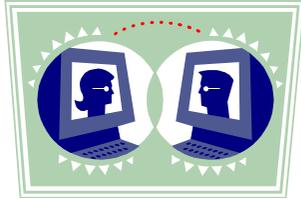


IBHIS Readiness WebEx Group Meeting

Fee-For-Service [FFS2]



Date: **Monday, May 5, 2014**
Time: **11:00 am – 1:00 pm**
Website: <https://dmh.webex.com/>
Meeting #: **927 515 067**

Audio Conference Information



Audio will come from the phone only and not through your computer.

Please dial in the number below:

Dial in number: **1.888.636.3807**

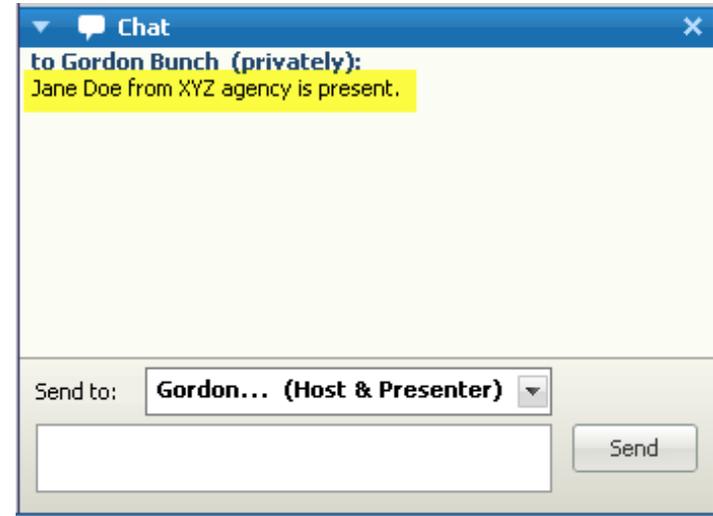
Access code: **7116695**



IBHIS Readiness WebEx Group Meeting

Fee-For-Service [FFS2]

- ✓ Please use the WebEx Chat box to type in your name and the institution you represent
- ✓ If there are other participants attending with you, please include their name(s) as well
- ✓ Send chat to **Gordon Bunch (Host & Presenter)** and not to Everyone





Meeting Agenda
Fee-for-Service (FFS) Network Providers
May 5, 2014
11:00 a.m. – 1:00 p.m.

- ✓ **Welcome (8 min.) - Gordon Bunch/Pansy Washington**
- ✓ **Provider Support Office: User Access & Practitioner Enrollment (15 min.)– Donnakay Davis**
- ✓ **ProviderConnect (15 min.) – Jim Spallino**
- ✓ **Financial Eligibility (20 min.) – Elhi Saucedo**
- ✓ **Integration (30 min.) – Integration Team**
 - ✓ **Trading Partner Agreement (TPA) Process**
 - ✓ **IBHIS Claims**
- ✓ **Reports and Extracts (5 min.) – Presley Becerra**
- ✓ **IBHIS Readiness Tasks (5 min.) – Gordon Bunch**
- ✓ **Questions/Answers (22 min.)**

“To Enrich Lives Through Effective And Caring Service”

WELCOME and OVERVIEW

Gordon Bunch

**Contract Provider Readiness Meeting
Network Providers
May 5, 2014**



OVERVIEW

- DMH is implementing an Electronic Health Record (EHR) system
 - Integrated Behavioral Health Information System (IBHIS)
- IBHIS will replace the Integrated System (IS)
- The IS will be shut-down as soon as possible after IBHIS go-live

OVERVIEW

- IBHIS is rolling out in Phases
 - Directly Operated Clinics/Programs – January through September 2014
 - Legal Entity (LE) Contract Providers – February through July 2014
 - Fee For Service (FFS) Network Providers – September 2014



OVERVIEW

- In preparation for IBHIS LE and FFS Network Providers have been divided into Readiness Groups
- Each Readiness Group will progress through a series of steps/tasks to ensure readiness for IBHIS go-live on their scheduled go-live date

OVERVIEW

- In this meeting, we will cover specific topics related to IBHIS readiness and end with a detailed set of IBHIS readiness tasks you may use to organize your readiness efforts

