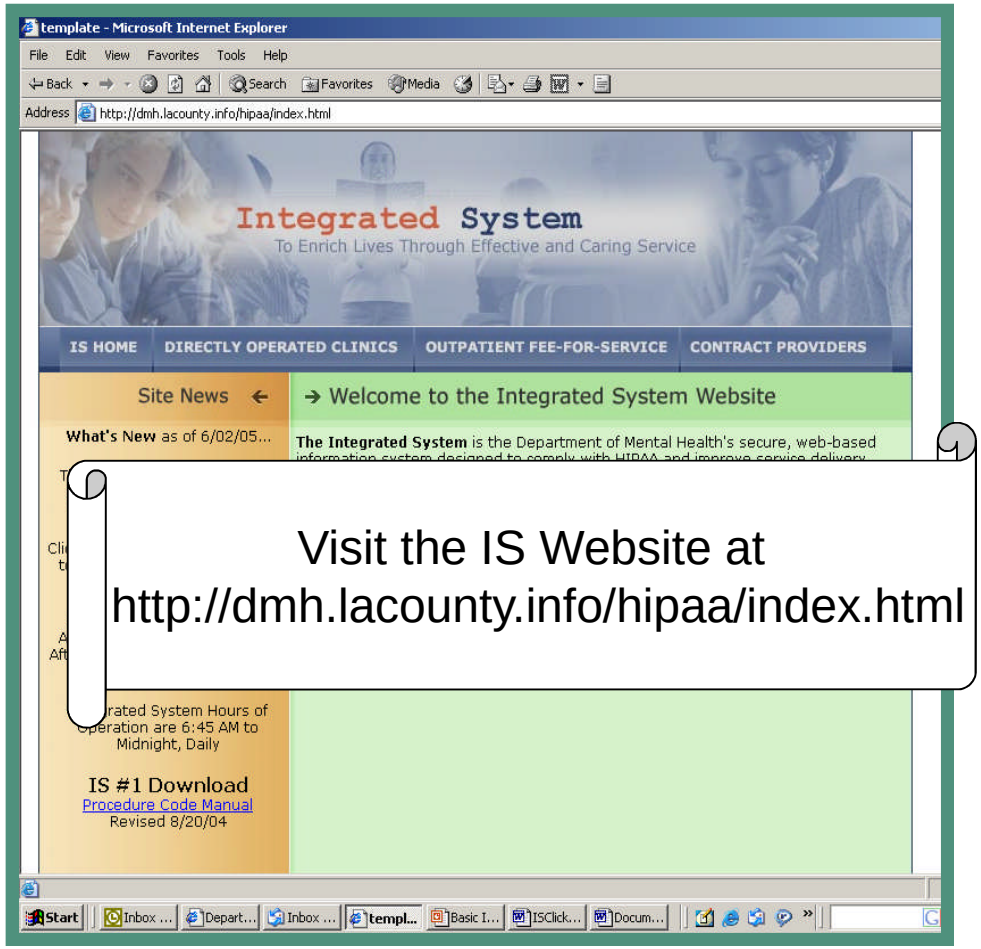
Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan, Payer (s) and Detail Adjustments
11. Void and Replace a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts! Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee: https://dmhisintra.co.la.ca.us
- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html
- The Home Page
- How to Set Provider Context

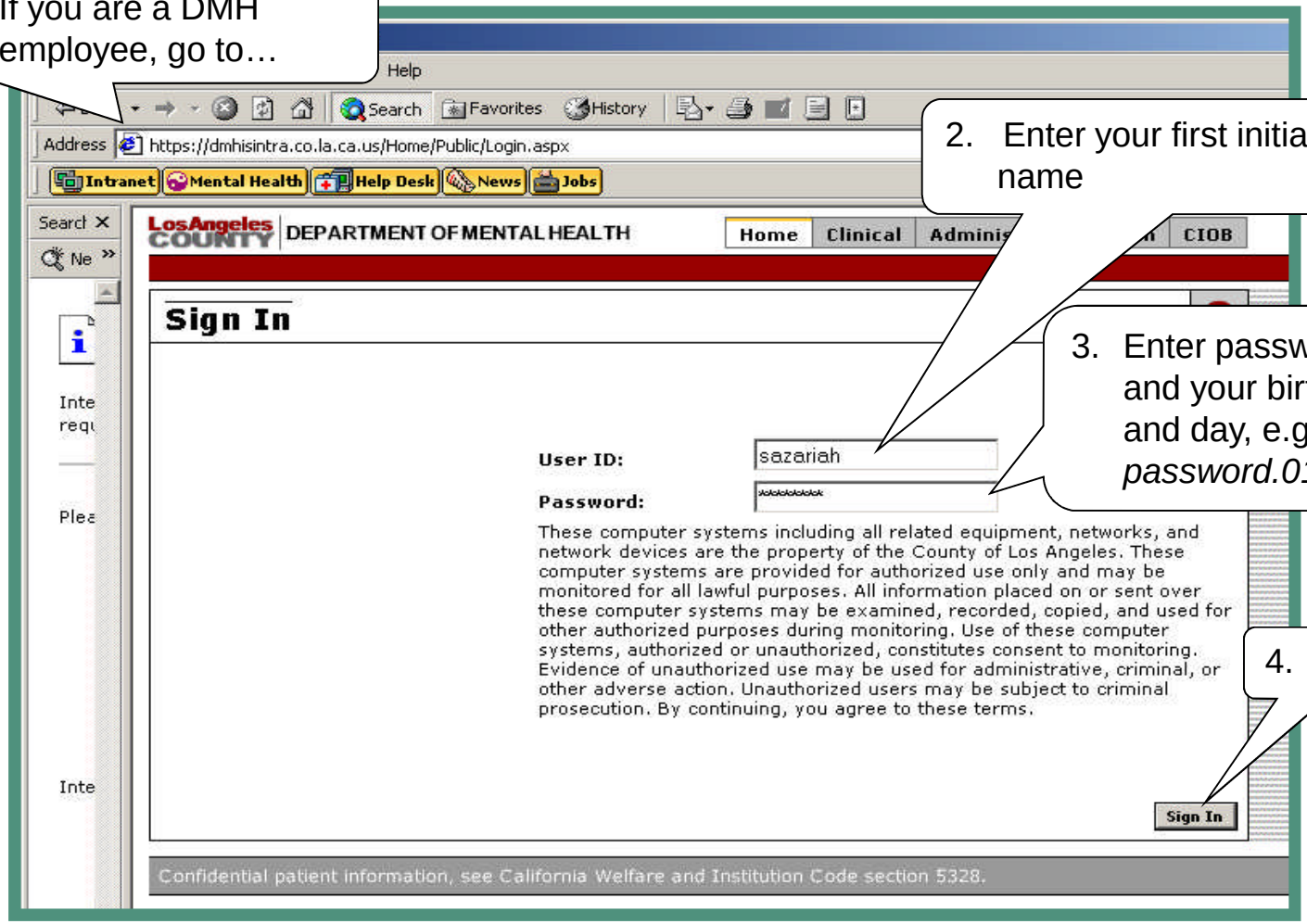
Note:

• If you are a first time user, you will be asked to change your password.

• You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to…

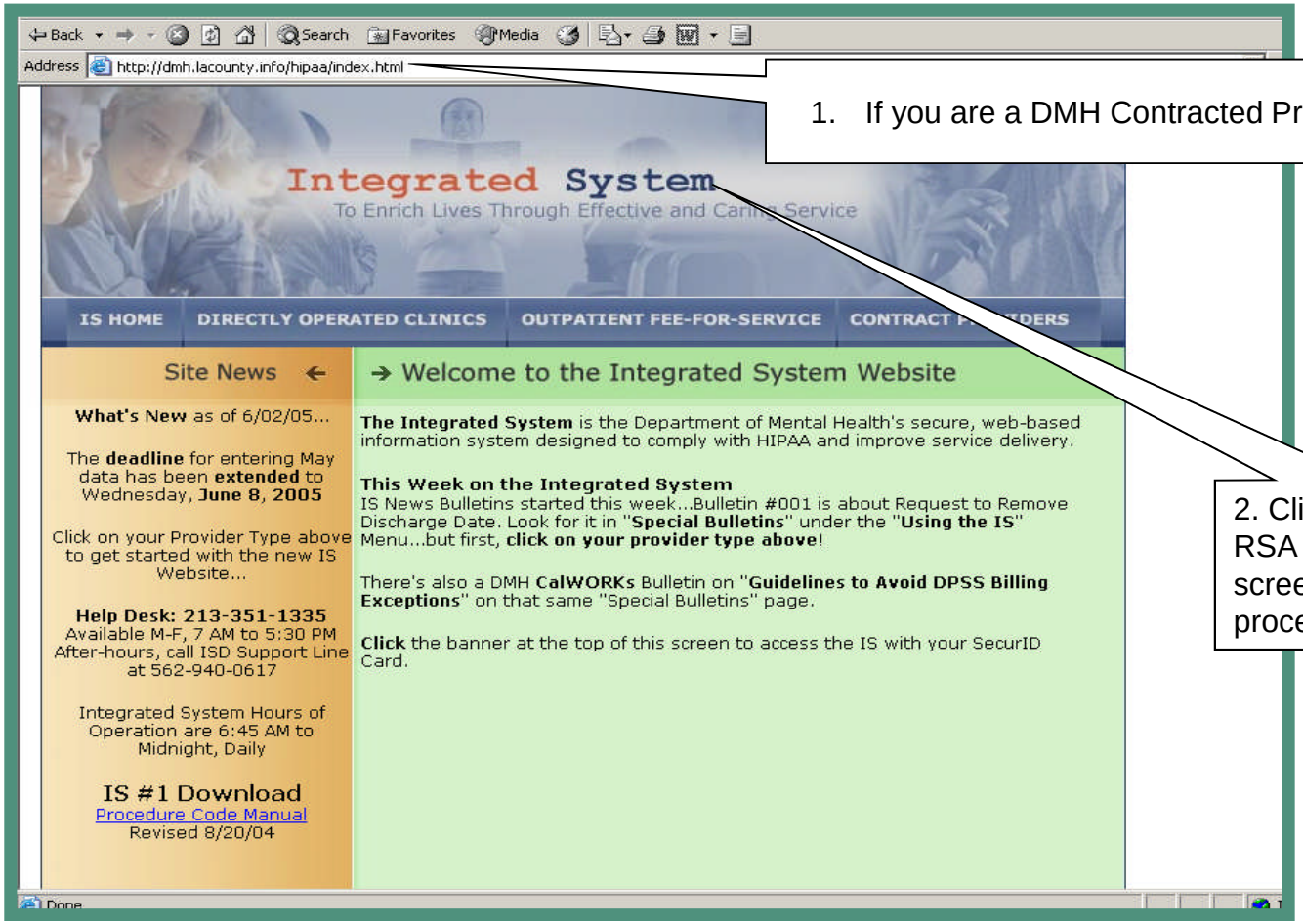


2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

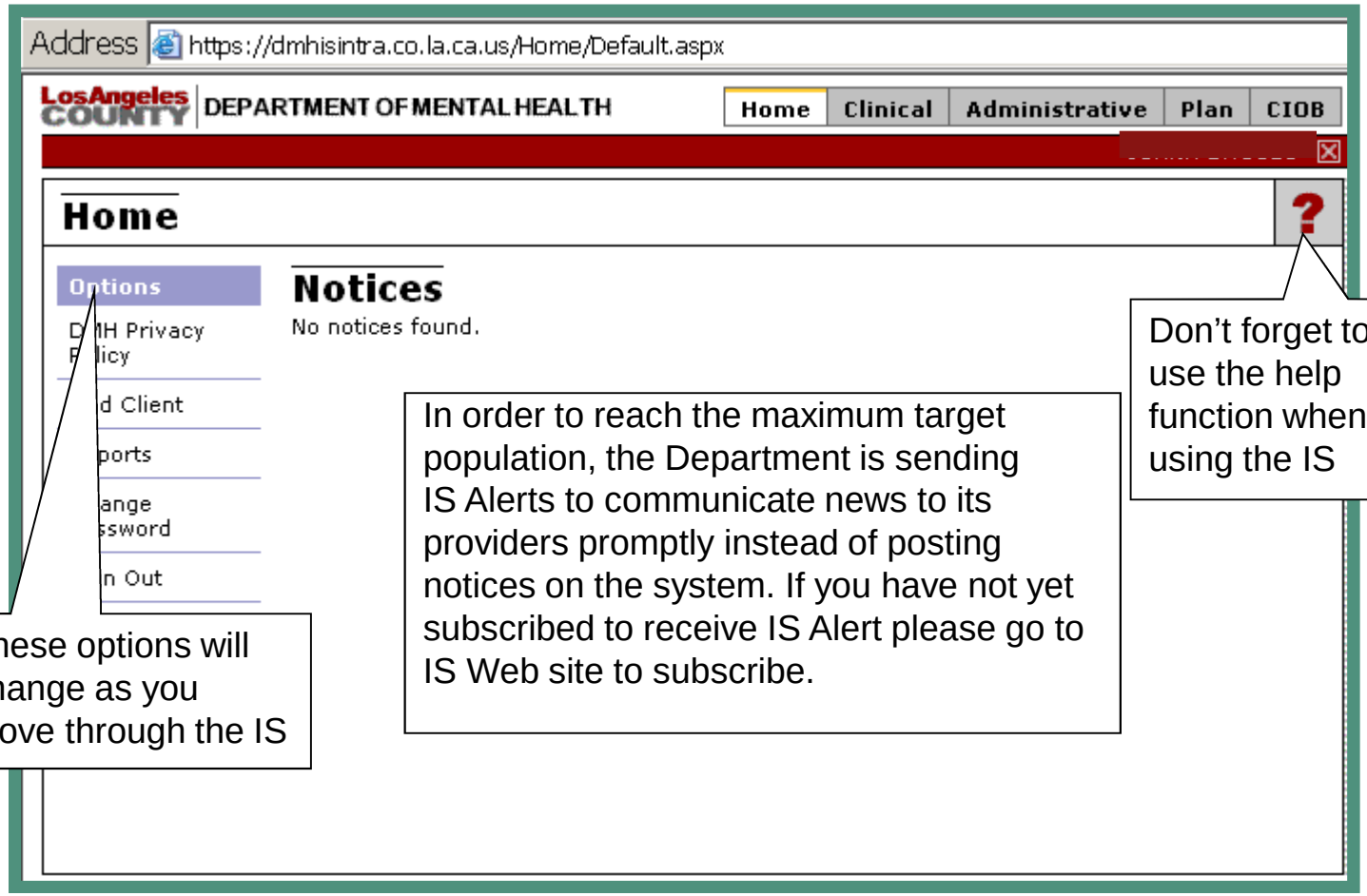
Log In with a SecurID Card



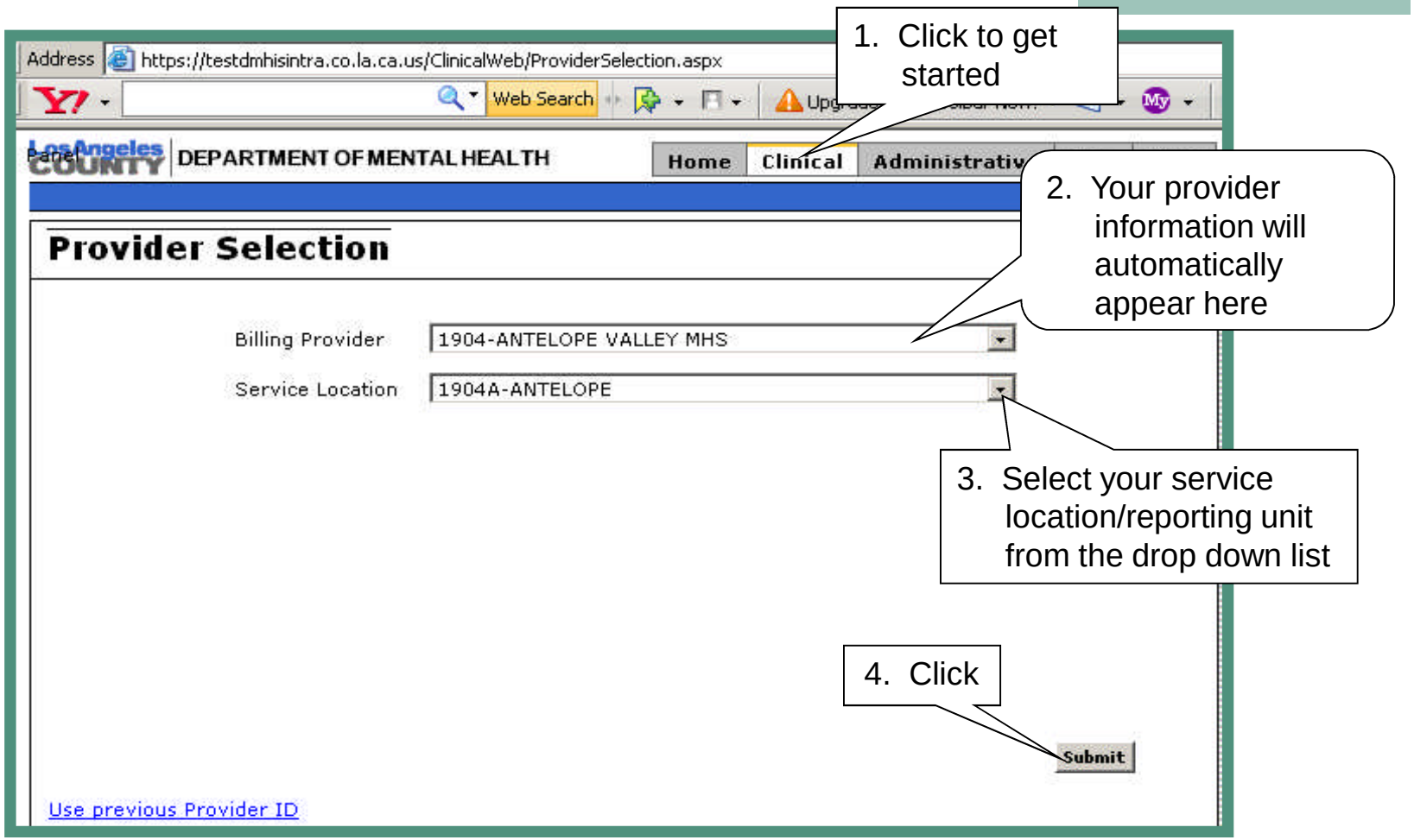
1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen



