

End User Training Manual for the Intensive Home-Based Services & Therapeutic Behavioral Services Process

ProviderConnect



Feb 2022 v4.3

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Introduction to IBHIS for Intensive Home-Based Services and Therapeutic Behavioral Service Providers

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

Intensive Home-Based Services (IHBS) providers will use ProviderConnect for the following functions:

1. Search for clients
2. View Clients Demographics
3. Submit Authorizations request for IHBS Services.
4. Upload the Client documents as Attachment to Clients cases.
 - Documents to upload:
 1. Assessment
 2. Client Treatment Plan
 3. IHBS /TBS Assessment
 4. ICC Eligibility
5. Review the status of the authorization

Therapeutic Behavioral Service (TBS) providers will use ProviderConnect for the following functions:

1. Search for clients
2. View Clients Demographics
3. Submit Authorizations request for IHBS Services.
4. Upload the Client documents as Attachment to Clients cases.
 - Documents to upload:
 1. Assessment
 2. Client Treatment Plan
 3. IHBS /TBS Assessment
 4. ICC Eligibility (The ICC is not required for TBS but if the Provider has the form, they should upload it to ProviderConnect.)
5. Review the status of the authorization

Provider Authorizations vs. Member Based Authorizations

Provider Authorizations are at funding source level for a given fiscal year for a provider. Each provider authorization (P-Auth) is assigned with specific dollar amount allocated as per the contract/amendment. When claiming for a service, provider uses a P-Auth and claiming can continue until the dollar is exhausted. Based on clients Medi-Cal eligibility and the type of service claimed, the provider uses a P-Auth that is linked to a Medi-Cal Funding Plan or a Non-Medical Funding Plan.

Member Based Authorizations are child records of P-Auth's that are assigned for a specific member for a specific service. When requesting for a member-based authorization for IHBS/TBS, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Medi-Cal eligibility, use a Medi-Cal or a Non Medi-Cal Funding Source. Also, note that for each claim submitted with a member-based authorization, the dollar amount will be deducted from the parent P-Auth.

Access and Limitations

- To access the system, a web address (URL - Uniform Resource Locator) is used to launch the browser-based application.
- Once your request is approved, a user ID and system generated password will be issued to designated users by LACDMH. This initial password must be changed upon the first login to the application.
- The client must have an open admission and Financial Eligibility in IBHIS with the Legal Entity seeking an authorization request for the client that has been submitted through Web Services. This is prior to the provider creating an authorization in ProviderConnect.
- ProviderConnect allows users to upload documentation to support the authorization request. The upload file size is limited to 5 MB (Mega Byte). If the size of the file is larger than 5 MB, designated users must split the document into files no larger than 5 MB.
- Once an authorization request is submitted via ProviderConnect, designated users will not be able to make any change in the submitted request.
- If required, Users will need to complete a HEAT ticket to have changes or updates completed in ProviderConnect.

Forms and Instructions for the process to apply for access to ProviderConnect

Forms to request access to ProviderConnect:

- Application Access form
- Confidentiality Oath form
- Downey Data Center Registration form (includes the County of Los Angeles Agreement for Acceptable Use form) – For LA County employees and Non-LA County Employees

****Below is an example of the email an Onboarding Provider will receive****

Below is the onboarding email

This is a reminder:

Legal Entity Providers are required to Onboard a Legal Entity Representative.

This is a courtesy message to inform you that the Department of Mental Health - Provider Advocacy Office has developed an online **Systems Access Request** portal. The new user portal will enable Legal Entity Representatives a quick, reliable, and more accountable way to gain access to existing and future DMH applications.

IMPORTANT: Emailed forms will no longer be processed

The Systems Access Request portal will be the only way to submit forms for new/renewal C Number packets and request applications access.

Systems Access Request portal is only for Legal Entity Representatives submitting forms.

For Legal Entity Representatives to gain access to the Systems Access Request portal we are requiring a “**C Number Packet**” and an “**Individuals Authorized to Sign Access Forms**” to be submitted in order to ensure all DMH forms are current and up to date. Please use the links below:

C Number Packet:

http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Access Forms:

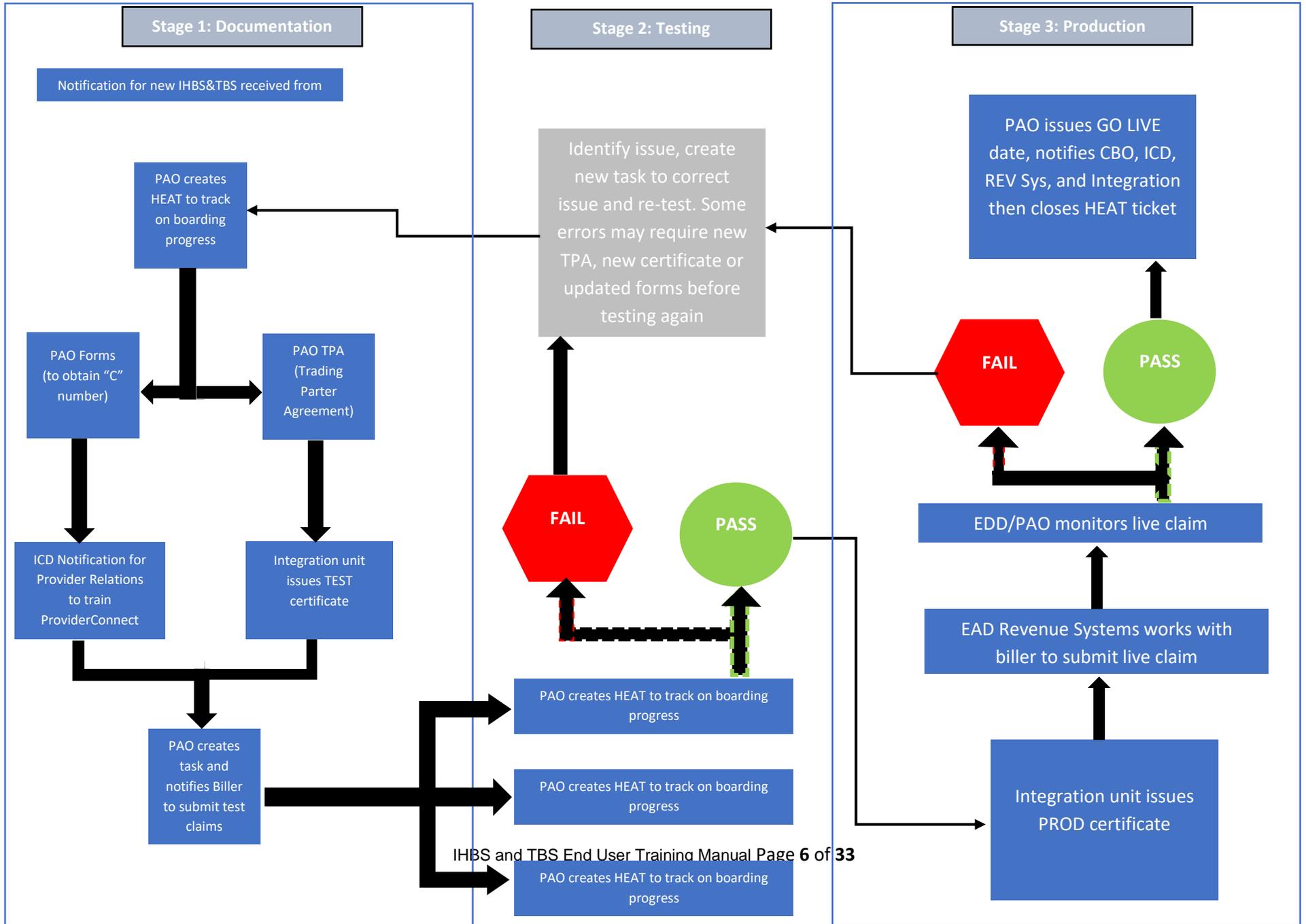
http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

