

End User Manual for Creating an Admission Process Individual and Group Outpatient SMHS (IGO formerly FFS2)

ProviderConnect NX



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Forms and Instructions for the Process to Apply for Access to ProviderConnect NX

Request Forms for Provider Connect NX Access:

- APPLICATION ACCESS FORM (AAF)
- CONFIDENTIALITY OATH
- COUNTY OF LOS ANGELES AGREEMENT FOR ACCEPTABLE USE AND
- CONFIDENTIALITY COUNTY INFORMATION ASSETS (AUA)
- ELECTRONIC SIGNATURE AGREEMENT
- SECURITY AGREEMENT NON-LACDMH USER

****Below is an example of an email an Onboarding Provider will receive****

This is a reminder for Legal Entity (LE) Providers that they required to Onboard a designated a Legal Entity Representative (liaison). The LE liaison will be the point of contact for any LE staff requesting access to Department of Mental Health (DMH) resources/applications. To facilitate staff requests, the DMH Provider Advocacy Office (PAO) has developed the online **Systems Access Request (SAR)** portal. The SAR portal will enable liaisons with a quick, reliable, and more accountable way to request access to existing and future DMH applications.

*****IMPORTANT***** Mailed access request forms and/or emailed access request forms will **NO longer** be processed. Any requests for application access or New C-Number/C-Number business agreement renewals **MUST** be created in the SAR portal by the LE liaison.

The SAR portal is only accessible to LE liaisons. To request SAR portal access for an LE liaison, please complete and email the “**Individuals Authorized to Sign Application Access Forms**” in addition to the “**Contractor Number Request Packet**” to the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov with subject line “**ONBOARDING SAR PORTAL LIAISON ACCESS.**” For your convenience, we have provided the direct link to the above-mentioned forms below:

Contractor Number Request Packet:

http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Application Access Forms:

http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

Should you have any questions or if you require additional assistance, please contact the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov and we will gladly assist you. We sincerely thank you for all your time and cooperation.

Introduction to ProviderConnect NX for Service Providers

Avatar NX is an Electronic Health Record System (EHRS) that the Los Angeles County Department of Mental Health (LACDMH) has implemented. ProviderConnect NX is a web-based interface that communicates with Avatar NX. ProviderConnect NX is a standard browser-based application that can be launched from any web browsing application such as Edge, Chrome, or Firefox. ProviderConnect NX has real-time communication with Avatar NX, hence any information submitted is directly entered or updated into Avatar NX immediately.

Access and Limitations

In this manual User will be shown how to search for clients associated in ProviderConnect NX, enter clients that have not been associated to ProviderConnect NX, create an Admission for clients, and set-up Financial Eligibility for clients.

- Once your request for access to ProviderConnect NX is approved, a User ID and system generated password will be issued to the designated users by LACDMH. This initial password must be changed upon the first login to the application.
- ProviderConnect NX is a browser-based application that can be accessed using a web address Uniform Resource Locator (URL) <https://lapcnxuat.netsmartcloud.com/#/home>
- New User will also be given access to DMH Multi Factor Authentication (MFA) login for ProviderConnect NX.
- Once an Admission is submitted via ProviderConnect NX, designated users will not be able to make any changes in the submitted admission.

If changes or updates are required, Users will need to complete a HEAT ticket to have changes or updates completed in ProviderConnect NX. If a User does not have or know what their access is for HEAT Users can call the Help Desk at (213)935-1908.

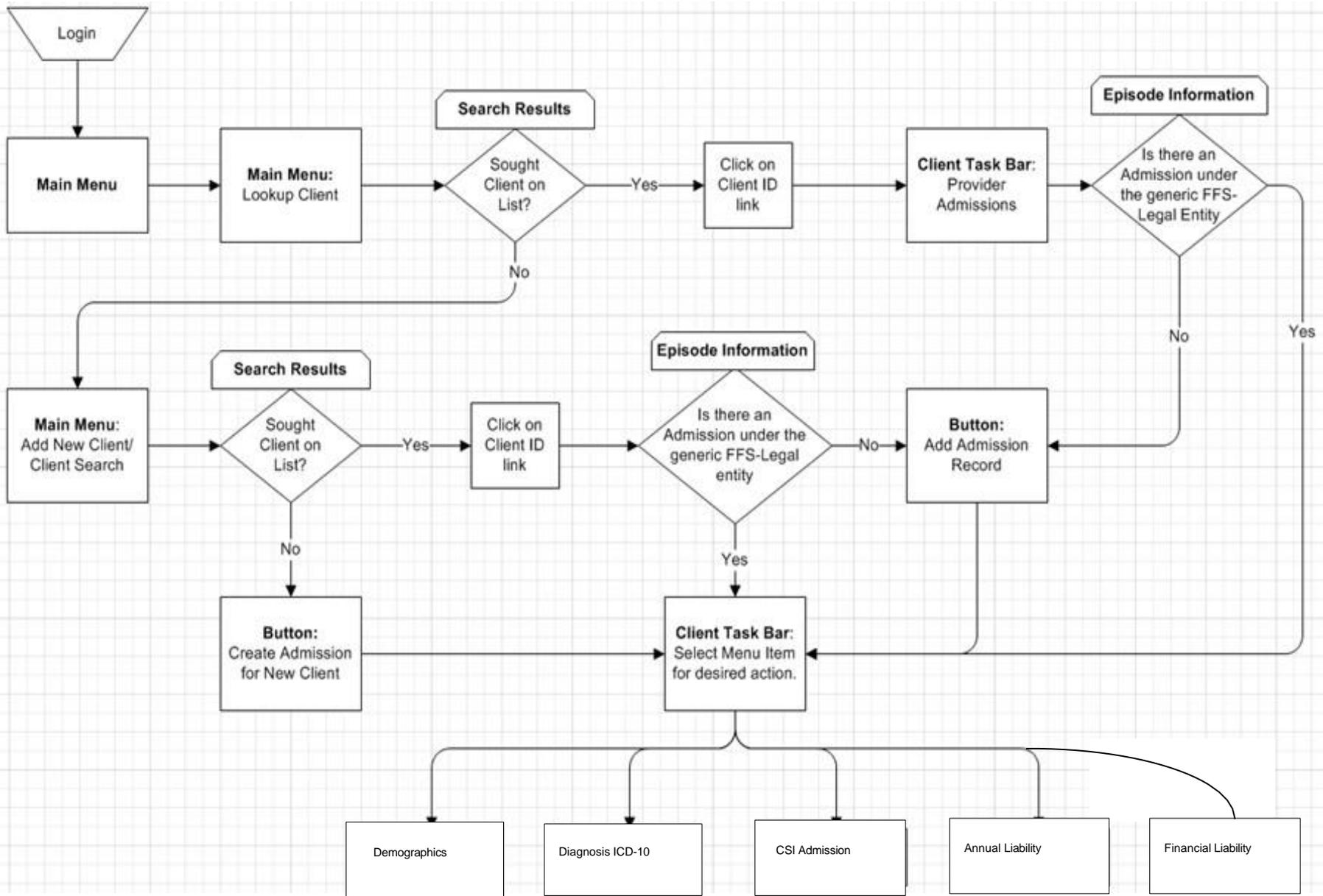
Links and Numbers

Help Desk – (213) 351-1335

HEAT ticket System - <https://lacdmhheat.saasit.com>

User Manuals and Videos - <https://dmh.lacounty.gov/pc/cp/provider-connect/>

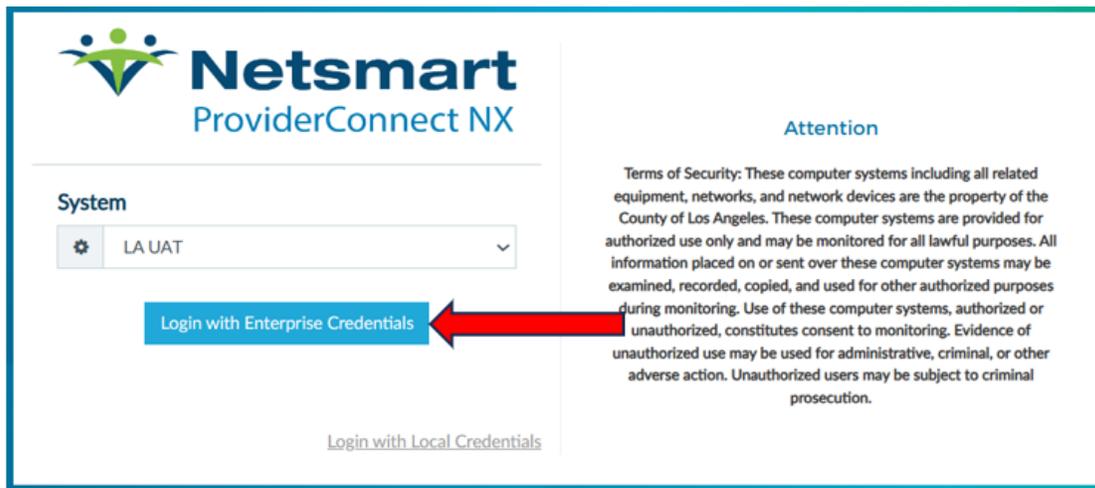
Workflow: ProviderConnect for IGO



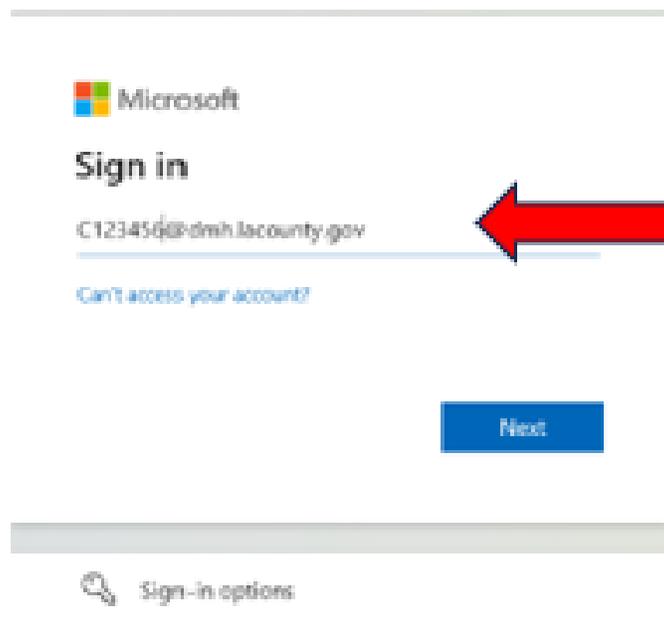
ProviderConnect NX Log In

Start the web browser (Microsoft Edge, Chrome or Firefox) on your computer Click, type, or cut and paste the following link in the web address line to access the link for ProviderConnect NX.

1. We suggest that users save this link to their Favorites Bar for ease of access.
<https://lapcnx.netsmartcloud.com/#/home>
2. Select the “Login with Enterprise Credentials” button. This will navigate the User to the Microsoft MFA login screen.



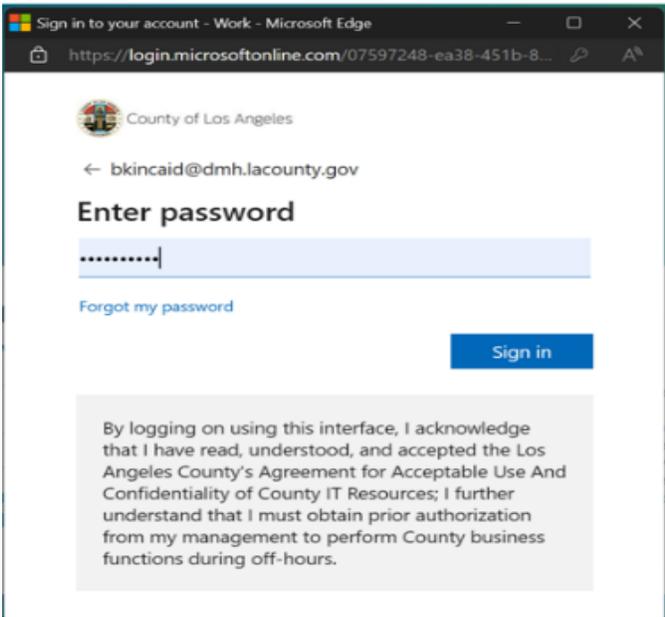
3. Enter the County assigned email that starts with the Users “C” number (e.g. C123456@dmh.lacounty.gov) and select the **Next** button.



