LACDMH Clinical Operations Intensive Care Division

Fee-For-Service 2 End User Manual

ProviderConnect

May 2019

v 11.0

Table of Contents

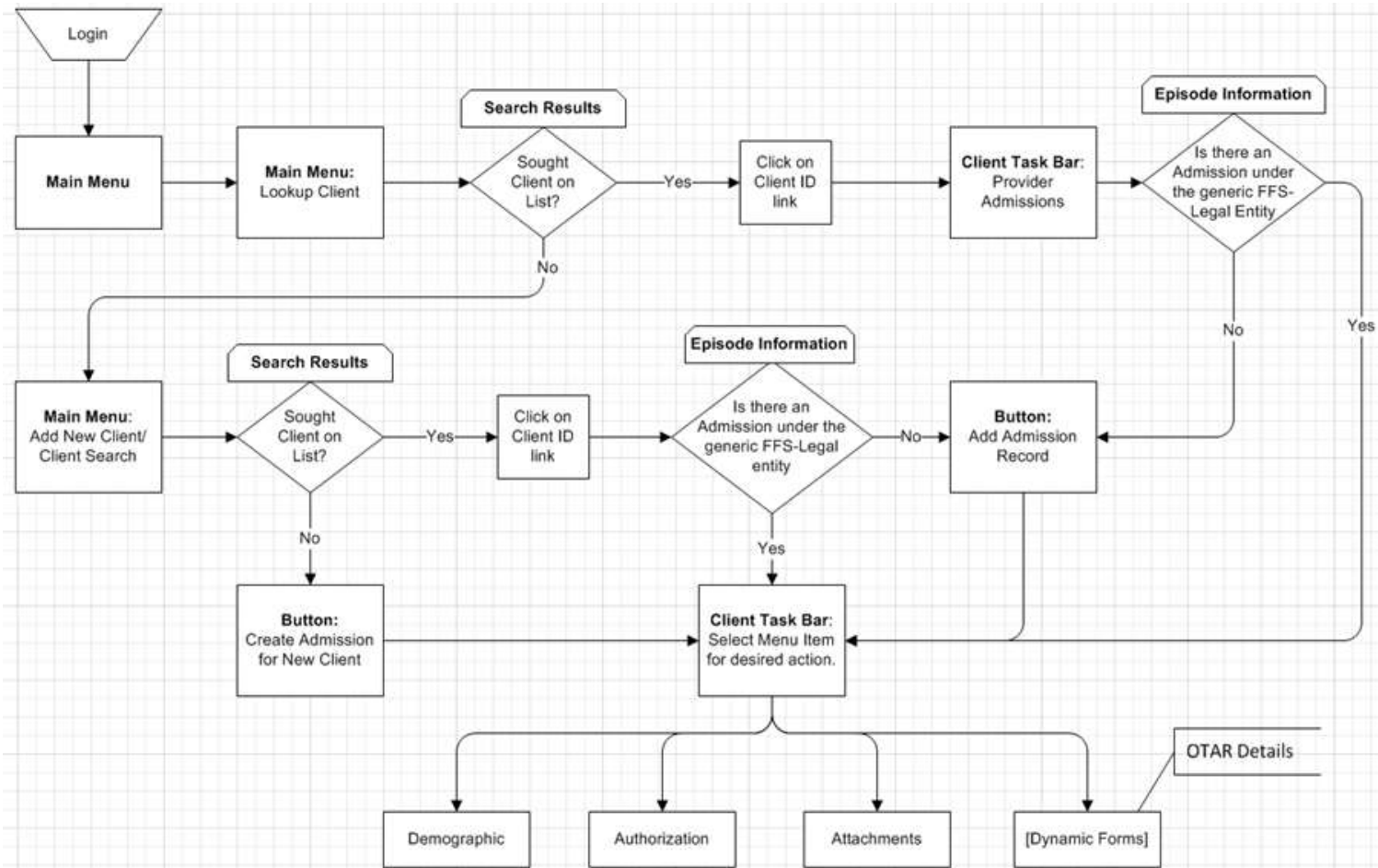# Introduction to IBHIS for Fee-for-Service 2 Providers

Overview

Integrated Behavioral Health Information System (IBHIS) is the Electronic Health Record System (EHRS) implemented by Los Angeles County Department of Mental Health (LACDMH). ProviderConnect is a web-based interface used to communicate with IBHIS. ProviderConnect is a standard browser based application that can be launched from any web browsing application such as 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).

