# LACDMH Clinical Operations
# Intensive Care Division

# Fee-For-Service 2
# End User Manual

**ProviderConnect**



**December 2022**

**v 13.2**

# Table of Contents

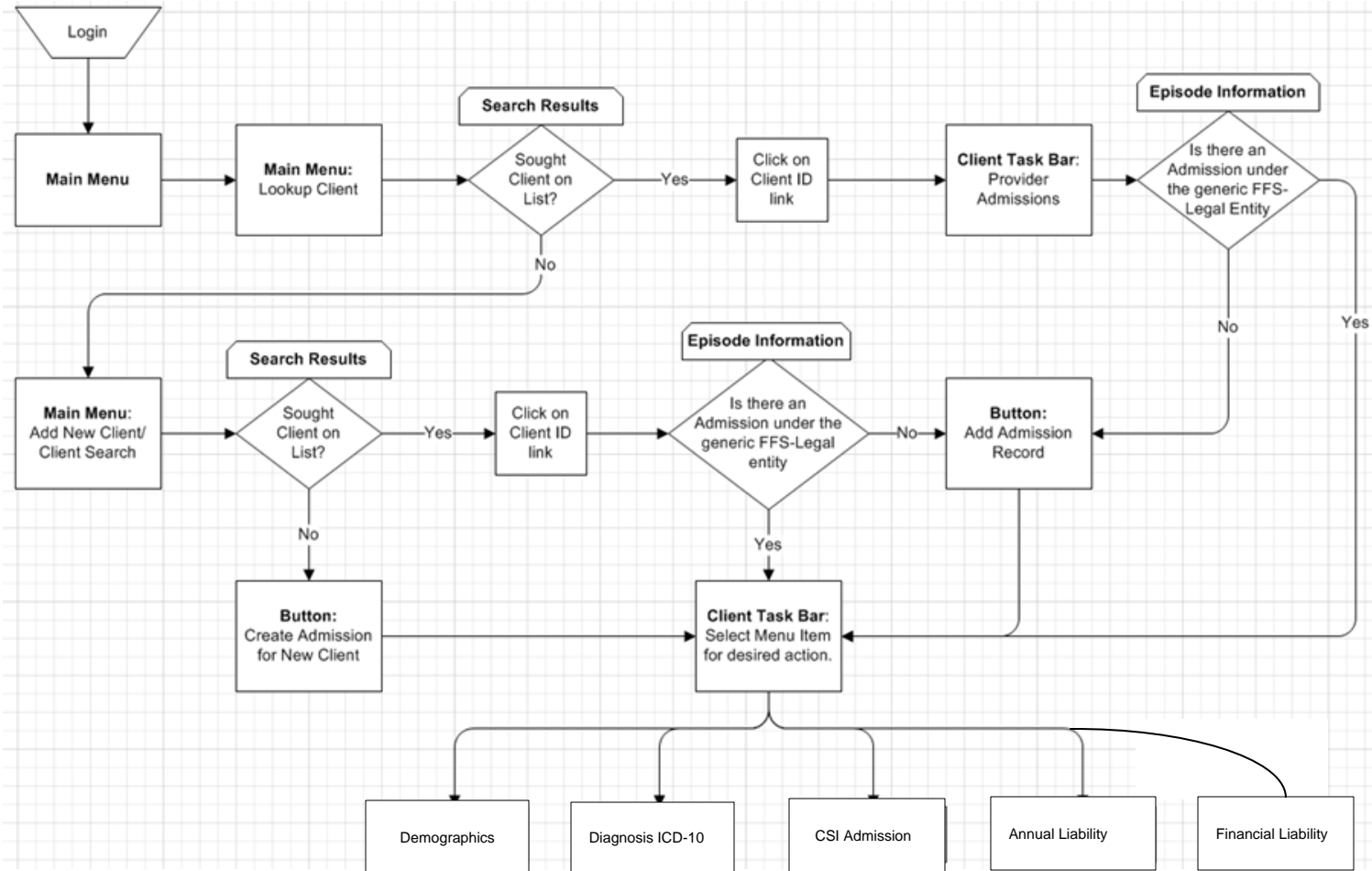# Introduction to IBHIS for Fee-for-Service 2 Providers

## Overview

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

Fee-For-Service 2 (FFS2) outpatient providers use the ProviderConnect system to:

1. Search for clients:

    A. If a client is not found in a search **or** if a client does not have an existing FFS2 admission episode, this means a provider admission will need to be created for the client.

    B. If a client is found in a search **and** has an existing FFS2 admission episode, this means no additional FFS2 (provider) admission will need to be created for the client. All FFS2 providers use the same admission episode.

2. Complete client demographics or update information in the system.

3. Complete client diagnosis (ICD-10) or update information in the system.

4. Complete CSI admission or update information in the system.

5. Complete systemwide annual liability record for a client:

    A. If a client **does not** have a current annual liability record under the FFS2 admission episode, the record will need to be created.

    B. If a client **does** have an existing annual liability record under the FFS2 admission episode, the record will run for 365 days (366 days for leap years) from the client's admission date. There can only be one record for this duration (regardless of the number of FFS2 providers). **The annual liability record for a client must be renewed every twelve-month period.** If the existing annual liability record has expired then, a current annual liability record will need to be completed.

6. Complete client financial eligibility information or update information in the system.

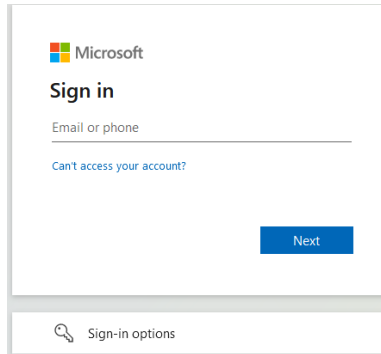7. Complete womens health history, if applicable.
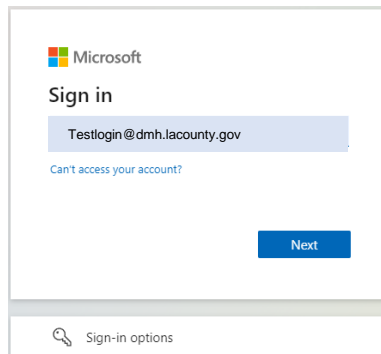
# Workflow:  ProviderConnect for FFS2

Login

Main Menu

**Main Menu:**
Lookup Client

Search Results

Sought Client on List? — Yes — Click on Client ID link — **Client Task Bar:** Provider Admissions

No

Episode Information

Is there an Admission under the generic FFS-Legal Entity — No / Yes

**Main Menu:**
Add New Client/ Client Search

Search Results

Sought Client on List? — Yes — Click on Client ID link

Episode Information

Is there an Admission under the generic FFS-Legal entity — No — **Button:** Add Admission Record

Yes

No — **Button:** Create Admission for New Client

**Client Task Bar:** Select Menu Item for desired action.

Demographics | Diagnosis ICD-10 | CSI Admission | Annual Liability | Financial Liability

