

Milan Medical

Patient Handling A-Z

A Step-by-step guide for Behavioral Health Agencies

Section I – All Payors

Entering Demographics (Admins)

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

Patient Information

First: KAT Middle: BRUCE Last: SHI Maiden: Suffix: NONE
BirthDate: 11/01/1999 SSN: 2764 Gender: Female FullChart: Required Milan ID: 168406
Provider: 4074 Record ID: Flags: GENERIC OVERLAP DUPLICATE Address
Comments: AIID: AIID Type:

Patient Programs

Program	Discharge Reason	Admit Date	Discharge Date
Integrated	Not Discharged	03/05/2012	12/31/9999

Patient Facilities

Facility	Effective	Expires
A...3 Facility	03/05/2012	12/31/9999

Patient Therapists

Therapist	PA Role	Effective	Expires
E	QA	01/01/1900	12/31/9999
C	Review	01/01/1900	08/23/2012
F	Review	03/05/2012	12/31/9999
V	Review	01/01/1900	12/31/9999

Patient Payors

Payor	Effective	Expires	Priority	Payor ID	Referring NPI	Plan Name	Account4
OK MEDICAID	01/01/1900	12/31/2012	100	753461147			

OK Cancel

PATIENT INFORMATION REQUIRED FIELDS

- First and Last Name
- Gender
- FullChart - should always say 'Required'
- Address (Add phone and address by clicking the Address button)
- Patient Programs (To add programs click the Add button, choose the program and admit date)
- Patient Facilities (To add facilities click the Add button and choose the correct facility)
- Patient Therapists (To give therapists access to this patient chart, you must add their names to the Patient Therapist section) Click "Add" and assign as many therapists as needed. Note: When adding therapist the main therapists should have the PA role of QA or Both (if more than one therapist is added for a patient the PA role should be "review" or "none").

- Patient Payors (Click the “Add” button and fill out the Payor dialogue box. (see below)

Notes about this form:

- Choose the correct payor from the drop down menu
- Copay – if applicable. (Medicaid copay should be \$3 for adults only).
- Relation -choose whether the patient is the primary insured or a dependant
- Type the patient’s first and last name in the indicated fields
- Priority (only required when there is more than one payor, if so “the higher number gets billed first”)
- Payor ID is the patient’s Medicaid number (or insurance policy number)
- Effective Expires dates (auto-filled for Medicaid patients)
- Insured and Other insured fields are only used when indicating an external insurance

When the Patient Payor form is complete:

- Click ‘OK’ at bottom of Payor window
- Click ‘OK’ at bottom of Patient window

THIS PATIENT SHOULD NOW APPEAR ON YOUR COCKPIT

PART A – Entering a Partial Treatment Plan

- Click on the Patient in the Cockpit view.

- Click "Yes" on the dialogue box asking if you would like to create a Partial Treatment Plan. (You will then be directed to the Diagnosis tab of the TxPlan).
- Click on the Basic Tab of the Txplan.

The screenshot shows a software window titled 'Basic' with tabs for 'Residence' and 'Diagnosis'. The 'Basic' tab is active, displaying a form with the following sections:

- Basic Information:** Emergency Contact, Emergency Number, Highest Grade (0), Guardian Type, Guardian Name, Guardian Relation, Marital Status, TX Years, Military Status, Preferred Lang, Speaks English Well (checked Yes), Admissions (0), ER Admissions (0), Lead Therapist (1), Youth Suspensions (0), Youth Runaways (0), *SERVICE FOCUS (dropdown).
- *RACE:** White, American Indian, Asian, African American, Hispanic, Pacific Islander, Other.
- Misc:** Special Ed, In School, Probation.
- Screening:** *MENTAL HEALTH (dropdown), *SUBSTANCE (dropdown), *TRAUMA (dropdown), Gambling (Not administered), Trauma Score (-1).
- Alerts:** Acquired Brain Injury, Alcohol/Substance Addiction, Dementia, Developmental Disability, Dual Diagnosis - AOD/DD, Dual Diagnosis - AOD/MH, Dual Diagnosis - MH/DD, Hearing Impairment, HIV-Positivity/AIDS, Homelessness, Case Management, Mental Disorder, New Immigrant, Physical Disability, Un-/Underemployment, Visual Impairment, Other Addiction, Unknown, CDC (dropdown).
- CDC Referrals:** *PRIMARY (dropdown), Agency NPI, *SECONDARY (dropdown), Agency NPI.
- Family ID, DOC # or DHS Case Number:** (text input).