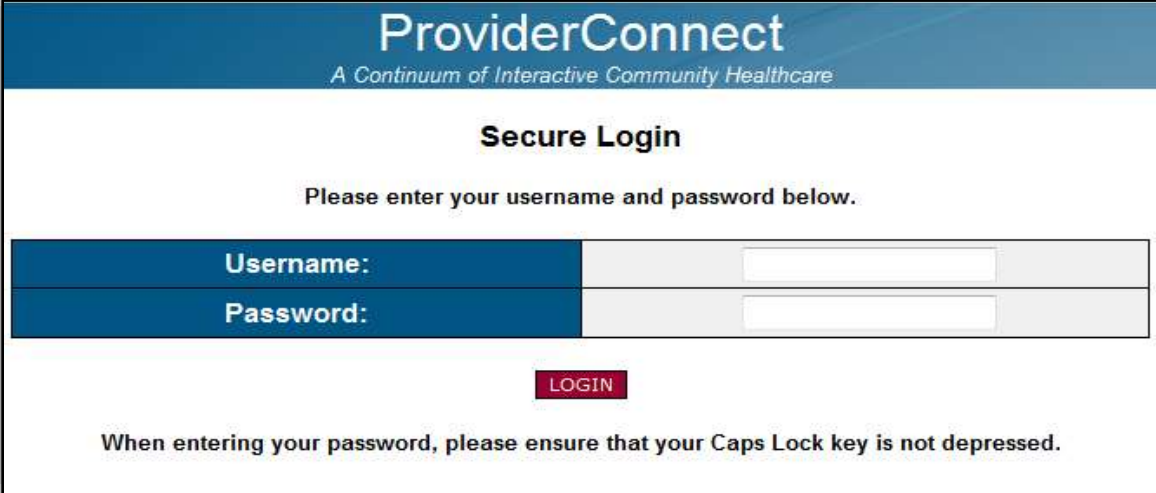13. Print (using your desktop print functions/Right-click).

Workflow: ProviderConnect for FFS2

Login

Main Menu

Main Menu:
Lookup Client

Search Results

Sought Client on List?

—Yes—

Click on Client ID link

Client Task Bar:
Provider Admissions

Episode Information

Is there an Admission under the generic FFS-Legal Entity

No

Main Menu:
Add New Client/
Client Search

Search Results

Sought Client on List?

—Yes—

Click on Client ID link

Episode Information

Is there an Admission under the generic FFS-Legal entity

—No—

Button:
Add Admission Record

No

Yes

Yes

No

Button:
Create Admission for New Client

Yes

Client Task Bar:
Select Menu Item for desired action.

OTAR Details

Demographic

Authorization

Attachments

[Dynamic Forms]