FFS NETWORK PROVIDER READINESS GROUP

- Provisioning Start: April 21, 2014
- Provisioning End: June 30, 2014
- Testing Start: May 1, 2014
- Testing End: Sept. 2, 2014
- Go-Live to IBHIS: Sept. 3, 2014



OVERVIEW

- Today's presentations and handouts will be posted to IBHIS Homepage (IBHIS Links)
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Links.htm
- Posting expected 5/9/14

**IBHIS READINESS GROUP
FEE-FOR-SERVICE OUTPATIENT PROVIDERS**

PROVIDER SUPPORT OFFICE

USER ACCESS and

PRACTITIONER ENROLLMENT

Donnakay Davis

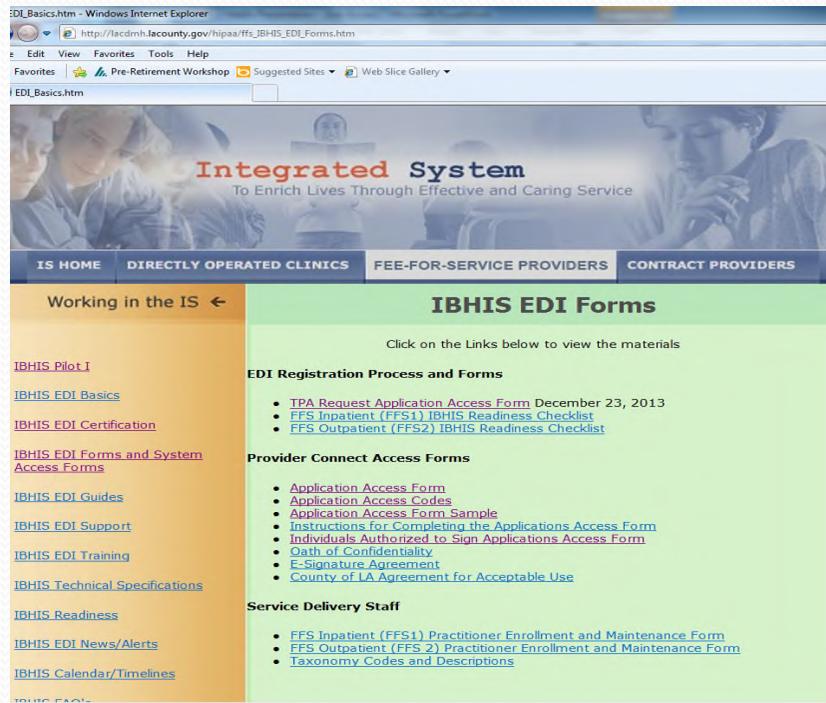
THE ROLE OF THE PROVIDER SUPPORT OFFICE

- ❖ Practitioner set-up for new staff and updates or terminations for existing staff are submitted to the Provider Support Office (PSO) as part of IBHIS readiness activities.
- ❖ System Access and Maintenance for new and existing users to Provider Connect, the web-based application Fee-for-Service Providers will use to submit client and admission data, and to authorize services.
- ❖ Second-tier customer support for questions regarding practitioners, access and claims.

IBHIS SYSTEM ACCESS FORMS WEBPAGE

❖ The web page location is:

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



EDIBasics.htm - Windows Internet Explorer

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

Edit View Favorites Tools Help

Favorites Pre-Retirement Workshop Suggested Sites Web Slice Gallery

EDIBasics.htm

Integrated System
To Enrich Lives Through Effective and Caring Service

IS HOME DIRECTLY OPERATED CLINICS FEE-FOR-SERVICE PROVIDERS CONTRACT PROVIDERS

Working in the IS ←

IBHIS EDI Forms

Click on the Links below to view the materials

EDI Registration Process and Forms

- [TPA Request Application Access Form December 23, 2013](#)
- [FFS Inpatient \(FFS1\) IBHIS Readiness Checklist](#)
- [FFS Outpatient \(FFS2\) IBHIS Readiness Checklist](#)

