Milan Medical Help Documentation

Table of Contents

Introduction to Milan

Milan Medical is a program designed to help your organization operate efficiently. Milan can manage information critical to your business, help you enter progress notes, bill claims and reconcile them from various payors (Medicaid, Medicare, insurance companies, etc.). It can also facilitate activities such as patient eligibility verification, authorization submission and utilization, reporting, document imaging, and even payroll.

One of the most important services we provide is customer support. This help file is updated regularly in order to incorporate your feedback, so if you ever have any questions or comments about this documentation or the Milan program, please give us a call. In addition to this help file we also provide support via a help desk and our web site. Please consult our Support page.
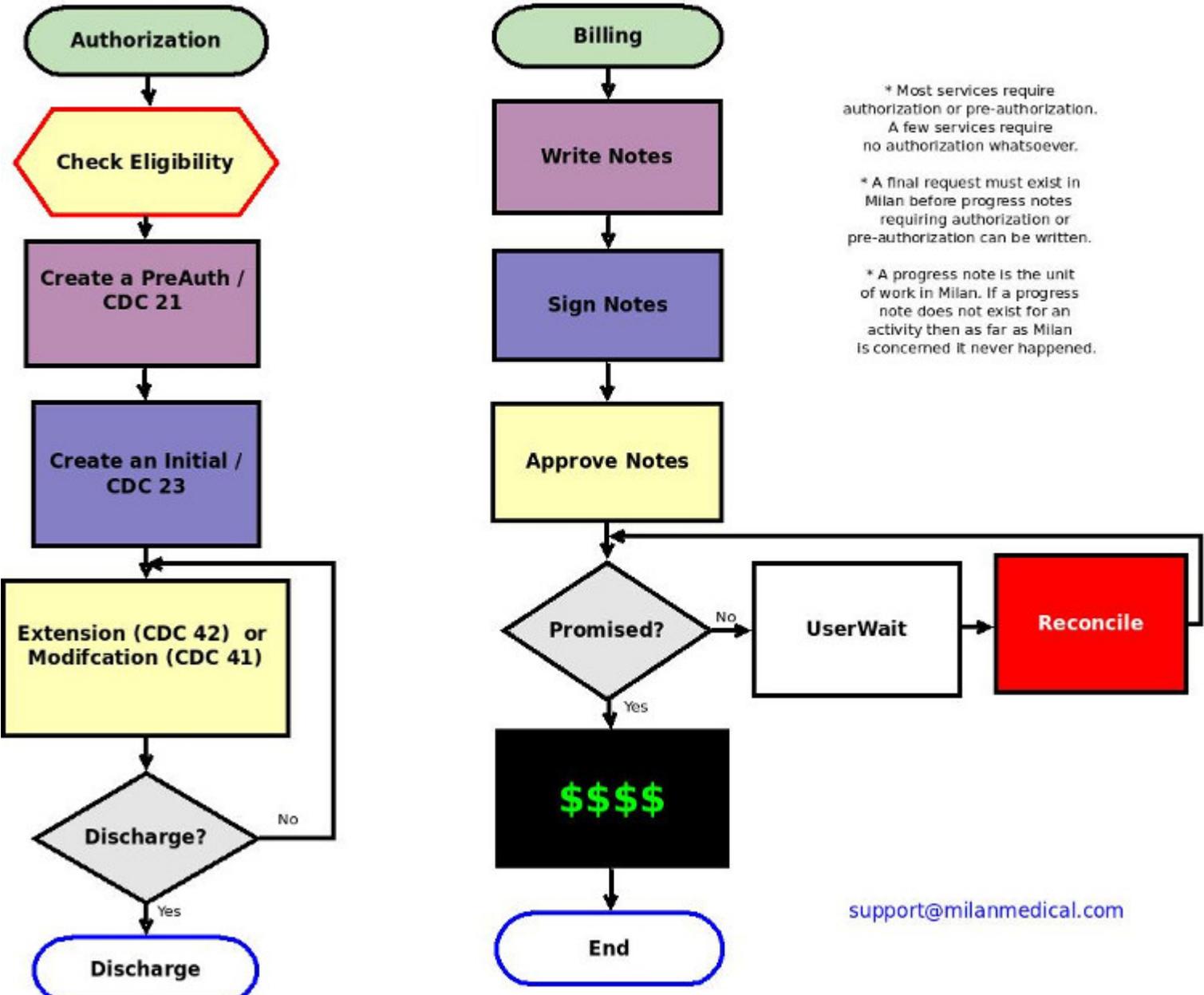
Getting More Help

The first time you log into Milan, you need to go to   http://www.milanmedical.com In addition to logging into Milan, you can also download this help file there, initiate a remote assistance session with the help desk, and more.

Our help desk is available 8 AM to 5 PM Central, M-F. The help desk phone number is Local: (405) 445-5890, also available toll-free: (866) 773-3867   or fax at (405) 773-8675 You can also email us any time at support@milanmedical.com. Sometimes when an error occurs you are given the opportunity to report the bug, and if you do report it then your information is emailed to us automatically.

When you contact the help desk please give us your name, the organization you work for, and how we can contact you. Never, ever give us your password   . We can do anything we need to do without it.

Sometimes we may need to see more information than can be easily communicated verbally. In these instances, we will ask you to initiate a remote assistance session so we can evaluate your system and see exactly what is occurring.
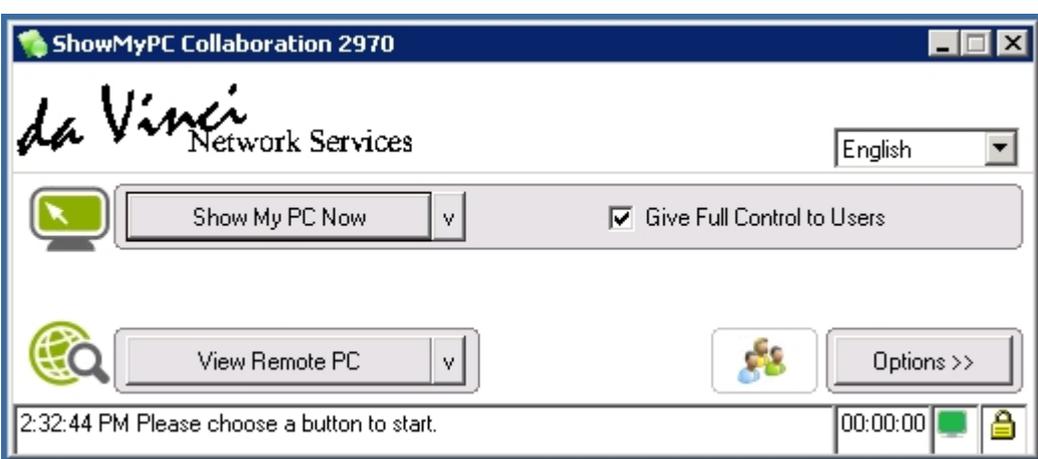
Milan Medical Terminology

Batch Processing - Batch processing is a method of claim submission in which many claims are sent at once instead of using the payor web site or paper to submit them individually.

Claim - A claim is the billing-specific information from all progress notes that is submitted for a patient on the same day. The payor does not care about some information such as the progress note text or time of day except during an audit.

ClaimItem - Several claim items are bundled up to make a claim. Usually a claim item is unique for each patient, date, and specific service performed.

CDC (Customer Data Core) - in Milan, this is a general type of electronic transaction we send to payors as a basis for future payments. There are several primary subtypes: a 21 to ask for PreAuth services, a 23 which is sent with the initial treatment plan/request, and a 42 which is for Extension.

CDCUW (Customer Data Core User Wait) - CDC status when CDC has been rejected.

da Vinci or da Vinci Network Services - the name of our company. Milan Medical is the name of the medical billing service and software that we provide.

Facility - A facility can be a site, a provider number, or anything else that a provider defines to make reporting easier. Usually a facility refers to a category of services provided at a specific physical location.

ODMHSAS - The Oklahoma Department of Mental Health and Substance Abuse Services.

OHCA - The Oklahoma Health Care Authority.

Patient - The terms patient, client, and consumer are interchangeable in the software.

PAUW (Prior Authorization UserWait) - a treatment plan's status when rejected.

Payor - A payor is an organization that provides reimbursement for submitted claims for services performed.

Progress Note - What a therapist creates and prints out to document his or her work and doesn't necessarily indicate patient progress or that a service was performed (e.g. information only note or cancelled session note). The unit of work in Milan, which means no note = no billing or payroll.

RA - Stands for Remittance Advice, and details what claims have been paid or denied.

Region - A group of facilities. Therapists can also be assigned to a region.

[Treatment Plan](#) (TxPlan) - A snapshot of the patient's chart, as well as the type and amount of services to be performed.

Getting Started

Logging In

To log in to Milan the first time, you will need to go to our web site, www.milanmedical.com to download the client software.

Milan has two databases, a Training database and a Normal database. The Normal database is what you access every day.

Click on the Normal link, then Log In, and the Milan software will be downloaded to your computer and a shortcut will be placed on your desktop so that you can access the system without going to our web site each time.

Once the shortcut is downloaded to your desktop and you double-click on it, this login window will pop up:
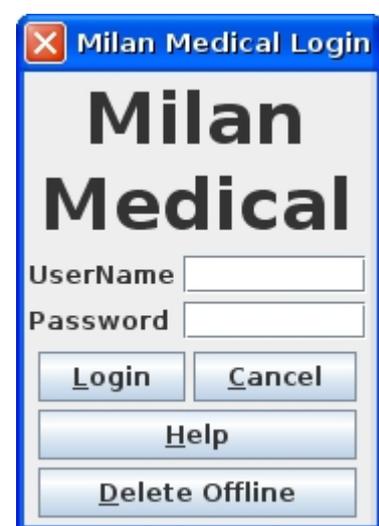
Your username and temporary password will be given to you by your local administrators.

If you are using a Mac, make sure you have operating system version 10.7 (Lion) or later, otherwise the necessary version of Java will not run properly.

If you are having trouble logging in, click here.

Once you log in you will start out viewing the Cockpit.

Licensed Behavioral Health Providers

If you are coming from an accredited agency, starting the LBHP process on your own can be daunting. The bad news is LBHP billing is very different from billing within an agency; the good news is we are here to help.

Since our help manual has many other pages devoted to the basic layout of Milan, as well as accessing treatment plans and notes, that material will not be covered again here. We will go over some of the unique guidelines and practices used in LBHP billing.

- Under Medicaid, you can only take children as primary clients, and can only treat families as long as one of the children is your client. This is not necessarily true for other payors.
- Unlike agencies, PreAuth services, or Pre-admission services, do not exist for you. You get a Psychiatric Assessment before receiving authorization, which is meant to combine the traditional MH Assessment and Treatment Plan sessions. Crisis Intervention is available at any time and does not require authorization.
- There are only two bundles you can be authorized for: PG030 and PG040. PG030 allows initial treatment while PG040 authorizes extensions.
- When you fill out your treatment plan request, the Level should read Private Practice, and your unit totals should equal 48 (8 units/month for 6 months).

Cockpit

Cockpit

Each time you log in to Milan, the first thing that opens will be your Cockpit window.
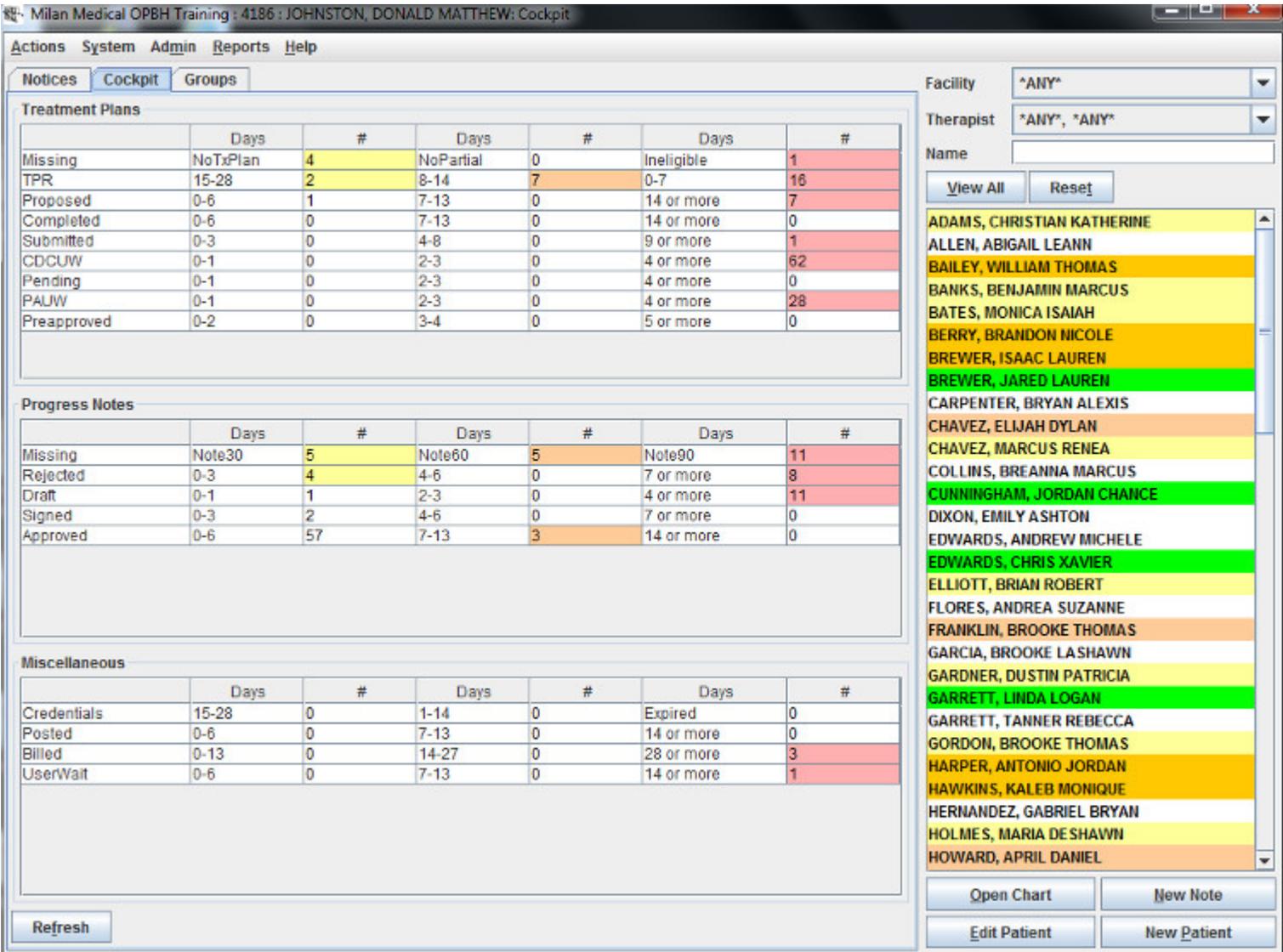
The Cockpit is used to see useful information regarding your prior authorizations/treatment plans, progress notes, and miscellaneous items such as credentials that are about to expire or claim items that denied or underpaid.

On the right side of the Cockpit you can see all the patients whose charts you are able to view and edit according to your permissions in Milan. You can sort your view of the list by selecting the Facility, Therapist and/or entering the name of the patient in the fields above the list window.

If you don't see a patient you think is supposed to be there, click the View All button to show your current and discharged patients. It is also a good idea to use the View All button if you

are re-admitting a patient to see if they are already in the database, and have simply been discharged.

The colors indicate different warnings. You can find out why a patient is highlighted by simply moving your mouse pointer over the name, but here's a cheat sheet:

- Red/Pink = ineligible for main payor
- Tan/Peach = missing partial/treatment plan
- Marigold Orange = Expired/Expiring treatment plans
- Yellow = hasn't had a note written for them in 30/60/90 days
- Green = DMH Notification or Pending CDC

On the left side of the Cockpit is what we call the 'Cockpit proper.' It is a convenient visual overview of the most important things you need to know about in Milan. We urge you to get rid of the Red data. Yellow data should be looked at, Orange data is more urgent, and Red data simply must be addressed.

Only administrators or clerks with appropriate privileges will see the Admin drop-down menu option at the top and the Edit Patient and New Patient buttons at bottom-right.

The Cockpit proper is split into three panels:

- Treatment Plans
- Progress Notes
- Miscellaneous

Each line of each panel is divided into three columns to give an indication of how urgent each item is. The left column is ok, and the further right you go the worse it gets. Double-clicking on a line displays a report to show more detailed information.

Treatment Plans

The Treatment Plans panel is a listing of patients that do not or will not have a Final prior authorization in place, and what stage in the authorization process they are in. Nothing shows up in the panel for discharged patients or patients with a Final prior authorization in place. The possible Treatment Plans panel lines are:

- Missing - patients without partial/treatment plans, or those that are ineligible for their main payor.
- TPR - stands for Treatment Plan Review, shows you how many days you have until certain patients' authorizations for their current plans expire. Therapists will receive an email notification approximately two weeks before a treatment plan expires
- Proposed - A prior authorization is being worked on by the therapist.
- Completed - A prior authorization is complete, awaiting the patient's signature from the therapist.
- Submitted - A prior authorization has been submitted to the payor.
- CDCUW (Customer Data Core UserWait) - Something was incorrect in the CDC we sent for these patients. You may have to change something, look into it, then if you can't resolve it, call us.