Any illegible forms, incomplete forms or missing signatures will result in the forms being rejected.

Email the forms to systemsaccessunit@dmh.lacounty.gov and include in the subject line **ONBOARDING User Portal and the applicant's name.**

See the next page for the FFA on Boarding Flow Diagram:

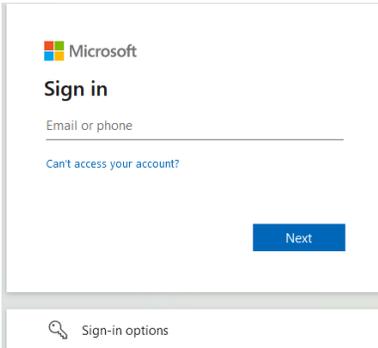
IHBS & TBS On Boarding Flow Diagram



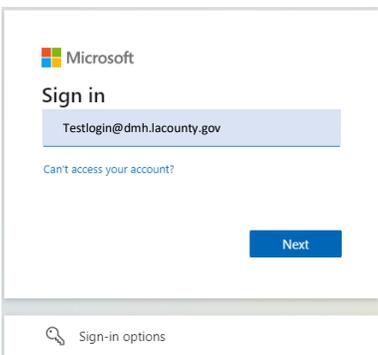
Provider Connect: Login with MFA & Main Menu

Start the web browser (Edge, Chrome, or Firefox) on your computer. Type or cut and paste the following web address in the address line <https://lapconn.netSMARTcloud.com/la> or go to this link <https://dmh.lacounty.gov/for-providers/web-apps/> to access the link for ProviderConnect.

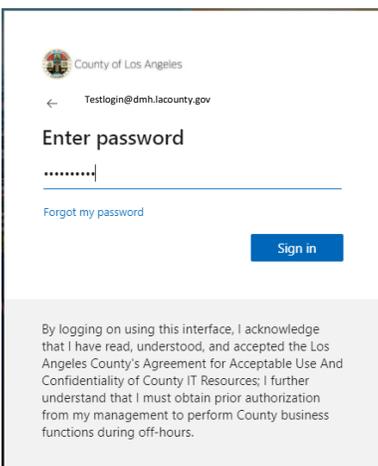
1. This will be where the Microsoft Sign in prompt will appear.



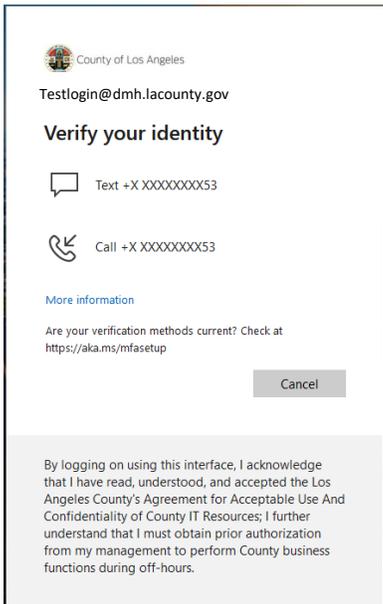
2. Users will enter their County assigned email that starts with the Users "C" number (C123456@dmh.lacounty.gov) and select the **Next** button.



3. This will navigate the User to where the User will enter their created Password and click the **Sign in** button.



4. The User will be navigated to **Verify your identity**. Here the User will select how the User wants to receive the verification code. In this example the User opted to receive the code via text. Selecting  Text +X XXXXXXXXXX53 will navigate the User to where the User will enter the Verification code.



County of Los Angeles

Testlogin@dmh.lacounty.gov

Verify your identity

Text +X XXXXXXXXXX53

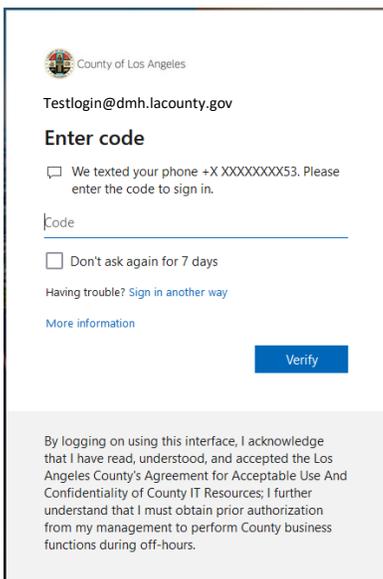
Call +X XXXXXXXXXX53

[More information](#)

Are your verification methods current? Check at <https://aka.ms/mfasetup>

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.

5. Here the User will enter the code they have received via text. The User will then select the  **Verify** button. The User will be navigated to the **Terms of Security** and the **Authorization Disclaimer** page within ProviderConnect. You may check the box "Don't ask again for 7 days".



County of Los Angeles

Testlogin@dmh.lacounty.gov

Enter code

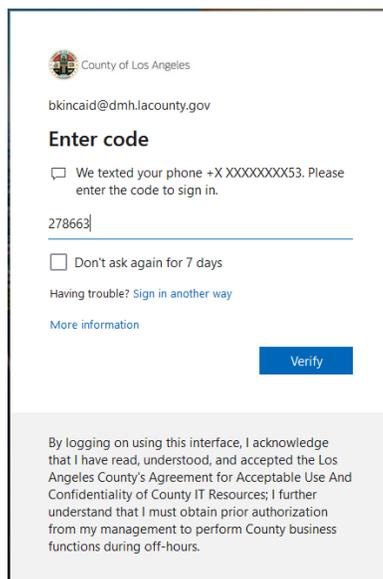
We texted your phone +X XXXXXXXXXX53. Please enter the code to sign in.

Don't ask again for 7 days

Having trouble? [Sign in another way](#)

[More information](#)

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.



County of Los Angeles

bkincaid@dmh.lacounty.gov

Enter code

We texted your phone +X XXXXXXXXXX53. Please enter the code to sign in.

Don't ask again for 7 days

Having trouble? [Sign in another way](#)

[More information](#)

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.

