

| Word | Source | Netsmart Glossary of Terms |
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| Adjustment Code | Netsmart | There are three adjustment code types in Avatar PM: Payment, Adjustment, and Transfer. Payment codes lower a guarantor's liability balance. Payment codes are designated in the Adjustment Code Table as Payment while Adjustment codes can be defined as either credits or debits. Credits, (e.g. Payments), bring the overall balance of the Client record down. Debits, (e.g. Payment Reversals), are used to raise the overall balance of the Client record. Transfer Codes are used to reclassify revenue from one Guarantor to another. |
| Admission (Outpatient) | Netsmart | The initiation of a new episode of care within a Program. (See Program for further definition of grouping by revenue/treatment setting/treatment service.) Admission may also be used to refer to a specific type of new episode (e.g., inpatient admission) or can be very brief (e.g., the opening of an episode within mobile crisis response team) All new admissions within an episode have an "admission date". |
| Applying Contracting Provider (MSO) | Netsmart | Prior to registering a Contracting Provider for full use in the system, the provider must be entered in the system as an Applying Contracting Provider. This preliminary step can be utilized to collect information about a potential Contracting Provider. In addition, Applying Contracting Providers can optionally receive Service Authorizations but only if 'Yes' is selected in the Allow Contracting Providers To Be Authorized While Not Registered field in the Set system Defaults form. |
| Assessment | Netsmart | An Assessment is a Data Collection Instrument used to document a client's condition. Assessments are used to evaluate the status of a client's mental health, level of functioning, daily habits and behaviors to provide an understanding of how events or behavior relate to precipitating factors, previous behavior, and other events in the client's life. |
| Associated Codes (MSO) | Netsmart | The MSO supports Associated Codes of Diagnosis, CPT, and Revenue codes. Associated Codes are evaluated when a Claim line is being processed. If a Claim contains a code that is an Associated Code on the Authorization, the claim line is will be approved for that code. Associated Codes can be entered for each Funding Source. |
| Authorization | Netsmart | "Authorization" is defined by the MSO for a Member to receive services at a specific Contracting Provider. The Authorization has a predefined number of services allowed. Up to 10 different services can be placed on a single Authorization. |
| Authorization Groupings (MSO) | Netsmart | "Authorization Groupings" are predefined sets of Procedure Codes and unit amounts that can be selected as a default template when entering a Service Authorization. |
| Avatar | Netsmart | "Avatar" is a comprehensive software solution that provides a common gateway to a suite of forms for tracking, scheduling, and client care. |
| Avatar Clinician Workstation (CWS) | Netsmart | "Avatar Clinician Workstation (CWS)" supports multi-disciplinary electronic health records. Avatar CWS references the identical client and staff files created in Avatar PM. |
| Avatar Home Page | Netsmart | The Avatar user's main screen. |
| Avatar Practice Management (PM) | Netsmart | "Avatar Practice Management" is the application where clients are admitted, schedules are maintained, and billing and claims processing occur. |
| Batch (MSO) | Netsmart | A batch is a collections of claims all having the same date or receipt and Funding Source. Batches are created manually, or automatically when claims are received electronically. Batches are balanced based on the number of claims and total charges upon receipt and after processing. |
| Bed | Netsmart | Agencies supporting a residential component keep the Room and Unit as a one-to-one association with the Bed. A bed is defined as a numerical value of 1-n where 'n' represents the number of beds in the Unit. A Bed is associated to a Room; a Room is associated to a Unit. A Bed is defined as Licensed or Unlicensed. This association is utilized for calculating the percent of occupancy on census reports. An Agency with 100 licensed and 10 unlicensed beds, with a current census of 107, shows a 107% occupancy on the census report. If the current census of the hospital is 89, even if 5 of the utilized beds were unlicensed, the percent of occupancy would be 89%. |
| Bed File | Netsmart | The Bed file is the table representing the logical combination of Units, Rooms, and Beds for an Agency. When the Agency defines the Bed file, the definition of each Unit with its corresponding Rooms and Corresponding Beds is completed. |
| Benefit Plan | Netsmart | The basic plan and level of coverage for each guarantor. The plan contains the Billing Categories that direct the system to the Service codes covered by the plan. User defined benefit plans are established through the Master Plan Table Definition in the Benefit Plans form. Since all plans are associated to the patient's guarantor, the system can establish whether the guarantor will pay for the service code. Only guarantors of the same designation (contract or non-contract) can be associated to the plan under the Subscriber coverage input form. |
