MENTAL HEALTH MIS

SERVICE ENTRY TRAINING

County of San Diego
Behavioral Health Services

TABLE OF CONTENTS

This handout contains screen shots of confidential and proprietary information for view only. It shall not be copied or shared for anything other than its intended purpose as a training device for the County of San Diego, Mental Health Management Information System.

CONFIDENTIALITY

HIPAA regulations mandate that all client information be treated confidentially.

Access to CCBH is based on your position and your job classification. You will have the access you need to complete your job duties. This can include access to clients in your Unit/SubUnit or may include full client look up. Remember – with more access comes greater responsibility regarding confidentiality!

You are not to share passwords with other staff. The Summary of Policy you signed before receiving your access to CCBH included your agreement to this directive. You are still responsible if someone with whom you have shared your password violates confidentiality!

The MIS unit investigates any suspicions regarding sharing of passwords. Consequences are up to, and may include termination.

Do not open any active client charts unless instructed to do so, or if it is required to complete your job duties. "Surfing" clients is a blatant breach of confidentiality.

Remember you are personally and legally responsible for maintaining confidentiality. Take it seriously.

Do not leave your computer unlocked with client data on the screen for others to access or view while you are away from your desk. Lock your CCBH session before leaving your computer.

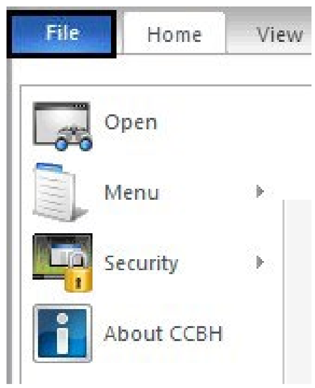
When printing, make sure you are printing to a confidential printer, and pick up your paperwork quickly. Leaving printed Protected Health Information (PHI) out is also a confidentiality violation.

Play it safe – keep in mind how you would want your own PHI handled!

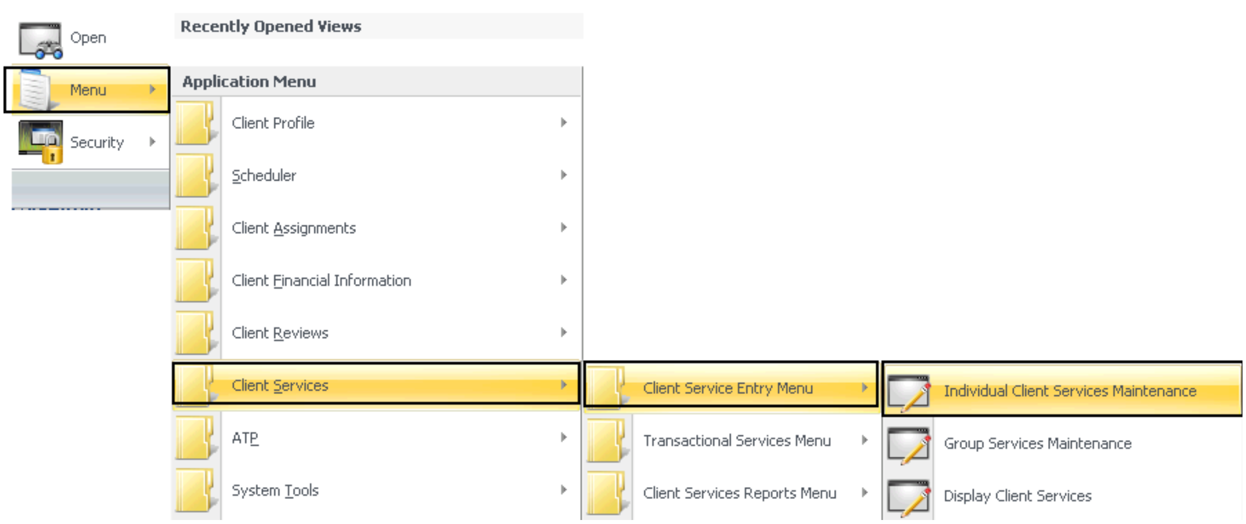
EXTERNAL VIEW

Via Clinician's Homepage

- If you are working on client assignments, service entry, scheduler, reports, and others, you will use the External View, which is outside of the Clinician's Homepage.
- To access the External View, click on the File Tab.



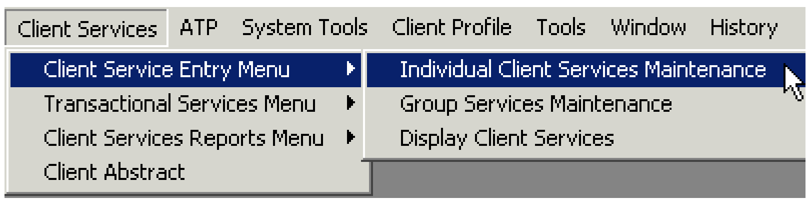
- At the File Tab, hover over Menu, and click your desired menu and submenu(s).



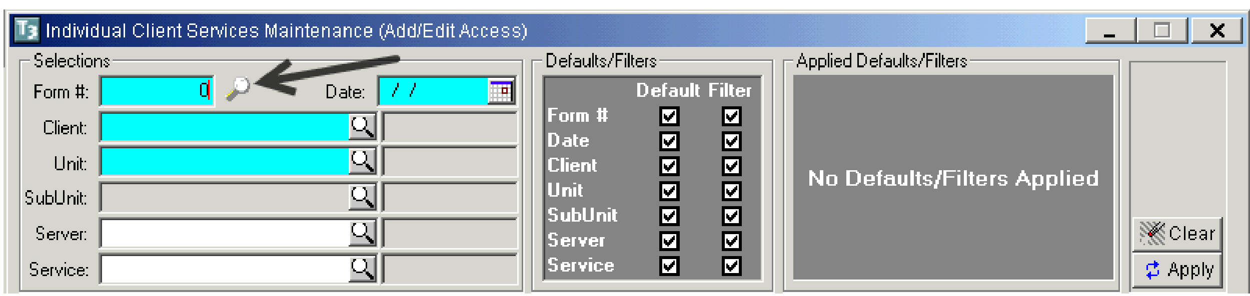
Entering Individual Client Service

To access from the External View:

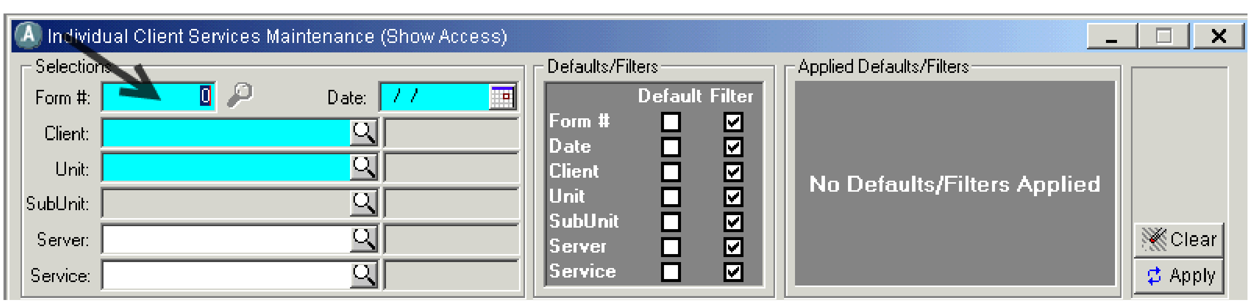
1. Click on "Client Services."
2. Click on "Client Service Entry Menu."
3. Click on "Individual Client Services Maintenance."



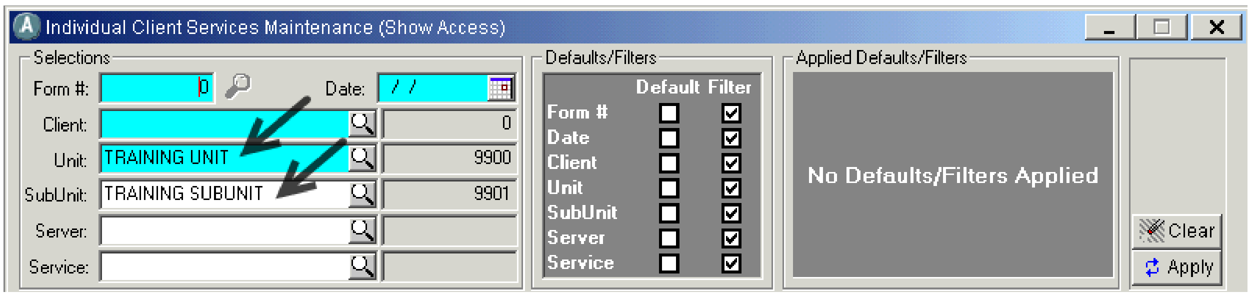
4. A new window appears, consisting of top, middle, and bottom containers. In the top container, click on the magnifying glass icon located to the right of the "Form #" field.



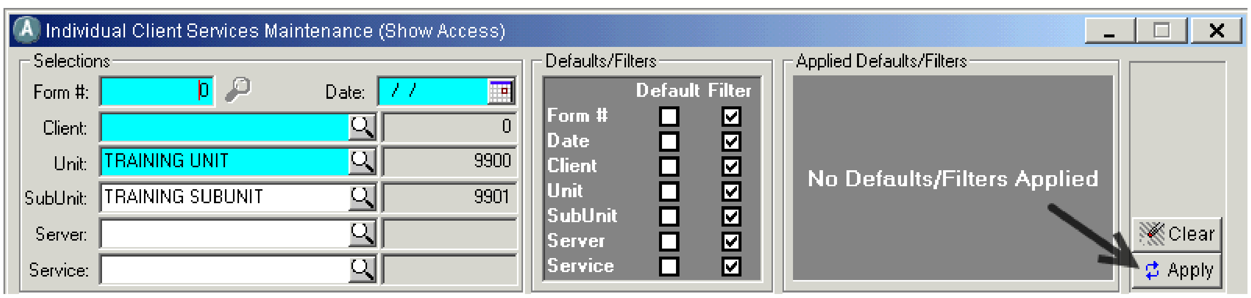
5. A "Form #" will automatically generate. The form number should be manually noted on the Service Record for tracking purposes. This will allow you to return and make any corrections or deletions as needed.



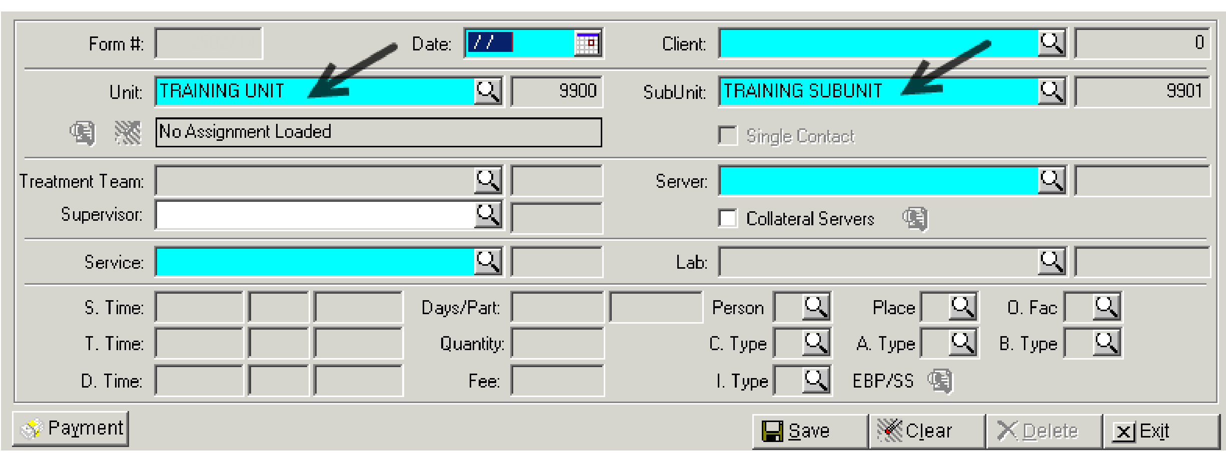
6. The top container is for setting defaults/filters. In the top container, enter only the information that you want to remain constant in your data entry. For example, when you are entering multiple services for the same Unit and SubUnit, you will enter the Unit and SubUnit information in the appropriate fields.



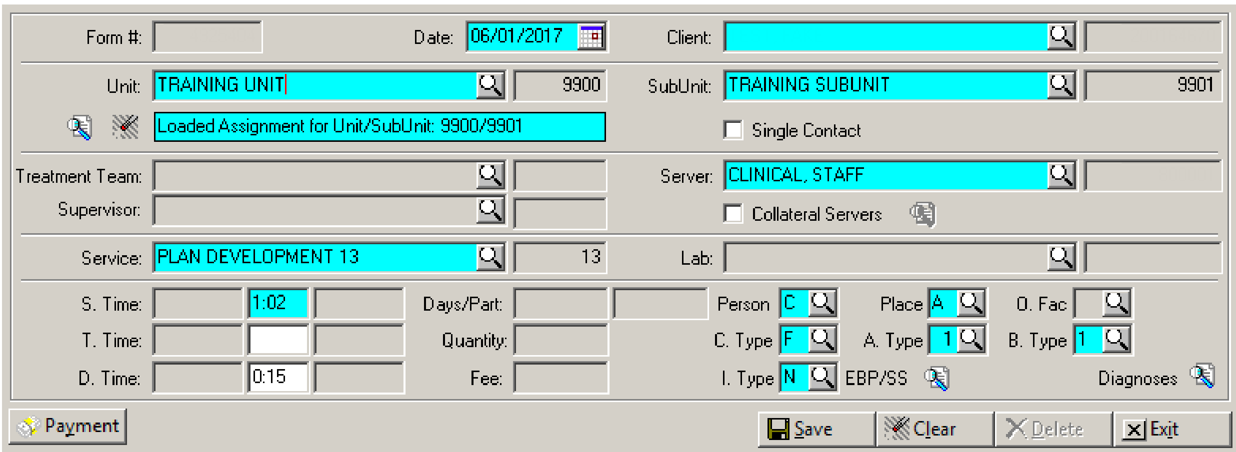
7. Click on the "Apply" button.



8. The bottom container, which is where you do data entry, will be pre-populated with the information entered in the top container.

