

AGENDA

Contract Providers Transition Team (CPTT) Workgroup Meeting Thursday May 21, 2015

- ✓ **Welcome and Announcements (2 min.)** [Gordon Bunch](#)
- ✓ **WebEx Instructions (3 min.)** [John Flynn](#)
- ✓ **IBHIS Update (15 min.)** [Bob Greenless](#)
- ✓ **Tokens Update (5 min.)** [TBD](#)
- ✓ **Integration Update: Web Services (40 min.)** [Integration Team](#)
- ✓ **IS SFT Site Login Instructions (5 min.)** [Sandra Rodriguez](#)
- ✓ **ICD-10/DSM5 (20 min.)** [Jennifer Hallman](#)
- ✓ **Clinical Forms Update (20 min.)** [Jennifer Hallman](#)
- ✓ **Questions/Comments (20 min.)**

IBHIS Update

Robert Greenless

IBHIS Update Overview

- Presentation Purpose
- Current Status: LE Contractor Focus
- Suspension of LE Rollouts
- Looking Ahead

Purpose

- Provide an update on the continued delay of Contract Provider rollouts to IBHIS
- Address concerns some have expressed about moving forward with IBHIS given:
 - Proposed organizational change to bring DMH, DHS, and Public Health under one umbrella Agency
 - Consideration of single EHR solution across these three departments

IBHIS: Current Status

- Four Legal Entities (LEs) went live to IBHIS between February and May 2014
 - Foothill Family Service
 - Five Acres
 - Pacific Lodge Youth Services
 - Community Family Guidance Center
- Fifty-one Contract Providers are fully certified and ready to go live to IBHIS

IBHIS: Current Status

- Contract Provider Rollouts Suspended June 2014 due to findings from the Pilot go-lives
 - Strength
 - Web Services
 - Weaknesses
 - Claiming (next slide)
 - No automation of practitioner registration and maintenance
 - No real-time “Get” function in Web Services for Financial Eligibility or Diagnosis

IBHIS: Current Status

- Issues with Claiming
 - IBHIS System Issues
 - Process Issues at Central Business Office
 - Process Issues at LE level
 - LE challenges understanding claims status reports

Suspension of Rollouts

- It has taken much longer than anticipated to address the weaknesses identified during the Pilot and post-Pilot in the areas of weakness
 - Vendor Fixes
 - Enhancement of Web Services
 - Automation of Practitioner Maintenance

Suspension of Rollouts

- Vendor fixes took longer than expected to develop and deploy
 - Defining, vetting and finalizing requirements was challenging
 - Multiple iterations of fixes before acceptance
 - Regression
 - A large batch of over 100 fixes was deployed to live in March with mixed success
 - Refinement of claiming functionality and manual CBO claims processing tasks is a work in progress

Suspension of Rollouts

- Delays in the enhancement of Web Services
 - Same development challenges we experienced with claiming
 - Defining, vetting and finalizing requirements was challenging
 - Multiple Iterations before acceptance
 - Development Complete
 - Updated Companion Guide released
- Integration of Practitioner Registration and Maintenance – In Process

Looking Ahead

- No further rollouts of Contract Providers until all known critical issues are resolved
- Resolution is close and we have every intention of moving forward with IBHIS enterprise-wide
- Timeline will be less aggressive

Looking Ahead

- If mandated, a transition to another EHR solution will likely take two to four years
 - Assessment of Fit
 - Planning
 - Configuration and Testing
 - Availability of Vendor Resources
 - Directly Operated and Contract Provider roll-outs in multiple phases over time

Looking Ahead

- Contract Providers not yet IBHIS-Ready should continue all Readiness activities
 - The 837 is a HIPAA compliant standard transaction: Largely vendor neutral
 - Web Services is a huge “win” for those live to IBHIS
 - If a transition is necessary, we will retain web services as close as possible to the form that exists in IBHIS



Pilot 1 Contractors

Many thanks to our IBHIS Pilot Contract Providers. DMH benefitted greatly from lessons learned because of your participation.

Thank you for your courage, patience, perseverance, and collaboration.

All Contract Providers in the room today will benefit from your contribution to this project

QUESTIONS



Token Access

Gordon Bunch

Token Access

- Solution Development:
 - DMH is testing a self service token solution as a replacement to existing hardware tokens
 - Cuts provisioning time down to weeks versus months
 - Self service technology similar to online banking enrollment and access
 - ISD is currently working with the vendor to expand the infrastructure to all non-county partners
 - Numerous technical & administrative challenges are being worked on

QUESTIONS



IBHIS CLIENT SERVICES

JUAN FERMIN

**CPTT Workgroup Meeting
May 21, 2015**



Overview

- New Release Candidate v201501
 - New Features
 - Modifications to Existing Operations
- Implementation Timeline
- Looking Ahead
- Questions
- Documentation



Release Candidate v201501

- Intended to:
 - Provide functionality to retrieve real time Financial Eligibility & Client Diagnosis
 - Address gaps in the existing Client Service for 24 Hr Admission
 - Introducing validation to improve data quality



RC v201501 – New Features

- Admission/Episode Validation
- Financial Eligibility
- Guarantor Plan Details
- Client Diagnosis
- 24 Hr Admissions (i.e. Inpatient, Day Treatment, Residential)

RC v201501 – New Features (Cont'd)

- Admission/Episode Validation
 - No WSDL contract change
 - EpisodeID is still required for all ensuing domains of an admission (CSI, Diagnosis, Financial Eligibility, DCFS Case History, ...)*
 - When working with a client, they must be admitted to your organizations program
 - The GetClientActiveEpisode operation can validate whether a client is admitted for your program.

