## Agency – Medicaid Patients Switching to Managed Care Payor 3/22/24 \*\*\*DO NOT CREATE MODIFICATIONS\*\*\*

Please follow these steps if you have a Medicaid patient that is converting to Managed Care.

### • Open the patient's chart.

Notices Cockpit	Groups							Facility	*ANY*	
Treatment Plans								Thomasint		_
	Dave		#	Dave	#	Dave	#	Inerapist	"ANY", "ANT"	
Missing	NoTyPian	1		NoPartial	1	Ineligible	2	Name		
TPR	15-28	0		8-14	0	0-7	2			
Pronosed	0.6	0		7,13	0	14 or more	3	View All	Reset	
Completed	0-1	0		2-3	0	4 or more	0	Bravo John	nv	
Submitted	0-3	0		4-8	0	9 or more	4	Cobblepot (	ewald Chostorfield	
Draft CDC	0-6	0		7-13	0	14 or more	0	Doo Jano	Straid Circaterneid	
CDCUW	0-1	0		2-3	0	4 or more	1	Due, Jalle		
Pending	0-3	0		4-8	0	9 or more	0	DUCK, Donal	a	
PAUW	0-1	0		2-3	0	4 or more	0	Fries, Victor		
Preapproved	0-6	0		7-13	0	14 or more	0	Isley, Pamel	а	
		-		1	1-			Kyle, Selina		
								Maldonado,	Joseph	
								Test, Speed		
Drogroes Notes								Unknown, N	ame	
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Missing Rejected Draft	Days Note30 0-3 0-1	1 0 0	Ŧ	Note60 4-6 2-3	0	Note90 7 or more 4 or more	2 0 13			
Missing Rejected Draft Signed	Days Note30 0-3 0-1 0-3	1 0 0 0	#	Note60 4-6 2-3 4-6	0 0 0 0	Note90 7 or more 4 or more 7 or more	2 0 13 0			
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Missing Rejected Draft Signed Approved Viscellaneous	Days Note30 0-3 0-1 0-3 0-6	1 0 0 0	#	Note60 4-6 2-3 4-6 7-13		Note90 7 or more 4 or more 7 or more 14 or more	2 0 13 0 0			
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Missing Rejected Draft Signed Approved Miscellaneous Credentials Posted	Days Note30 0-3 0-1 0-3 0-6 0-6 Days 15-28 0-6	1 0 0 0 0 0	#	Note60 4-6 2-3 4-6 7-13 Days 1-14 7-13	0 0 0 0 0 0 0	Note90 7 or more 4 or more 7 or more 14 or more Expired 14 or more	2 0 13 0 0 0 # 1 0			
Missing Rejected Oraft Signed Approved Approved Miscellaneous Credentials Posted Billed	Days Note30 0-3 0-1 0-3 0-6 0-6 15-28 0-6 0-13	1 0 0 0 0	Ħ	Note60 4-6 2-3 4-6 7-13 Days 1-14 7-13 14-27	0 0 0 0 0 0 0 0	Note90 7 or more 4 or more 7 or more 7 or more 14 or more Expired 14 or more 28 or more	2 0 13 0 0 0 * 1 0 0			

#### • Click on Edit Patient

	Scans	Referrals	TxPlans	Notes									
rvices													
le	d	Rv		Facility	Therapist	Se	rvice	Stat	IS	Start	Flag	js	Minutes

• Under Patient Payors, Click Add

atient Info	rmation											
rst	Johnny		Middle		Last	Bravo		Maiden	[	Suffix	NONE	
irthDate	02/15/1980		SSN 414141	414	Gender	Male	-	FullChart	Required	▼ Milan	ID 412601	
	Decent	10						CKUEACE			Adde	
Tovider	Record		Flags GE	NERIC UVER				LNUSAGE	BLOCKNEWNOTE	3	Addre	:55
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tient Pro	grams											
	Program		Discharge R	eason	Adr	nit Date	Disch	narge Date		Last Modified by		Edit
tham Cit	/ MH	Not Disc	charged		08/01/2023		12/31/9999		Support, Mila	n		Add
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tiont Fac	litios											
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tham Ol	HC	, sound		08/01/202	3			12/31/999	9			Add
												Remov
tient The	ranists											
	Theranist			På Role			Effective			Expires	1	
ane, Jon	athan	B	oth	TARGE	08	/01/2023	Lifective		12/31/9999	Expires		Add
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tiont Day												
uent Pay	Boyor	Effective	Evoir	Driori	tu Dov	or ID	Deferring NR		Plan Nama	Account	4	
(MEDIC/	ID	08/01/2023	03/31/2024	1	00 B010101010		Releting NF	1	Flairivanie	Account	.4	Edit
											(	Add
												Remov
tient Ser	vice Locations											
	Servi	ce Location			Туре		Effectiv	e		Expires		Add

