

# The IMA Desktop Implementation Guide

## Client Registration

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### Introduction

The database of agency clients is one of the most widely used (and therefore, important) assets maintained with the IMA Desktop. The process of enrollment and registration can be done by anybody at the agency: receptionists, intake workers, or clinicians. To start, the list of existing clients with all their demographics and details, is entered into the IMA Desktop. After the existing clients have been set up, it becomes an ongoing job to update the system with current information. As new clients register, old clients terminate, and existing clients receive services, these events have to be recorded.

If this list is already on another computer system, it might be possible to import some of the information electronically. Please contact an IMA representative for details about the practicality and cost of this.

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### Prerequisites: Tasks to Complete Before Starting

In order to take advantage of the IMA Desktop client registration process, basic descriptions of agency programs and the agency profile have been collected and entered into the system. The Agency Profile section of the Implementation Manual includes an Appendix, an Excel Spreadsheet that can be used to assemble this information. The following checklist will help make certain that all of the necessary information has been provided.

- The Name of the agency and the address of the primary location
- Other locations
- All of the programs operated by the agency
- All of the services and groups provided by the agency
- A basic schedule of these services and groups
- All of the staff activities that account for time & productivity to capture
- All of the people who will have access to the system and their roles
- Staff / service provider billing information for Medicaid, Medicare and Private Insurance
- Agency Medicaid information: Provider ID, locator code, rate codes, rates for specific services
- Agency Medicare billing information: Provider ID, CPT codes, Rates
- Every private insurance company and managed care company the agency deals with, including their billing addresses, the CPT codes billed, and the rates negotiated or expected for each service:
- All of the necessary regulatory reports that must be completed with applicable due dates (example: OMH LS3 or OASAS PAS 44 & 45, 46, 48)

**Attachments:** copies of the following materials

- A Medicaid Remittance form currently in use.
- Agency staff and their credentials (MD, Ph.D., MSW, etc.)
- An encounter form and/or front desk receipt.
- A copy of each of the data collection forms and assessments
- A list of clients including their last name, first name, date of birth, sex, program enrollment, primary clinician, and enrollment dates

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More Tasks before starting:

### System Tables

To help fill in the client registration screens, the lookup tables for several important fields must be defined:

*ETHNIC* – ethnicity codes

*REFSRC* – referral sources, the persons or places that are referring the client to the agency

*CENSUS* – county of residence, for census tracking

*MUNCIP* – cities that clients are from

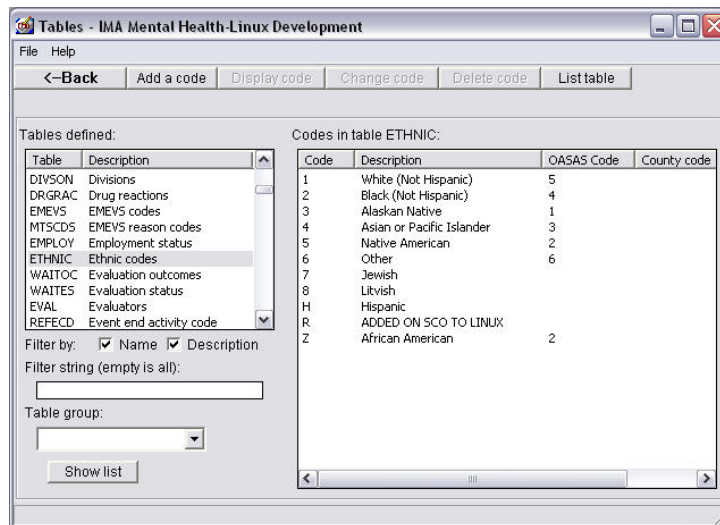
*PSYCH* – psychiatrists or referring physicians

*FEESCH* – fee schedules

*FINSUM* – income sources (wages, SSI, etc.)

*SRCREM* – reimbursement sources (self, Medicaid, insurance, etc.)

| [-] SYSTEM ADMINISTRATION  
|     [-] System Tables  
|         →Table Maintenance



### Stored Client Information:

The standard IMA registration screens can be used to collect basic data. If more detailed information is gathered on any agency intake forms, the IMA Desktop can be adapted to handle virtually any requirement, and the layout of the registration screens can be customized fully to match agency needs.

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### **IMA Databases:**

The IMA computer system uses 'databases' to store information. Each registration screen displays selected data fields from the databases. They can be filled and later reviewed or changed according to client information. The client registration screens of the IMA Desktop are based on three databases that hold most of the information that will be entered:

**Client** – name, basic demographics such as address, date of birth, etc.

**Program** – enrollment information for each program the client attends

**Billing Header** – the client's fee schedule, ID's, and reimbursement data

These databases include the most common data fields used by most agencies, as well as several customizable fields. When very extensive customization is required, with a large number of new data fields, a **Custom** database can be added. Important items about each client will be collected, stored for agency use, and presented clearly on the client registration screens.

### **Basic Information**

Certain essential information is needed for each client:

**Last and First Name**

**Date of Birth**

**Gender**

**Program Enrollment**

**Admission Date**

**Assigned Staff**

And, to perform billing functions, there is a minimum required set of information:

**Payers and their sequential order**

**Primary Diagnosis**

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### Helpful Features

#### **Client Numbers**

In the IMA Desktop, clients are each given unique sequential numbers. The system automatically assigns the next available number when registering a client. Alternatively, numbers can be assigned manually.

#### **Data Lists**

IMA can recall lists to fill in common fields of information. The lists may be accessed when a field has an arrow button next to it that allows viewing of a drop-down lookup table. Hover the mouse pointer over the field in order to activate a pop-up window of the table name.

Some of the lookup tables come from the agency's specific definitions. Others, such as Billing Order or Gender codes, are predefined. Tables guarantee that the data is consistent from client to client, allowing for accurate sorting and selecting. For example, the "City" table would contain "Brooklyn", not "Bklyn", "Bkln."

#### **Bold = a Required Field**

If information is essential, a field name will be shown in **bold** letters. Information must be entered in these required fields before being allowed to move forward from a particular screen.

#### **Calendar**

IMA provides a pop-up calendar to facilitate searching for and entering dates. With a few clicks of the mouse, the year, month, and day can be selected without any typing. The calendar can be found by clicking the '?' box on the right side of a date field.

#### **Collaterals**

The client record can contain references to various names and addresses that are important to the client such Hospital, Referral Source, Relatives, Guardian, or Other Agencies serving the client. These are called 'collaterals'. Their names and addresses can be stored individually in each client record, or, if several clients share the same collaterals, in the agency-wide Address Book.

#### **Agency Address Book**

If a name is already in the IMA Agency Address Book, simply choose it from the list. If not, a new name can be added in the address book, so that the entire agency has access to the information. In one of its search modes, the Address Book works like a Rolodex locating the desired name quickly.

