

# **LACDMH Managed Care Fee-For-Service 1 End User Manual**

**ProviderConnect**



**August 16, 2017**

**v. 4.5**

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# Introduction to IBHIS for Fee-for-Service Providers

## Overview

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

Fee-For-Service 1 (FFS1) L.A County Medi-Cal inpatient providers will use this system to:

1. Search for a client:
  - A. If client *is* found, either in your hospital or in any other hospital, add admission record.
  - B. If client is *not* found, either in your hospital or in any other hospital, create admission for new client.
2. Enter client demographic information or update existing client demographic information.
3. Enter admission diagnosis

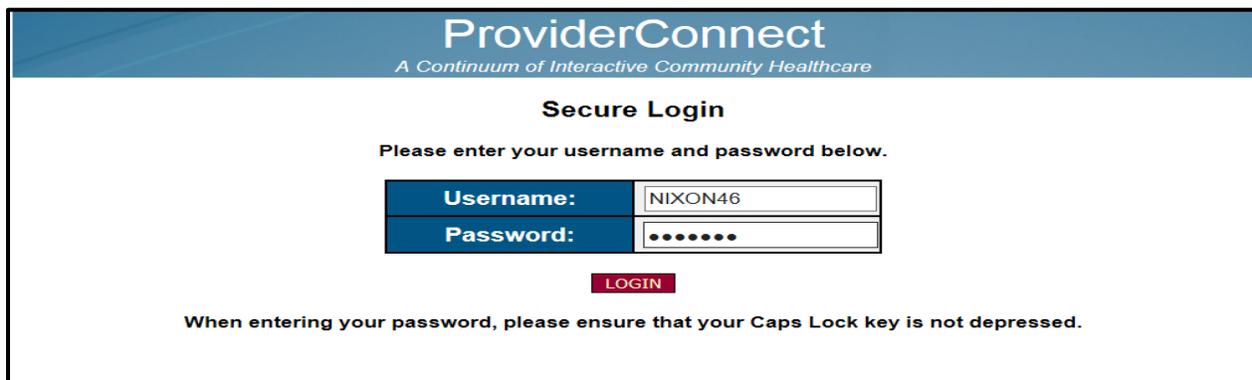
Note: Enter admission record and admission diagnosis within 24 hours of admission, to facilitate care coordination.
4. Upon discharge: First, enter discharge diagnosis and finally, create discharge.
5. Print (using your desktop print functions/Right-Click) the following screens to accompany paper TAR and clinical records to be submitted to DMH TAR Unit:
  - A. Admission screen.
  - B. Admission/Discharge Diagnosis screen.
  - C. Discharge screen.

# ProviderConnect Log In

1. Start the web browser (IE, Chrome) in your system. Type the following web address in the address line:  
<https://lapconn.netsmartcloud.com/la>

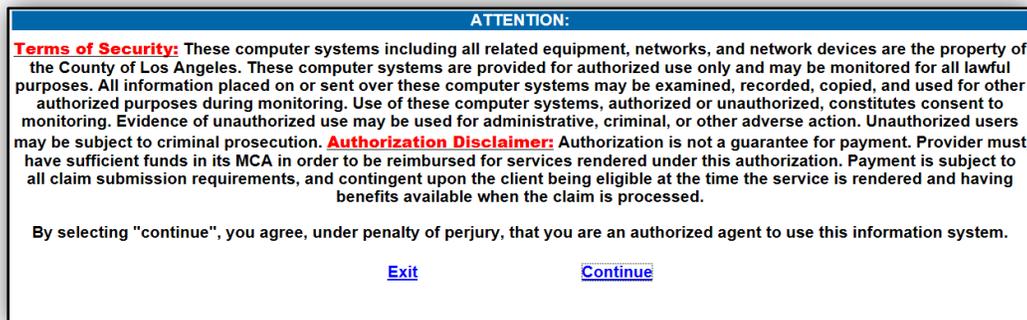
**Note:** For *training* purposes only, type the following web address in the address line:  
<https://lapconn.netsmartcloud.com/lastaging> This link will take you to the ProviderConnect training environment where you may practice using the ProviderConnect system, prior to using the system live.

