The IMA Desktop Implementation Guide
The Agency Profile

Contents

Introduction

Adapting the IMA Desktop

The IMA Desktop is designed to streamline all agency operations. It is capable of handling vast amounts of information, and it can help manage clinical, financial, and administrative tasks. It will serve as a tool for staff to help them complete their paperwork, comply with regulations, schedule their work efficiently, communicate better, prepare accurate reports, and ideally, to serve the clients more effectively.

The specific programs offered by the agency, the way the agency is organized, the kinds of bills that are submitted, the types of clients served, the reports that are produced, and more, affect how the IMA Desktop is installed.

The Agency Profile

Consider some questions:

- What are the agency's goals for the IMA Desktop? Will it be used for the clinical management functions? Will you use billing? Scheduling? Email?
- What does the organization do? What are the programs that are offered?
- How are these programs categorized and grouped together?
- What specific services are provided in connection with these programs?
- What are the fee schedules for these various services?
- What are the sources of revenue and how are services billed for?
- How is the agency organized for administrative purposes?
- What regulatory reporting requirements is the agency subject to?
- What security concerns affect the client information collected?
- Who works at the agency, and what are their roles?

Action steps:

Make implementation manageable by completing several smaller, simpler tasks:

- **Collect Information.** detailed in the following pages.
- **Define Tables**. A table is a spreadsheet. The IMA Desktop uses many tables to store basic information, allowing tables to be built in order to record detailed aspects of the agency's operations.
- **Define Programs**. Each of the programs provided may have different requirements for forms, reports, treatment plans, review requirements, bills, and so on.
- **Define Activities**. Activities are what staff members do; some involve client contact. Some may be billable. An activity may be called by a different name or number by insurance companies or third parties. All these details are included in the activity definitions that become part of the Agency Profile.
- **Define Operators.** The operator definition identifies information about the user account and the access levels of that user account.
- **Define Staff.** Operators working as service providers and are also responsible for direct client contact or who are supervisors, are additionally defined as staff. Information about credentials, licenses, and scheduling will be entered.

Collecting information

Consider and collect information:

- a list of all of the programs operated;
- a list of services and groups provided;
- a schedule of these services and groups;
- a list of activities that account for staff time & productivity
- a list of people who will have access to the system and their roles (data entry, billing, service provider, etc.);
- a list of service providers and their credentials;
- staff / service provider billing information for Medicaid, Medicare and Private Insurance;
- agency Medicaid information including provider ID, locator code, rate codes and rates;
- a Medicaid Remittance form;
- Medicare billing information including CPT codes and rates;
- a list of each private insurance and managed care companies the agency deals with, including their billing addresses, the CPT codes billed, and the rates negotiated for each service;
- an encounter form or front desk receipt;
- a list of the necessary regulatory reports that must be completed with their respective due dates (example: OMH LS3 or OASAS PAS 44 & 45, 46, 48);
- a copy of each of the data collection forms and assessments;
- a list of clients including their last name, first name, date of birth, gender, program enrollment, primary clinician, and enrollment dates.

Getting Started

List All Programs

A ‘program’ is defined as a specific part of the organization that provides particular kinds of services to certain types of clients or potential clients, under defined circumstances. Examples include Outpatient Mental Health Services, CD Screening, Emergency Services, Residential Rehabilitation, Inpatient Services, Outreach, etc. Make the program list as clear as possible, keeping in mind that these definitions determine the kinds of records kept in the IMA Desktop.

Create a two character Program Code.

Categorizing Programs

The IMA Desktop has several optional features that apply to more complex organizations and allow administrators virtually unlimited flexibility in defining security, as well as reporting, financial record keeping, and administrative organization. **Categorize** programs according to the following concepts:

- **PROGRAM ORGANIZATION** (PRGORG)- a 4 character (maximum) code that groups programs by clinical similarity, having characteristics in common such as typical treatment plan forms, assessment types, or other common features. Example: Mental Health, Residential, Inpatient, Outpatient, Screening, etc.

- **UNIT** (UNIT) - a 4 character (maximum) code that distinguishes and groups programs into a reporting unit for regulatory purposes. Example: OASAS PRU, OMH Unit.

- **AREA** (PGAREA) - a four character (maximum) code that reflects the agency’s geographic or administrative structure for purposes of grouping programs under one area of responsibility. Example: all outpatient clinics are under the VP of clinical operations and need to be grouped accordingly; or all clinics are separated by geographic region, Manhattan, Brooklyn, Staten Island, etc.

- **DIVISION** (DIVSON) – at larger agencies, an optional two character code used for security and privacy reasons can be used to group programs behind electronic barriers to keep information within the identified divisions private. With divisional security in effect, users within a division are only allowed access to client records within that Division. IMA system users in one division of the same agency cannot view any details of clients in other divisions including, records, program enrollments and/or the client names.

At a minimum one **Program Organization** and one **Unit** must be defined.

Creating Category Tables

Before entering the names of the programs, create tables of the major category codes. These categories will appear on the setup screens when the programs are being created.

The *Program Organization* and *Unit* table are required, as noted above. Others are optional.

