

Workbooks to Encounters

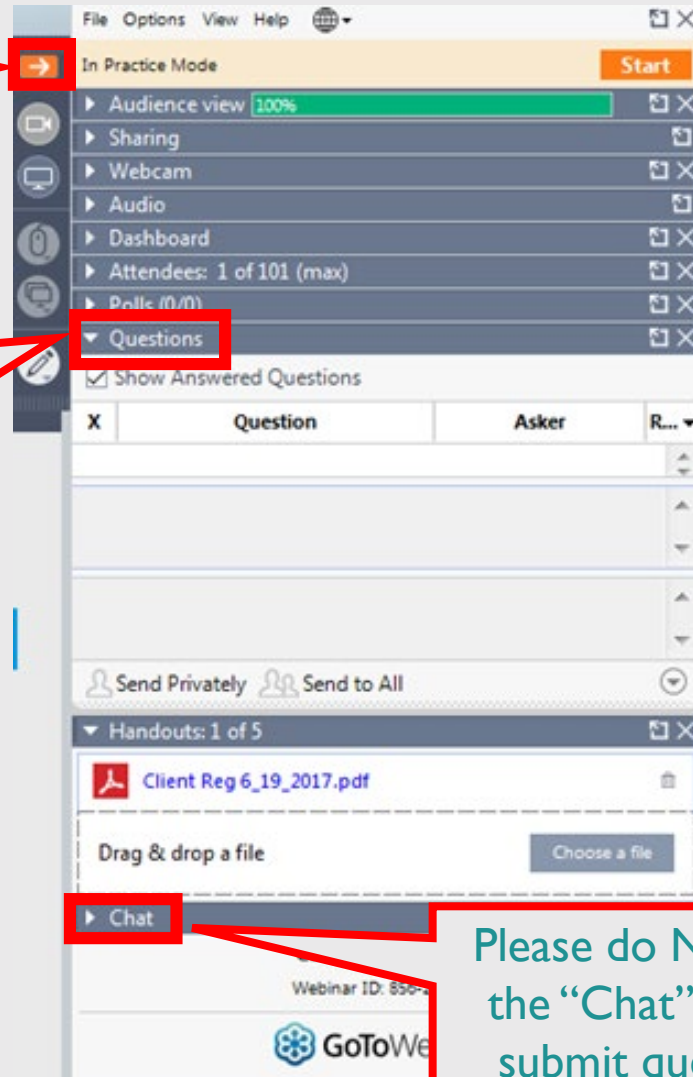
Vendor Training



Overview – Webinar Features

Use Arrow icon to minimize or expand the webinar box

Click the “Questions” arrow to open the questions box and enter your question.

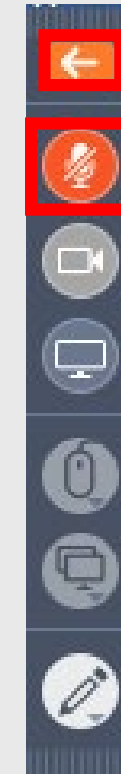


Please do NOT use the “Chat” box to submit questions





Use Arrow icon to minimize or expand the webinar box

All Attendees will be in “Listen-Only” mode for this webinar



Webinar Information

- All Attendees will be in *Listen-Only*  mode for the duration of the Webinar.
- User Guides are located on bhsdstar.org
- Questions can be entered in the *Questions*  area of the panel.
(Be sure to listen to the entire presentation as your question may be answered later in the presentation)
- Questions submitted will be addressed the last 10-15 minutes of the webinar.

Why is Vendor Registration Important?

- **Billing Information-Where to send payment**
- **Mailing Information-Where to send important correspondence**
- **Service Locations-Where services are being provided to clients**
- **Staff and Licensure-What staff are providing services (This determines the correct fee reimbursement for the service based on the fee schedule)**

Remember:

It is important that the Vendor Registration information be kept current. Please review and update regularly. Insure staff are added and their licensure is current/not expired.

Why Switch to Encounters?

There is a wealth of information contained in the Workbook Uploads that the Lead Agencies have requested greater access to.

