

LACDMH Clinical Operations Intensive Care Division

Fee-For-Service 2 End User Manual

ProviderConnect



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v 11.0

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Introduction to IBHIS for Fee-for-Service 2 Providers

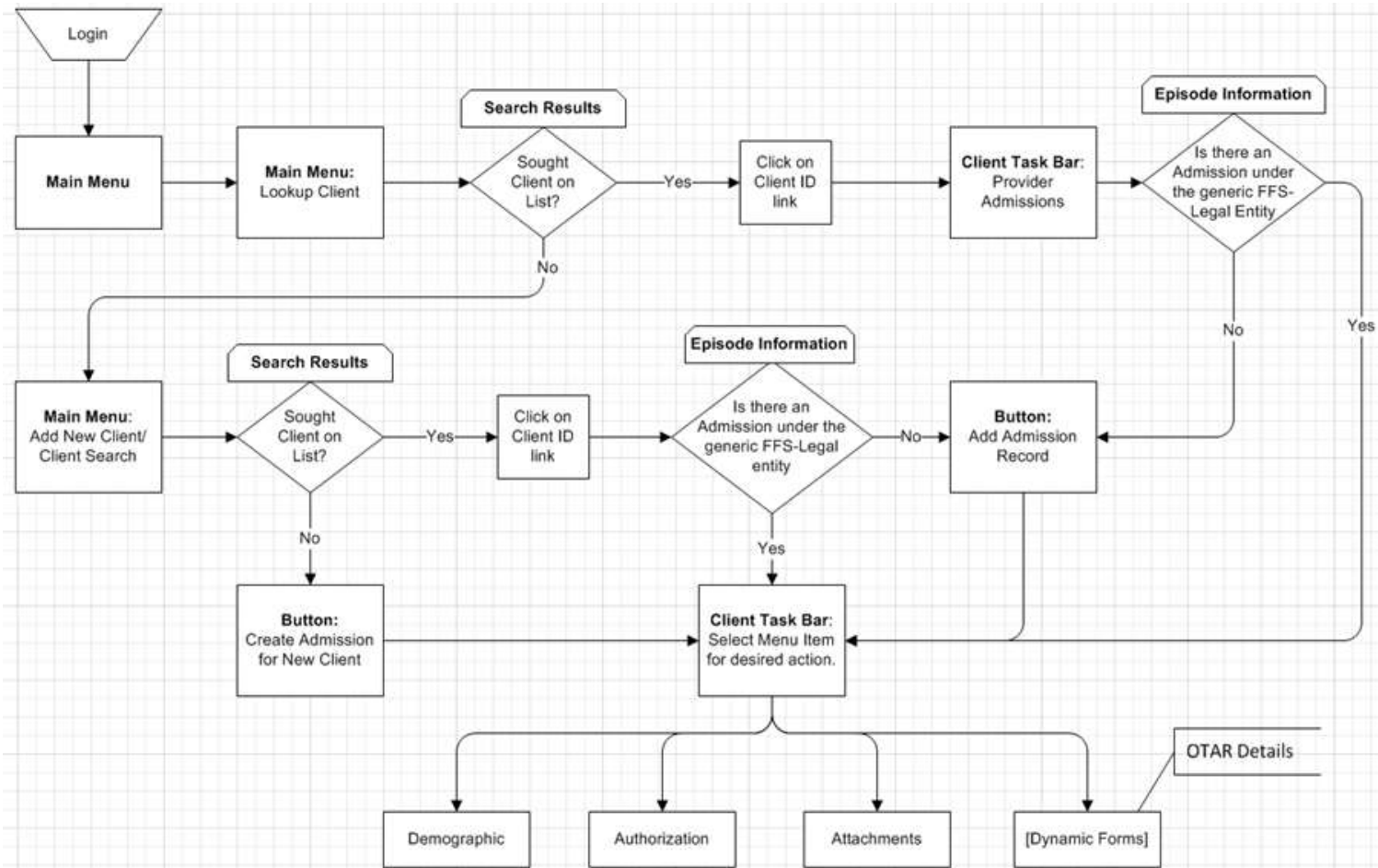
Overview

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 Internet Explorer or Chrome 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 record, the record will need to be created.
 - B. If a client does have an existing record, 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.**
6. Complete client financial eligibility information or update information in the system.
7. Complete the client's pregnancy status, if applicable.
8. Submit request for psychological testing authorizations.
9. Submit request for over-threshold authorizations.
10. Attach supporting documentation to authorization requests.
11. View attached documents.
12. Check the status of authorization requests and view authorization responses from the Central Authorization Unit (CAU).
13. Print (using your desktop print functions/Right-click).

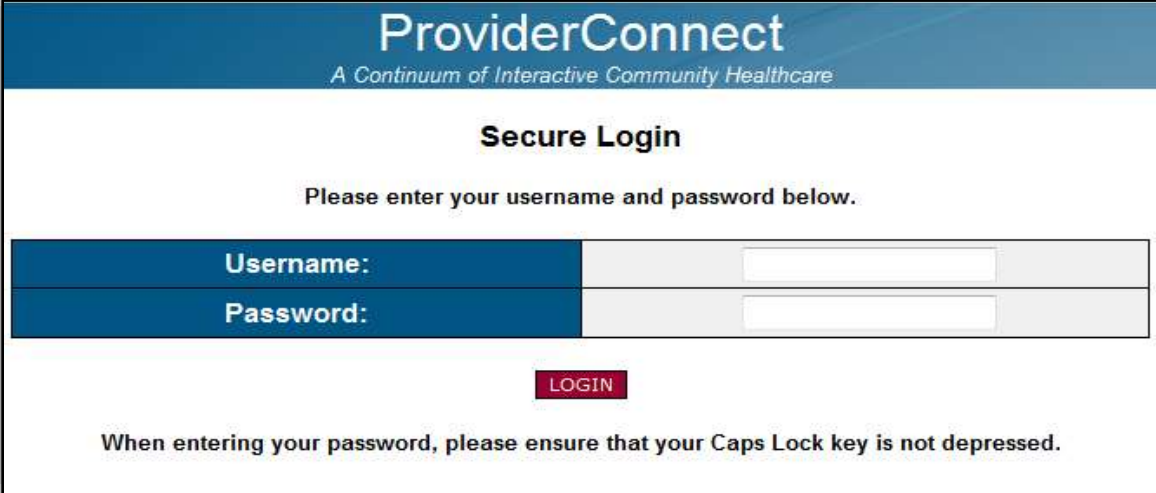
Workflow: ProviderConnect for FFS2



ProviderConnect: Log In

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

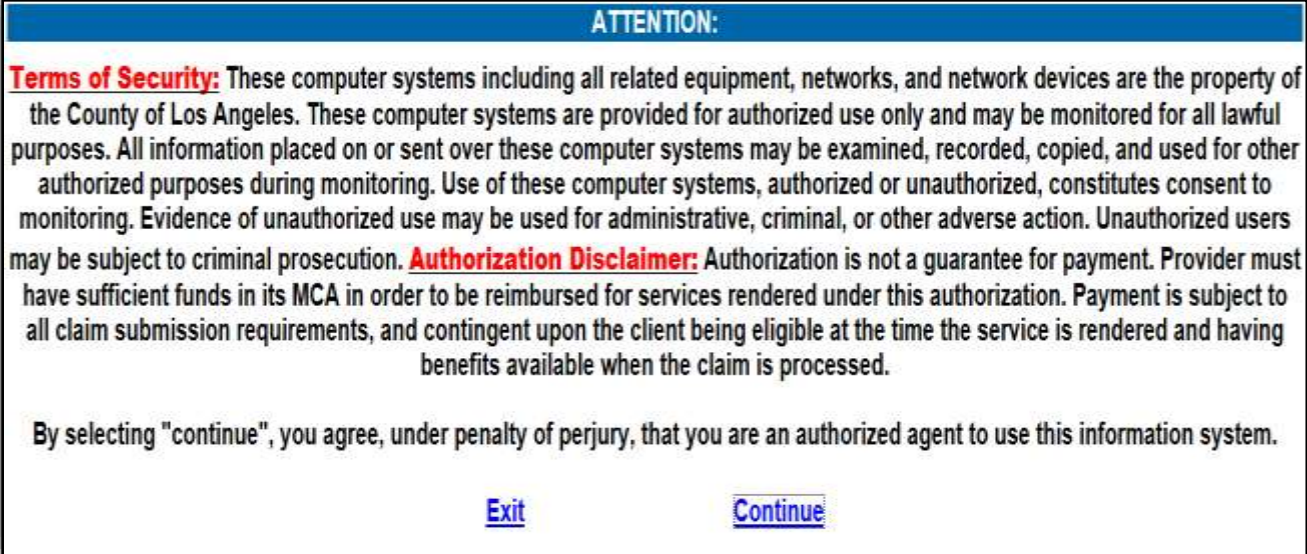
The following login screen will appear:



The login screen features a blue header with the text "ProviderConnect" and "A Continuum of Interactive Community Healthcare". Below this is a "Secure Login" section with the instruction "Please enter your username and password below." There are two input fields: "Username:" and "Password:". Below the fields is a red "LOGIN" button. At the bottom, a note states: "When entering your password, please ensure that your Caps Lock key is not depressed."

2. Type in your 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.



The screen has a blue header with the text "ATTENTION:". Below this is a "Terms of Security" section with the following text: "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." Below this is an "Authorization Disclaimer" section with the following text: "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." At the bottom, a statement reads: "By selecting 'continue', you agree, under penalty of perjury, that you are an authorized agent to use this information system." There are two buttons: "Exit" and "Continue".

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.)

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

ProviderConnect: Main Menu

The **Main Menu** will appear.



ProviderConnect - Main Menu Admin Agency 8/22/2018 3:59:38 PM [Lookup Client](#) [Main Menu](#)

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		
Logout / Exit		

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. The system is relatively new and a search result for a client may still be small but in the future, the **Add New Client/Client Search** list will become quite large for many clients while the **Lookup Client** feature will only generate a list of admissions from your agency.

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		
<u>L</u> ookup Client ←	<u>R</u> eports	<u>U</u> tilities
Add New Client/Client Search	Change Password	Documentation
News		

The **Lookup Client** form will appear.

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	ASANA INTEGRATED MEDICAL GROUP
Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.	
<input type="button" value="Search by Criteria"/>	

1. 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**

2. Click 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 8).

3. 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

Once the correct **Client ID** is selected, the **Demographic** form will open as depicted below and you proceed to page 13.