*Exceptions are noted in the Client Services Companion Guide



RC v201501 – New Features (Cont'd)

- Financial Eligibility
 - Added additional validation on CreateFinEligibility & UpdateClientFinEligibility operations
 - SSN - Federal Standard
 - 999999999 is allowed on create when information is not available
 - USPS Zip Code validation
 - Trading Partners have ability to submit only changed values when submitting update (lighter payload)
 - Real time retrieval of Financial Eligibility information established with IBHIS



RC v201501 – New Features (Cont'd)

- Financial Eligibility
 - Please reference the Guarantor Order document noted in the Client Services Companion Guide when establishing Financial Eligibility
 - Once Financial Eligibility is established, guarantor order, should not be modified without CBO consultation.



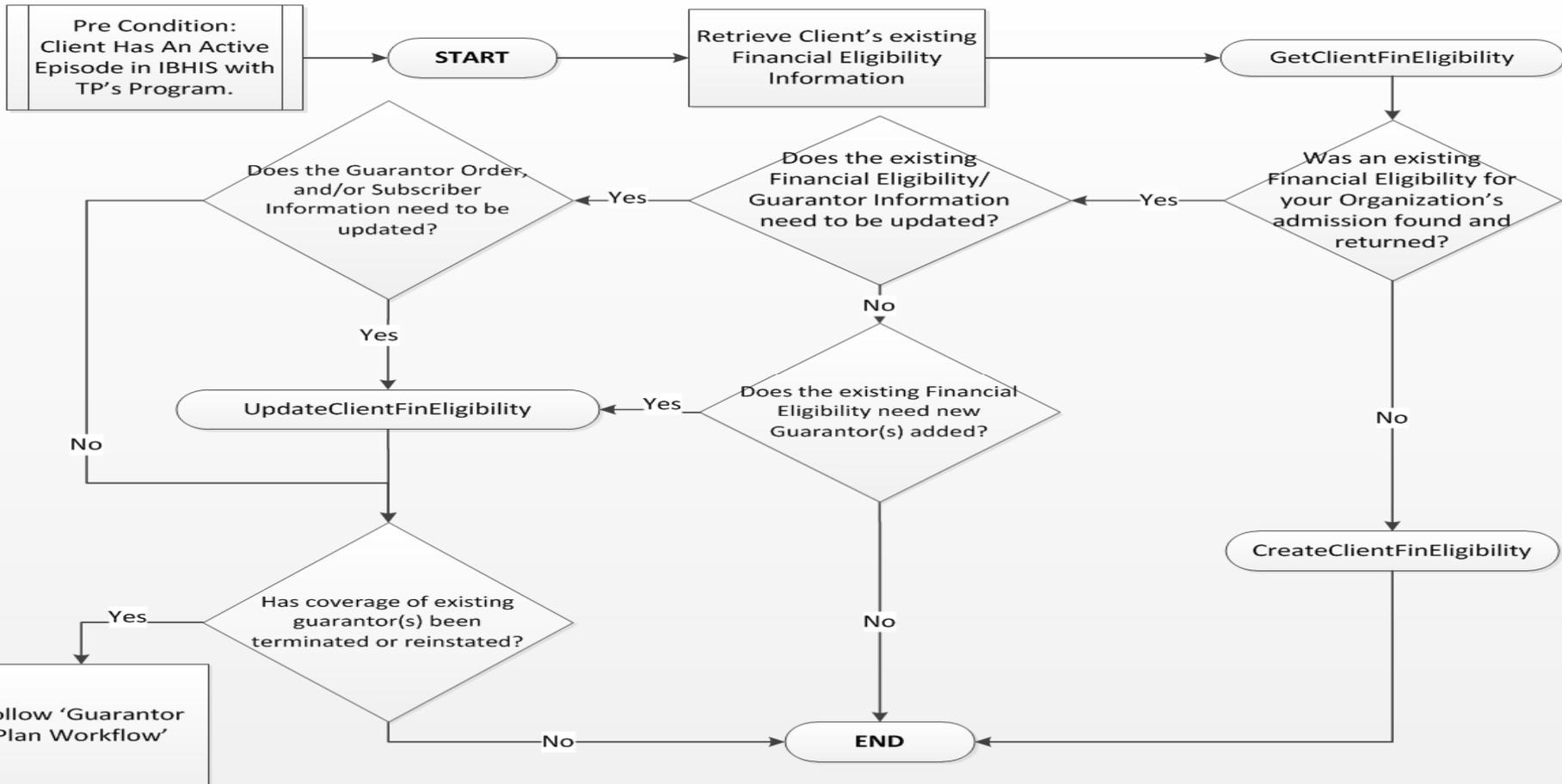
RC v201501 – New Features (Cont'd)

- Financial Eligibility
 - Be advised that in flight claims can be affected by modification of existing guarantor order within Financial Eligibility.
- To reference workflow, please see Client Services Companion Guide

RC v201501 – New Features (Cont'd)

- Financial Eligibility workflow

Financial Eligibility



RC v201501 – New Features (Cont'd)

- How to we submit/manage changes to Client Benefits?
- Fluctuations to benefits are now controlled by Guarantor Plan Detail entries in IBHIS
- Trading Partners now have the ability to establish and maintain client benefit coverage periods via Guarantor Plan Detail operations.