Buttons at the bottom: OK, Spell Check, Cancel.

BASIC TAB REQUIRED INFO (underlined in the graphic above, *note they are in all-caps with asterisks*):

- Service Focus (for Insurance, Nopay and Selfpay, must be "Non ODMHSAS/OHCA Funded")
 - Race
 - All 3 Screenings (If Trauma is "Positive", a Trauma Score can be entered)
 - Primary and Secondary CDC referrals
- Click on the Residential Tab of the Txplan.

Basic **Residence** Diagnosis

*COUNTY OF RESIDENCE [] *RESIDENCE TYPE []

*LIVING SITUATION [] Residence ZIP []

Address

*NAME John Doe Phone 405-111-1234 View Map

*ADDRESS 123 First Street

*CITY Nowhere *STATE Oklahoma *ZIP CODE 71111

Misc

Chronic Homelessness Systems of Care ICF/MR Admit Date []

Custody

Incarcerated No County None Legal Status Voluntary admission

IH: Worker [] Phone [] Address []

DHS: Worker [] Phone [] Address []

OJA: Worker [] Phone [] Address []

DOC: Worker [] Phone [] Address []

Child Placement Not in Out-of-Home Placement Group Home Level 0

Foster Care Placement Date [] Therapeutic Multiple placements: 0

OK Spell Check Cancel

RESIDENCE TAB REQUIRED INFO (underlined in the graphic above):

- County of Residence
 - Living Situation
 - Residence Type
 - Address and Phone Number (which should be populated from Patient Information)
- Click on the Diagnosis tab of the Txplan.

The screenshot shows a software interface with three tabs: 'Basic', 'Residence', and 'Diagnosis'. The 'Diagnosis' tab is active. It contains several rows for 'Diagnosis 1' through 'Diagnosis 5', each with a text input field and a 'Search' button. Below these are 'Internal Use 1' and 'Internal Use 2' fields. A 'Medical Notes' text area is present. The 'Psychosocial Stressors' section includes dropdown menus for 'Primary Support Group', 'Social Relations', 'Legal', 'Occupational', 'Placement', 'Economic', 'Living Situation', and 'Health'. There are also 'HealthCare', 'Education', and 'Other' dropdowns. At the bottom, there are 'GAF Current' and 'GAF High' input fields, and a 'Principal Diagnosis' dropdown menu currently set to 'Diagnosis 1'. A large 'Historical Information' text area is at the bottom. At the very bottom, there are three buttons: 'OK' (highlighted with a green box), 'Spell Check', and 'Cancel'.

DIAGNOSIS TAB REQUIRED INFO (underlined in the graphic above):

- Primary Diagnosis only (only a place filler, this diagnosis will not appear on any documents).
- Click OK at the bottom of the screen.

(ALL) A PreAuth Request has now been created; it is located at the top of the Txplan Tab of the Chart.

(MEDICAID AND DMH ONLY) **This has created a CDC 21 in draft status.**

IMPORTANT: Check and make sure the effective date of the PreAuth is correct. If it needs to be changed (before submitting) an Admin should do the following:

- Double-click on the CDC21 line in draft
- Click the calendar button
- Choose the appropriate date & time
- Click set
- Click close

- Click Ok on the notification that indicates the txplan effective date will be changed to match the CDC Transdate
- Click Save
- Click Refresh chart

To submit to DMH, do the following:

- **Highlight the CDC21 line (SEE EXAMPLE BELOW)**
- **Click Submit (You should now see the status as Submitted)**
- **Click Refresh chart**
- **When you go back to the TxPlan tab you should see the CDC and PreAuth status**

Treatment Plans

Id	Request	MainPayor	Facility	Effective	Duration	Completed	Status
530269	PreAuth	OK MEDICAID		12/03/2016	3 Months	12/13/2016	Submitted

