

**CORNERSTONE USER GROUP MEETING  
MINUTES  
APRIL 7, 2010**

ATTENDANCE: Shelley Tulipana, Kelly Stewart, Paul Dean, Susan Williams, Doris Hodes, Josie Guzman, Jamie Epping, Jennifer Onken, Renita Joles, Linda Nolen, Susan Albee, Kim Anderson, Luchrisha Fisher, Delores Minyard, Sandra Zumbahlen, Betty Johnson, Pam VanderVinne, Louise Hiatt, Laurie Roxworthy, Brenda Larry, Julie Sharp, Yvonne Vieregge, Susan Pacot, Ann Barnett, Sue Thornton, Patty Patton, Terry Shaffer, Linda Ervin, Christine Johnson

**1. Julie Sharp, Kane Co.:** Can the HSPR738 and HSPR739 reports (HV's & face-to-face contacts needed) be updated to reflect the pilot? For example, only At Risk clients now need the home visit. It would be great to have a report of At Risk clients with dates of HVs. (I know that the group may want this to come from Foxfire, but Debra & I were unsuccessful in creating Foxfire reports from CM11 at the last FFUG. She was going to try to talk to the developer, but I don't know the outcome...)

**ANSWER;** Per Glendean: The Pilot Workgroup and MCH Clinical Sub-committee are working on this with Debra Phillips and Tina Bennett. It was discussed in a joint meeting of the 2 groups yesterday.....more to come on this.

**2. Peggy Newby, Dekalb County Health Dept.:** When can we expect a code for Hiberix to be available in Cornerstone? We are so glad to have HIB so we can recall our children who need boosters, however, we can't data enter this information until we have a code.

**ANSWER:** There is an MIS request for this to be added, could happen as soon as the end of April.

**3. Cindy Hanley, Cumberland County Health.** 1) Would it be possible to add a comments section on the PA13 screen for notes on the client's status. A comment box similar to the one of RF01? So we can say what is needed at the next appointment or contact. 2) Can we have a multiple CPT code boxes all the time on 541 codes on SV02 screen like it has for immunizations? It doesn't take 15 minutes to check an adult's hemoglobin. 3) Could the child's gender show up on next to birth date/age? 4) Could you make it so when printing coupons and you realize you have made a mistake to stop the printing before all coupons get printed?

- a. From an FCM perspective, I am OK with adding a Comment Section. 2) This will be put on the list.
- b. We have discussed use of 5 minute increments vs. 15 with HFS and response has been that we can use 5 minute increments. This will require revisions to the screen. Debra and Julie will have to determine how soon that can occur. This is something that all the users need to really think about. The time that you are documenting is not just the time it takes to give the shot, but also the paper work, preparing the vaccine, giving the shot, and recording in Cornerstone. Per Julie, possibly having a range of 5 – 15 minutes would be better. This really needs to be thought through before the changes are made so we cover all things involved. This will require rewriting the table to be more flexible. There is no time frame that this will happen, it will be a while possibly 3 releases out.
- c. The child's gender showing up next to the birth date will require a lot of testing, although it is possible. This is something that the developers will look at.
- d. The answer to could we stop the printing of coupons if you realize you made a mistake is NO.

**4. Kathryn Weisenstein, St. Clair Co.;** We had some vaccine, type #45 Influenza LAIV with an expiration date of 3/17/10. According to CDC guidelines, this vaccine can still be administered on 3/17/10, just not on 3/18/10 or later. On 3/17/10 I went to screen AD05 (Biologic Inventory) and clicked Show Non-expired Lots. I could still pull up on #45 Influenza LAIV and it showed lot #500749P, which had an expiration date of 3/17/10 as having 97 doses available. However, when I got to the PA12 screen to chart this vaccine on a client, it shows "No lots available for this immunization type". Looks like the date of expiration may need to be adjusted on the PA12 screen to allow that last day before expiration to be charted.

**ANSWER:** This is a problem that the developers are aware of and the problem will be fixed.

**5. Trish Cleary, McLean County;** I am wondering why there are disparities between 0304 reports that are run by month as opposed to quarterly reports? The numbers generated by the 0304 reports sometimes match and sometimes don't. For instance for the 1<sup>st</sup> quarter of 2009 (January through March) the quarterly 0304 report shows that 6 less Hepatitis B; 48 less Pentacel; 47 less Prevnar and 38 less Rota were given than when the 0304 reports were run per month and added. Is there something I am not doing correctly that you are aware when I run the report?

**ANSWER:** These reports will never completely match. The reports run from two different criteria and time frames. A BOD will be sent out explaining why they do not match.