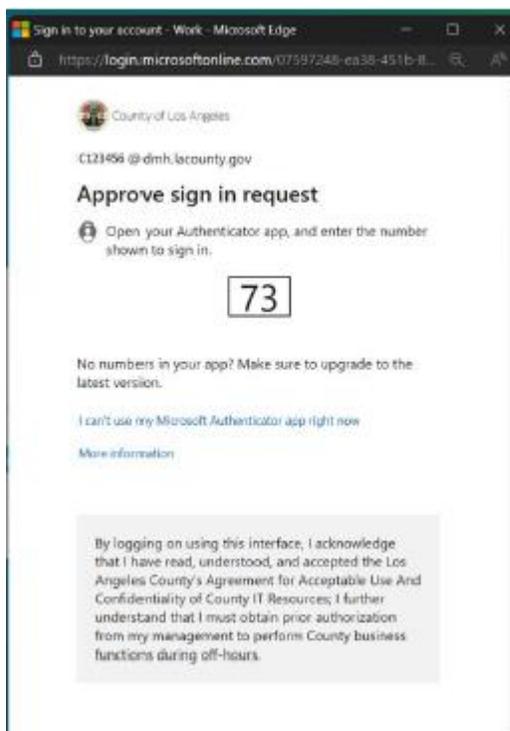
4. Select the LA County email address on the **"Pick an account"** popup screen. This will navigate the User to the "Enter Password" popup screen.



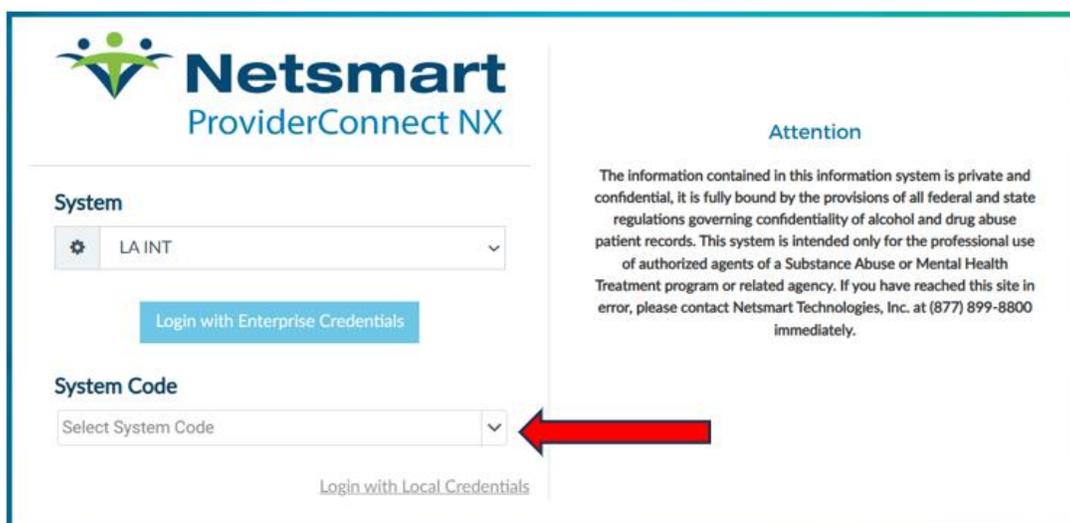
5. Type in your password then click the **Sign in** button.



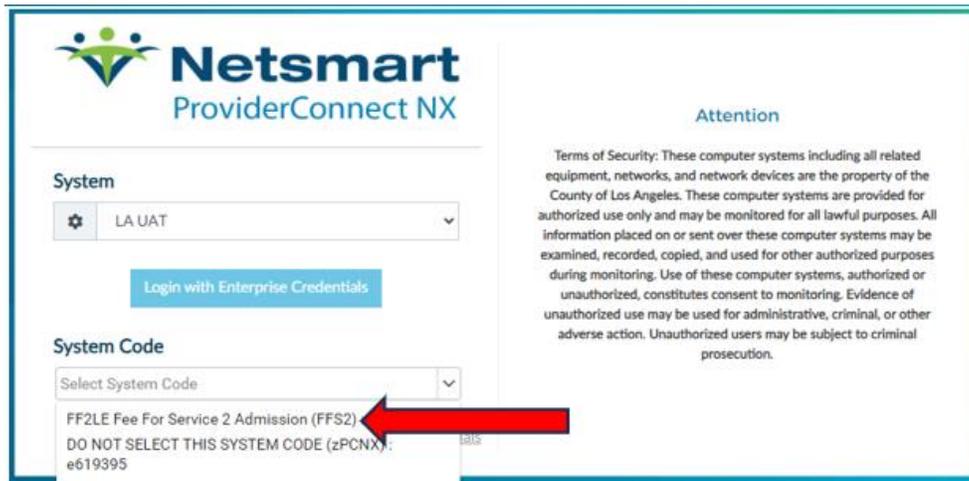
6. You will receive the number to be entered into the “**Authenticator App**”. Enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.



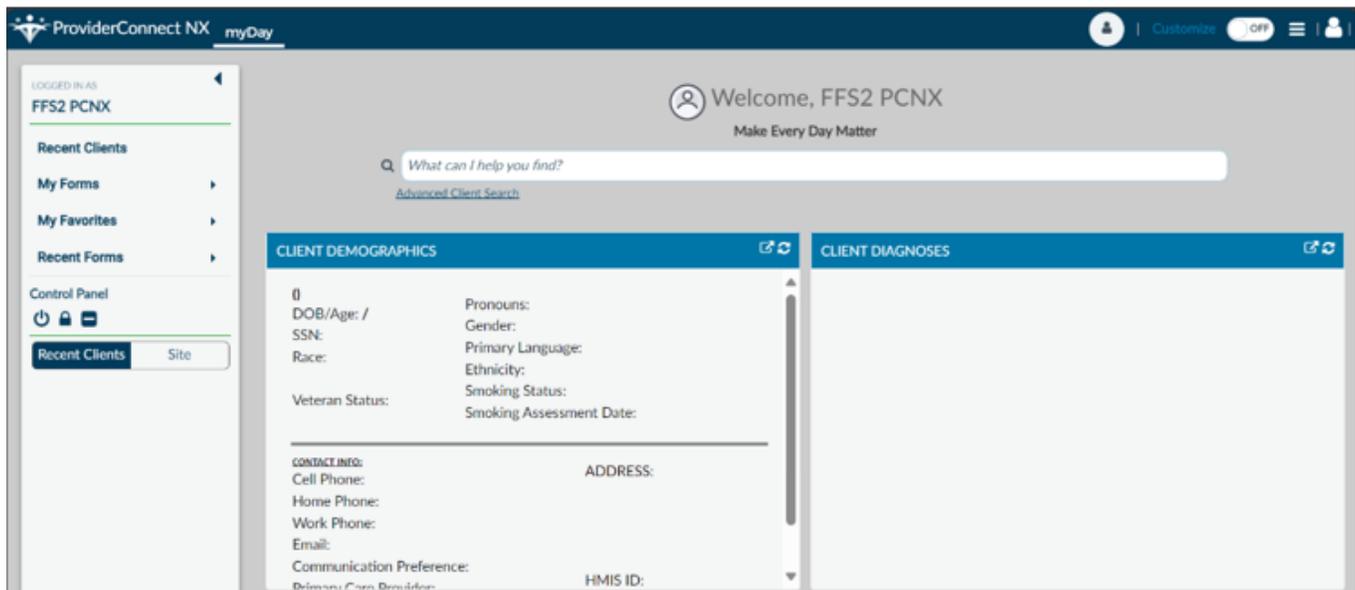
7. Using the “**System Code**” dropdown select the code for the Users agency. The User will only see the system codes they are authorized to see to access ProviderConnect NX.



8. Selecting the system code will navigate the User to the ProviderConnect NX home screen.

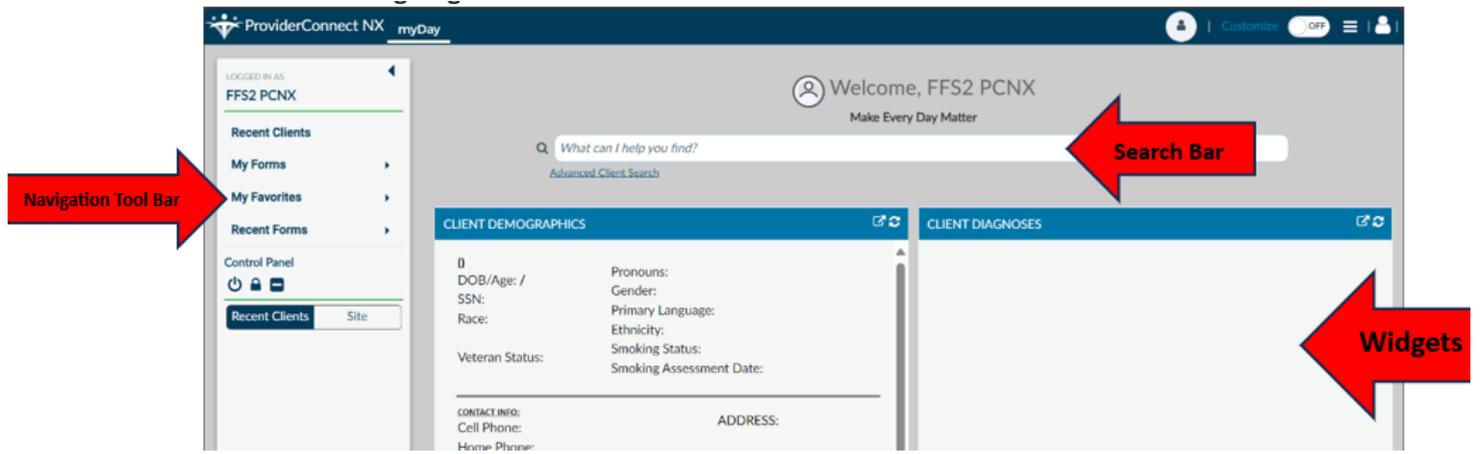


9. ProviderConnect NX home screen will appear.



ProviderConnect NX – Home Page

The Home Page is including of Search Bar, Navigation Tool Bar, and Widgets.



Search Bar

The “Search Bar” feature, at the top of the Home Screen, is used to locate a client that is already in ProviderConnect NX or verify that a client has not been associated to ProviderConnect NX.

A client can be search in the Search Bar by:

- First Name,Last Name
- Avatar/IBHIS ID

Navigation Tool Bar

“My Favorite” tab under the Navigation Tool Bar on the left side of the Home Page allows you the ability to access diffident forms that IGO providers required to complete.



Widgets

Widgets are designed to streamline your workflow. After clicking on the existing client, you will see the client's information will pop up in the widgets. For example, if you setup the Financial Eligibility Widget on your Home Page, once you select the client, the client's Financial Eligibility information will appear in the FE Widget.

The screenshot displays the ProviderConnect NX myDay interface. On the left is a navigation sidebar with options like 'Recent Clients', 'My Forms', and 'Control Panel'. The main content area is titled 'Advanced Client Search' and shows client details for 'TEST, MAGY I (9358799)'. The 'CLIENT DEMOGRAPHICS' section includes DOB/Age (1969-01-02 / 55), SSN (999-33-7779), and various status fields like 'Pronouns', 'Gender Identity: Female', and 'Primary Language: No Entry'. Below this is the 'FINANCIAL ELIGIBILITY' section, which contains a table with columns for Order, Guarantor, Episode, Program, Verify, START, and END.