# ProviderConnect: Log In

1. Start the web browser (Internet Explorer, Chrome) in your system. Type or cut and paste the following in the web address line: https://lapconn.netsmartcloud.com/la or access via the following link: https://dmh.lacounty.gov/for-providers/web-apps/ to access the link for ProviderConnect.
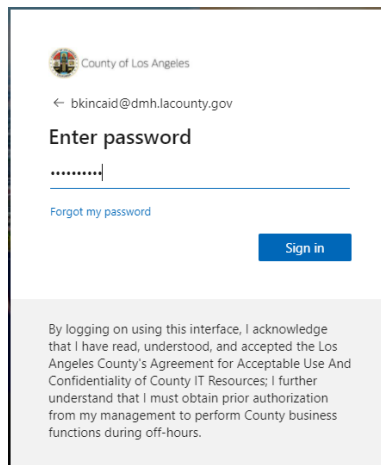
   The following Microsoft Sign in prompt will appear:

2. Enter the County assigned email that starts with the Users "C" number (e.g. C123456@dmh.lacounty.gov) and select the **Next** button.
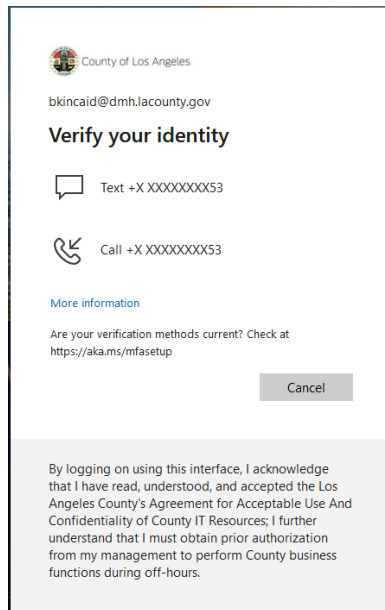
3. Type in your password then click the **Sign in** button.

# ProviderConnect: Log In

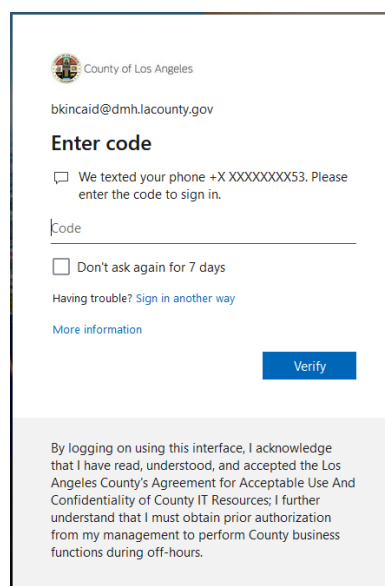Once you have clicked **Sign in**, you will be directed to **Verify your identity.**

4. Select how you want to receive the verification code. For example, you may opted to receive the code via text. By selecting **Text +X XXXXXXXX53** you will navigate to enter the Verification code.



5. Enter the code you received via text and select the **Verify** button.

**Note:** You may check the box "Don't ask again for 7 days".

# ProviderConnect: Log In

Once you have logged into ProviderConnect, you will be directed to the **Terms of Security and Authorization Disclaimer** page.

**Note**: If this is your first time logging into ProviderConnect you should review this paragraph before selecting the **Continue** hyperlink to agreeing with the **Terms of Security** and the **Authorization Disclaimer** proceeding to the next page.

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**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**

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Once you have clicked continue, you will be directed to **ProviderConnect-News** alerts. The **News** screen will provide you with alerts regarding the system (e.g., ProviderConnect being temporarily down due to upcoming maintenance, installation updates, etc.)

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

# ProviderConnect: Main Menu

The **Main Menu** will appear.



**Note:** At any time while in the system, you may return to this screen by selecting the **Main Menu** from the upper right corner.

The **Main Menu** has the following features:

- **Lookup Client:** This search is for clients that have an existing admission within your agency
- **Add New Client/Client Search:** This search is for clients who have an existing admission within the system and includes all providers/agencies. This feature also, allows you to add a new provider admission for a client
- **News:** Is used to provide communication regarding updates and enhancements associated to the ProviderConnect system
- **Documentation:** Provides help topics on ProviderConnect
- **Change Password:** Allows users to change password
- **Reports:** Allows you to access reports

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



**Password Tips:**

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

# ProviderConnect: Search for a Client

ProviderConnect has two distinct features to search for a client:

- **Lookup Client** feature is used when a client has an existing admission within *your* agency
- **Add New Client/Client Search** feature is used to generate a search for clients existing within the system by *all* providers/agencies

**Note:** Unless certain, it is recommended to perform an initial search with the **Lookup Client** feature prior to the **Add New Client/Client Search**. Although, you may bypass the **Lookup Client** feature and perform the **Add New Client/Client Search**; however, the latter search in many cases may generate a large list of clients because not only will admissions from your agency be displayed but also admissions from other agencies will be included in the result.

1. From the **Main Menu**, click on **Lookup Client** to search for an existing client from *your* agency.

| You are logged in as: | MWATERS |
| Your last login was: | 8/22/2018 3:59:00 PM |

| Main Menu - Admin | | |
|---|---|---|
| Lookup Client  ← | Reports | Utilities |
| Add New Client/Client Search | Change Password | Documentation |
| News | | |

The **Lookup Client** form will appear.

| Search Criteria | |
|---|---|
| **Member ID:** | |
| **SSN:** | |
| **Last Name:** | |
| **First Name:** | |
| **Date of Birth:** | |
| **Agency:** | ASANA INTEGRATED MEDICAL GROUP |

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

Search by Criteria

2. You may search for a client using the following parameters:
- **Member ID** (for quick access)
- **Social Security Number** (for quick access); or
- **Last Name, First Name** and **Date of Birth**

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

3. Click Search by Criteria to continue.

# ProviderConnect: Search for a Client

Results of the search will list client information based on the parameters you provide.

**Note: If a client was not located in the search result using the Lookup Client feature, this means the client does not have an existing admission within your agency and you proceed to the Add New Client/Client Search as illustrated on the next page (page 10).**

4.  If a client is displayed in the search result via the **LookUp Client** process, click on the **Client ID** to view client information as follows:

| Search Results | | | | |
| --- | --- | --- | --- | --- |
| **Client ID** | **Last Name** | **First Name** | **Date of Birth** | **Agency** |
| 3074955 | Medical | Schmidt | 1/1/2000 | SCHMIDT, JILL E. |

Search Criteria

5.  Once the correct **Client ID** is selected, the **Demographic** form will open to update demographic data as depicted below and as illustrated on page 17.

| Member Demographics | | |
| --- | --- | --- |
| **Social Security Number**<br>987-09-8765 | **Date of Birth**<br>11/30/1970 | **Facility Chart Number** |
| **Member Street 1**<br>4717 Vermont Avenue | **Member Street 2** | **Member City**<br>Los Angeles |
| **Member County**<br>Los Angeles - 19 | | **Member State**<br>CA - CALIFORNIA |
| **Member Zip Code**<br>90020 | **Member Phone Number**<br>999-999-9999 | **Member Work Number** |
| **Member Language**<br>-Please Choose One- | **Sex**<br>Female - F | **Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?**<br>-Please Choose One- |
| **Ethnicity**<br>-Please Choose One- | **Race**<br>Black/African-American - 2 | **Race**<br>African-American - 2<br>American Indian/Alaska Native - 4<br>Armenian - 31<br>Asian Indian - 15 |
| **Client Maiden Name** | **Veteran** | **Education Level At Admission**<br>Unknown - 99 |

# ProviderConnect: Search for a Client

The **Add New Client /Client Search** feature is used to search for a client who may have an existing admission within the system. This feature also, provides a linkage to create a FFS2 provider admission for a client.

