

**MENTAL HEALTH MIS**

**SERVICE ENTRY TRAINING**



**LIVE WELL**  
SAN DIEGO

**County of San Diego**  
**Behavioral Health Services**

## **TABLE OF CONTENTS**

Table of Contents.....	1
Confidentiality.....	2
External View.....	3
Entering Individual Client Service.....	4
Editing an Individual Client Service.....	11
Entering Service Record – MAA Server.....	12
Entering Day Treatment Services.....	13
Entering Group Services.....	14
Service Codes and Descriptions.....	19
Client Services Listing Report.....	21
Client Services Report.....	24
Duplicate Services Report.....	27
Progress Notes Report.....	31
3 <sup>rd</sup> Party Billing Suspense Report.....	34
Correcting Items In Suspense.....	37
Client Abstract.....	39
Optum Support Desk Contact.....	40

***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.

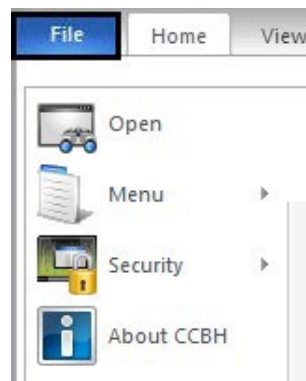
When printing, make sure you are printing to a confidential printer, and pick up your paperwork quickly. Leaving printed Protected Health Information (PHI) out is also a confidentiality violation.

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

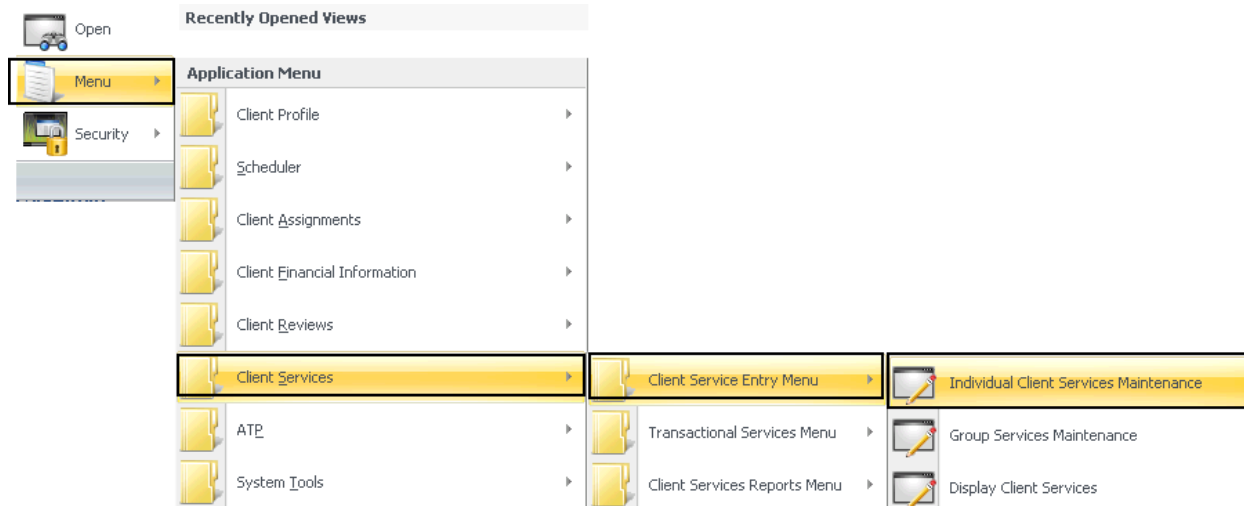
## **EXTERNAL VIEW**

### **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.



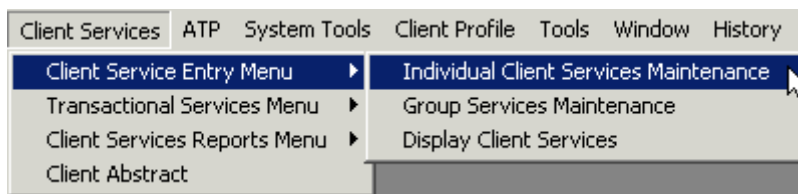
- At the File Tab, hover over Menu, and click your desired menu and submenu(s).



## 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.

A screenshot of the 'Individual Client Services Maintenance (Add/Edit Access)' window. The window has a title bar and standard window controls. It is divided into three main sections: 'Selections', 'Defaults/Filters', and 'Applied Defaults/Filters'. The 'Selections' section contains fields for 'Form #', 'Date', 'Client', 'Unit', 'SubUnit', 'Server', and 'Service'. The 'Form #' field has a magnifying glass icon to its right, which is highlighted by a black arrow. The 'Defaults/Filters' section contains a table with columns 'Form #', 'Date', 'Client', 'Unit', 'SubUnit', 'Server', and 'Service', each with checkboxes for 'Default' and 'Filter'. The 'Applied Defaults/Filters' section displays 'No Defaults/Filters Applied' and has 'Clear' and 'Apply' buttons.

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.

A screenshot of the 'Individual Client Services Maintenance (Show Access)' window. The window layout is identical to the previous one, but the 'Form #' field now displays a generated number (00000000). A black arrow points to this field. The 'Defaults/Filters' and 'Applied Defaults/Filters' sections remain the same.

- 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.

- Click on the “Apply” button.

- 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:

The screenshot shows a software form for service entry. Fields include: Form #, Date (06/01/2017), Client, Unit (TRAINING UNIT), SubUnit (TRAINING SUBUNIT), Treatment Team, Supervisor, Server (CLINICAL STAFF), Service (PLAN DEVELOPMENT 13), Lab, S. Time (1:02), T. Time, D. Time (0:15), Days/Part, Quantity, Fee, Person (C), Place (A), O. Fac, C. Type (F), A. Type (1), B. Type (1), I. Type (N), EBP/SS, and Diagnoses. Buttons at the bottom include Payment, Save, Clear, Delete, and Exit.

Note:

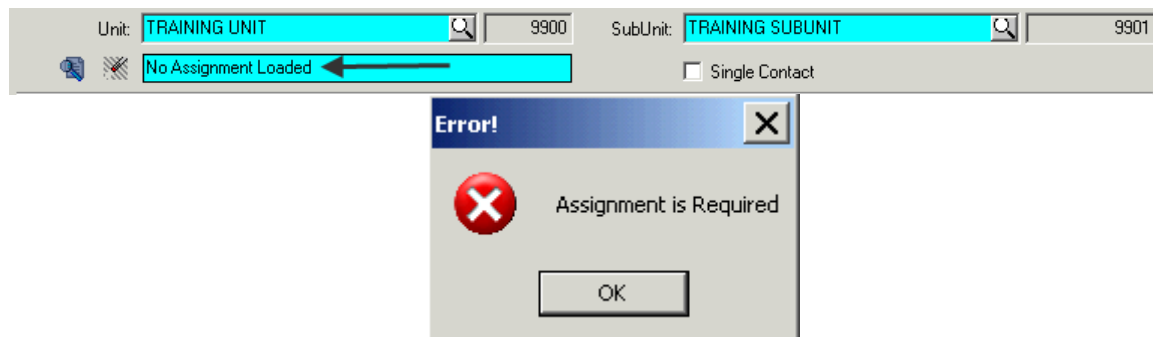
S.- Service Time

T.- Travel Time

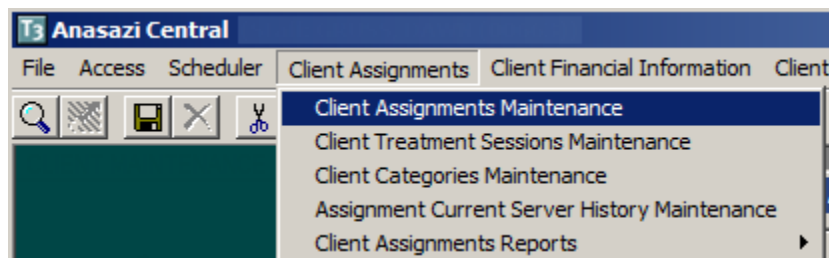
D.- Documentation Time

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.

