



MEMORANDUM

Date: July 7, 2010

To: Cornerstone Agencies

From: Julie Hagele
DHS/MIS Cornerstone Unit Supervisor

Subject: Cornerstone Software Upgrade Version 12.1

All Programs

PA03 – Participant Enrollment

- Language is now a required field.
 - For Adults: Enter the preferred language for service delivery in the first field. Enter other language spoken in the following fields.
 - For Infants/Children: Enter the preferred language for service delivery of the caregiver in the first field. Enter other language spoken in the following fields.

Family Case Management (CM)

FCM Restructure Pilots

AS01 – Assessment

A new question has been added and some other questions have been modified for the 711 & 712 assessments.

- **711 – Prenatal Risk Screening**
 - Question 7 has been modified.*
 - (Old) Are you younger than 17 years of age?
 - (New) Are you younger than 18 years of age?
 - Question 22 has been split into two questions.*
 - (Old) During this pregnancy, have you ever used any alcohol or street drugs?
 - (New) When you were pregnant and did not know you were pregnant, did you use alcohol or street drugs? [Question 22]
 - (New) Are you currently using alcohol or street drugs? [Question 23]

Question 24 has been modified.

- (Old) During this pregnancy, have you used tobacco in any form?
- (New) Do you or any member of your household use tobacco in any form?

Question 26 has been modified.

- (Old) Do you have a place where you and the baby can safely live?
- (New) Do you have a place you routinely live and sleep?

Question 33 has been added.

- (New) During pregnancy have you been hospitalized or been to the ER?

- **712 – Infant Risk Screening**

Question 25 has been modified.

- (Old) Do you or other caretakers consistently position your baby on its back to sleep?
- (New) Does your baby sleep on his/her back alone in a crib without pillows or blankets?

Question 26 has been modified.

- (Old) Does your baby sleep with you?
- (New) Does your baby sleep with you or anyone else?

Question 29 has been modified.

- (Old) Do you have a place where you and the baby can safely live?
- (New) Do you have a place you routinely live and sleep?

Question 39 has been added.

- (New) Since birth, has your baby been hospitalized or been to the ER?

CM02 – Participant Goals

- Question 33 on the 711 assessment should generate goal 001.
- Questions 1, 2 & 3 on the 712 assessment should generate goal 013.
- Question 39 on the 712 assessment should generate goal 013.

CM03 – Planned Services/Care Plan

- Question 33 on the 711 assessment should generate planned services 802 & 805.
- Question 39 on the 712 assessment should generate planned service 822.

SV02 – Activity Entry

- Activity code 110 no longer activates a participant in Case Management.

Cost Based Reimbursement

AD29 – Medical Direct Expenses

- This is a new screen for Cost Based Reimbursement. It is located on the Menu under Admin and then under Expenses. This screen is used to enter direct expenses – not staff expenses. The expenses entered on this screen will be used to calculate the cost report for end of the year claiming to HFS.
- Period Ending is the month in which the expenses were incurred.
- CPT code is the CPT code for the expenses. All immunization expenses will be entered under code 99999 Combined Immunization Costs as it is not necessary to list expenses for each individual immunization CPT code.
- Examples of the information to be entered on this screen include:

- The cost for alcohol pads, band-aids, etc would be entered under the Combined Immunization Costs.
- The cost for Denver kits, etc would be entered under the Denver/ASQ CPT code.

Breast & Cervical Cancer (BCCP)

SV01 – Service Entry/Procedure Specific

- Service Entry and Procedure Specific screen have been changed to reflect deletions of service entries in Cornerstone. If a record is edited or deleted after a final bill print, a new warning message will display: “The procedure charge will be deducted from the current month’s 783 Report.” When a service entry is edited after the final bill print, if the payor code is BCCP, S, or WW, only the payor code, procedure charge, procedure result code, and units can be edited. If the payor code is M, O, or K, the payor code, procedure charge, procedure result code, and units can be edited. Once the record has been edited, the bill acknowledged date will be changed to the current date.

HSPR0783 – BCCP/WW Detailed Procedure & Reimbursement Report

- Records that are edited or deleted after the final bill print will be shown on the 783 Report. The total amount deleted will be deducted, and the total new amount will be added; both will appear on separate lines under the Participant’s ID. Therefore, it is important to add a new service entry with the total correct procedure charge after deleting an incorrect service entry. This will allow the 783 Report to show the deduction for the deleted amount and the addition for the new amount.