Below are listed benefits of the switch:

- Increased vision into what services the Vendors are billing for the client and non-client services rendered.
- By defining service acceptance rules we can make it easier and faster for the Vendors to enter their services.
- Services will be easier to review on an invoice for State Agency staff, as a result reducing time spent on invoice approvals.
- Ability to capture client demographics through the Mandated Data which leads to more supportive data to assist with increased State General Funding requests, Federal grant applications, etc.
- Ability to answer questions from State Agency Executive Leadership and Legislature inquiries on how the funding is expended.

Lead Agency and Vendor Analytics



Produced by Falling Colors

Who is Receiving Behavioral Health Services?

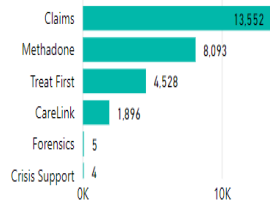
25,670

Clients Served

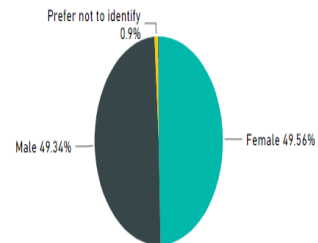
\$22,276,513.22

Total Expended (Client Services)

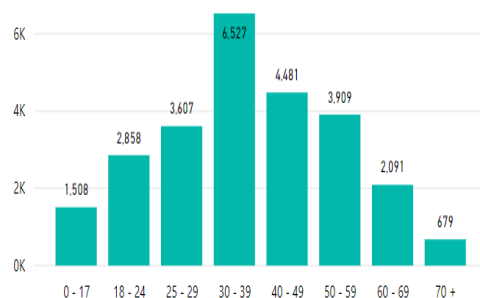
Clients by Program



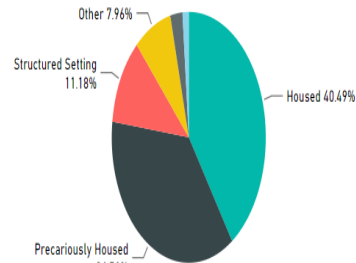
Gender



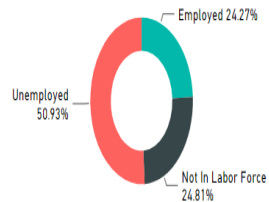
Age at Registration



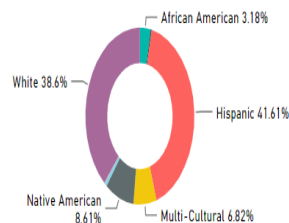
Living Situation



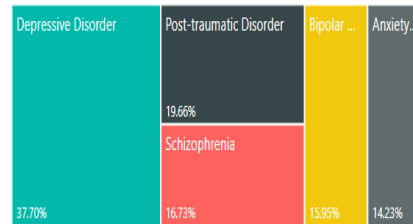
Employment Status



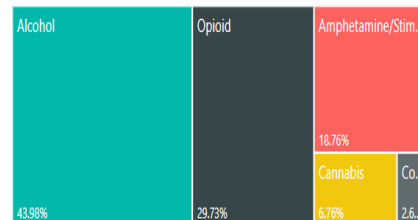
Ethnicity



Top 5 Mental Health Diagnosis



Top 5 Substance Abuse Diagnosis



FALLING COLORS

How Far are Clients Travelling to Receive Services?

