



## **Contract Providers Transition Team (CPTT) Meeting Agenda**

**January 21, 2014**

**10:00 a.m. – 12:00 p.m.**

**600 S. Commonwealth 2<sup>nd</sup> Floor Room 113**

- ✓ **Welcome and Announcements (2 min.)**
- ✓ **WebEx Instructions (3 min.)**
- ✓ **PATS Update (5 min.)**
- ✓ **Integration Update (30 min.)**
- ✓ **IBHIS New Key Concepts (20 min.)**
- ✓ **CPTNP Unit Update (15 min.)**
- ✓ **Questions/Comments (45 min.)**
  - ✓ **Posting of IBHIS Q&A document to CPTP Website**
  - ✓ **Review of selected FAQ(s)**
  - ✓ **Questions from Audience**

Next Meeting – April 15, 2014

600 S. Commonwealth 2<sup>nd</sup> Floor Conference Room 113

# CONTRACT PROVIDERS INTEGRATION

**Ruchi Sukhija**

**CPTT Workgroup Meeting  
January 21, 2014**



# IBHIS Integration Overview

- Trading Partner Agreement (TPA) process
- EDI
- Community Outreach Services(COS)
- Web Service
- Web Service Data Exchange
- Pilot 1b Status
- Certification Process
- Questions



# IBHIS TPA PROCESS

- With the “**electronic**” process, there will be no need for submitting the paper form(s)
- By clicking a link, you will be able to create, save, update and submit your TPA request
- Upload your signed Trading Partner Agreement and view at any time
- Interactive way of downloading digital keys
- View the status of your request real-time



# IBHIS TPA PROCESS

- How and Where?
  - The link is accessible from IBHIS main page
    - [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Forms.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Forms.htm)
  - The TPA Request application will be accessible to Contract Providers by their **Readiness Group** schedule
  - Start Date for **Readiness Group 3: 01/21/14**



# IBHIS TPA PROCESS

- How and Where?
  - Use **IS credentials** to login
  - If this person does not have an IS Login, and is **ONLY** planning to access the TPA application (NOT the IS), will need to submit a ***TPA Application Access Form***.
    - Located under **IBHIS EDI Forms and System Access Forms** on the website
    - Email form to: [TPA@dmh.lacounty.gov](mailto:TPA@dmh.lacounty.gov)



# IBHIS TPA PROCESS

- How and Where?
  - Under **IBHIS EDI Certification** on the IBHIS website:  
[http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Forms.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Forms.htm)
  - IBHIS TPA Request Application – User manual
  - Webinars:
    - Trading Partner Application (TPA) – Part 1
    - TPA and Digital Key Process – Part II

# IBHIS TPA PROCESS

- Pre-requisites?
  - Choice of Transactions
    - 837/835P, 837/835I, Web Services, COS, Provider Connect
  - NPI#, Dun and Bradstreet number(DUNS)
  - Authorized person's information
  - **Email Address - must**
  - Hardware to scan the signed documents

# IBHIS TPA PROCESS

- TPA Request Status
  - a unique **TPA number** will be assigned to your request
  - Your request's **Rollout Phase** will be displayed
  - **Heat Ticket** Number, if any
  - **Enrollment Code** for downloading the digital keys

# IBHIS vs. IS EDI

- There are subtle differences between IS and IBHIS EDI Claim process:
  - IBHIS Secure File Drop location is different than IS Secure File Drop location
  - IBHIS 837Companion Guide
  - The above documents are available on the IBHIS website

# COMMUNITY OUTREACH SERVICES(COS)

- **Flat-File solution:** In August, 2013, the COS Companion Guide was released, requesting the data in pipe-delimited format.
- **Implications:** Although the process was simple, it wasn't as transparent or robust for our Contract Providers when it came down to processing the COS claims.



# COMMUNITY OUTREACH SERVICES(COS) – NEW APPROACH

- **837 solution:** To streamline the claims process for our Contract Providers, the approach will be to incorporate COS-related data elements into the standard 837 format instead of pipe-delimited file.
- **Benefits:**
  - Standard 999,835 responses will be received
  - Void/Replacement functionality at our disposal



# COMMUNITY OUTREACH SERVICES(COS) – NEW APPROACH

- **Next Step:**
  - IBHIS 837 Companion Guide will be coming out soon



# WEB SERVICE

- Web service is an XML-based information exchange mechanism that uses the Internet for direct application-to-application interaction.
- It is a collection of open protocols and standards used for exchanging data between applications or systems.