View Request View TxPlan Add Comment **Special CDCs**

Print Request Print TxPlan Print Request Summary Print TxPlan Summary

Draft TxPlan **Initial** Extension Modification Response Correction **Make PreAuth**

Treatment Plan Transactions

Id	TxPlan	Date	Type	Transaction	Status
534345	530269	12/03/2016 12:00 AM -06:00	CDC	21 - Contact	Draft

View Print Finalize **Submit** Add Comment Hold

SAVE Edit Patient **Refresh Chart** Open Chart Discard Changes

(Highlight)

Please note, as of January 1, 2017 all CDC21 requests should be submitted using the above process, if the CDC is left in draft status it will not be uploaded to DMH. When done correctly the status will be viewable immediately after refreshing the chart.

After the PreAuth has been approved, you may write PreAuth Progress Notes (this includes the Moderate Complexity Assessment and TxPlan)

PART B - Writing an Initial Treatment plan

- Click on the TxPlan tab of the chart.

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

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

BASIC - The Basic tab stores information about a patient such guardian information, screenings performed and other miscellaneous information (see graphic of the Basic Tab on page 4).

BASIC TAB REQUIRED INFO:

- Emergency Contact
- Emergency Phone Number
- Highest Grade (for children)
- Guardian Type (for children)
- Guardian Name
- Guardian Relation (children)
- Marital Status
- Preferred Language
- Treatment Years
- Military Status
- Service Focus (for Insurance, Nopay and Selfpay, must be "Non ODMHSAS/OHCA Funded")
- Race
- All 3 Screenings
- Primary and Secondary CDC referrals

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

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

DIAGNOSIS TAB REQUIRED INFO:

- Diagnosis 1 - **this is the only required diagnosis, all others are optional**
- Diagnosis 2
- Diagnosis 3
- Internal Use 1
- Internal Use 2
- Diagnosis 4
- Diagnosis 5
- Medical Notes

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

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

The screenshot shows the 'BasicCDC' tab selected in a software interface. The form contains the following sections and fields:

- Level of Care:** Dropdown menu.
- Pregnancy:** Is Pregnant, Due Date:
- Disability:** Disability1, Disability2, Disability3, Disability4 (all dropdown menus, currently set to 'None').
- Presenting Problems:** Primary, Secondary, Tertiary (all dropdown menus, currently set to 'NONE: Other - non-mental health problem').
- Drugs of Choice:** Primary, Secondary, Tertiary (each with dropdown for drug, route, frequency, and first age).
- Arrests:** Past 30 days or since admission, Past 12 months or since admission, Attended self-help/support 30 days (all numeric input fields).
- Financial:** Employment, Employment Type, Flags (SSI, SSDI, SED, SMI), Annual Income, Dependents/Contributors (all input fields).
- Sexual Assault:** SANE Exam, Police Report, Police Report Num, Protective Order (all input fields).
- Behavioral Questions:** Number of times tobacco used in a typical day, Days of restrictive placement in past 90 days, Incidents of self harm in past 90 days, Absences (NOT suspensions) from school, past 90 days, Days suspended from school in past 90 days, Days not permitted in day care in past 90 days (all numeric input fields).

At the bottom of the form are buttons for **OK**, **Spell Check**, and **Cancel**. Two checkboxes for 'N/A' are circled in red.

BASIC CDC TAB Minimum fields required:

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

ASI - The ASI tab stores ASI and TASI scores for the patient. (for Substance abuse patients only, you may skip the ASI tab for Mental Health patients)