6. The User will see the **Terms of Security** and the **Authorization Disclaimer**.

ATTENTION:

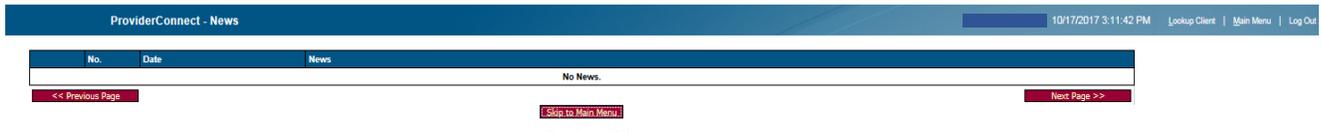
Terms of Security: These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. **Authorization Disclaimer:** Authorization is not a guarantee for payment. Provider must have sufficient funds in its MCA in order to be reimbursed for services rendered under this authorization. Payment is subject to all claim submission requirements, and contingent upon the client being eligible at the time the service is rendered and having benefits available when the claim is processed.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

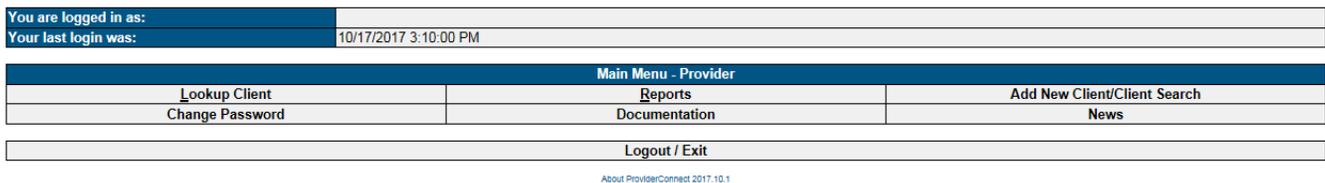
[Exit](#) [Continue](#)

NOTE: If this is the Users first time logging into ProviderConnect the User should review before selecting the **Continue** hyperlink to agree with the **Terms of Security** and the **Authorization Disclaimer** and to continue to the next page.

7. Once the User has clicked the **Continue** hyperlink, the User will be directed to **ProviderConnect-News** alerts. The **News** screen will provide you with alerts and updates regarding the system.



8. Click **Skip to Main Menu** to continue to the Provider Connect **Main Menu - Provider**.



On the **Main Menu** the labeled tabs allow the User to:

- **Lookup Client:** Allows the User to search clients with an existing admission created by your agency.
- **Reports:** Allows the User to access reports that apply to the Users log in security rights.
- **Add New Client/Client Search:** Allows the User to add new client admissions or search clients who may have an existing admission within the system from other providers.
- **News:** Is used to provide the User with communication regarding updates and enhancements associated to ProviderConnect.
- **Documentation:** Provides help on ProviderConnect.
- **Change password:** Not applicable.

ProviderConnect: Add New Client/Client Search

The **Add New Client/Client Search** feature is used to verify that a client has not been associated to the Legal Entity currently seeking an Authorization Request.

NOTE: If the client has not been associated to the Legal Entity this means that before a User can access the client in ProviderConnect to request an Authorization the client should have an Admission under the Users Legal Entity. This is created in IBHIS (DMH EHR system) directly from the Legal Entity's EHR system. This means that the Client needs to have an open Admission for their Legal Entity for the User to request an Authorization using Client Web Service.

1. To search for a client the User will use the **Main Menu** and click on **Add New Client/Client Search** to search for a Client that is not associated to from their Agency.

Main Menu - Admin		
Billing	Lookup Client	Provider
Reports	Utilities	Add New Client/Client Search
Change Password	Documentation	News
Logout / Exit		

2. A User can search for a Client by either entering the Clients **Member ID** (Client ID) or by entering the Clients **SSN** and/or **Last Name, First Name, Sex** and/or **Date of Birth**.

NOTE: Entering more information on a Client greatly narrows the search results.

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input style="width: 95%;" type="text"/>
Member ID:	<input style="width: 95%;" type="text"/>
Alias:	<input style="width: 95%;" type="text"/>
Subscriber Client Index Number:	<input style="width: 95%;" type="text"/>
Last Name:	<input style="width: 95%;" type="text"/>
First Name:	<input style="width: 95%;" type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input style="width: 95%;" type="text"/>

Search

Client Search using the Clients Member ID:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text" value="3275250"/>
Alias:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

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About ProviderConnect 2020.8.1

Client Search using the Clients Member ID Search Results:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text" value="3275250"/>
Alias:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3275250	YOBA,MALIK	01/01/2000	Los Angeles	90005		039722	100

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About ProviderConnect 2020.8.1

Client Search using the Clients Last Name, First Name and Sex:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text"/>
Alias:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	Yoba
First Name:	Malik
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

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About ProviderConnect 2020.8.1

Client Search using the Clients Last Name, First Name and Sex Search Results:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text"/>
Alias:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	Yoba
First Name:	Malik
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3275250	YOBA,MALIK	01/01/2000	Los Angeles	90005		039722	91

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- Clicking the Client ID hyperlink will navigate the User to the **ProviderConnect – Provider Admissions** pre-display.

ProviderConnect - Provider Admissions

Client Name:	YOBA, MALIK
Member ID:	3275250
SSN:	379-58-7887

Episode Information			
Episode	Admission Date	Discharge Date	Program
2	9/16/2020		LE00724 Foothill Family Service
1	9/12/2019	9/16/2019	x FFS2LE Fee For Service 2 Admission

Return to Client Search

NOTE: If the User is navigated to the **ProviderConnect-Provider Admissions Form** this means the Client the User input had not been associated to their Agency. This must be done through Web Services. After the Client has been associated to their Agency through Web Services only then can the User create and Authorization in ProviderConnect. What does this mean? This means that before you can access the client in ProviderConnect and request an authorization, the client should have an active admission under your Agency created in IBHIS (DMH EHR system) directly from your EHR system.

All this means is that the client needs to have an admission open for the Agency that they are requesting an authorization for, using Client Web Service the user will need to open an episode/create an admission for the client.

4. Click the **Authorizations** tab in the **TASK Navigation Bar** to navigate to the Authorization Request form to create and submit an authorization request.

Member ID
Demographic
Authorizations
Provider Admission
Attachments
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
No records found.										

Create Request

ProviderConnect: Look up Client

The ProviderConnect Client Search feature:

The **Lookup Client** feature is used when the client has an existing Admission with a Legal Entity currently seeking an Authorization Request.

- To Search for a Client the User will use the **Main Menu** and click on **Lookup Client** to search for an existing client from their agency.

Main Menu - Admin		
Billing	Lookup Client	Provider
Reports	Utilities	Add New Client/Client Search
Change Password	Documentation	News
Logout / Exit		

- A User can search for a Client by either entering the Clients **Member ID** (Client ID) or by entering the Clients **SSN** and/or **Last Name, First Name** and/or **Date of Birth**.