**Note: A thorough search should be performed to ensure you select the correct client. This will help to prevent claiming issues.**

1. From the **Main Menu**, click on **Add New Client/Client Search**.

| You are logged in as: | MWATERS |
|---|---|
| Your last login was: | 12/7/2017 2:04:00 PM |

| Main Menu - Admin | | |
|---|---|---|
| <u>L</u>ookup Client | <u>R</u>eports | Utilities |
| Add New Client/Client Search ← | Change Password | Documentation |
| News | | |

The **Add New Client/Client Search** form will appear.

| Search Criteria | |
|---|---|
| Social Security Number: | |
| Member ID: | |
| Subscriber Client Index Number: | |
| Last Name: | |
| First Name: | |
| Sex: | ○ Female - F  ○ Male - M  ○ Transgender (F to M) - FTM  ○ Transgender (M to F) - MTF  ○ Unknown - U |
| Date of Birth: | |

Search

**Note:** The Add New Client/Client Search feature allows you to search for a client by Subscriber Client Index Number (CIN) or SSN or Member ID or Last Name, First Name, Sex and DOB for clients who may have an existing admission within the system from ***other*** providers.

2. Search for clients using the following parameters:
- **Subscriber Client Index Number (Stand Alone Search Field)**
- **Member ID (Stand Alone Search Field)**
- **Social Security Number**
- **Last Name, First Name** (first letter must be capitalized)
- **Sex**
- **Date of Birth**
3. Click  Search  to continue.

**Note: If all required fields have not been entered, you will receive an error message indicating which fields need to be entered to complete the search.**

# ProviderConnect: Search for a Client

Results of the search will list client information based on the parameters you provide. If the client has an existing admission, the client will appear in the search result. This means another provider/agency has created an admission for this client:

In the four (4) examples depicted below, are possible parameters to use when searching for a client:

**Note: A <u>client search by CIN first</u> is strongly recommended prior to a search through other parameters. This will assist to prevent duplicate clients in the system.**

- Using the Subscriber Client Index Number (CIN) standalone in a search, the following will appear.

| Search Criteria | |
|---|---|
| Social Security Number: | |
| Member ID: | |
| Subscriber Client Index Number: | 99887766A |
| Last Name: | |
| First Name: | |
| Sex: | ○ Female - F ○ Male - M ○ Transgender (F to M) - FTM ○ Transgender (M to F) - MTF ○ Unknown - U |
| Date of Birth: | |

**Search**

| Search Results | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | Name | Date Of Birth | Client's Address City | Client's Address Zipcode | Alias | Admitting Practitioner | Score |
| 3194703 | TEST,FUTURE | 12/25/1971 | LOS ANGELES | 90020 | | 120351 | 100 |

**Create Admission for New Client**

- Using the Member ID standalone in a search, the following will appear.

| Search Criteria | |
|---|---|
| Social Security Number: | |
| Member ID: | 3194703 |
| Subscriber Client Index Number: | |
| Last Name: | |
| First Name: | |
| Sex: | ○ Female - F ○ Male - M ○ Transgender (F to M) - FTM ○ Transgender (M to F) - MTF ○ Unknown - U |
| Date of Birth: | |

**Search**

| Search Results | | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | Name | Date Of Birth | Client's Address City | Client's Address Zipcode | Alias | Admitting Practitioner | Score |
| 3194703 | TEST,FUTURE | 12/25/1971 | LOS ANGELES | 90020 | | 120351 | 100 |

**Create Admission for New Client**

# ProviderConnect: Search for a Client

- Using SSN, Last Name, First Name and Sex in a search, the following will appear.

| Search Criteria | |
|---|---|
| Social Security Number: | 654-32-7896 |
| Member ID: | |
| Subscriber Client Index Number: | |
| Last Name: | Test |
| First Name: | Future |
| Sex: | ○ Female - F  ● Male - M  ○ Transgender (F to M) - FTM  ○ Transgender (M to F) - MTF  ○ Unknown - U |
| Date of Birth: | |

Search

| Search Results | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ID** | **Name** | **Date Of Birth** | **Client's Address City** | **Client's Address Zipcode** | **Alias** | **Admitting Practitioner** | **Score** |
| 3194703 | TEST,FUTURE | 12/25/1971 | LOS ANGELES | 90020 | | 120351 | 191 |

Create Admission for New Client

- Using Last Name, First Name and Sex in a search, the following will appear.

| Search Criteria | |
|---|---|
| Social Security Number: | |
| Member ID: | |
| Subscriber Client Index Number: | |
| Last Name: | Test |
| First Name: | Future |
| Sex: | ○ Female - F  ● Male - M  ○ Transgender (F to M) - FTM  ○ Transgender (M to F) - MTF  ○ Unknown - U |
| Date of Birth: | |

Search

| Search Results | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ID** | **Name** | **Date Of Birth** | **Client's Address City** | **Client's Address Zipcode** | **Alias** | **Admitting Practitioner** | **Score** |
| 3194703 | TEST,FUTURE | 12/25/1971 | LOS ANGELES | 90020 | | 120351 | 91 |

Create Admission for New Client

**Note: If two or more clients with similar names or dates of birth are listed, ensure the right client is identified by properly verifying their information (e.g., Address, Zip code, etc.).**

3. Once you verify the correct client in the Search Results, click on the **Client ID** and proceed to Demographic information as illustrated on page 17.

# ProviderConnect: Search for a Client

If the client ***did not*** appear in the search result as depicted below, an admission will need to be added.

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

| Search Criteria | |
|---|---|
| **Social Security Number:** | |
| **Member ID:** | |
| **Subscriber Client Index Number:** | |
| **Last Name:** | Sharpie |
| **First Name:** | Yellow |
| **Sex:** | ○ Female - F    ○ Male - M    ○ Transgender (F to M) - FTM    ○ Transgender (M to F) - MTF    ⦿ Unknown - U |
| **Date of Birth:** | 01/01/1990 |

**Search**

No clients found.

**Create Admission for New Client**

**If there is no matching client in the system and if the client is <u>NOT</u> in the search results:**

1. Click **Create Admission for New Client** and proceed to the next page to the Provider Admission form (page 14).

# ProviderConnect: Provider Admission

The **Provider Admission** is used to create an admission episode for a client to record the admission number, date, and type of program.

**Note: There can be only one Fee-For-Service 2 (FFS2) admission record created for the lifetime of a client. All FFS2 providers will use the same admission episode. The system will not allow an additional FFS2 admission to be created.**

If the client ***does not*** have an existing FFS2 admission record, the **Provider Admission** form will open as depicted below and need to be completed.