The screenshot shows a software interface for service entry. It includes fields for Form #, Date (06/01/2017), Client, Unit (TRAINING UNIT), SubUnit (TRAINING SUBUNIT), Treatment Team, Supervisor, Server (CLINICAL, STAFF), Service (PLAN DEVELOPMENT 13), Lab, S. Time (1:02), Days/Part, Person (C), Place (A), O. Fac, T. Time, Quantity, C. Type (F), A. Type (1), B. Type (1), D. Time (0:15), Fee, and I. Type (N). A 'Diagnoses' button is highlighted with a red box. At the bottom, there are buttons for Payment, Save, Clear, Delete, and Exit.

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:

The screenshot shows a window titled 'Client Service Diagnoses for'. It contains a table with the following columns: ID, ICD Code, Description, Axis, and Sequence. The table is currently empty. To the right of the table, there are buttons for Add, Delete, Up, Down, and Exit. The 'Add' button is highlighted with a red box.



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

ID	ICD Code	Description	Axis	Priority	P...	Begin Date	End Date	Select
F29	F29	Unspecified psychosis not due to a substance or known physiologic	1	1	<input checked="" type="checkbox"/>	10/01/2015		<input type="checkbox"/>
F43.0	F43.0	Acute stress reaction	1	2	<input checked="" type="checkbox"/>	10/01/2015		<input type="checkbox"/>

Buttons: ☒ All, ☐ None, ☐ Invert, **Add**, ☒ Exit

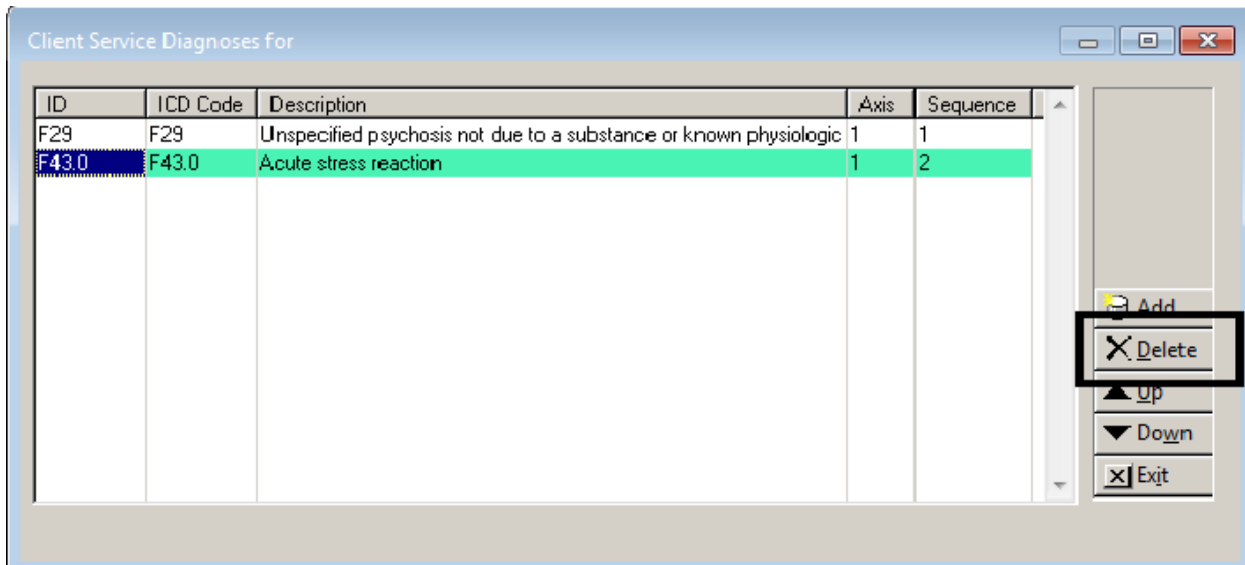
To link a client’s diagnosis that is not listed, a new diagnosis assessment must be entered and final approved.

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.

ID	ICD Code	Description	Axis	Sequence
F29	F29	Unspecified psychosis not due to a substance or known physiologic	1	1
F43.0	F43.0	Acute stress reaction	1	2

Buttons: Add, Delete, **Up**, **Down**, Exit

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.

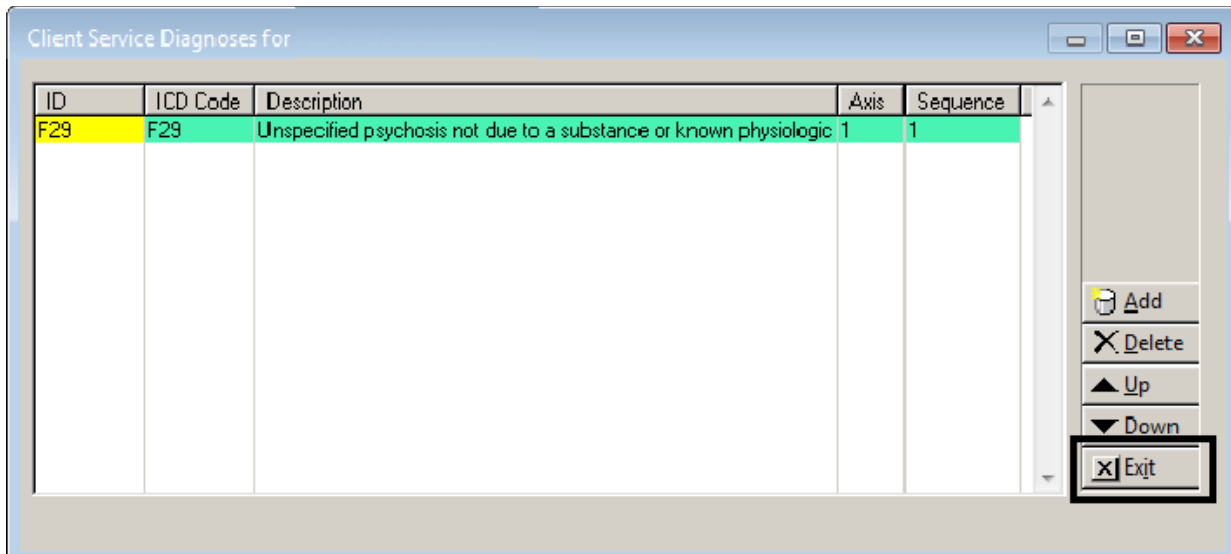


Client Service Diagnoses for

ID	ICD Code	Description	Axis	Sequence
F29	F29	Unspecified psychosis not due to a substance or known physiologic	1	1
F43.0	F43.0	Acute stress reaction	1	2