RC v201501 – New Features (Cont'd)

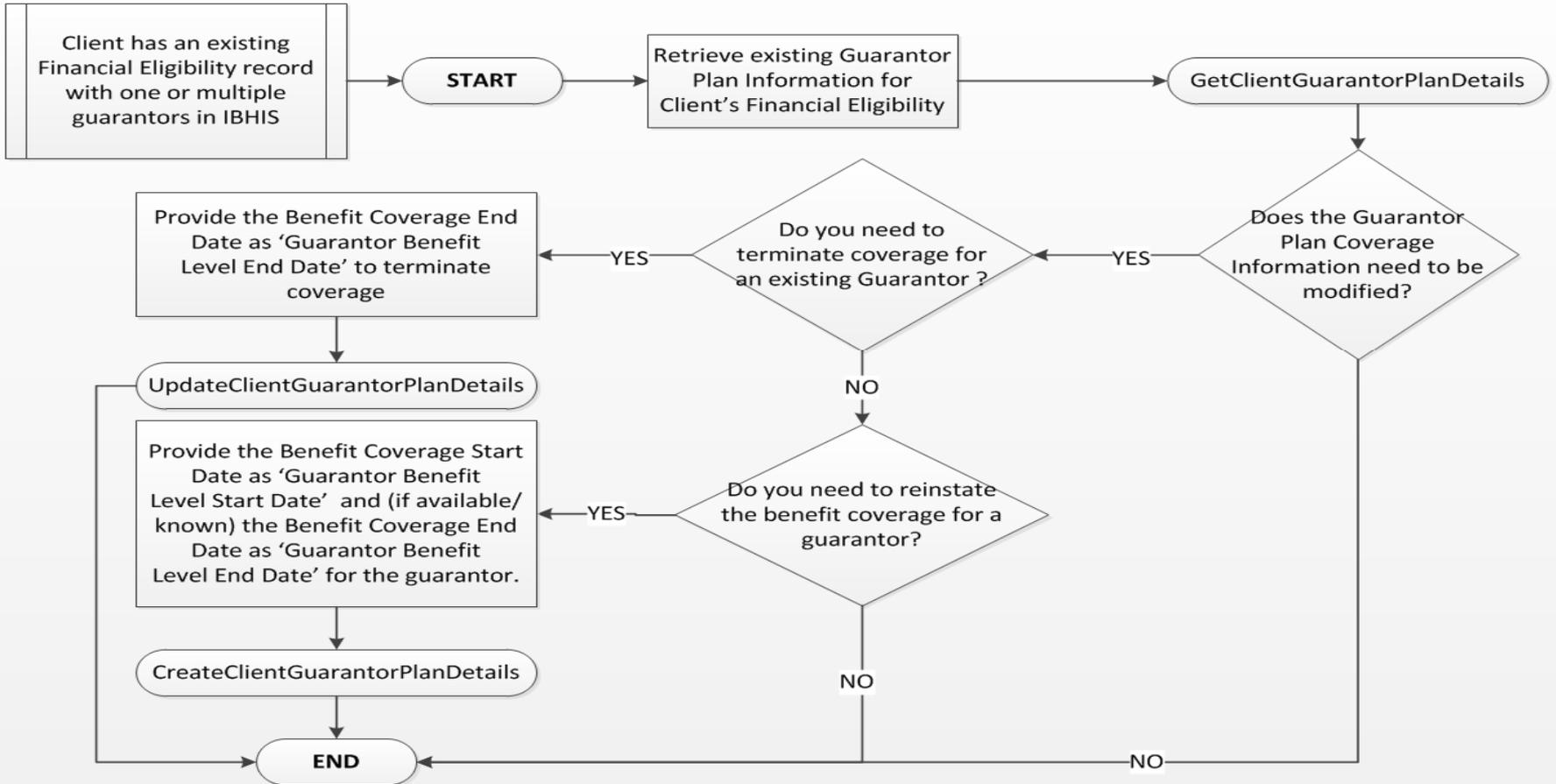
- New Operations
 - CreateClientGuarantorPlanDetails – Establish an effective coverage period for Client Benefits
 - UpdateClientGuarantorPlanDetails – Terminate an established coverage period established for Client Benefits
 - GetClientGuarantorPlanDetails – Retrieve existing plan entries for a Guarantor



RC v201501 – New Features (Cont'd)