**Note: All fields highlighted in red are required. You will not be able to submit the form without completing the required fields and/or missing or inaccurate data. Once you submit the information, you cannot change the data. You should verify all the data entered, is accurate in ALL fields.**



2. Enter the client's **Date of Birth.**
3. Enter the **Admission Date.**

**Note: This date is either: 1.) the client's first intake admission with provider or 2.) the client's admission intake into a hospital, whichever date comes first.**

**The system will not allow you to view admission dates to a hospital until after the submission of the FFS2 admission record; therefore, after submission, proceed to the 'Episode Information' screen to view the list of admission episodes, as illustrated on page 15. Follow the necessary steps, should the FFS2 admission record need to be updated.**

4. **Admission Time.**
5. Select the **xFF2LE Fee-For-Service 2 Admission** from the **Program** drop down.
6. Select the **Admitting Practitioner**.

**Note: No selection is entered in 'Attending Practitioner' field.**

7. Select the appropriate **Type of Admission** from the drop down.
8. Enter the **Social Security Number**, using the following format: 789-00-0000.

**Note:** If you are unsure of the social security number, use '999-99-9999' as a default.

9. Click **Save Admission** to submit the admission record.

# ProviderConnect: Provider Admission

When a client **_does_** have a FFS2 admission record, you may proceed to the **'Episode Information'** screen to view the list of admission episodes existing within the system.

To view existing admission episode information, locate the client and select the **Provider Admission** link located on the **Navigation Tool Bar** in the left side column. The '**Episode Information'** screen will appear, as depicted below.

**Note:** The FFS2 admission record will read as **xFFS2LE Fee For Service 2 Admission**.



**Note:** The '**Episode Information'** screen is for informational purposes only. If an existing admission episode is displayed under a different program (i.e., **BHC Alhambra Hospital**), this means the client has received a service by a program not in the Fee-For-Service 2 Network.

**In the example below, the client has been admitted into a hospital prior to the admission with a FFS2 provider; thereby, the admission date will need to be updated to reflect the earliest date, which is the date of 1/1/2021.**



**Note: In the event information in Provider Admission needs to be corrected, please report the incident at the following link: https://dmh.sslvpn.lacounty.gov/dmh/contractor as illustrated on page 40 or contact the Help Desk at: 213-351-1335.**

# ProviderConnect: Navigation Tool Bar

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

| Member ID |
| --- |
| 3171543 |

| Navigation | Description |
| --- | --- |
| Demographic | Complete or update Demographics |
| CSI Admission | Complete CSI Admission |
| Financial Eligibility | Complete or update Financial Eligibility |
| Womens Health History | Complete Womens Health History, if applicable |
| Authorizations | |
| Provider Admission | Complete or view Existing Admissions |
| Provider Diagnosis | |
| Attachments | |
| Provider Diagnosis (ICD-10) | Complete or update Provider Diagnosis (ICD-10) |
| Day Treatment / MHS Authorization Details | |
| Outpatient Treatment Auth. Request | |
| Plan Communication | |
| Systemwide Annual Liability | Complete or view Systemwide Annual Liability |
| Exit to Main Menu | |

**Note: All other forms not identified with arrows are not applicable to Fee For Service 2 providers (e.g., Authorizations, Attachments, Day Treatment/MHS Authorization Details, Outpatient Treatment Auth. Request, Plan Communication).**

# ProviderConnect:
# Demographic Information

The **Demographic** form is used to maintain and update a clients' demographic information.

**Note:** Demographic information may prepopulate from a provider who entered a previous admission episode however you may update the necessary changes (e.g., address, cell phone number, etc.).

**Client's name, date of birth, and social security number cannot be edited.**
**If you need to make changes to these fields, please report the incident at the following link: https://dmh.sslvpn.lacounty.gov/dmh/contractor as illustrated on page 40 or contact the Help Desk at: 213-351-1335.**

1. To enter the client's demographic information, click the **Demographic** link located on the **Navigation Tool Bar** in the left side column and the following screen will appear:

**Note: Please verify you have opened the correct client record before making any changes.**



2. Update client demographic data, if necessary.

**Note: Although the Zip Code field is not highlighted in red, it is required for billing purposes. Please enter the 9-digit Zip Code, using the following format: 90020-9998. If you are unsure of the last 4 digits of the zip code, use '9998' as a default.**

3. Click [Save Record] to save your changes.

# ProviderConnect:
# Provider Diagnosis (ICD-10)

The **Provider Diagnosis (ICD-10)** form is used to create and update a clients' diagnosis record.

1. To enter a client's diagnosis record, click the **Provider Diagnosis (ICD10)** link from the **Navigation Tool Bar** located on the left side column.



2. Click [Add Diagnosis Record] to open form.

The following screen will appear.



**Note: All fields highlighted in red are required.**

3. Select **Episode Number.**
4. Enter **Date of Diagnosis.**
5. Select **Type of Diagnosis.**

**Note:** For a new diagnosis entry, select **Admission.** To add another diagnosis record according to a recent assessment, select **Update.**

6. Enter **Time of Diagnosis.**

# ProviderConnect:
# Provider Diagnosis (ICD-10)

7. Click **Add Diagnosis Entry** and the **Add Diagnosis Entry** drop down menu will populate
8. Select **Ranking**.
9. Enter **Diagnosis**.

**Note: Enter the alpha or numeric diagnosis and the system will generate the matching diagnosis, as depicted below.**

| Prognosis | | Estimated Discharge Date | | |
|---|---|---|---|---|
| | | | | |
| **Trauma (CSI)** | Depressed bipolar II disorder in full remission - 296.89 \| F31.81 | | | |
| -Please Choose One- ∨ | Depressed bipolar II disorder with postpartum onset - 648.44 \| O99.345 | | | |
| | Depressed bipolar II disorder with rapid cycling - 296.89 \| F31.81 | | | |
| | Depressed bipolar II disorder with seasonal pattern - 296.89 \| F31.81 | | | |
| | Hypomanic bipolar II disorder with full remission - 296.89 \| F31.81 | | | |
| | Hypomanic bipolar II disorder with rapid cycling - 296.89 \| F31.81 | | | |
| **Substance Abuse / Depen** | Mixed bipolar II disorder with rapid cycling - 296.89 \| F31.81 | | | |
| -Please Choose One- | Bipolar II disorder - 296.89 \| F31.81 | | | |
| | Bipolar II disorder, most recent episode hypomanic - 296.89 \| F31.81 | | | |
| **Ranking** | Bipolar II disorder, most recent episode major depressive - 296.89 \| F31.81 | | **g** | **Present On Admission Indicator** |
| | Mild bipolar II disorder, most recent episode major depressive - 296.89 \| F31.81 | | | |
| Primary - 1 ∨ | Bi-polar II Disorder    ✕ | --Please Choose One-- ∨ | --Please Choose One-- ∨ | 1 | --Please Choose One-- ∨ |
| | | | | | Add Diagnosis Entry |

10. Select **Classification**.
11. Select **Diagnosing Practitioner**.
12. Select the **Present On Admission Indicator**.
13. Select the **Status**.