Provider Connect Access Forms

- [Application Access Form](#)
- [Application Access Codes](#)
- [Application Access Form Sample](#)
- [Instructions for Completing the Applications Access Form](#)
- [Individuals Authorized to Sign Applications Access Form](#)
- [Oath of Confidentiality](#)
- [E-Signature Agreement](#)
- [County of LA Agreement for Acceptable Use](#)

Service Delivery Staff

- [FFS Inpatient \(FFS1\) Practitioner Enrollment and Maintenance Form](#)
- [FFS Outpatient \(FFS 2\) Practitioner Enrollment and Maintenance Form](#)
- [Taxonomy Codes and Descriptions](#)

[IBHIS Pilot I](#)

[IBHIS EDI Basics](#)

[IBHIS EDI Certification](#)

[IBHIS EDI Forms and System Access Forms](#)

[IBHIS EDI Guides](#)

[IBHIS EDI Support](#)

[IBHIS EDI Training](#)

[IBHIS Technical Specifications](#)

[IBHIS Readiness](#)

[IBHIS EDI News/Alerts](#)

[IBHIS Calendar/Timelines](#)

[IBHIS FAQ](#)

USER ACCESS

AUTHORIZATION TO SIGN FORM

- ❖ The second half of the form is the identifying information for the Authorized Signers and one Alternate.
- ❖ Emails are vital during this transition, and will be our primary form of communicating with providers and billers. Please ensure you provide an email address for every person you list in this form.

E-Mail Address: _____

The following individuals are authorized to sign Application Access Forms submitted by the above named agency:

Name of Designee: _____
Print/Type

Signature of Designee: _____

Title: _____ Phone: _____

E-Mail Address: _____

Name of Alternate: _____
Print/Type

Signature of Alternate: _____

Title: _____ Phone: _____

E-Mail Address: _____

Date Submitted to SAU: _____

USER ACCESS

APPLICATION ACCESS FORM

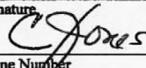
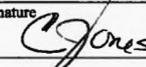
- ❖ To add new user or existing IS user to Provider Connect.
- ❖ Make sure to complete all required fields including the ethnicity, handicap and language codes.
- ❖ Emails are vital during this transition, and will be our primary form of communicating with providers and billers. Please ensure users enter their individual email address.

 LAC DMH LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH					APPLICATIONS ACCESS FORM					
					COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH PROVIDER SUPPORT OFFICE					
REQUEST TYPE										
Effective Date		<input checked="" type="checkbox"/> Add New User		<input type="checkbox"/> Update Existing User		<input type="checkbox"/> Add Reporting Unit <input type="checkbox"/> Delete Reporting Unit <input type="checkbox"/> Name Change		<input type="checkbox"/> Add Role <input type="checkbox"/> Delete Role Unit <input type="checkbox"/> Termination		<input checked="" type="checkbox"/> Add User Access <input type="checkbox"/> Delete User Access
04 / 04 / 2014										
EMPLOYEE STATUS										
<input type="checkbox"/> DMH Permanent	<input type="checkbox"/> DMH Temporary	<input type="checkbox"/> FFS IP	<input checked="" type="checkbox"/> FFS OP	<input type="checkbox"/> MHSA	<input type="checkbox"/> NGA	<input type="checkbox"/> DHS				
APPLICATION INFORMATION										
User/Logon ID		Last Name		First Name		MI	Last 4 Digits of SSN			
		Jones		Camille			3333			
Date of Birth MM/DD	Sex Code	Ethnicity Code	Handicap Code	Language Code	Name of Facility/Bureau/FFS Network Provider/Pharmacy					
12/10	F	01	00	01	Camille Jones Inc.					
Program Name/Unit			Address			Suite/Floor				
			111 N. Main St.			15				
City		State	Zip Code	Phone Number	E-Mail Address					
Los Angeles		CA	90012	213-240-1212	cjones@yahoo.com					

USER ACCESS

APPLICATION ACCESS FORM

- ❖ In the “Select Application Access” section, check Provider Connect.
- ❖ Ensure the user signs and includes all three documents with the Application Access Form.
- ❖ If necessary, submit or update “Individuals Authorized to Sign” form.