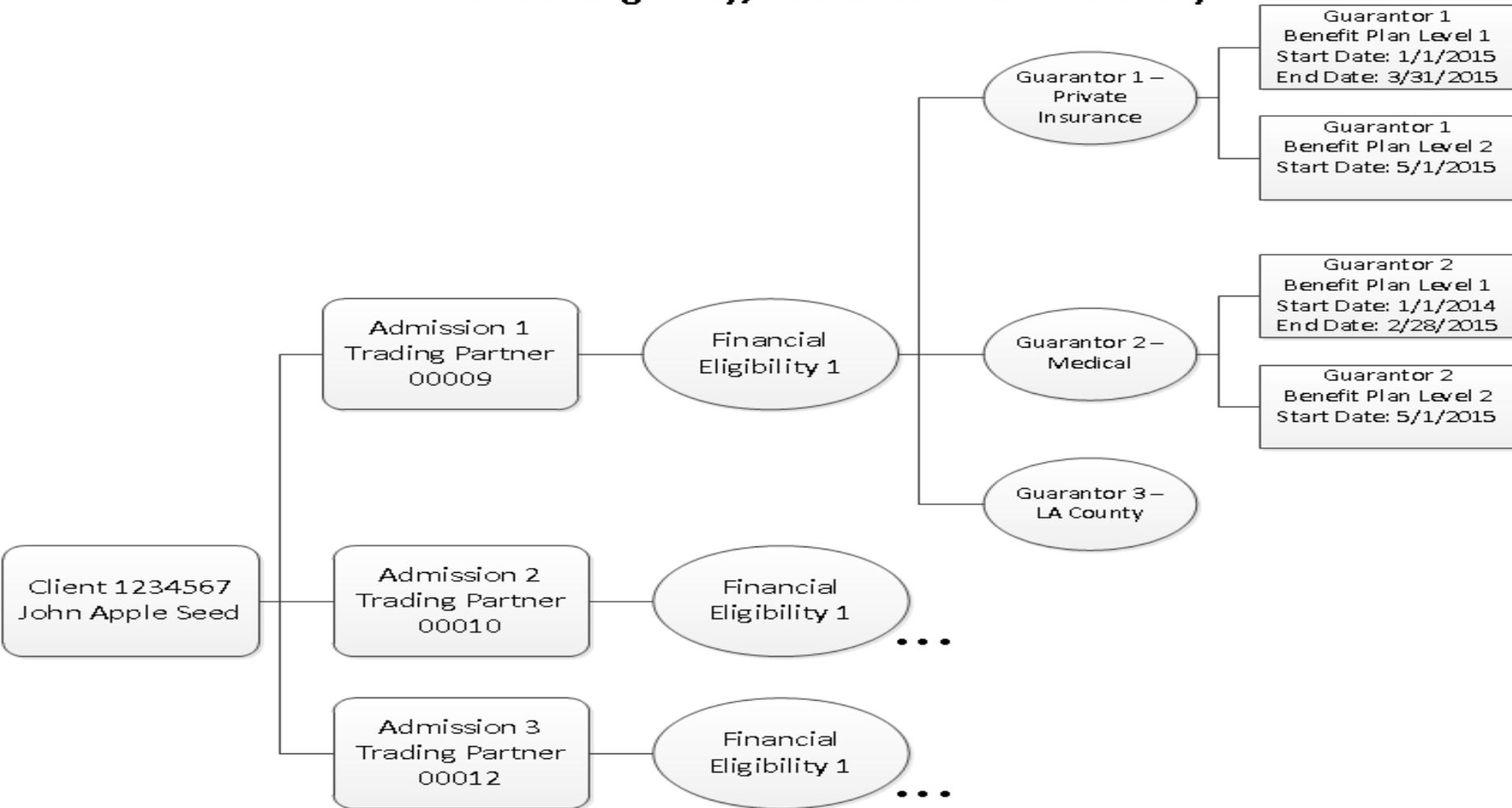
- Guarantor Plan Details workflow

Guarantor Plan



RC v201501 – New Features (Cont'd)

Financial Eligibility/Guarantor Plan Hierarchy



RC v201501 – New Features (Cont'd)

- Client Diagnosis
 - Modifications to GetClientDiagnosis operation
 - Client must be admitted to your program
 - Real time retrieval of detailed Diagnosis information established with IBHIS
- New operation GetClientDiagnosisHistory
 - Client is not required to be admitted to your program
 - Provides Diagnosis Summary for a given Client



RC v201501 – New Features (Cont'd)

- 24 Hr Admissions (i.e. Inpatient, Day Treatment, Residential)
 - 24 Hr Program ID (i.e. 24 Hr Program Provider Number) is required
 - Admission, CSI, Diagnosis, Financial Eligibility, Guarantor Customization, Pregnancy, DCFS Case Information, Active Episode Retrieval, & Discharge



RC v201501: Modifications to existing operations

- Client Search
 - Probability Score added to SearchClient operation
 - Score weight described in the Client Services Companion Guide
- Minor Structural Changes
 - Separation of elements (i.e. Client Name)
 - Restrictions on field lengths
 - City and State no longer required
 - Derived based on Zip Code
 - Omitting date fields in the response when no value has been filed/established
- Admit Validation
 - USPS Zip Code validation



Implementation Timeline

- Client Services v201501 scheduled for deployment to QA on June 10th 2015
- Client Services v201501 scheduled for deployment to Production on June 12th 2015

RC v201501 – Looking Ahead

- ICD 10/DSM5
- Rendering Provider/Practitioner Maintenance



RC v201501 – Looking Ahead

- ICD 10/DSM5
 - Jennifer Hallman will provide information on the Department's strategy for ICD10/DSM5
 - Web Services implementation is being planned and developed in collaboration with NetSmart
 - More to come in future CPTT meetings



RC v201501 – Looking Ahead

- Rendering Provider/Practitioner Maintenance
 - Short term strategy
 - Modify the Practitioner Registration & Maintenance application to integrate real time with IBHIS
 - Long term strategy
 - Provide services for Trading Partners to integrate their respective EHRs real time with IBHIS