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

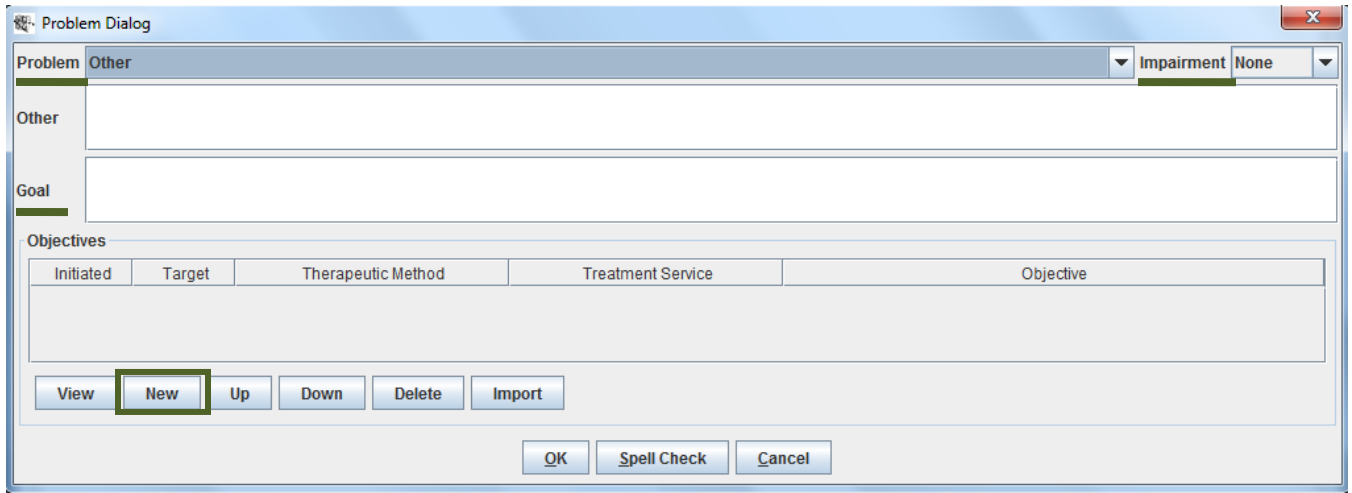
ADDENDUM - The Addendum tab stores miscellaneous information about the client including treatment preferences, strengths/abilities and discharge criteria (**all fields are required**).

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

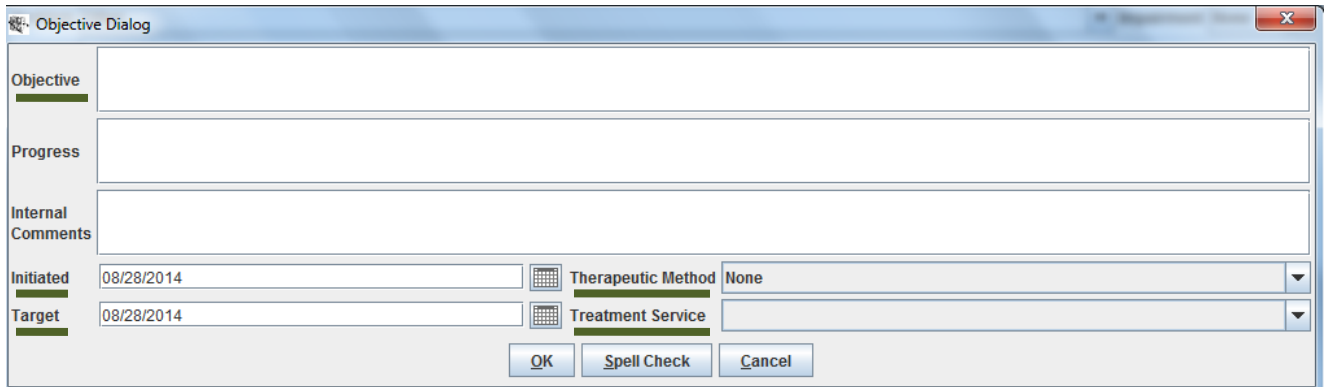
The screenshot shows a software window with a menu bar at the top containing the following tabs: Basic, Residence, Diagnosis, CAR, BasicCDC, ASI, Testing, Addendum, and Goals. The 'Goals' tab is currently selected. Below the menu bar, there are two large text input areas. The first is labeled 'Interpretive Summary' and the second is labeled 'Internal Comments'. Below these text areas is a table with three columns: 'Problem', 'Goal', and 'Impairment'. The table is currently empty. Below the table, there is a row of buttons: 'View', 'New', 'Up', 'Down', 'Delete', and 'Import'. The 'New' button is highlighted with a green box. At the bottom of the window, there are three buttons: 'OK', 'Spell Check', and 'Cancel'.

