

Getting Started

There are a series of items that have to do with the basic structure of the agency that must be defined before clients can be enrolled and activities entered within the IMA Workbench. These are programs, staff, and activity codes. The following sections describe how to set up each of these.

Programs

Program codes are necessary for both the clinical and billing processes in the IMA Workbench. Programs represent the different treatment programs in which a client may receive services. Clients can be enrolled in different treatment programs within the agency either simultaneously or consecutively. Each of these program enrollments will have a separate intake date and other information specific to that episode of treatment. These programs are defined in **H-13** by the following fields.

1. **Program Code:** a two letter code used to identify the program
2. **Description:** the full program name
3. **Unit:** Assigns the program to a unit for statistical reporting to OMH and OASAS as defined in table **UNIT**.
4. **Area:** an area grouping for statistical reporting as defined in table **PGAREA**.
5. **Data Type:** Each program can collect specific data during intake. The system has thirteen pre-defined data screens for programs, each having a specific group of demographic information collected. This choice of data types is displayed when the <hlp> key is pressed.
6. **Associated Screening Program:** This connects a program with an associated screening program, if applicable. The associated screening program must be already defined in **H-13** and designated as a screening program at the '**Data type:**' field.
7. **Location:** The default Medicaid locator code for activities performed in this program, as defined in table **LOCSEN**.
8. **Organization Type:** Every program is grouped for assessment and treatment plan definitions by being assigned a type. These types are defined in table **PRGORG**.
9. **Tickler Type:** Groups programs for tickler definitions as defined in table **TCKTYP**.

10. **Diagnosis Type:** This feature allows a specific diagnosis or diagnoses to be excluded from being billed by this program. This field is a cross-reference with the **DSM** table field '**Medicaid exclusion groups:**'.

The program definition and **DSM** table cross-reference for diagnoses that **cannot** be billed to Medicaid. Any program that is then assigned to the excluded group will not be able to bill that diagnosis. This entry is a number and configuration relies on binary logic, so combinations of excluded diagnoses may be grouped according to each program's needs. This is a required field and should be defined as "0" if no Medicaid exclusion groups apply.

For the **DSM** table, the supported entries are numbers 0, 1, 2, 4, 8, 16, 32 and 64. Additional sequences are available with set-up by IMA staff. For a description of the DSM definitions, see "**Error! Reference source not found.**" in the Registration section of this guide on page **Error! Bookmark not defined.** The program definition at '**Diagnosis type:**' may be one of these numbers or a combination of these numbers, to reflect multiple Medicaid exclusion groups.

Example: One **DSM** table code or group of codes may be excluded for Program A. Another **DSM** table code or group of codes may be excluded for Program B. Program C may be excluded from billing all those excluded for both Programs A and B. This can be accomplished with the following designations:

- Program A, an Alcohol Abuse/Dependence program type, will be defined with diagnosis type "2", as would those corresponding diagnoses codes.
 - Program B, a Substance Abuse/Dependence program type, will be defined with diagnosis type "3" as would those corresponding diagnoses codes.
 - Program C, a Child treatment program type, will be defined with diagnosis type "5", indicating the combination of both type 2 and type 3 diagnosis codes above.
11. **Type of COPS:** This defines whether COPS applies to this program. The possible field entries are:
- N - no COPS or CSP
 - 1 – COPS 1
 - 2 – COPS 2
 - 3 – CSP
 - 4 – CSP and COPS 1
 - 5 – CSP and COPS 2
6. **Facility code:** The number assigned by OASAS and only applicable to Chemical Dependency Treatment Agencies. This may also reflect a code assigned by OMH for residential services programs only, as well.
7. **PRU Number:** The number assigned by OASAS and only applicable to Chemical Dependency Treatment Agencies.
8. **G/L Index:** An optional 2 character code for use with the G/L system. It identifies to which ledger account bills are posted.

