LACDMH Managed Care
Fee-For-Service 1
End User Manual

ProviderConnect

August 16, 2017

v. 4.5

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Introduction to IBHIS for Fee-for-Service Providers

Overview

Integrated Behavioral Health Information System (IBHIS) is the Electronic Health Record System (EHRS) that was implemented by Los Angeles County Department of Mental Health (LACDMH). ProviderConnect is a web interface used to communicate with IBHIS. ProviderConnect is a standard browser based application and can be launched from any web browsing application such as Internet Explorer, Chrome, or Firefox, and has real time communication with IBHIS. Any information submitted via ProviderConnect is directly entered and updated into the IBHIS system immediately.

Fee-For-Service 1 (FFS1) L.A County Medi-Cal inpatient providers will use this system to:

1. Search for a client:

   A. If client *is* found, either in your hospital or in any other hospital, add admission record.
   B. If client is *not* found, either in your hospital or in any other hospital, create admission for new client.

2. Enter client demographic information or update existing client demographic information.

3. Enter admission diagnosis

   Note: Enter admission record and admission diagnosis within 24 hours of admission, to facilitate care coordination.

4. Upon discharge: First, enter discharge diagnosis and finally, create discharge.

5. Print (using your desktop print functions/Right-Click) the following screens to accompany paper TAR and clinical records to be submitted to DMH TAR Unit:

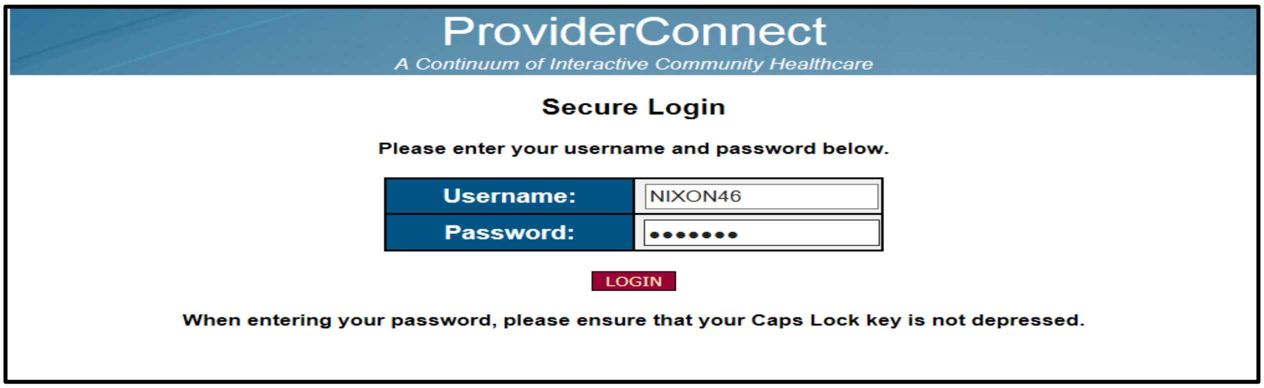
   A. Admission screen.
   B. Admission/Discharge Diagnosis screen.
   C. Discharge screen.

ProviderConnect
Log In

1. Start the web browser (IE, Chrome) in your system. Type the following web address in the address line: https://lapconn.netsmartcloud.com/la

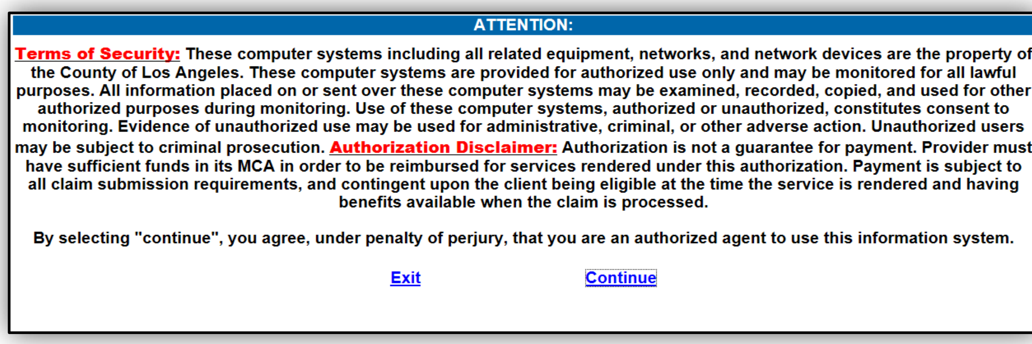
   Note: For *training* purposes only, type the following web address in the address line: https://lapconn.netsmartcloud.com/lastaging This link will take you to the ProviderConnect training environment where you may practice using the ProviderConnect system, prior to using the system live.

   The following login screen will appear:



2. Type in a user ID and password then click the LOGIN button.

   A screen will be displayed with a Confidentiality/Security statement. **You must accept and agree** before continuing.



   Once “continue” has been selected, the system will display **ProviderConnect-News** alerts.

   The **News** screen will provide the user with alerts and updates regarding the system.

3. Click Skip to Main Menu to continue to the **Main Menu**.

ProviderConnect
Main Menu

You are logged in as:	NIXON46
Your last login was:	6/2/2017 12:59:00 PM

Main Menu - Provider		
Lookup Client	**Add New Client/Client Search**	**Change Password**
Documentation	**News**	
Logout / Exit		

- **News:** Is used to provide you with communication regarding updates and enhancements associated to ProviderConnect. If the News message displays “THIS IS A NON-PRODUCTION ENVIRONMENT”, this means you are in the testing environment. Logout and connect to the LIVE environment at https://lapconn.netsmartcloud.com/la

- **Documentation:** Provides help on ProviderConnect

- **Change password:** Allows users to change password

Note: When changing password, the following rules will apply:

Password Tips:

- Password cannot be "password".
- Passwords must be between 6 and 30 characters.
- Passwords are case-sensitive.
- Passwords cannot be the same as your username, or your username backwards.
- Passwords cannot be common English words or commonly used (guessable) passwords.
- Try substituting numbers or punctuation for letters. For example, instead of "provider" use "pr0v1d3r".

Client Search

The **Main Menu** is used to search for existing clients.
There are two steps to search for clients:

- **“Lookup Client”:** Allows you to search clients by **First and Last Name, SSN, DOB,** and **your agency name** for an existing admission created by *your* agency. Please note: Records cannot be accessed by existing TAR numbers.

ProviderConnect
Client Search with Lookup Client

The **Lookup Client** option is used to search for clients with an existing admission created by *your* Hospital.

You may search for clients using the following parameters:

- **Member ID** (only)
- **Social Security Number** (only)
- Or a combination of **First Name, Last Name** and **D.O.B**.

Note: You must use Capital Letters for the first letter in both the "Last Name" and "First Name" fields.

Search Criteria	
Member ID:	
SSN:	
Last Name:	Client
First Name:	Test
Date of Birth:	05/27/1954
Agency:	BHC ALHAMBRA HOSPITAL

Note: Only clients with authorization requests, pended or approved authorizations, and/or provider-initiated Admissions will display.

Search by Criteria

Results of the search will list the client information as follows based on the parameters provided.