Clients

13,482

Average Travel Time

27.94

Average Distance To Service

22.11

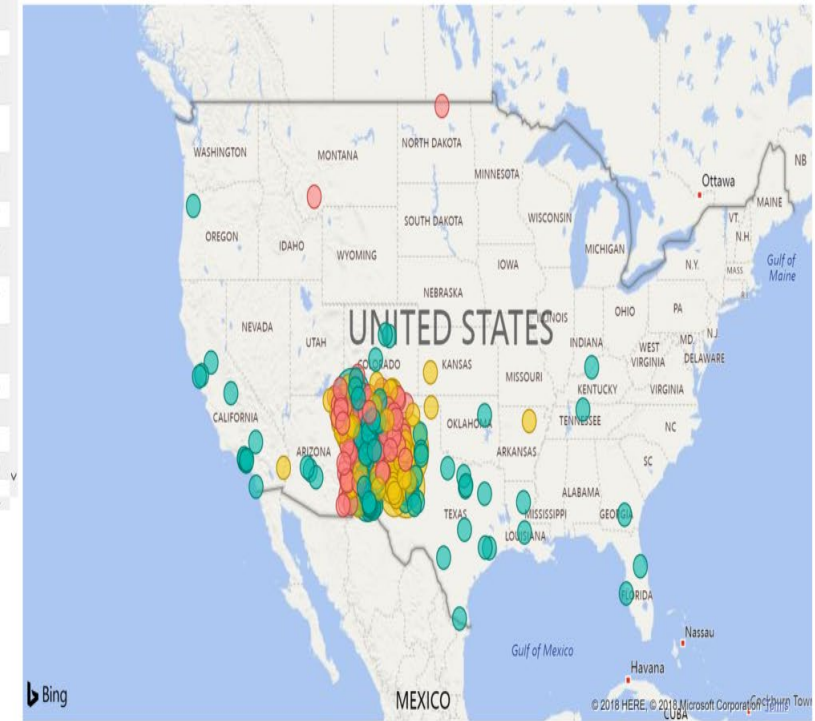
Facility

Facility Name	Clients	Travel Time (min)
Golden Services - Counseling	256	172.19
Golden Services - Counseling Associates	11	158.05
PMS - Questa Health Center	25	162.77
BHC Mesilla Valley - BHC Mesilla Valley Hospital	87	107.09
Hoy - Hoy Recovery Program Inc - Residential	298	106.83
ILEAP - ILEAP Inc	27	93.48
Healing Addiction in Our Community	2	96.11
Mental Health Resources - MHR Tucumcari	110	84.58
NaNizhoozhi Center - NaNizhoozhi Center Inc.	65	86.47
Youth Development Inc - YDI-Casa Hermosa	4	71.54
Rehoboth McKinley Christian Health Care Services Inc - RMCHCS - Behavioral Health Services	359	67.14
Santa Fe Recovery Center - Santa Fe Recovery Detox Center	207	59.03
Santa Fe Recovery - Santa Fe Recovery Residential	388	55.40
Guidance Center of Lea County - Humphrey House	2	57.32
PMS - Esperanza Family Health Center	15	52.63
PMS - Española Family Wellness Center	3	52.10
Behavioral Health Institute - NM Behavioral Health	297	36.83

Geographic Area

Area	Clients	Travel Time (min)	Distance To Service (miles)
Frontier	399	72.66	71.00
Rural	3,658	31.74	27.09
Unspecified	5	239.76	249.61
Urban	9,426	26.05	19.84

Where are Clients coming From?



Bing

Geographic Area ● Frontier ● Rural ● Unspecified ● Urban

Project Setup

There are 2 types of Encounter Services:

- **Client Based**
- **Non-Client Based**

Some projects will consist of one or the other and some projects may have both.

For Client Based Services-some will collect cost and some will be calculated by the system based on the Units, Rendering Staff, and current Fee Schedule.

For Non-Client Based Services-the Vendor will enter the cost of the services rendered.

All Vendors will be informed of the new Encounter services they will be transitioning to for inputting services rendered for monthly billing.

Non Client Based Encounter Services

Non Client Based Services are entered in the same place as the Workbook Upload-On the Vendor Project screen:

bhsdstar Quality (QA)


QA REVIEW- PROGRAMS CLIENT- ROSTER

Logged in as: Tracy Archuleta (Audit)

Test Provider


- Overview
- CareLink
- Claims
- Forensics
- New Services**
- Opoid STR
- Prevention
- SAPT BG
- SAPT BG - Womens
- SGF: Substance Abuse
- Treat First
- Workbook Transition

New Services Tracking




Corrections Required

Take Action



Pending Invoices

View



Invoice History

View

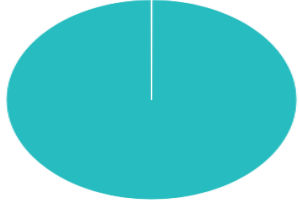
Fiscal Year 2019 - Financial - NonClient Detail

Add Service ▾ Back to Program Summary

Transaction	Date(s)	Amount	Submitted	Delete
Street Outreach				
Capacity Building				
Clinical Supervision				
Digital Presence				
Narcan Replacement				
Narcan Training				
Presentation				
Training				

Fiscal Summary

Fiscal Summary




■ Paid
■ Outstanding
■ Remaining

Highcharts.com

Non Client Based Encounter Services

Each service has been customized to collect specific data fields.