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Several views/modes are available:

- The Agency-Wide Rolodex**
- Clients**
- Payers and Third Parties**
- Physicians**
- Referral Sources**
- Emergency Contacts**

### **Search Fields**

It is easy to look up clients, collaterals, staff members, insurance companies, or contacts by simply typing a few characters into one of the search fields and pressing **Search**. A list will appear with the closest matching names. Double-click a name to select it.

Before adding a new client, perform a search to make sure the client is not already registered.

### **History Fields**

If a field has an '**H**' box next to it, IMA stores the history of changes that have been made over time. Old addresses, former employers, previous diagnoses, and insurance information from prior dates are viewable by clicking the **History** button.

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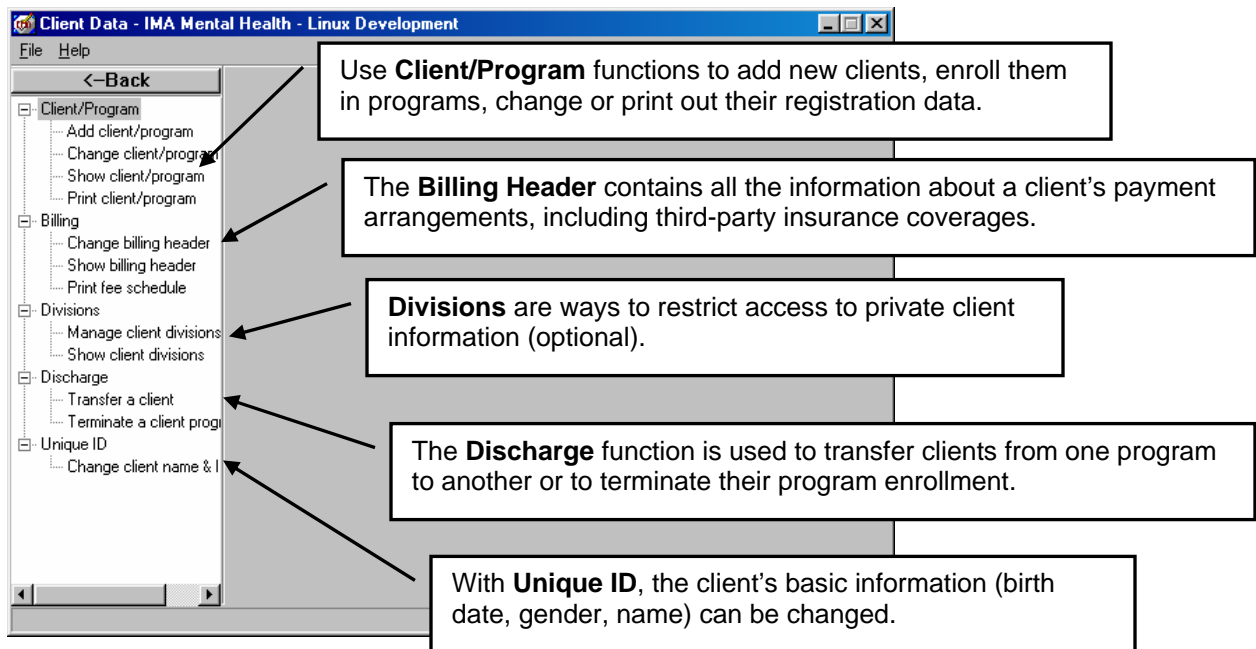
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### Starting Registration

Client registration is the process of enrolling clients in programs. If a client is in more than one program, multiple enrollment follows procedures similar to the initial registration. The client's record will then contain information about all of his or her separate program enrollments.

| [-] CLIENT DATABASE  
|     → Registration data

The Client Data screen appears with the following options:



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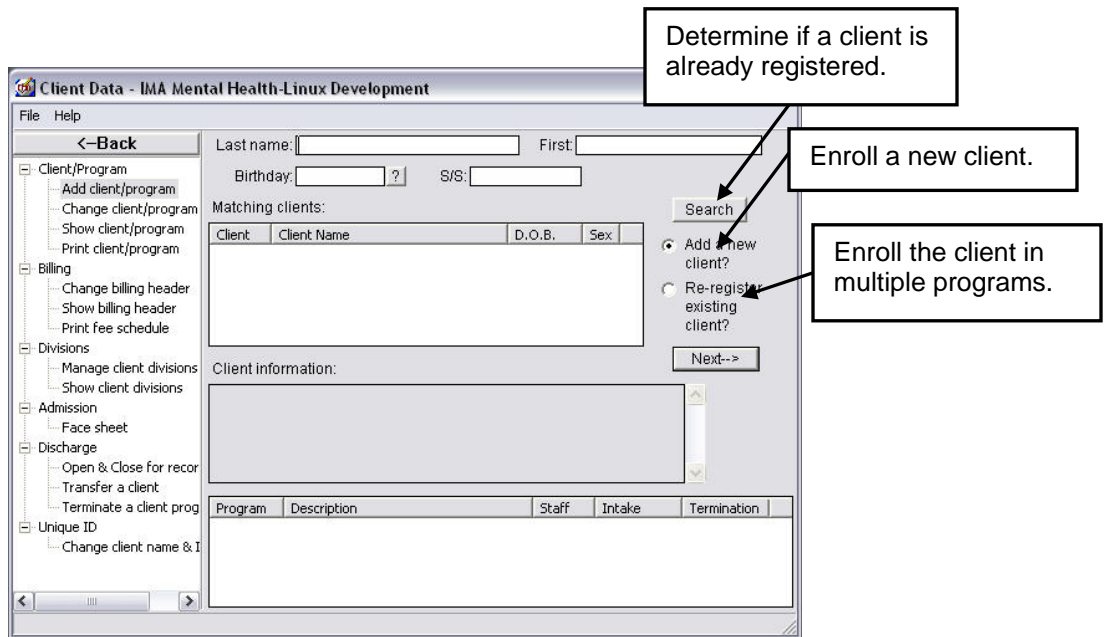
## Client Registration

### To Complete a New Client Registration:

Client entry, even for new clients, always starts with the **'Search'** feature ensuring that the client is not already registered.