Search Results				
Client ID	**Last Name**	**First Name**	**Date of Birth**	**Agency**
3170994	Client	Test	5/27/1954	BHC ALHAMBRA HOSPITAL

Search Criteria

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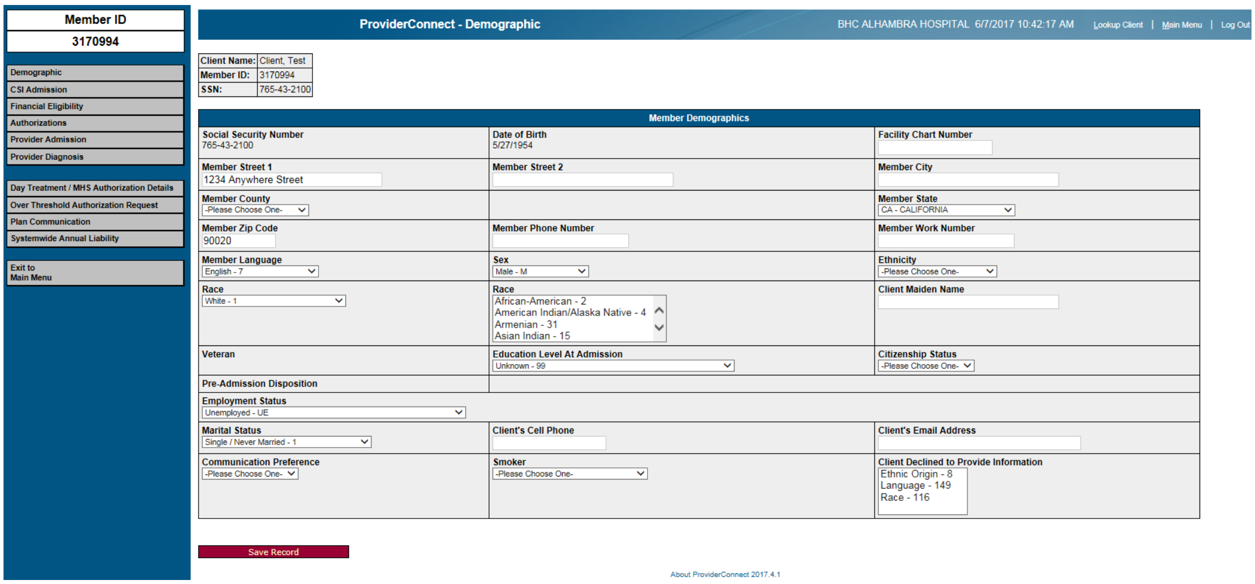
About ProviderConnect 2017.4.1

1. Click on the **Client ID** to view client information.

ProviderConnect
Lookup Client (Cont'd)

2. The following screen will appear:

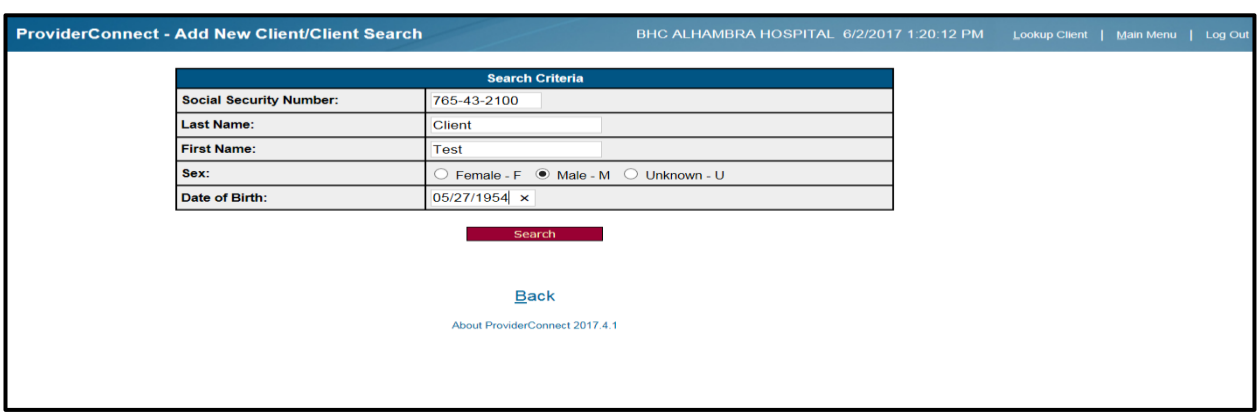


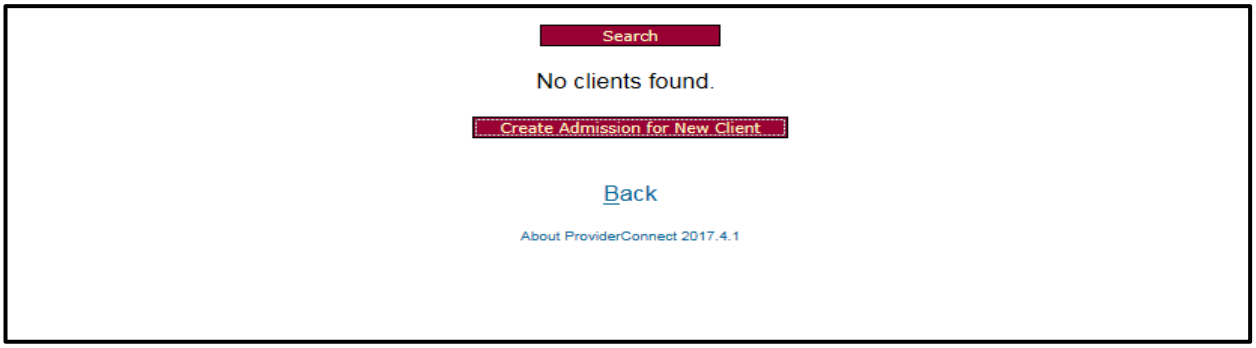
If client is not found within by "**Lookup Client"** function, go to the next step:

ProviderConnect
Client Search with Add New Client/Client Search

- **"Add New Client/Client Search":** Allows you to search clients by **First and Last Name, SSN, DOB** and **Sex** for clients who may have an existing admission within the system from *other* providers.

- To edit records for a client admitted under *your* facility, the "Lookup Client" function must be used.



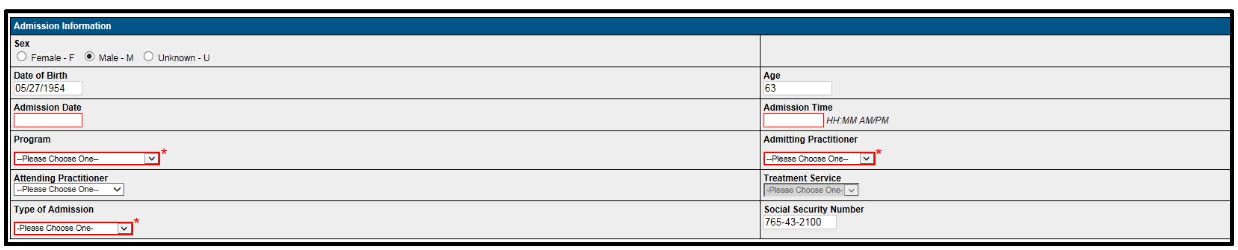


If no client found in client search: "Create Admission for New Client."

Note: When adding a new client, always make sure you have already performed a thorough search to ensure that the client does not already have an existing admission in the system.

If the client has not been found, using the steps above, the **Main Menu** is used to add new clients not previously in the system:

1. Click **Create Admission for New Client** to add an admission for your facility.



Note: All fields highlighted in red are required. Because the Provider Admission form *can* be submitted with missing and inaccurate data in the red fields, and once submitted, it cannot be changed by you, you *must* verify that all red field data is entered and is accurate.

2. Click **Save Admission** to submit admission record.

3. If the client has an existing admission a list will display search results matching the parameters you provided.

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3170994	CLIENT,TEST	05/27/1954	LOS ANGELES	90020		056575	231

Create Admission for New Client

Back

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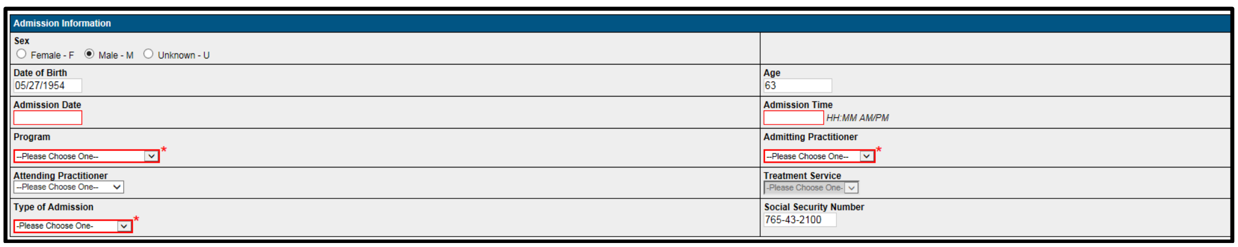
4. Verify the information for accuracy before proceeding.