If the required fields are not entered, when selecting save red messages will display.

Presentation

Location Test Provider Site	
Transaction ID 13080214473CLN	
Funding -- Choose an allocation or leave blank to let the system choose --	
Date of Activity mm/dd/yyyy	Required If applicable specify the end date, otherwise leave blank mm/dd/yyyy
Cost of Activity (all costs associated with delivery of activity) Must be a number greater than zero with at most two decimal places	
Presentation Location Required	
Presenter(s) Required	
# of Attendees -- ## -- Required	
Presentation Duration (# Hours) -- ## -- Required	
Purpose of the Presentation Required	

CancelSave

Non Client Based Encounter Services

Invoices will be auto-generated by the system on the 1st and 15th of each month at Midnight and contain all services rendering during the month-displayed on the Summary and Detail tabs.

STAR-BHS 002 732

\$1,302.46

Action

-- Select --

Submit Action

Invoice Action History

Date	Action	User
12/13/2018	Invoice generated	sys admin

PDF

Activity Report

Quick Facts

Provider Site

Test Provider Site

Project Manager

Spencer Williams

Fund Source

B500 : SGF: Mental Health (HSDSTR6702c)

Provider Files

Approver Files

Choose File

No file chosen

Upload File

Invoice Date / Period / Fiscal Year

12/13/2018; Dec, 2018; FY19

Comments:

Add Comment

SUMMARY

DETAIL

Service Date(s)	Service	User	Created	Total
12/01/2018 - 12/12/2018	Presentation	Tracy Archuleta (Audit)	12/13/2018	\$55.78
12/10/2018	Training	Tracy Archuleta (Audit)	12/13/2018	\$789.45
12/01/2018 - 12/12/2018	Clinical Supervision	Tracy Archuleta (Audit)	12/13/2018	\$457.23

Return to Invoice List

Client Based Encounter Services-Registration

The screenshot displays the bhsdstar web application interface. The top navigation bar includes the bhsdstar logo, a 'PROGRAMS' tab, a 'CLIENT-' tab, and a 'Logged in as:' user profile. The main content area is divided into two sections: 'Overview Tracking' and 'Client Tracking'.

Overview Tracking

- Corrections Required:** 0 items. [Take Action](#)
- Pending Invoices:** 0 items. [View](#)
- Invoice History:** [View](#)
- RUN REPORTS FOR Overview:** 3 reports. [Run Report](#)

Client Tracking

- Active Clients:** 1 client. [View](#)
- Deactivated Clients:** 0 clients. [View](#)
- Check-In Required:** 0 clients. [View](#)

A red box highlights the 'REGISTER' button in the 'CLIENT-' tab, with a callout text: 'Click "Register" to register a new client.'

Client Based Encounter Services-Registration



PROGRAMS

CLIENT-



Logged in as:

First Name

Test



Last Name

Client

Date of Birth

12/12/1980

Q Search

1. Input Clients name and DOB, then click "Search"

First Name

Test



Last Name

Client

Date of Birth

12/12/1980

Q Search

No matching client records were found. Please use the below button to start a new client record.