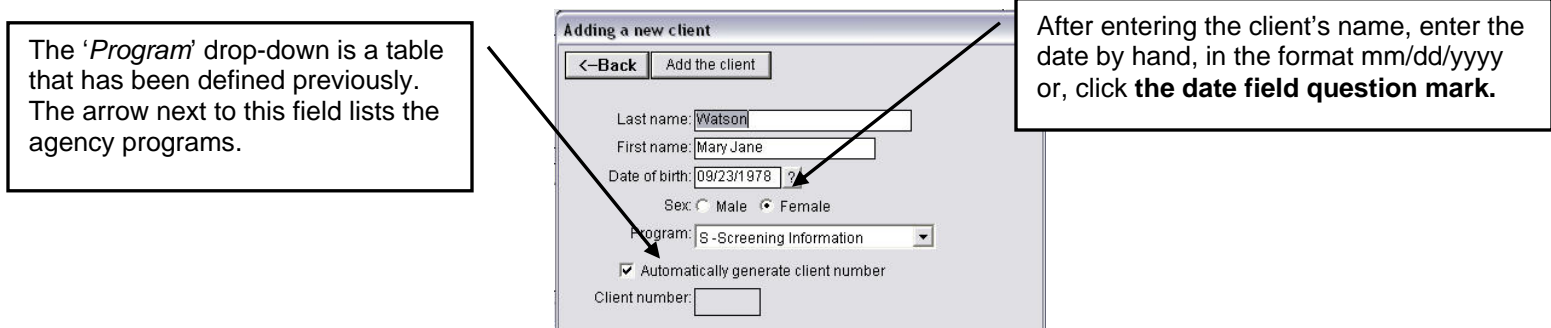
Select:

```
| [-] Client/Program
|       → Add Client/Program
```



On this single screen, a new client can be added, an existing client can be looked up by program, or an existing client enrolled in another program.

With **Add a new client** selected, click **Next →**,



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The dialog box is titled "Select a date". It shows a calendar for July 2004. The days of the week are Sun, Mon, Tue, Wed, Thu, Fri, Sat. The dates are arranged in a grid. The date 28 is highlighted. At the bottom, there are three buttons: "Cancel", "Select", and "Today".

Click the arrow for a drop down list; then select a month and/or year. Click a day, click **'Select'**.

Now click **Add the client**. This will open up a new client registration screen:

The form is titled "Client/Program for 9074 - Mary Jane Watson - program Screening Information (S)". It has tabs for "Client/Program", "Brief Billing Info", and "Referral Notes".

**Client Identification**

Last name: Watson Address: [ ] H  
 First name: Mary Jane : [ ] H  
 Date of birth: 09/23/1978 Age: 25 City: [ ] H  
 Sex: F Zip code: 00000 H - 0000  
 S/S number: [ ] County: 30 -Nassau County  
 Alias: [ ] Home phone: [ ]  
 Ethnicity: [ ] Work phone: [ ]  
 Primary Dx: [ ] ? H  
 Secondary Dx: [ ] ? H

**Referral Information**

Referral Date: 08/19/2004 ? Referral source: [ ]  
 Admission Date: 08/19/2004 ? H Counselor: JF - Ferrara, Jessica ? H  
 Location: 01 -Edison Clin Psych: [ ] ? H

Fields in **Bold** are required:

- Referral Date** – defaults to today
- Admission Date** – admission to program, a **"History"** is available.
- Division** – appears only if the agency has activated this feature
- Counselor** – primary staff person assigned
- Dates**, a pop-up calendar.
- Diagnoses**, code look up in the DSM table.
- Counselors**, staff member look up

The **'H'** to the right of a field opens the **'history'** window for that field. There are history windows for old addresses, previous diagnoses, formerly assigned counselors, etc.

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The second tab is **Billing Info**.

The screenshot shows a software window titled "Client/Program for 9074 - Mary Jane Watson - program Screening Information (5 / 1)". The window has several tabs: "<-Back", "Update", "Check spelling", "IMA-write", and "Collaterals". The "Collaterals" tab is active. Below the tabs are three sub-tabs: "Client/Program", "Brief Billing Info", and "Referral Notes". The "Brief Billing Info" sub-tab is selected, displaying the following information:

**Brief Billing Information**  
See Billing Header for Full Billing Detail

Client Fee Schedule: 12 -Plan 1234 Schedule [H] Fee level: 2 [H]

Medicare ID: [ ] Eff: [ ] ? Exp: [ ] ?  
Medicaid ID: FF57442G Sequence: 02 Eff: 07/01/2001 ? Exp: [ ] ?

Insurance Plan-01/02	Account#	Group	Holder	Employer
1234 - Plan 1234 \$5 co-pay YYY ? [H]	kg227114558	22	CLT [ ]	[ ]
[ ] ?	[ ]	[ ]	[ ]	[ ]

Eff: [ ] ? Exp: [ ] ?  
Eff: [ ] ? Exp: [ ] ?

Billing Order: 01 [H] CL [ ] MD [ ] [ ] [ ] [ ] [ ]

The **Billing Header** is a first step in maintaining the client's financial information. Appropriate fee schedules, insurance companies, and other information are selected here to help the agency obtain payment for services to this client.

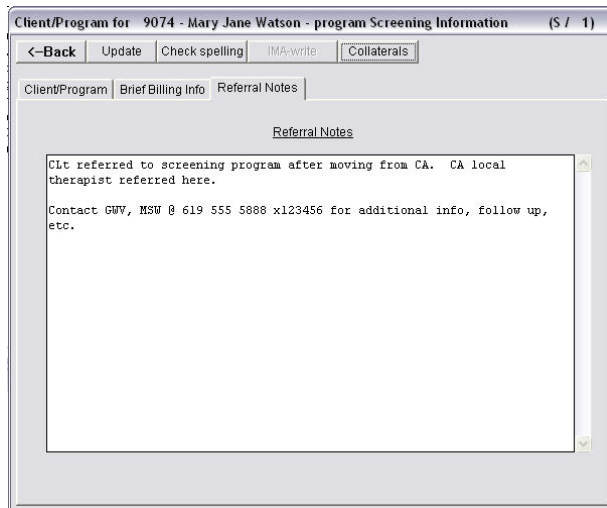
**Billing Order:** choose the coverage in the sequence that applies to the client. IMA will check the coverages in the order they appear to verify the effective date and apply the first active coverage in the list. Medicaid should always be indicated as the payer of last resort. Choices in the drop-down boxes are **MC** (Medicaid), **MD** (Medicare), **CL** (Client), **01** (Private Insurance #1) or **02, 03, 04** (sequential or coincidental insurance coverages as applicable).

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The third tab is **Referral Notes**.

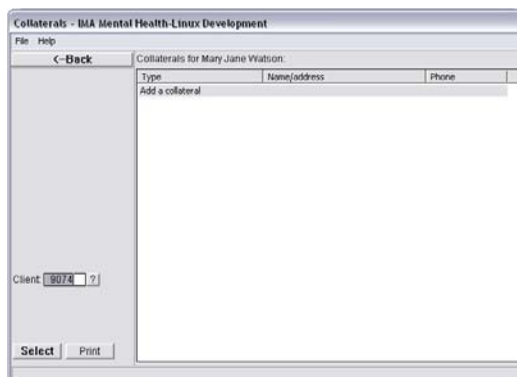


This available for free-form typing of any useful details about the client that are not otherwise stored on the registration screens.