QUESTIONS



Documentation

- WSDL

<https://b2btst.dmh.lacounty.gov/ClientService/svc.wsdl>

- Latest Companion Guide, Release Notes, and WSDL documentation, please visit:

http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_homepage.htm

- Guarantor Order Document

http://lacdmh.lacounty.gov/hipaa/documents/Guarantor_Order-v1_1.pdf



IS SFT Site Login Instructions

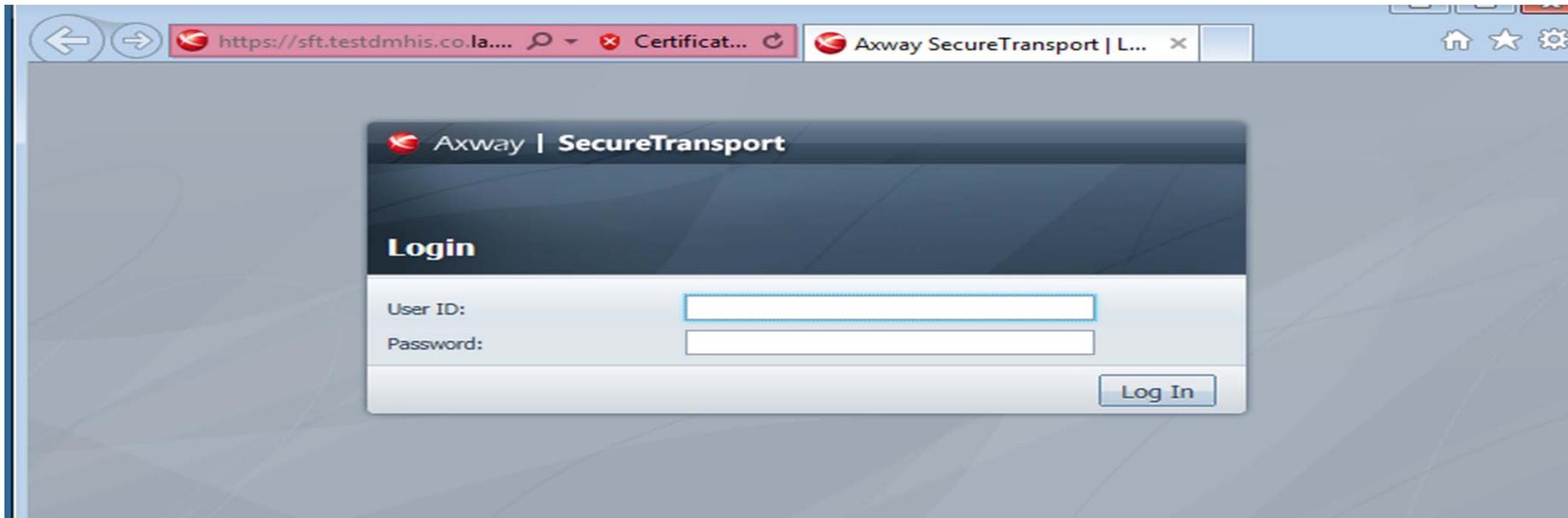
Sandra Rodriguez

Background

- IS SFT Upgrade to Current Software Version
 - From Valicert to SecureTransport
 - Login Mechanisms have changed
 - No need to install a Digital Certificate
 - Allows for improved support
- Implementation of SecureTransport (TBD)
 - IS Shutdown: Friday – June 2015
 - Go Live SecureTransport: Monday – June 2015

