore@doh.state.fl.us
 - Ana C. Aristizabal – Ana.Aristizabal@chsfl.org
- FDOH Correspondence – Karen Weller (Director) must be copied on all e-mails: karen_weller@doh.state.fl.us

VI. Quality Assurance & Improvement

a. HMS & Reports

- i. E-mails to Tallahassee/DLHMSSupport
 - a. All e-mails should only come from the Program Manager
- ii. Local Codes in HMS Feedback from Staff

b. Monthly & Quarterly Report

- i. Reminder: Due on the 15th both HARD/Electronic Version

c. Monitoring Visits

- i. Corrective Action Plan: Desktop Audit/Technical Assistance and Follow-up

d. Care Plans

- i. New Feature in HMS from Release 2013.1
- ii. Planned Services – New Feature in HMS

e. Care Coordination

- a. Service Date – Must match the actual Date of Service when the participant was contacted
- b. Case Load Reports – Prior to December 1, 2012 – Review with staff and seek closures ASAP

VIII. Trace Tickets

- a. Having Hospital information pre-populate in IC section of HMS when completing an IC Form – like what happens for OB/GYN's. – Submitted by Margie on April 24, 2013

IX. Other Items

1. Client Information Search Sheet (MomCare) - Updated
2. Self-Referrals – cross referencing with FDOH prior to submitting (to avoid duplication)
3. Infant Demographic Report – fill out all sections, do not use all camps (i.e. Ariel Morel not ARIEL MOREL) also completing the address section. Apartments should have be noted in a separate column. Write out the words, “street” “avenue”.
4. Coding Training Recap
4. Open Discussion

Next HMS Meeting: Friday, June 14, 2013 at 11:00 a.m., Healthy Start Coalition of Miami-Dade, Suite 1401



Health Management System (HMS) Meeting

May 10, 2013

11:00am - 1:00pm

Minutes

Staff Completing Minutes: Melvin Hernandez, Quality Improvement Specialist

Meeting Started at: 10:50am

Meeting Ended at: 1:00pm

HMS SIG Conference Call Wrap Up – Manny Fermin addressed the importance of gathering Social Security numbers and Medicaid numbers from as many HS participants as possible since this will be tied to federal funding. This information should be gathered and entered in HMS. Several questions arose such as where to input Medicaid numbers and if staff will be able to update/correct/edit Social Security numbers. The Coalition will follow up with the state in order to gain clarification. The importance of being sensitive when requesting this information was emphasized by Melvin Hernandez as well as Ariel Morel.

HMS Minutes

Minutes were approved for the April 12, 2013 meeting. Some additional grammatical changes were made along with addition. Ly Collins of UMSESS moved to approve the minutes as they were with necessary changes and additions and this was 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 – This email is to be used in order to create access to HMS or remove access to HMS and to report staff which is locked out of Citrix.
- CC: HMSACCESSMD@hscmd.org – This email is to be used in order to create access to HMS or remove access to HMS.
- HMS@hscmd.org – This email is to be used when reporting slowness or HMS issues. Please do not use the DLHMSSupport@doh.state.fl.us address to report problems with HMS.

Healthy Start Programmatic Updates/Changes

- Program Managers – Staff was reminded that they need to make the Coalition aware when they are taking vacation and should appoint a contact person in their absence.
- New Program Managers: Ariel Morel introduced the new Program Managers for Florida Department of Health in Miami-Dade County (FDOHMD) and Children’s Home Society. They are:
 - Rachelle Theodore (Florida Department of Health in Miami-Dade County)–
Rachelle.Theodore@doh.state.fl.us
 - Ana C. Aristizabal (Children’s Home Society)–
Ana.Aristizabal@chsfl.org
- Staff was reminded that any correspondence with FDOHMD must include Karen Weller (Director). She must be copied on all e-mails: karen_weller@doh.state.fl.us

Quality Assurance & Improvement

HMS & Reports

- Ariel Morel reminded staff that all E-mails to Tallahassee/DLHMSSupport should only come from the Program Managers and should be utilized in order to create access to HMS or remove access to HMS and to report staff which is locked out of Citrix. Staff was once again reminded that this email (DLHMSSupport) should not be used to report slowness and that if they need to report slowness/issues to please use hms@hscmd.org instead.
- Local codes were once again discussed with the Healthy Start contracted providers. The local codes were updated to include administrative staff for Program Managers. The importance of supervisors and administrators utilizing these codes for supervisory review and how the Coalition will be running reports specifically looking at the amount of time Supervisors as well as Administrative staff are spending on Healthy Start related activities in order to determine future funding.