Member Demographics		
Social Security Number 987-09-8765	Date of Birth 11/30/1970	Facility Chart Number <input type="text"/>
Member Street 1 4717 Vermont Avenue	Member Street 2 <input type="text"/>	Member City Los Angeles
Member County Los Angeles - 19		Member State CA - CALIFORNIA
Member Zip Code 90020	Member Phone Number 999-999-9999	Member Work Number <input type="text"/>
Member Language Please Choose One-	Sex Female - F	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation? Please Choose One-
Ethnicity Please Choose One-	Race Black/African-American - 2	Race African-American - 2 American Indian/Alaska Native - 4 Armenian - 31 Asian Indian - 15
Client Maiden Name <input type="text"/>	Veteran <input type="text"/>	Education Level At Admission 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 created by another provider/agency. This feature also, provides 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. The system will not allow you to create a duplicate admission for a client.

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	<u>U</u> tilities
Add New Client/Client Search 	Change Password	Documentation
News		

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

Search Criteria	
Social Security Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="checkbox"/> Female - F <input type="checkbox"/> Male - M <input type="checkbox"/> Transgender (F to M) - FTM <input type="checkbox"/> Transgender (M to F) - MTF <input type="checkbox"/> Unknown - U *
Date of Birth:	<input type="text" value="01/01/1990"/>
<input type="button" value="Search"/>	

Note: All fields highlighted in **red** are required. The more client information you enter in the search, the more accurate the result.

2. Search for clients using the following parameters:
 - **Social Security Number** (for quick access)
 - **Last Name, First Name** (first letter must be capitalized)
 - **Sex**
 - **Date of Birth**
3. Click to continue.

ProviderConnect: Search for a Client

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

If the client appears in the search result with the following pre-display below, this means an admission has been created by another provider/agency:

Search Criteria							
Social Security Number:	<input type="text"/>						
Last Name:	Saturn						
First Name:	Sky						
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input checked="" type="radio"/> Unknown - U						
Date of Birth:	<input type="text"/>						

[Search](#)

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3171543	SATURN.SKY	11/30/1970				120344	76

[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.).

- Once you verify the correct client, click on the **Client ID** and proceed to Demographic information illustrated on page 13.

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

Search Criteria	
Social Security Number:	<input type="text"/>
Last Name:	Black
First Name:	Keyboard
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input checked="" type="radio"/> Unknown - U
Date of Birth:	01/01/1990 x

[Search](#)

No clients found.

[Create Admission for New Client](#)

- Click [Create Admission for New Client](#) and proceed to the next page to the Provider Admission form to complete steps 2 thru 9.

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 Fee-For-Service 2 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.

Admission Information	
Sex <input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input checked="" type="radio"/> Unknown - U	
Date of Birth	Age
Admission Date	Admission Time
Program	Admitting Practitioner
Attending Practitioner	Type of Admission
Source of Admission	Social Security Number

Note: Verify all data is accurate before submitting. Once the admission has been created, you will not be able to change the admission data.

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.

4. Enter the **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.

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 48 or contact the Help Desk at: 213-351-1335.

ProviderConnect: Provider Admission

If the 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, you may 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**.

Member ID: 3172509

Demographic

CSI Admission

DCFS Status Tracking

Financial Eligibility

Public Guardian Status Tracking

Client Condition - Pregnancy

Authorizations

Provider Admission

ProviderConnect - Provider Admissions

ASANA INTEGRATED MEDICAL GROUP 12/28/2017 12:33:27 PM

Client Name: Green, Pear

Member ID: 3172509

SSN: 999-00-0909

Episode Information

Episode	Admission Date	Discharge Date	Program
1	12/28/2017		x FFS2LE 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. **LE000527 Exodus Recovery Inc**), this means the client has received a service by a provider not in the Fee-For-Service 2 Network.

Member ID: 3171604

Demographic

CSI Admission

DCFS Status Tracking

Financial Eligibility

Public Guardian Status Tracking

Client Condition - Pregnancy

Authorizations

Provider Admission

Provider Diagnosis

ProviderConnect - Provider Admissions

ASANA INTEGRATED MEDICAL GROUP 12/28/2017 12:54:21 PM

Client Name: COFFEE, CUP

Member ID: 3171604

SSN: 602-45-7423

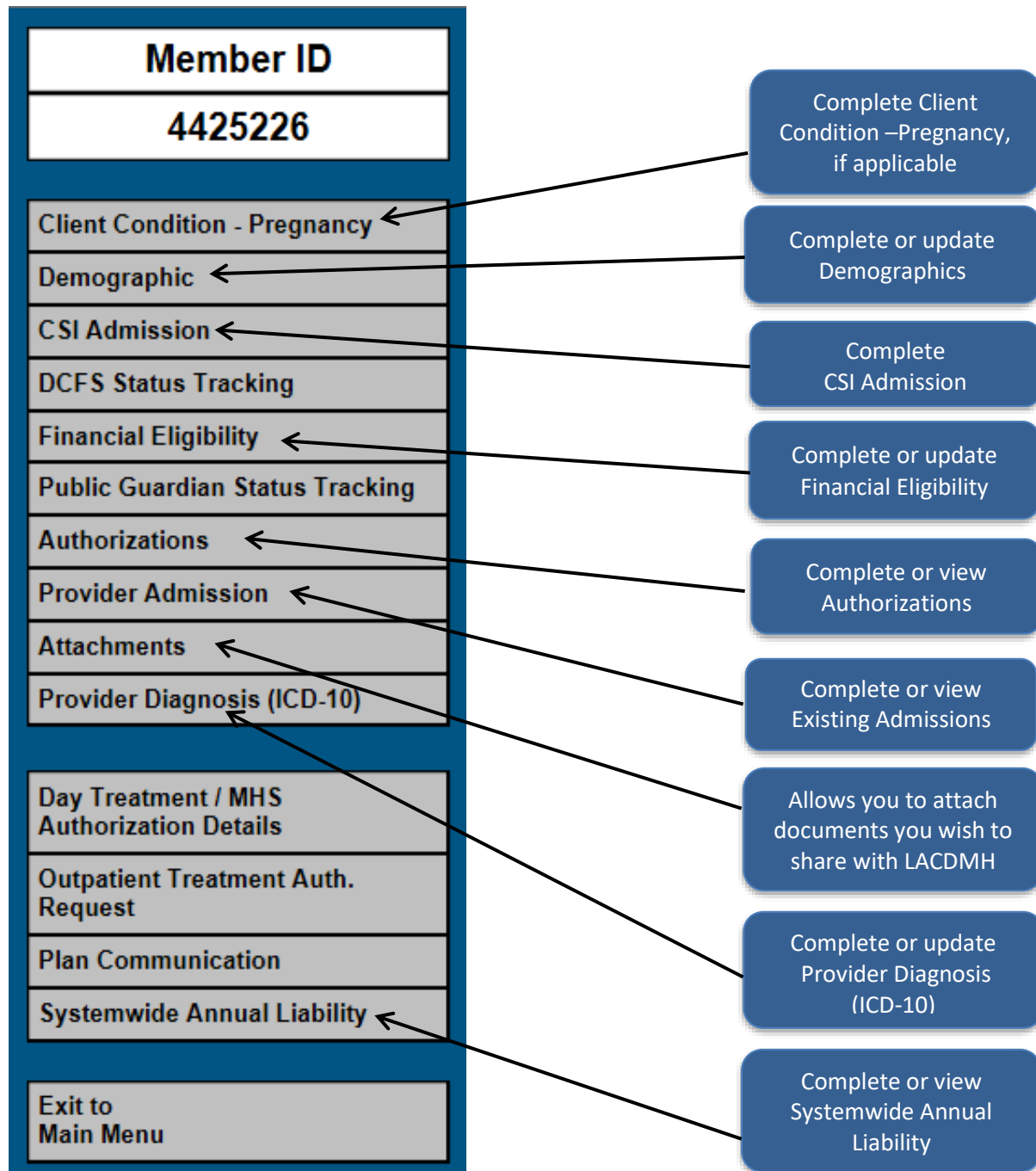
Episode Information

Episode	Admission Date	Discharge Date	Program
2	12/28/2017		x FFS2LE Fee For Service 2 Admission
1	7/1/2017		LE000527 Exodus Recovery Inc

Note: In the event a client becomes deceased, has a new CIN#, or is adopted, please report the incident at the following link: <https://dmh.sslvpn.lacounty.gov/dmh/contractor> as illustrated on page 48 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.



Note: All other forms not identified with arrows are not applicable to **Fee For Service 2** providers (e.g. DCFS Status Tracking, Public Guardian Status Tracking, 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 48 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.

3171543			
Member Demographics			
Social Security Number 987-09-8765	Date of Birth 11/30/1970	Facility Chart Number	
Member Street 1 4717 Vermont Avenue	Member Street 2	Member City	
Member County Please Choose One		Member State Please Choose One	
Member Zip Code 90020-9998	Member Phone Number 999-999-9999	Member Work Number	
Member Language Please Choose One	Sex Female - F	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation? Please Choose One	
Ethnicity Please Choose One	Race Black/African-American - 2	Race African-American - 2 American Indian/Alaska Native - 4 Armenian - 31 Asian Indian - 15	
Client Maiden Name	Veteran	Education Level At Admission Unknown - 99	
Pre-Admission Disposition			
Employment Status Unknown - UN			
Marital Status Unknown - 9	Client's Cell Phone	Client's Email Address	
Communication Preference Home Phone - 3	Smoker Unknown If Ever Smoked - 7	Client Declined to Provide Information Ethnic Origin - 8 Language - 149 Race - 116	

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 (ICD10)

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

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

- Click **Add Diagnosis Record** to open form.

The following screen will appear.

Note: All fields highlighted in red are required.

- Select **Episode Number**.
- Enter **Date of Diagnosis**.
- Select **Type of Diagnosis**.

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

- Enter **Time of Diagnosis**.

ProviderConnect: Provider Diagnosis (ICD10)

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.

The screenshot shows the 'ProviderConnect - Provider Diagnosis' form. The 'Ranking' dropdown is open, displaying a list of bipolar disorder diagnoses with their corresponding ICD-10 codes. The 'Add Diagnosis Entry' button is located at the bottom right of the form.

10. Select **Classification**.
11. Select **Diagnosing Practitioner**.
- Note:** Scroll to the right to view the remaining fields.
12. Select the **Present On Admission Indicator**.
13. Select the **Status**.
14. To add additional diagnosis's repeat steps 7 thru 13.