- Under Edit Patient Payor
  - Select one of the three new MCD payors. We are selecting "Aetna MCD" for this example.
  - Enter the Payor ID (Medicaid #) for this payor.
  - Effective Date: 04/01/2024
  - $\circ$  Change the priority to 200
  - Click Ok

Bravo, Jo	hnny												
atient Info	rmation											-	
rst	Johnny	Mid	Idle		Last	Bravo			Maiden		Suf	fix NON	E
irthDate	02/15/1980	SSI	N 41414	1414	Gender	Male		-	FullChart	Required	▼ Mila	an ID 4126	601
rovider	MHC V Record ID	F	lags 🔲 GE		DUPLI		ALLOWREHA	B LO	CKUSAGE			A	ddress
😻 Edit F	Patient Payor										$\times$		
Patient	$\sim$												
Payor	Aetna MCD			Copay			0	Percen	ıt		100		
Relation	Self			First Name JOHNNY				Last Na	ame BRAV	0			Edit
Priority			200	ayor ID B010101	1010		22 M					-	Add
Accoun	14			Effective 04/01/20	024			Expires	s 12/31	1/9999			Demonst
Referrin	g Physician				Referrin	g Physicia	an NPI					-	Remove
Insured													
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Plan Nar	ne	Emplo	oyer				Gr	oup Name	e (				Remove
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ZIP		DOB					Se	x			•	-	bbΔ
Other In	sured												Demeure
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atient Ser	Service Location			Type				Effectiv	10		Evnires		Add
	ounce Location			туре				Liecus			Lapites		Add

- Under Patient tab you will need to have both payors listed so we can have the ability to check eligibility after 4/1/24.
  - OK Medicaid Priority: 100 Expires: 03/31/2024
  - Aetna MCD Priority: 200 Effective: 04/01/2024 Expires: 12/31/9999
  - Click Ok

rst Johnny		Middle	Last	Bravo		Maiden		Suffix	NONE	
irthDate 02/15/1980		SSN 414141414	Gend	ler Male	-	FullChart	Required	Milan ID	412601	
rovider OMHC 💌 Re	ecord ID	Flags 🔲 GENER	C OVERLAP DUP		OWREHAB 🔲 LOO	CKUSAGE			Address	
omments						AltID AltID Type				
atient Programs										
Program	m Not Dis	Discharge Reas	on A	dmit Date	Disch	narge Date	La:	st Modified by		Edit
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tient Facilities						T				
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Pavor	Effective 09/01/2022	Expires 02/21/2024	Priority P	avor ID	Referring NP	1	Plan Name	Account4		Edit
na MCD	04/01/2024	12/31/9999	200 B010101010	10						Add
									R	amo
tient Service Location	15									
	Service Location		Туре		Effectiv	e		Expires		Add

### • Under Txplans tab, Click on the Draft Txplan button.

Id 955 955	Request						
955 955	645 Initial	MainBayar	Facility	Effective	Duration	Completed	Status
955	o to minuar	OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
	644 PreAuth	OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
iew Request	View TxPlan Add	Comment Special C	DCs Unused Goals?				
rint Request	Print TxPlan Prin	t Request Summary	Print TxPlan Summary				
Print Request	Print TxPlan Prin	t Request Summary	Print TxPlan Summary				
rint Request raft TxPlan etter of Collabora tment Plan Trans	Print TxPlan Prin Initial Extension tion Contest/Courte actions	t Request Summary Main Ma	Print TxPlan Summary				
rint Request raft TxPlan etter of Collabora tment Plan Trans Id	Print TxPlan Prin Initial Extension ttion Contest/Courte actions	t Request Summary	Print TxPlan Summary ke PreAuth Date	Туре	Т	ransaction	Status
rint Request	Print TxPlan Prin Initial Extension Initial Contest/Courte actions 978089	t Request Summary Modification Ma systemination TxPlan 955645 12/0	Print TxPlan Summary ke PreAuth Date I/2023 05:44 PM -06:00	Туре	Z3 - Admissic	ransaction Final	Status