| Billing Rate | Netsmart | See Service Fee. |
| Bundles | Netsmart | Forms are launched either simultaneously or sequentially as a way to enforce a basic workflow process. |
| Chart View/Chart Overview | Netsmart | The Chart View is a collection of widgets and/or forms for quick view of client EHR. Used as a launch for detail views. Chart View access is setup in the User Definition and User Role Definition forms. |

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| Client | Netsmart | The term client is used to identify a person receiving services within Avatar PM. Certain Agencies identify a person receiving care as a patient, customer, consumer or resident. The selection of client as the identifying term is in no way meant to be demeaning to those persons receiving care at any given Behavioral Healthcare Facility. |
| Client and Staff Widget | Netsmart | The Client and Staff Widget provides searchable access for clients and staff members. |
| Client Ledger | Netsmart | A report that details services rendered to a client during a billing period. |
| Clinical Work Station (CWS) | Netsmart | A product that is part of the Avatar solution. This product contains data collection instruments for the clinical tools such as Treatment Planning, Progress Notes and Assessments. |
| Consumer | Netsmart | See Client |
| Contracting Provider (MSO) | Netsmart | The agency or professional rendering services to a Member. |
| Contracting Provider Registration (MSO) | Netsmart | Registration assigns a Contracting Provider to a Funding Source, or to all Funding Sources. |
| Covered Charge Category | Netsmart | Used in the Financial Eligibility form to identify services covered by the carrier. This is set up in Services Codes as the Insurance Charge category. |
| Credit | Netsmart | A credit decreases payor liability. |
| Data Collection Instrument (DCI) | Netsmart | A tool to collect data. In Avatar, data is collected in data elements (a.k.a. column) found in a form (a.k.a. screen, forms). Output, such as reports, can be generated from this data. DCIs are product or user defined. Product defined DCIs are system specific and cannot be modified. User defined DCIs are customizable based on the agency's specific needs. |
| Data Element | Netsmart | A data entry field on a form |
| Database | Netsmart | Where the data that is entered into Avatar is stored. |
| Debit | Netsmart | A debit increases payor liability. |
| Diagnosis | Netsmart | A medical term meaning the identification of symptoms which are consistent with a particular illness or disorder. Specific tests and a medical examination can sometimes prove that physical illness is present. Diagnosis of a mental illness, however, is based on interviewing the client and others who know them and on clinical observations. LACDMH uses 5-axis DSM-IVR diagnoses. |
| Diagnosis Table | Netsmart | Contains all DSM IV and ICD 9 diagnosis codes and is maintained in the Diagnosis Table Maintenance form. |
| Dictionary | Netsmart | Dictionaries define lists of acceptable responses for field values. Dictionaries can be system defined or user defined. |
| Discharge (Outpatient) | Netsmart | The closing/termination of a new episode of care within a DMH provider site / billing provider/reporting unit location. Term is also used in the context of specific types of episodes (especially inpatient and residential programs) to refer to both the termination of the treatment episode and the client's departure from the facility. |
| Document Management | Netsmart | A module that stores images of documents in Avatar so authorized users can have immediate access to the image. Forms and Categories are defined to organize the scanned images. Scanned images can be attached to some forms (a.k.a. screen). |
| Draft | Netsmart | "Draft" is a workflow function that allows users to save DCIs to the database as a draft so they can be edited and completed at a later date. Workflow will send a To Do notification to the submitting user to remind them the DCI is in draft and needs to be finalized. |
| EOB (MSO) | Netsmart | After the creation of a Voucher (see below), EOBs are compiled as the final step to collect data for payment and remittance advice. B73 |
| Episode/Episode of Care | Netsmart | An episode consists of all of the services provided to a client in all of the programs between admission and discharge. A client can be admitted in multiple episodes simultaneously. A maximum of one Inpatient/Residential and/or Partial Hospitalization episode may be concurrent with other active episodes. There is no restriction on the number of active Outpatient episodes. This is determined by the treatment setting assigned to the Program where the client was admitted. |