HSPR0787 – BCCP/WW Detailed Procedure – Results With No Bills

- Changed to show all services that are entered in Cornerstone that do not have a payor code or a dollar amount but have results received.

Early Intervention (EI)

PA34 – Early Childhood Tracking Screen

- Screen has been updated to better match Federal Reporting.

SV07 – Early Intervention Service Authorization Entry / HSPR0771 Report

- The issue of incorrect addresses of payees has been updated to reflect correct addresses.

Genetics (GEN)

PA15 – Program Information

- Entry of Genetics Program record is not allowed until a PA39–Disposition by Genetic Coordinator has identified a Source of Referral (drop down program name) **and** a Primary Diagnosis selected from the drop down menu.

PA43 – Genetic Services

- Program code was added to the County Counts Tab. You can choose from five different programs (Family Planning, Newborn Screening, Newborn Hearing Screening, APORS and

Other). The Other choice will require you to enter a program name.

HSPR0764 – Genetic Services Additional Information and County Counts

- Program description was added to the report.

Immunization Program (IMM)

PA12 – Immunization & PA23 – Multiple Immunization Entry

- 44 – HPV Human Papilloma Virus can now be entered for males.

Forecasting has been added for Prevnar 13.

Women, Infants and Children (WIC)

SV01 – Service Entry

- A new service code of WUCR (WIC Update Closeout Record) has been added.
 - This code will be used to closeout pregnancy records for which there is no postpartum information.
- A new service code of WN2B (WIC Postpartum to BF) has been added.
 - Use the WN2B service code to correctly categorize a new postpartum woman as “Breastfeeding” when incorrectly categorized as “N-Postpartum Not Breastfeeding.”
 - The new service code WN2B will push the termination date out to 1 year (baby's first birthday) and the priority will reset to either a 1 or 4 depending on assigned risk.
 - This service entry may be used for the first 8 weeks after delivery.

HSPR0120 – WIC Breastfeeding Quality Assurance Report

- This report will provide data needed for breastfeeding food package quality assurance reviews and will run automatically on the second working day of the month.
- For all babies currently breastfed (PA09-Currently BF – yes) the report will sort by youngest infants first and include:
 - Name, ID # and category of mother (P,B,N)
 - Name, ID # and DOB of child
 - Certification date of mom and baby
 - Date of most recent WBDE Assessment (AS01 screen) and name of the CHP completing WBDE.
 - Food package # issued for mom and baby for 2 months.
 - Comments section

Illinois WiseWoman Program (WW)

AS04 – WiseWoman Information

- Integrated Office Visit (IOV) date has been changed to “**ASSESSMENT Date.**”
- The removal of the edit “Lab Visit Date must be within 30 days prior/after IOV date”. This edit will not be applied anymore to the screen.
- A new field has been added to the Anthropometric section. “**Anthropometric Date**” will need

- to be entered before any values can be entered into the Anthropometric section of the screen.
- A new field has been added "B & C IOV" – Yes or No. Once the Assessment Date has been entered the new field "B & C IOV" must be answered. This field will be used to indicate whether the participant had an **integrated** office visit (where she received both IWP services and IBCCP services).
- Effective July 1st CPT code 99402 – "RRC preformed by Lead Agency" has been added to the procedure specific screen. The procedure amount will be \$20.00 and will be used in cases where RRC was not provided by the Medical Provider but provided by the Nurse Case Manager.
- CPT code 80048 (Basic Metabolic Panel) and 80053 (Comprehensive Metabolic Panel) are now allowed to be entered as Screening tests.
- Change has been made to the field "What is the blood Glucose levels?" This field will now accept "666 – Participant has a previous diagnosis of Diabetes" and will not be viewed as an Alert value.
- The next screening date will auto-fill but can be edited if necessary.
- Intervention Tab – question "What date was participant contacted to discuss Level 1 materials?" will now read "What date was participant contacted to discuss materials."
- Level 0 was added as a value to the dropdown list of the Intervention Intensity field.
- A new follow-up summary tab has been added to show a history of all entries on the Follow-Up tab.