NOTE: Sometimes Users will have to use different combinations of the Search Criteria to locate the desired Client. (e.g. – **First Name & Last Name only or First Name & Last Name and DOB or First Name & Last Name and SSN**)

ProviderConnect - Look Up Client

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	<input type="text"/>

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

[Search by Criteria](#)

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About ProviderConnect 2020.4.1

Look up Client using the Clients Member ID:

ProviderConnect - Look Up Client

Search Criteria	
Member ID:	<input type="text" value="3278600"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	<input type="text"/>

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

[Search by Criteria](#)

[Back](#)

About ProviderConnect 2020.4.1

Look up Client using the Clients Member ID Search Results:

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3278600	TODD SMITH	JAMES	6/1/1970	YC

Look up Client using the Clients Last Name and First Name:

ProviderConnect - Look Up Client

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	Todd <input type="text"/>
First Name:	James <input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	<input type="text"/>

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

[Search by Criteria](#)

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About ProviderConnect 2020.4.1

Look up Client using the Clients Last Name and First Name Search Results:

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3194851	TODD	JAMES	12/7/1971	
3194851	TODD	JAMES	12/7/1971	
3194851	TODD	JAMES	12/7/1971	
3278600	TODD SMITH	JAMES	6/1/1970	

- The User will choose the correct client and click on the desired **Clients ID** Hyperlink. This will navigate the User to the **Client ProviderConnect – Demographic**.

Provider Connect: Demographic

From the **Main Menu** page, the User will select **Lookup Client** to search for the desired client. Select on that Clients **Client ID** Hyperlink to navigate to the Clients **ProviderConnect - Member Demographic** form.

NOTE: The **Task Navigation** Tool Bar (in **RED**) on the left side column allows you the ability to access different Client forms within ProviderConnect.

NOTE: On the **Member Demographic** page will not be an editable form.

<table border="1"> <tr><td>Member ID</td></tr> <tr><td>3275250</td></tr> <tr><td>Demographic</td></tr> <tr><td>Authorizations</td></tr> <tr><td>Provider Admission</td></tr> <tr><td>Attachments</td></tr> <tr><td>Plan Communication</td></tr> <tr><td>Systemwide Annual Liability</td></tr> <tr><td>Exit to Main Menu</td></tr> </table>	Member ID	3275250	Demographic	Authorizations	Provider Admission	Attachments	Plan Communication	Systemwide Annual Liability	Exit to Main Menu	<table border="1"> <tr> <th colspan="3">ProviderConnect - Demographic</th> <th style="text-align: right;">Lookup Client Main Menu Log Out</th> </tr> <tr> <td>Client Name:</td> <td colspan="2">YOBA, MALIK</td> </tr> <tr> <td>Member ID:</td> <td colspan="2">3275250</td> </tr> <tr> <td>SSN:</td> <td colspan="2">379-58-7887</td> </tr> <tr> <th colspan="3">Member Demographics</th> </tr> <tr> <td>Social Security Number 379-58-7887</td> <td>Date of Birth 1/1/2000</td> <td>Facility Chart Number</td> </tr> <tr> <td>Member Street 1 695 S Vermont Ave</td> <td>Member Street 2</td> <td>Member City Los Angeles</td> </tr> <tr> <td>Member County Los Angeles - 19</td> <td></td> <td>Member State CA - CALIFORNIA</td> </tr> <tr> <td>Member Zip Code 90005</td> <td>Member Phone Number</td> <td>Member Work Number</td> </tr> <tr> <td>Member Language</td> <td>Sex Male - M</td> <td>Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?</td> </tr> <tr> <td>Race</td> <td>Client Maiden Name</td> <td>Veteran</td> </tr> <tr> <td>Education Level At Admission</td> <td>Pre-Admission Disposition</td> <td></td> </tr> <tr> <td>Employment Status</td> <td></td> <td></td> </tr> <tr> <td>Marital Status</td> <td>Client's Cell Phone</td> <td>Client's Email Address</td> </tr> <tr> <td>Communication Preference</td> <td>Smoker</td> <td>Client Declined to Provide Information</td> </tr> </table>	ProviderConnect - Demographic			Lookup Client Main Menu Log Out	Client Name:	YOBA, MALIK		Member ID:	3275250		SSN:	379-58-7887		Member Demographics			Social Security Number 379-58-7887	Date of Birth 1/1/2000	Facility Chart Number	Member Street 1 695 S Vermont Ave	Member Street 2	Member City Los Angeles	Member County Los Angeles - 19		Member State CA - CALIFORNIA	Member Zip Code 90005	Member Phone Number	Member Work Number	Member Language	Sex Male - M	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?	Race	Client Maiden Name	Veteran	Education Level At Admission	Pre-Admission Disposition		Employment Status			Marital Status	Client's Cell Phone	Client's Email Address	Communication Preference	Smoker	Client Declined to Provide Information
Member ID																																																								
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Member Street 1 695 S Vermont Ave	Member Street 2	Member City Los Angeles																																																						
Member County Los Angeles - 19		Member State CA - CALIFORNIA																																																						
Member Zip Code 90005	Member Phone Number	Member Work Number																																																						
Member Language	Sex Male - M	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?																																																						
Race	Client Maiden Name	Veteran																																																						
Education Level At Admission	Pre-Admission Disposition																																																							
Employment Status																																																								
Marital Status	Client's Cell Phone	Client's Email Address																																																						
Communication Preference	Smoker	Client Declined to Provide Information																																																						

Provider Connect: Authorizations

The **Authorizations** form is used to create an authorization for a Client for the purpose of tracking funding for the submitting of claims for billing.

Member ID 3275250	ProviderConnect - Demographic		Lookup Client Main Menu Log Out
Demographic	Client Name: YOBA, MALIK		
Authorizations	Member ID: 3275250		
Provider Admission	SSN: 379-58-7887		
Attachments			
Plan Communication			
Systemwide Annual Liability			
Exit to Main Menu			
	Member Demographics		
	Social Security Number 379-58-7887	Date of Birth 1/1/2000	Facility Chart Number
	Member Street 1 695 S Vermont Ave	Member Street 2	Member City Los Angeles
	Member County Los Angeles - 19		Member State CA - CALIFORNIA
	Member Zip Code 90005	Member Phone Number	Member Work Number
	Member Language	Sex Male - M	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?
	Race	Client Maiden Name	Veteran
	Education Level At Admission	Pre-Admission Disposition	
	Employment Status		
	Marital Status	Client's Cell Phone	Client's Email Address
	Communication Preference	Smoker	Client Declined to Provide Information

1. On the left of the Users screen in the **Task Navigation** Tool Bar, the User can select the **Authorizations** tab to navigate the User to the **ProviderConnect – Authorization** form.

Member ID
Demographic
Authorizations
Provider Admission
Attachments
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

2. Once on the **Authorization Information** pre-display the User can create an authorization request for the Client. The User will click on the Create Request button. This will navigate the User to the **ProviderConnect - Authorization Request** form.