| Existing Appointment (Progress Note) | Netsmart | When an appointment is scheduled, it can be available for selection in the Progress Notes options as an appointment. A progress note is created for a service that has an appointment scheduled and that has already been verified and posted through appointment scheduling or when a client has checked in. Verifying and Posting is completed through the appointment scheduler. |
| Existing Service (Progress Note) | Netsmart | An Existing service is one that has already been pushed to the Client Ledger. A progress note is created for a service that was entered directly into the system by Client Chart Input or other direct charge entry. Once the service has been posted or charge entered, if Workflow setup has been complete which identifies which service codes require a progress note, an automatic TO DO item is sent to the practitioner/co practitioner associated with that service. |
| Facility | Netsmart | The number associated with the PM system you are currently working in. Example, BUILD = 97 |
| Fee Type | Netsmart | A code that determines how a total charge is calculated for the service provided. User defined fees vary by the number of units used. Fixed fees are static regardless of the number of units used. User defined fees vary by the number of units used. A unit is determined by a user specified number of minutes per unit. |

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| Field | Netsmart | A field is the level of data input; examples include date fields, dictionary fields, and text fields |
| Final | Netsmart | "Final" is a workflow function that allows a user to finalized an item previously saved as Draft to make it a permanent and unchangeable part of the database. |
| Financial Class | Netsmart | A financial class is used to group guarantors for bill generation, and billing reports. |
| Financial Eligibility Input Form | Netsmart | An input form in Avatar PM used to define a Client's financial coverage. The information entered by the user in this form will determine the liability distribution to Guarantors for all Service codes rendered to the Client. Avatar PM allows defining episode-based, cross episode and family-based financial eligibility information. |
| Forms | Netsmart | "Forms" provide the method for data input and output in Avatar. Forms are accessed through the various menus or My Forms. Input forms are DCIs and output forms are reports and inquiries. Form can be Admission episode information, a Progress Note, Service entry, etc. Previously known as an Option |
| Forms & Data Widget | Netsmart | The Forms & Data widget provides searchable access to Avatar forms. |
| Frequency Codes (OE) | Netsmart | "Frequency codes" are used to indicate the frequency that an order should be performed or administered. |
| Funding Source (MSO) | Netsmart | The Funding Source entity is used in MSO to manage differing payment terms to Contracting Providers. Authorizations will always specify a Funding Source. Optionally, Providers can be registered and Members enrolled in specific Funding Sources. |
| Goals | Netsmart | "Goals" are intended treatment outcomes. They are not measured in time, and do not produce measurable results. Used in Client Treatment Plan form. |
| Group Codes | Netsmart | The Group Codes can accomplish grouping of Service codes at a higher level than the Insurance Charge Category. Group codes are used for reporting on the Earned Income Report. Groups may be the same as the Insurance Charge Categories or could be used as an alternative grouping of service codes. NTST recommends utilizing the Insurance Charge Category definition as a base prior to defining the Group Codes. Under direction of the project manager and review of the core NTST billing reports, the agency may opt to adjust the group code definitions. User defined: Group code is defined via the Update Dictionary form as, Other Tabled Dictionaries, Field #31. |
| Group Note | Netsmart | A progress note written for a group. The Group Progress Note will act as the core note for the notes for each of the members in the Group. In Avatar, users create Group Notes via a two-step process. First, the user creates a single Group Default Note for the group, entering all information common to every group member's progress note, including basic note text. When the user submits the Group Default Note, Avatar automatically generates an individual progress note for each group member who attended. Second, the user cycles through the individual progress notes, adding additional note reflecting the group member's unique experience in the group. |
| Guarantor | Netsmart | A guarantor is any source of reimbursement for services provided to a client and can include self pay, third party private insurance, or entitlements such as Medicaid or Medicare. Guarantor numbers and identifying information are established through the Master Guarantor Table Definition, maintained in the Guarantors/Payers form |
| Guarantor Nature | Netsmart | This code identifies if a guarantor supports a per-diem rate. A contract guarantor has an established per-diem rate; a non-contract guarantor does not have a per-diem rate established. |