ROLE(S) <input type="text"/> <input type="text"/> <input type="text"/>		Provider using Web Services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SELECT CLASS CODE & AUTHORIZED PROVIDER NO.			
DMH Provider No(s) <input type="text"/> <input type="text"/> <input type="text"/>		NGA Legal Entity No. <input type="text"/>	
DHS Provider No(s) <input type="text"/> <input type="text"/> <input type="text"/>		FFS Provider No. <input type="text" value="PSY144212"/>	
SELECT APPLICATION ACCESS			
<input type="checkbox"/> Integrated System	<input type="checkbox"/> STAR	<input checked="" type="checkbox"/> Provider Connect*	<input type="checkbox"/> PRM* Other (please specify _____)
<i>The following forms must be signed and sent with this document:</i>			
<input checked="" type="checkbox"/> COLA Agreement for Acceptable Use <input checked="" type="checkbox"/> Oath of Confidentiality <input checked="" type="checkbox"/> E-Signature Agreement			
SIGNATURES			
Applicant Name Carnille Jones	Signature 	Date Completed 4/4/14	
Contact (Print Name)	Phone Number	Date Completed	
Program Head/Authorized Designee (Print Name) Carnille Jones	Signature 	Date Completed 4/4/14	

USER ACCESS

APPLICATION ACCESS FORM

- ❖ Remember to complete the following forms for Provider Connect access:
 - ❖ Applications Access Form (AAF)
 - ❖ Authorization to Sign (if information is not current)
 - ❖ Oath of Confidentiality
 - ❖ Agreement of Acceptable Use
 - ❖ E-Signature Agreement
- ❖ Completed forms must be scanned and emailed to: DMHPSO@dmh.lacounty.gov

USER ACCESS

APPLICATION ACCESS FORM

- ❖ PSO staff will verify the accuracy of the forms and process the request for a Provider Connect user ID and password.
- ❖ User IDs and passwords will be emailed to the individual requesting access via secured email.

PRACTITIONER ENROLLMENT AND REGISTRATION

- ❖ All FFS OP rendering provider information as of June 30, 2013 in the Integrated System was electronically moved into IBHIS.
- ❖ Because IBHIS has several new field values, FFS OP staff must complete the Practitioner Enrollment and Registration Form.
- ❖ The Practitioner Enrollment and Registration Form replaces the Rendering Provider Form currently used for the Integrated System.
- ❖ The Practitioner Enrollment and Registration Codes document will assist providers in completing the form.

PRACTITIONER ENROLLMENT AND REGISTRATION

- ❖ The form and codes are now available on the DMH IBHIS Website.
- ❖ **START NOW.** Begin collecting the required Practitioner data for all service delivery staff.
- ❖ ***DON'T WAIT UNTIL YOUR PROVIDER BEGINS EDI CLAIMS TESTING TO EMAIL PRACTITIONER FORMS!***

County of Los Angeles – Department of Mental Health

LAC DMH MENTAL HEALTH

**PRACTITIONER ENROLLMENT AND MAINTENANCE FORM
for Fee-for-Service Outpatient Providers**

Submit Date: ___/___/___
Registration Date: ___/___/___ Request Type: New Update Name Change

Practitioner Information

Last Name _____ First Name _____ M _____
Gender Male Female Unknown Ethnicity _____
Language(s) _____

Office Location Information

FFS Provider# _____
Address _____ Suite/Floor _____
City _____ Zip Code _____
Telephone (_____) _____ Fax (_____) _____
Email Address _____ @ _____

Credential Information

Discipline _____ Practitioner Category _____
Categories for Coverage _____
Taxonomy Description _____ Taxonomy Code _____

- ❖ Completed forms must be scanned and emailed to:
DMHPSO@dmh.lacounty.gov

CONTACT INFORMATION

- ❖ For questions/inquiries on Provider Connect, Practitioner Enrollment, and IS/IBHIS, contact:
 - ❖ Provider Support – Fee for Service Section at (213) 738-3311

PROVIDER CONNECT

Jim Spallino

FFS Network Provider Readiness Meeting
May 5, 2014



PROVIDER CONNECT

- ProviderConnect is an external interface to the IBHIS system that provides certain functionality to the provider community.
- Provider Connect has a web interface which can be accessed from the Internet via most common web browsers.
- A username/password is required to access Provider Connect. DMH will issue login credentials after the provider has attended training and completed access forms.