9. **Activity Type:** Designates which activity codes are applicable to this program. This field cross-references with the '**Program type:**' field in the activity code definitions in **H-8**. Matching entries in these corresponding fields limit the activities available for selection within the similarly coded program(s). An entry of "???" designates all activities and this field should initially be defined as such.
10. **CDT program?:** Yes if this is a CDT type program, No if not.
11. **Article 16 program?:** Yes if this is an Article 16 type program, No if not.
12. **Residential program?:** Yes if this is a residential type program, No if not.
13. **Zip code:** the zip code of the residence
14. **County:** the county of the residence from table **CENSUS**
15. **Residence type:** type of residence as defined in table **RESTYP**
16. **Residential MD billing type?:** type of Medicaid residential billing
 - 1 – Restorative services
 - 2 – Per-diem
 - 3 – No MD billing

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                                IMA Mental Health - Development Area  Option:H13-SH
                                Program definitions
Program:AA
Description:Atlantic Avenue
Unit:RES                               Location:03
Area:2                                 Organization type:RE
Data type:RS                            Tickler type:OTH
Associated screening program:            Diagnosis type: 1
Type of COPS/CSP(1-5.W):1              PRU number:
Facility code:                          Activity type:RE
G/L index:01
CDT program?Y                           Article 16 program?N
Residential program?Y                   Zip code:00000
County:01                               Residence type:SRD
Residential MD billing type?1

Program:█                               2 men ext hlp  req

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Program definition screen at H-13

Staff Definitions

While the previously described three levels of set-up is sufficient to add individuals as system operators with the ability to access permitted menus and options, an additional system designation may be added for some users. This additional designation is a staff definition, accomplished in **H-7**. The staff designation within the Workbench attaches an individual calendar for the on-line schedule, adds the ability for productivity to be tracked and reported and provides additional staff data from which ad-hoc reports can be generated.

All clinical personnel must be defined as staff within the Workbench. This will permit clients to be assigned them, as staff, in the client and program records.

Additionally, license or certificate numbers and expirations may be tracked and reported on, among other data, within the ad-hoc option at **G-20**.

The additional information collected on staff is included on three data screens. Some tables will also require agency customization. The following fields are required and constitute the minimal data needed for defining staff.

1. Last and first name
2. Sex
3. Date of appointment
4. Medicare provider type and date - **<hlp>** available for system defined choices
5. Private Insurance (PI) provider type and date - **<hlp>** available for agency defined table (**PIPROV**)

Additional data can be populated for staff, but is not required.

- Social Security number
- Date of birth
- Ethnicity - agency defined table **ETHNIC**
- Team – agency defined table **TEAM**
- Date of termination
- Staff classification – agency defined table **STFCLS**
- Supervisor – from list of defined staff in **H-7**
- Charge account – from list of general ledger accounts
- Salary
- Budget
- Line item
- Location – agency defined table **SCHLOC**
- Type of staff – agency defined table **STFTYP**
- Degrees – agency defined table **DEGREE**
- Internship
- Other certificates – agency defined table **CERTIF**
- Special skills – agency defined table **SKILL**
- Languages – agency defined table **LANG**
- Curriculum vitae and date
- References
- Proof of residency
- Medicaid provider type – agency defined table **MDTYPE**
- Primary license, number and expiration date – agency defined table **LICENS**
- ECFMC certificate number

- Board certificate number
- DEA number
- MC billing PIN
- MC personal PIN
- MC UPIN
- MD MMIS number
- Calendar memo – free from text memo that is displayed whenever the designated staff member's calendar is presented for editing or lookup

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                IMA Mental Health - Development Area  Option:H7 -SH
                Staff members

Staff member:MS
Last name:Samel           : First:Michael           Sex:M
      S/S #:123456789      : OOB:05011954         Ethnic:1

Assignment:
Date of appointment:01011990      Team:AF      Date of termination:
Staff classification:1      Supervisor:      Charge account: 199-9
      Salary: 0      Budget: 0      Line item:1
      Location:

Credentials:
Type of staff:W      Degrees:U
Internship:Y      Other certificates:U
Special skills:PF      Languages:A 0
Curriculum vitae:Y      CV date:01011990
References:Y      Proof of residency:Y