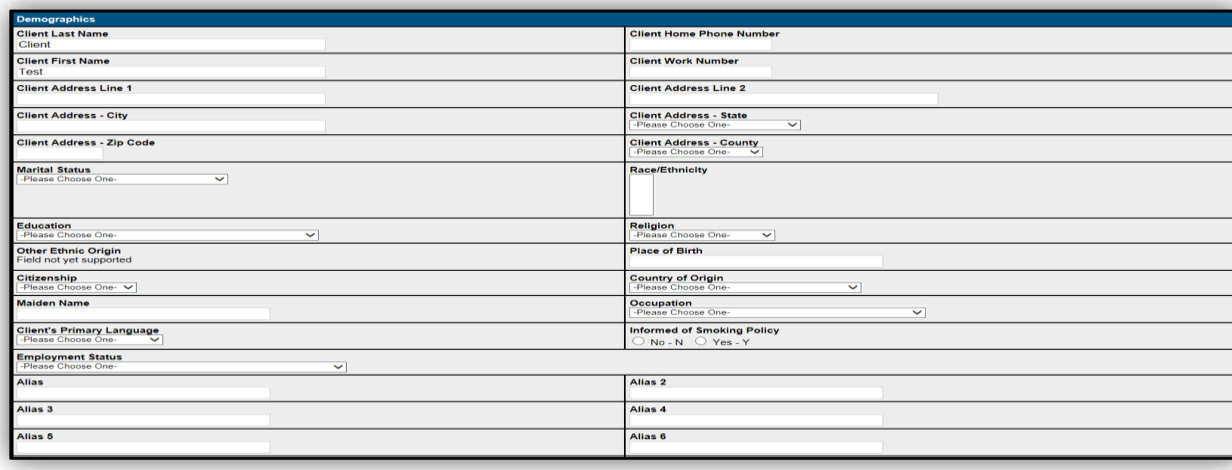
5. Click on the Client ID number. The **Provider Admission Form** will appear with prepopulated information that you entered in the search screen.

6. Complete admission data and client demographic data as follows:



Admission Information

Sex Female - F / Male - M / Unknown - U	
Date of Birth 05/27/1954	Age 63
Admission Date	Admission Time HH:MM AM/PM
Program --Please Choose One-- *	Admitting Practitioner --Please Choose One-- *
Attending Practitioner --Please Choose One--	Treatment Service --Please Choose One--
Type of Admission -Please Choose One- *	Social Security Number 765-43-2100



Demographics

Client Last Name Client	Client Home Phone Number
Client First Name Test	Client Work Number
Client Address Line 1	Client Address Line 2
Client Address - City	Client Address - State -Please Choose One-
Client Address - Zip Code	Client Address - County -Please Choose One-
Marital Status -Please Choose One-	Race/Ethnicity
Education -Please Choose One-	Religion -Please Choose One-
Other Ethnic Origin Field not yet supported	Place of Birth
Citizenship -Please Choose One-	Country of Origin -Please Choose One-
Maiden Name	Occupation -Please Choose One-
Client's Primary Language -Please Choose One-	Informed of Smoking Policy No - N / Yes - Y
Employment Status -Please Choose One-	
Alias	Alias 2
Alias 3	Alias 4
Alias 5	Alias 6

Note: All fields highlighted in red are required. The Provider Admission form cannot be submitted without completing all the required fields. Once the admission has been saved, data cannot be changed. Verify all data for accuracy before submitting.

7. Click **Save Admission** to submit admission record.

ProviderConnect
Editing Demographic Information

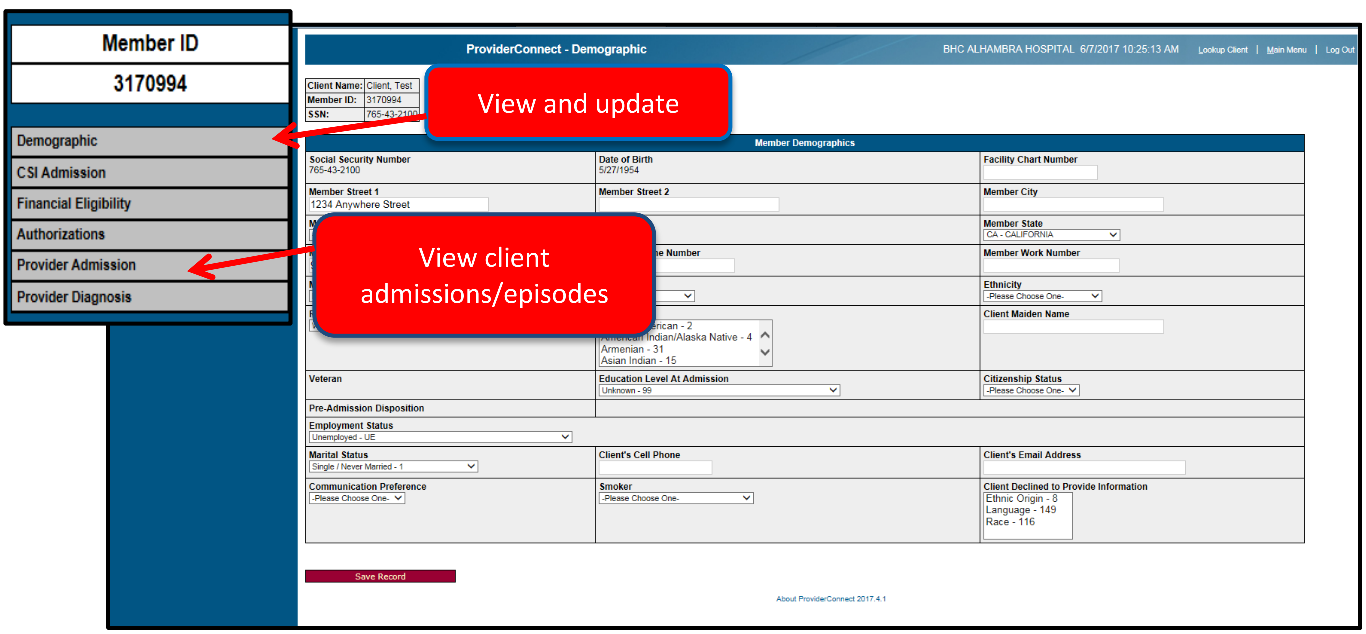
The **Demographic** form is used to maintain and update clients' demographic information (i.e. name, social security number, date of birth, address, sex, etc.).

Demographic information is prepopulated from the previous episode. However, the user may update any necessary changes (e.g. address, telephone number, etc.).

For the zip code field on all addresses across all DMH systems, the 9-digit (Zip+4) zip code is **REQUIRED.** If the 4 digit code is unknown, use **'9998'** as a default.

1. To edit client's demographic information, click **Demographic** on the **Navigation Tool Bar** to open the Member's demographic form.

The **Navigation Tool Bar** on the left side column allows you the ability to access different forms.



Note: Please verify that the correct client record has been selected before making any changes. Client's name, date of birth, and social security number CANNOT be edited.

Remember, all fields highlighted in red are required. The form cannot be submitted without completing the required fields.