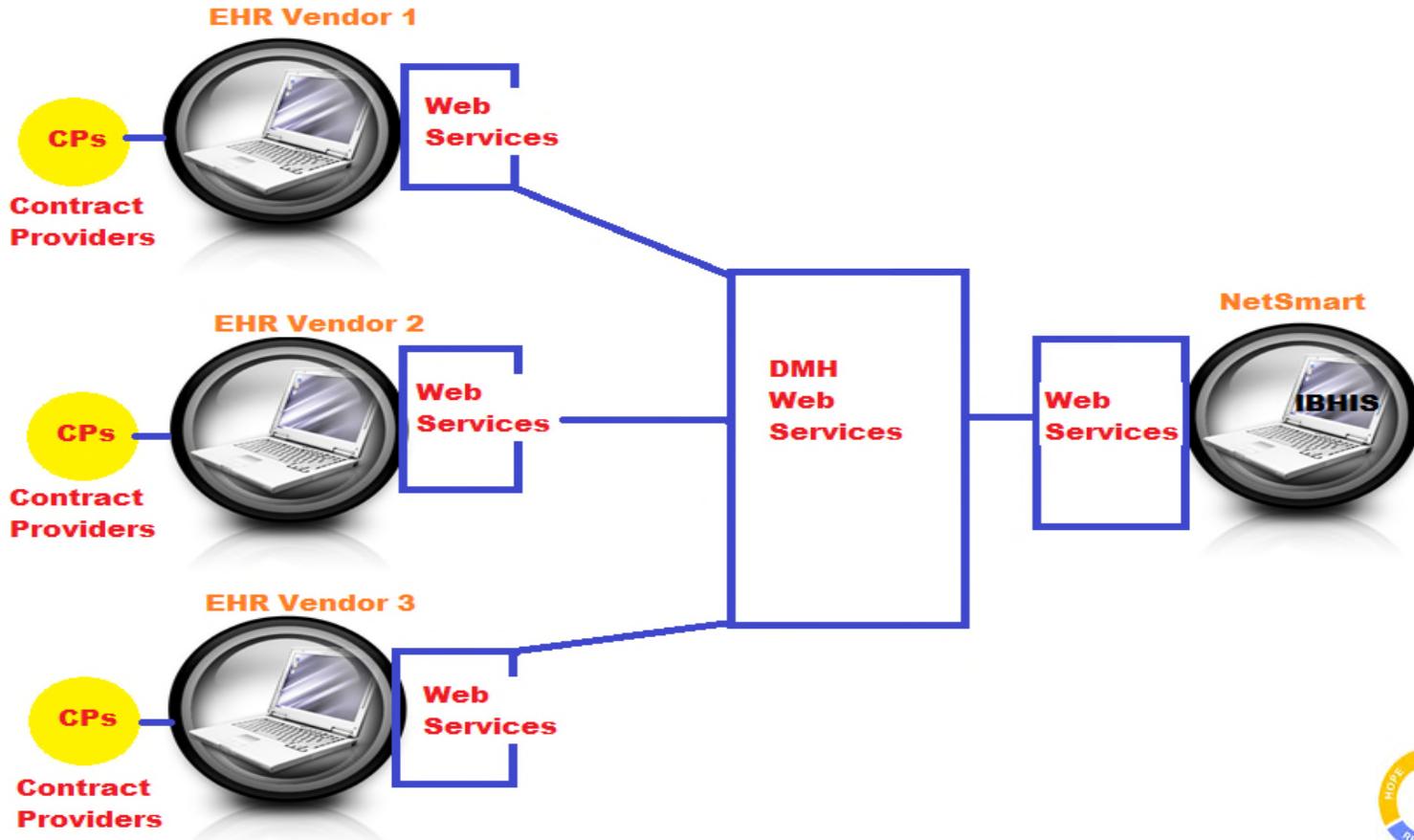
# WEB SERVICE

- Software applications written in various programming languages and running on various platforms can use web services to exchange data over computer networks in a manner similar to inter-process communication on a single computer.