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

Program Organization: Choose ‘Create Table’ and choose ‘Organization Table’

Unit: Create Units or State reporting numbers for each

The following are optional and can be completed at a later time:

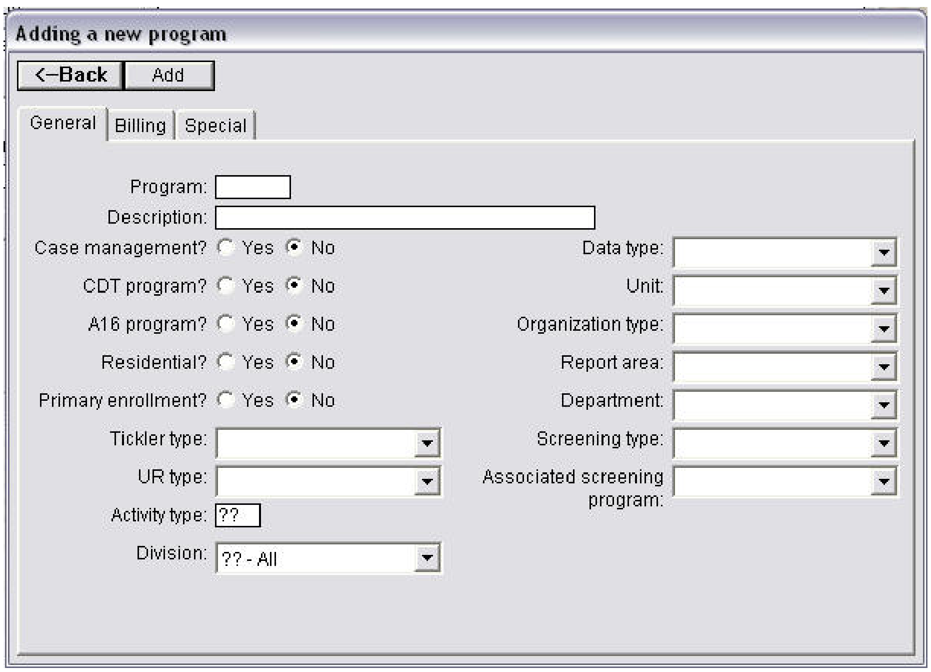
Areas: if ‘areas’ are not relevant, simply create an ‘Area1’
Department: create a code for each of the departments.

Create Programs

| [-] SYSTEM ADMINISTRATION
| →Program definition maintenance

Within this function, choose **Add**, and start by entering the code or abbreviation for the first program.

Starting on the **General tab**, enter the program description.



Hover the mouse over the drop-down windows, the name of the table that defines the choices appears.

Assign a code for each **Program**, maximum 2 characters.
The **Description** can be up to 30 characters.

<u>Drop-down boxes:</u>
Allow for look up and fill-in of the proper categories.

Division – for divisional security

Unit – administrative category for regulatory reporting (uses the PRGORG table)

Organization type – clinical program organization category, to share treatment model with other similar programs.

Report area – area definition, can be geographic or administrative

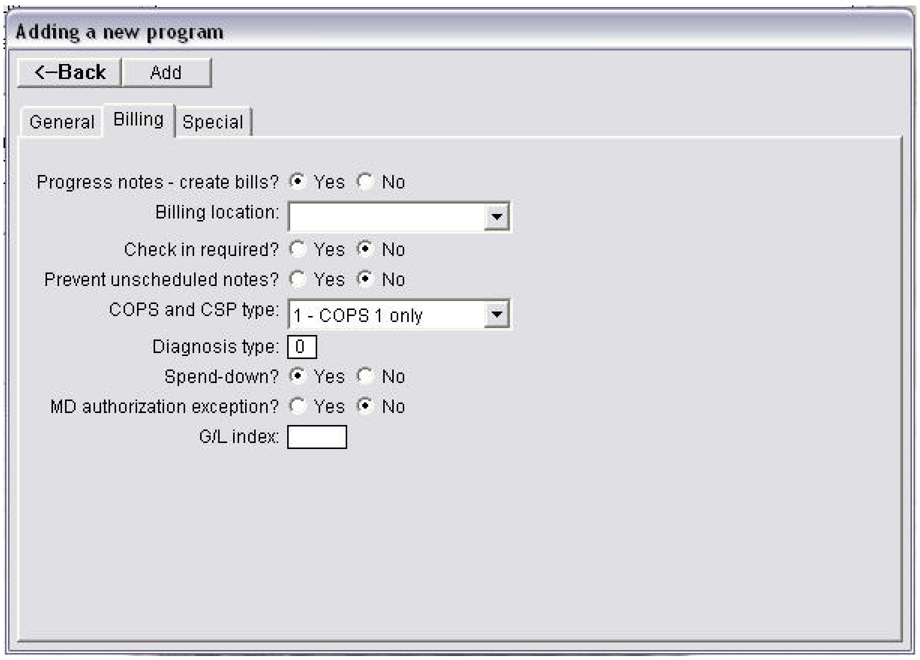
There are drop-down boxes that can be filled in at a later time:

Tickler type – if separate ticklers are in use
UR type – this can be MH or OASAS
Department – for administrative organization
Screening type – this only applies to OASAS
Associated screening program – refers to screening program code
Activity type – this defines activities that can occur in this program. Type in **'??'** (wildcard – all activities) as activities have not yet been defined.

Buttons:
Click on these **yes/no** buttons to answer questions about this program.

