

Solano County Health & Social Services Department



Mental Health Services
Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services

Eligibility
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

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March 24, 2009

California Department of Mental Health,
Capital Facilities and Technological Needs Component Proposal
Attn: Child and Family Program
1600 9th Street, Room 130
Sacramento, CA 95814

Subject: DMH Information Notice 08-09. Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan Capital Facilities and Technological Needs Component.

I am pleased to present Solano County's first MHSA Technology Needs Project Proposal for your review and approval. The Electronic Health Record (EHR) Readiness is a first step towards the implementation of an EHR system in Solano County.

The EHR Readiness Project was identified as a priority project in Solano County's MHSA Capital Facilities and Technology Needs Component plan. The project provides for consulting services to develop detailed workflows for key processes, conduct an assessment of the County's readiness for EHR implementation, and provide an EHR orientation for staff. The project also provides for an EHR Project Manager and staff to manage the consultant's work and facilitate the development of system requirements for procurement of an EHR system.

The project plan was posted for public comment from February 4 through March 5, 2009.

Your review and approval of this submission will be greatly appreciated. If you have comments or questions concerning our attached proposal, please contact our project manager Robert Sullens at 707-784-8374 or myself at 707-784-8400.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Oprendeck".

Michael Oprendeck
Mental Health Director

Attachments: Solano County Capital Facilities and Technology Needs Project Proposal

Solano County Health & Social Services



Mental Health Services Act Capital Facilities and Technology Needs Project Proposal Electronic Health Record Readiness Project

March 19, 2009

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Solano County Mental Health
MHA Capital Facilities & Technology Needs Project Proposal
Electronic Health Record Readiness Project

California Department of Mental Health MHA Capital Facilities and Technological
Needs

**EXHIBIT 1 - FACE SHEET
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**

County Name: Solano County

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to, modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract service providers, in accordance with 9 CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with section CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

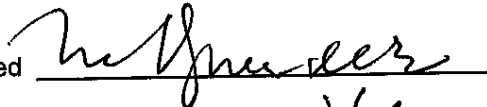
County Director

Name: Michael J. Oprende

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Signed



Date

3/29/09

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Telephone: 707-784-2703

E-Mail LPMontojo@solanocounty.com

Signed



Date

3/19/09

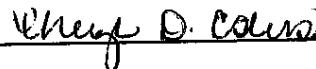
Compliance Officer

Name: Cheryl D. Esters

Telephone: 707-784-3199

E-Mail CDEsters@solanocounty.com

Signed



Date

3/23/09

Technological Needs Assessment

County Name: Solano

Project Name: Electronic Health Record Readiness Project

1. County Technology Strategic Plan Template

This section provides an assessment of the current status of technology solutions, the long-term business plan and the long-term technology plan that will define the ability of Solano County Mental Health (SCMH) Division to achieve an Integrated Information Systems Infrastructure (IISI) over time.

Current Technology Assessment

1.1 Systems Overview

See Appendix A - California EQRO Information Systems Capabilities Assessment.

1.2 Hardware

See Appendix A - California EQRO Information Systems Capabilities Assessment.

1.3 Software

See Appendix A - California EQRO Information Systems Capabilities Assessment.

1.4 Support (i.e., Maintenance and/or Technical Support Agreements)

Support for the County's current systems is provided by a combination of county and contract staff. We expect that the County will continue to rely on both county and contract staff to provide support as we move toward an IISI.

Plan To Achieve an Integrated Information Systems Infrastructure (IISI) To Support MHA Services

Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IISI.

1.5 Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHA Three-Year Plan.

All MHA programs included in the Three-year Plan are information dependent. Adequate information systems are required to:

- ❖ Provide effective administrative support systems that enable provision of services to consumers;
- ❖ Provide data that can be used to monitor and report outcomes of MHSA programs;
- ❖ Provide effective billing mechanisms that maximize revenues from the services provided.

The Electronic Health Record and Integrated Information System Infrastructure Project will enable a coordinated program of technology-enabled improvements to the Solano County mental health services delivery system.

Current clinical and business operations rely on labor intensive, paper-based manual processes. The administrative, program monitoring, and client/family needs of existing MHSA Community Services and Supports (CSS) programs have created new requirements. As additional MHSA components are implemented the need for efficient clinical and administrative systems will increase.

The technology projects planned by Solano County will facilitate accomplishment of the goals of our Three-year Plan in the following ways:

- ❖ Facilitate appropriate system-wide access to clinical, administrative and financial information in electronic format
- ❖ Allow the capture of electronic information as close to the source as possible, moving away from a paper-based system
- ❖ Improve sharing information across the service-delivery system including appropriate and secure sharing of information at the county and state level
- ❖ Providing a standards-based integration of information with contract providers of mental health services, appropriate county agencies, and SCMHS
- ❖ Improve the capture and reporting of outcomes data for monitoring the effectiveness of MHSA programs

1.6 Describe the new technology system(s) required to achieve an Integrated Information System Infrastructure.

The core technology systems associated with achieving Integrated Information Systems Infrastructure are:

- ❖ Mental Health Electronic Health Record (EHR) System that includes: Practice Management, Clinician Notes, On-line Order Writing and Prescribing, and Reports Generation.
- ❖ Systems and software that provide for the exchange of data with other EHR systems within Solano County and between the County and other county and state systems, as applicable and permitted by law.
- ❖ Personal Health Records accessible by the consumer as a tool for empowering the consumer to become more involved in their care.

The Solano County EHR will provide integrated clinical, administrative and financial functionality to the Mental Health Division in its role as a provider of mental health services. The EHR will provide clinicians access to client clinical records regardless of where each client was seen previously in the Solano County Mental Health system. Clinicians will have access to medication history information, recent assessments, laboratory and psychological test results, and, when appropriate, clinician notes from prior visits.

Many Solano County consumers receive services from contract providers. The ability to access the Solano County EHR system either directly or through an interface to the contract providers' data systems is essential to ensure accurate and complete consumer records. All parts of the service delivery network must be prepared to participate in the appropriate and secure exchange of information in order to improve outcomes for clients and their families.

The ability to exchange data with the State and other counties is a key element of an Integrated Information Systems Infrastructure. The tools and techniques to provide seamless integration between systems provided by different vendors need further development. Solano County has participated in an initial meeting with nearby counties to discuss developing a pilot to test data exchange between various EHR systems. Solano County is following closely the current Behavioral Health Request for Information (BH-RFI) issued by the state to share business and functional requirements with vendors and to obtain information about each vendor's ability to deliver standards-based and interoperable mental health information systems in California. We will use the results of this RFI to ensure that our specifications are in line with the developing standards.

Creating Personal Health Records (PHR) will empower the consumer by providing the consumer with access to key elements of their personal information that will enable and encourage them to take a proactive role in monitoring their own care.

1.7 Implementation Resources Currently Available.

Oversight Committee:	Yes <u>X</u>	No <u> </u>
Project Manager:	Yes <u> </u>	No <u>X</u>
Budget:	Yes <u> </u>	No <u>X</u>
Implementation Staff in Place:	Yes <u> </u>	No <u>X</u>
Project Priorities Determined:	Yes <u>X</u>	No <u> </u>

1.8 Solano County's Plan to Complete Resources Marked "No" Above.

Project management for the Technology Needs Component is currently being provided by an MHSA funded Project Project Manager who also has responsibility for other MHSA projects. As the County moves forward with EHR Implementation, a full time project manager and staff will be required. Resources to provide this staff are included in the EHR Readiness Project Proposal. Upon approval of the EHR Readiness Project, the County will proceed to hire a dedicated project manager.

The County has developed budget requirements for implementation of an EHR system based on tentative vendor estimates. These requirements are not currently funded. The Capital Facilities and Technology Needs (CFTN) Component Program Plan identified funds to support acquisition and implementation of the EHR system. A CFTN project request will be submitted during 2009 to secure the funds needed to acquire and implement the EHR system.

The County currently has IT analysts dedicated to supporting mental health programs that will provide support during the EHR preparation and planning activities. Additional support will be required during the EHR acquisition and implementation phase. This requirement may be met by hiring additional in-house staff or securing the services of appropriate consultants or a combination of in-house staff and consultants. The funding requirements for this support will be included in the EHR Acquisition and Implementation Project Proposal to be developed during 2009.

1.9 Describe the Technological Needs Project priorities and their relationship to supporting the MHSA Programs in the County.

Solano County's proposed Technology Projects are listed below in priority order:

1. EHR Readiness Project
2. EHR Acquisition and Implementation
3. Develop interfaces to systems from other vendors that the County uses such as Public Health, Substance Abuse, private providers, etc.
4. Personal Health Record Pilot Project
5. Tele-psychiatry Pilot Project

EHR Readiness Project

As we approach implementation of an EHR system, Solano County's first priority is "getting it right". The history of automated systems implementations is full of examples of systems that did not deliver the anticipated benefits. Often this is because the organization did not do its homework and/or failed to adequately address the human factors in their implementation planning. Solano County's first Technology Needs Project addresses the readiness of the County to implement an EHR system. The EHR Readiness Project includes a workflow analysis of our access to care and long term care processes, an assessment of the County's readiness to implement an EHR system, and the development of the requirements and a detailed project plan for the EHR system. The goal of the project is to ensure that the EHR system will effectively support the goal of modernizing and transforming clinical and administrative information systems.

EHR Acquisition and Implementation Project

The County's second Technology Needs Project is the EHR Acquisition and Implementation Project that will result in the implementation of an EHR system for Solano County mental health clinics and contract service providers. The EHR system will support the County's MHSA programs by providing increased access to critical clinical information for improved consumer care. The EHR system will also improve

billing timeliness and accuracy resulting in making additional resources available for the care of consumers.

Development of interfaces to Other Health Systems

The county's third priority will be the development of interfaces to other health information systems. Consumers often receive multiple health services from the County and its contract providers. The County recognizes the need to be able to share information between the service providers who may be using different EHR systems. As the EHR system is being planned and implemented, the County will identify the different systems that need to be share information and create a project to develop mechanisms to accomplish the required information exchange.

Personal Health Records Pilot Project

The fourth priority will be the development of a Personal Health Record pilot project that will explore and test methods of creating Personal Health Records that will promote client recovery, wellness, and resiliency, as well as more client-centered, client-directed mental health service delivery.

