Avatar Reports Manual

Version 4.0
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City and County of San Francisco
Community Behavioral Health Services

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Avatar Reports Manual
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Please note that this is not a comprehensive list of all available reports.

Overview

This manual is an overview of the most frequently used reports in Avatar. It is not a comprehensive recording of all the reports that are available and exist in Avatar. We are committed to keeping documentation up to date, but constant improvements are being made to reports and additional reports do get released. Please review Avatar bulletins for updates and improvements.

Report Versions: Many Avatar reports have three (3) different versions. Individual clinician reports will only show information for the clinician who is currently logged into Avatar. Supervisor reports allow the supervisor to run the individual reports for clinicians uner their supervision. Program level reports are designed to be run by the Program Director or their designee and show information for all clinicians in that Program. This manual will show the program level reports. The Individual and Supervisor reportsare a subset of the program level reports.

Report Parameters: These are the items you can select to define your search. In date parameters, "T" stands for Today and "Y" stands for Yesterday. You can also enter a formula such as "T-30" will be Today's date minus 30 days.

Report Navigation: Once you run the report, a new window will appear.
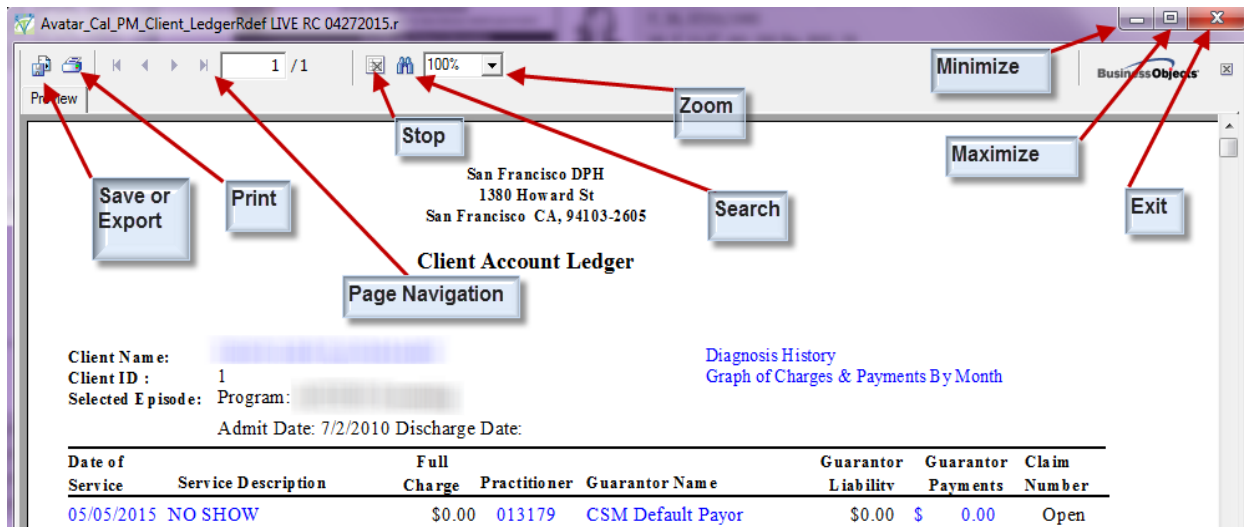
Home View

Description: This is the first screen that you will see once you log into Avatar. This is an example of a clinician's home view. Clients that appear in widgets are based on the clinician's caseload. Caseload is determined by the Admitting/Primary Clinician or Attending Physician on the Admission screen.

Purpose: Allows user to search for clients and forms. User can set up "My Forms" by clicking "edit" in the Forms and Data Widget.. Clinicians wil view their caseload, treatment plans, client hospitalizations, and list of things to do.

Who uses: All staff.

Who can access: All staff.

Chart View

Description: This is a preview data for a client once they have been selected from the home view. This is an example of a clinician's chart view.

Purpose: Allows user to view episode information. Clinicians will be able to view progress notes and clinical forms.

Who uses: All staff.

Who can access: All staff.

eLinks Page

Description: This screen is accessible by clicking the toggle button on the bottom of the Chart View. It will allow the user to link to other websites.

Purpose: Allows user to search for client information within CCMS, Enterprise Med List, and Patient Membership. The link will be enabled if the client has information in the other website.

Who uses: All clinical staff.

Who can access: All clinical staff. However, the user will need their own LCR account in order to access LCR.
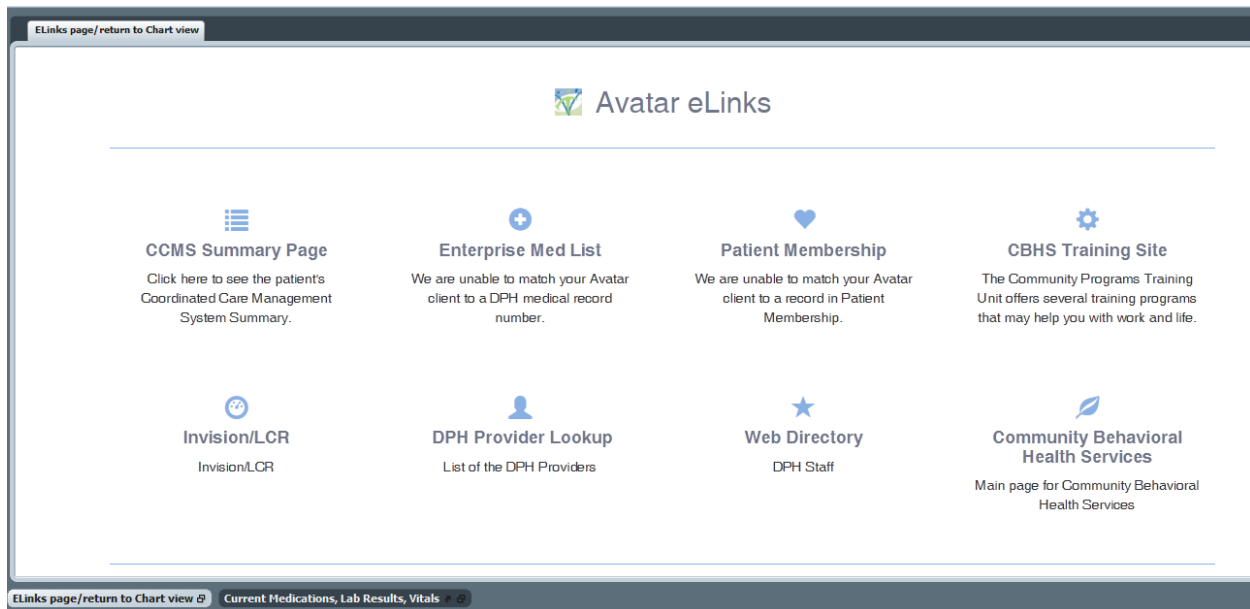
Current Medications, Lab Results, and Vitals Page

Description: This screen is accessible by clicking the toggle button on the bottom of the Chart View.

Purpose: Allows the user to view current medications from OrderConnect, lab results from OrderConnect, and Vitals Entries.

Who uses: All clinical staff.

Who can access: All clinical staff.

Client Face Sheet (MHS140)

Description: For a given client, report displays client identification and demographic information, Medi-Cal information, total cost of service in last 6/12/24 month periods, emergency contact individuals.

Episode information appears in the body of the report – open episodes are listed first, followed by closed episodes. Within each category (open/closed), episodes are listed chronologically with newest episodes appearing first.

Purpose: Report provides a mini-history of all client activity within the system. This report is commonly requested for immediate viewing and/or printing at every new episode opening, thus is in high demand.

Who uses: Program clinical staff, administrators, quality assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: As needed. Usually requested at each new request for service and episode opening.

Consequences if not run: Full picture of client history within the system is missing. Information included in this report may influence treatment decisions.

Menu Path
Avatar PM>Client Management>Client Information>MHS 140 Report

Parameters
1. *Select Client* – By name, identification number or other criteria

Name: ▓▓▓▓▓▓▓▓▓   Number: 1   Birthdate: 07/01/1980 Age: 36

Address: 123 Fake Client Address   SSN: ▓▓▓▓▓▓▓▓   Sex: F

San Francisco, UT 94103   Other ID#:   Language: Korean

Phone: 415-412-1923   Marital: Not Married   Education: 19 Grade

Disability: No Entry   Ethnicity: Korean

Hispanic Origin: Non- Hispanic

Aliases: MUNOZ,PABLO

RP Owes $0.00

Cost Data: Last 6 Months: Last 12 Months: Last 24 Months:

OPEN EPISODES

Epi#	Reporting Unit	Telephone	Opening	Last Service	Closing	DSM-4	ICD-10	Clinician
14	▓▓▓▓ ▓▓▓▓▓▓	415-352-2000	07/11/2016					▓▓▓▓▓
13	▓▓▓▓ ▓▓▓▓▓▓	415-255-4748	07/05/2016					▓▓▓▓▓
12	▓▓▓▓ ▓▓▓▓▓▓	Unknown	05/22/2016			311	F32.9	▓▓▓▓▓
11	▓▓▓▓ ▓▓▓▓▓▓	415-715-1050	05/14/2016					▓▓▓▓▓
7	▓▓▓▓ ▓▓▓▓▓▓	415-656-0116	01/12/2016	07/05/2016		311		▓▓▓▓▓
3	▓▓▓▓ ▓▓▓▓▓▓	Unknown	02/28/2015	03/10/2016		301.81 296.50	F60.81 F31.30	▓▓▓▓▓
2	▓▓▓▓ ▓▓▓▓▓▓	415-239-3979	12/01/2014			305.50 E929.5 305.60 305.40 V60.2 924.9	F11.90 W56.21XS F14.90 F13.90 Z59.8 T14.8	▓▓▓▓▓
1	BHAC ACCESS Screening	415-503-4730	07/02/2010	04/11/2016		296.20	F32.9	▓▓▓▓▓

CLOSED EPISODES

Epi#	Reporting Unit	Telephone	Opening	Last Service	Closing	DSM-4	ICD-10	Clinician
10	▓▓▓▓ ▓▓▓▓▓▓	415-642-4500	04/27/2016		04/27/2016			▓▓▓▓▓
9	▓▓▓▓ ▓▓▓▓▓▓	415-487-3100	03/01/2016		04/06/2016			▓▓▓▓▓
8	▓▓▓▓ ▓▓▓▓▓▓	415-864-7897	01/20/2016		03/14/2016	780.95	R45.83	▓▓▓▓▓
6	▓▓▓▓ ▓▓▓▓▓▓	Unknown	11/23/2015		11/23/2015			▓▓▓▓▓
5	▓▓▓▓ ▓▓▓▓▓▓	715-1050	05/01/2015	05/15/2015	05/04/2015	296.24	F32.3	▓▓▓▓▓

EPISODE COUNTS

Open: 8 Closed: 5   Total Episodes: 13

Caseload Reports

Caseload by Program/Staff Report
Caseload by Clinician Report
Caseload by Clinician/Supervisor Report

Description: Reports list clients for clinician(s) of a selected program based on "Admitting Practitioner/Primary Clinician" or "Attending Practitioner/Physician".

Purpose: The report is typically used for clinicians to manage their own caseloads, monitor when clients were last seen, and determine whether an admission/episode requires discharge.

Who uses: Program and clinical staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: As needed.

Consequences if not run: Clients requiring follow-up services may be missed, admission/episode requiring closure may remain open in error.

Menu Path
> Avatar CWS>Reports

Parameters
1. *Program* – Requestor selects program from dropdown list.
2. *Caseload Type* – Select one of the following
    a. *Admitting Practitioner/Primary Clinician*
    b. *Attending Practitioner/Physician*

Technical Notes
- Non-supervisor clinician may only request report for themselves.
- Supervisors can access to their staff's caseloads.
- Program directors or their designees can run the Program/Staff Report
- Report is generated for a single practitioner.
- Report is cross-program, so that if a practitioner is the Admitting/Attending Practitioner for clients at multiple programs, all cases appear on the report.
- The report displays all *open* admissions/episodes as of the date/time it is run.
- Clients with a last service date less than 90 days before the report run date are defined as "Active".
- Clients with a last service date more than 90 days before the report run date are defined as "Inactive".