- Pending - DMH has not processed the CDC request; Collaboration or Termination is needed.
- PAUW (Prior Authorization UserWait) - Something was incorrect in the request. You may have to change something, look into it, then if you can't resolve it, call us.
- Preapproved - The authorization has been approved. This status is usually used to make sure the paper chart is in order.

<u>Progress Notes</u>

The Progress Notes panel keeps track of all progress notes entered by therapists that have not been paid, written off, or deleted. The Progress Notes panel lines are:

- Missing - patients with treatment plans but no progress notes have been written within 30, 60, or 90 days.
- Rejected - Notes that Milan has found an issue with or notes that have been rejected by an administrator.
- Draft - Progress notes have been written but not yet signed.
- Signed - Progress notes that have been electronically signed.
- Approved - Progress notes that have been approved for billing. For agencies this is usually done by an administrator or clerk.

<u>Miscellaneous</u>

The Miscellaneous panel currently keeps track of therapist credential expiration and some billing reports for administrators. If you are an administrator, look at our [Claims Billing](#)page for more detail on the claim statuses. The Miscellaneous panel lines are:

- Credentials - If a credential for a therapist is entered into Milan with an effective and expires date Milan will let you know (15-28 days) when the credential is due to be renewed.
- Posted - The status in the billing cycle in which progress note information is combined with rendering provider information (whomever provided the service), such as taxonomy code etc. in order to create claims. Claims for Oklahoma Medicaid should be in posted status for 3 hours or less.
- Billed - The status in the billing cycle in which Milan submits an electronic batch of claims to the OHCA for processing. Claims for Oklahoma Medicaid should be in posted status for no longer than 2 business days.
- UserWait - Claims that have either been denied by the OHCA or have partially paid.

Groups

You can set up groups to help you write a series of notes for your group therapy sessions. It keeps the common information from one note to the next. This functionality is only available on a service by service basis, so if you have a group with more than one service (i.e. some patients of the group are PreAuth, and others have an approved treatment plan), you will probably need to Force Flag any notes that are inadvertently rejected.

Notices

This tab is used to display important messages from Milan and from your Administrators. All users in your account need to read each notice submitted by Milan or the Administrators.

Charts

Charts

When in the Cockpit, you can double-click on a patient's name in a list to the right to open up their chart.

First, let's look at those buttons at the bottom of the window. The SAVE button to the left is the most important button. It needs to be clicked often when working in Milan. The Edit Patient button opens up the window for editing if needed. Any time something on a patient's chart is edited, Milan flags a Medicaid eligibility check for that night. The Refresh Chart button is to see changes you have recently made reflected on-screen. You can click the Open Chart button to pull up a quick list of all your patients to navigate to their chart more easily. You can click the Discard Changes button instead of the SAVE button if you change your mind about edits you've made.

To open a patient's chart you can double-click on a patient's name in the Cockpit, or use the Open Chart options in the Actions menu or at the bottom of the screen. The chart will automatically open to the Notes tab. To get to another section of the chart simply click on the tab that you need to access. In the next few pages we'll go over each tab of a patients' chart.

Patient Tab

The Patient tab contains the basic information for the patient. If there's something wrong on this tab, only a user with the appropriate permissions can change it. here are two big factors that determine how much of the chart is required for a patient when completing the treatment plan. The first is the 'Full Chart' option (None, Optional, Warning or Required), and the second is the payor(s) assigned to the patient. When the Full Chart setting is None or Optional, very little of the treatment plan format is required. When it is set to Warning, only the primary diagnosis, an address, CAR scores, goals and objectives are required before a treatment plan

can be completed. If the Full Chart option is set to Required and the treatment plan payor is Medicaid, most of the tabs (of the treatment plan) are required before it can be completed.

The Patient Programs pane is one of the most important areas on the patient's chart. The program chosen for them severely affects choices down the road when setting up treatment plans and writing notes. The variety of programs depends on your organization, but the most common programs are Mental Health (MH), Substance Abuse (A/D) and Integrated.

On the Patient Therapists pane the main therapist to be contacted in relation to this patient should a situation arise needs to be given the role of QA or Both, with any other therapists assigned to the patient given Review or None.


The Patient Payors pane is the first place you should look if something seems to be going wrong when writing notes or trying to complete treatment plans. Most likely you will see that their Medicaid (or some other payor) eligibility has expired. If you know it hasn't, this means the correct information is not in Milan and needs to be double-checked. The Priority column allows you to set up multiple payors for the patient and specify, using a larger number, which payor will be consulted first. Right now this functionality only applies to bundled payors (Medicaid, DMH). For example, if OK Medicaid and OK DMH DCA are on there, and you want to bill Medicaid first and then send the rest to Drug Court, set Medicaid's number to 200 and OK DMH DCA to 100 (or any other combination of that).

If claims for a patient consistently appear in Userwait due to a $3 Pending amount, make sure and click Edit Patient, double-click on the Patient Payor line at the bottom, and set the Co-pay amount at the top to 3, which will alert Milan that the co-pay will be paid by the Patient each visit. Alternatively, you can click Adjust on the appropriate Userwaits and instead of using the Write Off option, you can uncheck that and check the box for Patient Co-Pay, put in 3, and click OK.

Scans Tab

Milan is currently working on making this tool work better, please check periodically for updates on this.

The Scans tab in the patient's chart is where you can upload any scanned piece of paper applicable to the patient's chart history.
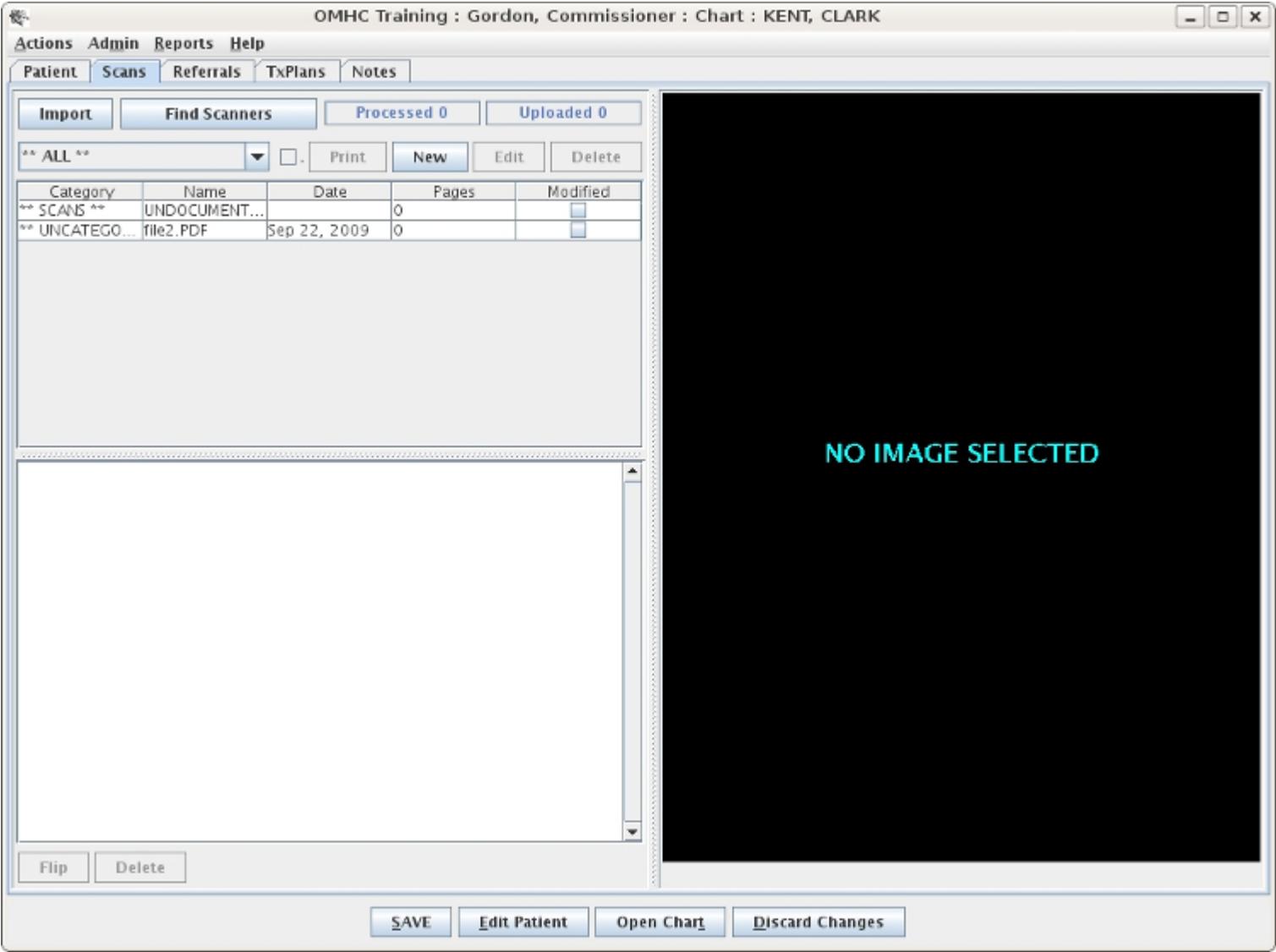
You can either import a PDF file or scan directly from an attached TWAIN scanner. Most scanners come with TWAIN drivers.

Referrals Tab

This is for your source referral and release of information. At the bottom is a HIPAA release log, so if you do release information to anyone you can make a record of who it was and when you did it. The release of information from this tab doesn't tie to anything else in Milan, so nothing here is mandatory.

TxPlans Tab

The 'TxPlans' tab will show you treatment plans and transactions (commonly called CDCs) for the patient and allow you to add new treatment plan information and requests.

If you have Admin privileges you can take advantage of most of the buttons appearing beneath the list window. Depending on how old the plan is, or what your privileges are, your options may be more limited.

Treatment plans are listed by date and you can view historical treatment plans. Below the TxPlans list (and below the buttons) is a historical record of generated and uploaded CDC transactions. The status of each CDC directly affects the status of its respective request above. Each CDC can also be viewed or affected by the buttons directly below the list.

For specific information about treatment plans including how to write one, see Treatment Plans and Making a Treatment Plan.

Treatment Plans

Treatment plans in Milan represent two things: the actual service plan of care for the patient and the authorization request. The requests are used to manage unit usage. You can see these two documents separately by clicking on the 'View TxPlan' button on the TxPlans tab to see the multi-faceted plan which holds the clinical information, or by clicking on 'View Request' to see the services and correlating unit usage.

The goal is to have an unbroken chain of plans in the list window. The important thing to notice here is the continuation of your three or six month treatment plan cycle.

Here is the life cycle of a treatment plan for electronically billable payors:

- PreAuth - some services can be provided while awaiting the initial authorization (see Customer Data Core for more information)
- Review - for a small number of organizations, this treatment plan is still in the multiple stages of review before completion is possible
- Proposed - clinician has started working on it, still incomplete
- Completed - awaiting the patient's signature from the therapist
- Submitted - waiting on approval from a third party (such as ODMHSAS for CDCs)
- PAUW (maybe) - we'll go over this later, but this is if it was sent to a third party and had issues
- Preapproved - the same as Final as far as therapists are concerned, but administrators can leave it in Preapproved until the treatment plan is printed/filed (this status may be disabled for electronic payors)
- Final - after this only an Admin can change certain details

If the payor is not electronically billable, the treatment plan will go from Comple Preapproved, at which point it can be taken to Final.

Making A Treatment Plan

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 the whole plan 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 everything that is required. 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, 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 writing (for a detailed list of treatment plan requirements, see our Patient Handling A-Z document on our website).

- The Basic tab stores information about a patient such as emergency contacts, guardianship and demographic information, including CDC 21 fields such as Ra Referrals and the Service Focus.
- The Residence tab stores information about the patient's current living situation.
- The Diagnosis tab stores information about the patient's current diagnosis, GAF scores, and historical information. If you have entered a diagnosis (usually "Unspecified") and it asks you for a modifier, the text box to the right of the diagnosis needs to be utilized for more information.
- Our biggest tab on the treatment plan is the CAR scores tab seen below (this tab is not required for SA patients). As you're filling this tab 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 b incomplete.

The BasicCDC tab stores required information for treatment CDCs, such as the 23 Admission or the 42 Extension CDC. Minimum fields required:

- Level of Care
- Primary Presenting Problem
- 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

Level of Care [_____ ▼] Pregnancy ☐ Is Pregnant Due Date [_____] 🔲

Disability1 [None ▼]   Disability2 [None ▼]
Disability3 [None ▼]   Disability4 [None ▼]

Presenting Problems

Primary [NONE: Other - non-mental health problem ▼]

Secondary [NONE: Other - non-mental health problem ▼]

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 [____ ▼] Employment Type [_____ ▼] Flags ☐ SSI ☐ SSDI ☐ SED ☐ SMI

Annual Income [_____] Dependents/Contributors [0 ⇳]

Sexual Assault

☐ SANE Exam ☐ Police Report Police Report Num [_____] Protective Order [____ ▼]

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]

The ASI tab stores ASI and TASI scores for the patient (this tab is not required for MH patients).

On the Testing tab is where you enter psychological testing information. You will notice that the Treatment History is required but the other fields are not if there are 0 hours planned.

The Addendum tab stores miscellaneous information about the client including treatment preferences, strengths/abilities and discharge criteria.

Our next tab is the Goals tab seen below:

Interpretive Summary

Patient is angry. And you won't like him when he's angry.

Internal Comments

Bruce is a nice guy, but that big green monster inside him can really make a mess.

Problems

Problem	Goal	Impairment
Anger/Temper	Decrease anger	Severe
Social Skills	Increase social skills.	Severe
Coping Skills	Increase coping skills.	Severe

View | New | Up | Down | Delete | Import

OK | Spell Check | Cancel

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 in Milan, they won't print out anywhere, but in the case of an audit are still visible. The Problems dialog box is what we'll be focusing on. If this is a New Patient, nothing will appear here.

You can use the Import button which will pull in Problems and Goals from other patients of yours that share a Primary Diagnosis code with this patient. Click Import, then select the Diagnosis you would like to search for matches, and if any of your previous clients with treatment plans have that code as well, then once you click OK we will display a list of their Problems and Goals from which you can select the ones you would like to Import.

But, let's say you need to write new material from scratch. When you click on the New button the Problem Dialog box will pop up. For example, Mr. Banner, has previous treatment plan information that has conveniently carried over. So for a New Patient you would select New and the Problem Dialog box will pop up.

| Problem | Relapse Prevention Skills | ▼ | Impairment | None | ▼ |

Other

Goal

Bruce will work on anger management technics (goose-frabah)|

Objectives

Initiated	Target	Therapeutic Method	Treatment Service	Objective

[View] [New] [Up] [Down] [Delete] [Import]

[OK] [Spell Check] [Cancel]

Clicking the New button will bring up the Objective Dialog box or you can click the Import button to bring in the Objectives from your imported Problems/Goals.

Objective

Progress

Internal Comments

| Initiated | 03/12/2012 | 🔲 | Therapeutic Method | None | ▼ |
| Target | 03/12/2012 | 🔲 | Treatment Service | | ▼ |

[OK] [Spell Check] [Cancel]

You can only have one Therapeutic Method per Objective.

There are different types of services under the Treatment Service drop-down menu, and picking one will affect your options in other areas of the treatment plan and it's corresponding future notes. Here we have selected a Psychological - Mental Health - Group treatment service for Mr. Kent. The only reason we were able to select this is the Mental Health Program was selected on the Patient tab of Mr. Kent's chart. If you don't see a type of service you think you're supposed to in the Treatment Service drop-down, check the Patient tab and make sure the correct programs are selected.

Once you click OK, and then click OK, and then click OK...and once all the treatment plan tabs have been filled out, the request window will appear.

New PriorAuth for Kent, Clark

Status	Proposed		Facility			CM Facility	
Level	Level I		MainPayor			Duration	6 Months
Writer			Contact			Request	Initial
TxPlan Type	Outpatient Substance Abuse		Reviewer			Completed	
Submitted			Effective	10/08/2009		Expires	

Public Comments: It's a bird! It's a plane? No, look! It's that crazy guy that thinks he can fly! Look out!

Internal Comments: He can't stand to fly. He's not that naive. He's just out to find the better part of him. He's more than a bird, he's more than a plane, more than some pretty face beside a train. It's not easy being him. He wishes that he could cry, and fall upon his knees. He wants to find a way to lie about a home he'll never see. It might sound absurd, but don't be naive – even heroes have the right to bleed. He may be disturbed, but even heroes have the right to dream.

System Comments:

Authorizations

Id	Payor	Bundle	Service	Therapist	Pro...	Gra...	PA#	From	Through	Status	UW

Edit   New   Clone   Delete

OK   Cancel

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, which can be up to 14 days in the future or back-dated to a date in compliance with your facility's contract. 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.

Authorization Editor

Authorization Information

Service	
Therapist	
Payor	☐ UserWait
Proposed	1

OK   Cancel

Once you put in the service you want to authorize, the therapist who will be administering all or most of the time, the payor (usually Medicaid) and the proposed number of units (needs to be at least 1), click OK and either add additional authorizations or click OK again. When selecting the service, if you have the option of selecting either an Adult, Bachelors or Masters

level service, find out what level of service your credentials support and bill the highest service level you can.