Follow these instructions for entering goals and objectives:

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



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



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

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

12. Click "OK"

REPEAT STEPS 1-11 FOR EACH NEW GOAL)

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

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

- If you are working in Draft TxPlan, this will bring you back to the Txplan tab. At which point, you should click the Initial button, which will bring up the TxPlan you just finished, where you should click OK.

-OR-

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

You should now be looking at the Request Window

The screenshot shows a software window titled "New PriorAuth for I". It features several sections:

- Form Fields:** Status (Proposed), Facility1, Facility2, Level (Level I), MainPayor, Duration (6 Months), Writer, Contact, Request (Initial), TxPlan Type (Mental Health), Reviewer, Submitted, Effective (08/28/2014 02:44 PM), Expires, Public Comments, Review Comments, System Comments (Request Created By: On 08/28/2014).
- Authorizations Table:** A table with columns: Id, Payor, Bundle, Service, Therapist, Pro..., Gra..., PA#, From, Through, Status, UW. The table is currently empty.
- Buttons:** 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**. 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.

Id	Payor	Bundle	Service	Therapist	Pro...	Gra...	PA#	From	Thro...	Stat...	UW
1076741			Psychological Testing MH (Child) 96102HE		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>
1076742			Psychotherapy MH - Family (Child Not Present) H0004HEHS		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>
1076743			Psychotherapy MH - Family (Child Present) H0004HEHR		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>
1076744			Psychotherapy MH - Individual (Child) H0004HE		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>
1076745			Targeted Case Management MH - SOC (Masters) T1016HETF		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>
1076746			Treatment Plan MH - Low Complexity (Child) H0032HETF		1			02/01/2...	08/0...	App...	<input checked="" type="checkbox"/>

Once you put in the service you want to authorize, the therapist who will be administering all or most of the time, the payor and the proposed number of units (MEDICAID: if you want Milan to maximize your units later chose "1"), click “OK” and either add additional authorizations or click “OK” again. (*Note regarding units:* Medicaid Units are generally 15 minute increments, and all other payors' units are hours).

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

NOTES ABOUT THE REQUEST: When selecting the service, if you have the option of selecting an Adult, Bachelors, or Masters level service, find out what level of service your credentials support and bill the highest service level you can.

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

Once you are satisfied, click the “Complete” button there on the TxPlans tab, click “SAVE”, and now your plan is ready to be printed with a clean signature page for your patient to sign.

*****Please note, the Complete date should match the signature page date (even if the signature page is not printed from Milan) *****

If you’re unable to obtain the signature(s) on day the treatment plan is completed then you can edit the Completed date (treatment plan has to be in Completed status) by doing the following:

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

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

- Highlight the completed treatment plan
- Click Submit
- Click Save
- Click Refresh chart
- **When you go back to the TxPlan tab you should see the CDC and PA status**

Please note, as of January 1, 2017 you will not see a draft CDC for Initial requests...when the chart is refreshed the status will be viewable immediately.

PART C– Finalizing a Treatment Plan (Admins)

Once your Initial is in "Preapproved" status you need to finalize it.

- Highlight the initial Request again at the top of the txplan tab
- Click "Finalize" button.
- Click “SAVE” at the bottom of the TxPlan tab.

If you would like us to turn off this feature please let us know...when we turn it off the CDC’s will automatically go to Final status.

PART D – Resubmitting CDCUWs (Admins)

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

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

PART E - Progress Notes

Now your providers may create and sign Progress Notes (for detailed information on writing progress notes see the *Writing Progress Notes* section of the Milan Help Manual).

When Progress Notes have been signed, Admins should Approve those notes for billing.

(MEDICAID and DMH PAYORS) All Progress Notes sitting in Approved status will be converted into Claims and billed on Tuesday morning. Please have all notes that need to be billed in Approved status by 12am (midnight) on Monday.

PART F – Treatment Plan Modifications- Here is the steps to modify a treatment plan in Milan:

Therapists do the following:

- Highlight Initial on TxPlan tab
- Click Modification
- Add goals and/or objectives with all treatment services you that want to request.
- Click “OK” at the bottom of TxPlan tab.