The following login screen will appear:



2. Type in a user ID and password then click the **LOGIN** button.

A screen will be displayed with a Confidentiality/Security statement. **You must accept and agree** before continuing.



Once “continue” has been selected, the system will display **ProviderConnect-News** alerts.

The **News** screen will provide the user with alerts and updates regarding the system.

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

# ProviderConnect Main Menu

<b>You are logged in as:</b>	NIXON46	
<b>Your last login was:</b>	6/2/2017 12:59:00 PM	
<b>Main Menu - Provider</b>		
<u>L</u> ookup Client	Add New Client/Client Search	Change Password
Documentation	News	
Logout / Exit		

- **News:** Is used to provide you with communication regarding updates and enhancements associated to ProviderConnect. If the News message displays “THIS IS A NON-PRODUCTION ENVIRONMENT”, this means you are in the testing environment. Logout and connect to the LIVE environment at <https://lapconn.netsmartcloud.com/la>
- **Documentation:** Provides help on ProviderConnect
- **Change password:** Allows users to change password

**Note:** When changing 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".

## Client Search

The **Main Menu** is used to search for existing clients.

There are two steps to search for clients:

- **“Lookup Client”:** Allows you to search clients by **First and Last Name, SSN, DOB, and your agency name** for an existing admission created by *your* agency. Please note: Records cannot be accessed by existing TAR numbers.

# ProviderConnect

## Client Search with Lookup Client

The **Lookup Client** option is used to search for clients with an existing admission created by your Hospital.

You may search for clients using the following parameters:

- **Member ID** (only)
- **Social Security Number** (only)
- Or a combination of **First Name, Last Name** and **D.O.B.**

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

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	Client <input type="text"/>
First Name:	Test <input type="text"/>
Date of Birth:	05/27/1954 <input type="text"/>
Agency:	BHC ALHAMBRA HOSPITAL
Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.	
<input style="background-color: #800040; color: white; padding: 5px 20px;" type="button" value="Search by Criteria"/>	

Results of the search will list the client information as follows based on the parameters provided.

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3170994	Client	Test	5/27/1954	BHC ALHAMBRA HOSPITAL

Search Criteria

Back

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1. Click on the **Client ID** to view client information.

# ProviderConnect Lookup Client (Cont'd)

2. The following screen will appear:

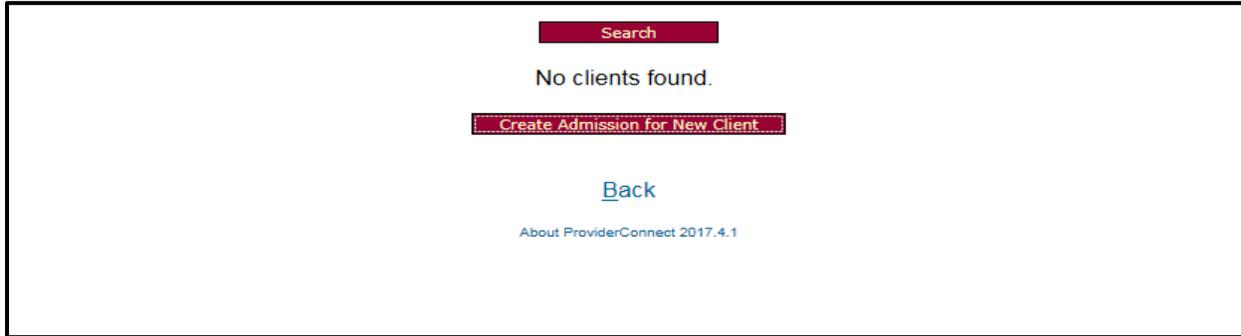
Member ID	ProviderConnect - Demographic		
3170994	BHC ALHAMBRA HOSPITAL 6/7/2017 10:42:17 AM <a href="#">Lookup Client</a>   <a href="#">Main Menu</a>   <a href="#">Log Out</a>		
Demographic	Client Name: Client, Test		
CSI Admission	Member ID: 3170994		
Financial Eligibility	SSN: 765-43-2100		
Authorizations	Member Demographics		
Provider Admission	Social Security Number 765-43-2100	Date of Birth 5/27/1954	Facility Chart Number
Provider Diagnosis	Member Street 1 1234 Anywhere Street	Member Street 2	Member City
Day Treatment / MHS Authorization Details	Member County Please Choose One	Member State CA - CALIFORNIA	Member Work Number
Over Threshold Authorization Request	Member Zip Code 90202	Member Phone Number	Ethnicity Please Choose One
Plan Communication	Member Language English - 7	Sex Male - M	Client Maiden Name
Systemwide Annual Liability	Race White - 1	Race African-American - 2 American Indian/Alaska Native - 4 Armenian - 31 Asian Indian - 15	Citizenship Status Please Choose One
Exit to Main Menu	Veteran	Education Level At Admission Unknown - 99	Pre-Admission Disposition
	Employment Status Unemployed - UE	Client's Cell Phone	Client Declined to Provide Information Ethnic Origin - 8 Language - 149 Race - 116
	Marital Status Single / Never Married - 1	Smoker Please Choose One	
	Communication Preference Please Choose One		
	<a href="#">Save Record</a>		
	<small>About ProviderConnect 2017.4.1</small>		