IS SFT Site Login Instructions

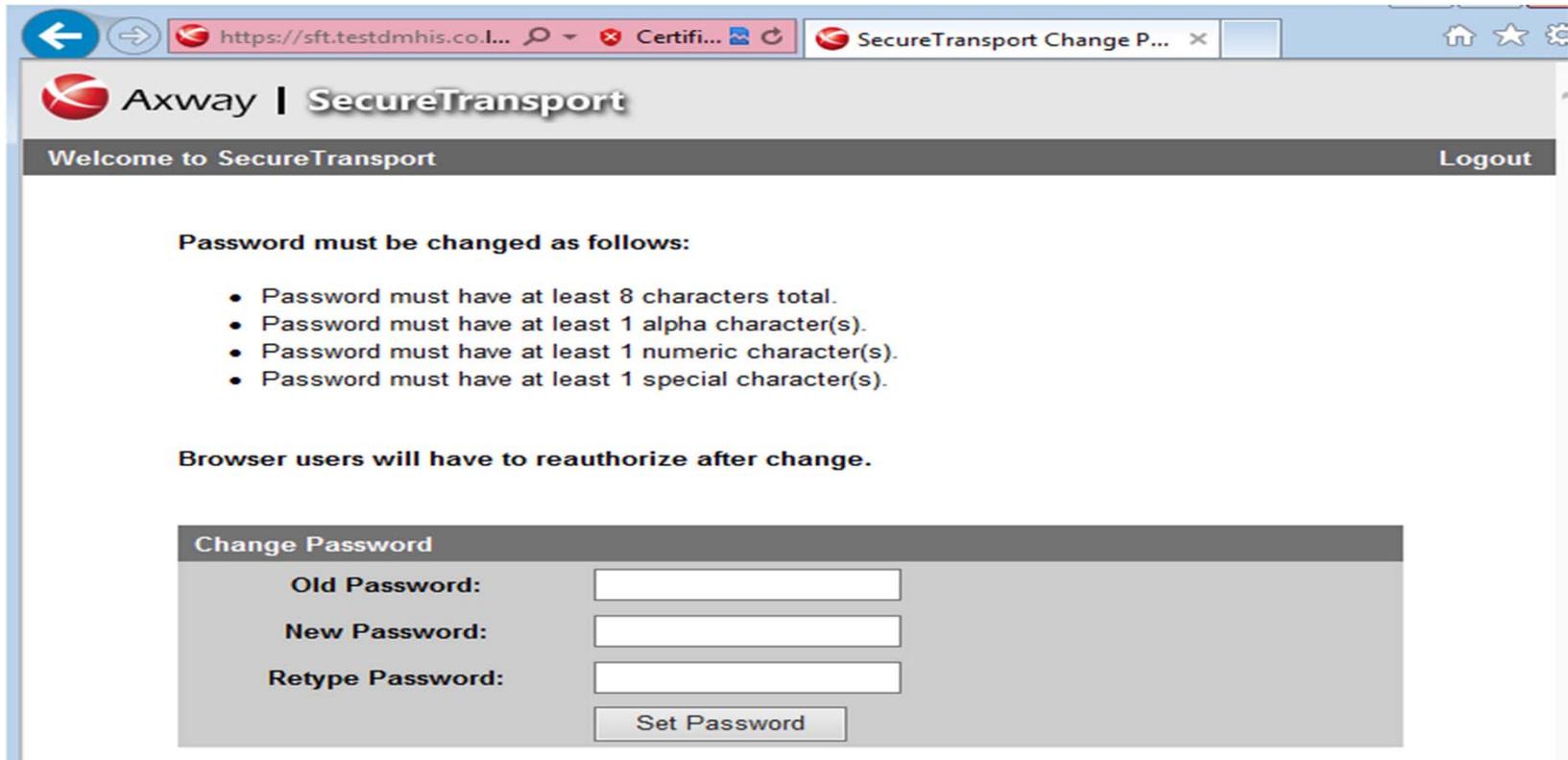
- URL has not changed <http://sft.proddmhis.co.la.ca.us>



- The EDI section will be distributing the User ID and temporary password to each EDI provider by email

IS SFT Site Login Instructions

- The first time signing in you will be prompted to change your temporary password.



The screenshot shows a web browser window with the URL <https://sft.testdmhis.co.l...> and a tab titled "SecureTransport Change P...". The page header includes the Axway logo and the text "Axway | SecureTransport". Below the header, there is a "Welcome to SecureTransport" message and a "Logout" link. The main content area contains the following text:

Password must be changed as follows:

- Password must have at least 8 characters total.
- Password must have at least 1 alpha character(s).
- Password must have at least 1 numeric character(s).
- Password must have at least 1 special character(s).

Browser users will have to reauthorize after change.

Below this text is a "Change Password" form with the following fields and a button:

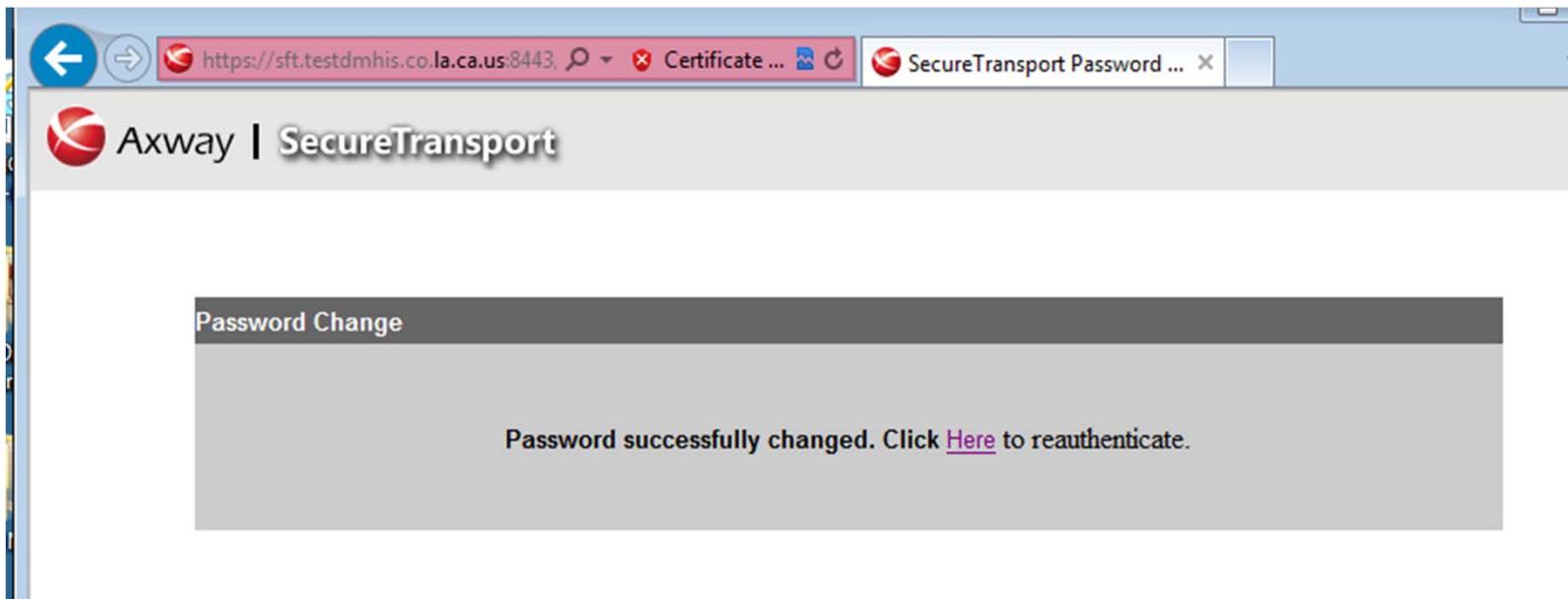
| | |
|---|----------------------|
| Old Password: | <input type="text"/> |
| New Password: | <input type="text"/> |
| Retype Password: | <input type="text"/> |
| <input type="button" value="Set Password"/> | |

