

Milan Medical

Patient Handling A-Z

A Step-by-step guide for LBHPs

Section I – All Payors

Entering Demographics

- Click on Admin menu
- Click New Patient
- Fill out form as shown:

Milan Medical OPBH Training : 4251 : WILLIS, BLAKE DEANN: Chart : BUTLER, T. : Milan ID 325804

Actions System Admin Reports Help

Patient Scans Referrals TxPlans Notes

Patient Information

First TERRY Middle JACOB Last BUTLER Maiden Suffix
BirthDate 05/05/2002 SSN 295865670 Gender Male FullChart Required Milan ID
Provider 4251 Record ID Flags GENERIC OVERLAP DUPLICATE ALLOWREHAB LOCKUSAGE BLOCKNEWNOTES
Comments AitID
AitID Type

Patient Programs

Program	Discharge Reason	Admit Date	Discharge Date	Last Mo
Mental Health	Not Discharged	12/12/2018	12/31/9999	WILLIS, BLAKE

Patient Facilities

Facility	Effective	Expires
HAYES Facility	12/12/2018	12/31/9999

Patient Therapists

Therapist	PA Role	Effective	Expires
WILLIS, BLAKE DEANN	Both	12/12/2018	12/31/9999
MORRISON, RILEY LYNNE	Review	01/01/1900	12/31/9999
WILLIS, BLAKE DEANN	Review	01/01/1900	12/31/9999

Patient Payors

Payor	Effective	Expires	Priority	Payor ID	Referring NPI	Plan Name
OK MEDICAID	01/01/1900	06/30/2023	100	803815661		

SAVE Edit Patient Refresh Chart Open Chart Discard Changes

PATIENT INFORMATION REQUIRED FIELDS

- First and Last Name
- Birthdate
- Social Security Number
- Gender

- FullChart - should always say “Required”
- Patient Programs (To add programs click the Add button, choose the program and admit date)
- Patient Facilities (To add facilities click the Add button and choose the correct facility)
- Patient Therapists (To give therapists access to this patient chart, you must add their names to the Patient Therapist section) Click “Add” and assign as many therapists as needed. Note: The primary therapist has to have the PA role or QA or Both (when adding multiple providers, the role of Review or None can be assigned).
- Patient Payors (Click the “Add” button and fill out the Payor dialogue box).

Notes about this form:

- Choose the correct payor
- Relation -choose whether the patient is the primary insured or a dependant
- First Name
- Last Name
- Priority (only required when there is more than one payor, if so “the higher number gets billed first”)
- Payor ID (the patient’s Medicaid number or insurance policy number)
- Effective/Expires dates (auto-filled for Medicaid patients)
- Insured and Other insured fields are only used when indicating a commercial insurance payor

When the Patient Payor form is complete:

- Click “OK” at bottom of Payor window

- Click “OK” at bottom of Patient window

THIS PATIENT SHOULD NOW APPEAR ON YOUR COCKPIT

PART A - Writing an Initial Treatment plan

- Click on the TxPlans tab of the chart.

To create a patient’s first treatment plan in Milan, either click the “Initial” button on the TxPlans tab in the patient's chart or click the Draft TxPlan button. You will notice they both pop up the same thing: the tabs of the treatment plan. But the difference is in what's next. By using the Draft TxPlan button you can add information a little at a time and save it without having to complete a treatment plan and request in one sitting. The Initial button is for when you have 30-45 minutes to knock out the whole plan at once because in this mode you cannot exit the plan and save your data unless you have finished both the treatment plan and request. Also, if you have worked on and completed your plan using Draft TxPlan, and now you are ready to do the request, the Initial button brings up the plan for you to look over, and then pops up the request window where you formulate your authorization request. We recommend working on and completing your plan in Draft TxPlan mode, then clicking Initial, reviewing what you've done, and formulating your request.

When the treatment plan appears, the tabs you see make up the content of the plans on paper you may be used to doing.

BASIC - The Basic tab stores information about a patient such as guardian information, screenings performed and other miscellaneous information.

