Milan Medical

Patient Handling A-Z

A Step-by-step guide for Behavioral Health Agencies

for Managed Care payors

Last Updated: January 30, 2026

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Part A - Entering Demographics (Admins)

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

Patient Information

First	Jane	Middle		Last	Doe	Maiden	

BirthDate 01/15/1974   SSN 444112233   Gender Female   FullChart Required

Provider OMHC   Record ID | Flags ☐ GENERIC ☐ OVERLAP ☐ DUPLICATE ☐ ALLOWREHAB ☐ LOCKUSAGE ☐ BLOCKNEWNOTES ☐ MANUALELIG

Comments [ ]   AltID [ ]   AltID Type [ ]

Patient Programs

Program	Discharge Reason	Admit Date	Discharge Date	Last Mo...
Gotham City MH	Not Discharged	01/01/1900	12/31/9999	Billups, Danyell

Patient Facilities

Facility	Effective	Expires
Gotham OMHC	01/01/1900	12/31/9999

Patient Therapists

Therapist	PA Role	Effective	Expires
Strange, Hugo	Both	01/01/1900	12/31/9999

Patient Payors

Payor	Effective	Expires	Priority	Payor ID	Referring NPI	Plan Name	
Aetna MCD	01/01/1900	12/31/9999	100	000011122			

PATIENT INFORMATION REQUIRED FIELDS

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

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Edit Patient Payor

Patient				
Payor	Aetna MCD	Copay	0	Percent 100
Relation	Self	First Name	Jane	Last Name Doe
Priority	200	Payor ID	000011122	
Account4		Effective	01/01/1900	Expires 12/31/9999

Notes about this form:

- o Choose the correct MCO payor
- o Relation -choose whether the patient is the primary insured or a dependent
- o First Name
- o Last Name
- o Priority (only required when there is more than one payor, if so "the higher number gets billed first")
- o Payor ID is the patient's Medicaid number
- o Effective/Expires dates (when checking eligibility, check for the entire current month – if coverage is good through the end of the month put the last day of the month in the Expires field
- o Insured and Other insured fields are only used when indicating a commercial insurance payor

When the Patient Payor form is complete:

- Click 'OK' at bottom of Payor window
- Click 'OK' at bottom of Patient window

THIS PATIENT SHOULD NOW APPEAR ON YOUR COCKPIT

Please note that Pre-Auth does not exist for Managed Care Payors. The Initial treatment plan will be the first "authorization" needed to write most progress notes; however, an Assessment Moderate Complexity note can be written if a diagnosis is added. To add only the diagnosis, do the following:

- Click on the TxPlans tab
- Click Draft TxPlans
- Go to the Diagnosis tab
- Enter the primary diagnosis
- Click OK
- Click Save

PART B - Writing an Initial Treatment plan

- Click on the TxPlans tab of the chart.

To create a patient's first treatment plan in Milan, either click the Initial button on the TxPlans tab in the patient's chart or click the Draft TxPlan button. You will notice they both pop up the same thing: the tabs of the treatment plan. But the difference is in what's next. By using the Draft TxPlan button you can add information a little at a time and save it without having to complete 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.

BASIC TAB REQUIRED INFO:

- o Emergency Contact
- o Emergency Phone Number
- o Highest Grade (for children)
- o Guardian Type (for children)
- o Guardian Name
- o Guardian Relation (children)
- o Marital Status
- o Preferred Language
- o Treatment Years
- o Military Status
- o Service Focus (must be "Non ODMHSAS/OHCA Funded" for MCO payors)
- o Race
- o Required Screenings: Mental Health, Substance, Trauma (if positive, a trauma score should be entered), Harmful Intent
- o ACE Score (for 18 and up)
- o Primary and Secondary CDC referrals