2. Complete the admission data and update any client demographic data if necessary.

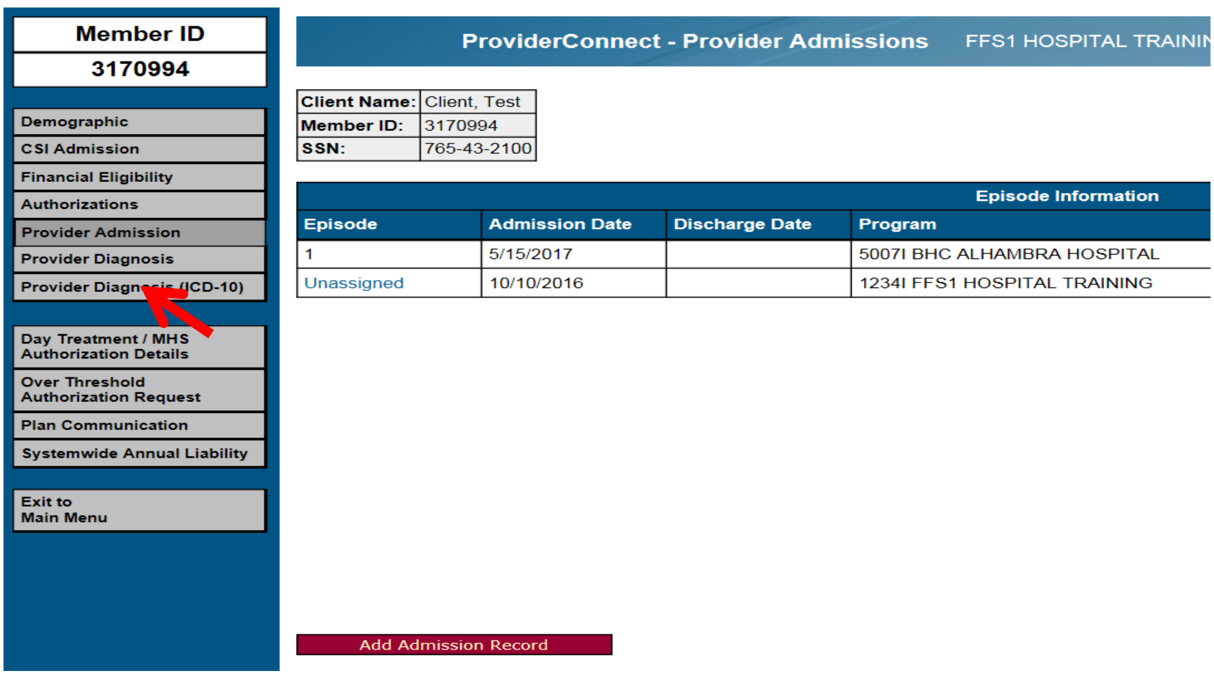
3. Click Save Record to save the changes.

ProviderConnect
Admission Diagnosis

The **Diagnosis** form is used to create and update clients' diagnosis record.

Note: Both an Admission diagnosis and a Discharge diagnosis are required for all admissions and should be entered before creating a discharge.

1. To create/edit client's diagnosis information, click "**Provider Diagnosis (ICD10)**" on the task bar to open the "**Provider Diagnosis (ICD10)**" form.

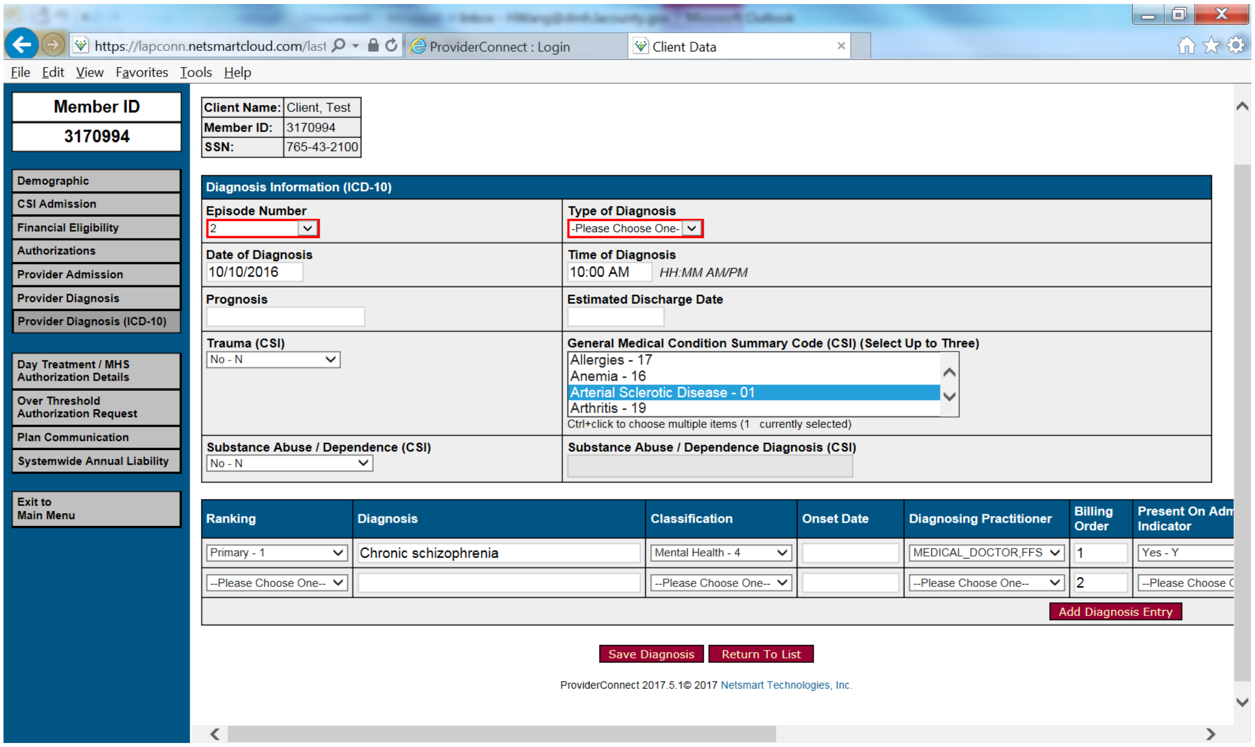


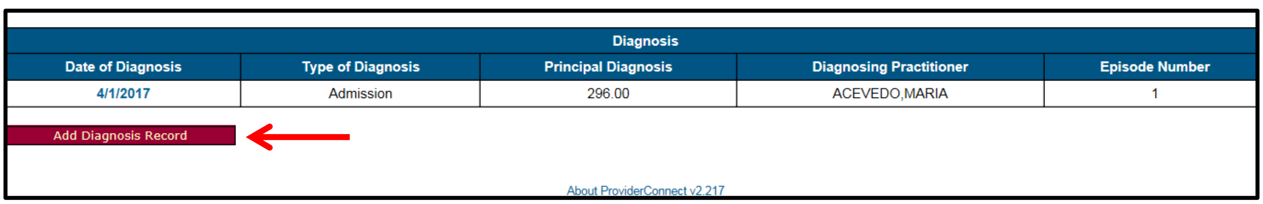
2. Click Add Diagnosis Record to open form.

