HIS USER GROUP BASE AGENDA FOR HUG SUB-GROUPS
November 2011 Base HUG Sub-Group Agenda

Subgroups/ Committees	Day/Time	Frequency	Next Meeting Date	F2F or Webinar
Online HUG Subgroups				
Western	Last Tues 10am-Noon	Monthly NOTE: No Dec Meeting	11/29/11 Henderson County (NOTE: Special training session on reports will be held after HUG Meeting from 1:15-3:00pm)	F2F with Call in and Webinar
Central	3rd Tues 1:30-3:30pm	Quarterly	1/17/2012	Call in Webinar if appropriate
Southeast	2nd Wed 10:30am-12:30pm	Quarterly	(Date/Time Change) 11/30/11 – 3:00pm-4:30pm Call In Only	F2F with Call in F2F with Call in
Northeast	3rd Thur 10:30am-12:30pm	Quarterly	11/17/11 Albemarle Regional	F2F with Call in
Eastern	4th Wed 10am-Noon	Quarterly (Alternate Onslow & Beaufort)	1/25/11 Onslow Co HD	F2F with Call in
Batch Subgroup	3rd Wed 10am-Noon	Quarterly	11/16/11	Call in Webinar if appropriate
CDSA Subgroup	3rd Tues 3pm-4:30pm	Monthly	11/15/11	Call in Webinar if appropriate
Business Reports Group	4th Thursday 10:00-11:30am	Monthly	11/22/11 (Date Change – Thanksgiving Conflict)	Call in with Webinar F2F when needed

Conference number: **1-888-363-4734**; Access Code: **2142113#**

If webinar access is required for your regional HUG meeting, contact Kris.Joyce@dhhs.nc.gov at least 10 days prior to the meeting. Unless otherwise notified, the following URL is reserved for HUG meetings: https://dhhs.ncgovconnect.com/histraining/ (Note: *Adobe Flash Player 8 or higher is required*)

Based upon feedback received from the HUG Sub-groups, any future Statewide HUG meetings will be held on an as needed basis only. If HUG Sub-groups determine that a Statewide meeting is warranted, they should submit this as a recommendation to the HUG Executive Board (submit the recommendation to Joy.Reed@dhhs.nc.gov , HUG Executive Board Chair).

Agenda Guidelines:
- **Base Agendas are developed on monthly basis and are located on the HIS website (http://his.dhhs.state.nc.us/) under HIS User Group (HUG)>Base HUG Agenda. For Subgroups that meet less frequently than monthly, it is the Subgroup's responsibility to compile agenda items from multiple base agendas.**
- **It is the responsibility of HUG members to review the HIS Announcements and share information with local agency staff. HIS Announcements are posted monthly prior to any scheduled HUG subgroup meetings for the month.**
- **The HIS *Training Schedule* is posted on the HIS website under Training & System Manuals>Training and is updated monthly.**

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Base 1	Transition to 5010 Standard Transactions as of 1/1/2012 1. Status of HIS Compliance 2. Secure EDI Testing 3. Medicaid Testing	Online Batch CDSA	HIS Project Staff		1. HIS has to move to Avatar 2008 in order to have 5010 capability • 5010 information will be included in the November Announcements. • State staff will report current status at time of meeting. • Kris Joyce is working on a Quick Step document to guide agencies in data elements that are changing as a result of 5010 (e.g., Zip Code+4 digits will be required; Provider addresses cannot be PO Box numbers – must be a physical address) • Agencies are encouraged to make screen shots of their Medicaid set up screens before Avatar 2008 goes into production. • No new guarantors will be added to HIS until January at which time new guarantors will be entered using the 5010 template. 2. HIS will test with Secure EDI once the Test region set up is complete and User Acceptance testing begins. Secure EDI states they are ready for 5010. 3. Medicaid has done Cycle 1 of testing with some providers but the results of tests are not yet known. HIS will test with Medicaid once both systems are confirmed ready for testing. **Message sent to phleaders from Joy Reed on 11/8/11:** One of the changes for HIPAA 5010 requirements is that post office box addresses cannot be used in Guarantor set-up as the agency's address. HIS staff will be making those changes in the system. *However, we need each of you do have someone on your staff go to the NPI registry [National Plan and Provider Enumeration System (NPPES) web site that assigns these unique identifiers] to make sure there are no Post Office boxes in address fields in that system and, if so, change them to your street address. In addition, you need to make sure that all zip codes in that NPI registry include the "+ 4" digits.* **The HIS staff updating your addresses in Guarantor Program Billing Defaults will use the street and zip code information on file in the NPI registry.** **Our work in HIS needs to be completed no later than 5:00 pm on November 16, 2011** in preparation for a data clean-up will be done on November 17; **therefore, we need you to complete any needed updating of the NPI Registry no later than 5:00 pm on November 15, 2011.** All of this is in preparation testing the exchange of 837 and 835 files using the new HIPAA 5010 transactions with Medicaid and Secure EDI.