IS SFT Site Login Instructions

- The new password must meet the password policy requirements:
 - Password must have at least 8 characters total
 - Password must have at least 1 alpha character(s)
 - Password must have at least 1 numeric character(s)
 - Password must have at least 1 special character(s)

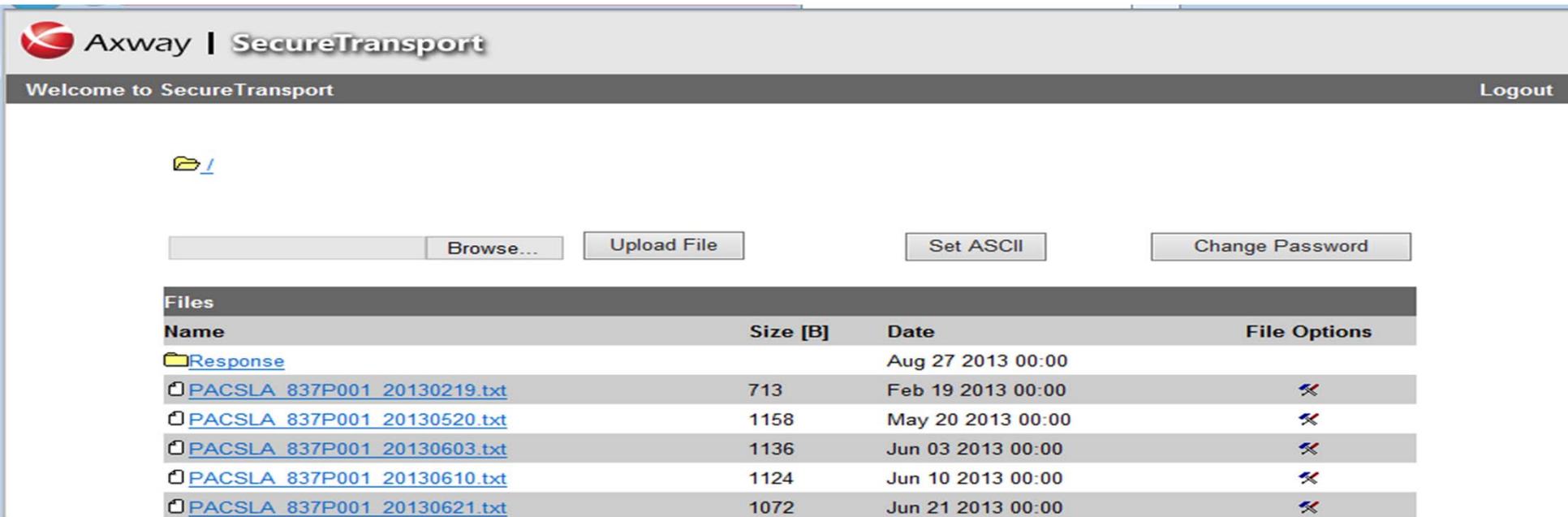
IS SFT Site Login Instructions

- After you have successfully changed your temporary password, you are asked to authenticate the new password.



IS SFT Site Login Instructions

- Once your new password sign in is successful the SFT site is displayed...



The screenshot shows the Axway SecureTransport web interface. At the top, there is a header with the Axway logo and the text "Axway | SecureTransport". Below the header, a dark bar contains "Welcome to SecureTransport" on the left and "Logout" on the right. The main content area features a file browser interface with a folder icon and a path indicator. Below this are four buttons: "Browse...", "Upload File", "Set ASCII", and "Change Password". A table titled "Files" displays a list of files with columns for Name, Size [B], Date, and File Options. The files listed are:

| Name | Size [B] | Date | File Options |
|---|----------|-------------------|--------------|
| Response | | Aug 27 2013 00:00 | |
| PACSLA_837P001_20130219.txt | 713 | Feb 19 2013 00:00 | |
| PACSLA_837P001_20130520.txt | 1158 | May 20 2013 00:00 | |
| PACSLA_837P001_20130603.txt | 1136 | Jun 03 2013 00:00 | |
| PACSLA_837P001_20130610.txt | 1124 | Jun 10 2013 00:00 | |
| PACSLA_837P001_20130621.txt | 1072 | Jun 21 2013 00:00 | |

Upload your files as per normal practice.