How to Set Provider Context

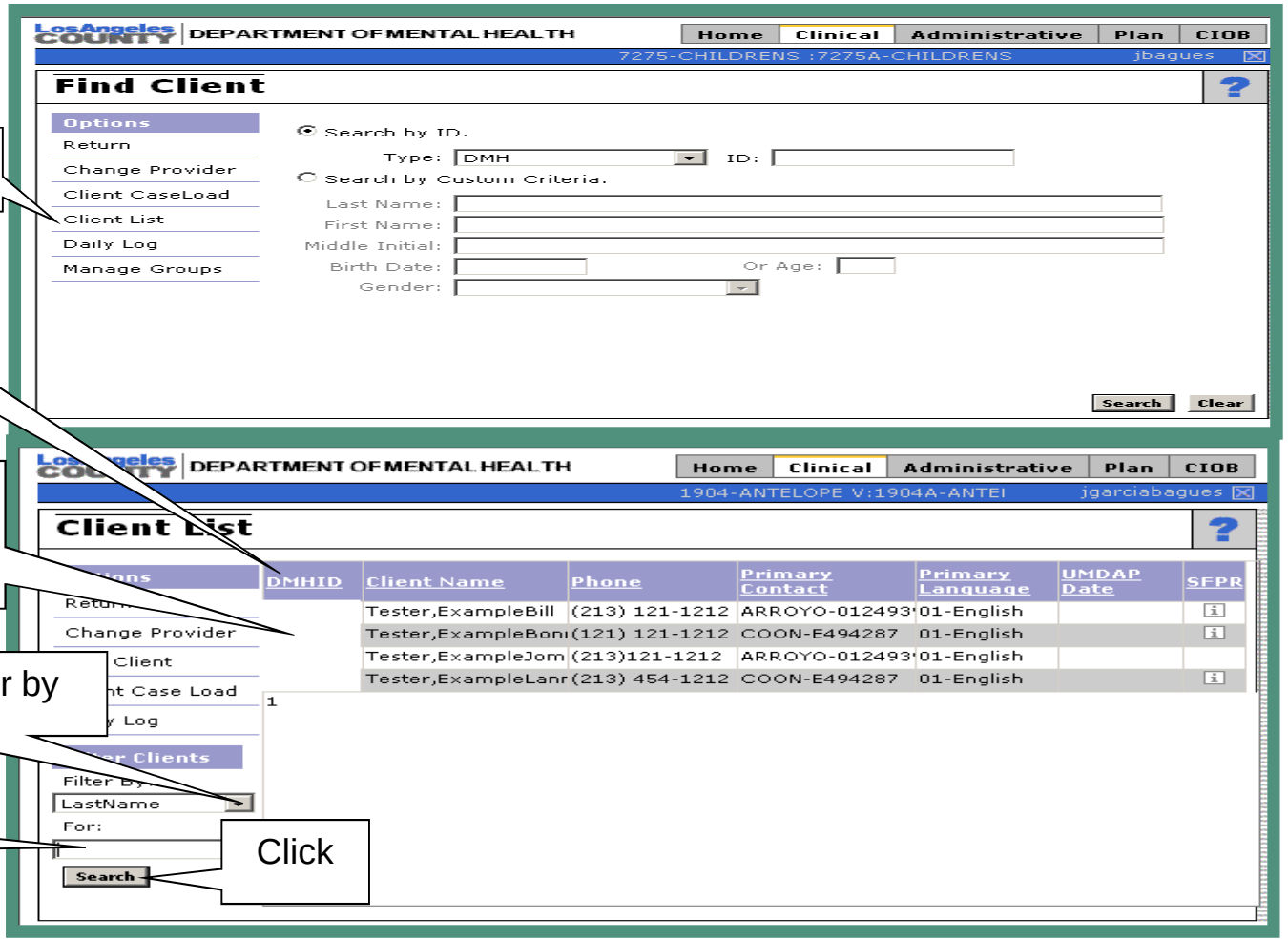


EXERCISE 2

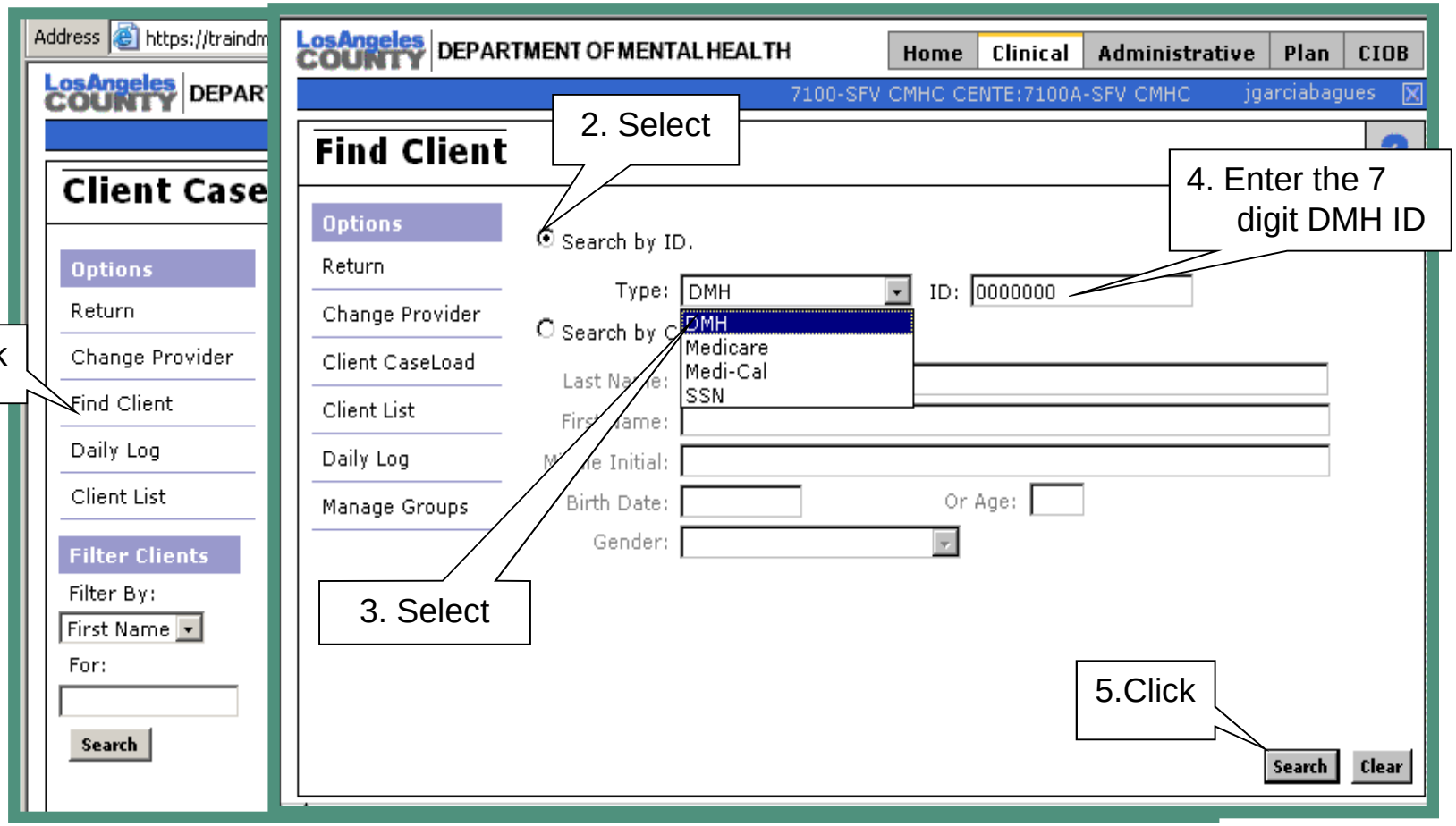
Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

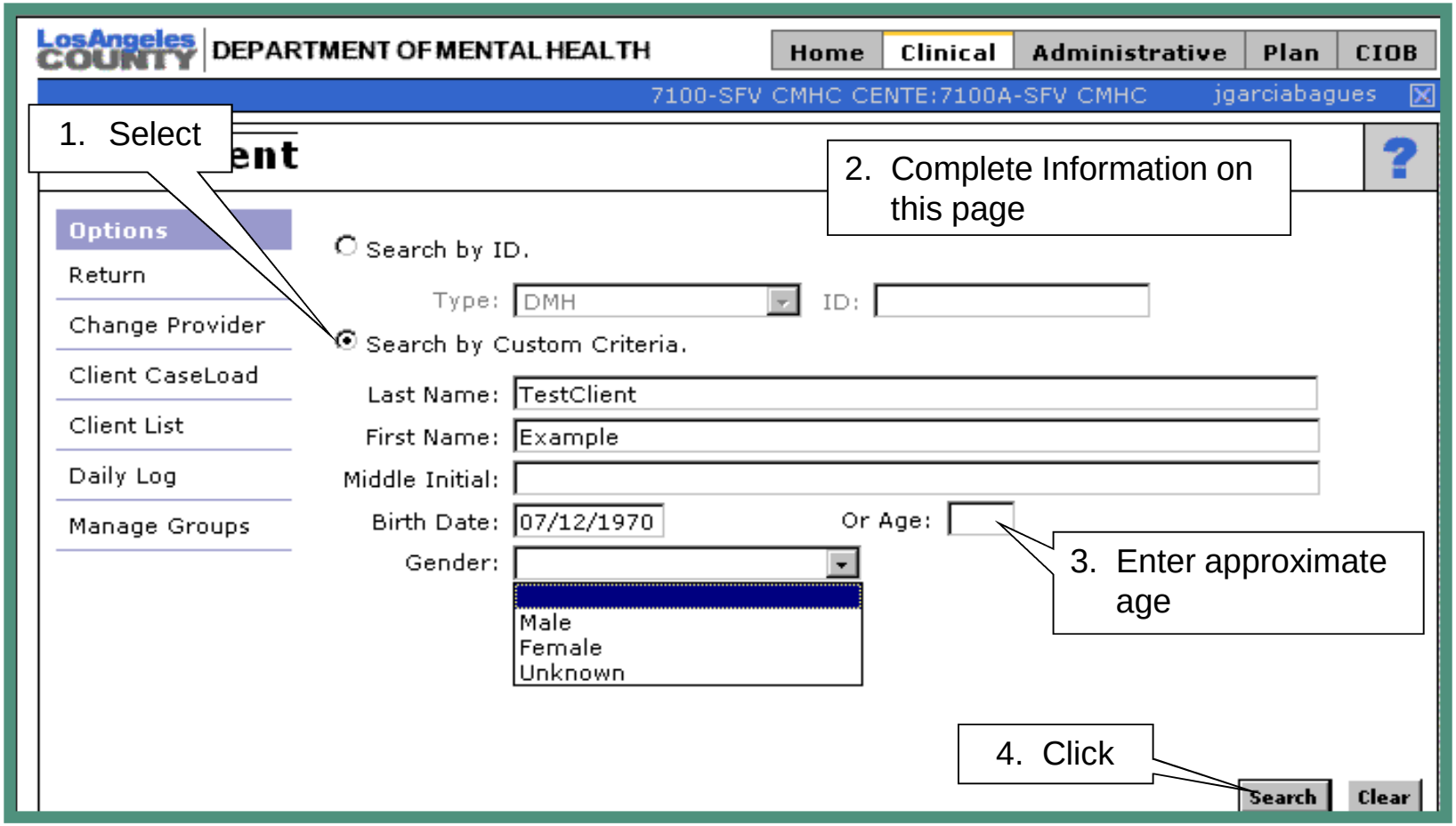
Find a Client: Using Client List and Filter Clients



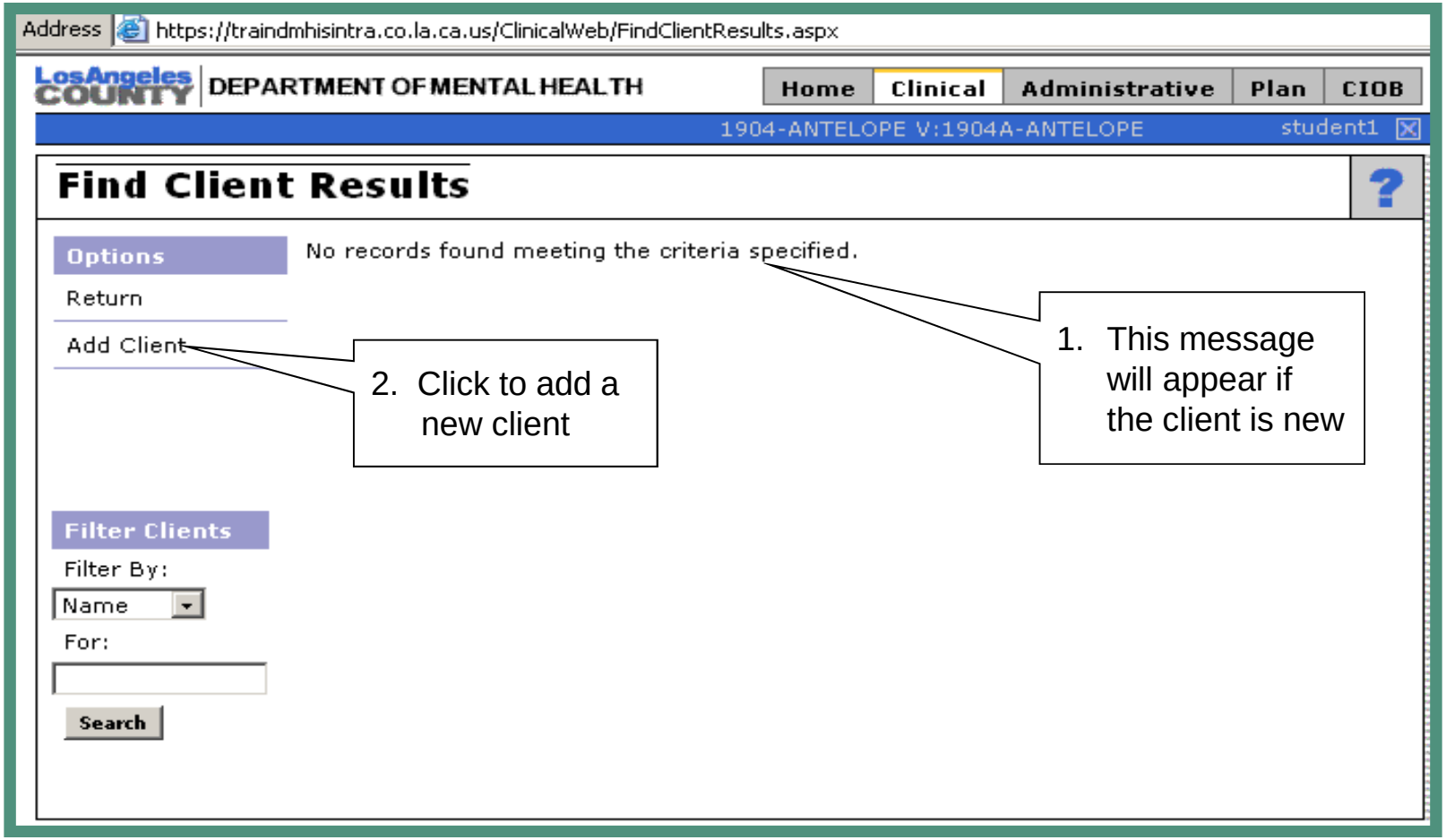
Find a Client: Using Search by ID



Find a Client: Using Search by Custom Criteria



Find a Client: Results Screen



EXERCISE 3

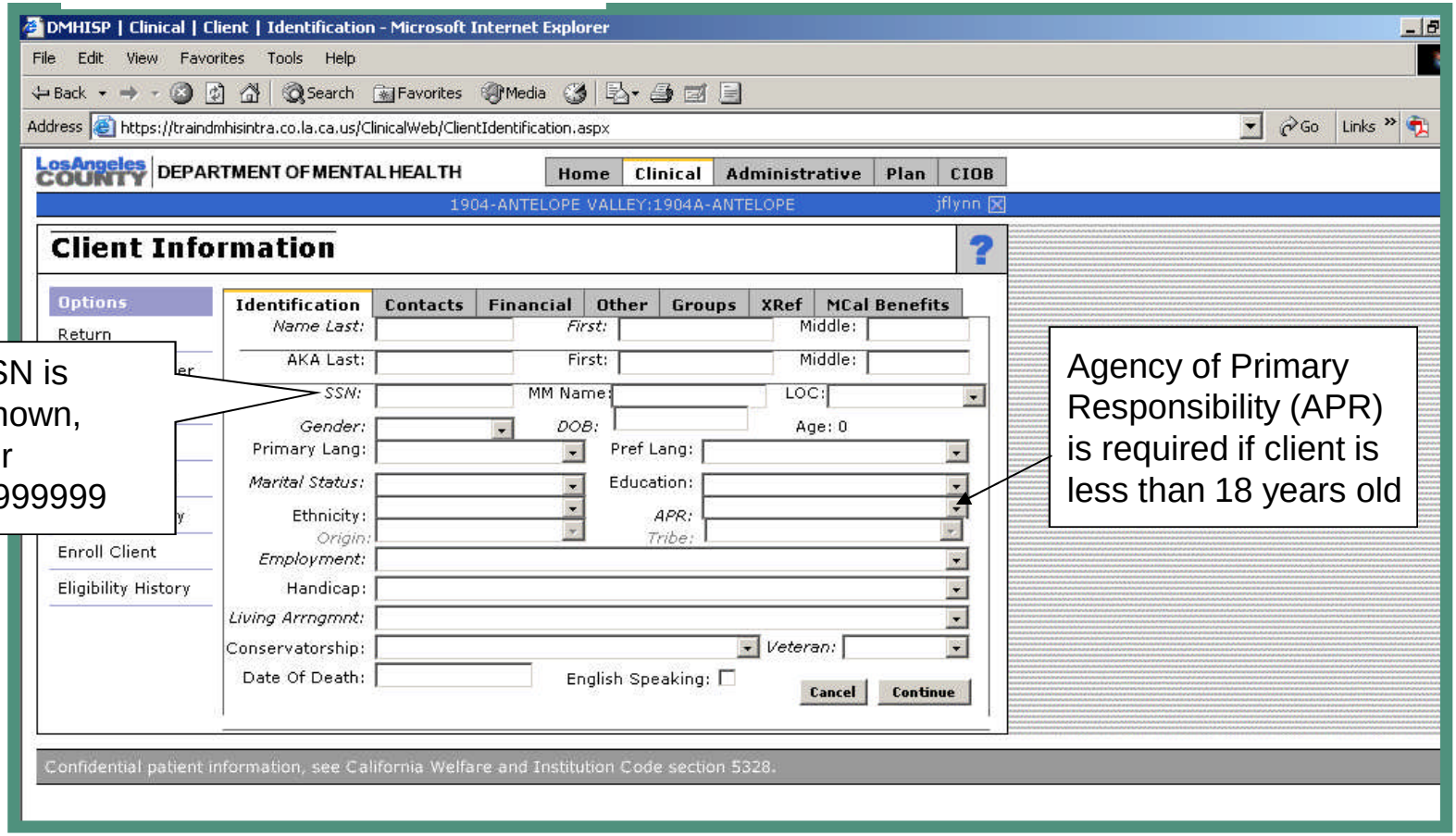
Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