Buttons: Add, Delete, Up, Down, Exit

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



Client Service Diagnoses for

ID	ICD Code	Description	Axis	Sequence
F29	F29	Unspecified psychosis not due to a substance or known physiologic	1	1

Buttons: Add, Delete, Up, Down, Exit

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

The screenshot shows a service entry form with the following fields and values:

- Form #: [Empty]
- Date: 06/01/2017
- Client: [Empty]
- Unit: TRAINING UNIT (9900)
- SubUnit: TRAINING SUBUNIT (9901)
- Loaded Assignment for Unit/SubUnit: 9900/9901
- Single Contact: [Unchecked]
- Treatment Team: [Empty]
- Supervisor: [Empty]
- Server: CLINICAL STAFF
- Collateral Servers: [Unchecked]
- Service: PLAN DEVELOPMENT 13 (13)
- Lab: [Empty]
- S. Time: 1:02
- Days/Part: [Empty]
- Person: C
- Place: A
- Q. Fac: [Empty]
- T. Time: [Empty]
- Quantity: [Empty]
- C. Type: F
- A. Type: 1
- B. Type: 1
- D. Time: 0:15
- Fee: [Empty]
- I. Type: N
- EBP/SS: [Unchecked]
- Diagnoses: [Empty]

Buttons at the bottom: Payment, Save (highlighted), Clear, Delete, Exit.

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

Adding Individual Service								
Form #	Client	Unit	SubUnit	Server	Service	Date	Start Time	Duration
	TEST, FAKE	9900 - TRAI	9901 - TRAIN	- CLINICA	13 - PLAN DEVI	06/01/2017		1:02

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:

Adding Individual Service									
Form #	Client	Unit	SubUnit	Server	Service	Date	Start Time	Duration	
	TEST, FAKE	9900 - TRA	9901 - TRAIN	- CLINICA	13 - PLAN DEV	06/01/2017		1:02	

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 **three main differences** 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.



Client: 1

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



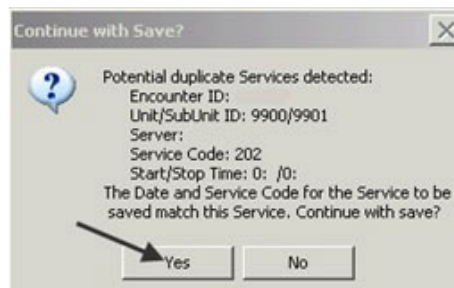
Client: CLIENT, GENERIC

**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.”



Single Contact ☒ 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 **MAA Service Entry ONLY**, select the “Yes” button to continue with the save.



Continue with Save?

Potential duplicate Services detected:  
 Encounter ID:  
 Unit/SubUnit ID: 9900/9901  
 Server:  
 Service Code: 202  
 Start/Stop Time: 0: /0:  
 The Date and Service Code for the Service to be saved match this Service. Continue with save?

Yes No

## 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).

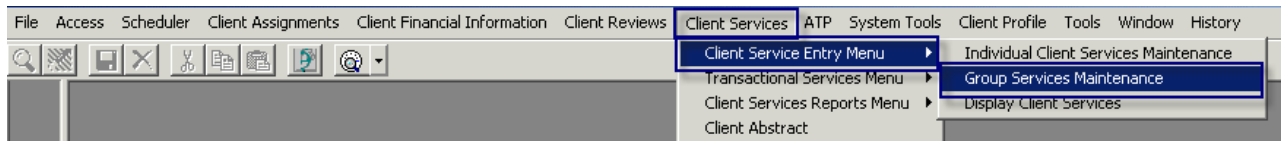
Fill in the appropriate billing indicators. Select “Diagnoses” to add the correct diagnoses as indicated by the treating clinician. Add EBP/SS to indicate a Child Family Team Meeting or homework assigned, if applicable.

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.

The screenshot shows the 'Group Services Maintenance (Add/Edit Access)' window. It has a title bar with standard window controls. Below the title bar, there are input fields for 'Form #', 'Date' (with a calendar icon), 'Start', 'Duration', and 'Stop', followed by a 'Build Group' button. The main area is divided into two sections: 'Server' and 'Client'. The 'Server' section has columns for 'Emp ID...', 'Svc ID', and 'Start Time'. The 'Client' section has columns for 'Case #', 'Client Name', 'Start', and 'ID...'. Both sections have a vertical scrollbar. At the bottom, there are radio buttons for 'Enter Server' and 'Enter Client', and a row of buttons: 'Lead Servers', 'Post', 'Add', 'Delete', 'Edit', 'Show', 'Clear', 'Find', and 'Exit'.

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.

Group Services Maintenance (Add/Edit Access)

☒ Lead Server

Interactive Complexity Add-On Service

Server: CLINICAL, STAFF

Service: REHAB-GROUP 35

Supervisor:

Service Start: 2:00 PM Duration: 1:00 Stop: 3:00 PM

Travel Start: Duration: 0:20 Stop:

Doc. Start: Duration: 0:30 Stop:

Save Clear Return Exit

**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.

Group Services Maintenance (Add/Edit Access)

Form #: Date: 10/02/2014 Start: 9:00 AM Duration: 1:00 Stop: 10:00 AM Build Group

Server			Client			
Emp ID...	Svc ID	Start Time	Case #	Client Name	Start	ID...
0	35	9:00 AM				0

☐ Enter Server ☒ Enter Client

Lead Servers Post Add Delete Edit Show Clear Find Exit

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.

Enc Id:  Date: 10/02/2014

Server:  Supervisor:

Client: TEST, FAKE Unit: TRAINING UNIT 9900 SubUnit: TRAINING SUBUNIT 9901

Service:  Lab:

Provided To: Client Provided At: Office Outside Facility:  Contact Type: Face to Face Appointment Type: Scheduled Billing Type: Spanish Intensity Type: INTERNAL INTERPRETER

Start Time: 9:00 AM Duration: 1:00 Stop Time: 10:00 AM Days:  Quantity:  Fee: 0.00

Valid Assignment? ☐

EBP/SS  Diagnoses

Save Clear Delete Return Exit

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

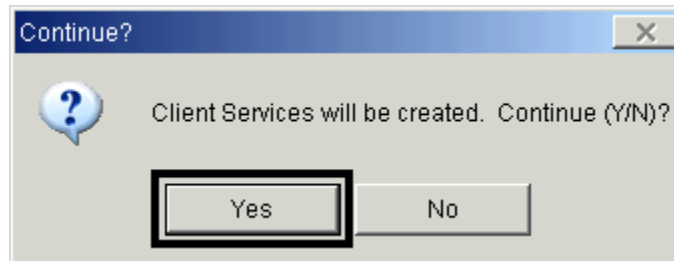
Form #:  Date: 10/02/2014 Start: 9:00 AM Duration: 1:00 Stop: 10:00 AM Build Group

Server			Client			
Emp ID...	Svc ID	Start Time	Case #	Client Name	Start	ID...
0	35	9:00 AM		FAKE, TEST	9:00 AM	
				TEST, FAKE	9:00 AM	

Enter Server Enter Client

Lead Servers Post Add Delete Edit Show Clear Find Exit

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

[illegible]

## 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

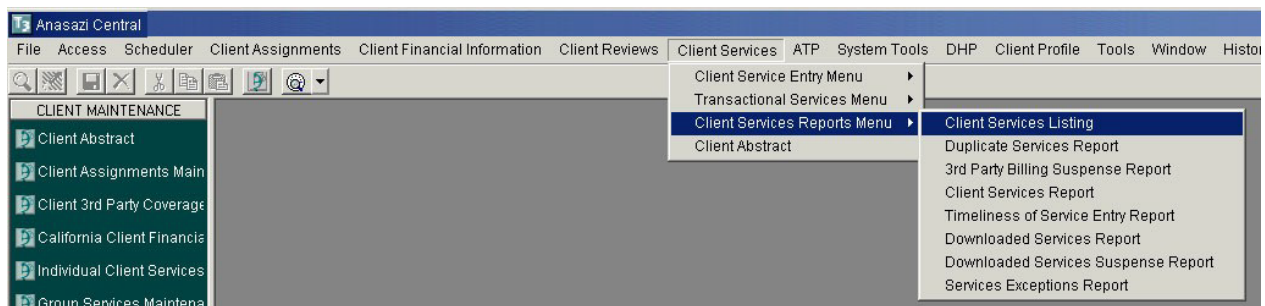
All service entry reports are located under the “Client Services” menu.