FFS NETWORK USERS

- FFS network providers will use Provider Connect to:
 - Search for clients
 - Create new clients/admissions
 - Create financial eligibility
 - Request service authorizations

FFS NETWORK USERS

- FFS network providers will **not** use Provider Connect to:
 - Verify client eligibility
 - Submit electronic claims

MAIN SCREEN

ProviderConnect - Main Menu Lookup Client | Main Menu | Log Out

You are logged in as:	
Your last login was:	

Main Menu - Provider		
<u>L</u>ookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit



SEARCH CLIENT

- Enter criteria to search for the client

Search Criteria	
Social Security Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="checkbox"/> Female - F <input type="checkbox"/> Male - M <input type="checkbox"/> Other - O <input type="checkbox"/> Unknown - U *
Date of Birth:	<input type="text"/>

SEARCH CLIENT

- Search results are displayed

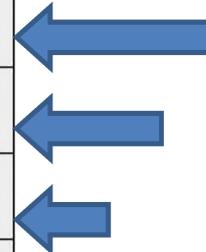
Search Criteria							
Social Security Number:	<input type="text"/>						
Last Name:	<input type="text" value="test"/>						
First Name:	<input type="text" value="tester"/>						
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U						
Date of Birth:	<input type="text"/>						
<input type="button" value="Search"/>							
Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3000074	TEST,TESTER	03/01/1999				123796	91
<input type="button" value="Create Admission for New Client"/>							



CREATE ADMISSION

- Enter admission and demographic data for the client:

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Other - O <input type="radio"/> Unknown - U	
Date of Birth <input type="text"/>	Age <input type="text"/>
Admission Date <input type="text"/>	Admission Time <input type="text"/> HH:MM AM/PM
Program <input type="text" value="--Please Choose One--"/> *	Admitting Practitioner <input type="text" value="--Please Choose One--"/> *
Attending Practitioner <input type="text" value="--Please Choose One--"/>	Type of Admission <input type="text" value="--Please Choose One--"/> *
Source of Admission <input type="text" value="--Please Choose One--"/>	Social Security Number <input type="text"/>
Alt Social Security Number <input type="text"/>	Advanced Directive <input type="radio"/> No - N <input type="radio"/> Yes - Y



* Required fields are highlighted in red or marked with an asterisk

CREATE ADMISSION

- Admission created:

ProviderConnect - Provider Admissions				Lookup Client	Main Menu	Log Out
Client Name:	TESTER, TEST					
Member ID:	3000675					
SSN:						
Episode Information						
Episode	Admission Date	Discharge Date	Program			
1	1/5/2014	Create Discharge	x FFS2LE Fee For Service 2 Admission			



CREATE FINANCIAL ELIGIBILITY

- Enter financial eligibility data for the client:

Guarantor Information	
Guarantor Order 1	Guarantor Name <input type="text"/>
Guarantor's Address - Line 1 <input type="text"/>	Guarantor's Address - Line 2 <input type="text"/>
Guarantor's Address - City <input type="text"/>	Guarantor's Address - Zipcode <input type="text"/>
Guarantor's Address - State -Please Choose One- ▼	Guarantor's Phone Number <input type="text"/>
Guarantor Plan <input type="text"/> *	Customize Guarantor Plan <input checked="" type="checkbox"/> Yes - Y <input checked="" type="checkbox"/> No - N *

CREATE FINANCIAL ELIGIBILITY

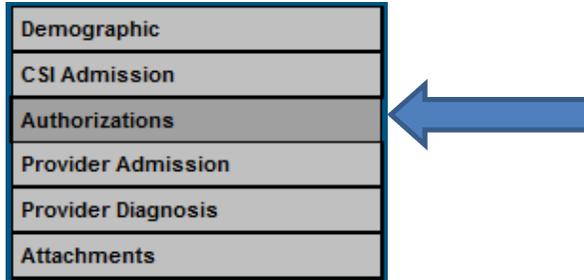
- Financial eligibility created:

Client Name:	TEST, TESTER		
Member ID:	3000074		
SSN:	123-45-6789		
Episode-Based Financial Eligibility			
Record Date	Admission Date	Episode Number	Agency
4/14/2014 10:34:00 AM	4/1/2014	2	Your Agency Name Here
Add Financial Eligibility			



VIEW AUTHORIZATIONS

- Select authorizations from the menu



- Current authorizations for the client will appear when applicable

Provider	Auth Number	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Your Name	360	Complete	Not Reviewed	1/28/2014 1:58:55 PM	1/28/2014 1:58:55 PM	5/1/2014	7/29/2014		Edit / Add New
Your Name	232	Complete	Approved	1/7/2014 5:52:09 PM	1/8/2014 4:41:12 PM	1/7/2014	4/6/2014		Edit / Add New

REQUEST AUTHORIZATION

- Step 1: Authorization Request
 - Start / End Date of Service
 - Diagnosis
 - Funding source/benefit plan
 - Procedure codes
 - Authorization number is assigned

*In order to request an authorization, the client must have an active admission in IBHIS associated to the FFS2 LE Program.



REQUEST AUTHORIZATION

- **Step 2: Authorization Details**
 - Client Care Plan
 - Client Progress
- **Step 3: Attach Supporting Documents**
 - Signed Authorization
 - Other pertinent docs if necessary, such as progress notes

AUTHORIZATION STATUS

- As LACDMH evaluates the request, the status can be viewed in the authorization pre-display screen.

Provider	Auth Number	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
Your Name	360	Complete	Not Reviewed	1/28/2014 1:58:55 PM	1/28/2014 1:58:55 PM	5/1/2014	7/29/2014		 Edit / Add New
Your Name	232	Complete	Approved	1/7/2014 5:52:09 PM	1/8/2014 4:41:12 PM	1/7/2014	4/6/2014		 Edit / Add New

NEXT STEPS

- Identify users of Provider Connect
 - Providers
 - Billers
- Complete a set of access forms for each user
- Receive Provider Connect training
 - Claims testing
 - Go-live

QUESTIONS?



Financial Eligibility in ProviderConnect

Elhi Saucedo

Purpose

- To discuss and give an overview of how the process of acquiring client eligibility information of today will change with the implementation of the Integrated Behavioral Information Health System (IBHIS) and Provider Connect

The Eligibility Process

Current Processes for Verifying Eligibility

- Complete eligibility in the Administrative module of the Integrated System (IS)
 - Two green checks
- Check the Medi-Cal website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
 - Green light = good eligibility
- Call Automated Eligibility Verification System (AEVS) at (800) 456-2387
- Swipe the beneficiary's Medi-Cal card through the Point of Service (POS) Network Device
-

Future Processes for Verifying Eligibility

- Check the Medi-Cal website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
 - Green light = good eligibility
- Call Automated Eligibility Verification System (AEVS) at (800) 456-2387
- Swipe the beneficiary's Medi-Cal card through the Point of Service (POS) Network Device

Financial Eligibility Profile

- Consists of these three forms:
 - Payer Financial Information (PFI) form – sample can be found in the Provider Manual, Section XI:
http://lacdmh.lacounty.gov/hipaa/ffs_home.htm
 - Systemwide Annual Liability – Complete in Provider Connect
 - Financial Eligibility – Complete in Provider Connect
- All forms must be completed for each and every client
- Without the completion of the financial eligibility profile, you will be unable to submit claims.
- Eligibility cannot be verified via Provider Connect.
- Claims cannot be submitted via Provider Connect.

Payer Financial Information (PFI) form

...