### • Select Aetna MCD, Click Ok

Milan Medica	al OPBH Trai	ining : OMH	: Support,																
ns System	m Ad <u>m</u> in	Reports	lelp																
ent Scar	ns Refe	rrals TxP	lans No	tes															
tment Plan	15							ř	10.00.00		1		14				N. MIN		
Id	055045	Re	quest	-	M	ainPayo	or	0.0	Faci	ility	Eff	ective	1	Duration		Comple	ted	Eine I	Status
	955645	PreAuth		OK	MEDIC			Gotha	IM OMHO	C	12/01/2023		6 Months		03/	19/2024		Final	
/iew Reque Print Reque Draft TxPlar Letter of Col atment Plan	st Vi st Pr n Initi Ilaboration	This cha that migh formats. payor for initial	tt payor rt has multi at use diffe Please sel the currer OK M OK	ple ac ent tr ect the EDICA <u>MCD</u>	tive pa eatmen e desiri tment p ID	× nyors ed plan.	ecial CDC	Cs rint TxP PreAu	Unuse Ian Sum	ed Goals? hmary									
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- The data importer screen will populate since there is no data entered for this payor.
  - Medicaid should be selected for this import.
  - Please make sure you put a check to import data from all remaining tabs to ensure that all data gets transferred to the Aetna MCD payor.
  - Click Import

	ferrals TxPlans N	lotes					
ent Plans							
Id	Request	MainPayor	Facility	Effective	Duration	Completed	Status
95564	45 Initial	OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
95564	44 PreAuth	OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
	Select payor No data was found for th Aetna MCD. However, BA	he BASIC tab for ASIC data exists					
v Request	for the payors listed belo Please select the payor you wish to use for this Do you wish to in Do you wish to in and all remaining Import <u>C</u> ancel	ow. whose BASIC data treatment plan. MEDICAID nport data for BASIC t tabs from this payor? It (use blank BASIC tab)	DCs Unused Goals? Print TxPlan Summary ke PreAuth				
Request Request t TxPlan er of Collaborat ent Plan Transa Id	for the payors listed below Please select the payor you wish to use for this I on our wish to in more and all remaining import <u>Cancel</u>	ww. whose BASIC data treatment plan. MEDICAID port data for BASIC t tabs from this payor? It (use blank BASIC tab)	DCs Unused Goals? Print TxPlan Summary ke PreAuth Date	Туре	т	ransaction	Status
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ew Request	for the payors listed below Please select the payor you wish to use for this and all remaining import <u>Cancel</u> 978089 978089	ww. whose BASIC data treatment plan. MEDICAID port data for BASIC tabs from this payor? It (use blank BASIC tab) TxPlan 955645 1200 955644 1080.	DCs Unused Goals? Print TxPlan Summary ke PreAuth Date 1/2023 05:44 PM -06:00 1/2023 12:00 AM -05:00	Type CDC CDC	T 23 - Admissic 21 - Contad	ransaction Final	Status I

• The draft txplan information will appear now. Click on the Basic tab.

		😻 TxPlan for Bravo, Johnny - Milan ID 412601		×
8	Mila)	Basic Residence Diagnosis CAR Basic	CDC ASI Testing Addendum Goals	
A	ctions	Interpretive Summary		
1	Patient	asdfasdfasdf		
	Treatm			
		Internal Comments		
11				
		Droblome		
1		Broblem	Cool	Impoirment
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		View New Up Down De	Import	
	View		OK Spell Check Cancel	
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		<u>s</u>	AVE Edit Patient Refresh Chart Open Chart Discard Changes	

# • Under the Basic tab, Change the Service Focus to "Non-ODMHSAS/OHCA Funded", Click Ok

Residence	Diagnosis	CAR	BasicCDC	ASI	Testing	Addendum	Goals					
							- 1)2					
	Basic Info	rmation										
	Emergenc	y Contac	t			Emergency Nurr	nber [			Highest Grade		0 😳
	Guardian 1	fype	None		-	Guardian Name				Guardian Relation		
	Marital Sta	atus	Married		•	TX Years	Ī	Jnknown	-	Military Status	None	-
	Preferred	Lang	English		•	Speaks English	Well	Yes				
	Admission	15				FR Admissions	E C	1977	0	Lead Therapist	Crane, Jonathan	-
	Youth Sue	noneione				Youth Runawaya	- -		0	*SERVICE FOCUS		-
	Toutil Sus	penaiona	-	-	0.		•			SERVICE TOCUS		
	*RACE		VVhr	te 🗌 A	merican	Indian 🔄 Asia	n 🗌 Af	rican American	ШН	lispanic 🔛 Pacific	Islander 🔄 Other	
	Misc		Spe	cial Ed	In Sch	nool 🔲 Probati	on					
	Screenin	g								-		
	*MENTAL	HEALTH	Positive		▼ *SUB	STANCE Not ad	minister	ed 💌 *TRAUMA	÷.,	Not administer	ed 🔽 Gambling Not administered	1 🔽
	Trauma 9	score			ACE S	Score		4 *HARMFU	L INT	ENT N/A		
	Alerts											
	Acqui	ired Brain	n Injury	Alco	hol/Subst	tance Addiction	Den	nentia		Developmental D	isability	
	Dual I	Diagnosi	s - AOD/DD	🔲 Dua	l Diagnosi	is - AOD/MH	🔲 Dua	l Diagnosis - MH/	DD	Hearing Impairme	ent	
	HIV-P	ositivity//	AIDS	Hom	ielessnes	ss	Cas	e Management		Mental Disorder		
	New	Immigrar	nt	Phy:	sical Disa	bility	🔲 Un-/	Underemployme	nt	Visual Impairmer	ıt	
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	CDC Refe	rrais	-									
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	*SECONE	ARY	ne					<ul> <li>Agency NF</li> </ul>	PI			
					F	Family ID, DOC #	or DHS	Case Number				
 						~						

