AVATAR Billing Providers Bulletin

Documentation and Face-to-Face Time

A number of Outpatient mental health services were found with missing Documentation and Face-to-Face time (FTF). This resulted in invalid Service Units data, preventing claims from being generated correctly and subsequent delays in SDMC billing. A report will be sent to Providers listing Client services that require correction. Clinic staff will need to input the correct Face to Face and Travel/Documentation time, to equal the Total Duration using "Edit Service Information" in Avatar PM.

Please remind your Clinicians to enter their Face-to-Face time and documentation time, not just their total service duration, when entering progress notes in Clinical Work Station (CWS) that create service records in Avatar. For phone services, enter "Phone" as the Place of Service; FTF time is time spent talking with the Client or others on the phone, and entered in "Face-to-Face time" field. Their actual documentation time is entered in the "Documentation Time" field. The system automatically calculates the Total Service Duration once these two fields are populated.

Client Records

Duplicate Client records in Avatar has become a big problem! To date, over 1,000 duplicate records were reported and need to be merged. Please do everything possible to avoid creating duplicate client records in Avatar by reviewing system information for the Client before entering a new record. This will save lots of work and time for You, Clinicians, Program Administrators, Accounting, QM, and billing staff because having to merge Duplicate records involves all of us and it's very tedious.

Following are steps to determine if a record already exists for your Client. Please use at least two of these search criteria before you create a new Client record.

Click-on the icon or go to "Select Client" and search by entering any of the following:

- the Client's BIS number (from INSYST) or the Avatar system assigned Identification Number
- LAST,FIRST NAME - note: no spaces between last name, comma, first name
- FIRST,LAST NAME - we found some names entered were switched! Correct these if possible or contact the Avatar Help Desk.
- By known Alias Name
- By Birth date in: Month/date/year order (example: 07/18/1947)
- By Social Security Number

Speaking of…please enter all known Client Alias Names in AVATAR (up to 10!)

1. Menu path in AVATAR: PM/Client Management /Update Client Data
2. Go to Page two in "Update Client"
3. Enter Alias information - see Light Bulb for help

Late Service Entries

AVATAR Billing Providers Bulletin

Please send an e-mail to Maria.J.Barteaux@sfdph.org if services are being entered or uploaded into Avatar past the billing deadline. CBHS is required to obtain prior approval from DMH or ADP for late Medi-Cal claim submissions. In addition, Avatar updates are needed for late services to post correctly. Failure to complete these actions could result in lost revenue and productivity for your program, poor performance reports, and MediCal denials.

For SA, the billing deadline is by the 18th of the following month (i.e. for April service dates, the SA billing deadline is May 18). For MH, the billing deadline is always 60 days from the Service Month, in accordance with State's Welfare & Institutions Code.

Pre-claiming Reports
Providers can run Avatar Pre-claiming reports for prior month's services at any time to find missing billing information and correct billing errors. These must corrected before the billing deadline so claims can be processed. **CBHS Providers who fail to correct billing errors by the claiming deadline are reported to CBHS Age Directors; and, failure to correct errors may result in a formal corrective action plan.**

Billing ALERTS

Service Delete Requests
Before requesting Services to be deleted, please review the Client's Crystal Ledger Report in Avatar and review its service "Status". If services have been claimed to a third party payer, you will see **Numbers** in this field. In these cases, complete the MH1984 (for MH services) or ADP5035 (for SA services) – Claim & Cost Report Adjustment form. Follow instructions on the form and submit both signed paper form and electronic file (password protected for PHI) to CBHS Billing. **"OPEN"** and **"Unbilled"** services can be deleted from Avatar. Please e-mail them to: Ai-ti.Ho@sfdph.org as soon as possible to prevent billing errors from being included in claims.

Drug Medi-Cal Programs

- If you need assistance with the Batch Service Upload Error Report, please contact the Avatar Help Desk as soon as possible. It is important to correct rejected services; do not simply resubmit the same file as this causes duplicates. Only resubmit services that were rejected and are corrected.
- Please send an e-mail Jeaneen.Bullard@sfdph.org when your month's services have all been uploaded into Avatar.
- Contact Jeaneen immediately if you have duplicate services in Avatar so they can be deleted before claims are generated.
    - For services billed in error that have already been claimed, complete the ADP5035 form

Insurance & Healthcare Plans

AVATAR Billing Providers Bulletin

- Please **do not enter Medicare Part D** drug plans as a Guarantor (funding source) for your MH or SA treatment services.
- Do not enter Medi-Cal managed healthcare plans (SF Health Plan or Anthem Blue Cross) as guarantors either. These HCP cover physical health; specialty mental health services are carved out. Instead, enter the applicable Medi-Cal guarantor and (don't forget) County General Fund in Clients' Financial Eligibility records.
- Healthy San Francisco (HSF) - Do not enter the "Medical Home" as a Guarantor; for example: client has HSF and Kaiser is their Medical Home (similar to HCP); instead enter Guarantor #14 – HSF. "Self Pay – UMDAP" is also a guarantor that must be entered for HSF clients since they have a "point of service" fee which is the UMDAP minus their annual HSF premium amount. County GF is entered as the last guarantor record. Contact Carla Hurtado for assistance with calculating point-of-service fees for your Client and for questions about HSF.
- Avoid Refunds – PFI information needs to be current so money you collected from the Client or their Responsible Party can be posted correctly in Avatar. Please make sure the information in the Client's Financial Eligibility (Self-Pay UMDAP or Full Pay– No UMDAP is a guarantor) and their Family Registration record for financial assessment, therapeutic adjustments, and Patient Accounts information exists.
- Don't be shy about entering billing related information in "Coverage Comments" in Clients' financial eligibility records. Remember to always enter the date of your comments entry, your initials or first initial and last name, and billing useful information. For example:
    1. Advanced Beneficiary Notice (ABN) – enter "ABN on file" in the Comments field under: Self Pay UMDAP (guarantor #36) or in Full Pay – No UMDAP (guarantor #39), if you have an ABN on file. Include the amount the Client agrees to pay for services received during their annual Patient Account liability period, as indicated on the ABN.

       The **ABN is required by CMS** (formerly HCFA and the federal agency, Center for Medicare and Medicaid Services) to document you notified your Medicare Client in advance that Medicare will not pay for any or for most of their MH and/or SA treatment services you will be providing.
       Note: Medi-Medi (dually eligible Medicare and MediCal) Clients are required to have an ABN. CMS has audited us in the past for Clients' ABN. Providers are required to keep these on file for their Medicare beneficiaries.

    2. If the Client is SED or not SED - enter this if Client is enrolled in the SF Health Plan, under Healthy Families Program or in Healthy Kids plan (jic, clarification on HK is pending). If the Client is not SED, a per visit co-pay is collected; if the Client has UMDAP instead, information must be entered in their Avatar Family Registration screen.

AVATAR Billing Providers Bulletin

3. SFHP Healthy Workers – a $3 to $5 per visit Copay is collected. If the Client will be billed an UMDAP amount, information must be entered in their Avatar Family Registration screens.

Please leave a message on the Billing Inquiry Line (255-3557) if you need help and someone will call within 24 hours to assist with your billing questions. 

Monthly Provider Billing Teleconference

MH & SA Providers are invited to participate in monthly teleconference meetings with Billing, QM, and the Netsmart Business Analyst, to discuss questions about information contained in this Bulletin, Avatar CalPM, CBHS billing, or SDMC business rules. The **Providers Billing Teleconference** this month is on **Thursday - April 28, 2011 at 11:00**. The call-in phone number is 1 (888) 422-7141 and Pass code is 186415.