Create New Record

2. Click "Create New Record" for new clients

Client Based Encounter Services-Registration

Profile

Step 1 of 5

General

First Name Sarah		Middle Initial 	Last Name Testing		Suffix N/A
<input type="checkbox"/> No SSN?	SSN Required	Date of Birth 12/05/1997	Driver's License #		Medical Record Number Required

Required Fields will display a message at Save if not entered

Medicaid

<input type="checkbox"/> Client has a Medicaid ID?	Medicaid ID	MCO	CCL
--	-------------	-----	-----

Demographic

Gender Required	Sexual Preference Prefer not to answer	Language Required	Other Language
Active Military Required	Ethnicity Required	Race Required	Tribal Affiliation

Previous

Save and Continue

Client Based Encounter Services-Registration

Contact Information

Step 2 of 5

Address

☐ Check if client is Homeless.

Address Line 1 **Required**



Address Line 2

City **Required**

State **Required**

Zip Code **Required**

Phone

☐ Check if client has no phone.

Primary Phone **Required**

(###) ###-####

Message

No

Other Phone

(###) ###-####

Message

No

Previous

Save and Continue

Client Based Encounter Services-Registration

Contacts

This entire screen is optional

Step 3 of 5

Legal Representative/Guardian

Name	<input type="text"/>
Phone number	<input type="text" value="(###) ###-####"/>
Relation to Client	<input type="text"/>

Non-medical person authorized to get your records and/or discuss your care

Name	<input type="text"/>
Phone number	<input type="text" value="(###) ###-####"/>
Relation to Client	<input type="text"/>

Emergency Contact

Name	<input type="text"/>
Phone number	<input type="text" value="(###) ###-####"/>
Relation to Client	<input type="text"/>

Other

Name	<input type="text"/>
Phone number	<input type="text" value="(###) ###-####"/>
Relation to Client	<input type="text"/>

Previous

Save and Continue

Client Based Encounter Services-Registration

Project Activation

Step 4 of 5

Claims - Claims - BHSD (BHSD)

The client is not active in this project.

The first time a client is registered they must be Activated into the project

Activate

New Services - Financial - Client 1 - BHSD (BHSD)

The client is not active in this project.

Activate


↶ Previous

→ Continue

Client Based Encounter Services-Registration

Initial Registration Data

Step 5 of 5

Date of Initial Registration: 06/11/2019		Veteran: Required	Marital Status: Required	Pregnant: Required
Family Member/Significant Other: Required	Living Arrangement: Required	Length of Time in this Arrangement:		
Education: Required	School: Required	Employment Status: Required	Not In Labor Force:	Source of income: Required
CYFD Involved: Required	Referral Source: Required	Criminal Justice Referral:		Arrests in Past 30 days: Required
Health Insurance: Required				

Substance Abuse

Substance Abuse Problem: Required


Mental Health

Serious Mental Illness: Required	Serious Emotional Disturbance: Required
Is there a Mental Health Diagnosis? Required	

Previous

Save and Continue

Client Based Encounter Services-Add Service

**Test Client - C001000000057928**
Primary Language: English

SERVICES (0)NOTES (0)PROJECTS 1

MANDATED DATAPROFILECONTACTSADDRESS & PHONE

Click Add Service, Click the Service you want to add.

Add Service ▾

Acu-Detox

Alcohol/Drug Medication and Monitoring ▶

Assessments and Evaluations ▶

Care Coordination ▶

Client Transportation

Community Service Management

Comprehensive Care Management ▶

Counseling/Therapy ▶

Crisis Response/Intervention ▶

Engagement Incentive

Individual Services

Individual/Family Support ▶

Intensive Parenting Family Services

Service	Date(s)	Submitted	Project
---------	---------	-----------	---------

Services

Total Services Provided: 0

Highcharts.com

Client Based Encounter Services-Add Service

Stipend

Location

Test Provider Site

Transaction ID

12103717453CLN

Project

New Services - Financial - Client 1 - BHSD (BHSD)

Funding

-- Choose an allocation or leave blank to let the system choose --

Date of Activity

mm/dd/yyyy



Required

Staff (indicate the individual who provided the service)

Required

Cost of Activity (all costs associated with delivery of activity)

Must be a number greater than zero with at most two decimal places

Purpose of the Stipend

Required

Cancel

Save

Required Fields will
display a message at Save if
not entered

Client Based Encounter Services

Invoices will be auto-generated by the system on the 1st and 15th of each Month at Midnight and contain all services rendering during the month-displayed on the Summary and Detail tabs.