The EHR System will provide a platform on which implementation of a Personal Health Record (PHR) Pilot system can be developed. The PHR will provide tools that will empower the consumers to more actively participate in their own care.

Tele-psychiatry Pilot Project

The Tele-psychiatry pilot project is last among the priorities and it is not a necessary component of an IISI. However, one of the needs identified in stakeholder meetings was to increase the availability of services in remote parts of the County. Tele-pyschiatry appears to offer a way to use technology to cost effectively improve services to consumers in that community.

The County will study the technical feasibility, costs, and potential effectiveness of a tele-psychiatry system. If such a system would meet the needs of our underserved population, the County will move to implement a project.

2. Technological Needs Roadmap Template

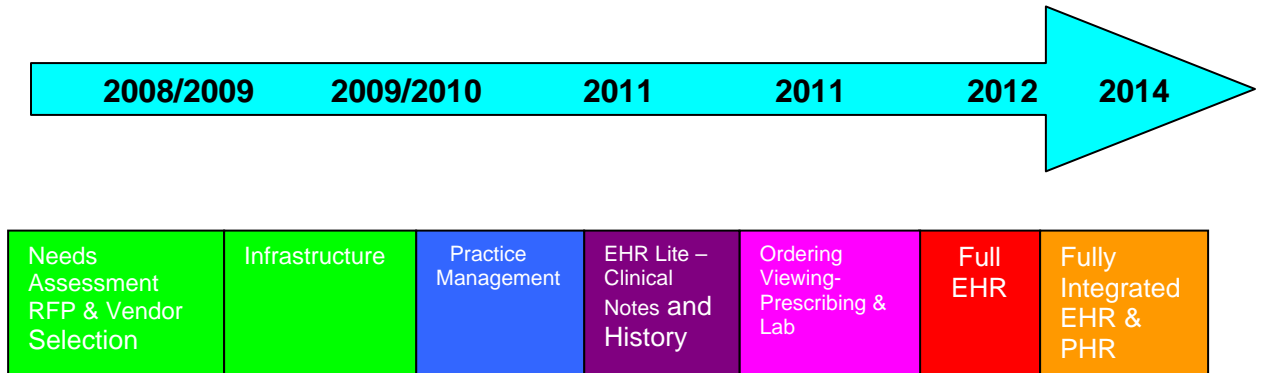
This section describes Solano County's Plan, Schedule, and Approach to achieving an Integrated Information Systems Infrastructure.

The County has established target dates for the completion of activities necessary to create an Integrated Information Systems Infrastructure. The Schedule is documented in the project plan attached as Appendix 1.

The County has a robust network infrastructure in place that will support the Integrated Information Systems Infrastructure. As an EHR system is implemented, the County will

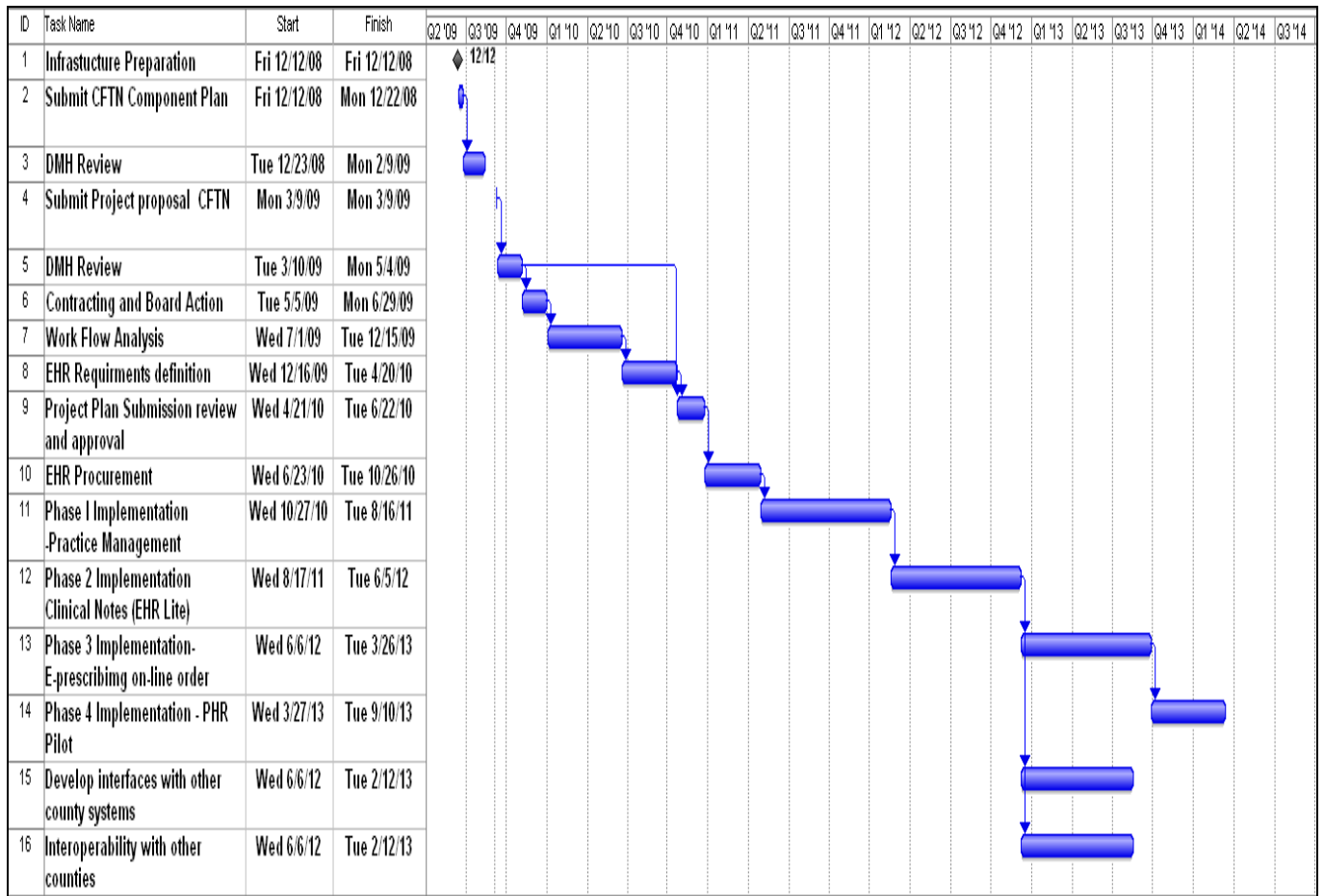
monitor network usage and enhance the infrastructure as needed to provide adequate bandwidth to support EHR access by County employees and contractors.

We are currently in the needs assessment phase of the project.



2.1 Integrated Information Systems Infrastructure Implementation Plan and Schedule

Solano County Proposed Implementation Timeline with the following major milestones.



2.2 Training and Schedule

Solano County’s first Technology Project Proposal includes an employee readiness assessment and employee orientation to EHR systems.

The readiness assessment will also identify the need for basic computer skills classes that can be completed before implementation of the EHR system.

System specific user training will be developed for each element of the EHR system and scheduled on a “just in time” basis to support a smooth implementation of each system component. System specific training will include formal instructor led classes, self study guides, and identifying super-users in key locations to provide one-on-one support as needed.

Solano County EHR Training Schedule 2009							
Training	Aug	Sep	Oct	Nov	Dec	2010	2011-2013
Orientation to EHR				X	X		
OAs/Records Staff				X	X		
Clinical Staff				X	X		
Contract Provider Staff				X	X		

Basic Computer Skills						TBD As needed	TBD As needed
System Specific Training						TBD During RFP Process	TBD During RFP Process

2.3 Describe your communication approach to the Integrated Information Infrastructure with Stakeholders (i.e., Clients and Family Members, Clinicians, and Contract Providers).

Solano County recognizes the importance of effective communications to all stakeholders. Stakeholders must be informed about the goals of each technology needs project. They need to understand what is happening and how on EHR system will affect work processes and the delivery of services to the consumer. The County has developed a communications plan that identifies our approach to informing and involving stakeholders in the projects. The plan identifies the message, medium, and timing of communications with the various stakeholder groups. Our communications plan is shown below.

Stakeholder	Message	Medium	Frequency
HSS/MH Senior Management	Support for EHR Program	Oral presentations/ written talking points	Quarterly
HSS/MH Senior Management	Current Status issues	Written status reports	Every two weeks
EHR Project team	Current Status Issues	Oral and written reports	Weekly team meetings
MH Managers and Supervisors	Why Their support of EHR is important	Oral Presentation	Quarterly
MH Managers and Supervisors	Current status issues	Written status reports	Every two weeks
MH Employees and Contract Providers	Introduction to EHR	EHR Orientation road show	Multiple events so that all employees and contract providers have an opportunity to receive information
MH Employees	Answers to questions and concerns	Project Intranet website FAQs	Questions answered as received
MH Employees	Current status	e-mails/website	Monthly
MH Employees	Implementation suggestions – how is it going?	Focus groups for representative employees	Quarterly or as needed
Local Mental Health Board	Current Status	Briefing and written report	Quarterly
Contract Providers	Current Status Issues	Website, briefings at Redesign Committee meetings, e-mails	Quarterly
MHSA Stakeholders	Current Status	Briefing and written report	Quarterly
MHSA Steering Committee	Current Status	Briefing and written report	Quarterly or as needed
Consumers	What MH is doing	Presentations to NAMI, CFAC, and	Quarterly

		other consumer groups*	
Consumers	Receive input on impact of EHR and future needs	Focus groups	Semi-annually
General Public	What MH is doing	Public Internet Website/ Press releases	At least Quarterly

* National Alliance for the Mental Illness (NAMI)
Consumer and Family Advisory Committee (CFAC)

2.4 Inventory of Current Systems (May include System Overview provided in County Technology Strategic Plan).

See Appendix A - California EQRO Information Systems Capabilities Assessment.

2.5 Please attach your Work Flow Assessment Plan and provide Schedule and List of Staff and Consultants Identified

Solano County completed a workflow analysis in 2005. A cross function workgroup reviewed and documented major processes and functional requirements in preparation for acquisition of an EHR system. Funding was not available to proceed with the acquisition at that time.

The County proposes to revisit key processes as part of the EHR Readiness Project. This project will be the first CFTN Project Proposal submitted by the County.