If another therapist will be primarily administering a different service, you may need to add multiple types of a similar service, as their credentials might be different than yours, and they may need a different level of service than you are authorized for.

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

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

Understanding Unit Usage in Milan

One of the most important features of Milan is its ability to keep track of the number of units granted and used (for electronic payors). Understanding how units are distributed begins with the treatment plan request. Each treatment plan bundle is allotted a dollar amount to use for the time period of the treatment plan. This bucket of money is divided among the providers that will be treating the patient and can be viewed in terms of units.

Viewing Units on the TxPlan Request

When building the treatment plan request the writer can either manually assign a number of units to each service or leave the proposed number of units at 1, which is the default. When the writer clicks the OK button, if all units are left at 1 on the request, a pop-up message will appear asking if you would like to Maximize the units (spread the units out evenly among the services for the authorization period). If this is done, Milan will distribute the units (as evenly as possible) between all services on the request.

When a treatment plan is in PreApproved or Final status Milan will immediately begin tracking units. The following screen shot shows the breakdown of number of proposed units vs. the number of granted units. Also, when you click on any service you will be able to view the Usage Panel (if the treatment plan is in Final status). The Usage Panel details the number of units granted for the highlighted service for each month. In this example, I clicked Psychotherapy MH Individual and I can see that for the first month time period from 1/13/2013 02/12/2013, the provider was granted 14 units (out of 80) and another 14 for the next month's time period (02/13/2013 03/12/2013). For the remaining authorization time periods provider was granted 13 units each - we cannot see the last time period in this example but hopefully you get the idea.

Submitted | 09/18/2013 01:07 PM | | Effective | 01/13/2013 12:00 AM | | Expires | 07/12/2013

Public Comments

Review Comments

System Comments
Printed By   On 10/10/2013
Printed By   )n 10/03/2013
Request Finalized By   )n 09/18/2013

Authorizations

Id	Payor	Bundle	Service	Therapist	Pro...	Gra...	PA#	From	Through	Status	UW
921341	OK MEDICAID	PG044	Psychotherapy MH - Family (Child Pre...		80	80	4513049378	01/13/2013	07/12/2013	Approved	✔
921342	OK MEDICAID	PG044	Psychotherapy MH - Individual (Child)...		80	80	4513049378	01/13/2013	07/12/2013	Approved	✔
921343	OK MEDICAID	PG044	Psychotherapy MH - Individual Teleme...		79	79	4513049378	01/13/2013	07/12/2013	Approved	✔
921344	OK MEDICAID	PG044	Rehab MH - Individual (Child) H2017HE		78	77	4513049378	01/13/2013	07/12/2013	Approved	✔
921345	OK MEDICAID	PG044	Treatment Plan MH - Low Complexity (...		1	1	4513049378	01/13/2013	07/12/2013	Approved	✔

Edit | New | ☐ Show empty usages | | Show Notes | Edit Extent

Usage

Id	Auth	Extent	EP	Payor	Code	From	Thru	Granted	Total	Paid	Unpaid
4233681	921342	1043435	1	OK MEDICAID	Psychotherapy MH - Individua...	01/13/2013	02/12/2013	14	0	0	0
4233686	921342	1043436	2	OK MEDICAID	Psychotherapy MH - Individua...	02/13/2013	03/12/2013	14	0	0	0
4233691	921342	1043437	3	OK MEDICAID	Psychotherapy MH - Individua...	03/13/2013	04/12/2013	13	0	0	0
4233696	921342	1043438	4	OK MEDICAID	Psychotherapy MH - Individua...	04/13/2013	05/12/2013	13	0	0	0
4233701	921342	1043439	5	OK MEDICAID	Psychotherapy MH - Individua...	05/13/2013	06/12/2013	13	0	0	0

OK | Cancel

You can view the units granted for all 6 months of any authorizations by clicking on that service on the Authorizations Panel. When progress notes have been written and are in Final status you will also be able to see the total number of units that were used, the total that were on paid claims and any unpaid units (units that have been allocated to services that have yet to be paid).

Viewing Units on a Progress Note

Another way to see how many units are remaining for a patient is to create a new note. After the provider enters a start date and chooses a service, the Units Usage fields are activated. In the screen shot below, we can see there were 9 units remaining of the original 39 units granted for that authorization month. We also see that the new authorization month began on September 28, 2013. When the provider is nearly out of units for the month these totals will appear in Yellow\Orange and when the units have all been used these totals will appear in Red. If the provider continues with the note that has no units available or a negative amount in the Remaining field Milan will reject the note.

Moving Units

Providers have the ability to move units but only for their own authorizations (Ex: moving 4 units from Psychotherapy MH Family to Psychotherapy MH Individual). As an Admin you have the ability to move units between services and between providers. For example, if licensed therapist is out of units and your BHRS has more than enough you can take a few from the rehab services and add them to the psychotherapy services. This can be done either from the TxPlan request page or from the Note page. From the TxPlan request you move units by doing the following:

1. Click the service in the Authorizations Panel
2. Click the authorization month in the Usage Panel
3. Click the Edit Extent Button

4. The AuthExtent window will appear listing services that were authorized for that month
5. Locate the authorization from which you will take units from
6. Click the Minus button as many times as needed (each time you click the Minus button you are taking away a unit)
7. Locate the authorization to which you will add units
8. Click the Plus button as many times as needed
9. Click OK

Please note that Milan will not let you go over the total dollar amount for the month when you can't add any more you're done. Additionally, units for one service cost different than units for another, so you might move 15 units from one service and only be able to add 12 units to the other.

The exact same action can be done from a Progress Note:

1. Click the plus/minus button on the Main Tab of the note (after selecting a service)
2. The AuthExtent window will appear listing services that were authorized for that month
3. Locate the authorization from which you will take units
4. Click the Minus button as many times as are needed (each time you click the Minus button you are taking away a unit)
5. Locate the authorization to which you will add units
6. Click the Plus button as many times as needed
7. Click OK

We should mention that if your agency has specific guidelines/policies for unit distribution you should consider either manually allocating units on the request or moving units when the treatment plans are still in Preapproved status. In either case, you can make it policy that when you finalize the treatment plan there will be no moving of units.

Customer Data Core

The Customer Data Core, commonly called a CDC is made up of several sets of information relating to your patient that ODMHSAS needs to verify in order for you to get authorized services approved.

The most frequently sent CDC-based transactions that we send are 21 (PreAuth), 23 (Initial), and 42 (Extension).

A CDC 21 (PreAuth) tells the state that you have just admitted a new client and you want an approval to bill pre-authorization services. A 23 (Initial) is sent attached to a treatment plan and requests approval for the appropriate duration of services for a particular patient. Milan automatically sends a 23 with every Initial request/treatment plan you submit. The 42 is sent automatically with an Extension request/treatment plan.

Sending a PreAuth (CDC 21)

For Milan to send a 21, we need some very basic information as soon as you admit the client. On top of adding them to Milan using the New Patient button, you must fill out a "partial treatment plan." When your client first shows up in your cockpit, the first time you try to open their chart Milan will ask you if you want to fill out a partial treatment plan, and you should click Yes.
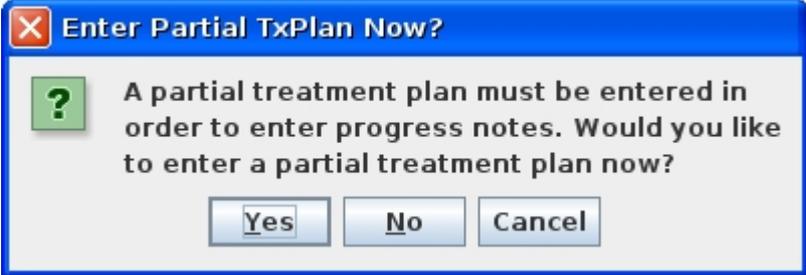
Three of the treatment plan tabs pop up.

On each of the three tabs, something needs to be filled out so you can receive pre-authorization and put those notes in Milan. The required fields on the Basic and Residence tabs are CAPITALIZED with an asterisk*. On the Diagnosis tab, in order to be able to write these PreAuth notes in Milan you need to put something as the Primary 1a Diagnosis, even if it's V71.09: the no-diagnosis diagnosis. This is required not for the 21 itself, but to start writing notes for that patient.

At this point, you can click OK, then click Save in the chart, and that night we will upload a 21 for you. It will have a default effective date of 10 calendar days prior to the date of saving the partial chart, or the Patient Admit date, whichever is more recent. Until the 21 is sent, the effective/transaction date can be changed by double-clicking on the CDC while it is in Draft status.

A CDC 21 can also be created by clicking the Make PreAuth button on the TxPlans tab. When creating a CDC 21 in this fashion, Milan will assign the effective/transaction date to the current date unless you change it on the CDC.

The dollar amount provided is approximately enough for 4 hours of Family, Group, Individual, etc. services, plus one Assessment and one Treatment Plan note.

Sending a CDC 23/42 request for services (6-month treatment plan request)

Once a partial treatment plan has been done you will be able to view the status of your 21 CDC on the TxPlans tab. It starts in Draft status, indicating we will send it that night, and ends up in Final once it is approved by a third party. In between Draft and Final, it is shown in Submitted status. In the example above, this client has already had a PreAuth and request approved, and has submitted a request for 6 months of services, to which we attach a CDC 23/42, depending on whether the request is an Initial or Extension. If we haven't heard back whether the request has been Approved or not, both the CDC and request are s Submitted until we can change both to Final. If a PreAuth or treatment plan request is rejected, the CDC should move to CDCUW status, with a rejection reason.

CDCUW (Customer Data Core Userwait)

In the Treatment Plans section of the Cockpit there is a report line for your CDCUWs, the CDCs that have been rejected by the DMH. If a CDC comes back from DMH into CDCUW status either necessary information is missing or the information that is there is wrong, or something is missing on the DMH's end of the line. There are many reasons why they might reject a CDC, and some of them you will be able to fix by yourself, and some of them you will need our help to fix.

The list below is constantly evolving, but these are some rejection reasons that may appear in the Comments section of the CDC, and we've included our best guesses as to why they rejected and what you/we can do about them.

"CDC not able to be inserted"

This happens when you try and upload a CDC for the same date/time as the previous CDC.

"Customer not found in eligibility file" or "Recipient does not have eligibility for this transaction date"

This client is ineligible for their main payor (Medicaid/DMH) either according to the DMH or Milan. If you can look on the OHCA website and confirm they are eligible for either Title 19 (Medicaid) or Mental Health and Substance Abuse (DMH contract), make sure it is reflected in Milan, and if the information is correct in Milan, call the Department of Mental Health helpline at (405) 521-6444, or email them at (405) 521-6444, or email them at gethelp@odmhsas.org to ask them why they are rejecting the CDCs.

"Contact CDCs must be submitted outside of CDC episodes" or "Preadmission PA cannot be inserted inside existing PA"

These happen when you accidentally try to upload a 21 Contact CDC during an existing CDC episode (a current 23 or 42 CDC is still in play)

"Level of Care must match last Level of Care given on this Transaction Type"

This mostly happens when something about the patient changes at DMH and they mistakenly change their Level of Care. Contact DMH for them to correct it. This also can happen in the rare circumstance where an agency is treating the patient in both inpatient and outpatient therapy, and to switch from one to the other a new 23 Admission CDC needs uploaded for the switch, not an Extension Update 42 CDC.

"Only one 21 Contact per customer, per agency, per year is allowed"

This happens when the DMH believes that your agency has uploaded a 21 Contact CDC for this patient/payor ID in the last 365 days. If you know there hasn't been, please contact them.

"Previous error for this client in this xml file"

This happens when two CDC's are sent in at the same time for the patient and one fails, which blocks the other one from succeeding as well. Try Resubmitting this one without the other.

"Referral 36 is required with this transaction type"

This happens when your patient dies, and you discharge them from Milan, but you didn't click on Draft TxPlan to change the Primary Referral on the Basic tab to say "Active Client – Dies" before discharging them.

"Transaction Date must be greater than previous Transaction Date"

This happens when you try to upload a CDC dated before the most recent CDC. If this is a 23, it most likely has been coupled with a 21 for the same date/time, and an Administrator has the power to change the effective date of the corresponding Initial request by highlighting it in Submitted status and pressing the Uncomplete button, then going in to the request and changing the effective date to be at least one day after the effective date of the 21/Preauth request. Once Completed and the Submit button has been pressed, we will upload that CDC with the new date overnight.

"Assessments scores only meet level one criteria"

This happens when Milan suggests a change to the Level when the txplan is Completed, but then a Therapist or Admin tells Milan to upload the request with the Level selected (ignoring Milan's recommended change). After the CDC comes back Rejected (or before to prevent it from happening again) you should consult the SoonerCare Medical Necessity Criteria for Behavioral Medicine from OHCA to determine what level your CAR/ASI scores reflect.

"Authorization requested is only allowed on admission CDCs (23)"

This happens when a private practice LBHP uploads a patient's first Extension, but forgets to add the Extension program to Patient Programs on the Patient tab, which allows them to change the TxPlan Type in the Prior Auth request to Private Practice Extension, instead of Private Practice Initial.

"Authorizations are only allowed to be back dated 7 days for Agencies"

This happens when you try to upload a CDC with a Transaction Date too far back for the DMH system to approve (may be broader than 7 days back). To keep that date, you will need to upload the CDC with today's date, then once it is approved by DMH you can go to PICIS and request a PA Adjustment for them to move the date back.

"Customer has already been administratively discharged"

This happens when the patient isn't seen for 30+ days, you discharge them which sends in a CDC, but the DMH already decided to administratively discharge them.

"Customer in ICF/MR facility for PA date given, authorization not allowed", "Customer in Nursing facility for PA date given, authorization not allowed", or "Customer is at a Day Treatment provider, Auth not allowed"

These happen when you are attempting to treat a patient that is still showing as active in the DMH system at another, non-compatible treatment facility. The patient will need to discharged from the other facility before they can be seen by you.

"Customer not enrolled in ICF/MR facility for PA date given"

This is only for our agencies who provide ICF/MR treatment, and this happens when your patient hasn't yet been enrolled for ICF/MR treatment through the state.

"Diagnosis 2 primary is not valid for authorization selected"

This happens when you have selected a diagnosis in the txplan that either is unable to be treated (autism) or is no longer recognized as a valid behavioral health diagnosis by the state.

"Incorrect birthdate given for customer"

This happens when the OHCA or DMH have a different birthday for the patient than you have put in Milan (and therefore uploaded with the CDC). You will need to have the parents contact the state in order to correct it if they're the ones that have it wrong.

"Unable to load FPS or FacilityLogin"

This happens when your facility is brand new to Milan and the setup process between you, DMH and us is not completed before a CDC tries to upload.

"Unable to load PPS for CDC"

This happens when the Transaction/Effective date on the CDC/txplan is not covered by the patient's main payor on the Patient tab at time of upload.

"Missing or invalid therapist NPI for payor"

This happens when the therapist you have listed as the Lead Therapist on the Basic tab of the txplan has been removed from your list of valid therapists under Admin => Edit Therapist. You will need to Uncomplete the txplan back to Proposed and change the Lead Therapist selection.

"Invalid patient SSN"

This happens when the SSN you have typed into Milan is not the one the state has on file.

"Invalid primary referral"

Some payors require a certain primary referral for the CDC, and this happens when the one you have selected on the Basic tab is not approved for that payor, or possibly that Service Focus.

"Invalid state of residence"

This happens when you have accidentally selected a County in another state on the Residence tab of the txplan.

"Invalid BasicCDC due date"

This happens when a pregnancy due date is put on the BasicCDC tab but that time has now come and gone, meaning the necessity for a due date is gone and it should be deleted.

"Invalid BasicCDC Level of Care"

This happens when someone accidentally puts a Level of Care on the BasicCDC tab that was not intended for that patient (99% of the time it should be Outpatient).

"Primary drug is missing but secondary drug exists" or "Secondary drug is missing but tertiary drug exists"

These happen when the Drugs of Choice on the BasicCDC tab are improperly ordered.

"CDC flagged for LBHP Group, but Therapist Payor LegacyID is not a valid account number! "

This happens when we believe you to exist as a LBHP Group, but the provider number we're sending for this individual therapist doesn't line up to an account at OHCA that is tied to a LBHP Group through an Appendix A form.

Extensions and Modifications

Doing an Extension in Milan follows the same process as making an Initial, but takes about a quarter of the time. Once your Initial or last Extension is about to expire, highlight that line on the TxPlans tab and click the Extension button.

The treatment plan with all of its tabs will automatically pop up so you can edit anything that needs to be changed for the next 3-6 months of service, usually involving GAF/CAR scores and probably some of the Goals/Objectives (adding progress for any objectives that have been carried over from the Initial). Once you click OK, just like when you used the Initial button, the request Prior Auth window automatically pops up so you can select your services and propose units for your new Extension request.