**6. Robilee Stanton, II Dept. of Human Services;** I would like Immunization and EPSDT reports to include only Healthworks clients that have been active at least 45 days in the system. This would also apply to the reports for CHEs too. Even if a CHE has been obtained in 21 days, sometimes medical case managers wait until they receive the hard copy of the CHE to enter the date in Cornerstone. This way, newly assigned clients or sib groups would not bring the statistics down for the reports since there hasn't been time to request medical records for them.

**ANSWER:** Val Jenkins will talk to Vince Champaign at DCFS and Tina Bennett to see if this is possible.

**7. Renee Korves.;** On report HSPR0418 we would like an option for "to go to a file". The reason for this is our Case Managers have to double enter their time. It would be much easier if we could dump this to a file.

**ANSWER:** There is a Foxfire report that will give you this information. Julie Sharp and Brenda Larry will get this to Renee.

**8. Jamie Epping, Cass Co. Health Dept.:** I have questions about Hib-Hemophilus? On the immunization report HSPR0301 if the 4<sup>th</sup> hib wasn't given (due to shortage) and the child is too old to receive, does this count against us on the WIC/FCM quarterly reports. I know it still shows on the HSPR0301 as being forecasted as past due.

**ANSWER:** All users are concerned about their agency numbers because of this. There have been no changes made to account for the HIB shortage. This problem is being looked at the State level. Lisa Cunningham (WIC) stated to not worry about it; although some agencies evaluations and pay raises depend on the performance reports and the numbers being good.

**9. Kelly Stewart, Peoria County Health Dept.:** Could the clients date of birth and FI issued dates be added to the VOC so that information would be included when a VOC is printed for transferring client?

**ANSWER:** Per Lisa Cunningham (WIC) the information for VOC is now the minimum federal requirements. She will take this back and see if a change could be made.

**10. Elaine Penningsdorf, Community Alternatives Unlimited;** Cornerstone, in participant – F1 for programs, would it be possible to allow the user to drag the Programs box to allow viewing of the related info which is hidden behind? Foxfire, we are CM only agency. I would like to add the client's WIC clinic name and status to reports for case manager. Do you know which file contains this info?

**ANSWER:** NO, there will not be any changes for dragging program boxes. The file that contains the information requested is MASTNDX3.dbf.

**11. Kim Anderson, Mclean County Health Dept.** We would like to see Cornerstone show the client's current status first on the PA15 screen. Right now if a client is income eligible, it will show the termed record first and we have to page down to see the income eligible record.

**ANSWER:** In talking to the users it was decided that we need more information as to what we really want and how we want it changed. All users were asked to think this through and send suggestions to Susan Pacot at [spacot@vchd.org](mailto:spacot@vchd.org). This has been put on hold for the time being.

**12. Susan Pacot, Vermilion County Health Dept.:** Any idea when the WIC plastic covers will be available. They have been back ordered since 7/16/2009.

**ANSWER:** Per Stephanie Bess, covers were received at the State level last week and they are working out a process to get them shipped out.

**13. Shelley Tulipana, Sangamon Co. Health Dept.:** FCM staff would like to know where and when the information is pulled for postpartum depression screening and Healthy Start Grow Smart. Will these be added to performance standards? My immunization staff would like to know if more choices could be added to the PA15 when terming an immunization program instead of just moved or deceased.

**ANSWER:** This question has been asked before and the answer is no. Immunization program recognizes "moved" as they are no longer in your local immunization program and no longer your client. The information on PPD is pulled from the Service Entry. These will not be added to performance standards. Per Glendean: Information on PPD screening is pulled from Service Entry screen. MCH nurses are looking at this information during annual review, and Tina Bennett can run a report from CO. There is already a performance indicator for this service for FCM, Healthy Start, and TIPCM. The review tools for each

program indicate required performance threshold. The Healthy Start Grow Smart info is retrieved from Service Entry screen when MCH nurse does annual review. All Medicaid eligible clients are to receive same.

**14. Pam Murray, Winnebago Co.:** Healthworks would like to be able to WAN the PA19 screen, which is the DCFS Ward screen. It would be extremely helpful to have the information non that screen when a child has moved to our area from another area. It is critical for us to have this information, especially if the child has had an Initial Health Screen and a Comprehensive Health Exam, as DCFS runs stat reports quarterly and our stats are based on this information being in the system and we can't meet the standards if we don't have this information on children who transfer in to our area.

**ANSWER:** This question has been asked before and the answer from Health Works was that this is not possible. I will try to find the date of the question and answer by Wednesday. YES this is on the list to be done.