STAR-BHS 002 749

\$158.25

Action

-- Select --

Submit Action

Invoice Action History

Date	Action	User
1/22/2019	Invoice generated	sys admin

PDF

Activity Report

Quick Facts

SUMMARY

DETAIL

Service Date(s)	Service	Total
11/01/2018	Family Therapy	\$40.00
11/01/2018	Family Psychotherapy with Patient	\$118.25

Return to Invoice List

Provider Site

Test Provider Site

Project Manager

Spencer Williams

Fund Source

B200 : Community MH Services Block Grant (HAPPYJOY)

Provider Files

Approver Files

Choose File

No file chosen

Upload File

Invoice Date / Period / Fiscal Year

1/22/2019; Nov, 2018; FY19

Comments:

Add Comment

Important Things to Remember

For Client Based Services:

- Mandated Data Check-ins are required on a client receiving services every 6 months.
- If a client will no longer be receiving services a Mandated Data Deactivation for the Client should be performed.

Vendors have:

- Until Midnight on the last day of the month following the month the service was rendered to enter the services.
- Thirty (30) days from the date a correction was required to submit the corrections.

All payments will be made no later than 30 days from the date of invoice approval.

Encounters Staff Registration

Staff Registration for BHSDSTAR Account Access

Step 1: Enter Organization Name and Site, Select Add or Remove, Enter First Name, Last Name, and Email Address.

Step 2: Select Project Access Needed in Column 1. (For Prevention and Financial Billing enter for what Projects in last line of the table below.)

Step 3: For each Project selected in Column 1-**Vendors** use Column 2, **MCOs** use Column 3, **BHSD** and **CYFD** use Column 4 and 5, **Financial Payors** use Column 6.

Organization Name AND Site(s):		Vendor Names and all Sites User Needs Access to goes here			
Access	First Name	Last Name	Email Address		
<input checked="" type="checkbox"/> Add User	User First Name	User Last Name	User Email Address		
<input type="checkbox"/> Remove User					
Project Access Needed	Vendor Permission Needed	MCO Permission Needed	State Agency Permission Needed	State Agency Designation	Payor Permission Needed
<input type="checkbox"/> CareLink	<input type="checkbox"/> Vendor	<input type="checkbox"/> MCO	<input type="checkbox"/> Manager		
<input type="checkbox"/> Claims	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Consumer Satisfaction Survey	<input type="checkbox"/> CSS Updater <input type="checkbox"/> CSS Manager	<input type="checkbox"/> CSS Entity Rep	<input type="checkbox"/> CSS-Face to Face Updater <input type="checkbox"/> Manager		
<input type="checkbox"/> Methadone	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Prevention specify projects below	<input type="checkbox"/> Vendor <input type="checkbox"/> Vendor (Read Only)		<input type="checkbox"/> Manager <input type="checkbox"/> Manager (Read Only)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Back-Up	<input type="checkbox"/> Financial Manager <input type="checkbox"/> Financial Manager (Read Only)
<input type="checkbox"/> QA Review (Recoupment)	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> STOT	<input type="checkbox"/> Vendor				
<input type="checkbox"/> Synar	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Treat First	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Vendor Registration	<input type="checkbox"/> Vendor		<input type="checkbox"/> Vendor Authority		
<input checked="" type="checkbox"/> Financial (Workbooks or Encounters) specify projects below	<input checked="" type="checkbox"/> Vendor <input type="checkbox"/> Vendor (Read Only)		<input type="checkbox"/> Manager <input type="checkbox"/> Manager (Read Only)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Back-Up	<input type="checkbox"/> Financial Manager <input type="checkbox"/> Financial Manager (Read Only)
For Prevention and Financial Specify what Project(s):			Veterans and Families Services		

Send completed forms to support@bhsdstar.org. Completed forms **must** come from your authorized representative (primary or secondary designee).

Encounters Issues and Questions

Address questions, comments, or concerns to support@bhsdstar.org.

Remember:

Falling Colors is fully committed to assisting all Vendors thru this transition and answering any questions and providing support.

