

Milan Medical

Patient Handling A-Z

A Step-by-step guide for LBHPs

Section I – All Payors

Entering Demographics

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

Patient Information

First: KATELYN Middle: BRUCE Last: SHELTON Maiden: Suffix: NONE
BirthDate: 11/01/1999 SSN: 276493 Gender: Female FullChart: Required Milan ID: 168406
Provider: 4074 Record ID: Flags: GENERIC OVERLAP DUPLICATE
Comments: AltID: AltID Type:

Patient Programs

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

Patient Facilities

Facility	Effective	Expires
ARMS	03/05/2012	12/31/9999

Patient Therapists

Therapist	PA Role	Effective	Expires
BARN	QA	01/01/1900	12/31/9999
GILB	Review	01/01/1900	08/23/2012
PETE	Review	03/05/2012	12/31/9999
WALL	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			

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 or QA or Both (if more than one therapist is added for a patient the PA role should be none).

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

The screenshot shows a software window titled "Edit Patient Payor". It contains several sections of input fields. The "Patient" section has dropdowns for "Payor" (set to "NOPAY") and "Relation" (set to "Self"), along with text boxes for "First Name" (containing "K") and "Last Name" (containing "S"). There are also fields for "Priority" (100), "Payor ID", "Referring NPI", "Account4", "Effective" date (01/01/1900), and "Expires" date (12/31/9999). The "Insured" section has fields for "Phone", "First Name", "Last Name", "Plan Name", "Employer", "Group Name", "Address", "City", "State", "ZIP", and "DOB". The "Other Insured" section has fields for "Other Plan" (set to "No"), "First Name", "Last Name", "Plan Name", "Employer", "Group Name", and "DOB". At the bottom of the window are "OK" and "Cancel" buttons.

EDIT PATIENT PAYOR REQUIRED FIELDS:

- Choose the correct payor
- Copay – if applicable. Medicaid copay should be \$3 for adults only.
- Relation -choose whether the patient is the primary insured or a dependant
- First Name
- Last Name
- Priority (only required when there is more than one payor, if so “the higher number gets billed first”)
- Payor ID (the patient’s Medicaid number or insurance policy number)
- Effective Expires dates (auto-filled for Medicaid patients)
- Insured and Other insured fields are only used when indicating 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 - 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 a treatment plan and request in one sitting. The Initial button is for when you have 30-45 minutes to knock out the whole plan at once because in this mode you cannot exit the plan and save your data unless you have finished both the treatment plan and request. Also, if you have worked on and completed your plan using Draft TxPlan, and now you are ready to do the request, the Initial button brings up the plan for you to look over, and then pops up the request window where you formulate your authorization request. We recommend working on and completing your plan in Draft TxPlan mode, then clicking Initial, reviewing what you've done, and formulating your request.

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

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

BASIC TAB REQUIRED INFO:

- Emergency Contact
- Emergency Phone Number
- Highest Grade (for children)
- Guardian Type (for children)
- Guardian Name
- Guardian Relation (children)
- Marital Status
- Treatment Years
- Military Status
- 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:

- Axis Ia Primary Diagnosis
- Axis II Primary Diagnosis
- Axis III (something must be entered here, even if N/A)
- Axis IV – at least one slider must be changed
- Axis V GAF current score
- Axis V GAF high score

CAR - The biggest tab on the treatment plan is the CAR scores tab. As you're filling it out, we recommend doing the numeric Score values first and the descriptor text boxes second. This way when you save (which you should be doing often), Milan is less likely to complain about the tab being incomplete.

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

BASIC CDC TAB 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

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.

Follow these instructions for entering goals and objectives:

1. Click "New"
2. Enter the Problem
3. Enter Goal (you have just created your first goal)
4. Click "New"

5. Enter objective (NOTE: DO NOT ENTER MULTIPLE OBJECTIVES IN ONE BOX)
6. Enter initiated date
7. Enter target date
8. Enter Therapeutic Method (if necessary)
9. 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)
10. Click "OK" (you have just created your first objective)

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

11. 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

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.

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:** For LBPH's units of service will equal one session and Medicaid allows 8 sessions per month. Your sessions can range from 15 minutes to 60 or more minutes per session.

(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 your units, click "No".

NOTES ABOUT THE REQUEST: When you fill out your treatment plan request, the Level should always read Private Practice, and your units should equal 48 (8 units for 6 months).

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.

You should now click the Submit button to create a CDC to be sent to ODMHSAS tonight. **ALL MEDICAID BILLING: YOU SHOULD NOW WAIT FOR ODMHSAS TO RESPOND TO YOUR CDC.**

PART B – Progress Notes

You may now create and sign Progress Notes.

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

(MEDICAID and DMH PAYORS) All Progress Notes sitting in Approved status will be converted into Claims and billed on Tuesday evening. Please have all notes that need to be billed in Approved status by 5pm on Tuesday afternoon.

PART C – Finalizing a Treatment Plan

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.

PART D – Treatment Plan Modifications

Here are the steps to modify a treatment plan in Milan:

- Highlight Initial on TxPlan tab
- Click Modification
- Add goals and/or objectives with all txservices you want to request.
- Click “OK” at the bottom of TxPlan tab.
- On the new request highlight any services that you do not want --by holding down the Ctrl button and clicking each service individually.
- Assign a therapist (probably yourself) 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” (both times--this box appears for both payers in 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
- Highlight the Modification line again and click the Upload 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 EXIPRES 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 Draft status.
- Click the "Finalize" button that is just below the CDC section of this page.
- Click "SAVE".

PART E – Discharging Patients

When discharging a client, the discharge CDC asks for the most recent CAR scores and GAF scores. Milan automatically takes this information from what is in the "DRAFT TXPLAN" button on the TXPLAN TAB of the patient chart. So, when discharging clients, follow the following procedures:

- Go to the TXPLAN tab of the Patient's chart.
- Click on "DRAFT TXPLAN"
- Click on the Diagnosis tab.
- Change the GAF CURRENT and GAF HIGH Scores to the most recent score.
- 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.
- 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.

That's it...you've discharged your patient and the discharge CDC will be sent that evening.

PART F- Paid and Denied Claims

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.

PART G – Payroll

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

- Click “Actions”, scroll down and select ‘Post Payroll’
- When the Post Payroll dialog box appears set the ‘End Date’. (Since 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 H - 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 these dates.
- Click "OK" at the bottom of the request.
- Click "'SAVE'" at the bottom of the TxPlan tab.

PART I – Manual Billing

To Bill:

From the Cockpit:

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