Case management? (yes/no) – billing type
CDT program? (yes/no) – billing type
A16 program? (yes/no) – billing type
Residential? (yes/no)
Primary enrollment? (yes/no) – if client participates in more than one.

The **'Billing'** tab:



Buttons:

Progress notes – create bills? (yes/no) – automatically creates a service record when the progress note is completed

Check in required? (yes/no) – necessary for billable services to be recorded

Prevent unscheduled notes? (yes/no) - to be billable, must appear on the schedule

Spend-down? (yes/no) – whether or not Medicaid spend-down applies to this program

Fields to fill in:

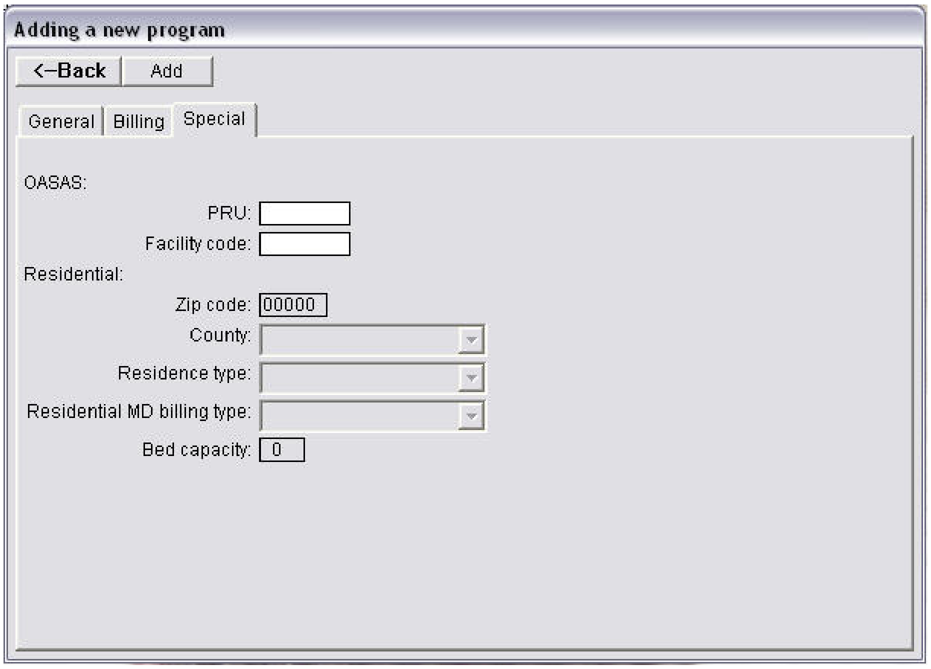
Billing location – refers to the Medicaid and Medicare locator and place of service location table

COPS and CSP type – applicable to Medicaid Mental Health services

Diagnosis type – a cross reference to DSM table for Medicaid exclusions (as some diagnoses are ineligible for billing)

G/L index – a revenue code to track this program's income. Even if the G/L is not in use, this code is required.

The third tab, **'Special':**



<u>OASAS:</u>

OASAS PRU – program reporting unit for New York OASAS
Facility code – definition for NYS OASAS

<u>Residential:</u> (accessible only if **'Residential'** was indicated on the **General** tab)

Zip Code – the 5 digit mailing code
County – references the county table
Residence type – another category table built to agency specifications
Residential MD billing type – Medicaid category
Bed capacity – number of beds

Continue this process for each of the programs operated/provided by the agency.

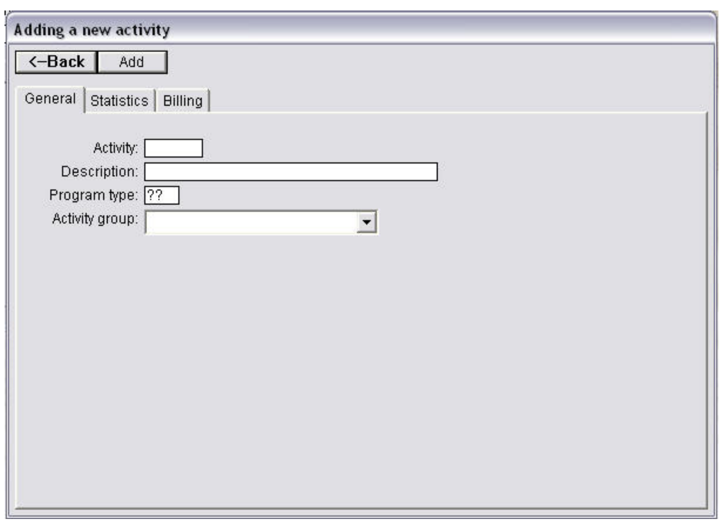
Define Activities

Activities are the services that the agency's staff provides to clients. They may also be the non-client related elements that staff members participate in. In the IMA Desktop, each activity is represented with a description and a 3-digit code. Before this list of **Activity Codes** is created, consider:

- Keep the list simple.
- IMA will allow 'code switching' to substitute a Managed Care code for a simpler Activity Code.
- Multiple fee schedules can be attached to a single Activity Code.
- IMA can substitute the proper ICD-9 procedure code where needed.

