

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-00-08
	Effective Date	01-01-2012
	Revision Date	07-01-2014
Title: Deletion of Open & Closed Charges	Functional Area: Administration	
Approved By: (Signature on File) Signed version available upon request		
Kathy Aposhian, RN Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Division of Behavioral Health Services (DBHS) is responsible for assuring that the submission of charges into the AVATAR billing and claiming system are accurate. Charges are services that have been entered into AVATAR and claims are services that have been entered into AVATAR and billed to Medi-Cal or other funding sources. County-operated and contracted providers must either correct by edit function or request deletion via submission of appropriate documentation, charges or claims found to be inaccurate or unsupported by the clinical record. Errors and inaccuracies may be identified during Utilization Review and other chart review activities that require deletion of open or closed charges. Disallowances or audit exceptions from State reviews or Compliance actions may also prompt the need to edit or delete submitted claims.

PURPOSE:

The purpose of this policy is to provide a process and direction for the correction of open and closed charges and the deletion of claims that have been submitted into the AVATAR billing and claiming system.

DETAILS:

Edit Service Option:

AVATAR allows providers to correct some service entries, those that remain open in the AVATAR system, by using use the “Edit Service Option.” The “Edit Service Option” allow providers to make corrections to the following fields: 1) Location, 2) Service Code, 3) Duration, and 4) Practitioner. Providers must utilize this method whenever possible to correct service entry errors.

Mechanism for deleting an open service in Avatar:

The Open Charges Deletion Request (OCDR) Form (Attachment A) is to be utilized when a Provider is unable to correct a service entry using the “Edit Service Option” and requests DBHS to delete an open or closed charge in AVATAR. The form includes all necessary data that must be received in this format for DBHS to take action on behalf of the Provider.

Procedure for completing the “Open Charges Deletion Request Form (OCDR)”:

1. Include contact information, name, phone, and e-mail of Provider to receive processed OCDR’s. Contact information is necessary to complete the communication loop and alert providers when additional steps are needed, generally resubmissions after correction of errors.
2. Complete submission date (date provider submits the deletion request).

3. Complete all fields except shaded areas. (Processing Status, Other Status Detail, and Date Processed, is completed by DBHS staff.)
4. Include a "Reason For Deletion" code, as per code definitions on the second tab of the OCDR form.
5. Using approved encryption method, submit OCDR Form electronically to:
 - > Mental Health Services - OCDR@saccounty.net
 - > Alcohol and Drug Services - ADS-Avatar@saccounty.net
6. DBHS staff will process the OCDR form, complete the columns "Process Status" and "Date Processed" and return the OCDR form electronically to the Contact Person listed on the Form.
7. Requests that do not correspond with information in AVATAR will be returned to the contact listed on the OCDR. Upon receipt, Provider is responsible to edit errors and submit a revised OCDR.
8. Requests that contain items that have already been claimed to Medi-Cal will be returned to Provider, who is responsible to submit a claims spreadsheet (per AVATAR Phase II protocol) to avatar-fiscal@saccounty.net.
9. Requests that contain charges that can be corrected using the "Edit Service Option" will be returned to the Provider, who is responsible for making the corrections using the "Edit Service Option".

REFERENCE(S)/ATTACHMENTS:

- Attachment A Open Charges Deletion Request Form

RELATED POLICIES:

- QM-20-01 DBHS Claims Certification and Program Integrity

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Alcohol and Drug Services		

CONTACT INFORMATION:

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