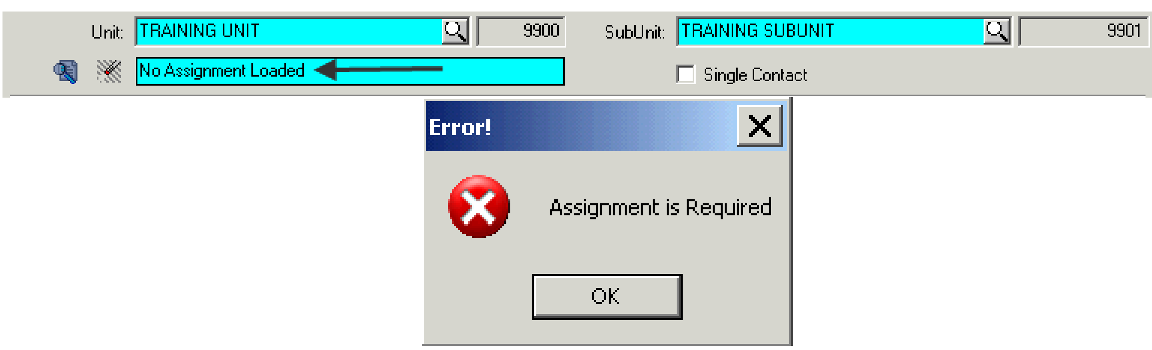


9. Enter the information from each field of the paper form in the appropriate place. For example:

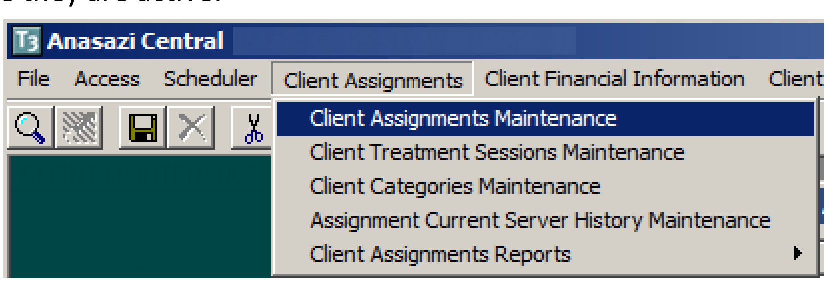


Note:
S.- Service Time
T.- Travel Time
D.- Documentation Time

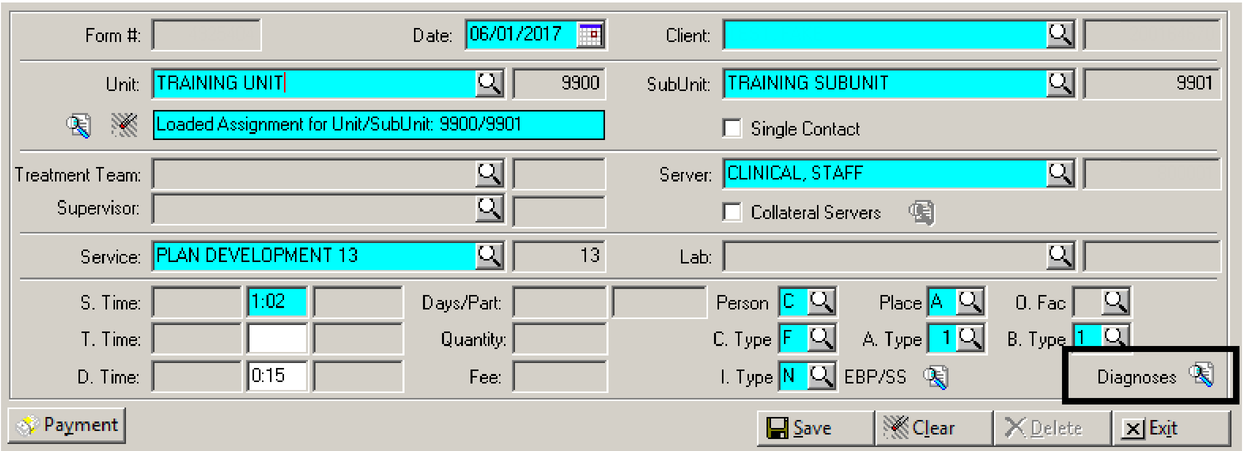
Note:
If it says “No Assignment Loaded” in the bottom container, you will get an error message when you click “Save.”



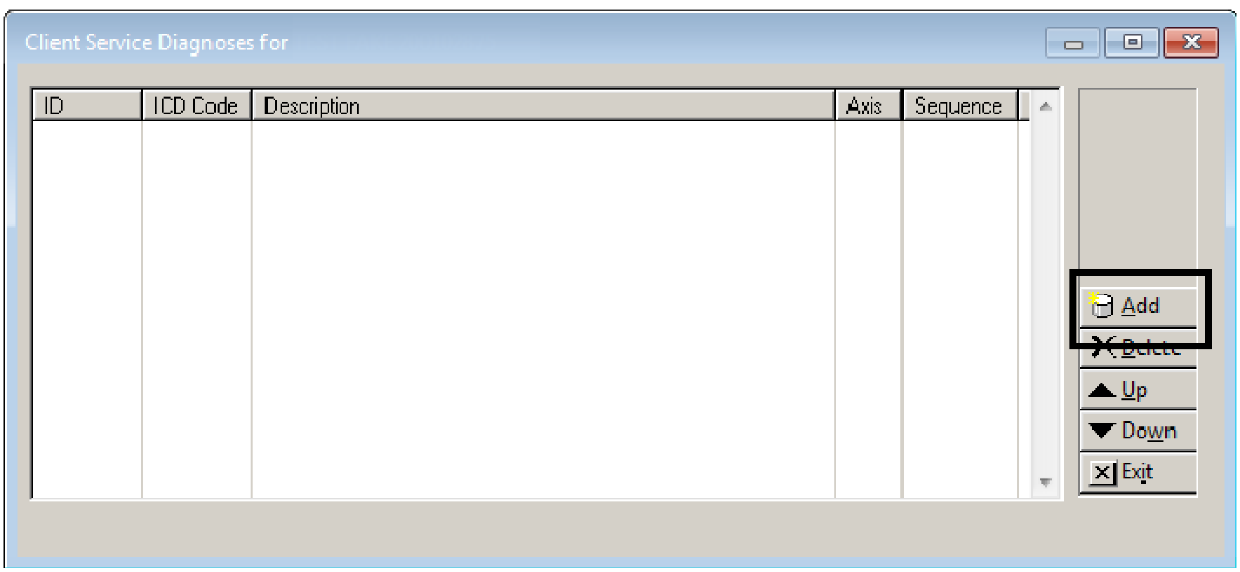
Go back and check the client’s assignment through the “Client Assignment Maintenance” menu to ensure they are active.



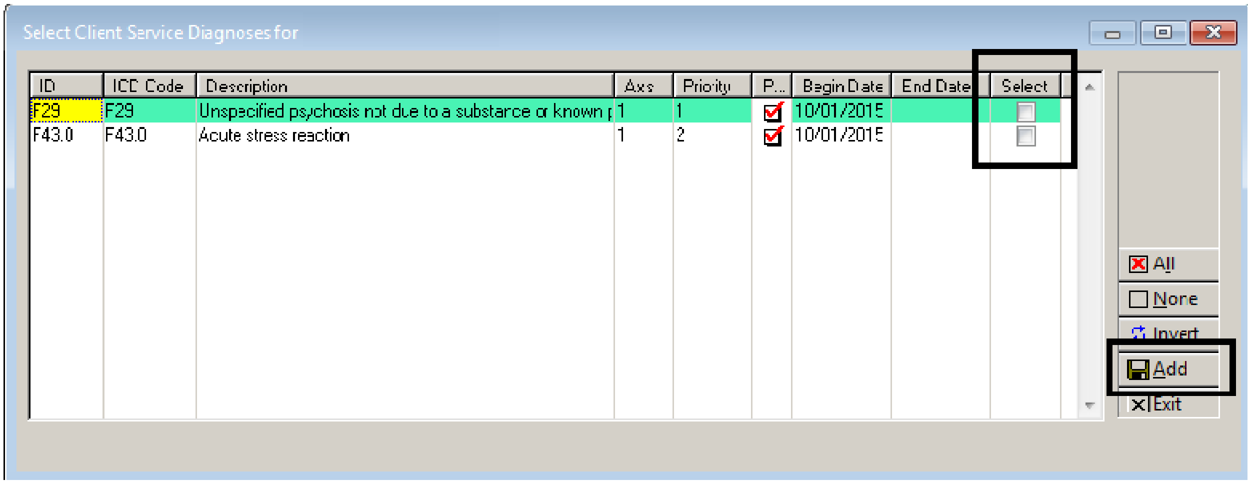
10. The “Diagnoses” button appears after the client is selected and Unit/Subunit are entered. However, this button should not be utilized until the server, service code, and billing indicators are in place.



11. When you click on the button, a new screen will display. Select “ADD” to see a list of the client’s active diagnoses on that date of service:

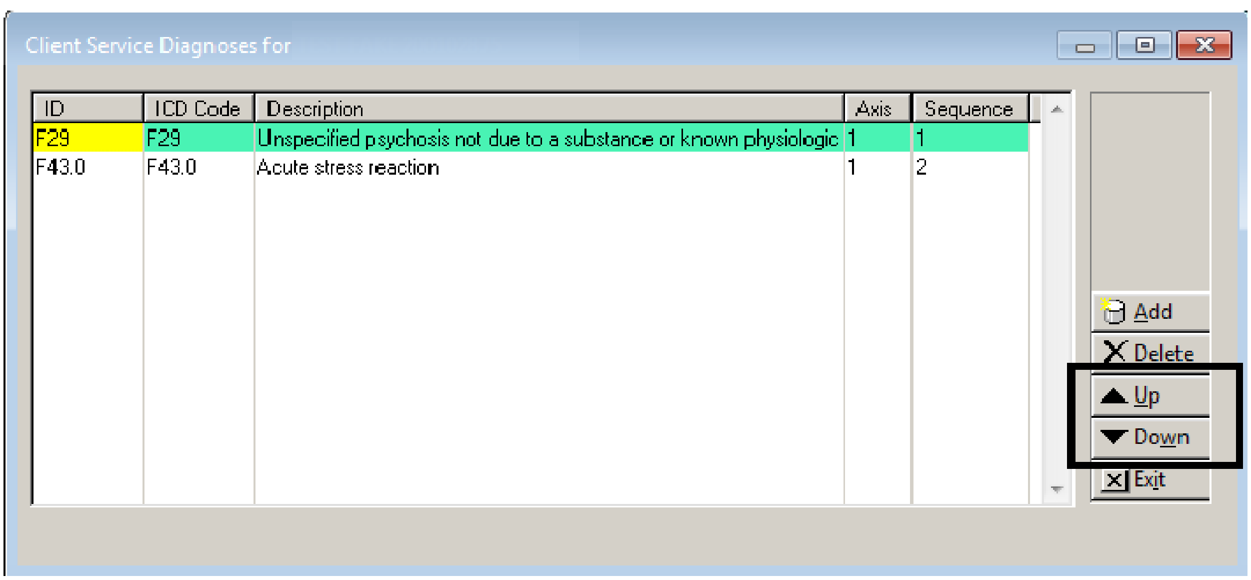


12. Select the diagnosis you wish to be added to the service by checking the corresponding box(es), and selecting “Add.”

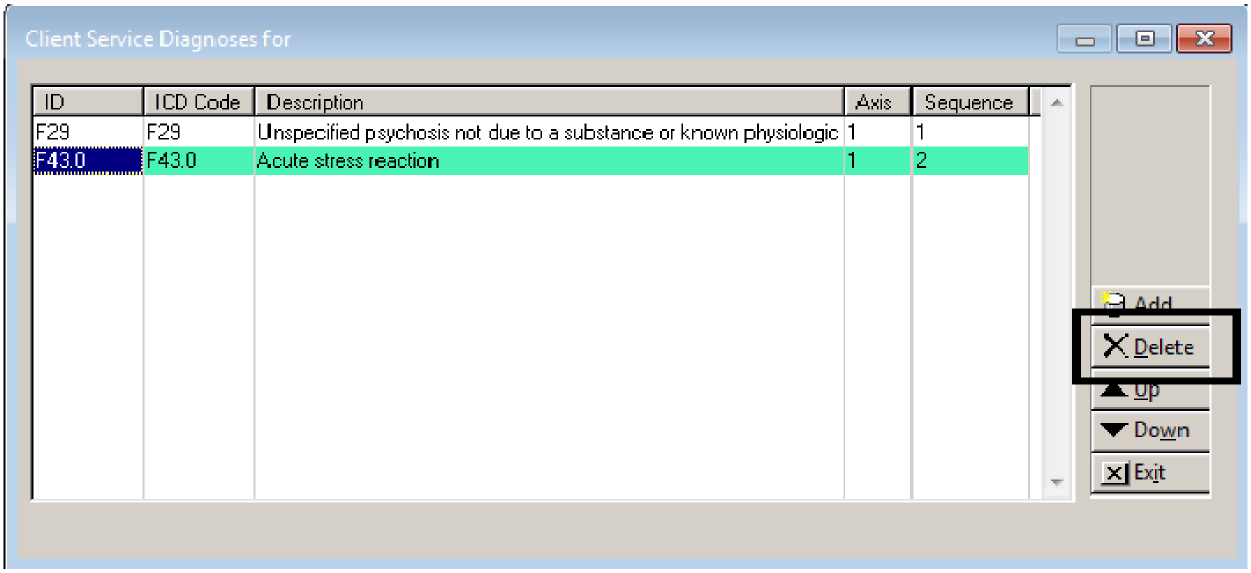


To link a client’s diagnosis that is not listed, a new diagnosis assessment must be entered and final approved.

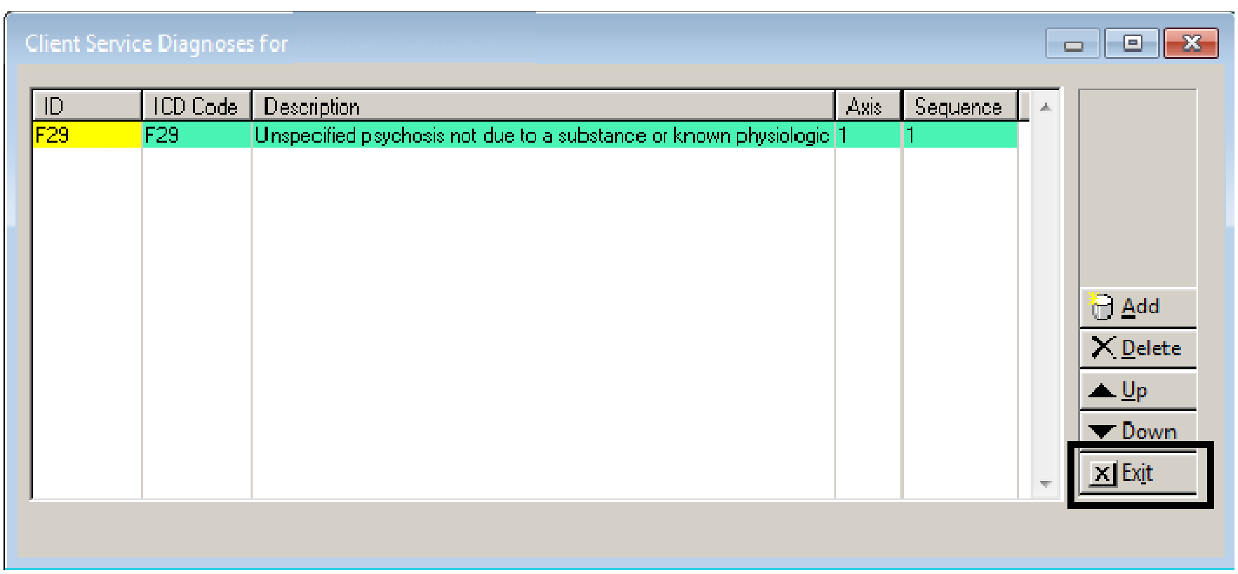
13. If you add multiple diagnoses, users are able to reprioritize the diagnoses being treated by selecting a diagnosis and using the “Up” and “Down” buttons. The mental health diagnosis being treated should be first in the sequence.



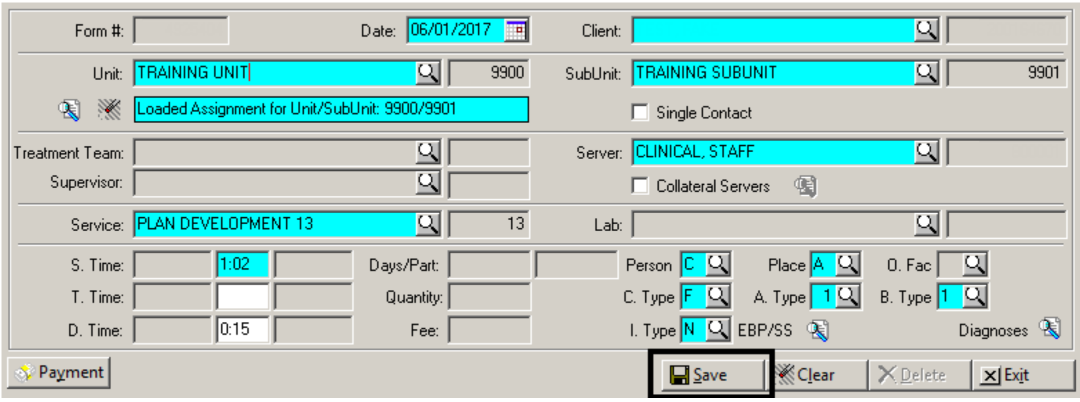
14. If you would like to remove an added diagnosis, highlight the diagnosis to be removed and select “Delete”. Deleting a diagnosis on this screen only removes it from the service. It does not delete it from the client’s chart.