Order	Guarantor	Episode	Program	Verify	START	END
1	Medi-Cal (10)	1	x FFS2LE Fee For Service 2 Admission	Yes	2024-03-01	
2	LA County(16)	1	x FFS2LE Fee For Service 2 Admission	Yes	2024-03-01	

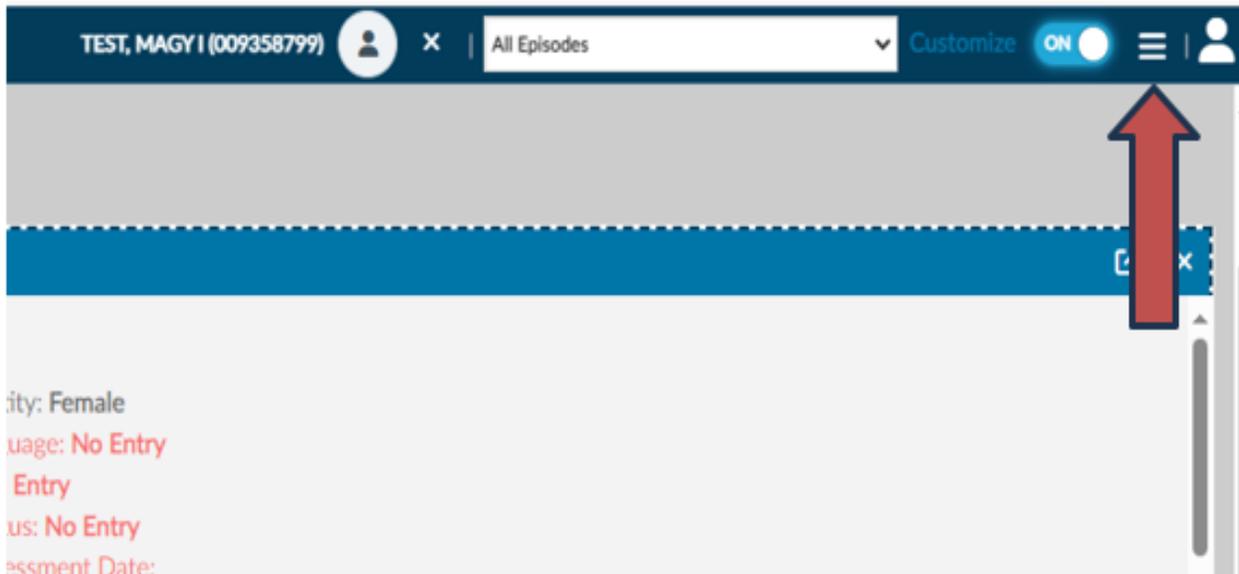
Note: You are able to customize the Widgets on your homepage.

For customizing the Widgets follow the below steps:

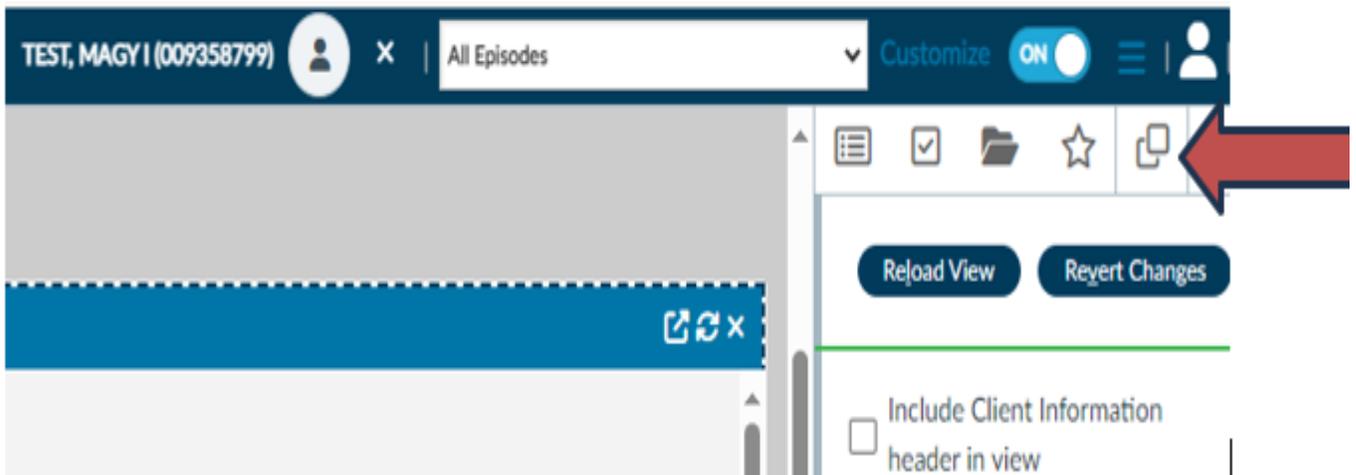
- 1- Turn on the "Customize" tab on the top right of the Home Page

This screenshot shows the top right corner of the ProviderConnect NX myDay interface. It features a dark blue header with the user name 'TEST, MAGY I (009358799)', a dropdown menu set to 'All Episodes', and a 'Customize' toggle switch. A red arrow points to the 'Customize' toggle, which is currently in the 'OFF' position. Below the header, a blue bar contains a refresh icon, and the word 'male' is partially visible in the main content area.

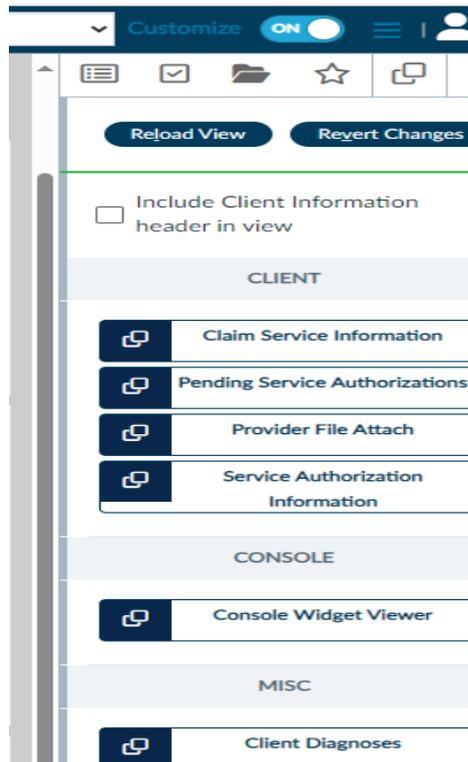
2- Click on “My Activity” bottom () next to the “User Menu” () on the top right of the Homepage.



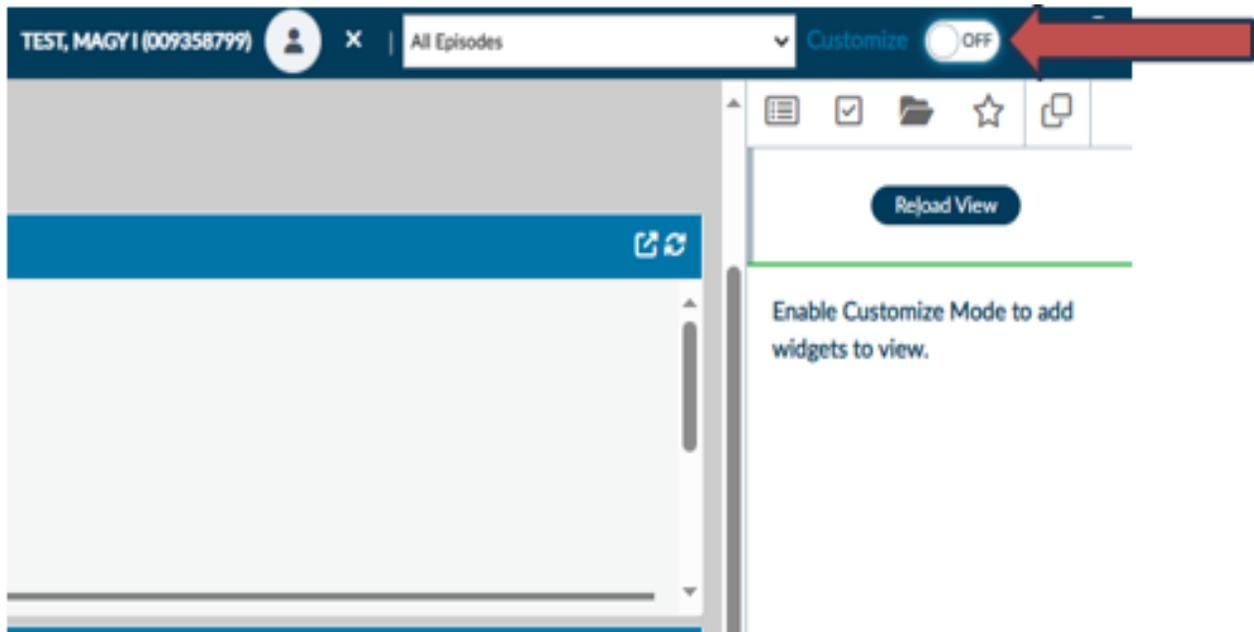
3- Select the “View/Add Widget” ()



4- Select your Widget that you are interested and drag and drop them in the HomePage.



5- Once completed with your Widgets design, TURN OFF the "Customize" Tab.



6- Select the icon () to close the side bar.

Add a new Client (Admission Outpatient)

You can search the client by starting the "Admission (Outpatient)" tab. Follow the below steps:

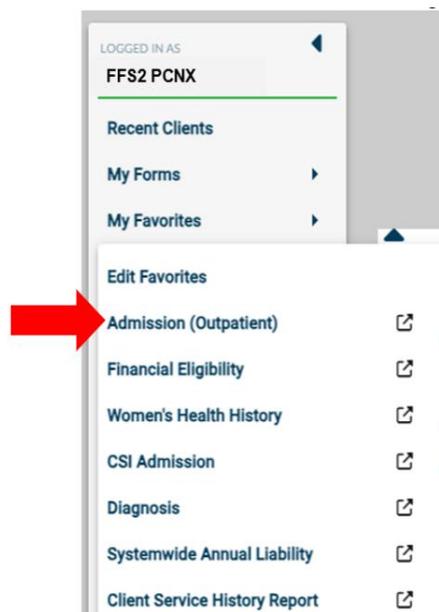
Prior to accessing the "Admission (Outpatient)" form, ensure that no client is selected or highlighted within the "Recent Clients" list to avoid being directed to the selected client's admission episode page inadvertently.

To deselect or remove clients from the "Recent Clients" list, you can:

- Either click on the name of the client with the green line next to it,
- Or right-click on the client's name and choose "Remove from the List."



1. Go to the "Favorites" tab in the "Navigation Tool Bar" and select "Admission (Outpatient)" from the dropdown menu.



2. The form can be searched by:

- Social Security Number with Dashes
- Avatar/IBHIS ID Number
- Subscriber Client Index Number (CIN): Using CIN number is strongly advised to prevent the creation of duplicate IDs.
- If your client cannot be located through the above searches, the system requires a minimum of three parameters to initiate a search for your client.
 - Last Name
 - Sex
 - Date of Birth
 - Alias

Once the minimum information is entered, the "Search" button will become active for the user to click.

NOTE: Entering more information on a client greatly narrows the search results.

- After the required fields have been entered, then click the "Search" Button.

The screenshot shows a web interface for searching clients. The form is titled "Client Search" and contains several input fields: Last Name (Smith), First Name (Todd), Sex (Male), Social Security Number, Date of Birth, DMH Client ID, Alias, Subscriber Client Index Number, and Alias (Additional Text). Below the form are "Search" and "Clear" buttons. A red arrow points to the "Search" button. Below the form is a table with the following columns: Info, Score, Name, ID, Date Of Birth, Client's Address - City, Client's Address - Zipcode, Alias, and Admitting Practitioner. A "Close" button is located at the bottom of the form.