**15. Cheryl Floyd, Winnebago, Co.:** Can the Edinburgh and ASQ be added into Cornerstone?

**ANSWER: Per Glendean:** Because of federal rules governing mental health issues, we will not be adding the Edinburgh to Cornerstone. Adding the ASQ tools would involve a lot of time and cost, since there are a number of age specific tools. Additionally, it is a tool that is supposed to be completed by the caretaker, not the case manager.

**16. Mike Blaser & Donna Homuth, Winnebago Co.:** Today I had two different clients that I asked about getting their child on WIC, and the child had passed away. I was scheduling an appt. and looking at the family group. In both cases, I saw a WIC eligible child in the group. I know that this has been discussed before and the solution was to have the name of the deceased child in red. However, this only shows up if you start by looking up in "statewide." Surely they could have the red font carry through to the family group. It is very uncomfortable for staff and of course for the client. Many times you do not have a chart in front of you when scheduling appointments. Is there any way to get the font in red in all Cornerstone when a client is deceased?

**ANSWER:** There is another part to the change that is much more complicated than changing the font color. It is on the list to be done. You will need to delete the deceased child from the group relationship and the group.

**17. Julia Boggs, Winnebago Co.:** 1) Is there an update on further Cornerstone enhancements for cost based reimbursement reporting (program expenses) in Cornerstone for Medicaid billable services? 2) We have been told that we can capture internal billing charges in our cost based reimbursement r reporting related to billing out a Medicaid billable service. In order to do that, we need our billing staff to do time studies in Cornerstone. What 500 codes are suggested for Medicaid Billers to use when doing their time studies in Cornerstone? These are for ASQs/Edinburgh/Physical Assessments.

**ANSWER: Per Glendean:** The Cost Report is scheduled to be completed after July of this calendar year.

Questions specific to billing, time studies and who should do them have to be directed to HFS. (I am not sure that a biller would be someone required to do a time study.) Robin Holler is the person at HFS who will be overseeing this aspect of Medicaid Match. Her email address is [Robin.Holler@illinois.gov](mailto:Robin.Holler@illinois.gov).

HFS, DHS and Cornerstone staff continue to meet periodically to work through the various issues and questions that come up. Additionally, we will be developing Webinar training for users very soon. If you have program questions regarding the cost based reimbursement you need to contact your CCSC and they will follow up with Glendean and/or Val Jenkins. This is the proper chain of command for questions.

**18. Laurie Roxworthy, Will County Health Dept.:** We had a client active in FCM and active as HRIF. We later received an IDR for the infant. We had to close the HRIF PA15 record to add the infant as APORS. The termination reason was entered as "Normal Case Close." When attempting to add a PA15 for APORS, an error message appeared that we could not add an APOR PA15 because the HRIF record was not termed as "Error" or "Inappropriate referral." Can this be changed so an APOR PA15 record can be added after an HRIF record is closed as "Normal Case Close?" It was called in as reference #405341. The result was that they are going to manually change the term reason to "inappropriate referral." Once that is done, we can add an APOR PA15.

**Per Glendean:** I will defer to Debra Phillips on this question..... This is working the correct way. You need to use "inappropriate referral" for terming an HRIF.

**20.** How do we enter a child's name when there is a silent number in the name?

**ANSWER:** Julie will ask around her peers and see how we can handle this. In the mean time you cannot enter a number in the name field.

21. EOD/BOD no longer recognizes the built in days off for the clinic.

**ANSWER:** This is known and they are working on a fix.

22. When billing 541 codes, we are getting denied payment because the TPL does not show on the Medicaid screen. Agencies are getting Medicaid billings denied, but show active on the PA05.

**ANSWER:** The developers will look at the TPL problem and see what they can find out. They are aware of the billings being denied and are working on a fix for statewide.

23. When will we be able to document a male getting Gardasil into Cornerstone? Will there be a new code for Prevnar 13?

**ANSWER:** This requires a coding change and probably will be the 12.1 version sometime in July. Susan Pacot will get definite answer on the Prevnar 13 from Karen McMahan and forward her response to all users at that time.

#### ADDITIONAL DISCUSSION:

- If you would like to see more CPT codes available. You need to contact your CSSC and they will bring it to the attention of Glendean. You must have the number and description. The following are in line to be added at this time:

Hemoglobin  
Pregnancy Test  
Yellow fever vaccine  
Brief office visit  
Typhoid fever vaccine

- Julie: Thanked every one for coming. Reminded all that the versions change all the time and as all agencies they are very short staffed. They are now off by about 3 months. They continue to work on all changes and versions to the best of their ability.