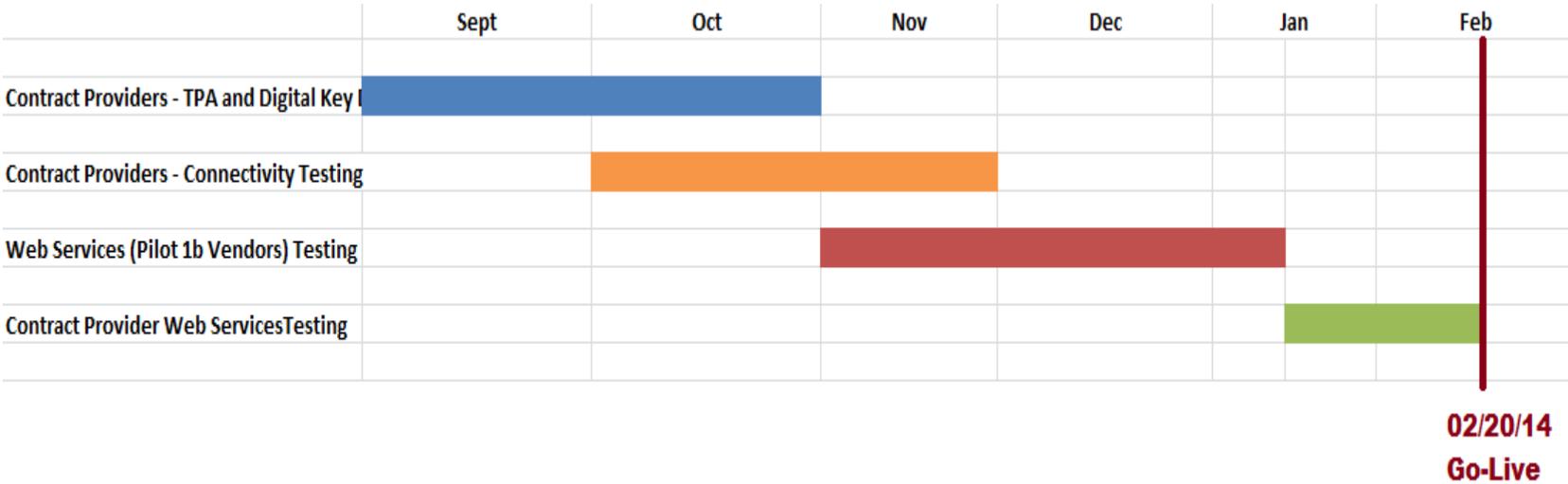
# WEB SERVICE

1. Search Client
2. Create and Admit New Client
3. Admit Existing Client
4. Update Client
5. Discharge Client
6. Get Client Information
7. Get Client Treatment History

# WEB SERVICE DATA EXCHANGE



# PILOT 1B STATUS



# CERTIFICATION CRITERIA – WEB SERVICE (BUSINESS FUNCTIONS)

- Search Client
- Create and Admit New Client – (~ 5 Test Clients)  
(including Financial Eligibility)

## EDI-Ready Status

- Admit Existing Client
- Update Client
- Discharge Client
- Get Client Information
- Get Client Treatment History



# CERTIFICATION CRITERIA – EDI & COS

- Indigent Claims:
  - Financial Eligibility shows LA County only
- Medi-Cal Claims:
  - Financial Eligibility shows Medi-Cal and LA County
- Medi-Cal Katie A Claims:
  - Financial Eligibility shows Katie A Medi-Cal and LA County
- Medi/Medi or OHC/Medi Claims:
  - Financial Eligibility shows Medicare or OHC, Medi-Cal and LA County
- Claims with COS data elements

# QUESTIONS



# IBHIS KEY CONCEPTS

**Paul Arns**

**Contract Provider Readiness Meeting  
January 21, 2014**



# IBHIS Opportunity: Rethinking Episodes

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
COMMUNAL CLINICAL SERVICES DIVISION 100 CALIFORNIA WILSON AND BECKETT COURSE 2008

## Open Outpatient Episode

**Outpatient** CLIENT ID # \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Adult Date: \_\_\_\_\_  
 Other Factors: \_\_\_\_\_  
 Intent of Service: \_\_\_\_\_  
 Primary Problem Axis: \_\_\_\_\_  
 Referral in Code: \_\_\_\_\_  
 Referral in Reporting Unit: \_\_\_\_\_  
 Treatment Authorization for Minor: \_\_\_\_\_  
 Patient Consent: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Service From Due Date: \_\_\_\_\_  
 Court Due Date: \_\_\_\_\_

**DIAGNOSIS**

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V

Primary: \_\_\_\_\_  
 Secondary: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Revised 06/2016 E.1

MS 602 Revised 1/16  
**LACDMH NOTICE OF PRIVACY PRACTICES**  
 Acknowledgement of Receipt Effective Date: April 14, 2003

MS 602 Revised 1/16  
**AUTHORIZATION FOR REQUEST OR USE DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**  
 COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)

MS 619 Revised 11/2009  
**ADULT MENTAL HEALTH TRIAGE** Page 1 of 3

**I. Initial Contact Data**

Name of Client: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, & Zip: \_\_\_\_\_  
 Telephone Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Face to Face:    
 Interviewed:  Individual and/or  Other (name and relationship): \_\_\_\_\_  
 Adult: Individual is responsible for  Dependent Children  Dependent Adult  Self Only  
 if dependent(s), specify age and any disability.  
 Household Composition (adult/child/dependent): \_\_\_\_\_  
 Referral Source (list contact info if available): \_\_\_\_\_

