



**Healthy Start Coalition
of Miami-Dade**
Health Management System (HMS) Meeting
Friday, September 12, 2014
Time: 11:00am - 1:00pm
Agenda

I. Welcome and Introductions

Ariel Morel, Director of Quality Assurance & Quality Improvement
Melvin Hernandez, Quality Improvement Specialist

II. HMS SIG Conference Call Wrap Up

III. HMS Minutes – Review of August 8, 2014 Minutes

IV. HMS Access – Reminder

1. Gain Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov (*NEW Domain) and CC: HMSACCESSMD@hscmd.org
2. Remove Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov (*NEW Domain) and CC: 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 from when DOH provides Citrix access)

V. Healthy Start Programmatic Updates/Changes

1. Request for Case Transfers (Include participant's zip code) Reminder: E-mail casetransfer@hscmd.org
2. Utilizing HSCMD's website for all standing meetings within 24 hours of the meeting/training

VI. Quality Assurance & Improvement

Monthly & Quarterly Report

1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QI/QA Team and **not** Manuel E. Fermin, Chief Executive Officer

Care Coordination

1. Timeliness Report for July 2014
2. Procedure for completing IC without a Care Plan – Entering units, following up with ALL cases to link IC form and moving units over if and when a case is assigned back.
3. Keeping track of all ICs completed without a Care Plan on a monthly basis (beginning July 2014)
4. Client Demographic Spreadsheet – “Was IC Completed” - Must indicate “Yes” or “No” (Do not use X, 1, 2 or Pending)

VII. Trace Tickets

None

VIII. Other Items/Open Discussion

1. Requirements to capture Medicaid Numbers – Medicaid checked off on Prenatal/Postnatal Screens
2. Medical Record ID – Do not use the Social Security number
3. Nurse Family Partnership – Reminder Local code and R034 (Maternal, Infant and Early Childhood Home Visiting Program Services code)
4. New Material Distribution form
5. HSCMD Website Maintenance
6. Open Discussion

Next HMS Meeting: Friday, October 10, 2014 at 11:00 a.m.
Healthy Start Coalition of Miami-Dade
7205 NW 19th Street, Suite 500, Miami, Florida 33126



**Healthy Start Coalition
of Miami-Dade**
Health Management System (HMS) Meeting
Friday, September 12, 2014
Minutes

Start time: 11:25am

End time: 1:45pm

- I. Welcome and Introductions** Ariel Morel, Director of Quality Assurance & Quality Improvement
Melvin Hernandez, Quality Improvement Specialist

II. HMS SIG Conference Call Wrap Up

There was no follow up discussion during today's meeting.

III. HMS Minutes – Review of August 8, 2014 Minutes

Motion to approve – First Motion: Ly Collins
Second Motion: Margie Aragon

IV. HMS Access – Reminder

1. Gain Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov (*NEW Domain) and CC: HMSACCESSMD@hscmd.org– HSCPs were advised to use the updated form dated March 2014. Ariel reminded the HSCPs that all new staff must have a work e-mail and work phone prior to requesting access and not to use personal e-mails.
2. Remove Access to Citrix/HMS: TO: DLHMSSupport@flhealth.gov (*NEW Domain) and CC: 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. Ariel reminded the HSCPs about the specific timeline requirements to remove access from HMS as well as reassigning all staff's cases to the Program Manager.
3. Protocols for requesting New Passwords (Reminder) – HSCPs were reminded to include the contact information for the staff in need of a password reset since they will be contacted directly by DOH.
4. Timeline to gain access to Citrix/HMS from HSCMD (3 business days from when DOH provides Citrix access) – HSCMD may take up to 3 business days from when DOH provides Citrix access to allow access to HMS. HSCPs were asked not to ask for their requests to be expedited by DOH or HSCMD. New staff should wait to have access prior to entering data in HMS, Program Managers should not be entering data in HMS on behalf of new staff as it alters productivity reports.

V. Healthy Start Programmatic Updates/Changes

1. Request for Case Transfers (Include participant's zip code) Reminder: E-mail casetransfer@hscmd.org - HSCPs were reminded to utilize the *casetransfer* e-mail address and copy the pertinent Program Manager when making requests. Also to include the participant's zip code for all transfer requests once receiving provider agrees.
2. Utilizing HSCMD's website for all standing meetings within 24 hours of the meeting/training – HSCPS were reminded to continue utilizing the website to register for meetings and trainings also to be careful and not double register. HSCPs were also reminded that they need to notify the QA/QI team or training@hscmd.org if they need to cancel or can't make it to a training or meeting for which they have registered.

VI. Quality Assurance & Improvement

Monthly & Quarterly Report

1. Reminder: Mailing of hardcopies of both Monthly and Quarterly Reports – Attention to QA/QI Team and not Manuel E. Fermin, Chief Executive Officer– HSCPs were reminded to make the hard copies attention to QA/QI Team and not Manuel E. Fermin, Chief Executive Officer. Electronic copies should be sent to admin@hscmd.org HSCPs were also reminded that the reports would be due by the 10th of the month.