PG033 extensions

Sometimes a treatment plan expires before you are able to perform a treatment plan review, not allowing you to use your 1 unit of Treatment Plan - Low Complexity review service. When that happens, you can submit a request to ask for an extension for just that one service, and it can even overlap the dates of your next 6-month extension treatment plan. First, you MUST put this request into Milan so that it goes on the TxPlans tab BEFORE the 6-month extension you're about to start, so when you look at it going from the bottom => up you see your last 6

months' treatment plan, your request for the extension of this service, and then your next 6 months' treatment plan at the top of the list.

You submit this request by highlighting the line on the TxPlans tab that represents your last 6 months of treatment, then clicking the Extension button. Click OK when the treatment plan pops up, and when the request page appears, put in TxPlan Review as the Level, 1 month as the Duration, and then delete any authorizations that pop up below except for the Treatment Plan MH or A/D - Low Complexity service. The bundle to the left should read PG033. Complete it, making sure you add the therapist's name and unit amount (should always be 1), and submit it like you do other requests. IMPORTANT: The plan review extension request must be in Final status with your approved PA# and dates before you can put in a request for your next 6 months of treatment. Once it is that far in Milan, you may then put in your next 6 months' Extension request by selecting the line representing your new Final 1 month request and clicking the Extension button.

Modifications and PA Adjustments in Milan:

Modifications (not submitted to DMH)

If you need to add goals or objectives to a treatment plan, (and any corresponding services) to the request you do not need to notify DMH about it (OK Medicaid and DMH payors). You can modify the existing treatment plan by doing the following:

Therapists:

1. Highlight the current Finalized request on the TxPlans tab
2. Click the Modification button
3. Change what you need to change (on the treatment plan and the request)
4. Complete the request

Admins:

1. Highlight the request (should be in Completed status)
2. Click the Submit button
3. Click Save
4. Highlight the request again
5. Click PreApprove
6. On the request the same PA# and effective date should auto-generate; however, the Effective date will need to be changed to the date of the modification (it can then be printed and signed by the client).
7. Click Save
8. Highlight the request once more
9. Click Finalize
10. Click Save.
11. Refresh the chart so that the changes are applied
12. Go back to the TxPlans tab
13. Click Finalize at the bottom (CDC 41)

PA Adjustments

If you are changing the Effective Date, diagnosis, level of treatment needed or the physical treatment location for the client, DMH needs to know about it. In any of these cases a PA adjustment or extension is needed (depending on when the level, diagnosis, facility change occurred).

Option A – PA Adjustment in PICIS and Modification in Milan. Use this option if you need to make the information effective from the beginning of the PA. This option requires that you first log into PICIS and adjust the PA. After the PA adjustment is approved, follow the steps on the previous page for modification – except on the request the same PA# and effective date should auto-generate, but you will need to fill in the "expires" date (to match the Authorization End Date).

Option B – CDC Extension. Use this option if you want the changes to only be effective from today forward. Modifying a CDC by doing an early extension in Milan allows you to update the CDC and send the request without having to log into PICIS.

Once the PA has been successfully received in Milan:

1. Double click the Extension line on the TxPlans tab
2. Change the Expires date to the date the last PA expired, and also change the Authorization dates to match the previous treatment plans' 6-month range so the units will allocate correctly. (This step ensures that you do not treat a patient using the same treatment plan beyond the required 6-month treatment plan cycle).

Notes Tab

The Notes tab is where you document the work you have done for the patient. This includes but is not limited to assessments, developing treatment plans, therapy, testing and missed sessions.

As with the treatment plans, depending on your access you may be able to view different buttons beneath the list window.

Progress Notes

The progress note is the unit of work in Milan. It is what gets you paid. In Milan, if there's not a progress note about an event, it didn't happen. This system was designed to make entering progress notes as easy as possible. Choices are limited as much as possible based on the program, treatment plan, payor, credentials, etc.

First, there are three types of notes:

- No authorization - Crisis Intervention, Cancelled Sessions, and For Information Only notes, just to name a few
- Pre-authorization (PreAuth) - As long as the PreAuth request is in Final status on the TxPlans tab of the chart, you are allowed to write, on average, four notes, plus an Assessment and TxPlan note, while working on an Initial treatment plan
- Prior Authorization - your most common note, such as Individual Psych MH treatment, shown below, requires a final treatment plan on the TxPlans tab of the chart.

Writing A Progress Note

After loading a patient's chart the Notes tab is selected by default. Before you can enter a progress note for a patient for the first time at least a primary diagnosis and an address needs to be entered. If a service requires authorization a valid treatment plan must be in place first. On the Notes tab, click the New button near the bottom of the screen.
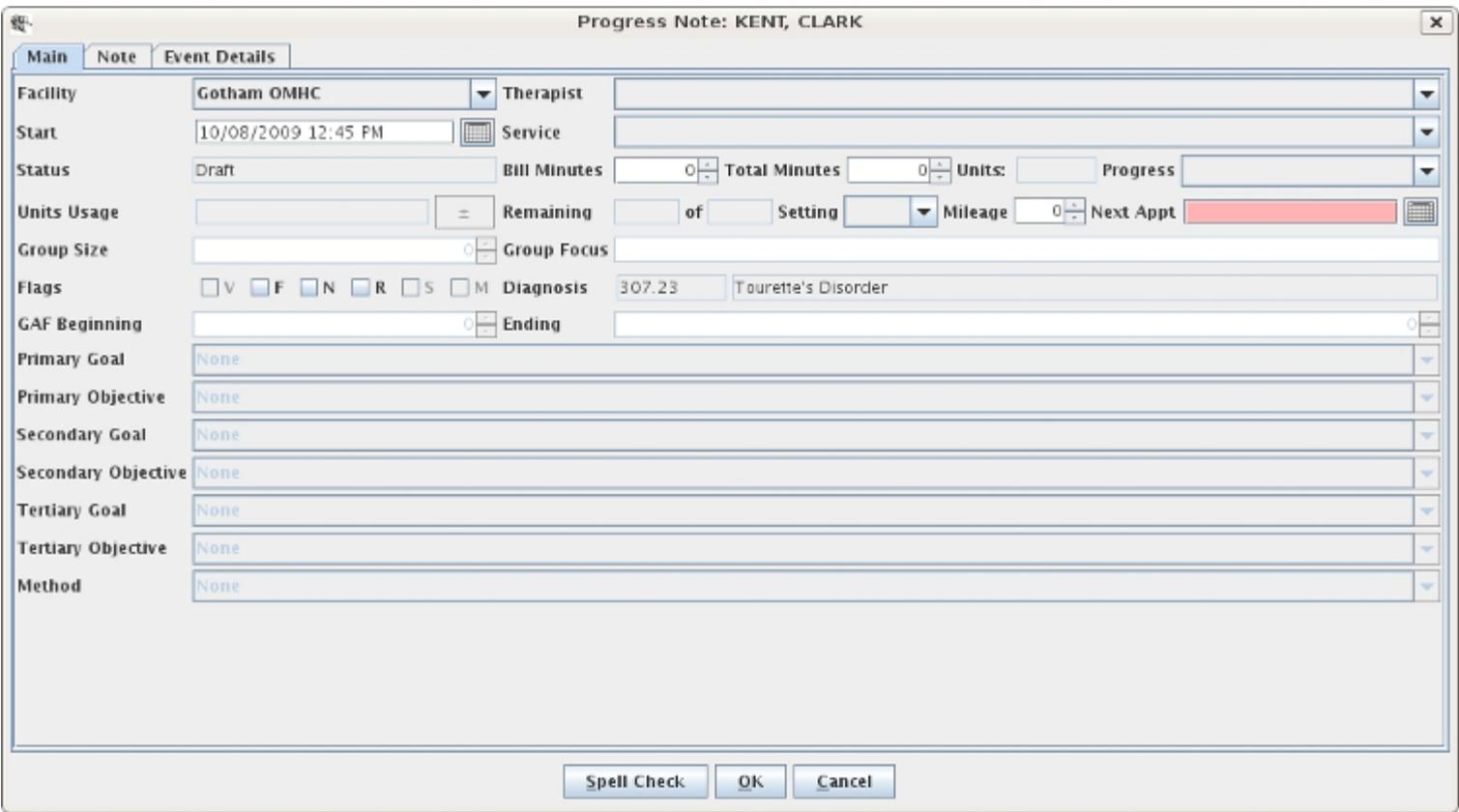
In general, fill out the Main tab of the progress note from top to bottom, left to right. It is very important to get the start date correct, or else some required selections may be empty. The

lists of facilities, therapists and codes are limited to fairly appropriate selections. Most fields are only available when a certain service code is selected. For example, goals and objectives are only available when a therapy code requiring authorization is selected. If a code requires authorization, the number of units authorized and the number of units left will be displayed. Once the Main tab is filled out, select the Note tab and enter any text fields. The number and names of text fields are different for each provider and also depends on the service code selected. When you are finished, click the Save button at the bottom of the note window and then the Save button at the bottom of the main window.

Signing A Note/Groups of Notes

If you have a single note to sign, you can navigate to the Notes tab of the patient, single-click on the line of the Draft note and click the Sign button at the bottom of the window. After entering the same password you use to log in to Milan, click the save button, and your note will be signed. If you have multiple notes to sign, it's much easier to double-click on your Draft line on your Cockpit which will automatically bring up all of your notes in Draft status. From there you can select all the notes at once and click the Sign button, having only to enter your password once to sign multiple notes. It will take a little time to sign multiple notes, so if it appears Milan has frozen, it should be just signing the notes. If it takes a truly radical amount of time (longer than 30 minutes), call us.

Status of a Note

- Draft - the therapist is still working on it
- Signed - therapist approved, now waiting on administrator
- Approved - sits here until it's billed. If it stays past that, go to the Note and check the Event Details tab.
- Rejected - going into the note and reading the Event Details should tell you why
- Billed - waiting for results from payor
- Final - paid or written off
- Defunct - shows up on old notes that have newer revisions (obsolete)

Rejected notes are primarily the therapists' responsibility. On the Rejected Notes page, we give you some tips on how most efficiently to diagnose and remedy the problem.

Writing Group Notes

To access your patient group, or to make a new one, click on the Groups tab from the Cockpit. If you are making a new group, hit the New Group button and use the +/- controls on the right for adding or removing patients. There must be at least two patients in a group. If multiple therapists are going to be involved in writing notes for the group, select Yes for the Public option. Once you've made your group, a line will appear in the Patient Groups representing your new group, and you can highlight it and click New Notes. When you do this, a window will pop up for EACH PATIENT so that you can write individual "group" notes. Once you hit OK after writing a group note for one patient, the next will automatically pop up. Information from certain fields will conveniently carry over from note to note. Hit the Cancel button to skip writing a note for a patient in the group.

Flags

Flags - flags are additional status indicators that may have different meanings depending on where you are in the chart. Typically only Admins can check (and uncheck) a flag; however, some flags are automatically checked after an event occurs (i.e. Signed). The primary flag types are note flags and claim flags.

<u>Note flags</u>
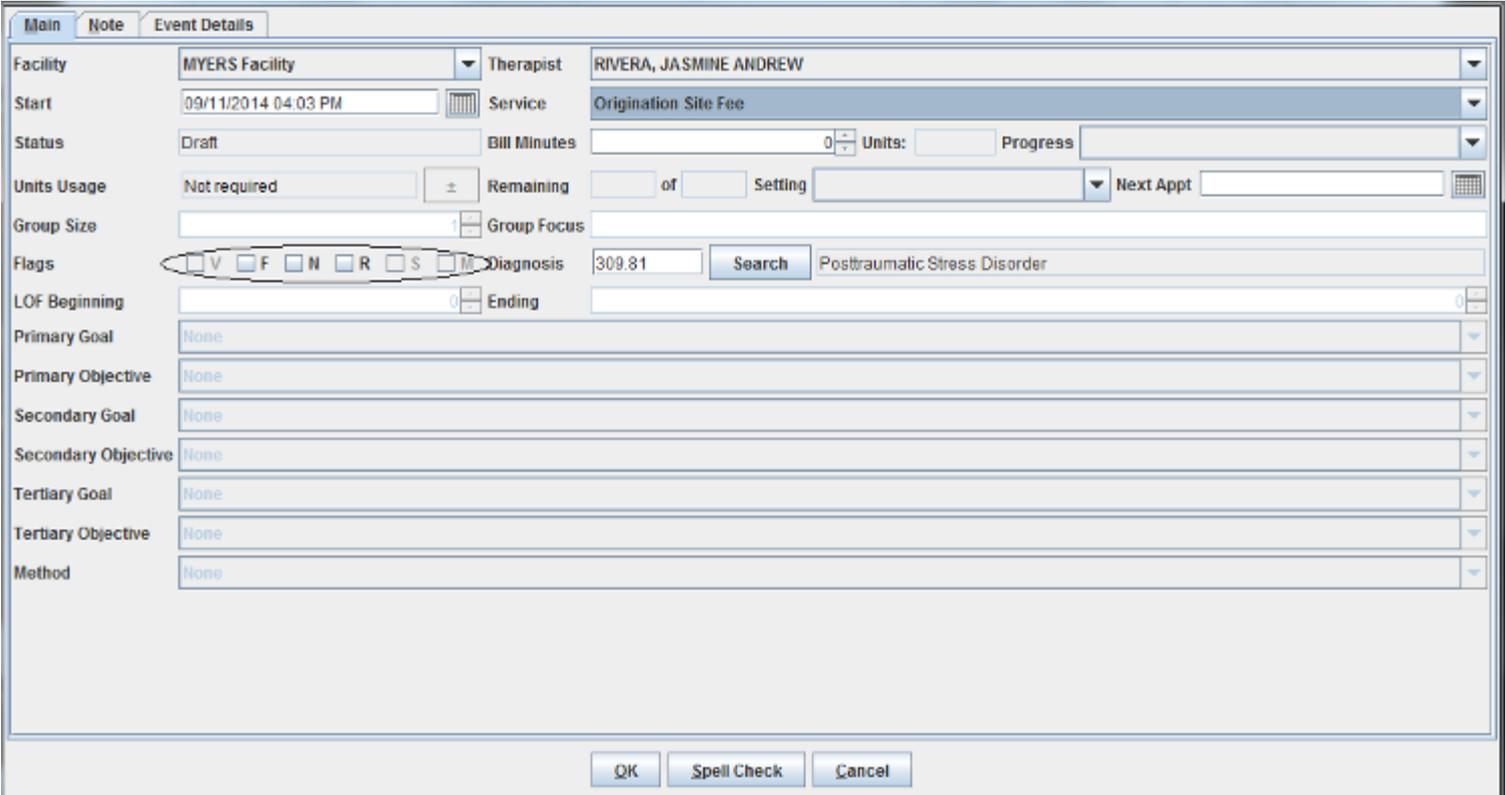
V = Void, this flag will only appear as checked when the claim has already been processed and an Admin later voids the claim.

F = Force, this flag can be used to force Milan to send a note that would ot
automatically reject by Milan. In other words, you can tell Milan to send a note anyway in order to get the denial (or partial payment) from the payor. (Denials for "PreAuth Not Found" cannot be forced)

N = No Bill, this flag can be used in situations when a detailed note is needed and the provider is out of units or the patient was not eligible on the date of service etc. This allows the provider to write a complete note with goals, objectives and progress so that this information can be saved in the patient's records.

R = this is an all purpose flag that can be used for any reason. For example, R can = Received to indicate that a paper copy of the note has been received (if required) etc. This flag will not affect the billing process.

S = Signed, this flag will appear as checked after the progress note has been signed by the writer.

M = Must Read, (this flag must be requested) is used when notes that are written by an MD or PhD must be read prior to therapists writing any notes for that patient. This flag will trigger a warning dialog if someone tries to write a note with unread notes flagged with this flag.

Occasionally, Milan will assign two flags to a progress note:

NS = this flag indicates a No Bill note in Signed status.

VS = this flag is a Signed note that has been voided.

Claim Flags

Milan will not assign a flag to a claim unless an Admin re-bills the claim. In this case R = Rebilled claim; however, the progress note will only have the Signed flag checked.

Rejected Notes

There are many reasons why Milan might reject a note. The note data has to pass through Milan's rigorous scan before being submitted to the payor.

Diagnosing and correcting these flawed notes is a big part of why Milan exists, so the list of possible rejection reasons is extensive. For our purposes here, we have included the most common rejections that need some guidance to correct. There are more that occur frequently that are very self-explanatory in their message, and we decided to let you figure those out for yourself. There are also very rare errors that should never happen, and we haven't included those either. If you see a message on a rejected note that you don't understand, and it's not here in the manual, call us.

 Check out the Event Details tab of the note and look up the rejection reason here
 before calling.

Remember, after fixing any one of these possibilities, go to the Notes tab on the chart and highlight the rejected note by single-clicking it, and press the Unreject button at the bottom to send it back to Draft status.