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Base 2	Plans for HIS and Meaningful Use	Online Batch CDSA	HIS Project Staff		*Information Provided by Joy Reed:* In order to meet Meaningful Use criteria and qualify for Medicaid incentives, there are several steps that need to occur: - We must upgrade to Avatar 2010 modules, which is Netsmart's MU certified product (we cannot do that until Avatar 2008 is in Production and 5010 testing is complete); - We must purchase at least 2 Avatar modules that we do not currently own (Order Connect and Care Connect) in order to "create the messages" (lab orders, prescriptions, CCDs, etc.) that need to be exchanged; - We must determine if there are other things that we will need to purchase from Netsmart or if our proposed solution (see below) can be implemented with only those 2 new modules; - We must determine the cost and timeline associated with the expanded "Enterprise Service Bus" for the Department which will allow for the exchange of messages across DHHS entities and also provide our connection to the Statewide HIE; and - We must determine the cost of connecting to the Statewide HIE and whether we need or want to purchase any of their additional services. **Once all that has been done, we can prepare a realistic timeline for compliance and let local health departments know when they can "attest" and begin collecting incentive payments.** Please note that local health departments will not "lose" incentive money from Medicaid; Medicaid allows agencies to start the process (i.e., "attest") through 2014 without losing the full amount of the incentive payments.

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Base 3	Reporting of Non-Medicaid Services	Online Batch	HIS Project Staff		***Message from Joy Reed:*** It is absolutely essential that local health departments enter all services, not just those billed to Medicaid, into HIS. HIS is the system that will be used to generate reports on numbers of services for federal reporting (e.g., Title V and Title X); if the data from HIS shows that most services have been provided to clients who have Medicaid (because the others are not in the system), the State could lose significant federal dollars impacting the amount of those funds that can be sent to LHDs to serve non-Medicaid clients. In addition, at least for the LHDs that use HIS on-line, HIS is the system that will be used to generate the reports for the Cost Study/Settlement process. Using invalid percentages of Medicaid clients served could result in paybacks in the future or DMA questioning the validity of our methodology and doing away with the Cost Settlement process. ***Please do everything possible to get all services provided by your agency entered into HIS by the end of the federal fiscal year for all programs.***
Base 4	HIS Training 1. Refer to the Training Calendar each month 2. NCIR Interface	Online Batch	HIS Project Staff / AC	2. The NCIR interface will be turned on in each RSC based on the published Wave assignments **unless the agency notifies the HIS Business Support Group that they wish to opt out.**	1. During the last two weeks of December, look for training related to 5010. 2. NCIR training is on the Training Calendar posted on the HIS website. Also, there is a section under Training & System Manuals/Training/NCIR Implementation that contains information related to the interface.
Base 5	Business Reports Group (BRG) 1. BRG Update 2. Discussion Items Referred to Subgroups	Online Batch CDSA	Subgroup Member Serving on State Report Group	1. The BL060H report (Billing History) will be in production early November.	1. BRG Minutes are posted on the HIS website. Meetings are normally held the 4th Thursday of each month. 2. Requests for Report Enhancements or new reports should be referred to the subgroup's representative on the BRG (BRG membership list is posted on the

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					HIS website under Committees>Business Reports Group.
Base 6	CSDW 1. CSDW Report Exchange – sharing of reports developed by Subgroup members 2. Data Priorities for future tables to be added to CSDW 3. CSDW upload for CDSAs	Online Batch CDSA	Chair/HIS Project Staff	1. No decision needed – information sharing 2. Subgroups need to include in their minutes any recommendations for additional data fields/tables needed in the CSDW and prioritize these for multiple requests. If users cannot provide this level of detail, provide specific examples of the type of data needed in CSDW. 3. According to DIRM, CSDW Phase 2 for HIS will be completed *mid-October through mid-November*. The top priority is the CDSA data.	
Base 7	Account Follow-Up	Online Batch CDSA	Chair/AC	• Ascertain the status of account follow-up and identify any agencies that may require AC assistance to accomplish this task. • Last Medicaid Check Write in 2011 will be 12/15/11. Agencies are encouraged to have their Medicaid billing up to date for this year end check write. • Medicaid Inquiry will remain available after December 31 just as it is currently; however, agencies are being billed when they access Medicaid eligibility through HSIS. • Ann Moore, Eastern Region Administrative Consultant, attended a Medicaid seminar in October and posed the following questions to Medicaid: o If a Medicaid claim is denied because the patient was not eligible on the date	With implementation of HIPAA Standard Transactions from 4010 to 5010 and the transition from ICD-9-CM to ICD-10CM, it is essential that account follow-up in both HSIS and HIS be conducted as a priority business process. The reduction of re-bills will help make the transition to 5010 on 1/1/2012 and ICD-10-CM on 10/1/2013 be much smoother. *Gentle Reminder:* Due to the 1/1/2012 mandatory implementation of the new HIPAA 5010 requirements for all systems that bill electronically for health services, **re-billing via HSIS will end for all entities using that system effective December 31, 2011**. Please make sure that any claims initially filed via HSIS and denied have been re-billed and paid prior to that date. Claims initially billed via HSIS may not be re-billed via HIS as they will be recognized by MMIS+ as "duplicates."