**Note: Scroll to the right to view the remaining fields.**

14. To add additional diagnosis's repeat steps 7 thru 13.

15. Click **Save Diagnosis** to submit.

16. To update a diagnosis record you previously entered, click on the **Edit** button, as depicted below.

| Member ID: | 3177693 |
|---|---|
| SSN: | 909-09-0000 |

| Diagnosis | | | | |
|---|---|---|---|---|
| **Date of Diagnosis** | **Type of Diagnosis** | **Principal Diagnosis** | **Episode Number** | |
| 7/27/2018 | Admission | Bipolar I disorder, single manic episode, severe, without psychosis | 1 | |
| 7/27/2018 | Admission | Schizotypal personality disorder | 1 | → Edit |

# ProviderConnect:
# Provider Diagnosis (ICD-10)

You will be directed to the **Provider Diagnosis (ICD-10)** form.

| Diagnosis Information (ICD-10) | |
|---|---|
| **Episode Number** <br> 1 | **Type of Diagnosis** <br> Admission - A |
| **Date of Diagnosis** <br> 07/27/2018 | **Time of Diagnosis** <br> 09:00 AM    *HH:MM AM/PM* |
| **Prognosis** | **Estimated Discharge Date** |
| **Trauma (CSI)** <br> -Please Choose One- ▾ | **General Medical Condition Summary Code (CSI) (Select Up to Three)** <br> Allergies - 17 <br> Anemia - 16 <br> Arterial Sclerotic Disease - 01 <br> Arthritis - 19 <br> Ctrl+click to choose multiple items (0  currently selected) |
| **Substance Abuse / Dependence (CSI)** <br> -Please Choose One- ▾ | **Substance Abuse / Dependence Diagnosis (CSI)** |

| Ranking | Diagnosis | | Classification | Onset Date | Diagnosing Practitioner |
|---|---|---|---|---|---|
| Primary - 1 ▾ | Schizotypal personality disorder <br> *personality disorder* | *Schizotypal* | Mental Health - 4 ▾ | | RABIN,JOHN (054827) ▾ |

17. Update all necessary fields.

**Note: FYI,** you have the option to void a client's diagnosis record you previously entered by selecting **'Void'**, under the **Status** drop down menu.

| | Classification | Onset Date | Diagnosing Practitioner | Billing Order | Present On Admission Indicator | Status | Date Resolved |
|---|---|---|---|---|---|---|---|
| | --Please Choose One-- ▾ | | ▾ | 1 | --Please Choose One-- ▾ | --Please Choose One-- <br> Active - 1 <br> Resolved - 4 <br> Rule-out - 3 <br> Void - 5 <br> Working - 2 | |

Add Diagnosis Entry

Save Diagnosis    Return To List

18. Click  Update Diagnosis  to save your changes.

**Note:** A diagnosis record may appear by another provider. For informational purposes only, you may view this record by selecting the '**Date of Diagnosis'** field.

| Demographic | **Client Name:** Pink, Watermelon | | |
|---|---|---|---|
| CSI Admission | **Member ID:** 3325444 | | |
| Financial Eligibility | **SSN:** 999-99-9999 | | |
| Womens Health History | | | |
| Authorizations | **Diagnosis** | | |
| Provider Admission | **Date of Diagnosis** | **Type of Diagnosis** | **Principal Diagnosis** |
| Provider Diagnosis | 10/25/2022 | Admission | Anxiety disorder due to COVID-19 |
| Attachments | Add Diagnosis Record | | |
| Provider Diagnosis (ICD-10) | | | About ProviderConnect 2021.10.1 |

# ProviderConnect: CSI Admission

**CSI Admission** is used to record information to report to the California Department of Health Care Services (DHCS). For each measure presented, there are benchmarks that must be met for Meaningful Use- which is the Federal effort to improve health care quality and efficiency.

**Note: CSI information may prepopulate from a provider who entered a previous record however you may update necessary changes (e.g., address, cell phone, etc.).**

1. To enter CSI information, select **CSI Admission** from the **Navigation Tool Bar** located in the left side column.



2. Select the appropriate episode for your agency and click **Add**.

You will be directed to the **CSI Admission** form.



3. Complete all applicable fields and click **Save CSI Admission**.

# ProviderConnect: CSI Admission

4.  To update CSI information, click **Edit**.



You will be directed to the **CSI Admission** form.



5.  Update all necessary fields, click **Save CSI Admission** to save your changes.

# ProviderConnect:
# Systemwide Annual Liability

**Systemwide Annual Liability** is used to record the annual liability for a client.

The Annual Liability record is a twelve-month period that constitutes a client's fiscal year and **must be renewed every twelve-month period**. The Annual Liability record runs for 365 days (366 days for leap years) from the client's admission date.

If a client ***does not*** have a current annual liability record under the FFS2 admission episode, a record will need to be created. If a client ***does*** have an existing annual liability record under the FFS2 admission episode, ensure the record is current. If the existing annual liability record for the client has expired then, a current annual liability record will need to be added/completed.

1. To begin, click **Systemwide Annual Liability** from the **Navigation Tool Bar** on left side column.

If the client **does not** have an annual liability record under the FFS2 admission episode:

2. Click **Add New Record** to begin.



The following screen will appear.

**Note: Required fields notated by arrows.**

# ProviderConnect:
# Systemwide Annual Liability

1. Enter the client's annual liability date in the **Annual Liability Begin Date** field.

**Note: This date is recognized by DMH as the 'Uniform Method of Determining Ability to Pay (UMDAP) date' and is either: 1.) client's intake admission date with a FFS2 provider or 2.) *client's admission intake date into a hospital* or 3.) a *client's current annual liability date already established with a directly operated or contract provider, <u>whichever date comes first</u>.**

To determine if a client has an ***admission record with a hospital,*** you select the **Provider Admission** form from the **Navigation Tool Bar**. If the admission record with a hospital exists, you may view the admission intake date in the **'Episode Information'** screen, as depicted below:



To determine if a client has a ***current annual liability date already established with a directly operated or contract provider***, you select the **Systemwide Annual Liability** form from the **Navigation Tool Bar.** If the record exists, you may view the **Annual Liability Begin Date** established by a directly operated or contract provider, as depicted below:

# ProviderConnect:
# Systemwide Annual Liability

Once you have verified if the following is in the system: 1.) the client's admission intake date with a FFS2 provider, 2.) the client's admission intake date into a hospital and 3.) the client's current annual liability date established with a directly operated or contract provider, you determine *__which of these date comes first__* and enter the **Annual Liability Begin Date** for the client.

**Example:** 1.) If a client's intake admission with a FFS2 provider was on 2/19/2020, 2.) client's admission intake into a hospital was on 9/2/2019, and 3.) client's current annual liability date established with a directly operated or contract provider was on 8/25/2019. The earliest date established was with the directly operated or contract provider on 8/25/2019. Therefore, **Annual Liability Begin Date** to enter for this client will be 8/25/2019. This annual liability record will run for 365 days and up until 8/24/2020. The annual liability record under the FFS2 admission episode will need to be renewed on 8/25/2020.