First, let's find the rejected note. You can either double-click on the Rejected line in the Progress Notes pane in the Cockpit, double-clicking on the note you're interested in when the report pops up, or you can go to the patient's chart by way of the list in the Cockpit.
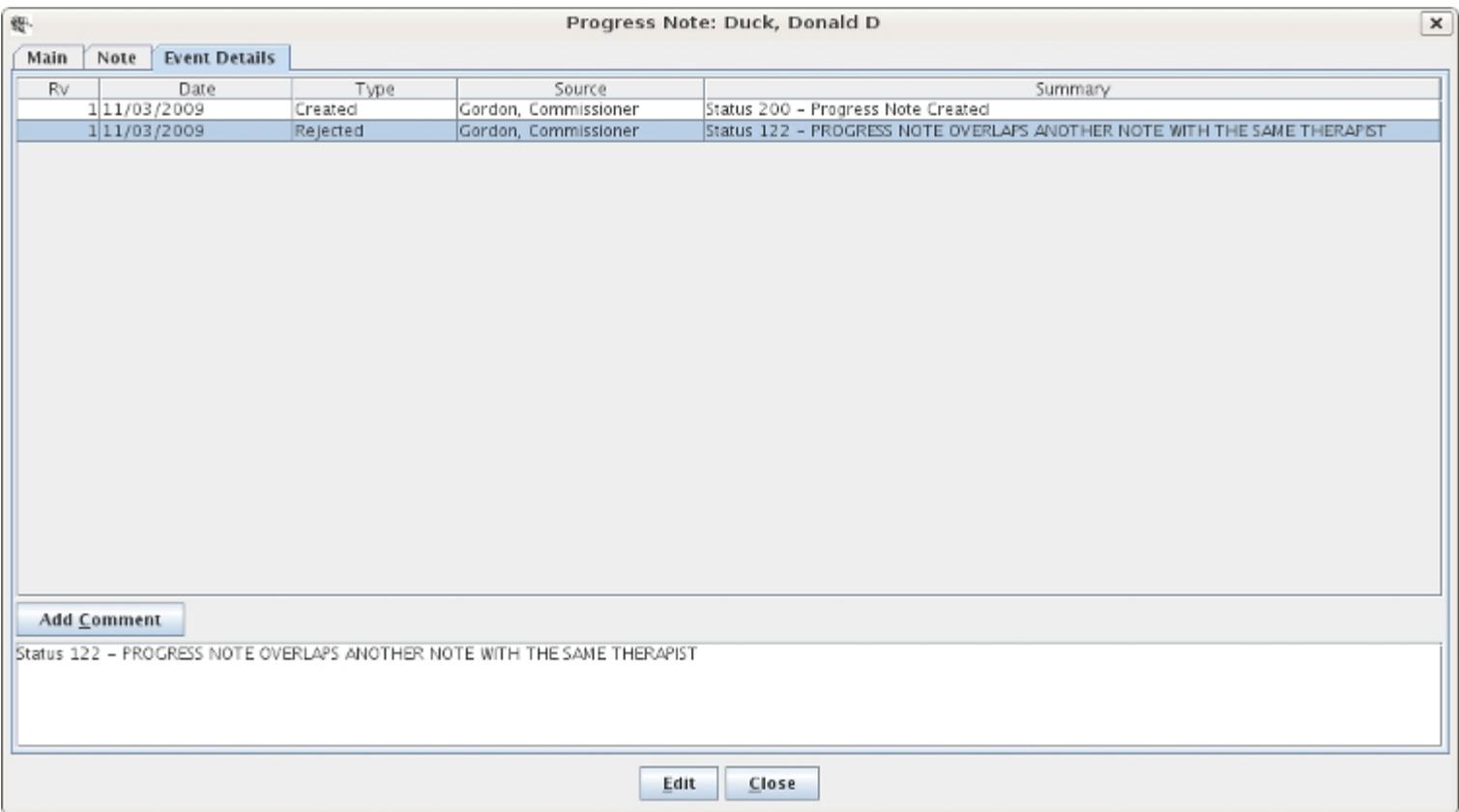
Progress note overlaps another note with the same therapist/patient

Once the note is open, go to the Event Details tab, as shown above, and the status on the Rejected line should give you a simple explanation. Here, the date, time and minute length of this note's session for Mr. Duck overlaps (possibly by just one minute) a note for a session for one of Commissioner Gordon's other patients. We call this double billing. The thing to do now is find the other patient's note so you can compare the two and adjust one or the other accordingly.

To start, exit out of the note window, go to the Reports drop-down menu and select the NoteDoubleBill report. Click Search.

Id	Rv	Facility	Therapist	Patient	Service	Status	Start	Flags	Minutes	Type
2074352	1	Gotham OMHC	Clinton, Willi...	KENT, CLARK	Crisis Intervention MH (Adult)	Rejected	2009-10-29 15:00		30.00	THERA...
2074353	1	Gotham OMHC	Clinton, Willi...	Duck, Donald D	Crisis Intervention A/D (Adult)	Rejected	2009-10-29 15:10		30.00	THERA...
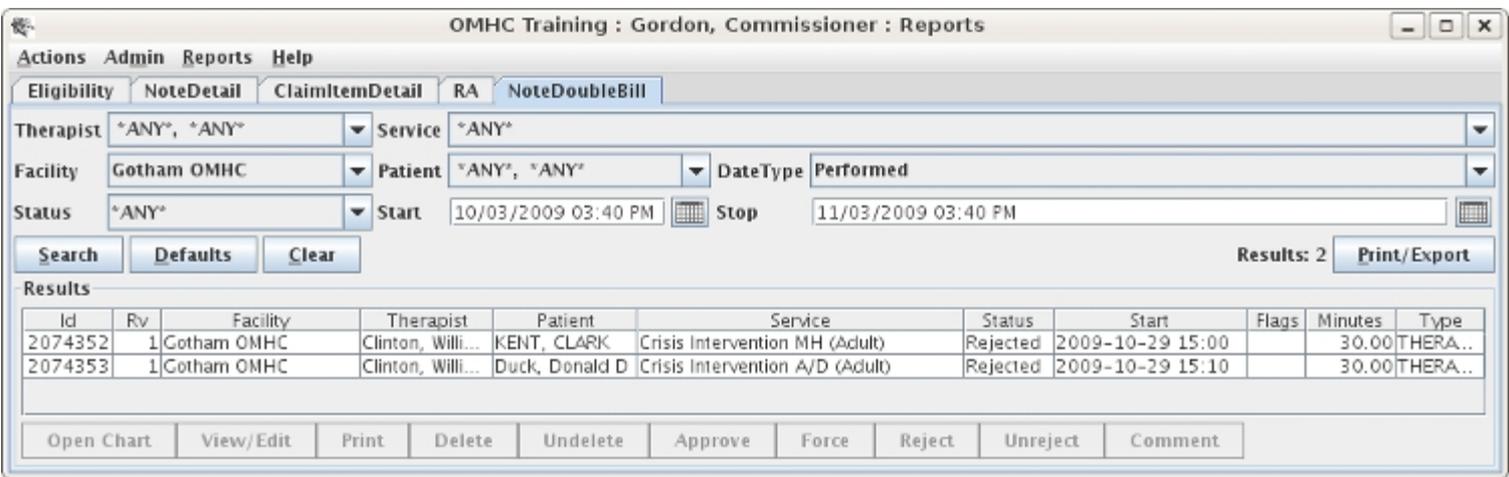
The note that it overlaps might be just one minute one way or the other. Whether it be one note or the other that needs to be edited, you can access either by simply double-clicking on the corresponding line to fly right to it.

PreAuth Units Exceeded

This rejection message tells you that you have exceeded what you can do outside of a finalized treatment plan. Most of the time, you are limited to an assessment and treatment plan note, plus four other sessions before Finalizing a 6-month authorization. If you are unsure of how to remedy this situation, call our help line.

Authorized Units Exceeded

This error message means you have exceeded the number of units you have been granted for this service (Psychotherapy MH - Individual for example). To view/edit the number of units that service has been granted on the PA (Prior Authorization), go to the patient's chart using your route of choice, access the TxPlans tab and double-click on the PA you are writing that particular note against.

It will bring up the PriorAuth window, and when you highlight the service for which your note is written in the Authorizations pane, a line will pop up in the Usage pane on which you then need to double-click. It will open a window with the service, the number of granted units so far, and +/- buttons on either side of it. By clicking the +/- buttons, you essentially change the number of granted units for that service. If the patient is covered by Medicaid, those units will be part of a bundle and you will have a MAX amount shown in that window that you must stay under before you get too trigger happy with the + button. Once you increase the units, Unreject the note, setting it back to Draft status and when the next billing train comes along it should go through after it is Signed and Approved.

You can also do that same thing if, when you go to the note, you have a button with a + on top of a - next to the Units Usage field. If you click that button you get to the same authorizations window with the +/- buttons.

No prior authorization found/Patient ineligible for authorized payor

Most of the time this happens when there is a note written for a certain service authorization and then someone goes and messes with the dates of the authorization in the PriorAuth window, or the patient isn't eligible for whatever payor is showing on their Patient tab. First, check that there is a PA# for their treatment plan PriorAuth request, and if there is check with the payor to confirm they really are eligible, then call us.

Unable to sign progress note

Make sure you are typing in the same password you use to log in to Milan. (Check the CAPS lock)

Progress note is not the latest revision

Someone has updated this note and made a newer version of it, making this note obsolete and unbillable. The Rejection is resolved overnight.

Invalid service for therapist credentials

The therapist's current credentials in Milan do not allow them to write notes for that particular service.

Invalid facility for prior authorization

The facility listed in the treatment plan needs to match the facility listed for the therapist and/or the patient.

Invalid therapist for patient or facility

The patient does not have that therapist added to their chart or that therapist does not have that facility added to their profile.

No matching codes found for eligible payors

The eligibility of the service code and eligibility of the patient do not match. If you get this error message call the helpdesk.

Unable to bill progress note: claim being billed

This happens when a note is stuck in Approved status with a rejection message on the Event Details tab to tell you that other notes for that patient and day are already in the process of being billed, and once they are through this one will be up for billing.

Reports

When viewing the Cockpit or a chart, you can pull down the Actions menu and click on Open Reports to access the reports mode. (This brings up NoteDetail, ClaimItemDetail, and RA reports)
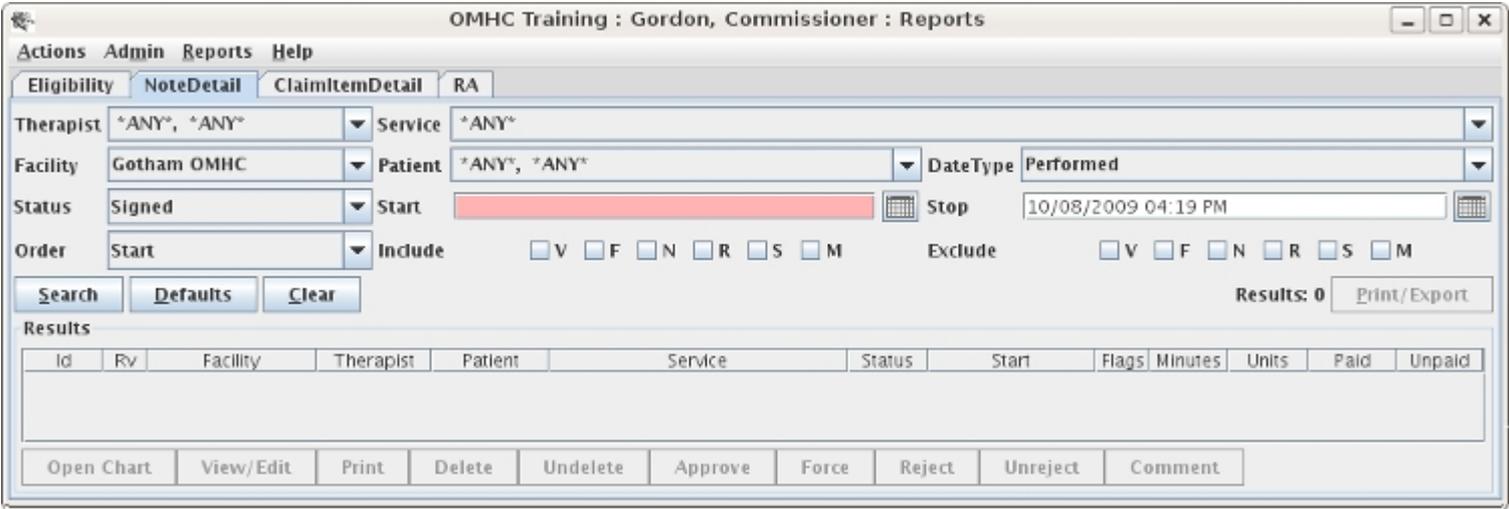
The reports mode displays a list of reports in the main window. Some reports are displayed and ready for use by default, while other ones appear after selecting them from the Reports menu. The reports are very powerful and may take some time to master. Since only the briefest overview is given here, please contact technical support if you have any questions.

All the reports have some things in common. All reports have Search, Defaults, and Clear buttons that are hopefully self-explanatory. The general procedure is to select or enter search criteria on the top of the screen, click Search, and the results appear on the bottom of the screen.

All reports have the Print/Export button to print the report or export the results to a file that can be imported into your favorite spreadsheet. The buttons on the top-left (Search, Defaults, Clear) do not require a selection, in which case the action affects all the items on the report.

On most reports you can then select one or more items and perform actions on them by clicking buttons at the bottom of the screen. Most reports have a default action that occurs when you double-click on an item. Take a look at the Reports Explained to see information about each type of report.

Therapists - you will get a weekly e-mail report from us telling you when your patients' treatment plan is about to expire.

Report List

Patient Report

This report produces a patient list that is customizable by using filters and additional criteria.

Filters: Payor, Milan ID, Program, Region, Facility, Therapist, Name, Active Client (Yes/No/ Any), Date

Extra Results: There are 3 Extra Results drop-down fields that will display addition information on the patient list. Extra Results options include:

Address	Guardianship Type
Admitted	Misc.
Alerts	Patient 1 (Alt ID from Pt Tab)
CDCAlert (from Basic Tab)	Patient 2 (Alt ID Type from Pt Tab)
Client Rights Updated	Phone
Comments	Post Discharge Contact
DOB	Primary Diagnosis
Discharged	QA Therapist (main therapist)
Estimated Discharge Date	RName (comments from Pt Tab)
Flags	Race
Guardian	Referral Type
SSN	

Report Example: this report shows the Admitted Date, the Clients Rights updated date and the primary diagnosis code in the Extra results fields.

PatientAging Report

This report is used to determine the last time notes were written for patients.

Filters: Payor, Milan ID, Program, Region, Facility, Therapist, Name, Active Client (Yes/No/ Any), Date

Report Example: As seen below, if no progress notes were ever written for a patient there will be a blank space in several fields.

Eligibility	NoteDetail	ClaimItemDetail	RA	Patient	PatientAging	

Payor `*ANY*` ▼ Milan ID Program Mental Health

Region LEWIS Region 1 ▼ Facility LEWIS Facility ▼ Therapist `*ANY*, *ANY*`

Name Active Client? Yes ▼ Date 06/16/2015

Search   Defaults   Clear   Results: 38   Print/Expo

Results

Id	Client	Name	Admitted	Discharged	Therapist	Service	Status	Start
245783	4212	ALEXANDER, BRA...	1900-01-01	9999-12-31	BROWN, A...	Psychotherapy MH - Family (Child Present)	Signed	2015-06-09 17:00 ...
252628	4212	ARNOLD, MIRAND...	2015-01-01	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Approved	2015-06-12 17:30 ...
246882	4212	BARNES, JAMES K...	1900-01-01	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Final	2015-05-11 18:45 ...
246242	4212	BARNETT, JOHNN...	1900-01-01	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Approved	2015-06-09 14:45 ...
246891	4212	BATES, BILLY BRIA...	1900-01-01	9999-12-31	HENRY, H...	Targeted Case Management MH (Adult Bachelors)	Approved	2015-06-11 10:00 ...
259142	4212	BRUNER, STEVEN...	2015-05-25	9999-12-31	BRADLEY, ...	Psychotherapy MH - Family (Child Not Present)	Approved	2015-06-08 19:30 ...
259147	4212	CAMPBELL, KIMBE...	1900-01-01	9999-12-31				
246893	4212	COLLINS, CALEB T...	1900-01-01	9999-12-31	BRADLEY, ...	Psychotherapy MH - Individual (Adult)	Approved	2015-06-15 10:30 ...
259145	4212	EDWARDS, TANNE...	1900-01-01	9999-12-31				
249660	4212	ELLIS, EMILY DIANE	2014-10-15	9999-12-31	BRADLEY, ...	Psychotherapy MH - Individual (Child)	Approved	2015-06-10 10:45 ...
252258	4212	ELLIS, MICHAEL L...	2015-01-15	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Approved	2015-06-10 11:00 ...
252340	4212	FOSTER, PHILLIP ...	1900-01-01	9999-12-31	BROWN, A...	Psychotherapy MH - Family (Child Present)	Signed	2015-06-10 16:00 ...
250978	4212	FOSTER, SAMUEL ...	2014-11-10	9999-12-31	BRADLEY, ...	Psychotherapy MH - Individual (Child)	Approved	2015-06-09 17:15 ...
246889	4212	FRANKLIN, PATRI...	1900-01-01	9999-12-31	BRADLEY, ...	Assessment MH - Moderate Complexity (Child PreAuth)	Final	2014-10-28 10:15 ...
246875	4212	GARCIA, WILLIAM ...	2014-09-14	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Approved	2015-06-12 15:00 ...
252247	4212	GIBSON, KRISTEN ...	2015-01-23	9999-12-31	BROWN, A...	Psychotherapy MH - Individual (Child)	Signed	2015-06-12 17:45 ...
246250	4212	GRAVES, BRADLE...	1900-01-01	9999-12-31	BRADLEY, ...	Psychotherapy MH - Family (Child Present)	Approved	2015-06-09 19:00 ...
248072	4212	GRIFFIN, CAMERO...	1900-01-01	9999-12-31	HENRY, H...	Targeted Case Management MH (Child Bachelors)	Approved	2015-06-12 13:15 ...