Note that **Collateral** has its own button at the top of the screen. As mentioned previously, a 'collateral' is any person or institution that should be recorded as having a relationship with the client. For example:

- Referring Physician
- Guardian
- Spouse
- Therapist
- Employer

To view the list of collaterals for the client, click the '**Collateral**' button.



In this example, a new client, no collaterals have been defined yet.

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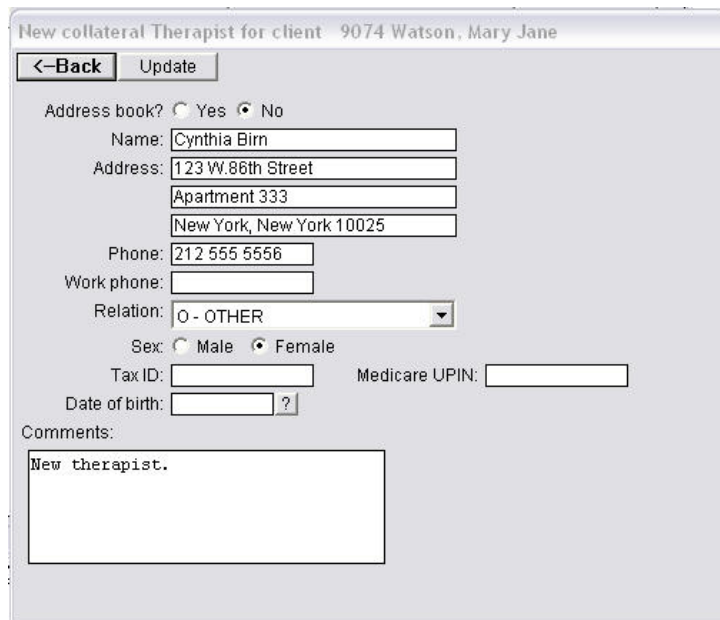
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Click **Add a collateral** to choose a collateral type:



The screenshot shows a dialog box titled "Choose a collateral type". It has two buttons at the top: "<-Back" and "Next->". Below the buttons is a label "Type:" followed by a dropdown menu. The dropdown menu is currently set to "THE - Therapist".

Click **Next**.



The screenshot shows a form titled "New collateral Therapist for client 9074 Watson, Mary Jane". It has two buttons at the top: "<-Back" and "Update". The form contains several fields and options:

- Address book?  Yes  No
- Name:
- Address:
- Phone:
- Work phone:
- Relation:
- Sex:  Male  Female
- Tax ID:  Medicare UPIN:
- Date of birth:  ?
- Comments:

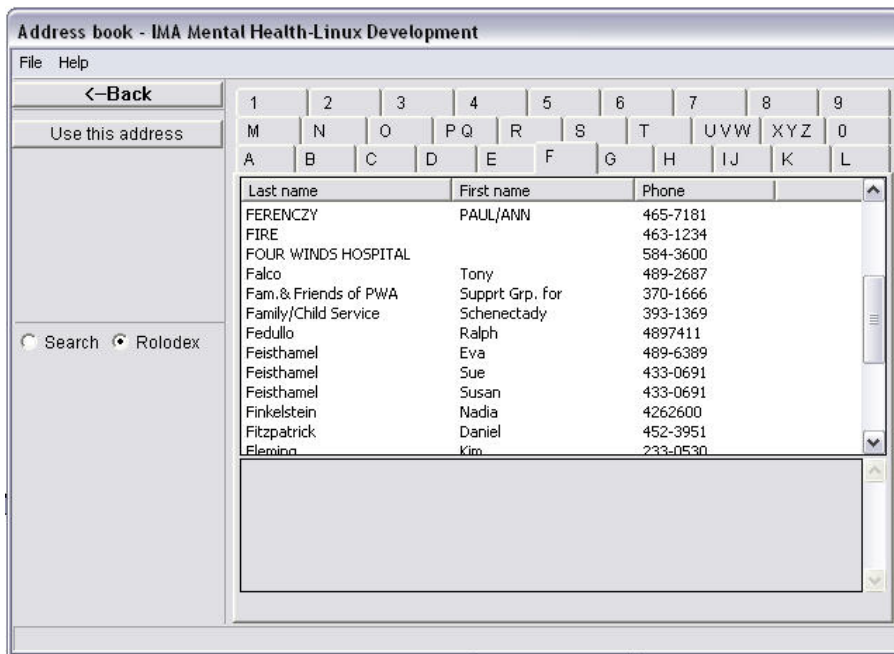
The default is **Address book? – No**. When this is selected, this form must be completed with information about a new collateral for this client. Enter the information and click **Update** to save the entry.

If **Address book? - Yes**, is chosen, a name from the agency address book may be used or a new collateral's information added into the agency address book, where it will then be accessible to the rest of the staff.

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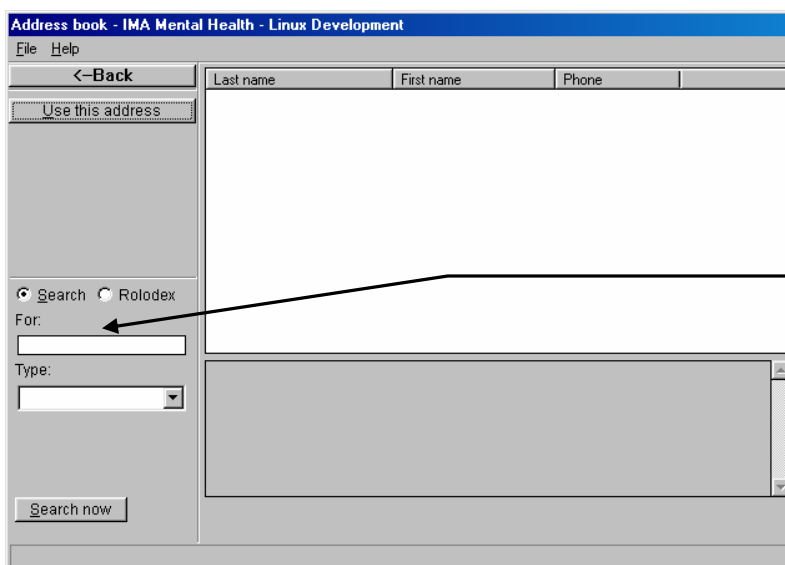
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1. The **Rolodex** option opens by default. Click a letter of the alphabet or a number, then scroll through the list to find the person or institution that starts with that letter or number; double-click the name.

Or,

2. Click **Search**:



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Click **Use this address** to select the collateral; then click **Update** to save the collateral information in the client's record.

Continue to add collaterals as needed.

The initial registration for the new client is now complete.