Payer Financial Information (PFI) form

- Gathers all the information needed to check a client's eligibility for services
- **Required to be completed for all clients**
- PFI is currently available in Section XI of the Provider Manual found here:
http://lacdmh.lacounty.gov/hipaa/ffs_home.htm
- Provides the information needed to complete a systemwide annual liability

Payer Financial Information (PFI) form

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH PAYER FINANCIAL INFORMATION										
CLIENT INFORMATION								CONFIDENTIAL CLIENT INFORMATION See W & I Code, Section 5328		
1	CLIENT NAME						SS #	DMH CLIENT ID #		
2	MAIDEN NAME			DOB	MARITAL STATUS		SPOUSE NAME			
					<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SP					
THIRD PARTY INFORMATION										
3	NO THIRD PARTY PAYER <input type="checkbox"/>									
4	MEDI-CAL <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-CAL COUNTY CODE / AID CODE / CIH #			MEDI-CAL PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE REFERRED		
						REFERRED FOR ELIGIBILITY ASSESSMENT <input type="checkbox"/> YES <input type="checkbox"/> NO				
5	SHARE OF COST <input type="checkbox"/> YES <input type="checkbox"/> NO		SOC AMT \$	SSI PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		SSI APPLICATION DATE		IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON		
6	CALWORKS <input type="checkbox"/> YES <input type="checkbox"/> NO		GROW <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTHY FAMILIES <input type="checkbox"/> YES <input type="checkbox"/> NO		HEALTHY FAMILIES CIH #		AB3632 <input type="checkbox"/> YES <input type="checkbox"/> NO	AB3632 CONSENT FORM SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO	
7	MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDICARE #	LIFETIME AUTHORIZATION SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-GAP <input type="checkbox"/> YES <input type="checkbox"/> NO	VET/ADM <input type="checkbox"/> YES <input type="checkbox"/> NO	CHAMPUS <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTHY WAY LA <input type="checkbox"/> YES <input type="checkbox"/> NO	
									HWLA MEMBER #	
8	HMO/PRO <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CARRIER			GROUP/POLICY/ID #		NAME OF INSURED		
9	CARRIER ADDRESS							ASSIGNMENT/RELEASE OF INFORMATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		
PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)										
10	NAME OF PAYER			RELATION TO CLIENT	DOB	MARITAL STATUS		PAYER CDL/CAL ID		
						<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SP				
11	ADDRESS			CITY	STATE	ZIP CODE		TEL #		
12	SOURCE OF INCOME: <input type="checkbox"/> SALARY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UNEMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY INSURANCE							PAYER SS #		
	<input type="checkbox"/> SSI <input type="checkbox"/> GR <input type="checkbox"/> VA <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> IN-KIND <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:									
13	EMPLOYER				POSITION				IF NOT EMPLOYED, DATE LAST WORKED	
14	EMPLOYER'S ADDRESS (Include City, State & Zip Code)							TEL #		
15	SPOUSE			ADDRESS (Include City, State & Zip Code)						
16	SPOUSE'S EMPLOYER				POSITION				IF NOT EMPLOYED, DATE LAST WORKED	
17	SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code)							TEL #		
	IF BEST RELATIVE/RELATIONSHIP							ADDRESS (Include City, State & Zip Code)		TEL #

Unknown Zone | Protected

Systemwide Annual Liability

...

Systemwide Annual Liability

The Systemwide Annual Liability form helps notify all specialty mental health providers when clients have an existing annual liability at another directly operated, contract provider, or Fee for Service program so that the client will not be overbilled for services rendered.

Required to be completed for all clients

Systemwide Annual Liability

1st date of service or admission date

Total Gross Monthly Income from PFI form

Last Day from PFI, UMDAP section – auto fill
UMDAP liability based on the client fee schedule

Systemwide Annual Liability	
Annual Liability Begin Date 03/07/2014 Today Yesterday	Record Creation Date 03/25/2014 ← Today Yesterday
Responsible Legal Entity x FFS2LE Fee For Service 2 Admission	Record Created By Search for: Search (CARELINKUSER) ProviderConnect user (do not edit)
Monthly Family Income (\$) 1200.00	Annual Liability (\$) 0.00 ←
Responsible Family Member TWO, ONE. 1/30/1995	Number of Dependents 4
Note J.Schmidt 213-555-5555 Client has Medi-Cal--checked on 3/7/2014.	
Save Changes Cancel Changes	

Financial Eligibility form



Financial Eligibility Form

Guarantor Selection Section

Client Name:	TWO, ONE
Member ID:	3000659
SSN:	987-44-4444

Financial Eligibility	
Episode Number	1
Admission Date	3/7/2014
Program	x FFS2LE Fee For Service 2 Admission
Default Information from Different Episode	<input type="radio"/> Yes - Y <input checked="" type="radio"/> No - N
Episode To Default From	
Coverage Comments	