| Guarantor Plan | Netsmart | This is a basic defined plan and level of coverage for each type of coverage. The plan containing the Covered Charge Categories directs the system to the appropriate Service Codes covered by the plan. Since all plans are associated to the Client's guarantor, the system is able to establish whether the guarantor will pay for the service code. Each plan is associated to a Guarantor Nature. Only guarantors of the same nature can be associated to the plan under the Financial Eligibility Input Forms. All defined plans are associated to the appropriate guarantor for a Client under Financial Eligibility Input Forms. User defined: Guarantor Plans can be defined through the Benefit Plans form. |
| Guarantor Type | Netsmart | See Financial Class. |
| Historic Group | Netsmart | These elements maintain file history of all information for a group of data elements. |
| Home View | Netsmart | The Home View is associated with a user or a user role. The Home View display may be different depending on the widgets that have been assigned to the user, or associated to the user through a user role. |
| ICD9 Diagnosis Code | Netsmart | ICD9 codes are stored in the Diagnosis Table and maintained using the Diagnosis Table Maintenance form. |
| Incident Tracking | Netsmart | A module that allows the user to record an open or closed incident. An incident tracks the client involved, the staff involved, others involved and any witnesses. |
| Independent Note (Progress Note) | Netsmart | A progress note created that is independent of any service rendered to the client. No service will be created upon completing the Independent Note. |
| Inquiries | Netsmart | Basic reports typically used to display information on the user's screen. |

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| Insurance Charge Category | Netsmart | This identifies groups of services covered by the insurance carriers. The relationship between Service Code and Insurance Charge Category may be a one to one relationship or there may be many Service Codes associated to a single Insurance Charge Category. The Insurance Charge Category (Covered Charge Category) is used in the Financial Eligibility Input form to identify those services covered by the carrier. Assume if multiple types of services (Service Codes) were all usually covered by the same coverage option by insurers, then these would be grouped together in the same Covered Charge category. Example: If an insurer states All Therapy services are covered, then all therapy service codes could be assigned the same category. User-Defined: Insurance Charge category is defined via the Update Dictionary form as Client Dictionary Field #10021. |
| Insurance Table | Netsmart | Contains insurance and managed care providers used by the insurance file lookup data elements. It is maintained in the Insurance Table Maintenance form. |
| Interventions | Netsmart | The activities (programs and services), and the person responsible for providing them, to facilitate the objectives. Used in Client Treatment Plan form. |
| Level of Care (MSO) | Netsmart | Level of Care is a customer defined dictionary used in Fee Tables, Authorizations and Claims. Fee table amounts for the same service can differ by Level of Care |
| Location | Netsmart | The physical location where a particular clinical service was provided, e.g., office, field, jail, etc. When creating a progress note, users select the Location from a drop-down menu (Dictionary). |
| Managed Care Authorization | Netsmart | A managed care authorization is an approved amount of service that can be performed for a client. |
| Medi-Cal | Netsmart | The Medicaid program in the State of California. |
| Medical Record Number | Netsmart | A permanent medical record number is assigned to a client during the admission process. |
| Medicare Part A | Netsmart | |
| Medicare Part B | Netsmart | A health insurance program administered by the United States government, covering people who are either age 65 and over, or who meet other special criteria, such as a disabling illness (i.e. severe mental illness). |
| Member (MSO) | Netsmart | An individual receiving authorizations for services in the MSO. |
| My Clients | Netsmart | A group of clients assigned with the end user who is also a Practitioner. Previously known as My Caseload. |
| My Forms | Netsmart | A group of forms assigned to the unique end user or user role that are frequently accessed. Previously known as My Favorites |
| Namespace | Netsmart | The Namespace is the location where your organization's Avatar databases are stored. |
| Netsmart Technologies | Netsmart | The vendor who provides the Avatar software. |
| New Service (Progress Note) | Netsmart | A progress note that results in a posted service that is on the Client Ledger. A progress note can be created simultaneously with providing a service to the selected client. Upon progress note filing, the service is posted to the Client Ledger and becomes part of the client's treatment history. This service is posted in the same way as a service entered in the Avatar CalPM Client Charge Input options. |
