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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

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| --- | --- | --- |
| *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:* |  |