### 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.

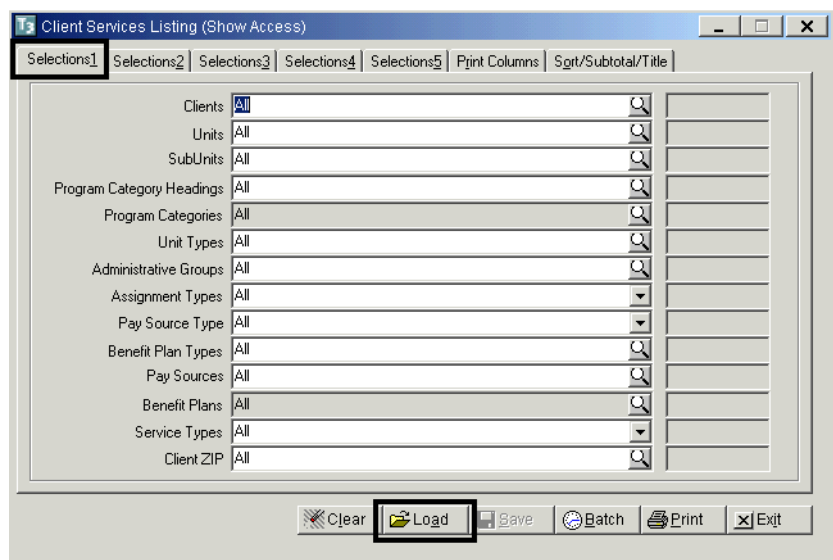
Data entry staff can run this report daily to verify services entered on a specific date.

- Click on “Client Services.”
- Click on “Client Services Reports Menu.”
- Click on “Client Services Listing.”

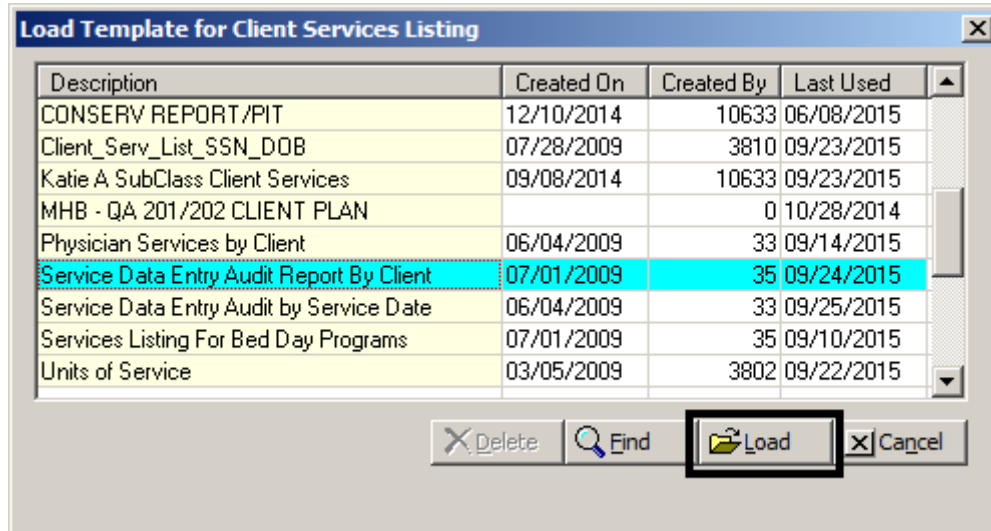


The “Client Services Listing” screen will appear. This screen has multiple “Selections” tabs.

- On the “Selections<sub>1</sub>” tab, select “Load.” This will display a list of templates to choose from.



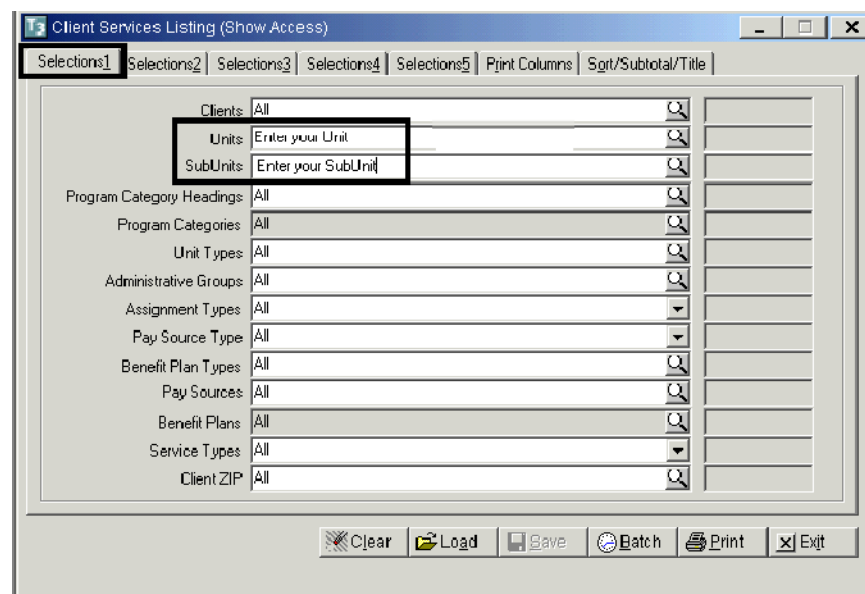
The “Load Template for Client Services Listing” screen will appear.



- 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.”