If client is not found within by “**Lookup Client**” function, go to the next step:

## ProviderConnect Client Search with Add New Client/Client Search

- “**Add New Client/Client Search**”: Allows you to search clients by **First and Last Name, SSN, DOB** and **Sex** for clients who may have an existing admission within the system from other providers.
- To edit records for a client admitted under *your* facility, the “Lookup Client” function must be used.

ProviderConnect - Add New Client/Client Search	
BHC ALHAMBRA HOSPITAL 6/2/2017 1:20:12 PM <a href="#">Lookup Client</a>   <a href="#">Main Menu</a>   <a href="#">Log Out</a>	
Search Criteria	
Social Security Number:	765-43-2100
Last Name:	Client
First Name:	Test
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Unknown - U
Date of Birth:	05/27/1954   X
<a href="#">Search</a>	
<a href="#">Back</a>	
<small>About ProviderConnect 2017.4.1</small>	



## If no client found in client search: “Create Admission for New Client.”

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

If the client has not been found, using the steps above, the **Main Menu** is used to add new clients not previously in the system:

1. Click **Create Admission for New Client** to add an admission for your facility.

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Unknown - U	
Date of Birth 05/27/1954	Age 63
Admission Date <input type="text"/>	Admission Time <input type="text"/> HH:MM AM/PM
Program <input type="text"/> <span style="color: red;">*</span>	Admitting Practitioner <input type="text"/> <span style="color: red;">*</span>
Attending Practitioner <input type="text"/> <span style="color: red;">*</span>	Treatment Service <input type="text"/> <span style="color: red;">*</span>
Type of Admission <input type="text"/> <span style="color: red;">*</span>	Social Security Number 765-43-2100

**Note:** All fields highlighted in **red** are required. Because the Provider Admission form *can* be submitted with missing and inaccurate data in the **red** fields, and once submitted, it cannot be changed by you, you *must* verify that all **red** field data is entered and is accurate.

2. Click **Save Admission** to submit admission record.
3. If the client has an existing admission a list will display search results matching the parameters you provided.

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
5170994	CLIENT_TEST	05/27/1954	LOS ANGELES	90020		056575	231

[Create Admission for New Client](#)

[Back](#)

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- Verify the information for accuracy before proceeding.
- Click on the Client ID number. The **Provider Admission Form** will appear with prepopulated information that you entered in the search screen.
- Complete admission data and client demographic data as follows:

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Unknown - U	
Date of Birth 05/27/1954	Age 63
Admission Date	Admission Time HH:MM AMPM
Program [Please Choose One]	Admitting Practitioner [Please Choose One]
Attending Practitioner [Please Choose One]	Treatment Service [Please Choose One]
Type of Admission [Please Choose One]	Social Security Number 765-43-2100