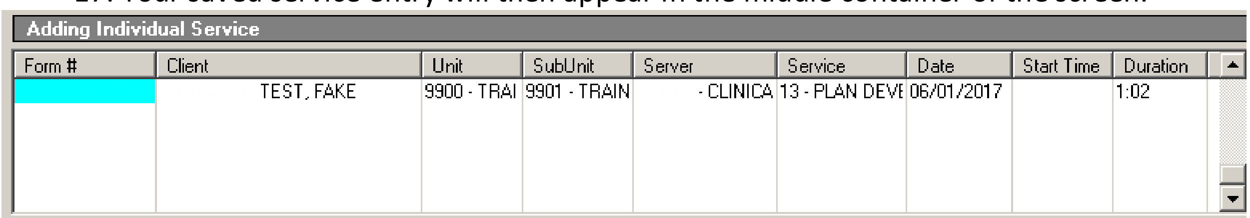
15. When finished, the screen should match the hard copy of the Service Entry Request Form, select “Exit.”



16. Once you have entered all of the information from the paper form, select "Save."



17. Your saved service entry will then appear in the middle container of the screen:



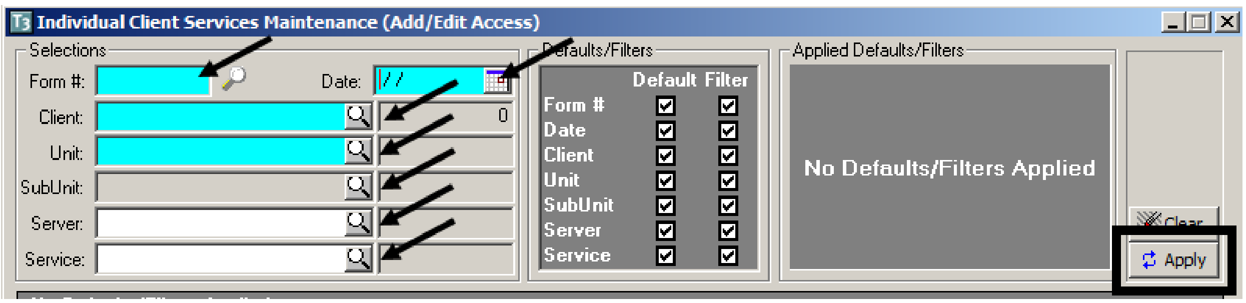
Note: If there was a collateral server- a separate service will be entered to bill for their unique contribution for the specialty mental health service.

NOTES

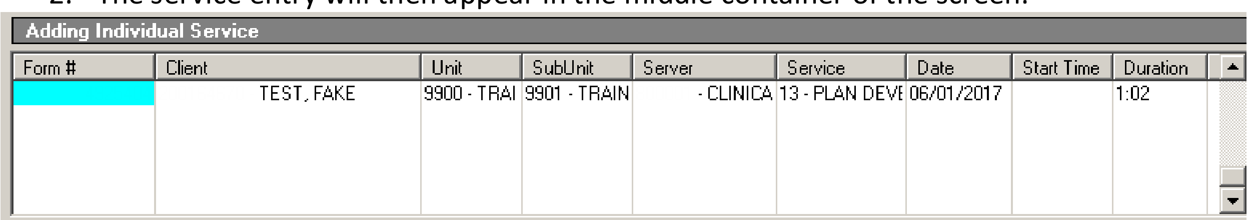
Editing an Individual Client Service

Edits to individual services are only allowed until the service has been claimed. Once the service has been claimed, no edits are possible. To edit an existing individual service, you must first bring up the service.

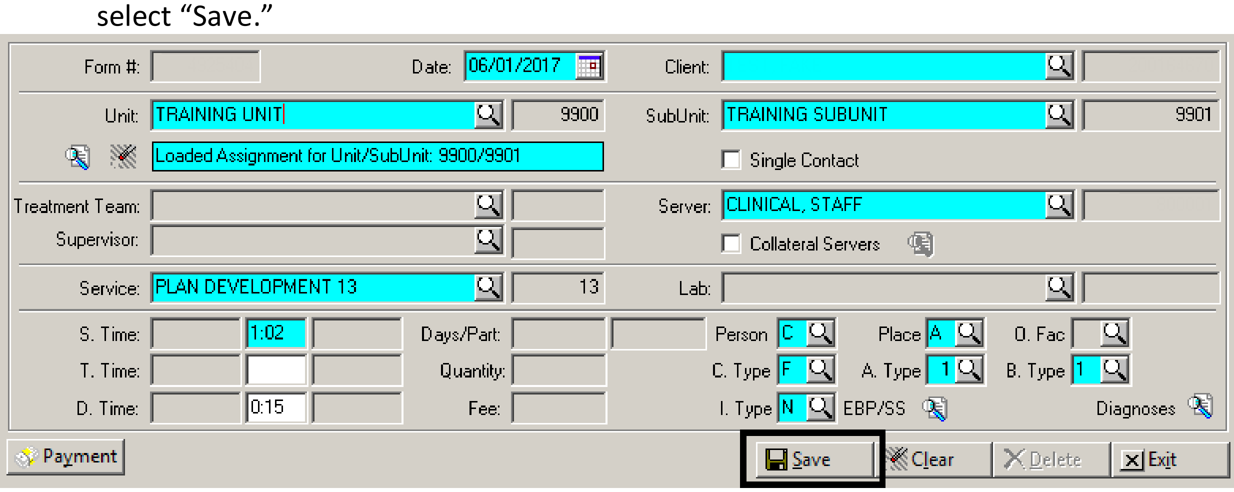
1. Enter in the identifying information (Form number, date, client ID, unit, subunit, server, or service code …) and select "Apply."



2. The service entry will then appear in the middle container of the screen:



3. Double click on it and make any appropriate changes in the bottom container. Then select "Save."

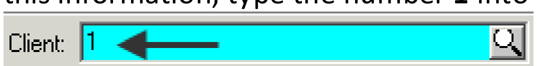


Entering Individual Service Records for For MAA (Medical Administrative Activities) Services

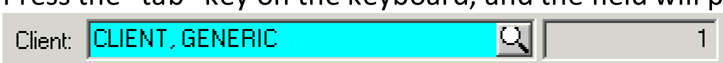
Not all programs have the capacity to bill MAA services. This type of service can only be billed by programs that have a specific contract to do so.

MAA services are entered into CCBH using the "Individual Client Services Maintenance" screen that has been demonstrated. There are **<u>three main differences</u>** that differentiate MAA service entry from other service entry:

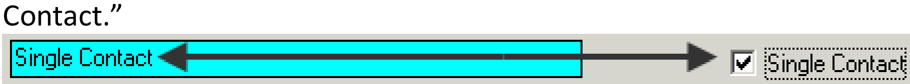
Difference 1: All MAA services are entered using **CLIENT, GENERIC** as the client name. You can only use **CLIENT, GENERIC** when billing MAA; it has been set up for this specific use. To enter this information, type the number **1** into the client field.



Press the "tab" key on the keyboard, and the field will populate with **CLIENT, GENERIC**.



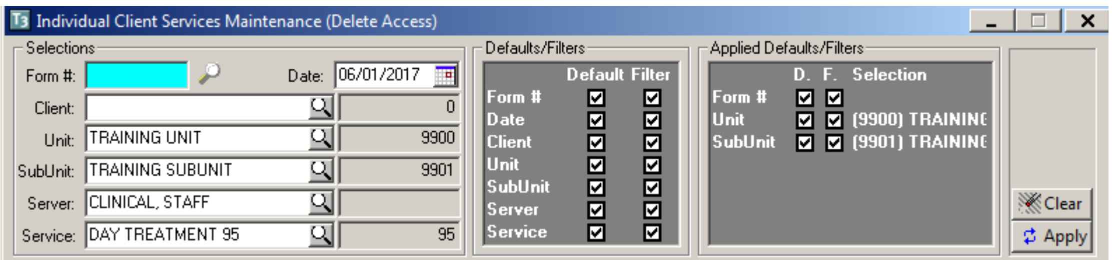
Difference 2: In the bottom container, click in the box to the left of "Single Contact." Note: When you select the "Single Contact" box, the field indicating the assignment displays "Single Contact."



Difference 3: After you have completed your data entry and selected the "Save" button, you may get a "Potential duplicate Services detected" warning screen. If you get this screen for **<u>MAA Service Entry ONLY</u>, select the "Yes" button to continue with the save.**

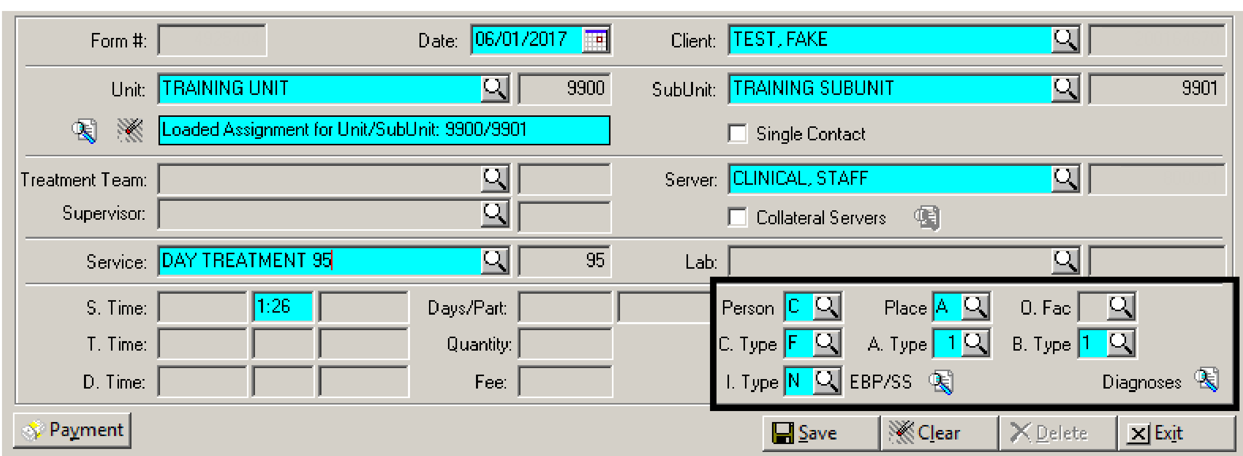
Entering Individual Service Records for Day Treatment Services

The only difference between entering Day Treatment services and other types of services is the service code. The service code for Day Treatment is 95. Since there is only one service code, you can set it as a default in the top container



Note: There is only one day treatment service code since Day Treatment is an all inclusive service. Enter in the actual time the client participated in the therapeutic milieu for service time. If the client was not present, no entry is required. Never enter 0 (zero).

Fill in the appropriate billing indicators. Select "Diagnoses" to add the correct diagnoses as indicated by the treating clinician. Add EBP/SS to indicate a Child Family Team Meeting or homework assigned, if applicable.



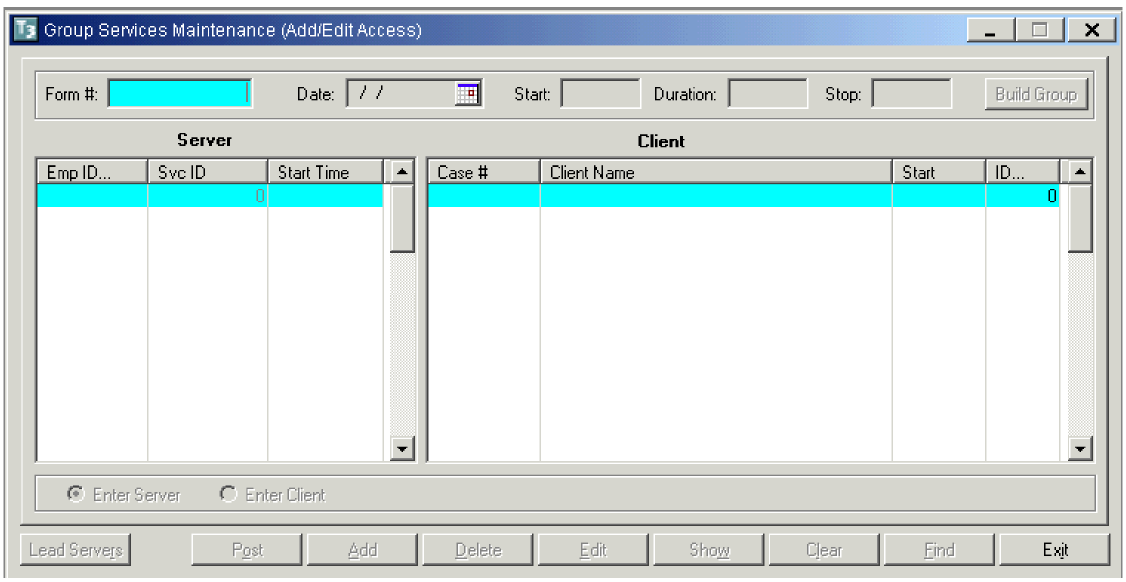
Select "Save" when complete.

Entering Group Service Record Forms

Accessing Group Services:

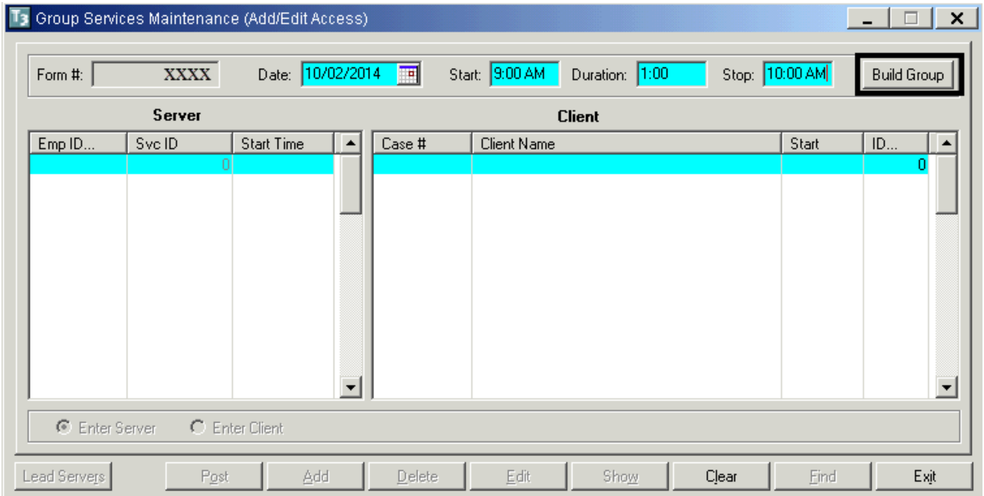
1. Go to the menu bar and select the “Client Services” button
2. Select the “Client Service Entry Menu”
3. Select “Group Services Maintenance”

Next, you will see the “Group Services Maintenance” window.



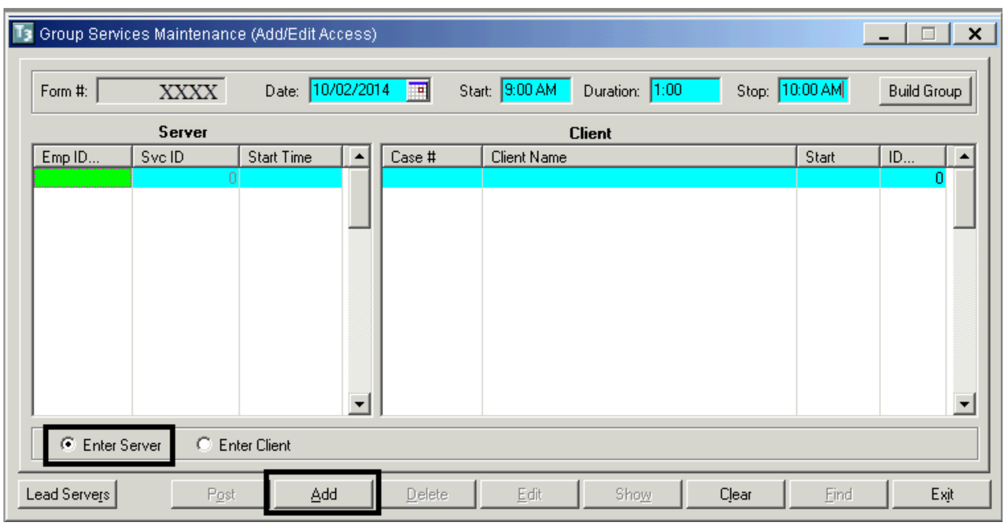
Completing the top fields (Form#, Date, etc):

1. Form #: Put your cursor in the “Form #” field and press the “Tab” key; this will automatically generate a form number.
2. Date: Enter the day the group took place.
3. Start: Enter the start time of the group session and press the “Tab” key.
   (Note: The system defaults to the A.M., so add a “P” for PM time)
4. Duration: Enter the duration of the session and press the “Tab” key.
   (Enter time as H.MM ex: 45 min is .45; 1 hr 30 min is 1.30)
5. Verify the end time that populates is correct.
6. Select the “Build Group” button; this will allow you to enter group information.



