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| --- | --- | --- | --- |
| **System Name:** | Client Services | **Certification Script #:** | 1A |
| **Contract Provider Name:** |  | **Legal Entity #:** |  |
| **Contact Name:** |  | **Phone #:** |  |
| **Email Address:** |  |
| **Certification Script Name:** | * Outpatient\_Episode\_Operations
* Episode\_Independent\_Operations
 | **Number of Steps to be Completed:** | 46 |
| **Purpose of Scenario:** The purpose of this Certification Script is to verify that Trading Partners’ (TP) Electronic Health Record (EHR) system has the ability to perform the following actions using LAC – DMH’s Client Services solution:* **Search** for a non-existing IBHIS client.
* **Create** an outpatient episode and establish Financial Eligibility for a new client through **Admit New Client** operation.
* **Create** ***CSI****,* ***Diagnosis****,* ***UMDAP****,* ***Pregnancy*** records in IBHIS through relevant ‘Create’ operations.
* **Retrieve** the existing data via ‘Get’ operations.
* **Update** ***Demographics****,* ***CSI, Financial Eligibility****,* ***Diagnosis****,* ***UMDAP****,* ***Pregnancy*** records through relevant ‘Update’ operations.
* **Retrieve** the updated data via related ‘Get’ operations to verify the updates.
* **Discharge** a client and admit an existing client through **Admit Existing Client** operation. Get active episode and historical episode information through related ‘Get’ operations.
* **Perform** episode-independent ‘Get’ operations to retrieve historical and/or information from specific domain (such as Public Guardian information).
* **Perform** necessary steps to retrieve DCFS information through related ‘Get’ operation.
* **Search** for an existing IBHIS client.

**Instructions:** * Please come up with a unique name (e.g. Broken Chair, Jumbo Shrimp etc.) as you *search* and *create* the client record. This will increase the likelihood that the client will not already exist in IBHIS.
* TPs are required to submit the values specified in this script unless otherwise noted.
* All items in Red font must be provided and documented in this script by TPs.
* For data elements that do not pertain to your agency, delete the value in the ***Values to be entered by the LE*** column and note the reason. For example: If your agency doesn’t use ‘County School’ data and the script is asking to enter a value; delete the value and state ‘Did not send due to <reason>’; and for the related ‘Get’ operation (such as GetClientCSI--state a note for CountySchool data attribute.
* If operations do not apply to your agency (for example ‘Pregnancy’ related operations), then state it in the script next to the operation name.
* **This script is intended for Trading Partners who provide outpatient services.** When submitting web service requests, the <Admission24Hour > node should not exist in your submission.
 |

Testing Domain: Searching non-existing client

|  |
| --- |
| *Step # 1:* *Operation: SearchClient* *Scenario: Search for a client that does not exist in IBHIS.*  |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *Do not send*  |
| *Client First Name:*  | *(Enter a value for First Name)* |
| *Client Last Name:*  | *(Enter a value for Last Name)* |
| *Date of Birth:*  | *1985-10-15* |
| *Social Security Number:*  | *Do not send*  |
| *Gender:*  | *F* |
| *Alias:*  | *Leave blank*  |
| *SubscriberClientIndexNumber:* | *Leave blank* |
| *Expected Output:*  |
| *Error Code:* | *0005* |
| *Error Description:* | *The matching record is not found with the criteria you are looking for. source: Avatar* |
| *Note: The above error message indicates that the Client does not exist in IBHIS. Keep searching for a client using names that is unlikely to return a match (such as – Tall Tree)* |

Testing Domain: Admit New Client /Demographics /CSI

| *Step # 2:* *Operation: AdmitNewClient**Scenario: Admit a new client into IBHIS. For Financial Eligibility, the client does not have MediCal.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client Prefix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Client First Name:*  | *(Enter a name. Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Middle Initial:*  | *(Enter a Middle Initial. Alpha only. Or Do Not Send)* |
| *Client Last Name:*  | *(Enter a name. Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Suffix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Alias:*  | *Leave blank* |
| *Email:*  | *any@nowhere.com* |
| *Gender:*  | *F* |
| *Date of Birth:*  | *1985-10-15* |
| *Social Security Number:*  | *88855666P* |
| *Marital Status:*  | *Single / Never Married* |
| *Primary Language:*  | *English* |
| *Education:*  | *Associate of Arts degree* |
| *Employment Status:*  | *CalWORKS (Welfare to Work)* |
| *Ethnicity:*  | *Do not send* |
| *Client Other Race:*  | *WhiteOrCaucasian* |
| *Client Other Race:*  | *BlackOrAfricanAmerican* |
| *Client Other Race:*  | *AlaskaNative* |
| *Smoking Assessment:*  | *Do not send* |
| *Smoking Assessment Date:*  | *Do not send* |
| *Living Arrangements:*  | *Foster family home* |
| *Client’s Home Phone:*  | *1234567890* |
| *Street Address 1:*  | *123 Some Place Lane* |
| *Street Address 2:*  | *Suite 10* |
| *ZIP Code:*  | *90005-4545* |
| *Admission Date:*  | *2018-01-01* |
| *Admission Time:*  | *11:55AM*  |
| *Type of Admission:*  | *Elective*  |
| *Admitting Staff NPI:*  | *(Enter a practitioner’s NPI from your organization)*  |
| *Client FinEligibility:*  | *NonMediCalClient*  |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client has been admitted and the Financial Eligibility has been created successfully in IBHIS.* |
| *Client ID:* |  |
| *Episode ID:*  | *1* |
| *Client Prefix:*  |  |
| *Client First Name:*  |  |
| *Client Middle Initial:*  |  |
| *Client Last Name:*  |  |
| *Client Suffix:*  |  |

| *Step # 3:* *Operation: GetClientDetails**Scenario: Retrieve client demographics to verify that data sent through Admit operation are saved properly in IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Client Prefix:* | *Value entered in Step # 2 or will not be present in the output if not sent in Step #2* |  |  |
| *Client First Name:*  | *Client First Name entered in Step #2* |  |  |
| *Client Middle Initial:* | *Value entered in Step # 2 or will not be present in the output if not sent in Step #2* |  |  |
| *Client Last Name:* | *Client First Name entered in Step #2* |  |  |
| *Client Suffix:* | *Value entered in Step # 2 or will not be present in the output if not sent in Step #2* |  |  |
| *Email:*  | *any@nowhere.com* |  |  |
| *Gender:*  | *F* |  |  |
| *Date of Birth:*  | *1985-10-15* |  |  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Social Security Number:*  | *88855666P* |  |  |
| *Marital Status:*  | *Single / Never Married* |  |  |
| *Primary Language:*  | *English* |  |  |
| *Education:*  | *Associate of Arts degree* |  |  |
| *Employment Status:*  | *CalWORKS (Welfare to Work)* |  |  |
| *ClientOtherRace:* | *WhiteOrCaucasian* |  |  |
| *ClientOtherRace:* | *BlackOrAfricanAmerican* |  |  |
| *ClientOtherRace:* | *AlaskaNative* |  |  |
| *StreetAddress1:* | *123 Some Place Lane* |  |  |
| *StreetAddress2:* | *Suite 10* |  |  |
| *City:* | *LOS ANGELES* |  |  |
| *State:* | *CA* |  |  |
| *Zip Code:* | *90005-4545* |  |  |
| *Clients Home Phone:* | *1234567890* |  |  |