The County has conducted a competitive procurement for consulting services to conduct a workflow analysis and an EHR readiness assessment. Fox Systems of Scottsdale, AZ is the successful proposer. The contract will be finalized on receipt of funding for the EHR Preparation project.

The County has an EHR Project Team that will coordinate the work of Fox Systems.

The team consists of the Project Manager and representatives of:

- ❖ Solano County Department of Information Technology
- ❖ Children’s Bureau
- ❖ Fairfield Adult/Crisis
- ❖ Vallejo Adult/Crisis
- ❖ Managed Care
- ❖ Quality Management
- ❖ Medical Records
- ❖ HSS Administration
- ❖ Contract Providers
- ❖ The Compliance Officer

The County will add additional representatives of our contract providers as the project moves forward.

Assuming that approval of the funding for the EHR Preparation Project is received in April 2009, the contractor will begin work in July. The contractor will develop a project schedule based on the date the contract is finalized. We expect that the workflow analysis and readiness assessment will be completed within 120 days of the start of work.

2.6 Proposed EHR component purchases

The following components will be purchased to support the implementation of an EHR system in Solano County:

The County will contract for consulting services to lead the workflow analysis process, conduct a readiness assessment, and provide employee orientations to prepare for the implementation of the EHR system.

The technology components of the EHR system will include:

- ❖ Practice management application
- ❖ Clinician workstation application
- ❖ Electronic signature application (hardware and software)
- ❖ On-line order and e-prescribing application
- ❖ Report writing and data analysis applications

The County has not made a final determination about whether the EHR applications will be hosted in the County using standalone software and hardware or acquired as a service from an Application Service Provider. This determination will be documented in the project proposal for EHR procurement, which is not yet developed.

Because of the quality of the County's existing network infrastructure, choosing to use an Application Service Provider would require only minor adjustments to the existing network infrastructure.

2.7 Vendor Selection Criteria (Such as Request for Proposal).

The County plans to select the vendor based on the following criteria:

- ❖ The system shall be web based providing access through standard web browsers;
- ❖ Success in demonstrating the capabilities identified in the 2008 DMH Behavioral Health RFI. This RFI will serve as a basis for developing procurement specifications for acquisition of the EHR system;
- ❖ Compliance with the latest state and national standards;
- ❖ Reliability and performance history of the company with respect to providing EHR systems for mental health organizations in California;
- ❖ Demonstrated ability to provide an integrated system for mental health, public health, and substance abuse treatment systems; and
- ❖ Use of "open systems" approach that will allow the County access to the database schema and allow customization and enhancements.

The County will look for opportunities to join with other counties in a joint procurement to reduce the cost and time required for the procurement. If cooperation with another county is not feasible, Solano County will conduct an open competitive procurement process. The County considers the ability to provide a system that will meet the needs of other health systems in the county a desirable feature. It is, however, our intention to proceed with a mental-health-only system at this time. The County would expand the system to serve other health programs as funds become available. The final selection criteria will be developed as part of the EHR Readiness project.

The RFP containing detailed selection criteria will be developed during the EHR Readiness Project.

2.8 Cost Estimates associated with achieving the Integrated Information Systems Infrastructure.

The costs associated with achieving an Integrated Information Systems Infrastructure will be divided into three separate projects.

The EHR Readiness project will cost \$590,000 for consulting services and county staff to prepare for the implementation and of an EHR system.

The estimated cost of the EHR Acquisition and Implementation Project are:

Software Licenses and services	\$1,625,000
Implementation support (Vendor and Consultants)	\$400,000
Project Staff (Mental Health and IT)	\$1,572,000
Hardware	\$200,000
Development of interfaces to Other Health Systems	\$250,000
Total	\$4,047,000

Total costs associated with the Integrated Information Systems Infrastructure would be approximately \$4,387,000. This exceeds the funds currently available from the County's MHPA technology needs. As much as \$1,437,000 in additional funds will be needed to achieve an Integrated Information Systems Infrastructure.

The County will continue to refine the costs of EHR acquisition and implementation during the requirements analysis phase of the EHR project. We expect that the projected costs will change as the system requirements and implementation plans are refined.

The choice of software vendor and system architecture will impact the costs.

The costs associated with the development of interfaces to other health systems will depend on the number and complexity of the required interfaces.

Solano County hopes to partner with one or more other counties in acquiring an EHR system. If we are able to develop an effective partnership, some costs could be reduced.

The County has a goal of establishing an EHR system that serves multiple divisions within the Department. The County is considering integrating mental health and substance abuse services. This will create a need for expanded functionality of the EHR system. If the County is able to add other Health and Social Services divisions to an integrated EHR system, some of the labor and implementation costs will be shared with those other divisions.

The County has a robust network infrastructure. The current infrastructure includes the following: Opt-E-Man and T1 circuits internally that range from 1.54Mb to 50Mb, a 20Mb Internet connection, firewalls at gateways, web infrastructures in security zones (DMZ's), Cisco network infrastructure, and Microsoft Active Directory infrastructure.

The infrastructure will be re-evaluated once a software vendor has been selected. Some of the equipment for consideration would include the following: web servers (\$8,000 each), database servers (\$10,000 each), SAN shelf (\$35,000), routers, circuits, and desktop computers. The associated costs for achieving the IISI depend greatly on the software requirements and the method of connectivity with the selected vendor.

**Enclosure 3
Exhibit 3**

Technological Needs Project Proposal Description

County Name: Solano

Date: March 9, 2008

Project Name: Electronic Health Record Readiness: Workflow Analysis, Readiness Assessment, and requirements definition

Check at Least One Box from Each Group that Describes this MHSA Technology Needs Project

- New System.
- Extend the Number of Users of an Existing System.
- Extend the Functionality of an Existing System
- Supports Goal of Modernization / Transformation.**
- Support Goal of Client and Family Empowerment.

Indicate the Type of MHSA Technological Needs Project

Electronic Health Record (EHR) System Projects (Check All that Apply)

- Infrastructure, Security, Privacy.
- Practice Management.
- Clinical Data Management.
- Computerized Provider Order Entry.
- Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard Data Exchanges with Other Counties, Contract Providers, Labs, Pharmacies).

Client and Family Empowerment Projects

- Client/Family Access to Computing Resources Projects.
- Personal Health Record (PHR) System Projects
- Online information Resource Projects (Expansion / Leveraging Information-Sharing Services)

Other Technological Needs Projects that Support MHSA Operations

- Telemedicine and Other Rural / Underserved Service Access Methods.
- Pilot Projects to Monitor New Programs and Service Outcome Improvement.

- Data Warehousing Projects / Decision Support.
- Imaging / Paper Conversion Projects.
- Other.**

Indicate The Technology Needs Project Implementation Approach

- Custom Application**

Name of Consultant or Vendor (if applicable): **NA**

- Commercial Off-The -Shelf (COTS) System**

Name of Vendor: **NA**

- Product Installation**

Name of Consultant or Vendor (if applicable): **NA**

- Software installation**

Name of Vendor: **NA**

This project is the first of a series of steps to enable Solano County to acquire and implement an EHR system as the basic building block in the creation of an Integrated Information Systems Infrastructure to support mental health programs. The project consists of work process analysis, an implementation readiness assessment, and definition of the system requirements for the EHR system. The project includes both consulting services and the addition of staff to coordinate the contractor’s work and complete the requirements analysis and definition needed to move forward on acquiring and implementing an EHR system.

Project Description and Evaluation Criteria (Detailed Instructions)

Small County? Yes No

Complete Each Section Listed Below.

Small counties (under 200,000 in population) have the Option of submitting a Reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project.

A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with an “*”

Project Management Overview (Medium-to- High Risk Projects)

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for **Risk Level** using the worksheet in **Appendix A**.

The Risk Analysis score for the EHR Readiness Project is 7 or “Low Risk”.

(See the attached Risk Management Assessment.) The Project is low risk because EHR Preparation Project does not involve purchase or implementation of hardware or software.

For Projects with Medium to High Risk, the County shall provide information in the following Project management areas.

Independent Project Oversight

Integration Management

Scope Management

Time Management

Cost Management

Quality Management

Human Resource Management (Consultants, Vendors, In-House Staff)

Communications Management

Procurement Management

For Low-Risk Projects as Determined by the Worksheet in Appendix A, The above Project Management Reporting is Not Required.

Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

EHR Readiness Project Management Overview

The EHR Preparation Project has two elements.

The first element is the execution of a contract with a consultant to review the County's work processes and conduct a readiness assessment to determine the degree to which County Mental Health, Substance Abuse, and contract provider staffs are prepared for EHR implementation. Since the initial RFP was issued for consulting services, the County has initiated planning that will result in the integration of mental health and substance abuse services. The budget proposed for this project anticipated some modifications in the consultant's scope of work to address changes in the County's vision for the EHR system. The Consultant's work will include:

1. Identifying and documenting the business rules and logic controlling mental health and substance abuse services.
2. Identifying and documenting the mental health processes and related workflow – including all underlying procedural components – end-to-end (as-is).
3. Identifying and documenting superfluous, redundant and/or missing process components.
4. Identifying and documenting mental health process gaps and overlaps (gap analysis).
5. Identifying and documenting areas of potential consolidation and improvement in the mental health processes.
6. Documenting desired mental health processes and related workflows (to-be).
7. Providing orientation and education to the mental health staff on the cultural and business related changes driven by an EHR.
8. Assessing the mental health workforce on EHR readiness and documenting results and concerns, including, but not limited to technical skills, resistance to change, and perceived organizational barriers.

The proposed contract for consulting services includes extensive project and risk management provisions to ensure that any issues that arise during the course of the contractor's performance will be dealt with effectively.

The County has completed a competitive procurement process and is prepared to enter into final negotiations with the selected consultant as soon as the funding for the project is received.

The second element of this project is the addition of a County Project Project Manager and support staff to manage the consultant's work and complete the next steps of the process of preparing for the acquisition of an EHR system.

The Mental Health Project Manager will create an EHR steering committee to support this project and play an active role in reviewing the requirements to be used to procure an EHR system for the County. The committee will include representatives of County clinic staff and clinic management, contractors, the County IT staff, members of the Cultural Competence committee, Quality Assurance, the Solano County Risk Management/Compliance Officer, and consumers and family members.

The committee will support the work of the consultant in arranging interviews and encouraging the participation of key county staff and contract providers in the work flow analysis and readiness assessment. The committee will receive regular status reports about the on-going work of the consultant.