Build a Group:

1. After you select the "Build Group Button," the "Group Services Maintenance" screen is enabled:



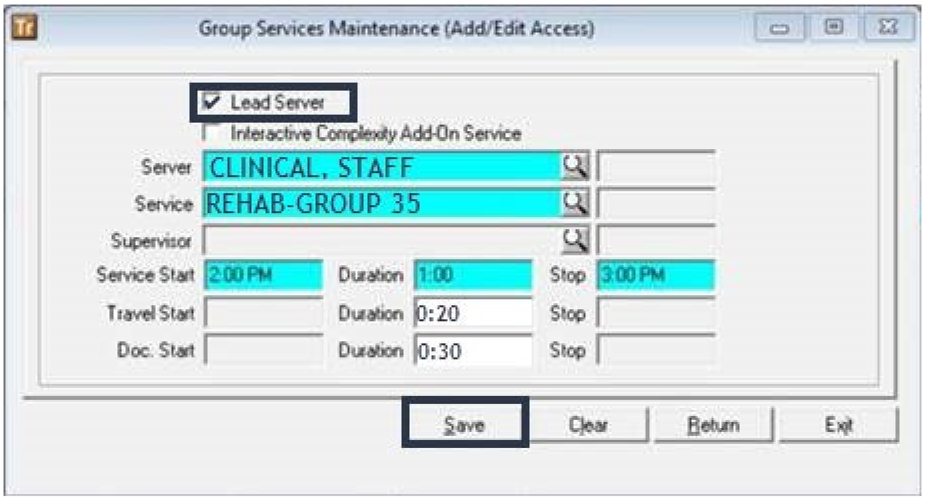
2. Click on the "Enter Server" radio button.
3. Click on the "Add" button.
4. This opens a second "Group Services Maintenance" screen where you add the server.

Adding Server:

1. Server: Enter the server's CCBH ID number and tab out of the field.
2. Service: Enter group service code and tab out of the field.
3. Service Start, Duration, and Stop times all populate from the previous screen.
4. Travel Duration: Enter time for travel if applicable; if not, leave blank.
5. Doc Duration: Enter documentation time.
6. Lead Server: A lead server must be indicated. Check the box "Lead Server."

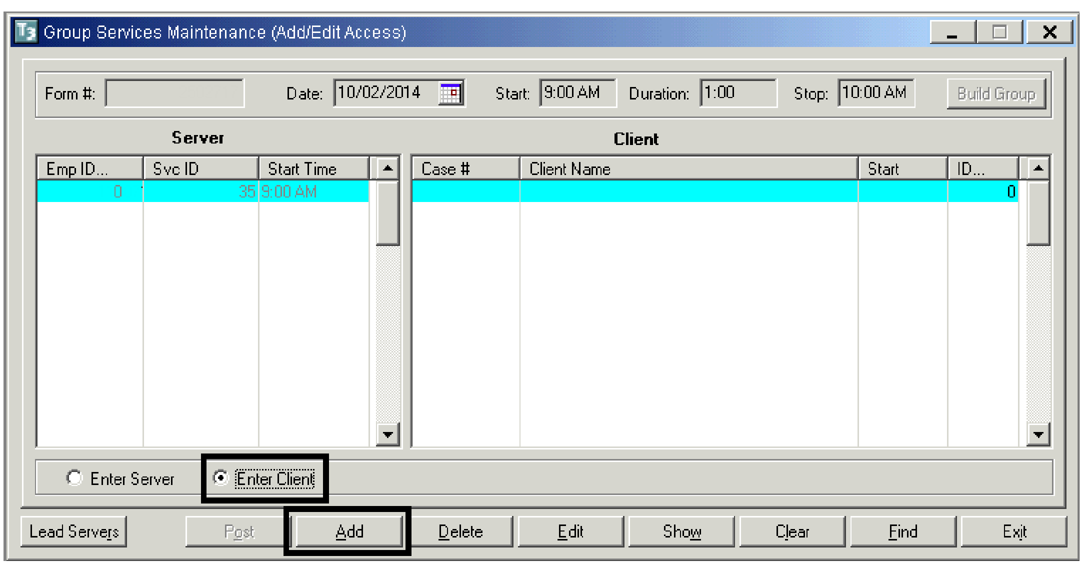
7. Select “Save.”

Note: If there is more than one server, the collateral server will be added as a separate group service utilizing service code 815.

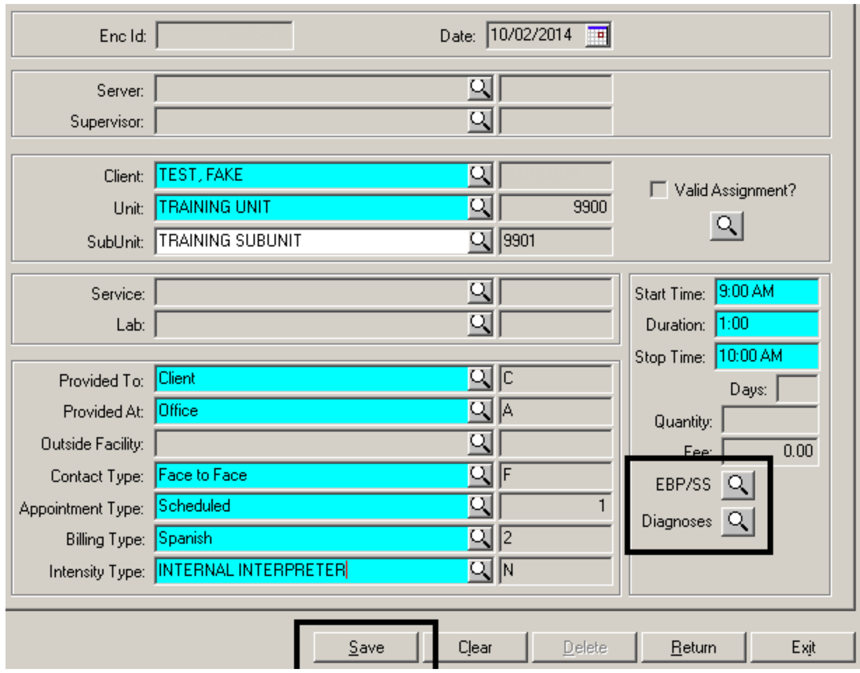


Adding Clients:

1. After you save, you will return to the “Group Services Maintenance” screen.
2. Click on the “Enter Client” radio button.
3. Click on the “Add” button. This opens the “Group Services Maintenance” screen to add clients.

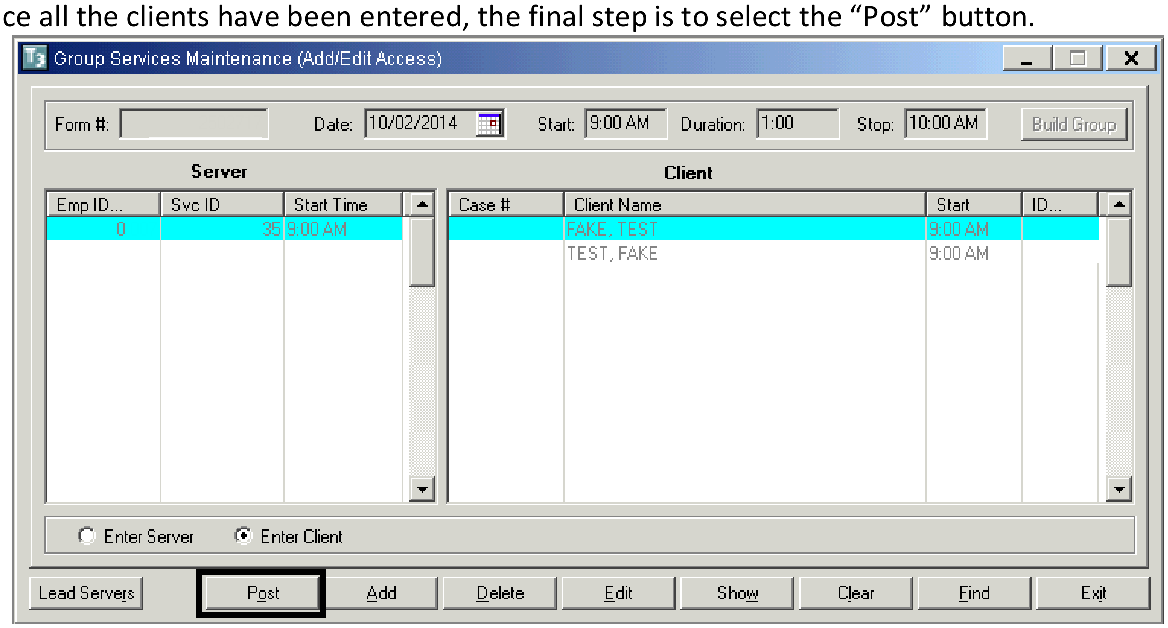


4. Client: Enter client's CCBH #.
5. Unit: Enter Unit #.
6. SubUnit: Enter SubUnit #.
7. Time for each client auto populates. Start, Duration, and Stop times can be changed as necessary.
8. Check billing indicators and update as necessary.
9. The Group Service Entry screen will have a "Diagnoses" button appear after the client is selected and Unit/Subunit are entered. However, this button should not be utilized until the server, service code, and billing indicators are in place.

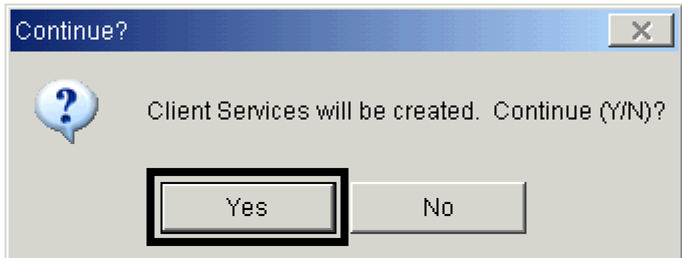


10. Select the "Diagnoses" button to link the diagnoses with the service, as indicated by the clinical staff on the Service Entry Request Form. This screen functions identical to the one in Individual Client Services Maintenance.
11. Select the "Save" button to save the client to the group.
12. To add additional clients, repeat this process.

Once all the clients have been entered, the final step is to select the "Post" button.



The following message will display: “Client Services will be created. Continue (Y/N)?” Select “Yes.”



NOTE: When a group service has been posted in CCBH, it is SDMHS policy that it shall not be edited because client charges do not revise once the service has posted. The entire group service shall be deleted and re-entered correctly.

NOTES

CCBH SERVICE CODES AND DESCRIPTIONS

CCBH ID	CCBH DESCRIPTION
5	SCREENING
9	ASSESSMNT PSYCHSOC INTERACT
10	ASSESSMENT - PSYCHOSOCIAL
11	MEDICATION EVALUATION
12	PSYCHOLOGICAL TESTING
13	PLAN DEVELOPMENT
14	EVAL OF RECRD FOR ASSESSMNT
15	EXTERNAL REPORT PREPARATION
16	PSYCH TEST-TECHNICIAN
19	MEDS TRAINING AND SUPPORT
20	MED SERVICES COMPREHENSIVE
21	MEDICATION EDUCATION GROUP
24	MEDS EM MINIMAL PROBLEM
25	MEDS EM MINOR PROBLEM
26	MEDS EM EXPANDED LOW
27	MEDS EM DETAILED MODERATE
28	MEDS EM COMPREHENSIVE HIGH
30	PSYCHOTHERAPY - INDIVIDUAL
31	PSYCHOTHERAPY - GROUP
32	PSYCHOTHERAPY- FAMILY
33	COLLATERAL
34	REHAB-INDIVIDUAL
35	REHAB-GROUP
36	REHAB-FAMILY
37	REHAB EVALUATION
38	PSYCH THERAPY INTERAC-IND
39	PSYCH THERAPY INTERAC-GRP
40	COLLATERAL GROUP
46	THERAPTIC BEH SVCS-PLN DEV
47	THERAPTIC BEH SVCS - DIRECT
48	THERAPTIC BEH SVCS - ASSMNT
49	THERAPTIC BEH SVCS-COL
50	CASE MGT/ BROKERAGE
51	PATH SECTION 8 ASSISTANCE
52	PATH REFERRAL-SPECIAL SVC
53	JFS MENTAL COMP SCREENING

CCBH ID	CCBH DESCRIPTION
54	JFS JFAST EVALUATION
55	CASE MGT INSTITUTIONAL INDV
56	CASE MGT INSTITUTIONAL GRP
63	SUBSTANCE ABUSE EDUCATION
65	COMMUNITY SERVICES
66	SERVICE ATTEMPT FAILURE
70	CRISIS INTERVENTION
82	KTA ICC
83	KTA IHBS
90	CRISIS STABILIZATION
91	CRISIS STABILIZATION-ESU
95	DAY TREATMENT
99	UTILIZATION REV-AUTH
100	MEDS EM NEW MINOR PROB
101	MEDS EM NEW EXPANDED PROB
102	MEDS EM NEW DETAILED LOW
103	MEDS EM NEW COMP MOD
104	MEDS EM NEW COMP HIGH
105	MEDS EM MINIMAL PROB INT
106	MEDS EM MINOR PROB INT
107	MEDS EM EXPANDED LOW INT
108	MEDS EM DETAILED MOD INT
109	MEDS EM COMP HIGH INT
110	MEDS EM NEW MINOR PROB INT
111	MEDS EM NEW EXPAND PROB INT
112	MEDS EM NEW DETAILED LOW INT
113	MEDS EM NEW COMP MOD INT
114	MEDS EM NEW COMP HIGH INT
115	MEDICATION EVAL INT
201	MAA CASMGT/NON OPN NONSPMP
202	MAA CRISIS REFRL/NON-OPEN
203	MAA MCAL ELIG INTAKE
204	MAA MEDI-CAL OUTREACH
205	MAA MENTAL HEALTH OUTREACH
206	MAA SPMP CASE MGM/NON-OPEN
207	MAA PROG PLAN & DEVEL SPMP

CCBH ID	CCBH DESCRIPTION
208	MAA PRG PLAN & DEV NONSPMP
209	MAA IMPLEMENTATION/TRAIN
301	Z ARSONIST EVAL
302	Z INVOL MEDS-RESTR SAN EVAL
303	Z MENTAL COMPETENCY EVAL
304	Z NARCOTICS ADDICTION EVAL
306	Z PRE-SENTENCING EVAL
307	ZZ MH FORENSIC EVAL
308	Z CHILD SEX OFFENDER EVAL
309	Z 180-DAY COMMITMENT EVAL
310	Z OTHER SUPERIOR CRT EVAL
311	Z DETENTION OF MDO
312	Z SANITY/RESTR SANITY EVAL
313	Z TERMNTE PARENT RIGHT EVAL
314	Z MDO EVALUATION
785	INTERACTIVE ADD ON
800	NON-BILL CASE MANAGEMENT
801	NON-BILL MED/SUPPORT SVCS
802	NON-BILL MENTAL HEALTH SVS
803	NON-BILL CRISIS INTERVENT
804	NON-BILL FULL DAY INTEN TX
805	NON-BILL HALF DAY INTEN TX
806	NON-BILL FULL DAY REHAB TX
807	NON-BILL HALF DAY REHAB TX

CCBH ID	CCBH DESCRIPTION
808	NON-BILL TBS
809	NON-BILL IP HOSP BED DAY
810	NON-BILL PHF BED DAY
811	NON-BILL CRISIS RES BEDDAY
812	NON-BILL ADULT RES BED DAY
813	NON-BILL CRISIS STABIL EPU
814	NON-BILL CRISIS STABIL-ESU
815	NON-BILL OTHER SUPPORT SERVICE
882	NON-BILL KTA ICC
883	NON-BILL KTA IHBS
900	BED DAY
903	BED DAY HOLD
904	NO MEDICAL NECESSITY BED DAY
905	CRISIS RESIDENTIAL SVC
906	HOSPITAL IP-ACUTE DAY
907	HOSPITAL IP-ADMIN DAY
908	PSYCH HEALTH FAC BED DAY
909	CRISIS RESIDENTIAL BED DAY
910	ADULT RESIDENTIAL BED DAY
998	PENDING VOID AND REENTRY
999	VOIDED PROGRESS NOTE
9075	TRANSITIONAL CARE MGT- MODERATE
9076	TRANSITIONAL CARE MGT- HIGH
9182	CFT MEETING

For complete descriptions, go to the OptumHealth Public Sector website and the "Service Code Approved Use Summaries" document.