| *Step # 4:* *Operation: CreateClientCSI**Scenario: Create CSI record for a new client in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Birth First Name:*  | *(Enter a sample Birth First Name)* |
| *Birth Last Name:*  | *(Enter a sample Birth Last Name)* |
| *Birth Middle Name:*  | *(Enter a sample Birth Middle Name)* |
| *Mothers First Name:*  | *(Enter a sample Mothers First Name)* |
| *Fiscally Responsible County for Client:*  | *LosAngeles* |
| *Place of Birth County:*  | *Do not send* |
| *Place of Birth State:*  | *CA* |
| *Place of Birth Country:*  | *United States* |
| *Admission Necessity Code:*  | *UnknownNotReported* |
| *Conservatorship/Court Status:*  | *UnknownNotReported* |
| *Special Population:*  | *Do not send* |
| *Legal Class:*  | *UnknownNotReported* |
| *County School:*  | *Do not send* |
| *Number of Dependents Less than 18 Year Old:*  | *0* |
| *Number of Dependents Over 18 Year Old:*  | *0* |
| *Preferred Language:*  | *Spanish* |
| *CSI Ethnicity:*  | *UnknownNotReported* |
| *CSI Race:*  | *HawaiianNative* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *CSI Admission web service has been filed successfully.* |
| *Client ID:* |  |
| *Episode ID:*  | *1* |

| *Step # 5:* *Operation: GetClientCSI**Scenario: Retrieve client CSI record to verify that data sent through CreateClientCSI operation are saved properly in IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Birth First Name:* | *Birth First Name entered in Step #4* |  |  |
| *Birth Last Name:*  | *Birth Last Name entered in Step #4* |  |  |
| *Birth Middle Name:*  | *Birth Middle Name entered in Step #4* |  |  |
| *Mothers First Name:*  | *Mothers First Name entered in Step #4* |  |  |
| *Fiscally Responsible County For Client:* | *LosAngeles* |  |  |
| *Place of Birth State:*  | *CA* |  |  |
| *Place of Birth Country:*  | *United States* |  |  |
| *Preferred Language:* | *Spanish* |  |  |
| *Admission Necessity Code:*  | *UnknownNotReported* |  |  |
| *Conservatorship / Court Status:* | *UnknownNotReported* |  |  |
| *Special Population:*  | *No special population services* |  |  |
| *Legal Class:*  | *UnknownNotReported* |  |  |
| *Number of Dependents Less than 18YO:*  | *0* |  |  |
| *Number of Dependents Over 18YO:* | *0* |  |  |
| *CSI Ethnicity:*  | *UnknownNotReported* |  |  |
| *CSI Race:*  | *HawaiianNative* |  |  |

| *Step # 6:* *Operation: UpdateClientDetails**Scenario: Update a client’s demographics and CSI data.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Client Prefix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Client First Name:*  | *(Update the Client First Name entered in Step #2 by entering a different name.**Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Middle Initial:*  | *(Enter a Middle Initial. Alpha only. Or Do Not Send)* |
| *Client Last Name:*  | *(Update the Client Last Name entered in Step #2 by entering a different name. Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Suffix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Alias:*  | *Butterfly* |
| *Email:*  | *Any@nowhere.com* |
| *Gender:*  | *F* |
| *Date of Birth:*  | *1985-10-15* |
| *Social Security Number:*  | *11133666P* |
| *Marital Status:*  | *Now Married (Includes Common-Law)* |
| *Primary Language:*  | *English* |
| *Education:*  | *Bachelor of Arts degree* |
| *Employment Status:*  | *Full-time competitive employment (salaried)* |
| *Ethnicity:*  | *UnknownNotReported* |
| *Client Other Race:*  | *WhiteOrCaucasian* |
| *Client Other Race:*  | *BlackOrAfricanAmerican* |
| *Client Other Race:*  | *AlaskaNative* |
| *Smoking Assessment:*  | *NeverSmoked* |
| *Smoking Assessment Date:*  | *2018-01-01* |
| *Clients Home Phone:*  | *1234567980 X-03* |
| *Street Address 1:*  | *1234 Some Place Ave* |
| *Street Address 2:*  | *Suite 1* |
| *ZIP Code:*  | *90005-4545* |
| *Birth First Name:*  | *(Update Birth First Name entered in Step #4 by entering a different name)* |
| *Birth Last Name:*  | *(Update Birth Last Name entered in Step #4 by entering a different name)* |
| *Birth Middle Name:*  | *(Update Birth Middle Name entered in Step #4 by entering a different name)* |
| *Mothers First Name:*  | *(Update Mother First Name entered in Step #4 by entering a different name)* |
| *Fiscally Responsible County for Client:*  | *Orange* |
| *Place of Birth County:*  | *LosAngeles* |
| *Place of Birth State:*  | *CA* |
| *Place of Birth Country:*  | *United States* |
| *Admission Necessity Code:*  | *Planned (Prior Authorization)* |
| *Conservatorship/Court Status:*  | *Lanterman-Petris-Short* |
| *Special Population:*  | *Governor's Homeless Initiative (GHI) service(s)* |
| *Legal Class:*  | *Voluntary* |
| *County School:*  | *013323* |
| *Number of Dependents Less than 18 Year Old:*  | *1* |
| *Number of Dependents Over 18 Year Old:*  | *2* |
| *Preferred Language:*  | *English* |
| *CSI Ethnicity:*  | *UnknownNotReported* |
| *CSI Race:*  | *WhiteOrCaucasian* |
| *CSI Race:*  | *HawaiianNative* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Demographics web service has been filed successfully.* |
| *Client ID:* |  |
| *Client First Name:*  |  |
| *Client Last Name:*  |  |
| *Client Middle Initial:*  |  |
| *Client Prefix:*  |  |
| *Client Suffix:*  |  |

| *Step # 7:* *Operation: GetClientDetails**Scenario: Retrieve Client’s demographics from IBHIS to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step # 6* |  |  |
| *Client Prefix:* | *Value entered in Step # 6 or will not be present in the output if not sent in Step # 6* |  |  |
| *Client First Name:*  | *Client First Name entered in Step # 6* |  |  |
| *Client Middle Initial:* | *Value entered in Step # 6 or will not be present in the output if not sent in Step # 6* |  |  |
| *Client Last Name:* | *Client First Name entered in Step # 6* |  |  |
| *Client Suffix:* | *Value entered in Step # 6 or will not be present in the output if not sent in Step # 6* |  |  |
| *Email:*  | *Any@nowhere.com* |  |  |
| *Gender:*  | *F* |  |  |
| *Date of Birth:*  | *1985-10-15* |  |  |
| *Social Security Number:*  | *11133666P* |  |  |
| *Marital Status:*  | *Now Married (Includes Common-Law)* |  |  |
| *Primary Language:*  | *English* |  |  |
| *Education:*  | *Bachelor of Arts degree* |  |  |
| *Employment Status:*  | *Full-time competitive employment (salaried)* |  |  |
| *Ethnicity:* | *UnknownNotReported* |  |  |
| *Client Other Race:* | *WhiteOrCaucasian* |  |  |
| *Client Other Race:* | *BlackOrAfricanAmerican* |  |  |
| *Client Other Race:* | *AlaskaNative* |  |  |
| *Smoking Assessment:* | *NeverSmoked* |  |  |
| *Smoking Assessment Date:* | *2018-01-01* |  |  |
| *Street Address 1:* | *1234 Some Place Ave* |  |  |
| *Street Address 2:* | *Suite 1* |  |  |
| *City:* | *LOS ANGELES* |  |  |
| *State:* | *CA* |  |  |
| *Zip Code:* | *90005-4545* |  |  |
| *Clients Home Phone:* | *1234567980 X-03* |  |  |