**Client Services Listing**  
SAN DIEGO COUNTY MENTAL HEALTH  
SERVICE DATA ENTRY AUDIT REPORT BY CLIENT

\*\*\* Selections \*\*\*  
Unit Selection: 9900 TRAINING UNIT  
SubUnit Selection: 9901 TRAINING SUBUNIT  
Data Entered By Selection:

Report : AZ156RAX  
Staff :

Case #	Client Name	Form #	Sub-Unit	Server Name	Svc. Code	Appointment Type	Contact Type	Person Contacted	Place of Service	Billing Type	Duration
AZ156RAX											

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

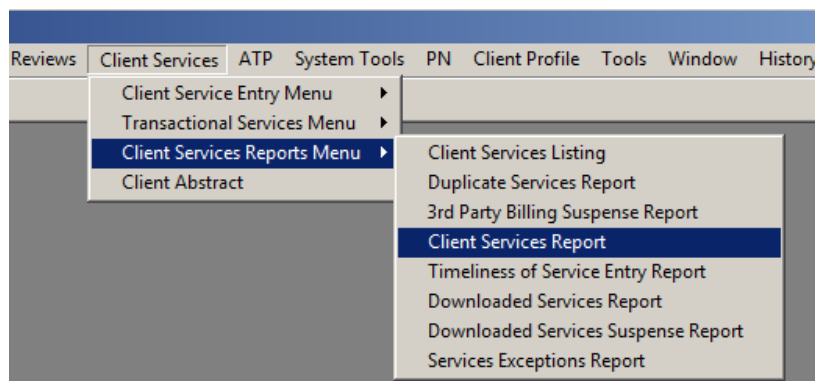


## Client Services Report

### 998 Client Progress Note Audit Report

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

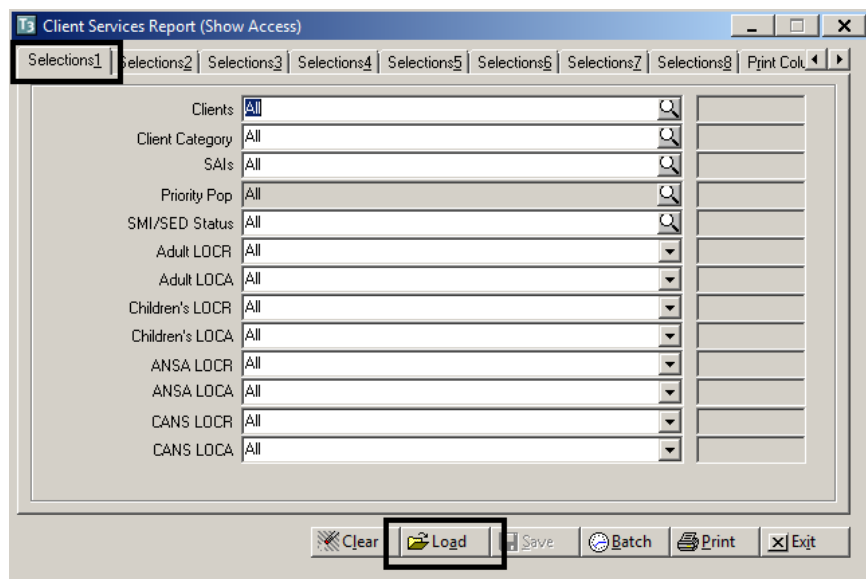
- Click on “Client Services.”
- Click on “Client Services Reports Menu.”
- Click on “Client Services Report.”



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 “Selections<sub>1</sub>” tab, select “Load.” This will display a list of templates to choose from.



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

Description	Created On	Created By	Last Used
998 Client Progress Note Audit Report	03/04/2016	10633	05/31/2017
Bed Day Services By Unit and SubUnit	09/11/2015	10633	08/10/2016
CO QI ONLY PEER SERVICE UTILIZATION	03/17/2015	10633	08/10/2016
CSR- Testing	10/31/2014	3810	08/10/2016
Client Progress Note Audit	09/14/2011	4855	08/10/2016
Client Progress Note Audit - Billing Audit	07/10/2014	10633	01/17/2017
Client Progress Note Audit - Received Services	06/26/2014	10633	08/10/2016
Client Service Detail Data (for ADC Rpt)	03/30/2009	4767	08/10/2016
Clinician Sessions by Server and Client	09/14/2011	4855	08/10/2016

Buttons: Delete, Find, Load, Cancel

- 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

Client Services Report (Show Access)

Selections1 | Selections2 | **Selections3** | Selections4 | Selections5 | Selections6 | Selections7 | Selections8 | Print Col

Report Selected Clients with the following Assignments

Units	Administration	9999
SubUnits	All	
Program Category Headings	All	
Program Categories	All	
Unit Types	All	
Administrative Groups	All	
Assignment Categories	All	

- On “Selections 5”, enter unit/Subunit

**T3 Client Services Report (Show Access)**

Selections1 Selections2 Selections3 Selections4 **Selections5** Selections6 Selections7 Selections8 Print Col

Report Services/Service Assignments for Selected Clients

Units	Administration	9999
SubUnits	All	
Program Category Headings	All	
Program Categories	All	

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

**T3 Client Services Report (Show Access)**

Selections1 Selections2 Selections3 Selections4 Selections5 Selections6 Selections7 **Selections8** Print Col

Date Range / / thru / /

☒ Include Travel Time with Server Time

☒ Include Documentation Time with Server Time

Print Duration as ☐ Decimal Hours ☒ Hours/Minutes

☐ Exclude All Suspended Services

Exclude Svcs Suspended for None

☐ Exclude All Denied Services

Exclude Svcs Denied for None

Unplanned All

Clear Load Save Batch **Print** Exit

- 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.”

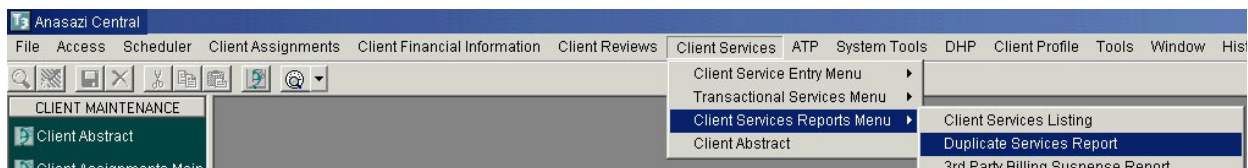
## **Duplicate Services Report**

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.

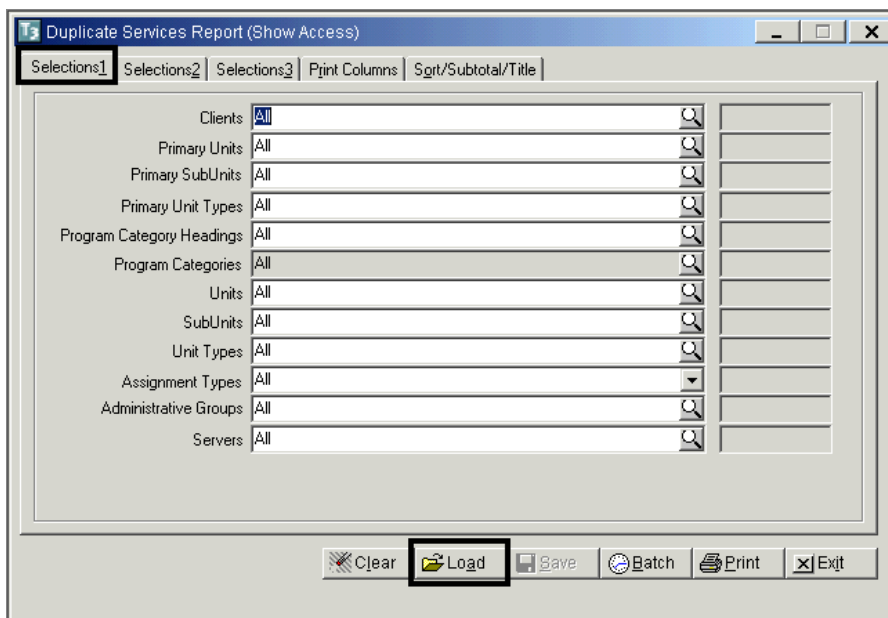
This report can be run by Program Managers, Administration, CORs, and designated staff to ensure services were not entered more than once for the same client.

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.”