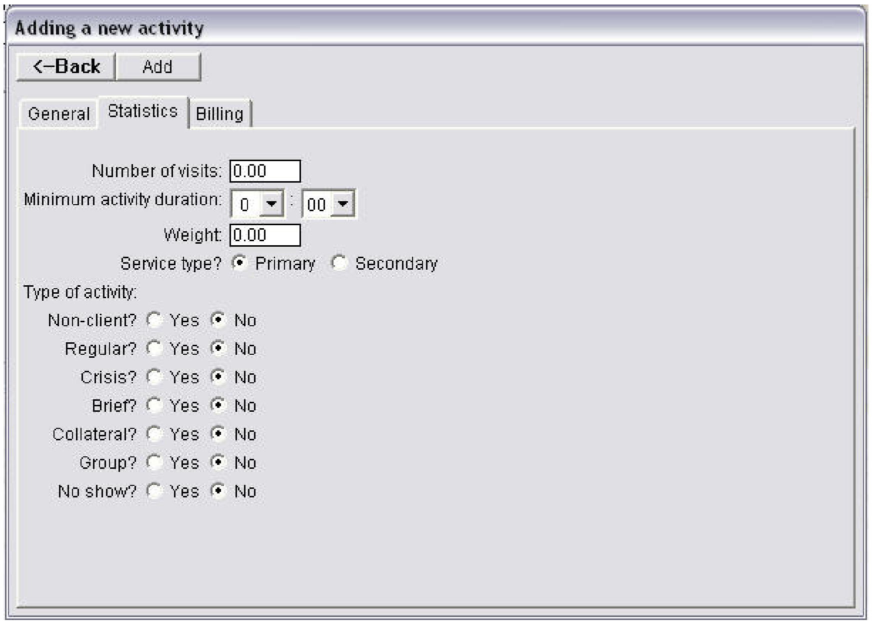
| [-] SYSTEM ADMINISTRATION
| → Activity code maintenance

Enter a code; then, enter information on the **General Tab**:



Activity - a unique code up to 3 digits
Description – text up to 30 characters long
Program Type - a cross reference to the program definitions
Activity Group: - optional filter when scheduling and writing progress notes

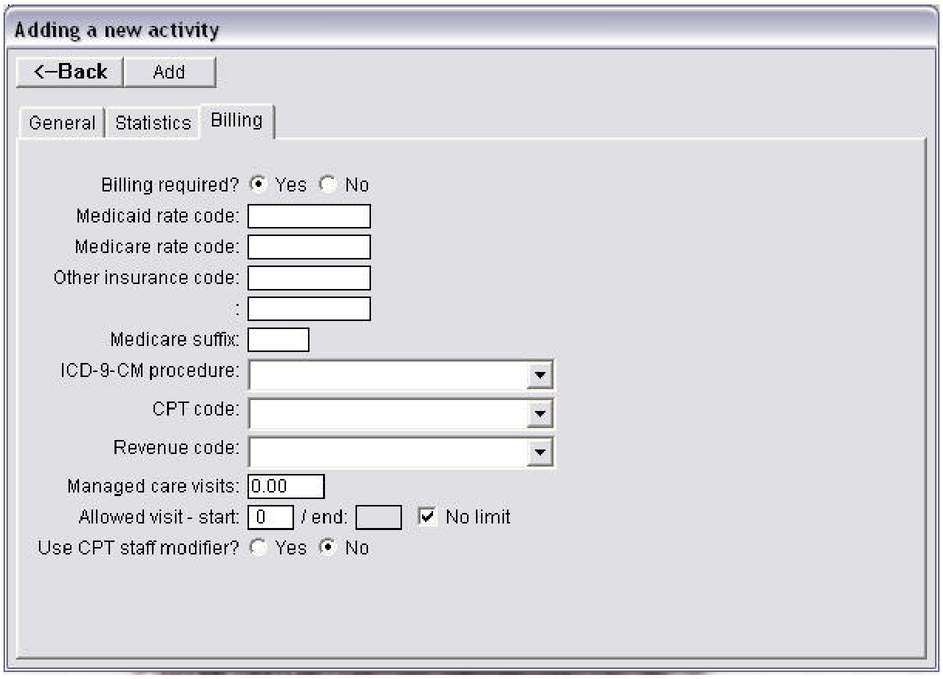
The **Statistics Tab** covers detailed aspects of the service:



Number of visits: - depending on intensity of service, each of these activities is equal to (usually 1)
Minimum activity duration: - minimum required to be billable
Weight: - for productivity reporting, counts some activities differently
Service type: - **primary/secondary** – to be selected in progress notes as the main service provided or as a secondary service

Type of activity **yes/no** buttons - select one of these to categorize the service.
Non-client?
Regular? (ie, normal visit)
Crisis? – for statistical recordkeeping
Brief? – may be billed differently
Collateral? – i.e. with family member
Group? – as opposed to individual
No show? – counts even if client is absent

The third tab, **Billing**:



Billing Required (y/n)? – a billable activity
Medicaid rate code – lookup table for this type of service
Medicare rate code - lookup table for this type of service
Other insurance code – translates the activity code to proper insurance code.
Blank box: revenue code as applicable for filling in the UB-92
Medicare suffix – usually N/A
ICD-9-CM procedure – references Medicaid CD-9 table code translation
Managed care visits: - For Medicaid, how many visits this activity is equal to
Allowed visit: usually N/A
Use CPT staff modifier? (y/n) – entered via PI Provider table, used to allow for paper HIPAA submissions, where required.