| *Step # 8:* *Operation: GetClientCSI**Scenario: Retrieve client CSI record to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Birth First Name:* | *Birth First Name entered in Step #6* |  |  |
| *Birth Last Name:*  | *Birth Last Name entered in Step #6* |  |  |
| *Birth Middle Name:*  | *Birth Middle Name entered in Step #6* |  |  |
| *Mothers First Name:*  | *Mothers First Name entered in Step #6* |  |  |
| *Fiscally Responsible County For Client:* | *Orange* |  |  |
| *Place of Birth County:*  | *LosAngeles* |  |  |
| *Place of Birth State:*  | *CA* |  |  |
| *Place of Birth Country:*  | *United States* |  |  |
| *Preferred Language:* | *English* |  |  |
| *Admission Necessity Code:*  | *Planned (Prior Authorization)* |  |  |
| *Conservatorship / Court Status:* | *Lanterman-Petris-Short* |  |  |
| *Special Population:*  | *Governor's Homeless Initiative (GHI) service(s)* |  |  |
| *Legal Class:*  | *Voluntary* |  |  |
| *County School:* | *013323* |  |  |
| *Number of Dependents Less than 18YO:*  | *1* |  |  |
| *Number of Dependents Over 18YO:* | *2* |  |  |
| *CSI Ethnicity:*  | *UnknownNotReported* |  |  |
| *CSI Race:*  | *WhiteOrCaucasian* |  |  |
| *CSI Race:*  | *HawaiianNative* |  |  |

Testing Domain: Financial Eligibility

*Note: Financial Eligibility is established when Admit operation is performed.*

| *Step # 9:* *Operation: GetClientFinEligibility**Scenario: Retrieve Client’s existing Financial Eligibility record that was created through the Admit operation.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Coverage Effective Date:* | *2018-01-01* |  |  |
| *Subscriber First Name:* | *Client First Name entered in Step # 2 <space>MiddleInitial (if any)<space>Suffix (if any)<space>Prefix (if any)* |  |  |
| *Subscriber Last Name:* | *Client Last Name entered in Step # 2* |  |  |
| *Subscriber Address:* | *123 Some Place Lane* |  |  |
| *Subscriber Address 2:* | *Suite 10* |  |  |
| *Subscriber Zip:* | *90005-4545* |  |  |
| *Subscriber City:* | *LOS ANGELES* |  |  |
| *Subscriber State:* | *CA* |  |  |
| *Subscriber Date of Birth:* | *1985-10-15* |  |  |
| *Subscriber Assignment of Benefits:* | *Yes* |  |  |
| *Subscriber Release of Information:* | *Yes, Provider Has Signed Statement Permitting Release* |  |  |
| *Coordination of Benefits:* | *Yes* |  |  |
| *Subscriber Social Security Number:* | *88855666P* |  |  |
| *Subscriber Gender:* | *F* |  |  |
| *Guarantor Name:* | *LA County* |  |  |
| *Guarantor Order:* | *1* |  |  |
| *Clients Relationship To Subscriber:* | *Self* |  |  |

| *Step # 10:* *Operation: UpdateClientFinEligibility**Scenario: Update a Non-MediCal client’s Financial Eligibility record to update LACounty guarantor information.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *ClientFinEligibility:*  | *UpdateNonMediCal* |
| *LACountyGuarantor* |
| *Subscriber Address:*  | *1234 Some Place Ave* |
| *Subscriber Address 2:*  | *Suite 1* |
| *Subscriber Zip:*  | *90005-4545* |
| *Subscribe rDate Of Birth:*  | *1985-10-15* |
| *Subscriber Gender:*  | *F* |
| *Subscriber SocialSecurity Number:*  | *123456789* |
| *Subscriber First Name:* | *(Enter the same value entered in Client First Name in Step # 6)* |
| *Subscriber Last Name:*  | *(Enter the same value entered in Client Last Name in Step # 6)* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Financial Eligibility web service has been filed successfully.* |
| *Client ID:* |  |
| *Episode ID:* | *1* |

| *Step # 11:* *Operation: UpdateClientFinEligibility**Scenario: Update a Non-MediCal client’s Financial Eligibility to add MediCal guarantor.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *ClientFinEligibility:*  | *AddNewMediCal* |
| *MediCalGuarantor* |
| *Subscriber Address:*  | *444 Fourth St* |
| *Subscriber Address 2:*  | *Unit 4* |
| *Subscriber Zip:*  | *90044-4545* |
| *Subscriber Date Of Birth:*  | *1974-04-04* |
| *Subscriber Gender:*  | *M* |
| *Subscriber Social Security Number:*  | *44422333P* |
| *Coverage Effective Date:* | *2018-01-01* |
| *Subscriber Client Index Number:* | *91234567C* |
| *Subscriber First Name:* | *(Enter a name that is different from Client First Name)* |
| *Subscriber Last Name:*  | *(Enter a name that is different from Client Last Name)* |
| *LACountyGuarantor* |
| *Subscriber Address:*  | *1234 Some Place Ave* |
| *Subscriber Address 2:*  | *Suite 1* |
| *Subscriber Zip:*  | *90001-4545* |
| *Subscriber Date Of Birth:*  | *1985-10-15* |
| *Subscriber Gender:*  | *F* |
| *Subscriber Social Security Number:*  | *11133666Q* |
| *Subscriber First Name:* | *(Enter the same value entered in Client First Name in Step # 6)* |
| *Subscriber Last Name:*  | *(Enter the same value entered in Client Last Name in Step # 6)* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Financial Eligibility web service has been filed successfully.* |
| *Client ID:* |  |
| *Episode ID:* | *1* |

| *Step # 12:* *Operation: UpdateClientFinEligibility**Scenario: Update a MediCal client’s Financial Eligibility to update both LACounty and MediCal guarantors.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *ClientFinEligibility:*  | *UpdateExistingMediCal* |
| *MediCalGuarantor* |
| *Subscriber Address:*  | *406 Fourth St* |
| *Subscriber Address 2:*  | *Unit 406* |
| *Subscriber Zip:*  | *90044-4545* |
| *Subscriber Date Of Birth:*  | *1974-04-04* |
| *Subscriber Gender:*  | *M* |
| *Subscriber Social Security Number:*  | *444334444* |
| *Coverage Effective Date:* | *91234567C* |
| *Subscriber Client Index Number:* | *(Enter a name that is different from Client First Name)* |
| *Subscriber First Name:* | *(Enter a name that is different from Client Last Name)* |
| *LACountyGuarantor* |
| *Subscriber Address:*  | *1234 Some Place Ave* |
| *Subscriber Address 2:*  | *Suite 1* |
| *Subscriber Zip:*  | *90005-4545* |
| *Subscriber Date Of Birth:*  | *1985-10-15* |
| *Subscriber Gender:*  | *F* |
| *Subscriber Social Security Number:*  | *123456789* |
| *Subscriber First Name:* | *(Enter the same value entered in Client First Name in Step # 6)* |
| *Subscriber Last Name:*  | *(Enter the same value entered in Client Last Name in Step # 6)* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Financial Eligibility web service has been filed successfully.* |
| *Client ID:* |  |
| *Episode ID:* | *1* |