Demographics	
Client Last Name Client	Client Home Phone Number
Client First Name Test	Client Work Number
Client Address Line 1	Client Address Line 2
Client Address - City	Client Address - State [Please Choose One]
Client Address - Zip Code	Client Address - County [Please Choose One]
Marital Status [Please Choose One]	Race/Ethnicity
Education [Please Choose One]	Religion [Please Choose One]
Other Ethnic Origin Field not yet supported	Place of Birth
Citizenship [Please Choose One]	Country of Origin [Please Choose One]
Maiden Name	Occupation [Please Choose One]
Client's Primary Language [Please Choose One]	Informed of Smoking Policy <input type="radio"/> No - N <input type="radio"/> Yes - Y
Employment Status [Please Choose One]	
Alias	Alias 2
Alias 3	Alias 4
Alias 5	Alias 6

**Note:** All fields highlighted in red are required. The Provider Admission form cannot be submitted without completing all the required fields. Once the admission has been saved, data cannot be changed. Verify all data for accuracy before submitting.

- Click [Save Admission](#) to submit admission record.

# ProviderConnect

## Editing Demographic Information

The **Demographic** form is used to maintain and update clients' demographic information (i.e. name, social security number, date of birth, address, sex, etc.).

Demographic information is prepopulated from the previous episode. However, the user may update any necessary changes (e.g. address, telephone number, etc.).

For the zip code field on all addresses across all DMH systems, the 9-digit (Zip+4) zip code is **REQUIRED**. If the 4 digit code is unknown, use **'9998'** as a default.

1. To edit client's demographic information, click **Demographic** on the **Navigation Tool Bar** to open the Member's demographic form.

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

The screenshot shows the 'ProviderConnect - Demographic' form. On the left is a navigation tool bar with a blue background and white text. The top of the bar shows 'Member ID' and '3170994'. Below this are several menu items: 'Demographic', 'CSI Admission', 'Financial Eligibility', 'Authorizations', 'Provider Admission', and 'Provider Diagnosis'. The 'Demographic' item is highlighted. The main form area is titled 'ProviderConnect - Demographic' and contains various input fields. A red callout box with the text 'View and update' points to a button in the top right of the form. Another red callout box with the text 'View client admissions/episodes' points to a button in the middle of the form. At the bottom of the form, there is a red button labeled 'Save Record'. The form fields include: Client Name, Member ID, SSN, Social Security Number, Date of Birth, Facility Chart Number, Member Street 1, Member Street 2, Member City, Member State, Member Work Number, Ethnicity, Client Maiden Name, Veteran, Education Level At Admission, Citizenship Status, Pre-Admission Disposition, Employment Status, Marital Status, Client's Cell Phone, Client's Email Address, Communication Preference, Smoker, and Client Declined to Provide Information.

**Note:** Please verify that the correct client record has been selected before making any changes. Client's name, date of birth, and social security number **CANNOT** be edited.

Remember, all fields highlighted in **red** are required. The form cannot be submitted without completing the required fields.

2. Complete the admission data and update any client demographic data if necessary.
3. Click **Save Record** to save the changes.

# ProviderConnect Admission Diagnosis

The **Diagnosis** form is used to create and update clients' diagnosis record.

**Note:** Both an Admission diagnosis and a Discharge diagnosis are required for all admissions and should be entered before creating a discharge.

1. To create/edit client's diagnosis information, click "**Provider Diagnosis (ICD10)**" on the task bar to open the "**Provider Diagnosis (ICD10)**" form.

Member ID  
3170994

Demographic  
CSI Admission  
Financial Eligibility  
Authorizations  
Provider Admission  
Provider Diagnosis  
Provider Diagnosis (ICD-10)  
Day Treatment / MHS Authorization Details  
Over Threshold Authorization Request  
Plan Communication  
Systemwide Annual Liability  
Exit to Main Menu

ProviderConnect - Provider Admissions FFS1 HOSPITAL TRAINING

Client Name: Client, Test  
Member ID: 3170994  
SSN: 765-43-2100

Episode Information			
Episode	Admission Date	Discharge Date	Program
1	5/15/2017		5007I BHC ALHAMBRA HOSPITAL
Unassigned	10/10/2016		1234I FFS1 HOSPITAL TRAINING