3. Complete all red required fields and select.

4. The **Provider Diagnosis** pre display screen will populate.

5. Click Add Diagnosis Record to add the diagnosis.

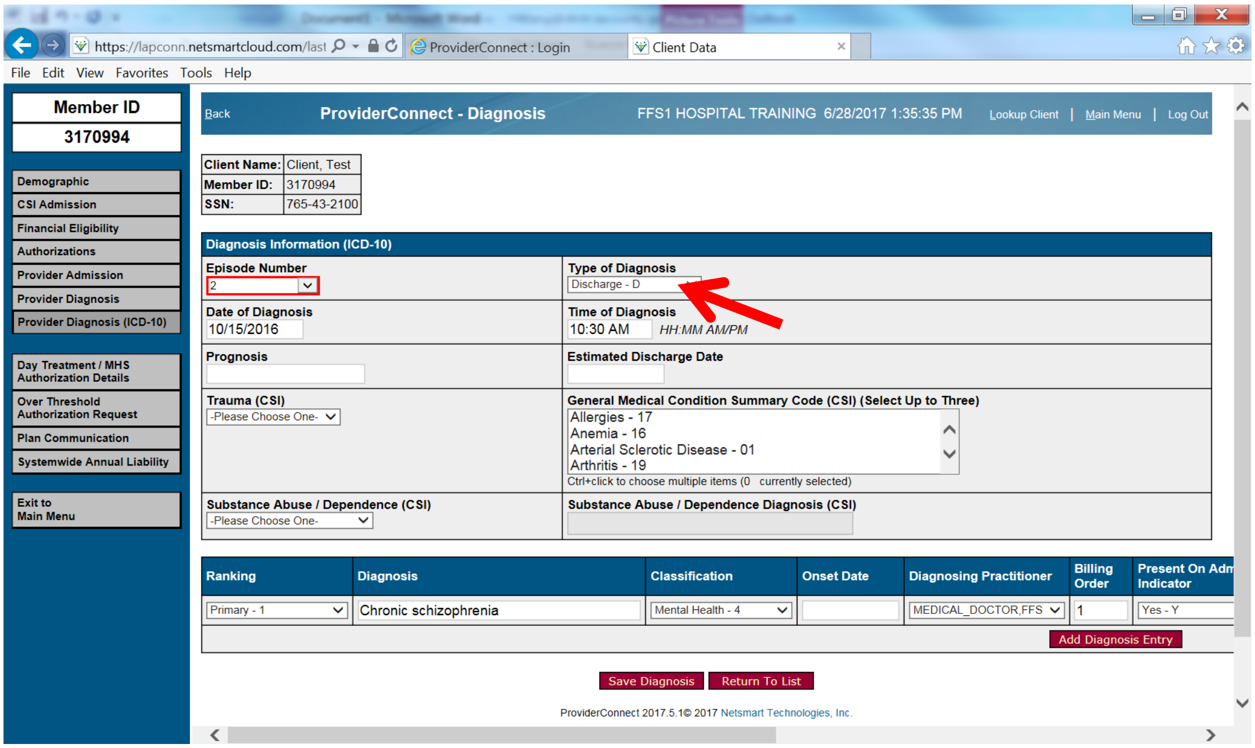




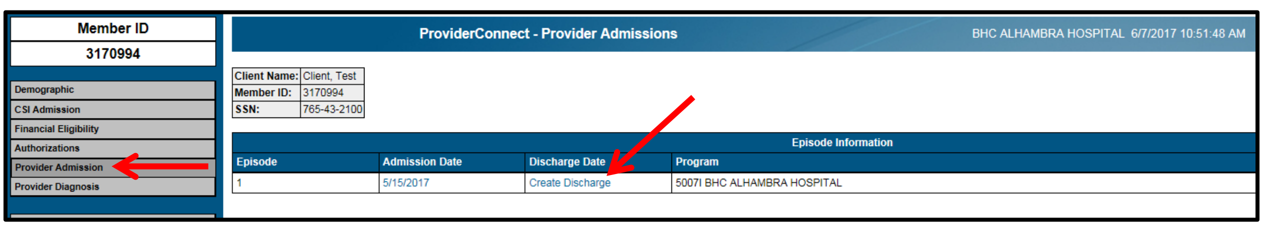
6. Complete all red required fields and select Save Diagnosis.

ProviderConnect
Discharge

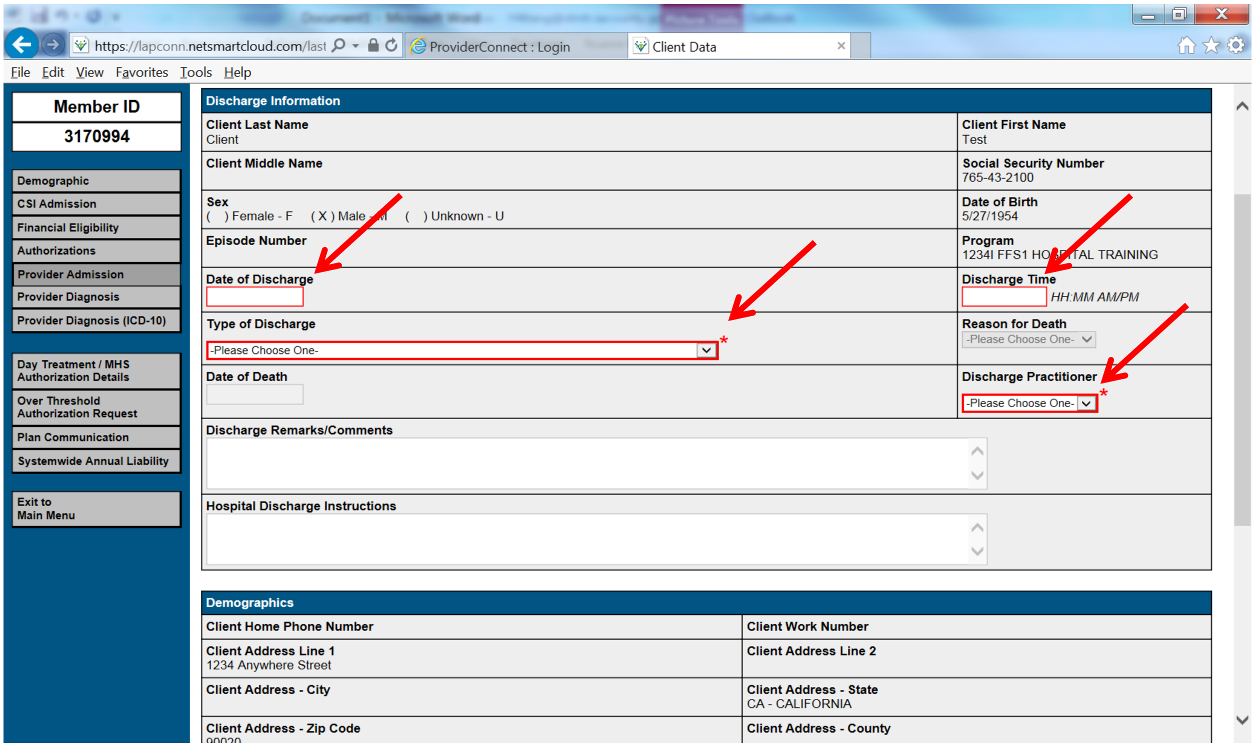
1. To discharge client from current hospital episode, *first* you must enter the discharge diagnosis.



2. Click on "Provider Admission," Select Create Discharge link.

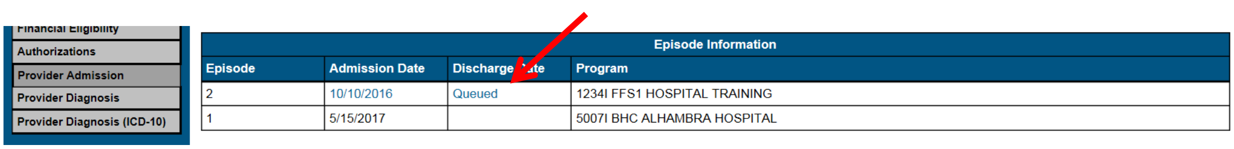


Enter all red required fields. Ensure that all current demographic information is completed/updated.