| *Step # 13:* *Operation: GetClientFinEligibility**Scenario: Retrieve Client’s Financial Eligibility record to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Coverage Effective Date:* | *2018-01-01* |  |  |
| *Subscriber First Name:* | *Subscriber First Name entered in Step # 12 for LACounty Guarantor* |  |  |
| *Subscriber Last Name:* | *Subscriber First Name entered in Step # 12 for LACounty Guarantor* |  |  |
| *Subscriber Address:* | *1234 Some Place Ave* |  |  |
| *Subscriber Address 2:* | *Suite 1* |  |  |
| *Subscriber Zip:* | *90005-4545* |  |  |
| *Subscriber City:* | *LOS ANGELES* |  |  |
| *Subscriber State:* | *CA* |  |  |
| *Subscriber Date of Birth:* | *1985-10-15* |  |  |
| *Subscriber Assignment of Benefits:* | *Yes* |  |  |
| *Subscriber Release of Information:* | *Yes, Provider Has Signed Statement Permitting Release* |  |  |
| *Coordination of Benefits:* | *Yes* |  |  |
| *Subscriber Social Security Number:* | *123456789* |  |  |
| *Subscriber Gender:* | *F* |  |  |
| *Guarantor Name:* | *LA County* |  |  |
| *Guarantor Order:* | *2* |  |  |
| *Clients Relationship To Subscriber:* | *Self* |  |  |
| *Coverage Effective Date:* | *2018-01-01* |  |  |
| *Subscriber First Name:* | *Subscriber First Name entered in Step # 12 for MediCal Guarantor* |  |  |
| *Subscriber Last Name:* | *Subscriber First Name entered in Step # 12 for MediCal Guarantor* |  |  |
| *Subscriber Address:* | *406 Fourth St* |  |  |
| *Subscriber Address 2:* | *Unit 406* |  |  |
| *Subscriber Zip:* | *90044-4545* |  |  |
| *Subscriber City:* | *LOS ANGELES* |  |  |
| *Subscriber State:* | *CA* |  |  |
| *Subscriber Date of Birth:* | *1974-04-04* |  |  |
| *Subscriber Policy Number:* | *91234567C* |  |  |
| *Subscriber Client Index Number:* | *91234567C* |  |  |
| *Subscriber Assignment of Benefits:* | *Yes* |  |  |
| *Subscriber Release of Information:* | *Yes, Provider Has Signed Statement Permitting Release* |  |  |
| *Coordination of Benefits:* | *Yes* |  |  |
| *Subscriber Social Security Number:* | *444334444* |  |  |
| *Subscriber Gender:* | *M* |  |  |
| *Guarantor Name:* | *Medi-Cal* |  |  |
| *Guarantor Order:* | *1* |  |  |
| *Clients Relationship To Subscriber:* | *Self* |  |  |

Testing Domain: Diagnosis

| *Step # 14:* *Operation: CreateClientDiagnosis**Scenario: Create a diagnosis record for the client with one Active Primary, one Active Secondary and one Working Tertiary diagnosis in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Date of Diagnosis:*  | *2018-01-01* |
| *Type of Diagnosis:*  | *Admission* |
| *Trauma:*  | *Unknown* |
| *General Medical Condition Summary Code:*  | *UnknownNotReported* |
| *Substance Abuse / Dependence:*  | *No* |
| *Substance Abuse / Dependence Diagnosis:*  | *Do not send* |
| *Primary Diagnosis:* |
| *Diagnosing Staff NPI:*  | *Enter a practitioner’s NPI from your organization.* |
| *Diagnosis Billing Order:*  | *1* |
| *Diagnosis Status :*  | *DiagnosisStatysType* |
| *Status:*  | *Active* |
| *Diagnosis Ranking:*  | *DiagnosisRankingPrimaryType* |
| *Ranking:*  | *Primary* |
| *ICD10Code:*  | *F09* |
| *Secondary Diagnosis:* |
| *Diagnosing Staff NPI:*  | *Enter a practitioner’s NPI from your organization.* |
| *Diagnosis Billing Order:*  | *2* |
| *Diagnosis Status :*  | *DiagnosisStatysType* |
| *Status:*  | *Active* |
| *Diagnosis Ranking:*  | *DiagnosisRankingNonPrimaryType* |
| *Ranking:*  | *Secondary* |
| *ICD10Code:*  | *F80.82* |
| *Tertiary Diagnosis:* |
| *Diagnosing Staff NPI:*  | *Enter a practitioner’s NPI from your organization.* |
| *Diagnosis Billing Order: 3* | *3* |
| *Diagnosis Status :*  | *DiagnosisStatysType* |
| *Status:*  | *Working* |
| *Diagnosis Ranking:*  | *DiagnosisRankingNonPrimaryType* |
| *Ranking:*  | *Tertiary* |
| *ICD10Code:*  | *F04* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Diagnosis web service has been filed successfully.* |
| *Client ID:* |  |
| *DiagnosisUniqueID:* |  |
| *DiagnosisRanking:* | *Primary* |
| *DiagnosisStatus:* | *Active* |
| *ICD10Code:* | *F09* |
| *DiagnosisCodeEntryRowID:* |  |
| *DiagnosisRanking:* | *Secondary* |
| *DiagnosisStatus:* | *Active* |
| *ICD10Code:* | *F80.82* |
| *DiagnosisCodeEntryRowID:* |  |
| *DiagnosisRanking:* | *Tertiary* |
| *DiagnosisStatus:* | *Working* |
| *ICD10Code:* | *F04* |
| *DiagnosisCodeEntryRowID:* |  |

| *Step # 15:* *Operation: GetClientDiagnosis**Scenario: Retrieve a client’s detailed existing diagnosis record from IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Episode Program ID:* | *Contract Provider’s Program ID (LE #)* |  |  |
| *Diagnosis Unique ID:* | *This should be the same value returned in the output of CreateClientDiagnosis in Step # 14* |  |  |
| *Date of Diagnosis:* | *2018-01-01* |  |  |
| *Type of Diagnosis* | *Admission* |  |  |
| *Trauma:* | *Unknown* |  |  |
| *General Medical Condition Summary Code:* | *UnknownNotReported* |  |  |
| *Substance Abuse Dependence:* | *No* |  |  |
| *Diagnosis Ranking:* | *Primary* |  |  |
| *Diagnosis Status:*  | *Active* |  |  |
| *ICD 10 Code:* | *F09* |  |  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of CreateClientDiagnosis for Primary Diagnosis in Step # 14* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in CreateClientDiagnosis for Primary Diagnosis in Step # 14* |  |  |
| *Diagnosis Billing Order:* | *1* |  |  |
| *Diagnosis Ranking:* | *Secondary* |  |  |
| *Diagnosis Status:*  | *Active* |  |  |
| *ICD 10 Code:* | *F80.82* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of CreateClientDiagnosis for Secondary Diagnosis in Step # 14* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in CreateClientDiagnosis for Secondary Diagnosis in Step # 14* |  |  |
| *Diagnosis Billing Order:* | *2* |  |  |
| *Diagnosis Ranking:* | *Tertiary* |  |  |
| *Diagnosis Status:*  | *Working* |  |  |
| *ICD 10 Code:* | *F04* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of CreateClientDiagnosis for Tertiary Diagnosis in Step # 14* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in CreateClientDiagnosis for Tertiary Diagnosis in Step # 14* |  |  |
| *Diagnosis Billing Order:* | *3* |  |  |