Add Admission Record

2. Click **Add Diagnosis Record** to open form.
3. Complete all **red** required fields and select.
4. The **Provider Diagnosis** pre display screen will populate.
5. Click **Add Diagnosis Record** to add the diagnosis.

https://lapconn.netsmartcloud.com/last ProviderConnect : Login Client Data

Member ID: 3170994

Client Name: Client, Test  
Member ID: 3170994  
SSN: 765-43-2100

**Diagnosis Information (ICD-10)**

Episode Number: 2  
Type of Diagnosis: Please Choose One: [v]  
Date of Diagnosis: 10/10/2016  
Time of Diagnosis: 10:00 AM  
Prognosis: [ ]  
Estimated Discharge Date: [ ]  
Trauma (CSI): [No - N]  
General Medical Condition Summary Code (CSI) (Select Up to Three):  
Allergies - 17  
Anemia - 16  
Arterial Sclerotic Disease - 01  
Arthritis - 19  
Substance Abuse / Dependence (CSI): [No - N]  
Substance Abuse / Dependence Diagnosis (CSI): [ ]

Ranking	Diagnosis	Classification	Onset Date	Diagnosing Practitioner	Billing Order	Present On Adm Indicator
Primary - 1	Chronic schizophrenia	Mental Health - 4		MEDICAL_DOCTOR,FFS	1	Yes - Y
...Please Choose One...	...Please Choose One...	...Please Choose One...		...Please Choose One...	2	...Please Choose C

Save Diagnosis Return To List

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Diagnosis				
Date of Diagnosis	Type of Diagnosis	Principal Diagnosis	Diagnosing Practitioner	Episode Number
4/1/2017	Admission	296.00	ACEVEDO,MARIA	1
Add Diagnosis Record ←				

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6. Complete all red required fields and select **Save Diagnosis**.

# ProviderConnect Discharge

- To discharge client from current hospital episode, *first* you must enter the discharge diagnosis.

- Click on “Provider Admission,” Select [Create Discharge](#) link.

Enter all **red** required fields. Ensure that all current demographic information is completed/updated.

Member ID: 3170994

**Discharge Information**

Client Last Name Client	Client First Name Test
Client Middle Name	Social Security Number 765-43-2100
Sex ( ) Female - F (X) Male - M ( ) Unknown - U	Date of Birth 5/27/1954
Episode Number	Program 1234I FFS1 HOSPITAL TRAINING
Date of Discharge	Discharge Time HH:MM AM/PM
Type of Discharge Please Choose One *	Reason for Death Please Choose One *
Date of Death	Discharge Practitioner Please Choose One *
Discharge Remarks/Comments	
Hospital Discharge Instructions	

**Demographics**

Client Home Phone Number	Client Work Number
Client Address Line 1 1234 Anywhere Street	Client Address Line 2
Client Address - City	Client Address - State CA - CALIFORNIA
Client Address - Zip Code 90033	Client Address - County

3. Click **Save Discharge**

4. Initially, "Discharge Date" will read as "Queued."

Episode Information			
Episode	Admission Date	Discharge Date	Program
2	10/10/2016	Queued	1234I FFS1 HOSPITAL TRAINING
1	5/15/2017		5007I BHC ALHAMBRA HOSPITAL

5. After approximately 30 seconds, you may click "Refresh" on your computer to confirm discharge date.

ProviderConnect - Provider Admissions FFS1 HOSPITAL TRAINING 6/28/2017 1:50:05 PM

Client Name: Client, Test  
Member ID: 3170994  
SSN: 765-43-2100

Episode Information			
Episode	Admission Date	Discharge Date	Program
2	10/10/2016	10/15/2016	1234I FFS1 HOSPITAL TRAINING
1	5/15/2017		5007I BHC ALHAMBRA HOSPITAL

# ProviderConnect

## Printing Admission, Diagnosis and Discharge Screens

6. Print (using your desktop print functions/Right-Click) the following screens to accompany paper TAR and clinical records to be submitted to DMH TAR Unit:
- A. Admission screen.
  - B. Admission/Discharge Diagnosis screen.
  - C. Discharge screen.