**Note:** If the **Annual Liability Begin Date** with a directly operated or contract provider is determined as the earliest date established, as in the example above, the **Annual Liability Begin Date** entered for the client will be the same month and same day. *__If the annual liability record has expired, replace the year with the current year.__* Hence, if the the client's admission intake date with a FFS2 Provider was on 9/19/2020 instead of 2/19/2020, as in the example above, the **Annual Liability Begin Date** for this client would have been 8/25/2020. Further explained, the current year is 2020 and the previous annual liability record had ran for 365 days and now has expired.

| Systemwide Annual Liability | |
|---|---|
| **Annual Liability Begin Date** ← <br> 08/25/2019  Today  Yesterday | Record Creation Date <br>   Today  Yesterday |
| **Responsible Legal Entity** ← <br> x FFS2LE Fee For Service 2 Admission | Record Created By <br> Search for:   Search <br>   ∨ |
| **Monthly Family Income ($)** ← <br> 221.00 | Annual Liability ($) ← <br> 0.00 |
| **Responsible Family Member** ← <br> JOHN DOE 010596 | Number of Dependents ← <br> 1        × |
| **Note** ← <br> 6840F- J.Smith 213-680-0000 Medi-Cal client | |

2.  Select **xFFS2LE Fee-For-Service 2 Admission** from the **Responsible Legal Entity** drop down menu.
3.  Enter the client's **Monthly Family Income** amount.

**Note: If the client is full scope Medi-Cal, income is $0.**

4.  Enter the client's **Annual Liability** amount.

**Note: Annual Liability refers to UMDAP 'Uniform Method of Determining Ability to Pay'. Refer to the** *Network Provider Manual, 9th Edition, Section XI- Financial Screening*.

5.  Enter the name of the **Responsible Family Member**, using the following format:
    **LASTNAME FIRSTNAME D.O.B.** as **MMDDYYYY** (e.g., DOE JOHN 010596) with no comas, slashes or dashes (, / -).
6.  Enter **Number of Dependents**.
7.  **In the Note field, enter Program/provider# - Staff first initial.LASTNAME phone number** (e.g., 6840F- J.Smith 213-680-0000) followed by the Note with the type of client (e.g. Medi-Cal client).

8.  Click  **Save Changes**  to submit.

# ProviderConnect:
# Systemwide Annual Liability

If the client **_does_** have an annual liability record under FFS2 admission episode, ensure the record is current.

**Reminder**: The Annual Liability record is a twelve-month period that constitutes a client's fiscal year and **must be renewed every twelve-month period**. The Annual Liability record runs for 365 days (366 days for leap years) from the client's admission date.

If the record has expired:

9. Select **Systemwide Annual Liability** from the **Navigation Tool Bar** on left side column and click **Add New Record** .



You will be directed to the **Systemwide Annual Liability** form.



10. Enter all necessary fields (Refer to page 24-25, steps 1-7).

11. Click **Save Changes** .

# ProviderConnect: Financial Eligibility

The **Financial Eligibility** form is used to record a clients' insurance coverage information.

Before completing the **Financial Eligibility** form, you must verify the client's financial eligibility on the Department of Health Care Services (DHCS) Medi-Cal Website at https://www.medi-cal.ca.gov/Eligibility/Login.asp
**Note: Ensure you have carefully verified the clients Date of Birth and Gender in the financial eligibility for Medi-cal, as this is what is submittted on claims to the state.**

**Note: A client should only have one Financial Eligibility record under the Fee-For-Service 2 admission episode, regardless of the number of providers of service. If a client already has a record set up under the xFFS2LE Fee-For-Service admission episode, there is no need to create an additional record but you must review the client's financial eligibility information to ensure the information is current. If the financial eligibility information has changed you will only need to edit the Financial Eligibility record, proceed to page 33-34 to review and update the necessary changes.**

1. To begin, click the **Financial Eligibility** link located on the **Navigation Tool Bar** in the left side column.

If the client ***does not*** have an existing **Financial Eligibility** record under the Fee-For-Service 2 admission, the following screen will appear as depicted below.



2. Click ![Add Financial Eligibility] to begin.

The '**Financial Eligibility Information**' screen will appear.

# ProviderConnect: Financial Eligibility

1. Select **Episode Number**
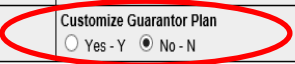
**Note: FYI,** once you select the **Episode Number**, the **Admission Date**, the **Program**, and **Default Information from Different Episode** will auto-populate, as depicted below.

| Financial Eligibility | |
|---|---|
| Episode Number | 1 ⌄ ← |
| Admission Date | 12/28/2017 |
| Program | x FFS2LE Fee For Service 2 Admission |
| Default Information from Different Episode | ○ Yes - Y  ● No - N |
| Episode To Default From | ⌄ |
| Coverage Comments | |

| Guarantor Selection |
|---|
| -- Guarantors -- ⌄   Add Guarantor |
| ↖ |

Begin by selecting the appropriate guarantors,

2. Select **Medi-Cal (10)** guarantor from the drop down menu.

3. Click the  **Add Guarantor**  button.

The **Guarantor Details** screen will appear.

| Guarantor Information | |
|---|---|
| Guarantor Order<br>1 | Guarantor Name<br>DMH |
| Guarantor's Address - Line 1<br>1901 16TH STREET | Guarantor's Address - Line 2 |
| Guarantor's Address - City<br>Sacramento | Guarantor's Address - Zipcode<br>95814-7204 |
| Guarantor's Address - State<br>CA - CALIFORNIA | Guarantor's Phone Number |
| Guarantor Plan<br>MEDI-CAL | Customize Guarantor Plan<br>○ Yes - Y  ● No - N |

| Billing Plan Assigned | | | | | | |
|---|---|---|---|---|---|---|
| Level Start Date | Level End Date | Deductible Type | Deductible Amount | Per Diem Rate | | |
| 1/1/2000 | | | | | Edit | Delete |
| Add Billing Plan | | | | | | |

4. Select **'No'** for **Customize Guarantor Plan**.

# ProviderConnect: Financial Eligibility

**Note: All fields highlighted in red are required.**

Under **Subscriber Information:**

5. Enter **Subscribers Name**, use the following format: **LASTNAME,FIRSTNAME** (e.g. DOE,JOHN).
6. Select the **Client's Relationship to Subscriber** from the drop down menu.

**Note: When selecting the Relationship to Subscriber (the name of the person associated to the CIN number), the selection should be self.**

**Note: FYI,** when '**Self-1**' is selected under **Client's Relationship to Subscriber**, the Address, Social Security, Gender (Sex), and Date of Birth information will auto-populate.

| Subscriber Information | |
|---|---|
| **Subscriber's Name**<br>Day,Doris | **Client's Relationship To Subscriber**<br>Self - 1 |
| **Subscriber Address - Street Line 1**<br>695 S. Vermont Ave. | **Subscriber Address - Street Line 2**<br>Apt 10 |
| **Subscriber Address - City**<br>Los Angeles | **Subscriber Address - State**<br>CA - CALIFORNIA |
| **Subscriber Address - Zip**<br>90005 | **Subscriber Address - County**<br>Los Angeles - 19 |
| **Subscriber Phone Number** | **Subscriber's Social Security #**<br>999-99-9999 |
| **Subscriber Sex**<br>Female - F | **Subscribers Employment Status** |
| **Subscriber's Birth Date**<br>07/07/1977 | **Subscriber Employee ID #** |
| **Subscriber Employer Name** | **Subscriber Employer ID Number** |
| **Subscriber Employer Add - Street** | **Subscriber Employer Add - City** |
| **Subscriber Employer Add - Zip** | **Subscriber Employer Add - County**<br>-Please Choose One- |
| **Subscriber Employer Add - State**<br>-Please Choose One- | **Subscriber Work Phone** |
| **Subscriber Group Name** | **Subscriber Group Number** |
| **Subscriber Policy Number** ←<br>98989898A | **Subscriber Medicare Number** |
| **Subscriber Medicaid #** | **Subscriber MEDS ID #** |
| **Subscriber Client Index #** ←<br>98989898A | **Subscriber Branch of Service**<br>-Please Choose One- |
| **Subscriber Military Status**<br>-Please Choose One- | **Subscriber Treatment Auth**<br>○ Yes - Y  ○ No - N |
| **Subscriber Assignment Of Benefits** ←<br>☐ Yes - Y  ☐ No - N * | **Subscriber Release Of Information** ←<br>☐ Appropriate Release Of Information On File At HCSP - A  ☐ Informed Consent To Release Medical Info - I  ☐ No, Provider Not Allowed To Release Data - N  ☐ On File At Payor Or At Plan Sponsor - O  ☐ Provider Has Limited/Restricted Ability To Release Data - M  ☐ Yes, Provider Has Signed Statement Permitting Release - Y * |