Service Entry Reports

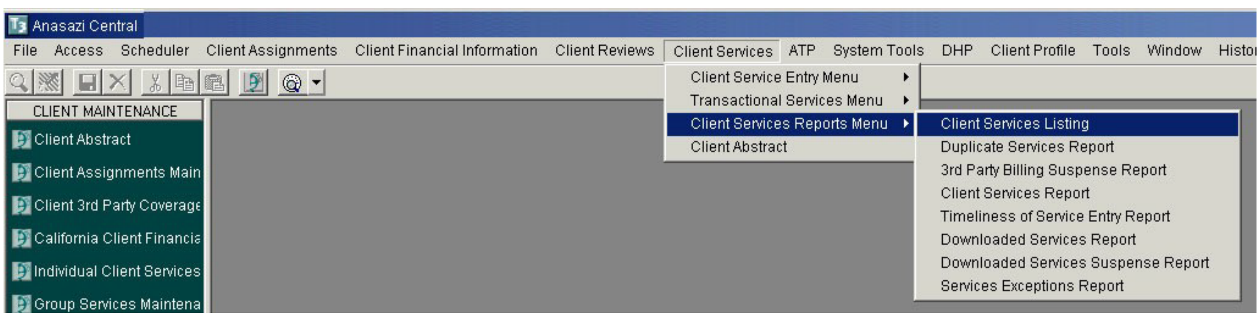
All service entry reports are located under the "Client Services" menu.

Client Services Listing Report

This report is used by assigned staff to audit the accuracy of daily service entry. The report captures all services entered on a specified date or date range regardless of when the services were performed.

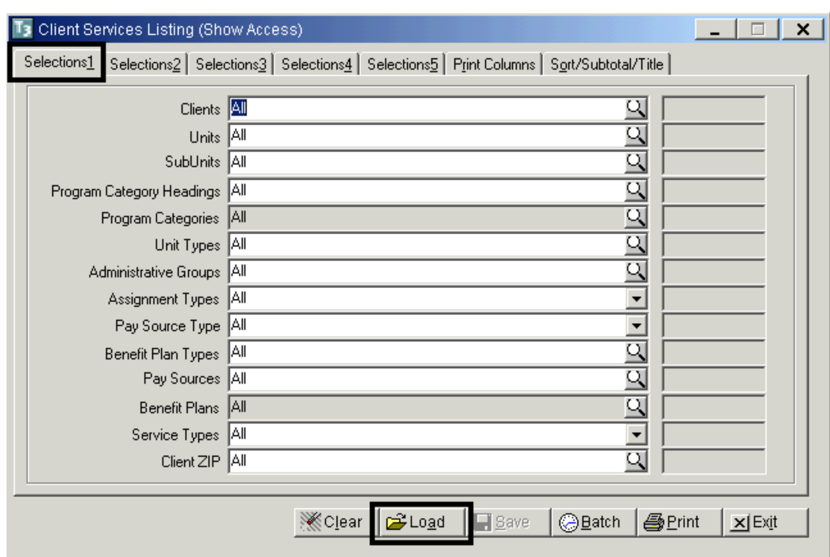
Data entry staff can run this report daily to verify services entered on a specific date.

- Click on "Client Services."
- Click on "Client Services Reports Menu."
- Click on "Client Services Listing."

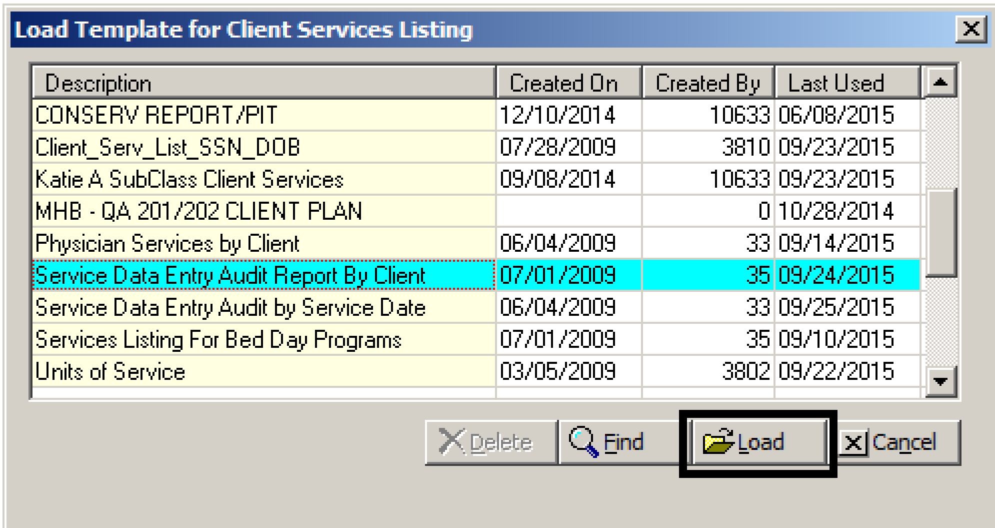


The "Client Services Listing" screen will appear. This screen has multiple "Selections" tabs.

- On the "Selections1" tab, select "Load." This will display a list of templates to choose from.



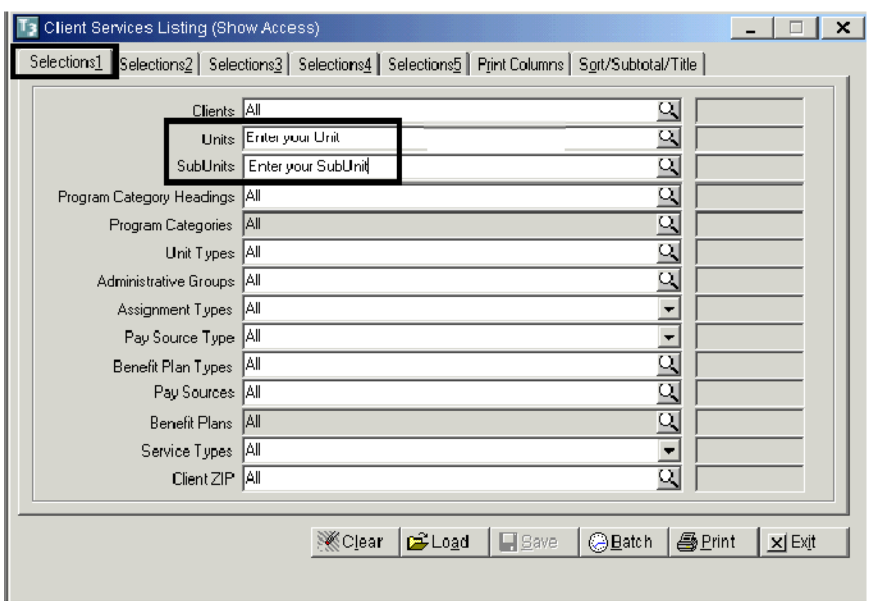
The “Load Template for Client Services Listing” screen will appear.



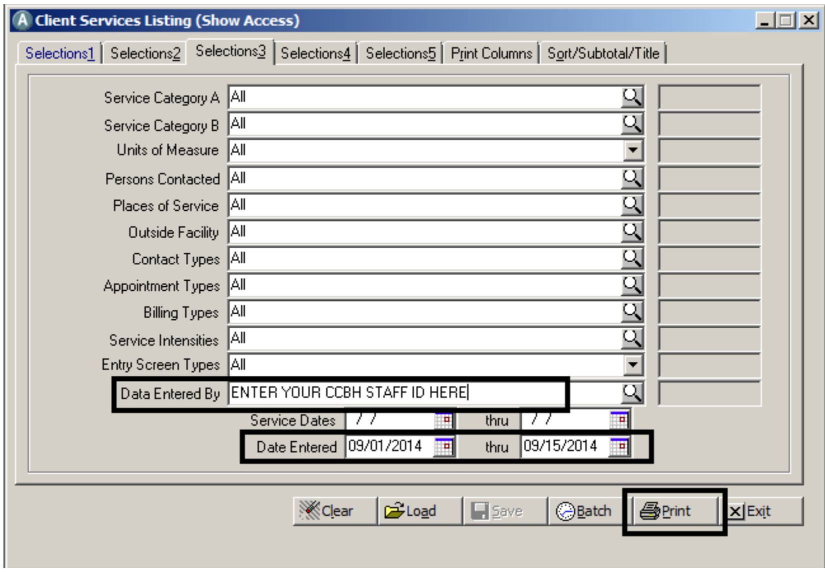
- Highlight the “Service Data Entry Audit Report by Client” from the template list and select “Load” again. Note: this is the LAST time you will select “Load” for running this report.

The “Client Services Listing” screen will re-appear:

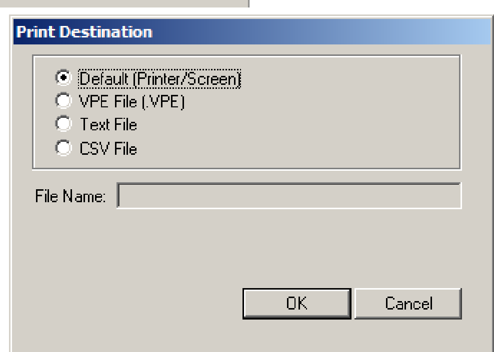
- On the “Selections1” tab, enter the Unit and SubUnit for which you are running the report.

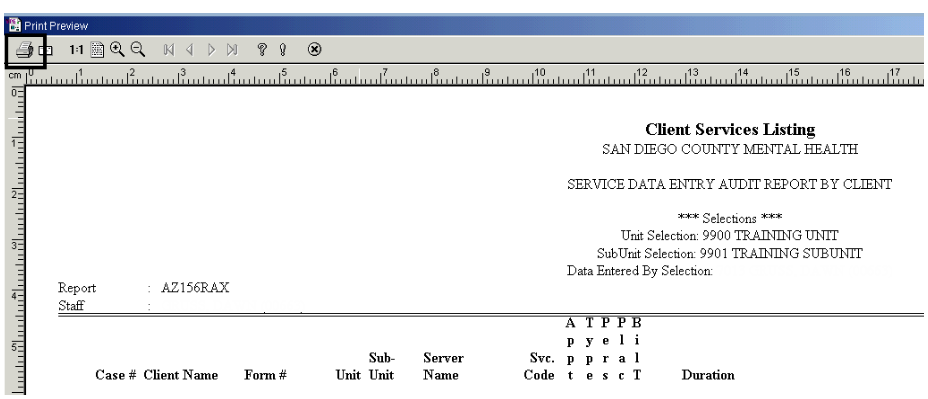


- On the “Selections3” tab, enter CCBH staff ID number in the “Data Entered By” field. Complete the date range covering the dates to be audited in the “Date Entered” field.
- Skip the remaining tabs; select “Print.



- The “Print Destination” screen will appear.
- Select “Default” to preview the report prior to printing. Click “OK.”
- If a printed report is needed, select the printer icon and select “Print.”



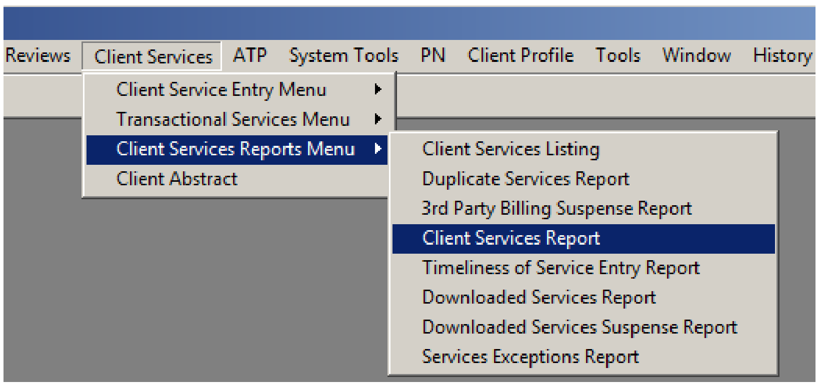


Element: Case#, Client Name, Form #, Unit, SubUnit, Server Name, Service Code, Appointment Type, Contact Type, Person Contacted, Place of Service, Billing Type, and Duration.

Client Services Report
998 Client Progress Note Audit Report

Data entry staff can run this report daily to find 998 services entered.

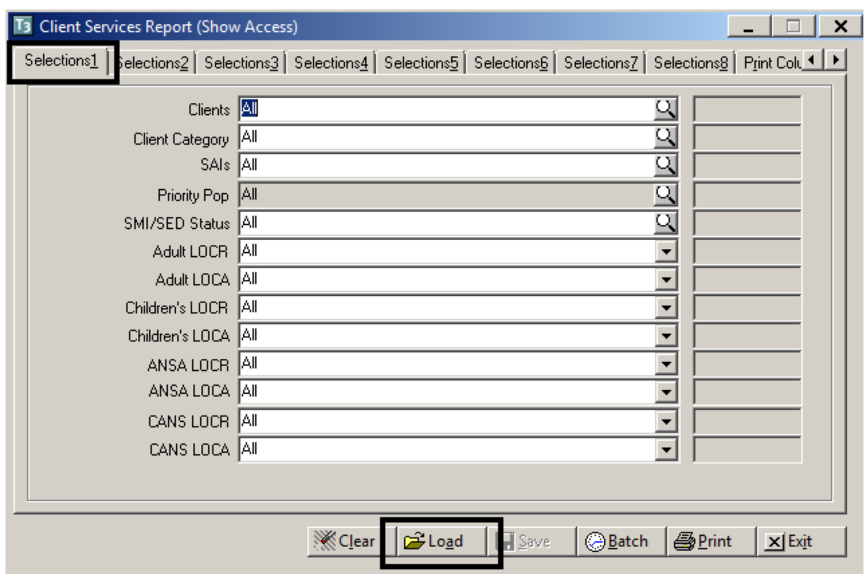
- Click on "Client Services."
- Click on "Client Services Reports Menu."
- Click on "Client Services Report."



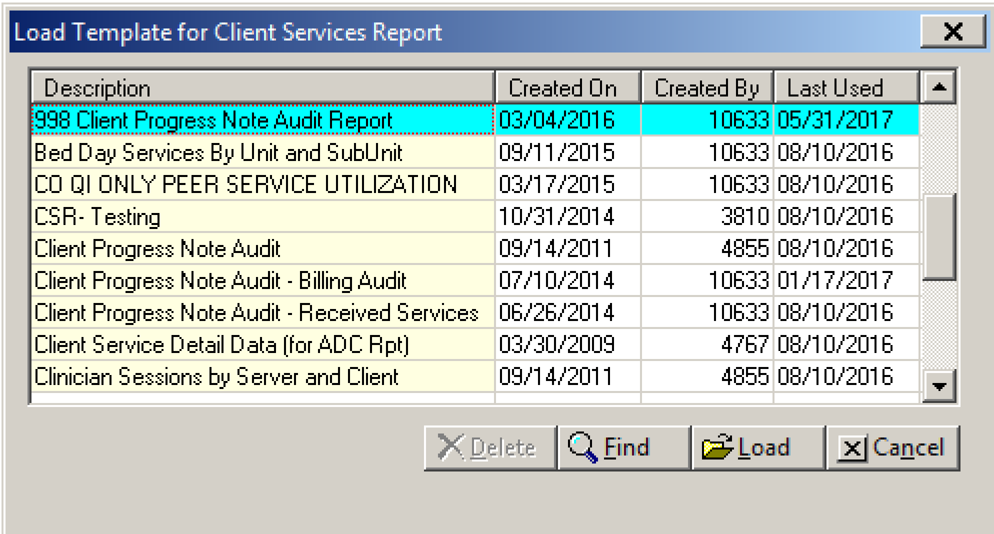
This report is used by assigned staff to find 998 services entered in the system. The 998 service code is used as a placeholder to remind staff to continue to check the billing status of a service that needs correction and has been billed, but not yet paid or denied. Once the original service has been taken care of, the 998 service should be deleted and will fall off this report.