Print Preview of Admission screen:

Client Data
Page 1 of 1

**Member ID**

**3170994**

**ProviderConnect -  
Provider Admission  
Form**

FFS1 HOSPITAL  
TRAINING 6/28/2017 3:34:38  
PM [Lookup Client](#) | [Main Menu](#)  
| [Log Out](#)

<b>Demographic</b>	<b>Client Name:</b> Client, Test
<b>CSI Admission</b>	<b>Member ID:</b> 3170994
<b>Financial Eligibility</b>	<b>SSN:</b> 765-43-2100

<b>Admission Information</b>	
<b>Episode Number</b> 2	<b>Client Name</b> Client, Test
<b>Sex</b> ( ) Female - F (X) Male - M ( ) Unknown - U	
<b>Date of Birth</b> 5/27/1954	<b>Age</b> 63
<b>Admission Date</b> 10/10/2016	<b>Admission Time</b> 10:00 PM
<b>Program</b> 1234I FFS1 HOSPITAL TRAINING	<b>Admitting Practitioner</b> MEDICAL_DOCTOR,FFS
<b>Attending Practitioner</b>	<b>Treatment Service</b> SA2 - 2
<b>Type of Admission</b> Elective - 5	<b>Social Security Number</b> 765-43-2100

<b>Demographics</b>	
<b>Client Home Phone Number</b>	<b>Client Work Number</b>
<b>Client Address Line 1</b> 1234 Anywhere Street	<b>Client Address Line 2</b>
<b>Client Address - City</b>	<b>Client Address - State</b> CA - CALIFORNIA
<b>Client Address - Zip Code</b> 90020	<b>Client Address - County</b>
<b>Marital Status</b> Single / Never Married - 1	<b>Race</b> White - 1
<b>Race/Ethnicity</b>	<b>Education</b> Unknown - 99

**Exit to Main Menu**

Print Preview of Admission/Discharge Diagnosis screen:

**Member ID**  
3171132

**ProviderConnect - Provider Diagnosis** FFS1 HOSPITAL TRAINING 6/28/2017 2:09:58 PM Lookup Client | Main Menu | Log Out

**Client Name:** Day, Doris  
**Member ID:** 3171132  
**SSN:** 999-99-9999

Diagnosis				
Date of Diagnosis	Type of Diagnosis	Principal Diagnosis	Episode Number	
1/1/2013	Admission	Major depressive disorder, recurrent	1	Edit
1/2/2013	Discharge	Major depressive disorder, recurrent	1	Edit

Add Diagnosis Record

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Print Preview of Discharge screen:

**Member ID**  
3170994

**ProviderConnect - Provider Discharge Form** FFS1 HOSPITAL TRAINING 6/28/2017 3:34:07 PM Lookup Client | Main Menu | Log Out

**Client Name:** Client, Test  
**Member ID:** 3170994  
**SSN:** 765-43-2100

Discharge Information	
<b>Client Last Name</b> Client	<b>Client First Name</b> Test
<b>Client Middle Name</b>	<b>Social Security Number</b> 765-43-2100
<b>Sex</b> ( ) Female - F (X) Male - M ( ) Unknown - U	<b>Date of Birth</b> 5/27/1954
<b>Episode Number</b> 2	<b>Program</b> 1234 FFS1 HOSPITAL TRAINING
<b>Date of Discharge</b> 10/15/2016	<b>Discharge Time</b> 10:30 AM
<b>Type of Discharge</b> Discharged to Home or Self-Care - 3	<b>Reason for Death</b>
<b>Date of Death</b>	<b>Discharge Practitioner</b> MEDICAL_DOCTOR,FFS
<b>Discharge Remarks/Comments</b>	
<b>Hospital Discharge Instructions</b>	

Demographics	
<b>Client Home Phone Number</b>	<b>Client Work Number</b>
<b>Client Address Line 1</b> 1234 Anywhere Street	<b>Client Address Line 2</b>
<b>Client Address - City</b>	<b>Client Address - State</b> CA - CALIFORNIA
<b>Client Address - Zip Code</b> 90020	<b>Client Address - County</b>
<b>Marital Status</b> Single / Never Married - 1	<b>Race</b> White - 1