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practitioner
------	-------	------	----	---------------	-------------------------	----------------------------	-------	------------------------

Note: If two or more clients with similar names, gender or dates of birth are displayed in the search list ensure the right client is identified by properly verifying their information (e.g., Address, Zip code, etc.). If you locate a client(s) that you are unsure that it's a correct client or not, create the Heat Ticket.

Client Search

Last Name: First Name: Sex:

Social Security Number: Date of Birth:

DMH Client ID: Alias: Subscriber Client Index Number: Alias (Additional Text):

Alias (Additional Text):

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practitione
<input type="button" value="info"/>	91	TESTMAGY I	9358799	01/02/1969	LOS ANGELES	90020-0000		155588
<input type="button" value="info"/>	91	TESTMAGY II	9358802	01/03/1968	Los Angeles	91325-0000		167610

3. Once you verify the correct client in the Search Results, before clicking on the **Client's name**, go to the "Master Client Inquiry", to review the client episode history to determine the clients first hospital admission.

Note: This information is crucial for various forms to in determining the following:

- a. xFFS2LE Fee for Service 2 Admission date.
- b. Systemwide Annual Liability Start date.
- c. Financial Eligibility Coverage Effective date.

Note: Please reference to the manual for instructions on generating the report

4. Once you determine your client's admission date for the XFFS2LE Fee for Service 2 Admission episode, return to the "**Admission (Outpatient)**" form.
5. Search for the client again
6. Click on the client's name.
 - a. If the client has a pre-existing xFFS2LE Fee for Service 2 Admission episode, you will be directed to the admission episode page. You can review the existing client's information on the following forms:
 - i. **Admission (Outpatient) form**
 - ii. **Financial Eligibility**
 - iii. **Women's Health History**
 - iv. **CSI Admission**
 - v. **Diagnosis**
 - vi. **Systemwide Annual Liability**

Note: If you need to make any changes, please create a Heat Ticket.

- b. If the xFFS2LE Fee for Service 2 Admission episode isn't established, you'll be directed to the **Admission (Outpatient)** form to begin creating a new xFFS2LE Fee for Service 2 Admission episode. For detailed instructions, please go to New Client Admission Record section of the manual.

Client Search

Last Name:
 First Name:
 Sex:

Social Security Number:
 Date of Birth:

DMH Client ID:
 Alias:
 Subscriber Client Index Number:
 Alias (Additional Text):

Alias (Additional Text):

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting
Info	91	TEST,MAGY II	9358802	01/03/1968	Los Angeles	91325-0000		167610

New Client Admission Record

1. If the search results on the “Admission (Outpatient)” search come back as “No matches found” then click the “New Client” button.

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

ProviderConnect NX myDay

Opening: Admission (Outpatient)

Home > Select Client >

Client Search

Last Name: First Name: Sex:

Social Security Number: Date of Birth:

DMH Client ID: Alias: Subscriber Client Index Number: Alias (Additional Text):

Alias (Additional Text):

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practiti
No matches found.								

2. A pop-up box will appear asking if the User wants to “Auto Assign ID Number” for the new client. The User will always select the “Yes” button.

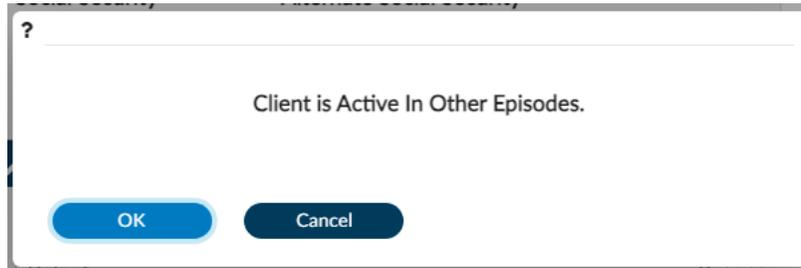
?

Client

Auto Assign Next ID Number?

3. You will be navigated to the “Admission (Outpatient)” form.
4. Complete the field that are in **RED with RED Asterisk** are required fields and must be completed before claims can be submitted and processed.
 - Admission Date:
 - Admission Time:
 - Program of Admission: Select xFFS2 Fee for Service 2 Admission

NOTE: If the client has an active Episode (Admission) the User will receive a message. The User must select "OK" to continue with the admission.



- Type of Admission
- Admitting Practitioner: (Search by the Practitioners Name or the Practitioners Number)
- Sex at Birth
- Date of Birth
- Social Security Number (If you do not know put 999-99-9999)

Note: DOB and SSN are not highlighted red; however, it is required to be completed for the billing purpose.

Demographic

Once client data has been entered, click the “Demographic” tab, located on the “Admission (Outpatient)” task bar. (Left side of the form)

- a. Complete the client’s Address and the phone number, and verify the rest of the form is up to date.

The screenshot shows the 'ADMISSION (OUTPATIENT)' form. On the left, a sidebar contains a 'Demographics' tab highlighted with a red arrow. The main form area has several sections: 'Address' (with fields for Street, City, State, Zip, and Phone), 'Client Information' (with fields for Name, Sex, Date of Birth, and Social Security Number), and 'Program of Admission' (with dropdown menus for Program, Type, and Source). Red arrows point to the 'Demographics' tab, the 'Address' fields, and the 'Client Information' fields.

5. Review the form to verify that all needed fields have been completed and all data entered is correct.
6. Once all data has been verified, scroll to the top of the form, and select the “Submit” button.
7. This will navigate you back to the Homepage.

Note: After submission of this form, you are not able to make any changes. If you need to make changes, please create a Heat Ticket.

The screenshot shows the 'ADMISSION (OUTPATIENT)' form with the 'Submit' button highlighted by a red arrow. The form is filled with data: Episode Number 1, Admission Date (empty), Admission Time (Current Time), Client Name TEST, MAGY II, Sex at Birth Female, Date of Birth (empty), Age (empty), Social Security Number (empty), Alternate Social Security Number (empty), Program of Admission (empty), Type of Admission (empty), Source of Admission (empty), and Admitting Practitioner (empty). The 'Submit' button is located at the top right of the form.

Add a New Client Financial Eligibility

The “**Financial Eligibility**” form is used to record a clients’ insurance coverage information.

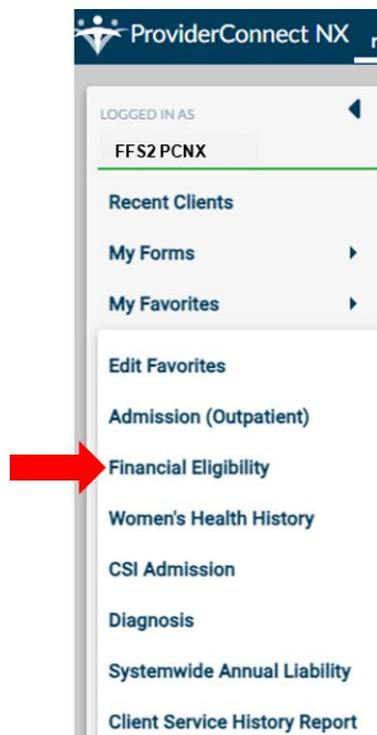
Before completing the “**Financial Eligibility**” form, you must verify the client’s financial eligibility on the Department of Health Care Services (DHCS) Medi-Cal Website at <https://www.medi-cal.ca.gov/> or <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/email>

NOTE: Ensure you have carefully verified the client’s Date of Birth and Gender based on record with the State (Benefits Identification Card/BIC).

NOTE: A client should only have one FFS2LE Fee for Service 2 Admission Financial Eligibility episode regardless of the number of providers of service. If a client already has a record set up under the xFFS2LE Fee-For-Service 2 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 and accurate. If the financial eligibility information has changed, you will only need to edit the Financial Eligibility record.

To complete the client’s Financial Eligibility form follow the directions below:

1. Go to their favorites in the TASK Navigation and select “**Financial Eligibility**” from the dropdown menu.



This takes you to the client’s Financial Eligibility episode page. When an admission is created for a client, the Financial Eligibility is automatically started.

2. Select the xFFS2LE Fee for Service 2 Admission episode and click “OK” bottom.

Opening: Financial Eligibility

Home > Select Client > Select Episode >

✓ Selected Client : ADMISSIONS,PCNX (003334802)

Select Episode

Name: PCNX ADMISSIONS
 ID: 3334802
 Sex: Female
 Date of Birth: 01/12/2000

Episode	Program	Start	End
2	x FFS2LE Fee For Service 2 Admission	02/09/2024	

3. This navigates you to the “Financial Eligibility” form.

▲ ADMISSIONS,PCNX (003334802)



ADMISSIONS,PCNX (003334802)
 F, 24, 01/12/2000
 Ht: -, Wt: -, BMI: -

Ep: 2 : x FFS2LE Fee For Service 2 Admis...
 Preferred Name: -
 Personal Pronouns: -
 Problem P: -

Address: 550 N Vermont Ave, LOS ANGELES, CA ...
 Phone #: 213-555-1212
 DX P: -

▲ Allergies (0)

FINANCIAL ELIGIBILITY

Financial Eligibility

Financial Eligibility

Guarantor

Guarantor Selection

Customize Plan

Policy Number Override

Online Documentation

Financial Eligibility

Episode Number: 2

Admission Date: 02/09/2024

Coverage Comments:

Guarantor

Guarantor #1: <input type="text" value="Select"/>	Guarantor #11: <input type="text" value="Select"/>
Guarantor #2: <input type="text" value="Select"/>	Guarantor #12: <input type="text" value="Select"/>
Guarantor #3: <input type="text" value="Select"/>	Guarantor #13: <input type="text" value="Select"/>

4. Select the "Guarantor Selection" tab in the Financial Eligibility TASK navigation.

The screenshot displays the 'FINANCIAL ELIGIBILITY' application interface. On the left, a navigation menu lists 'Financial Eligibility', 'Guarantor', 'Guarantor Selection', 'Customize Plan', 'Policy Number Override', and 'Online Documentation'. A red arrow points to the 'Guarantor Selection' tab. The main content area is titled 'Guarantor Information *' and contains a table with the following columns: 'Guarantor #', 'Guarantor Name', 'Guarantor Plan', 'Customize Guarantor Plan', and 'Guarantor's Address - Line 1'. The table is currently empty, showing 'No records.' Below the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete A Blank Row Only'. At the bottom of the interface, there are two search fields: 'Guarantor #' and 'Guarantor Plan *', both with a search icon and a dropdown arrow.

Adding Guarantor 10

- The User must click the “Add New Item” button to add the first guarantor.
NOTE: IGO Providers must ONLY select the Guarantor’s Medi-Cal (10) and LA County (16).
- Under “Guarantor #”, enter, Guarantor 10.
NOTE: Medi-Cal (DMH) should always be first in the Guarantor list order.

The screenshot shows the 'FINANCIAL ELIGIBILITY' interface. On the left is a navigation menu with 'Guarantor Selection' highlighted. The main area displays a table with columns: Guarantor #, Guarantor Name, Guarantor Plan, Customize Guarantor Plan, and Guarantor's Address - Line 1. Below the table are buttons: 'Add New Item', 'Edit Selected Item', and 'Delete A Blank Row Only'. A red arrow labeled '5' points to the 'Add New Item' button. Below the table, there are input fields for 'Guarantor #' (containing '10'), 'Guarantor Plan' (with a dropdown menu), and 'Customize Guarantor Plan' (with radio buttons for 'Yes' and 'No'). A red arrow labeled '6' points to the 'Guarantor #' input field. A 'Results' dropdown is open below the 'Guarantor #' field, showing 'Medi-Cal (10)'. At the bottom, there is a 'Create New Levels from Master Record of Benefit Plan' section with 'Yes' and 'No' radio buttons.