Guarantor Selection	
-- Guarantors --	<input type="button" value="Add Guarantor"/>

Financial Eligibility form

- Guarantor Set-Up
 - Basic guarantor demographics
- Subscriber Information
 - Basic demographics (name, address, DOB, etc.)
- Coverage Information
 - Effective dates of client's coverage by guarantor
- Establish the order of the guarantors
 - What order shall the guarantors pay

Required to be completed for all clients

Follow-up

- Financial Eligibility Profiles consist of three forms:
 - Payer Financial Information
 - Systemwide Annual Liability
 - Financial Eligibility
- Financial Eligibility Profiles are **required** to be completed for **all clients**
 - No profile = Inability to submit claims
- Provider Connect does not verify eligibility
 - Must use the 3 methods from The Eligibility Process slide
- Claims cannot be submitted via Provider Connect

The End



CONTRACT PROVIDER INTEGRATION

DMH Integration Team

**IBHIS Readiness Meeting
FFS Network Providers
May 5, 2014**



Overview

- Trading Partner Agreement (TPA) process
- Testing Phases & Timelines
- Provider Testing – Checklist
- Certification Criteria
- Certification Process
- Q/A

IBHIS TPA PROCESS

- The TPA process consists of an electronic on-line application
- You will be able to create, save, update and submit your TPA request on-line
- You will upload your signed Trading Partner Agreement and can view it at any time
- You can view the status of your TPA request real-time



IBHIS TPA PROCESS

- Credentials required to login
- To request access to the TPA application, complete and submit the ***TPA Application Access Form***.
 - Located under **IBHIS EDI Registration Process and Forms:**
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Forms.htm
 - Email form to: TPA@dmh.lacounty.gov



IBHIS TPA PROCESS

- Links on the IBHIS website:
 - Trading Partner Agreement (TPA) Request Application link:
<https://extra.dmh.lacounty.gov/TPARequest/Security/SignIn.aspx>
 - IBHIS Trading Partner Agreement (TPA) Request Application User Manual:
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Certification.htm
 - Two Part TPA/Digital Certificate Web Demonstrations:
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Certification.htm
- Important Dates for FFS Network Providers:
 - Provisioning Dates: 4/21/14 through 6/30/14
 - Testing Dates: 5/1/14 through 9/2/14
 - Go-Live Date: 9/3/14



DIGITAL CERTIFICATE TESTING

- After submitting the TPA request, a Test Digital Certificate will be assigned.
- The instructions to download the Digital Certificate can be found under the “Digital Certificate Management” section on the following link:

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

- **Timeframe:** Testing Dates: 5/1/14 through 9/2/14



DIGITAL CERTIFICATE TESTING

- To validate that the Digital Certificate is working properly, FFS Network Providers will attempt to:
 - connect to their assigned IBHIS EFT test account using the test Digital Certificate.
 - upload a “Test” file to their respective IBHIS EFT folder to ensure successful connectivity.
- Secure file exchange instructions can be found under the “Data Exchange” section of the following link:

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



EDI CLAIMS TESTING

- IBHIS 837 5010 Companion Guide can be found under the following link:
http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm
- FFS Network Providers and their respective Billers or Clearinghouses, or EHR Vendors (if applicable) will make appropriate changes to their systems to exchange EDI with DMH.
- **IBHIS EDI Testing Start Date: 7/1/14 through 9/2/14 (approximately)**



EDI TESTING- CHECKLIST

- To help keep track of various activities and timelines, a checklist will be provided for your reference.

EDI CERTIFICATION PROCESS

- Documentation regarding EDI Certification will be posted at a later date.

CERTIFICATION PROCESS

- Once LACDMH validates the provider is IBHIS Claims Certified, Providers will be flagged as “Production Ready” and will receive their Production Digital Certificate.

QUESTIONS



REPORTS AND EXTRACTS

Presley Becerra

**Network Provider Readiness Meeting
May 5, 2014**



REPORTS and EXTRACTS – Network Providers