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Page 1 of staff definition at H-7

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                IMA Mental Health - Development Area  Option:H7 -SH
                Staff members

Staff member:MS  Michael      Samel

Certification:
Medicaid provider type:A1
Medicare prov. type:1      Date:01011990
      :
      P.I. prov. type:1      Date:01011990
      :

Licenses, ID numbers:
Primary license:ST  License #:11-22222      Expires:01011990
License #2:      License #:      Expires:
License #3:      License #:      Expires:
ECFMC cert. #:      Board cert. #:      DEA #:
MC billing PIN:1      MC personal PIN:      MC UPIN:
MD MMIS #:

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Page 2 of staff definition at H-7

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IMA Mental Health - Development Area Option:H7 -SH
Staff Members
Staff member:MS Michael Samel

Calendar MEMO
This is the calendar MEMO
text for staff member MS.

This MEMO will be
presented whenever this
staff member's calendar is
presented for editing or
lookup from the pop-up
menu, A-4 or D-2.

Staff member: ■
3 men ext hlp req

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Page 3 of the staff definition screen at H-7

Activity Codes

Activity codes are used throughout the IMA Workbench in both the clinical and billing applications. In **H-8**, for each service that the agency provides, the following fields need to be defined.

1. **Activity Code:** a 3 digit code used to identify the activity
2. **Description:** full name for the activity
3. **Medicaid rate code:** The code used by Medicaid for the rate for this type of service. If Medicaid does not reimburse for this service, enter "NO-PAY".
4. **Medicare rate code:** The code used by Medicare for the rate for this type of service. If Medicare does not reimburse for this service, enter "NO-PAY".
5. **Other insurance code:** The CPT code(s) used by private insurance companies for this activity. There are two lines to enter two different codes, if necessary. Some insurance companies may require that a special (non-standard) code be used for some types of activities.

In insurance company definitions in **H-9** this code is referenced in the '**Rate code in activity to use:**' field. This references the line number (either 3 or 4) of the designated code from the activity definition. Line 4 is also used as the revenue code for printing the UB-92 forms.

6. **Medicaid payment:** The standard Medicaid reimbursement amount expected for this activity. If reimbursement differs by location, it can be defined in **C-23**.
7. **Suffix:** a code used when reporting to Medicare only
8. **Procedure code:** The ICD-9-CM procedure code, required for Medicaid billing.
9. **Billing required?:** Designates if the service is billable or not billable.
10. **Program type:** Designates which programs are applicable to this activity code. This field cross-references with the '**Activity type:**' field

in the program definitions in **H-13**. Matching entries in these corresponding fields limit the activities available for selection within the similarly coded program(s). An entry of "???" designates all programs and this field should initially be defined as such.

11. **Activity group:** Activity codes can be grouped together for reporting and look-up. The groupings are defined in table **ACTGRP**.
12. **Visits:** This defines the number of corresponding managed care visits that this service represents. The customary entry is "1".
13. **Allowed visits:** This is for managed care. A specific range of visits when this activity is allowed can be specified. Accept the defaults of "0" and "-1" to start.
14. **Regular, Crisis, Brief, Collateral, Group, No-show:** These are Yes/No entries and are used for Medicaid billing and productivity statistics.
15. **Activity duration:** the agency standard length of this activity in hours and/or minutes
16. **Weight:** used for tracking staff productivity

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                                IMA Mental Health - Development Area  Option:HB -SH
                                Activity Codes

Activity code:001
Description:Regular clinic visit

Medicaid rate code:4301           Medicaid payment: 64.00
Medicare rate code:90006         Suffix:
Other Insurance code:90044       ICD-9-CM procedure code:9412
                                :90044
Billing required?Y               Program type:??
Activity group:REG               Allowed visit - start: 0 / end:-1
Visits:1.00

Type of activity:
Regular?Y Crisis?N Brief?N Collateral?N Group?N No show?Y

Activity duration:1:30           Weight:0.35

Activity code:■                 3 men ext hlp req

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Activity definition screen in H-8