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

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

The screenshot shows the 'ProviderConnect - Provider Diagnosis' form. The 'Client Name' is 'Flower, Vase'. The 'Member ID' is '3177693'. The 'SSN' is '909-09-0000'. The 'Diagnosis' table shows two entries for '7/27/2018' with 'Admission' type. The first entry is 'Bipolar I disorder, single manic episode, severe, without psychosis' with 'Episode Number' 1. The second entry is 'Schizotypal personality disorder' with 'Episode Number' 1. An 'Edit' button is visible next to the second entry.

ProviderConnect - Provider Diagnosis				
ASANA INTEGRATED MEDICAL GROUP 7/27/2018 5:02:09 PM				
Client Name: Flower, Vase				
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 (ICD10)

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

Diagnosis Information (ICD-10)	
Episode Number 1	Type of Diagnosis Admission - A
Date of Diagnosis 07/27/2018	Time of Diagnosis 09:00 AM <small>HH:MM AM/PM</small>
Prognosis <input type="text"/>	Estimated Discharge Date <input type="text"/>
Trauma (CSI) <small>-Please Choose One-</small> v	General Medical Condition Summary Code (CSI) (Select Up to Three) <div style="border: 1px solid #ccc; padding: 2px;"> Allergies - 17 Anemia - 18 Arterial Sclerotic Disease - 01 Arthritis - 19 </div> <small>Click-click to choose multiple items (0 - currently selected)</small>
Substance Abuse / Dependence (CSI) <small>-Please Choose One-</small> v	Substance Abuse / Dependence Diagnosis (CSI) <input type="text"/>

Ranking	Diagnosis	Classification	Onset Date	Diagnosing Practitioner
Primary - 1 v	Schizotypal personality disorder	Schizotypal	Mental Health - 4 v	<input type="text" value="RABIN, JOHN (054827)"/> v

Update Diagnosis
Return To List

16. 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
	<small>-Please Choose One-</small> v	<input type="text"/>	v	1	<small>-Please Choose One-</small> v	<div style="border: 1px solid #ccc; padding: 2px;"> <small>-Please Choose One-</small> Active - 1 Resolved - 4 Rule-out - 3 Void - 5 Working - 2 </div>	<input type="text"/>

Add Diagnosis Entry

Save Diagnosis
Return To List

17. 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.

Member ID

3177693

Demographic

CSI Admission

Financial Eligibility

Client Condition - Pregnancy

Authorizations

Provider Admission

Provider Diagnosis

Attachments

Provider Diagnosis (ICD-10)

ProviderConnect - Provider Diagnosis
Client Name: Flower, Vase
Member ID: 3177693
SSN: 909-09-0000

ASANA INTEGRATED MEDICAL GROUP: 7/27/2018 4:54:58 PM
Logout Client | More Menu | Log Out

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

Add Diagnosis Record

[About ProviderConnect 2018.3.1](#)

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.

Member ID	ProviderConnect - CSI Admission - Select Episode			
3177630	ASANA INTEGRATED MEDICAL GROUP 7/12/2016 10:49:09 AM			
Demographic	Client Name: Comedy, Club			
CSI Admission	Member ID: 3177630			
Financial Eligibility	SSN: 040-23-3434			
Client Condition - Pregnancy				
Authorizations				
Provider Admission				
Episode Number	Program	Start Date	End Date	
1	50071 BHC ALHAMBRA HOSPITAL	1/1/2018		
2	Add x FFS2LE Fee For Service 2 Admission	5/31/2018		

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







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

ProviderConnect - CSI Admission	
ASANA INTEGRATED MEDICAL GROUP 7/12/2016 11:17:12 AM	
Client Name: Comedy, Club	
Member ID: 3177630	
SSN: 040-23-3434	
CSI Admission	
Birth Name (Last)	Birth Name (First)
Comedy	Club
Birth Name (Middle)	Birth Name (Suffix)
	-Please Choose One-
Mother's First Name	Fiscally Responsible County For Client
	-Please Choose One-
Place of Birth - County	Place of Birth - State
-Please Choose One-	-Please Choose One-
Place of Birth - Country	CSI Ethnicity
-Please Choose One-	-Please Choose One-
Special Population	Legal Class
-Please Choose One-	-Please Choose One-
County School	District County Code
-Please Choose One-	-Please Choose One-
District/Site Code	Admission Necessity Code
-Please Choose One-	-Please Choose One-
Is Substance Abuse Affecting Mental Health?	Are Developmental Disabilities Affecting Mental Health?
-Please Choose One-	-Please Choose One-

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

ProviderConnect: CSI Admission

4. To update CSI information, click .

Member ID 3177630	ProviderConnect - CSI Admission - Select Episode ASANA INTEGRATED MEDICAL GROUP 7/12/2018 11:06:08 AM Lookup Client Main Menu Log Out															
Demographic	Client Name: Comedy, Club															
CSI Admission	Member ID: 3177630															
Financial Eligibility	SSN: 040-23-3434															
Client Condition - Pregnancy																
Authorizations																
Provider Admission																
<table border="1"><thead><tr><th>Episode Number</th><th>Program</th><th>Start Date</th><th>End Date</th></tr></thead><tbody><tr><td>1</td><td>5007I BHC ALHAMBRA HOSPITAL</td><td>1/1/2018</td><td></td></tr><tr><td>2</td><td>  x FFS2LE Fee For Service 2 Admission</td><td>5/31/2018</td><td></td></tr></tbody></table>					Episode Number	Program	Start Date	End Date	1	5007I BHC ALHAMBRA HOSPITAL	1/1/2018		2	  x FFS2LE Fee For Service 2 Admission	5/31/2018	
Episode Number	Program	Start Date	End Date													
1	5007I BHC ALHAMBRA HOSPITAL	1/1/2018														
2	  x FFS2LE Fee For Service 2 Admission	5/31/2018														

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

Member ID 3177630	ProviderConnect - CSI Admission ASANA INTEGRATED MEDICAL GROUP 7/12/2018 11:25:11 AM Lookup Client Main Menu Log Out											
Demographic	Client Name: Comedy, Club											
CSI Admission	Member ID: 3177630											
Financial Eligibility	SSN: 040-23-3434											
Client Condition - Pregnancy												
Authorizations												
Provider Admission												
Provider Diagnosis												
Attachments												
Provider Diagnosis (ICD-10)												
<table border="1"><thead><tr><th colspan="2">CSI Admission</th></tr></thead><tbody><tr><td>Birth Name (Last) Comedy</td><td>Birth Name (First) Club</td></tr><tr><td>Birth Name (Middle) Jack</td><td>Birth Name (Suffix) III</td></tr><tr><td>Mother's First Name</td><td>Fiscally Responsible County For Client Los Angeles</td></tr></tbody></table>					CSI Admission		Birth Name (Last) Comedy	Birth Name (First) Club	Birth Name (Middle) Jack	Birth Name (Suffix) III	Mother's First Name	Fiscally Responsible County For Client Los Angeles
CSI Admission												
Birth Name (Last) Comedy	Birth Name (First) Club											
Birth Name (Middle) Jack	Birth Name (Suffix) III											
Mother's First Name	Fiscally Responsible County For Client Los Angeles											

5. Update all necessary fields, click  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.

Note: A client should only have one Annual Liability record under the Fee-For-Service 2 admission episode, regardless of the number of providers of service. Should the xFFS2LE Fee For Service 2 Admission appear, proceed to page 22 to review and update any necessary changes.

1. Select **Systemwide Annual Liability** from the **Navigation Tool Bar** on left side column.

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

The following screen will appear.

ProviderConnect: Systemwide Annual Liability

Note: Required fields notated by arrows.

Systemwide Annual Liability	
Annual Liability Begin Date ← <div>12/11/2017 Today Yesterday</div>	Record Creation Date <div>Today Yesterday</div>
Responsible Legal Entity ← <div>x FFS2LE Fee For Service 2 Admission</div>	Record Created By <div>Search for: Search</div>
Monthly Family Income (\$) ← <div>221.00 x</div>	Annual Liability (\$) ← <div>0</div>
Responsible Family Member ← <div>JOHN DOE 010596</div>	Number of Dependents ← <div>1</div>
Note ← <div>6840F- J.Smith 213-680-0000 Medi-Cal client</div>	

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.) the client's intake admission date with a provider or 2.) the client's admission intake date into a hospital or 3.) the client's current annual liability date already established with a directly operated or contract provider, whichever date comes first.

To determine if a client already has a current annual liability date 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 (or use the month and day with the current year if it has expired), as depicted below:

Provider Admission Provider Diagnosis Attachments Provider Diagnosis (ICD-10) Day Treatment / MHS Authorization Details Outpatient Treatment Auth. Request Plan Communication Systemwide Annual Liability ←	<div> Client Name: TEST, PLAN Member ID: 3139103 SSN: 000-00-0000 </div> <table border="1"> <thead> <tr> <th colspan="5">Systemwide Annual Liability Items</th> </tr> <tr> <th></th> <th>Annual Liability Begin Date</th> <th>Responsible Legal Entity</th> <th>Responsible Family Member</th> <th>Record Creation Date</th> <th>Annual Liability (\$)</th> </tr> </thead> <tbody> <tr> <td>Select</td> <td>11/29/2018</td> <td>7224A PACIFIC CLINIC ACT WEST COVINA</td> <td></td> <td>11/29/2018</td> <td>500.00</td> </tr> </tbody> </table> <div>Add New Record</div>	Systemwide Annual Liability Items						Annual Liability Begin Date	Responsible Legal Entity	Responsible Family Member	Record Creation Date	Annual Liability (\$)	Select	11/29/2018	7224A PACIFIC CLINIC ACT WEST COVINA		11/29/2018	500.00
Systemwide Annual Liability Items																		
	Annual Liability Begin Date	Responsible Legal Entity	Responsible Family Member	Record Creation Date	Annual Liability (\$)													
Select	11/29/2018	7224A PACIFIC CLINIC ACT WEST COVINA		11/29/2018	500.00													

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, 5th Edition, Section XI- Financial Screening, page 2 of 17.*

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 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

Note: Reminder to renew the Annual Liability record every twelve-month period. The record runs for 365 days (366 days for leap years) from the client's admission date.