San Francisco Department of Public Health
Community Behavioral Health Services

Caseload by Program/Staff Report
Admitting Practitioner/Primary Clinician

Confidential Patient Information

Client Name	Client ID	Age	Race	Epi#	Admitting Practitioner	Attending Practitioner	Episode Opening	Last Service Date	Active/ Inactive?
				2		No Entry	9/4/2015	6/22/2016	Active
				1		No Entry	3/6/2015	6/25/2015	Inactive
				2			7/23/2012	5/25/2016	Active
				1		No Entry	10/1/2015	5/31/2016	Active
				2		No Entry	1/14/2016	6/10/2016	Active
				1		No Entry	6/15/2016		NO SERVICES
				2		No Entry	8/29/2014	3/3/2016	Inactive
				1		No Entry	8/20/2015	6/14/2016	Active
				2			3/12/2015	7/1/2016	Active
				1		No Entry	5/17/2014	6/6/2016	Active
				1		No Entry	5/3/2016	6/16/2016	Active
				1		No Entry	11/1/2013	6/28/2016	Active
				1		No Entry	4/18/2014	6/28/2016	Active
				1		No Entry	8/18/2015	2/11/2016	Inactive
				1		No Entry	1/7/2016	3/4/2016	Inactive
				1		No Entry	2/17/2016	6/28/2016	Active
				1			10/18/2011	5/20/2016	Active

Batch File Episode Report

Description: The report provides a listing of clients with an active episode in the given program during the date span selected. It will include cases that may be closed at the time that the report is generated but that were open during the date span selected.

Purpose: To view which clients were open during a particular time-frame.

Who uses: Program clinical staff, managers and administrators.

Who can access: Users with intake and/or clinical role.

When to run: As needed.

Menu Path
Avatar PM>Operations Reports

Parameters
1. *Program* – Enter the program to report.
2. *Start Date* – Of episodes to include in report.
3. *End Date* – Of episodes to include in report.

Technical Notes
- Report includes episodes at target program that are open at some point between the start and end dates the user enters. All episodes with an admission date prior to the "End Date", and either no discharge date or a discharge date following the "End Date" are included in report.

City and County of San Francisco, Department of Public Health
Community Behavioral Health Services
Batch Service Episode Report
Clients and episodes
From 12/01/2012 To 12/17/2012

Program :

Client ID	Name	Episode #
		Episode 1 Admit Date : 11/29/2012 Discharge Date : None
		Episode 1 Admit Date : 10/19/2012 Discharge Date : None
		Episode 1 Admit Date : 05/17/2012 Discharge Date : None
		Episode 1 Admit Date : 06/19/2012 Discharge Date : None
		Episode 1 Admit Date : 11/14/2012 Discharge Date : None
		Episode 3 Admit Date : 09/24/2012 Discharge Date : None
		Episode 1 Admit Date : 12/21/2011 Discharge Date : None
		Episode 1 Admit Date : 09/17/2012 Discharge Date : None
		Episode 3 Admit Date : 09/06/2012 Discharge Date : None
		Episode 3 Admit Date : 03/22/2012 Discharge Date : 12/17/2012
		Episode 1 Admit Date : 12/11/2012 Discharge Date : None
		Episode 1 Admit Date : 10/29/2012 Discharge Date : None
		Episode 3 Admit Date : 11/19/2012 Discharge Date : None
		Episode 2 Admit Date : 05/24/2012 Discharge Date : None
		Episode 10 Admit Date : 04/25/2012 Discharge Date : None
		Episode 2 Admit Date : 08/21/2012 Discharge Date : None
		Episode 1 Admit Date : 11/06/2012 Discharge Date : None
		Episode 1 Admit Date : 01/23/2012 Discharge Date : None
		Episode 4 Admit Date : 11/13/2012 Discharge Date : None
		Episode 3 Admit Date : 08/19/2012 Discharge Date : None
		Episode 3 Admit Date : 06/21/2012 Discharge Date : None
		Episode 2 Admit Date : 03/15/2012 Discharge Date : None
		Episode 1 Admit Date : 06/27/2012 Discharge Date : None
		Episode 5 Admit Date : 09/04/2012 Discharge Date : 12/03/2012
		Episode 1 Admit Date : 06/07/2012 Discharge Date : None
		Episode 1 Admit Date : 10/10/2012 Discharge Date : None
		Episode 15 Admit Date : 08/28/2012 Discharge Date : None
		Episode 2 Admit Date : 09/10/2012 Discharge Date : None
		Episode 2 Admit Date : 04/23/2012 Discharge Date : None
		Episode 3 Admit Date : 02/16/2012 Discharge Date : None
		Episode 1 Admit Date : 08/29/2012 Discharge Date : None
		Episode 1 Admit Date : 01/12/2012 Discharge Date : None
		Episode 1 Admit Date : 09/21/2011 Discharge Date : None
		Episode 11 Admit Date : 11/15/2011 Discharge Date : None
		Episode 1 Admit Date : 11/26/2012 Discharge Date : None
		Episode 1 Admit Date : 11/06/2012 Discharge Date : None
		Episode 1 Admit Date : 11/19/2012 Discharge Date : None
		Episode 4 Admit Date : 04/26/2012 Discharge Date : None
		Episode 1 Admit Date : 10/05/2012 Discharge Date : None
		Episode 1 Admit Date : 12/04/2012 Discharge Date : None
		Episode 1 Admit Date : 01/19/2012 Discharge Date : None
		Episode 1 Admit Date : 11/20/2012 Discharge Date : None
		Episode 2 Admit Date : 11/15/2012 Discharge Date : None
		Episode 1 Admit Date : 10/25/2012 Discharge Date : None
		Episode 2 Admit Date : 11/08/2012 Discharge Date : None
		Episode 1 Admit Date : 09/27/2011 Discharge Date : None
		Episode 2 Admit Date : 10/03/2011 Discharge Date : None

Avatar Data as of 12/17/2012   Batch Service Episode Report   Page 1 of 5

Staff Activity Reports

Staff Activity by Program and Staff
Staff Activity Individual (Supervisor)
Staff Activity Individual (Clinician)

Description: Provides a summary of services provided by each clinician at the program during the time period selected. The list provides a count of the number of services, face to face, documentation/travel time, and total time for each service code billed. It provides sub totals for each clinician. The program level report is sorted alphabetically by clinician and provides the grand total for the program.

Purpose: The report is typically used as a billing reconciliation tool and to assess staff productivity.

Who uses: Program and clinical staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly

Consequences if not run: Missing services and/or errors in data entry of progress notes/services remain undetected. This may result in billing that is too low, too high, or billing with errors such as wrong service program, service code, etc. Finding and correcting errors timely facilitates an easier clean-up process.

Menu Path
Avatar PM>Operations Reports

Parameters
1. *Program*
2. *Start Date* – Includes only services on or after this date.
3. *End Date* – Includes only services before or on this date.

Technical Notes
- The report counts each practitioner's time where they were the primary or co-practitioner on a group or individual service.
- The report includes only direct services (i.e., services linked to a client.)
- All time values are shown in minutes.
- Group services must be entered using the "Group Notes" model, which begins by using the Group Default Notes tab of the Progress Note (Group and Individual) screen. If a group note is mistakenly entered as an individual note, it will cause an over-count of services and erroneous billing.
- The report does not include MAA or Indirect services.

Staff Activity by Program and Staff

Services Provided between 1/1/2016 and 3/1/2016

for ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

▓▓▓▓▓▓▓▓▓▓▓▓▓

Practitioner Name (ID #)	Service Code/Description	Ser-vices	FTF Time (Min)	Doc Time (Min)	Total Time (Min)
▓▓▓▓▓▓▓▓▓▓	ADM99 ADMIN NOTE NOT BILLED	18	70	47	117
	T1017 CASE MANAGEMENT BROKERAGE	5	322	110	432
	NMCMB Case Mgmt - Not Billable	5	315	111	426
	CRISIS Crisis Intervention	1	25	10	35
	90792 Diagnostic Eval with Medical	3	215	180	395
	NEML4 E/M Med Support NEW client, Level 4	1	30	16	46
	EEML3 Existing Client E/M Med Support Level 3	27	648	330	978
	EEML4 Existing Client E/M Med Support Level 4	26	940	458	1,398
	H0034 MED Support Plan DevTrng	18	373	170	543
	NMMED Medication Support - Not Billable	19	312	328	640
	ADM00 NO SHOW	13	6	12	18
	Practitioner Total	**136**	**3,256**	**1,772**	**5,028**
▓▓▓▓▓▓▓▓▓	ADM99 ADMIN NOTE NOT BILLED	3	83	55	138
	T1017 CASE MANAGEMENT BROKERAGE	12	667	176	843
	ICOLL Collateral Visit	5	288	57	345
	INDTPY Individual Psychotherapy Counseling	42	2,020	970	2,990
	ASMT1 MH Diagnosis Evaluation Assessment	10	500	822	1,322
	H0032 Plan Development	11	265	626	891
	Practitioner Total	**83**	**3,823**	**2,706**	**6,529**
▓▓▓▓▓▓▓▓	ADM99 ADMIN NOTE NOT BILLED	4	0	191	191
	T1017 CASE MANAGEMENT BROKERAGE	1	42	6	48
	ASMT1 MH Diagnosis Evaluation Assessment	5	60	647	707
	H0032 Plan Development	2	0	68	68
	Practitioner Total	**12**	**102**	**912**	**1,014**
▓▓▓▓▓▓▓▓▓▓	ADM99 ADMIN NOTE NOT BILLED	81	512	183	695
	T1017 CASE MANAGEMENT BROKERAGE	39	911	207	1,118
	ICOLL Collateral Visit	21	740	172	912
	INDTPY Individual Psychotherapy Counseling	33	1,655	316	1,971
	ASMT1 MH Diagnosis Evaluation Assessment	11	690	91	781
	ADM00 NO SHOW	8	375	9	384
	H0032 Plan Development	2	170	108	278
	Practitioner Total	**195**	**5,053**	**1,086**	**6,139**

MAA and Indirect Services

MAA and Indirect Svcs by Prog/Staff Rpt
MAA and Indirect Svcs by Staff,Supvr Rpt
MAA and Indirect Svcs by Staff Rpt

Description: For a selected program and time frame, report summarizes indirect service time by service code for each staff. Total time for each staff is shown. Program level report includes program totals.

Purpose: The report is typically used to track indirect service time entered.

Who uses: Clinical staff, program managers/supervisors and administrators.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or more frequently.

Consequences if not run: Missing indirect services and/or errors in data entry remain undetected. This may result in counts that are too low, too high, or erroneous.

Menu Path: Avatar PM>Services>Ancillary/Ambulatory Services

Parameters
> 1. *Program* –This is the "service" program, chosen when entering the services, not the "episode" program.
> 2. *Start Date* – Includes only services on or after this date.
> 3. *End Date* – Includes only services before or on this date.

Technical Notes
- Report is available for use by Mental Health and Substance Abuse programs that enter MAA or indirect services.

San Francisco Department of Public Health
Community Behavioral Health Services

MAA and Indirect Services by Program/Staff Report
Services Provided between 1/1/2015 and 3/1/2015

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA24	MAA SPMP Case Mngmt Non Open	2	101
	Totals:	**2**	**101**

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA16	MAA Non-SPMP CM Non Open Cases	1	7
MAA24	MAA SPMP Case Mngmt Non Open	8	237
	Totals:	**9**	**244**

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA24	MAA SPMP Case Mngmt Non Open	12	460
	Totals:	**12**	**460**

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA24	MAA SPMP Case Mngmt Non Open	7	575
	Totals:	**7**	**575**

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA12	MAA Mental Health Outreach	7	100
	Totals:	**7**	**100**

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA11	MAA Medi-Cal Outreach	5	450
	Totals:	**5**	**450**

		Number of Contacts	Time
Totals for Report Period:		**42**	**1,930**

Program Summary

Mode 55 (Civil Service Only) SvcCode	Service Description	Number of Contacts	Time
MAA11	MAA Medi-Cal Outreach	5	450
MAA12	MAA Mental Health Outreach	7	100
MAA16	MAA Non-SPMP CM Non Open Cases	1	7
MAA24	MAA SPMP Case Mngmt Non Open	29	1,373
Total for Program:		**42**	**1,930**

Notes

1. Report includes MAA and indirect services only (i.e., services *not* linked to a client).
2. Time is reported in minutes.
3. Mode 45 services are used by Community Based Organizations.
4. Mode 55 services are used by Civil Service programs.
5. Mode 60 services are used by MHSA-funded programs.
6. Report includes services entered via 'MAA and Indirect Service' form, released in January 2012. If you need a report of services entered via the original form in use prior to January 2012, contact the Avatar HelpDesk.
7. Report is sorted by staff person, alphabetically by last name.
8. See Program Summary of services by mode and service code on the last page.
9. This report is for use by Mental Health programs only. Substance Abuse programs do not provide this type of service.

MH Units of Service Summary Report

Description: Summarizes units of service for the program and date range selected. Shows both Medi-Cal and Non –Medi-Cal Units. Services grouped by Service Function Code Ranges. Mode of Service is defined by the treatment setting (e.g.: Residential/ Outpatient). Medi-Cal/Non-Medi-Cal status is based on the client's financial eligibility.