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.
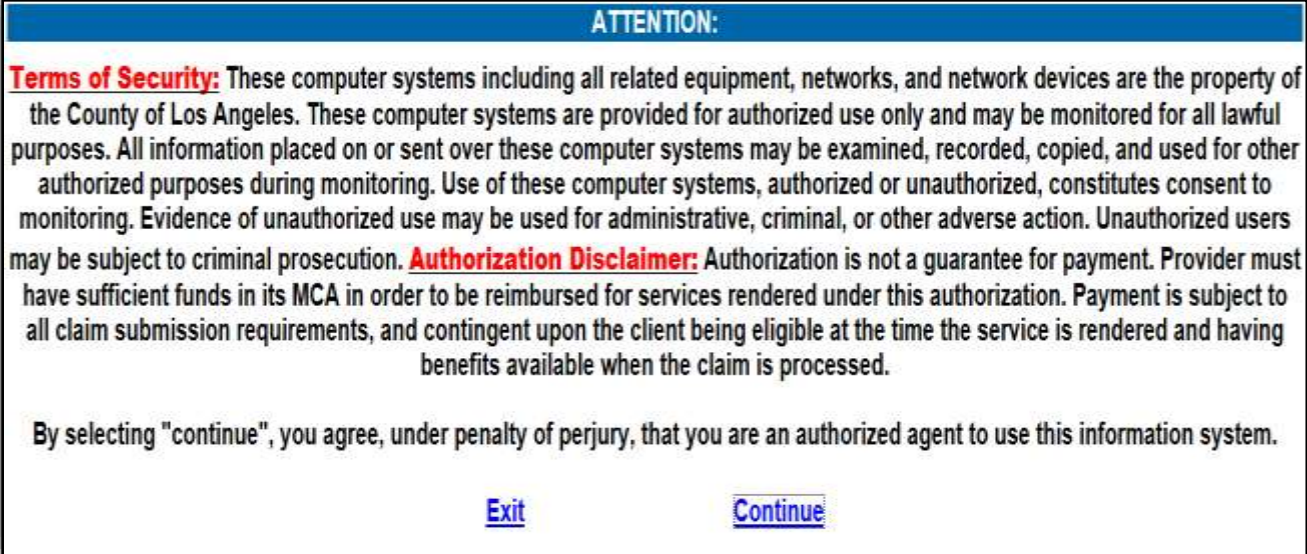
The following login screen will appear:

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.

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.

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		
Lookup Client ←	Reports	Utilities
Add New Client/Client Search	Change Password	Documentation
News		

The **Lookup Client** form will appear.

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

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

Search by Criteria

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 **Search by Criteria** to continue.

ProviderConnect: Search for a Client

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

Note: If a client was not located in the search result using the Lookup Client feature, this means the client does not have an existing admission within your agency and you proceed to the Add New Client/Client Search as illustrated on the next page (page 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**
Member Street 1 4717 Vermont Avenue	**Member Street 2**	**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**
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

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		
Lookup Client	Reports	Utilities
Add New Client/Client Search ←	Change Password	Documentation
News		

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

Search Criteria	
Social Security Number:	
Last Name:	
First Name:	
Sex:	☐ Female - F ☐ Male - M ☐ Transgender (F to M) - FTM ☐ Transgender (M to F) - MTF ☐ Unknown - U *
Date of Birth:	01/01/1990

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 [Search] 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:	
Last Name:	Saturn
First Name:	Sky
Sex:	○ Female - F ○ Male - M ○ Transgender (F to M) - FTM ○ Transgender (M to F) - MTF ⦿ Unknown - U
Date of Birth:	

Search

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
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.).

4. 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:	
Last Name:	Black
First Name:	Keyboard
Sex:	○ Female - F ○ Male - M ○ Transgender (F to M) - FTM ○ Transgender (M to F) - MTF ⦿ Unknown - U
Date of Birth:	01/01/1990 ×

Search

No clients found.

Create Admission for New Client

1. 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.

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**.

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.

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.

Member ID	
4425226	

Navigation	Description
Client Condition - Pregnancy	Complete Client Condition –Pregnancy, if applicable
Demographic	Complete or update Demographics
CSI Admission	Complete CSI Admission
DCFS Status Tracking	
Financial Eligibility	Complete or update Financial Eligibility
Public Guardian Status Tracking	
Authorizations	Complete or view Authorizations
Provider Admission	Complete or view Existing Admissions
Attachments	Allows you to attach documents you wish to share with LACDMH
Provider Diagnosis (ICD-10)	Complete or update Provider Diagnosis (ICD-10)
Day Treatment / MHS Authorization Details	
Outpatient Treatment Auth. Request	
Plan Communication	
Systemwide Annual Liability	Complete or view Systemwide Annual Liability
Exit to Main Menu	

Note: All other forms not identified with arrows are not applicable to Fee For Service 2 providers (e.g. 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.