| Note Type | Netsmart | A category for progress notes that enhances searching, reporting, and quantifying progress notes. In addition, Avatar uses Note Type to identify progress notes that require a co-signature. When creating a progress note, users select the Note Type from a drop-down menu (Dictionary). If the Note Type requires a co-signature, Avatar automatically forwards the completed (Final Status) progress note to the designated supervisor for approval (Workflow). |
| Objectives | Netsmart | Objectives are based on a goal. They are activities designed to facilitate the successful completion of the goal. Used in Client Treatment Plan form. |
| Order Codes (OE) | Netsmart | Order codes are used to code various orders including procedures, tasks, tests, medication, etc., that will be entered in the Order Entry system |
| Order Type Codes (OE) | Netsmart | "Order Type Codes" are used to categorize orders for dietary, lab, restraint, therapy, and pharmacy |
| Password | Netsmart | The user's initial password is assigned by the system but must be changed at the user's first login. The password must be alpha/numeric and contain at least 9 characters. Passwords are case sensitive. |
| Patient | Netsmart | See Client. |
| Payment Codes | Netsmart | See Adjustment Codes. |
| Pending Approval | Netsmart | "Pending Approval" is a Workflow function that allows a user to complete the form and forward the information to another user's To Do list for review. The reviewing user will have the ability to accept or reject the submission noting the reason. |
| Performing Provider (MSO) | Netsmart | Performing Providers are individual clinicians associated with one or more Contracting Providers. Performing Providers may be specified on the authorization and claim. Performing Provider information includes license levels, specialties, and other attributes used in provider search functions. |
| Plan (MSO) | Netsmart | One or more Plans are defined and associated with a Funding Source. Plans define the covered service and diagnosis codes, limits, deductible and co-pays. |

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| Practice Management (PM) | Netsmart | A product that is part of the Avatar solution. This product contains data collection instruments for Client Management, Practitioner, Services, Billing and System Maintenance. |
| Practitioner | Netsmart | A Practitioner is any staff member who supplies services to clients. Practitioners are typically Doctors, Dentists, Psychiatrists, Social Workers, Nurses, and Direct Care Staff. |
| Practitioner Assignment (OE) | Netsmart | The Practitioner Assignment form provides the ability to limit the staff members for whom a particular user is allowed to create orders. This form is used most frequently in facility settings where practitioners are not directly inputting their own orders, but instead are writing orders (by hand) and then those orders are input by other staff |
| Pre-Admission | Netsmart | Pre-admission is used to record demographic and basic health history for a client that has not yet been admitted into an admission program. This form is optional and is used when a prospective client is having a billable assessment but a treatment program is yet undefined. |
| Pre-Display | Netsmart | The Pre-Display is a screen that displays upon re-entering a Form that was previously filed. Upon re-entering an Form with a pre-display component, the Pre-Display appears and lists the previously completed fields. A variety of information (up to five data fields) can be displayed in a Pre-Display. |
| Problem | Netsmart | Behavior associated with a client's cognitive, emotional, and physical functioning that necessitate treatment and treatment planning. Used in Client Treatment Plan form. |
| Procedure Codes (MSO) | Netsmart | MSO Procedure Codes designate a CPT Code or Revenue Code in the Authorization and Claim. Procedure Codes are also know as Service Codes. |
| Process Search | Netsmart | A Process Search is a method of searching a dictionary for a term or response. A word or part of a word or name is typed in a designated space. The system searches for matching responses, and produces them when they exist. When a matching response does not exist a message appears indicating that no matches were found. |
| Process Search Help Hint | Netsmart | The Process Search looks for exact matches; therefore, if a user searches for a phrase on education, entering "education" will produce only exact phrases that contain the exact word. However if you search for "educa" the results of the search will produce phrases containing the words like education, educate, educated etc. Search results in much higher yields by not being too specific. |