9. To renew annual liability information, click the **Select** button.

Member ID	Client Name: Saturn, Sky												
3171543	Member ID: 3171543												
	SSN: 987-09-8765												
Demographic	Systemwide Annual Liability Items												
CSI Admission													
Financial Eligibility													
Client Condition - Pregnancy													
	<table border="1"> <thead> <tr> <th></th> <th>Annual Liability Begin Date</th> <th>Responsible Legal Entity</th> <th>Responsible Family Member</th> <th>Record Creation Date</th> <th>Annual Liability (\$)</th> </tr> </thead> <tbody> <tr> <td>Select</td> <td>12/28/2017</td> <td>x FFS2LE Fee For Service 2 Admission</td> <td></td> <td>12/28/2017</td> <td>0.00</td> </tr> </tbody> </table>		Annual Liability Begin Date	Responsible Legal Entity	Responsible Family Member	Record Creation Date	Annual Liability (\$)	Select	12/28/2017	x FFS2LE Fee For Service 2 Admission		12/28/2017	0.00
	Annual Liability Begin Date	Responsible Legal Entity	Responsible Family Member	Record Creation Date	Annual Liability (\$)								
Select	12/28/2017	x FFS2LE Fee For Service 2 Admission		12/28/2017	0.00								

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

Client Name: Saturn, Sky
Member ID: 3171543
SSN: 987-09-8765
Print
Systemwide Annual Liability
Annual Liability Begin Date 12/28/2017 Today Yesterday
Record Creation Date 12/28/2017 Today Yesterday
Responsible Legal Entity x FFS2LE Fee For Service 2 Admission
Record Created By Search for: <input type="text"/> Search ProviderConnect user (do not edit)
Monthly Family Income (\$) 0.00
Annual Liability (\$) 0.00
Responsible Family Member <input type="text"/>
Number of Dependents 0
Note <input type="text"/>

10. Update all necessary fields (Refer to page 21, 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 submitted 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 bottom of page 27 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.

Member ID	
3171579	
Demographic	
CBI Admission	
DCFS Status Tracking	
Financial Eligibility	
Public Guardian Status Tracking	
Client Condition - Pregnancy	
Authorizations	

ProviderConnect - Financial Eligibility ASANA INTEGRATED MEDICAL GROUP 9/21/2017 4:07:48 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name: Map, World
Member ID: 3171579
SSN: 789-86-0967

Episode-Based Financial Eligibility

Record Date	Admission Date	Episode Number	Agency
No records found.			

Add Financial Eligibility

2. Click **Add Financial Eligibility** to begin.

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

Financial Eligibility	
Episode Number	<input type="text"/>
Admission Date	<input type="text"/>
Program	<input type="text"/>
Default Information from Different Episode	<input type="checkbox"/> Yes - Y <input type="checkbox"/> No - N
Episode To Default From	<input type="text"/>
Coverage Comments	<input type="text"/>

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	<input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N
Episode To Default From	1
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 1	Guarantor Name DMH
Guarantor's Address - Line 1 1901 16TH STREET	Guarantor's Address - Line 2
Guarantor's Address - City Sacramento	Guarantor's Address - Zipcode 95814-7204
Guarantor's Address - State CA - CALIFORNIA	Guarantor's Phone Number
Guarantor Plan MEDI-CAL	Customize Guarantor Plan <input type="radio"/> Yes - Y <input checked="" type="radio"/> 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 Day,Doris	Client's Relationship To Subscriber Self - 1
Subscriber Address - Street Line 1 699 S. Vermont Ave.	Subscriber Address - Street Line 2 Apt 10
Subscriber Address - City Los Angeles	Subscriber Address - State CA - CALIFORNIA
Subscriber Address - Zip 90005	Subscriber Address - County Los Angeles - 10
Subscriber Phone Number	Subscriber's Social Security # 999-99-9999
Subscriber Sex Female - F	Subscribers Employment Status
Subscriber's Birth Date 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 Please Choose One.
Subscriber Employer Add - State Please Choose One.	Subscriber Work Phone
Subscriber Group Name	Subscriber Group Number
Subscriber Policy Number 99999999A	Subscriber Medicare Number
Subscriber Medicaid #	Subscriber MEDS ID #
Subscriber Client Index # 99999999A	Subscriber Branch of Service Please Choose One.
Subscriber Military Status Please Choose One.	Subscriber Treatment Auth <input type="radio"/> Yes - Y <input type="radio"/> No - N
Subscriber Assignment Of Benefits <input type="checkbox"/> Yes - Y <input type="checkbox"/> No - N *	Subscriber Release Of Information <input type="checkbox"/> Appropriate Release Of Information On File At HCSP - A <input type="checkbox"/> Informed Consent To Release Medical Info - I <input type="checkbox"/> No, Provider Not Allowed To Release Data - N <input type="checkbox"/> On File At Payor Or At Plan Sponsor - O <input type="checkbox"/> Provider Has Limited/Restricted Ability To Release Data - M <input type="checkbox"/> 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** (for Medi-Cal clients only).

ProviderConnect: Financial Eligibility

Under **Coverage Information**:

Reminder: You must verify client's financial eligibility on the DHCS Medi-Cal Website. Refer to page 22.

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

The screenshot shows the 'Coverage Information' form. Red arrows point to the following fields:

- Eligibility Verified**: Radio buttons for 'Yes - Y' (selected) and 'No - N'.
- Coverage Effective Date**: A text input field.
- Coordination Of Benefits**: Radio buttons for 'Yes - Y' (selected) and 'No - N' (marked with an asterisk).

Other visible fields include: Coverage Expiration Date, Effective Date Of Contract (01/01/2000), Inhibit Billing By Mail (radio buttons), Expiration Date Of Contract, Is This A Managed Care Contract (radio buttons), Insurance Code/Medicaid Tape, and Date Of Accident.

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

12. Enter the Admission Date for the **Coverage Effective Date**.

Note: This date is either: 1.) the client's intake admission date with a provider or 2.) the client's admission intake date into a hospital or 3.) the client's current annual liability (UMDAP) date already established with a directly operated or contract provider, whichever date comes first. (Refer to *Systemwide Annual Liability Section*, page 21).

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

14. Click  to enter data.

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

The screenshot shows the 'Financial Eligibility' screen. The 'Guarantor Selection' section is highlighted. It includes a table with columns 'Change Order' and 'Guarantor Name'. The first row shows 'DMH' as the guarantor. Below the table is a dropdown menu labeled 'Guarantors' and an 'Add Guarantor' button. At the bottom are 'Submit' and 'Cancel' buttons.

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

16. Click the  button.

ProviderConnect: Financial Eligibility

The **Guarantor Details** screen will appear.

Guarantor Information	
Guarantor Order 2	Guarantor Name LA County
Guarantor's Address - Line 1 550 S Vermont Ave	Guarantor's Address - Line 2
Guarantor's Address - City Los Angeles	Guarantor's Address - Zipcode 90020-1912
Guarantor's Address - State CA - CALIFORNIA	Guarantor's Phone Number
Guarantor Plan LA COUNTY	<div>Customize Guarantor Plan</div> <div> <input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N </div>

Billing Plan Assigned					
Level Start Date	Level End Date	Deductible Type	Deductible Amount	Per Diem Rate	
1/1/2000					<div>Edit</div> <div>Delete</div>
<div>Add Billing Plan</div>					

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 Day,Doris	Client's Relationship To Subscriber Self - 1
Subscriber Address - Street Line 1 695 S. Vermont Ave.	Subscriber Address - Street Line 2 Apt 3
Subscriber Address - City Los Angeles	Subscriber Address - State CA - CALIFORNIA
Subscriber Address - Zip 90005	Subscriber Address - County Los Angeles - 19
Subscriber Phone Number	Subscriber's Social Security # 999-99-9999
Subscriber Sex Female - F	Subscribers Employment Status Please Choose One
Subscriber's Birth Date 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 Please Choose One
Subscriber Employer Add - State 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  987-98-9876 x	Subscriber Medicare Number
Subscriber Medicaid #	Subscriber MEDS ID #
Subscriber Client Index #	Subscriber Branch of Service Please Choose One - v
Subscriber Military Status Please Choose One - v	Subscriber Treatment Auth <input type="radio"/> Yes - Y <input type="radio"/> No - N
Subscriber Assignment Of Benefits  <input type="checkbox"/> Yes - Y <input type="checkbox"/> No - N *	Subscriber Release Of Information  <input type="checkbox"/> Appropriate Release Of Information On File At HCSP - A <input type="checkbox"/> Informed Consent To Release Medical Info - I <input type="checkbox"/> No, Provider Not Allowed To Release Data - N <input type="checkbox"/> On File At Payor Or At Plan Sponsor - O <input type="checkbox"/> Provider Has Limited/Restricted Ability To Release Data - M <input type="checkbox"/> 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 LA County guarantor only).

Under **Coverage Information**:

Reminder: You must verify client's financial eligibility on the DHCS Medi-Cal Website. Refer to page 22.

Coverage Information	
Eligibility Verified  <input checked="" type="radio"/> Yes - Y <input type="radio"/> No - N	Coverage Effective Date  <input type="text"/>
Coverage Expiration Date	Inhibit Billing By Mail <input type="radio"/> Yes - Y <input type="radio"/> No - N
Effective Date Of Contract 01/01/2000	Expiration Date Of Contract
Is This A Managed Care Contract <input type="radio"/> Yes - Y <input type="radio"/> No - N	Insurance Code/Medicaid Tape
Coordination Of Benefits  <input checked="" type="checkbox"/> Yes - Y <input type="checkbox"/> No - N *	Date Of Accident <input type="text"/>

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

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

24. Enter the Admission Date for the **Coverage Effective Date**.

Note: This date is either: 1.) the client's intake admission date with a provider or 2.) the client's admission intake date into a hospital or 3.) the client's current annual liability (UMDAP) date already established with a directly operated or contract provider, whichever date comes first. (Refer to **Systemwide Annual Liability Section**, page 21).

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.

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	DMH	<input type="button" value="Edit"/>
↓ ↑	LA County	<input type="button" value="Edit"/>
<input type="text" value="-- Guarantors --"/> <input type="button" value="Add Guarantor"/>		

27. Click 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.

Member ID	ProviderConnect - Financial Eligibility		ASANA INTEGRATED MEDICAL GROUP 12/11/2017 2:28:38 PM		Lookup Client Main Menu Log Out
3171543					
Demographic	Client Name: Saturn, Sky				
CSI Admission	Member ID: 3171543				
DCFS Status Tracking	SSN: 987-09-8765				
Financial Eligibility	Episode-Based Financial Eligibility				
Public Guardian Status Tracking	Record Date	Admission Date	Episode Number	Agency	
Client Condition - Pregnancy	9/12/2017 3:28:00 PM	9/31/2017	1	ASANA INTEGRATED MEDICAL GROUP	
Authorizations	About ProviderConnect 2017.11.2				
Provider Admission					
Provider Diagnosis					
Attachments					
Provider Diagnosis (ICD-10)					

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	<input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N
Episode To Default From	<input type="text"/>
Coverage Comments	<div></div>

Guarantor Selection		
Change Order	Guarantor Name	
↓ ↑	DMH	<input type="button" value="Edit"/>
↓ ↑	LA County	<input type="button" value="Edit"/>
<input type="text" value="-- Guarantors --"/>		<input type="button" value="Add Guarantor"/>

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

- Click to review each guarantor. Follow steps 2 thru 27 to make any necessary updates to financial eligibility data, as illustrated on pages 23-28.