The Project Manager will work with the steering committee to develop the County's requirements for an EHR system based on the work processes developed by the contractor, the information obtained from the current DMH BH-EMR RFI, and other sources.

Management of the overall project will be based on a project management plan that identifies tasks and milestones. The project plan will be documented using Microsoft Project. Regular status reports will be provided to Mental Health Division and Department of Information Technology management. The high level tasks and milestones are shown below.

ID	Task Name	Duration	Start	Finish
1	Submit Component Plan To DMH	1 day	Tue 1/6/09	Tue 1/6/09
2	DMH Review of Component Plan	16 days	Wed 1/7/09	Thu 1/29/09
3	Post Project Proposal for Public Comment	18 days	Fri 2/6/09	Thu 3/5/09
4	Include public comments in Proposal	1 day	Fri 3/6/09	Fri 3/6/09
5	Secure Final Signatures	2 days	Mon 3/9/09	Tue 3/10/09
6	Submit Proposal to DMH	0 days	Tue 3/10/09	Tue 3/10/09
7	DMH Review	25 days	Wed 3/11/09	Tue 4/14/09
8	DMH Approval	10 days	Wed 4/15/09	Tue 4/28/09
9	Complete Contract with Consultant	5 days	Wed 4/29/09	Tue 5/5/09
10	County Review Process	44 days	Wed 3/11/09	Mon 5/11/09
11	BOS Approval	0 days	Mon 5/11/09	Mon 5/11/09
12	Establish and fill Program Coordinator/Manager Position	120 days	Tue 5/12/09	Fri 10/30/09
13	Establish and fill Program Admin Support Position	120 days	Tue 5/12/09	Fri 10/30/09
14	Create EHR Steering Committee	5 days	Tue 5/12/09	Mon 5/18/09
15	Schedule Consultant's work	2 days	Tue 5/12/09	Wed 5/13/09
16	Contractor Conducts Workflow and readiness studies	95 days	Wed 7/1/09	Mon 11/16/09
17	Conduct Employee orientations	20 days	Tue 11/17/09	Wed 12/16/09
18	Develop EHR Requirements	60 days	Thu 12/17/09	Thu 3/11/10
19	Develop EHR Project Plan and	30 days	Fri 3/12/10	Thu 4/22/10

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the project.

Costs on a Yearly and Total basis will also be required for input on Exhibit 3 - Budget Summary.

EHR Readiness Project Costs by Quarter

Quarter	1st 2009/2010	2nd 2009/2010	3rd 2009/2010	4th 2009/2010	1st 2010/2011	2nd 2010/2011	Total
Category							

Project Manager (1.0 FTE)	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$8,000	\$133,000
Office Assistant (.5 FTE)	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$3,000	\$48,000
Software							\$0
Hardware							\$0
Contract services	\$71,500	\$71,500	\$71,500	71500			\$286,000
Administrative Overhead	15,750	15,750	15,750	15,750	5,400	1,600	70,000
Other Costs (supplies & Equipment)	3500	3500	3500	3500	3000	3000	\$20,000
Totals	\$124,750	\$124,750	\$124,750	\$124,750	\$42,400	\$15,600	\$557,000

Extent to which the Project is Critical to the Accomplishment of the County, MHSA, and DMH Goals and Objectives.

This project will prepare the Mental Health Division and contract service provider clinical and support staff for the transition from paper-based medical records to an electronic medical record environment. While there is no guarantee of the success of an EHR implementation, EHR Readiness activities have been shown to greatly increase the probability of successful transition to an EHR environment.

We expect this preparation to begin the internal systems transformation necessary to move to an Integrated Information Systems Infrastructure. The new EHR system will serve mental health clients, while positioning the County to provide more cost effective, coordinated and consumer-friendly services. Managerial decision making will be significantly enhanced, billing practices and revenue generation should improve, variation will be reduced in both clinical and administrative processes, and the County's medical/ legal risk exposure decreased.

A successful EHR implementation process will enhance the opportunity for clients to access and use a personal health record.

Degree of Centralization or Decentralization Required for this Activity.

This initial project will not require an organizational realignment to complete the workflow analysis, readiness assessment, and requirements definition. Activities will be directed by the Project Manager and the Steering Committee.

Data Communication Requirements associated with the Activity.

None

Characteristics of the Data to be Collected and Processed (i.e., source, volume, volatility, distribution, and security or confidentiality).

The data to be collected will include work process data collected by the contractor in facilitated meetings with county and contract providers through Rapid Application Development processes facilitated by the consultant.

The readiness assessment will be conducted using an anonymous instrument and interviews with staff. All staff input will remain anonymous.

The consultant is required to comply with all state and federal privacy regulations, including Health Information Portability and Accountability Act (HIPAA) to ensure privacy and confidentiality of any consumer data with which may be disclosed during this project.

Degree to which the Technology can be integrated with Other Parts of a System in achieving the Integrated Information Systems Infrastructure.

This project does not include new or additional technology that requires integration with other parts of the system. It will however, identify the requirements for new technology including system integration issues.

Hardware Considerations * As Applicable

Compatibility with Existing Hardware, Including Telecommunications Equipment.

NA

Physical Space Requirements Necessary for Proper Operation of the Equipment.

NA

Hardware Maintenance.

NA

Existing Capacity, Immediate Required Capacity and Future Capacity.

NA

Backup Processing Capability.

NA

Software Considerations * (As Applicable)

Compatibility of Computer Languages with Existing and Planned Activities.

NA

Maintenance of the Proposed Software (e.g., vendor-supplied).

NA

Availability of Complete Documentation of Software Capabilities.

NA

Availability of Necessary Security Features as defined in DMH Standards noted in Appendix B.

NA

Ability of the Software to meet Current Technology Standards or be Modified to meet them in the future.

NA

Interagency Considerations * (As Applicable)

Describe the County's interfaces with contract service providers and State and Local Agencies. Consideration must be given to compatibility of communications and sharing of data.

The Project Manager and Steering Committee will identify the required interfaces as part of the requirements analysis phase of this project. The County intends to participate in working groups with other counties to define common communications interface requirements.

Training and Implementation * (As Applicable)

Describe the current status of workflow and the proposed process for assessment, implementation...

This project will complete workflow assessments of the two major processes in the mental health system. The readiness assessment will also identify potential training issues and generate an orientation on EHR implementation for County employees and contractor staff.

The completed workflows will be used as a basis for defining the system requirements.

Security Strategy * (As Applicable)

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes.

Protecting Data Security and Privacy.

The Consultant will be required to execute a Business Associate Exhibit as part of the contract terms and conditions. Consultant's staff will execute the County's Oath of Confidentiality Statement.

Operational Recovery Planning.

NA

Business Continuity Planning.

NA

Emergency Response Planning.

NA

Health Information Portability and Accountability Act (HIPAA) Compliance.

Contractor personnel will be required to comply with all HIPAA requirements. All Contractor staff will sign the appropriate HIPAA acknowledgement forms.

State and Federal Laws and Regulations.

NA

Project Sponsor (S) Commitments [Small Counties May Elect not to Complete this Section]

Sponsor(s) Name(s) and Title(s)

Identify the Project Sponsor Name and Title. If multiple Sponsors, identify each separately.

Michael J. Oprendeck, Mental Health Director

Commitment

Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.

Mr. Oprendeck is committed to modernizing and transforming administrative systems to meet the goals of MHSA. He will demonstrate this commitment by assigning resources in the form of staff and finances from the MHSA Capital Facilities and Technology Needs planning estimate to support the acquisition and implementation of an EHR system for the Mental Health Division.

Please include separate signoff sheet with the Names, Titles, Phone, E-mail, Signatures, and Dates for individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).

Prepared By

Name: Robert Sullens	Title: Project Manager
Signature:	Date:
Phone:707-784-8374	
Email Address: RLSullens@SolanoCounty.com	

Name: Laura San Nicolas	Title: Senior Systems Analyst
Signature:	Date:
Phone: 707-784-3208	
Email Address: LLSanNicolas@SolanoCounty.com	

Risk Analysis – EHR Readiness Project

		Factor	Rating	Score
Estimated Cost of Project		Over \$5 million	6	
		Over \$3 million	4	
		Over \$500,000	2	2
		Under \$500,000	1	
Project Manager Experience				
Like Projects completed in a “key staff” role		None	3	
		One	2	1
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	1
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	NA
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development		5	NA
	Application Service Provider		1	NA
	COTS* Installation	“Off-the-Shelf”	1	NA
		Modified COTS	3	
	Number of Users	Over 1000	5	
		Over 100	3	3
		Over 20	2	
		Under 20	1	
	Architecture	Browser/Thin Client Based	1	NA
		Two Tier (Client/Server)	2	
Multi-tier (Client & web, database, application, etc. Servers)		3		

Total Score

7

Low Risk

Enclosure 3
Exhibit 4
Budget Summary
For Technological Needs Project Proposal

County Name: Solano

Project Name:

(List Dollars in Thousands)

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel						
Project Manager 1.0 FTE		100	33		133	
Office Assistant .5 FTE		36	12		48	
Total Staff (Salaries and Benefits)		136	45			
Hardware						
Hardware	0				0	
From Exhibit 2						
Total Hardware	0				0	
Software						
Software	0				0	
From Exhibit 2						
Total Software	0				0	
Contract Services (list services to be provided)						
Workflow and Readiness Analysis		286			286	
Total Contract Services		286			286	
Administrative Overhead		63	7		70	
Other Expenses (Describe)						
equipment, supplies, travel		13	7		20	
Total Costs (A)	0	498	59		557	
Total Offsetting Revenues (B) **						
MHSA Funding Requirements (A-B)	0	498	59		557	

* Annual Costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to Multiple-Program Clients (e.g., Mental Health and Alcohol and Drug Program clients), Attach a Description of Estimated Benefits and Project Costs allocated to Each Program.

Notes:

Other expenses include telephones, computer, furniture and space expenses based on current costs.

Travel funds are included to enable MH and IT staff to attend meetings, conferences and trade shows and visit other counties to maintain and improve their skills that would be helpful in implementing an EHR system. The County intends to participate in DMH task forces or workgroups addressing implementation and interoperability issues.