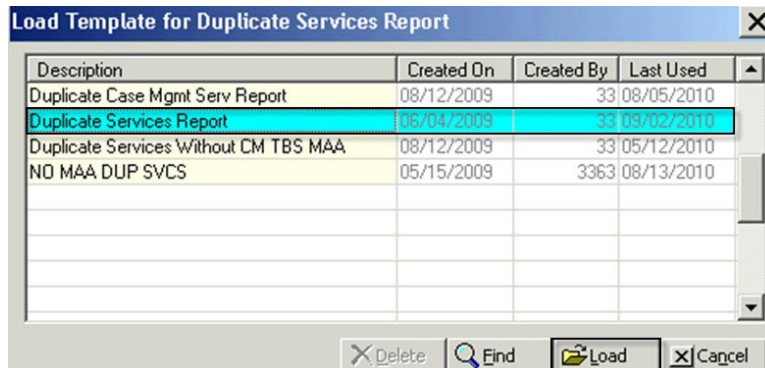
The “Duplicate Services Report” screen will appear. This screen has multiple “Selections” tabs.



- On the “Selections<sub>1</sub>” tab, select “Load.” This will display a list of templates to choose from.

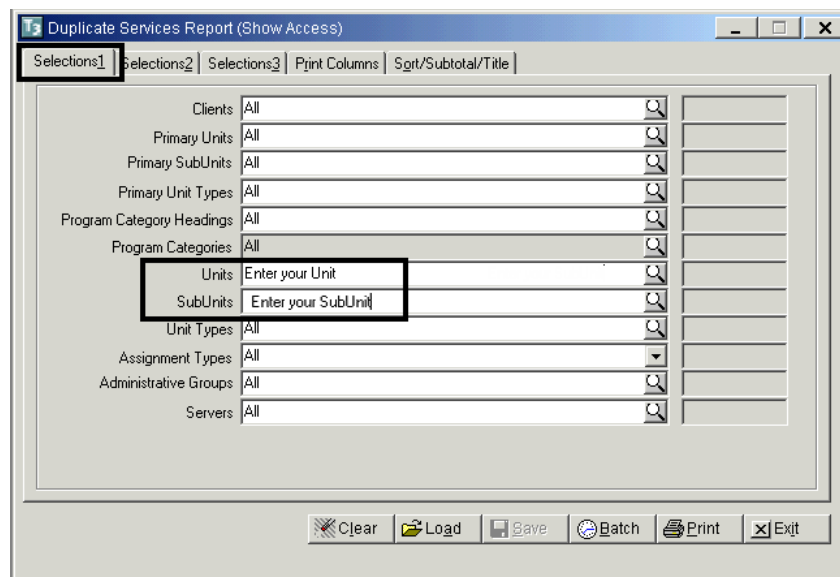
The “Load Template for Duplicate Services Report” screen will appear.

- 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 “Selections<sub>1</sub>” 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.”

**A Duplicate Services Report (Show Access)**

Selections1 | **Selections2** | Selections3 | Print Columns | Spt/Subtotal/Title

Pay Sources: All

Benefit Plans: All

Service Codes: All

Exclude Service Cds: None

Exclude Svc. Types: None

Treatment Teams: All

Treatment Team Leaders: All

Billing Types: All

Duplicate Condition: D - Same Service/Same Day for a Client

Service Dates: 09/22/2014 thru 09/29/2014

Clear Load Save Batch **Print** Exit

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

**Print Destination**

☒ Default (Printer/Screen)

☐ VPE File (.VPE)

☐ Text File

☐ CSV File

File Name:

OK Cancel

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

**Duplicate Services Report**  
SAN DIEGO COUNTY MENTAL HEALTH

Duplicate Services Report

Duplicate Type: D Same Service/Same Day for a Client

Unit Selection: 9900 TRAINING UNIT  
SubUnit Selection: 9901 TRAINING SUBUNIT  
Duplicate Condition Selection: D Same Service/Same Day for a Client  
Service Date Range:

Report : AZ156REW  
Staff :

Date : 10/02/2014  
Time : 12:51

Case #	Client Name	DT	Form #	Sub-Unit	Server Name	Svc. Code	Begin Date	Begin Time	End Time	Units	Price	Balance	Count
--------	-------------	----	--------	----------	-------------	-----------	------------	------------	----------	-------	-------	---------	-------

*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**

---

---

---

---

---

---

---

---

---

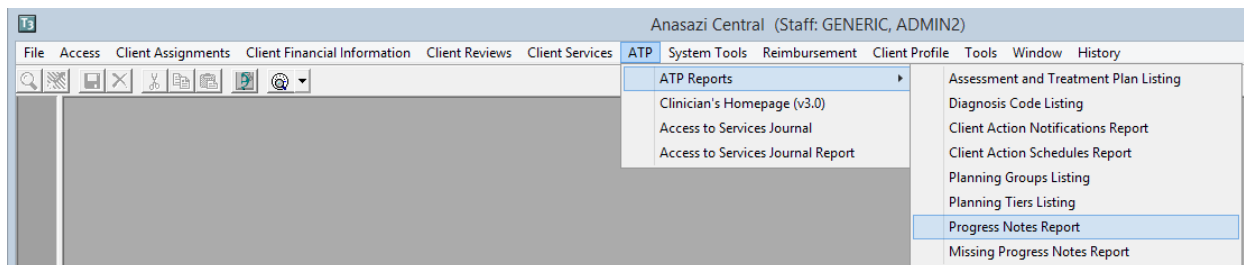
---

## Progress Note Report

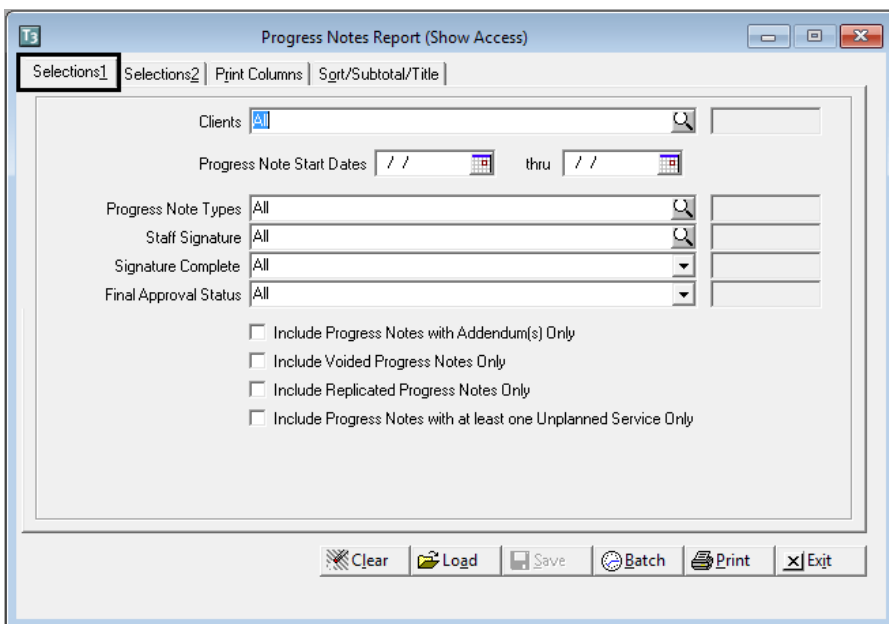
The Progress Note Report is a simple but effective way to identify progress notes that have not been final approved. All types of progress notes that are not final approved will populate on this report.