| Program | Netsmart | Upon admission, each Client is admitted to a specific program. The program is a clinical definition related to the type of care a Client will receive upon admission. The definition is related to the primary service provided to Clients. Each program must have a Treatment setting, Treatment service, and Revenue reporting group associated upon definition. A Program definition is defined in the Program Maintenance Form. Example: Geriatric Inpatient, Adult Inpatient Acute Care, Adult Forensics, Adolescent Detox, etc. User defined: Programs can be defined through the Program Maintenance form. |
| Progress Notes | Netsmart | "Progress Notes" are DCIs used capture information about how a client is progressing towards their treatment goals and their use of treatment services. Progress Notes are used to help determine the current and future needs of the client's treatment. Progress Notes can be related to a treatment plan's objectives and the actions taken to deal with a client's problems. Progress note documentation is included in the client's chart and used for medical, legal, and billing purposes. |
| Provider Fee Definition (MSO) | Netsmart | Fee tables set up in MSO by Contracting Provider and Procedure Code. Fees can optionally vary by Funding Source, Plan, Level of Care and License Level. |
| RADplus Utilities | Netsmart | RAD (rapid application development) plus Utilities are the forms that define and control the application operating layer between the database and the presentation layer. The forms are used to set the system security standards, load and maintain dictionaries and diagnosis tables, create and edit record locking definitions, create new user-defined tables and forms (Modeling), install SQL reports on the system menu, define and maintain a workflow management system, load and maintain ZIP Code table, and maintain the error log. |
| Referral Source Table | Netsmart | This table is used by the referral source file lookup data field and is maintained by the Referral Source Table Maintenance form. |
| Required Field | Netsmart | A required field is a field designated as mandatory and must be filled out in order to File/Save the DCI. The label of a required field is displayed in red text. If a required field is missing data upon filing a red flag will appear next to the field so users can quickly identify where the missing data is located. |
| Resident | Netsmart | See Client. |
| Revenue Reporting Group (RRG) | Netsmart | A code assigned to a program that determines how revenue is reported for system generated billing reports. Revenue groups are related to programs and are assigned during program definition. RRG should be based on the lowest level of reporting required. There must be at least one corresponding program for each RRG. User defined: RRG is defined via the Update Dictionary form as Client Dictionary Field #1141. |

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| Room | Netsmart | Upon admission to a program with an Inpatient Treatment setting, it is a system requirement to place the Client into a Bed. The Bed is associated to a Room. The Room is associated to a Unit. The Unit is considered to be a physical location of a Client while a program is considered to be a clinical reference. The Room is used to determine a more precise location of a Client. Agencies supporting a residential component sometimes keep the Room and Unit as a one to one association. That is, although the system supports many rooms to a single unit, in a residential component, the room a Client is not a requirement. This type of Agency requirement is supported through the definition of the Bed file. |
| Screen | Netsmart | A screen is an electronic version of a page in a book. |
| Search Form | Netsmart | The Search for Form option is located in the Home page. This option enables the user to quickly find forms based on key word searches. The form can be opened from the resulting grid. |
| Sections | Netsmart | A series of data entry fields within a form that are grouped in a meaningful way for end user ease. Previously known as a Tab |
| Service Charge Code | Netsmart | The CPT, HCPCS, or ICD-9 code associated with a clinical service for billing purposes. When creating a progress note, users can specify the Service Charge Code by selecting a previously entered service (Existing Service) or appointment (Existing Appointment), or by searching for and selecting the applicable code directly in the progress note form (New Service). |
| Service Code (Charge Code) | Netsmart | Tracks billable and non-billable patient or provider activities. This value is also referred to as a charge code. Netsmart recommends that services with direct associations to the standard CPT-4 be defined within the Avatar PM product under the appropriate CPT-4 designation. Services not having a CPT-4 designation, or services not covered in a CPT-4 designation should receive their own individual Service code. However, as close as the agency can parallel the CPT-4 standard, the smoother the transition normally is into the BHIS or Avatar PM product. Each service with a different fee must have a different service code. Service code may require that a provider (clinician or person providing the service) be identified when the code is used. When a service code is defined, it must specify if it requires entry of Patient identifier only, Provider identifier only, or Both. Example: Room & Board codes only require a patient to be present. No provider association is required. Therapy services typically require both a patient and provider to be present. Provider meetings, which can be tracked by BHIS and Avatar PM, typically require a provider and not a patient. User defined: Service Codes are established through the Service Code Table, in Edit Function. |