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: Client Condition – Pregnancy

The **Client Condition- Pregnancy** 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 **Client Condition Pregnancy** form.

1. To begin, click on the **Client Condition-Pregnancy** link located in the **Navigation Tool Bar** in the left side column.

Member ID: 3171543

ProviderConnect - Client Condition - Pregnancy ASANA INTEGRATED MEDICAL GROUP 7/26/2018 2:43:05 PM

Client Name: Saturn, Sky
Member ID: 3171543
SSN: 987-09-8765

Episode	Start Date	End Date	Initial Treatment	Menstrual Date
No records found.				

Add Pregnancy Record

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

You will be directed to the **Client Condition – Pregnancy** form.

Member ID: 3171543

ProviderConnect - Client Condition - Pregnancy ASANA INTEGRATED MEDICAL GROUP 7/26/2018 2:44:40 PM

Client Name: Saturn, Sky
Member ID: 3171543
SSN: 987-09-8765

Client Condition - Pregnancy

Episode Number

Start Date of Pregnancy

End Date of Pregnancy

Initial Treatment Date (2300-DTP-03)

Date of Last Menstrual Period (2300-DTP-03)

Save Changes Cancel Changes

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

3. Select the appropriate **Episode Number**.
4. Enter the **Start Date of Pregnancy**.
5. Click **Save Changes** to submit.

ProviderConnect: Client Condition – Pregnancy

- To update **Client Condition-Pregnancy** information, click Edit.

<div style="background-color: #005596; color: white; padding: 5px; text-align: center;">Member ID</div> <div style="background-color: #005596; color: white; padding: 5px; text-align: center;">3171543</div>	<div style="background-color: #005596; color: white; padding: 5px;"> ProviderConnect - Client Condition - Pregnancy ASANA INTEGRATED MEDICAL GROUP 7/26/2018 2:46:53 PM Lookup Client Main Menu Log Out </div> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Client Name:</td> <td>Saturn, Sky</td> </tr> <tr> <td>Member ID:</td> <td>3171543</td> </tr> <tr> <td>SSN:</td> <td>987-09-8765</td> </tr> </table> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #005596; color: white;"> <th style="width: 10%;"></th> <th style="width: 15%;">Episode</th> <th style="width: 15%;">Start Date</th> <th style="width: 15%;">End Date</th> <th style="width: 20%;">Initial Treatment</th> <th style="width: 25%;">Menstrual Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Edit</td> <td></td> <td>07/26/2018</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> Add Pregnancy Record </div>	Client Name:	Saturn, Sky	Member ID:	3171543	SSN:	987-09-8765		Episode	Start Date	End Date	Initial Treatment	Menstrual Date	Edit		07/26/2018			
Client Name:	Saturn, Sky																		
Member ID:	3171543																		
SSN:	987-09-8765																		
	Episode	Start Date	End Date	Initial Treatment	Menstrual Date														
Edit		07/26/2018																	

The **Client Condition-Pregnancy** form will appear.

<div style="background-color: #005596; color: white; padding: 5px; text-align: center;">Member ID</div> <div style="background-color: #005596; color: white; padding: 5px; text-align: center;">3171543</div>	<div style="background-color: #005596; color: white; padding: 5px;"> ProviderConnect - Client Condition - Pregnancy ASANA INTEGRATED MEDICAL GROUP 7/26/2018 2:50:12 PM Lookup Client Main Menu Log Out </div> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Client Name:</td> <td>Saturn, Sky</td> </tr> <tr> <td>Member ID:</td> <td>3171543</td> </tr> <tr> <td>SSN:</td> <td>987-09-8765</td> </tr> </table> </div> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #005596; color: white;"> <th colspan="2">Client Condition - Pregnancy</th> </tr> </thead> <tbody> <tr> <td style="width: 80%;">Episode Number</td> <td style="width: 20%; text-align: center;">*</td> </tr> <tr> <td colspan="2" style="height: 20px;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td>Start Date of Pregnancy</td> <td>End Date of Pregnancy</td> </tr> <tr> <td>07/26/2018</td> <td></td> </tr> <tr> <td>Initial Treatment Date (2300-DTP-03)</td> <td>Date of Last Menstrual Period (2300-DTP-03)</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> </div> <div style="margin-top: 10px;"> Save Changes Cancel Changes </div>	Client Name:	Saturn, Sky	Member ID:	3171543	SSN:	987-09-8765	Client Condition - Pregnancy		Episode Number	*	<input style="width: 100%;" type="text"/>		Start Date of Pregnancy	End Date of Pregnancy	07/26/2018		Initial Treatment Date (2300-DTP-03)	Date of Last Menstrual Period (2300-DTP-03)		
Client Name:	Saturn, Sky																				
Member ID:	3171543																				
SSN:	987-09-8765																				
Client Condition - Pregnancy																					
Episode Number	*																				
<input style="width: 100%;" type="text"/>																					
Start Date of Pregnancy	End Date of Pregnancy																				
07/26/2018																					
Initial Treatment Date (2300-DTP-03)	Date of Last Menstrual Period (2300-DTP-03)																				

- Select the appropriate **Episode Number** and update all necessary fields.
- Click Save Changes to submit.

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

<div style="background-color: #005596; color: white; padding: 5px; text-align: center;">Member ID</div> <div style="background-color: #005596; color: white; padding: 5px; text-align: center;">58595</div>	<div style="background-color: #005596; color: white; padding: 5px;"> ProviderConnect - Client Condition - Pregnancy Admin Agency 12/7/2017 3:58:41 PM Lookup Client Main Menu Log Out </div> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Client Name:</td> <td>CLARK, CHRISTOPHER E</td> </tr> <tr> <td>Member ID:</td> <td>58595</td> </tr> <tr> <td>SSN:</td> <td>562-11-6340</td> </tr> </table> </div> <div style="margin-top: 10px;"> <p style="color: #005596;">This form is limited to female clients.</p> </div>	Client Name:	CLARK, CHRISTOPHER E	Member ID:	58595	SSN:	562-11-6340
Client Name:	CLARK, CHRISTOPHER E						
Member ID:	58595						
SSN:	562-11-6340						

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

The **Authorizations** form is used to create and submit an authorization request.

To begin the authorization process to submit a Psychological Testing or Electroconvulsive Therapy (ECT) Authorization Request:

1. Search for Client.

Search Criteria	
Member ID:	3118448
SSN:	
First Name:	
Last Name:	
Date of Birth:	
Agency:	SCHMIDT, JILL E.

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

[Search by Criteria](#)

[Back](#)

[About ProviderConnect v2.211](#)

2. Click on **Client ID** to open chart.

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3118448	Test	Overtreshold	7/1/1971	SCHMIDT, JILL E.

[Search Criteria](#)

[Back](#)

[About ProviderConnect v2.211](#)

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

1. Select **Authorizations** from the **Navigation Tool Bar** on left hand side.

Client Name: Minor, Yak
Member ID: 3171489
SSN: 999-99-9999

Authorization Information

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

[Create Request](#)

About ProviderConnect 2017.10.1

2. Click on **Create Request**.

The **Authorization Request** form will appear as follows:

Member ID: 3171543

ProviderConnect - Authorization Request ASANA INTEGRATED MEDICAL GROUP 12/11/2017 3:00:48 PM

Authorization Request

Client Information

CLIENT NAME Sky Saturn	MEMBER ID 3171543	PROVIDER NAME ASANA INTEGRATED MEDICAL GROUP
---------------------------	----------------------	---

Authorization Dates

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

Care Manager

CARE MANAGER ASSIGNED:	DATE ASSIGNED:
------------------------	----------------

Authorization Information

AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:

3. Enter the **Authorization Request Start Date**.
4. Enter the **Authorization Request End Date**.

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

Note: Required fields notated by arrows

Member ID 3171543 Demographic CSI Admission DCFS Status Tracking Financial Eligibility Public Guardian Status Tracking Client Condition - Pregnancy Authorizations	Diagnosis		
	Primary Diagnosis	Severe factor VIII deficiency	←
	Secondary Diagnosis		
	Funding Source & Benefit Plan Information		
	Funding Source:	FFS2 Authorized Outpt Svcs (CGF) MC	←
	Benefit Plan:	FFS2 Authorized Outpt Svcs (CGF) MC	←
	Provider Registration Date For Funding Source:		
	Program:	2 ASANA INTEGRATED MEDICAL GROUP GR13967	←
	Authorization Group		
	Leave blank for individual CPT Codes requests.		

5. Enter diagnosis in the **Primary Diagnosis** field.

Note: Enter the alpha or numeric diagnosis and the system will generate the matching diagnosis.

6. Under **Funding Source**, select **FFS2 Authorized Outpt Svc (CGF) MC**.

7. Under **Benefit Plan**, select **FFS2 Authorized Outpt Svc (CGF) MC**.

8. Select the provider to be authorized from the **Program** drop down menu.

For a Psychological Testing Authorization Request:

Plan Communication Systemwide Annual Liability Exit to Main Menu	PROCEDURE CODE ←		UNITS REQUESTED ←
	96130 - Psych Testing		Enter 0 units to ignore added code.
	Remove		60
	Add Code ←		
	File Request		
Comments			
Comments on Authorization:			

9. Under **Procedure Code**, click **Add Code** to select the appropriate Procedure Code that accurately reflects the service you plan to provide (e.g. 96130 - Psych Testing).

10. Enter the number of units of service in the **Units Requested** field.

Note: 1 Unit of Service = 1 Minute of Service; therefore, 60 Units of Service = 60 minutes of services delivered (e.g. 60 minutes of psych testing).

11. To include additional Procedure Code's repeat step 9 and 10.

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests


For a ECT Authorization Request:

12. Under **Procedure Code**, click **Add Code** and select the code that accurately reflects the service you plan to provide (e.g. 90870 - ECT, single seizure).

13. Enter the number of units of service in the **Units Requested** field.

Note: 1 Unit of Service = 1 Session (e.g. 15 Units of Service = 15 Sessions of ECT).

14. To include additional Procedure Code's repeat step 12 and 13.

15. Click  to submit Psychological Testing or ECT Authorization Request.

The '**Authorization Information**' screen will appear and the **Authorization Number** will view as 'Unassigned'.