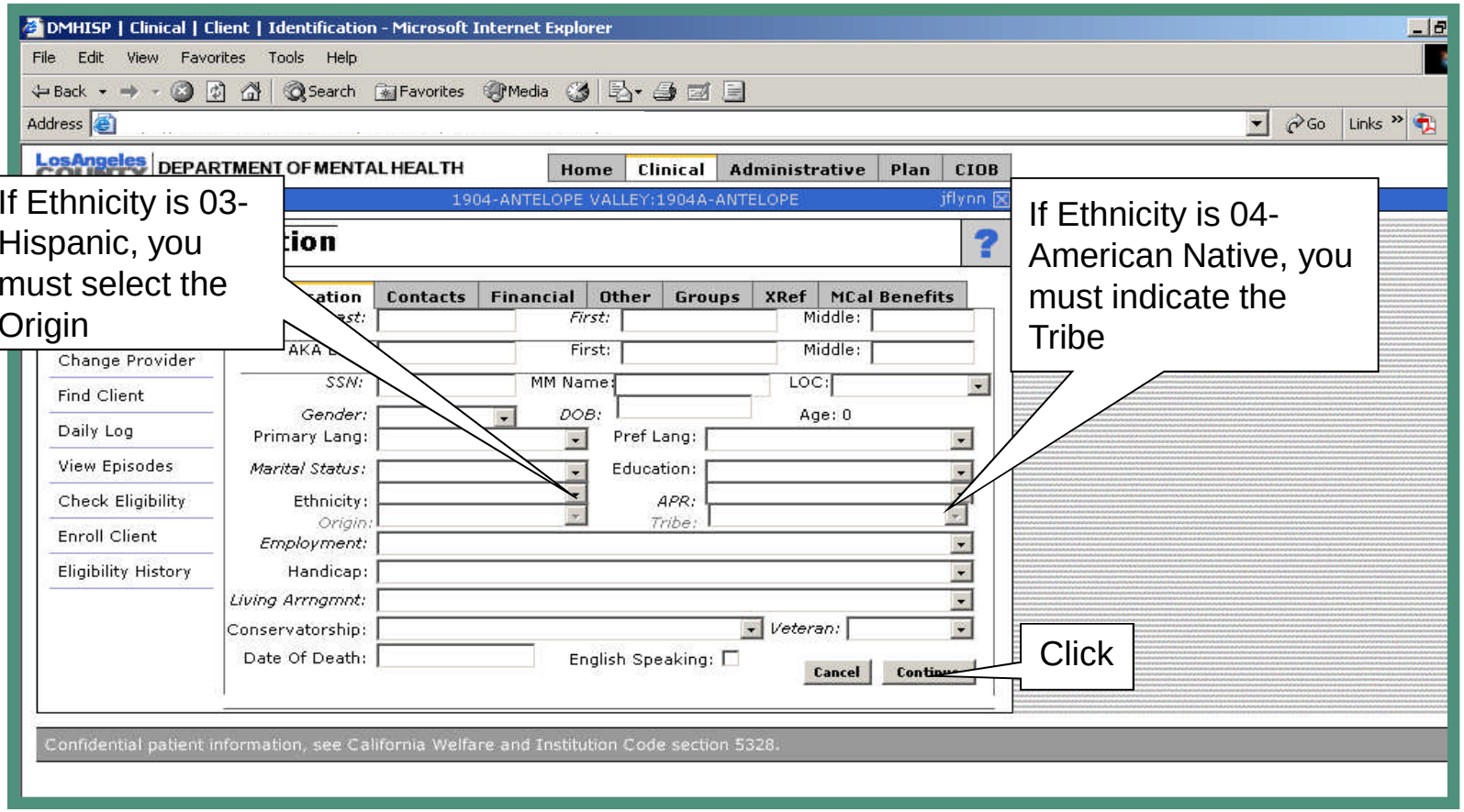
Add a Client: Information



If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity

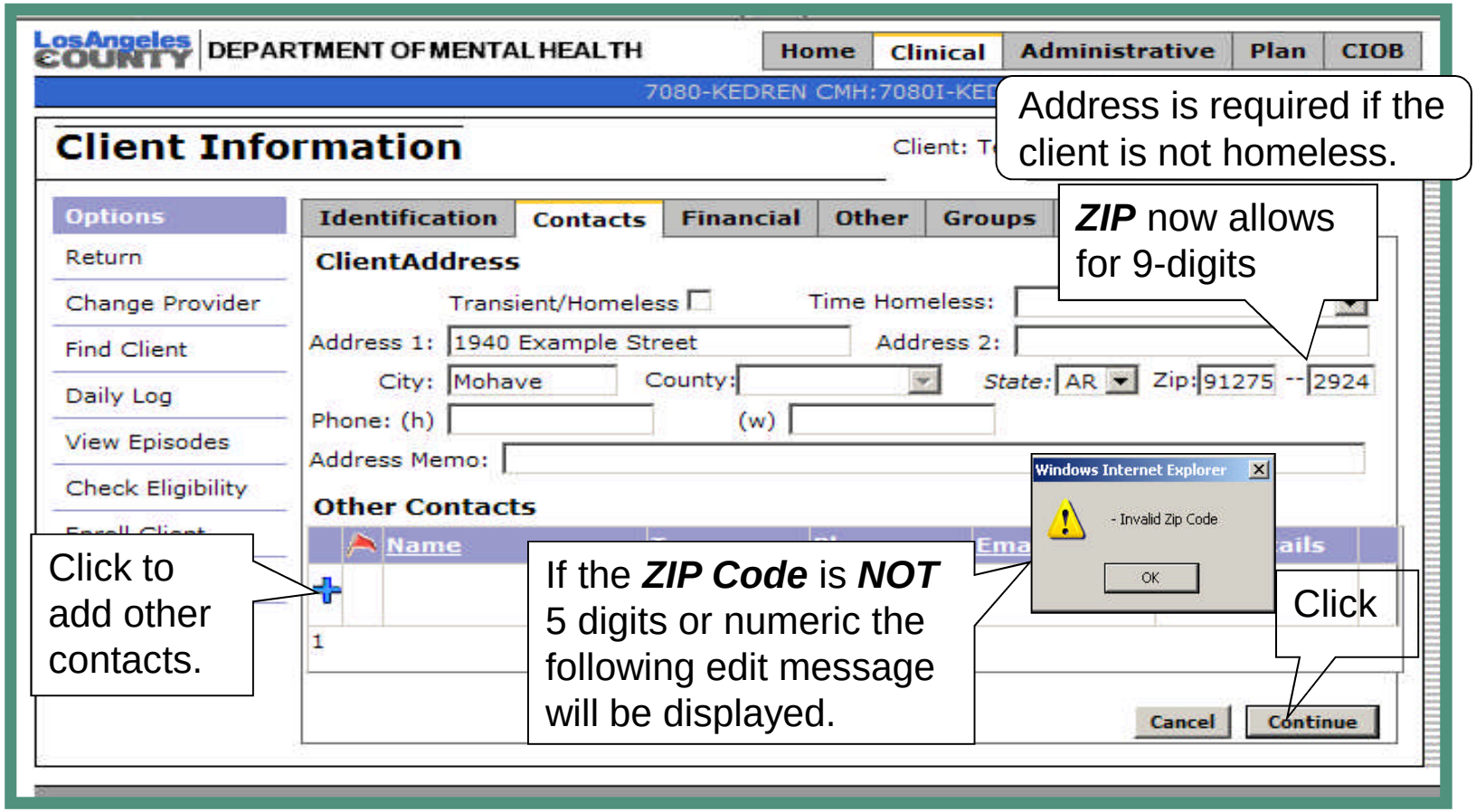


EXERCISE 4

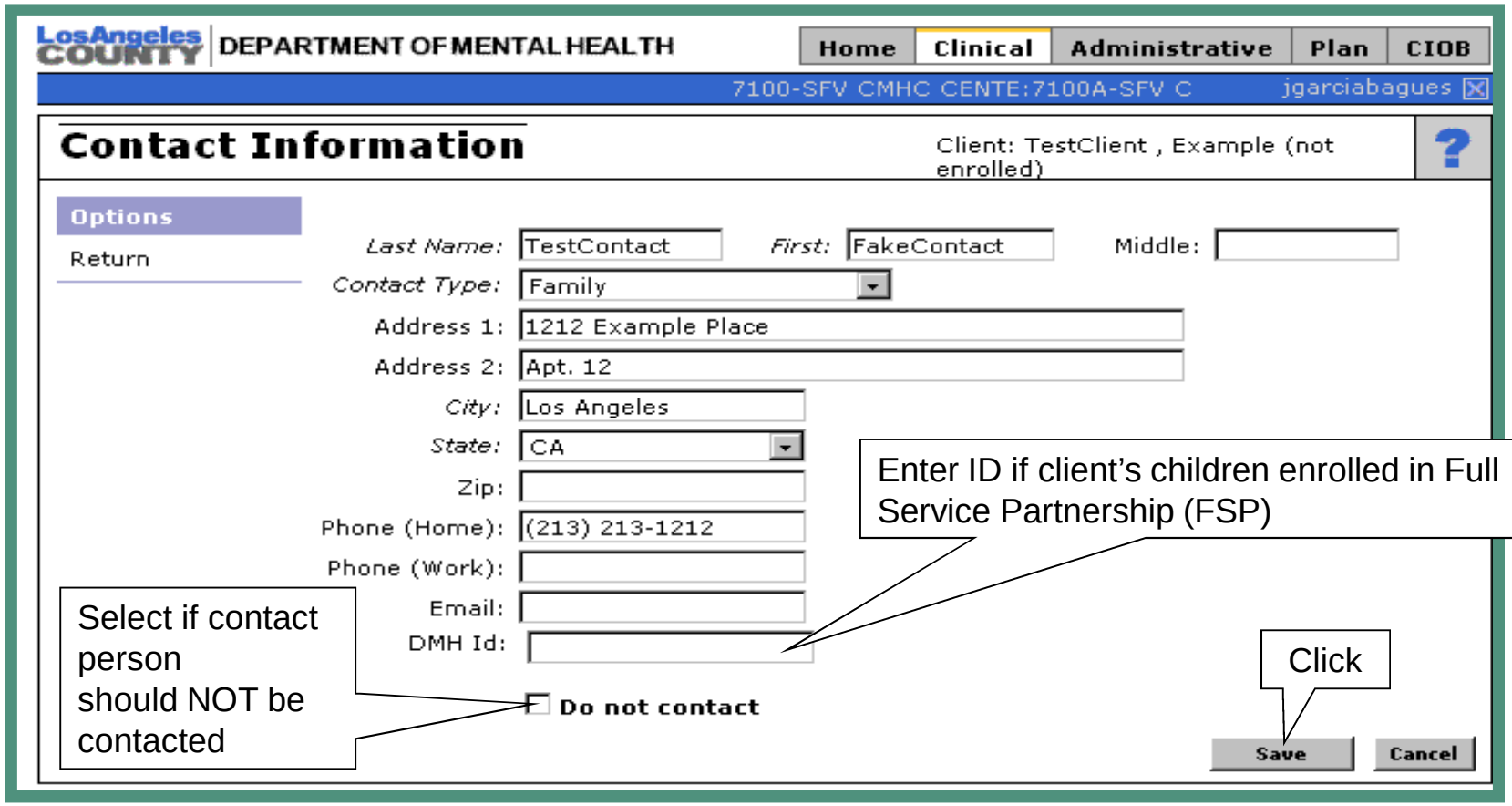
Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

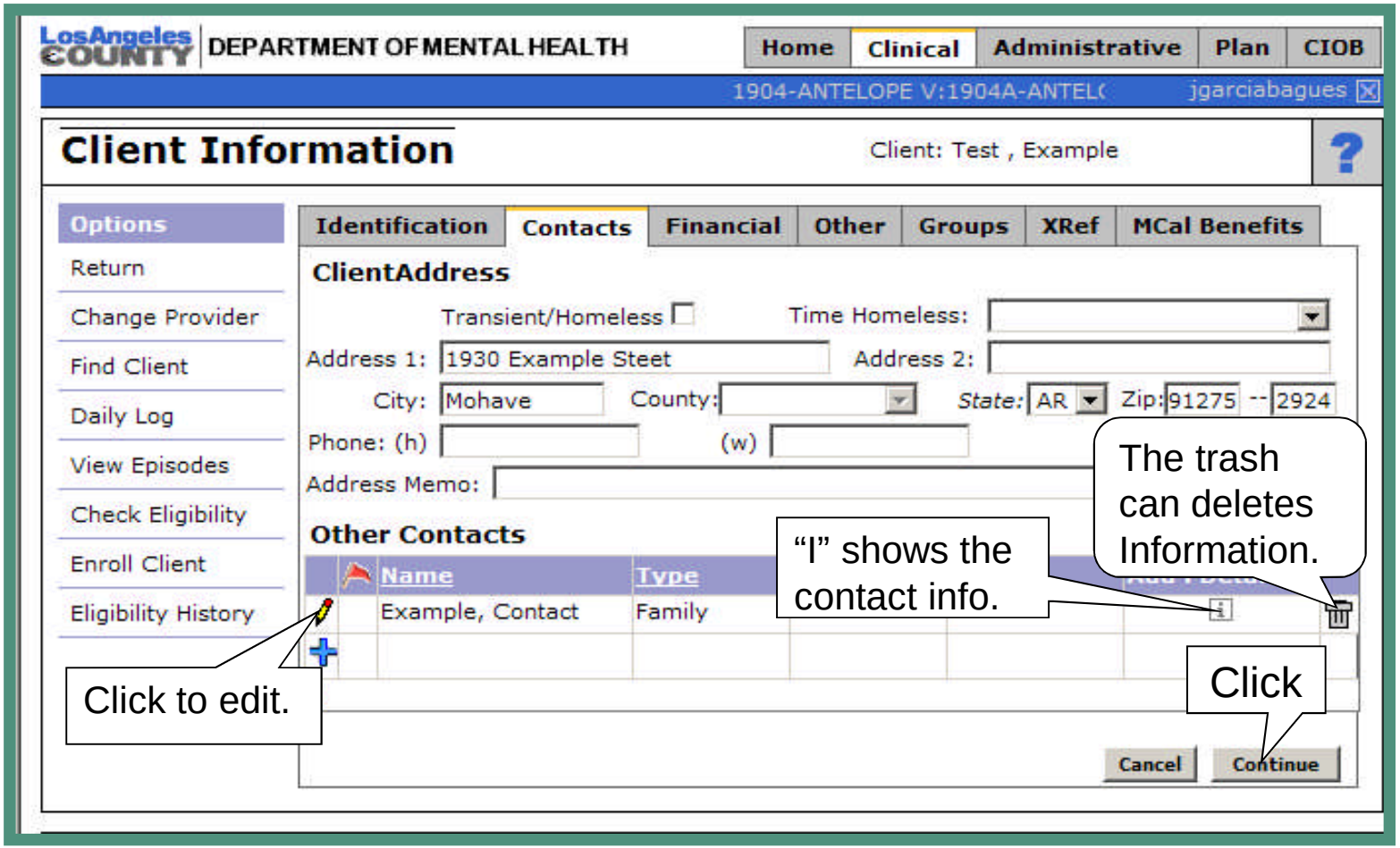
Add a Client: Contact Information



Add Client: Other Contact (s) Information



Add a Client: Edit Other Contact Information

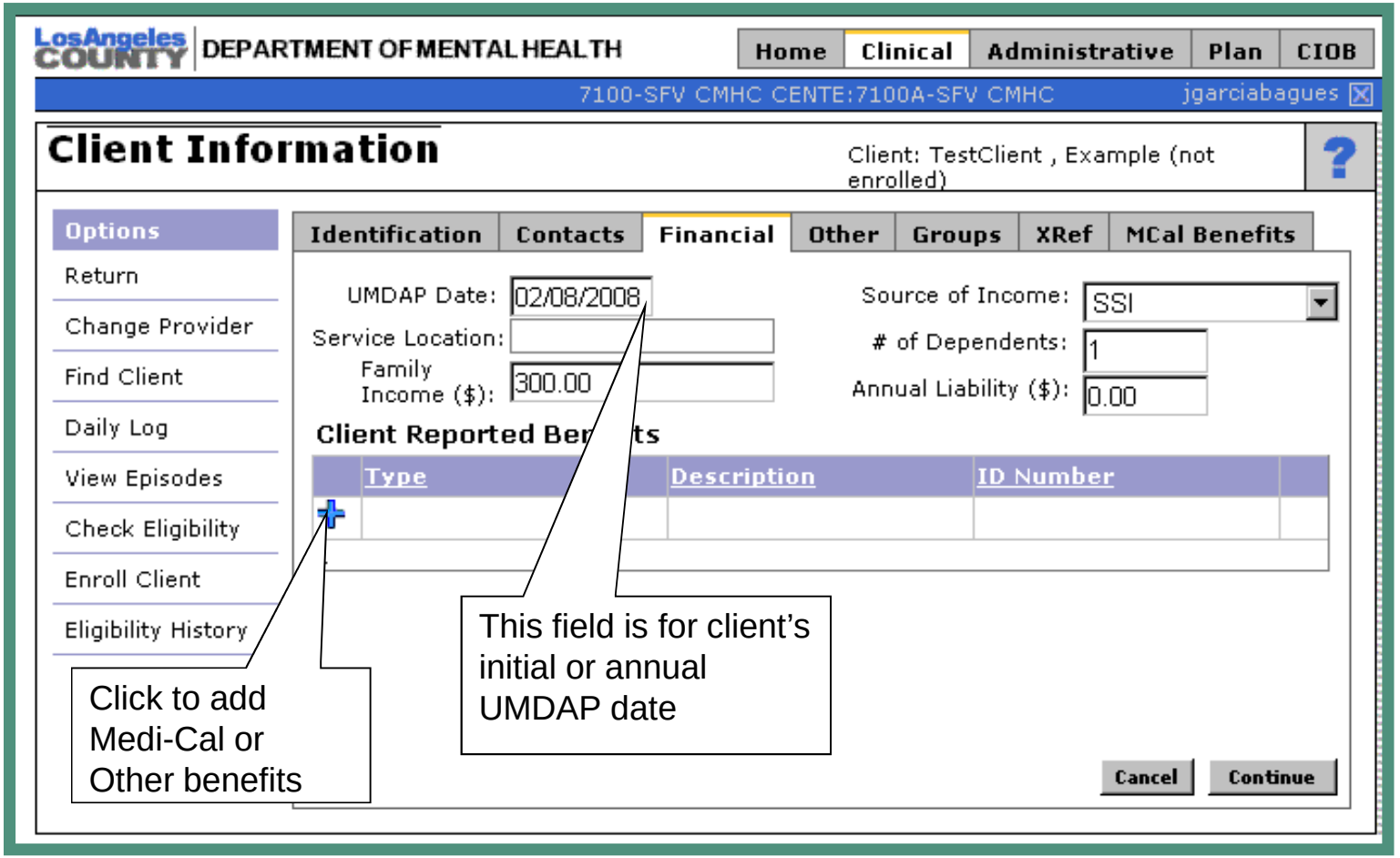


EXERCISE 5

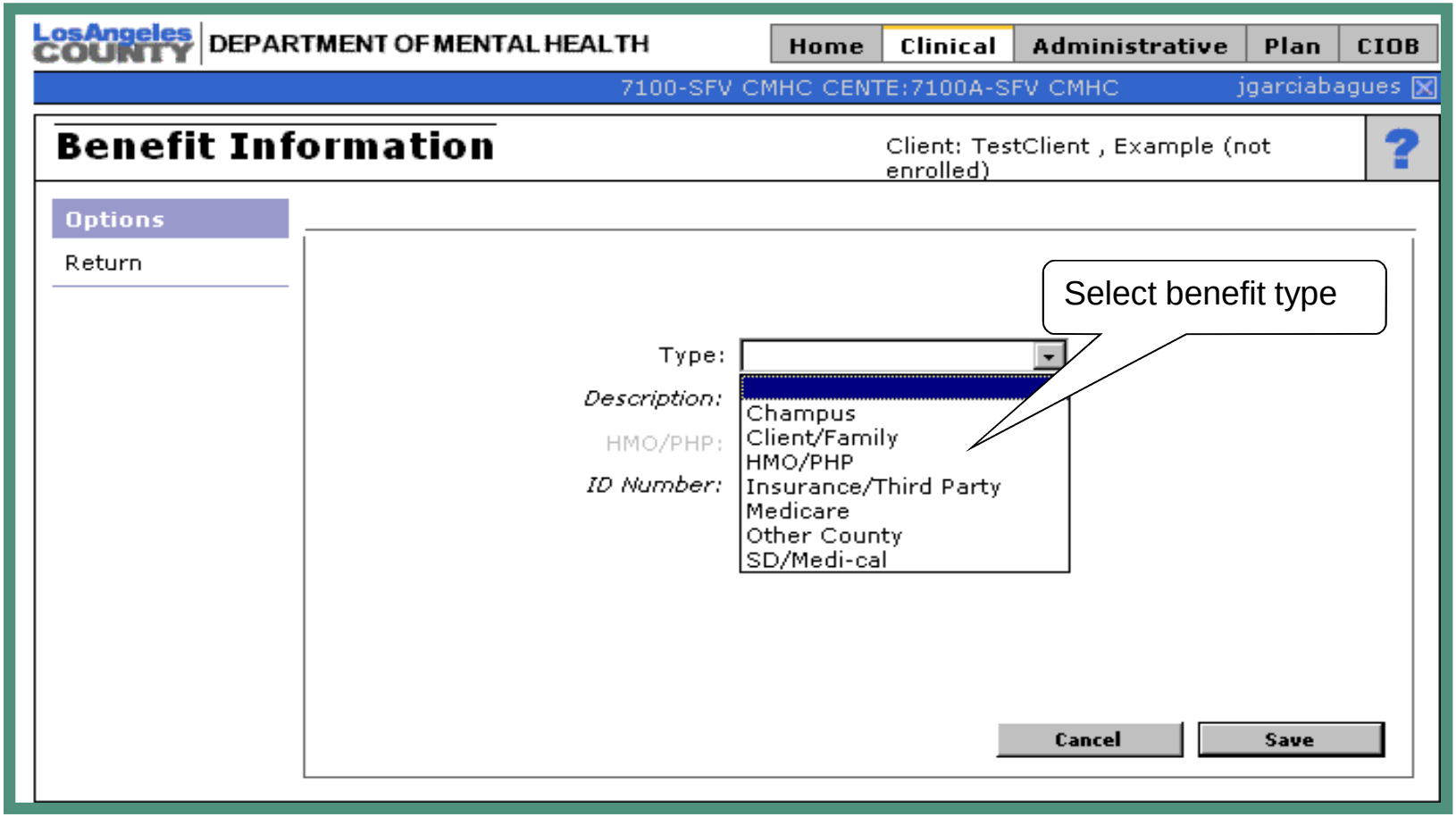
Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