#### • Click Save

🕯 Milan Medical 🤇	OPBH Training : (	OMHC : Supp	port, Milan Level2: Chart : Bra	avo, J. : Milan ID 412601				- D >
ctions System	Admin Repo	rts <u>H</u> elp						
Patient Scans	Referrals	TxPlans	Notes					
reatment Plans								
ld		Request	MainPayor	Facility	Effective	Duration	Completed	Status
	955645 Initial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
	955644 PreAut	h	OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
View Request Print Request	View Txt	Plan /	Xdd Comment Specia	II CDCs Unused Goals? Print TxPlan Summary	]			
Draft TxPlan	Initial	Extension	Modification	Make PreAuth				
Letter of Colla	boration	Contest/Co	urtesy Termination					
eatment Plan T	ransactions							
h	i.		TxPlan	Date	Туре	Tr	ansaction	Status
	97808	9	955645 1	2/01/2023 05:44 PM -06:00	CDC	23 - Admissio	n Fina	I
	97808	8	955644 01	3/01/2023 12:00 AM -05:00	CDC	21 - Contact	Fina	l
View Pri	nt Submi	t Add	Comment Hold	Finalize				
			SAVE	Edit Patient Refresh Ch	art Open Chart	Discard Changes		

You are now ready to create the txplan with the Aetna MCD payor. <u>DO NOT CREATE A</u> <u>MODIFICATION.</u> You will need to create an Initial txplan with the new payor, but you will change the expiration date to match the last txplan expiration date. Below are the steps to create the txplan.

• Double-click on the last txplan to see the expiration date. On this example the expiration date for the previous txplan is 05/31/2024. Remember this date since we will need it when we are preapproving the txplan.

🗱 Milan M	1edical OPBI	H Trainin	9: 🖏 PriorA	uth #955645 for Bravo, J	lohnny												×
Actions Sy	Scane Ad	<u>min R</u> e	Status	Final		*	Facility1	Gothan	OMHC				Facility2	Gotham (	OMHC		-
Treatment	Plans	keierrai	Level	Level III		*	MainPayor	OK ME	DICAID			4	Duration	6 Months	č.		*
	Id		Writer	Support, Milan Leve	12		Contact	Perez,	Joe				Request	Initial			-
	955 955	645 Initi: 644 Pre/	al TxPlan Typ	e Mental Health		*	Reviewer						Complete	d 03/19/20	24		
			Submitted				Effective	12/01/2	023 05:44 PM				Expires	05/31/20	24		
			Public Comments														
			Review Comments														
			System Comments	Request Finalized B Request Preapprove Upload aborted, mis	ly Perez, Joe On 03. ed By Perez, Joe Or ssing or invalid thera	/19/2024 1 03/19/2024 apist NPI for payor											4 1 1
			Authoriza	tions													
			Id	Payor	Bundle	Ser	rvice		Therapist	Propo	Granted	PA#	1010	From	Through	Sta	tus UW
			3933	629 OK MEDICAID	PG048 PG048	Psychotherapy MH - II Psychotherapy MH - II	ndividual (Ad	JIT SOP.	Crane, Jonathan	71	70 12	34567890	12/0	1/2023	05/31/2024	Approve	ed V
			3933	630 OK MEDICAID	PG048	Psychotherapy MH - In	ndividual Tel	emedic.	Crane, Jonathan	71	71 12	34567890	12/0	1/2023	05/31/2024	Approve	ed 🖌
View Re	equest	View	Tx 3933	631 OK MEDICAID 632 OK MEDICAID	PG048 PG048	Psychotherapy MH - In Treatment Plan MH -	ndividual Tele Low Comple	emedic	Crane, Jonathan Crane, Jonathan	71	69 12 1 12	34567890 34567890	12/0	1/2023	05/31/2024	Approve	ed V ed V
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Letter	of Collabora	tion	Usage														
Treatment	Plan Trans	actions	Id	Auth	Extent	EP Payor			Code	F	rom	Т	hru	Granted	Total	Paid	Unpaid
	Id	971 971	304														
View	Print	Sut	m					[	<u>Q</u> K <u>C</u> ancel								
				SAVE	Edit Patient	Refresh Chart	Open C	har <u>t</u>	Discard Changes								