The "Client Services Listing" screen will appear. This screen has multiple "Selections" tabs.

- On the "Selections1" tab, select "Load." This will display a list of templates to choose from.

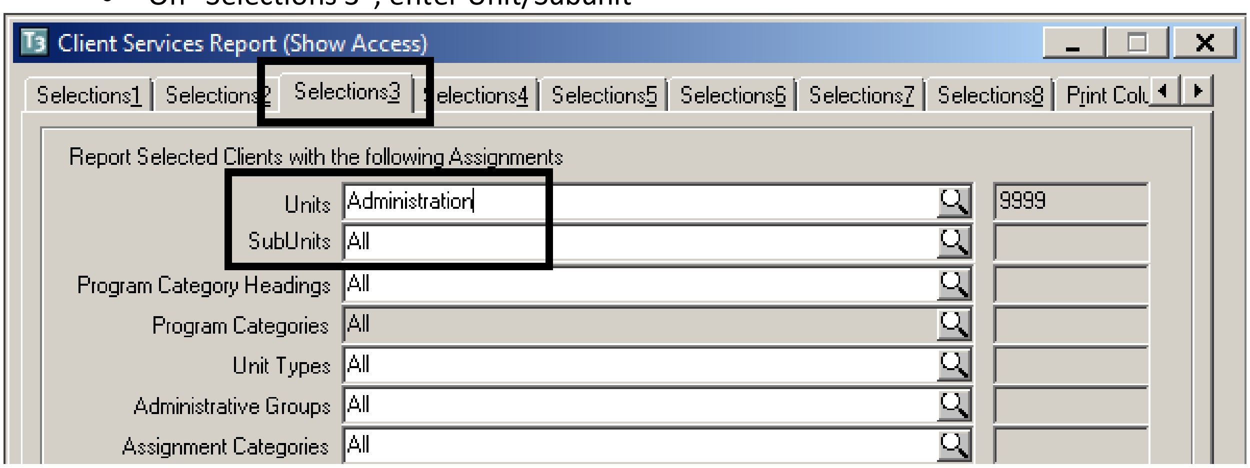


The "Load Template for Client Services Listing" screen will appear.

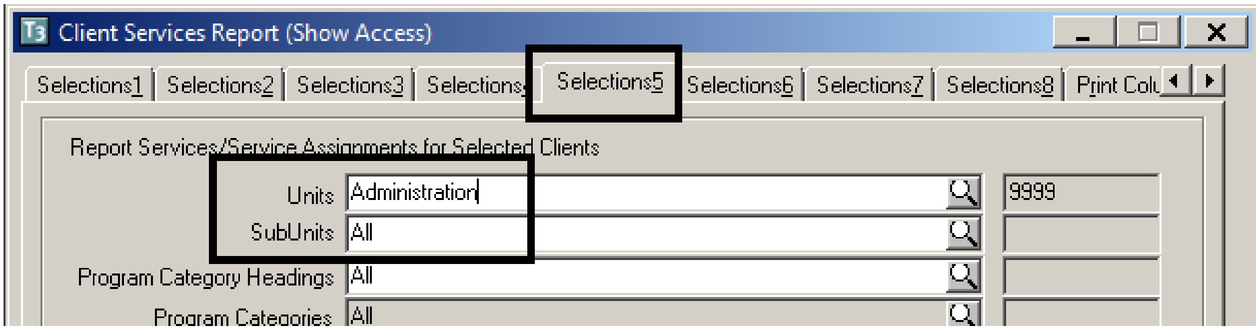


- Highlight the "998 Client Progress Note Audit Report" from the template list and select "Load" again. Note: this is the LAST time you will select "Load" for running this report.

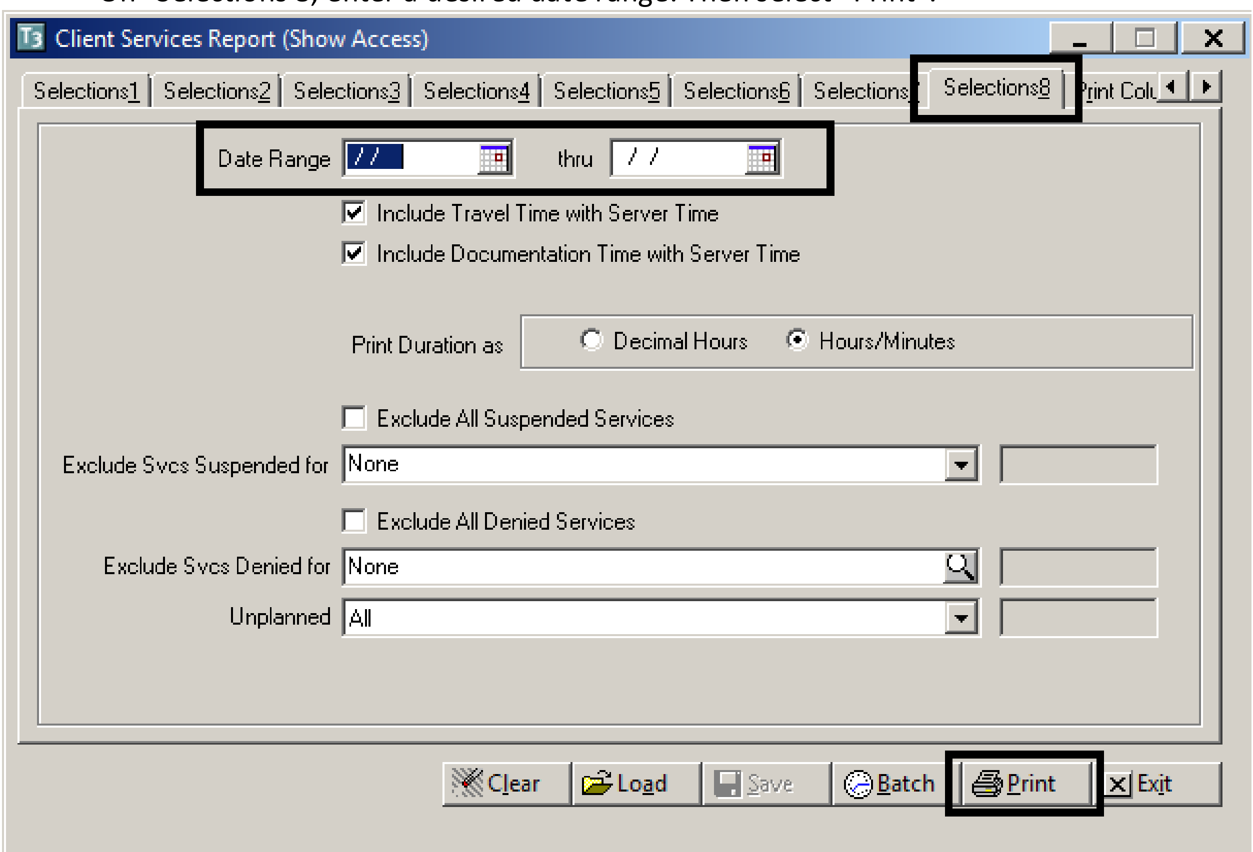
- On "Selections 3", enter Unit/Subunit



- On “Selections 5”, enter unit/Subunit



- On “Selections 8, enter a desired date range. Then select “Print”.



- The “Print Destination” screen will appear.
- Select “Default” to preview the report prior to printing. Click “OK.”
- If a printed report is needed, select the printer icon and select “Print.”

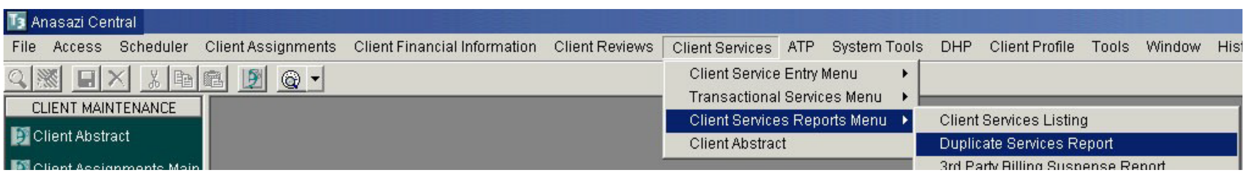
Duplicate Services Report

This report lists potential duplicate service entry. The system looks for clients who have more than one service or the same service type reported on the same day.

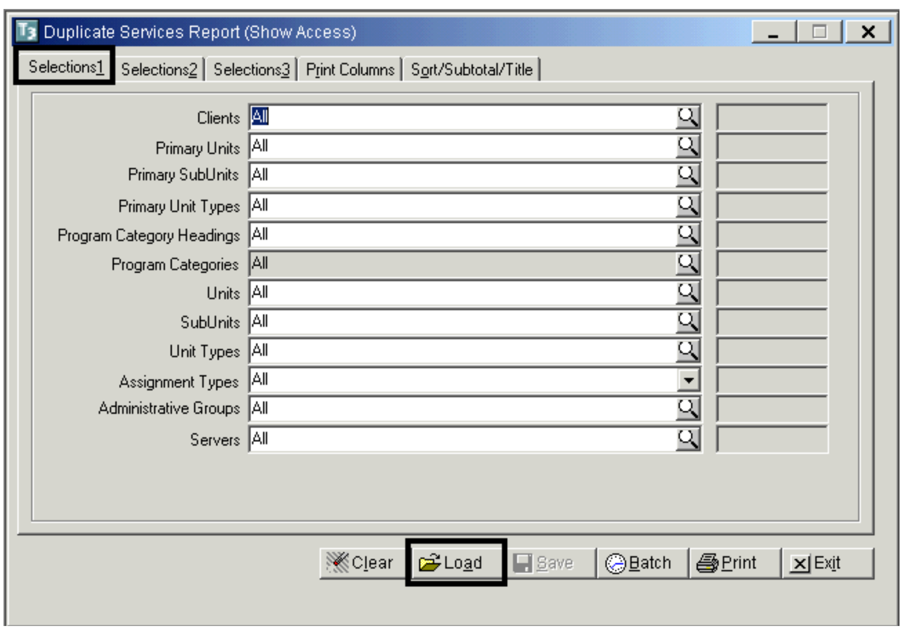
This report can be run by Program Managers, Administration, CORs, and designated staff to ensure services were not entered more than once for the same client.

It is recommended that managers run this report a MINIMUM of once weekly so errors can be corrected before they are processed to the State by the Financial Unit.

- Click on “Client Services.”
- Click on “Client Services Reports Menu.”
- Click on “Duplicate Services Report.”



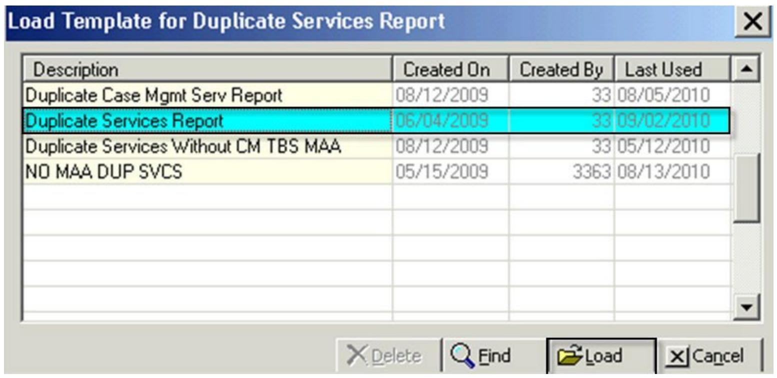
The “Duplicate Services Report” screen will appear. This screen has multiple “Selections” tabs.



- On the “Selections1” tab, select “Load.” This will display a list of templates to choose from.

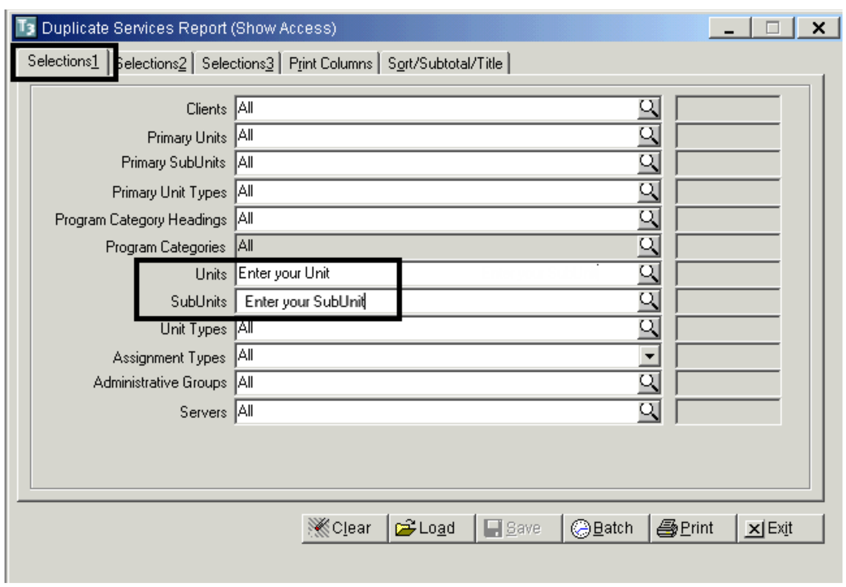
The "Load Template for Duplicate Services Report" screen will appear.

- Highlight the "Duplicate Services Report" from the template list and select "Load" again. Note: this is the LAST time you will select "Load" for running this report.

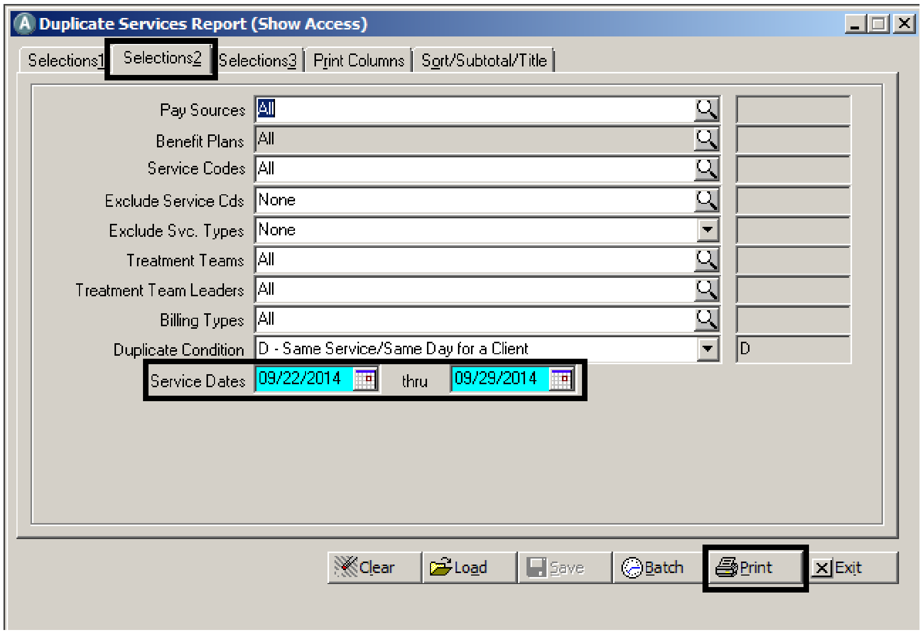


The "Duplicate Services Report" screen will re-appear.