Note: Report includes services that may not be billable to the county such as, "00X Admin Other Non-Billable," (e.g.; no-shows). Be sure to exclude these in your invoices to the County.

Purpose: Assists invoicing. Monitors Medi-Cal/non-Medi-Cal mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry (specifically missing Medi-Cal eligibility) remain undetected.

Menu Path
Avatar PM>Operations Reports

Parameters
1. *Program* –Select the "service" program used when entering the services, not the "episode" program.
2. *Start Date* – Includes only services on or after this date.
3. *End Date* – Includes only services before or on this date.

Technical Notes
- Report can only be used for Mental Health Programs
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- A progress note must be finalized to be counted as a service, and included in report.
- Client contacts are counted per service provided to a client, it is a not unique client count
- Units of service are calculated as follows:
  - Mode 05 is counted by contact
  - Mode 10 is counted by contact
  - Mode 15 is counted by service duration in minutes
- Medi-Cal units include services provided to clients with one of the following:
  - 32 DMH Medi-Cal Share of Cost
  - 34 Medi-Cal Healthy Families
  - 88 MH Medi-Cal
  - 89 MH Restricted Medi-Cal
  - 102 MH Out of County Medi-Cal
- Non Medi-Cal units include services provided to clients with any other guarantor (including Medi-Cal capitated clients) or no guarantor.

San Francisco Department of Public Health
Community Behavioral Health Services
MH Units of Service Summary Report
Mental Health Programs Only
Services Provided between 1/1/2015 and 3/1/2015

January 2015
Outpatient Services (Mode 15)

Svc Function Code	Description	Number of Contacts	Medi-Cal Units	Non-Medi-Cal Units	Total Units
01	Case Mgmt/Brokerage	222	7,495	879	8,374
09	Professional Inpatient CM	1	21	0	21
10-19	Collateral-Mental Health Svcs	24	1,541	0	1,541
30-56	Mental Health Services (MHS)	493	34,101	1,544	35,645
60-68	Medication Support	67	1,752	0	1,752
	January 2015 Totals:	**807**	**44,910**	**2,423**	**47,333**

February 2015
Outpatient Services (Mode 15)

Svc Function Code	Description	Number of Contacts	Medi-Cal Units	Non-Medi-Cal Units	Total Units
01	Case Mgmt/Brokerage	152	5,458	257	5,715
10-19	Collateral-Mental Health Svcs	42	2,678	0	2,678
30-56	Mental Health Services (MHS)	442	30,051	1,231	31,282
60-68	Medication Support	55	1,479	0	1,479
	February 2015 Totals:	**691**	**39,666**	**1,488**	**41,154**
	Totals for Report Period:	**1,498**	**84,576**	**3,911**	**88,487**

Summary
Outpatient Services (Mode 15)

Svc Function Code	Description	Number of Contacts	Medi-Cal Units	Non-Medi-Cal Units	Total Units
01	Case Mgmt/Brokerage	374	12,953	1,136	14,089
09	Professional Inpatient CM	1	21	0	21
10-19	Collateral-Mental Health Svcs	66	4,219	0	4,219
30-56	Mental Health Services (MHS)	935	64,152	2,775	66,927
60-68	Medication Support	122	3,231	0	3,231
	Totals for Report Period:	**1,498**	**84,576**	**3,911**	**88,487**

Administrative Services

January 2015
Outpatient Services (Mode 15)

Svc Function Code	Description	Number of Contacts	Total Units
00X	Admin Other Non Billable	255	255
	January 2015 Totals:	**255**	**255**

February 2015
Outpatient Services (Mode 15)

Svc Function Code	Description	Number of Contacts	Total Units
00X	Admin Other Non Billable	202	202
	February 2015 Totals:	**202**	**202**
	Totals for Report Period:	**457**	**457**

MH Units of Service Detail Report (EXCEL)

Description: Corresponds with the **MH Units of Service Summary Report** and provides the detailed information of the contents of the Summary Report. It is advised to run the same time period as the MH Units of Service Summary Report. Shows both Medi-Cal and Non–Medi-Cal Units. Services grouped by Service Function Code Ranges. Mode of Service is defined by the treatment setting (e.g.: Residential/ Outpatient). Medi-Cal/Non-Medi-Cal status is based on the client's financial eligibility.

Note: Report includes services that may not be billable to the county such as, "00X Admin Other Non-Billable," (e.g.; no-shows). Be sure to exclude these in your invoices to the County.

Purpose: Assists invoicing. Monitors Medi-Cal/non-Medi-Cal mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry (specifically missing Medi-Cal eligibility) remain undetected.

Menu Path
　　　Avatar PM>Operations Reports

Parameters
　　4. *Program* –Select the "service" program used when entering the services, not the "episode" program.
　　5. *Start Date* – Includes only services on or after this date.
　　6. *End Date* – Includes only services before or on this date.

Technical Notes
- The report is designed to be Exported to Excel 97-2000 (Data Only)
- Click the "save" icon to export report and save a separate Excel file.
- Once exported to Excel, you can add a "table" and sort the data.
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- A progress note must be finalized to be counted as a service, and included in report.
- Client contacts are counted per service provided to a client, it is a not unique client count

Exporting to Excel
- Click the "save" icon
- Save as Microsoft Excel 97-2000 (Data Only)
- Select "Column width based on objects in the: Page Header"
- Click "OK"
- Select a destination to save the document.
- TIP 1: Once in the Excel document, click "Insert" and select "Table"
- TIP 2: Use the arrows at the top of each column to sort data

Crystal Report Version

San Francisco Department of Public Health
Community Behavioral Health Services
MH Units of Service Detail Report EXCEL
Services Provided between 1/1/2016 and 3/1/2016

Excel Version once table has been added

SUD NTP UOS Summary Report

Description: Summarizes units of service for the program and date range selected. Shows both Drug Medi-Cal and non-Drug Medi-Cal Services. Services are separated by service code. Unique Client Count and Staff Duration are also included.

Drug Medi-Cal billing is based on your certification, your contract, the billing code used and the client's eligibility.

Purpose: Assists invoicing, monitors productivity, tracks Drug Medi-Cal and other funding mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry remain undetected.

Menu Path
> Avatar PM>Operations Reports

Parameters
1. *Program* –Select the "service" program used when entering the services, not the "episode" program.
2. *Start Date* – Includes only services on or after this date.
3. *End Date* – Includes only services before or on this date.

Technical Notes
- Report is designed for NTP (Methadone Maintenance) Programs.
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- Report includes services that have been uploaded to Avatar

San Francisco Department of Public Health
Behavioral Health Services
SUD NTP UOS Summary Report
ODS NTP Outpatient Programs Only
Services Provided between 4/2/2019 and 7/1/2019

April 2019

Svc Code	Description	Drug Medi-Cal Units	Non-Drug Medi-Cal Units	Total Units	Staff Minutes	Drug Medi-Cal Clients	Non-Drug Medi-Cal Clients	Total Clients
INDNTPCN	Indiv Counseling or Pt Edu on addiction	2,727	0	2,727	27,270	400	0	400
MBUPNAL$	BUP HCL/NAL HCI-8-2mg/Mallinckrodt Prod	240	0	240	0	12	0	12
NTPDOSE	Daily Dosing	13,365	0	13,365	0	563	0	563
	April 2019 Totals:	**16,332**		**16,332**	**27,270**	**575**	**0**	**575**

May 2019

Svc Code	Description	Drug Medi-Cal Units	Non-Drug Medi-Cal Units	Total Units	Staff Minutes	Drug Medi-Cal Clients	Non-Drug Medi-Cal Clients	Total Clients
INDNTPCN	Indiv Counseling or Pt Edu on addiction	3,099	0	3,099	30,990	432	0	432
MBUPNAL$	BUP HCL/NAL HCI-8-2mg/Mallinckrodt Prod	255	0	255	0	13	0	13
NTPDOSE	Daily Dosing	14,077	0	14,077	0	567	0	567
	May 2019 Totals:	**17,431**		**17,431**	**30,990**	**581**	**0**	**581**

SUD NTP UOS Detail Report EXCEL

Description: Corresponds with the **SUD NTP UOS Summary Report** and provides the detailed information of the contents of the Summary Report. Summarizes units of service for the program and date range selected. Shows both Drug Medi-Cal and non-Drug Medi-Cal Services. Services are separated by service code. Unique Client Count and Staff Duration are also included.

Drug Medi-Cal billing is based on your certification, your contract, billing code used and the client's eligibility.

Purpose: Assists invoicing, monitors productivity, tracks Drug Medi-Cal/other funding mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry remain undetected.

Menu Path
>	Avatar PM>Operations Reports

Parameters
1.	*Program* –Select the "service" program used when entering the services, not the "episode" program.
2.	*Start Date* – Includes only services on or after this date.
3.	*End Date* – Includes only services before or on this date.

Technical Notes
- Report is designed for NTP (Methadone Maintenance) Programs.
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- Report includes services that have been uploaded to Avatar.

Exporting to Excel
- Click the "save" icon
- Save as Microsoft Excel 97-2000 (Data Only)
- Select "Column width based on objects in the: Page Header"
- Click "OK"
- Select a destination to save the document.
- TIP 1: Once in the Excel document, click "Insert" and select "Table"
- TIP 2: Use the arrows at the top of each column to sort data

Crystal Report Version

To export go to File, Export, Export Report, choose Microsoft Excel 97-2000 (Data Only). In the next window click in Custom then click in options and select "Column width based on objects in the: Page Header" and then click OK. Then save.

San Francisco Department of Public Health
Behavioral Health Services
SUD NTP UOS Detail Report EXCEL
Services Provided between 6/1/2018 and 6/30/2018

Confidential Information

EpiProgCode	EpiProgVal	SvcProgCod	ClientID	ClientName	EPI#	SvcDate	SvcCode	SvcDescription	StaffID	PractitionerName	Duration	CoStaff N	CoStaff	2CoStaff M	2CoStaff D	#Grp	SvcLo
					17	6/1/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/2/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/3/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/4/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/6/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/8/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/9/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/10/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/11/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/12/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/13/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/14/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/15/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/16/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/17/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/18/2018	INDNTPCN	Indiv Counseling or Pt Edu c			20.00	0.00		0.00	0	Office
					17	6/18/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/19/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/21/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/23/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/24/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/25/2018	INDNTPCN	Indiv Counseling or Pt Edu c			50.00	0.00		0.00	0	Office
					17	6/25/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/26/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/28/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office
					17	6/29/2018	NTPDOSE	Daily Dosing			0.00	0.00		0.00	0	Office

