Steps to Enter Client Information in Avatar

Pre Admit or Admission ➔ Financial Eligibility ➔ Diagnosis

Pre Admit or Admission

Enter clients in a **Pre Admit** or **Admission** episode, as appropriate. Be sure to choose the Program that coincides with the episode, i.e., for a Pre Admit episode, choose the Pre Admit program.

Financial Investigation (FI)

- Enter Medicaid and Medicare #s (these fields transfer to other forms).
- Enter Sliding Fee Scale data for Self-Pay clients (Income and Number of Dependents).

Financial Eligibility (FE)

- When entering a new episode for a client, also enter the Financial Eligibility and Diagnosis information. This will ensure that client services are ready for billing.

1. Select client and click on **Financial Eligibility** form.
2. In the **Guarantor Selection** section, enter the guarantors.

> **Points to Know**
> - **Enter Subscriber Policy # for each guarantor (Insurance, Medicare, and/or Medicaid)**
> - **Eligibility verified –N for all insurance guarantors; Y for Self Pay and Non-Recoverable**
>   - **(If Self Pay is the 1st Guarantor, choose N)**
> - **Effective Date of Coverage = Date of Admission**
> - **Subscriber Assignment of Benefits = 'Y'**
> - **Subscriber Release of Info = 'Y'**
> - **Coordination of Benefits = 'Y'**

3. After the guarantors are entered in the Guarantor Selection section, go to the **Financial Eligibility** section to ensure that the order of the guarantors is correct.

General order of Guarantors:

(1) Insurance
(2) Medicare
(3) Medicaid
(4) Self-Pay
(5) Non-recoverable

Option to carry over guarantors from a prior episode: In the **Financial Eligibility** section, choose Yes to default the financial information, and then choose the episode (in order to view the list of guarantors, you must Submit the FE and re-enter the form).

   a) In the Guarantor Selection section of the FE, ensure that the order of the guarantors is correct.

   b) If any of the guarantors that have been defaulted indicate "No" for Eligibility Verified, contact Billing to inquire.

Diagnosis

1. Select client and click on **Diagnosis** form.
2. Enter the diagnosis. You may also choose to default the episode, the diagnosis, or both.
    (See **Diagnosis Entry** on next page)

Discharge

End client episodes using **_Pre Admit Discharge_** or **_Discharge_**, as appropriate. If client continues to need services after three services, discharge from the pre-admit program and admit into regular program.

Tip: For new Pre Admit and Admission episodes, use the **Client Pre Admit Bundle** or the **Client Admission Bundle**. Each bundle will guide you through the Pre Admit or Admission ➔ Financial Eligibility ➔ Diagnosis forms in sequence.

Diagnosis Entry

- The first diagnosis entered for an episode must be an Admission diagnosis.

- The Admission diagnosis date must be the same as the admission date.
  (Hint: click on the word "Admission" in order to populate the admission date.)

- Any subsequent diagnoses entered for the episode should be an Update diagnosis (choose **Add**, then select **Update**).
  (Choose **Edit** if, for instance, the wrong code was entered and you are correcting it)
  (Use **Delete** if the admission date is incorrect)

- The date of the first Update diagnosis must be the same as or earlier than the date of the first visit in order to get paid for the visit (most likely use the admission date).

- The date of a subsequent Update diagnosis should be the date of determination, so the record is accurate.

- Upon discharge, a discharge diagnosis must be entered. The date of the discharge diagnosis must match the discharge date.

- If a client is discharged from a program and then returns for treatment, a new episode is created and the process is repeated.