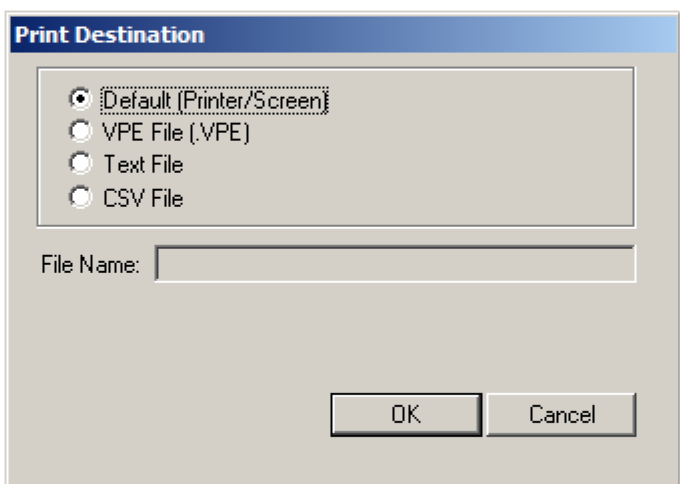
- On the "Selections1" tab, enter the Unit and SubUnit for the report.



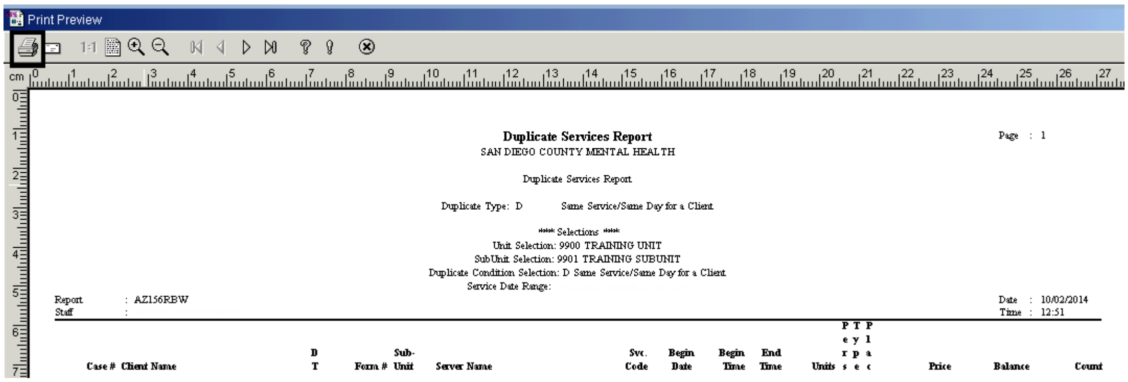
- On the "Selections2" tab, enter date range in the "Service Dates" and "thru" fields (generally used for a 1-week period).
- Select "Print."



- The "Print Destination" screen will appear.
- Select "Default" to preview the report prior to printing. Click "OK."



- If a printed report is needed, select the printer icon and select "Print."



Elements: Case #, Client Name, Duplicate Type, Form #, SubUnit, Server, Service, Begin Date, Begin Time, End Time, Units, Person, Type, Place, Price, and Balance.

An alpha code is used in the "DT" column to identify the reason for the duplicate service. The "Type Legend" definitions can be found on the last page of the report.

When duplicate services are found on the report, you can go to the form listed for the client and delete the duplicate service. This must be done before the service record has been processed by the Financial Unit.

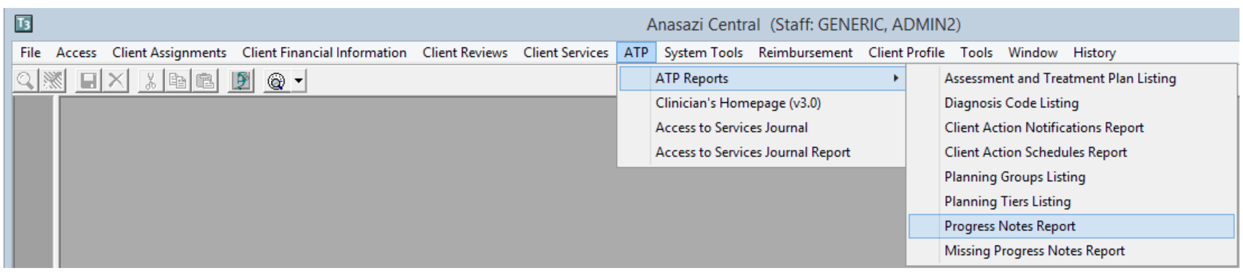
NOTES

Progress Note Report

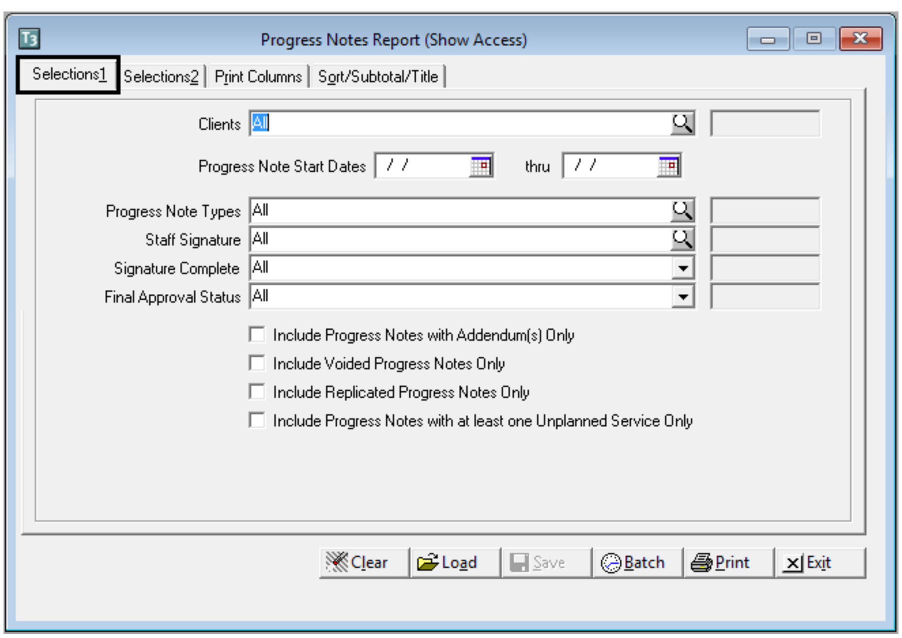
The Progress Note Report is a simple but effective way to identify progress notes that have not been final approved. All types of progress notes that are not final approved will populate on this report.

This report can be run by Program Managers, Administration, CORs, and staff who enter progress notes to ensure progress notes are final approved in a timely manner. It is recommended that managers and/or data entry staff run this report a MINIMUM of once weekly so errors can be corrected as soon as possible.

- Click on "ATP."
- Click "ATP Reports."
- Click on "Progress Note Report."



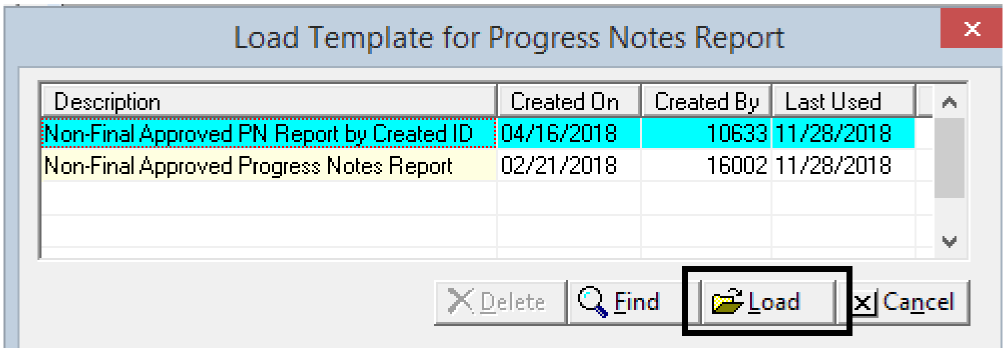
The "Progress Notes Report" screen will appear. The screen has multiple "Selections" tabs.



- On "Selections1" tab, select "Load." This will display a list of templates to choose from.

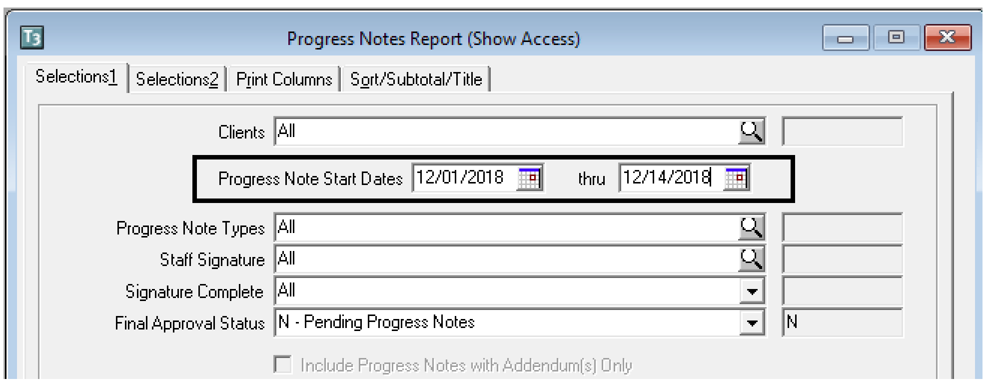
The “Load Template for Progress Notes Report” screen will appear.

- Highlight the “Non-Final Approved Progress Notes Report by Created ID” from the template list and select “Load” again.

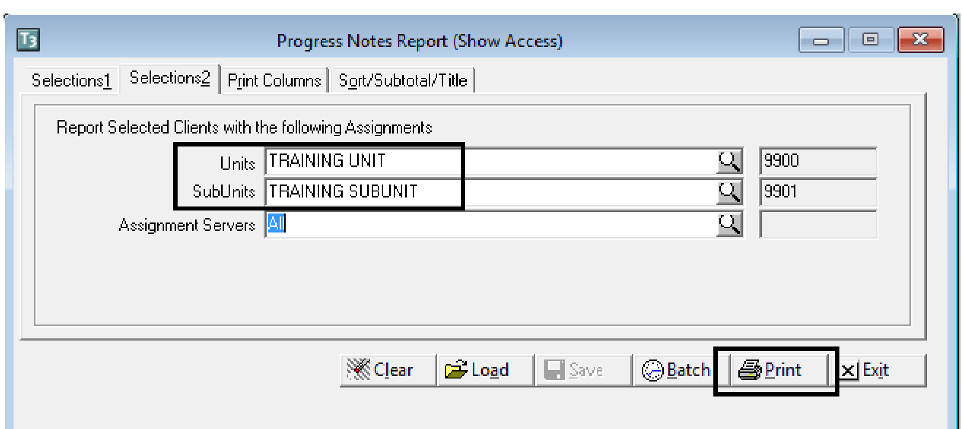


The “Progress Notes Report” screen will re-appear.

- On the Selections1 tab, enter a date range in the “Progress Note Start Dates” and “Thru” fields for the period desired.

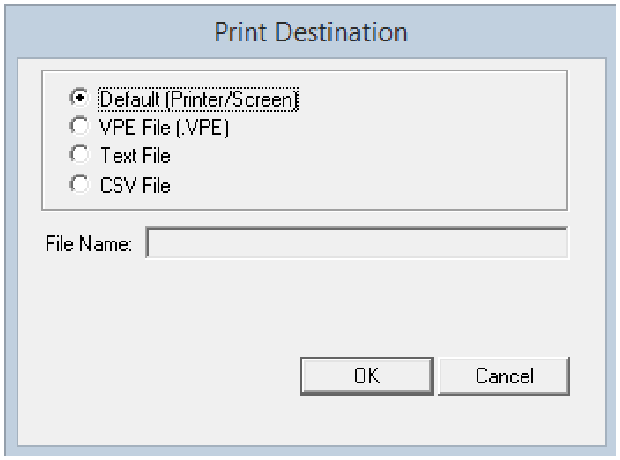


- On the Selections2 tab, enter Unit and SubUnit.
- Select “Print” to print the report.

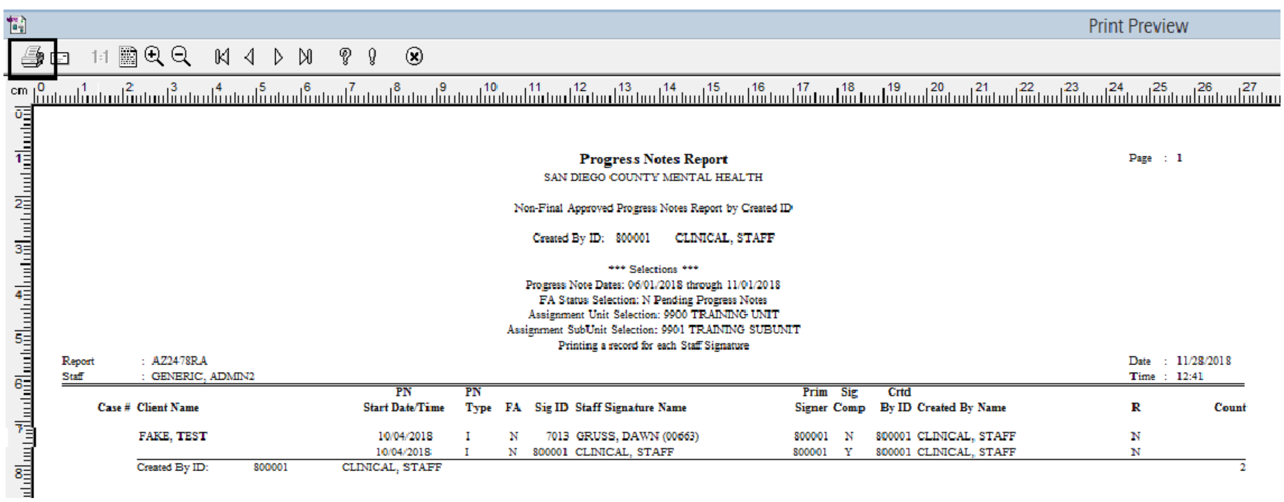


The “Print Destination” screen will appear.

- Select “screen” to preview the report prior to printing. Click “OK.”



- If a printed report is needed, select the printer icon and select “Print.”



A separate page will be printed for each staff in your program. If there is a staff listed that you don’t recognize it could be an Optum Support Desk staff that voided and replicated a progress note to be ready for correction.

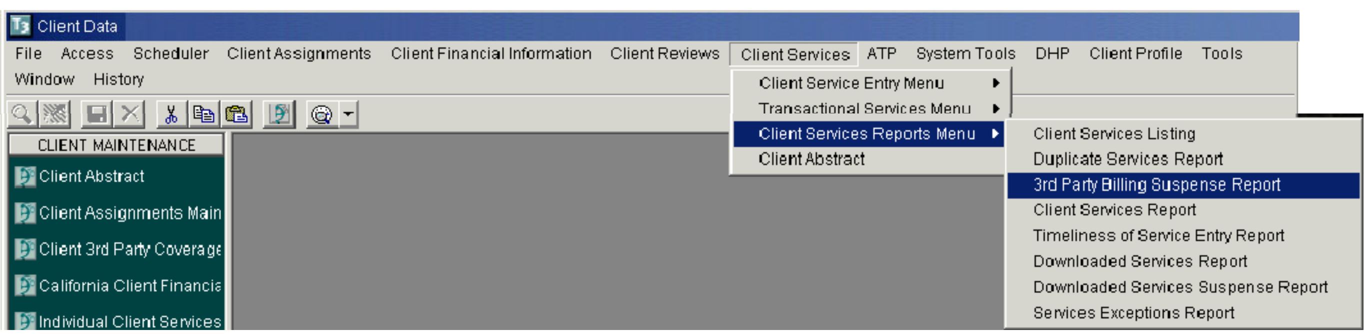
The Y/N in the “R” column is used to identify if the note was voided and replicated. If there is a “Y” that may indicate that a correction needs to take place prior to the note being final approved again.