Authorization Information										
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
No records found.										
Create Request										

3. Once on the **ProviderConnect - Authorization Request** form the User will complete all required fields.

Authorization Request

Client Information		
CLIENT NAME James Todd Smith	MEMBER ID 3278600	
Authorization Dates		
Authorization Requested Start Date:	<input type="text"/>	Set authorization for <input type="text"/> days Set
Authorization Requested End Date:	<input type="text"/>	
Care Manager		
CARE MANAGER ASSIGNED:		DATE ASSIGNED:
Authorization Information		
AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:
Funding Source & Benefit Plan Information		
Funding Source: - Please Choose One - *	Benefit Plan: - Please Choose One - *	Provider Registration Date For Funding Source:
Program: - Please Choose One - *		
Authorization Group Leave blank for individual CPT Codes requests. ▼		
PROCEDURE CODE		
	UNITS REQUESTED Enter 0 units to ignore adduct code.	
	Add Code	
	File Request	
Comments		
Comments on Authorization: <input type="text"/>		

[Return To Authorization List](#)

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NOTE: All required fields are highlighted in **RED** or the field is highlighted in **RED** and has a **RED** asterisk. The fields that are highlighted in **RED** and have a **RED** asterisk are dropdown fields.

- Users will enter the **Authorization Requested Start Date** and the **Authorization Requested End Date**. This is normally a 6-month period or 180 days (est.).

Authorization Dates		
Authorization Requested Start Date:	<input type="text"/>	Set authorization for <input type="text"/> days Set
Authorization Requested End Date:	<input type="text"/>	

The User can enter the number of days to be authorized in the **Set authorization for** field and click the **Set** button. This will use the number of days to figure the **Authorization Request End Date** and auto populate the date in the **Authorization Request End Date** field.

NOTE: This will only work if an **Authorization Request Start Date** has already been entered.

Authorization Dates		
Authorization Requested Start Date:	09/01/2020	Set authorization for 45 days Set
Authorization Requested End Date:	10/15/2020	

- The User will then select from the dropdowns in the **Funding Source & Benefit Plan Information** section.

Funding Source & Benefit Plan Information	
Funding Source: - Please Choose One - *	Benefit Plan: - Please Choose One - *
Program: - Please Choose One - *	

NOTE: See **Appendix 1** for the full list of **Funding Sources** and **Benefit Plans**.

Definitions

Funding Source – or Funding Program is linked to a **P-Auth**, in which money is allocated to, for Contract Providers to use for billing claims. Use the Funding Source listing referenced on page 30 **Appendix 1** to assist in selecting the correct Funding Source.

Benefit Plan – A Funding Source is linked to a Benefit Plan to which you will use to complete these fields. The plan contains the Billing Categories that direct the system to the Procedure Codes covered by the plan. Use the Funding Source and Benefit Plan list referenced on page 30 **Appendix 1** to assist in selecting the correct Benefit Plan.

Program – The physical locations where Contracting Providers provide the authorized services. The Contracting Provider Programs are the sites/locations where the services are performed and where the authorization for services is initiated.

Funding Source & Benefit Plan Information	
Funding Source: MHSA FSP MC	Benefit Plan: MHSA FSP TBS
Program: E	

6. The User will need to select the **Add Code** button to enter the **Procedure Code**, (a Procedure Code must be selected according to the type of services being provided and requiring an authorization), see list below. The User will select a procedure code from the dropdown in the **Procedure Code** section.

*For IHBS Medi-Cal services select the Procedure Code H2015:HK

*For IHBS Non Medi-Cal services select the Procedure Code H2015:HK:HX

*For TBS Medi-Cal services select the Procedure Code H2019:HE

*For TBS Non Medi-Cal services select the Procedure Code H2019:HE:HX

The User will need to enter the **Units Requested**.

NOTE: DMH suggests using “99999” for the **Units Requested**.

PROCEDURE CODE	UNITS REQUESTED
- Please Choose One -	Enter 0 units to ignore added code. 0
Add Code	

Once a **Procedure Code** has been selected from the dropdown and the **Unit Requested** have been entered the User must click the **File Request** button to save the **Authorization Request**.

PROCEDURE CODE	UNITS REQUESTED
H2019:HE:HX - Therapeutic Behav Serv (Non MC)	Enter 0 units to ignore added code. 99999
Add Code	

This will navigate the User back to the **Authorization Information** pre-display.

7. On the **Authorization Information** pre-display, the User will see that the **Auth Number** is “Unassigned” and is a hyperlink, the **Status** is “Pending”, the **Review Status** shows as “Not Reviewed”, the **Review Date** is shows as “Not Reviewed” and **Attachments** show as “Add New” and is a hyperlink.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	Unassigned	ProviderConnect		Pending	Not Reviewed	9/18/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

Create Request

8. The User must re-refresh the **Authorization Information** pre-display page. Once this is done, the User will see that an **Auth Number** has been assigned and the number will show as a hyperlink and the **Status** will show as “Complete”. The **Review Status** and the **Review Date** will still show as “Not Reviewed”.

NOTE: When refreshing the form this may take a few minutes for the **Auth Number** to display under the **Auth Number** heading.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Not Reviewed	9/16/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

[Create Request](#)

NOTE: At this point the User will add any attachments they have for their Client to the newly created **Authorization**. (See the **ProviderConnect: Add Attachments** section of this document) Once the attachments have been added the authorization will be reviewed for Approval or Denial.

- Once the **Authorization** is approved, the User will see that the **Review Status** will display in green font as

Review Status

Approved

Review Date

9/17/2020 12:39:32 PM

and the **Review Date** will display as with the Date and Time that the authorization was approved.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Approved	9/16/2020 5:30:47 PM	9/17/2020 12:39:32 PM	9/1/2020	10/15/2020	Add New

[Create Request](#)

Provider Connect: Add Attachments

From the **Authorization Information** form, the User will see the **Attachments** field is has a **Add New** hyperlink.

NOTE: File size reference: 1 MB to KB = 1024 KB, 2 MB to KB = 2048 KB, 3 MB to KB = 3072 KB, 4 MB to KB = 4096 KB, 5 MB to KB = 5120 KB. Must be <= 5MB.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Not Reviewed	9/16/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

Create Request

NOTE: Files can be uploaded once the Authorization form has been submitted and the Authorization form has been refreshed to show the Authorization Number.



1. The User must re-fresh the page. Once this is done, the User will see the **Add New** hyperlink in the **Attachments** field.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Not Reviewed	9/16/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

Create Request



To Add Attachments for your authorization, select the **Add New** hyperlink. This will navigate the User to the **ProviderConnect – File Attachments** form.