# Accessing LACDMH Service History Information through ProviderConnect

**Step 1:** From the Main Menu, Select the 'Reports' section which will display a menu of available reports.

Main Menu - Provider		
Lookup Client	<b>Reports</b>	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	<input type="text"/>
<b>Generate Report</b>	

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

Client Service History						
Client Name (PATID): [REDACTED]						
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 [REDACTED]	
Avatar	1906A EDMUND D EDELMAN WESTSIDE MHC	Admit	9/25/2015	6/2/2016	BR [REDACTED]	F31.9 - Bipolar 1 disorder
Avatar	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F31.9 - Bipolar disorder unspecified
Avatar	6841A WEST VALLEY MH/WELLNESS CENTER	Admit	4/25/2016	4/27/2016	SU [REDACTED]	F31.9 - Bipolar 1 disorder
Avatar	7216E SMART	Admit	5/2/2016	5/2/2016	BA [REDACTED]	F31.9 - Bipolar 1 disorder
History	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	799.9-Diagnosis Deferred
History	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	300.00-Anxiety Disorder NOS
History	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	311-Depressive Disorder NOS
History	1906A EDMUND D. EDELMAN-OUTPT	Outpatient	3/4/2008	6/1/2009	GR [REDACTED]	296.34-Major Depressive Disorder, Rec., Severe
History	6859A DMH/HARBOR UCLA-ADULT OUTPT	Outpatient	5/1/2008	5/5/2008	MI [REDACTED]	296.90-Mood Disorder NOS
History	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	296.80-Bipolar Disorder NOS
History	7797S EXODUS RECOVERY INC WESTSIDE CS	Psychiatric ER/UCC Crisis Stab	11/30/2013	12/1/2013	DI [REDACTED]	298.9-Psychotic Disorder NOS
History	5804I PDP BHC ALHAMBRA HOSPITAL	Psych Acute Inpatient	12/1/2013	12/3/2013	DI [REDACTED]	296.20-Major Depressive Disorder, Single Episodi

# Accessing LACDMH Service History Information thru ProviderConnect (Cont'd)

## Looking up IBHIS episodes

To see encounters with service providers where those services are not claimed through IBHIS (like admissions to FFS hospitals) in ProviderConnect, use the **Provider Admission** link. 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’ section

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

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**Step 2:** Enter the 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:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>

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

Member ID
<input type="text"/>
<b>Demographic</b>
<b>CSI Admission</b>
<b>Financial Eligibility</b>
<b>Authorizations</b>
<b>Provider Admission</b>
<b>Attachments</b>
<b>Provider Diagnosis (ICD-10)</b>

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

## Accessing LACDMH Service History Information thru ProviderConnect (Cont'd)

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	<a href="#">Create Discharge</a>	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.

## Coordinating ProviderConnect and TAR form data

Please ensure that all data is entered into ProviderConnect accurately and corresponds to information entered onto the TAR form.

### Common Errors Made on TAR(s)

**NOTE:** The following are errors that are most consistently made on TAR(s):

1. Box #7 (admission date.)
2. Box #14 (date of birth.)
3. Patient’s name- Provider forgets to give a.k.a. or misspells the patient’s name.
4. Box #17- Number of days does not coincide with the admission date and/or discharge date.
5. Box #20 (discharge date.)

## Common Errors Made on TAR(s) (Cont'd)

6. Providers forget to indicate how many days apply to each TAR when there are multiple TAR(s) i.e., acute and administrative. Example: 6/30-7/15 TAR#1.

**COUNTY USE ONLY**

SERVICE CATEGORY

**REQUEST FOR MENTAL HEALTH STAY IN HOSPITAL** F.I. USE ONLY

1. CLAIMS CONTROL NUMBER
F.I. USE ONLY

2	3
4	5

**CONFIDENTIAL PATIENT INFORMATION**  
County Code and Aid Code go here

**HOSPITAL USE**

ADMIT TAR NUMBER (ORIGINAL AUTHORIZATION NUMBER) 6

ADMIT DATE 7  AUTH. EXP. 8  EMER. ADMIT 9

PROVIDER NUMBER 10  PROVIDER PHONE NO.  VERBAL CONTROL

PROVIDER NAME

PROVIDER STREET/MAILING ADDRESS

PROVIDER CITY, STATE AND ZIP CODE

e.g. 1960

PATIENT MEDI-CAL ID NO. 11  12 PEND  13 SEX  14 DATE OF BIRTH  AGE

PATIENT NAME 15  MEDICARE STATUS 16  OTHER COV.