Enclosure 3
Exhibit 5
Stakeholder Participation
For Technological Needs Project Proposal

County Name:

Project Name:

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

Stakeholder Type (e.g., Contract Provider, Client, Family Member, Clinician)	Meeting Type (e.g., Public Teleconference)	Meeting Date
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	08-18-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	08-14-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	08-21-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	08-26-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	09-08-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	08-26-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	09-08-2008
Consumer, Family members, service providers	CFTN Component Outreach public meeting - Identify and prioritize project ideas	09-16-2008
Clinicians, consumer, contract provider, county staff	CFTN Advisory Committee - evaluate and select projects	10-22-2008
Clinicians, consumer, contract provider, county staff	CFTN Advisory Committee - evaluate and select projects	10-29-2008
Clinicians, consumer, contract provider, county staff	CFTN Advisory Committee - evaluate and select projects	11-05-2008

Information Systems Capabilities Assessment

(ISCA)

California Mental Health Plans

FY 2008

Version 6.0

May 12, 2006

This document was produced by the California EQRO in collaboration with the California Department of Mental Health and California MHP stakeholders.



Information Systems Capabilities Assessment (ISCA) FY2007

California Mental Health Plans

General Information

This information systems capabilities assessment pertains to the collection and processing of data for Medi-Cal. In many situations, this may be no different from how a Mental Health Plan (MHP) collects and processes commercial insurance or Medicare data. However, if your MHP manages Medi-Cal data differently than commercial or other data, please answer the questions only as they relate to Medi-Cal beneficiaries and Medi-Cal data.

- *Please insert your responses after each of the following questions. If information is not available, please indicate that in your response. Do not create documents or results expressly for this review. Be as concise as possible in your responses.*
- *If you provide any attachments or documents with protected health information (“PHI”), please redact or remove such information.*
- *Return an electronic copy of the completed assessment, along with documents requested in section F, to CAEQRO for review by [Desired deadline date here] .*

Contact Information

Insert MHP identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

Note: This document is based on Appendix Z of the External Quality Review Activity Protocols developed by the Department of Health and Human Services Centers for Medicare and Medicaid Services (Final Protocol, Version 1.0, May 1, 2002). It was developed and refined by the California EQRO in collaboration with the California Department of Mental Health and California MHP stakeholders.

<i>MHP Name:</i>	APS fills in here
<i>ISCA contact name and title:</i>	
<i>Mailing address:</i>	675 Texas Street, Suite 3700 Fairfield, CA 94533
<i>Phone number:</i>	707-784-3208
<i>Fax number:</i>	707-435-2549
<i>E-mail address:</i>	lisanicolas@solanocounty.com
<i>Identify primary person who participated in completion of the ISCA (name, title):</i>	Laura San Nicolas, Senior Systems Analyst William Keeler, MH Clinical Supervisor Mary Young, Clerical Operations Supervisor
<i>Date assessment completed:</i>	7/8/2008

ISCA OVERVIEW

PURPOSE of the Information System Capabilities Assessment (ISCA)

Knowledge of the capabilities of a Mental Health Plan (MHP) information system is essential to evaluate effectively and efficiently the MHP's capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the MHP's Information System (IS) and to pose standard questions to be used to assess the strength of a MHP with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which an MHP's information system is capable of producing valid encounter data¹, performance measures, and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

If a prior assessment has been completed by private sector accreditation or performance measures validation, and the information gathered is the same as or consistent with what is described in this assessment, it may not be necessary to repeat this assessment process. However, information from a previously conducted assessment must be accessible to EQRO reviewers.

OVERVIEW of the Assessment Process

Assessment of the MHP's information system(s) is a process of four consecutive activities.

Step one involves the collection of standard information about each MHP's information system. This is accomplished by having the MHP complete an *Information System Capabilities Assessment (ISCA) for California Mental Health Plans*. The ISCA is an information collection tool provided to the MHP and developed by the EQRO in cooperation with California stakeholders and the California Department of Mental Health. The California Department of Mental Health defined the time frame in which it expects the MHP to complete and return the tool. Data will be recorded on the tool by the MHP. Documents from the MHP are also requested through the tool and are summarized on the checklist at the end of this assessment tool. These are to be attached to the tool and should be identified as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

Step two involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the MHP will be reviewed in advance of a site visit.

Step three involves a series of onsite and telephone interviews, and discussion with key MHP staff members who completed the ISCA as well as other knowledgeable MHP staff members. These discussions will focus on various elements of the ISCA. The purpose of the interviews is to gather additional information to assess the integrity of the MHP's information system.

¹ "For the purposes of this protocol, an encounter refers to the electronic record of a service provided to an MCO/PIHP [MHP] enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-92 or CMS 1500), but not necessarily in the same format." – Validating Encounter Data, CMS Protocol, P. 2, May 2002.

Step Four will produce an analysis of the findings from both the ISCA and the follow-up discussions with the MHP staff. A summary report of the interviews, as well as the completed ISCA document, will be included in an information systems section of the EQRO report. The report will discuss the ability of the MHP to use its information system and to analyze its data to conduct quality assessment and improvement initiatives. Further, the report will consider the ability of the MHP information system to support the management and delivery of mental health care to its beneficiaries.

INSTRUCTIONS:

Please complete the following ISCA questions. For any questions that you believe do not apply to your MHP, please mark the item as "N/A." For any ISCA survey question, you may attach existing documents which provide an answer. For example, if you have current policy and procedure documents that address a particular item, you may attach and reference these materials.

Please complete this survey using Microsoft Word. You may supply your answers in the areas indicated by tabbing through the fields.

Section A – General Information

1. List the top priorities for your MHP’s IS department at the present time.

Evaluate and implement a new information system, integrated EHR and billing mechanisms, including managed care.
Improve access to data.
Improve internal audit checks and reports.
Increase staff utilization of data

2. How are mental health services delivered?

Note: For clarification, Contract Providers are typically groups of providers and agencies, many with long-standing contractual relationships with counties that deliver services on behalf of an MHP and bill for their services through the MHP’s Short-Doyle/Medi-Cal system. These are also known as organizational contract providers. They are required to submit cost reports to the MHP and are subject to audits. They are not staffed with county employees, as county-run programs typically are. Contract providers do not include the former Medi-Cal fee-for-service providers (often referred to as network providers) who receive authorizations to provide services and whose claims are paid or denied by the MHP’s managed care division/unit.

Of the total number of services provided, approximately what percentage is provided by:

	Distribution
County-operated/staffed clinics	61%
Contract providers	34%
Network providers	5%
Total	100%

Of the total number of services provided, approximately what percentage is claimed to Medi-Cal:

	Medi-Cal	Non-Medi-Cal	Total
County-operated/staffed clinics	56%	44%	100%
Contract providers	72%	28%	100%
Network providers	100%	0%	100%

3. Provide approximate annual revenues/budgets for the following:
These figures are based on county actual revenues.

	Medi-Cal	Non-Medi-Cal	Total
County-operated/staffed clinics	\$24,445,057	\$10,175,176	\$34,620,233
Contract providers	\$13,162,723	\$0	\$13,162,723
Network providers	\$4,109,179	\$40,500	\$4,149,679
Total	\$41,716,959	\$10,175,176	\$51,932,635

4. Please estimate the number of staff that use your current information system:

Type of Staff	Estimated Number of Staff
MHP Support/Clerical	53
MHP Administrative	17
MHP Clinical	96
MHP Quality Improvement	7
Contract Provider Support/Clerical	42
Contract Provider Administrative	0
Contract Provider Clinical	0
Contract Provider Quality Improvement	0

5. Describe the primary information systems currently in use.

The following several pages allow for a description of up to four of the most critical and commonly used information systems. For clarification, certain terms used in this part are defined below:

Practice Management – Supports basic data collection and processing activities for common clinic/program operations such as new consumer registrations, consumer look-ups, admissions and discharges, diagnoses, services provided, and routine reporting for management needs such as caseload lists, productivity reports, and other day-to-day needs.

Medication Tracking – Includes history of medications prescribed by the MHP and/or externally prescribed medications, including over-the-counter drugs.

Managed Care – Supports the processes involved in authorizing services, receipt and adjudication of claims from network (formerly fee-for-service) providers, remittance advices, and related reporting and provider notifications.

Electronic Health Records – Clinical records stored in electronic form as all or part of a consumer's file/chart and referenced by providers and others involved in direct treatment or related activities. This may include documentation such as assessments, treatment plans, progress notes, allergy information, lab results, and prescribed medications. It may also include electronic signatures.

Master Patient Index – The function to search and locate patients using an index mechanism. The index synchronizes key patient demographic data including name, gender, social security number, date of birth and mother's name. The synchronization of data is crucial to sharing information across systems.

Current information system 1:

Name of product: InSyst	Name of vendor/supplier: The Echo Group
When was it implemented? (An estimate is acceptable) Month: Year: 1992	

What are its functions? (Check all that currently are used)

<input checked="" type="checkbox"/> Practice Management	<input checked="" type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Data Warehouse/Mart
<input checked="" type="checkbox"/> Billing	<input checked="" type="checkbox"/> State CSI Reporting	<input type="checkbox"/> MHSA Reporting
<input checked="" type="checkbox"/> Staff Credentialing	<input type="checkbox"/> Grievances & Appeals	<input type="checkbox"/> Master Patient Index
<input type="checkbox"/> Other (Describe) 		

Who provides software application support?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input checked="" type="checkbox"/> County IS	<input checked="" type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe) 				

Who is responsible for daily operations of the system?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input checked="" type="checkbox"/> County IS	<input checked="" type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe) 				

What type of Short-Doyle/Medi-Cal claims does it currently produce?

<input type="checkbox"/> SDMC proprietary	<input checked="" type="checkbox"/> HIPAA 837	<input type="checkbox"/> No claims or N/A
---	---	---

Does this system interface or exchange data with other systems? If so, please list them.

MEDS

Current information system 2:

Name of product: Sharecare 1.86	Name of vendor/supplier: The Echo Group
When was it implemented? (An estimate is acceptable) Month: Year: 1999	

What are its functions? (Check all that currently are used)

<input checked="" type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input checked="" type="checkbox"/> Managed Care	<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Billing	<input type="checkbox"/> State CSI Reporting	<input type="checkbox"/> MHSA Reporting
<input type="checkbox"/> Staff Credentialing	<input type="checkbox"/> Grievances & Appeals	<input type="checkbox"/> Master Patient Index
<input type="checkbox"/> Other (Describe) 		

Who provides software application support?