Eligibility Report

This report lists patients, their eligibility status and whether or not an eligibility check is scheduled for tonight (per patient). Users can select one or more patients from the results (when the Chk field has 'N') and click the Check button at the bottom to flag patients for Medicaid eligibility check tonight

Filters: Payor, Milan ID, Program, Region, Facility, Therapist, Name, Search Type (drop-down), Date, PayorID

Search Type: this drop-down list has the following options:

Any	Active Eligible
Active	Active Ineligible
Discharged	Discharged Eligible
Eligible	Discharged Ineligible
Ineligible	

Report Example: this report shows that eligibility WILL be checked for these patients.   Note: this report can also be used to locate a member based on PayorID.

CDC Report

This report lists the status of patients CDC submissions and gives options to edit them in Milan.

- The Finalize button allows users to instantly Finalize a CDC
- The Hold button allows users to stop/delay a CDC submission

Filters: Patient, Facility, Start Date, Status (drop down), Payor, End Date, CDC ID

Status: this drop-down list contains the following options:

- Any
- Draft
- Submitted
- CDCUW
- Final
- Hold
- Pending
- Terminated
- Suspended

Report Example: this report shows CDCs that are in Final status from April 1, 2015 through June 19, 2015.

Id	First Name	Last Name	Payor	Facility	Therapist	TransDate	Type	Status	Comments
419703	BRANDY	ALEXANDER	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-24 00:00 CDT	42	Final	
419691	JAMES	BARNES	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-21 00:00 CDT	42	Final	
419687	JOHNNY	BARNETT	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-24 00:00 CDT	42	Final	
419990	BILLY	BATES	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-30 13:00 CDT	42	Final	
417865	STEVEN	BRUNER	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-25 00:00 CDT	21	Final	
420783	STEVEN	BRUNER	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-06-06 19:07 CDT	23	Final	
422406	CALEB	COLLINS	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-06-15 00:00 CDT	42	Final	
417873	TANNER	EDWARDS	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-15 00:00 CDT	21	Final	
420785	PATRICK	FRANKLIN	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-06-06 20:45 CDT	23	Final	
419704	WILLIAM	GARCIA	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-30 00:00 CDT	42	Final	
419694	BRADLEY	GRAVES	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-25 00:00 CDT	42	Final	
420006	CAMERON	GRIFFIN	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-21 00:00 CDT	42	Final	
419693	BRYAN	KENNEDY	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-27 00:00 CDT	42	Final	
419702	DANIEL	LOPEZ	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-24 00:00 CDT	42	Final	
419701	KRISTEN	MCGEE	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-21 00:00 CDT	42	Final	
420373	ROBERT	SIMMONS	OK MEDICAID	LEWIS Facility	BRADLEY, BREA...	2015-05-30 00:00 CDT	42	Final	

PriorAuth Report

This report lists prior authorization requests that can be viewed and edited. The report is easily customizable by using filters and additional criteria.

Filters: Writer, Ignore, Type, Facility, Patient, Payor, Status, Effective Start, Effective Stop, Contact, Expires Start, Expires Stop, PA Number, Comments

Extra Results: There are 3 Extra Results drop-down fields that will display additional information on the patient list. Extra Results options include:

- Comments
- Completed
- Level
- Submitted

Report Example: This report shows Prior Auths in Final status with the Completed date, Submitted Date and Level for each patient (as extra results).

Eligibility	NoteDetail	ClaimItemDetail	RA	PriorAuth							

Writer	*ANY, *ANY	▼	Ignore	BOTH	▼	Type	*ANY*
Facility	*ANY*	▼	Patient	*ANY*, *ANY*	🔍	Payor	*ANY*
Status	Final	▼	Effective Start		📅	Effective Stop	
Contact	*ANY, *ANY	▼	Expires Start		📅	Expires Stop	
PA Number			Comments				
Extra Result 1	Completed	▼	Extra Result 2	Level	▼	Extra Result 3	Submitted

Search   Defaults   Clear   Results: 63   Print/Export

Id	Rv	Type	MainPayor	Facility	Patient	Effective	Expires	Status	Extra1	Extra2	Extra3
424229	3	Ext	OK MEDI...	LEWIS Facility	ALEXANDER,...	2015-05-24	2015-11-23	Final	2015-06-01	Level III	2015-06-02 06:...
375554	1	PreAuth	OK MEDI...	LEWIS Facility	ALEXANDER,...	2014-10-17 00:...	2014-11-26	Final	2014-10-27	N/A	2014-10-27 21:...
424223	3	Ext	OK MEDI...	LEWIS Facility	BARNES, JA...	2015-05-21	2015-11-20	Final	2015-06-01	Level III	2015-06-01 23:...
378043	1	PreAuth	OK MEDI...	LEWIS Facility	BARNES, JA...	2014-10-20 00:...	2014-11-23	Final	2014-11-05	N/A	2014-11-05 13:...
424152	3	Ext	OK MEDI...	LEWIS Facility	BARNETT, J...	2015-05-24	2015-11-23	Final	2015-06-01	Level III	2015-06-01 23:...
375553	1	PreAuth	OK MEDI...	LEWIS Facility	BARNETT, J...	2014-10-17 00:...	2014-11-26	Final	2014-10-27	N/A	2014-10-27 21:...
425266	3	Ext	OK MEDI...	LEWIS Facility	BATES, BILL...	2015-05-30	2015-11-29	Final	2015-06-02	Level III	2015-06-02 19:...
378057	1	PreAuth	OK MEDI...	LEWIS Facility	BATES, BILL...	2014-10-28 00:...	2014-12-17	Final	2014-11-05	N/A	2014-11-05 14:...
426684	2	Init	OK MEDI...	LEWIS Facility	BRUNER, ST...	2015-06-06	2015-12-05	Final	2015-06-06	Level III	2015-06-06 20:...
424175	1	PreAuth	OK MEDI...	LEWIS Facility	BRUNER, ST...	2015-05-25 00:...	2015-08-24	Final	2015-05-25	N/A	2015-05-25 18:...
424966	3	Ext	OK MEDI...	LEWIS Facility	COLLINS, CA...	2015-06-15	2015-12-14	Final	2015-06-14	Level III	2015-06-14 15:...
378068	1	PreAuth	OK MEDI...	LEWIS Facility	COLLINS, CA...	2014-10-26 00:...	2014-12-17	Final	2014-11-05	N/A	2014-11-05 14:...
424188	1	PreAuth	OK MEDI...	LEWIS Facility	EDWARDS, T...	2015-05-15 00:...	2015-08-14	Final	2015-05-25	N/A	2015-05-25 19:...
414007	3	Mod	OK MEDI...	LEWIS Facility	ELLIS, EMILY...	2015-02-05	2015-08-04	Final	2015-04-10	Level II	2015-04-10 12:...

AuthDetail Report

This report can be used to view details of approved authorizations along with unit usage.

Filters: Therapist, Service, Facility, Patient, Payor, Status, Effective Start, Effective S Order, Expires Start, Expires Stop, Ignore, PA Status, PA Number

Results: this report will display the following information:

Service ID	Effective
Patient	Expires
Service	PA Number
Therapist	Proposed
Payor	Granted
Status	Used
	Unused

Report Example: this report shows all authorizations for therapist Allison, Brown that were effective between January 1, 2015 and June 1, 2015 along with usage information for each authorized service.

Eligibility	NoteDetail	ClaimItemDetail	RA	PriorAuth	AuthDetail		

Therapist: BROWN, ALLISON JOANN ▼ Service: *ANY* *ANY*

Facility: *ANY* ▼ Patient: *ANY*, *ANY* 🔍 Payor: *ANY*

Status: Approved ▼ Effective Start: 01/01/2015 📅 Effective Stop: 06/01/2015

Order: Patient ▼ Expires Start: [ ] 📅 Expires Stop: [ ]

Ignore: BOTH ▼ PA Status: Final ▼ PA Number: [ ]

Search Defaults Clear   Print/Export

Results

Id	Patient	Service	Therapist	Payor	Status	Effective	Expires	PANumber	Proposed	Granted	Used	Unused
1456102	GIBSON, KRIS...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-01-29	2015-02-28	4456908727	4.00	4.00	12.00	-8.00
1454364	HARRISON, A...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-02-25	2015-03-24	4857401205	13.83	14.00	20.00	-6.00
1456102	GIBSON, KRIS...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-03-01	2015-03-31	4456908727	4.00	4.00	8.00	-4.00
1457022	ROGERS, MIR...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-02-13	2015-03-12	4944613845	5.00	5.00	8.00	-3.00
1457073	ELLIS, MICHA...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-03-13	2015-04-12	4569230423	5.00	5.00	6.00	-1.00
1494740	ALEXANDER...	Psychotherapy MH - Individual (Child) (H0004 HE)	BROWN, ...	OK MEDIC...	Approved	2015-05-24	2015-06-23	4320823405	11.17	12.00	12.00	0.00
1494742	ALEXANDER...	Targeted Case Management MH (Child Bachelor...	BROWN, ...	OK MEDIC...	Approved	2015-05-24	2015-06-23	4320823405	11.17	7.00	7.00	0.00
1494744	ALEXANDER...	Treatment Plan MH - Low Complexity (Child) (H0...	BROWN, ...	OK MEDIC...	Approved	2015-05-24	2015-06-23	4320823405	0.00	0.00	0.00	0.00
1457073	ELLIS, MICHA...	Psychotherapy MH - Family (Child Not Present) (	BROWN, ...	OK MEDIC...	Approved	2015-05-13	2015-06-12	4569230423	0.00	0.00	0.00	0.00
1457074	ELLIS, MICHA...	Psychotherapy MH - Family (Child Present) (H00...	BROWN, ...	OK MEDIC...	Approved	2015-05-13	2015-06-12	4569230423	13.33	21.00	21.00	0.00
1457077	ELLIS, MICHA...	Treatment Plan MH - Low Complexity (Child) (H0...	BROWN, ...	OK MEDIC...	Approved	2015-02-13	2015-03-12	4569230423	0.00	0.00	0.00	0.00
1457077	ELLIS, MICHA...	Treatment Plan MH - Low Complexity (Child) (H0...	BROWN, ...	OK MEDIC...	Approved	2015-04-13	2015-05-12	4569230423	0.00	0.00	0.00	0.00
1457077	ELLIS, MICHA...	Treatment Plan MH - Low Complexity (Child) (H0...	BROWN, ...	OK MEDIC...	Approved	2015-03-13	2015-04-12	4569230423	0.00	0.00	0.00	0.00
1457077	ELLIS, MICHA...	Treatment Plan MH - Low Complexity (Child) (H0...	BROWN, ...	OK MEDIC...	Approved	2015-05-13	2015-06-12	4569230423	0.00	0.00	0.00	0.00

AuthSummary Report

This report lists summary information for groups of authorizations.   The Util column is not a percentage but rather it represents how well the therapist is utilizing the PA.

Note about Util: Util is prorated for the duration of the auth. If you are halfway through the duration of the auth/authusage and used half the total units, Util would be 100. If you are halfway through the duration, having used ALL the units, Util would be at 200. If you are all the way through the duration having used half the units, Util would be at 50.

Filters: Therapist, Service, Facility, Patient, Payor, Status, Effective Start, Effective S Summary (additional options for information), Expires Start, Expires Stop, Ignore, PA Status, PA Number

Results: the information shown on this report is largely dependent upon the options chosen from the Summary drop-down. The following fields may contain data:

Writer	Proposed
Facility	Granted
Therapist	Hrs/Week
Patient	Used
Payor	Unused
Service	Util
Status	

Report Example: this report shows Therapist and Service summary information for approved authorizations from January 1, 2015 through June 1, 2015.

NoteDoubleBill Report

This report shows instances where two individual progress notes overlap. The Force button allows the administrator to override the system and submit progress notes with overlapping times.

Filters: Therapist, Service, Program, Facility, Patient, Date Type, Status, Start, Stop

Results: This report will display the following information:

Note ID	Status
Rv (Revision number)	Start (date, time)
Facility	Flags
Therapist	Minutes
Patient	Type (Overlap type)
Service	

Report Example: this report shows a progress note for April 20, 2015 that overlapped with another note on that same day.

NoteBarCode Report

This report is used with a barcode scanner to quickly and easily approve, reject, delete, view, or reprint a stack of printed progress notes. Contact Milan support for more information.   This report can also be used to search for a note by Note ID.

NoteDetail Report

This report lists individual progress notes that viewed and edited. This is a common report used to move progress notes along their natural processes. This report SHOULD NOT be used to view financial information – use the Claim reports for accurate information.

Filters: Therapist, Service, Program, Facility, Patient, DateType, Status, Start, Stop, Order, Setting

Results: This report will display the following information:

Note ID	Start
Rv (Revision number)	NextAppt
Facility	Flags
Therapist	Setting
Program	Minutes
Patient	Units
Service	Paid (seen by Admin staff only)
Status	Unpaid (seen by Admin staff only)

Report Example: This report shows all progress notes for therapist Kimberly Graves from January 1, 2016 – February 8, 2016 (it also shows the Next Appt date for a patient with the last name of Warren).

Note Summary

This report lists summary information for groups of progress notes. This report SHOULD NOT be used to view financial information – use the Claim reports for accurate information.

Filters: Therapist, Service, Facility, Patient, Date Type, Status, Start, Stop, Summary, Include (check boxes), Exclude (check boxes)

Results: Note, the information shown on this report is largely dependent upon the options chosen from the Summary drop-down.

Facility	Status
Therapist	Notes
Patient	Hours
Service	Units
Date	Paid (seen by Admin staff only)
Setting	Unpaid (seen by Admin staff only)

Report Example: This report shows progress notes written on or after May 25, 2015 and is filtered by Therapist and Service.

Facility	Therapist	Patient	Service	Date	Setting	Status	Notes	Hours	Units	Paid	Unpaid
PARKS Facility	COLLINS, HA...	*ANY*	Targeted Case Management MH (Child Bachelors)	*ANY*	*ANY*	*ANY*	4	4.00	16.00	167.68	0.00
PARKS Facility	COLLINS, HA...	*ANY*	Targeted Case Management MH (Child)	*ANY*	*ANY*	*ANY*	6	6.00	24.00	178.32	0.00
PARKS Facility	RICHARDSO...	*ANY*	Psychotherapy MH – Individual (Adult)	*ANY*	*ANY*	*ANY*	8	12.00	48.00	618.48	206.16
PARKS Facility	RICHARDSO...	*ANY*	Psychotherapy MH – Individual (Child)	*ANY*	*ANY*	*ANY*	53	53.00	212.00	2680.08	962.08
PARKS Facility	RICHARDSO...	*ANY*	Psychotherapy MH – Family (Child Present)	*ANY*	*ANY*	*ANY*	26	51.50	206.00	2577.00	962.08
PARKS Facility	RICHARDSO...	*ANY*	Psychotherapy MH – Interactive (Child)	*ANY*	*ANY*	*ANY*	6	6.00	24.00	412.32	0.00
PARKS Facility	RICHARDSO...	*ANY*	Psychotherapy MH – Family (Child Not Present)	*ANY*	*ANY*	*ANY*	6	12.00	48.00	687.20	137.44

ClaimDetail Report

This is the go-to report for printing and/or billing claims for external payors. This report can also be used to manually post Approved notes.

Filters: Facility, Patient, Date Type, Status, Start, Stop, Order, Include (check boxes), Payor, Invoice, FacRegion, TherRegion

Results: This report will display the following information:

Claim ID	Status
Rv (Revision number)	Start
Payor	Stop
FacRegion	Paid
Facility	Adjust
Patient	Pend (pending amount)

Report Example: This report shows all claims in Approved status – these can be selected and manually posted.

ClaimSummary Report

This report is useful as an overview of claims to be billed or being billed.

Filters: Facility, Patient, Date Type, Status, Start, Stop, Summary, Include (check boxes), Payor, Invoice, FacRegion, TherRegion

Results: the information shown on this report is largely dependent upon the options chosen from the Summary drop-down. The following fields may contain data:

Payor	Status
TherRegion	Items
FacRegion	Paid
Facility	Adjust
Patient	Pend (pending amount)

Report Example: This report shows claims performed on or after May 29, 2015, summarized by Patient and Status.

ClaimItemAging

This financial report is used for showing 30-60-90-120 outstanding revenue - geared towards accounting personnel.

Filters: Payor, FacRegion, Facility, Summary, DateType, Start

Results: Payor, FacRegion, Facility, Items, 30Days, 60Days, 90Days, 120Days, 120+Days, Total

Report Example: This report shows all OK Medicaid claims that have not paid (and are in UserWait).

Eligibility	NoteDetail	ClaimItemDetail	RA	ClaimItemAging							
Payor	*ANY*				FacRegion	KEYS Region			Facility	KEYS Facility	
Summary	Payor				DateType	Performed			Start		
Search	Defaults	Clear								Print/Export	Detailed

Payor	FacRegion	Facility	Items	30Days	60Days	90Days	120Days	120+Days	Total
OK MEDICAID	KEYS Region	KEYS Facility	43	12.00	329.66	528.50	481.69	935.38	2287.