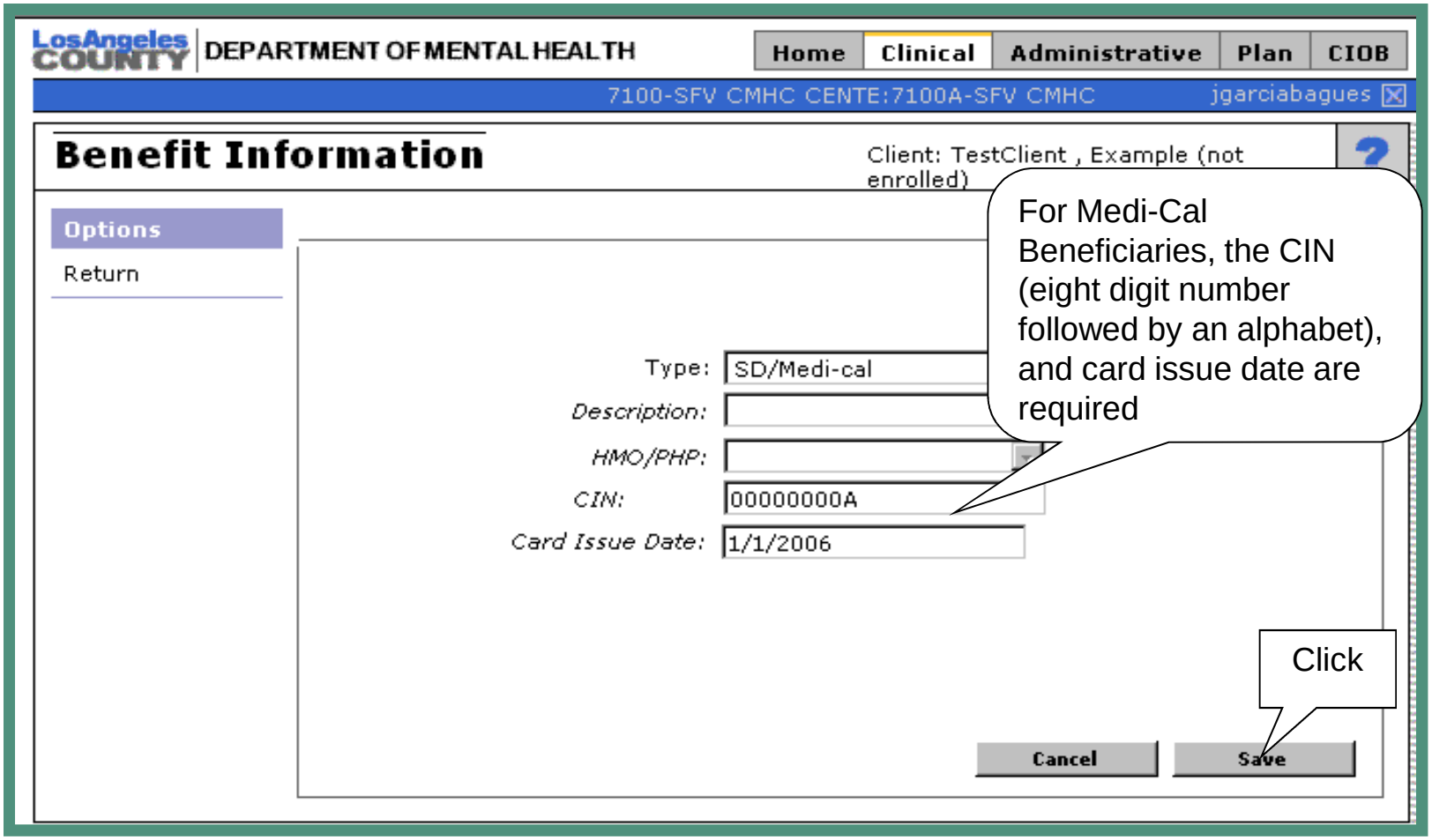
Add a Client: Financial Information



Add a Client: Benefit Information



Add a Client: Benefit Information

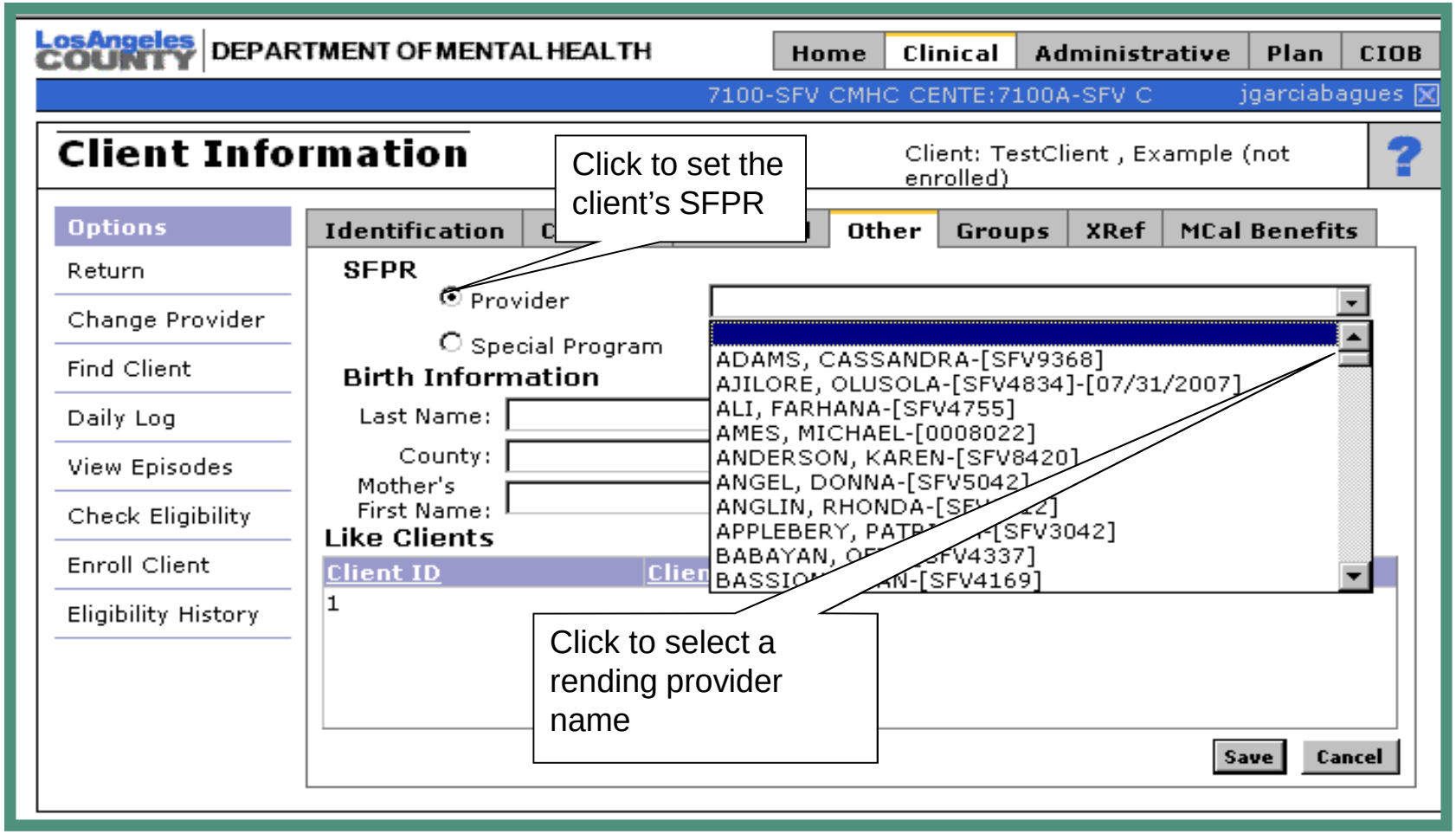


EXERCISE 6

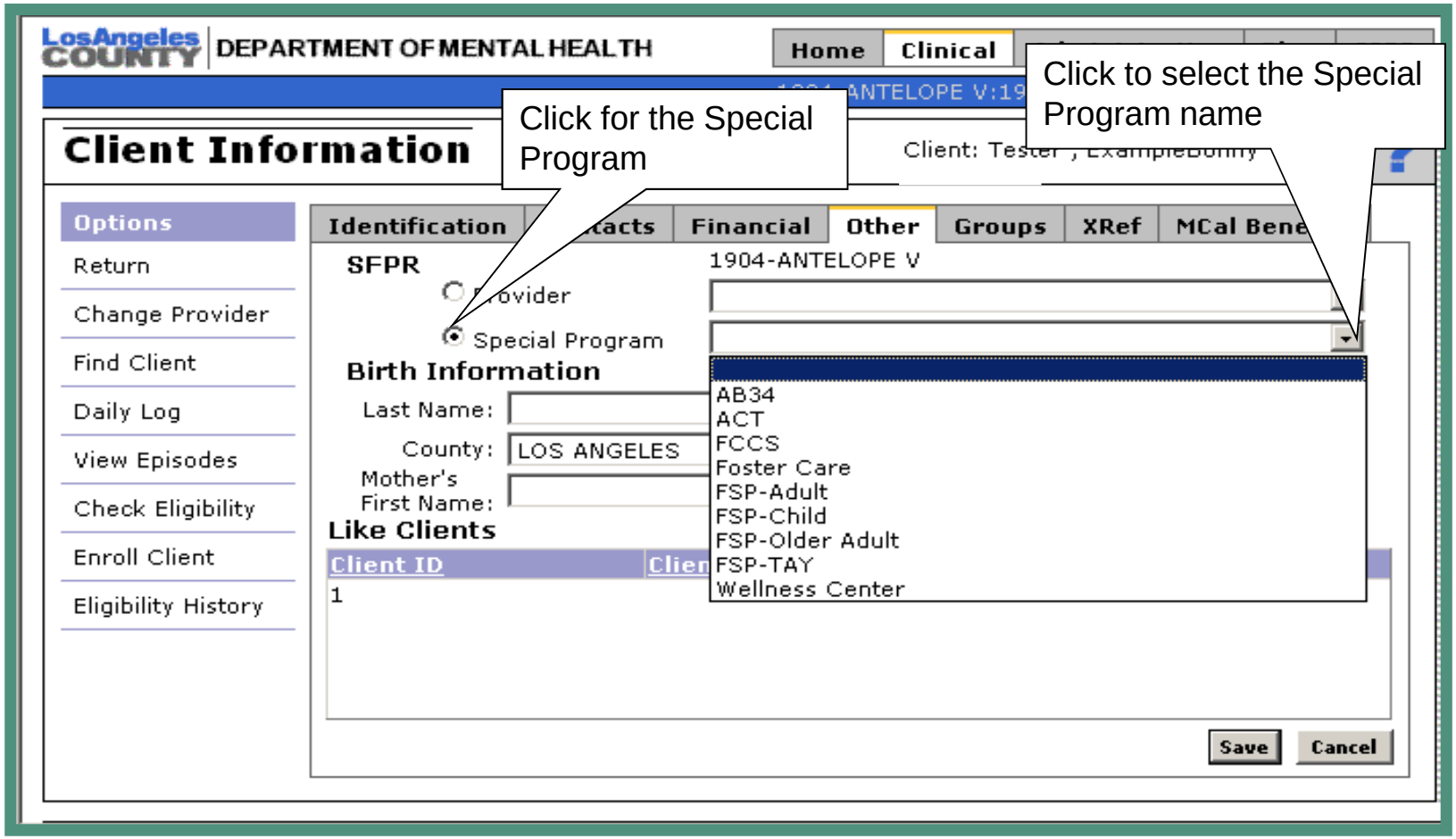
Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