## • Click on the Initial button.

i scalis	Referrals	TxPlans No	tes					
nent Plans								
ld		Request	MainPayor	Facility	Effective	Duration	Completed	Status
95	5645 Initial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
95	5644 PreAuth		OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
ew Request	View TxP	lan Add C	comment Special C	CDCs Unused Goals?				
ew Request int Request	View TxP	lan Add C lan Print I	comment Special ( Request Summary	CDCs Unused Goals? Print TxPlan Summary				
ew Request int Request aft TxPlan iter of Collabor	View TxP Print TxP Initial ation	lan Add C lan Print I Extension Contest/Courtes	Comment Special G Request Summary Modification Ma y Termination	CDCs Unused Goals? Print TxPlan Summary ake PreAuth				
w Request nt Request aft TxPlan tter of Collabor nent Plan Tran	View TxP Print TxP Initial ation C sactions	lan Add C lan Print I Extension Contest/Courtes	Comment Special G Request Summary Modification Ma y Termination	CDCs Unused Goals? Print TxPlan Summary ake PreAuth				
w Request nt Request ift TxPlan ter of Collabor nent Plan Tran: Id	View TxP Print TxP Initial ation C sactions	lan Add C lan Print I Extension Contest/Courtes	Comment Special C Request Summary Modification Ma y Termination	CDCs Unused Goals? Print TxPlan Summary ake PreAuth Date	Туре		ransaction	Status
w Request nt Request aft TxPlan tter of Collabor nent Plan Tran Id	View TxP Print TxP Initial ation C sactions 978088 978088	lan Add C lan Print I Extension contest/Courtes	Comment Special C Request Summary Modification Ma y Termination TxPlan 955645 12/0 955644 (08/0	CDCs Unused Goals? Print TxPlan Summary ake PreAuth Date 1/2023 05:44 PM -06:00 1/2023 12:00 AM -05:00	CDC CDC	T 23 - Admissic 21 - Contact	ransaction Fin. n Fin.	Status al

## • You will get a warning that indicates there is a valid txplan. You will click on the Yes.

tient Scans		orts <u>H</u> elp							
	Referrals	TxPlans	Notes						
tment Plans									
ld		Request		MainPayor	Facility	Effective	Duration	Completed	Status
ç	955645 Initial		C	OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
9	955644 PreAu	th	C	OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
View Request Print Request Draft TxPlan Letter of Collab atment Plan Tri	View T) Print Tx Initial oration ansactions	(Plan I Plan I Extensio Contest/Co	Add Com Print Requ on 1 ourtesy Te	Warning! There the purchase ment Modification Ma armination	appears to be a prior vali ist year. Are you sure you year Print TxPlan Summary ke PreAuth	d treatment plan with an e wish to create another in	× expiration date within itial treatment plan?		
	ansacuons		TVDI		Data	Ture		in a section	Ctatus
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	0100			000040 12/0	12020 00.441 M -00.00	000	20-701113510	Filla	·

## • You will select Aetna MCD payor, Click the Ok button.

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## • The draft txplan that you imported will pop up. Click Ok.

viilan 🕷	🖫 TxPla	n for Bravo, Jol	nnny - Milan II	D 412601											
ns 🗍	Basic	Residence	Diagnosis	CAR	BasicCDC	ASI	Testing	Addendum	Goals						
nt ! tme	Interpre asdfasd	tive Summary Ifasdf	1												
	Internal	Comments													
	Problem	ns Skills	Problem		Learr	n Social	Skills				Goal				Impairm
nt aft															
ne	Viet	w New	Up	Down	Delete	In	nport								
W					SAVE	Edi	t Patient	QK Refresh (	<u>S</u> p	ell Check	<u>Cancel</u>	I Changes	1		

