# HIPAA 5010 Changes to the Integrated System

For Community Partners Providers – Healthy Way LA

Client Information – Contact Tab Screen

Outpatient Service Screen

# Client Information/Contact Tab

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

## Client Information

Client: Test , E

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | Benefits

**ClientAddress**

Transient/Homeless ☐ Time Homeless:

Address 1: 1940 Example Street Address 2:

City: Mohave County: State: AR Zip: 91275 -- 2924

Phone: (h) (w)

Address Memo:

**Other Contacts**

| | Name | Type | P |
|---|---|---|---|
| | | | |

1

Cancel | Continue

Zip now allows for a 9-digit zip code.

If the zip code is not 5-digits and numeric the following edit message will be displayed ‘Invalid Zip Code’.

# Outpatient Service

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## Add Outpatient Service

Client:Test,ExampleClientV

Options
Return
Check Eligibility

RP:
Txnmy:
DOS:
Procedure Code:
Place Of service

Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

0 Hrs Minutes
0 Hrs Minutes

Patient Signature Not Available
Provider Signature On File

Check box that allows user to indicate if the **Patient Signature** was **not available** for the service.

ing Staff

| Name | Hours | Minutes |
|---|---|---|
| | | |
| 1 | | |

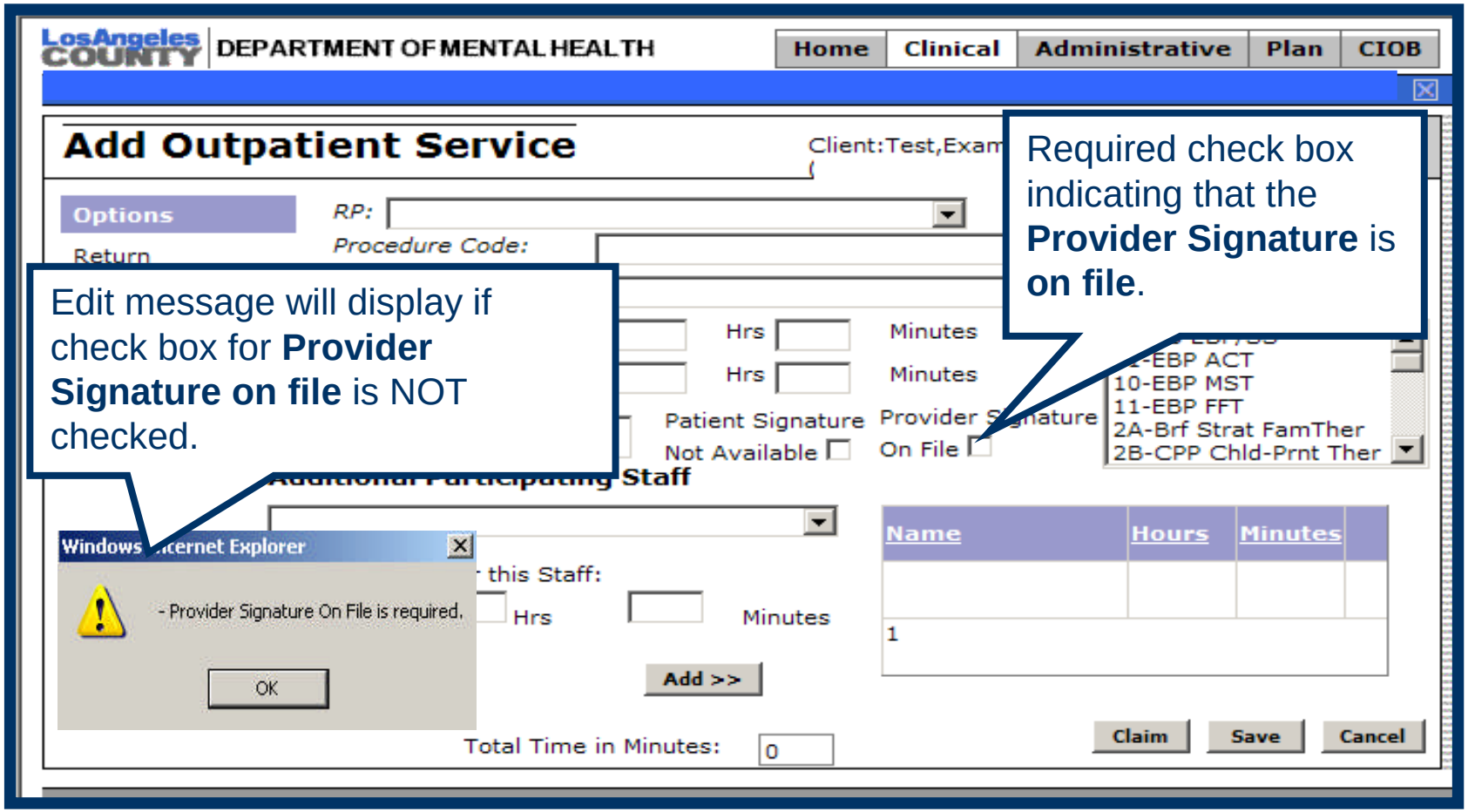
Total Time for this Staff:
0 Hrs Minutes

Add >>

Total Time in Minutes: 0

Claim | Save | Cancel

# Outpatient Service




Required check box indicating that the **Provider Signature** is **on file**.

Edit message will display if check box for **Provider Signature on file** is NOT checked.

# IS Shut Down – Tentative Schedule

- The IS will be shutdown on March 16, 2012 at 5:00 p.m. for HIPAA 5010 Implementation
- The IS will be brought up on April 2, 2012 at 8:00 a.m.