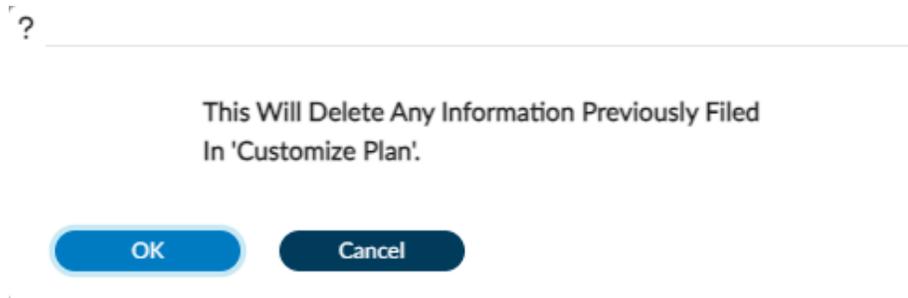
- You will get a popup warning. Click the “OK” button.

The screenshot shows the 'FINANCIAL ELIGIBILITY' interface with a 'Confirm' dialog box overlaid. The dialog box has a title bar with the word 'Confirm' in blue. Below the title bar, the text reads: 'Selecting This Guarantor Will Over-Write Any Previous Plan Information. The Master Plan Information Will Default.' At the bottom of the dialog box is a blue 'OK' button.

8. This takes you to the Financial Eligibility Form.

Complete all the fields highlighted in **RED** and/or with asterisks as following:

a. Customize Guarantor Plan: Select “No”. You will get a popup Window. Click “OK”.



b. Eligibility Verified: select “Yes”

c. Enter Coverage Effective Date: **This date should be the first hospital admit date.**

d. Client’s Relation to Subscriber: always “Self”

Note: The client’s information should be populated automatically from the client’s demographic. It is important to verify that the client’s demographic is correct due to the billing purpose.

e. Subscriber Address

f. Subscriber Address-State

g. Subscriber City

h. Subscriber Zip+4: Enter the 9-digit Zip Code, using format 90020-1234

Note: The clients Zip code should be 9 digits. If you don’t know the last for digits of the zip code, please use following format XXXXX-9998.

i. Subscriber SSN: If you do not know the client’s SSN, enter 999-99-9999 as default.

j. DOB

k. Subscriber Policy #: Enter client’s 9-digit Medical ID Number (CIN)

l. Subscriber Client Index Number: Enter client’s 9-digit Medical ID Number (CIN)

m. Subscriber Assignment of Benefits: Select “Yes”

n. Subscriber Release of Info: Select “Informed Consent to Release Medical Info” from the drop menu.

Note: Subscriber Policy and Subscriber Client Index Number are not marked red but you must complete this section for the billing purpose: If CIN is missing at the time of claim submission, this may result in CalPM claim denial and recoupment of paid funds at a later date.

o. Subscriber Assignment of Benefits: Select “Yes”

p. Subscriber Release of Info: Select “Informed Consent to Release Medical Info” from the drop menu.

- q. Subscriber Assignment of Benefits: Select “Yes”
- r. Subscriber Release of Info: Select “Informed Consent to Release Medical Info” from the drop menu.

See the below screenshot of Guarantor 10. Required fields notated by yellow highlight.

FINANCIAL ELIGIBILITY
Submit Discard Add to Favorites

Financial Eligibility

Financial Eligibility

Guarantor

Guarantor Selection

Customize Plan

Online Documentation

Guarantor # *

Medi-Cal (10)

Guarantor Name

DMH

Guarantor's Address DO NOT CHANGE

1901 16TH STREET

Guarantor's Address - DO NOT CHANGE

Guarantor's Zip Code +4 - DO NOT CHANGE

95814-7204

Guarantor's City - DO NOT CHANGE

Sacramento

Guarantor's State - DO NOT CHANGE

California

Guarantor's Phone Number DO NOT CHANGE

Guarantor Plan *

(Non-Contract) MEDI-CAL

Customize Guarantor Plan *

Yes No

Create New Levels from Master Record of Benefit Plan

Yes No

Default and Edit Plan Levels

Default Plan Start Date

Default Plan End Date

Guarantor Inception Date DO NOT CHANGE *

01/01/2000

Eligibility Verified *

Yes No

Coverage Effective Date *

01/01/2000

Coverage Expiration Date

Medi-Cal Eligibility

Effective Date Of Medi-Cal Eligibility

Eligibility Code

Select

Eligibility Inquiry (270) Status

Request Inquiry Inquiry Requested

Inquiry Sent Response Received

None

Eligibility Response (271) Reject Reason Code

Select

Aid Code

EVC Tracking Number

Client's Relationship To Subscriber *

Self

Subscriber's Name *

TESTMAGY II

Subscriber Address - Street Line 1 *

510 Vermont Ave., Apt 21

Subscriber Address - Street Line 2

Subscriber Address - Zip + 4 *

91325-0000

Subscriber Address - City *

Los Angeles

Subscriber Address - County

Los Angeles

Subscriber Address - State *

California

Subscriber Phone Number

818-111-1111

Subscriber Work Phone

Subscriber Sex *

Female Male Unknown

Subscriber's Birth Date

01/03/1968

Subscriber Marital Status

Select

Subscriber's Social Security # *

999-99-9999

Subscriber Branch/Service

Select

Subscriber Military Status

Select

26

Subscriber's Employment Status

Select

Subscriber Employee ID #

Subscriber Employer ID Number

Subscriber Employer Name

Subscriber Employer's Add - Street

Subscriber Employer Add - Zip

Subscriber Employer's Add - City

Subscriber Employer's Add - State

Select

Subscriber Employer Add - County

Select

Subscriber Group Name

Subscriber Group #

Subscriber Policy #

93421575A

Subscriber Medicare #

Subscriber MEDS ID#

Subscriber Client Index Number

93421575A

Subscriber Assignment Of Benefits *

Yes No

Date Of Accident

Date Benefits Terminated

Date Benefits Denied

Denial Code

Select

CBO Tracking DO NOT CHANGE *

9999

CBO Tracking DO NOT CHANGE *

9999999.99

Subscriber Release Of Info *

Informed Consent To Release Medical Info

Subscriber Release Of Info *

Informed Consent To Release Medical Info

Adding Guarantor 16

After the User has reviewed the form verifying all the entered data is correct. The User must scroll back to the top of the form to enter Guarantor 16 as following:

9. The User must click the “Add New Item” button to add the second guarantor.
10. Under Guarantor #: Enter Guarantor 16

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

Financial Eligibility
Financial Eligibility
Guarantor
Guarantor Selection
Customize Plan
Online Documentation

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
Medi-Cal (10)	DMH	1		1901 16TH STREET

Add New Item Edit Selected Item Delete A Blank Row Only

Guarantor # *
16

Guarantor Plan *
Select

Customize Guarantor Plan *
 Yes No

Create New Levels from Master Record of Benefit Plan
 Yes No

Results
LA County (16)

Guarantor's Address - DO NOT CHANGE

11. You will get a popup. Click “OK”

FINANCIAL ELIGIBILITY

Financial Eligibility
Financial Eligibility
Guarantor
Guarantor Selection
Customize Plan
Online Documentation

Confirm

Selecting This Guarantor Will Over-Write Any Previous Plan Information. The Master Plan Information Will Default.

OK

12. Complete all the fields highlighted in RED and/or with asterisks as following:

?

This Will Delete Any Information Previously Filed
In 'Customize Plan'.

OK Cancel

- a. Customize Guarantor Plan: Select “No”. You will get a popup Window. Click “OK”.
- b. Eligibility Verified: select “Yes”
- c. Enter the Coverage Effective Date: This date must be on or before the DOS.
- d. Client’s Relation to Subscriber: Select always “Self”

Note: All of the client’s information should be populated automatically from the client’s demographic to this page. It is important to verify that the client’s demographic is correct due to the billing purpose.

- e. Subscriber Address
- f. Subscriber Address-State
- g. Subscriber Zip+4

Note: The clients Zip code should be 9-digits. If you don’t know the last for digits of the zip code, please use following format XXXXX-9998.

- h. Subscriber City
- i. Subscriber SSN_ If you do not know the SSN default would be 999-99-9999.
- j. Check to see if the client’s DOB is correct.
- k. Subscriber Policy #: Enter client’s SSN. If you do not know the SSN enter 999-99-9999.

Note: Subscriber Policy is not marked red but you must complete this section for the billing purpose:

- l. Subscriber Assignment of Benefits: Select “Yes”
- m. Subscriber Release of Info: Select “Yes, Provider Has Signed Statement Permitting Release” from the drop menu.

See the below screenshot of Guarantor 10. Required fields notated by yellow highlight.

The screenshot displays the 'FINANCIAL ELIGIBILITY' interface. At the top, there is a table with columns for Plan Name, DMH, and Address. The table contains two rows: 'Medi-Cal (10)' with DMH '1' and address '1901 16TH STREET', and 'LA County (16)' with DMH '2' and address '550 S Vermont Ave'. Below the table are buttons for 'Add New Item', 'Edit Selected Item', and 'Delete A Blank Row Only'. The main form area contains several input fields for Guarantor information. The 'Guarantor #' field is highlighted in yellow and contains 'LA County (16)'. The 'Guarantor Plan' dropdown is also highlighted in yellow and contains '(Non-Contract) LA COUNTY'. The 'No' radio button is selected. The 'Guarantor Name' field contains 'LA County'. The 'Guarantor's Address DO NOT CHANGE' field contains '550 S Vermont Ave'. The 'Guarantor's Address - DO NOT CHANGE' field is empty. The 'Guarantor's Zip Code +4 - DO NOT CHANGE' field contains '90020-1912'. The 'Guarantor's City - DO NOT CHANGE' field contains 'Los Angeles'. The 'Guarantor's State - DO NOT CHANGE' dropdown contains 'California'. The 'Guarantor's Phone Number DO NOT CHANGE' field is empty. The 'Default Plan Start Date' and 'Default Plan End Date' fields are empty. The 'Guarantor Inception Date DO NOT CHANGE' field contains '01/01/2000'.

Eligibility Verified *
 Yes No

Coverage Effective Date *
 01/10/2000 [Calendar] [T] [Y]

Coverage Expiration Date
 [Calendar] [T] [Y]

Medi-Cal Eligibility
Effective Date Of Medi-Cal Eligibility
 [Calendar] [T] [Y]

Eligibility Code
 Select

Eligibility Inquiry (270) Status
 Request Inquiry
 Inquiry Sent
 None
 Inquiry Requested
 Response Received

Eligibility Response (271) Reject Reason Code
 Select

Aid Code
 [Search]

EVC Tracking Number
 [Search]

Client's Relationship To Subscriber *
 Self

Subscriber's Name *
 TEST,MAGY II

Subscriber Address - Street Line 1 *
 510 Vermont Ave., Apt 21

Subscriber Address - Street Line 2
 [Text]

Subscriber Address - Zip + 4 *
 91325-0000

Subscriber Address - City *
 Los Angeles

Subscriber Address - State *
 California

Subscriber Address - County
 Los Angeles

Subscriber Phone Number
 818-111-1111

Subscriber Work Phone
 [Text]

Subscriber Mobile Phone Number
 [Text]

Subscriber Phone Other
 [Text]

Subscriber Sex *
 Female Male Unknown

Subscriber's Birth Date
 01/03/1968 [Calendar] [T] [Y]

Subscriber Marital Status
 Select

Subscriber's Social Security # *
 999-99-9999

Subscriber Branch/Service
 Select

Subscriber Military Status
 Select

Subscriber's Employment Status
 Select

Subscriber Employee ID #
 [Text]

Subscriber Employer ID Number
 [Text]

Subscriber Employer Name
 [Text]

Subscriber Employer's Add - Street
 [Text]

Subscriber Employer Add - Zip
 [Text]

Subscriber Employer's Add - State
 Select

Subscriber Employer's Add - City
 [Text]

Subscriber Employer's Add - County
 Select

Subscriber Group Name
 [Text]

Subscriber Group #
 [Text]

Subscriber Policy #
 999-99-9999

Subscriber Medicare #
 [Text]

Subscriber MEDS ID#
 [Text]

Subscriber Client Index Number
 [Text]

Subscriber Assignment Of Benefits *
 Yes No

Date Of Accident
 [Calendar] [T] [Y]