| Service Fee | Netsmart | Agency established charge for a Service Code. This fee should be the highest rate charged for private agencies. For state agencies, this rate is usually the cost of the service rendered. |
| Service Program | Netsmart | The program that is billing for a particular clinical service. When creating a progress note, users select the Service Program from a drop-down menu (Dictionary). |
| Service Type | Netsmart | Identifies services as either an Individual or Group service. When a provider is associated to a service for a single patient, the system credits the provider with the amount of time spent with that patient. The Service Type designation is needed for services provided to a group of patients to properly credit the provider with the amount of time spent on patient care. Without this designation, the system could possibly credit a provider with 600 minutes of clinical time for a 60-minute group session of 10 patients. System defined: I=Individual, G=Group |
| Smart Search | Netsmart | "Smart Search" provides faster information search, using fewer clicks. As information is entered in a search field, Smart Search displays results in a dynamic list. |
| Status Bar | Netsmart | The Status Bar is located at the bottom of the Avatar Home Page and displays the Namespace with the current System Code in parentheses. The server time is also displayed. |
| Sticky Notes | Netsmart | A type of Post It note to set as a short notation to a specific client on a form. Not a permanent part of the EHR. Previously known as Post Its. |
| Submenu Items | Netsmart | "Submenus" are subordinate menus contained in the menu structure that create a path to the forms. |
| Subsections | Netsmart | A series of data entry fields with a section of a form that are grouped together for end user use. Previously known as a Page/Bookmark |

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| System Code | Netsmart | A System Code is a partition in the Namespace that acts like a separate database. LA is utilizing the new architecture that does not support multiple facilities (system codes) within a database. There will however be different environments. There will be a LIVE, BUILD, UAT and SBOX environments. These environments will be based on the i.p. they are connecting two and they will no longer be selecting a system code to login to. |
| System Defined | Netsmart | System Defined is a term used to denote all of the functionality in Avatar that is authored by Netsmart. System Defined functionality cannot be modified. |
| Tables | Netsmart | A term used in the system to identify a user-defined value incorporating several pieces of data. Dictionaries are commonly used to associate a single code to a single value. Although some dictionaries incorporate several data elements to a single code, (e.g. Program), it is rare for a dictionary to incorporate more than one to three associated values. Tables usually incorporate more than 10 data values to a single code. In creating the Service Code Table, elements from the Billing Category and Group Codes dictionaries are required. The system also associates Service Type, Type of Fee, Service Fee, etc. to the Service Code defined. Example: When defining a Psychotherapy Service Code, the single code of 90843 could have the following data values assigned: Description Value, Service Code 90843, Service Description Psychotherapy (20-30 minutes), Service Type I – Individual, Type of Fee Fixed, Service Fee \$45.00, Insurance Charge Category 5 – Professional Services, Group Code 5A – Individual Professional Services |
| To Do List | Netsmart | Workflow notifications are sent to the user's To-Do List to inform and remind the user that an action is expected. Workflow notifications include: FYIs; requests for approvals; treatment plan next review notifications; treatment plan end date review notifications; progress note to be written reminders; and, co-signature required notifications for progress notes. Only the FYI notification functionality will be enabled for rollout one. The remaining notification functionality will be enabled in future rollouts. |
| Transfer Codes | Netsmart | See Adjustment Codes |
| Treatment Plan | Netsmart | "Treatment Plans" are guides to help the clinician develop client goals and to monitor the progression of a client's therapy. Treatment Plans can be edited to accommodate changes in a client's therapy. Client assessments evaluate a client's condition, their mental health, level of functioning, daily habits and behaviors. Treatment Plans are developed to address client problems and difficulties documented in client assessments. |