ClaimItemDetail Report

This report is useful when the user needs to know what service was provided. This is also the go-to report to Void claim items.

Filters: Therapist, Service, Facility, Patient, DateType, Status, Start, Stop, Invoice, Include (check boxes), Payor

Results: This report will display the following information:

Claim ID	Performed
Payor	Billed
FacRegion	Flags
TherRegion	Name (tracking name for the claim item)
Facility	Units
Therapist	Paid
Patient	Adjust
Service	Pend (pending amount)
Status	

Report Example: This report shows all claims for Targeted Case Management (Child Bachelors) performed between 01/01/2015 and 03/31/2015.

ClaimItemResult Report

This report can be used to find out additional payment details such as whether claims were paid, adjusted or written off. You can also find Paid claims' ICN numbers here.

Filters: Therapist, Service, Facility, Patient, DateType, Status, Start, Stop, FacRegion, Include (check boxes), Payor

Results: This report will display the following information:

Claim ID	Billed
Payor	Reconciled
Facility	Name (Claim tracking name)
Therapist	Type
Patient	Result
Service	Amount
Performed	PayorID

Report Example: This report shows all claims in Final status.

| Eligibility | NoteDetail | ClaimItemDetail | RA | ClaimDetail | ClaimSummary | ClaimItemAging | ClaimItemResult |

Therapist	*ANY*, *ANY*	▼	Service	*ANY* *ANY*
Facility	ROBINSON Facility	▼	Patient	*ANY*, *ANY*	🔍	DateType	Performed
Status	Final	▼	Start		📅	Stop	
FacRegion	*ANY*	▼	Include	☐ PAY ☐ OP ☐ CON ☐ WO ☐ NP ☐ DED ☐ CP ☐ CI	Payor	*ANY*

| Search | Defaults | Clear | | | Print/Expo |

Results

Id	Payor	Facility	Therap...	Patient	Service	Perfor...	Billed	Recon...	Name	Type	Result	Amount	PayorID
7983434	OK ME...	ROBINSON...	WARR...	MCDONA...	Psychotherapy MH - Individual (Ch...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	103.08	2015069416514
7983435	OK ME...	ROBINSON...	WARR...	WASHING...	Psychotherapy MH - Family (Child ...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	137.44	2015069416527
7983436	OK ME...	ROBINSON...	MORGA...	WASHING...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416519
7983437	OK ME...	ROBINSON...	WARR...	FULLER, ...	Psychotherapy MH - Family (Child ...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	137.44	2015069416535
7983438	OK ME...	ROBINSON...	MORGA...	FULLER, ...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416538
7983439	OK ME...	ROBINSON...	MORGA...	WATSON, ...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416541
7983440	OK ME...	ROBINSON...	WARR...	JONES, R...	Psychotherapy MH - Family (Child ...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	103.08	2015069416547
7983441	OK ME...	ROBINSON...	MORGA...	JONES, R...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416552
7983442	OK ME...	ROBINSON...	WARR...	FLORES, ...	Psychotherapy MH - Family (Child ...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	137.44	2015069416559
7983443	OK ME...	ROBINSON...	MORGA...	FLORES, ...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416556
7983444	OK ME...	ROBINSON...	MORGA...	MONTGO...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	83.84	2015069416563
7983445	OK ME...	ROBINSON...	WARR...	ANDERS...	Psychotherapy MH - Family (Child ...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	103.08	2015069416568
7983446	OK ME...	ROBINSON...	MORGA...	ANDERS...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	83.84	2015069416573
7983447	OK ME...	ROBINSON...	MORGA...	ALEXAND...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416577
7983448	OK ME...	ROBINSON...	WARR...	MORALES...	Psychotherapy MH - Individual (Ch...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	103.08	2015069416583
7983449	OK ME...	ROBINSON...	MORGA...	MORALES...	Targeted Case Management MH (...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	62.88	2015069416588
8010590	OK ME...	ROBINSON...	WARR...	WEAVER, ...	Psychotherapy MH - Individual (Ch...	2015-0...	2015-0...	2015-0...	DVNS0...	Payor	Approv...	103.08	2015076421538

ClaimItemSummary Report

This report is useful as an overview of claims to be billed or being billed, especially when therapist and service information is important.

Filters: Therapist, Service, Facility, Patient, Status, Start, Stop, Invoice, Include (check boxes), Payor

Results: This report will display the following information:

Claim ID	Performed
Payor	Billed
FacRegion	Flags
TherRegion	Name
Facility	Units
Therapist	Paid
Patient	Adjust
Service	Pend
Status	

Report Example: This report summarizes claims for patient Chris Dillon Alexander from March 1, 2015 and after.

Billing Report

This report shows information for claims that were sent via electronic batch (EDI).

Filters: Payor, Start (date), Stop (date)

Results: This report will display the following information: Payor, Date, Batch (number) Items (number of claims in the batch, Due

Report Example: This report shows batch information beginning June 1, 2015.

| Eligibility | NoteDetail | ClaimItemDetail | RA | ClaimDetail | Claim Summary | ClaimItemAging | ClaimItemResult | ClaimItem Summary | Billing |

Payor [*ANY*] ▼   Start [06/01/2015] 🔲   Stop [   ] 🔲

[Search]   [Defaults]   [Clear]   [Print/Export]

Payor	Date	Batch	Items	Due
OK MEDICAID	2015-06-02	3108	33	2741.94
OK MEDICAID	2015-06-09	3119	29	2928.16
OK MEDICAID	2015-06-09	3120	9	459.40
OK MEDICAID	2015-06-16	3131	11	1185.42
OK MEDICAID	2015-06-16	3130	56	3615.56

RA Report

This report lists electronic remittance advises received from supported payors or generated by the system for external payors.

Filters: Payor, Facility, Invoice, Start, Stop

Results: Remit ID (Milan), Payor, PayorID, Facility, ProviderID (NPI), LegacyID, Invoice, Claim, Recovered (recoupment etc), Paid

Report Example: This report shows all remittance advices from OHCA on or after January 1, 2016. Admins are able to double-click any RA to view the raw data related to that particular remittance.

Detailed Button: when a remittance is selected the user can click the Detailed button, which will open a ClaimItemDetail report for that particular remittance.

Summary Button: when a remittance is selected the user can click the Summary button, which will open a ClaimItemSummary report for that particular remittance.

Payroll Report

This report is used to view timesheets that were previously posted.

Filters: Facility, Effective Start, Effective Stop, Therapist, Expires Start, Expires Stop

Results: The report will display the following information:

Payroll number	End
Provider (Milan acronym)	Posted By
TherRegion	Posted On
Therapist	WDays
Payscale	Items
Begin	Amount

Report Example: This report shows all payrolls for the month of June, 2015. Users are able to double-click any line on their own payroll to get details related to that particular timesheet.

PayrollDetail Report

This report shows what timesheets, if any, a service showed upon for a given date range. The results show the full dollar amount paid and does not include payroll percentages paid to therapists.

Filters: Therapist, Service, Program, Facility, Patient, DateType, Status, Start, Stop, Payroll, Include (check boxes), Exclude (check boxes)

Results: The report will display the following information:

Claim ID	Start
Rv (Revision number)	Flags
Therapist	Payrolls
Patient	PayDur
Service	PayUnits
Status	PayAmt

Report Example: This report shows payroll details for all claims performed by therapist Joseph Bradley Howard.

HistoricalSummary Report

This report provides historical data for the or previous month(s) – (this report is refreshed on the 2nd day of each month for the previous month)

Filters: Region, Start Date, End Date

Results: This report will display the following:

- Region
- Report Date – date when report was refreshed
- Active Pts – total number of active (non-discharged) patients as of the report date
- Admd – number of patients that were admitted
- Disd – number of patients that were discharged
- Svcs – number of services provided
- Needy Pts – number of patients that had some type of warning
- Needy Claims total number of claims that were not in Final status
- Needy Pas – total number of PriorAuths that were not in Final status
- Needy Notes - total number of progress notes that were not in Final status
- Race Breakdown
-

Report Example: This report shows an agency's historical data for the previous month including a race breakdown.

HistoricalDetailed Report

This report provides month-by-month historical data for a requested time period.

Filters: Region, Start Date, End Date, Age Range, PA Status, Note Status, Gender, Claim Status, Warning, Race (check box)

Results: This report will display the following information:

- Region
- Report Date (date that the report was refreshed)
- Age
- Gender
- Warning
- PA
- Note
- Claim
- Race

Report Example: This report shows a monthly total   of data based on chosen criteria. Start date is January 1, 2015, so the report begins on February 2 and continues on the 2nd of the month until July (report for June). Age chosen is "Under 6", PA Status is "PAUW", Gender chosen is "Female", Race chosen is "Hispanic", all other fields are set to "Any", the results show any matches based on my filters for every month in this time span.

| Eligibility | NoteDetail | ClaimItemDetail | RA | HistoricalSummary | HistoricalDetailed | | | | | |

Region	KEYS Region		Start Date	01/01/2015		End Date				
Age Range	Under 6		PA Status	PAUW		Note Status	*ANY*			
Gender	Female		Claim Status	*ANY*		Warning	*ANY*			

Race ☐ White ☐ AmerInd ☐ Asian ☐ Black ☑ Hispanic ☐ Pacific ☐ Other

[Search] [Defaults] [Clear]   [Print/Export]

Results

Region	Report Date	Age	Gender	Warning	PA	Note	Claim	Race
KEYS Region	2015-02-02	3	18	50	2	0	0	0
KEYS Region	2015-03-02	3	22	33	2	3	0	0
KEYS Region	2015-04-02	3	30	35	12	27	15	0
KEYS Region	2015-05-02	1	34	32	8	35	0	0
KEYS Region	2015-06-02	3	47	45	9	63	8	1
KEYS Region	2015-07-02	3	56	56	9	96	37	1

LetterofTerm Report

This report lists patients for which a Letter of Termination was sent along with the status and reason (if given)

Filters: Patient, Start Date, End Date, Payor, Therapist, Status, Reasons

Results: This report will display the following:

- Patient
- Date
- Status
- PriorAuth number
- Therapist
- Reasons (if given)

Report Example: This report shows all LOTs sent along with the reason (if given)

Eligibility	NoteDetail	ClaimItemDetail	RA	LetterOfTerm

Patient [ ] 🔍 Start Date [ ] 🔲 End Date [07/21/2015 04:17 PM]

Payor [OK MEDICAID ▼] Therapist [*ANY*, *ANY* ▼] Status [Final]

Reasons
☐ Poor location/hours ☐ Service quality concerns ☐ Poor staff relationship ☐ Unaware of other agency
☐ Provider lacked services ☐ Moved/new provider closer ☐ Declined to respond ☐ Other

[Search] [Defaults] [Clear]

Results

Patient	Date	Status	PriorAuth	Therapist	Reasons
Taylor, Daniel	2014-04-28	Final	323586	Saleski, Linda	
Taylor, Daniel	2014-04-28	Final	323586	Saleski, Linda	
Carter, Marlon	2014-07-30	Final	349201	Saleski, Linda	Provider does not offer all desired services
Shepppard, Melinda	2014-08-29	Final	359344	Saleski, Linda	
Carter, Marlon	2014-12-09	Final	386016	Saleski, Linda	
Carter, Marquay	2014-12-09	Final	386026	Saleski, Linda	
Carter, Martaveon	2014-12-09	Final	386125	Saleski, Linda	
Carter, Travaris	2014-12-09	Final	386127	Saleski, Linda	

LetterofCollab Report

This report lists patients for which a Letter of Collaboration was sent along with the status and services provided at each agency

Filters: Patient, Start Date, End Date, Source, Therapist, Status, Services (This Agency), Services (Other Agency)

Results: This report will display the following:

- Patient
- Date
- Status
- Bundle
- PriorAuth (Milan PriorAuth number)
- PANumber
- Therapist
- Source
- Services (This Agency)
- Services (Other Agency)

Report Example: This report shows all LOCs received that are in a Final status.

PATermination Report

This report lists patients for which either a Courtesy Termination or a Contest Termination was sent along with the status

Filters: Patient, Start Date, End Date, Type, Status

Results: This report will display the following:

- Patient
- Date
- Type
- Status
- PriorAuth
- SubmitComments

Report Example: This report shows Terminations that were either contested or courteously submitted.

DMH Notices

This report lists all current notices received from DMH. When a user double-clicks the notice on the TxPlans tab this will mark the notice as "read", the green colored warnin disappear from the patient's name within 24 hours and the notice will no longer be available on this report.

Filters: Patient, Start Date, End Date

Results: This report will display the following:

- Patient
- Date
- NoteType
- Note Text

Report Example:

Eligibility	NoteDetail	ClaimItemDetail	RA	PATermination	DMHNotices

Patient [   ] 🔍 Start Date 06/08/2015 01:40 PM 🔲 End Date 07/22/2015 01:40 PM 🔲

Search	Defaults	Clear			Results: 14

Results

Patient	Date	NoteType	NoteText
Willson, Brian	2015-06-08	6	Collaboration proposal submitted by other agency
Wrenn, Paden	2015-06-10	8	Termination ended your PA
Franklin, Jamarion	2015-06-10	18	PA adjustment was completed for correct
Thompson, Ethin	2015-06-11	9	Collaboration cancelled, other provider terminated
Willson, Brian	2015-06-19	6	Collaboration proposal submitted by other agency
English, Krystian	2015-06-20	6	Collaboration proposal submitted by other agency
Littlejohn, KeeVontae	2015-06-22	3	Level PA at another agency, collaboration needed
English, Krystian	2015-06-23	6	Collaboration proposal submitted by other agency
English, Krystian	2015-06-23	6	Collaboration proposal submitted by other agency
English, Krystian	2015-06-23	16	Collaboration proposal has been accepted
Graves, Nyco	2015-06-27	3	Level PA at another agency, collaboration needed
Eldridge, Nettie	2015-06-30	2	Customer has a level PA at another agency
Willson, Brian	2015-07-02	15	Collaboration will not be needed
Eldridge, Nettie	2015-07-04	14	Level PA at another agency, collaboration needed

Opening Milan

If you are having trouble opening Milan, and getting an error reading "Unable to launch application," follow these steps to correct it:

- Go to your Start menu (bottom left hand corner) and go to Settings>Control Panel, or straight to Control Panel
- If you see a lot of smaller icons, double-click on the one that says Java. If you see maybe 10 larger icons, you are in Category View and you must switch to Classic View. You can find the link to switch on the upper left hand side of the toolbar in Windows XP, and on the upper right hand side inside the empty space where the icons are in Windows Vista/7.
- Once double-clicking on the Java icon, a window will pop up, and you need to click the Settings button near the bottom.
- Once that window pops up, click the Delete Files button.
- Make sure that both of the smaller checkboxes in the pop-up window are checked, then click OK.
- Once that window goes away, get out of everything and restart your computer.
- Your shortcut for Milan will be missing from your desktop, so you will need to log in through our website to refresh Java and restore the icon for Milan.

If you try and open Milan and it says "You appear to already be running Milan," restart your computer and try again.

If you are able to open Milan, but unable to log in, and it is not a username/password issue, follow the steps below. If you use our offline feature, make sure you don't have notes ready to submit, otherwise the last step of this process will delete those.

- Get out of everything Milan related and re-open the log in window.
- Type in your username and password.
- Click the Delete Offline button.

Progress Note Troubleshooting

When you are unable to find the service you are wanting in the drop-down menu and/or perhaps you only find the For Information Only option, the patient may not be authorized and/or eligible to receive services. You can see if they're authorized for services by going to the latest treatment plan on the TxPlans tab and double-clicking on it to view the date ranges for individual services. You can check their eligibility at the bottom of the Patient tab on their chart. If Milan says they're ineligible for the Main Payor, but you have checked online and they are listed as eligible, double-check that their Payor ID, DOB and SSN are all correct in Milan.

The second most common problem when writing a progress note is that you've run out of units. Most of the time, you might have more units available than you originally budgeted for, and you or your Admin can go in and simply hit a + button (x) amount of times to add units. You can do this by double-clicking on the note's line and hitting the +/- button next to "Units Usage," or you can double click on the treatment plan line on the TxPlans tab, highlight a service authorization and go to the window below that and double-click on the month you want to edit and play with the units there.

If you are writing a note and the appropriate (Child) service does not appear, and you have checked the Patient tab to a) make sure the patient is eligible for their payor, and b) checked to make sure you as a therapist are listed on that patient's chart, then check the patient's birth date. If they have just turned 18 (Rehab Group), 19 (Psych Group) or 21 (All other primary services), an internal Modification needs to be done in Milan to switch from (Child) to regular (Adult) services. Create a Modification, change nothing on the treatment plan, and when you come to the PriorAuth screen change only the Effective Date to one day after one of the above respective birthdays. Then, take the Modification all the way to Final, Save, Refresh the Chart, then Finalize the CDC 41 Milan has generated at the bottom of the TxPlans tab.

Admin Intro

This section is for administrators wanting to learn about finalizing treatment plans, claim billing, UserWaits, and adding new employees with all of the correct roles and permissions.