- On the new request highlight any services that you do not want (e.g. CADC or Telemedicine)--by holding down the Ctrl button and clicking each service individually.
- Assign a therapist to all remaining services by clicking the therapist box of each line item...leave the "Proposed" at "1". (Click OK at in each box, until all services have a therapist assigned)
- Click OK at the bottom of the Request
- When asked if you want to maximize units, click "YES" (*Note – in the event your authorizations are for multiple payors, the maximize box will appear once for each payor listed on the request*).
- Click "SAVE" at the bottom of the TxPlan tab
- Highlight Modification line and click "Complete".
- Click "SAVE" at the bottom of the TxPlan tab

Admins do the following:

- Highlight the Modification line and click the "Submit" button.
- Click SAVE at the bottom of the TxPlan tab.
- Highlight the Modification again and click PreApprove.
- On the Request: the Effective date should match all of the "From" dates of the services listed on the Request...the "Expires" date should match all of the "Through" dates of the services listed on the request. --BE SURE THESE DATES MATCH YOUR ORIGINAL REQUEST EFFECTIVE AND EXPIRES DATES...THIS IS YOUR LAST CHANCE TO CHANGE THEM...AND IF THEY ARE WRONG, MILAN WILL NOT BE ABLE TO ACCURATELY TELL YOU WHEN THE TXPLAN EXPIRES.
- Click "OK" at the bottom of the request.
- Click "SAVE" at the bottom of the TxPlan tab.
- Highlight the Modification one last time and click "Finalize".
- Click "SAVE" at the bottom of the TxPlan tab.
- Click "Refresh Chart" at the bottom of the TxPlan tab.
- When the Chart refreshes, click the TxPlan tab again.
- Highlight the CDC on the bottom of this page that says "Information update" and is in Hold status.
- Click the "Finalize" button that is just below the CDC section of this page.
- Click "SAVE".

PART G – Discharging Patients (Admins)

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

Therapists do the following:

- Go to the TXPLAN tab of the Patient's chart.
- Click on "DRAFT TXPLAN"
- Click on the Diagnosis tab.
- Click the CAR tab and change all car scores to the most recent scores (no need to change descriptors, just the scores).
- Click "OK" at the bottom of the screen.

Admins do the following:

- Click on the PATIENT tab
- Click EDIT PATIENT at the bottom of the screen.
- Under Patient Programs, choose a discharge reason on the appropriate program.
- On the same line, assign the discharge date.
- Click “OK” at the bottom of the screen
- **Click on the TxPlans tab**
- **Highlight the CDC at the bottom in Draft status**
- **Click Submit**
- **Click Refresh chart**
- **When you go back to the TxPlan tab you should see the CDC status**

Please note, as of January 1, 2017 all Discharges should be submitted using the above process, if the CDC is left in draft status it will not be uploaded to DMH. When done correctly the status will be viewable immediately after refreshing the chart.

PART H - Paid and Denied Claims (Admins)

Any *paid* items have been set to Final status...which then goes on the next payroll.

Any *denied* or *partial* payments will go to Userwait where you can **adjust** or **rebill**.

Rebill puts the claim back into Approved status. You should now make any changes necessary before the next billing cycle.

For more information on handling claims in UserWait see the UserWaits section of the Milan Help Manual.

PART I – Payroll (Admins)

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

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

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

Section II – Insurance, Selfpay and Nopay only

PART I - Preapproving a Treatment Plan

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

- Highlight the initial Request again at the top of the TxPlan tab
- Click "PreApprove"
- This will direct you back to the Request page
- Be sure the Effective and Expires dates fill in correctly. This will be your last chance to change them
- Manually adjust units if necessary to avoid going over unit usages
- Click "OK" at the bottom of the request.
- Click "SAVE" at the bottom of the TxPlan tab.

PART J – Manual Billing (Admins)

To Bill:

From the Cockpit:

- Reports: Claim Detail (hit clear)
- Patient: Choose the name of Patient you are billing for.
- Status: ANY
- Payor: ANY
- Click *Search*
- Highlight all Notes that are in Approved status that you want to bill
- Click *Post*
- Highlight all you want to bill again
- Click *Bill*
- From "Bill" you can highlight each claim separately and print a 1500 form.

To inform Milan of payment:

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