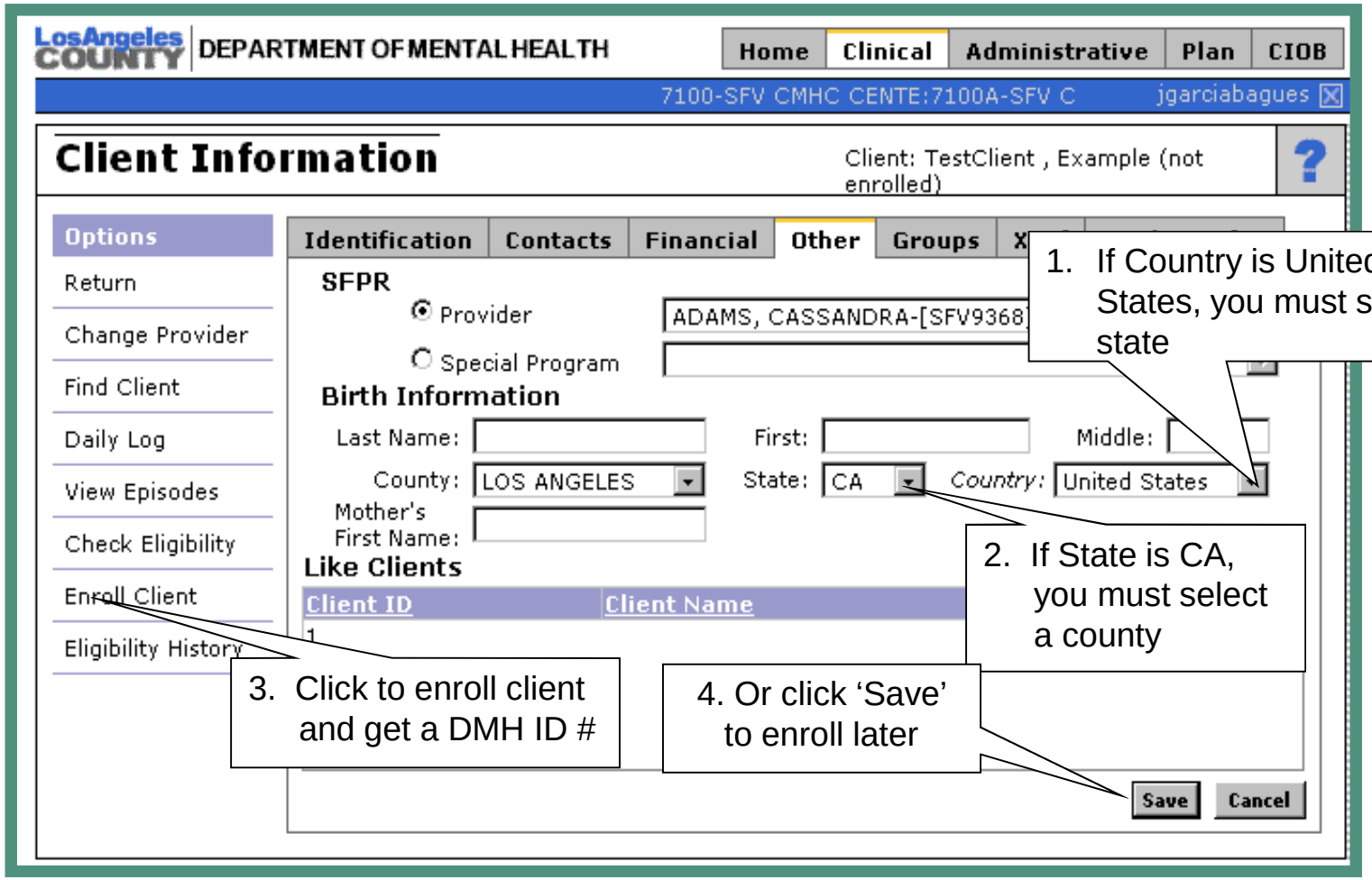
Add a Client: Other Screen



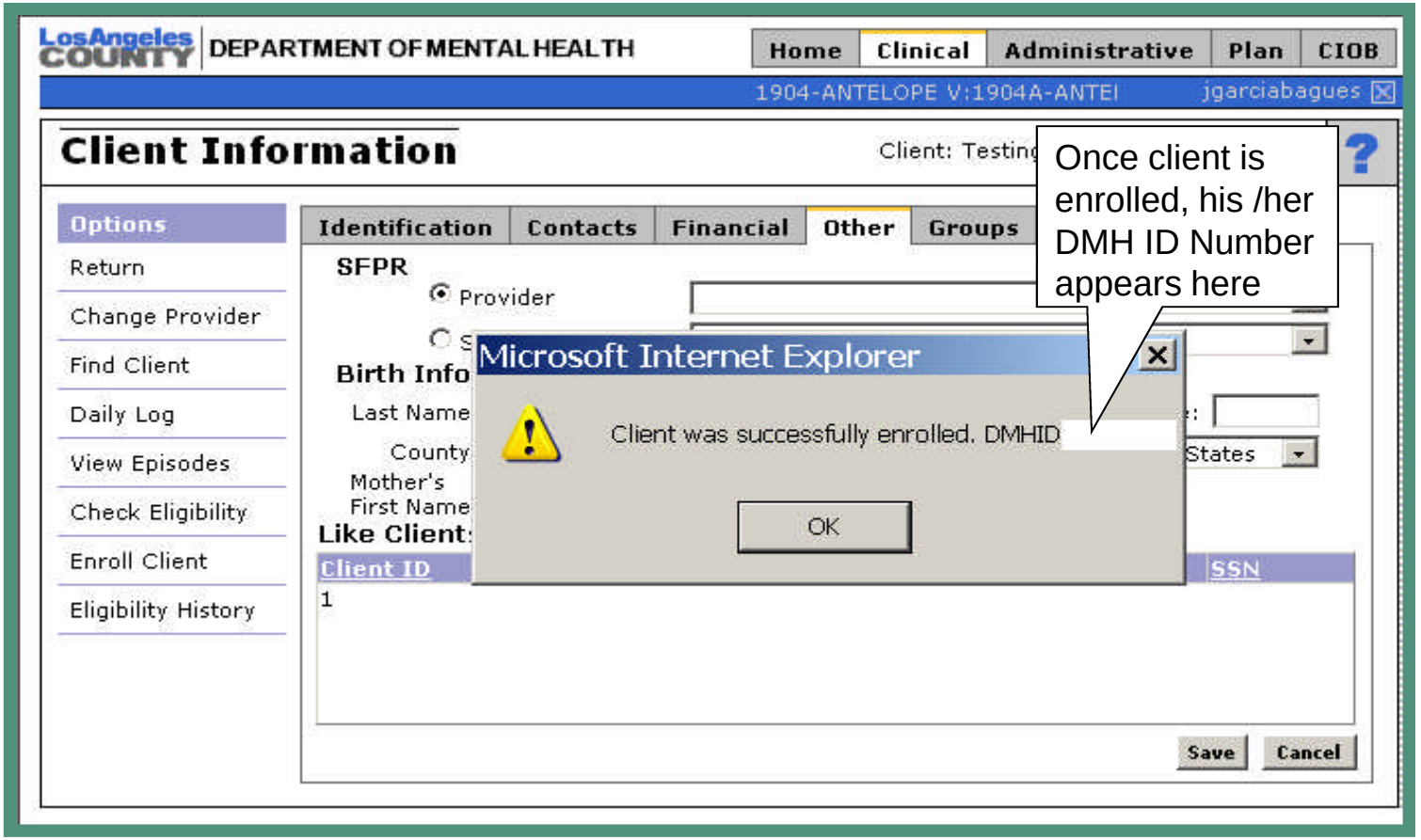
Add a Client: Other Screen



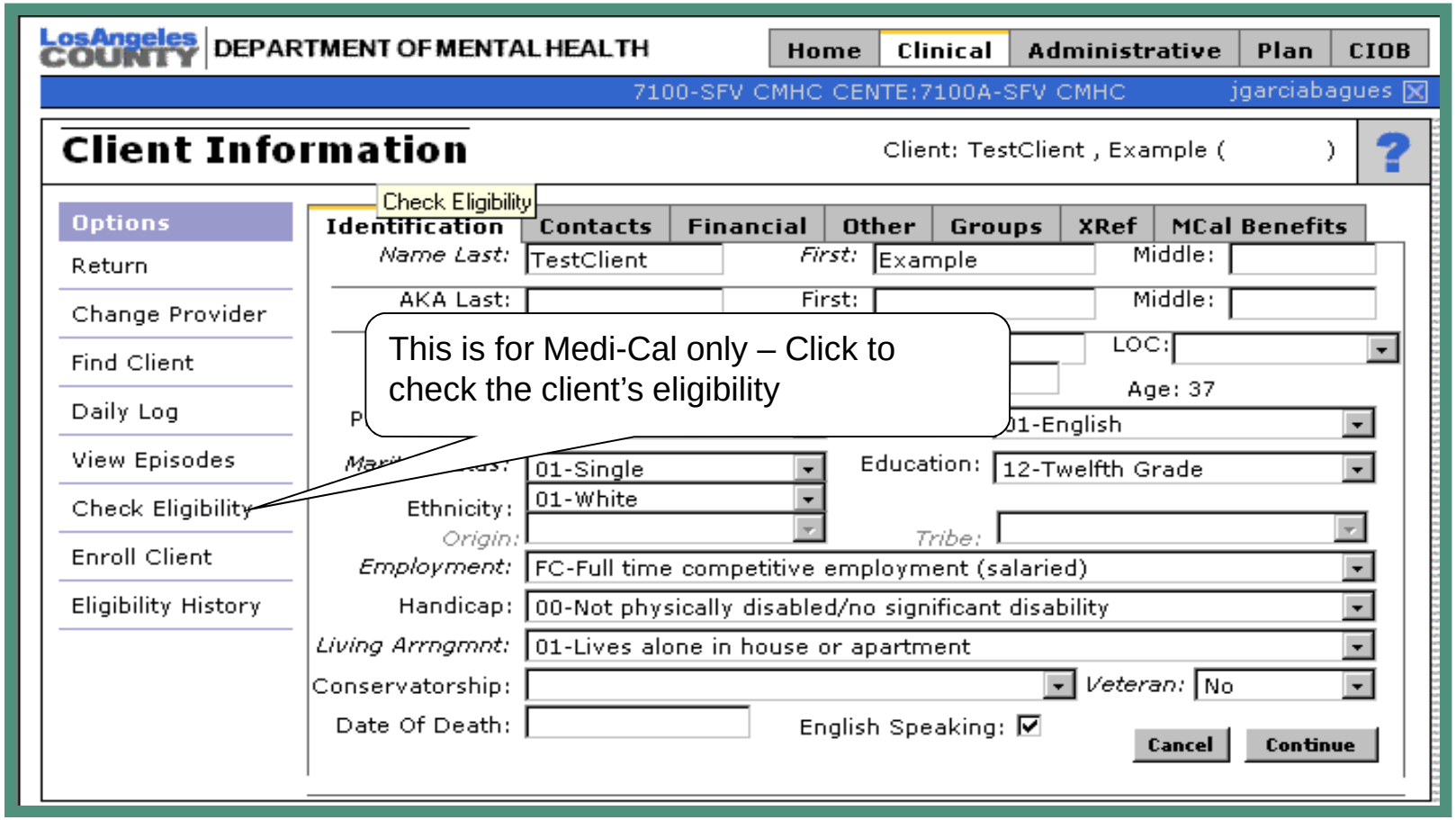
Add a Client: Other Screen



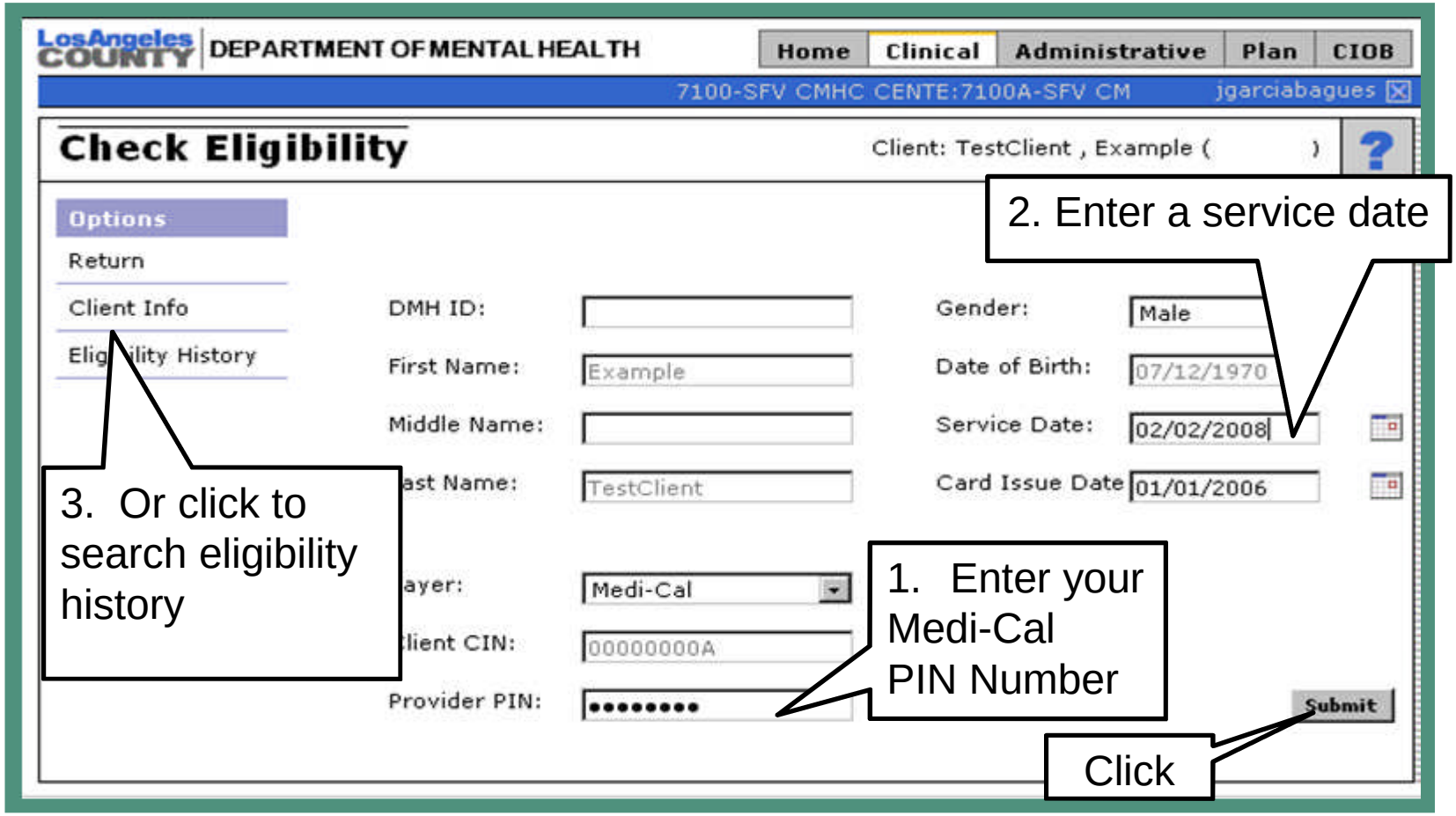
Enroll a Client



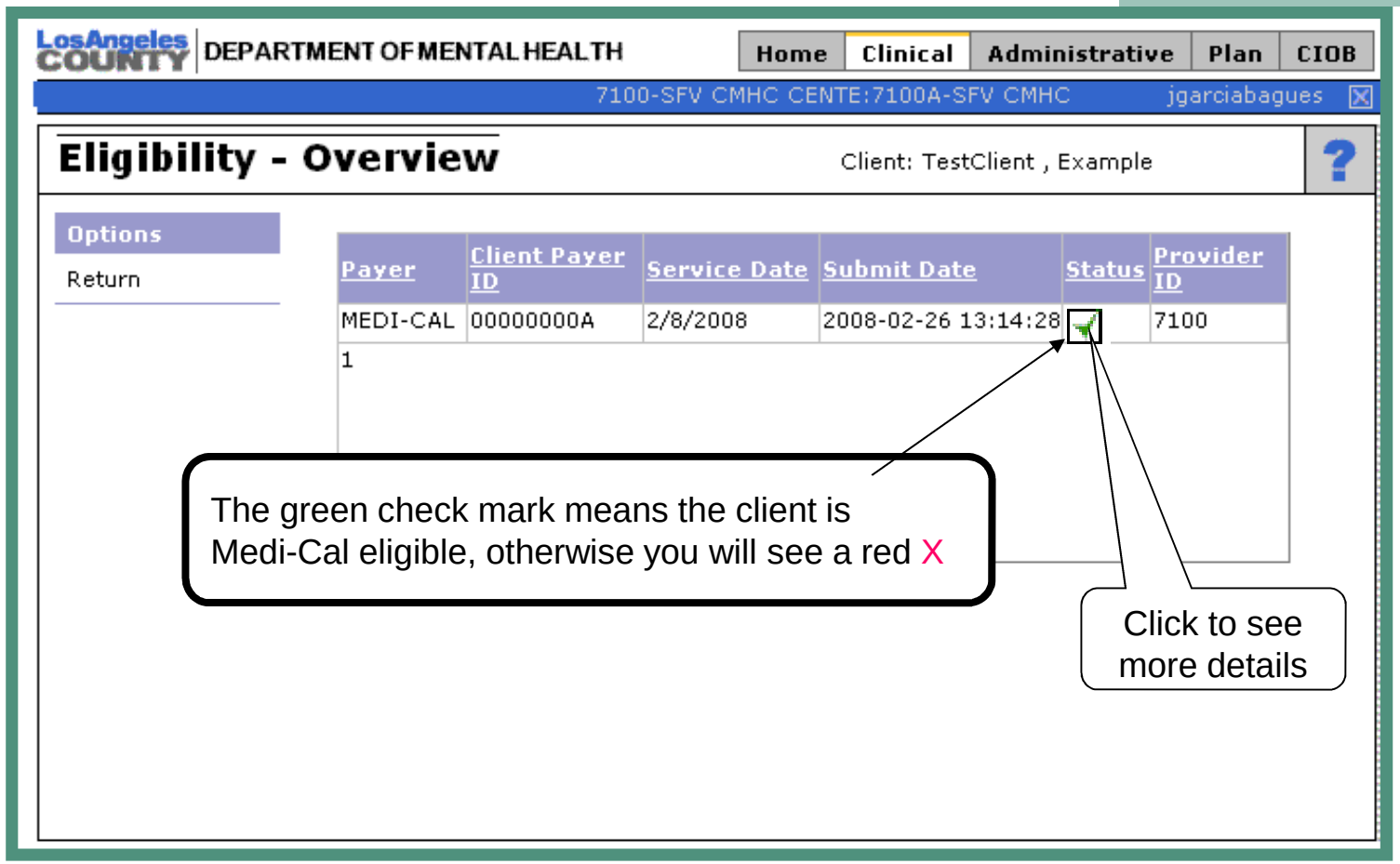
Check Eligibility



Check Eligibility

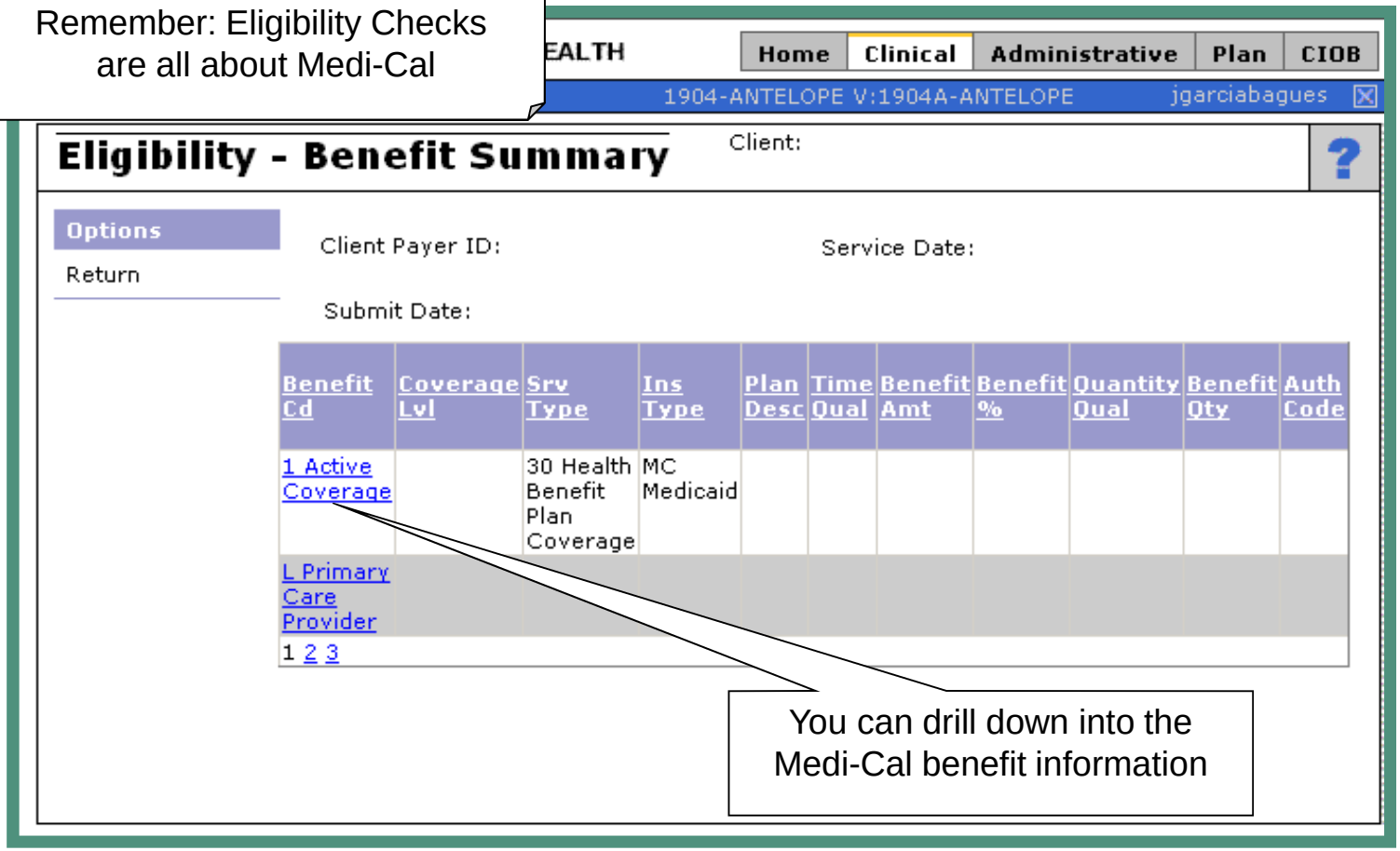


Check Eligibility

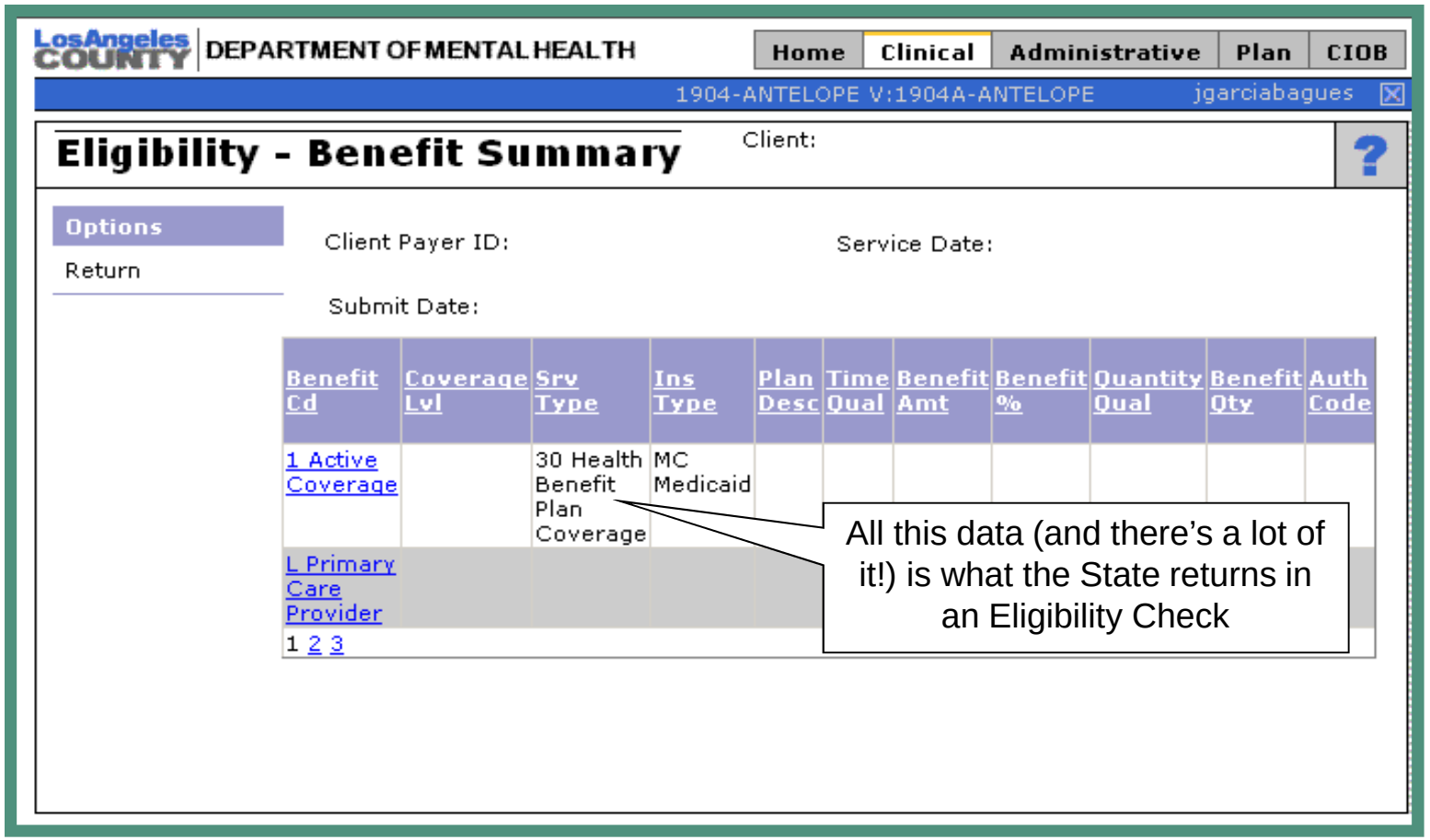


Eligibility

Remember: Eligibility Checks are all about Medi-Cal



Eligibility History

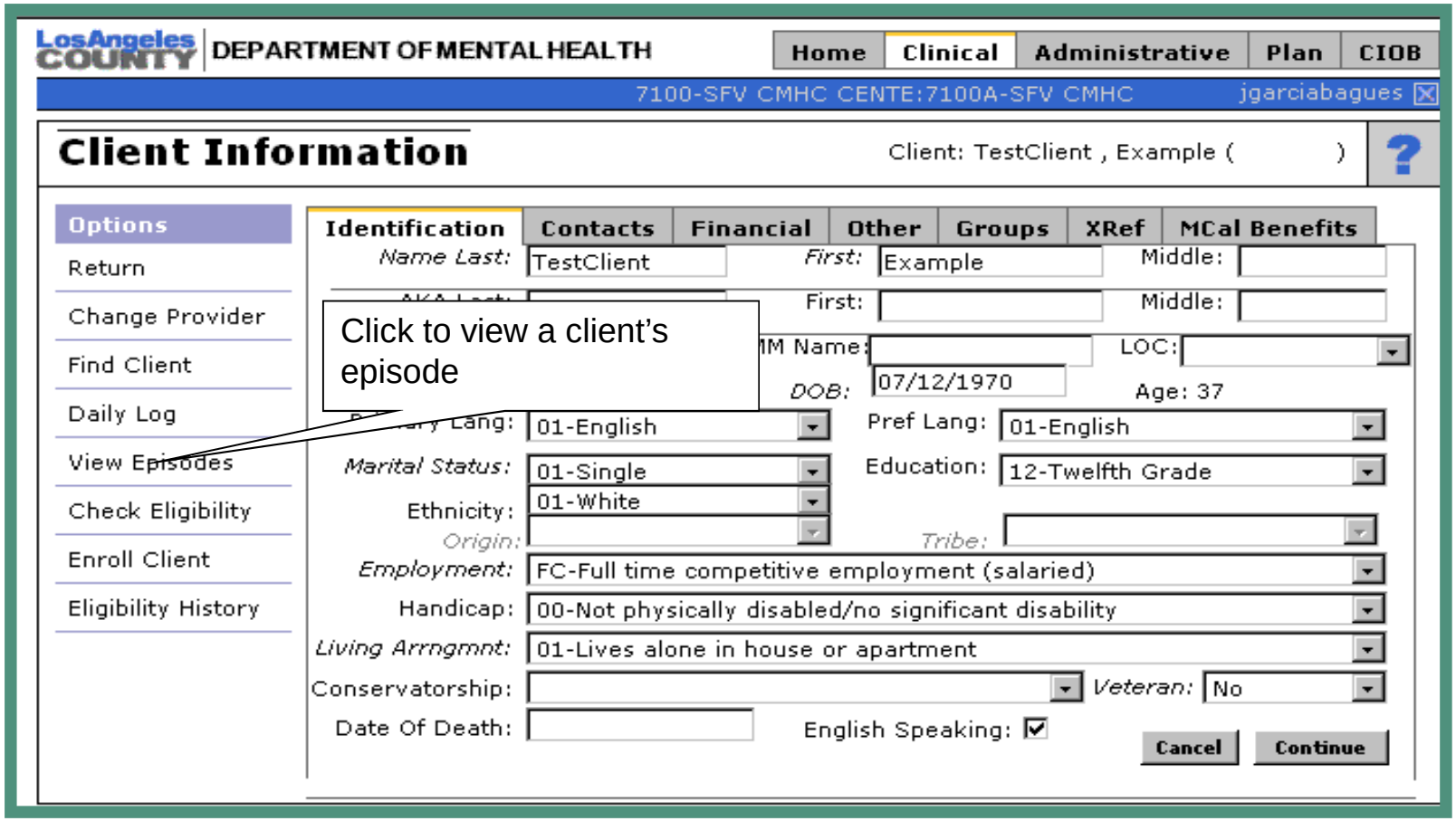


EXERCISE 7

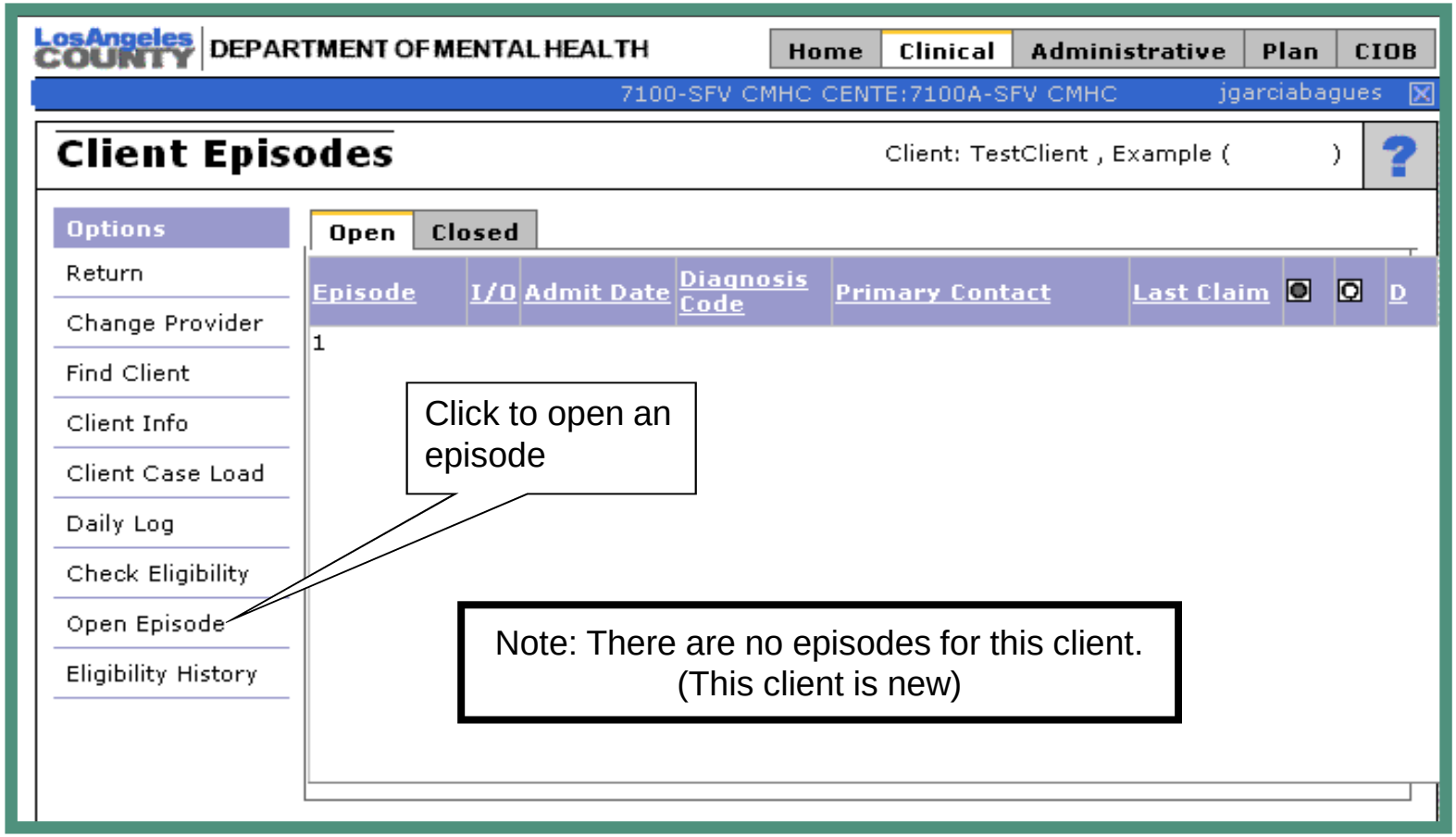
Open an Episode:

- Complete Outpatient Admission Screen
- Complete Inpatient/Residential Admission Screen