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Basic Information

Field	Value	Field	Value	Field	Value
Emergency Contact		Emergency Number		Highest Grade	0
Guardian Type		Guardian Name		Guardian Relation	
Marital Status		TX Years		Military Status	
Preferred Lang		Speaks English Well	☑ Yes		
Admissions	0	ER Admissions	0	Lead Therapist	
Youth Suspensions	0	Youth Runaways	0	*SERVICE FOCUS	

*RACE ☐ White ☐ American Indian ☐ Asian ☐ African American ☐ Hispanic ☐ Pacific Islander ☐ Other

Misc ☐ Special Ed ☐ In School ☐ Probation

Screening

Field	Value	Field	Value	Field	Value
*MENTAL HEALTH		*SUBSTANCE		*TRAUMA		Gambling	Not administered
Trauma Score	-1	ACE Score	-1	*HARMFUL INTENT	

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

CDC Referrals

Field	Value	Field	Value
*PRIMARY	None	Agency NPI	
*SECONDARY	None	Agency NPI	

Family ID, DOC # or DHS Case Number

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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.

| *COUNTY OF RESIDENCE | OK - Atoka | | *RESIDENCE TYPE | Permanent housing |
| *LIVING SITUATION | With family/relatives | | *RESIDENCE ZIP | 73111 |

Address

*NAME	Jane Doe	Phone	405-444-1234	View Map
*ADDRESS	123 Sesame Street			
*CITY	Oklahoma City		*STATE	Oklahoma	*ZIP CODE	73111
Email				

Guardian name:

Misc

☐ Chronic Homelessness   ☐ Systems of Care   ☐ ICF/IID   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]

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

DIAGNOSIS TAB REQUIRED INFO:

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

Diagnosis 1	Z71.9	Search	Counseling, unspecified	
Diagnosis 2		Search		
Diagnosis 3		Search		
Internal Use 1		Search		
Internal Use 2		Search		
Diagnosis 4		Search		
Diagnosis 5		Search		

Medical Notes asthma

Psychosocial Stressors

Primary Support Group	None	Social Relations	Moderate	Legal	None	Occupational	None
Placement	None	Economic	None	Living Situation	None	Health	None
HealthCare	None	Education	None	Other	None	

| GAF Current | UK | GAF High | UK | Principal Diagnosis | Diagnosis 1 |

Historical Information

.HISTORICAL INFORMATION

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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. **ALL TEXT FIELDS AND ALL CAR SCORE FIELDS ARE REQUIRED**

Feelings/Mood/Affect

Problem areas: ☐ Mood lability ☐ Coping skills ☐ Suicidal/homicidal ideation/plan ☐ Depression ☐ Anger ☐ Anxiety ☐ Euphoria   Score [25]
☐ Change in appetite/sleep patterns

Thinking/Mental Process

Oriented x [0] MMSE Score [0] IQ Score [0]   Score [25]

Problem areas: ☐ Memory ☐ Cognitive process ☐ Concentration ☐ Judgement ☐ Obsessions ☐ Delusions/hallucinations ☐ Belief system
☐ Learning disabilities ☐ Impulse control

Substance Use

Score [10]

Drug	Dose	Frequency	First Use	Last Use	Admin Route

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

Medical/Physical

Current condition   Score [10]

Impact

Medications

Drug	Dose	Frequency	Reason

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

Family

Resides with [Biological ▼] [_____]   Score [25 ⬍]

Problem areas: ☐ Parenting ☐ Conflict ☐ Abuse/violence ☐ Communication ☐ Marital ☐ Sibling ☐ Parent/child

Interpersonal

Problem areas: ☐ Peers/friends ☐ Social interaction ☐ Withdrawal ☐ Make/keep friends ☐ Conflict   Score [25 ⬍]

Role Performance

Role [Employment/Volunteer ▼] [_____]   Score [25 ⬍]
Effectiveness of functioning in identified role

Evidenced by

Socio-Legal

Problem areas: ☐ Ability to follow rules/laws ☐ Authority issues ☐ Legal issues ☐ Aggression ☐ Probation/parole   Score [25 ⬍]
☐ Abides by personal ethical/moral value system ☐ Antisocial behaviours