- Under the New Prior Auth Screen
  - o Effective: 04/01/2024
  - Select Facility 1 & Facility 2
  - Select Main Payor: Aetna MCD
  - Level: The CAR/ASI scores determined the previous level. In this example it was Level
     3. If you want the unit allocation to be like what you had before you would select
     "Manage Care 3"
    - NOTE: All Managed Care Payors will need to have a Managed Care level selected. This will not auto-populate. You will need to manually select a Managed Care Level.
      - Managed Care 1 (Similar to Level 1) (\$623/month)
      - Managed Care 2 (Similar to Level 2) (\$815/month)
      - Managed Care 3 (Similar to Level 3) (\$867/month)
      - Managed Care 4 (Similar to Level 4) (\$1171/month)
      - Managed Care High (\$2500/month)
  - $\circ~$  Highlight all the Medicaid authorizations and click on the delete button.
  - Delete any Aetna MCD authorizations you don't need.
  - For the Aetna MCD authorizations you keep, be sure to double-click on them so you can assign a therapist for each authorization.
  - Click Ok

	Status	Proposed		-	Facility1	Gotham OM	IC		-	Facility2	Gotham OMHC		
n M	Level	Managed Care 3			MainPavo	Aetna MCD	-			Duration	6 Months		_
-	Writer	Support Milan I	ovol2		Contact	Perez loe				Portuost	Initial		_
			eveiz			1 6162, 306				Request	Innuar		
ent	TxPlan Type	Mental Health			Reviewer					Completed			
-	Submitted				Effective	04/01/2024	2:00 AM			Expires			
	Public												
	Comments												
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	Comments												
	System	Request Created	By Perez, Joe	On 03/20/2024									
	Comments												
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	ld	Payor	Bundle	5	Service		Therapist	Pro Gra	PA#	F	rom Thro	ugh Statu	is U
	0	Aetna MCD	MCE03	Psychotherapy MI	H - Individual	(Adult S		0	0			Reques	st
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### • You will get a maximize pop-up. Click Yes

D same so	Status	Proposed			Facility1	Gotham OMHC	-	Facility2	Gotha	m OMHC		
etione fi	Level	Managed Care 3	3		▼ MainPay	Aetna MCD		Duration	6 Mon	ths		
Datient	Writer	Support, Milan L	evel2		Contact	Perez, Joe		Request	Initial			
Freatment	TxPlan Type	Mental Health			▼ Reviewe			Completed				I
1	Submitted				Effective	04/01/2024 12:00 AM		Expires				
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	Custom	Request Creater	d By Perez, J	Joe On 03/20/2	024							_
	Comments	85	Ma	aximize Units?				1	×			
	Authorizatio	ons		7 Total am	ount requested (\$	126.00) is less than max allowe	d amount (\$5,202.00	) by \$5,075.2	6			
	Id	Payor	B	Do you w	vant to maximize t	he units?			<b>\#</b>	From	Throu Stat	. ι
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	0	Aetna MCD	MCE03	Psychothe	rapy MH - Individua	I Telemedicine (Adult) H0004HE	Crane, Jon.	1 0			Re	
View R	0.	Aetna MCD	MCE03	Treatment	Plan MH - Low Co	mplexity (Adult) H0032HETF	Crane, Jon	1 0			Re	Ī
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## Click Save

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atment Plans								
Id	Re	quest	MainPayor	Facility	Effective	Duration	Completed	Status
955	645 Initial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
955	644 PreAuth		OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
	0 Initial		Aetna MCD	Gotham OMHC	04/01/2024	6 Months		Proposed
View Request Print Request Draft TxPlan	View To Print Tx Initial	(Plan	Add Comment	Special CDCs nary Print TxPla Make PreAuth	Unused Goals? an Summary			
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## • You will highlight the txplan request in proposed status and click on the Complete button.

ent scans	Referrals	TxPlans	Notes					
atment Plans		1						
Id	Re	quest	MainPayo	Facilit	v Effe	ctive D	uration Com	pleted State
955	646 Initial		Aetna MCD	Gotham OMH	C 04/01/2024	6 Months		Proposed
955	645 Initial		OK MEDICAID	Gotham OMH	C 12/01/2023	6 Months	03/19/2024	4 Final
955	644 PreAuth		OK MEDICAID	Gotham OMH	C 08/01/2023	3 Months	03/19/2024	4 Final
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#### • Click Save

atment Plans Id		Hotes					
ld							
	Request	MainPayor	Facility	Effective	Duration	Completed	Status
95564	46 Initial	Aetna MCD	Gotham OMHC	04/01/2024	6 Months		Proposed
95564	45 Initial	OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
95564	44 PreAuth	OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
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Edit Request Print Request Draft TxPlan Letter of Collabo eatment Plan Trai Id	Edit TxPlan // Print TxPlan // Initial Extens pration Contest/C nsactions	Add Comment S Print Request Summ ion Modificatio Courtesy Termination	Special CDCs Unu nary Print TxPlan Make PreAuth	Ised Goals? Pr	eapprove Uncor	nplete	Status
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• Click on the txplan request in completed status and click on the Preapprove button.