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				of service, can we bill the patient for the service? o If we have a printout that shows that the patient was eligible on that date of service, can we send an adjustment form to Medicaid with the printout attached and expect payment from Medicaid? o **Response from Medicaid:** Yes, you can bill the patient if you receive EOB 11, patient not eligible on date of service. If you have a printout showing they were eligible, you would mail that along with the claim to DMA Claims Analysis. You do not need the adjustment form with that request, just a cover letter explaining the situation.	
Base 8	Work Arounds in HIS	Online Batch CDSA	Chair		The State is working with Netsmart on defects and enhancements (note – enhancements must go through formal change request process). The rankings for the top defects and enhancements are posted on the HIS website.

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Base 9	Patient Statement Dunning Messages			Subgroups are asked to discuss this to ascertain if other counties are experiencing issues with the dunning message not matching the data shown under 30, 60, 90, 120 days. If so, agencies should provide the HIS Help Desk with the clients that are affected since these need to be researched on a case-by-case basis. **State Response:** The major cause in the discrepancy of the aging process is the client statements are not kept in sync during the patient pay statement monthly process. • Make sure statements are run monthly to aging. • Make sure staff is not doing Create Claims 'Yes' on individual clients in the Crystal Self Pay Bill option. • Check to make sure you have run your statements for every month your agency has been on HIS. If you know you have not or need assistance in checking this, contact the Help Desk	**Issue Raised by Davidson County (Central Region):** In regards to the monthly statements, I was closing every month, but our problem was at the bottom of the statements, there is a section with 30, 60, 90, 120 days in columns and underneath that is the dunning message that states how many days past due, those 2 dates were not matching. This was not happening on all statements, only a small amount, I have recently gone back into HIS and followed the steps again on closing, and aging accounts for each month, (I had already done these steps for each month,) finally last week I ran the statements for the month of August and so far they seem to be correct. The only other issue is the start date and end date of service. (Located at the top right hand corner of the statements) on some clients it list there date of birth, or some odd date as the start date of service, why is this? **And is any other county affected by this?** **Western Region Feedback from Oct 25th Meeting:** Suggestion was made to: Have a process to adjust off Debt Setoff posting codes. This would run similar to printing bills… create a batch for debt setoff and then system should know and adjust off for us and trigger a debt setoff report. John is creating a helpdesk ticket for this to trigger off 449.

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Base 10	Release Database Record Lock option	Online Batch CDSA	Chair	Each subgroup needs to decide if the LHD/CDSA Admin User Role should include the Release Database Record Lock option and **provide their decision to the State by 11/30/11**. **Western Region Feedback from Oct 25th Meeting**: Western User's would like the option Release Database Record Lock to be included in the LHD Administrator User Role. **Eastern Region Feedback from Oct 26th Meeting:** Eastern Region recommends the option Release Database Record Lock be included in the LHD Administrator User Role.	This option is currently not accessible to local agencies due to the risk associated with unlocking a record. The current protocol is to wait for the system to unlock the record, which should take approximately 45 minutes, or submit a ticket requesting assistance from the Help Desk. State HIS staff would like to modify the user role associated with this option and allow LHD/CDSA Admins to control the "release" of a record lock. Once LHD/CDSA Admins have access, local agencies will be able to unlock a client's record in HIS should users receive a pop-up message indicating that their account or record is locked. Before releasing this option to the LHD/CDSA Admins, the State staff would like to confirm that the local agencies are amenable to obtaining this functionality / responsibility in HIS.
Base 11	Denial Code 8505	Online Batch CDSA	Chair	Ascertain if any agencies are experiencing issues with Denial Code 8505	Remedy ticket INC000001538203 was submitted by Henderson County concerning denial code 8505. Since this is a denial code, it should compile, but not post. Henderson County has examples where the code is adjusting off the entire balance. The code appears to be set up correctly, but it is not behaving correctly. Is this happening with other counties? We need counties to look at accounts to see if balances are wrongly being adjusted off, or if this is only happening in Henderson County.
Base 12	Merges			Users need to **close** open options like CEFE and Update Client Data when they perform merges. This should eliminate almost all of the merge issues that are creating these orphan records that in turn create so many other reporting and CSDW update issues.	Many of the data orphan issues created during merges occur because users have other options open that may be accessing one of the clients in the merge process.

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Base 13	Agenda Items for Dec HUG Executive Board Meeting	Online Batch CDSA	Chair	Subgroup Chairs can submit agenda items for the Dec. 12th HUG Executive Board to Sarah.Brooks@dhhs.nc.gov **before Dec. 7, 2011**.	
Sub-group Agenda Items					
SG 1					
SG 2					
SG 3					
SG 4					

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