3rd Party Billing Suspense Report

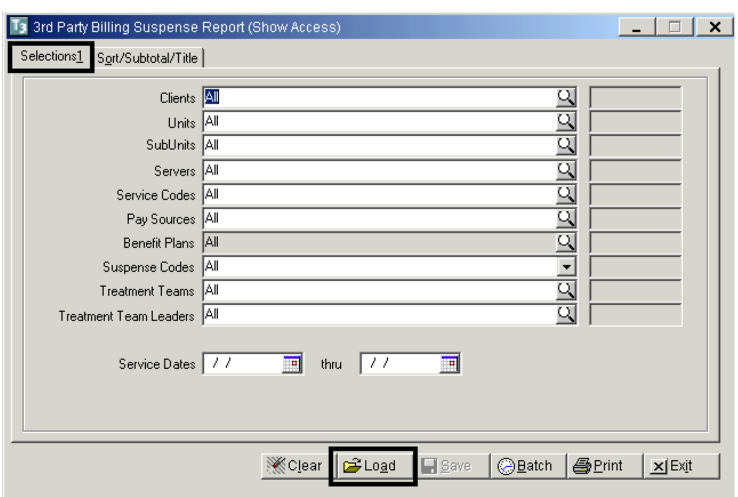
This report provides a listing of clients who had a service, which was entered for billing, but will not be reimbursed. An alpha/numeric code is used in the "Suspense" column to identify the reason the billing was suspended. The "Suspense Codes" (alpha/numeric codes) descriptions can be found on the last page of the report.

This report can be run by Program Managers, Administration, COR's, and designated staff to ensure billing is not being held up due to incomplete or erroneous information for clients with 3rd party coverage. It is recommended that managers and/or data entry staff run this report a MINIMUM of once weekly so errors can be corrected as soon as possible.

- Click on "Client Services."
- Click "Client Services Reports Menu."
- Click on "3rd Party Billing Suspense Report."



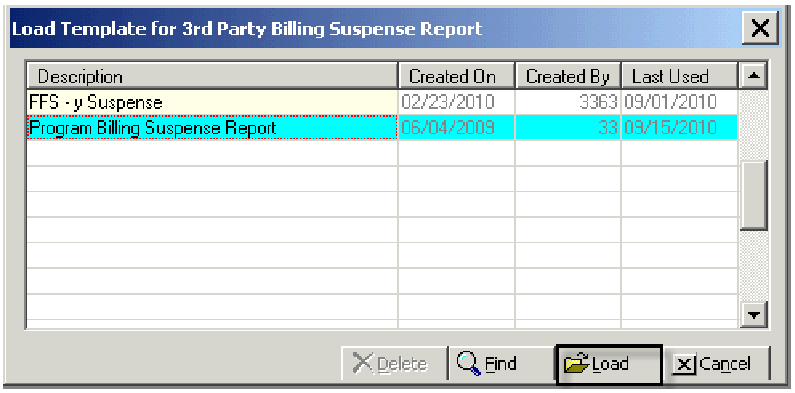
The "3rd Party Billing Suspense Report" screen will appear. This screen has multiple "Selections" tabs.



- On "Selections1" tab, select "Load." This will display a list of templates to choose from.

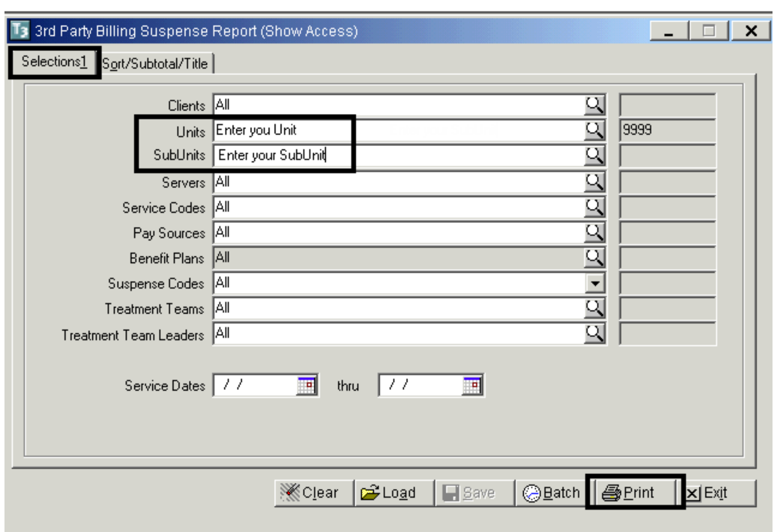
The "Load Template for 3rd Party Billing Suspense Report" screen will appear.

- Highlight the Program Billing Suspense Report" from the template list and select the template "Program Billing Suspense Report" and select "Load" again.
  Note: this is the LAST time you will select "Load" for running this report.

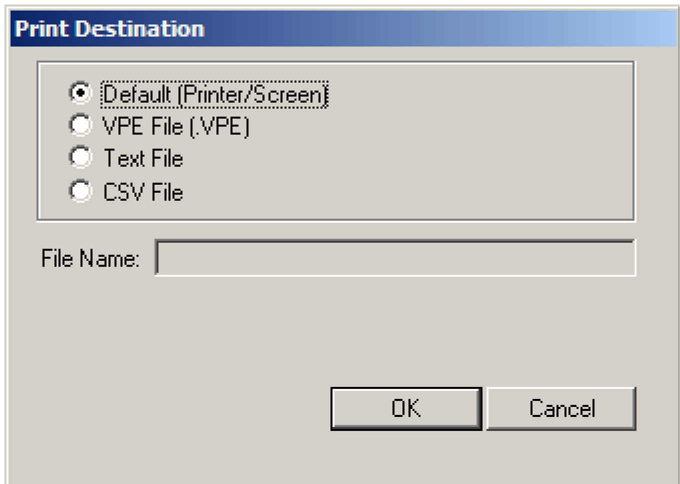


The "3rd Party Billing Suspense Report" screen will re-appear.

- On the "Selections1" tab, enter the Unit and SubUnit for which you are running the report.
- Select "Print."

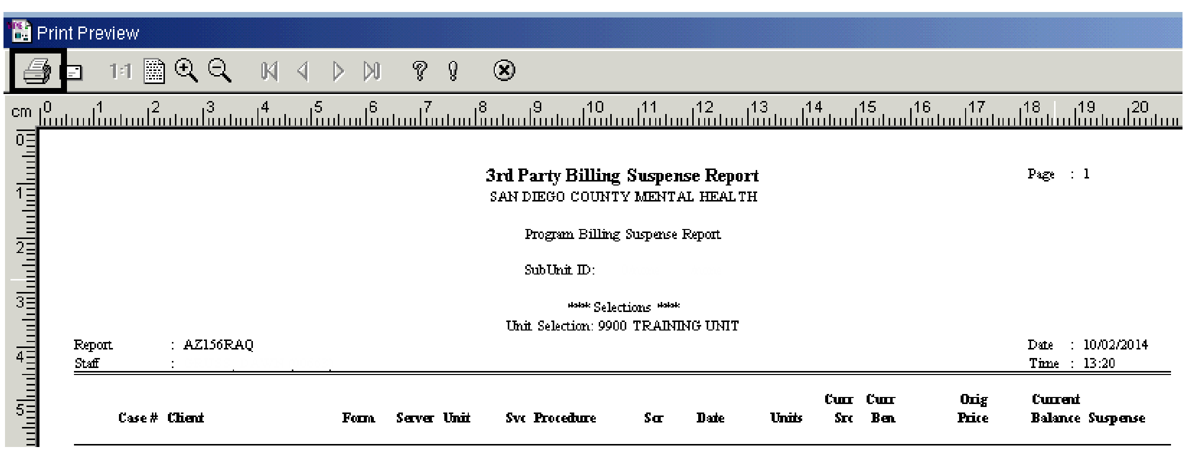


- The "Print Destination" screen will appear.
- Select "Screen" to preview the report prior to printing. Click "OK."



- If a printed report is needed, select the printer icon and select "Print."

Check the Suspense Code and make corrections to client's CCBH information to allow 3rd Party billing.



Elements: Case#, Client Name, Form #, Server, Unit, Service Code, Procedure Code, Scr, Date, Units, Curr Src, Curr Ben, Orig Price, Current Balance, and Suspense.

Correcting Items in Suspense

Suspense Code	Suspense Description	How to Correct
A	No Valid Diagnosis	Enter Diagnostic Review with a valid diagnosis covering date of service. If unable to fix, call the Optum Support Desk at, (800) 834-3792.
B	No Billable Diagnosis	
D	No Final Approved Progress Note	Program should run suspense reports daily to ensure progress notes are approved within the 14 days. D is shown when a progress note has not been final approved. Final Approve the existing progress note. Ensure corrections don't need to be completed prior to final approval.
E	No Policy Number	Program can fix. Enter Policy# for all payers in 3rd Party Coverage Maintenance.
F	Service Is Too Old	No correction for this item but indicates another suspense items that needs to be corrected ASAP. Call Mental Health Billing Unit (MHBU) at (619) 338-2612.
J	No Active Insurance Coverage	Program can fix. Enter coverage in 3rd Party Coverage Maintenance View with effective dates covering date of service.
L	Server 3rd Party Billing Suspended	Find out why QI ordered suspension of billing for the server, correct problem and request resumption of billing. Call MH-MIS at (619) 584-5090.
M	Unit 3rd Party Billing Suspended	Find out why County ordered suspension of billing. Call assigned COR.
V	No Assignment of Benefits (AOB) Signed	Obtain signed AOB for Private Insurance and Fax an updated CA Client Financial Review Form with AOB box checked to MHBU. Indicate what insurance the AOB is for in the comments section. MHBU FAX# (858) 467-9682.
W	Insurance Flagged as Unbillable	Program can fix. Determine why insurance flagged as unbillable. If done in error, turn off flag in 3rd Party Coverage Maintenance screen. If unable to correct, call MHBU at (619) 338-2612.
Z	No Authorization	For Medi-Cal Day Treatment follow up to obtain authorization from ASO/OPTUM. Program to check Display Client Services to verify there is an authorization. If a day treatment authorization is showing or not showing for your program, contact the Optum Provider Line phone at 1(800) 798-2254 (Option 4) to find out why the services are in suspense.
1	No Server Provider Number	For Medicare - Program must obtain Medicare Server provider number and Fax to MH MIS Unit at (858) 467-0411 to be recorded in staff record.

Suspense Code	Suspense Description	How to Correct
2	Requires Re-Calculation	May be corrected when MHBU runs monthly Re- Calculation process. Each month MHBU runs Re-Calculation and notifies programs via OPTUM and if its not updated after notification, please call MHBU at (619) 338-2612.
3	No Server NPI	Program needs to obtain server NPI and fax to MH MIS Unit at (858) 467-0411 to be recorded in staff record.
l	Duplicate Service	Programs can fix. For 24-hour programs only- research why client is showing open to two 24-hour programs at the same time. Make corrections as needed to assignments.
p	Service Not Authorized	Program should FAX the suspense report with code p to the MHBU for correction. MHBU FAX# (858) 467-9682.
r	Authorized Service limits Exceeded	For Medi-Cal Day Treatment follow up to obtain authorization from ASO/OPTUM. Program is authorized to provide day treatment services for a specific number of days. If you feel there is an error, call the Optum Provider Line phone# (800) 798-2254 (Option 4), to ensure your program is authorized to provide day treatment for the days that are suspending.
t	Too many hours of service this day: More than 20 hours of Service Billed for Crisis Stabilization to this Benefit Plan. More than 4 hours of medication services provided on the same day	For Crisis Stabilization, if total hours exceed 20 hours in a day, correct data entry of service duration by re-entering up to a total of 20 hours of billable service. Anything over 20 hours can be fixed by re-entering service as non-billable. For Medication Services, program should check the total medication services for the day. If total exceeds 4 hours, program should correct and only re-enter the service time that totals up to 4 hours for the day. All other medication services that exceed the 4 hours total. Should be re- entered as non-billable.
y	Service concurrent with an Admission Assignment	Indicates client is open to 24-hour program at same time as receiving outpatient treatment service. Program must research and make corrections to the assignment or services as needed . If assignments and services are correct, identify services on the report to be claimed with "CLAIM IT ANYWAY" and fax to QI Matters at Fax# 619-236-1953 for determination. QI Matters will forward the approved report to MHBU for processing. Once processed, MHBU will fax the completed report to the program for continuation of internal process.
AQ	Service Diagnosis Not Supported	Program must research and make corrections to the Diagnosis Sheet for corresponding date of service. If unable to correct contact OPTUM Support Desk (800) 798-2254.

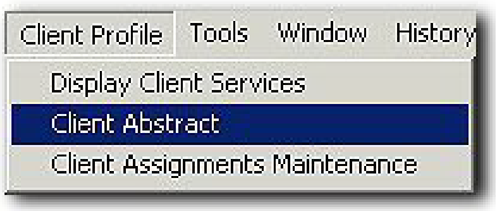
Client Abstract Setup

How to set up the "Client Abstract"

The client abstract is a helpful summary of client information. It can be easily tailored to meet one's needs. The most commonly used set up is below.

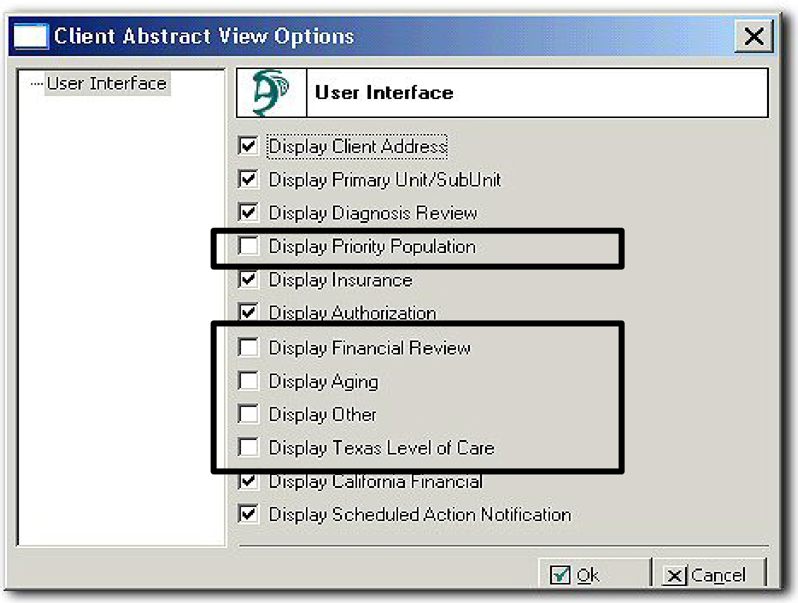
Opening the Client Abstract Window:

To open the "Client Abstract" there are two options illustrated below:



- When the "Client Abstract" launches, click on "Options/Notes" button at the bottom of the window.

- Uncheck the following selections below. When finished click "Ok."



Support Desk Contact Information

sdhelpdesk@optum.com
1-800-834-3792

Monday through Friday (E-mail)

Hours	Services
6:00 am to 6:00 pm	All services except password resets or any service involving PHI

Monday through Friday (Telephone)

Hours	Services
4:30 am to 6:00 am	Resetting passwords (24 hour programs) and reporting system outages*
6:00 am to 6:00 pm	All services
6:00 pm to 11:00 pm	Resetting passwords (24 hour programs) and reporting system outages*
11:00 pm to 4:30 am	Reporting system outages*

Weekends (Telephone)

Hours	Services
4:30 am to 11:00 pm	Resetting passwords (24 hour programs) and reporting system outages*
11:00 pm to 4:30 am	Reporting system outages*

* By definition, a system outage affects multiple users. Examples include when:
  -The system does not respond and appears to be frozen
  -No data can be entered or viewed

Support Desk Suggestions

- Please consult with your program manager and your resource packet prior to contacting the Support Desk.
- When calling for a password reset on weekdays between 4:30-6a or 6-11p, or calling weekends between 4:30a-11p, you must leave a message. Include your name, CCBH staff ID, phone number and the reason for your call.
- You may be given a ticket/tracking number if you call between 6:00a and 6:00p Monday through Friday. Remember to keep this number for future reference.

Additional Contacts

Questions	Where To Go
Clinical Documentation Questions	Documentation Manual/Your Program Manager
Duplicate Clients and Name/DOB/Gender/SSN Changes	Complete Form BHS-025 and Call Medical Records: 619-692-5700 x 3
Financial Questions (UMDAP/Insurance)	Billing Unit: 619-338-2612 Fax- 858-467-9682
Online User Manuals and Forms	www.optumsandiego.com
Service Codes	CCBH (Anasazi) User Manual/QM Unit