**Note: Required fields notated by arrows.**

**Although the Subscriber Policy Number field and the Subscriber Client Index# field are not highlighted in red, they are required for billing purposes.**

7. Under **Subscriber Policy Number**, enter the client's 9-digit Medi-Cal ID number (CIN number).
8. Under **Subscriber Client Index#**, enter the client's 9-digit Medi-Cal ID number (CIN number).

**Note: If CIN is missing at the time of claim submission, this may result in an immediate claim denial or recoupment of paid funds at a later date.**

9. Under **Subscriber Assignment of Benefits,** select '**Yes**'.
10. Under **Subscriber Release Of Information**, select **Informed Consent to Release Medical Info**.

# ProviderConnect: Financial Eligibility

Under **Coverage Information**:
**Reminder: You must verify client's financial eligibility on the DHCS Medi-Cal Website. Refer to page 27.**

11. Select 'Yes' for **Eligibility Verified.**

| Coverage Information | |
|---|---|
| **Eligibility Verified** ← <br> ● Yes - Y   ○ No - N | **Coverage Effective Date** ← |
| **Coverage Expiration Date** | **Inhibit Billing By Mail** <br> ○ Yes - Y   ○ No - N |
| **Effective Date Of Contract** <br> 01/01/2000 | **Expiration Date Of Contract** |
| **Is This A Managed Care Contract** <br> ○ Yes - Y   ○ No - N | **Insurance Code/Medicaid Tape** |
| **Coordination Of Benefits** ← <br> ☐ Yes - Y   ☐ No - N  * | **Date Of Accident** |

**Note: Scroll to the right to view the Coverage Effective Date.**

12. Under the **Coverage Effective Date**, enter the Admission Date (for <u>Medi-Cal (10) guarantor only</u>).
**Note: This date is either: 1.) client's first intake admission with a FFS2 provider or 2.) client's admission intake into a hospital, whichever date comes first. (Refer to *Provider Admission Section: Admission Date,* page 14-15).**

13. Under **Coordination of Benefits**, select 'Yes'.

14. Click [Save] to enter data.

The system will return to the '**Financial Eligibility Information**' screen to add your next guarantor.

| Financial Eligibility | |
|---|---|
| **Episode Number** | 1 |
| **Admission Date** | 12/28/2017 |
| **Program** | x FFS2LE Fee For Service 2 Admission |
| **Default Information from Different Episode** | ○ Yes - Y   ● No - N |
| **Episode To Default From** | [ ▼ ] |
| **Coverage Comments** | |

| Guarantor Selection | | | |
|---|---|---|---|
| **Change Order** | **Guarantor Name** | | |
| ↓ ↑ | DMH | | [Edit] [Delete] |
| [-- Guarantors -- ▼] ← | [Add Guarantor] | | |

[Submit]  [Cancel]

15. Select the **LA County (16)** guarantor from the drop down menu.

16. Click the [Add Guarantor] button.

# ProviderConnect: Financial Eligibility

The **Guarantor Details** screen will appear.

| Guarantor Information | |
|---|---|
| **Guarantor Order**<br>2 | **Guarantor Name**<br>LA County |
| **Guarantor's Address - Line 1**<br>550 S Vermont Ave | **Guarantor's Address - Line 2** |
| **Guarantor's Address - City**<br>Los Angeles | **Guarantor's Address - Zipcode**<br>90020-1912 |
| **Guarantor's Address - State**<br>CA - CALIFORNIA | **Guarantor's Phone Number** |
| **Guarantor Plan**<br>LA COUNTY | **Customize Guarantor Plan**<br>○ Yes - Y   ● No - N |

| Billing Plan Assigned | | | | | |
|---|---|---|---|---|---|
| Level Start Date | Level End Date | Deductible Type | Deductible Amount | Per Diem Rate | |
| 1/1/2000 | | | | | Edit   Delete |

Add Billing Plan

> 17. Select **'No'** for **Customize Guarantor Plan**.

**Note: All fields highlighted in red are required.**
Under **Subscriber Information:**

> 5.  Enter **Subscribers Name**, use the following format: **LASTNAME,FIRSTNAME** (e.g. DOE,JOHN).
> 6.  Select the **Client's Relationship to Subscriber** from the drop down menu.

**Note: When selecting the Relationship to Subscriber (the name of the person associated to the CIN number), the selection should be self.**

**Note: FYI,** when '**Self-1**' is selected under **Client's Relationship to Subscriber**, the Address, Social Security, Gender (Sex), and Date of Birth information will auto-populate.

| Subscriber Information | |
|---|---|
| **Subscriber's Name**<br>Day,Doris | **Client's Relationship To Subscriber**<br>Self - 1 |
| **Subscriber Address - Street Line 1**<br>695 S. Vermont Ave. | **Subscriber Address - Street Line 2**<br>Apt 3 |
| **Subscriber Address - City**<br>Los Angeles | **Subscriber Address - State**<br>CA - CALIFORNIA |
| **Subscriber Address - Zip**<br>90005 | **Subscriber Address - County**<br>Los Angeles - 19 |
| **Subscriber Phone Number** | **Subscriber's Social Security #**<br>999-99-9999 |
| **Subscriber Sex**<br>Female - F | **Subscribers Employment Status**<br>-Please Choose One- |
| **Subscriber's Birth Date**<br>07/07/1977 | **Subscriber Employee ID #** |
| **Subscriber Employer Name** | **Subscriber Employer ID Number** |
| **Subscriber Employer Add - Street** | **Subscriber Employer Add - City** |
| **Subscriber Employer Add - Zip** | **Subscriber Employer Add - County**<br>-Please Choose One- |
| **Subscriber Employer Add - State**<br>-Please Choose One- | **Subscriber Work Phone** |
| **Subscriber Group Name** | **Subscriber Group Number** |

# ProviderConnect: Financial Eligibility

Scroll down under **Subscriber Information**:

**Note: Required fields notated by arrows.**

| Subscriber Policy Number ← | Subscriber Medicare Number |
|---|---|
| 987-98-9876 ⨯ | |
| **Subscriber Medicaid #** | **Subscriber MEDS ID #** |
| | |
| **Subscriber Client Index #** | **Subscriber Branch of Service**<br>-Please Choose One- ▾ |
| **Subscriber Military Status**<br>-Please Choose One- ▾ | **Subscriber Treatment Auth**<br>◯ Yes - Y  ◯ No - N |
| **Subscriber Assignment Of Benefits** ←<br><br>☐ Yes - Y  ☐ No - N  * | **Subscriber Release Of Information** ←<br>☐ Appropriate Release Of Information On File At HCSP - A  ☐ Informed Consent To Release Medical Info - I  ☐ No, Provider Not Allowed To Release Data - N  ☐ On File At Payor Or At Plan Sponsor - O  ☐ Provider Has Limited/Restricted Ability To Release Data - M  ☐ Yes, Provider Has Signed Statement Permitting Release - Y  * |

**Although the Subscriber Policy Number field is not highlighted in red, it is required for billing purposes.**

20. Under the **Subscriber Policy Number**, enter the client's Social Security number (for LA County guarantor only).

**Note:** If you are unsure of the Social Security number, use '999-99-9999' as a default.

21. Under **Subscriber Assignment of Benefits,** select **'Yes'**.
22. Under the Subscriber Release of Information, select **Yes, Provider Has Signed Statement Permitting Release-Y** (for <u>LA County guarantor only</u>).

Under **Coverage Information:**
**Reminder: You must verify client's financial eligibility on the DHCS Medi-Cal Website. Refer to page 27.**

| **Coverage Information** | |
|---|---|
| **Eligibility Verified** ←<br>⦿ Yes - Y  ◯ No - N | **Coverage Effective Date** ← |
| **Coverage Expiration Date** | **Inhibit Billing By Mail**<br>◯ Yes - Y  ◯ No - N |
| **Effective Date Of Contract**<br>01/01/2000 | **Expiration Date Of Contract** |
| **Is This A Managed Care Contract**<br>◯ Yes - Y  ◯ No - N | **Insurance Code/Medicaid Tape** |
| **Coordination Of Benefits** ←<br>☐ Yes - Y  ☐ No - N  * | **Date Of Accident** |

23. Select 'Yes' for **Eligibility Verified.**

**Note: Scroll to the right to view the Coverage Effective Date.**
24. Under the **Coverage Effective Date,** enter the UMDAP date (for <u>LA County (16) guarantor only</u>). (**Refer to *Systemwide Annual Liability Section: Annual Liability Begin Date*, page 25-26).**

25. Under **Coordination of Benefits**, select 'Yes'.

26. Click  **Save**  to enter data.

# ProviderConnect: Financial Eligibility

The system will return to the 'Financial Eligibility Information' screen and the list of guarantors will appear.

**Note: The Medi-Cal guarantor will appear as DMH. The guarantor order should be in the order shown below with DMH being first. If necessary, you may change the order using the appropriate arrows.**



27. Click **Submit** to complete the financial eligibility.

If you select the **Financial Eligibility** form from the Navigation Tool Bar and the client **_does_** have an existing **Financial Eligibility** record, the following screen will appear, as depicted below.



1. Select the appropriate **Record Date** for your agency.

# ProviderConnect: Financial Eligibility

The '**Financial Eligibility Information'** screen will appear.

| Financial Eligibility | |
|---|---|
| Episode Number | 1 |
| Admission Date | 8/31/2017 |
| Program | x FFS2LE Fee For Service 2 Admission |
| Default Information from Different Episode | ○ Yes - Y  ● No - N |
| Episode To Default From | [ ▽ ] |
| Coverage Comments | |

**Guarantor Selection**

| Change Order | Guarantor Name | |
|---|---|---|
| ↓ ↑ | DMH | Edit |
| ↓ ↑ | LA County | Edit |

-- Guarantors -- [ ▽ ]  Add Guarantor

Submit  Cancel

Begin by reviewing the guarantors to ensure the financial eligibility information is current.

2. Click   **Edit**   to review each guarantor. Follow steps 2 thru 27 to make any necessary updates to financial eligibility data, as illustrated on pages 27-33.

**Note:** With any **EDIT** made to the Financial Eligibility form in ProviderConnect the User needs to ensure that they are selecting the **SAVE** button on the ProviderConnect – Guarantor Detail form and then, the **SUBMIT** button on the ProviderConnect – Financial Eligibility Information form.

# ProviderConnect:
# Womens Health History

The **Womens Health History** form is used to document when a client is pregnant.

If a client has a restricted Medi-Cal Pregnancy Aid Code you are required to submit the **Womens Health History** form.

1. To begin, click on the **Womens Health History** link located in the **Navigation Tool Bar** in the left side column.



2. Click ![Add Health History Record] to begin.

You will be directed to the **Womens Health History** form.



**Note:** All fields highlighted in **red** are required.

3. Select the appropriate **Episode Number.**
4. Enter the **Date of Assessment.**
5. Complete all applicable fields and click ![Save Changes] to submit.

# ProviderConnect:
# Womens Health History

**Note:** This form is limited to female clients. The following message will appear if the client is a male.

# Accessing LACDMH Service History Information thru ProviderConnect

To access the **Los Angeles County Department of Mental Health (LACDMH) Service History** for a client:

**Step 1:** From the Main Menu, select **Reports** (which will display a menu of available reports).

| Main Menu - Admin | | |
|---|---|---|
| Lookup Client | Reports | Utilities |
| Add New Client/Client Search | Change Password | Documentation |
| News | | |

**Step 2:** Click on **LACDMH Client Service History**.

| Reports |
|---|
| LACDMH Client Service History |

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

| Report Criteria | |
|---|---|
| Client | |

Generate Report

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

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

# Accessing LACDMH Service History Information thru ProviderConnect

**Looking up IBHIS *episodes***

The IBHIS episodes construct is somewhat different in IBHIS than it was in the Integrated System (IS). To see encounters with service providers where those services are not <u>claimed</u> through IBHIS (like admissions to FFS hospitals) in ProviderConnect, use the **Provider Admission** link located on the **Navigation Tool Bar**. You will also see the "higher level" outpatient episodes that exist for this client in IBHIS.

**Step 1:** From the **Main Menu**, select the **Lookup Client**.

| Main Menu - Admin | | |
|---|---|---|
| <u>Lookup Client</u> | <u>Reports</u> | <u>Utilities</u> |
| Add New Client/Client Search | Change Password | Documentation |
| News | | |
| Logout / Exit | | |

**Step 2:** Enter the **Member ID** (DMH Client ID) or other search criteria to find the client record of interest.

**Note:** You will only be able to see the detailed episode records if your facility has a past or current admission for this client.

| Search Criteria | |
|---|---|
| Member ID: | |
| SSN: | |
| Last Name: | |
| First Name: | |
| Date of Birth: | |

**Step 3:** Select the **Provider Admission** option.

**Member ID**

- Demographic
- CSI Admission
- Financial Eligibility
- Authorizations
- Provider Admission
- Attachments
- Provider Diagnosis (ICD-10)

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

# Accessing LACDMH Service History Information thru ProviderConnect

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

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

# Self Service Support

**To Correct Data Input Errors**: You may report the incident by accessing the online Self Service Support application at the following link: **https://dmh.sslvpn.lacounty.gov/dmh/contractor** .