



## Health Management System (HMS) Meeting

Friday, August 9, 2013

Time: 11:00am - 1:00pm

### Minutes

Staff Completing Minutes: Melvin Hernandez, Quality Improvement & Assurance Specialist  
Ariel Morel, Program Manager

Meeting Started at: 10:40 am

Meeting Ended at: 1:53 pm

### **HMS SIG Conference Call Wrap Up**

Ariel discussed CACHE 23 and how Miami-Dade would be volunteering for future enhancements. Ariel encouraged that Miami-Dade play an active role when it comes to pilot projects as these usually impact us the most, depending on the enhancements/changes.

### **HMS Minutes- Approved by:**

The previous minutes for July 12, 2013 were reviewed by everyone present.

First Motion: Heather Baker – The Village South, Inc.

Second Motion: Margie Aragon – UM NICU

Minutes approved as is with no need to edit/change the minutes. Everyone present were in favor.

### **HMS ACCESS – Reminder**

1. To: [DLHMSSupport@doh.state.fl.us](mailto: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.
2. CC: [HMSACCESSMD@hscmd.org](mailto:HMSACCESSMD@hscmd.org) – This email is to be used in order to create access to HMS or remove access to HMS.
3. Change in protocols when requesting new passwords- Ariel reminded the Healthy Start Contracted Providers (HSCPs) that the state is now requesting a phone number for which they will contact you when resetting your password. The phone number provided should be a work number since providing your personal number is not best practice. Program Managers should not be the ones obtaining passwords on behalf of the staff; the request should come from the Program Manager but the staff's contact number should be provided. Everyone was reminded that they should copy the coalition at [hmsaccessmd@hscmd.org](mailto:hmsaccessmd@hscmd.org).

### **Healthy Start Programmatic Updates/Changes**

HSCMD staff discussed the new e-mail address created for case transfers. This new email is: [casetransfer@hscmd.org](mailto:casetransfer@hscmd.org). The e-mail ensures the following entities are copied:

- a. HSCMD staff
- b. FDOHMD HSDMO staff

HSCMD also reminded that all Program Managers must add the receiving Program Manager of the case transfer since communication should have occurred prior to the request and this way HSCMD, who must approve all transfers, is aware and everyone is kept in the loop.

### **Quality Assurance & Improvement**

#### *HMS & Reports*

HSCMD staff reminded the Healthy Start Contracted Providers (HSCP) of the following: E-mails to Tallahassee (DLHMSSupport) - Only for Citrix/HMS access or removal. HSCMD needs to be copied.

For HMS related issues such as slowness, sticking, etc. should first only go to [hms@hscmd.org](mailto:hms@hscmd.org) to see if others locally are experiencing such issues and if it is determined that it's a countywide problem, then the HSCMD will be responsible in contacting Tallahassee.

Local Codes in HMS – Reminder to keep using as needed. The HSCMD will be utilizing the data found for the months of April – June 2013 to determine funding levels for Administrators for the current 2013-2014 contract year. This has been discussed through various meetings since January 2013 and the HSCMD would like for everyone to be reminded that this should continue as standard practice.

Local codes were addressed and Ariel Morel reviewed what each code is used for:



- Administrative staff should utilize the Supervisor Review and/or QA QI Review code(s). This is the code that the Coalition will be checking to measure the administrative staff's activities as it relates to Healthy Start activities. The Coalition will focus on April 2013 forward which is when the staff was informed to begin using these codes.
- Program Managers should utilize the Supervisor Review and/or QA QI Review code(s). Supervisor Review should be used when a PM is reviewing a case with the staff and QA QI Review should be used when reviewing random files in HMS and for monthly/quarterly chart reviews.
- Frontline staff should utilize the Documentation and Travel Time codes to capture their time documenting and traveling when providing wraparound services. Otherwise, travel and documentation time for IC, IA and care coordination can be captured 3115, 3215, 3315, 3320 and 3321. Staff should not include documentation or travel time in the wraparound service codes; these codes should only account for the time that the staff is actually providing face to face education.

#### ***Monthly & Quarterly Report***

1. Ariel Morel discussed the due dates for the monthly and quarterly reports and how both the electronic and hard copies are due to the Coalition by the 15<sup>th</sup> of the month. He also informed the HSCPs that the new contract would have the specific due dates for each report in order to avoid confusion when the 15<sup>th</sup> lands on a weekend.
2. Ariel discussed the importance of ensuring reports are submitted on a timely manner. It is now crucial to ensure all reports are submitted on time as this is directly connected to invoicing/finance. The Coalition's are no longer getting advances from the state and so if there is a delay in reporting, this may delay the Coalition getting funding to support the HSCP's. The Coalition staff is dependent on all HSCP's reports to be able to in turn complete contractual reports to the state to ensure proper payment in a timely manner.

#### ***Monitoring Visits***

1. 2013-2014 Site Visits – Tentative Schedule. Melvin explained the new 2013-2014 schedule. It was explained in detail and that this year the visits would be done during the 3<sup>rd</sup> quarter. This was to ensure that all new expectations as outlined in the 2013-2014 contracts would be able to be met. Ariel stressed that although the contract would be in greater detail, there were no real “new” major changes, as all throughout the 2012-2013 fiscal year, the Coalition has made it a point to remind everyone to incorporate any changes discussed during mandatory meetings (i.e. MICH Provider and HMS Follow-up Meetings). Melvin advised that conducting these visits during the 3<sup>rd</sup> quarter will allow everyone time to incorporate any internal changes needed to meet performance expectations.