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.

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

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

The following screen will appear.

Note: All fields highlighted in red are required.

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

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

5. 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.

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.

ProviderConnect:
Provider Diagnosis (ICD10)

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

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.

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.

ProviderConnect: CSI Admission

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

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

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

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

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

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

ProviderConnect: CSI Admission

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

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

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

ProviderConnect:
Systemwide Annual Liability

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

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

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.

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:

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.

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

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.

2. Click [Add Financial Eligibility] to begin.

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

ProviderConnect: Financial Eligibility

1. Select **Episode Number**

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

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

Guarantor Selection	
-- Guarantors -- ⌄ Add Guarantor	

Begin by selecting the appropriate guarantors,

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

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

The **Guarantor Details** screen will appear.

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

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

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

ProviderConnect: Financial Eligibility

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

Under **Subscriber Information:**

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

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

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

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.**

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

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 **Save** to enter data.

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

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

Guarantor Selection			
Change Order	Guarantor Name		
↓ ↑	DMH	Edit	Delete
-- Guarantors -- ⌄ Add Guarantor ←			

Submit   Cancel

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

16. Click the **Add Guarantor** button.

ProviderConnect: Financial Eligibility

The **Guarantor Details** screen will appear.

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.

ProviderConnect: Financial Eligibility

Scroll down under **Subscriber Information**:

Note: Required fields notated by arrows.

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

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

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

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

21. Under **Subscriber Assignment of Benefits,** select **'Yes'.**
22. Under the Subscriber Release of Information, select **Yes, Provider Has Signed Statement Permitting Release-Y** (for 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 ←	**Coverage Effective Date** ←
◉ Yes - Y ◯ No - N	
Coverage Expiration Date	**Inhibit Billing By Mail**
	◯ Yes - Y ◯ No - N
Effective Date Of Contract	**Expiration Date Of Contract**
01/01/2000	
Is This A Managed Care Contract	**Insurance Code/Medicaid Tape**
◯ Yes - Y ◯ No - N	
Coordination Of Benefits ←	**Date Of Accident**
☐ Yes - Y ☐ No - N *	

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		Edit
↓ ↑	LA County		Edit
-- Guarantors -- ⌄	Add Guarantor		

Submit   Cancel

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

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

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

ProviderConnect: Financial Eligibility

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

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

Guarantor Selection		
Change Order	**Guarantor Name**	
↓ ↑	DMH	Edit
↓ ↑	LA County	Edit
-- Guarantors -- ⌄ Add Guarantor		

Submit Cancel

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

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

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

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

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

1. To update **Client Condition-Pregancy** information, click [Edit] .

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

2. Select the appropriate **Episode Number** and update all necessary fields.
3. Click [Save Changes] to submit.

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

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.

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

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

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

2. Click on **Create Request**.

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

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

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:

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 ![File Request] to submit Psychological Testing or ECT Authorization Request.

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

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:

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.

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

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

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

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**.

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.

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.

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

ProviderConnect:
Over-Threshold Authorization Request

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

2. Click on **Create Request.**

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

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.**

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 [**File Request**] to submit.

ProviderConnect:
Over-Threshold Authorization Request

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

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

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.

The **File Attachments** form will appear.

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].

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

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.