	oouno	Referrals	TXPIAIIS	Notes					
mer	nt Plans								
	Id	Red	quest	MainPayo	or Facility	Effective	Duration	Completed	Status
	955646	Initial		Aetna MCD	Gotham OMHC	04/01/2024	6 Months	03/20/2024	Completed
	955645	Initial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
	955644	PreAuth		OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
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• You will receive a warning that indicates there are no Medicaid authorizations. You will click on the Ok button.

ent	Scans	Referrals TxPlan	s Notes					
ment	t Plans							
3	Id	Request	MainPayor	Facility	Effective	Duration	Completed	Status
	955646	6 Initial	Aetna MCD	Gothar			~	Completed
	955645	Initial	OK MEDICAID	Gothar			^	Final
		1		С Thi ок	s patient has the followin MEDICAID	ok	orizations for them:	
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- On the Prior Auth screen
  - Update the Expires date at the top right to match the Expires date of the previous txplan. On this example, we will change the expires date to 05/31/2024.
  - $\circ~$  Update the Through date on the authorizations by double-clicking on an authorization and changing the date to 05/31/2024
  - Click Ok

Actions System Admin Patient Scans Refe	ОМНС	Facility2		_
Patient Scans Refe			Gotham OMHC	
Level Managed Care 3 V MainPayor Aetna	.0	Duration	6 Months	-
Id Writer Support, Milan Level2 Contact Perez	e	Request	Initial	-
955646 Init 955646 Init TxPlan Type Mental Health Reviewer		Complete	d 03/20/2024	
955644 Pre Submitted 03/20/2024 03:55 PM Effective 04/01	24 12:00 AM	Expires	05/31/2024	
Submitted       03/20/2024 03:55 PM       Effective       04/01         Prinking       Effective       04/01         Effective       Status       Individual (Aduit SUP) H0004HE         Therapist       Original       Crane, Jonathan         View Request       V       View Request       View Request         Print Request       P       From       04/01/2024         Granted       71       From       04/01/2024         Status       Approved       PA#       -n/a         OK       Cancel       Cancel	24 12:00 AM	# 04/0 04/0 04/0 04/0 04/0	From         Through         Status           1/2024         09/19/2024         Approved           1/2024         09/19/2024         Approved	
View Print	Cancel		Show Note	S

• You will get a message that asks if you want to update all of the authorization dates. Click Yes.

🎕 Milan Medical OPBH Tra	🗱 PriorAuth	#955646 for Bravo, Johnny							×
Actions System Admin	Status	Preapproved		Facility1	Gotham OMHC		Facility2	Gotham OMHC	•
Treatment Plans	Level	Managed Care 3	-	MainPayor	Aetna MCD	¥	Duration	6 Months	*
Id	Writer	Support, Milan Level2		Contact	Perez, Joe		Request	Initial	-
955646 Init 955645 Init	TxPlan Type	Mental Health	-	Reviewer		-	Completed	03/20/2024	
955644 Pre	Submitted			Effective	04/01/2024 12:00 AM		Expires	05/31/2024	
	Authorizati Service Therapist	zation Editor on Information Psychotherapy MH - Individual (Adult SUP)	H0004H	E	×				
	Update Remai	ning Authorizations Effective, Expires, and PANum must match ter remaining Authorizations to match?	for all /	Authorization	s in the same bundle.	Gra 71	F 04/01/	rom Through 2024 09/19/2024	Status UW Approved
View Request Print Request Draft TxPlan Ini Letter of Collaboration	Granted Status	71         Through 05/31/2024           Approved         ▼ PA#           QK         Cancel	el		than 7 than 7 than 7	1 1	04/01. 04/01. 04/01. 04/01.	2024 09/19/2024 2024 09/19/2024 2024 09/19/2024 2024 09/19/2024	Approved V Approved V Approved V
Treatment Plan Transact Id 978 978									
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#### • Click Ok