Melvin stressed to the HSCP's that they prepare accordingly for the site visit. Ariel advised that this year all staff must be available – so plan accordingly. This is as a result of incorporating staff interviews for the monitoring visit. So as much as possible all staff should be made available – no home visits scheduled or classes.

Although the annual monitoring visit will be conducted during the 3<sup>rd</sup> quarter of the 2013-2014 contract year, HSCMD staff advised that “desktop audits” would be occurring from July 1, 2013 – December 31, 2013 and all HSCP's would be contacted accordingly if issues were found by HSCMD staff accordingly. Manny also stated that the HSCP's would be cited if any findings/deficiencies were found by the QI/QA team. Manny stressed the importance of the Program Managers to be engaged and part of the QI/QA processes as well as their staff. Program Managers should be conducting these types of audits on an ongoing basis.

2. Manny advised the HSCP's that HSCMD will be spot checking classes and to assure that the website calendars/schedules are up to date.

#### ***Care Coordination***

1. Timeliness Report for June 2013 – The State's Timeliness Report was shared with HSCP's. Melvin discussed that even though the report measures seven (7) days, the HSCP's should aim for data entry to occur within three (3) calendar days as per Healthy Start Standards & Guidelines. However, Ariel & Melvin emphasized the importance of correcting errors in HMS (even after three days) even though doing so may alter the Timeliness Report. HSCMD expects accurate data in HMS.
2. Florida Department of Health in Miami-Dade County, Healthy Start Data Management Office – Case Re- assignments (follow-up) – Ariel reminded HSCP's that they would be receiving another batch of case assignments from FDOH's backlog of cases. The specific timelines and expectations for these cases were discussed such as a home visit must be conducted within 10 days of receipt if phone attempts have been unsuccessful. Ariel discussed the data transfer process and how the HSCP's should wait a week or two after assignment for the orange “View Imported Data” button to turn green (at which point they can view FDOH's data). The importance of having accurate information was emphasized by Ariel since if the data doesn't match, the data transfer will not occur. All cases should be in HMS by 8/23/13. These cases will count as new assignments for the HSCP's. HSCP's were reminded that these cases should go to more seasoned staff that should be able to deal with any other issues which may have arisen. Provider letters will still have to be sent to the referring providers regardless of how old the screen is.



3. Household Data Sheet (HDS) – The use of the HDS was discussed. It appears that only 3 providers are using the form and that the information gathered on the form is being captured on the Initial Assessment form in HMS. All HSCP's agreed that the Initial Assessment form captures more data than the HDS but some still find it's a useful tool to complete while home visiting. HSCMD will not eliminate the use of the HDS and will include it in the contract as an attachment to be used in conjunction with the Initial Assessment form in HMS.

#### ***MomCare Client Information Search Form***

1. Automatic E-mail Response (update) – Natalia Coletti addressed MomCare Information searches and how the HSCP's should be receiving a quicker response. Providers will continue getting a response from HSCMD staff as opposed to an automated response. The response will include the number of requests made as well as the number of pages included in the request. Some HSCP's requested that the response be e-mailed back; this may be considered in the future. HSCP's were asked to include the request to receive the results via e-mail in the body of the message but to be aware that the results would continue to be faxed until the protocols are coordinated at HSCMD.

#### ***Classes***

1. Babies R Us – Ariel discussed the working relationship between Babies R Us and HSCMD. As a result, a representative from Babies R Us (Victoria) would be visiting selected classes in order to provide goodies and incentives to the participants as well as advertising their stores. Manny asked the HSCP's to let HSCMD know what specific incentives are being distributed in order to gauge if the initiative is worth it.

#### **Trace Tickets**

None

#### **Other Items**

1. Coding Training Recap – Ariel Morel stated that the analysis for the original coding training is still pending. The Coalition is concentrating on contracts at this time. He also stated that the handouts which were e-mailed to the providers should be used for in service and staff training on an ongoing basis.
2. Natalia discussed the discrepancy between the numbers of Healthy Beginnings pamphlets ordered from HSCMD not matching the number distributed to the participants. Several providers stated that they have ordered more than what they distribute because they are stocking up for big events or classes. Natalia emphasized the importance of keeping an accurate count and tracking accordingly as well as not accumulating too much and distributing the pamphlets before ordering more. She also asked the HSCPs to complete the survey which was shared during the meeting. HSCP's were reminded to have their clients complete a Healthy Beginnings satisfaction survey. This is very important in order to continue receiving these types of educational materials.

#### **Open Discussion**

Manny discussed major changes coming in 2014 such as all pregnant women being placed on PSN or Blue Cross Blue Shield while pregnant; this will allow for more options as far as where they choose to go for services while pregnant and may impact the Healthy Start Program. He also addressed the importance of keeping cases open a bit longer than usual due to the lack of follow up for many of our cases in our system. Although we do a good job of addressing risk factors at Initial Contact there is very little follow up. To address this, cases should remain open longer in order to provide the appropriate follow up. For example, we ask a first time mother if she has a pediatrician and she says she does, however, we need to follow up with this mother and ask if she visited the pediatrician etc. Keeping the cases open longer would also allow for extra time to gather Medicaid numbers and Social Security numbers. Providers were made aware to expect more cases to be transferred out from UM NICU for ongoing care coordination.