| *Step # 16:* *Operation: UpdateClientDiagnosis**Scenario: Update an existing diagnosis to correct errors. Void the existing Secondary Diagnosis to erase the wrong code and recreate the Secondary diagnosis with the correct code.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *DiagnosisUniqueID:*  | *(Enter the DiagnsosisUniqueID returned in GetClientDiagnosis in Step # 15)* |
| *Type of Diagnosis:*  | *Admission* |
| *Trauma:*  | *Unknown* |
| *General Medical Condition Summary Code:*  | *UnknownNotReported* |
| *Substance Abuse / Dependence:*  | *Yes* |
| *Substance Abuse / Dependence Diagnosis:*  | *F10.120* |
| *Diagnosis Code Entry Row ID:* | *(Enter the DiagnosisCodeEntryRowID returned for Secondary diagnosis in GetClientDiagnosis)* |
| *Diagnosing Staff NPI:*  | *Enter a practitioner’s NPI from your organization.* |
| *Diagnosis Billing Order:*  | *Do not send* |
| *Diagnosis Status:*  | *DiagnosisStatusType* |
| *Status:*  | *Void* |
| *Diagnosis Ranking:*  | *DiagnosisRankingNonPrimaryType* |
| *Ranking:*  | *Do not send* |
| *ICD10Code:*  | *F80.82* |
| *Diagnosis Code Entry Row ID:*  | *Leave Blank* |
| *Diagnosing Staff NPI:*  | *(Enter a practitioner’s NPI from your organization.)* |
| *Diagnosis Billing Order:*  | *2* |
| *Diagnosis Status:*  | *DiagnosisStatusType* |
| *Status:*  | *Active* |
| *Diagnosis Ranking:*  | *DiagnosisRankingNonPrimaryType* |
| *Ranking:*  | *Secondary* |
| *ICD10Code:*  | *F10.11* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Diagnosis web service has been filed successfully.* |
| *Client ID:* |  |
| *DiagnosisUniqueID:* |  |
| *DiagnosisRanking:* | *Primary* |
| *DiagnosisStatus:* | *Active* |
| *ICD10Code:* | *F09* |
| *DiagnosisCodeEntryRowID:* |  |
| *DiagnosisStatus:* | *Void* |
| *ICD10Code:* | *F80.82* |
| *DiagnosisCodeEntryRowID:* |  |
| *DiagnosisRanking:* | *Tertiary* |
| *DiagnosisStatus:* | *Working* |
| *ICD10Code:* | *F04* |
| *DiagnosisCodeEntryRowID:* |  |
| *DiagnosisRanking:* | *Secondary* |
| *DiagnosisStatus:* | *Active* |
| *ICD10Code:* | *F10.11* |
| *DiagnosisCodeEntryRowID:* |  |

| *Step # 17:* *Operation: GetClientDiagnosis**Scenario: Retrieve client’s diagnosis record to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Episode Program ID:* | *Contract Provider’s Program ID* |  |  |
| *Diagnosis Unique ID:* | *This should be the same value returned in the output of UpdateClientDiagnosis in Step # 16* |  |  |
| *Date of Diagnosis:* | *2018-01-01* |  |  |
| *Type of Diagnosis* | *Admission* |  |  |
| *Trauma:* | *Unknown* |  |  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *General Medical Condition Summary Code:* | *UnknownNotReported* |  |  |
| *Substance Abuse Dependence:* | *Yes* |  |  |
| *Substance Abuse Dependence Diagnosis:* | *F10.120* |  |  |
| *Diagnosis Ranking:* | *Primary* |  |  |
| *Diagnosis Status:*  | *Active* |  |  |
| *ICD 10 Code:* | *F09* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of UpdateClientDiagnosis for Primary Diagnosis in Step # 16* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in UpdateClientDiagnosis for Primary Diagnosis in Step # 16* |  |  |
| *Diagnosis Billing Order:* | *1* |  |  |
| *Diagnosis Status:*  | *Void* |  |  |
| *ICD 10 Code:* | *F80.82* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of CreateClientDiagnosis for Secondary Diagnosis in Step # 14* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in UpdateClientDiagnosis for Void Secondary Diagnosis in Step # 16* |  |  |
| *Diagnosis Ranking:* | *Tertiary* |  |  |
| *Diagnosis Status:*  | *Working* |  |  |
| *ICD 10 Code:* | *F04* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of CreateClientDiagnosis for Tertiary Diagnosis in Step # 14* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in CreateClientDiagnosis for Tertiary Diagnosis in Step # 14* |  |  |
| *Diagnosis Billing Order:* | *3* |  |  |
| *Diagnosis Ranking:* | *Secondary* |  |  |
| *Diagnosis Status:*  | *Active* |  |  |
| *ICD 10 Code:* | *F10.11* |  |  |
| *DiagnosisCodeEntryRowID:* | *This should be the same value returned in the output of UpdateClientDiagnosis for Secondary Diagnosis in Step # 16* |  |  |
| *Diagnosing Staff NPI:*  | *Practitioner NPI entered in UpdateClientDiagnosis for Secondary Diagnosis in Step # 16* |  |  |
| *Diagnosis Billing Order:* | *2* |  |  |

Testing Domain: UMDAP

| *Step # 18:* *Operation: CreateClientUMDAP**Scenario: Create a UMDAP record for a client in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Number of Dependents Upon Income:*  | *1* |
| *Adjusted Monthly Income:*  | *2600* |
| *Annual Liability:*  | *1200* |
| *Responsible Person:*  | *Self* |
| *Client Note:*  | *Leave blank* |
| *Annual Charge Period:*  | *2018-01-01* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Additional UMDAP web service has been filed successfully.* |
| *Client ID:* |  |
| *ClientAdditionalUMDAPUniqueID:* |  |

| *Step # 19:* *Operation: GetClientUMDAPDetails* *Scenario: Retrieve a client’s existing UMDAP record from IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:* | *Client ID returned in Step #2* |  |  |
| *Client Responsible Legal Entity:* | *Should be the Contract Provider’s Program Name* |  |  |
| *Annual Charge Period:* | *2018-01-01* |  |  |
| *Number of Dependents upon Income:* | *1* |  |  |
| *Adjusted Monthly Income:* | *2600* |  |  |
| *Annual Liability:* | *1200* |  |  |
| *Responsible Person:* | *Self* |  |  |
| *Record Creation Date:* | *This will be the date when CreateClientUMDAP call was made.* |  |  |
| *Client Additional UMDAP Unique ID:* | *Same ClientAdditionalUMDAPUniqueID returned in CreateClientUMDAP output in Step # 18* |  |  |