Monthly & Quarterly Report

- Ariel Morel reminded staff that the monthly and quarterly reports are due on the 15th of each month (for the previous month’s activities) both HARD/Electronic versions are due on the same day.



Monitoring Visits

- Ariel Morel advised the staff that the Coalition's QI/QA team would be following up with all the Corrective Action Plans (CAP) via a Desktop Audit. The Coalition will be following up and requesting specific documentation which may have been part of your action steps in order to assure compliance with your CAP. The desktop audits will occur in June 2013.

Care Plans

- Ariel Morel addressed the new feature in HMS from Release 2013.1 which includes a preferred communication option. Staff was instructed to complete all sections including this new option. At this point staff was reminded not to code for texting as an attempt to contact until we get further clarification from the state.
- Ariel Morel discussed another new update to HMS in which you are not able to close a care plan without updating or deleting any planned services. This will help avoid cluttering the HMS system.

Care Coordination

- Ariel Morel reminded staff that the Service Date in HMS must match the actual Date of Service when the participant was contacted and received Healthy Start services. This applies to attempts as well.
- Ariel Morel discussed the caseload report findings which included cases open prior to December 1, 2012 (over 5 months ago) and the high number of cases open for certain providers. The QI/QA team will be running caseload reports in order to ensure that cases are being closed appropriately. Staff was reminded that in order to appropriately close out a case in HMS, there must be an end date placed within the Managed Care section of the Care Plan.

Trace Tickets

Ariel Morel shared a trace ticket request which was submitted by Margie Aragon. Her request was as follows; having the hospital information pre-populate in the IC section of HMS when completing an IC Form – like what happens for OB/GYN's. Staff present agreed that this was a good request to submit to the state.

Other Items

- The updated Client Information Search Sheet (MomCare) was discussed with staff. They were encouraged to type the information and email it (password protected). Staff was reminded that the password should be sent in a separate message.
- The importance of cross referencing self referrals with FDOH prior to submitting (to avoid duplication) was stressed to the staff. Staff was reminded to encourage all participants to be screened and to request the screen for those cases in which FDOH is able to locate the screen. The screen would be linked with the IC and a self referral would not be needed.
- Ariel Morel discussed the proper way to complete the Infant Demographic Report. Staff was reminded to fill out all sections, do not use all CAPS (i.e. Ariel Morel not ARIEL MOREL) also when completing the address section, apartments be noted in a separate column and to write out the words, "street" "avenue". QI/QA team will send out an updated sheet with the extra column for the apartment number.
- Ariel Morel discussed having a coding refresher for staff that did not pass the coding training and will provide an analysis based on the tests which were taken in order to view patterns. There is no timeline for this analysis since there are more pressing matters at hand (ie. contract negotiations) However, the refresher will be scheduled prior to June 30, 2013.

Open Discussion

Ariel Morel stressed the importance of sharing the information provided at this meeting and our provider meetings with each program's Healthy Start staff. This came about because during the coding trainings several frontline staff members stated that they were not made aware any of the topics and items addressed during Coalition meetings.

Ariel Morel and Melvin Hernandez clarified several staff members questions in regards to home visit attempts at the IC phase of Healthy Start. The QI/QA team was very clear in stating that ALL participants referred to Healthy Start need at least one home visit at the IC phase before closing "unable to locate". However, participants referred with safety/priority concerns must have a home visit attempt within 10 days from receipt of the screen.

Finally, Ariel Morel addressed the issue of keeping care plans open for participants who are only receiving wraparound services. The care plan can be closed to care coordination while the participant can still receive wraparound services. The same pertains to Psychosocial counseling as well but Tania Ramirez (ICFH) noted some concerns she had (such as running reports in HMS) and requested that those specific cases who were only in need of Psychosocial counseling be transferred to her agency and she would keep them in her agency's caseload. This will need further discussion because we want to avoid over cluttering the HMS system unnecessarily.