Care Coordination

1. Timeliness Report for July 2014- **The timeliness report for July 2014 was shared with the HSCPs.**
2. Procedure for completing IC without a Care Plan – Entering units, following up with ALL cases to link IC form and moving units over if and when a case is assigned back. – **Melvin Hernandez emphasized the importance of properly linking and documenting IC information when completing the IC prior to assignment and to follow up for cases which are not assigned back. The dates of service must also be the actual date the IC was completed with the participant; regardless of when the screen or self-referral is received back by FDOHMD.**
3. Keeping track of all ICs completed without a Care Plan on a monthly basis (beginning July 2014) – **Melvin asked the HSCPs to track any ICs completed prior to official assignment. These would include clients seen at a clinic, special events and community events. A self-referral or screen (clinic based providers) must be completed and submitted to FDOH either requesting official assignment to your agency (or another HS provider) or indicating “Do Not Assign” on the bottom of the form for those cases closed as “No Further Services Needed”. The QA & QI team will need a monthly total for these types of ICs completed on a monthly basis moving forward for the current fiscal year beginning with July 2014.**
4. Client Demographic Spreadsheet – “Was IC Completed” - Must indicate “Yes”, “No” or “Pending” (Do not use X, 1, 2) – **HSCPs were reminded to only use the specific terms prepopulated on the spreadsheet and not to alter the form.**

VII. Trace Tickets

None

VIII. Other Items/Open Discussion

1. Requirements to capture Medicaid Numbers – Medicaid checked off on Prenatal/Postnatal Screens - **HSCPs must assure that an attempt to gather Medicaid information is made and is clearly documented in HMS for participants. QA/QI team be checking for this during audits and desktop monitoring.**
2. Medical Record ID – Do not use the Social Security number – **HSCPs were reminded not to utilize the participant’s SSN as an identifier and more specifically as the Medical Record ID in HMS. Ariel advised that the Department of Health would be developing a system in which the number will be created automatically. He asked the HSCPs to provide feedback as to how they are capturing the numbers in order to see what works best for all. All HSCPs stated that they had no preference, therefore it was agreed that the format utilized will be as follows; HSMD-000-000 and the numbers would generate automatically by the push of a button in HMS. Ariel will then advise DOH so that they can implement the format in HMS**
3. Nurse Family Partnership – **Reminder Local code and R034 (Maternal, Infant and Early Childhood Home Visiting Program Services code) – HSCPs were reminded to utilize the local code R034 in HMS when making referrals to Nurse Family Partnership.**
4. New Material Distribution form – **An updated version of the Material Distribution form was shared with the HSCPS to be implemented immediately.**
5. HSCMD Website Maintenance – **HSCPs were reminded to keep their class schedules up to date on the website since all participants as well as all the HSCPs utilize the calendar on the website to determine where classes are occurring. The QA/QI team will randomly check the website for accuracy as well.**
6. **Open Discussion**
 - **Flyers for the Baby Shower event scheduled for Saturday, September 20, 2014 were distributed amongst the HSCPs. They were asked to please promote the event. All mailed copies must be in color. Car seats will be raffled every fifteen (15) minutes. All CPSTs should be advised that they will be required to assist with car seat installations the days after the Baby Shower.**



- **Amy Olen asked the HSCPs to try and identify English speaking Healthy Start participants which may have had a loss and are willing to share their experiences in an upcoming Perinatal Loss seminar. Participants who have had a recent loss would not be good candidates. Mothers and fathers are welcome. A flyer will be provided by Amy Olen.**
- **Ariel reminded the HSCPs about the annual meeting taking place on December 5, 2014 at Jungle Island and to send us pictures of their classes, events, outreach activities, community events and baby showers which contain participants engaging in Healthy Start activities. Ariel also asked the HSCPs think about ex participants which they feel may want to come to the annual meeting and share their experiences with Healthy Start. Please contact the QA/QI team with the names of the participants.**
- **HSCPs were advised to expect an increase of Managed Care Organizations (MCO) referrals. They were asked to track them in order to report to the Coalition here they are coming from.**
- **Ariel discussed the appropriate way of requesting screens from FDOHMD which were referred but not assigned to a HSCP. If the HSCP finds that there is a screen; the HSCP must complete a self-referral and request that the screen be assigned to them. This should be documented in the comments section of the self-referral form. FDOHMD will then assign the screen to the provider.**
- **The backlog of cases being received by HSCPs was discussed briefly. There are several OBGYNs in the community who are now submitting their screens. Although HSCMD is pleased to hear this; it also means that there are old screens entering the system. Heather Baker asked if there was a protocol or procedure to handle these older cases entering the system. Melvin advised that there had been a document shared last year in reference to a backlog of cases received by FDOHMD which had several recommendations as to how to deal with these cases. QA/QI team will follow up with the HSCPs regarding the matter.**