Fill in these screens as much as possible for each of the services that provided by the agency.

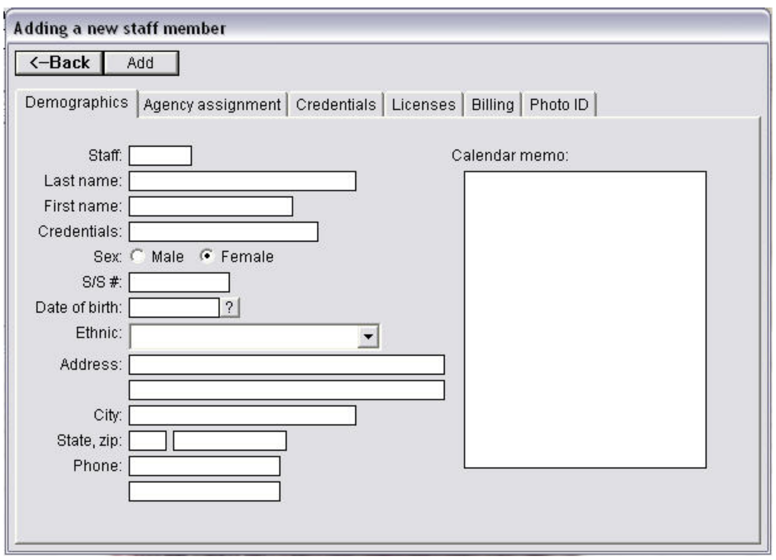
Add Staff

Start with the list of staff members, and create a unique 3-character IMA Operator ID for each.

| [-] SYSTEM ADMINISTRATION
| → Staff maintenance

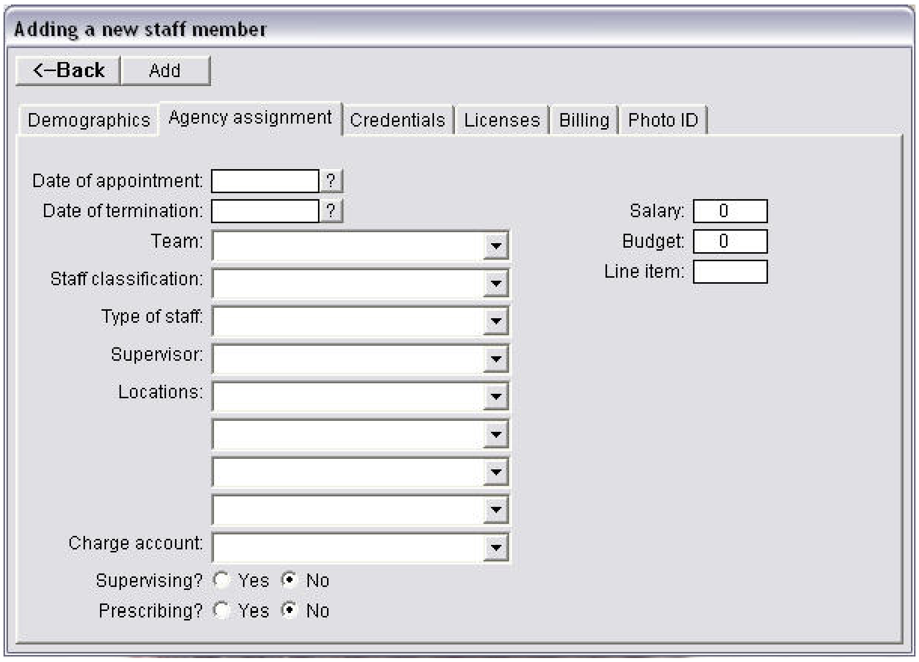
Choose **Add a Staff Member**.

The **Demographics** tab:



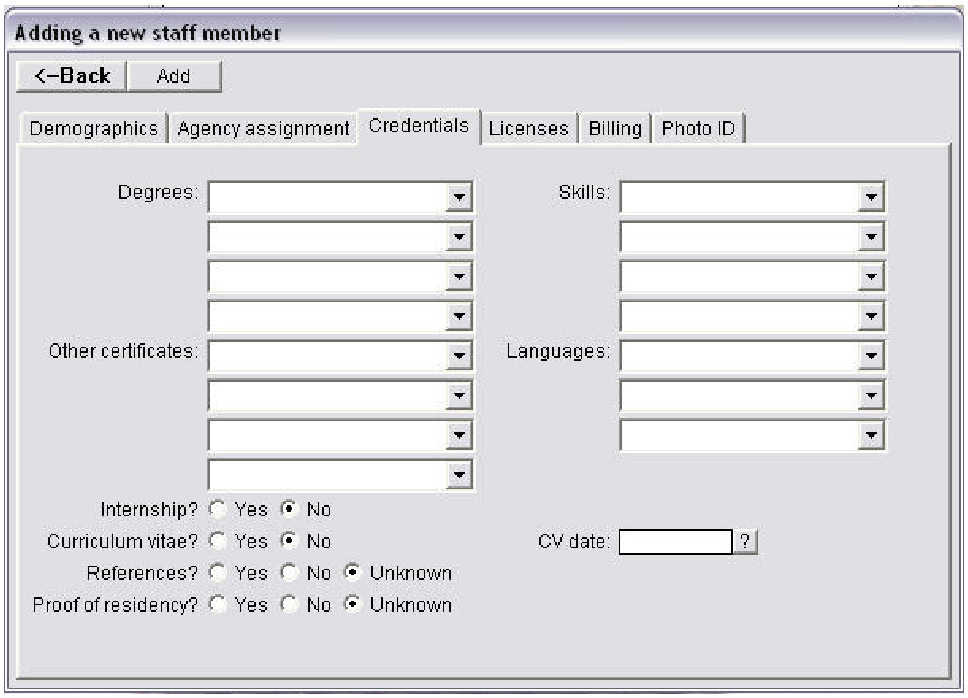
Staff: create a 3-character Operator ID for this staff member.
Last Name: can include credentials, (e.g., Ph.D., MSW.) for printing
First Name:
Sex: Male/Female buttons
SS#:
Date of birth: "?" activates a pop up calendar
Ethnic: fed by an agency defined table
Calendar memo: free form text can be entered here