ProviderConnect - File Attachments 9/8/2020 5:27:45 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s): <small>Note: File Attachments may not be made immediately available</small>				
File Name	Notes			
<input type="button" value="Choose File"/> No file chosen				

2. Once on the **ProviderConnect – File Attachments** the User will select the **Choose File** button. The User will then navigate to where the file to be attached is kept on their computer. Once the User has selected the file they want to add as an attachment the User is navigated back to the **ProviderConnect – File Attachments** form.

NOTE: Forms to be attached are:

1. Assessment
2. Client Treatment Plan
3. IHBS /TBS Assessment
4. ICC Eligibility (The ICC is not required for TBS but if the Provider has the form, they should upload it to ProviderConnect.)

NOTE: Provider should follow file naming convention: **“Form Name_Date MonthDayYear”** (Example – “Assessment_09182020”). We are suggesting that Providers use the date that they are submitting the Authorization Request.

NOTE: File formats can be but are not limited to: .doc, .docx, .odt, .pdf, .txt, .wpd, .bmp, .gif, .jpeg, .jpg and .png. We suggest using the file format that for the User uses the least amount of space.

NOTE: File limit size is 5 megabytes (MB): 1 MB to KB = 1024 KB, 2 MB to KB = 2048 KB, 3 MB to KB = 3072 KB, 4 MB to KB = 4096 KB, 5 MB to KB = 5120 KB. Must be <= 5MB.

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s):				
Note: File Attachments may not be made immediately available				
File Name	Notes			
Choose File No file chosen				
Attach New Files				

On the **ProviderConnect – File Attachments form** the User can see that in the **File Name** section the name of the file they just uploaded displays.

File Name
Choose File This is a SA...cument.docx

The User will then click the **Attach New Files** button to navigate back to the **Authorization Information** form.

3. Once the User is back on the **Authorization Information** form the User will see that the hyperlink in the

Attachments field has changed to . The User can click on the hyperlink to either edit their uploaded file or add a new file to this authorization.

If the user has completed adding all files, they can **STOP** here. If the User needs to add more files, see the **Steps** below.

Provider Connect: Adding more Attachments

1. If the User chooses to add another file, the User must select the **Add New** hyperlink in the **Attachments** field.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	769	ProviderConnect		Complete	Not Reviewed	9/8/2020 5:21:56 PM	Not Reviewed	9/1/2020	10/15/2020	Edit / Add New

Create Request

2. The User will be navigated back to the **ProviderConnect – File Attachments** form. The User will see the previously uploaded file.

File Attachments					
	File Name	Attached By	Date Attached	Notes History	Notes
Download	This_is_a_SAMPLE_Document.docx	KincaidMulti	9/8/2020	View	

Add New File Attachment(s): *Note: File Attachments may not be made immediately available*

File Name	Notes
<input type="button" value="Choose File"/> No file chosen	

[View Authorization](#)

3. The User will select the button. The User will then navigate to where the file to be attached is kept on their computer. Once the User has selected the file they want to add as an attachment, the User will be navigating back to the **ProviderConnect – File Attachments** form.

File Name
<input type="button" value="Choose File"/> This is a 2n...chment.docx

The User will then click the button to navigate back to the **Authorization Information** form.

4. If the User wants to check to make sure that the 2nd attached file has been uploaded the User can click the

Attachments
Edit / Add New

hyperlink to navigate back to the **ProviderConnect – File Attachments** form.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	769	ProviderConnect		Complete	Not Reviewed	9/8/2020 5:21:56 PM	Not Reviewed	9/1/2020	10/15/2020	Edit / Add New

Create Request

5. The User will see on the **ProviderConnect – File Attachments** form under **File Attachments** all files that were uploaded.

ProviderConnect - File Attachments

File Attachments					
	File Name	Attached By	Date Attached	Notes History	Notes
Download	This_is_a_2nd_sample_attachment.docx	KincaidMulti	9/9/2020	View	Save Changes
Download	This_is_a_SAMPLE_Document.docx	KincaidMulti	9/8/2020	View	Save Changes

Add New File Attachment(s):

Note: File Attachments may not be made immediately available

File Name	Notes
<input type="button" value="Choose File"/> No file chosen	

ProviderConnect Plan Communication

The **Plan Communication** feature is used to send secure messages between DMH and Providers.

User must navigate to the Plan Communication form in ProviderConnect using the Task Navigation tabs.

Member ID
Demographic
Authorizations
Provider Admission
Attachments
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

NOTE: Users will not get a notification when a new message has been received so Users should manually check Plan Communication periodically.

The User will be navigated to the pre-display screen for **Plan Communication Items**.

Plan Communication Items					
	Date	Authorization Number	Initiator Name	Intended Recipient	Time
<input type="button" value="Add New Record"/>					

1. Select the **Add New Record** button. This will navigate the User to the **Plan Communication** data entry form.

Plan Communication	
Authorization Number <input type="text"/>	DMH CAU Communication <input type="checkbox"/> Yes
Provider Communication <input type="checkbox"/> Yes	Initiator Name Search for: <input type="text"/> <input type="button" value="Search"/> <input type="text"/>
Date <input type="text"/> <input type="button" value="Today"/> <input type="button" value="Yesterday"/>	Intended Recipient <input type="text"/>
Time <input type="text"/> <input type="button" value="Current Time"/>	DMH/CAU Communication Type <input type="checkbox"/> Final Disposition <input type="checkbox"/> Other <input type="checkbox"/> Request CANS <input type="checkbox"/> Request Full Assessment/Recent Addendums <input type="checkbox"/> Request ICC Eligibility Form <input type="checkbox"/> Request Supplemental Assessment Form <input type="checkbox"/> Request Updated Care Plan <input type="checkbox"/> Request Updated SNA
Provider Communication Type <input type="radio"/> CANS <input type="radio"/> Discharge Notification <input type="radio"/> Full Assessment/Recent Addendum(s) <input type="radio"/> ICC Eligibility Form <input type="radio"/> New Submission <input type="radio"/> Other <input type="radio"/> Supplemental Assessment Form <input type="radio"/> Updated Care Plan <input type="radio"/> Updated Service Necessity Assessment	
Comment <input type="text"/>	

2. User must select the **Authorization Number** from the drop down for the authorization the User wants to add a message for in **Plan Communication**.

Authorization Number

Authorization Number

Communicati
1003
1004
1007
859
860
861
862
915
938

Authorization Number
859

3. Select the check box for **Provider Communication**.

Provider Communication
 Yes

Provider Communication
 Yes

4. Enter a date in the **Date** field or select the **Today** or **Yesterday** button.

Date
 Today Yesterday

Date
02/10/2021 Today Yesterday

5. Enter a time in the **Time** field or select the **Current Time** button.

Time
 Current Time

Time
04:40 PM Current Time

6. Select a radio button for the **Provider Communication Type**.

Provider Communication Type
 CANS
 Discharge Notification
 Full Assessment/Recent Addendum(s)
 ICC Eligibility Form
 New Submission
 Other
 Supplemental Assessment Form
 Updated Care Plan
 Updated Service Necessity Assessment

Provider Communication Type

- CANS
- Discharge Notification
- Full Assessment/Recent Addendum(s)
- ICC Eligibility Form
- New Submission
- Other
- Supplemental Assessment Form
- Updated Care Plan
- Updated Service Necessity Assessment

7. Enter in the **Comment** field the message to be sent to DMH staff.

Comment

We are requesting an update for Authorization 772.