Member ID	Authorization Information										
3171543	Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes
Demographic	ASANA INTEGRATED MEDICAL GROUP	117	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Approved	9/15/2017 3:20:33 PM	9/19/2017 3:06:34 PM	9/1/2017	12/31/2017	Family Therapy w/ Client Psych Diagnostic Eval
CSI Admission	ASANA INTEGRATED MEDICAL GROUP	1152	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	11/2/2017 11:25:55 AM	11/2/2017 11:25:54 AM	11/2/2017	1/30/2018	
Financial Eligibility	ASANA INTEGRATED MEDICAL GROUP	1143	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	10/18/2017 2:47:15 PM	10/18/2017 2:47:14 PM	10/18/2017	12/31/2017	
Client Condition - Pregnancy	ASANA INTEGRATED MEDICAL GROUP	Unassigned	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Pending	Not Reviewed	1/9/2018 2:34:39 PM	1/9/2018 3:34:39 PM	1/9/2018	1/9/2018	
Authorizations											
Provider Admission											
Provider Diagnosis											
Attachments											
Provider Diagnosis (ICD-10)											
Day Treatment / MHS Authorization Details											
Outpatient Treatment Auth. Request											

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

16. Click on **Authorizations** from the **Navigation Tool Bar** and the **Authorization Number** will appear as depicted below:

Member ID	Authorization Information											
3171543	Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Demographic	ASANA INTEGRATED MEDICAL GROUP	117	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Approved	9/15/2017 3:20:33 PM	9/19/2017 3:06:34 PM	9/1/2017	12/31/2017	Family Therapy w/ Client - Psych Diagnostic Eval	Add New
CSI Admission												
Financial Eligibility												
Client Condition - Pregnancy												
Authorizations	ASANA INTEGRATED MEDICAL GROUP	1152	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	11/2/2017 11:25:55 AM	11/2/2017 11:25:54 AM	11/2/2017	1/30/2018		Add New
Provider Admission												
Provider Diagnosis												
Attachments												
Provider Diagnosis (ICD-10)	ASANA INTEGRATED MEDICAL GROUP	1143	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	10/18/2017 2:47:15 PM	10/18/2017 2:47:14 PM	10/18/2017	12/31/2017		Add New
Day Treatment / MHS Authorization Details												
Outpatient Treatment Auth. Request	ASANA INTEGRATED MEDICAL GROUP	1178	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	1/9/2018 2:34:39 PM	1/9/2018 3:34:39 PM	1/9/2018	1/9/2018		Add New

All clinical documentation must be submitted with the authorization request. To attach the required documents with the authorization request:

17. Click on the **Add New** link under **Attachments** for the corresponding authorization number.

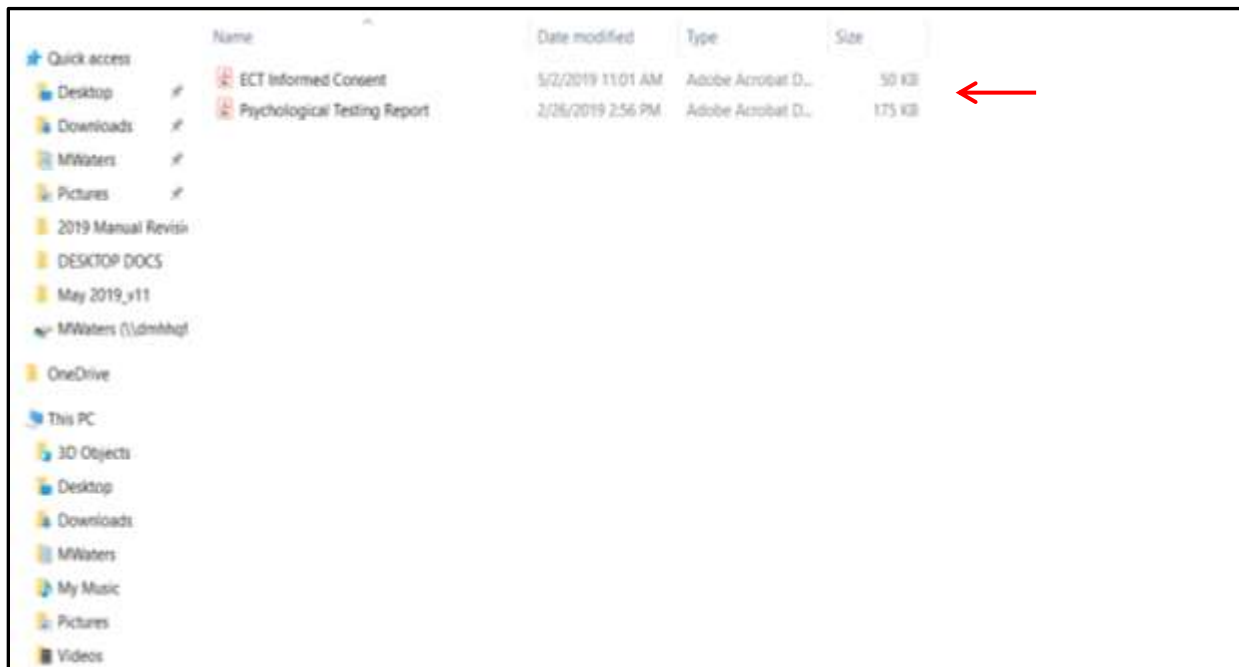
The **File Attachments** form will appear.

Member ID	ProviderConnect - File Attachments - ASANA INTEGRATED MEDICAL GROUP 10/13/2017 11:36:30 AM Link Up Client Open Menu Log Out				
3171489					
Demographic	File Attachments				
CSI Admission	File Name	Attached By	Date Attached	Notes History	Notes
DCFS Status Tracking	Add New File Attachment(s):				
Financial Eligibility	Note: File Attachments may not be made immediately available				
Public Guardian Status Tracking	File Name	Notes			
Client Condition - Pregnancy					
Authorizations					
Provider Admission	Browse...				
Provider Diagnosis					
Attachments	Attach New Files				
Provider Diagnosis (ICD-10)	View Authorization				
Day Treatment / MHS Authorization Details	Return to Authorization List				
Outpatient Treatment Auth. Request					

18. Under **File Name** click **Browse** to view the document you would like attach.

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

19. Select the document by double clicking on the file name.



20. Click on **Attach New Files**.

The screenshot shows the 'ProviderConnect - File Attachments' interface for ASANA INTEGRATED MEDICAL GROUP. The interface includes a sidebar with a list of tabs, a main content area with a table of file attachments, and a bottom section with buttons for 'View Authorization' and 'Return to Authorization List'.

Member ID: 3171543

ProviderConnect - File Attachments ASANA INTEGRATED MEDICAL GROUP 12/12/2017 10:41:14 AM

File Attachments

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s):				
Note: File Attachments may not be made immediately available				
H:\Psych Testing Report.docx	Browse...			

Attach New Files

[View Authorization](#)

[Return to Authorization List](#)

ProviderConnect: Psychological Testing & Electroconvulsive Therapy (ECT) Authorization Requests

To add additional files, repeat steps 18 and 20 by first selecting the **Edit/Add New** link under **Attachments**.

Member ID
3118448

Client Condition - Pregnancy
Demographic
CSI Admission
DCFS Status Tracking
Financial Eligibility
Public Guardian Status Tracking
Authorizations
Provider Admission
Attachments
Provider Diagnosis (ICD-10)
Day Treatment / MHS Authorization Details
Over Threshold Authorization Request
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

Client Name: TEST, OVERTHRESHOLD
Member ID: 3118448
SSN: 999-99-9999

ProviderConnect - Authorization Requests

SCHMIDT, JILL E. 9/14/2016 8:21:05 AM
 [Lookup Client](#)
[Main Menu](#)
[Log Out](#)

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
SCHMIDT, JILL E.	871	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Approved	8/10/2016 6:06:20 PM	8/10/2016 2:13:08 PM	9/1/2016	12/31/2016	Family Therapy w/ Client Dupl (59)	Edit / Add New
SCHMIDT, JILL E.	882	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Approved	8/24/2016 5:13:44 PM	8/24/2016 1:18:38 PM	5/24/2016	5/24/2016	Psychother for Crisis	Add New
SCHMIDT, JILL E.	870	MSO			Approved		8/10/2016 11:26:41 AM	5/1/2016	8/31/2016	Family Therapy w/ Client	Edit / Add New
SCHMIDT, JILL E.	880	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Not Reviewed	8/24/2016 10:13:19 AM	8/24/2016 6:13:19 AM	5/1/2016	8/31/2016		Add New
SCHMIDT, JILL E.	881	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Approved	8/24/2016 4:31:10 PM	8/24/2016 12:51:35 PM	5/1/2016	8/31/2016	Psychother 60min w/ Dupl (59)	Add New

Create Request

To review the status of the Psychological Testing or ECT Authorization Request, click on the **Authorizations** link from the **Navigation tool bar**. The '**Authorization Information**' screen will appear showing the status of the authorization under the **Review Status** column as shown.

Member ID
3118448

Client Condition - Pregnancy
Demographic
CSI Admission
DCFS Status Tracking
Financial Eligibility
Public Guardian Status Tracking
Authorizations ←
Provider Admission
Attachments
Provider Diagnosis (ICD-10)

Client Name: TEST, OVERTHRESHOLD
Member ID: 3118448
SSN: 999-99-9999

ProviderConnect - Authorization Requests

SCHMIDT, JILL E. 9/18/2016 1:39:03 PM
 [Lookup Client](#)
[Main Menu](#)
[Log Out](#)

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
SCHMIDT, JILL E.	871	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Approved	8/10/2016 6:06:20 PM	8/10/2016 2:13:08 PM	9/1/2016	12/31/2016	Family Therapy w/ Client Dupl (59)	Edit / Add New
SCHMIDT, JILL E.	882	ProviderConnect	z Schmidt, Jill NR4289628	Complete	Approved	8/24/2016 5:13:44 PM	8/24/2016 1:18:38 PM	5/24/2016	5/24/2016	Psychother for Crisis	Add New

To review the details of the authorization, click on the **Authorization Number**.

ProviderConnect: Over-Threshold Authorization Request

The **Authorizations** form is used to create and submit an authorization request.

Note: At the beginning of each trimester, the client starts over with 8 Under-Threshold services available. Providers should submit a request for Over-Threshold services as soon as they know the client will need additional services for the trimester period. Trimesters are: January through April, May through August, and September through December.