The **Agency Assignment** tab:



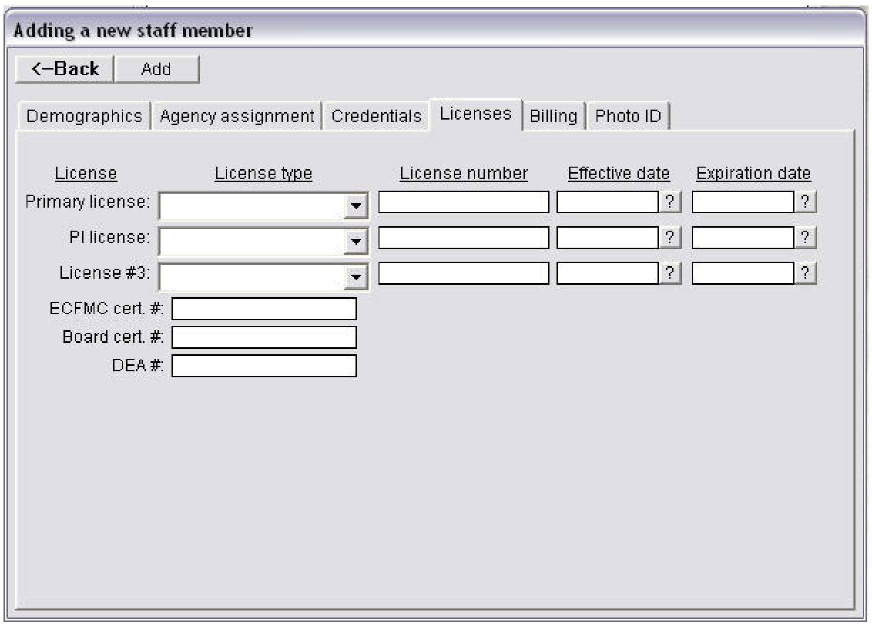
Date of Appointment: the date of hire, **"?"** activates a pop up calendar.
Date of Termination: when filled in, this makes the staff member inactive, their name no longer appears on staff lists.
Locations: these are the default calendar locations for scheduling. Up to 4 schedule locations can be entered.
Charge account, salary, budget, line item: currently N/A
Supervising? (y/n)
Prescribing? (y/n)

The **Credentials Tab:**



These fields are for reference and are not required for any functions. The drop downs are fed by agency-defined tables.