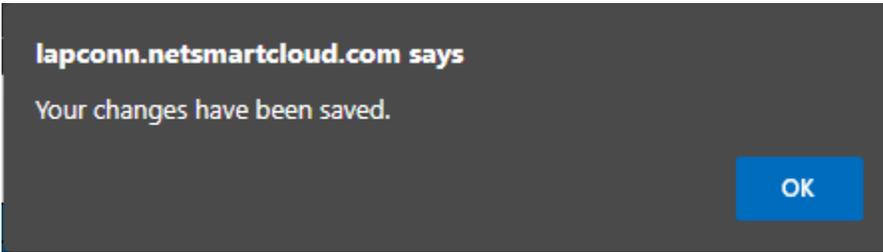
8. Once all information has been entered the User should review the form before the User selects the **Save Changes** button.

Print

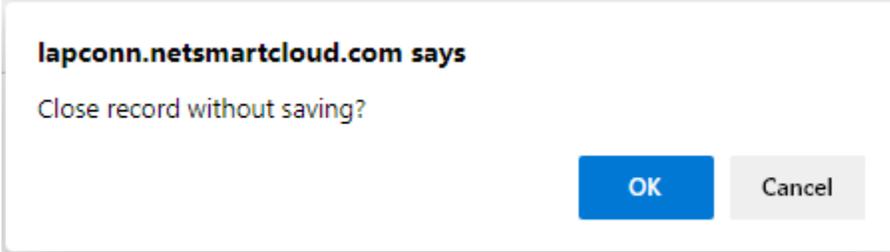
Plan Communication	
Authorization Number 859	DMH CAU Communication <input type="checkbox"/> Yes
Provider Communication <input checked="" type="checkbox"/> Yes	Initiator Name Search for: <input type="text"/> <input type="button" value="Search"/> <input type="text"/>
Date 02/10/2021 <input type="button" value="Today"/> <input type="button" value="Yesterday"/>	Intended Recipient <input type="text"/>
Time 04:40 PM <input type="button" value="Current Time"/>	DMH/CAU Communication Type <input type="checkbox"/> Final Disposition <input type="checkbox"/> Other <input type="checkbox"/> Request CANS <input type="checkbox"/> Request Full Assessment/Recent Addendums <input type="checkbox"/> Request ICC Eligibility Form <input type="checkbox"/> Request Supplemental Assessment Form <input type="checkbox"/> Request Updated Care Plan <input type="checkbox"/> Request Updated SNA
Provider Communication Type <input type="radio"/> CANS <input type="radio"/> Discharge Notification <input type="radio"/> Full Assessment/Recent Addendum(s) <input type="radio"/> ICC Eligibility Form <input type="radio"/> New Submission <input checked="" type="radio"/> Other <input type="radio"/> Supplemental Assessment Form <input type="radio"/> Updated Care Plan <input type="radio"/> Updated Service Necessity Assessment	
Comment We are requesting an update for Authorization 772.	

9. Once the form has been reviewed the User can select the **Save Changes** button or if the User has decided not to send the message the User can select the **Cancel Changes** button.

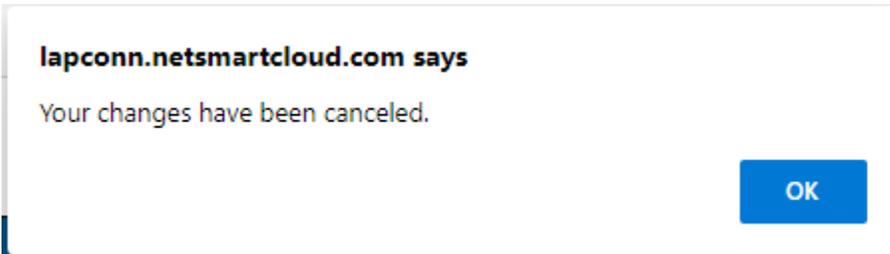
10. Once the **Save Changes** button has been selected the User will receive a message stating that **“Your changes have been saved.”** The User should click the **OK** button.



• If the User decides to cancel changes the User will receive two messages. One to ask the User **“Close record without saving?”**. The User should click the **OK** button if this is what the User want to do.



• This will take the User to the second message stating **“Your changes have been canceled.”**. The User should click the **OK** button.



11. The User will be navigated back to the pre-display screen for the **Plan Communication Items**. Here the User will see the message(s) they have entered.

Plan Communication Items					
	Date	Authorization Number	Initiator Name	Intended Recipient	Time
Select	02/10/2021	859			04:40 PM

Add New Record

NOTE: Users will not get a notification when a new message has been received so Users should manually check Plan Communication periodically.

ProviderConnect: Reports

The **Reports** feature is used when the Providers want to view either a client’s authorizations that have been requested or view all authorizations for all the Providers Clients that are associated to their Agency that have been requested.

1. To generate a report the User will use the **Main Menu** and click on **Reports** to view client or all their clients that have been requested.

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

2. On the **ProviderConnect – Reports** form the User must select “**Authorization Request Status**” under **Reports** to navigate to the **ProviderConnect – Authorization Status Report** form.

ProviderConnect - Reports

Reports
Authorization Request Status

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3. On the **ProviderConnect – Authorization Status Report** Form User can enter the required search parameters need for desired results.

ProviderConnect - Authorization Status Report

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Contracting Provider Program:	<input type="text" value="Any"/> ▼
Record Date:	<input type="text" value="8/26/2020"/> - <input type="text" value="9/25/2020"/>
Status:	<input type="text" value="-- All Statuses --"/> ▼

[Search by Criteria](#)

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4. Under the **Status** dropdown Users can either select the “**All Statuses**” for a client or select a specific status of the authorizations the User needs to view.

Status:	-- All Statuses -- v
	-- All Statuses --
	Approved
	Denied
	Not Reviewed
	Pending

EXAMPLES:

Using the Clients **Member ID** Users can select the **Search by Criteria** button to view the search results.

Search Criteria	
Member ID:	3203620
Last Name:	
Contracting Provider Program:	Any v
Record Date:	8/26/2020 - 9/25/2020
Status:	-- All Statuses -- v

Search by Criteria

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Using the **Status** dropdown Users can select “**Approved**” then click the **Search by Criteria** button to view all client authorizations requested with the status of approved in the search results.