### Existing clients

To work with a client that is already enrolled, click **Find** to look up the client, then highlight the client's name and double-click it or click '**select**'.

Check **Staff member's clients** for a view of those individuals for whom the currently selected practitioner is the primary counselor or to see all possible clients, uncheck '**Staff member's clients**'.

### When a client is selected:

IMA first displays a list of his or her current programs. Double click one of these programs to update the client registration screens that relate.

One of the three tabs: **Client/Program, Billing Info, or Referral Notes** can be selected, in addition to the **Collateral** button, in order to make changes, **Update** saves any changes.

### Billing

The *Billing Header* is the place to store detailed financial information about the client. This information is held in the Client's *Billing Database*, which is common to all programs that the client is enrolled in.

There are several selections that can be made

- | [-] Billing
- |     → **Change billing header**
- |     → **Show billing header**
- |     → **Print fee schedule**

To see the Billing Header screen, highlight **Change billing header** and double-click.

There are four tabs on the *Billing Header* screen: **Client, MC and MD, Private Insurance, and Billing Order/Notes.**

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Some of this information duplicates the Billing tab that was completed at initial registration. Billing information is common to all the client's program enrollments.

The *Client* tab:

**Client Payment Info**

Responsibility:  Client responsible = 1 - Other party responsible = 2

Sources of Income			Reimbursement Sources		
Description	Set?		Description	Set?	
0-AL/SA** Items Only	No		00-AL/SA** Items Only	No	
1-Wages / Salary	No		01-Self Pay	No	
2-SSI / SSDI or SSA	No		02-SSI, SSDI, SSA	No	
3-Home Relief	No		03-Home relief	No	

Client Fee Schedule	Level	Effective Date	Expiration Date
1st: 0-Zero Co-Pay schedule	H	1	H
2nd:			
3rd:			
4th:			

The default choice is **1, Client responsible**.

If **2, Other party responsible**, is chosen a **Collateral** must be defined for this client, and identify it as a **Bill To Collateral Type**. This is the person to whom bills get sent; generally it is on the **Collateral** screen of the client's record, not in the Agency Address Book.

The *MD and MC* tab:

**Medicare and Medicaid**

Medicare					
Medicare #	Type	2ndary Type	Effective Date	Expiration Date	
1. JF123456789J	B	12 -Working age or ε	02/02/2004 ?	02/01/2005 ?	
2.					

Medicaid			
Medicaid #	Sequence	Effective Date	Expiration Date
1. EE45628E	F5	10/01/2003 ?	02/01/2005 ?
2.			

Restricted Auth #: 67U888      MD Application Date: 07/02/2001 ?

Recertification Date: 01/30/2004 ?      Visits Authorized: 99

Emergency Service: Y      MD Spend-down: N

Service exception: K -Svcs rendered retroactive

There are spaces for the ID numbers, exceptions and effective dates of Medicare and Medicaid. These policies can be temporary, or the client may be covered under another person's policy. (The person would, then, be defined as a collateral).

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The *Private Insurance* tab:

The screenshot shows the 'Private Insurance' tab for client 8995, Phyllis Thorndornch. The window title is 'Billing header for 8995 - Phyllis Thorndornch - program ACMHC Adult Treatment Program (AT/ 1)'. The interface includes buttons for '<-Back', 'Update', 'Check spelling', and 'Collaterals'. Below these are tabs for 'Client', 'MC and MD', 'Private Insurance', and 'Billing Order/Notes'. The 'Private Insurance' tab is active, displaying a section titled 'Private Insurances O1-O4'. It contains four plan entries, each with fields for 'Plan', 'Effective', 'Exp', 'Account', 'Group', 'Policy holder', and 'Employer'. Plan O1 is 'OX00 - Oxford Insurance w/\$0 Co-Pay' with an effective date of 08/01/2000 and an expiration date of 08/30/2001. Plan O2 is 'BCS6 - Blue Cross/Blue Shield of' with an effective date of 09/01/2001. Plans O3 and O4 are currently blank.

IMA stores a primary Private Insurance plan, plus three additional plans if applicable. By entering an **Effective Date** for a plan, the system is informed which plan to bill for services delivered on particular dates. The effective date is also used on the *Billing Order* screen, where the order in which to apply the various forms of reimbursement that cover the client is set:

The screenshot shows the 'Billing Order and Notes' screen for client 9015, Elizabeth Bennett. The window title is 'Billing header for 9015 - Elizabeth Bennett - program Long Beach - Ocean Therapy (LB/ 1)'. It includes buttons for '<-Back', 'Update', 'Check spelling', 'IMA-write', and 'Collaterals'. The 'Billing Order/Notes' tab is active. The 'Billing Order' section shows a list of payers: 'O1', 'H', 'O2', 'MD', and several empty slots. The 'Billing Notes' section contains a text area with the note: 'MD is payer of last resort - please note.'

Services on specific dates are billed to the first payer in the billing order in effect on the date of service. If there have been changes in the billing order, clicking the **'H'** button opens a history of the billing arrangements that were previously in effect for the client. Medicaid is always the payer of last resort.

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### Assigning Clients to Divisions (if the agency uses Divisional Security)

This applies if the Divisional Security option is enabled at the agency. As mentioned in the Privacy and Security section of this Implementation Manual, Divisions are optional, arbitrary security boundaries between parts of the agency. Clients can be assigned to particular divisions to make sure that staff from other divisions of the agency cannot view, change, or access the records of particular clients.

| [-] CLIENT DATABASE  
|     [-] Registration data  
|         [-] Divisions  
|             →Manage client divisions  
|     or:     →Show client divisions

The screenshot shows a window titled "Manage Client Divisions for 9015 - Elizabeth Bennett - program Long Beach - Ocean Therapy...". At the top, there are buttons for "<-Back", "Update", "Check spelling", "IMA-write", and "Collaterals". Below the buttons, the text "Client Divisions" is centered. Underneath, there is a section labeled "Client Divisions:" followed by a table of two columns of dropdown menus. The first column contains "MH -Mental Health", "1- -Resident 1", and "28 -Article 28". The second column contains "CD -Chemical Dependency" and "?O -Outpatient client". There are also empty dropdown menus in both columns.

Client Divisions:		
MH -Mental Health	CD -Chemical Dependency	
1- -Resident 1	?O -Outpatient client	
28 -Article 28		

The client can be assigned to all divisions with the '??' wild card, or as many as 10 separate divisions, based on the program selected, chosen through drop-down lists.

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### Discharge or Transfer

**Discharge:** the client is no longer active in a program.

**Transfer:** the client is leaving one program to enroll in another program.

**New:** enroll the client in a program.

The *Discharge/Transfer* screen:

Transfer for 9015 - Elizabeth Bennett - program Long Beach - Ocean Therapy (LB/ 1)

<-Back Update Check spelling IMA-write Collaterals

Discharge from Originating Program

Transfer Date: 05/28/2004 ?