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.

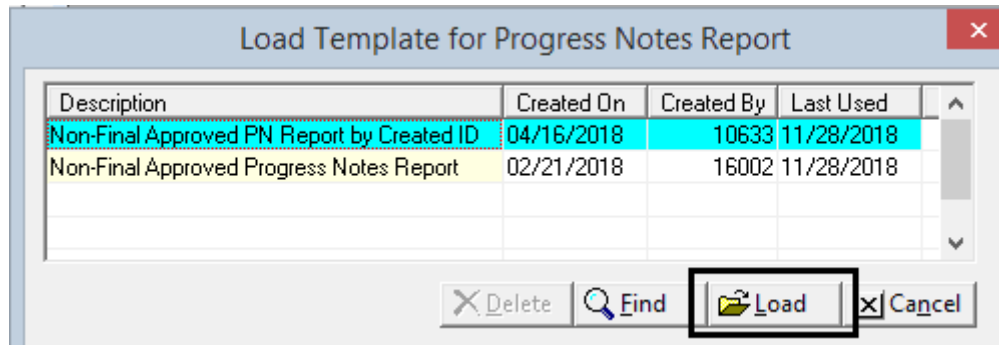


- On “Selections1” tab, select “Load.” This will display a list of templates to choose from.



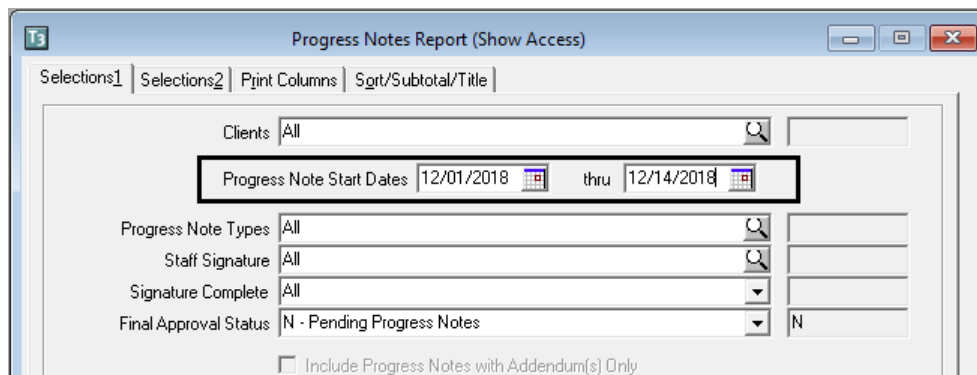
The “Load Template for Progress Notes Report” screen will appear.

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

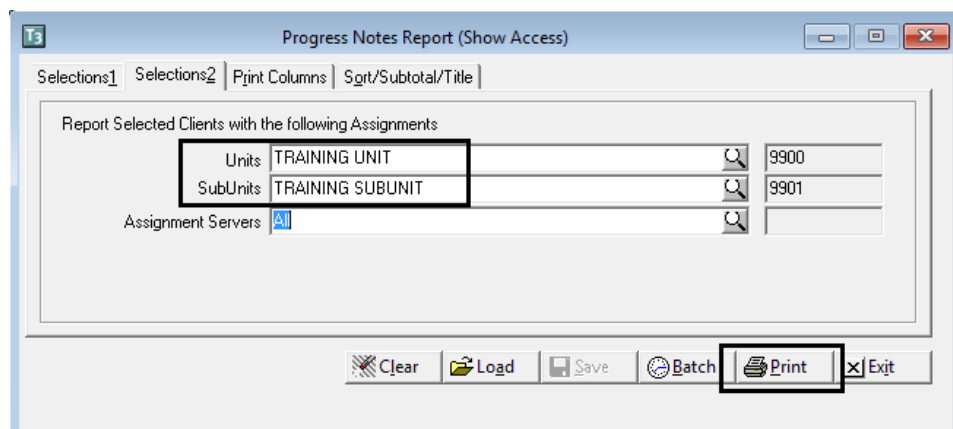


The “Progress Notes Report” screen will re-appear.

- 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.



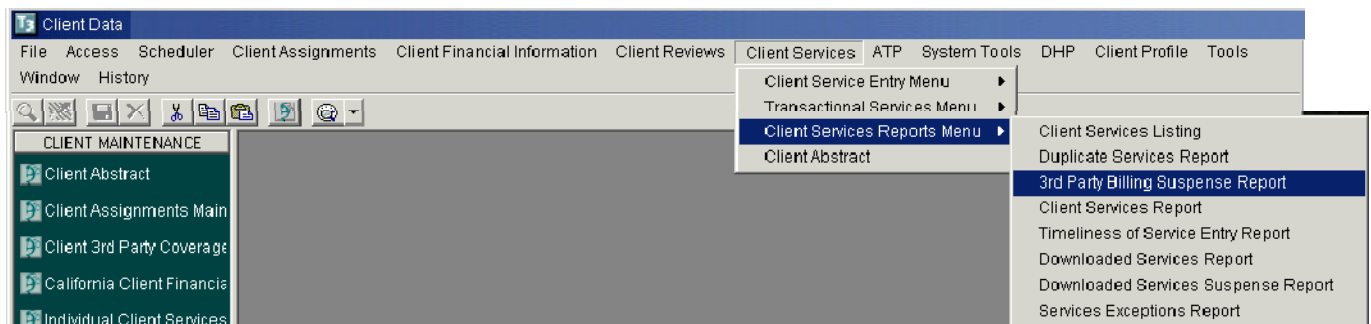


## 3<sup>rd</sup> Party Billing Suspense Report

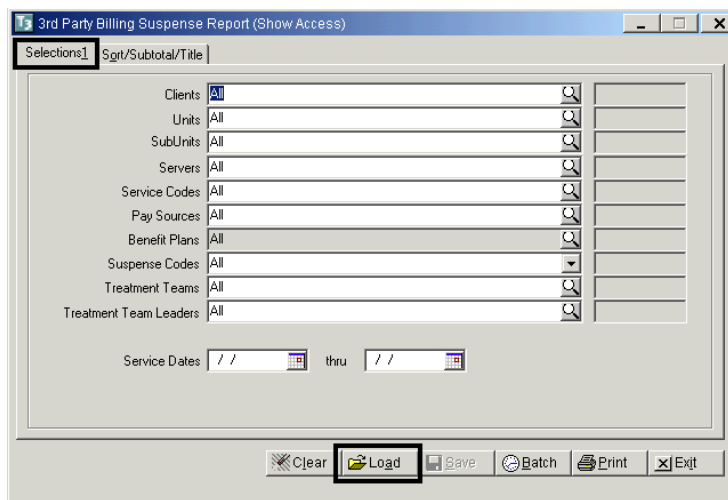
This report provides a listing of clients who had a service, which was entered for billing, but will not be reimbursed. An alpha/numeric code is used in the “Suspense” column to identify the reason the billing was suspended. The “Suspense Codes” (alpha/numeric codes) descriptions can be found on the 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 3<sup>rd</sup> 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 “3<sup>rd</sup> Party Billing Suspense Report.”