Date Benefits Terminated
 [Calendar] [T] [Y]

Date Benefits Denied
 [Calendar] [T] [Y]

Denial Code
 Select

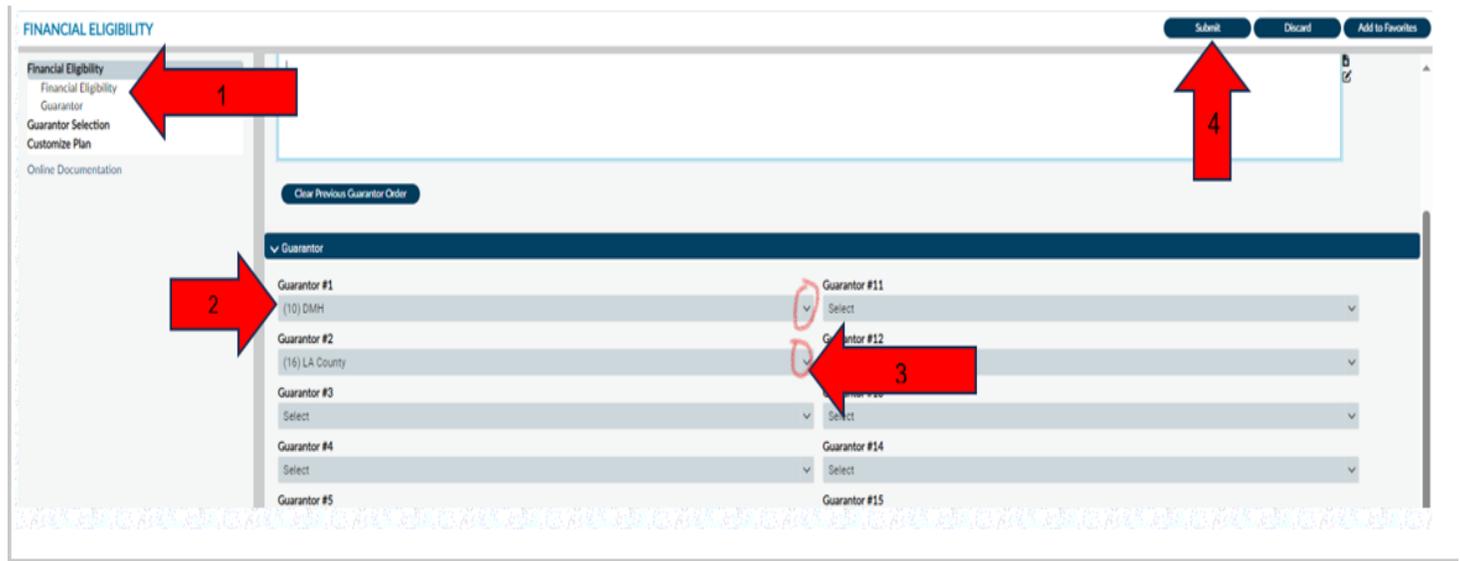
CBO Tracking DO NOT CHANGE *
 9999

CBO Tracking DO NOT CHANGE *
 9999999.99

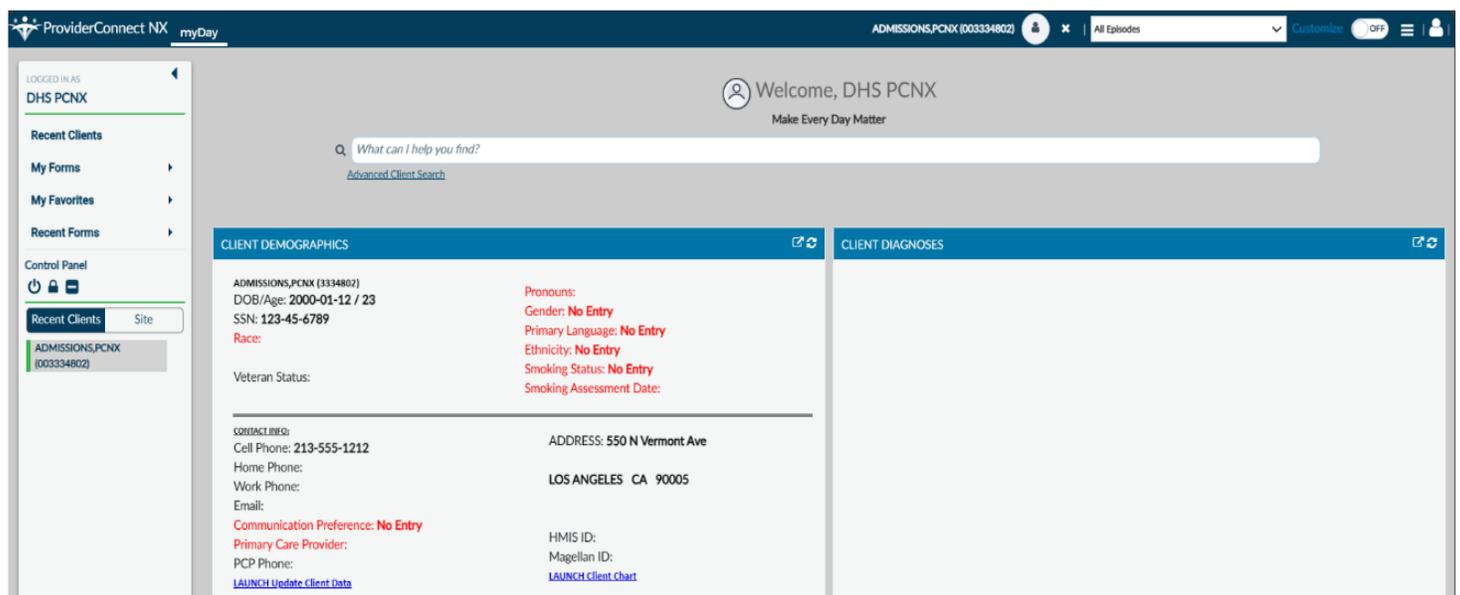
Subscriber Release Of Info *
 Yes, Provider Has Signed Statement Permitting Release

After the User has reviewed the form verify all the entered data is correct.

1. Select **“Guarantor”** tab in the Financial Eligibility TASK navigation to navigate back the **“Financial Eligibility”** form to select the guarantor order.
2. Select Guarantor 10 from the drop menu under **“Guarantor #1”**. (Drop menu is circled red on the screenshot below)
3. Select Guarantor 16 from the drop menu under **“Guarantor #2”**. (Drop menu is circled red on the screenshot below)
4. Then submit the form by clicking the Submit button on the top of page. It takes you to the Homepage.



5. This will navigate the User back to the **“Home Page”**.

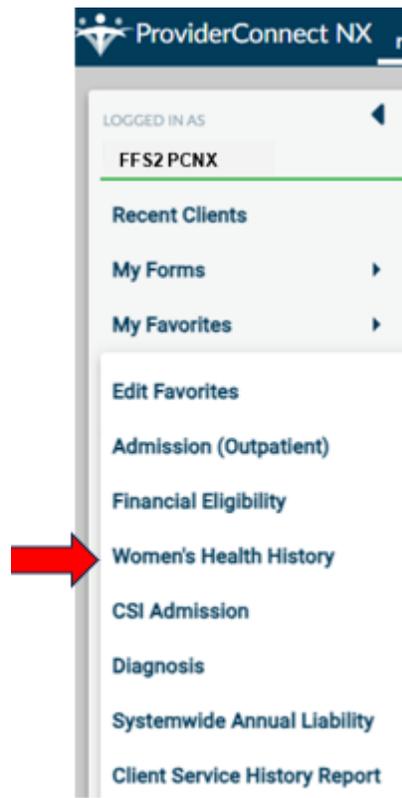


Women's Health History

On the **“Women's Health History”** form, the provider creates and view correspondence with DMH in ProviderConnect NX for female client pregnancies.

To complete this form follow the below steps:

1. Go to the favorites in the TASK Navigation and select **“Women's Health History”** from the dropdown menu.
2. Select **“Women's Health History”** Tab. You will be navigated to the **“Women's Health History”** form.



3. Complete **all the field highlighted in red and/or with asterisks**.
4. Select **“Add, Edit, or Delete a Record”**
5. Client ID: Inserts the client ID.
6. Episode Number: From the dropdown, menu Select the xFFS2LE Fee for Service 2 Admission episode.
7. Enter the Assessment date.

Note: The fields highlighted in red are filled out as they represent the minimum requirements for submitting this form. The below fields are not red but for the billing purpose is better to be filled.

8. Pregnancy Start Date
9. Pregnancy End Date if applicable. It tells the system to stop putting the pregnancy indicator on the claims.

10. Once the needed fields have been completed scroll to the top of the form and select the “Submit” button.

Note: This form can be updated when you have the new information.

11. You will get a message stating the entry has been saved. The User can select the “Yes” button to create another entry or the “No” button to navigate back to the “Home Screen”.

The screenshot shows the 'WOMEN'S HEALTH HISTORY' form. At the top right, there are buttons for 'Submit', 'Cancel', and 'Add'. The form has a sidebar on the left with 'Women's Health History' and 'Online Documentation'. The main content area has a header 'Add, Edit, or Delete a Record' with radio buttons for 'Add', 'Edit', and 'Delete'. Below this is a 'Client ID' field with the value 'TESTMADY #, (9358800)'. To the right is an 'Episode Number' dropdown menu with a search icon. Below these is a 'Filed Records' table with columns for 'Record', 'Assessment Date', 'Pregnancy Start', 'Disposal Treatment', and 'Menstrual Date'. At the bottom, there are date pickers for 'Assessment Date' (05/24/2024), 'Initial Treatment Date (2000-DTP-03)', 'Pregnancy Start Date', 'Date Of Last Menstrual Period (2000-DTP-03)', and 'Pregnancy End Date'. Red arrows point to the 'Add' button, the 'Episode Number' dropdown, and the 'Assessment Date' field.

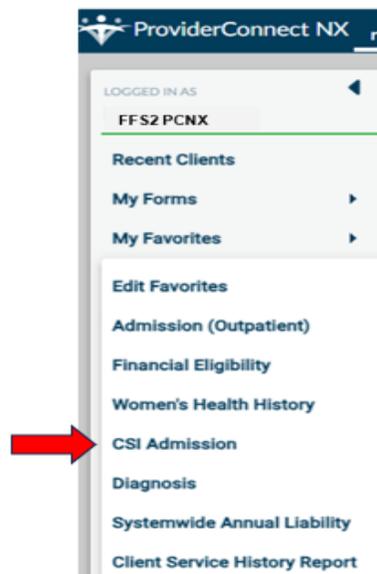
The screenshot shows a 'Form Return' dialog box. It has a question mark icon in the top left corner. The title is 'Form Return'. The main text says 'Women's Health History has completed. Do you wish to return to form?'. At the bottom, there are two buttons: 'Yes' and 'No'.

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 maybe prepopulate from a provider who created the record however you may update necessary changes (e.g., address, cell phone, etc.).

1. To enter CSI Admission information, go to Favorites in the TASK Navigation section and select “**CSI Admission**” from the dropdown menu.



2. Select xFFS2 LE Fee for Service 2 Admission

The screenshot shows the 'Opening: CSI Admission' form. At the top, it says 'Opening: CSI Admission'. Below this is a breadcrumb trail: 'Home > Select Client > Select Episode >'. The 'Selected Client' is 'ADMISSIONS, FFSII (009359067)'. The 'Select Episode' section shows the following information: Name: FFSII ADMISSIONS, ID: 9359067, Sex: Female, Date of Birth: 12/01/1999. Below this is a table with the following columns: Episode #, Program #, Start #, and End #. The table contains one row: Episode # 1, Program # xFFS2 LE Fee For Service 2 Admission, Start # 04/16/2024, and End #. A red arrow points to the 'End #' field.

Episode #	Program #	Start #	End #
1	xFFS2 LE Fee For Service 2 Admission	04/16/2024	

3. Complete Last Name, First Name fields, also be sure to select the Fiscally Responsible County for Client. Additionally, input as much information you can related to the clients in other field in the form.
4. Once completed, scroll to the top of the form, and select the "Submit" button.