Termination reason: 01 -TxCompleted:All/Most Goals Met

Referred to: 02 -Drug Free Ambulatory Program

Status of discharge: 1 -Improved Functioning

All of the responses on this screen (except for **Transfer Date**) are table-driven. These tables are agency-defined.

If a transfer date is entered, IMA automatically opens an *Add Program* window so the client can be set up in their new program, the admission date identified and a primary counselor assigned.

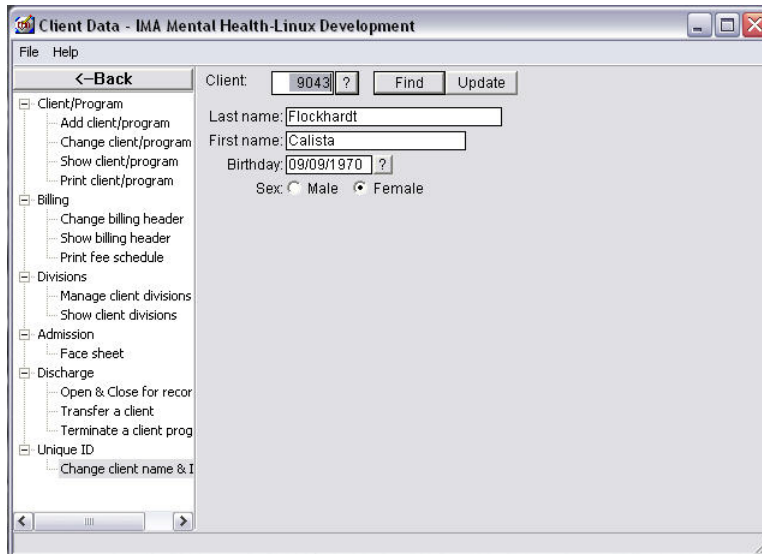
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### Unique ID: Correcting Client Names, Birthdates, Gender

The **Unique ID** function is designed to allow the modification of basic information about the client. Highlight **Change client name and ID**, and then search for a specific client. This is the only locale available for these changes.



### Completing Client Registration

The information that fills in the registration screens will be used in a number of ways: documenting the client's course of treatment, preparing bills and requesting reimbursement for services, tracking the collaterals involved with the client, assigning the client to programs and staff, and keeping the history of this client's contacts with the agency.

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### **Managed Care Authorizations**

#### **Client Level Information**

Managed care is an increasingly important system that controls reimbursement by insurance companies. The IMA Desktop has specific functions to help agencies follow managed care procedures, counting the services authorized, tracking utilization and how many visits the client has remaining, and generating reminders. One entire client database menu item is devoted totally to managed care authorizations.

IMA allows the smooth integration of managed care:

- An insurance plan is defined as a 'managed care' type
- The client is associated with the company and a primary clinician
- Staff are responsible for obtaining authorization from the company
- The authorized number of services is entered in the client's record
- As visits occur, IMA tracks the remaining number
- When services approach the limit, the clinician is alerted
- When visits are re-authorized, the number is reset
- Insurance billings are done properly for visits as they occur

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### How is a client defined as a managed care case?

Clients appear on the managed care list because their primary insurance plan is defined as a managed care company.

#### [ - ] SYSTEM ADMINISTRATION

→ Billing

→ Insurance plan maintenance

*Managed Care tab:*

Detail for plan 1234 - Plan 1234 \$5 co-pay YYY

<-Back Update

General Billing Fees **Managed care** Case rates Managed care switching HCFA printing setup

Managed care?  Yes  No Medicaid managed care?  Yes  No

Managed care visits or duration?  Visits  Duration Reauthorization in visits:

Provider or staff authorization?  Provider  Staff Reauthorization in days:

Initial authorization procedure:  
Call DGB @12134

Extension request procedure:  
plan is required w/MD signature

Termination procedure:  
d/c documents are required

The plan is identified as Managed care

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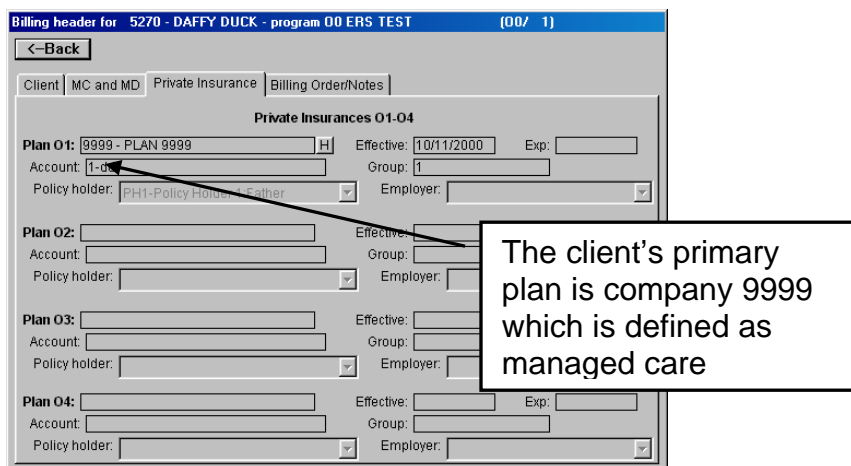
## Client Registration

[-] CLIENT DATABASE

→Billing

→Show billing header

This window is the *Private Insurance* tab of the billing header:

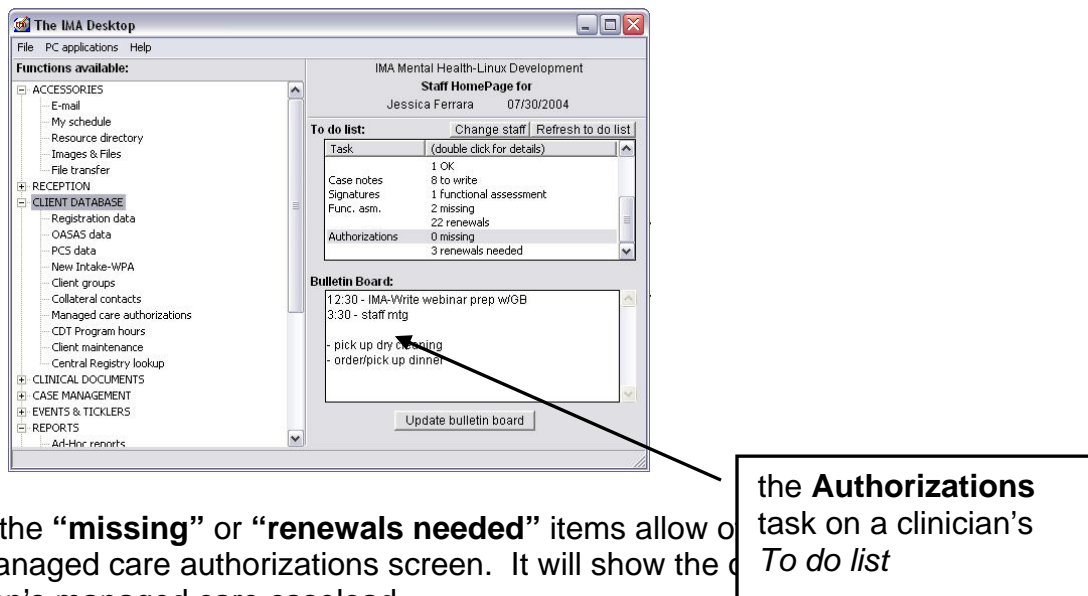


### Working with Managed Care Authorizations

[-] CLIENT DATABASE

→Managed care authorizations

Or, a clinician with a caseload can just look at his or her *To do list*.

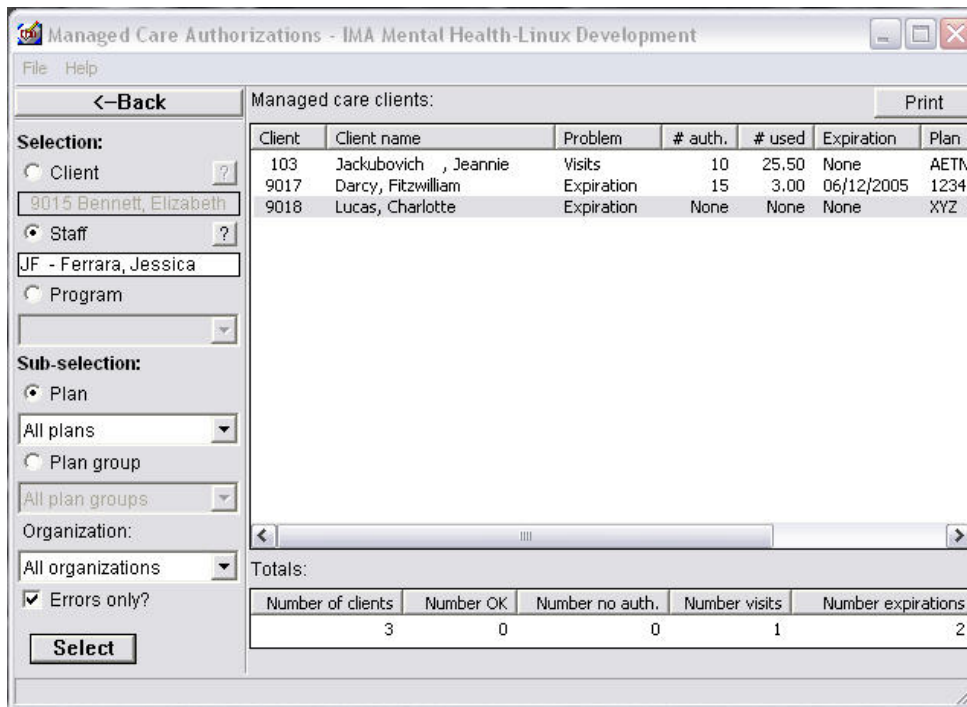


Clicking either of the “missing” or “renewals needed” items allow o to bring up the Managed care authorizations screen. It will show the d items on a clinician's managed care caseload.

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The left side of the Managed Care Authorizations screen defines the criteria for selecting the clients that appear to the right. In the example above,

The '**Staff**' button is pressed, and the current clinician is selected.

The '**Plan**' button is pressed, and '**All plans**' is chosen. This shows the clients from every managed care insurance company in that clinician's caseload.

'**Errors only**' is checked, to display just the clients who need attention to their managed care situation. The 'Problem' column explains why.

If this clinician wanted to review all of her managed care clients she would uncheck '**Errors only**' and click **Select**.

To change which of the managed care clients appear in the window, simply change any of the criteria or sub-criteria and click '**Select**'.

### The Managed Care Authorizations window

The window contains several columns.

**Client** – the client's ID number

**Client name**

**Problem** – if any, the current situation with their managed care

*Visits* – they are running out of authorized services

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*Expire* – their authorization has expired

*No auth* – there is no authorization code on file

*# auth* – total visits currently authorized

**# used** – up-to-the minute tracking of visits

**Expiration** – date expired (or 'none')

**Plan** – code and name of their insurance plan

The bottom of the Managed Care Authorizations screen displays a statistical summary of the clients appearing in the window above. The numbers represent:

**Number of clients** – total of those meeting the selection criteria on left

**Number OK** – those without any managed care problems

**Number no auth** – clients without authorization code

**Number visits** – clients whose authorized visits are close to running out

**Number expirations** – those whose authorization has expired

### To view managed care details

Simply highlight a specific client and click to bring up the detail window:

Detail for client 9017 Darcy, Fitzwilliam

<-Back Edit this client

Current History

Managed care authorizations:

Date	Authorization code	Stat	Effective	Expires	# auth.	Freq.	# U
02/03/04	inmm2	I	02/03/04	06/12/04	15	N	
02/03/04	inmm2	I	02/03/04	06/12/05	15	N	

Detail:

Plan	Organization	CPT	Provider type
01-1234		90801 -Psychiatric Evaluation	
		90806 -Regular visit	
		90853 -Group Psychotherapy	

Visits:

Plan	Year	Number of visits
1234	2004	11.00
1234	2004	11.00
1234	2004	11.00
1234	2004	11.00

specific managed care authorization

details of the highlighted authorization

The *Current* tab will show presently active authorizations, while the *History* tab shows a chronological review of all prior and expired authorizations.

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In the *Current* authorizations window:

**Date** – when the authorization was entered into the system

**Authorization Code** – as provided by insurance company

**Stat** – the current status of that authorization. Possible codes:

I – initial

E – extended

V – verbal

P – in process

C – closed

U – used up

**Effective** – effective date

**Expires** – expiration date

**# auth** – number of visits authorized

**Freq** – frequency allowed by insurance company

**# used** – number of authorized visits already used

If one of the authorization lines is indicated, the center window will reveal further details about that specific authorization:

**Plan** – code of insurance company

**Organization** – subdivision of the agency to deliver services

**CPT** – restrictions to certain types of service codes (if applicable)

**Provider type** – permitted providers (if applicable)

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The details displayed in the windows are 'view only.' To work on this client's authorizations, click the **'Edit this client'** button.