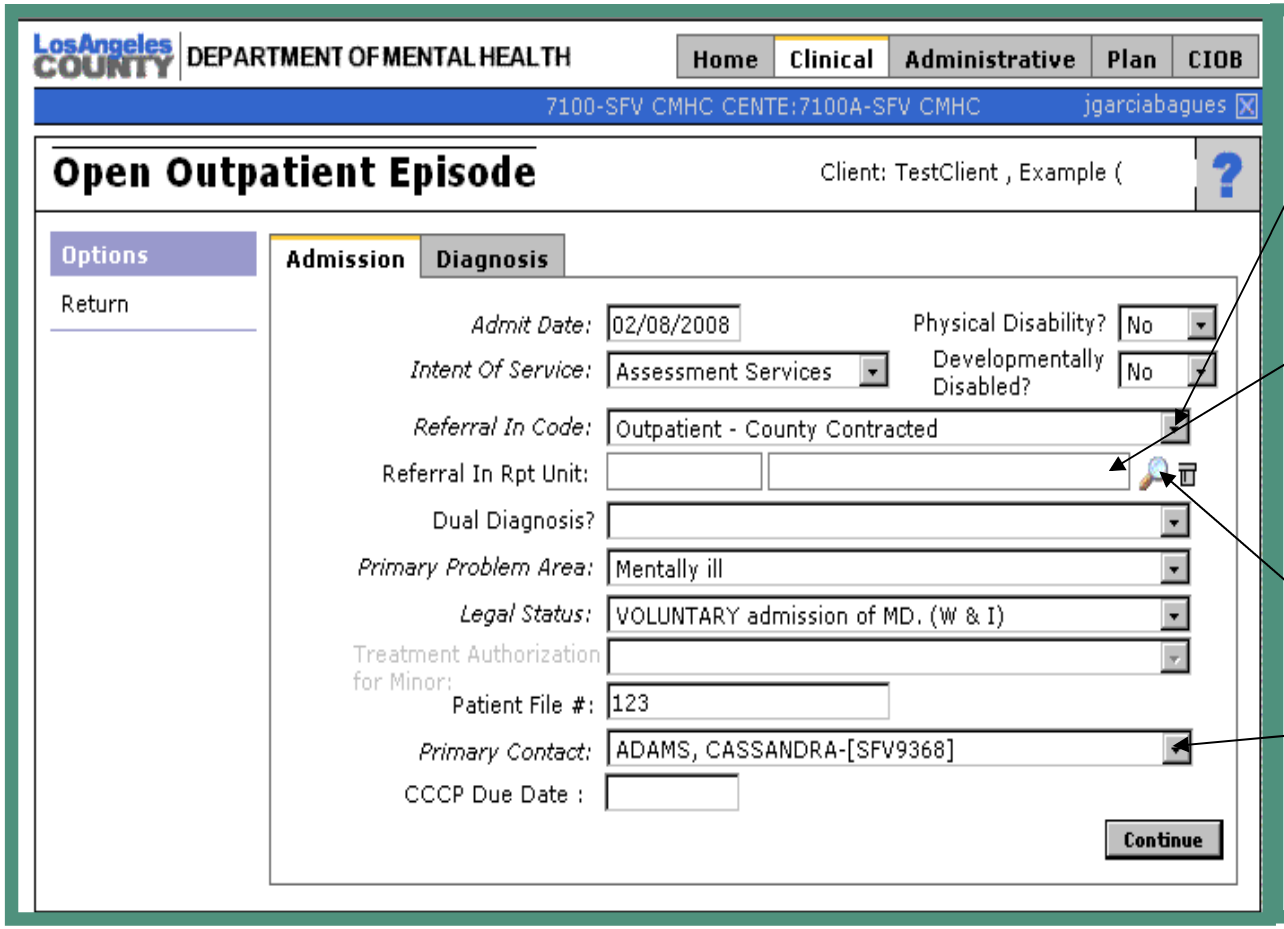
Open an Outpatient Episode: Admission Screen



Open an Outpatient Episode: Admission Screen



Open an Outpatient Episode: Admission Screen



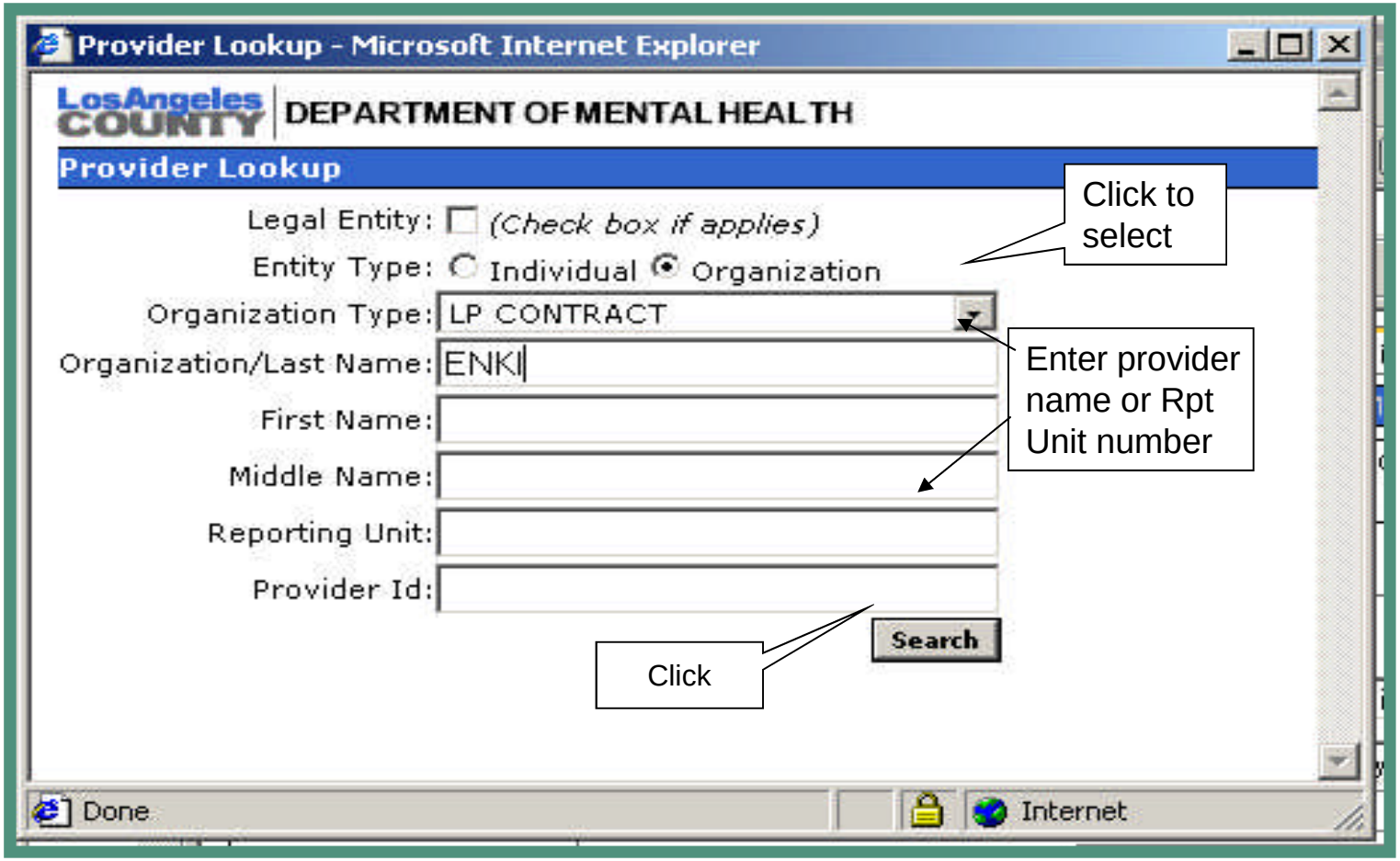
Referral In Code:
To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit:
When the agency that referred the client has a reporting unit number. This field Is optional.

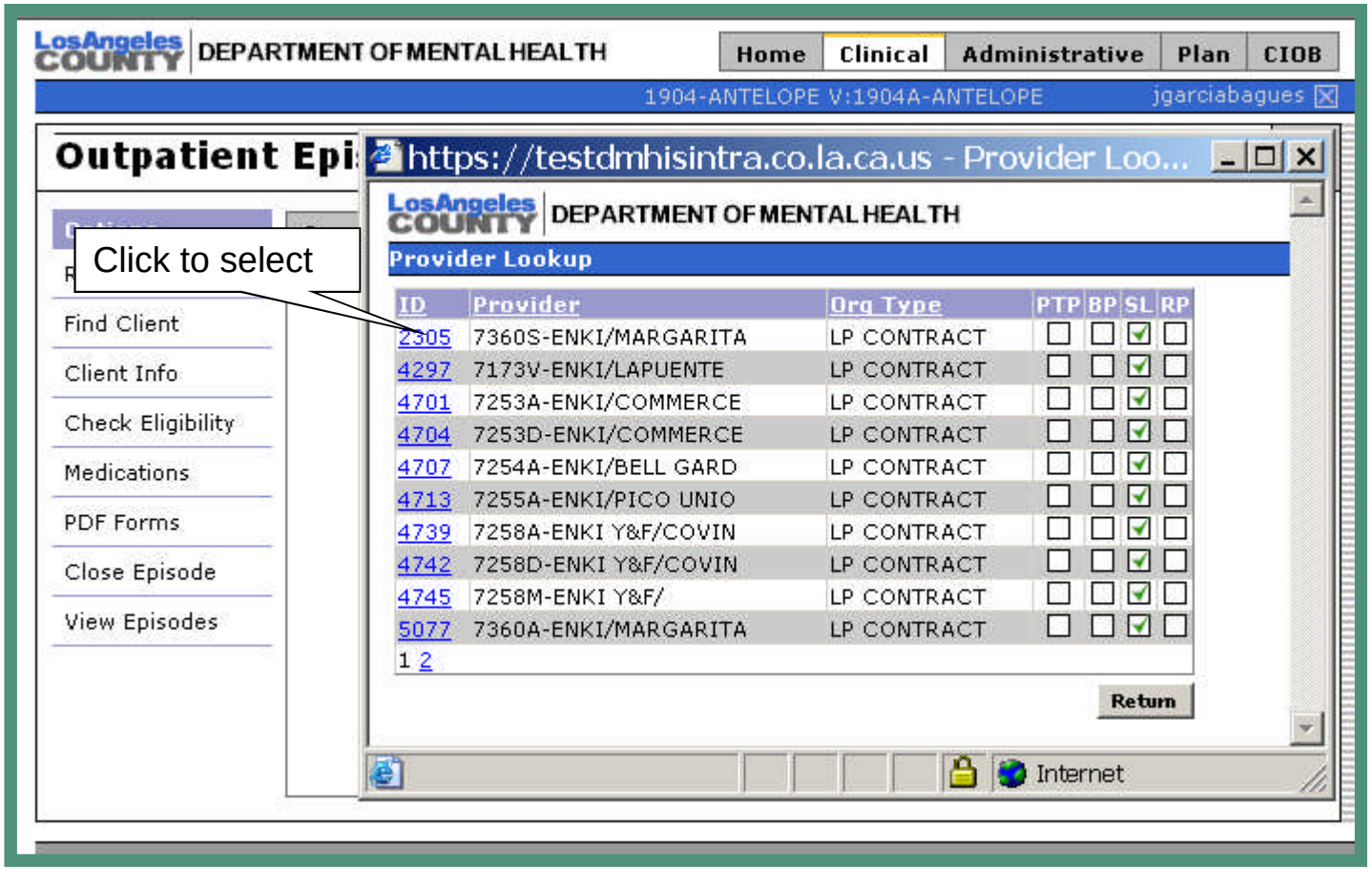
Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact:
Click to select the client's primary clinician

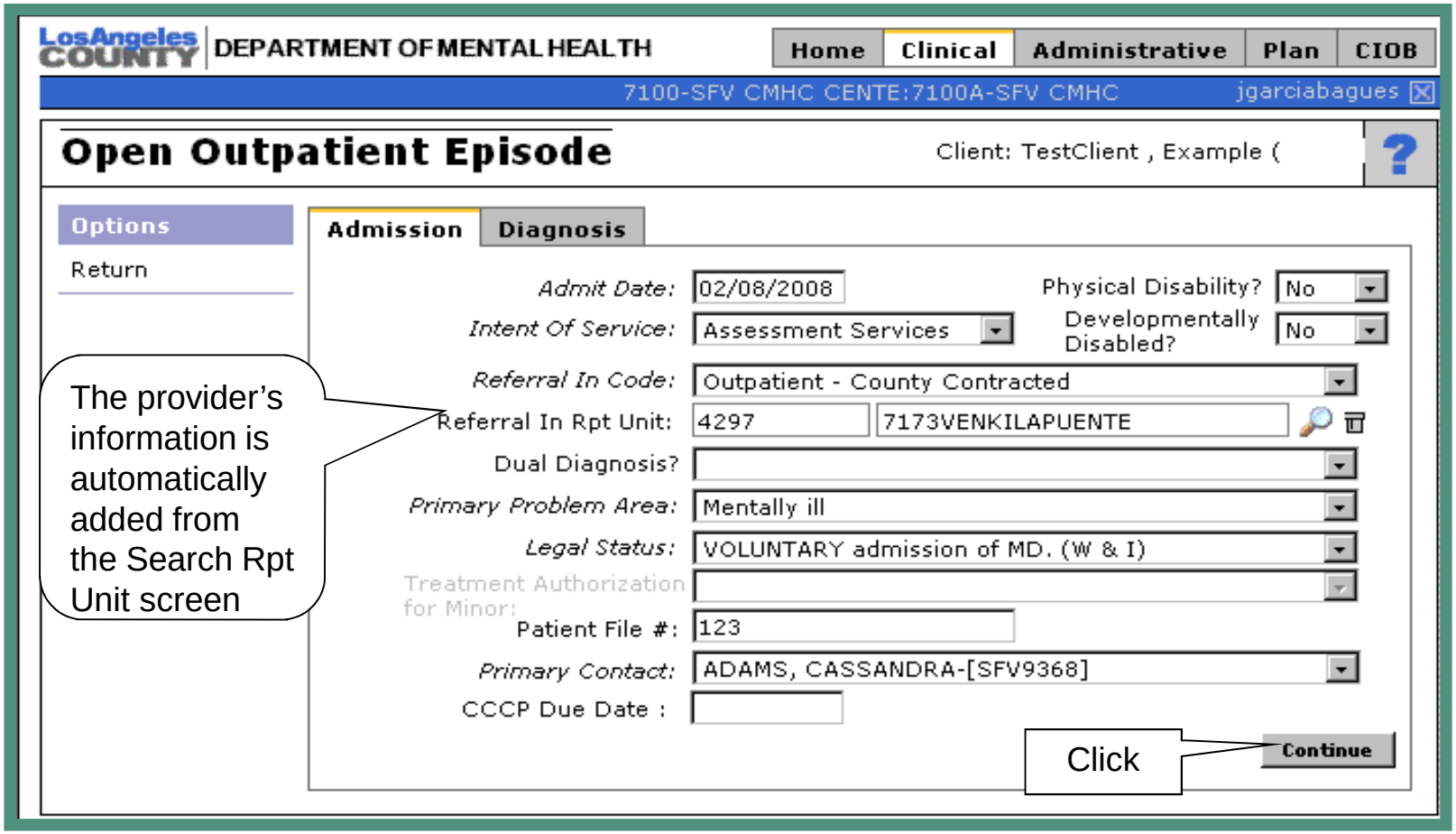
Open an Outpatient Episode: Admission Screen, Search Rpt Unit



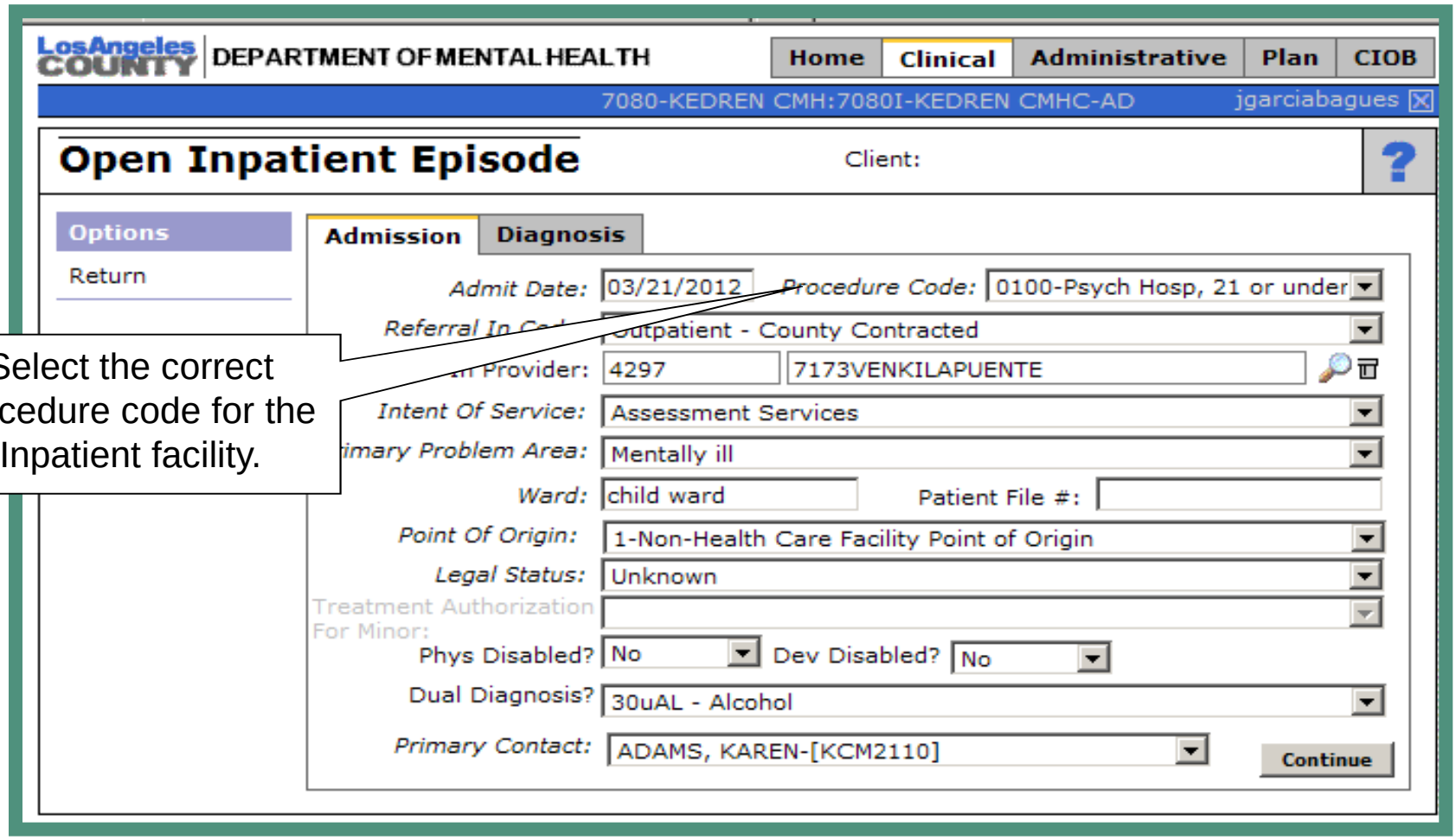
Open an Outpatient Episode: Admission Screen Search Rpt Unit (Cont.)



Open an Outpatient Episode: Admission Screen

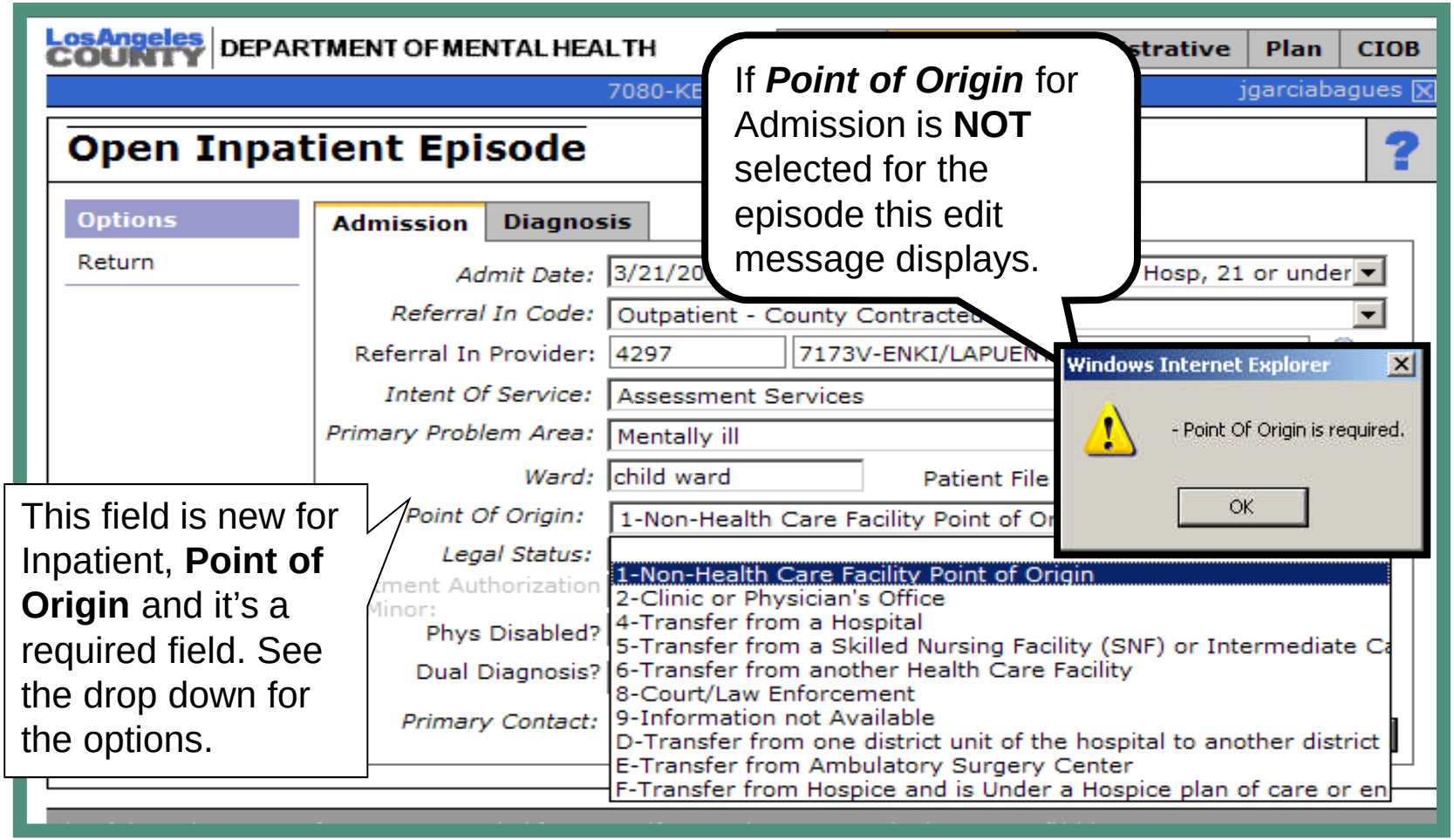


Open an Inpatient/Residential Episode: Admission Screen



Select the correct procedure code for the Inpatient facility.