The screenshot shows the 'CSI ADMISSION' form. At the top right, a red arrow points to the 'Submit' button. The form contains several sections:

- Client Information:** Birth Name (Last), Birth Name (First), Birth Name (Middle), Birth Name (Suffix), Year Or Month/Year Of Birth (01/1968), Mother's First Name.
- Location:** Fiscally Responsible County For Client, Place of Birth - County, Place of Birth - State, Place of Birth - Country.
- Legal Class:** Select dropdown.
- County School:** Select dropdown.
- Admission Necessity Code:** Radio buttons for Emergency, Planned (Prior Authorization), Unknown/Not Reported.
- Health Status:** Questions about Substance Abuse, Developmental Disabilities, and Physical Health Disorders Affecting Mental Health, each with Yes, No, or Unknown options.
- Conservatorship/Court Status:** Radio buttons for Temporary Conservatorship, Lasterman-Petrie-Short, Murphy, Probate, PC 2974, Representative Payee Without Conservatorship, Juvenile Court, Dependent of the Court, Juvenile Court, Ward - Status Offender.

5. This will navigate you back to the "Homepage".

The screenshot shows the 'myDay' client profile page for FFS2 PCNX. The page is titled 'Welcome, FFS2 PCNX' and 'Make Every Day Matter'. It features a search bar and two main panels:

- CLIENT DEMOGRAPHICS:**
 - ADMISSION NUMBER: 00000000000000000000
 - DOB/Age: 2000-04-12 / 24
 - SSN: 329-40-9789
 - Race: [Redacted]
 - Gender: **No Entry**
 - Primary Language: **No Entry**
 - Ethnicity: **No Entry**
 - Smoking Status: **No Entry**
 - Smoking Assessment Date: [Redacted]
 - Address: 550 N Vermont Ave, LOS ANGELES, CA, 90005
 - Cell Phone: 213-555-1232
 - Home Phone: [Redacted]
 - Work Phone: [Redacted]
 - Email: [Redacted]
 - Communication Preference: **No Entry**
 - Primary Care Provider: [Redacted]
 - PCP Role(s): [Redacted]
 - Link(s) Update Client Data
- CLIENT DIAGNOSES:**

Diagnosis ID	Diagnosis Date	Diagnosis Type	Status/Rank	Diagnosis	Diagnosis Code
2	2024-02-09	Admission	Active/Primary	Encounter for mental health services for victims of other abuse	20.0.B1

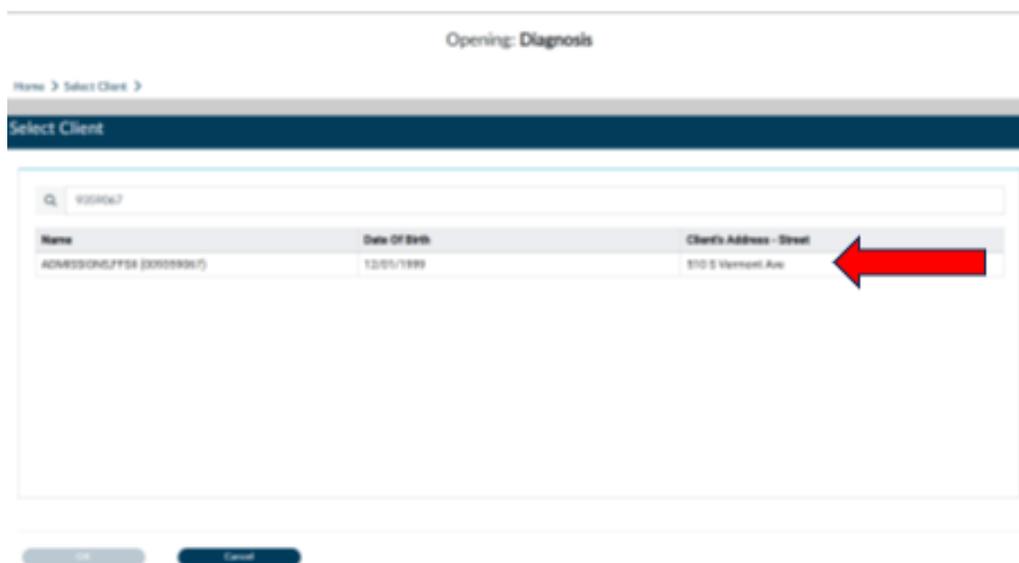
Add a New Client Diagnosis

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

1. To enter a client's diagnosis record, go to the favorites in the TASK Navigation and select **"Diagnosis"** from the dropdown menu.

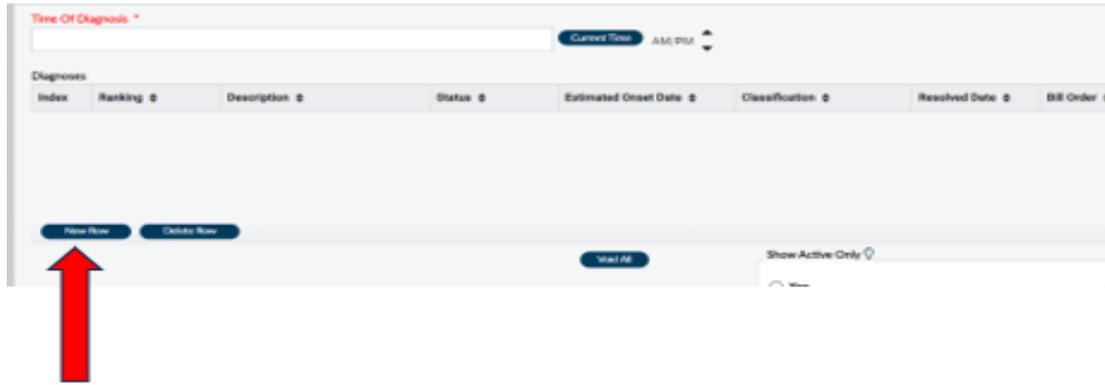


2. It takes you to the diagnosis episode page.
3. Select xFFS2 LE Fee for Service 2 Admission. This will open the diagnosis form.



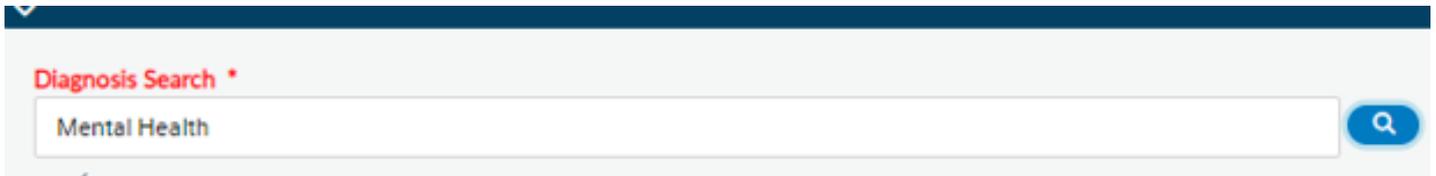
4. Complete the fields **highlighted in RED and/or with asterisks** as following:

- a) Type of Diagnosis: select the option that applies: **Admission or Update**
- b) Date of Diagnosis (if you select Admission the date will populate automatically)
- c) Time of Diagnosis
- d) Select a New Row



e) Diagnosis Search: Enter the keyword or alpha-numeric diagnosis code and the system will generate the matching diagnosis.

f) Select the search icon 



g) From the dropdown menu, select the desired Diagnosis code

Diagnosis Search *

Mental Health

Diagnosis	ICD-9	ICD-10	DSM-5
Mental health assessment declined	V64.2	Z53.20	undefined
Mental health-related complaint	V65.5	Z71.1	undefined
Mental health provider, perpetrator of maltreatment and neglect	E967.8	Y07.521	undefined
Active mental health advance directive	V49.89	Z78.9	undefined
Death in mental health unit	798.1	R99	undefined
History of mental health disorder in sibling	V17.0	Z81.8	undefined
Encounter for mental health services for perpetrator of	V63.89	Z70.89	undefined

- h) Status: is always auto populates with “Active”. You can change to the desired status, if necessary.
- i) Bill Order: This field auto populates with the order number. This number **MUST** not be changed. The system selects this number.
- j) Enter Diagnosing Practitioner. Can be searched by Practitioner number or Name.
- k) Once completed scroll to the top of the form and select the “Submit” button.

See the below screenshot of Diagnosis form. The required fields notated by yellow highlight.

DIAGNOSIS

Submit Discard Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Type Of Diagnosis *

Admission Discharge Update

In Outpatient context, please only select Admission or Update

Date Of Diagnosis *

03/22/2024

Time Of Diagnosis *

03:00 PM

Current Time AM/PM

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code	ICD-10 Code
1	Primary (1)	Schizoaffective disorder, bipolar type	Active (1)				1	295.70	F25.0

New Row Delete Row

Valid All

Show Active Only

Yes No

Diagnosis Search *
Schizoaffective disorder, bipolar type

Code Crossmapping
ICD-9 ICD-10 DSM-IV SNOMED
295.70 F25.0 38368003

Status *
 Active
 Working
 Rule-out
 Void

Add To Problem List
 Yes
 No

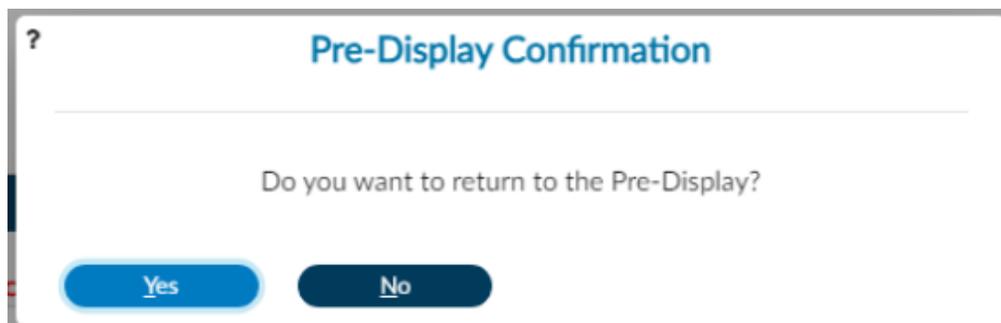
Ranking
 Primary
 Secondary
 Tertiary

Bill Order *
1

Diagnosing Practitioner *
GADSON JOHNSON (155588)

Remarks

- After the submission of this form, you will receive a pop-up message. Clicking the “**No**” button will navigate the User back to the “**Home Screen**”.



- Clicking the “**Yes**” button will navigate you to the pre-display screen where you can view the diagnosis summaries for this client. For this example, we will select the “**Yes**” button.

Opening: **Diagnosis**

Home > Select Client > Select Record >

Selected Client : ADMISSIONS,PCNX (003334802)
Selected Episode: 2

Select Record

Date Of Diagnosis	Type Of Diagnosis	Time Of Diagnosis	Primary Diagnosis
02/09/2024	Admission	01:46 PM	(Z69.81) Encounter for mental health services for victim of other abuse

Add Edit Cancel

- Clicking the “**Cancel**” button will navigate the User back to the “**Home Screen**”.

Systemwide Annual Liability

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

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

If a client ***does not*** have a current annual liability record under the xFFS2LE Fee for Service 2 Admission episode, a record will need to be created. If a client ***does*** have an existing annual liability record under the xFFS2LE Fee for Service 2 Admission episode, ensure the record is current. If the existing annual liability record for the client has expired then, a current annual liability record will need to be added/completed.

1. To begin, click **Systemwide Annual Liability** from the favorites in the TASK Navigation on left side column. If the client **does not** have an annual liability record under the xFFS2LE Fee for Service 2 Admission episode:
2. Insert "Annual Liability Begin Date: **This date is recognized by DMH as the 'Uniform Method of Determining Ability to Pay (UMDAP) date'** and is either:
 - **client's intake admission date with a IGO provider**
 - ***client's admission intake date into a hospital or***
 - ***a client's current annual liability date already established with a directly operated or contract provider, whichever date comes first.***

For Example: If a client's has admissions as following:

- intake admission with a IGO provider on 2/19/2020.
- intake hospital admission was on 9/2/2019.
- Intake admission with directly operated or contract provider was on 8/25/2019.