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	

Generate Report

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

Client Service History						
Client Name (PATID):						
Legacy IDs: ,,,,,,,,,,,,						
Source	**Program Name**	**Program Type**	**Admit / First Service Date**	**Discharge / Last Service Date**	**Practitioner**	**Diagnosis**
Avatar	LA County DMH PreAdmit	Pre-Admit	9/16/2014	10/8/2014	SA	
Avatar	1906A EDMUND D EDELMAN WESTSIDE MHC	Admit	9/25/2015	6/2/2016	BR	F31.9 - Bipolar 1 disorder
Avatar						F31.9 - Bipolar disorder unspecified
Avatar	6841A WEST VALLEY MH/WELLNESS CENTER	Admit	4/25/2016	4/27/2016	SU	F31.9 - Bipolar 1 disorder
Avatar	7216E SMART	Admit	5/2/2016	5/2/2016	BA	F31.9 - Bipolar 1 disorder
History						799.9-Diagnosis Deferred
History						300.00-Anxiety Disorder NOS
History						311-Depressive Disorder NOS
History	1906A EDMUND D. EDELMAN-OUTPT	Outpatient	3/4/2008	6/1/2009	GR	296.34-Major Depressive Disorder, Rec., Severe
History	6859A DMH/HARBOR UCLA-ADULT OUTPT	Outpatient	5/1/2008	5/5/2008	MI	296.90-Mood Disorder NOS
History						296.80-Bipolar Disorder NOS
History	7797S EXODUS RECOVERY INC WESTSIDE CS	Psychiatric ER/UCC Crisis Stab	11/30/2013	12/1/2013	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 <u>claimed</u> through IBHIS (like admissions to FFS hospitals) in ProviderConnect, use the **Provider Admission** link located on the **Navigation Tool Bar**. You will also see the "higher level" outpatient episodes that exist for this client in IBHIS.

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

Main Menu - Admin		
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:	
SSN:	
Last Name:	
First Name:	
Date of Birth:	

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

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

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

Accessing LACDMH Service History Information thru ProviderConnect

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

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

Self Service Support

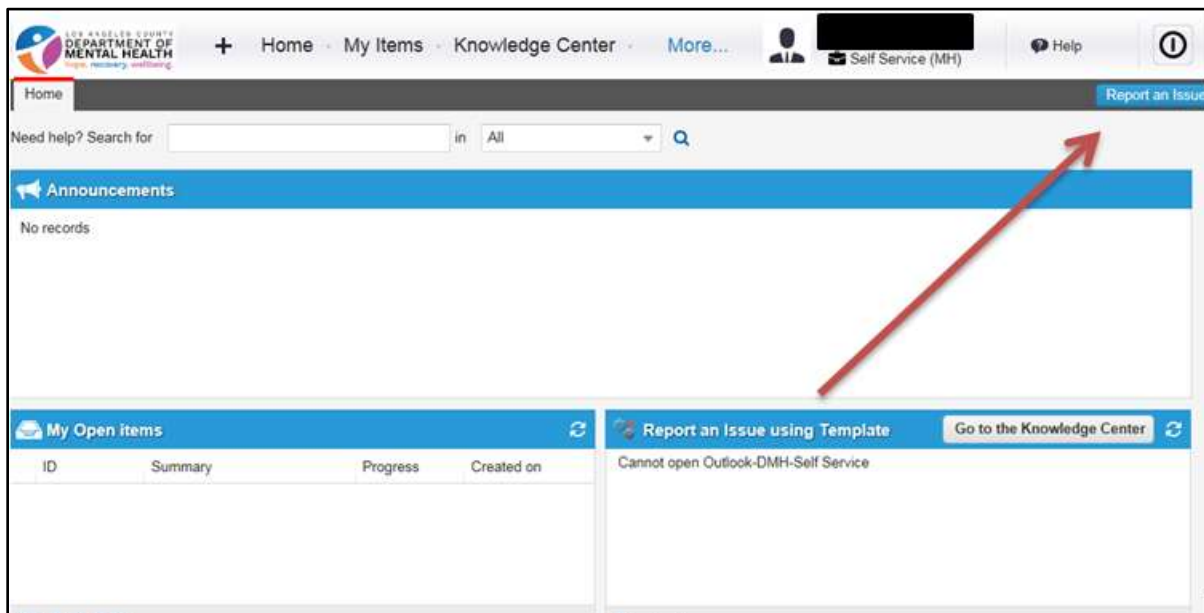**To Correct Data Input Errors**: You may report the incident by accessing the online Self Service Support application at the following link: **https://dmh.sslvpn.lacounty.gov/dmh/contractor** .