

ShareCare FAQ's
March 1, 2007

Q. Performance: What do I do if ShareCare is **not acting "Normal"**?

A. Try deleting all cookies and Temporary Internet Files. Please call 681-4006 immediately if it still does not function correctly.

Q. What if I have **Internet Explorer Version 7 (IE7)** loaded on my computer?

A. ShareCare may not act normal if you are not in IE6. Please downgrade until further notice. If this is not possible please contact our help desk 681-4006.

Q. Can I use a Pseudo Number or Healthy Family Number in place of the consumer's social security?

A. The SSN field is a 9 "character" field so it could hold a pseudo number. However, before we settle on a policy/procedure, we will be looking at the consequences of each and select the most flexible and easy-to-use method of capturing Healthy Family and minor consent eligibility.

Q. Healthy Families: Eligibility is now entered by hand in VAX. Will this change in ShareCare?

A. We understand that Healthy Family eligibility is on the MEDS tape which will be loaded every month. If the eligibility record is there it will be loaded along with all other eligibility records.

Q. Are Annual Updates still required on financials?

A. Yes, state regulations are not changing, only the system in which we collect & enter data.

Q. Who can do Address Changes or Telephone number changes in ShareCare?

A. All who will be been granted access to ShareCare can make changes to addresses or telephone numbers of consumers.

Q. Call Logging: Who will enter this?

A. Call Logging is a tool primarily intended for use by the access team and CARES. However, it may also be useful when internal staff receives a new consumer at their site or over the phone if they are not referring the consumer immediately to CARES or ACCESS. This can be a person who is considered a Pre-Consumer and never becomes a Consumer or a Pre-Consumer who will become a Consumer.

Q. Call Logging: Clerical is not able to complete the bottom of this form, what do they do?

A. The assessor completes this part of the form.

Q. What clinical staff should do their own data input?

A. For internal staff including clinicians that are filling out online template forms it makes sense to enter the data directly into ShareCare instead of onto templates since the flow is similar. The time it takes to fill out the information is billable time. For all other staff & CBO's it is an accurate way to retrieve Diagnosis Codes and other codes constantly updated by the state.

Q. MH CBO's: what are they responsible for entering?

A. Registering their own Consumers, entering Consumer Financial Information, Admissions, Discharges and all related information such as address, phone numbers, etc.

Q. Juvenile Hall & Camp Staff: Will they need to enter their own data?

A. Yes. They will register their own Consumers, Financial Information, Admissions, Discharges and related information.

Q. ADP CBO's: What are they entering in Sharecae?

A. They will enter their own consumers, CalOMS Data, Financial information, Admissions, Discharges and related information.

Q. Generic Financial Accounts: What we will do with these now?

A. There will be no generic accounts in ShareCare. Each consumer will be made a Self-Guarantor with a calculated Ability To Pay (ATP). Consumers which currently fall into the Generic Account class will be initially assigned an ATP of zero.

Q. Payments: How are they going to be tracked & sent out?

A. Payments will be tracked in a very similar fashion as is done in Insyst, but with a number of additional options. These will all be explored in depth during the training for staff responsible for accepting and processing payments. Electronic payments from Medi-Cal and Medicare will also be very similar as is now done.

Q. UMDAP: How is this going to be done in ShareCare?

A. It is done in almost the exact same way as is now done in Insyst. We are only transferring two years worth of UMDAP balances Insyst to ShareCare.

Q. UR, CSI, and Annual Assessments: How does staff know these are due? Will due dates change?

A. Reports will be available on Clinician's Gateway not ShareCare. Some due dates will change as they must coincide with the Episode, as defined in ShareCare. The ShareCare episode is much like the Coordinated Care Episode in Insyst. All admissions in ShareCare are covered by a single Episode which is used to trigger assessments, UMDAPS, etc.

Q. UR? What is the buzz that UR no longer exists?

A. We have not done UR in many years but the term continues and refers to the annual assessment cycle. It is now referred to in ShareCare as the Annual Authorization.

Q. CSI Information is not highlighted on the new forms. What is required for Annual Update?

A. The entire form will need to be updated if new information exists.

Q. CSI & UR: Will the system bill if these are out of date?

A. This is a setting we can determine for all of our Facility/Programs. It is likely we will set it so that services will NOT bill if they are not in compliance with regulations.

Q. VAX: Will access still be available after the 2nd?

A. Only a few staff will have a need to access Insyst, primarily to record payments against old services and claims which were not brought over to ShareCare. All other access will be turned off on April 2nd.

Q. State MEDS: Will staff still have access?

A. Yes staff that currently access MEDS will not change. Eligibility checking is available in ShareCare but does not give the exact same information as MEDS.