NUMBER OF DAYS REQUESTED 17  TYPE OF DAYS 18  RETRO-ACTIVE 19  DISCHARGE DATE 20

ADMITTING ICD9-CM 21

ADMITTING DIAGNOSIS DESCRIPTION

# To Correct Data Input Errors Post Submission:

Submit your issues by accessing the online Self Service Support application at:

<https://extra.dmh.lacounty.gov/SelfServiceSupport/Pages/SelfService.aspx>

The screenshot shows the 'Self Service Support' application interface. At the top left is the LAC DMH logo with the text '100 ANGELES COUNTY MENTAL HEALTH'. The main header is 'Self Service Support' with a 'User Manual' link on the right. Below the header is a welcome message: 'Welcome to the DMH Self Service Support Application. Please fill out the below information if you wish to submit issues, incidents, or questions pertaining to Integration.' The form is divided into two sections: 'Ticket Contact Information' and 'Ticket Details'. The 'Ticket Contact Information' section includes fields for First Name, Last Name, Phone, Phone Extension, and Email, with a red asterisk indicating required fields. The 'Ticket Details' section includes dropdown menus for Provider Type, EHR Vendor/Biller, Category, Environment, Legal Entity/FFS, and Cause. A 'Description' field is a large text area. A note states: 'Note: Please do not submit any PII and/or PHI information through this system.' At the bottom, there is a checkbox for a HIPAA certification statement and a link for more information.

**LAC DMH**  
100 ANGELES COUNTY  
MENTAL HEALTH

## Self Service Support

User Manual

Welcome to the DMH Self Service Support Application. Please fill out the below information if you wish to submit issues, incidents, or questions pertaining to Integration.

**Ticket Contact Information** \*Indicates Required Field

First Name: \*  Last Name: \*   
Phone: \*  Phone Extension:   
Email: \*

**Ticket Details**

Provider Type: \* **\*\* Please Select \*\*** Legal Entity/FFS: \* **\*\* Please Select \*\***  
EHR Vendor/Biller: **\*\* Please Select \*\***  
Category: \* **\*\* Please Select \*\*** Cause: \* **\*\* Please Select \*\***  
Environment: \* **\*\* Please Select \*\***

Note: Please do not submit any PII and/or PHI information through this system.

Description: \*

By checking this box, I hereby certify that I have knowledge of the requirements of Federal and State confidentiality laws and will comply with all applicable provisions of same. I have verified and confirmed that the provided information and/or any uploaded attachments including but not limited to pictures and screen captures, do not include any Personally Identifiable Information (PII) and/or confidential Protected Health Information (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also understand that one can be held personally accountable for failing to comply with HIPAA regulations and can face disciplinary action up to and including termination of contractual agreements, denial of access to County IT resources, as well as civil and criminal penalties per 42 USC § 1320d-5. [Click Here for Information Pertaining to HIPAA](#)

**For TAR business related questions, please contact your hospital's Single Point of Contact who will coordinate communication with TAR Unit.**

## **TAR Medical Record Submission Content and Organization For Determination of Medical Necessity**

Please ensure that medical records being submitted with TAR are organized, tabbed or sectioned to include the following:

1. Source of admission.
2. 5150.
3. Discharge plan.
4. Psychiatric evaluation.
5. History & Physical per Internal Medicine.
5. Physician notes.
6. Physician orders if Seclusion & Restraint or orders for STAT medications.
7. Nursing narrative notes.
8. Initial suicide assessment, including subsequent suicide assessments if patient is suicidal.
9. Placement contacts for administrative days.

**Note:** It is not necessary to include the entire medical record, as long as the above information is provided.