Detail for client 9000 Tiger, Tony

<-Back Add Change Delete Copy

Current History

Managed care authorizations:

Date	Authorization code	Stat	Effective	Expires	# auth.	Freq.	# used
09/29/03	GO-123-E	I	09/29/03	12/31/03	15	N	0.00
04/29/03	GO-123	I	04/01/03	06/30/03	5	N	1.00

Detail:

Plan	Organization	CPT	Provider type
01-AMIC			1 -Psychiatrist 3 -Clinial Social Wor...

Visits:

Plan	Year	Number of visits
------	------	------------------

Editing options

**Add** – insert a new authorization for this client

To work on an existing authorization, highlight it and click:

**Change** – revise one of the current authorizations on file

**Delete** – completely erase one of the present authorizations

(note: 'Keep in historical record (y/n)?' – if no ('n') is chosen, it will be permanently erased)

**Copy** – duplicate an authorization to save time making a new entry

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### Adding a new managed care authorization

When 'Add' is clicked, new information can be entered into the following screen:

Before pressing 'Update' to save this new authorization, fill in the fields as applicable:

**Authorization** - the number as given by the insurance company

**Effective** – starting date (use the “?” calendar if needed)

**to** – ending date

**Status** – choose from the drop-down list:

*Initial* – first authorization

*Extended* – a subsequent approval for more services

*Verbal* – approval received, but not in writing

*Request for extension* – requested, not yet approved

*Closed* – the authorization is no longer approved

**Status date** – date the status code was entered or changed

**# authorized** – as per the insurance company, quantity of services ok

**Number used** – visits made up to this point, before auth is entered

**Frequency** – if applicable, how often services may be delivered

**Plan** – choose from drop-down list of client's insurance plans

**Organization** – specific area of the agency authorized to give services

**CPT and Provider type** – sometimes only specific types of services by provider type are permitted. If more than one, (a 'split' authorization) the

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screen has room for as many as six to be specified by choosing from the drop-down menus.

### Managed care reports

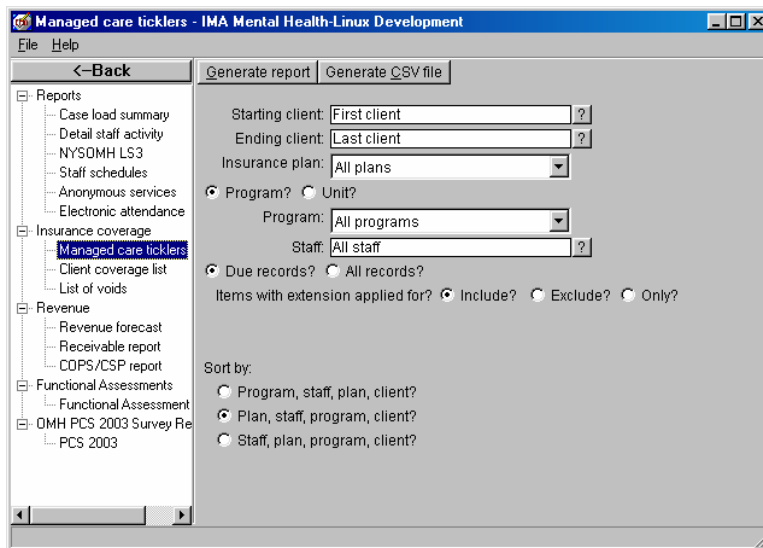
#### [-] REPORTS

→End user reports...

[-] Insurance coverage

→Managed care ticklers

before clicking '**Generate report**', or '**Generate CSV file**', fill in the screen:



The report can be agency-wide, or for particular staff. Authorizations that are now due, those in history, or those clients who have an extension pending may be indicated for inclusion.

These be can sorted by:

**Program** – to view managed care clients in a particular area of the agency

**Plan** – for a report by insurance company

**Staff** – to see the managed care clients on each staff member's caseload

The report is available in hard copy (print) or spreadsheet (CSV file for Excel).

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### Reports: Monitoring Progress and Caseload

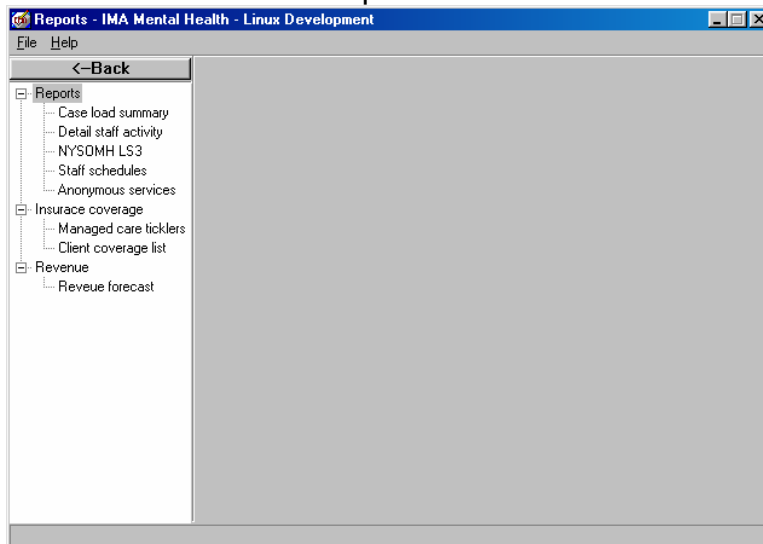
Once clients are registered in their proper programs, staff will use the IMA Desktop to keep track of ongoing service delivery and caseload assignments. There are specific reports that permit staff to monitor progress and caseload:

- Caseload lists
- Intakes
- Terminations
- Summary statistics

#### [ - ] REPORTS

→End user reports...

There are a number of reports from which to choose:



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As an example, '**Case load summary**' report.

Case load summary - IMA Mental Health - Linux Development

File Help

<-Back Generate report Generate CSV file

Reports

- Case load summary
- Detail staff activity
- NYSODMH LS3
- Staff schedules
- Anonymous services

Insurance coverage

- Managed care ticklers
- Client coverage list

Revenue

- Revenue forecast

Open cases?  Intakes?  Terminations?  Summary numbers?

Starting date: 04/16/2002 ?

Ending date: 04/15/2003 ?

Selection:

Program: All programs

Unit: All units

Area: All areas

Staff: All staff members

Organization type: All organizations

Break on:

Program?  Staff?  Team?  Unit?  Area?  Organization type?

List by client number?  or last name?

The choice of a '**Break on**' parameter groups information for each member of the selected category (**Staff, Program, Team, Unit, Area, or Organization Type**) before going on to report on the next item in that category

Fill in the appropriate starting and ending dates for the report.

A specific **program, unit, area, and staff member** may be indicated, or the default left to list '**All**'.

Choose to list clients by either **client number** or **last name**.

**Generate report** sends the report to the printer.

(The **CSV file** option is an alternative used for electronic data transfer into a spreadsheet or other program outside the IMA Desktop.)