MHP IS Health Agency IS County IS Vendor IS Contract Staff

Other (Describe)

Who is responsible for daily operations of the system?

MHP IS Health Agency IS County IS Vendor IS Contract Staff

Other (Describe)

What type of Short-Doyle/Medi-Cal claims does it currently produce?

SDMC proprietary HIPAA 837 No claims or N/A

Does this system interface or exchange data with other systems? If so, please list them.

Current information system 3:

Name of product: MS Access EOB2000	Name of vendor/supplier: Laura San Nicolas
When was it implemented? (An estimate is acceptable) Month: Year: 1999	

What are its functions? (Check all that currently are used)

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Billing	<input type="checkbox"/> State CSI Reporting	<input type="checkbox"/> MHSA Reporting
<input type="checkbox"/> Staff Credentialing	<input type="checkbox"/> Grievances & Appeals	<input type="checkbox"/> Master Patient Index
<input checked="" type="checkbox"/> Other (Describe) Services, Claims receipt and adjudications		

Who provides software application support?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input checked="" type="checkbox"/> County IS	<input type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe)				

Who is responsible for daily operations of the system?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input checked="" type="checkbox"/> County IS	<input type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe)				

What type of Short-Doyle/Medi-Cal claims does it currently produce?

<input type="checkbox"/> SDMC proprietary	<input type="checkbox"/> HIPAA 837	<input checked="" type="checkbox"/> No claims or N/A
---	------------------------------------	--

Does this system interface or exchange data with other systems? If so, please list them.

Current information system 4:

Name of product: [REDACTED]	Name of vendor/supplier: [REDACTED]
When was it implemented? (An estimate is acceptable) Month: [REDACTED] Year: [REDACTED]	

What are its functions? (Check all that currently are used)

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Billing	<input type="checkbox"/> State CSI Reporting	<input type="checkbox"/> MHSA Reporting
<input type="checkbox"/> Staff Credentialing	<input type="checkbox"/> Grievances & Appeals	<input type="checkbox"/> Master Patient Index
<input type="checkbox"/> Other (Describe) [REDACTED]		

Who provides software application support?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> County IS	<input type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe) [REDACTED]				

Who is responsible for daily operations of the system?

<input type="checkbox"/> MHP IS	<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> County IS	<input type="checkbox"/> Vendor IS	<input type="checkbox"/> Contract Staff
<input type="checkbox"/> Other (Describe) [REDACTED]				

What type of Short-Doyle/Medi-Cal claims does it currently produce?

<input type="checkbox"/> SDMC proprietary	<input type="checkbox"/> HIPAA 837	<input type="checkbox"/> No claims or N/A
---	------------------------------------	---

Does this system interface or exchange data with other systems? If so, please list them.

[REDACTED]

6. Selection and Implementation of a new Information System:

Mark the box that best describes your status today and respond to the associated questions.

<input type="checkbox"/>	A) No plans to replace current system
<input type="checkbox"/>	B) Considering a new system
	What are the obstacles? <div style="background-color: #cccccc; width: 50px; height: 15px; margin-top: 5px;"></div>
<input checked="" type="checkbox"/>	C) Actively searching for a new system
	What steps have you taken? <p>In preparation for receipt of funding, we have Researched industry trade journals, dialogued extensively with other counties, conducted product demonstrations, and visited vendor customer sites. We attended training on the MHSA IT and Capital Project Plan and participate in the monthly MHSA IT conference calls. We are currently scheduling another vendor demonstration for the near future. We have scheduled stakeholder meetings in preparation for the completion of our MHSA Information System and Capital Plan. A contractor was selected to accomplish an Electronic Medical Record Readiness Assessment and Training project</p> <p>When will you make a selection? Sprint/Summer 2008, pending receipt of MHSA Information Technology and Capital funding</p>
<input type="checkbox"/>	D) New system selected, not yet in implementation phase
	What system/vendor was selected? <div style="background-color: #cccccc; width: 50px; height: 15px; margin-top: 5px;"></div> <p>Projected start date <input style="width: 50px;" type="text"/></p> <p>Go live date <input style="width: 50px;" type="text"/></p> <p>Projected end date <input style="width: 50px;" type="text"/></p> <p>Please attach your project plan.</p>
<input type="checkbox"/>	E) Implementation in progress
	What system/vendor was selected? <div style="background-color: #cccccc; width: 50px; height: 15px; margin-top: 5px;"></div> <p>Implementation start date <input style="width: 50px;" type="text"/></p> <p>Go live date <input style="width: 50px;" type="text"/></p> <p>Projected end date <input style="width: 50px;" type="text"/></p> <p>Please attach your project plan.</p>

7. Implementation of a new Information System

If you marked box D, or E in 6 above, complete the following questions. Otherwise, skip to Section C.

7.1. Describe any strategies or safeguards you plan to use to ensure timely and accurate continuation of Medi-Cal claims and CSI reporting during the transition to a new system.

7.2. If you are converting/transferring data from a legacy system, describe your conversion strategy, such as what general types of data will be transferred to the new system and what data will be left behind or archived.

7.3. Will the new system support conversion of the existing consumer identifier as the primary consumer identifier?

Yes No

7.3.1. If No, describe how the new system will assign a unique identifier (you may identify the number as the consumer ID, patient ID, medical record number, unit record number) to new consumers.

7.4. Describe what features exist in the new system to prevent two or more unique identifiers being assigned to the same consumer by mistake (“duplicate charts”).

7.5. Specify key modules included in the system:

What are its functions? (Check all that are currently planned)		
<input type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Billing	<input type="checkbox"/> State CSI Reporting	<input type="checkbox"/> MHSA Reporting
<input type="checkbox"/> Staff Credentialing	<input type="checkbox"/> Grievances & Appeals	<input type="checkbox"/> Master Patient Index
<input type="checkbox"/> Other (Describe) <input type="text"/>		

7.6 What departments/agencies will use the system? (Check all that apply)

<input type="checkbox"/> Mental Health
<input type="checkbox"/> Mental Health Contract Providers
<input type="checkbox"/> Alcohol and Drug
<input type="checkbox"/> Public Health
<input type="checkbox"/> Hospital

Section B – Data Collection and Processing

Policy and Procedures

1. Do you have a policy and procedure that specifies the timeliness of data entered into the system?

Yes No

1.1. If Yes, describe your recent experience using any available data collected on timeliness.

Memo by MH Director distributed to staff.
Data Entry Delay Report is run monthly for MH Administration for managers to monitor the timeliness of service data entry into the InSyst application.
Staff can also run a PSP138 Data Entry Performance Report.

2. Do you have a policy and procedures specifying the degree of accuracy required for data entered into the IS?

Yes No

2.1. If Yes, describe your recent experience using any available data collected on data accuracy.

We have a way of monitoring accuracy, but no policy is in place that address acceptable levels of accuracy (i.e. percentage of claims, etc.). The MHP's system generates posting reports on a daily basis containing client information from eligibility, services entry, insurance payments, account payments, and adjustments that were made to client records. The Billing office reviews the information to make sure the services are processing through the system correctly before it goes to claiming.

Routine monthly reports are run to assist program managers in monitoring services provided. This includes summaries of procedures by program and by staff. Utilization reviews are also performed on a regular basis to verify accurate data and documentation.

3. Does your MHP perform periodic verification of data in the IS compared to the medical record, such as ethnicity, language, birth date, and gender?

Yes No

3.1. If Yes, please provide a description of your current policy and procedure or a report of a past data validity review.

[Redacted]

4. Do you have a policy and procedures for detection and reporting of fraud?

Yes No

4.1. If Yes, describe your procedures to monitor for fraud.

We monitor fraud in our annual and periodic audits, trend analysis, denied claims and error reports, and by notification to the compliance hotline or internet compliant process. Reports from various committees are incorporated into the monitoring process

5. Describe any recent audit findings and recommendations. This may include EPSDT audits, Medi-Cal audits, independent county initiated IS or other audits, OIG audits, and others.

[Redacted]

System Table Maintenance

6. On a periodic basis, key system tables that control data validations, enforce business rules, and control rates in your information system must be reviewed and updated. What is your process for management of these tables?

MHP Staff, County IS staff and/or vendor make such changes. Forms, emails, memos, and/or other means are used to authorize and document changes. Periodically, ad hoc reviews are made of control tables, code tables, etc., to verify accuracy and completeness.

6.1. Are these tables maintained by (check all that apply):

- MHP Staff
- Health Agency Staff ("Umbrella" health agency)
- County IS Staff
- Vendor Staff

7. Who is responsible for authorizing and implementing the following system activities?

Activity	Who authorizes? (Staff name/title or committee/workgroup)	Who implements? (Staff name/title or committee/workgroup)
----------	--	--

Activity	Who authorizes? (Staff name/title or committee/workgroup)	Who implements? (Staff name/title or committee/workgroup)
Establishes new providers/reporting units/cost centers	William Keeler, MH Clinical Supervisor	County IS
Determines allowable services for a provider/RU/CC	William Keeler, MH Clinical Supervisor	County IS
Establishes or decides changes to billing rates	Stephen Chu HSS Chief Financial Officer	County IS
Determines information system UR rules	William Keeler, MH Clinical Supervisor	County IS
Determines assignments of payer types to services	William Keeler, MH Clinical Supervisor	County IS
Determines staff billing rights/restrictions	William Keeler, MH Clinical Supervisor	County IS
Determines level of access to information system	William Keeler, MH Clinical Supervisor	County IS
Terminates or expires access to information system	MHP Staff Supervisors	County IS

Staff Credentialing

8. Who ensures proper staff/provider credentialing in your organization for the following groups of providers?

County-operated/staffed clinics	William Keeler
Contract providers	William Keeler
Network (formerly fee-for-service) providers	Mary Young

9. Are staff credentials entered into your information system and used to validate appropriate Medi-Cal billing by qualified/authorized staff?

Yes No

Staff Training and Work Experience

10. Does your MHP have a training program for users of your information system?

Yes No

10.1. If Yes, please check all that apply.

	Classroom	On-the-Job	One-On-One Trainer	New Hires Only
Clerical/Support Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Billing/Fiscal Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administration Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managed Care Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. Describe your training program for users of your information system. Indicate whether you have dedicated or assigned trainers and whether you maintain formal records of this training. If available, include a list of training offerings and frequency, or a sample of a recent calendar of classes.