BASIC TAB REQUIRED INFO:

- Emergency Contact
- Emergency Phone Number
- Highest Grade (for children)
- Guardian Type (for children)
- Guardian Name
- Guardian Relation (children)
- Marital Status
- Treatment Years
- Military Status
- Preferred Language
- Service Focus (for Insurance, Nopay and Selfpay, must be "Non ODMHSAS/OHCA Funded")
- Race

- All 3 Screenings
- ACE Score (for 18 and up)
- Harmful Intent
- Primary and Secondary CDC referrals

RESIDENCE - The Residence tab stores information about the patient's current living situation. If there is incarceration or out-of-home placement, the custody section of this page is required.

DIAGNOSIS - The Diagnosis tab stores information about the patient's current diagnosis, GAF scores (optional), and historical information.

DIAGNOSIS TAB REQUIRED INFO:

- Diagnosis 1 - **this is the only required diagnosis, all others are optional**
- Medical Notes
- Psychosocial Stressors (at least 1 must be selected)

CAR - The biggest tab on the treatment plan is the CAR scores tab. *Note – this Tab is only required for Mental Health and Integrated patients. It may be skipped for Substance Abuse, as the ASI tab must be completed in that case.* As you're filling it out, we recommend doing the numeric Score values first and the descriptor text boxes second. This way when you save (which you should be doing often), Milan is less likely to complain about the tab being incomplete.

BASIC CDC - (Medicaid and DMH Only) The BasicCDC tab stores patient information needed.

TxPlan for ANDERSON, JAMIE LAUREN - Milan ID 331611

Basic Residence Diagnosis CAR **BasicCDC** ASI Testing Addendum Goals

Level of Care: Outpatient Pregnancy: Not Pregnant Due Date: []

Disability1: None Disability2: None
 Disability3: None Disability4: None

Presenting Problems
 Primary: Behavioral: Attention Deficit/Hyperactivity Disorder
 Secondary: Behavioral: Oppositional Defiant Disorder
 Tertiary: NONE: Other - non-mental health problem

Drugs of Choice
 Primary: None Route: Other Frequency Last 30 Days: No use past month First Age: 0
 Secondary: None Route: Other Frequency Last 30 Days: No use past month First Age: 0
 Tertiary: None Route: Other Frequency Last 30 Days: No use past month First Age: 0

Arrests
 Past 30 days or since admission: 0 Past 12 months or since admission: 0 Attended self-help/support 30 days: 0

Financial
 Employment: Not in labor force Employment Type: B: Student Flags: SSI SSDI SED SMI
 Annual Income: 0 Dependents/Contributors: 1

Sexual Assault
 SANE Exam Police Report Police Report Num: [] Protective Order: None

Number of times tobacco used in a typical day? 0 Days of restrictive placement in past 90 days? 0
 Incidents of self harm in past 90 days? 0 Absences (NOT suspensions) from school, past 90 days? N/A 0
 Days suspended from school in past 90 days? N/A 0 Days not permitted in day care in past 90 days? N/A 0

OK Spell Check Cancel

BASIC CDC TAB Minimum fields required:

- Level of Care
- Primary Presenting Problem
- Pregnancy (choose from drop-down list for female patients)
- Drugs of Choice (required for substance abuse treatment plans)
- Employment
- Employment Type
- Income
- Dependents/Contributors must read at least 1, even for a child, where you would list the parents' income and the number of people dependent on that income (siblings)
- Protective Order
- *NOTE: Days suspended N/A and Absences N/A should be UN-CHECKED if the treatment plan is for a minor.*

ASI - The ASI tab stores ASI and TASI scores for the patient. (for Substance abuse and Integrated treatment plans only)

TESTING - The Testing tab is where you enter psychological testing information. You will notice that the treatment history is the only required field.

ADDENDUM - The Addendum tab stores miscellaneous information about the patient including treatment preferences, strengths/abilities and discharge criteria (**all fields are required**).

GOALS - The Goals Tab stores the Interpretive Summary as well as all Problems, Goals and Objectives. The Internal Comments text box is for you to write notes to yourself about the patient and their treatment. These notes are just for viewing; they won't print out anywhere, but, in the case of an audit are still visible.