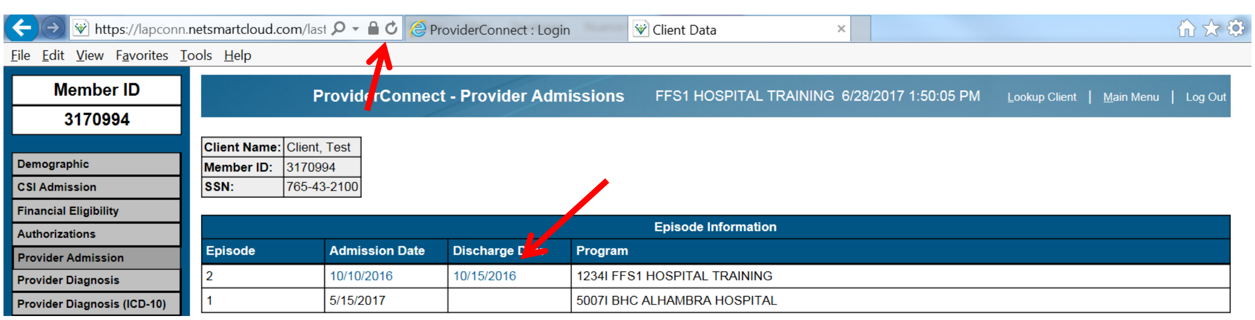


3. Click **Save Discharge**

4. Initially, “Discharge Date” will read as “Queued.”



5. After approximately 30 seconds, you may click “Refresh” on your computer to confirm discharge date.

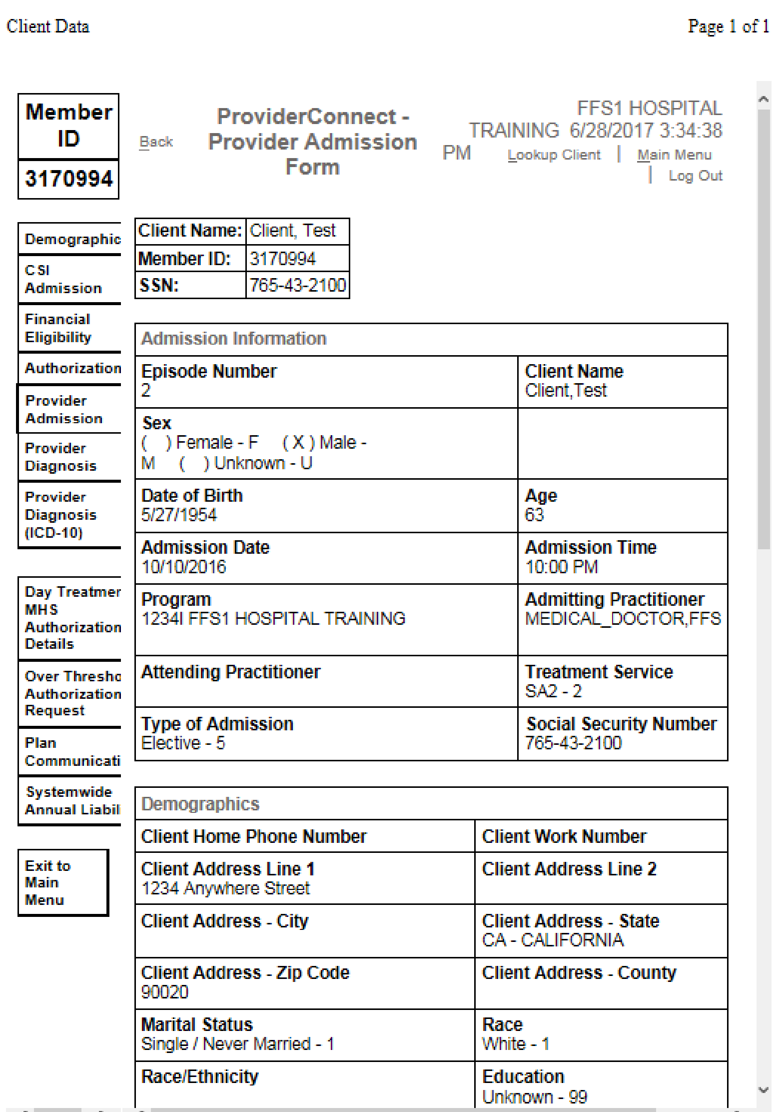


ProviderConnect
Printing Admission, Diagnosis and Discharge Screens

6. Print (using your desktop print functions/Right-Click) the following screens to accompany paper TAR and clinical records to be submitted to DMH TAR Unit:

   A. Admission screen.
   B. Admission/Discharge Diagnosis screen.
   C. Discharge screen.

Print Preview of Admission screen:



Client Data Page 1 of 1

Member ID
3170994

Back

ProviderConnect - Provider Admission Form

FFS1 HOSPITAL TRAINING 6/28/2017 3:34:38 PM

Lookup Client | Main Menu | Log Out

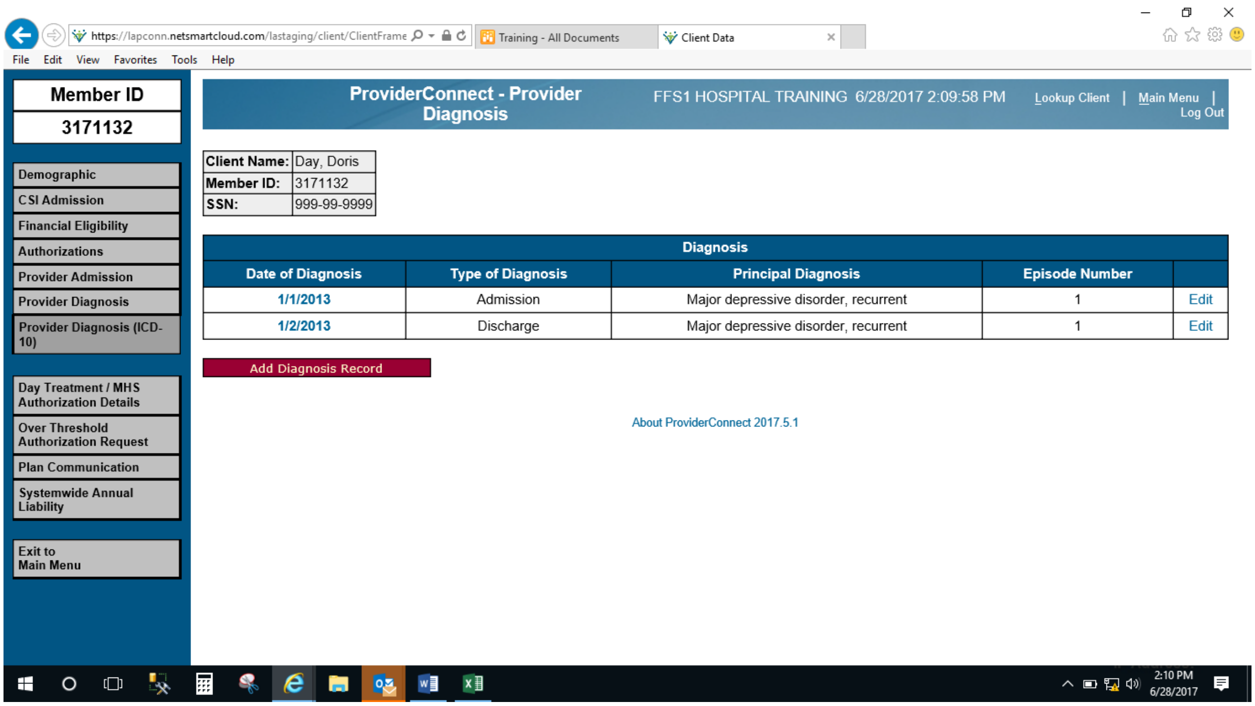
- Demographic
- CSI Admission
- Financial Eligibility
- Authorization
- Provider Admission
- Provider Diagnosis
- Provider Diagnosis (ICD-10)
- Day Treatmer MHS Authorization Details
- Over Thresho Authorization Request
- Plan Communicati
- Systemwide Annual Liabil
- Exit to Main Menu