The **Licenses tab:**

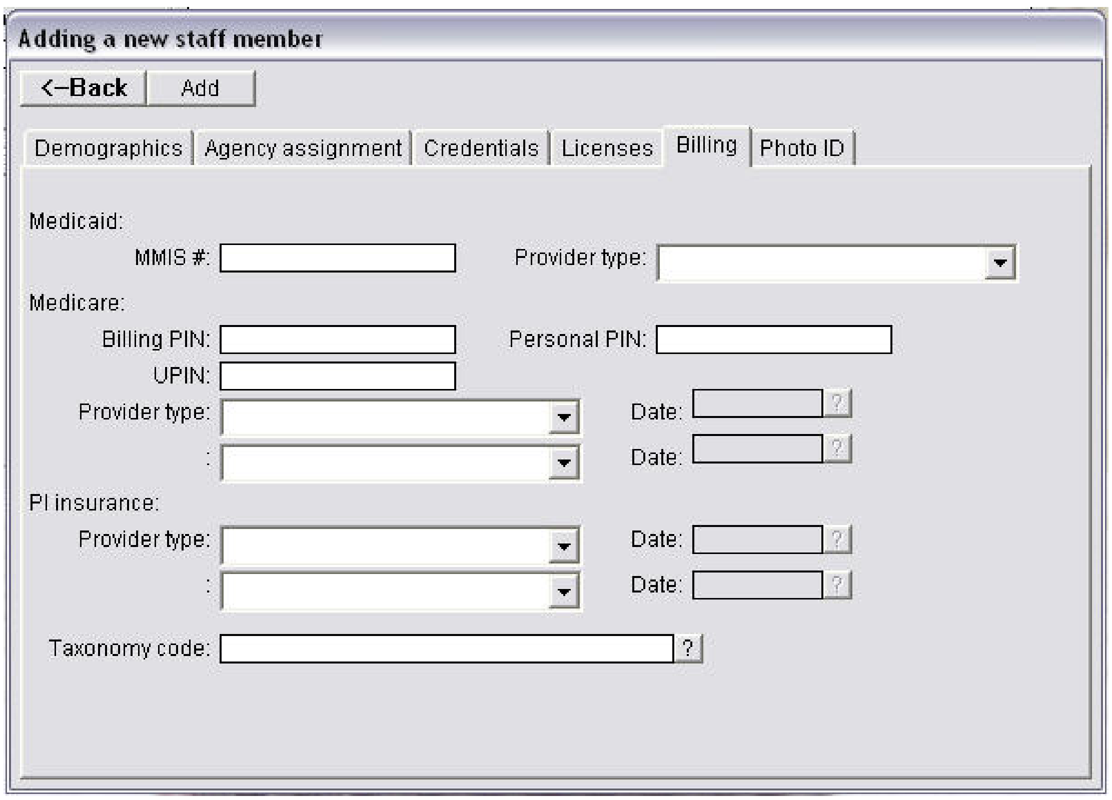


There are spaces to fill in license numbers, only required for those with licenses:

Primary License: this is what prints on the HCFA 1500 or UB-92
PI License: for Private Insurance
License #3:
ECFMC cert. #:
Board cert #:
DEA #:

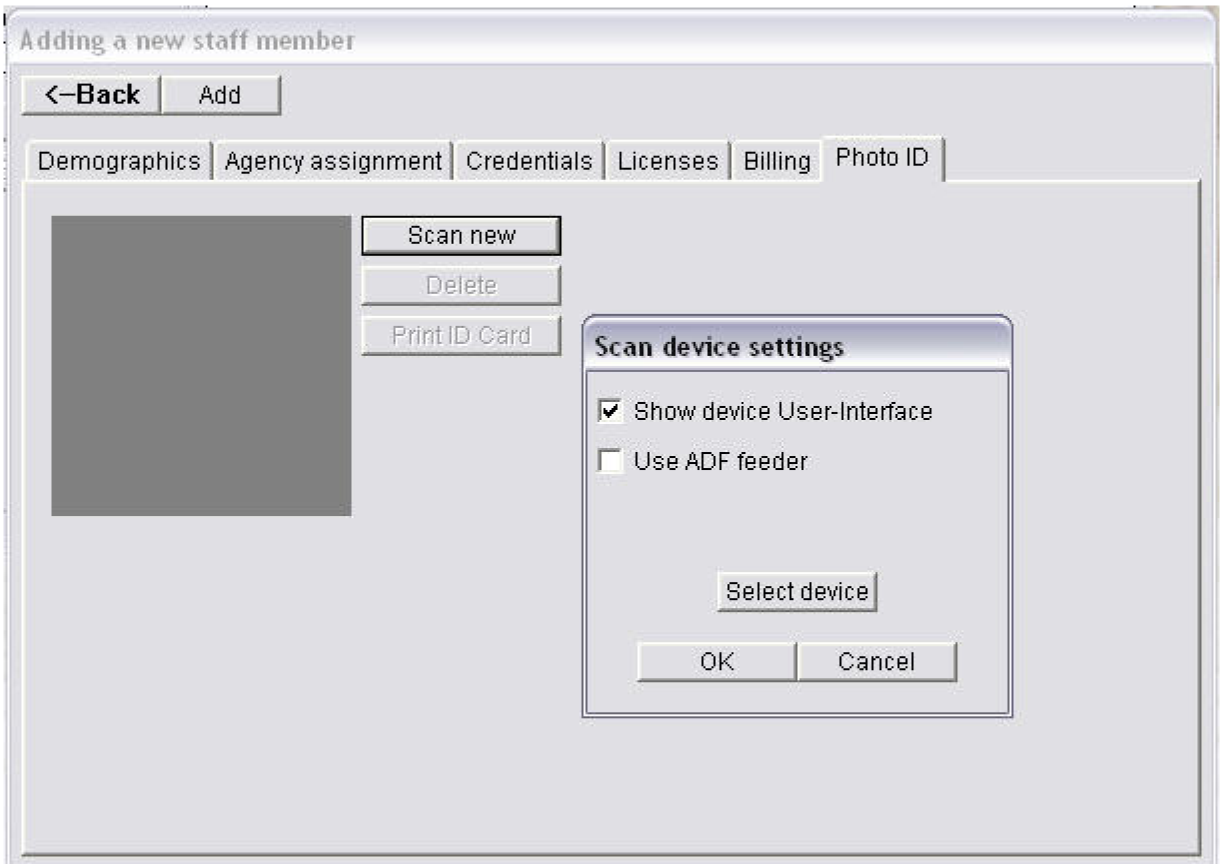
The License Number and Expiration Date are required for Electronic Billing.

Billing tab:



MMIS#: Use the agency's Medicaid ID# here.
Provider type: as classified by Medicaid
Billing PIN: for electronic billing, enter Medicaid # here. leave **Personal Pin#** blank.
Provider type: the Medicare modifier code
PI insurance Provider Type: for managed care authorization, only certain types of providers are permitted.
Taxonomy Code: optional feature linked to the premium Taxonomy dB available, as required by Private Insurance companies with HIPAA.