The screenshot shows a software window with the following components:

- Tabbed interface with tabs: Basic, Residence, Diagnosis, CAR, BasicCDC, ASI, Testing, Addendum, Goals.
- Interpretive Summary**: A large, empty text area.
- Internal Comments**: A smaller, empty text area.
- Problems**: A table with columns: Problem, Goal, Impairment.
- Buttons below the table: View, **New** (highlighted with a green box), Up, Down, Delete, Import.
- Buttons at the bottom: OK, Spell Check, Cancel.

Follow these instructions for entering goals and objectives:

1. Click "New" – the Problem Dialog window will appear (as seen on the next page)

2. Select a Problem (or Enter the Problem in the “Other” field)
3. Select the Impairment (Mild, Moderate or Severe)
4. Enter Goal (you have just created your first goal)
5. Click "New" – The Objective Dialog window will open as seen below

6. Enter Objective (NOTE: DO NOT ENTER MULTIPLE OBJECTIVES IN ONE BOX)
7. Enter Initiated date
8. Enter Target date
9. Enter Therapeutic Method (if necessary)
10. Enter Treatment Service (NOTE: IF MORE THAN ONE TREATMENT SERVICE FOR THIS OBJECTIVE, YOU WILL NEED TO CREATE ANOTHER OBJECTIVE WITH SAME TITLE, BUT WITH A DIFFERENT TREATMENT SERVICE)
11. Click "OK" (you have just created your first objective)

REPEAT STEPS 5-10 FOR EACH NEW OBJECTIVE FOR THIS GOAL

12. Click "OK"

REPEAT STEPS 1-11 FOR EACH NEW GOAL

NOTE: The IMPORT button may be used if you have goals and objectives already entered for your agency. To import Goals, click IMPORT and choose the diagnosis that has goals you wish to search for, and click “Search”. You may then highlight any goals you wish to import and click the IMPORT button. Once you open an imported goal, you will find an import button below the objective box. To import Objectives, click the IMPORT button and choose the objective(s) that you wish to import.

Once all the treatment plan tabs have been filled out, click “OK” at the bottom of the TxPlans tab

- If you are working in Draft TxPlan, this will bring you back to the Txplans tab. At which point, you should click “Save”, then click the Initial button. This will bring up the TxPlan you just finished, click OK.

-OR-

- If you are working in the Initial, the request window will appear.

You should now be looking at the Request Window

Id	Payor	Bundle	Service	Therapist	Proposed	Granted	PA#	From	Through	Status	UW
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This window is to set up the treatment plan request, which is separate from preparing the treatment plan. You must fill out any of the drop-down menus accessible in the top portion of the window. The most important field is the **Effective Date**. Once the top portion is filled out, authorizations should automatically appear. You should delete any authorizations that don't make sense and add any that are missing. To do that, click New near the bottom of the window, and a little window pops up called the Authorization Editor.

Authorizations											
Id	Payor	Bundle	Service	Therapist	Proposed	Granted	PA#	From	Through	St...	UW
0	OK MEDICAID	PG030	Psychotherapy MH - Family (Child Not Present) 90846	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Family (Child Present) 90847	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Family Telemedicine (Child Not Present) 90846GT	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Family Telemedicine (Child Present) 90847GT	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual (Child 30 Min) 90832	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual (Child 45 Min) 90834	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual (Child 60 Min) 90837	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual Telemedicine (Child 30 Min) 90832GT	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual Telemedicine (Child 45 Min) 90834GT	TAYLOR, AIDEN DE...	1	0				Req...	✓
0	OK MEDICAID	PG030	Psychotherapy MH - Individual Telemedicine (Child 60 Min) 90837GT	TAYLOR, AIDEN DE...	1	0				Req...	✓

Once the Authorizations contain all of the services needed, double-click each authorization to add the therapist who will be administering the service all or most of the time, along with the payor and the proposed number of units (MEDICAID: if you want Milan to maximize your units later choose "1"). **Note:** For LBHP's units of service will equal one session and Medicaid allows 4 sessions per month (PG030). Your sessions can range from 15 minutes to 60 or more minutes per session.