The earliest date established was with the directly operated or contract provider on 8/25/2019. Therefore, Annual Liability Begin Date to enter for this client will be 8/25/2019. This annual liability record will run for 365 days and up until 8/24/2020. The annual liability record under the xFFS2LE Fee for Service 2 Admission episode will need to be renewed every year on 8/25 of each year.

Note: To determine the correct date for the Systemwide Annual Liability, you can go to the "Master Client Inquiry (IBHIS)" form on the Navigation Tool Bar and find the first admission date that has been created for the client.

3. Select the Responsible Legal Entity as xFFS2LE Fee for Service 2 Admission.

Note: the fields highlighted in red are the minimum requirement to submit this form. If there is more information, please complete the rest of the form.

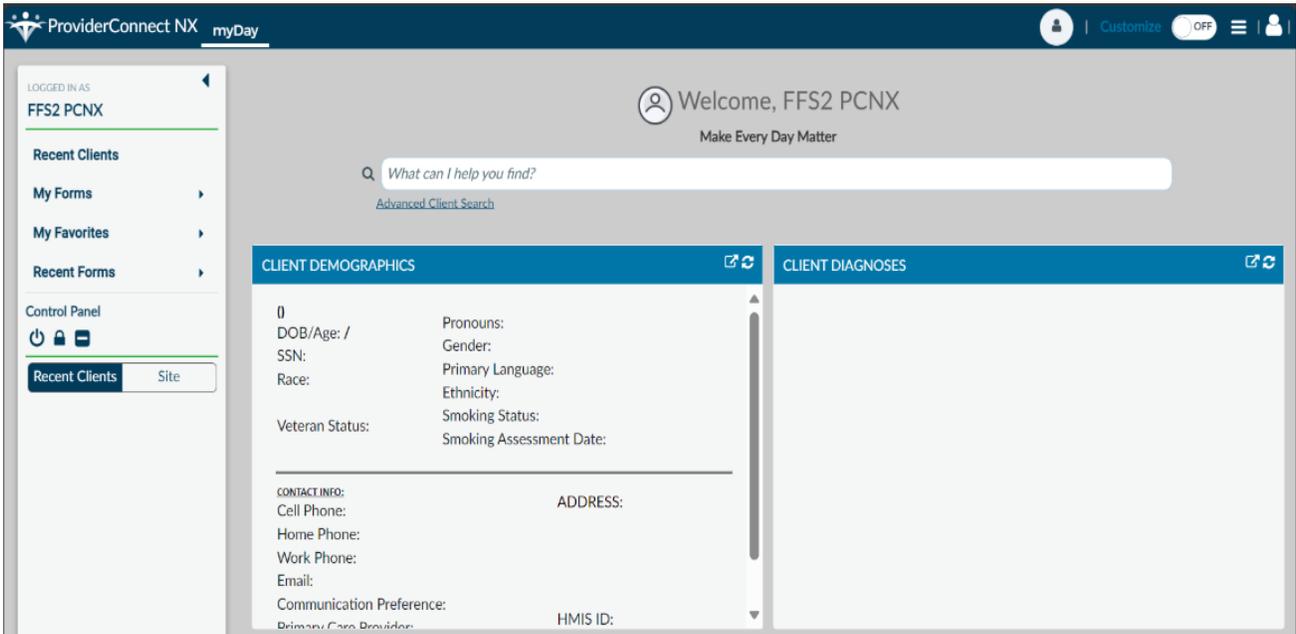
4. Once completed scroll to the top of the form and select the “Submit” button.

The screenshot displays the 'SYSTEMWIDE ANNUAL LIABILITY' form. At the top right, there are buttons for 'Submit', 'Discard', and 'Add to Favorites'. The form contains several input fields and sections:

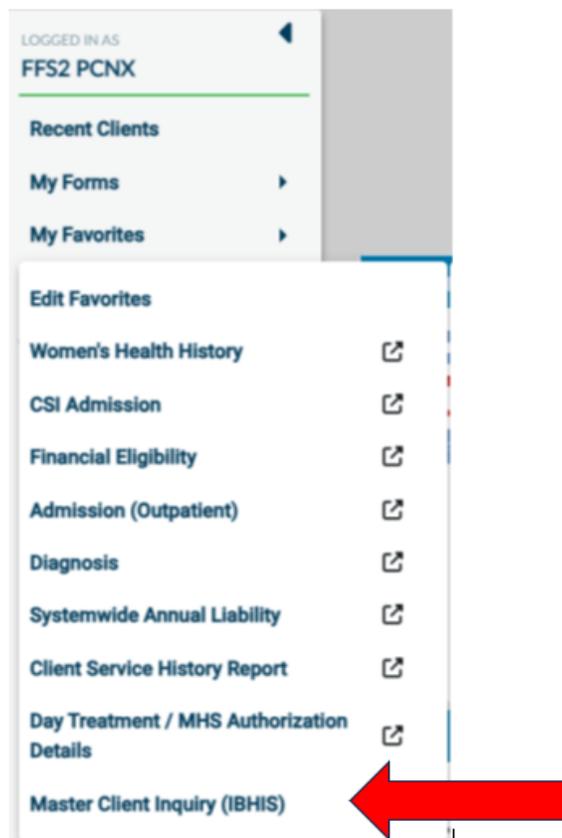
- Annual Liability Begin Date ***: A date field with the value '03/20/2024'. A red arrow points to this field.
- Record Creation Date**: A date field with the value '03/26/2024'.
- Record Created By**: A text field with the value 'Jennifer Test (e1111111)'.
- Responsible Legal Entity ***: A dropdown menu with the selected value 'x FFSQLE Fee For Service 2 Admission'. A red arrow points to this field.
- Monthly Family Income (\$)**: An empty input field.
- Annual Liability (\$)**: An empty input field.
- Responsible Family Member**: An empty input field.
- Number of Dependents**: An empty input field.
- Note**: A section for additional information, currently empty.

Master Client Inquiry (IBHIS)

1. From the “Home Screen” form Users can navigate to the “Master Client Inquiry” form.



2. The User can go to their favorites in the TASK Navigation and select “Master Client Inquiry” from the dropdown menu.



- This will navigate the User to the “**Master Client Inquiry (IBHIS)**” where the User will enter the **Client ID** in the “**Select Client**” field.

Opening: Master Client Inquiry (IBHIS)

Home > Select Client >

Select Client

Q I

OK Cancel

- Select the client.

Opening: Master Client Inquiry (IBHIS)

Home > Select Client >

Select Client

Q 9359067

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,FFSII (009359067)	12/01/1999	510 S Vermont Ave

OK Cancel

5. Select the "Process" button at the top of the form to open the report.



MASTER CLIENT INQUIRY (IBHIS) Process Discard Add to Favorites

Master Client Inquiry (IBHIS)

6. This will open a pop-up screen to show the results for the report. You must select "Episode History" at the end of the page.

Print Report Export

Find... 1 of 1 100%

SAP CRYSTAL REPORTS

Main Report

Run Date: 4/17/2024 1:48:15 PM

 LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
695 S Vermont Ave 9th Floor
Los Angeles, CA 90005 - 1349

Client Name : ADMISSIONS,FFSII (9359067)
Alias (All):
Current Primary Diagnosis:

Master Client Inquiry (IBHIS)

Current Address Data		Current Demographic Data	
Street (1):	510 S Vermont Ave	Date of Birth:	12/1/1999
Street (2):		Gender:	Female
City:	LOS ANGELES	DMH Ethnicity:	No Entry
County:	Los Angeles	DMH Race:	No Entry
State:	California	Education:	No Entry
Zip Code:	90005	Employment:	No Entry
Telephone Number:		Primary Language:	No Entry
Cell Phone:		CSI Preferred Language:	
Email:		CSI Race:	
CommunicationPreference:	No Entry	CSI Ethnicity:	

Admission		Current Primary Diagnosis	
Program:	LE00019 LA County DMH	Current Primary Diagnosis:	
Advanced Directive:	No Entry	Diagnosis Practitioner:	
Admit Date:	4/17/2024	Diagnosis Date:	

Episode Data Drill Down

[Episode History](#) [Diagnosis History](#) [Social Agency Association](#)
[Demographic History](#) [Client Case Load History](#) [Plan Assignment](#)
[Service History](#) [Primary Program of Service](#) [Client Consents/Acknowledgements](#)

7. After selecting the “Episode History”, it takes you to the report that you can see all the client’s episodes that were created prior.

Note: From here Users can either print the report or export the report to the Users computer. There the User can open the report in an Excel format.

8. Click the “Close Report” button in the upper right corner of the report.

Run Date: 4/19/2024 05:21 PM Page 1 of 1

LAC DMH LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
THE ANGELES COUNTY MENTAL HEALTH

Episode History Data

Client Name: ADMISSIONS,SYSTEM (9358782)

Episode #	Admission Date	Discharge Date	Program Description	Admitting Practitioner
1	7/1/2013		LE00019 LA County DMH	ADMISSION, CONVERTED
2	1/9/2018	1/12/2018	5012I HUNTINGTON MEMORIAL HOSPITAL	MEDICAL_DOCTOR,FFS
3	4/29/2018	5/2/2018	5012I HUNTINGTON MEMORIAL HOSPITAL	MEDICAL_DOCTOR,FFS
4	8/20/2018	9/4/2018	5011I GLENDALE ADVENTIST MEDICAL CTR	MEDICAL_DOCTOR,FFS
6	9/4/2018	9/5/2018	190IR EXODUS RECOVERY INC	DINH,UYEN
9	9/4/2018	9/5/2018	190IQ EXODUS RECOVERY INC-INACTIVE	CRM,DEFAULT
10	9/4/2018		LE00527 EXODUS RECOVERY INC.	DINH,UYEN
5	9/7/2018	9/24/2018	5563I GLENDALE MEMORIAL HOSPITAL	MEDICAL_DOCTOR,FFS
7	9/25/2018	9/27/2018	5011I GLENDALE ADVENTIST MEDICAL CTR	MEDICAL_DOCTOR,FFS
8	8/7/2019	8/10/2019	5011I GLENDALE ADVENTIST MEDICAL CTR	MEDICAL_DOCTOR,FFS
11	8/7/2019		x FFS2LE Fee For Service 2 Admission	POWERS,MARK

- On the form, you will be asked to return to the form if you select “Yes”, if you select “No”, you will be returned to the “Home page”.

?

Form Return

Master Client Inquiry (IBHIS) has completed. Do you wish to return to form?

Yes

No

The screenshot displays the 'myDay' interface for 'ADMISSIONS.PCNX (003334802)'. The main content area is divided into two panels: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'.

CLIENT DEMOGRAPHICS:

- ADMISSIONS.PCNX (003334802)
- DOB/Age: 2000-01-12 / 24
- SSN: 123-45-6789
- Race:
- Pronouns:
- Gender: **No Entry**
- Primary Language: **No Entry**
- Ethnicity: **No Entry**
- Smoking Status: **No Entry**
- Smoking Assessment Date:
- Veteran Status:
- CONTACTING: Cell Phone: 213-555-1212
- ADDRESS: 550 N Vermont Ave
- Home Phone: LOS ANGELES CA 90005
- Work Phone:
- Email:
- Communication Preference: **No Entry**
- HMIS ID:
- Primary Care Provider: Magellan ID:
- PCP Phone: [LAUNCH Client Chart](#)
- [LAUNCH Update Client Data](#)

CLIENT DIAGNOSES:

Ep#	Diagnosis Date	Diagnosis Type	Status Rank	Diagnosis	Diagnosis Code
2	2024-02-09	Admission	Active/Primary	Encounter for mental health services for victim of other abuse	Z69.81