Self-Care/Basic Needs

Problem areas: ☐ Hygiene ☐ Food ☐ Clothing ☐ Shelter ☐ Medical/dental needs ☐ Transportation   Score [25 ⬍]

Communication

☐ ESL ☐ Hearing impaired ☐ Non-verbal ☐ Uses interpreter ☐ Signs ☐ Uses mechanical device ☐ Speech impaired ☐ Fluency

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For further assistance go to www.milanmedical.com and click on the More menu, then Training to watch our video tutorials. We can also be reached by phone at 405-445-5890 or via email at support@milanmedical.com.

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BASIC CDC - The BasicCDC tab stores additional patient information needed.

BASIC CDC TAB Minimum fields required:

- o Level of Care
- o Primary Presenting Problem
- o Pregnancy (choose from drop-down list for female patients)
- o Drugs of Choice (required for substance abuse treatment plans)
- o Employment
- o Employment Type
- o Income
- o 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)
- o Protective Order
- o *NOTE: Days suspended N/A and Absences N/A should be UN-CHECKED if the treatment plan is for a minor.*

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

ASI (Substance Abuse)		TASI: Under 18	
Medical		Chemical	
Employ/Support		School	
Alcohol Use		Emp/Sup	
Drug Use		Family	
Legal Status		Peer/Soc	
Family/Social Rel		Legal	
Psychiatric Status		Psychiatric	

Stage of Change [▼]

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

Treatment History

Reason

Goals Affected

Description

Estimated Testing Hours [0] Performed By [*ANY*, *ANY* ▼]

[OK] [Spell Check] [Cancel]

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ADDENDUM - The Addendum tab stores miscellaneous information about the patient including treatment preferences, strengths/abilities and discharge criteria (**ALL FIELDS ARE REQUIRED**).

Community Integration

Caregiver Resources

Client Strengths

Client Abilities

Client Liabilities

Client Needs

School Collaboration

Community Service Referrals

Client Preferences for Treatment

Gains Achieved

Discharge Criteria

Discharge AfterCare

Client Rights Updated | 11/14/2023 | 📅 | Estimated Discharge | 11/13/2024 | 📅 | Post Discharge Contact | Yes ▼

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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.

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 TREAMTENT 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"

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REPEAT STEPS 1-11 FOR EACH NEW GOAL)

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

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

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

-OR-

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

You should now be looking at the Request Window

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.

IMPORTANT: for Managed Care payors, the Level field MUST be changed to a Managed Care level. For example, if Milan chooses Level 3 based on the CAR scores, click the drop-down menu and choose Managed Care 3.

Also, remember to change the Effective Date – Milan will automatically display the day you're writing it and current time. Once the top portion is filled out, authorizations should automatically appear. You should delete any authorizations that don't make sense, (including any OK Medicaid authorizations since Managed Care will be the main payor) 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.

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.

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 (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 and Managed Care Units are generally 15-minute increments, and all other payors' units are in hours).

Authorizations

Id	Payor	Bundle	Service	Therapist	Propo...	Grant...	PA#	From	Thro...	Status	UW
4452107	Humana MCD	MCE01	Psychotherapy MH - Individual (Adult) H0004HE	Crane, Jonathan	51	0				Requ...	✔
4452109	Humana MCD	MCE01	Psychotherapy MH - Individual Telemedicine (Adult) H0004HEGT	Crane, Jonathan	50	0				Requ...	✔
4452110	Humana MCD	MCE01	Treatment Plan MH - Low Complexity (Adult) H0032HETF	Crane, Jonathan	1	0				Requ...	✔

Once you click "OK", 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".