QUESTIONS



ICD10 and DSM5 Proposed Solution

Jennifer Hallman LCSW/MPA
Policy & Technical Development Unit
Quality Assurance Division
Program Support Bureau

What we know about the current regulations/contract language:

- Medical Necessity requires a diagnosis from the DSM-IV and provides a list of Included DSM categories – California Code of Regulations
 - May use ICD diagnosis instead of DSM and provides a list of specific Included ICD diagnosis codes – DHCS Contract

What we know about the current regulations/contract language:

- The Assessment must include “a complete five-axis diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented” – DHCS Contract

What we know about the current IS system:

- Integrated System (IS) – Providers establish a DSM diagnosis at the episode level
 - DDE Contract Providers and Directly-Operated
 - Claim Submission - DMH crosswalks the DSM diagnosis to an ICD diagnosis
 - CSI Submission – DMH sends the DSM diagnosis from the episode

NOTE: There is no validation/check for an Included diagnosis

What we know about the current IS system:

- EDI Contract Providers establish
 - Claim Submission - DMH verifies the ICD diagnosis on the claim is valid, then submits the claim
 - CSI Submission – DMH sends the DSM diagnosis from the episode

NOTE: There is no validation/check for an Included diagnosis

What we know about the future:

- DHCS (Medi-Cal) and other payer sources will require ICD10 on all claims with date of service on or after October 1, 2015
- DHCS will require ICD10 on all CSI submissions starting October 1, 2015
- DHCS has worked with Counties to establish a crosswalk between ICD9 Included Dx and ICD10 Included Dx (crosswalk has been provided)

What we know about the future:

- DHCS has NOT confirmed when and if DSM5 will be required
- There are 16 DSM5 diagnoses that are up for discussion on whether or not they will be Included Dx
- DHCS has proposed placing edits in their claiming system to only accept Included Dx ICD10 codes

NOTE: We do not know how the edits will account for assessment/crisis intervention services that do not require an Included Dx

What we know about DSM5 and ICD10:

- No simple crosswalk from DSM5 to ICD10
 - DSMIV to ICD9 was simple
 - Almost 1 to 1 and exact code matches
 - Some DSM5 Dx are more specific than ICD10
 - Some ICD10 Dx are more specific than DSM5
 - There are different rules for coding between DSM5 and ICD10
 - e.g. Unspecified in ICD means something different than in DSM

DMH Proposed Solution: Contract Providers (both IS & IBHIS)

- Contract providers will provide DMH with the ICD10 diagnosis for the claim and for CSI admission
 - DMH will no longer crosswalk DSM to ICD for Contract Providers

DMH Proposed Solution: Contract Providers (both IS & IBHIS)

- For dates of services Oct 1, 2015 or after, the IS will only accept ICD10 Dx codes
 - Episode Creation: The 5 Axis will be disabled and ICD10 will be entered
 - This enables CSI submissions to be done using ICD10 provided by the Contractor and DDE claim submission to be done with ICD10
 - EDI claim submission will utilize the ICD10

DMH Proposed Solution: Contract Providers (both IS & IBHIS)

- We are still in discussion how IBHIS Web Services will work
 - The plan is to submit ICD10 through Web Services starting Oct 1, 2015

Process/Timelines - Systems

- Complete IS modifications
 - Tentative date – mid September
- In discussions regarding Web Services
 - Timeline to be released at a later date

Process/Timelines - Systems

- Looking into a “conversion” process for both IS/IBHIS
 - Will utilize the current DSMIV to ICD9 crosswalk in the IS and the State ICD9 to ICD10 crosswalk
 - Will not be able to convert all diagnoses – some will require clinical judgement

QUESTIONS



Clinical Forms Inventory and Form Type Update

Jennifer Hallman LCSW/MPA

Policy & Technical Development Unit

Quality Assurance Division

Program Support Bureau



Current Policy 104.08 (401.02) Language

- **2.4.1 LAC-DMH Required Clinical Record Forms:** Forms which must be used without alteration.
- **2.4.2 LAC-DMH Required Data Elements Clinical Record Forms:** Forms which contain data elements that Contract Providers must collect, as applicable to the situation.

Current Policy 104.08 (401.02) Language

- **2.4.3 LAC-DMH Optional Clinical Record Forms:** Forms designed to capture a specific category of information (as indicated by the title and data elements of the form) that Contract Providers must also address, as applicable to the situation, although not necessarily through the use of the exact form.

Current Policy 104.08 (401.02) Language

- **2.4.4 LAC-DMH Ownership Clinical Record Forms:** Forms that require specific information in compliance with applicable federal, State, and local laws, regulations, codes, policies and procedures. Because the content of these forms carry potential legal implications, Contract Providers must implement the concepts/principles associated with these forms through their own understanding/interpretation of the applicable authority.

Revised Policy 104.08 (401.02) Language

- **Required Data Element:** Must maintain all required data elements of the form and have a method for producing a paper form or electronic report with all the required data elements
 - *“Required” form type has been eliminated. All “Required” forms are now “Required Data Element” forms.*
 - *For Assessments, Client Treatment Plans and Progress Notes refer to the Organizational Provider’s Manual for required data elements*

Revised Policy 104.08 (401.02) Language

- **Required Concept:** Must have a method of capturing the specific category of information indicated by the title and data elements of the form
 - *Formerly “Optional”*
- **Ownership:** Must have a method for complying with all laws/regulations encompassed by the form

Survey Question

- State DHCS is in discussions regarding possible changes in how to document and claim for services with co-practitioner(s)
- Is your EHR able to capture a co-practitioner(s) electronic signature? (e.g. one progress note/two signatures)

QUESTIONS