Once you click "OK", a warning box should appear asking if you want Milan to Maximize your units (Medicaid and DMH only). If you want Milan to evenly distribute the units between all services requested click "Yes", if you have already predetermined your unit usage and do not want Milan to distribute your units, click "No".

NOTES ABOUT THE REQUEST: When you fill out your treatment plan request, the Level should always read Private Practice, and your units should equal 24 (4 units for each month).

Your newly drafted treatment plan should show up now as a line on the TxPlans tab in Proposed status, click "SAVE".

Once you are satisfied, highlight the Proposed request line and click the Complete button and click "SAVE", and now your plan is ready to be printed with a clean signature page for your patient to sign.

If the completed date needs to be edited do the following while the request is in Completed status:

- Highlight the treatment plan in Completed status
- Click Edit Request
- Delete the date in the Completed date field
- Enter a new date that matches the date the signature page was signed
- Click Ok
- Click Save

MEDICAID: An admin should now click the Submit button to create and submit a CDC to ODMHSAS.

- Highlight the completed treatment plan
- Click Submit
- Click Save
- Click Refresh chart

Note: If your practice is set up to receive accepted Pa's in Preapproved status the PA will need to be manually finalized. Highlight the Initial Request, click the Finalize button that appears below, then click SAVE.

PART B – Resubmitting CDCUWs (Admins)

Now that Milan is submitting real-time CDCs resolving rejected ones should be done directly from the chart as follows:

- Double click the CDCUW line to view the rejection message
- Based on the message identify how to resolve it (help with CDCUWs can be found in the Milan Help Manual or by calling Milan support)
- Once the issue has been located and fixed, go back to the TxPlans tab
- Highlight the CDCUW line, Click Submit, Save and Refresh the chart
- When you go back to the TxPlans tab you should see the CDC and PA status

PART C – Treatment Plan Modifications- Here are the steps to modify a treatment plan:

Therapists do the following:

- Highlight your latest request at the top of the TxPlans tab
- Click the Modification button
- Add goals and/or objectives with all txservices you want to request
- Click “OK” at the bottom of the treatment plan window
- On the new request highlight any services that you do not want --by holding down the Ctrl button and clicking each service individually – use the Delete button to remove them
- Double-click on each Authorization line to add a therapist (probably yourself) and 1 unit
- Click “OK” at the bottom of the Request
- When asked if you want to maximize units, click “YES”
- Click “SAVE” at the bottom of the TxPlans tab
- Highlight the Modification line and click Complete
- Click “SAVE” at the bottom of the TxPlans tab

Admins do the following:

- Highlight the Modification line and click the Submit button.
- Click “SAVE” at the bottom of the TxPlans tab.
- Highlight the Modification again and click PreApprove.
- On the Request: the Effective date should match all of the "From" dates of the services listed on the Request...the "Expires" date should match all of the "Through" dates of the services listed on the request. --BE SURE THESE DATES MATCH YOUR ORIGINAL REQUESTS' EFFECTIVE AND EXPIRES DATES...THIS IS YOUR LAST CHANCE TO CHANGE THEM...AND IF THEY ARE WRONG, MILAN WILL NOT BE ABLE TO ACCURATELY TELL YOU WHEN THE TXPLAN EXPIRES.
- Click “OK” at the bottom of the request.
- Click “SAVE” at the bottom of the TxPlans tab.
- Highlight the Modification one last time and click “Finalize”.
- Click “SAVE” at the bottom of the TxPlans tab.

- Click "Refresh Chart" at the bottom of the TxPlans tab.
- When the Chart refreshes, click the TxPlans tab again.
- Highlight the Information Update CDC 41 at the bottom, click Finalize, then SAVE

PART D – Progress Notes

You may now create and sign Progress Notes.

When Progress Notes have been signed, you should then approve those notes for billing.

(MEDICAID and DMH PAYORS) All Progress Notes sitting in Approved status will be converted into Claims and billed on Tuesday morning. Please have all notes that need to be billed in Approved status by midnight on Monday.