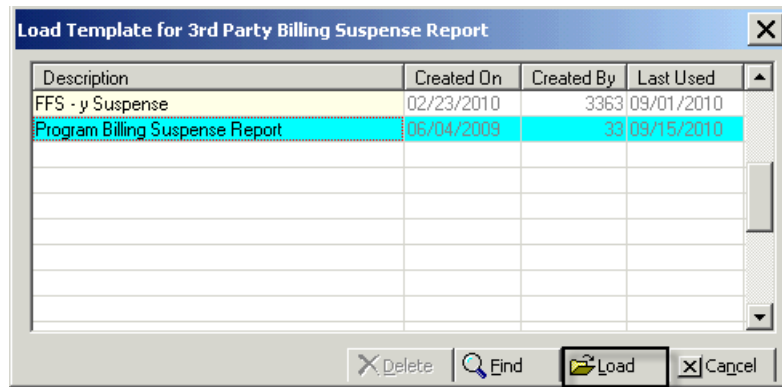
The “3<sup>rd</sup> Party Billing Suspense Report” screen will appear. This screen has multiple “Selections” tabs.



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

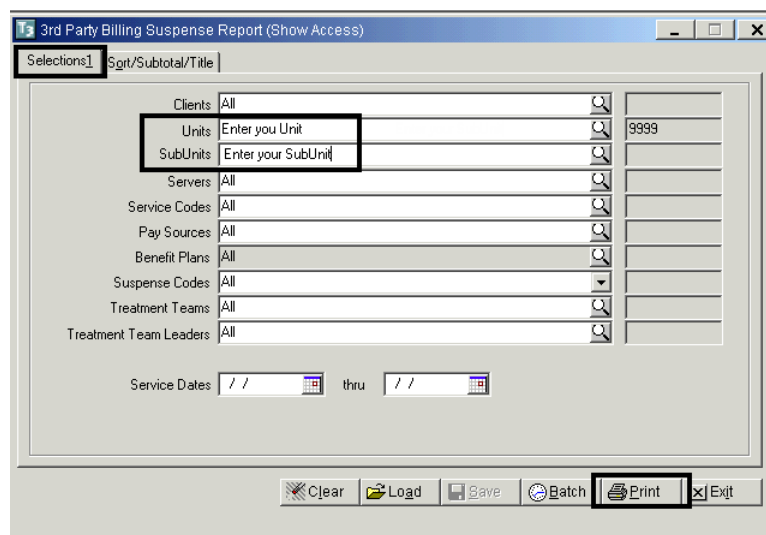
The “Load Template for 3<sup>rd</sup> Party Billing Suspense Report” screen will appear.

- 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.

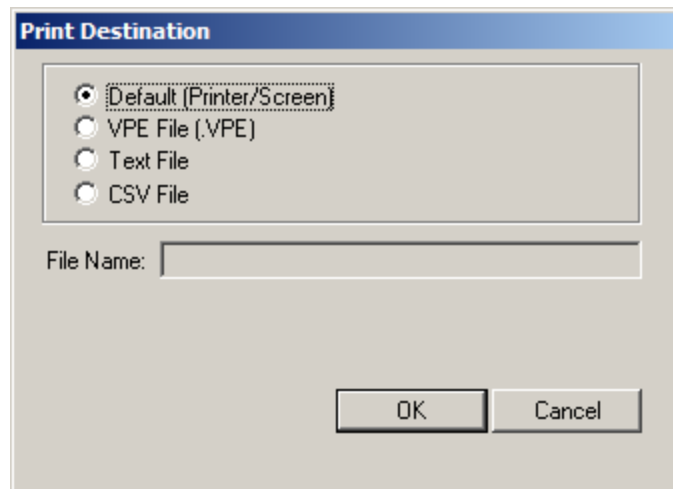


The “3<sup>rd</sup> Party Billing Suspense Report” screen will re-appear.

- 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 3<sup>rd</sup> Party billing.

**Print Preview**

cm 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

**3rd Party Billing Suspense Report** Page : 1  
 SAN DIEGO COUNTY MENTAL HEALTH

Program Billing Suspense Report

SubUnit ID:

Unit Selection: 9900 TRAINING UNIT

Report : AZ156RAQ Date : 10/02/2014  
 Staff : Time : 13:20

Case #	Client	Form	Server	Unit	Svc	Procedure	Scr	Date	Units	Curr Src	Curr Ben	Orig Price	Current Balance	Suspense
--------	--------	------	--------	------	-----	-----------	-----	------	-------	-------------	-------------	---------------	--------------------	----------

*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 (MHBHU) 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 MHBHU. Indicate what insurance the AOB is for in the comments section. MHBHU 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 3 <sup>rd</sup> Party Coverage Maintenance screen. If unable to correct, call MHBHU 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 MHBUS runs monthly Re- Calculation process. Each month MHBUS runs Re-Calculation and notifies programs via OPTUM and if its not updated after notification, please call MHBUS 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 MHBUS for correction. MHBUS 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 MHBUS for processing. Once processed, MHBUS 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.

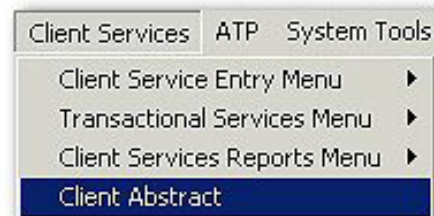
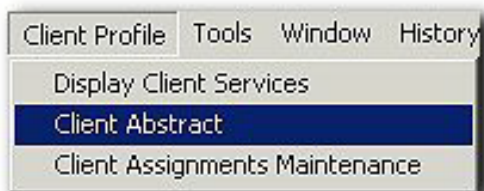
## Client Abstract Setup

### How to set up the “Client Abstract”

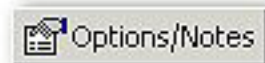
The client abstract is a helpful summary of client information. It can be easily tailored to meet one’s needs. The most commonly used set up is below.

#### Opening the Client Abstract Window:

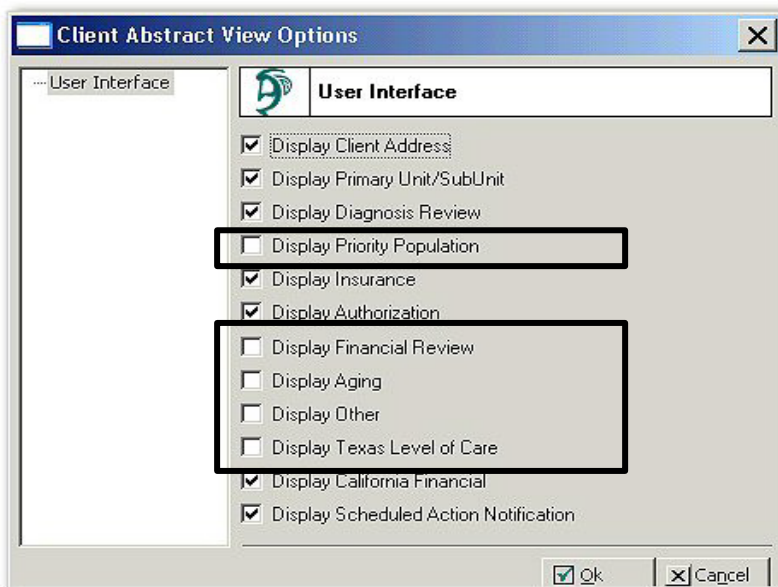
To open the “Client Abstract” there are two options illustrated below:



- 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	<a href="http://www.optumsandiego.com">www.optumsandiego.com</a>
Service Codes	CCBH (Anasazi) User Manual/QM Unit