| *Step # 20:* *Operation: UpdateClientUMDAP**Scenario: Update a UMDAP record for a client in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Number of Dependents Upon Income:*  | *2* |
| *Adjusted Monthly Income:*  | *5000* |
| *Annual Liability:*  | *10000* |
| *Responsible Person:*  | *Self* |
| *Client Note:*  | *The annual liability is $10,000.* |
| *Client Additional UMDAP Unique ID:*  | *(Enter the ClientAdditionalUMDAPUniqueID returned in the output of CreateClientUMDAP in Step # 18)* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Additional UMDAP web service has been filed successfully.* |
| *Client ID:* |  |
| *ClientAdditionalUMDAPUniqueID:* |  |

| *Step # 21:* *Operation: GetClientUMDAPDetails* *Scenario: Retrieve a client’s UMDAP record to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:* | *Same as Client ID entered above* |  |  |
| *Client Responsible Legal Entity:* | *Should be the Contract Provider’s ProgramID* |  |  |
| *Annual Charge Period:* | *2018-01-01* |  |  |
| *Number of Dependents upon Income:* | *2* |  |  |
| *Adjusted Monthly Income:* | *5000* |  |  |
| *Annual Liability:* | *10000* |  |  |
| *Responsible Person:* | *Self* |  |  |
| *Client Note:* | *The annual liability is $10,000.* |  |  |
| *Record Creation Date:* | *This will be the date when CreateClientUMDAP call was made.* |  |  |
| *Client Additional UMDAP Unique ID:* | *Same ClientAdditionalUMDAPUniqueID returned in UpdateClientUMDAP output.* |  |  |

Testing Domain: Pregnancy

 *Note: All pregnancy scenarios only apply to Trading Partners that render services to female clients.*

| *Step # 22:* *Operation: CreateClientPregnancy* *Scenario: Create a pregnancy record for a client in IBHIS.*  |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Pregnancy Start Date:* | *2019-01-01* |
| *Pregnancy End Date:* | *Do not send* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Pregnancy web service has been filed successfully.* |
| *Client ID:* |  |
| *ClientPregnancyUniqueID:* |  |

| *Step # 23:* *Operation: GetClientPregnancyDetails**Scenario: Retrieve a client’s existing pregnancy record from IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:* | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Pregnancy Start Date:* | *2019-01-01* |  |  |
| *Client Pregnancy Unique ID:* | *Should be the same ID returned in the output of CreateClientPregnancy in Step # 22* |  |  |

| *Step # 24:* *Operation: UpdateClientPregnancy**Scenario: Update a pregnancy record for a client in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Pregnancy Start Date:* | *2013-09-01* |
| *Pregnancy End Date:* | *2014-06-01* |
| *ClientPregnancyUniqueID:* | *(Enter the ClientPregnancyUniqueID returned in the output of CreateClientPregnancy in Step # 22)* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Pregnancy web service has been filed successfully.* |
| *Client ID:* |  |
| *ClientPregnancyUniqueID:* |  |

| *Step # 25:* *Operation: GetClientPregnancyDetails**Scenario: Retrieve a client’s pregnancy record to verify that updates sent through ‘Update’ operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:* | *1* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Pregnancy Start Date:* | *2013-09-01* |  |  |
| *Pregnancy End Date:* | *2014-06-01* |  |  |
| *Client Pregnancy Unique ID:* | *Should be the same ID returned in the output of UpdateClientPregnancy in Step # 24* |  |  |

Testing Domain: Episode Search / Discharge / Admit Existing Client

| *Step # 26:* *Operation: GetClientActiveEpisode**Scenario: Retrieve a client’s active outpatient episode from IBHIS.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Program:*  | *Should be the Trading Partner’s ProgramID* |  |  |
| *Admission Date:*  | *2018-01-01* |  |  |
| *Type Of Admission:*  | *Elective* |  |  |
| *Admitting Staff NPI:*  | *Should be the same Admitting Practitioner NPI entered in Step # 2* |  |  |

| *Step # 27:* *Operation: DischargeClient**Scenario: File a discharge for a client’s active episode in IBHIS.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Episode ID:*  | *1* |
| *Client Admission:*  | *Outpatient* |
| *Type of Discharge:*  | *Merged Client* |
| *Date of Discharge:*  | *2019-01-01* |
| *Time of Discharge:*  | *09:33AM* |
| *Discharge Staff NPI:* | *Enter a practitioner’s NPI from your organization.* |
| *Episode Discharge Comments:*  | *Test client for Certification Script 1A* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client Discharge web service has been filed successfully.* |
| *Client ID:* |  |
| *Episode ID:* |  |

| *Step # 28:* *Operation: AdmitExistingClient**Scenario: Admit an existing client into IBHIS to create a new episode. For Financial Eligibility, the client has MediCal.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:* | *(Enter the Client ID returned in Step #2)* |
| *Client Prefix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Client First Name:*  | *(Enter a name. Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Middle Initial:*  | *(Enter a Middle Initial. Alpha only. Or Do Not Send)* |
| *Client Last Name:*  | *(Enter a name. Note: First and Last name combined should not exceed 29 characters (when maximum Prefix/Suffix and Middle Initial used) OR 38 characters (when no Prefix/Suffix/Middle Initial used). Alpha only. If using special characters- use only hyphen, space, and apostrophe.)* |
| *Client Suffix:*  | *(Enter a value from the enumeration or Do Not Send)* |
| *Alias:*  | *Butterfly* |
| *Email:*  | *Any@nowhere.com* |
| *Gender:*  | *F* |
| *Date of Birth:*  | *1985-10-15* |
| *Social Security Number:*  | *33377555P* |
| *Marital Status:*  | *Now Married (Includes Common-Law)* |
| *Primary Language:*  | *English* |
| *Education:*  | *Bachelor of Arts degree* |
| *Employment Status:*  | *Full-time competitive employment (salaried)* |
| *Ethnicity:*  | *UnknownNotReported* |
| *Client Other Race:*  | *WhiteOrCaucasian* |
| *Client Other Race:*  | *BlackOrAfricanAmerican* |
| *Client Other Race:*  | *AlaskaNative* |
| *Smoking Assessment:*  | *NeverSmoked* |
| *Smoking Assessment Date:*  | *2020-01-01* |
| *Living Arrangements:*  | *Foster family home* |
| *Client’s Home Phone:*  | *1234567890* |
| *Street Address 1:*  | *1234 Some Place Ave* |
| *Street Address 2:*  | *Suite 1* |
| *ZIP Code:*  | *90005-4545* |
| *Admission Date:*  | *2020-01-01* |
| *Admission Time:*  | *11:55AM*  |
| *Type of Admission:*  | *Elective*  |
| *Admitting Staff NPI:*  | *ENTER ANY OF YOUR STAFF’S NPI NUMBER*  |
| *Client FinEligibility:*  | *MediCalClient*  |
| *Coverage Effective Date:*  | *2020-01-01* |
| *Subscriber Client Index Number:* | *91234567C* |
| *Subscriber Address:*  | *406 Fourth St* |
| *Subscriber Address 2:* | *Unit 406* |
| *Subscriber ZIP:*  | *90044-4545* |
| *Subscriber Gender:*  | *M* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client has been admitted and the Financial Eligibility has been created successfully in IBHIS.* |
| *Client ID:* |  |
| *Episode ID:*  | *2* |
| *Client Prefix:*  |  |
| *Client First Name:*  |  |
| *Client Middle Initial:*  |  |
| *Client Last Name:*  |  |
| *Client Suffix:*  |  |

| *Step # 29:* *Operation: GetClientEpisodeHist**Scenario: Retrieve historical admission information for a client from IBHIS.*  |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step #2* |  |  |
| *Episode ID:*  | *1* |  |  |
| *Program:*  | *Should be the Trading Partner’s ProgramID* |  |  |
| *Admission Date:*  | *2018-01-01* |  |  |
| *Type Of Admission:*  | *Elective* |  |  |
| *Admitting Staff NPI:*  | *Should be the same Admitting Practitioner NPI entered in Step # 2* |  |  |
| *Date Of Discharge:* | *2019-01-01* |  |  |
| *Episode ID:*  | *2* |  |  |
| *Program:*  | *Should be the Trading Partner’s ProgramID* |  |  |
| *Admission Date:*  | *2020-01-01* |  |  |
| *Type Of Admission:*  | *Elective* |  |  |
| *Admitting Staff NPI:*  | *Should be the same Admitting Practitioner NPI entered in Step # 28* |  |  |