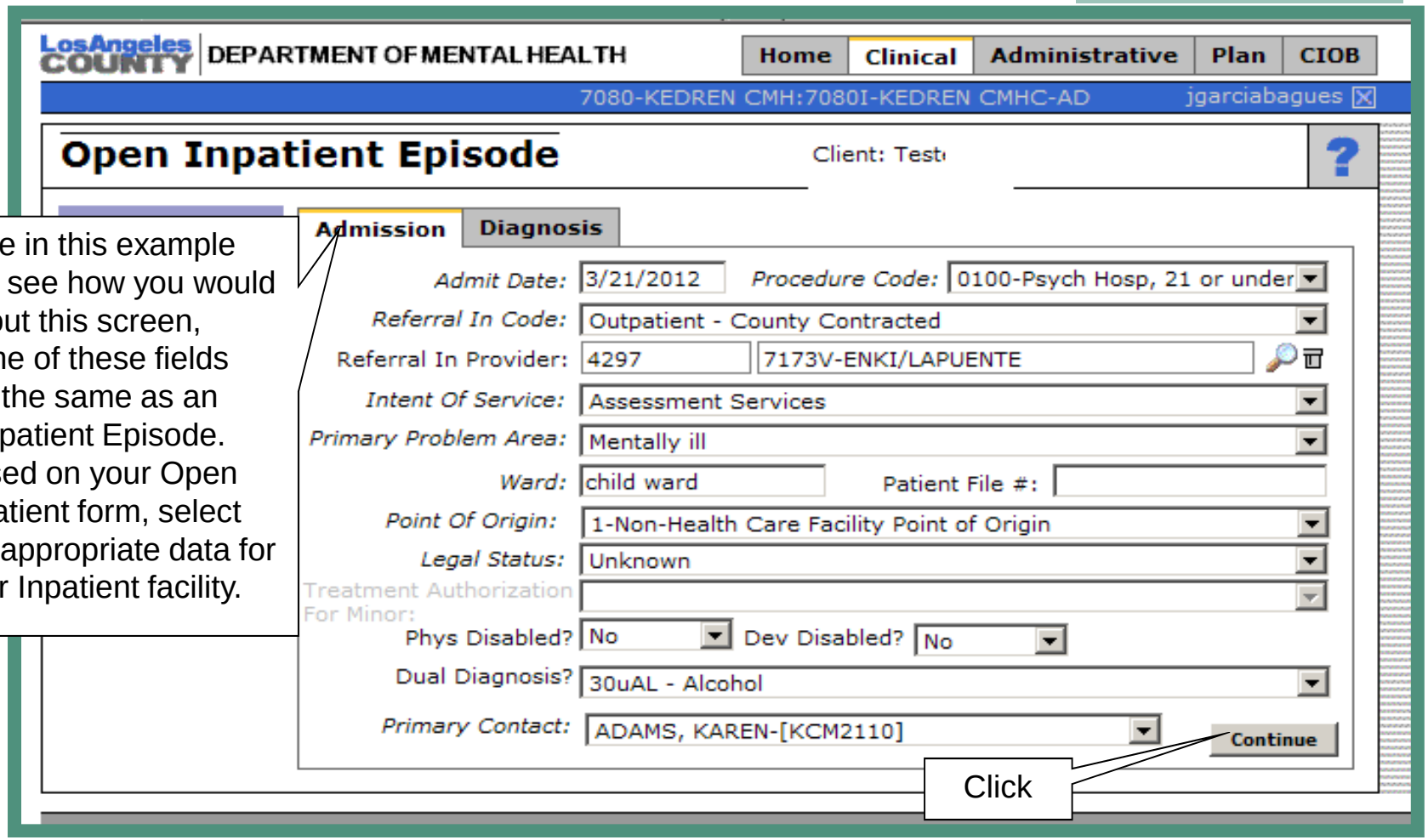
Open an Inpatient/Residential Episode: Admission Screen cont.



If ***Point of Origin*** for Admission is **NOT** selected for the episode this edit message displays.

This field is new for Inpatient, **Point of Origin** and it's a required field. See the drop down for the options.

Open an Inpatient/Residential Episode: Admission Screen cont.



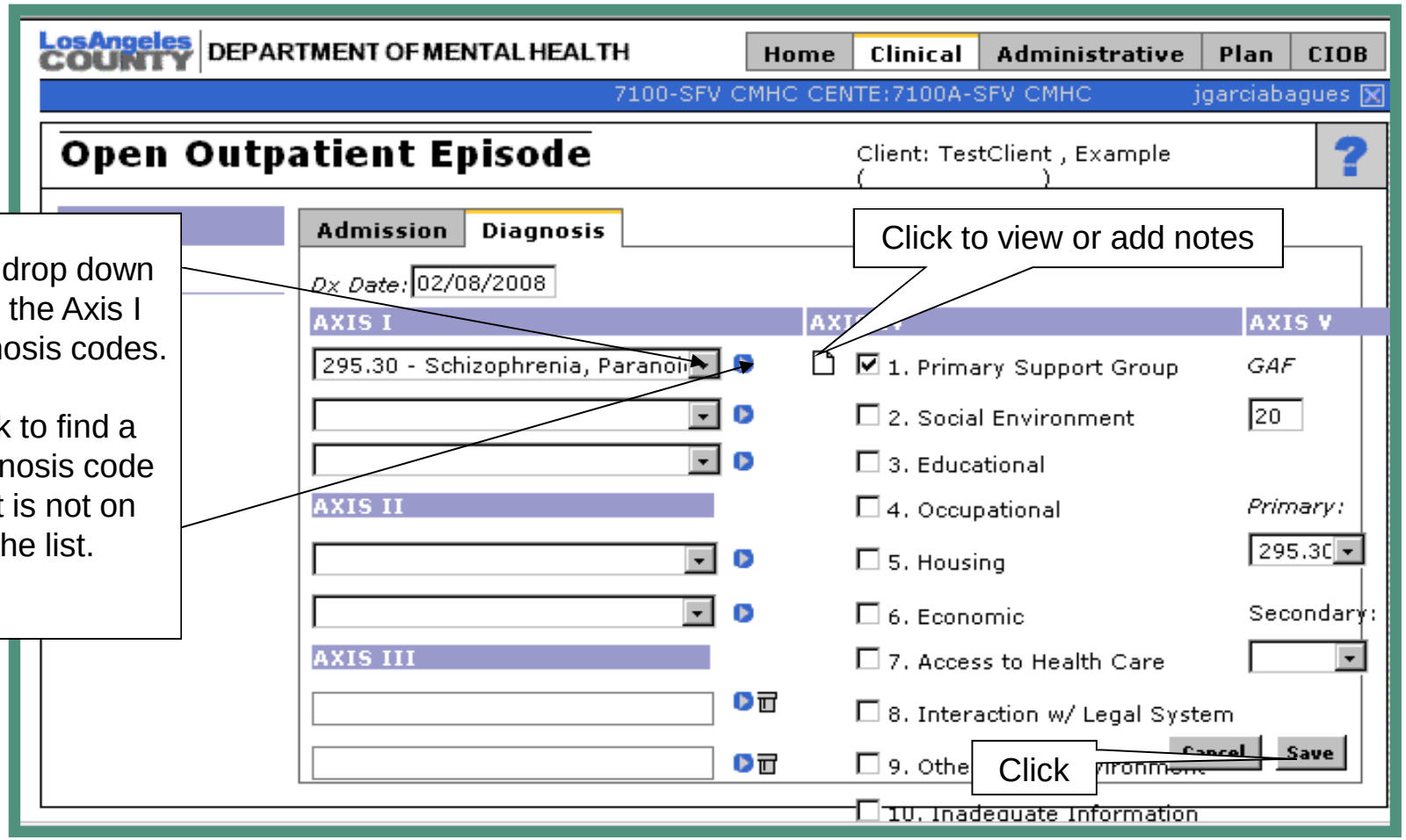
Here in this example you see how you would fill out this screen, some of these fields are the same as an Outpatient Episode. Based on your Open Inpatient form, select the appropriate data for your Inpatient facility.

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen-Outpatient
- Complete the Diagnosis Screen-Inpatient/Residential

Open an Outpatient Episode: Diagnosis Screen



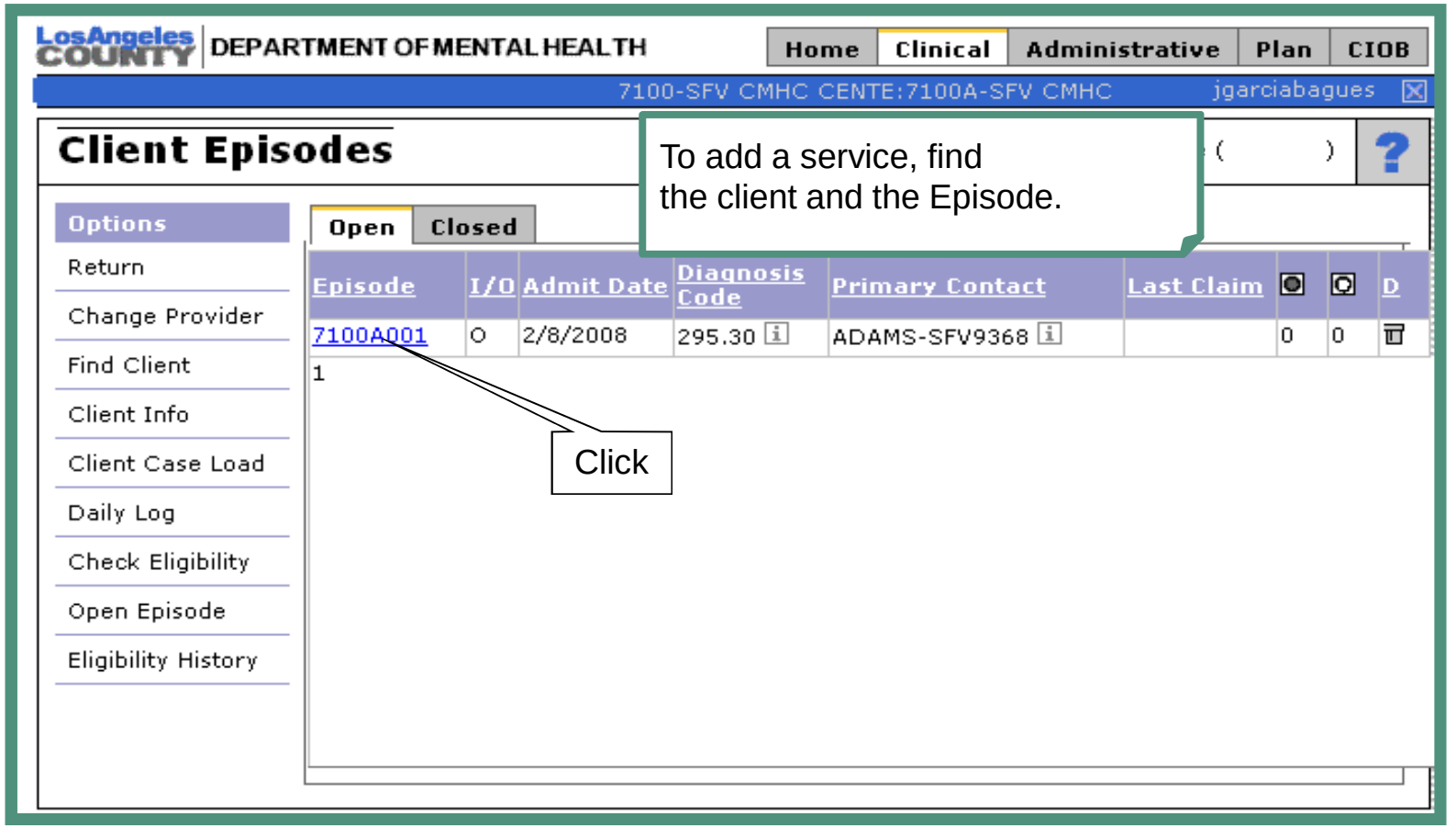
Open an Inpatient/Residential Episode: Diagnosis Screen

EXERCISE 9

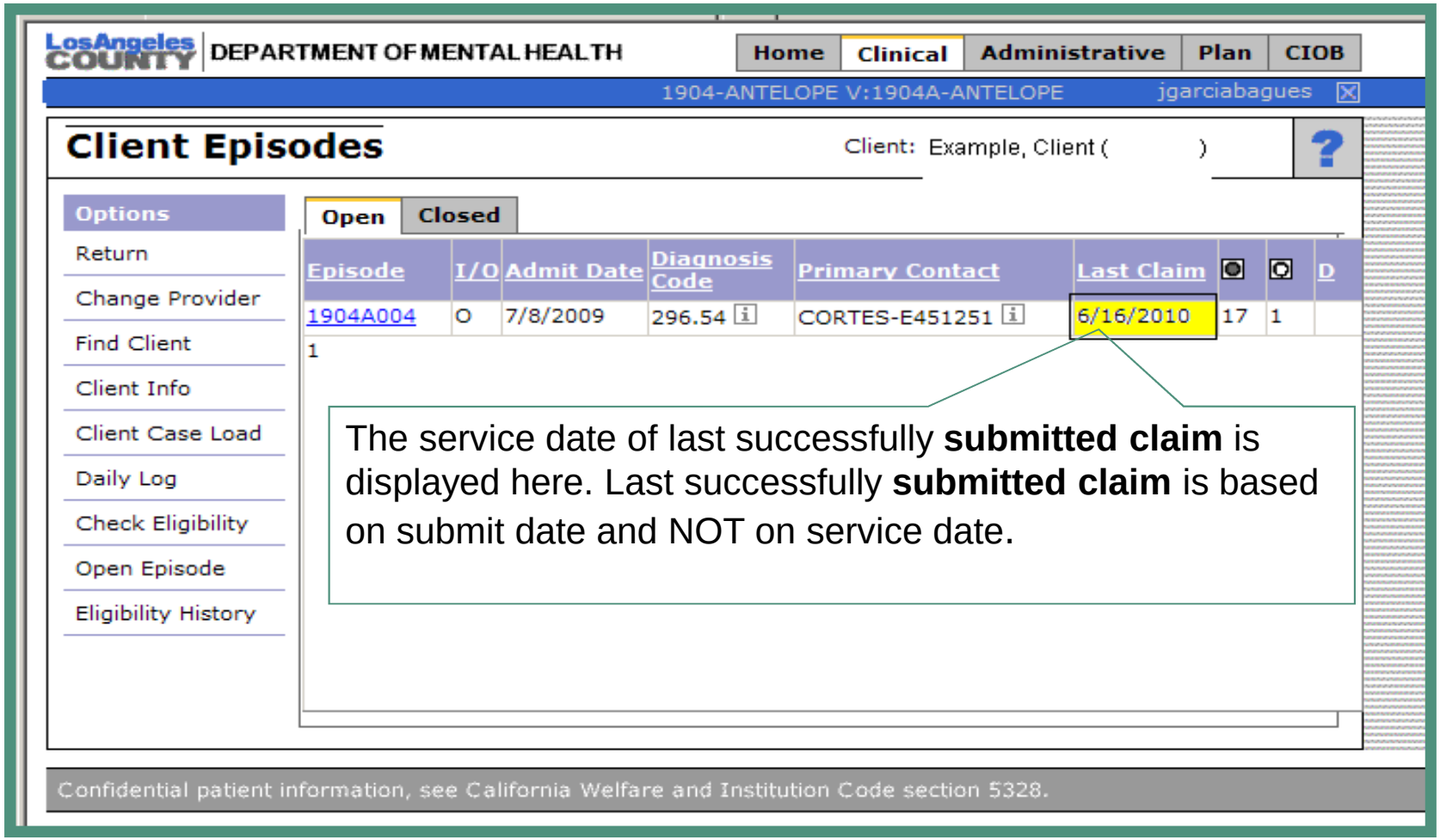
Add Services for Outpatient and Inpatient/Residential