**II. Special Service Needs**

Non-English Speaking, specify language needs: \_\_\_\_\_  
 Were Interpretive Services provided for this interview?  Yes  No  
 Cultural Considerations, specify: \_\_\_\_\_  
 Physically challenged (amblyopiac, hearing, visual, etc.) specify: \_\_\_\_\_  
 Access issues (transportation, hours), specify: \_\_\_\_\_

**III. Reason for Referral/Chief Complaint/Presenting Situation**  
 Why did the person come in today? (in their own words): \_\_\_\_\_

Describe precipitating event, behaviors, and symptoms: \_\_\_\_\_

Impairments in Life Functioning:  Individual does not appear to have significant impairments  
 (clinical judgment to have significant impairments) or the probability of deterioration in the following areas:  
 (check all that apply and give comments below)

Living Arrangements  Social Support  Financial Status/Money Management  
 Daily Living/Activities/Education  Physical Health  Legal Status  
 For those under the age of 21, probability of not progressing developmentally in an appropriate manner

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 AGENCY: Los Angeles County - Department of Mental Health

**ADULT MENTAL HEALTH TRIAGE**

MS 622 Revised 07/2013  
**ADULT INITIAL ASSESSMENT** Page 1 of 5

Adult Date: \_\_\_\_\_

**I. Demographic Data & Special Service Needs:**

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Patient Consent: \_\_\_\_\_

**II. Supplemental Co-occurring Disorders Assessment** Page 1 of 2

**A. Current Substance Use**

**A. Alcohol Screening Questions**

How often do you have a drink containing alcohol? (1 Drink = 12 Ounces of Beer)  
 1. Never  2. 1-2 Times a Month  3. 3-4 Times a Month  4. 5-6 Times a Month  5. 7-9 Times a Month  6. 10-12 Times a Month  7. More Often than 12 Times a Month  8. Daily or Almost Daily

How many drinks containing alcohol do you have on a typical day when you are drinking?  
 1. 1  2. 2  3. 3  4. 4  5. 5 or more

10. How often do you have five or more drinks on one occasion?  
 1. Never  2. 1-2 Times a Month  3. 3-4 Times a Month  4. 5-6 Times a Month  5. 7 or more Times a Month

**B. Drug Use**

1. Drug Use (Specify): \_\_\_\_\_  
 2. Drug Frequency: \_\_\_\_\_

MS 628 Revised 1/16  
**CLIENT CARE COORDINATION PLAN** Page 1 of 3

Assess Care Needs: (One person in the Plan at a time)  
 1. No  2. Yes  3. No  4. Yes  5. No  6. Yes  7. No  8. Yes  9. No  10. Yes  11. No

3. Assess Care Needs: (One person in the Plan at a time)

MS 636 Revised 02/11/11  
**ADVANCE HEALTH CARE DIRECTIVE ACKNOWLEDGEMENT FORM** Page 1 of 2

**Background:**  
 In accordance with California Probate Code 4600 et seq. and Federal requirements under Title 42, clients 18 years of age and older shall receive information about Advance Health Care Directives and be informed of their right to make decisions about their medical treatment.

MS 638 Revised 02/11/11  
**CONSENT FOR SERVICES**

The undersigned client or responsible adult consents to and authorizes mental health services by: \_\_\_\_\_

Name of Facility and/or Program: \_\_\_\_\_

These services may include psychological testing, psychotherapy/counseling, rehabilitation services, medication, case management, laboratory tests, diagnostic procedures, and other appropriate services. While these services may be delivered at a different location, services provide within the Los Angeles County.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
COMMUNAL CLINICAL SERVICES DIVISION 100 CALIFORNIA WILSON AND BECKETT COURSE 2008

## Close Outpatient Episode

**Outpatient** CLIENT ID # \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Discharge Date: \_\_\_\_\_  
 Referral Out Code: \_\_\_\_\_  
 Referral Out Provider: \_\_\_\_\_  
 Legal Status: \_\_\_\_\_

**DIAGNOSIS**

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
			<input type="checkbox"/> 1. Primary Support Group	<input type="checkbox"/> GARGISAI
			<input type="checkbox"/> 2. Social Environment	
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	
			<input type="checkbox"/> 5. Housing	
			<input type="checkbox"/> 6. Economic	
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction with Legal System	
			<input type="checkbox"/> 9. Other Psychological/Environmental	
			<input type="checkbox"/> 10. Inadequate Information	