County IS has 1 main trainer and 1 backup trainer for the system. Training for staff are scheduled as needed.

12. What is your technology staff turnover rate since the last EQRO review?

Number of IS Staff	Number - New Hires	Number - Retired, Transferred, Terminated
3	0	0

Access to and analysis of data

13. Who is the person(s) most responsible for analyzing data from your information system? Describe the working relationship between this person(s) and your QI unit. If there is no such person, please state "NONE."

Staff Name/Title	Organization/Dept/Division	Describe relationship to QI unit or "None"
William Keeler, MH Clinical Supervisor	MH Quality Assurance	self
Cheryl Esters County Compliance Officer	Risk Management	Oversight
Paul Bidinger, Senior Staff Analyst	HSS Administration	Research & Planning
Stephen Chu HSS CFO	HSS Administration	Fiscal

14. Considering the reports and data available from your information system, list the major users of this information (such as billing department, program clerical staff, QI unit, management, program supervisors, etc).

Billing department
QI Unit / Compliance
HSS Administration - PFA Team
MH Administration
Program clerical staff

15. Does your information system capture co-occurring mental health and substance abuse diagnoses for active consumers?

Yes No

15.1. If Yes, what is the percent of active consumers with co-occurring diagnoses?

18%

16. Does your information system maintain a history of diagnoses, as they are changed over time during an episode of care?

Yes No

Staff/Contract Provider Communications

17. Does your MHP have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

Please complete all that apply	Meeting frequency (weekly, monthly, quarterly, as needed)	Who chairs meetings? (name and title)	Meeting minutes? (Yes/No)
Clerical User Group	Monthly	QA Team member	Yes
Clinical User Group			
Financial User Group			
Contract Providers			
IS Vendor Group	Monthly	Various County Reps	Yes
Other	Monthly	William Keeler, MH Clinical Supervisor	Yes

18. How does your organization know if changes are required for your information system in order to meet requirements of the State Medi-Cal Program?

The MHP is advised of mandated regulatory changes for Medi-Cal reporting that may impact the MHP's information systems by reviewing the DMH website, the Medi-Cal advisory memos, and DMH Letters and Notices; by participating in the regularly scheduled InSyst User Group meetings; by networking with peers at all levels in county's that have a similar IT processing environment; and by frequent communication with the MHP's vendor responsible for maintaining the functionality for InSyst product. Also by participating in the DMH – County Compliance Consultation Committee and the Medi-Cal Policy Group.

19. How are required State and local policy changes communicated to the staff or vendor responsible for implementing the policy change in the information system?

Through emails, newsletters, meetings, trainings, memos, and updated policies and procedures.

20. Does your organization use a Web server, intranet server, shared network folders/files, content management software, or other technology to communicate policy, procedures, and information among MHP and contract provider staffs?

Yes No

20.1 If Yes, briefly describe how this is used and managed. Include examples of information communicated.

Mental Health Division Intranet is utilized to communicate policies and procedures, answers to frequently asked questions, post audit reports, and to provide access to agendas and minutes from Division committees.

Other Processing Information



21. Describe how new consumers are assigned a unique identifier (you may identify this number as the consumer ID, patient ID, medical record number, unit record number).

New consumers are assigned a system generated unique identifier through MHP system's registration process.

22. Describe how you monitor missed appointments ("no-shows") and provide a brief report or any available data regarding your rate of missed appointments.

Specific billing codes are used to track missed appointments. For FY 2007 - 2008, 7% of the services tracked were missed appointments.

23. Does your MHP track grievances and appeals?

Yes No

- 23.1 If Yes, is it automated or manual?

<input type="checkbox"/>	Automated – Integrated into primary information system
<input type="checkbox"/>	Automated – Separate system
<input checked="" type="checkbox"/>	Manual
	Please describe: Currently tracked on an Excel spreadsheet based on reporting requirements to DMH. Plan is in place to develop a database that will be separate from the primary information system to more closely track and trend information regarding grievances and appeals.

24. How does your MHP plan to address MHSA reporting requirements for Full Service Partnerships?

<input type="checkbox"/>	Integrate into primary information system, by vendor or in-house staff
<input checked="" type="checkbox"/>	Use separate on-line system developed by DMH
<input type="checkbox"/>	Use separate system developed by in-house staff
<input type="checkbox"/>	Use separate system developed by vendor
<input type="checkbox"/>	Have not decided

Section C - Medi-Cal Claims Processing

1. Who in your organization is authorized to sign the MH1982A attestation statement for meeting the State Medi-Cal claiming regulatory requirements?
(Identify all persons who have authority)

Name: Stephen Chu	Title: HSS Chief Financial Officer
Name: Mike Oprendeck	Title: Deputy Director - MH
Name: _____	Title: _____
Name: _____	Title: _____

2. Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DMH.

Monthly More than 1x month Weekly Daily Other

3. Provide a high-level diagram depicting your monthly operations activity to prepare a Medi-Cal claim. Note the steps your staff takes to produce the claim for submission to DMH.

Vendor prepares county Medi-Cal claims.
The county receives a summary file and 1980 file which includes all the records in the tape file in a readable format on the 23rd of the month.
County billing staff take the printouts, prepare the MH1982A & B, get form signed by the appropriate authority, and then fax it to a clerk at the Department of Mental Health.

4. If your IS vendor controls some part of the claim cycle, describe the Medi-Cal claim activities performed by your information system vendor.

Services are posted nightly and set as "pending" Medi-Cal claims until the monthly Medi-Cal claim runs.

1. On the 22nd of the month, vendor runs a Medi-Cal claim for the previous month. The program gathers all the "pending" Medi-Cal claims created by InSyst since the last production Medi-Cal claim was run -- claims for July to previous month -- and produces 5 output files. The program is written in Basic and runs on the mini/mainframe computer where the InSyst software and database reside. The output files are as follows: summary file by mode/sfc, 1980 facsimile, tape file (proprietary claim), data source file for 837P file (outpatient), and data source file for 837I file (inpatient).

2. Vendor sends county summary file and 1980 file to county printer on the 23rd of the month.

3. On the 23rd of the month, vendor copies the data source file for the 837P file from the VAX to an in-house PC dedicated to uploads and downloads. Data Junction software is used to create the actual 837P file that is uploaded to the state.

4. Once the VAX file is successfully converted by Data Junction, vendor zips the 837P file with a password according to the DMH guidelines for submitting Medi-Cal claims.

5. On the 23rd or 24th of the month, vendor uploads the zipped 837P file to the state.

6. Once claim is successfully uploaded to the state, MHP staff receive and email notification that the claim has been uploaded.

Same process for supplemental claims for previous fiscal year.

5. Does your MHP use a standard review process for claims before submission?

Yes No

5.1. If yes, please describe the claims review process. What criteria are used to ensure that a claim is accurate before submission to DMH?

2nd week of the month, the Medi-Cal test claim is run. Billing staff review the test claim and fix any errors as needed prior to the production claim run.

6. Briefly describe your strategy to implement the National Provider Identifier (NPI), as required by HIPAA.

NPI and taxonomy numbers have been collected and entered on all current staff set up in Insyst with an active billing ID number. Our staff master forms were updated to require this information, and staff will no longer be set up in the billing system without providing both identifiers.

7. Please describe how beneficiaries' Medi-Cal eligibility is stored and updated within your system in order to trigger Medi-Cal claims. Include whether automated matches to the State's MMEF file are performed for the purpose of mass updates to multiple consumers.

Each month the vendor downloads the state MMEF file from the ITWS web site. A matching process is run in InSyst (using the MHS380 report series), which records eligibility for the majority of our Medi-Cal clients. The system also provides an eligibility entry screen to enter individual eligibility records. Both methods produce an EVC number which is stored in the system in preparation for claiming.

8. What Medi-Cal eligibility sources does your MHP use to determine monthly eligibility? Check all that apply

<input type="checkbox"/>	IS Inquiry/Retrieval from MEDS	<input checked="" type="checkbox"/>	POS devices
<input checked="" type="checkbox"/>	MEDS terminal (standalone)	<input checked="" type="checkbox"/>	AEVS
<input checked="" type="checkbox"/>	MEDS terminal (integrated with IS)	<input checked="" type="checkbox"/>	Web based search
<input checked="" type="checkbox"/>	MMEF	<input type="checkbox"/>	FAME
<input type="checkbox"/>	Eligibility verification using 270/271 transactions	<input checked="" type="checkbox"/>	Other: Partnership Healthplan online eligibility

9. When checking Medi-Cal eligibility, does your system permit storing of eligibility information – such as verification code (EVC), county of eligibility, aid code of eligibility, share of cost information?

Yes No

9.1. If Yes, identify which of these fields are stored and describe if a user needs to enter this information manually, or if the process is automated (system does it).

The system permits storing of eligibility of information when checking Medi-Cal eligibility. These fields are stored automatically each month when the vendor processes the State's MMEF and each time the user manually inserts

eligibility through the system, which checks against the State's MEDS system.

10. Does your MHP use the information system to create ad hoc reports on Medi-Cal claims and eligibility data?

Yes No

10.1 If Yes, please indicate the software reporting tools used by your staff and include a brief description of a recent ad hoc report.

The reporting tools used to create ad hoc reports for MHP are Datatrieve, MS Access, MS Excel, and Crystal Reports.

Examples of reports include the number and percent of Medi-Cal clients served by program for a time period; the number and percent of Medi-Cal services provided by Bureau, RU, and staff for FY to date; trend of Medi-Cal clients served over past several fiscal years

11. Describe your most critical reports for managing your Medi-Cal claims and eligibility data.

The MHP's critical reports focus on the daily posting module, which allows staff to monitor service entry, Medi-Cal eligibility, payments for insurance and accounts, service adjustments, and EOB processing. Established reports that assist staff in meeting the above criteria include, but are not limited to the following reports.

MediCal Eligibility Worksheet
PSP356 Cost Report Data Extract
PSP354 Units of Service Data Extract
MHS150 Medicaid Claim Analysis Report
MediCal Eligibility By Reporting Unit Report
MHS192 Outpatient Utilization Control Report
MHS194 Outpatient Unauthorized Services Report
MHS198 Unbilled Services Report
PSP121 Program Caseload Report
PSP117 Provider Staff Activity Analysis Report
MHS 380 – 383 MediCal Eligibility Reports
Sequence Report for removing UMDAP when necessary
PSP155 Medicaid Eligible Clients with Deductible Charges
PSP 366, 367 Healthy Families eligibility match reports
MH Productivity reports

12. Do you currently employ staff members to extract data and/or produce reports regarding Medi-Cal claims or eligibility information?