EXCEL Version once table has been inserted

	EpiProgCode	EpiProgValue	SvcProgCode	ClientID	ClientName	EPI#	SvcDate	SvcCode	SvcDescription	StaffID	PractitionerName	Duration	CoSta	CoStaff Du	#Grp	SvcLocation	SvcCost	DateEntry	FinCl	Units of Service
2						4	1/5/2015	H0005NM	GROUP COUNSEL			75.00		0.00	14	Office	0.00	1/9/2015		1.00
3						4	1/5/2015	H0005NM	GROUP COUNSEL			70.00		0.00	9	Office	0.00	1/21/2015		1.00
4						4	1/8/2015	H0005NM	GROUP COUNSEL			86.00		0.00	13	Office	0.00	1/15/2015		1.00
5						4	1/12/2015	H0005NM	GROUP COUNSEL			50.00		0.00	11	Office	0.00	1/15/2015		1.00
6						4	1/13/2015	H0005NM	GROUP COUNSEL			74.00		0.00	7	Office	0.00	1/21/2015		1.00
7						4	1/15/2015	H0005NM	GROUP COUNSEL			75.00		0.00	3	Office	0.00	1/21/2015		1.00
8						4	1/21/2015	H0004NM	INDIVIDUAL COUN			32.00		0.00	0	Office	160.00	1/26/2015		1.00
9						4	1/22/2015	H0005NM	GROUP COUNSEL			84.00		0.00	12	Office	0.00	2/3/2015		1.00
10						4	1/27/2015	H0004NM	INDIVIDUAL COUN			32.00		0.00	0	Office	160.00	1/28/2015		1.00
11						4	2/4/2015	H0004NM	INDIVIDUAL COUN			32.00		0.00	0	Office	160.00	2/23/2015		1.00
12						4	2/20/2015	H0004NM	INDIVIDUAL COUN			32.00		0.00	0	Office	160.00	3/3/2015		1.00
13						4	2/20/2015	H0005NM	GROUP COUNSEL			86.00		0.00	13	Office	0.00	3/3/2015		1.00
14						4	2/24/2015	H0004NM	INDIVIDUAL COUN			32.00		0.00	0	Office	160.00	3/2/2015		1.00
15						4	2/26/2015	H0005NM	GROUP COUNSEL			75.00		0.00	13	Non-Residential	0.00	3/2/2015		1.00
16						4	2/26/2015	H0005NM	GROUP COUNSEL			80.00		0.00	10	Office	0.00	3/3/2015		1.00
17						12	2/25/2015	H0004NM	INDIVIDUAL COUN			75.00		0.00	0	Office	160.00	3/3/2015		1.00
18						12	2/26/2015	H0005NM	GROUP COUNSEL			45.00		0.00	10	Office	0.00	2/26/2015		1.00
19						12	2/26/2015	H0005NM	GROUP COUNSEL			75.00		0.00	13	Non-Residential	0.00	3/2/2015		1.00
20						12	2/26/2015	H0005NM	GROUP COUNSEL			75.00		0.00	13	Non-Residential	0.00	3/3/2015		1.00
21						12	2/26/2015	H0005NM	GROUP COUNSEL			80.00		0.00	10	Office	0.00	3/3/2015		1.00
22						12	2/26/2015	H0005NM	GROUP COUNSEL			75.00		0.00	12	Office	0.00	3/3/2015		1.00
23						12	2/27/2015	H0005NM	GROUP COUNSEL			69.00		0.00	8	Non-Residential	0.00	2/27/2015		1.00
24						12	2/27/2015	H0005NM	GROUP COUNSEL			69.00		0.00	5	Office	0.00	3/3/2015		1.00
25						1	1/2/2015	H0005NM	GROUP COUNSEL			69.00		0.00	9	Non-Residential	0.00	1/2/2015		1.00
26						1	1/2/2015	H0005NM	GROUP COUNSEL			72.00		0.00	11	Non-Residential	0.00	1/2/2015		1.00
27						1	1/2/2015	H0005NM	GROUP COUNSEL			65.00		0.00	8	Non-Residential	0.00	1/5/2015		1.00
28						1	1/5/2015	H0005NM	GROUP COUNSEL			45.00		0.00	9	Office	0.00	1/5/2015		1.00
29						1	1/5/2015	H0005NM	GROUP COUNSEL			75.00		0.00	10	Office	0.00	1/8/2015		1.00
30						1	1/5/2015	H0005NM	GROUP COUNSEL			60.00		0.00	9	Non-Residential	0.00	1/8/2015		1.00
31						1	1/5/2015	H0005NM	GROUP COUNSEL			75.00		0.00	14	Office	0.00	1/9/2015		1.00
32						1	1/6/2015	H0005NM	GROUP COUNSEL			45.00		0.00	10	Office	0.00	1/8/2015		1.00
33						1	1/6/2015	H0005NM	GROUP COUNSEL			75.00		0.00	14	Office	0.00	1/9/2015		1.00
34						1	1/6/2015	H0005NM	GROUP COUNSEL			46.00		0.00	8	Office	0.00	1/13/2015		1.00
35						1	1/6/2015	H0005NM	GROUP COUNSEL			70.00		0.00	4	Office	0.00	1/29/2015		1.00
36						1	1/7/2015	H0005NM	GROUP COUNSEL			45.00		0.00	11	Office	0.00	1/8/2015		1.00
37						1	1/7/2015	H0005NM	GROUP COUNSEL			70.00		0.00	12	Office	0.00	1/13/2015		1.00
38						1	1/8/2015	H0005NM	GROUP COUNSEL			45.00		0.00	6	Office	0.00	1/8/2015		1.00
39						1	1/8/2015	H0005NM	GROUP COUNSEL			60.00		0.00	9	Non-Residential	0.00	1/12/2015		1.00
40						1	1/12/2015	H0005NM	GROUP COUNSEL			45.00		0.00	12	Office	0.00	1/12/2015		1.00
41						1	1/12/2015	H0005NM	GROUP COUNSEL			75.00		0.00	12	Non-Residential	0.00	1/13/2015		1.00

SUD Outpatient UOS Summary Report

Description: Summarizes units of service for the program and date range selected. Shows both Drug Medi-Cal and non-Drug Medi-Cal Services. Services are separated by service code. Unique Client Count and Staff Duration are also included.

Drug Medi-Cal billing is based on your certification, your contract, the billing code used and the client's eligibility.

Purpose: Assists invoicing, monitors productivity, tracks Drug Medi-Cal and other funding mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry remain undetected.

Menu Path
> Avatar PM>Operations Reports

Parameters
4. *Program* –Select the "service" program used when entering the services, not the "episode" program.
5. *Start Date* – Includes only services on or after this date.
6. *End Date* – Includes only services before or on this date.

Technical Notes
- Report is designed for SUD Outpatient Programs.
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- Report includes services that have been uploaded to Avatar or entered via Progress Notes

San Francisco Department of Public Health
Behavioral Health Services
SUD Outpatient UOS Summary Report
SUD Outpatient Programs Only
Services Provided between 7/1/2018 and 7/31/2018

July 2018

Svc Code	Description	Drug Medi-Cal Units	Non-Drug Medi-Cal Units	Total Units	Staff Minutes	Drug Medi-Cal Clients	Non-Drug Medi-Cal Clients	Total Clients
DISCHPLR	OP SUD Discharge Planning+Referral	5	0	5	70	1	0	1
IGRPCONS	Group Counseling (IOT Clients Only)	10	0	10	840	6	0	6
IINDCONS	Individual Counseling IOT	126	0	126	1,888	15	0	15
INTKASMT	OP SUD Intake +Assessment	245	0	245	3,668	20	0	20
IOCRISIS	IOT Crisis Intervention	3	0	3	40	1	0	1
IOINTAKE	IOT Intake	82	0	82	1,224	6	0	6
IOPTEDUC	IOT Petient ED Group	195	0	195	15,074	16	0	16
IOTCM	IOT Case Management	101	0	101	1,522	12	0	12
ODSCMGT	CaseManegement	59	0	59	886	14	0	14
ODSCRISIS	OP SUD Crisis Intervention	19	0	19	284	5	0	5
ODSGRPCI	Group OP SUD Counseling	8	0	8	777	8	0	8
ODSINDCN	Individual OP SUD Counseling	211	0	211	3,158	28	0	28
ODSPTEDU	ODS/OP Patient Education Group	212	0	212	16,424	34	0	34
OPLNDEV	ODS SUD Treatment Plan Development	80	0	80	1,204	14	0	14
	July 2018 Totals:	1,355		1,355	47,059	60	0	60

SUD Outpatient UOS Detail Report EXCEL

Description: Corresponds with the **SUD Outpatient UOS Summary Report** and provides the detailed information of the contents of the Summary Report. Summarizes units of service for the program and date range selected. Shows both Drug Medi-Cal and non-Drug Medi-Cal Services. Services are separated by service code. Unique Client Count and Staff Duration are also included.

Drug Medi-Cal billing is based on your certification, your contract, billing code used and the client's eligibility.

Purpose: Assists invoicing, monitors productivity, tracks Drug Medi-Cal/other funding mix.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with clinical supervisor or fiscal roles.

When to run: Monthly or more frequently.

Consequences if not run: Missing services and/or errors in data entry remain undetected.

Menu Path
Avatar PM>Operations Reports
Parameters
4. *Program* –Select the "service" program used when entering the services, not the "episode" program.
5. *Start Date* – Includes only services on or after this date.
6. *End Date* – Includes only services before or on this date.

Technical Notes
- Report is designed for NTP (Methadone Maintenance) Programs.
- Report counts all services at the selected program during the specified date range.
- The report includes only direct services (i.e., services linked to a client.)
- Report includes services that have been uploaded to Avatar or entered via Progress Notes

Exporting to Excel
- Click the "save" icon
- Save as Microsoft Excel 97-2000 (Data Only)
- Select "Column width based on objects in the: Page Header"
- Click "OK"
- Select a destination to save the document.
- TIP 1: Once in the Excel document, click "Insert" and select "Table"
- TIP 2: Use the arrows at the top of each column to sort data

Crystal Report Version

To export go to File, Export, Export Report, choose Microsoft Excel 97-2000 (Data Only). In the next window click in Custom then click in options and select "Column width based on objects in the: Page Header" and then click OK. Then save.

San Francisco Department of Public Health
Behavioral Health Services
SUD Outpatient UOS Detail Report EXCEL
Services Provided between 7/1/2018 and 7/31/2018

Confidential Information

EpiProgCode	EpiProgVal	SvcProgCod	ClientID	ClientName	EPI#	SvcDate	SvcCode	SvcDescription	StaffID	PractitionerName	Duration	CoStaff N	CoStaff	2CoStaff M	2CoStaff D	#Grp	SvcLocation
					7	7/17/2018	INTKASMT	OP SUD Intake +Assessme			210.00	0.00		0.00		0	Office
					7	7/19/2018	INTKASMT	OP SUD Intake +Assessme			60.00	0.00		0.00		0	Office
					7	7/24/2018	ODSPTED	ODS/OP Patient Education			66.00	0.00		0.00		3	Office
					7	7/24/2018	ODSPTED	ODS/OP Patient Education			65.00	0.00		0.00		10	Office
					7	7/24/2018	ODSPTED	ODS/OP Patient Education			63.00	0.00		0.00		3	Office
					7	7/26/2018	ODSGRPC	Group OP SUD Counseling			65.00	0.00		0.00		8	Office
					7	7/30/2018	ODSINDC	Individual OP SUD Counsel			40.00	0.00		0.00		0	Office
					7	7/31/2018	ODSPTED	ODS/OP Patient Education			65.00	0.00		0.00		7	Office
					7	7/31/2018	ODSPTED	ODS/OP Patient Education			65.00	0.00		0.00		11	Office
					7	7/31/2018	ODSPTED	ODS/OP Patient Education			65.00	0.00		0.00		4	Office
					7	7/26/2018	IOINTAKE	IOT Intake			180.00	0.00		0.00		0	Office
					7	7/30/2018	IOINTAKE	IOT Intake			100.00	0.00		0.00		0	Office
					16	7/19/2018	INTKASMT	OP SUD Intake +Assessme			210.00	0.00		0.00		0	Office
					16	7/19/2018	ODSPTED	ODS/OP Patient Education			63.00	0.00		0.00		10	Office
					16	7/23/2018	ODSPTED	ODS/OP Patient Education			94.00	0.00		0.00		5	Office
					16	7/23/2018	ODSPTED	ODS/OP Patient Education			65.00	0.00		0.00		9	Office

EXCEL Version once table has been inserted

CSI Correction Report by Program

Description: Report displays missing as well as incorrect CSI Information.

The report lists clients with errors on CSI who have an open episode during the selected data range for the selected program.

Purpose: Report is used to review CSI data for open cases, identify any potential errors or missing data.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: Monthly or more frequently.

Consequences if not run: DHCS requires that all Mental Health Program submit CSI information at admission and update information annually. Risk of being out of compliance on State Reporting Requirements.

Menu Path
Avatar PM> Client Management>Client Information

Parameters
1. *Select Program*
2. *Start Date*
3. *End Date*

City and County of San Francisco, Department of Public Health
Community Health Care, Community Behavioral Health Services

CSI Correction Report for

Data Entry By : Pat Reynolds   Data Entry by Option : Pat Reynolds
Data entered On 02/06/2015 At 08:23 AM   Report Status : SUBMITTED   Report Date Range : 01/01/2015 THRU 01/31/2015

Episode with Error: **EPISODE_NUMBER = 1**

Required Field Missing: Social Security Number

Episode with Error: **EPISODE_NUMBER = 1**

'Periodic' record suppressed. CSI 'Client' record not found.

Required Field Missing: Mother's First Name

Episode with Error: **EPISODE_NUMBER = 1**

District of Residence must be 7 bytes, current value (38684780000000) is invalid

CalOMS Admission Errors by Program

Description: Report displays missing as well as incorrect CalOMS Information.

The report lists clients with errors on CalOMS who have an open episode during the selected data range for the selected program.

Purpose: Report is used to review CalOMS data for open cases, identify any potential errors or missing data.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: Monthly or more frequently.

Consequences if not run: DHCS requires that all Substance Use Disorder Program submit CalOMS information at admission and update information annually. Risk of being out of compliance on State Reporting Requirements.