Testing Domain: Retrieve episode-independent historical data

| *Step # 30:* *Operation: GetClientSvcHist**Scenario: Retrieve service history information for a client from IBHIS.*  |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *3169963* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *3169963* |  |  |
| *First Service Date:* | *2016-01-01* |  |  |
| *Last Service Date:* | *2016-01-01* |  |  |
| *Program:*  | *1962I Lac Harbor Ucla Mc\_Inpatient* |  |  |
| *Service Program Type:*  | *Admit* |  |  |
| *Service Practitioner Name:*  | *NUCUM,DARYL* |  |  |
| *Principal Diagnosis:*  | *F31.78* |  |  |

| *Step # 31:* *Operation: GetClientLegacySvcHist**Scenario: Retrieve legacy IS service history information for a client from IBHIS.*  |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *3169963* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Legacy First Service Date:* | *2008-01-01* |  |  |
| *Legacy Last Service Date:* | *2008-02-01* |  |  |
| *Legacy Program Name:* | *LAC-USC* |  |  |
| *Legacy Program Type:* | *Service* |  |  |
| *Legacy Practitioner Name:* | *John Doe* |  |  |
| *Legacy Primary Diagnosis Desc:* | *319.0* |  |  |
| *Legacy Client ID:* | *3169963* |  |  |

| *Step # 32:* *Operation: GetClientDiagnosisHistory**Scenario: Retrieve an existing client’s historical diagnosis summary from IBHIS.*  |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *3169963* |
| *Episode ID:* | *Do not send* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:* | *3169963* |  |  |
| *Episode ID:* | *1* |  |  |
| *Episode Program ID:* | *1962I* |  |  |
| *Date of Diagnosis:* | *2016-01-01* |  |  |
| *Type of Diagnosis:* | *Admission* |  |  |
| *Diagnosis Ranking:* | *Primary* |  |  |
| *Diagnosis Status:* | *Active* |  |  |
| *ICD10 Code:* | *F31.78* |  |  |
| *Diagnosing Staff NPI:* | *1992832430* |  |  |
| *ICD9 Code:* | *296.66* |  |  |

 *Note: Trading Partner should perform the following scenario if applicable to their type of service.*

| *Step # 33:* *Operation: GetPublicGuardianSvcHist**Scenario: Retrieve legacy IS service history information for a client from IBHIS.*  |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *3169963* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *3169963* |  |  |
| *Public Guardian Case Status:* | *PG Investigation* |  |  |
| *Assigned Deputy PG:* | *John Q. Public* |  |  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *PG Contact Number:* | *1112223333* |  |  |
| *Date Case Opened:* | *Date will vary* | *n/a* | *n/a* |

Testing Domain: Retrieve DCFS data

 *Note: Trading Partner should perform the following scenario if applicable to their type of service.*

| *Step # 34:* *Operation: GetDCFSClientSvcHist**Scenario: Retrieving an existing client’s Dept. of Children and Family Services (DCFS) Office case information prior to admission.* |
| --- |
| *Input Data Attribute:* | *Values to be entered (Enter any one of the following IDs)* |
| *Client ID:*  | *3169963**3169978**3169979**3169980**3169981**3169982**3169983**3169984**3169985**3169986* |
| *Output Data Attribute:* | *Expected Values* |
| *Fault Code:* | *s:Client* |
| *Description:* | *Authorization failed. Program ID is not associated to active episode for this client.* |

| *Step # 35:* *Operation: AdmitExistingClient**Scenario: Admitting an existing client to the Trading Partner’s program so relevant DCFS case information can be retrieved.*  |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:* | *(Enter a client ID entered in Step # 34)* |
| *Client Prefix:*  | *Dr* |
| *Client First Name:*  | *DCFS* |
| *Client Middle Initial:*  | *M* |
| *Client Last Name:*  | *TEST GET* |
| *Client Suffix:*  | *Jr* |
| *Alias:*  | *testGetDCFSClientDetails* |
| *Email:*  | *dcfs@testDCFS.com* |
| *Gender:*  | *M* |
| *Date of Birth:*  | *2000-01-01* |
| *Social Security Number:*  | *222334444* |
| *Marital Status:*  | *Single / Never Married* |
| *Primary Language:*  | *English* |
| *Education:*  | *12 - High School Diploma/GED* |
| *Employment Status:*  | *Other* |
| *Ethnicity:*  | *UnknownNotReported* |
| *Client Other Race:*  | *UnknownNotReported* |
| *Smoking Assessment:*  | *Unknown* |
| *Smoking Assessment Date:*  | *2019-09-16* |
| *Living Arrangements:*  | *Foster family home* |
| *Client’s Home Phone:*  | *5556669999* |
| *Street Address 1:*  | *223 Germany St.* |
| *Street Address 2:*  | *# 101* |
| *ZIP Code:*  | *90005-0120* |
| *Admission Date:*  | *2019-09-16* |
| *Admission Time:*  | *11:55AM*  |
| *Type of Admission:*  | *Elective*  |
| *Admitting Staff NPI:*  | *Enter a practitioner NPI from your organization*  |
| *Client FinEligibility:*  | *NonMedicalClient* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client has been admitted and the Financial Eligibility has been created successfully in IBHIS.* |
| *Client ID:* |  |
| *Episode ID:*  |  |
| *Client Prefix:*  | *Dr* |
| *Client First Name:*  | *DCFS* |
| *Client Middle Initial:*  | *M* |
| *Client Last Name:*  | *TEST GET* |
| *Client Suffix:*  | *Jr* |

| *Step # 36:* *Operation: GetDCFSClientSvcHist**Scenario: Retrieving a client’s Dept. of Children and Family Services/DCFS Office case information subsequent to admission.* |
| --- |
| *Input Data Attribute:* | *Values to be entered* |
| *Client ID:*  | *(Enter the Client ID entered in Step # 35)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Client ID entered above* |  |  |
| *Client ID:*  | *Possible DCFS Active Katie A. Class* |  |  |
| *DCFS Cast Status:* | *Metro* |  |  |
| *DCFS Assigned Office:* | *John Doe* |  |  |
| *Assigned CSW:* | *5558885555* |  |  |
| *CSW Contact Number:* | *Date will vary* | *n/a* | *n/a* |