🗱 Milan	Medical (	OPBH Tra	PriorAut	n #955646 for Bra	ivo Johnny												×
Actions	System	Admin					E Whid	0.00	01810				5	la un			
Patient	Scans	Refe	Status	Preapproved			Facility1	Gothan	IOMHC				Facilityz	Goth	am OMHC		
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	ld		Writer	Support, Milan	Level2	D.	Contact	Perez,	loe			2	Request	Initia	I		-
	955 955	646 Init 645 Init	TxPlan Type	Mental Health			Reviewer					-	Completed	03/20	0/2024		
	955	644 Pre	Submitted				Effective	04/01/2	024 12:00 AM				Expires	05/3	1/2024		
			Public Comments														
			Review Comments														
			System Comments	Request Preap Request Subm Request Comp	proved By Perez, itted By Perez, Jo leted By Perez, J	Joe On 03/20/202 e On 03/20/2024 oe On 03/20/2024	4										
			Authorizatio	ons													
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			3933633	Aetna MCD	MCE03	Psychotherapy Mi	I - Individual	(Adult S	Crane, Jonathan	7	1 71 n/a		04/01	1/2024	05/31/2024	Approved	
View	Request	V	3933634	Aetna MCD	MCE03	Psychotherapy Mi Psychotherapy Mi	H - Individual	(Adult) Teleme	Crane, Jonathan	7.	1 /1n/a 1 71n/a		04/01	1/2024	05/31/2024	Approved	
Print	Request	P	3933636	Aetna MCD	MCE03	Psychotherapy Mi	H - Individual	Teleme	Crane, Jonathan	7	1 71n/a		04/01	1/2024	05/31/2024	Approved	
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Image: Notes         Notes           est         MainPayor           Aetna MCD         OK MEDICAID           OK MEDICAID         OK MEDICAID	Facility Gotham OMHC Gotham OMHC Gotham OMHC	Effective 04/01/2024 12/01/2023 08/01/2023	Duration 6 Months 6 Months 3 Months	Completed 03/20/2024 03/19/2024 03/19/2024	Status Preapproved Final Final
est MainPayor Aetna MCD OK MEDICAID OK MEDICAID	Facility Gotham OMHC Gotham OMHC Gotham OMHC	Effective 04/01/2024 12/01/2023 08/01/2023	Duration 6 Months 6 Months 3 Months	Completed 03/20/2024 03/19/2024 03/19/2024	Status Preapproved Final Final
Aetna MCD OK MEDICAID OK MEDICAID	Facility Gotham OMHC Gotham OMHC Gotham OMHC	Effective 04/01/2024 12/01/2023 08/01/2023	Duration 6 Months 6 Months 3 Months	Completed 03/20/2024 03/19/2024 03/19/2024	Status Preapproved Final Final
Aetna MCD OK MEDICAID OK MEDICAID	Gotham OMHC Gotham OMHC Gotham OMHC	04/01/2024 12/01/2023 08/01/2023	6 Months 6 Months 3 Months	03/20/2024 03/19/2024 03/19/2024	Preapproved Final Final
OK MEDICAID	Gotham OMHC Gotham OMHC	12/01/2023 08/01/2023	6 Months 3 Months	03/19/2024 03/19/2024	Final Final
OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
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## • Click on the txplan request in preapproved status. You will click on the Finalize button.

ment Pl	lans			HUICS					
ld				1.					
		Reques	st	MainPayor	Facility	Effective	Duration	Completed	Status
	955646 Init	tial		Aetna MCD	Gotham OMHC	04/01/2024	6 Months	03/20/2024	Preapproved
	955645 Init	tial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
	955644 Pre	eAuth		OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
View Requ Print Requ Draft TxPI	uest V uest P Ian Ini	View TxPlar. Print TxPlan itial	xtensio	Add Comment Print Request Su n Modifica	Special CDCs U mmary Print TxPlan ation Make PreAuth	Inused Goals?	Finalize		
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### • You will click Save.

	Referrals	TxPlans	Notes					
atment Plans								
Id	Re	quest	MainPayor	Facility	Effective	Duration	Completed	Status
955646	Initial		Aetna MCD	Gotham OMHC	04/01/2024	6 Months	03/20/2024	Final
955645	Initial		OK MEDICAID	Gotham OMHC	12/01/2023	6 Months	03/19/2024	Final
955644	PreAuth		OK MEDICAID	Gotham OMHC	08/01/2023	3 Months	03/19/2024	Final
View Request	View Tx	Plan	Add Comment	Special CDCs U	nused Goals?			
View Request Print Request	View Tx Print Tx	Plan	Add Comment	Special CDCs U mary Print TxPlan	nused Goals? Summary			
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View Request Print Request Draft TxPlan Letter of Collabora eatment Plan Trans Id	View Tx Print Tx Initial ation 978089 978088	Plan Plan Extension	Add Comment Print Request Sum on Modificatic ourtesy Termination Plan 955645 12/C 955644 08/C	Special CDCs         U           mary         Print TxPlan           m         Make PreAuth           n         Date           1/1/2023 05:44 PM -06:00           1/1/2023 12:00 AM -05:00	nused Goals? Summary	Trans 23 - Admission 21 - Contact	saction Fina n Fina Fina	Status al