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

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

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

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

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An admin should do the following to finalize the request:

- Highlight the completed treatment plan
- Click PreApprove
- Click OK on the Request page
- Click Save
- Highlight the PreApproved Treatment Plan
- Click Finalize
- Click Save

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

Therapists do the following:

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

Admins do the following:

- Highlight the Modification 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 TxPlans tab
- Highlight the Modification again and click "Finalize"
- Click "SAVE" at the bottom of the TxPlans tab
- Click "Refresh Chart" at the bottom of the TxPlans tab

PART E - Progress Notes

Clinicians may now create and sign Progress Notes.

When progress notes have been signed, an Admin should Approve those notes for billing.

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

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PART F – Discharging Patients

Although there is no discharge CDC to submit the primary clinician should still update the treatment plan with any final scores and progress if applicable. Milan automatically takes this information from what is in the "Draft TxPlan". The following procedures should be followed:

Therapists do the following:

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

Admins do the following:

- Click Edit Patient at the bottom of the screen.
- Click Edit in the Patient Program section
- Choose the appropriate discharge reason and discharge date, then click OK
- Click SAVE and Refresh Chart

When you go back to the Cockpit the patient's name should not be visible. (To view the discharged client, click the View All button)

PART G - Paid and Denied Claims

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

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

Any claim that has a 0 amount in the PAID column has been denied and should be researched *in Availity* to determine if it can be sent back to the payor for reconsideration. To begin researching a denied claim double-click the claim and double-click the bottom line of the Claim Item window. If the

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claim adjustment reason(s) are not there or they do not make sense contact the payor's call center or Milan support for assistance.

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

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

PART H – Payroll Instructions for posting Payroll – (if you are using Milan's payroll function)

The Electronic remittance advice (RA) is relied upon to reconcile claims in Milan for most providers. The RA tells Milan whether a claim Paid, Denied or Partially paid. It is important to establish electronic remits because MCO payors do not currently provide a claim status report. Having said that - If you're just getting started with MCO payors there will likely be a gap between requesting RA's and Milan beginning to receive them. Here are the payroll steps for both instances.

Option A – if electronic remittance advices (RA's) are being received for the MCO payor, do the following:

- Adjust any pending amounts that are not being rebilled (the note will go to Final status)
- Click "Actions", scroll down and select 'Post Payroll'
- When the Post Payroll dialog box appears set the 'End Date'.
- Highlight all therapist names that you want to print timesheets for and click the "Timesheets" button

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

Option B – if electronic remittance advices (RA's) are not currently being sent by the payor, AND claims have been processed and paid or partially paid by the payor, do the following

- Open the Billed report on the cockpit
- Highlight each claim individually
  - o choose Paid for fully paid items
  - o choose Partial for partially paid items and type the actual paid amount (these will go to Userwait)
- Open the Userwait report and Adjust any pending amounts that are not being rebilled

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Without a remit, the notes will appear to go to Final status, but they are going to a Promised status and will wait on confirmation from the RA. Because there is no RA for us to process, we have come up with a method to easily add Paid events to your manually Promised MCO payor services, but YOU will need to run a report for us in Milan and send us a list of very specific ID numbers. Here is what you need to do:

1. Once you have used the Paid/Partial buttons on your Billed claim items, and the claims/items/services are in "Final" status, go to Reports at the top of the window and click on the Claim Item Result report.
2. Click the Clear button on the left side of the window near the top, then on the far right select your Payor (one of the MCO payors), then click Search.

3. Looking at the right half of the results, we need each of those "ResultID" numbers that start with '22' – but ONLY the ones that have the 'Type' as 'Payor'. These results would need to be emailed to us. For example, on the screenshot above, you would email us this (separated by commas, no spaces):
4346407,24346447,24346420,24346392,24346394,24346444,24346416,24346431,24346428
4. Once you email those to us, it will only take us a few minutes to add the Paid events to those services, then the next time you post Payroll these claims will appear on the timesheets.
5. See Option A for instructions on posting payroll

When we start to receive RA's for the MCO payor you will no longer need to do this process, Yay!

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