| Treatment Planning Library | Netsmart | A library of suggested problem definitions, diagnoses, goals, objectives and interventions used in creating of individual treatment plans. Libraries are either created in the Treatment Plan Library Definition form or imported using the Import Wiley Library form. |
| Treatment Service | Netsmart | This grouping of programs is utilized in census reports. Treatment service groups programs based on a pre-defined grouping such as age of patients or other treatment factors. Avatar PM examples of Treatment service are: AO for Adolescent, AU for Adult, and CH for Child. Treatment service is defined via the Update Dictionary form as Client Dictionary Field #101. |
| Treatment Setting | Netsmart | This designation is assigned to all programs upon definition. This is a system defined grouping used for Census Reporting, identification for Room and Board requirements, and Billing Rules. This is the highest level grouping of programs within the system. (Modification of these codes is not permitted.) System defined: I=Inpatient, O=Outpatient, P=Partial Hospitalization |
| Type of Billing Category | Netsmart | The Type of Billing Category is used by Avatar PM to determine certain billing rules. These Billing Categories are system defined and are used as extended data elements to help further identify Insurance Charge Categories. System-Defined: 0=Room + Board, 1=Partial Hospitalization, 2=Ancillary/Outpatient/Other |
| Unit | Netsmart | Upon admission to a program with an Inpatient Treatment setting, it is a system requirement to place the Client into a Bed. The Bed is associated to a Room. The Room is associated to a Unit. The Unit is considered to be a physical location of a Client while a program is considered to be a clinical reference. The Unit association to a Client is used when verifying the "midnight" census. The NTST Current Unit Census report is used as a tool for verifying that the appropriate inpatient clients receive their corresponding Room and Board charges. This report is sorted by the Unit to which a Client is assigned. NTST recommends a nurse on the unit verify the census each night. Defining the Units as physical locations allow the unit nurses to efficiently validate the census found in the system. For more information, see Room, Bed, and Bed file. |
| Unlicensed Bed | Netsmart | A temporary bed assignment used for overbooking. |
| Update Liability | Netsmart | Updating liability ensure the latest service code fee, guarantor definition, and benefit plan definition are used when liability associated with a rendered service is determined. |
| User | Netsmart | A person with a valid User ID and Password who uses Avatar. |
| User Defined Forms | Netsmart | Forms created using the RADplus Modeling Tools. |
| User ID | Netsmart | A unique identification assigned to a User which determines the user's security access level and user's roles. |

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| Views | Netsmart | <p>My Avatar provides a selection of views. Within these views are choices of many screens and a date integration that provides you with a total view of a client's care.</p> <p>There are two main views: The Home View, the Chart View.</p> <p>Views can be associated with a user or with a user role. Views can be customized. Views are made up of widgets.</p> |
| Voucher | Netsmart | <p>Services closed in a Batch are compiled into Voucher. A Voucher is a grouping of approved and denied services by Contracting Provider.</p> |
| Widgets | Netsmart | <p>A widget can display information from an external database or system. Widgets allow data to be shared within an organization, and across the client's spectrum of care.</p> <p>There are different kinds of widgets:</p> <p>Widgets that give quick a review of data via text or graphical displays. Widgets that navigate to clients or forms. Widgets that you work with both clients and staff. In addition to standard widgets provided by Netsmart, Netsmart clients can create their own widgets.</p> |
| Workflow | Netsmart | <p>Workflow is used by CWS to generate To Do lists for users.</p> <p>Workflow also enables users to send their work to other users for review. This workflow functionality will not be enabled in rollout one.</p> |
| Co-Practitioner | Netsmart | <p>One or more individuals who delivered a claimable service to a client or group of clients simultaneously and in coordination with a "primary staff" member/"Primary provider". In LACDMH current environment, the cumulative time and charges associated with a claim to the State for a particular client are all bundled under a single claim under the "primary staff". Documentation of the service must include names of any additional participating staff and the unique role played / contributions made of that/those additional participating staff. Although distinct, a related concept would be "supervisor" or "co-signer", where certain service delivery staff/providers (e.g., student professionals) documenting the client service are required to have service documentation co-signed.</p> |