Primary: \_\_\_\_\_  
 Secondary: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_



# IBHIS Opportunity: Rethinking Episodes & Eliminating Redundancies

Clinic 1



UCC 3



Wellness Center 5



PMRT 2



FSP Team 4



# ***IS vs. IBHIS Episodes (Outpatient)***

- At Reporting Unit / Provider Site
- Close after “inactivity”
- Same client may have multiple episodes within Contracting Provider & over time
- *At Legal Entity / Contracting Provider\**
- *Remain Open*
- *Single episode within legal entity over time (despite movement between LE sites)*

**\* Network Providers ‘share’ admission episode:  
FFS2LE Fee For Service 2 Admission (FFS2LE)**



# Single LE “episode” in IBHIS

Program Of Admission

LE00019 LA County DMH

**Vs.**

1906A EDMUND D. EDELMAN-OUTPT

7057B DOWNTOWN -OUTPATIENT

7769A EDELMAN WELLNESS CENTER OA FCCS OP

7475A EOB CRIS HMLS EDELMAN OP

7476A EOB CRISIS HMLS AUGUSTUS FH OP



# Accessing Client History (via Webservice call)

Client: Smith, Joe  
(000012345)

Associated Legacy IDs: 333444555; 2223389

	Program name	Program Type	Admit/ First Service Date	Discharge/ Last Service Date	Practitioner	Primary Dx Description
<b>From History</b>	5007I BHC ALHAMBRA HOSP.-ADULT	Inpatient	7/7/2010	7/12/2010	Director , Medical	296.20-Major Depressive Disorder
<b>From History</b>	7482A M.H. URGENT CARE CTR AT LB	UCC	9/1/2011	9/1/2011	JENKINS, RICK	298.9-Psychotic Disorder NOS
<b>From Avatar</b>	1906A EDMUND D. EDELMAN-OUTPT	Outpatient	2/1/2014	3/24/2014	KRAMER, SANDRA	296.33-Major Depressive Disorder, Severe

Current IS episode history, supplemented by services submitted via DMH or 837's associate to program NPI, allowing construction of service history for clinical reference



# ***Financial Eligibility Setup via Webservice\****

- Set up and ordering of Guarantors (e.g., Medi-Cal) required for claims processing
- *\* FFS providers may ultimately use portal, with interim support from DMH Provider Support Office (PSO)*

# Authorizations

- *NO MORE IS PLANS*

## 837 contains

- Program-Level Authorizations (P-Auths)
  - Specific to Contracting Provider, Fiscal Year & Funded Program
  - Funded program indicated on Authorization does NOT trump guarantor set-up
- Member Authorizations (M-Auths)
  - Specific to Contracting Provider, Fiscal Year, Funded Program & Client (& limits)
  - Requests via Portal (Provider Connect)



# EBP's



▼ EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES DOCUMENTED IN THIS PROGRESS NOTE

**OPTIONAL** - If you want to change the default State-CSI EBP/SS value(s) or assign a LACDMH-specific EBP value to this service, please make the appropriate selection(s) below. 

State-CSI Evidence-Based Practices / Service Strategies

- Age-Specific Service Strategy
- Assertive Community Treatment
- Delivered in Partnership with Health Care
- Delivered in Partnership with Law Enforcement
- Delivered in Partnership with Social Services
- Delivered in Partnership with Substance Abuse Services
- Female Specific Service Strategies*

LACDMH-Specific Evidence-Based Practice

- PCI I
- PEARLS
- PEERS
- Prolonged Exposure for PTSD
- PST**
- Reflect Parenting
- School-Based Targeted MH PEI OE
- Seeking Safety