Finalizing Treatment Plans

Once you have finished the Draft TxPlan, Completed the Initial request and obtained the patient's signature, it needs to be Submitted. Here's where the therapist's role ends and the Administrator or Clerk takes over. If the patient is covered by an external payor (insurance, self pay etc.), these next few steps happen manually.

- An Admin will select the TxPlan and click the Submit button. For Medicaid/DMH requests, this queues a CDC to upload.
- Once we get the CDC back as approved, we move the request to Preapproved or Final status, depending on agency defaults.
- If the request comes back in Preapproved status the Admin or Clerk needs to select the request in the TxPlans tab and click Finalize. Note: if your agency has specific unit requirements (if the client requires more sessions with the BHRS and not as much with the LPC for example) the Admin could go ahead and make those unit adjustments prior to Finalizing the treatment plan.

What if it ends up in PAUW status?

After submitting a request to a third party for approval, the request status is set to PAUW if they have an issue with it and possibly reject your request. If this happens, we recommend you check the CDCUW rejection reasons as well, as further information will be provid ODMHSAS.

Claims Billing

Automatic vs. Manual Billing

The billing process through Posted, Billed and Paid statuses happens automatically for your electronic payors (Medicaid, DMH etc.) The first step in the billing process is approving the note. All Approved notes are uploaded once a week.

If you are on this fully automatic process you are used to seeing claims in Billed, UserWait and Final.

Some payors are set to be fully manual. Notes will work the same way they always do, namely that they need to be approved, but the billing and marking as paid can be a manual process (ex: insurance claims).

There is an option in Milan under the Admin drop-down labeled Edit Payor Rates. For those of you who bill payors outside of Medicaid, this can be really useful. Call us to set up a custom rate set, and with this you can actively edit amounts receivable for individual ser specifying the amount you would like billed for each service.

Setting up a Custom Rate Set for Manual Billing

The first step to set up a manual payor source is to create a custom rateset. A rateset is a list of services, with the minutes per unit and the rate per unit listed for each service. For those of you who bill payors outside of Medicaid, this can be really useful. This tool allows you to actively edit amounts receivable for individual services, specifying the amount you would like billed for each service. Normally a single rateset is created for most manual payor sources, which matches the "Retail" rates that the organization feels that a service is worth, regardless of a payor source's contractual price list.

Call us to set up a custom rate set, and with this you can actively edit amounts receivable for individual services, specifying what amount makes your services think they are paid or not.

Manual Billing

Once the rate set is set up for a payor source, you may then begin billing your manual payors.

Treatment Plans for Manual Payors:
The treatment plan process for manual payors is similar to Medicaid txplans, the difference is that the electronic steps must be performed manually. Here is a brief summary on how to complete the process manually:

Please follow the steps found in the Making a Treatment Plan section for completing a txplan. Once you have brought your Treatment plan to "Submitted" status, you should proceed with the following steps for Manual payors:

1. At the top of the TxPlan tab of the Patient chart, highlight the initial Request.
2. Click "Preapprove"
3. This will direct you back to the Request page.
4. Be sure the Effective and Expires dates fill in correctly. This will be your last chance to change these dates.
5. Click "OK" at the bottom of the request.
6. Click "Save" at the bottom of the txplan tab.
7. Once your Initial is in "Preapproved" status you need to finalize it.
8. Highlight the initial Request again at the top of the txplan tab
9. Click "finalize" button.
10. Click "Save" at the bottom of the txplan tab.

Billing Manual Payors

Writing notes for manual payors is identical to writing notes for Electronic Payors difference occurs AFTER the note has been approved.

Once the progress note has been approved:

From the Cockpit:

1. Reports: Claim Detail (hit clear)
2. Patient: Choose the name of Patient you are billing for.
3. Status: ANY
4. Payor: ANY
5. Click Search
6. Highlight all Notes that are in Approved status that you want to bill
7. Click Post
8. At this point you may highlight each Claim separately, and hit the print button. This will generate a HCFA-1500 form.
(on the "Choose Background" dialogue box, choose "Black" to print the form all in black ink, "Red" to print the fields in Red ink and the responses in black ink, and "None" to only print the responses on a pre-printed HCFA-1500 form)
9. After you have submitted your billing to the payors, highlight all services you have billed
10. Click Bill (this status was designed to be the holding state while you're waiting for a response from the Payor)
11. You can print HCFA-1500 forms from either "Posted" or "Billed" status. There is a cockpit line for claims in Posted and Billed statuses.

Once you have received payment from your payor, you must inform Milan of this payment.

To inform Milan of payment

1. Double-click Billed line in cockpit
2. Payor: INSURANCE, SELFPAY or NOPAY
3. Click Search
4. Highlight each claim separately
5. Click Paid (enter any applicable data into window) OR
6. Click Partial (enter any applicable data into window) OR

7. Click Denied (enter any applicable data into window)

Paid claim items will have their status changed to Final, while denied and partially paid claim items will have their status changed to UserWait where you can Rebill the item or Adjust off the Pending amount. UserWait claim items are handled the same way for all payor sources. There is a cockpit line available to facilitate this process. For help with the Userwait process, see the Userwaits section of this document.

A fictitious Remittance Advice will be created every week for manual payor sources.

UserWaits

UserWaits are items that have been denied payment or partially paid, and are holding up the rest of the overall claim from moving to Final status. These need special attention from administrators and/or accounting staff. The frustrating thing about UserWaits is tha reasons why they were partially paid or denied are often too vague to warrant confident action on your part. The process for navigating UserWaits is laid out below.

- The bottom Cockpit line is for UserWait data. Double-click on it to bring up a report of all the claim items stalled in UserWait.
- Double-click on a claim item, and near the bottom of the pop-up window there is a Reports pane with one or two lines containing the words Denied or Approved, where Approved really means partially paid since it, being in UserWait in the first place, means it wasn't paid in full.
- If you double-click on the Denied/Approved line we give you all of the reasons OHCA tells us it was denied/partially paid. These reasons are usually vague. To get a be understanding, try looking up the claim on the OHCA website where you will find more detailed information. Also, there is a helpdesk of sorts you can call to get more specific answers. The number is 1-800-522-0114. When you call, you will need a number called the ICN#. You find this number by double-clicking on the claim item and looking at the bottom right of the window. You will see a column labeled PayorID, and the number in that column is the ICN#. This will assist the OHCA Helpdesk in finding the claim item in their system.
- Once you have figured out why it stalled, there are two paths to follow. If the claim item was fully denied, fix the problem and Rebill it by highlighting the claim item and clicking Rebill. You do not want to write off claim items that were completely denied, as they can usually be fixed and rebilled.
- If your claim was partially paid, most of the time that means that the therapist asked for more units than the daily limit allows, so they paid for all the units that are allowed, and none of the extra. Sometimes it is due to a specific error that the claim was partially paid, but most of the time you will end up writing off the unpaid amount, as painful as it may be. To do this, you highlight/single-click the claim item and click the Adjust button that appears at the bottom. It automatically fills in the Write-Off check box, and the Unpaid amount, so hit OK, and the amount is written off, moving the claim to Final and out of UserWait.

New Employees

Each person that writes progress notes needs their own log in, as it is against the law to access confidential information under another user's identity.

If the new users are going to be writing progress notes, they need to be added as both a Therapist and a User. Otherwise, they only need to be added as a User. When adding a Therapist and a User (the same person), add them as a Therapist first. To do this, click on the Admin drop-down menu at the top of the Milan window and click on New Therapist.

The most important thing to see in the New Therapist window is the section at the bottom for the credentials. Make sure that all of the therapists' credentials are properly added, as missed ones can cause problems later on for certain services. The second most important thing is filling out the Therapist Payors field. The NPI, Taxonomy, 9-digit Zip code, and Legacy ID (therapist's personal provider number) in Milan must match what the OHCA has on file for that therapist. Fill it out appropriately, click OK, then go back to the Admin drop-down and click on New User.

Fill it out left-to-right, top-to-bottom, paying close attention to the Main Role and Access fields. These two selections greatly affect what the user will be able to do or not do in Milan. For example, if you want them to be an Admin, but you or they don't want to see all of the organization's information in their cockpit, just their facility, you can assign them the Main Role of an Admin and then under Access select By Facility, as seen in the example above. Then, under User Facilities, Add the different facilities to which they require access. If you are adding a therapist it is much easier. Simply add their Main Role as Therapist and their Access as By Therapist, and then under User Therapists add ONLY their name. Once you've entered the information, click the New Password button. This creates a temporary password. Then call the new user, tell them their User Name and their temporary password, and when they log in they'll be forced to change the password to something different (since not even you are supposed to know their password).

Main Roles and Other Roles

The following guide describes the access by main user role. Access is (usually) granted by the main administrator. Main Roles include: Admin, Clerk, Director, Front Desk, Intern Therapist.

Please note that access can be granted for each user by the following:

- By facility - view information for a particular facility or facilities.
- By therapist - use when entering roles for a therapist,   this will only give them access to their own patients.
- All – gives the ability to view all patients within the practice.
- None - this takes away access to Milan.

Other user roles may be added at the discretion of the main administrator. Please contact Milan support for help with the "Other User Roles" panel of the Add/Edit User Window.

Admin – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the entire Cockpit including Miscellaneous lines	The only user with the access to post payroll.
Reports	View/Print	Access to all reports
Patient	View, Edit, Add new	
Scans	View, Add new	
Referrals	View, Add new	
TxPlans	View/Edit, Submit, Add new, Print	
Notes	View/Edit, Approve, Add new, Print all notes	
Letter of Collaboration	View, Add new, Accept Incoming LOC	The only user with access to Letter of Collaborations.
Letter of Termination	View, Add new, Print	The only user with access to Letter of Terminations
DMH Notifications	View	

Clerk – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the entire Cockpit including Miscellaneous lines	Clerks cannot post payroll.
Reports	View/Print	Clerks have access to the top 10 reports on the drop down menu, from Patient to Note Detail
Patient	View, Edit, Add new	
Scans	View only	

Referrals	View only	
TxPlans	View/Print only	
Notes	View/Edit, Approve, Print all Notes	Clerks can edit notes that are in Signed status - this sends the note(s) back to Draft. Clerks can also Reject notes that are in Approved status. Clerks <u>cannot</u> add new notes.
Letter of Collaboration	No Access	
Letter of Termination	No Access	
DMH Notifications	View	

Director – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the Cockpit	View of Miscellaneous line is limited to the Credentials line. Directors cannot post payroll.
Reports	View/Print	Directors have access to the top 11 reports on the drop down menu, from Patient to Note Summary.
Patient	View only	
Scans	View only	
Referrals	View only	
TxPlans	View/Print only	
Notes	View/Edit	Directors can edit notes that are in Signed status – this action sends the note(s) back to Draft. Directors have view only access to notes in Approved status and by defa cannot add new notes.
Letter of Collaboration	No Access	
Letter of Termination	No Access	
DMH Notifications	View	

Frontdesk – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the Cockpit	View of Miscellaneous section is limited to the Credentials line.
Reports	No Access	
Patient	View/Edit, Add new	
Scans	No Access	
Referrals	No Access	
TxPlans	No Access	
Notes	No Access	
Letter of Collaboration	No Access	

Letter of Termination	No Access	
DMH Notifications	No Access	

Intern – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the Cockpit	View of Miscellaneous section is limited to the Credentials line.
Reports	View/Print	Interns have access to the top 9 reports on the drop down menu, from Patient to Note Detail (excludes the NoteBarCode report)
Patient	View only	
Scans	No Access	
Referrals	View only	
TxPlans	View/Print only	
Notes	View/Edit	Interns can edit notes that are in Signed status – this sends the note(s) back to Draft.
Letters of Collaboration	No Access	
Letters of Termination	No Access	
DMH Notifications	View	

Therapist – this user has access to the following:

Location	Access	Notes
Cockpit	View access to the Cockpit	View of Miscellaneous section is limited to the Credentials line.
Reports	View/Print	Therapists have access to the following reports: Patient, PatientAging, Eligibility, CDC, Prior Auth, AuthDetail, AuthSummary, NoteDoubleBill, NoteDetail, Payroll, PayrollDetail
Patient	View only	
Scans	View only	
Referrals	View, Add new	
TxPlans	Add new, Complete, Edit	
Notes	Add new, Sign, Edit, Print their own notes only	
Letter of Collaboration	No Access	
Letter of Termination	Print an LOT that is already in Final	
DMH Notifications	View	

Other User Roles

Other user roles may be added at the discretion of the main administrator. These roles can be found in the "Other User Roles" panel of the Add/Edit User window. Please contact Milan support for help with these roles:

- VIEWONLY - makes a user unable to add or modify any information
- BILLING - allows the user access to financial reports and information
- NOTEAUTO - automatically approves progress notes entered by the user that do not get rejected by the system
- NOTECLONE - enables a clone button that allows the user to create a new progress note based on an existing progress note for the same patient
- NOTEEDIT - enables the user to create/edit/delete unsigned progress notes
- NOUSEREDIT - removes the ability for an administrator to add or modify other users (you must call us for this permission).
- PATIENTEDIT - grants Therapists and Clerks the ability to edit basic information on the Patient tab of their clients' charts.
- PAEDIT - allows the user to create prior authorizations and take them to Completed status
- PAQA - allows the user to submit and finalize prior authorizations.

The system is very configurable, and looks and behaves differently to a great degree based on the providers' wishes. Each user of the system is assigned certain roles and permissions that further determine how the system looks and behaves for them. Every user should be assigned to only one main role. As many additional permissions can be assigned to each role as desired. Permissions are a la carte roles. For instance, you can have a user with the main role of

CLERK, and if you want them to be able to finalize prior authorizations (not the best idea), you can assign them the PAQA permission.

Posting Payroll

Payroll and timesheets are customizable to fit your organization's needs. Call us a[t] 1-866-773-3867.

When therapists enter notes, they fall into a virtual bucket until they are entered into payroll. Posting payroll, or timesheets, is the way they are tallied and pay is calculated. Later, you and your therapists can view all postings if needed.

When you "Post Payroll," Milan gathers all the notes that haven't been on a timesheet and/or notes that have been on one before but have gone through a timesheet-affecting change. Some examples of this are billing with an incorrect number of units, revising it, and billing it again, or if a claim denies and is rebilled.

Post Payroll			✕
Provider			▾
End Date			🗓

Therapist	Region	Payscale	Last End Date
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009
		Payscale (S...	10/21/2009

Payroll   **Close**

Here is how you post payroll:

- Go to the upper-left corner to the Actions drop-down menu
- Click on Post Payroll
- Put in an end date (customizable as far as what this means)
- Ignore work days

- Select one or more therapists
- Click the Timesheet/Payroll button

Now all your timesheets are displayed and ready to print out. You can come back later and look at them using the Payroll report.

Payroll Report

The payroll report is there for you to view all timesheets/payrolls you have posted. You as administrators can edit certain things. You can add notes to a timesheet, you can adjust services that are there, or you can add extra entries (like paid time off) that don't tie to any notes. For things like that or just supervisory purposes there is a history button that shows you the edits that have been made.

There is also the PayrollDetail report for further examination.

Editing Payroll

Pull down the [Reports](#) menu and click on Payroll. Select the therapist and click Search. Single-click the timesheet you're looking for and you can view it and its history, or you can edit it, or repost it after editing it, all using the buttons at the bottom of the window. Let's focus on the Edit button.

When you click the Edit button, it will bring up a window showing all of the sessions and services performed for that selected payroll period. If you select one and click the Service Adjustment button on the bottom of the window, you can edit the totals of units, mileage, amounts (what this means is customizable for you) and hours. If you want to increase or decrease the totals of any of these you put in positive or negative (-) numbers respectively into the red text boxes and a new adjustment line is created with the numbers you put in, where positive numbers bring totals up and negative ones bring the totals down.

If you click the Add Extra Entry button instead of Service Adjustment it will let you do just that, if, for example, you wanted to put in a new note's services, or if you wanted to add something in there that doesn't tie to notes or anything, like paid time off, or paying a therapist back for letting you borrow $15 at lunch. You put in a Description, Quantity (how many...), of Units(...of what?) and the Amount of whatever that it comes to (usually dollars). I know it seems contradictory to put in Mary Kay Payment, 80, Dollars, and then 80 again, but the "Amount" field is what generates the pay for that person on the payroll.

Payroll Options

Some payroll options can be edited by accessing the Admin drop-down menu and selecting Edit Payscale Rates. Using this you can customize a lot of payroll, but we strongly recommend that you call us first.

Here are the different customizations and a short description of each:

Q: When do you want to pay the therapist for providing a service?

A: You can pick a "trigger" for crediting the note to the therapist. The possible status triggers (or attributions) are:

- Signed
- Approved
- Billed
- Promised (for Medicaid and DMH payors)
- Paid

Q: Who can post payroll?

A: By default only admins have this permission, or any user with the BILLING role.

Q: What does the Post Payroll End Date mean?

A: The end date is the latest date through which billing (progress notes) must be triggered to go on the timesheets.

Q: Do you want a "Timesheet" button (timesheets order the details by service date), a "Payroll" button (payrolls order the details by payor and service)?

Q: What do you want to show up on the timesheet? (all optional)

- Duration
- Units
- Mileage
- Facility
- Patient name
- Signature line
- $ Amount

A: To setup and/or change any of this, call us at 1-866-773-3867.