Client Name:	Client, Test
Member ID:	3170994
SSN:	765-43-2100

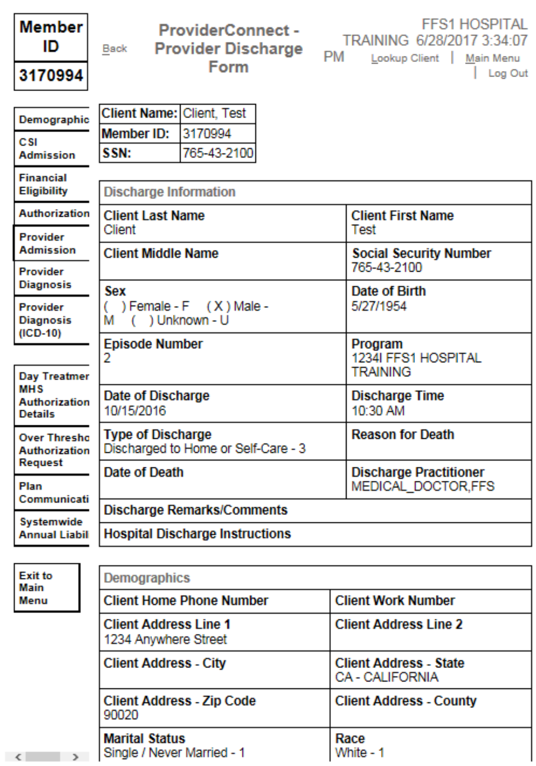
Admission Information	
Episode Number 2	**Client Name** Client,Test
Sex ( ) Female - F (X) Male - M ( ) Unknown - U	
Date of Birth 5/27/1954	**Age** 63
Admission Date 10/10/2016	**Admission Time** 10:00 PM
Program 1234I FFS1 HOSPITAL TRAINING	**Admitting Practitioner** MEDICAL_DOCTOR,FFS
Attending Practitioner	**Treatment Service** SA2 - 2
Type of Admission Elective - 5	**Social Security Number** 765-43-2100

Demographics	
Client Home Phone Number	**Client Work Number**
Client Address Line 1 1234 Anywhere Street	**Client Address Line 2**
Client Address - City	**Client Address - State** CA - CALIFORNIA
Client Address - Zip Code 90020	**Client Address - County**
Marital Status Single / Never Married - 1	**Race** White - 1
Race/Ethnicity	**Education** Unknown - 99

Print Preview of Admission/Discharge Diagnosis screen:



Print Preview of Discharge screen:



Accessing LACDMH Service History Information through ProviderConnect

Step 1: From the Main Menu, Select the 'Reports' section which will display a menu of available reports.

Main Menu - Provider		
Lookup Client	Reports	Add New Client/Client Search
Change Password	Documentation	News

Step 2: Click on [**LACDMH Client Service History**]

Reports
LACDMH Client Service History

Step 3: Enter the DMH Client ID and click the Generate Report button

Report Criteria	
Client	

Generate Report

This will generate a report similar to the one shown below:

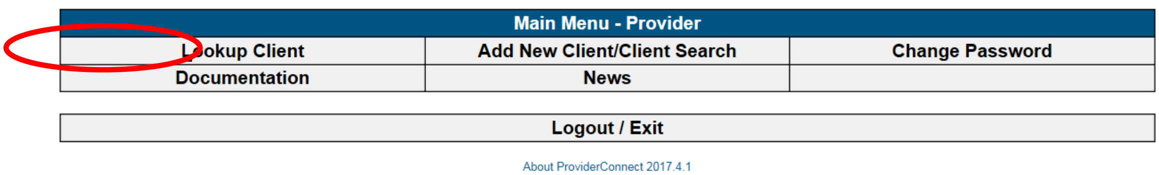
Client Service History						
Client Name (PATID): [redacted] Legacy IDs: , , , , , , , , , ,						
Source	**Program Name**	**Program Type**	**Admit / First Service Date**	**Discharge / Last Service Date**	**Practitioner**	**Diagnosis**
Avatar	LA County DMH PreAdmit	Pre-Admit	9/16/2014	10/8/2014	[redacted]	
Avatar	1906A EDMUND D EDELMAN WESTSIDE MHC	Admit	9/25/2015	6/2/2016		F31.9 - Bipolar 1 disorder
Avatar	[redacted]					F31.9 - Bipolar disorder unspecified
Avatar	6841A WEST VALLEY MH/WELLNESS CENTER	Admit	4/25/2016	4/27/2016		F31.9 - Bipolar 1 disorder
Avatar	7216E SMART	Admit	5/2/2016	5/2/2016		F31.9 - Bipolar 1 disorder
History	[redacted]					799.9-Diagnosis Deferred
History						300.00-Anxiety Disorder NOS
History						311-Depressive Disorder NOS
History	1906A EDMUND D. EDELMAN-OUTPT	Outpatient	3/4/2008	6/1/2009		296.34-Major Depressive Disorder, Rec., Severe
History	6859A DMH/HARBOR UCLA-ADULT OUTPT	Outpatient	5/1/2008	5/5/2008		296.90-Mood Disorder NOS
History	[redacted]					296.80-Bipolar Disorder NOS
History	7797S EXODUS RECOVERY INC WESTSIDE CS	Psychiatric ER/UCC Crisis Stab	11/30/2013	12/1/2013		298.9-Psychotic Disorder NOS
History	5804I PDP BHC ALHAMBRA HOSPITAL	Psych Acute Inpatient	12/1/2013	12/3/2013		296.20-Major Depressive Disorder, Single Episod

Accessing LACDMH Service History Information thru ProviderConnect (Cont'd)

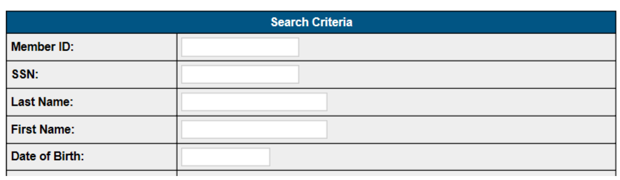
<u>Looking up IBHIS *episodes*</u>

To see encounters with service providers where those services are not <u>claimed</u> through IBHIS (like admissions to FFS hospitals) in ProviderConnect, use the **Provider Admission** link. You will also see the "higher level" outpatient episodes that exist for this client in IBHIS.

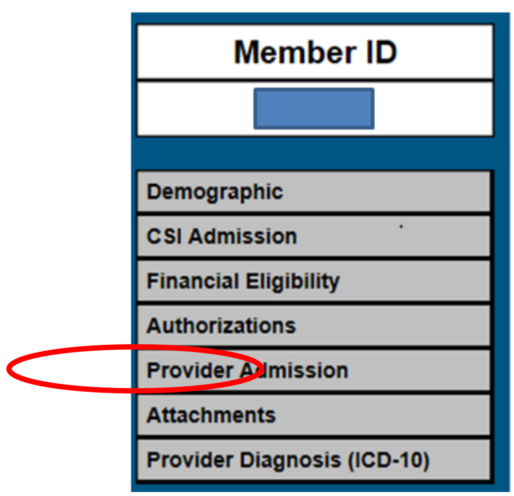
<u>Step 1:</u> From the Main Menu, Select the 'Lookup Client' section



<u>Step 2:</u> Enter the DMH Client ID or other search criteria to find the client record of interest. *Note: you will only be able to see the detailed episode records if your facility has a past or current admission for this client.*



<u>Step 3:</u> Select the 'Provider Admission' option.



You will see a list of all IBHIS episodes that exist for the client in question.

Accessing LACDMH Service History Information thru ProviderConnect (Cont'd)

Episode Information			
Episode	Admission Date	Discharge Date	Program
5	6/30/2017	7/5/2017	5046I SOUTHERN CA HOSPITAL AT CULVER CIT
4	7/12/2017	Create Discharge	5012I HUNTINGTON MEMORIAL HOSPITAL
3	6/8/2017	6/10/2017	5570I LA COMM HOSP AT BELLFLOWER
2	6/10/2016		LE00019 LA County DMH
1	5/14/2015		LA County DMH PreAdmit

In the example above, this "client" has had 3 admissions created in IBHIS to FFS inpatient facilities, including one which is still open at Huntington Memorial. You also see that the client was "Pre-Admitted" by LACDMH at one point (e.g., for initial appointment scheduling), and formally admitted for outpatient services under the DMH Directly Operated admission program (LE00019) in 2016. You would review the ProviderConnect Service History report described earlier to see the specific outpatient service programs/sites where those services were delivered under that LE00019 episode.