▼ TREATMENT PLAN ELEMENT(S) ADDRESSED IN THIS PROGRESS NOTE

Select Treatment Plan Version

837 contains single State CSI EBP/SS or LACDMH-specific EBP



# IS to IBHIS Data Conversion

**IBHIS Practitioner Enrollment**

PROVIDER: 1904 ANTELOPE VALLEY MHS

LAC DMH  
LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH

SELECT PROVIDER

SELECT PRACTITIONER

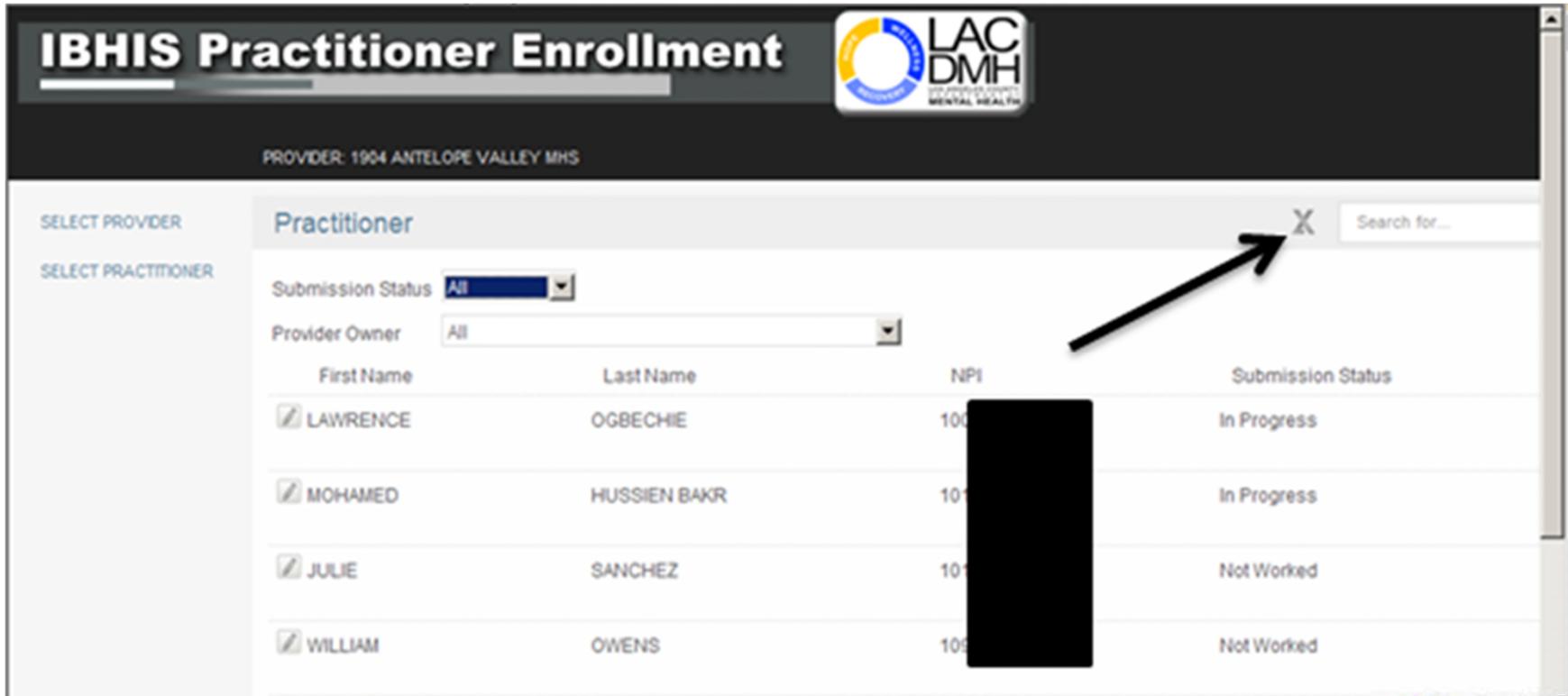
Practitioner

Submission Status: All

Provider Owner: All

Search for...

First Name	Last Name	NPI	Submission Status
LAWRENCE	OGBECHIE	100	In Progress
MOHAMED	HUSSIEN BAKR	10	In Progress
JULIE	SANCHEZ	10	Not Worked
WILLIAM	OWENS	100	Not Worked



# IS to IBHIS Data Conversion

- Clients “active” past 10 years
  - De-duplicated: may need “surviving” ID
- OP Episodes & Diagnoses (rolled up to LE)
  - Open and active past 180 days as of 12/18/2013
  - Default Admission date
  - IS Push
- ***Importance of post go-live verification***
- Practitioner Updates (snapshot was Feb 2013)
  - DMH Provider Support Office (PSO)



# IS “Push”

- New clients registered in IS after conversion
  - Client with initial IS Episode (rolled up to IBHIS Admission Program), Diagnoses
    - Match against existing IBHIS clients to minimize duplication
- Not pushed
  - New episodes on existing clients
  - IS data updates to existing episodes/clients
  - New IBHIS clients back to IS
- EFT extracts to facilitate reconciliation



# QUESTIONS?



# **Contract Provider Technological Needs Project Unit: Report**

**As of 1/15/2014**



# CPTNP Unit Statistics

- Funding Agreements Executed 114
- Funding Agreements Pending Execution 4
- Funding Agreements with active projects 98
- Funding Agreements Fully Expended 14
- Invoices Paid to date \$9,413,008
- Percent of CPTNP allocation paid 41%