To begin the authorization process to submit the Over-Threshold Authorization Request:

1. Search for Client.

ProviderConnect - Look Up Client SCHMIDT, JILL E. 8/24/2016 8:29:08 AM Lookup Client Main Menu Log Out

Search Criteria	
Member ID:	3118448
SSN:	
First Name:	
Last Name:	
Date of Birth:	
Agency:	SCHMIDT, JILL E.

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

Search by Criteria

2. Click on **Client ID** to open chart.

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3118448	Test	Overthreshold	7/1/1971	SCHMIDT, JILL E.

Search Criteria

Back

About ProviderConnect v2.211

ProviderConnect: Over-Threshold Authorization Request

1. Select **Authorizations** from the **Navigation Tool Bar** on left hand side.

Demographic

Member ID: 3171489

SSI Admission

SSN: 999-99-9999

DCFS Status Tracking

Financial Eligibility

Public Guardian Status Tracking

Client Condition - Pregnancy

Authorizations

Provider Admission

Provider Diagnosis

Attachments

Provider Diagnosis (ICD-10)

Authorization Information

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

Create Request

About ProviderConnect 2017.10.1

2. Click on **Create Request**.

The **Authorization Request Information** box will appear as follows:

Member ID

3171543

Demographic

SSI Admission

DCFS Status Tracking

Financial Eligibility

Public Guardian Status Tracking

Client Condition - Pregnancy

Authorizations

Provider Admission

Provider Diagnosis

Attachments

Provider Diagnosis (ICD-10)

Day Treatment / MHS Authorization Details

Outpatient Treatment Auth Request

ProviderConnect - Authorization Request

ASANA INTEGRATED MEDICAL GROUP 12/11/2017 3:00:48 PM

Logout Client | Open Menu | Log Out

Authorization Request

Client Information

CLIENT NAME	MEMBER ID	PROVIDER NAME
Sky Saturn	3171543	ASANA INTEGRATED MEDICAL GROUP

Authorization Dates

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

Care Manager

CARE MANAGER ASSIGNED:	DATE ASSIGNED:

Authorization Information

AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:

3. Enter the **Authorization Request Start Date**

Note: The begin date for Over-Threshold services will be the expected 9th session.

4. Enter the **Authorization Request End Date**

Note: The end date for Over-Threshold services will be the trimester end date, e.g. April 30, August 31, December 31.

ProviderConnect: Over-Threshold Authorization Request

Note: Required fields notated by arrows.

The screenshot shows the 'Over-Threshold Authorization Request' form in ProviderConnect. On the left is a sidebar with navigation links: Member ID (3171543), Demographic, CSI Admission, DCFS Status Tracking, Financial Eligibility, Public Guardian Status Tracking, Client Condition - Pregnancy, Authorizations, Provider Admission, Provider Diagnosis, Attachments, Provider Diagnosis (ICD-10), Day Treatment / MHS Authorization Details, Outpatient Treatment Auth. Request, Plan Communication, and Systemwide Annual Liability. The main form area contains several sections: 'Diagnosis' with 'Primary Diagnosis' (Severe factor VIII deficiency) and 'Secondary Diagnosis' (empty); 'Funding Source & Benefit Plan Information' with 'Funding Source' (FFS2 Authorized Outpt Svc (CGF) MC), 'Benefit Plan' (FFS2 Authorized Outpt Svc (CGF) MC), and 'Program' (z ASANA INTEGRATED MEDICAL GROUP GR13967); 'Authorization Group' (Leave blank for individual CPT Codes requests); 'PROCEDURE CODE' (90834 - Psychother 45min ff) and 'UNITS REQUESTED' (2); and a 'Comments' section at the bottom. Red arrows point to the Primary Diagnosis, Funding Source, Benefit Plan, Program, Procedure Code, and Units Requested fields, indicating they are required. A 'File Request' button is located below the Procedure Code and Units Requested fields.

5. Enter diagnosis in the **Primary Diagnosis** field.

Note: Enter the alpha or numeric diagnosis and the system will generate the matching diagnosis.

6. Under **Funding Source**, select **FFS2 Authorized Outpt Svc (CGF) MC**.

7. Under **Benefit Plan**, select **FFS2 Authorized Outpt Svc (CGF) MC**.

8. Select the provider to be authorized from the **Program** drop down menu.

9. Click **Add Code** to select the appropriate Procedure Code that accurately reflects the service you plan to provide (e.g. 90834 - Psychother 45min ff).

10. Enter the number of units of service in the **Units Requested** field.

Note: 1 Unit of Service = 1 Session (e.g. 2 Units of Service = 2 Sessions of psychotherapy).

11. To include additional Procedure Code's repeat step 9 and 10.

12. Click  to submit.

ProviderConnect: Over-Threshold Authorization Request

The 'Authorization Information' screen will appear and **Authorization Number** will view as 'Unassigned'.

Member ID	Authorization Information											
3171543	Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Demographic	ASANA INTEGRATED MEDICAL GROUP	117	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Approved	9/15/2017 3:20:33 PM	9/19/2017 3:06:34 PM	9/1/2017	12/31/2017	Family Therapy w/ Client Psych Diagnostic Eval	Add New
CSI Admission	ASANA INTEGRATED MEDICAL GROUP	1152	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	11/2/2017 11:25:55 AM	11/2/2017 11:25:54 AM	11/2/2017	1/30/2018		Add New
Financial Eligibility	ASANA INTEGRATED MEDICAL GROUP	1143	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	10/18/2017 2:47:15 PM	10/18/2017 2:47:14 PM	10/18/2017	12/31/2017		Add New
Client Condition - Pregnancy	ASANA INTEGRATED MEDICAL GROUP	Unassigned	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Pending	Not Reviewed	1/9/2018 2:34:39 PM	1/9/2018 3:34:39 PM	1/9/2018	1/9/2018		
Authorizations												
Provider Admission												
Provider Diagnosis												
Attachments												
Provider Diagnosis (ICD-10)												
Day Treatment / MHS Authorization Details												
Outpatient Treatment Auth. Request												

13. Click on **Authorizations** from the **Navigation Tool Bar** and the **Authorization Number** will appear as depicted below:

Member ID	Authorization Information											
3171543	Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Demographic	ASANA INTEGRATED MEDICAL GROUP	117	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Approved	9/15/2017 3:20:33 PM	9/19/2017 3:06:34 PM	9/1/2017	12/31/2017	Family Therapy w/ Client Psych Diagnostic Eval	Add New
CSI Admission	ASANA INTEGRATED MEDICAL GROUP	1152	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	11/2/2017 11:25:55 AM	11/2/2017 11:25:54 AM	11/2/2017	1/30/2018		Add New
Financial Eligibility	ASANA INTEGRATED MEDICAL GROUP	1143	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	10/18/2017 2:47:15 PM	10/18/2017 2:47:14 PM	10/18/2017	12/31/2017		Add New
Client Condition - Pregnancy	ASANA INTEGRATED MEDICAL GROUP	1178	ProviderConnect	z ASANA INTEGRATED MEDICAL GROUP GR13967	Complete	Not Reviewed	1/9/2018 2:34:39 PM	1/9/2018 3:34:39 PM	1/9/2018	1/9/2018		Add New
Authorizations												
Provider Admission												
Provider Diagnosis												
Attachments												
Provider Diagnosis (ICD-10)												
Day Treatment / MHS Authorization Details												
Outpatient Treatment Auth. Request												

All clinical documentation must be submitted with the authorization request. To attach the required documents with the authorization request:

14. Click on the **Add New** link under **Attachments** for the corresponding authorization number.

ProviderConnect:

Over-Threshold Authorization Request

The **File Attachments** form will appear.

Member ID

3171489

Demographic

DOB Admission

DCFS Status Tracking

Financial Eligibility

Public Guardian Status Tracking

Client Condition - Pregnancy

Authorizations

Provider Admission

Provider Diagnosis

Attachments

Provider Diagnosis (ICD-10)

Day Treatment / MHS Authorization Details

Outpatient Treatment Auth. Request

ProviderConnect - File Attachments

ASANA INTEGRATED MEDICAL GROUP 10/13/2017 11:36:30 AM

[Logout User](#)
[Issue Menu](#)
[Log Out](#)

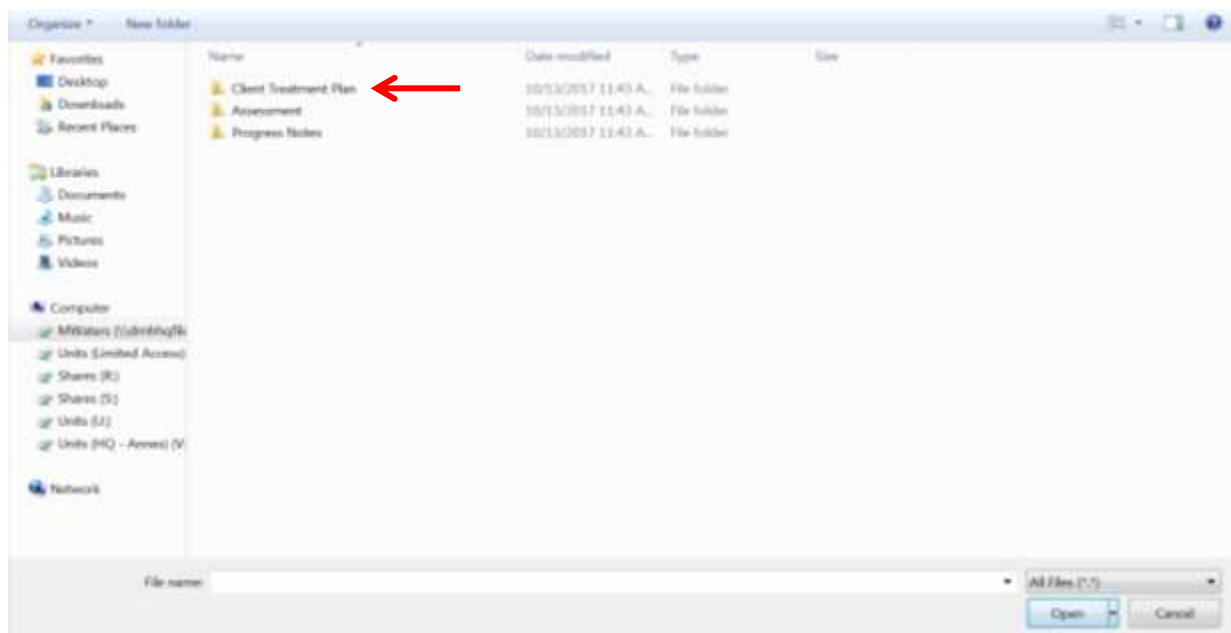
File Attachments

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s):				
Note: File Attachments may not be made immediately available				
File Name	Notes			
<input type="text"/> <input type="button" value="Browse..."/>	<div></div>			
<input type="button" value="Attach New File"/>				

[View Authorization](#)

[Return to Authorization List](#)

15. Under **File Name** click **Browse** and select the document you would like to attach by double clicking on the file name.