Menu Path
Avatar PM> Client Management>Client Information

Parameters
1. *Select Program*
2. *Start Date*
3. *End Date*

San Francisco Department of Public Health
Community Behavioral Health Services

CalOMS Admission 'Missing and Errors' by Program Report

From: 1/1/2016 to 7/11/2016

Confidential Patient Information

CalOMS Admission Records missing

Client ID	Episode #	Name	Admit Date	Discharge Date
	25		06/29/2016	
	14		07/11/2016	
	3		06/30/2016	
	1		07/05/2016	
	1		06/30/2016	
	5		06/03/2016	06/12/2016
	1		07/11/2016	

CalOMS Admission Records missing   **2**

CalOMS Admission Annual Update Records missing

Client ID	Episode #	Name	Admit Date

CalOMS Admission Annual Update Records missing   **0**

CalOMS Admission record(s) in error

Client ID: Episode Number: 3

Record Type: Admission

Birth First Name: A value must be provided that is either one of the specified numeric values, or an alpha name.
Birth Last Name: A value must be provided that is an alpha name.
Zip Code At Current Residence: Missing required field.
Place of Birth - County: Missing required field.
Place of Birth - State: Missing required field.
Driver's License Number: Missing required field.
Driver's License State: Missing required field.
Mother's First Name: A value must be provided that is an alpha name.
Race 1: 080 - Race was not indicated in record.
Race 1: At least one race must be indicated.
Race 2: 080 - Race was not indicated in record.
Race 3: 080 - Race was not indicated in record.
Race 4: 080 - Race was not indicated in record.
Race 5: 080 - Race was not indicated in record.
Ethnicity: Missing required field.
Veteran: Missing required field.
Disability: Missing required field.
Consent: Missing required field.
Admission Transaction Type: Missing required field.

SUMMARY

Missing Admission records	**2**
Missing Annual update records	**0**
**Error records less matching Admission records	**3**
Episodes opened during this period	**144**
Percentage in Error	**3.47%**

** Some Missing admission records are also in the Error records section by default.

CalOMS Discharge Errors by Program

Description: Report displays missing as well as incorrect CalOMS Information.

The report lists clients with errors on CalOMS who have a closed episode during the selected data range for the selected program.

Purpose: Report is used to review CalOMS data for open cases, identify any potential errors or missing data.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: Monthly or more frequently.

Consequences if not run: DHCS requires that all Substance Use Disorder Program submit CalOMS information upon discharge. Risk of being out of compliance on State Reporting Requirements.

Menu Path
Avatar PM> Client Management>Client Information

Parameters
1. *Select Program*
2. *Start Date*
3. *End Date*

San Francisco Department of Public Health
Community Behavioral Health Services

CalOMS Discharge 'Missing and Errors' by Program Report

From: 1/1/2016   To: 7/11/2016

Confidential Patient Information

CalOMS Discharge Records missing

Pat ID	Episode #	Name	Admit Date	Discharge Date	Caloms Discharge Status
	14		01/11/2016	02/01/2016	Missing Dischg rec
	4		02/11/2016	06/05/2016	Missing Dischg rec
	9		03/01/2016	05/13/2016	Missing Dischg rec

CalOMS Discharge Records missing   3.00

CalOMS Discharge record(s) in error

Client ID:	Episode Number:	4

Discharge Status: Missing required field.
Consent: Missing required field.
Primary Drug (Code): Missing required field.
Primary Drug Frequency: Missing required field.
Primary Drug Route of Administration: Missing required field.
Secondary Drug (Code): Missing required field.
Secondary Drug Frequency: Missing required field.
Secondary Drug Route of Administration: Missing required field.
Alcohol Frequency: Missing required field.
Needle Use: Missing required field.
Employment Status: Missing required field.
Work Past 30 Days: Missing required field.
Enrolled in School: Missing required field.
Enrolled in Job Training: Missing required field.
Number of Arrests Last 30 Days: Missing required field.
Number of Jail Days Last 30 Days: Missing required field.
Number of Prison Days Last 30 Days: Missing required field.
Emergency Room Last 30 Days: Missing required field.
Hospital Overnight Last 30 Days: Missing required field.
Medical Problems Last 30 Days: Missing required field.
HIV Tested: Missing required field.
Mental Illness: Missing required field.
Social Support: Missing required field.
Current Living Arrangements: Missing required field.
Living With Someone: Missing required field.
Family Conflict Last 30 Days: Missing required field.
Number of Children Living With Someone Else: Missing required field.
Number of Children Living With Someone Else and Parental Rights Terminated: Missing required field.

SUMMARY

Missing Dischard records	3
**Error records less matching Discharge records	3.00
Episodes with discharge date during this period	107
Percentage in Error	5.61%

** Some Missing admission records are also in the Error records section by default.

CalOMS Demographics by Program Reports

CalOMS New Tx Admission by Program
CalOMS Active Tx Admission by Program

Description: Report displays demographic information on clients during the selected time frame. The report can be run for new admissions or active cases.

Purpose: Report is used to provide information to programs regarding their client population.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: As needed

Menu Path
Avatar PM> Client Management>Client Information

Parameters
1. *Select Program*
2. *Start Date*
3. *End Date*

San Francisco Department of Public Health
Community Behavioral Health Services

CalOMS New Tx Admission and Demographics by Program

For ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓
Admissions Between 1/1/2016 and 1/31/2016

By Age Group

	# of Episodes	%
21-25	1	4%
26-35	8	33%
36-45	1	4%
46-65	13	54%
66+	1	4%
Total	24	100%

By Race/Ethnicity

	Total		Mexican/ Mexican American		Not Hispanic		Other Hispanic/ Latino	
American Indian	1	4%	1	25%	0	0%	0	0%
Black/African	9	37%	0	0%	9	50%	0	0%
Chinese	1	4%	0	0%	1	5%	0	0%
Mixed Race	2	8%	1	25%	0	0%	1	50%
Other Asian	2	8%	0	0%	2	11%	0	0%
Other Race	3	12%	2	50%	0	0%	1	50%
White	6	25%	0	0%	6	33%	0	0%
Total	24	100%	4	100%	18	100%	2	100%

By Gender

	# of Episodes	%
Female	8	33%
Male	16	66%
Total	24	100%

By Veteran Status

	# of Episodes	%
No	24	100%
Total	24	100%

By Disability

	# of Episodes	%
None	11	46%
Visual	0	0%
Hearing	0	0%
Speech	0	0%
Mobility	5	21%
Mental	8	33%
Developomentally Disabled	1	4%
Other	2	8%
Client declined to state	0	0%
Client unable to answer	0	0%

By Primary Drug Problem

	# of Episodes	%
Alcohol	8	33%
Cocaine /Crack	5	20%
Heroin	4	16%
Marijuana/Hashish	1	4%
Methamphetamines	6	25%
Total	24	100%

By Age at First Use

	# of Episodes	%
0-17	14	58%
18-20	4	16%
21-25	1	4%
26-35	3	12%
36-45	1	4%
46-65	1	4%
Total	24	100%

Other

	# of Episodes	%
Clients with Needle Use within 12 months of Admission	5	21%
Clients with Methadone Prescribed at Admission	0	0%
Clients with Mental Illness	16	67%
Pregnant at Admission	0	0%

CalOMS Demographics by Program

CalOMS Tx Discharge Summary by Program

Description: Report displays demographic information on closed clients during the selected time frame based on CalOMS Information.

Purpose: Report is used to provide information to programs regarding their client population.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Users with any level of "Clinical" role.

When to run: As needed

Menu Path
Avatar PM> Client Management>Client Information

Parameters
1. *Select Program*
2. *Start Date*
3. *End Date*

San Francisco Department of Public Health
Community Behavioral Health Services

CalOMS Tx Discharge Summary by Program

For ▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒

Discharges Between 1/1/2016 and 1/31/2016

Length of Stay (Days)	Number of Episodes	Percent
7 days or less	2	11%
8-29 days	8	47%
30-59 days	1	5%
60-89 days	1	5%
90-119 days	2	11%
120-179 days	1	5%
180-364 days	1	5%
365 days or more	1	5%
Total	17	100%

CalOMS Discharge Status	Number of Episodes	Percent
Completed treatment/recovery plan, Goals/Not Referred	1	5%
Completed treatment/recovery plan. Goals/Referred	1	5%
Left before completion w/ Satisfactory Progress/Administrative	1	5%
Left before completion w/ Satisfactory Progress/Standard	3	17%
Left before completion w/ Unsatisfactory Progress/Administrative	5	29%
Left before completion w/ Unsatisfactory Progress/Standard	5	29%
None Entered	1	5%
Total	17	100%

Diagnosis by Client Report

Description: For a given Client, displays client diagnoses for the specified episode.

Information displayed includes: Client name, ID Number, Admission Date, the Primary, Secondary, and Tertiary Diagnoses as well as any additional Axis IV diagnoses. Diagnoses are shown in DSM IV/ICD-9 and DSM 5/ICD-10 formats.

Purpose: Report used to print out client diagnoses

Who uses: Clinical staff.

Who can access: Users with any level of "Clinical" role.

When to run: As needed.

Menu Path
Avatar CWS> Reports

Parameters
1. *Client*
2. *Episode*

Diagnosis by Client Report

Episode 1 - Admission date 7/2/2010

Confidential Patient Information

Date of Diagnosis: 7/2/2010   **Type of Diagnosis:** Update

Rank	Description	Diagnosing Practitioner	Status	Class	Bill Order	DSM-IV/ ICD-9	DSM-5/ ICD-10
Primary	Depression emotion		Active		1	311	F 32.9

Axis IV Primary Support Group	No Entry	Axis IV Housing		No Entry
Axis IV Social/Environmental	No Entry	Axis IV Economic		No Entry
Axis IV Educational	No Entry	Axis IV Health Care Services		No Entry
Axis IV Occupational	No Entry	Axis IV Legal System/Crime		No Entry

Date of Diagnosis: 7/2/2010   **Type of Diagnosis:** Admission

Rank	Description	Diagnosing Practitioner	Status	Class	Bill Order	DSM-IV/ ICD-9	DSM-5/ ICD-10
Primary	Depressed		Active		1	311	F 32.9

@practitoner (String)

Axis IV Primary Support Group	No Entry	Axis IV Housing		No Entry
Axis IV Social/Environmental	No Entry	Axis IV Economic		No Entry
Axis IV Educational	No Entry	Axis IV Health Care Services		No Entry
Axis IV Occupational	No Entry	Axis IV Legal System/Crime		No Entry

Date of Diagnosis: 7/2/2010   **Type of Diagnosis:** Update

Rank	Description	Diagnosing Practitioner	Status	Class	Bill Order	DSM-IV/ ICD-9	DSM-5/ ICD-10
Primary	Attentiondeficit hyperactivity disorder combined type		Active		1	314.01	F 90.2

Axis IV Primary Support Group	No Entry	Axis IV Housing		No Entry
Axis IV Social/Environmental	No Entry	Axis IV Economic		No Entry
Axis IV Educational	No Entry	Axis IV Health Care Services		No Entry
Axis IV Occupational	No Entry	Axis IV Legal System/Crime		No Entry

Missing DSM 5 Diagnosis Report

Missing DSM5 Diagnosis by Prog Staff Rpt
Missing DSM5 Diagnosis by Clin,Supvr Rpt
Missing DSM5 by Clinician Rpt

Description: Report displays missing as well as completed client diagnoses for clients with an open episode in the selected program based on clinician caseload.

The report includes the staff member's percentage of completed and incomplete diagnoses. The program level report will also display the program totals and percentages.

Purpose: Report can be used to review diagnoses for open cases, identify any potential errors or missing data, as well as provide information to programs regarding their client population.

Who uses: Clinicians, Supervisors, Administrators, Quality Assurance staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or more frequently.

Consequences if not run: Missing diagnosis will prevent MediCal Claiming.