PART E – Discharging Patients

When discharging a patient, the discharge CDC asks for the most recent CAR/ASI scores. Milan automatically takes this information from what is in the "DRAFT TXPLAN". The following procedures should be followed:

Therapists do the following:

- Go to the TxPlans tab, Click the Draft TxPlan button
- Change any clinical information as needed on the Basic and Residence tab and make any needed updates to the patient’s current condition on the Diagnosis, CAR, ASI, Addendum, and Goals tabs.
- Once finished, Click “OK” at the bottom then SAVE.

Admins do the following:

- Click Edit Patient at the bottom of the screen.
- Click Edit in the Patient Program section
- Choose the appropriate discharge reason and discharge date, then click OK
- On the TxPlans tab, highlight the new discharge CDC at the bottom and click Submit
- Click SAVE and Refresh Chart
- When you go back to the TxPlans tab you should see the CDC status

PART F- Paid and Denied Claims

Once all claims are billed Milan will receive claim status within a few days to a couple of weeks (depending on payor). For each claim with a PAID status, the claim (along with the attached services) will go Final status in Milan. These claims will also automatically appear on the provider’s next timesheet - if the Payroll function is being utilized.

Any partially paid or fully denied claims will go to the Userwait report at the bottom of the Cockpit. Each week an administrator should Adjust and Write off partially paid claims. Once adjusted, these claims will then go to a Final status and will then be able to go onto a payroll.

Any claim that has a 0 amount in the PAID column has been denied and should be researched to determine if it can be sent back to the payor for reconsideration. To begin researching a denied claim double-click the claim and double-click the bottom line of the Claim Item window. If the claim adjustment reason(s) are not there or they do not make sense contact the payor's call center or Milan support for assistance.

If any denied claim(s) can be sent for reconsideration, make any necessary changes, highlight the claim and click the Rebill button. Rebill puts the claim back into Approved status and it will be billed on the next billing cycle.

If the denied claim(s) cannot receive payment based on researching the denial reason, the claim(s) will need to be adjusted and written off.

PART G – Payroll

Instruction for posting Payroll – (if you are using Milan's payroll function)

- Click “Actions”, scroll down and select “Post Payroll”
- When the Post Payroll dialog box appears set the “End Date”. (If your payroll is based on your Remittance Advices, this date must fall within the week immediately FOLLOWING the date you received your warrant from OHCA. Please note, however, that the end-date should never fall on a Wednesday).
- Highlight all therapist names that you want to print timesheets for and click the “Timesheets” button.

At this point a timesheet for all the therapists selected will appear, you can either print them or close them. These timesheets will be held in the Payroll report.

Section II – Insurance, Selfpay and Nopay only

PART A - Preapproving a Treatment Plan

THE FOLLOWING STEPS ARE ONLY TO BE PERFORMED ON INSURANCE, SELFPAY AND NOPAY PATIENTS. IF THESE STEPS HAPPEN ON A MEDICAID/DMH PATIENT, THE CDC SUBMISSION PROCESS WILL NOT OCCUR.

- Highlight the Completed treatment plan request at the top of the TxPlans tab and click the Preapprove button
- On the Request page verify that the Effective and Expires dates are correct, and if correct click OK, then SAVE
- Highlight the Preapproved request, click Finalize, then SAVE and Refresh Chart

PART B – Manual Billing

To Bill:

From the Cockpit:

- Reports: Claim Detail (hit clear)
- Patient: Choose the name of patient you are billing for.
- Status: ANY
- Payor: ANY
- Click *Search*
- Highlight all Notes that are in Approved status that you want to bill
- Click *Post*
- Highlight all you want to bill again
- Click *Bill*
- From "Bill" you can either print them, save the group of notes as a single PDF file, or close the window.

To inform Milan of payment:

- Double-click Billed line in cockpit
- Payor: INSURANCE, SELFPAY or NOPAY
- Click *Search*
- Highlight each claim separately
- Click *Paid* (enter any applicable data into window) OR
- Click *Partial* (enter any applicable data into window) OR
- Click *Denied* (enter any applicable data into window)