Q. OA & Clinical rights to see eligibility: Will they have rights to see Medi-Cal eligibility in ShareCare?

A. Yes they can but...this report is not the same as accessing MEDS and they will not be able to see all the same information as displayed by the MEDS system.

Q. Assessors: Do we have a way to track them in the new system?

A. There is several ways of tracking the assessor for each consumer, and the final decision has not yet been made as to which offers the greatest flexibility and ease of use.

Q. Terminology List: Is there one available?

A. Yes it will be available on the www.admhs.org website

Q. Funding Sources: How are they flagged or tracked in ShareCare?

A. There are a number of ways of tracking "funding" sources in ShareCare, depending on whether the source relates to the consumer, program, staff, or location of service. In addition, there are additional fields used to track "Special Populations" which will be used to track the many categories of funding we embrace. The really good news is we don't have to try to use "Reporting Units" and "Procedures Codes" to accomplish this goal.

Q. Closings are not getting done regularly in the clinics. How can we make this more accurate?

A. Closing a consumer is much less complex process in ShareCare now, so we hope that this will help some to complete them in a timely manor. Follow-up is at a clinical level and not a ShareCare issue.

Q. Signature forms: How are these going to change or are they? Including forms like consent to share information consent for treatment, etc.

A. Forms with the exception of the registration form, currently requiring signatures, are going to remain the same. They will be filed in the same way. We will be looking for a method of capturing signatures electronically in the future to continue with our push to have a completely electronic health record.

Q. Client ID Numbers: Will they be staying the same?

A. Yes & No. For the most part client ID numbers will stay the same. However, consumers that have been duplicated in Insyst or exist with different numbers in MH and ADP will be changed so a consumer has only one number.

Q. Facesheets: Will they be available in ShareCare?

A. No they are available in Clinician's Gateway. The same information is only a click or two away in ShareCare.

Q. Forms: Required Fields. I see that not all information is required in ShareCare. Can I just fill out the required fields?

A. We are requiring that everyone fill out the forms completely. There are fields in ShareCare that are not required by "ShareCare" but are required by the State of California. Reports will be sent out to all that have data missing on a monthly basis.

Q. Clinical staff in the field: Can they access ShareCare?

A. Yes, if you have an internet connection and have authorization. At this time no access directly to ShareCare is available when you are out on a field call. Hard copies will need to be completed and brought back to the office for online entry.

Q. Prop 36: A Consumer comes in as prop 36 MH we open them in VAX as ADP so that we can track the fact that the consumer is Prop 36. Do we have to open them to both ADP & MH?

A. You can now track a Mental Health as Prop 36 without admitting them as ADP if needed. Prop 36 is a funding source and will be tracked as will all funding sources.

Q. Reports: Will line staff have access to **run their own reports**?

A. Some reports will be available to line staff to run at their leisure, based on their authorization. Supervisors and managers will be given different authorizations, much like what is done in Clinician's Gateway. Patient Reps will have access to run a number of billing and financial reports, but very complex, specialized reports will still need to be run by MIS Programming Staff.

Q. Reports: Can I run them by an individual or by a clinic?

A. Yes, again depending upon authorization.

Q. Changing Diagnosis: How do we keep clinical staff from changing the diagnosis at every site?

A. All diagnosis' are tracked with a beginning date and an end date so they can be tracked over time. Each change is tracked by who made it, the date and time, so no can just erase someone else's diagnosis in ShareCare. This hopefully will lessen the problem since you can trace back to where the diagnosis came from. If this is still an issue it should be addressed at a clinical level.

Q. 3-Day wait on clearing share of cost and waiting on financial balances in VAX. Will this stay the same?

A. The waiting period is the time it takes for our update of the SOC with the State to be reflected on their files, which are the ones pharmacies are looking at to determine consumer liability. In some cases the pharmacies call our Patient Reps to see if we have entered a recent SOC which has not yet posted. This time period will not change since it is not an ShareCare issue.

Q. Timeline for data transfer from VAX to Clinician's Gateway is 15 minutes for new consumer information to show. Will this change?

A. Yes this will be a shorter period. It has not been determined how short the wait is in ShareCare but our goal is to have it available within a few minutes.

Q. Dual Diagnosis?

A. Won't change

Q. Online Progress Notes: Will data work the same as it does now with Insyst?

A. Yes, Clinician Gateway will be communicating with ShareCare instead of the VAX Insyst database. The service data will still transfer for billing.

Q. Staff ID numbers: Will they change in ShareCare?

A. Yes they will. New numbers will be assigned and given out. New logins to Clinician's Gateway will be given.

Q. Will staff have delete rights?

A. Nothing will really be deleted, but could be superseded if necessary. For services entered in error, MIS will continue to "delete" these entries.