Menu Path
Avatar CWS> Reports

Parameters
  4. *Select Program*

Missing DSM-5 Diagnosis by Program/Staff Report

Confidential Patient Information

Admitting/Primary Clinician:

Client Name	Client ID	Epi#	Admission Date	Last Service	Diagnosing Practitioner	Date of Diagnosis	DSM-IV/ ICD-9	DSM-5/ ICD-10
DSM-5/ICD-10 Not Completed								
DSM-5/ICD-10 Completed								
		1	2/22/2013	6/8/2016		2/26/2016	314.01	F90.2
		1	1/12/2012	5/24/2016		1/12/2016	314.01	F90.2
		2	2/4/2016	6/20/2016		3/29/2016	300.00	F41.9
		1	10/30/2015	6/16/2016		10/30/2015	309.81	F43.10
		2	3/28/2016	7/1/2016		5/9/2016	300.23	F40.10
		2	1/16/2009	7/1/2016		1/19/2016	313.81	F91.3
		1	8/22/2014	5/5/2016		8/20/2015	312.30	F63.9
		1	11/22/2013	5/5/2016		11/20/2015	312.9	F91.9
		1	4/17/2015	7/5/2016		4/15/2016	309.21	F93.0
		1	2/16/2012	5/13/2016		2/17/2016	314.01	F90.2
		1	10/1/2015	5/17/2016		11/19/2015	314.01	F90.2
		1	10/21/2015	6/17/2016		3/18/2016	309.4	F43.25
		1	2/20/2014	6/16/2016		2/19/2016	314.01	F90.2
		1	11/3/2014	5/24/2016		11/3/2015	314.01	F90.2
		1	2/6/2015	5/26/2016		2/4/2016	314.01	F90.2
		1	1/20/2015	6/20/2016		1/20/2016	296.99	F34.8

Totals for: CHAN,JENNY (004632)	Number	Percentage
Open Admissions on 7/8/2016	16	100.00%
DSM-5/ICD-10 Completed	16	100.00%
DSM-5/ICD-10 Not Completed	0	0.00%

CYF Comprehensive 2.0 Report Due Reports

CYF Comprehensive Report Due by Program/Staff Report
CYF Comprehensive Report Due by Clinician, Supervisor Rpt
CYF Comprehensive Report Due by Clinician Report

Description: These reports shows information on when the CYF clinical documents are due based on the Clinician's Caseload during a given timeframe.

Report includes Client Name, Episode, Date of Admission, Last CANS, Last Diagnosis, Last Plan of Care, Whether the client has signed the Plan, Last date of service, PURQC Due Date, and Last PSC-35

Purpose: Use this report to ensure timely reviews of Clinical Documentation.

Who uses: Program clinical staff

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or as needed.

Consequences if not run: Clinical Documents could be at risk for not being completed in a timely manner.

Menu Path:
Avatar CWS>Assessments>User Defined Assessments>CANS 2.0

Parameters: Program

San Francisco Department of Public Health
Community Behavioral Health Services

CYF TPOC Due by Program/Staff Report

████ ██████ ████ █████

Confidential Patient Information

Admitting/Primary Clinician: ████████████████

Client Name	Client ID	Age	Epi#	Admission	Last POC Finalized	Next POC Due	Last Date of Service
██████████	████████	14	3	12/7/2012	12/9/2015	12/7/2016	4/1/2016

Admitting/Primary Clinician: █████████████

Client Name	Client ID	Age	Epi#	Admission	Last POC Finalized	Next POC Due	Last Date of Service
		11	1	2/22/2013	3/11/2016	2/22/2017	6/8/2016
		11	1	1/12/2012	1/25/2016	1/12/2017	5/24/2016
		14	2	2/4/2016	3/31/2016	2/4/2017	6/20/2016
		10	1	10/30/2015	12/9/2015	10/30/2016	6/16/2016
		17	2	3/28/2016	4/14/2016	3/28/2017	7/1/2016
		12	2	1/16/2009	2/1/2016	1/16/2017	7/1/2016
		3	1	8/22/2014	8/20/2015	8/22/2016	5/5/2016
		5	1	11/22/2013	12/2/2015	11/22/2016	5/5/2016
		3	1	4/17/2015	4/19/2016	4/17/2017	7/5/2016
		15	1	2/16/2012	2/18/2016	2/16/2017	5/13/2016
		6	1	10/1/2015	11/20/2015	10/1/2016	5/17/2016
		9	1	10/21/2015	3/29/2016	10/21/2016	6/17/2016
		10	1	2/20/2014	2/26/2016	2/20/2017	6/16/2016
		8	1	11/3/2014	11/4/2015	11/3/2016	5/24/2016
		7	1	2/6/2015	2/12/2016	2/6/2017	5/26/2016
		10	1	1/20/2015	2/5/2016	1/20/2017	6/20/2016

Admitting/Primary Clinician: ████████████████████

Client Name	Client ID	Age	Epi#	Admission	Last POC Finalized	Next POC Due	Last Date of Service
		10	1	11/18/2014	3/14/2016	11/18/2016	6/13/2016
		10	3	9/8/2015	11/20/2015	9/8/2016	6/28/2016
		10	1	1/21/2014	3/24/2016	1/21/2017	3/15/2016
		6	1	9/1/2015	1/26/2016	9/1/2016	5/24/2016
		17	5	10/26/2011	11/9/2015	10/26/2016	6/30/2016
		9	7	3/18/2016	4/21/2016	3/18/2017	6/21/2016
		7	1	1/12/2016	4/11/2016	1/12/2017	5/24/2016
		5	1	12/15/2015	4/11/2016	12/15/2016	5/24/2016
		17	6	2/24/2016	3/23/2016	2/24/2017	5/6/2016
		17	3	10/21/2014	3/10/2016	10/21/2016	5/31/2016
		16	1	3/15/2010	5/5/2016	3/15/2017	5/5/2016

San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department of Public Health
Community Behavioral Health Services

CYF Comprehensive Report Due by Program/Staff

Confidential Patient Information

Client Name (PATID)	Ep#	Admit Date	Last CANS Finalized	Last CANS Type	Next CANS Due	Last Dx	Last TPOC	TPOC Sign (Client)	TPOC Sign (Other)	Next TPOC Due	Last Date of Service	PURQC Due	Last PSC35 Completed
	1	02/22/13	02/22/19	6/20: Annual	9/22/2019	02/21/19	02/22/19	03/28/19	03/28/19	02/22/20	03/28/19	08/22/19	02/21/19
									Last PSC35 Completed by:				
	1	08/12/10	08/08/17	5/18: Assess	Exp 8/12/2018	08/09/18	08/09/18	08/09/18	08/09/18	08/12/19	05/16/19	08/12/19	No PSC35
	1	04/28/14	04/26/18	5/18: Assess	Exp 4/28/2019	05/08/19	05/09/19	None	05/09/19	04/28/20	06/28/19	04/28/20	05/09/19
									Last PSC35 Completed by:				
	1	11/06/07	11/01/17	5/18: Assess	Exp 11/6/2018	11/02/18	11/01/18	None	11/01/18	11/06/19	06/13/19	11/06/19	11/02/18
									Last PSC35 Completed by: CCDC Child Dev Center (38746)				
	1	03/29/13	03/15/18	5/18: Assess	Exp 3/29/2019	02/28/19	02/28/19	06/13/19	03/07/19	03/29/19	06/13/19	03/29/19	03/15/19
									Last PSC35 Completed by:				
	3	12/05/13	12/04/17	5/18: Assess	Exp 12/5/2018	01/24/19	01/24/19	01/24/19	01/24/19	12/05/19	05/02/19	12/05/19	No PSC35
	1	03/26/13	03/25/19	6/20: Annual	10/26/2019	03/13/19	03/25/19	03/25/19	03/25/19	03/26/20	04/04/19	03/26/20	03/28/19
									Last PSC35 Completed by:				
	1	10/29/14	01/15/16	5/18: Assess	Exp 10/29/2016	10/12/18	10/04/18	10/04/18	10/04/18	10/29/18	04/25/19	10/29/19	03/14/19
									Last PSC35 Completed by:				

Summary

CANS Assessment

Total Current Asssessments:	125	76.69%
Total Expired Assessments:	28	17.18%
Total Pending Approval:	0	0.00%
Total Draft:	5	3.07%
Total 1st Due Upcoming:	3	1.84%
Total 1st Overdue:	2	1.23%
Total No Assessment > 20:	0	0.00%

Diagnosis

Diagnosis Completed	160	98.16%
Diagnosis Not Completed	3	1.84%

Treatment Plan of Care

Total Current POC:	140	86.96%
Total Expired POC:	9	5.59%
Total No POC:	8	4.97%
Total Pending Approval:	0	0.00%
Total Draft:	4	2.48%

PURQC

Current PURQC	127	77.91%
Missing PURQC	14	8.59%
Expired PURQC	22	13.50%

Adult TPOC Due Reports

Adult TPOC Due by Program/Staff Report
Adult TPOC Due by Clinician,Supvr Rpt
Adult TPOC Due by Clinician Report

Description: These reports shows information on when the Adult TPOC's are due based on the Clinician's Caseload during a given timeframe.

Report includes Client Name, Episode, Episode Opening Date, Current Plan, Plan Type, Plan Status, and Next Due Date

Purpose: Use this report to ensure timely reviews of Client Plans of Care.

Who uses: Program clinical staff, administrators, quality assurance staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or as needed.

Consequences if not run: Treatment Plans of Care could be at risk for not being completed in a timely manner.

Menu Path:
Avatar CWS>Treatment Planning

Parameters
1. *Program*

San Francisco Department of Public Health
Community Behavioral Health Services

ADULT TPOC Due by Program/Staff Report

Confidential Patient Information

Admitting/Primary Clinician:

Client Name	Client ID	Epi#	Admission	Last POC Finalized	Next POC Anniversary	Last Date of Service
		14	12/24/2012	1/20/2016	12/24/2016	4/26/2016
		5	3/2/2016	4/18/2016	3/2/2017	7/5/2016
		4	4/27/2016	5/19/2016	4/27/2017	6/16/2016
		6	2/24/2016	5/9/2016	2/24/2017	6/6/2016
		5	6/18/2013	6/28/2016	6/18/2017	7/5/2016
		7	6/24/2016	No POC	N/A	6/24/2016
		2	1/16/2004	2/24/2016	1/16/2017	7/8/2016
		5	5/17/2016	No POC	N/A	6/29/2016
		3	1/26/2011	2/23/2016	1/26/2017	6/22/2016
		2	12/14/2005	1/11/2016	12/14/2016	6/28/2016
		5	12/9/2014	1/11/2016	12/9/2016	6/29/2016
		7	3/25/2016	4/18/2016	3/25/2017	6/28/2016
		7	1/30/2013	5/11/2016	1/30/2017	7/7/2016
		3	4/20/2016	No POC	N/A	5/25/2016
		3	6/13/2016	No POC	N/A	6/27/2016
		33	5/17/2016	No POC	N/A	7/1/2016
		3	12/10/2014	12/21/2015	12/10/2016	6/30/2016
		4	4/17/2014	4/12/2016	4/17/2017	7/7/2016
		3	7/10/2014	9/9/2015	7/10/2016	7/5/2016
		5	5/21/2008	5/12/2016	5/21/2017	7/7/2016
		17	5/20/2010	5/24/2016	5/20/2017	7/5/2016
		2	5/19/2009	6/13/2016	5/19/2017	6/13/2016
		17	3/7/2014	3/21/2016	3/7/2017	7/7/2016
		14	5/12/2016	6/21/2016	5/12/2017	7/8/2016
		21	2/2/2016	2/11/2016	2/2/2017	6/30/2016
		18	6/9/2014	8/13/2015	Exp 6/9/2016	4/4/2016
		6	6/27/2008	6/28/2016	6/27/2017	7/8/2016
		21	5/14/2015	6/9/2016	5/14/2017	6/30/2016
		3	6/30/2010	6/24/2015	Exp 6/30/2016	6/23/2016
		15	11/7/2014	No POC	N/A	5/3/2016
		6	2/3/2016	2/11/2016	2/3/2017	6/28/2016
		16	4/16/2015	5/11/2016	4/16/2017	5/12/2016
		2	10/15/2008	11/23/2015	10/15/2016	7/5/2016
		16	9/11/2014	3/16/2016	9/11/2016	6/14/2016
		4	6/20/2016	No POC	N/A	6/27/2016
		1	10/25/2007	5/9/2016	10/25/2016	7/6/2016
		23	4/1/2015	4/11/2016	4/1/2017	6/30/2016
		3	10/14/2009	11/30/2015	10/14/2016	6/27/2016

SUD TPOC Due Reports

SUD TPOC Due by Program Staff Rpt
SUD TPOC Due by Clinician, Supvr Rpt
SUD TPOC Due by Clinician Report

Description: These reports shows information on when the SUD TPOC's are due based on the Clinician's Caseload during a given timeframe.

Report includes Client Name, Episode, Episode Opening Date, Current Plan, Plan Type, Plan Status, and Next Due Date

Purpose: Use this report to ensure timely reviews of Client Plans of Care.

Who uses: Program clinical staff, administrators, quality assurance staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or as needed.

Consequences if not run: Treatment Plans of Care could be at risk for not being completed in a timely manner.

Menu Path:
Avatar CWS>Treatment Planning

Parameters
1. *Program*

San Francisco Department of Public Health
Community Behavioral Health Services

SUD TPOC Due by Program/Staff Report

Confidential Patient Information

Client Name	Client ID	Epi#	Episode Opening	Last Service Date	TPOC Date Finalized	Next TPOC Due
Admitting Practitioner:						
		130	2/26/2019	6/13/2019	06/20/2019	09/18/2019
		38	11/28/2017	6/25/2019	05/10/2019	08/08/2019
		42	4/8/2019	6/14/2019	Draft	N/A

SUD Continuing Services Justification Due Reports

SUD CSJ Due by Program Staff Rpt
SUD CSJ Due by Clinician, Supvr Rpt
SUD CSJ Justification Due by Clinician Report

Description: These reports shows information on when the SUD Continuing Service Justifications are due based on the Clinician's Caseload during a given timeframe.