# Technological Needs Funding Agreements

- First term of agreement
  - Date of Execution to 6/30/16
  - Contractor may not request early termination for convenience
  - Automatic termination occurs on 7/1/16 if all TNFA funds are fully expended and all terms and conditions of agreement have been met
  - CIOB will work with CDAD to inform terminations
- Second term of agreement
  - Month to Month extensions occur as needed beyond 6/30/16
  - All projects must be fully expended no later than 12/31/17
  - Any remaining deliverables (e.g. Invoices, QPSR; Asset Reports) must be submitted no later than 1/30/18



# Technological Needs Funding Agreements

- Business Process Changes
  - When projects progress to the Maintenance Phase, status reporting will convert from Quarterly to Annual
    - Continue to use the QPSR posted on website
    - Upon review by CIOB it will be annotated as Annual
    - Report Scheduled Activities for Next Fiscal Year
  - Asset Tags may be requested in advance of invoice submission to allow timely tagging and deployment of equipment after equipment is delivered
  - Provider reimbursement has implemented a 5-7 business day blackout period beginning around the 15<sup>th</sup> of each month in which TNFA invoices will not be processed for payment



# Technological Needs Funding Agreements

- Areas where improvement is needed
  - Invoices should be submitted no later than 60 days following the close of each month or quarter
  - Per contract, asset reports must be submitted to DMH after the close of each fiscal year and are due no later than September 30
    - This applies only during the period in which County retains a proprietary interest in equipment, fixtures, etc. purchased with County funds
    - County's proprietary interest is released 12 months following successful project completion
    - Successful project completion occurs when all of the following have been met:
      - the desired outcomes of the project have been achieved, and
      - all funds for the project have been expended, and
      - all contract deliverables have been met



# Contractors with Projects in Maintenance Phase – Annual QPSR\*

<b>KYCC</b>	<b>Guidance Center</b>	<b>Penny Lane</b>
<b>Eisner</b>	<b>ChildNet</b>	<b>Providence</b>
<b>Alcott</b>	<b>Child &amp; Family Guidance</b>	<b>Five Acres</b>
<b>St. Francis</b>	<b>Trinity Youth</b>	<b>Children’s Bureau</b>
<b>Help Group</b>	<b>Ettie Lee</b>	<b>Hathaway Sycamores</b>
<b>AADAP</b>	<b>ENKI</b>	<b>Social Model Recovery</b>
<b>Exceptional Childrens</b>	<b>IMCES</b>	<b>Rosemary</b>
<b>Junior Blind</b>	<b>Calif. Hospital</b>	<b>MHALA</b>

\*Agencies above with multiple projects may have one or more projects with an ongoing quarterly reporting requirement



# Contractors with Fully Expended Funding Agreements

<b>Child &amp; Family Center</b>	<b>David &amp; Margaret</b>	<b>Harbor View</b>
<b>Heritage Clinic</b>	<b>Hillsides</b>	<b>Hillview</b>
<b>JFSLA</b>	<b>LAMP</b>	<b>Olive Crest</b>
<b>Pacific Clinics</b>	<b>Pacific Lodge</b>	<b>SHIELDS</b>
<b>Tessie Cleveland</b>	<b>Wise &amp; Healthy Aging</b>	



# Questions & Answers



# Questions and Answers

- CPTT Workgroup Meetings will now have about half of the meeting time devoted to Q&A
- Come to the meetings with questions about IBHIS and IBHIS Readiness
- IBHIS FAQ posted to IBHIS webpage
  - [http://lacdmh.lacounty.gov/hipaa/documents/IBHIS\\_FAQs-V1.1.pdf](http://lacdmh.lacounty.gov/hipaa/documents/IBHIS_FAQs-V1.1.pdf)
- FAQ will be updated regularly
- Check CPTT website often for updates to links related to IBHIS





# Selected FAQs

- **Q8:** What are the claim submission dates for Legal Entities?
- **Ans:** 1. Pilot 1 LE go-live 02/20/ 2014
  - a) Dates of service prior to 02/08/2014 in IS
  - b) Dates of services on or after 02/08/2014 in IBHIS
- (Claims with date of service 02/08/2013 must be held until they can be entered in to IBHIS beginning 02/20/2013)
- 2. Groups 3 – 5 go-live 07/01/2014
  - a) Dates of service for Fiscal Year 2013 – 2014 and prior in IS
  - b) Dates of services for Fiscal Year 2014 – 2015 and on in IBHIS