ProviderConnect: Over-Threshold Authorization Request

16. Click on **Attach New Files**

Member ID
3171489

ProviderConnect - File Attachments - ASANA INTEGRATED MEDICAL GROUP 10/13/2017 11:36:30 AM [Logout Client](#) | [User Menu](#) | [Log Out](#)

Demographic
OSI Admission
DCFS Status Tracking
Financial Eligibility
Public Guardian Status Tracking
Client Condition - Pregnancy
Authorizations
Provider Admission
Provider Diagnosis
Attachments
Provider Diagnosis (ICD-10)

Day Treatment / NHS Authorization Details
Outpatient Treatment Auth. Request

File Attachments

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s):				
<i>Note: File Attachments may not be made immediately available</i>				
File Name	Notes			
Hi Client Plan.pdf	Browse...			
Attach New Files				
View Authorization				
Return to Authorization List				

To add additional files, repeat steps 15 and 16 by first selecting the **Edit/Add New** link under **Attachments**.

Member ID
3118448

ProviderConnect - Authorization Requests SCHMIDT, JILL E. 9/14/2016 8:21:05 AM [Logout Client](#) | [User Menu](#) | [Log Out](#)

Client Condition - Pregnancy
Demographic
OSI Admission
DCFS Status Tracking
Financial Eligibility
Public Guardian Status Tracking
Authorizations
Provider Admission
Attachments
Provider Diagnosis (ICD-10)

Day Treatment / NHS Authorization Details
Over Threshold Authorization Request
Plan Communication
Systemwide Annual Liability

Exit to Main Menu

Client Name: TEST, OVERTHRESHOLD
Member ID: 3118448
SSN: 999-99-9999

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
SCHMIDT, JILL E.	871	ProviderConnect	z Schmitt_Jill NR428820	Complete	Approved	8/18/2016 6:06:20 PM	8/18/2016 2:10:08 PM	9/1/2016	12/31/2016	Family Therapy w/ Client Dupl (.59)	Edit / Add New
SCHMIDT, JILL E.	882	ProviderConnect	z Schmitt_Jill NR428820	Complete	Approved	8/24/2016 5:13:44 PM	8/24/2016 1:18:38 PM	5/24/2016	5/24/2016	Psychther for Crisis	Add New
SCHMIDT, JILL E.	875	MSO			Approved		8/18/2016 11:25:41 AM	5/1/2016	8/31/2016	Family Therapy w/ Client	Edit / Add New
SCHMIDT, JILL E.	880	ProviderConnect	z Schmitt_Jill NR428820	Complete	Not Reviewed	8/24/2016 10:13:15 AM	8/24/2016 8:13:18 AM	5/1/2016	8/31/2016		Add New
SCHMIDT, JILL E.	881	ProviderConnect	z Schmitt_Jill NR428820	Complete	Approved	8/24/2016 4:31:18 PM	8/24/2016 12:51:35 PM	5/1/2016	8/31/2016	Psychother 50min T Dupl (.59)	Add New

ProviderConnect: Over-Threshold Authorization Request

To review the status of the authorization, click on the **Authorizations** link from the **Navigation tool bar**. The **Authorization Information** form will appear showing the status of the authorization under the **Review Status** column as shown.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Member ID</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">3118448</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Client Condition - Pregnancy</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Demographic</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">CSI Admission</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">DCFS Status Tracking</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Financial Eligibility</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Public Guardian Status Tracking</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Authorizations </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Provider Admission</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Attachments</div> <div style="border: 1px solid black; padding: 2px;">Provider Diagnosis (ICD-10)</div>	<div style="background-color: #4f81bd; color: white; padding: 5px;"> ProviderConnect - Authorization Requests SCHMIDT, JILL E. 9/19/2016 1:39:03 PM Lookup Client Main Menu Log Out </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Client Name: TEST, OVERTHRESHOLD</div> <div>Member ID: 3118448</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SSN: 999-99-9999</div> </div> </div> <div style="text-align: center; margin-top: 10px;"> Authorization Information </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>Provider</th> <th>Auth Number</th> <th>Origin</th> <th>CP Program</th> <th>Status</th> <th>Review Status</th> <th>Request Date</th> <th>Review Date</th> <th>Begin Date</th> <th>Expiration Date</th> <th>Tx Codes</th> <th>Attachments</th> </tr> </thead> <tbody> <tr> <td>SCHMIDT, JILL E.</td> <td style="border: 2px solid red;">871</td> <td>ProviderConnect</td> <td>z Schmidt, Jill NRA289520</td> <td>Complete</td> <td style="border: 2px solid red;">Approved</td> <td>8/10/2016 6:06:20 PM</td> <td>8/10/2016 2:13:08 PM</td> <td>9/1/2016</td> <td>12/31/2016</td> <td>Family Therapy w/ Client Dupl (.59)</td> <td> Edit / Add New</td> </tr> <tr> <td>SCHMIDT, JILL E.</td> <td>882</td> <td>ProviderConnect</td> <td>z Schmidt, Jill NRA289520</td> <td>Complete</td> <td>Approved</td> <td>8/24/2016 5:13:44 PM</td> <td>8/24/2016 1:18:38 PM</td> <td>5/24/2016</td> <td>5/24/2016</td> <td>Psychother for Crisis</td> <td>Add New</td> </tr> </tbody> </table>	Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments	SCHMIDT, JILL E.	871	ProviderConnect	z Schmidt, Jill NRA289520	Complete	Approved	8/10/2016 6:06:20 PM	8/10/2016 2:13:08 PM	9/1/2016	12/31/2016	Family Therapy w/ Client Dupl (.59)	Edit / Add New	SCHMIDT, JILL E.	882	ProviderConnect	z Schmidt, Jill NRA289520	Complete	Approved	8/24/2016 5:13:44 PM	8/24/2016 1:18:38 PM	5/24/2016	5/24/2016	Psychother for Crisis	Add New
Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments																										
SCHMIDT, JILL E.	871	ProviderConnect	z Schmidt, Jill NRA289520	Complete	Approved	8/10/2016 6:06:20 PM	8/10/2016 2:13:08 PM	9/1/2016	12/31/2016	Family Therapy w/ Client Dupl (.59)	Edit / Add New																										
SCHMIDT, JILL E.	882	ProviderConnect	z Schmidt, Jill NRA289520	Complete	Approved	8/24/2016 5:13:44 PM	8/24/2016 1:18:38 PM	5/24/2016	5/24/2016	Psychother for Crisis	Add New																										

To review the details of the authorization, click on the **Authorization Number**.

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		
Logout / Exit		

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"/>
Generate Report	

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	
Avatar	1906A EDMUND D EDELMAN WESTSIDE MHC	Admit	9/25/2015	6/2/2016	BR	F31.9 - Bipolar 1 disorder
Avatar	[REDACTED]					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	[REDACTED]					799.9-Diagnosis Deferred
History	[REDACTED]					300.00-Anxiety Disorder NOS
History	[REDACTED]					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	MI	296.90-Mood Disorder NOS
History	[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	298.9-Psychotic Disorder NOS
History	5804I PDP BHC ALHAMBRA HOSPITAL	Psych Acute Inpatient	12/1/2013	12/3/2013	DI	296.20-Major Depressive Disorder, Single Episod

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 claimed 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		
Lookup Client	Reports	Utilities
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:	<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"/>
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> .

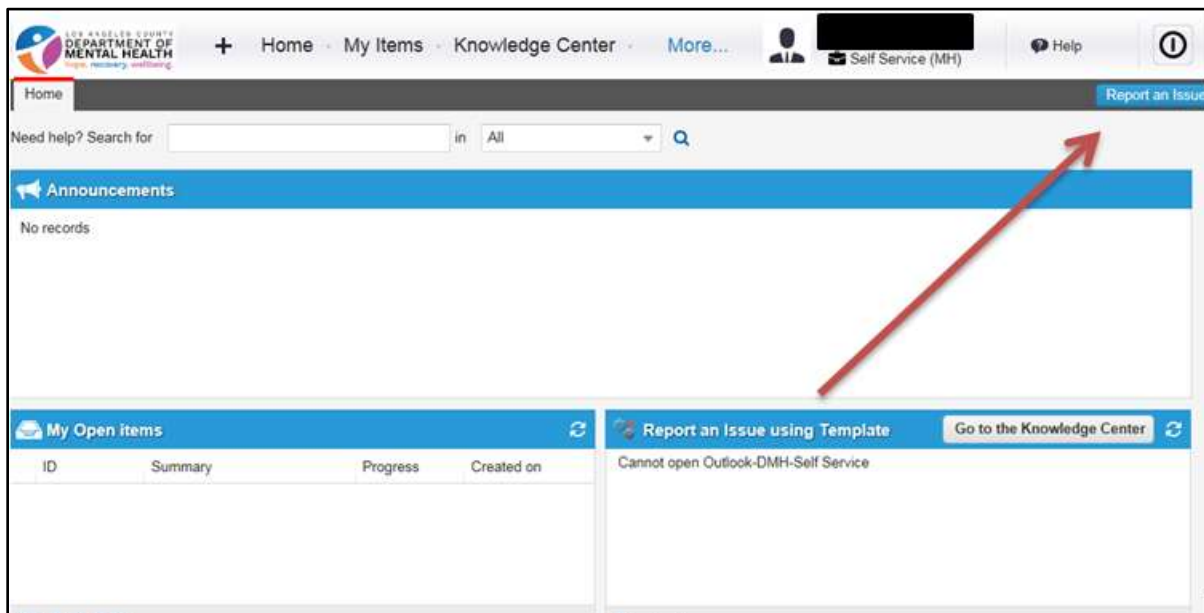


Los Angeles County
Mental Health
hope. recovery. wellbeing.

Los Angeles County
Mental Health SSLVPN

c+ContractorID
Hosted
Password

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



Los Angeles County
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

+ Home · My Items · Knowledge Center · More... Self Service (MH) Help ⓘ

Home [Report an Issue](#)

Need help? Search for in All

Announcements
No records

My Open items

ID	Summary	Progress	Created on

Report an Issue using Template

Cannot open Outlook-DMH-Self Service