Report includes Client Name, Episode, Episode Opening Date, Last Date of service, last Continuing Service Justification Date, and Next Due Date

Purpose: Use this report to ensure timely review of Client Continuing Services Justification.

Who uses: Program clinical staff, administrators, quality assurance staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or as needed.

Consequences if not run: Continuing Services Justification could be at risk for not being completed in a timely manner.

Menu Path:
Avatar CWS>Assessments>User Defined Assessments

Parameters
1. *Program*

San Francisco Department of Public Health
Community Behavioral Health Services

SUD Continuing Services Justification Due by Program/Staff Report

Confidential Patient Information

Client Name	Client ID	Epi#	Episode Opening	Last Service Date	C SJ Date Finalized	Next C SJ Due
Admitting Practitioner:						
		48	10/5/2018	6/27/2019	04/04/2019	09/04/2019 - 10/04/2019
		26	12/6/2018	6/25/2019	06/06/2019	11/06/2019 - 12/06/2019
		9	6/11/2019	6/27/2019	No CSJ	No CSJ
		116	9/5/2017	7/2/2019	02/28/2019	07/28/2019 - 08/28/2019
		130	2/26/2019	6/13/2019	No CSJ	No CSJ
		4	6/20/2019	6/28/2019	No CSJ	No CSJ
		50	7/5/2017	6/28/2019	06/22/2019	11/22/2019 - 12/22/2019
		38	11/28/2017	6/25/2019	05/06/2019	10/06/2019 - 11/06/2019
		42	4/8/2019	6/14/2019	No CSJ	No CSJ
		22	6/11/2019	7/2/2019	No CSJ	No CSJ
		42	10/11/2018	6/28/2019	04/11/2019	09/11/2019 - 10/11/2019
		53	2/3/2017	6/25/2019	01/29/2019	06/29/2019 - 07/29/2019
		43	3/25/2019	7/2/2019	No CSJ	No CSJ

Progress Notes Print Outs

Progress Notes without Pagebreaks
Progress Notes Viewer

Description: Report displays progress notes written for a specific client, episode, and time period. Display includes all values entered when the progress note was written – author, date and time written, note type, status (draft or final), service label and code, service date, practitioner, face to face time, doc/travel time, total duration, text of note.

Note: The difference between Progress Notes without Pagebreaks and Progress Notes Viewer is that the later prints one note per page, page breaking after each note.

Purpose: The report is typically used to monitor entry and accuracy of progress notes.

Who uses: Program managers and clinicians, quality assurance staff.

Who can access: Users with any "clinical" role.

When to run: As needed.

Consequences if not run: Report is primarily requested for convenience of review (vs review on screen). If progress notes are not reviewed potential data entry errors may remain undetected.

Menu Path
Avatar CWS>New Options>Progress Notes Without Pagebreaks

Parameters
1. *Client* –Select client by name, id, other criteria.
2. *Episode* – Includes only progress notes within this episode.
3. *Start and End Date* – Includes only progress notes within these dates.
4. *Note Type* – (Ctrl A for all note types)

Technical Notes
Report includes notes in both Draft status and Final status.

San Francisco Department of Public Health
Community Behavioral Health Services

Progress Notes Without Pagebreaks
AFS SF Therapeutic Visitation (38GS01)
From 1/1/2016 To 7/11/2016
Confidential Patient Information

Client Name:		**Client ID:**	1
Episode #: 7	**Admission Date:** 01/12/2016	**Discharge Date:**	

Service Date (or Note Date if Independent Note): **7/5/2016**

Service Code: MED Support Plan DevTrng **(H0034)**

Service Program:

Practitioner: **FTF:** 5 min   **Doc/Trav:** 5 min

    I have electronically completed and signed this note.

This service was provided in the client's preferred language of English

Location: Office

Status: Final **Finalized Date:** 7/5/2016   **Note Type/For:** Medical / New Service

Progress Note:
    Test

Progress Notes in Draft

Progress Notes in Draft by Prog/Clin Rpt
Progress Notes in Draft Clin/Supvr Rpt
Progress Notes in Draft Clinician Report

Description: Individual and group progress notes may be kept in "Draft" status by clinical staff as needed. However, the progress note must be changed to "Final" status for a service to be created and billing to occur. For a selected program, this report lists all progress notes that remain in "Draft" status, and are therefore unbilled.

The report is sorted alphabetically by clinician name to allow the program manager to view activity of each individual clinician. Within clinician, the report is sorted by date of service with draft progress note with the oldest service date displayed first. For each progress note in draft the report displays: client name/id number, service code and description, service duration, location, group id (if applicable), service program name and id, episode number, note type/for, date note was written. Actual text of draft progress note is not displayed in report.

Purpose: The report is used to monitor whether individual clinicians are finalizing progress notes – and doing so on a timely basis.

Who uses: Program managers and administrators.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Weekly or as needed.

Consequences if not run: Revenue loss will occur if progress notes remain in draft – and are not finalized, or not finalized timely. In addition, progress notes that remain in draft will fail audits by internal and external agencies.

Menu Path:
Avatar CWS>Progress Notes

Parameters:
1. *Program* – Enter the "service" program chosen when entering a progress note, not the "episode" program.
2. *Start Date* – Enter earliest service date to appear in report
3. *End Date* – Enter last service date to appear in report

Technical Notes:
1. The report sorts draft progress notes alphabetically by clinician/practitioner name. Secondary sort is by service date with oldest draft notes appearing first. Third sort is alphabetical by client last name.
2. A new page begins for each staff person so that pages can be distributed amongst individual clinicians.
3. Group progress notes that appear in this report have been individualized but remain in draft. Group notes must be individualized and finalized for each client. See companion report: Group Notes Not Individualized

San Francisco Department of Public Health
Community Behavioral Health Services

Progress Notes in Draft by Program/Clinician Report

From 5/1/2016 To 7/11/2016

Confidential Patient Information

Client Name: **Client ID:**

Episode #: 1   **Admission Date:** 03/13/2015   **Discharge Date:**

Service Date (or Note Date if Independent Note): **5/12/2016**

Service Code: Individual Psychotherapy Counseling **(INDTPY)**

Service Program:

Practitioner: **FTF:** 55 min   **Doc/Trav:** 5 min

Location: Community Mental Health Center

Status: Draft   **Note Type/For:** MH Adult / New Service

Service Date (or Note Date if Independent Note): **5/27/2016**

Service Code: Individual Psychotherapy Counseling **(INDTPY)**

Service Program:

Practitioner: **FTF:** 40 min   **Doc/Trav:** 5 min

Location: Community Mental Health Center

Status: Draft   **Note Type/For:** MH Adult / New Service

Service Date (or Note Date if Independent Note): **6/13/2016**

Service Code: Individual Psychotherapy Counseling **(INDTPY)**

Service Program:

Practitioner: **FTF:** 40 min   **Doc/Trav:** 5 min

Location: Community Mental Health Center

Status: Draft   **Note Type/For:** MH Adult / New Service

Service Date (or Note Date if Independent Note): **6/23/2016**

Service Code: CASE MANAGEMENT BROKERAGE **(T1017)**

Service Program:

Practitioner: **FTF:** 30 min   **Doc/Trav:** 30 min

Location: Community Mental Health Center

Status: Draft   **Note Type/For:** MH Adult / New Service

Group Notes Not Individualized

Group Notes Not Individualized Sup
Group Notes Not individualized Clinician

Description: Entering a group progress note to Avatar involves two steps:
a) Write a group default note that pertains to all clients in the group.
b) Write additional text supplementing the default note that makes it specific to the client. This process is called "individualizing the note", making it individual for each member.

For each group note not individualized, information is displayed in the order in which the note is accessed in the "Progress Notes (Group and Individual)" form within Avatar. Report includes: group ID and name, note date (date note was written), client name and id number, episode number, service date, service code, claim date (blank if not claimed), claim number (if claimed) or claim status (if not claimed), guarantor id number.

Purpose: To identify any group notes that have not been individualized.

Who uses: Clinical staff who provide group services.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report
.

When to run: Weekly or as needed.

Consequences if not run: Group notes create a billable service as soon as the group default note is created. Group notes that are not individualized will fail audits by internal and external agencies, resulting in recoupment by the funding agency.

Menu Path:
Avatar CWS>Progress Notes>Group Notes Not Individualized Clinician

Parameters:
1. *User ID* – Defaults to user that is logged in.
2. *Start Date* – Enter earliest note date to appear in report.
3. *End Date* – Enter last note date to appear in report.

Technical Notes:
1. Group notes must be individualized and finalized for each client. See companion report "Progress Notes in Draft Supervisor" for individualized group notes that remain in draft status.

Group Notes Not Individualized

Your **Outpatient** (##) Service Dates Between 2/9/2013 and 3/11/2013

Confidential Patient Information

Group #	Group Name	Note Date	Client Name	Client ID	Epi #	Service Date	Service Code	Claim Date	Claim #	Guar ID
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	37
5	tuesday	2/28/2013			2	2/26/2013	90853		Open	88
5	tuesday	2/28/2013			6	2/26/2013	90853		Open	37
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	37
5	tuesday	2/28/2013			5	2/26/2013	90853		Open	35
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	37
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	88
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	88
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	37
5	tuesday	2/28/2013			1	2/26/2013	90853		Open	37
5	tuesday	3/7/2013			2	3/5/2013	90853		Open	88
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			6	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			5	3/5/2013	90853		Open	35
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	88
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	88
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37
5	tuesday	3/7/2013			1	3/5/2013	90853		Open	37

Crystal Client Ledger

Description: This report shows the services that were provided including the status of the claim for a particular client, in a specified episode, during a given timeframe.

Report includes blue hyperlinks to 1) client information, 2) diagnosis history 3) a graph of charges and payments by month, 4) service information, 5) practitioner information, and 6) guarantor information.

Purpose: Use this report to verify the status of a claim when requesting corrections (service deletions). If a claim number appears in the left hand column, you will need to submit a BH7109 to billing when deleting the service.

Who uses: Program clinical staff, administrators, quality assurance staff.

Who can access: Users with Intake or Clinical Roles

When to run: As needed. Usually when requesting corrections.

Consequences if not run: If the user does not check the status of the claim when making changes to a note, the claim may have already been processed.

Menu Path:
Avatar PM>Client Management>Account Management

Parameters
1. *Select Client* – By name or identification number
2. *Select Episode*
3. *Select start and end date*

Technical Notes:
1. Items that appear in blue on the report are hyperlinks that take to more details for that item.
2. In order to return, click on "Preview" on the navigation panel at the top of the window.

San Francisco DPH
1380 Howard St
San Francisco CA, 94103-2605

Client Account Ledger

Client Name:				Diagnosis History			
Client ID :				Graph of Charges & Payments By Month			
Selected Episode: Program:				Admit Date: 1/23/2013 Discharge Date:			

Date of Service	Service Description	Full Charge	Practitioner	Guarantor Name	Guarantor Liability	Guarantor Payments	Claim Number
02/11/2013	INDIVIDUAL COUNSELING SERVICE	$ 157.00		General Fund	$ 157.00	$ 0.00	Open
02/12/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/13/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/13/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/14/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/15/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/20/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/20/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/21/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/21/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/25/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open
02/26/2013	GROUP COUNSELING Non-MediCal	$ 87.00		General Fund	$ 87.00	$ 0.00	Open

Avatar_Cal_PM_Client_LedgerRdef LIVE RC 04272015.r

1 /1   100%

Preview | Service Detail Data

Business**Objects**

San Francisco DPH
1380 Howard St
San Francisco CA, 94103-2605

Client Account Ledger

Client Name:				Diagnosis History			
Client ID :				Graph of Charges & Payments By Month			
Selected Episode:	Program:						
	Admit Date: 7/2/2010 Discharge Date:						

Date of Service	Service Description	Full Charge	Practitioner	Guarantor Name	Guarantor Liability	Guarantor Payments	Claim Number
05/05/2015	NO SHOW	$0.00	013179	CSM Default Payor	$0.00	$ 0.00	Open
			013179	CSM Default Payor	$0.00	$ 0.00	Open
10/01/2015	NO SHOW	$0.00	013179	CSM Default Payor	$0.00	$ 0.00	Open

Possible Duplicate Services by Program

Description: Within the date range parameters used, this report lists multiple services that were entered for a Client, with the same service date under the Program's episode. This includes entries made using ADM codes (for No Show or for Administrative Note). A Duplicate Override Code must be entered for these services to indicate they are in fact, valid. Any duplicate services billed in error must be deleted or adjusted/ backed out.