Coordinating ProviderConnect and TAR form data

Please ensure that all data is entered into ProviderConnect accurately and corresponds to information entered onto the TAR form.

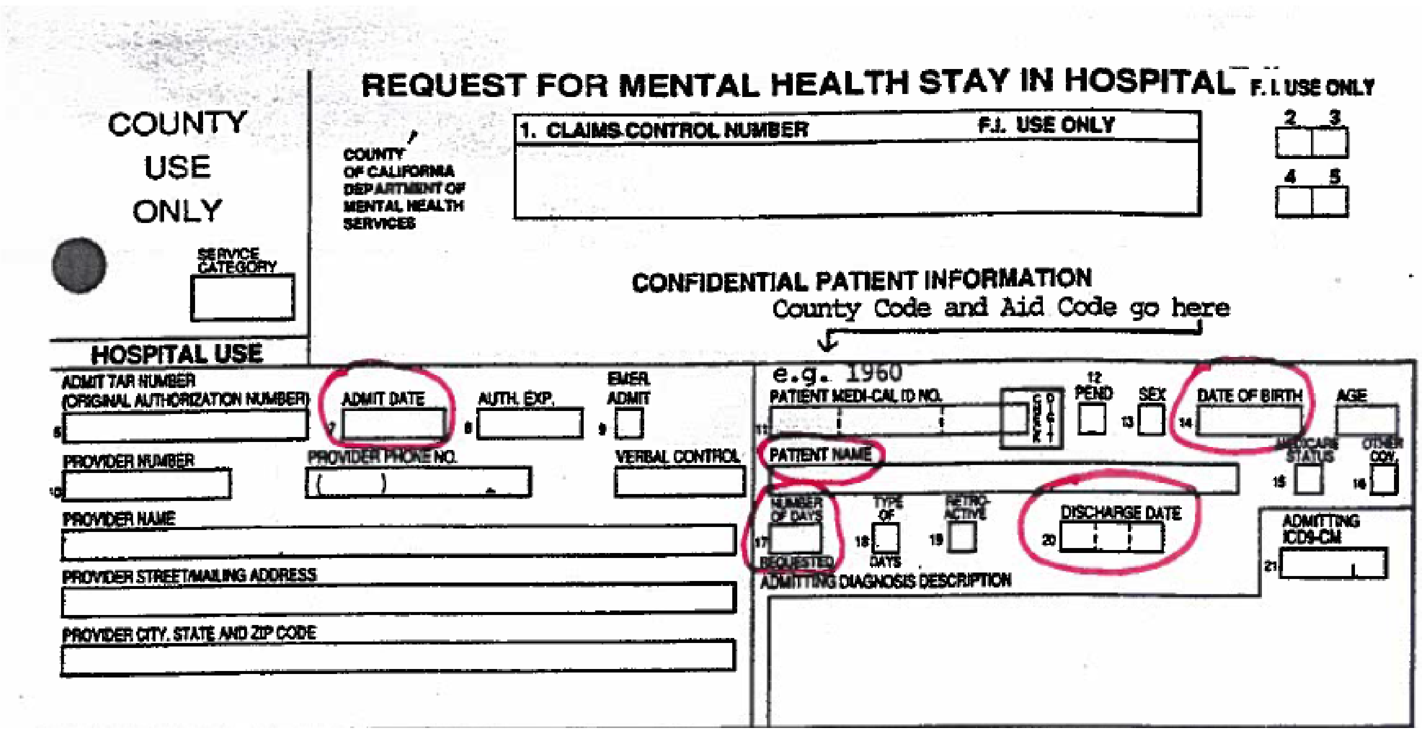
Common Errors Made on TAR(s)

NOTE: The following are errors that are most consistently made on TAR(s):

1. Box #7 (admission date.)
2. Box #14 (date of birth.)
3. Patient's name- Provider forgets to give a.k.a. or misspells the patient's name.
4. Box #17- Number of days does not coincide with the admission date and/or discharge date.
5. Box #20 (discharge date.)

Common Errors Made on TAR(s) (Cont'd)

6. Providers forget to indicate how many days apply to each TAR when there are multiple TAR(s) i.e., acute and administrative. Example: 6/30-7/15 TAR#1.


COUNTY USE ONLY

SERVICE CATEGORY

REQUEST FOR MENTAL HEALTH STAY IN HOSPITAL

F. I. USE ONLY

COUNTY OF CALIFORNIA DEPARTMENT OF MENTAL HEALTH SERVICES

1. CLAIMS CONTROL NUMBER

F.I. USE ONLY

2 3 4 5

CONFIDENTIAL PATIENT INFORMATION

County Code and Aid Code go here

e.g. 1960

HOSPITAL USE

ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER)

ADMIT DATE

AUTH. EXP.

EMER. ADMIT

PATIENT MEDI-CAL ID NO.

12 PEND

SEX

DATE OF BIRTH

AGE

PROVIDER NUMBER

PROVIDER PHONE NO.

VERBAL CONTROL

PATIENT NAME

MEDICARE STATUS

OTHER COV.

PROVIDER NAME

NUMBER OF DAYS REQUESTED

TYPE OF DAYS

RETRO-ACTIVE

DISCHARGE DATE

ADMITTING ICD9-CM

PROVIDER STREET/MAILING ADDRESS

ADMITTING DIAGNOSIS DESCRIPTION

PROVIDER CITY, STATE AND ZIP CODE

To Correct Data Input Errors Post Submission:

Submit your issues by accessing the online Self Service Support application at:

https://extra.dmh.lacounty.gov/SelfServiceSupport/Pages/SelfService.aspx

LAC DMH LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Self Service Support

User Manual

Welcome to the DMH Self Service Support Application. Please fill out the below information if you wish to submit issues, incidents, or questions pertaining to Integration.

Ticket Contact Information *Indicates Required Field

First Name: * Last Name: *

Phone: * Phone Extension:

Email: *

Ticket Details

Provider Type: * ** Please Select ** Legal Entity/FFS: * ** Please Select **

EHR Vendor/Biller: ** Please Select **

Category: * ** Please Select ** Cause: * ** Please Select **

Environment: * ** Please Select **

Note: Please do not submit any PII and/or PHI information through this system.

Description: *

By checking this box, I hereby certify that I have knowledge of the requirements of Federal and State confidentiality laws and will comply with all applicable provisions of same. I have verified and confirmed that the provided information and/or any uploaded attachments including but not limited to pictures and screen captures, do not include any Personally Identifiable Information (PII) and/or confidential Protected Health Information (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also understand that one can be held personally accountable for failing to comply with HIPAA regulations and can face disciplinary action up to and including termination of contractual agreements, denial of access to County IT resources, as well as civil and criminal penalties per 42 USC § 1320d-5.

Click Here for Information Pertaining to HIPAA

For TAR business related questions, please contact your hospital's Single Point of Contact who will coordinate communication with TAR Unit.

TAR Medical Record Submission Content and Organization For Determination of Medical Necessity

Please ensure that medical records being submitted with TAR are organized, tabbed or sectioned to include the following:

1. Source of admission.

2. 5150.

3. Discharge plan.

4. Psychiatric evaluation.

5. History & Physical per Internal Medicine.

5. Physician notes.

6. Physician orders if Seclusion & Restraint or orders for STAT medications.

7. Nursing narrative notes.

8. Initial suicide assessment, including subsequent suicide assessments if patient is suicidal.

9. Placement contacts for administrative days.

Note: It is not necessary to include the entire medical record, as long as the above information is provided.