Search Criteria	
Member ID:	
Last Name:	
Contracting Provider Program:	Any v
Record Date:	8/26/2020 - 9/25/2020
Status:	Approved v

Search by Criteria

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Export Data

Search:

No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.	User
1.	9/2/2020 5:27:43 PM			MSO	Approved			7/1/2020	7/31/2020	P16664	admin (netsmart admin)
2.	9/2/2020 5:27:43 PM			MSO	Approved			8/1/2020	6/30/2021	P16663	admin (netsmart admin)
3.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16662	admin (netsmart admin)
4.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16661	admin (netsmart admin)

Showing 1 to 4 of 4 entries

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Using the **Status** dropdown Users can select “**All Statuses**” then click the **Search by Criteria** button to view all authorizations requested and their status in the search results.

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Contracting Provider Program:	Any <input type="button" value="v"/>
Record Date:	8/26/2020 - 9/25/2020
Status:	-- All Statuses -- <input type="button" value="v"/>

Search by Criteria

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Export Data

Search:

No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.	User
1.	9/24/2020 2:35:43 AM	3203620		ProviderConnect	Approved	TESTING	PC	8/1/2020	2/28/2021	790	admin (netsmart admin)
2.	9/23/2020 3:54:16 AM	3192238		MSO	Pending	LSKAAC	FSKAAC	10/1/2020	12/31/2020	784	admin (netsmart admin)
3.	9/22/2020 2:56:29 PM	3192238		ProviderConnect	Not Reviewed	LSKAAC	FSKAAC			788	GiriMulti (Girivasan Patterikalam)
4.	9/18/2020 2:53:01 PM	3275250		ProviderConnect	Not Reviewed	YOBA	MALIK			782	KincaidMulti (Broderick Kincaid)
5.	9/18/2020 1:07:44 AM	3275250		ProviderConnect	Approved	YOBA	MALIK	9/1/2020	10/15/2020	772	admin (netsmart admin)
6.	9/10/2020 1:45:42 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	759	admin (netsmart admin)
7.	9/10/2020 1:45:42 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/10/2020	12/31/2020	766	admin (netsmart admin)
8.	9/10/2020 1:45:09 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/10/2020	12/31/2020	764	admin (netsmart admin)
9.	9/8/2020 2:27:20 PM	3192238		ProviderConnect	Not Reviewed	LSKAAC	FSKAAC			767	GiriMulti (Girivasan Patterikalam)
10.	9/3/2020 2:43:09 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	763	admin (netsmart admin)
11.	9/3/2020 2:42:33 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	762	admin (netsmart admin)
12.	9/2/2020 5:28:19 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/1/2020	10/30/2020	761	admin (netsmart admin)
13.	9/2/2020 5:28:18 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	760	admin (netsmart admin)
14.	9/2/2020 5:28:18 PM			MSO	Approved			8/1/2020	6/30/2021	P16666	admin (netsmart admin)
15.	9/2/2020 5:28:15 PM			MSO	Approved			7/1/2020	7/31/2020	P16665	admin (netsmart admin)
16.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16656	admin (netsmart admin)
17.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16655	admin (netsmart admin)
18.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16654	admin (netsmart admin)
19.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16653	admin (netsmart admin)
20.	9/2/2020 5:27:41 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	754	admin (netsmart admin)
21.	9/2/2020 5:27:41 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	757	admin (netsmart admin)
22.	9/2/2020 5:27:38 PM			MSO	Approved			7/1/2020	7/31/2020	P16618	admin (netsmart admin)
23.	9/2/2020 5:27:38 PM			MSO	Approved			8/1/2020	6/30/2021	P16617	admin (netsmart admin)
24.	9/2/2020 5:27:38 PM			MSO	Approved			8/1/2020	6/30/2021	P16616	admin (netsmart admin)
25.	9/2/2020 5:27:37 PM			MSO	Approved			7/1/2020	7/31/2020	P16615	admin (netsmart admin)
26.	9/1/2020 6:01:26 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	758	admin (netsmart admin)

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- Users can download a copy of this report in a “.csv” format by clicking the **Export Data** button.
- Users can also complete a Search of the Report by using the **Search:** fielded in the upper right corner for the Reports search results.

When submitting an electronic claim for an IHBS and TBS with a pre-authorization, the authorization number received from ProviderConnect should be used instead of the P-Auth in Service Loop 2400. See example below.

Service Loop 837 File Format with member authorization***

Service Line Number (2400)

LX*1~

SV1*HC:H2015:HK*297.6*MJ*120***1~

DTP*472*D8*20131118~

REF*G1*772~ ←===Member Authorization number received from ProviderConnect

NTE*DCP*01~

ProviderConnect Funding Source and Benefit Plan List

IHBS Funding Sources and Benefit Plans

Funding Source ID	Funding Source Name	Plan ID	IHBS Plan Name
40	SFC Wraparound Non-MC	252	IHBS (Non-MC)
54	MHSA Outpatient Care Services MC	251	IHBS (MC)
102	DMH Mental Health Services (CGF) MC	251	IHBS (MC)
102	DMH Mental Health Services (CGF) MC	373	IHBS STRTP MC
102	DMH Mental Health Services (CGF) MC	374	IHBS Aftercare MC
102	DMH Mental Health Services (CGF) MC	377	IHBS TSCF MC
115	MHSA PEI Non-MC	252	IHBS (Non-MC)
116	MHSA PEI MC	251	IHBS (MC)
134	Specialized Foster Care Wraparound MC	251	IHBS (MC)
135	Specialized Foster Care TFC MC	251	IHBS (MC)
111	MHSA FSP Non-MC	252	IHBS (Non-MC)
112	MHSA FSP MC	251	IHBS (MC)
132	Specialized Foster Enhanced MHS (MC)	251	IHBS (MC)
55	MHSA Outpatient Care Services Non-MC	252	IHBS (Non-MC)
101	DMH Mental Health Services (CGF) Non-MC	252	IHBS (Non-MC)
141	Juvenile Justice Program (STOP) Non-MC	252	IHBS (Non-MC)
162	CalWORKs MHS Non-MC	252	IHBS (Non-MC)
46	Child Outreach & Triage Team COTT - MC	251	IHBS (MC)
142	Juvenile Justice Prog (JCPA-MST) Non-MC	252	IHBS (Non-MC)

TBS Funding Sources and Benefit Plans

Funding Source ID	Funding Source Name	Plan ID	IHBS Plan Name
54	MHSA Outpatient Care Services MC	254	TBS (MC)
101	DMH Mental Health Services (CGF) Non-MC	255	TBS (Non-MC)
102	DMH Mental Health Services (CGF) MC	254	TBS (MC)
102	DMH Mental Health Services (CGF) MC	375	TBS STRTP MC
102	DMH Mental Health Services (CGF) MC	376	TBS Aftercare MC
102	DMH Mental Health Services (CGF) MC	378	TBS TSCF MC
116	MHSA PEI MC	254	TBS (MC)
134	Specialized Foster Care Wraparound MC	254	TBS (MC)
135	Specialized Foster Care TFC MC	254	TBS (MC)
112	MHSA FSP MC	254	TBS (MC)
132	Specialized Foster Enhanced MHS (MC)	254	TBS (MC)