Purpose: Identify services that either need a modifier to indicate that they are a valid service or be backed out because they are a duplicate service.

Staff review list and identify Valid multiple services. Program staff enter Modifiers in each Client's Avatar PM service record thru the "Edit Service Information" screen. All services must include the duplicate override code required, including on the first service entered. A "lightbulb" on the screen next to the Modifier field, provides a guide for each code and format required.

SDMC requires Void transactions for MH and SA services billed in error to the Medi-Cal program. CBHS Providers use the BH7019 Claim & Cost Report Adjustment form and process, to submit claimed service corrections to CBHS Billing.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with administrative, fiscal or clinical roles.

When to run: Monthly or more frequently

Consequences if not run: Failure add appropriate modifiers will result in the "duplicate" services being denied.

Menu Path: Avatar PM> Billing>Billing Reports>Ad Hoc Reports

Parameters:
1. Program,
2. Start and End Dates

City and County of San Francisco, Department of Public Health, Community Health Care
Community Behavioral Health Services

Possible Duplicate Services by Program

Clients with Possible Duplicate Services For ████████ ████ ███ (38█████)
From 9/1/2011 To 9/30/2011

Confidential Patient Information

Client#	EP	Client Name	Service Code / Modifier		Duration	DOS	Program Code	Name	Practitioner Name (ID)	Guarantor ID(s)
461060010	3	A████████████N	H2015IT	HE,76	50	09/07/2011	38███	███████████	M████████████07)	88
461060010	3	A████████████N	H2015IT	HE,76	15	09/07/2011	38███	███████████	M████████████07)	88
461060010	3	A████████████N	H2015IT		30	09/21/2011	38███	███████████	M████████████07)	88
461060010	3	A████████████N	H2015IT		20	09/21/2011	38███	███████████	M████████████07)	88
461060010	3	A████████████N	H2015IT		15	09/21/2011	38███	███████████	M████████████07)	88
698303100	3	A████████████ARLEN E	H2010MT		135	09/09/2011	38███	███████████	B████████████2)	88
698303100	3	A████████████ARLEN E	H2010MT		75	09/09/2011	38███	███████████	B████████████2)	88
698303100	3	A████████████ARLEN E	T1017	HE,76	60	09/09/2011	38███	███████████	D████████████	88
698303100	3	A████████████ARLEN E	T1017	HE,76	30	09/09/2011	38███	███████████	D████████████	88
981300367	2	B████████████	90804		20	09/29/2011	38███	███████████	Y████████████	88
981300367	2	B████████████	90804		48	09/29/2011	38███	███████████	V████████████3711)	88
981300367	2	B████████████	H2015IT		20	09/19/2011	38███	███████████	K████████████)	88
981300367	2	B████████████	H2015IT		20	09/19/2011	38███	███████████	N████████████	88
981251230	20	B████████████S	H2010MT	HE,76	15	09/06/2011	38███	███████████	B████████████2)	88
981251230	20	B████████████S	H2010MT	HE,76	60	09/06/2011	38███	███████████	B████████████2)	88
981251230	20	B████████████S	H2015IT	HE,77	50	09/02/2011	38███	███████████	M████████████07)	88
981251230	20	B████████████S	H2015IT	HE,77	20	09/02/2011	38███	███████████	C████████████094)	88

Service Billing Errors by Program Report

Description: This report lists Clients with service errors. The Service record may have been created from Clinician entered via Progress Notes, Client Charge entries, or service uploads.

Purpose: Identifies services that could not be claimed to Medi-Cal due to errors.

Types of errors:
1. Number in group is less than 2
2. INDTPY FTF time is less than 16 minutes
3. E&M code for less than 5 minutes
4. Service is outside the scope of practice for staff
5. Diagnosis does not cover date of service
6. Missing Guarantor

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with administrative, fiscal or clinical roles.

When to run: Monthly or more frequently

Consequences if not run: Risk of inaccurate billing.

Menu Path: Avatar PM/ Billing/ Billing Reports

Parameters:
1. Program,
2. Start and End Dates

San Francisco Department of Public Health
Community Behavioral Health Services

Service Billing Errors by Program Report

Selected Program:

Services between 4/13/2019 and 7/12/2019

PATID	Date of Service	Service Description	FTF	Doc Travel	Group count	Service cost	Status	Error Reason
Clinician								
14	7/9/2019	H0032-Plan Development				726.00	Open	Missing Guar or Cov Date
14	7/10/2019	T1017-CASE MANAGEMENT BROKERAGE				219.48	Open	Missing Guar or Cov Date
2	7/12/2019	ASMT1-MH Diagnosis Evaluation Assessment	45			2,178.00	Open	Missing Guar or Cov Date
34								Missing Diagnosis a/o 1st Svc

Totals for:				
FTF < 16	0	Missing Admit Diagnosis	1
Missing Guar or Cov Date	3	Service Outside Clinician Effective Date	0
Wrong Svc Code or Other Error	0	Evaluation Less Than 5 minutes	0
Crisis Stabilization Duration < 5	0	Group Count Less Than 2	0

Program Summary

Report Totals for Mission MH Team 1 (38043):				
FTF Less Than 16	4	Missing Admit Diagnosis	3
Missing Guar or Cov Date	14	Service Outside Clinician Effective Date	0
Wrong Svc Code or Other Error	0	Evaluation Less Than 5 minutes	0
Crisis Stabilization Duration < 5	0	Group Count Less Than 2	0

Financial Eligibility by Program

Description: This report provides a listing of the Program's active Clients and the Financial Eligibility information entered under the Episode. The report lists: entered Guarantors, Medi-Cal CIN and/or health insurance Policy ID number, and selections made for the Client's: assignment of benefits, authorization to release information for billing purposes, and agreement to coordinate healthcare benefits.

Provider Staff reviews this report to confirm their Clients' Financial Eligibility and guarantor information are accurate and complete. Look for inconsistencies with the guarantor information entered for Clients; for example, if a Client has Full Scope Medi-Cal benefits with no monthly Share-of-Cost requirement, the Client should not have a Self-Pay UMDAP guarantor. If the Client has a Medi-Cal guarantor, their record must include a CIN or beneficiary ID number. If the Client has Medicare benefits or Insurance coverage, their record must have a HIC number or Policy number in the Avatar FE, Subscriber ID field.

Purpose: Ensure timely completion of annual PFI.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with administrative, fiscal or clinical roles.

When to run: Monthly or more frequently.

Consequences if not run: Failure to complete the PFI may result in inaccurate Guarantor Set Up, which may result in bills not being submitted accurately. This may have a negative impact on Medi-Cal Claiming.

Menu Path: Avatar PM> Billing> Billing Reports> Individual Client Reports

Parameters:
1. Program,
2. Start and End Dates

Confidential Patient Information

Client ID	EPI	Name	#	Guarantor	CIN	Policy #	Assign of Benefits	Release of Info	Coord Benefits
98▓▓▓	1	AA▓▓▓	1	Self Pay UMDAP			Y	Y	Y
			2	General Fund			Y	Y	Y
98▓▓▓	1	AA▓▓▓	1	Medicare Part B - Outpatient		430136118A	Y	Y	Y
			2	MH MediCal Full Scope	95727242E	95727242E	Y	Y	Y
			3	Self Pay UMDAP			Y	Y	Y
			4	General Fund			Y	Y	Y
99▓▓▓	1	AB▓▓▓	1	DMH Medi-Cal with Share of Cost	98048200C	98048200C	Y	Y	Y
			2	General Fund			Y	Y	Y
99▓▓▓	1	AB▓▓▓M	1	Self Pay UMDAP			Y	Y	Y
			2	Healthy San Francisco		33801159123092	Y	Y	Y
			3	General Fund			Y	Y	Y
98▓▓▓	3	AB▓▓▓	1	Medicare Part B - Outpatient		564932806A	Y	Y	Y
			2	MH MediCal Full Scope	96872127D	96872127D	Y	Y	Y
			3	Self Pay UMDAP			Y	Y	Y
			4	General Fund			Y	Y	Y
99▓▓▓	1	AB▓▓▓URAD	1	Self Pay UMDAP			Y	Y	Y
			2	General Fund			Y	Y	Y
98▓▓▓	1	AB▓▓▓	1	Medicare Part B - Outpatient		571190794A	Y	Y	Y
			2	MH MediCal Full Scope	94475945C	94475945C	Y	Y	Y
			3	General Fund			Y	Y	Y
98▓▓▓	3	AB▓▓▓A	1	Kaiser Permanente		13319078	Y	Y	Y
			2	MH Restricted MediCal	93669884E	93669884E	Y	Y	Y
			3	General Fund	93669884E		Y	Y	Y

Avatar Data as of 10/18/2011   Financial Eligility by Program v2   Page 1 of 81

Admissions with No EGI by Program Rpt

Description: Identifies clients who have been admitted within the selected time frame, but have no Episode Guarantor Information (EGI) form completed in Avatar. A completed EGI is necessary in order to correctly assign financial eligibility and complete the claims process.

Purpose: Ensure that claims to the State will be able to be processed.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Users with administrative, fiscal or clinical roles.

When to run: Monthly or more frequently.

Consequences if not run: Failure to complete the EGI may result in bills not being submitted accurately. This may have a negative impact on MediCal Claiming.

Menu Path
Avatar PM>Billing>Billing Reports

Parameters
1. *Program* –Select the "service" program used when entering the services, not the "episode" program.
2. *Start Date*
3. End Date

San Francisco Department of Public Health
Community Behavioral Health Services

Admissions with no EGI by Program Report
Admissions from 3/1/2016 to 7/12/2016

Confidential Patient Information

Client Name	Client ID	Epi #	Admission Date	Last Service Date	Discharge Date
Admitting Practitioner:					
		38	06/20/2016	6/21/2016	
		9	06/30/2016	7/8/2016	
		17	03/16/2016	6/15/2016	
		7	04/20/2016	6/10/2016	
		29	06/23/2016	7/6/2016	
		51	03/15/2016	6/6/2016	6/28/2016
		43	06/29/2016	7/5/2016	

Number of Admissions with no EGI for Practitioner: 7

PFI/UMDAP Due Report

PFI/UMDAP Due by Program/Staff Report
PFI/UMDAP Due by Clinician Supervisr Rpt
PFI/UMDAP Due by Clinician Report

Description: Identifies clients for whom a PFI is due.

Purpose: Ensure timely completion of annual PFI.

Who uses: Program managers and administrators, fiscal staff.

Who can access: Clinicians can run their own report, Supervisors can run their supervisee(s) report(s), and Program Directors or designees can run the Program/Staff Report

When to run: Monthly or more frequently.

Consequences if not run: Failure to complete the PFI may result in inaccurate Guarantor Set Up, which may result in bills not being submitted accurately. This may have a negative impact on MediCal Claiming.

Menu Path
        Avatar PM>Billing>Billing Reports

Parameters
   4. *Program* –Select the "service" program used when entering the services, not the "episode" program.
   5. *Start Date*
   6. End Date

City and County of San Francisco, Department of Public Health
Community Health Care, Community Behavioral Health Services

PFI/UMDAP Due by Program/Staff Report

for ▓▓▓▓▓

From 7/12/2016 to 8/11/2016

Confidential Patient Information

Clients Name	PATID	Family ID	Active only EPI#	UMDAP Exp Date	Days
Admitting Practitioner: ▓▓▓▓▓					
▓▓▓▓▓	▓▓▓▓▓	▓▓	1	07/12/2016	-1
			3	08/08/2016	26
Number of Clients: 2					

Potential Medicare by Program Report

Description: This report lists Clients who are over 65 who open in the selected program who are uninsured.

Purpose: To assist eligible clients to be informed about insurance options.

Who uses: Intake and clinical staff

Who can access: All users

When to run: Monthly or more frequently

Menu Path: Avatar PM/ Billing/ Billing Reports

Parameters:
1. Program,
2. Start Date
3. End Date

San Francisco Department of Public Health
Community Behavioral Health Services
Potential Medicare by Program Report
For Clients admitted between 06/01/2016 and 07/12/2016

Confidential Patient Information									

Client Name	Client ID	Age	DOB	SSN	Epi#	Admitting Practitioner	Admission Date	Last Svc Date	Discharge Date
▓▓▓▓▓	▓▓▓	68	▓▓▓	▓▓▓	1	▓▓▓	6/27/2016	7/11/2016	

	Guarantor ID	Guarantor Name
	127	UNINSURED

Total Potential Medicare Clients: 7