# Selected FAQs

- **Q7:** Dictionary Code Values vs IS Codes Manual. There are differences between these two documents. A few things noticed are: a) some field names have been changed so it's hard to compare, and b) some fields are new and not included in the IS Codes Manual. For example: Data Dictionary - "Service Type" and IS Codes Manual - "Program Area". These values look similar but are not identical. Customers are still relying on the IS Codes Manual because it's familiar, but may need to refer them only to the Data Dictionary going forward. Is this the right direction? Will the IS Codes manual be discontinued?
- **Ans:** *Crosswalks between the IS values and IBHIS values have been provided. The IS Codes Manual will be discontinued once everyone is live on IBHIS. In its place, will be the data dictionaries provided for web services or the companion guide.*



# Selected FAQs

- **Q12:** Since the concept of SFPR is going away, our understanding is:
  - a. No single agency is responsible for coordinating services with agencies across LA County
  - b. If service occurs for out of county clients LA County agencies are no longer responsible for approving services
  - c. Each agency is responsible for creating, signing, and managing assessments and CCCPs without approval or signature from other agencies
- Is this correct??
- **Ans:** *Yes that is correct.*

# Selected FAQs

- **Q21:** With more data collected in the EHR and exchanged thru web services to IBHIS, how will that impact the need for client signatures? For example many fields from the PFI are now required in the EHR. Does this mean the requirement for the current PFI form will be eliminated, and if so, also the need for a client signature on this data?
- **Ans:** *A client's signature is still required for the financial screening process/PFI. The signature can, for example, be captured on paper and retained in the EHR via scanning as long as it is available for review in case of audit. Also, a copy of the PFI should be given to the client for their records.*



# Selected FAQs

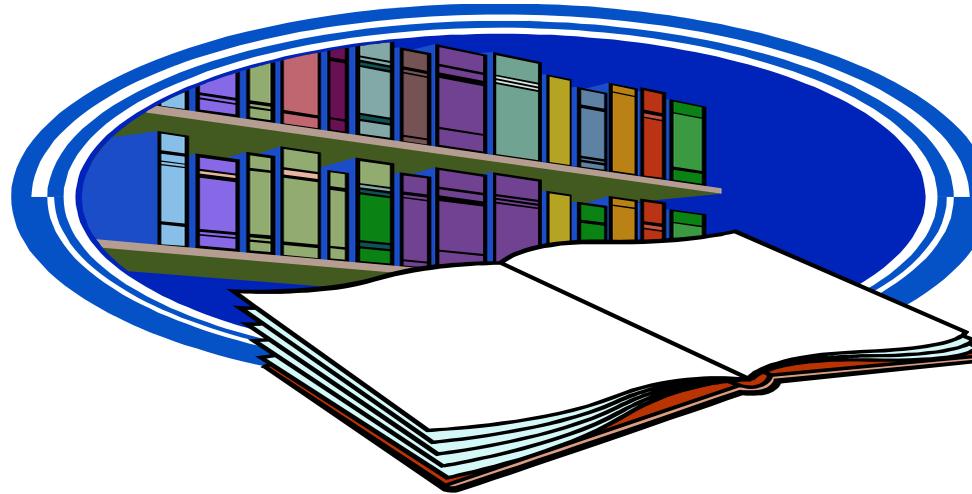
- **Q23:** What client information will be pushed from IS to IBHIS, and how long will we need to track changes to client information to update the data gap between what was pushed and what was not?
- **Ans:** *The IS push will involve processes run in DMH data warehouse comparing existing IBHIS client records against new IS client records created since December 18, 2013, and pushing only those client records that appear non-duplicative. DMH expects to do an initial update sometime in February, then likely a daily process thereafter. The push will only create a new client record and an initial IBHIS episode (at the Admission Program/Legal Entity level) based on the initial IS episode created for that new client. If the client information is already converted to IBHIS and new episodes are created for that client in IS, or if existing client/episode data is updated in IS, those updates will NOT be pushed to IBHIS. IBHIS client and diagnostic information should be verified once and updated (if necessary) once live in IBHIS.*



# **Note regarding EDI Testing to the IS**

- **All EDI testing in the IS must be completed no later than March 4, 2014.**
- **If you do not qualify for production EDI by March 4, 2014, you will continue DDE to the IS for entering services to the IS:**
  - **While testing EDI to the IBHIS**
  - **After IBHIS go live for any FY 13/14 and prior year services**

# REFERENCE SLIDES



# IBHIS READINESS GROUPS

GROUP	PROVISIONING		TESTING	
	START	END	START	END
One	9/3/2013	10/13/2013	11/4/2013	2/14/2014
Three	1/21/2014	3/1/2014	3/10/2014	5/14/2014
Four	3/4/2014	4/1/2014	4/2/2014	5/30/2014
Five	4/3/2014	4/30/2014	5/2/2014	6/30/2014