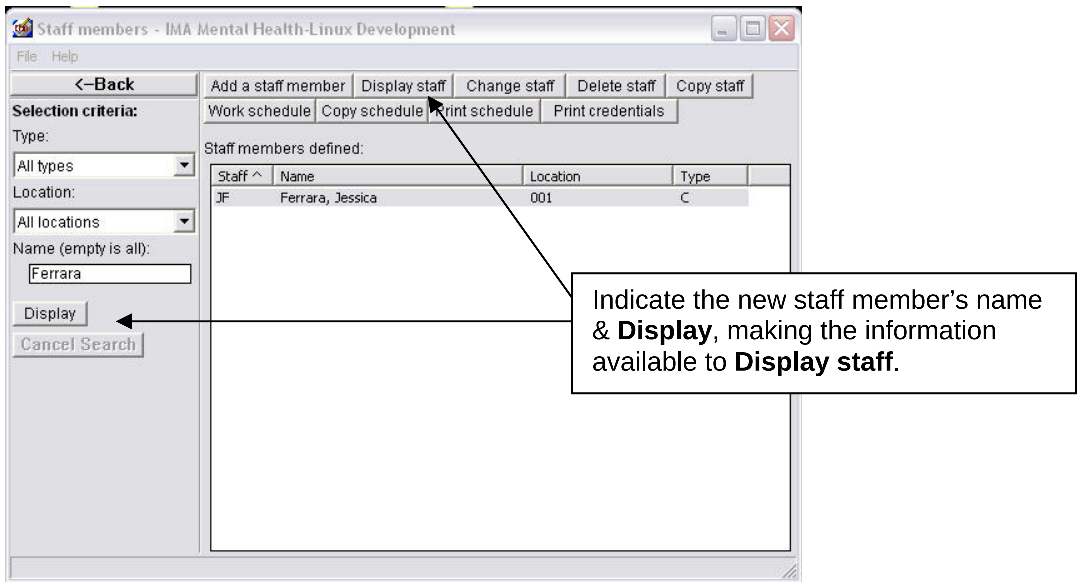
Photo ID



This premium option features new functionality to capture and store staff photo images for ID card printing. This program requires extensive set up and investment in a camera, printer and scanning device.

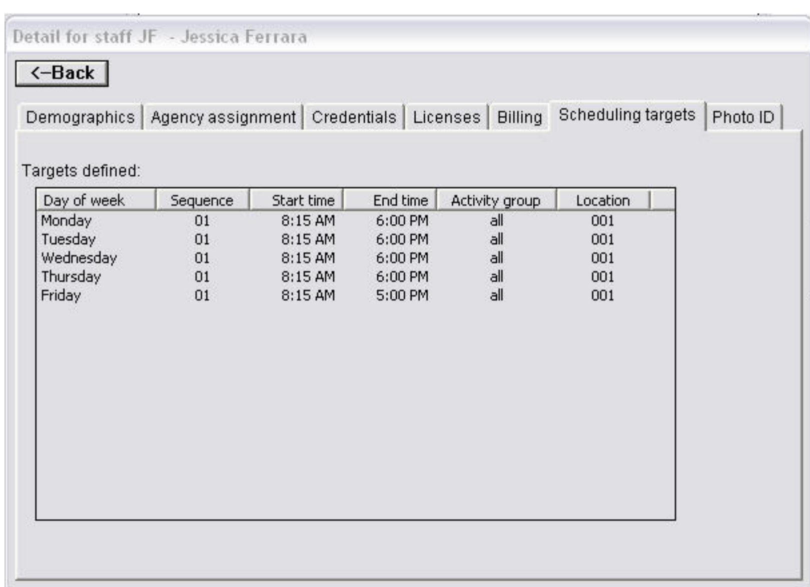
It allows for an electronically maintained photo image of the staff person for reference, security, etc. Please contact an IMA specialist for details and pricing.

In accord with instructions detailed in the "Appointment Schedule and Calendar" chapter of the Desktop Implementation Guide, at the conclusion of adding a staff member, his or her work schedule is put onto the system and available for viewing.



All of the details that have been entered are available in 'view only' screens. The new tab **Scheduling Targets** appears listing the staff member's availability

Detail for staff



Worksheet to Create the Agency Profile

As part of the IMA Desktop Implementation Manual, we have provided a special Excel workbook file where all details can be noted and all necessary documents attached.

1. The Name of the agency and the address of the primary location:

2. Other locations:

3. List all the programs operated:

4. List the services and groups provided by the agency:

5. Write down the basic schedule of these services and groups:

6. List all the staff activities that account for time & productivity that you will want to capture:

7. List all the people who will have access to the system and their roles (data entry, billing, service provider, etc.)

8. Note the staff / service provider billing information for Medicaid, Medicare and Private Insurance.

9. Agency Medicaid information: Provider ID, Locator code, Rate codes, Rates for specific services.

10. Agency Medicare billing information: Provider ID, CPT codes, Rates.

11. List every private insurance company and managed care company, including their billing addresses, the CPT codes billed, and the rates negotiated or expected for each service and the format of claims submission (ie electronic/disk (HIPAA X12 or paper HCFA, UB92):

12. List here all the necessary regulatory reports that must be completed with their due dates (example: OMH LS3 or OASAS PAS 44 & 45, 46, 48):

13. Attachments
Please obtain copies of the following materials and attach them to a printout of the spreadsheets to complete the Agency Profile:

- [ ] A Medicaid Remittance form that is currently used.
- [ ] A full list of the 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