Testing Domain: Search for existing clients

|  |
| --- |
| *Step # 37:* *Operation: SearchClient* *Scenario: Search for a client that exists IBHIS.* |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *(Enter the Client ID returned in Step # 2)*  |
| *Client First Name:*  | *Do not send*  |
| *Client Last Name:*  | *Do not send*  |
| *Date of Birth:*  | *Do not send* |
| *Social Security Number:*  | *Do not send*  |
| *Gender:*  | *Do not send*  |
| *Alias:*  | *Do not send*  |
| *SubscriberClientIndexNumber:*  | *Do not send*  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *Client ID returned in Step # 2* |  |  |
| *Client Prefix:* | *MRS* |  |  |
| *Client First Name:* | *Client First Name entered in Step # 28* |  |  |
| *Client Middle Initial:* | *M* |  |  |
| *Client Last Name:* | *Client Last Name entered in Step # 28* |  |  |
| *Client Suffix:* | *IV* |  |  |
| *Date of Birth;* | *1985-10-15* |  |  |
| *Street Address 1:* | *1234 Some Place Ave* |  |  |
| *Street Address 2:* | *Suite 1* |  |  |
| *City:* | *Los Angeles* |  |  |
| *State:* | *CA* |  |  |
| *Alias:* | *BUTTERFLY* |  |  |
| *Gender:* | *F* |  |  |
| *Social Security Number:* | *555P* |  |  |
| *Score:* | *100* |  |  |

| *Step # 38:* *Operation: SearchClient* *Scenario: Search by Alias ID.* *(A client exists in IBHIS with an ID in the Alias field as an alternative identifier. Perform the search by using this Alias ID.)* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *Do not send* |
| *Client First Name:*  | *Leave blank*  |
| *Client Last Name:*  | *Leave blank*  |
| *Date of Birth:*  | *Do not send* |
| *Social Security Number:*  | *Do not send* |
| *Gender:*  | *Do not send* |
| *Alias:*  | *789456123* |
| *SubscriberClientIndexNumber:*  | *Do not send*  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *3170458* |  |  |
| *Client First Name:* | *ABSOLUTE* |  |  |
| *Client Last Name:* | *OBSOLVO* |  |  |
| *Gender:* | *M* |  |  |
| *Social Security Number:* | *444P* |  |  |
| *Score:* | *75 (Note: The score may vary)* |  |  |

|  |
| --- |
| *Step # 41:* *Operation: SearchClient* *Scenario: Search for an existing client in IBHIS where Client’s Name (max FN + min LN) has 39 characters.* |
| *Data Attribute* | *Values to be entered by the LE* |
| *Client ID:*  | *Do not send*  |
| *Client First Name:*  | *AB-C'DEFHGIJKLMNOPQRSTUVXXYZ abcdefghi* |
| *Client Last Name:*  | *Z* |
| *Date of Birth:*  | *Do not send* |
| *Social Security Number:*  | *33377555Q* |
| *Gender:*  | *M* |
| *Alias:*  | *Leave blank*  |
| *SubscriberClientIndexNumber:*  | *Do not send*  |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Process completed successfully.* |  |  |
| *Client ID:*  | *3173071* |  |  |
| *Client First Name:* | *AB-C'DEFHGIJKLMNOPQRSTUVXXYZ ABCDEFGHI* |  |  |
| *Client Last Name:* | *Z* |  |  |
| *Date of Birth;* | *1991-12-16* |  |  |
| *Street Address 1:* | *123 Some Place Lane* |  |  |
| *Street Address 2:* | *Suite 10* |  |  |
| *City:* | *VAN NUYS* |  |  |
| *State:* | *CA* |  |  |
| *Gender:* | *M* |  |  |
| *Social Security Number:* | *555Q* |  |  |
| *Score:* | *191* |  |  |

Testing Domain: CSI Assessment

| *Step # 42:* *Operation: AddCSI**Scenario: Create a new CSI Assessment record.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *IBHISClientID:*  | *Enter the client ID returned in Step # 2* |
| *ServiceRequestID:*  |  |
| *TreatmentAppointmentFirstOfferDate:*  | *2019-01-01* |
| *TreatmentAppointmentSecondOfferDate:*  | *2019-02-01* |
| *TreatmentAppointmentThirdOfferDate:*  | *2019-03-01* |
| *TreatmentAppointmentAcceptedDate:*  | *2019-03-01* |
| *ClosureReason:*  | *04* |
| *ReferredTo:*  | *04* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client CSI record has been created successfully.* |
| *CSISubmissionID:* |  |
| *IBHISClientID:*  |  |

| *Step # 43:* *Operation: GetCSI**Scenario: Retrieve client’s CSI Assessment information to verify that data sent through AddCSI operation are saved properly.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *CSISubmissionID:*  | *(Enter the CSISubmissionID returned in Step #42)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Completed successfully.* |  |  |
| *CSISubmissionID:*  | *CSISubmissionID returned in Step #42* |  |  |
| *IBHISClientID:* | *Value entered in Step # 42* |  |  |
| *ServiceRequestID:*  | *Value entered in Step # 42* |  |  |
| *TreatmentAppointmentFirstOfferDate:* | *2019-01-01* |  |  |
| *TreatmentAppointmentSecondOfferDate:* | *2019-02-01* |  |  |
| *TreatmentAppointmentThirdOfferDate:* | *2019-03-01* |  |  |
| *TreatmentAppointmentAcceptedDate:*  | *2019-03-01* |  |  |
| *ClosureReason:*  | *04* |  |  |
| *ReferredTo:*  | *04* |  |  |

| *Step # 44:* *Operation: UpdateCSI**Scenario: Update an existing CSI Assessment record.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *IBHISClientID:*  | *Enter the client ID returned in Step # 2* |
| *ServiceRequestID:*  | *Value entered in Step # 42* |
| *TreatmentAppointmentFirstOfferDate:*  | *2020-01-01* |
| *TreatmentAppointmentSecondOfferDate:*  | *2020-02-01* |
| *TreatmentAppointmentThirdOfferDate:*  | *2020-03-01* |
| *TreatmentAppointmentAcceptedDate:*  | *2020-03-01* |
| *ClosureReason:*  | *04* |
| *ReferredTo:*  | *04* |
| *CSISubmissionID:*  | *Value returned in Step # 42* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *CSI record has been updated successfully.* |
| *CSISubmissionID:* |  |
| *IBHISClientID:*  |  |

| *Step # 45:* *Operation: SearchCSI**Scenario: Search for a CSI Assessment reord.* |
| --- |
| *Input Data Attribute:* | *Values to be entered by the LE* |
| *IBHISClientID:*  | *(Enter the Client ID returned in Step #2)* |
| *Output Data Attribute:* | *Expected Values* | *Enter any Discrepancy* | *Comment for Discrepancy**(DMH Use Only)* |
| *Acknowledgement:* | *Completed successfully.* |  |  |
| *IBHISClientID:* | *Value entered in Step # 42* |  |  |
| *ProgramID:*  | *Program ID (Legal Entity number of calling Trading Partner)* |  |  |
| *CSISubmissionID:* | *Value returned in Step # 42* |  |  |

| *Step # 46:* *Operation: DeleteCSI**Scenario: Delete an erroneous CSI Assessment record.* |
| --- |
| *Data Attribute* | *Values to be entered by the LE* |
| *CSISubmissionID:*  | *Value returned in Step # 42* |
| *Expected Output: (Items in Red Font To Be Completed by the LEs)* |
| *Acknowledgement:* | *Client CSI record has been deleted successfully.* |
| *CSISubmissionID:* |  |