Yes No

13. Please describe your MHP's policy and procedure and timeline for reviewing the Error Correction Report (ECR).

Each ECR has a due date of 60 days from the date of the report and is completed prior to that deadline by the Billing staff to ensure MHP receives timely payment. Corrections are made per State ECR regulations. The electronic ECR format has been used for these corrections since March 2005. Staff also use the DECR for corrections.

14. Please describe your MHP's policy and procedure for reviewing the Medi-Cal Explanation of Benefits (EOB or 835) that is returned to the MHP.

The EOB denial payment report is worked by the Billing staff and claims are corrected or resubmitted as appropriate in order to meet the 12-month billing window deadline.

15. What percent of Medi-Cal claims were denied during:

FY 2006	1.3%	FY 2007	1.45%
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Section D – Incoming Claims Processing

Note: "Network providers" (commonly known as fee-for-service providers or managed care network providers) may submit claims to the MHP with the expectation of payment. Network providers do not submit a cost report to the MHP.

1. Beginning with receipt of a Medi-Cal claim in-house, provide a diagram of the claim handling, logging, and processes to adjudicate and pay claims.

Claims diagram attached.

2. How is Medi-Cal eligibility verified for incoming claims?

Medi-Cal eligibility is verified in two different systems for incoming claims. First, the Medi-Cal Eligibility Data System (MEDS) is used. Next, the incoming claim is checked against the Partnership Healthplan of California website. There is an online services link where eligibility may be checked.

3. How are claims paid to network providers billed to Short-Doyle/Medi-Cal?

Claims billed to Short-Doyle are paid out of a separate fund, which is set up specifically for Short-Doyle payments. A vendor claim is made for any Short-Doyle payments. Claims billed to Medi-Cal are tracked in a MS Access database system made specifically for paying Manage Care claims. This database is titled "EOB2000."

4. Have any recent system changes influenced, even temporarily, the quality and/or completeness of the Medi-Cal claims data that are collected? If so, how and when?

There have been no recent system changes.

5. What claim form does the MHP accept from network providers?

<input checked="" type="checkbox"/>	CMS 1500
<input checked="" type="checkbox"/>	UB-92
<input type="checkbox"/>	837I
<input type="checkbox"/>	837P
<input checked="" type="checkbox"/>	MHP specific form (describe): Solano Mental Health Plan claim form

6. Please indicate which code sets are required by your MHP on claims received from network providers.

Coding Scheme	Inpatient Diagnosis	Inpatient Procedure	Outpatient Diagnosis	Outpatient Procedure
ICD-9-CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPT-4		<input type="checkbox"/>		<input checked="" type="checkbox"/>
HCPCS		<input type="checkbox"/>		<input type="checkbox"/>
UB Revenue Code		<input checked="" type="checkbox"/>		<input type="checkbox"/>
DSM-IV-TR	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
MHP Internal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please indicate whether you require the following data elements on claims submitted by network providers.

Data Elements	Yes or No	
Patient Gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Patient DOB/Age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnosis	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
First date of service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Last date of service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Responsibility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Specialty	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
MHP consumer identification number	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Place of service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

8. How does your MHP monitor the accuracy and productivity of individual staff members who have responsibility for adjudicating incoming Medi-Cal claims from network providers?

Monitoring is done when batches are submitted for signature and at during the bi-weekly supervision meetings with the CFO.

9. What is the average length of time between claim receipt and payment to network provider? (An estimate is acceptable.)

3 - 4 weeks

10. Does your MHP maintain provider profiles in your information system?

Yes No

10.1. If Yes, please describe what provider information is maintained in the provider profile database (e.g., languages spoken, special accessibility for individuals with special health care needs).

Provider information is stored in a MS Word file located in the secured Managed Care network folder. Each provider file shows location(s), Populations, Problems, Disorders treated, and any specialty areas/services. The Provider lists any other language used in treatment. The Provider may also provide their ethnicity.

11. Please describe how network provider directories are updated, how frequently, and who has "update" authority.

The QA unit is advised of changes to the network provider directory and are responsible to update every 3 months or sooner if changes exceed 25%

12. Does your MHP use a manual or an automated system to process incoming claims, and adjudicate and pay claims?

Manual Automated Combination of Both

If you marked either "Automated" or "Combination of Both," complete the following questions. Otherwise, skip to Section E.

13. What percent of claims are received electronically? 0%

14. What percent of claims are auto adjudicated? 0%

15. How are the fee schedule and network provider compensation rules maintained in your IS to assure proper claims payment by your MHP? Who has "update" authority?

16. Does the system generate a remittance advice (e.g., EOB)?

Yes No

16.1. If Yes, does your system generate a HIPAA transaction for the remittance advice?

Yes No

17. Does the system generate an authorization advice (i.e., letter)?

Yes No

17.1. If Yes, does your system generate a HIPAA transaction for the authorization letter?

Yes No

Section E – Information Systems Security and Controls

1. Please describe the frequency of back-ups that are required to protect your primary Medi-Cal information systems and data. Where is the back-up media stored?

This backup operation is done by our vendor, described as follows. Databases are done every Thursday evening at 10:00pm; Journal files are backed up Monday through Saturday around 4:30pm; Disks are incrementally backed up on Monday through Thursday at 8:00pm and full backups are done on Saturday at 6:00pm. All Backups are stored off-site in a bonded secure environment, using locked container to which the vendor has the key. The backup containers are rotated on a 4 week schedule. Every 3 months, an archive is pulled from the disk full backup and stored under lock and key. This archive goes backwards in every three months to July 1998.

2. Describe the controls used to assure that all Medi-Cal direct services are entered into the system (e.g., control numbers, daily audits, and/or service activity logs).

All providers are expected to account for the services they provide. Data entry logs are signed/initialed and after use in the data entry process, they are stored for future reference.

3. Please describe your policy and procedure for password control on your Medi-Cal system(s). For example, how often do you require passwords to be changed?

InSyst passwords expire after 90 days. This is enforced by the VMS operating system and occurs automatically. Users can modify personal password as often as needed. Passwords require a minimum of 7 to 32 characters or allow the system to generate a coded password. The system automatically locks out user after three failed attempts, and this requires a system administrator to reset the user password and reauthorize their access to the system.

4. Please describe the provisions in place for physical security of the computer system(s) and manual files. Highlight provisions that address current HIPAA security requirements.

All employees attend Privacy and Security training, which addresses these areas.

- 4.1. Premises

Entrance into areas are controlled by keylock, code and/or badges.
Employees sign a confidentiality agreement.

- 4.2. Documents

Documents are stored in locked file cabinets, locked storage areas, or secured areas.

- 4.3. Computer room/server room

The Echo Group Oakland site is where our system is hosted. The site is locked and alarmed with lobby controlled access. In addition, the computer room is locked separately and controlled by the Echo IT staff.

- 4.4. Workstation access and levels of security

Application access via a computer device is controlled by a unique user id and password that is issued to county and contract providers.
Access to specific modules within the application is based upon users operational responsibilities. Authorization for computer access is determined by the staff supervisor.

5. Describe how your MHP manages access for users. Do you use templates to standardize user access? If so, describe the levels of access for both MHP and contract provider staffs.

MHP uses general system templates (clinical and clerical) to standardize the majority of user access. Then additional specific authorizations are granted to users based on the request form that is submitted with the supervisor's approval.

6. Describe your procedures to remove/disable access for terminated users. Explain the process for both MHP and contract provider staffs. Include frequency it is done for both groups of users.

Supervisors submit a user authorization request form to county IS to remove access for a user in the system. These are submitted on an as needed basis.

Solano County Mental Health
MHSA Capital Facilities & Technology Needs Project Proposal
Electronic Health Record Readiness Project

Section F – Additional Documentation

1. Please provide the documentation listed in the table below. Documentation may be submitted electronically or by hardcopy. Label documents as shown under the “Requested Documents” column.

Requested Documents	Description
A. Organizational chart	The chart should make clear the relationship among key individuals/departments responsible for information management.
B. County-operated programs and clinics	A list of those who can bill Medi-Cal, including name, address, and type of program (i.e., outpatient, day treatment, residential, and inpatient).
C. Contract providers	A list of those who can bill Medi-Cal, including name, address, and type of program (i.e., outpatient, day treatment, residential, and inpatient).
D. Procedures to monitor accuracy and timeliness of data collection	Provide copies of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers that address standards for data collection accuracy and timeliness.
E. Procedures to determine consumer/beneficiary eligibility status	Provide copies of the current policies and procedures, desk procedures, and/or written instructions to the staff and providers that describe how to determine consumer/beneficiary eligibility status.
F. Procedures to produce Medi-Cal claims and review error/denied claims	Provide copies of the current policies and procedures, operations manual, flowchart, calendar, and/or written instructions that document production of the Medi-Cal claim and resolving error/denied claims.
G. Procedures to monitor timeliness of claims processing and payments to network providers	Provide copies of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers that describe standards for monitoring timely claims processing/payment.
H. Procedures for the following topics: new user authorization, disable user accounts, password standards, data security standards, unattended computers, electronic security audits.	Provide a copy of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers for these activities.
I. Prior Internal Audits	If you have recently done an internal audit of your Medi-Cal claims submissions or your Medi-Cal claims adjudication from network providers, please attach a copy for review.
J. Ethnicity/race, language code translations	Provide a cross-reference list or table showing what codes are used internally by the staff on source documents for data entry and how they are translated into valid codes for Medi-Cal claims and CSI reporting.
K. Crosswalk from locally used service/procedure codes to CPT/HCPCS codes used in the Medi-Cal claim.	Provide a crosswalk for mapping codes used to record services to codes used to bill Medi-Cal. Include those used by network providers.
L. Index of your Reports Manual	If available, provide a list of all current vendor-supplied and internally developed reports and report titles. Do not include ad hoc reports developed to meet temporary or one-time needs.

Solano County Mental Health
MHSA Capital Facilities & Technology Needs Project Proposal
Electronic Health Record Readiness Project

Prepared By

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