Notes on Evidence Based Practice

Add Services/Outpatient



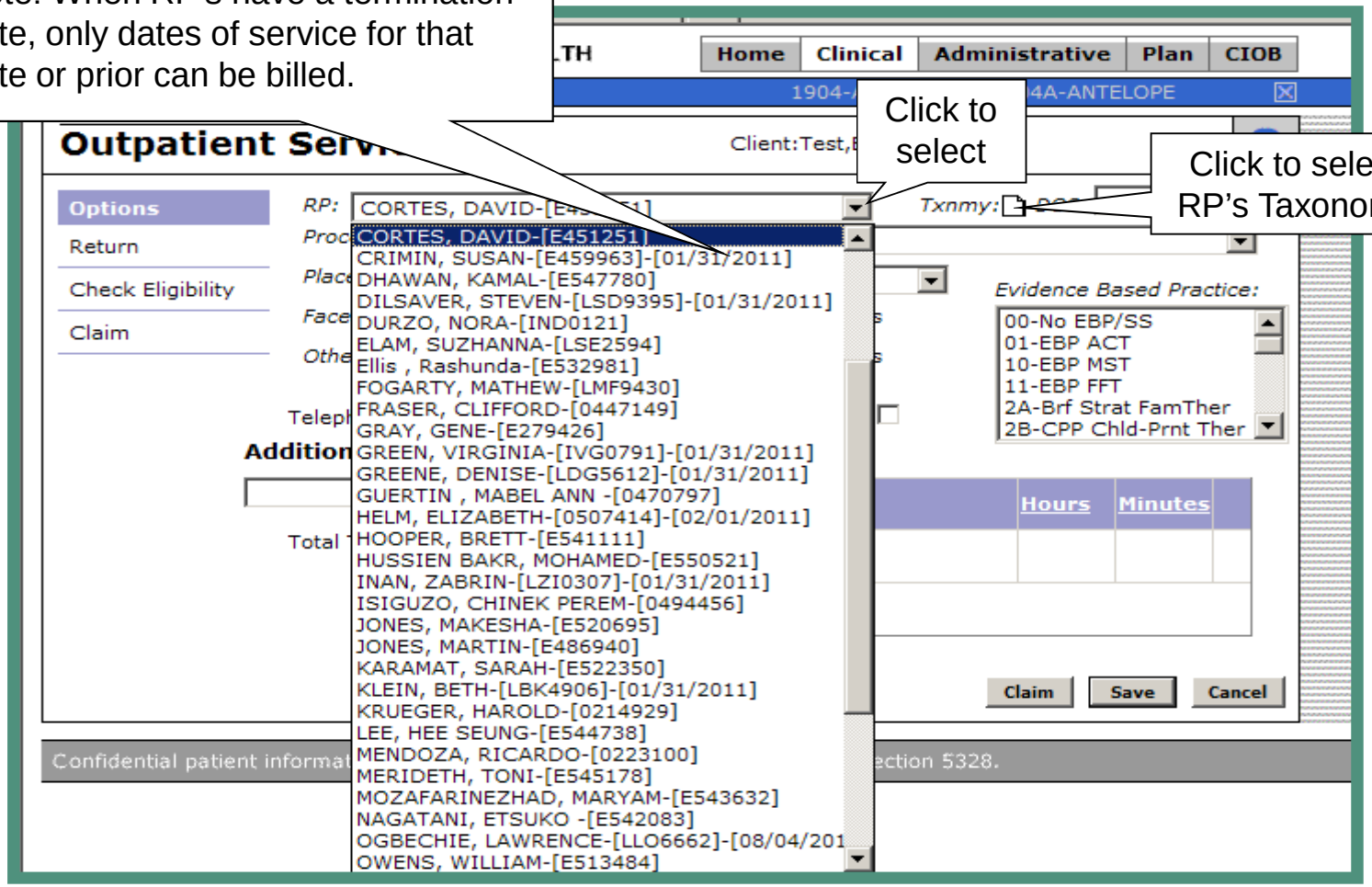
Add Services/Outpatient



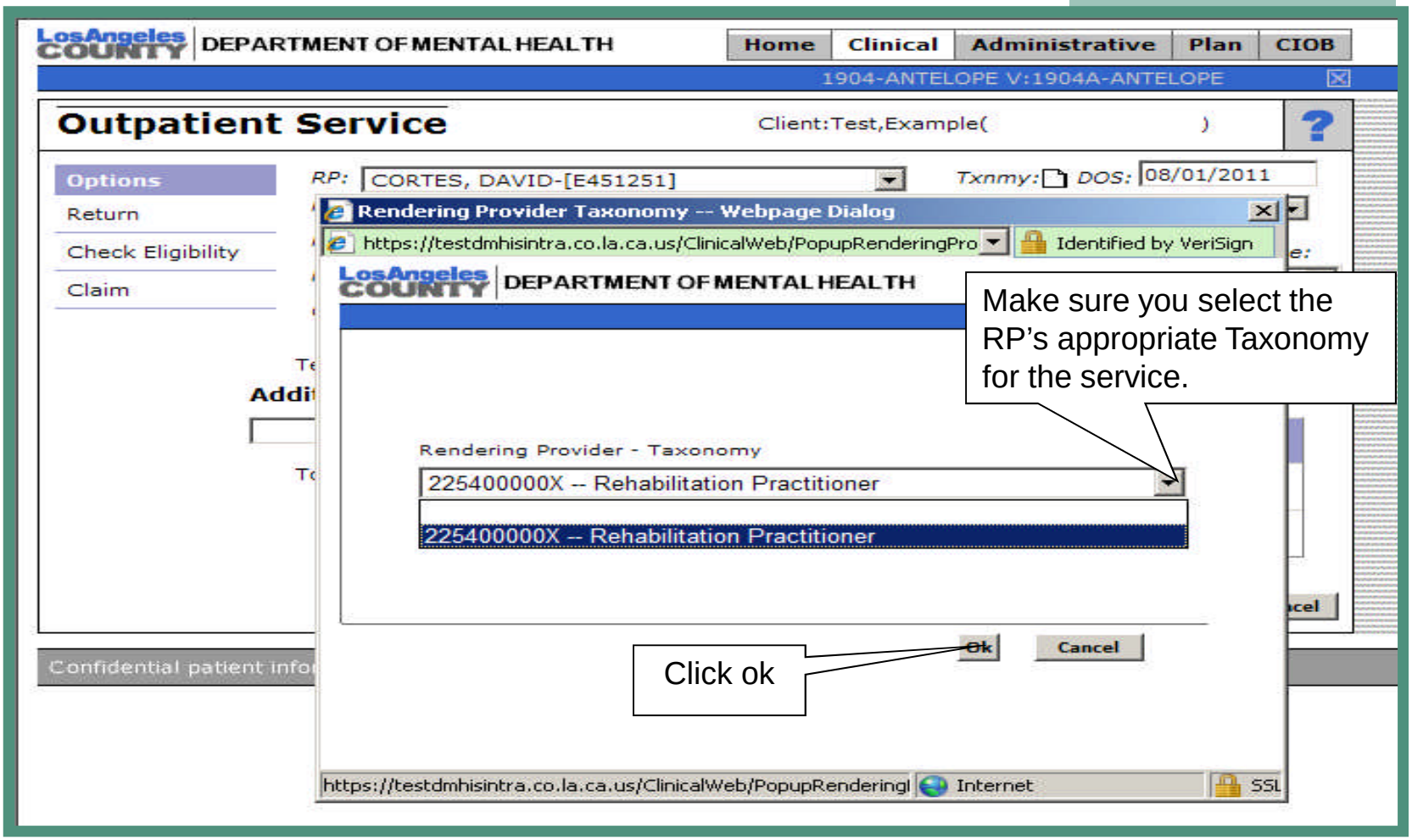
Add Services/Outpatient

Add Services/Outpatient

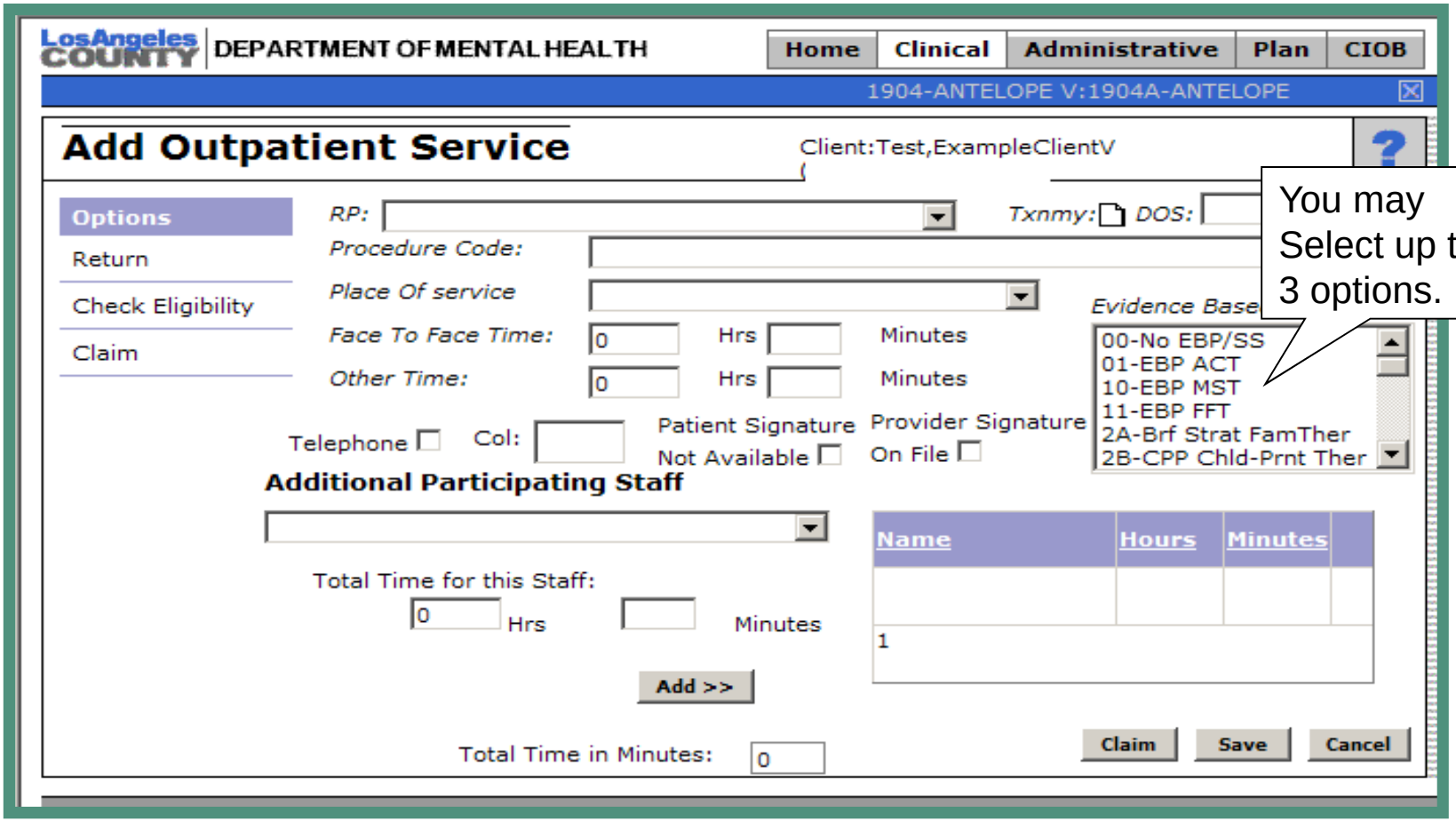
Note: When RP's have a termination date, only dates of service for that date or prior can be billed.



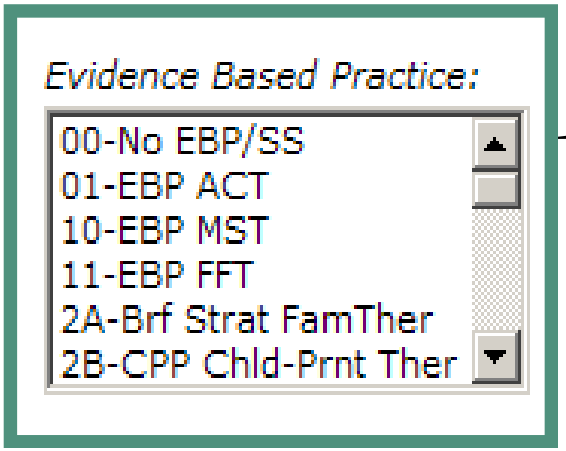
Add Service/Outpatient



Add Services/Outpatient



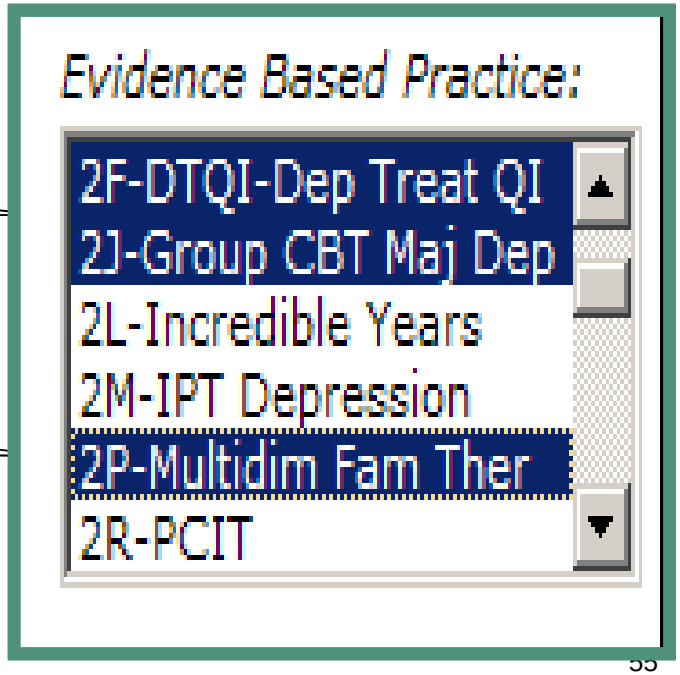
Add Services/Outpatient



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other

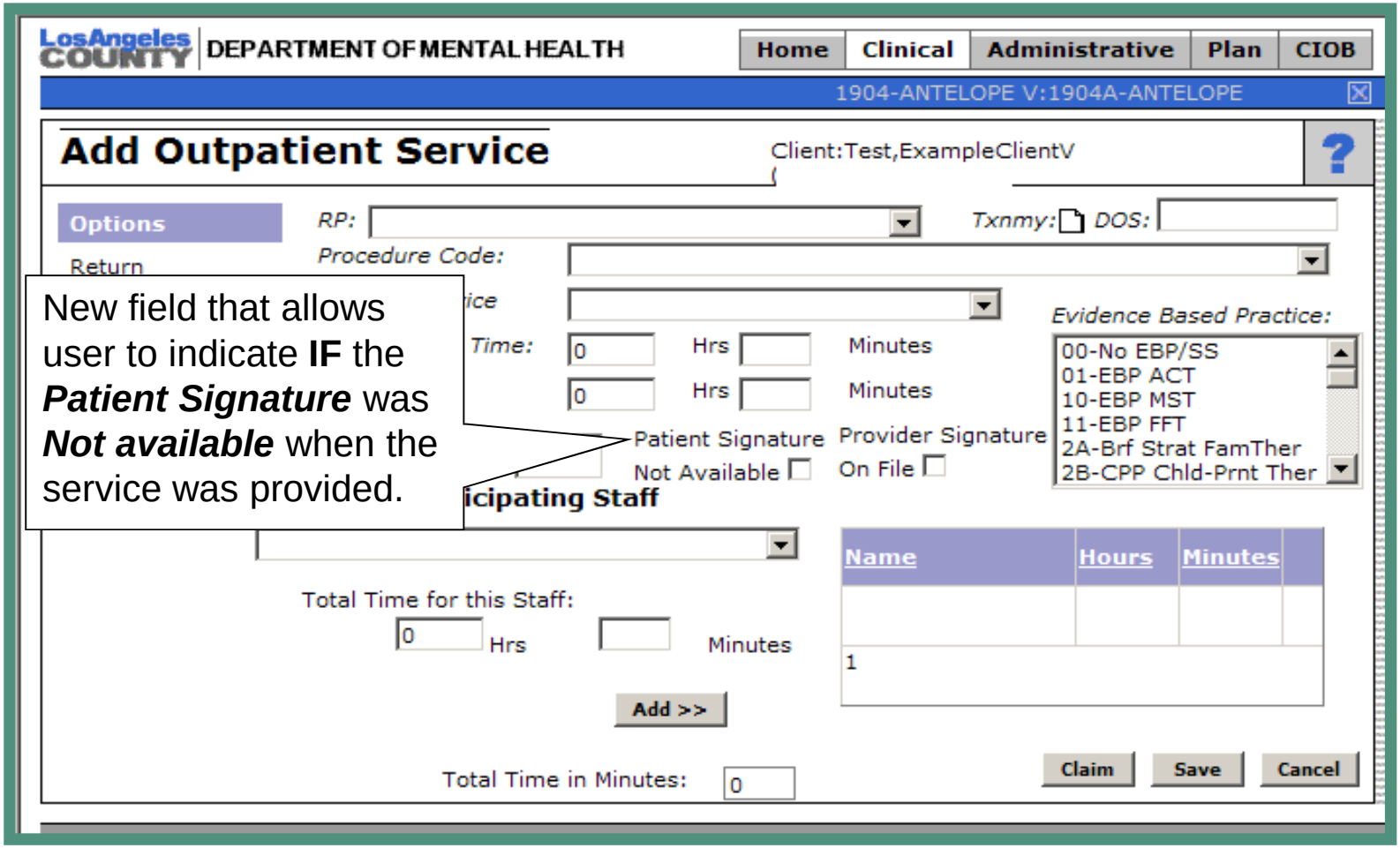


Add Services-Outpatient

- What is Evidence-Based Practice/Service Strategies/PEI Services?

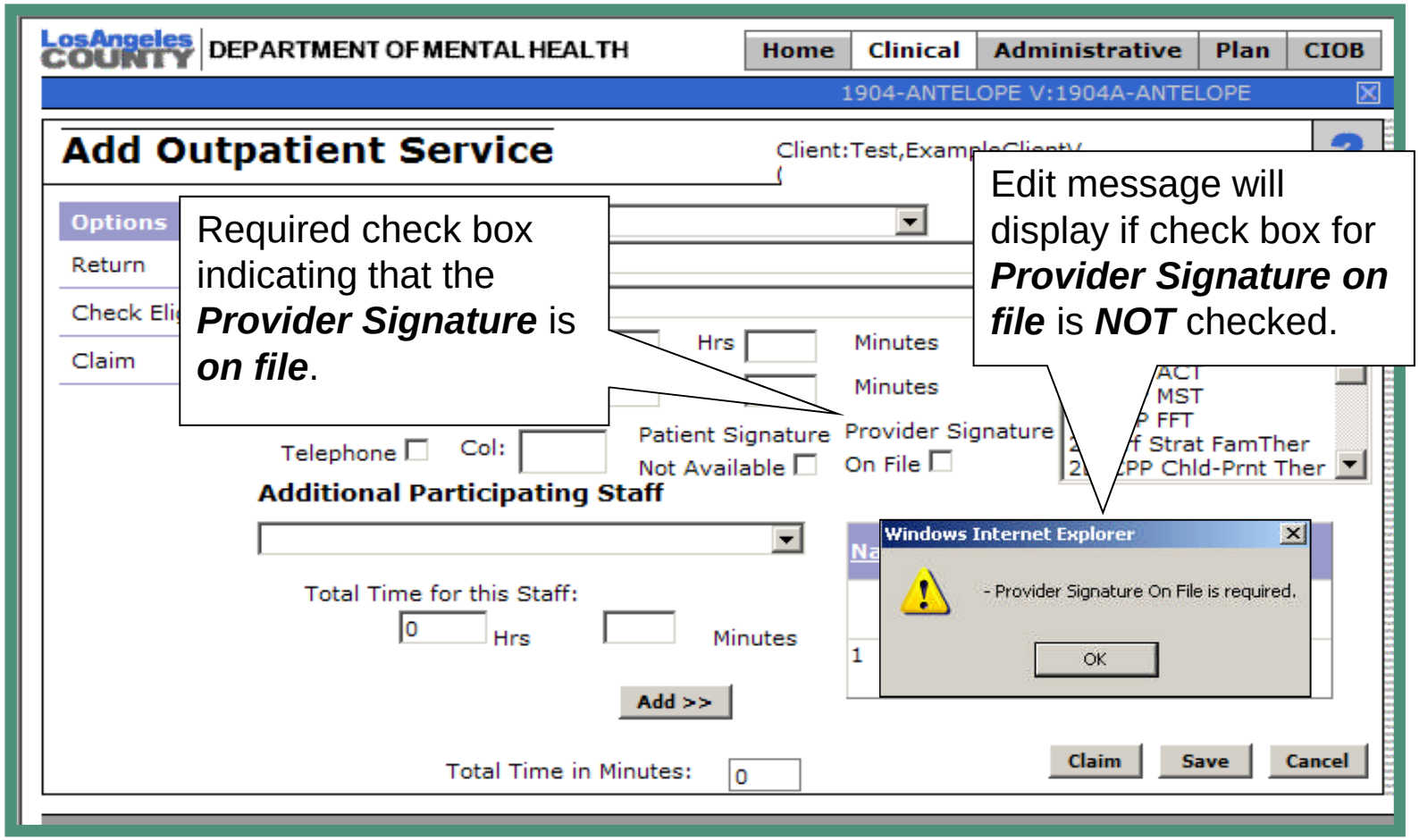
They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

Add a Service/Outpatient

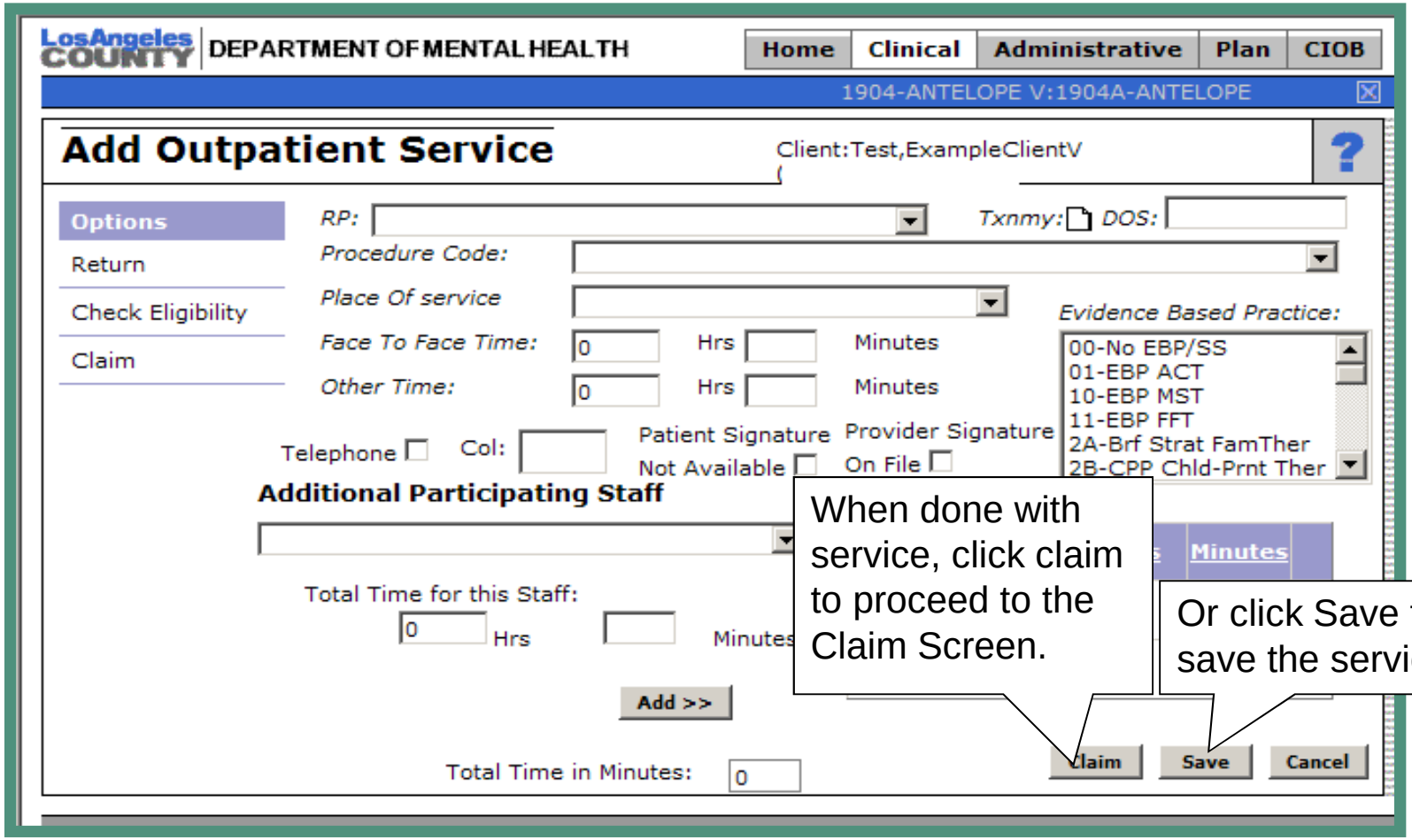


New field that allows user to indicate **IF** the ***Patient Signature*** was ***Not available*** when the service was provided.

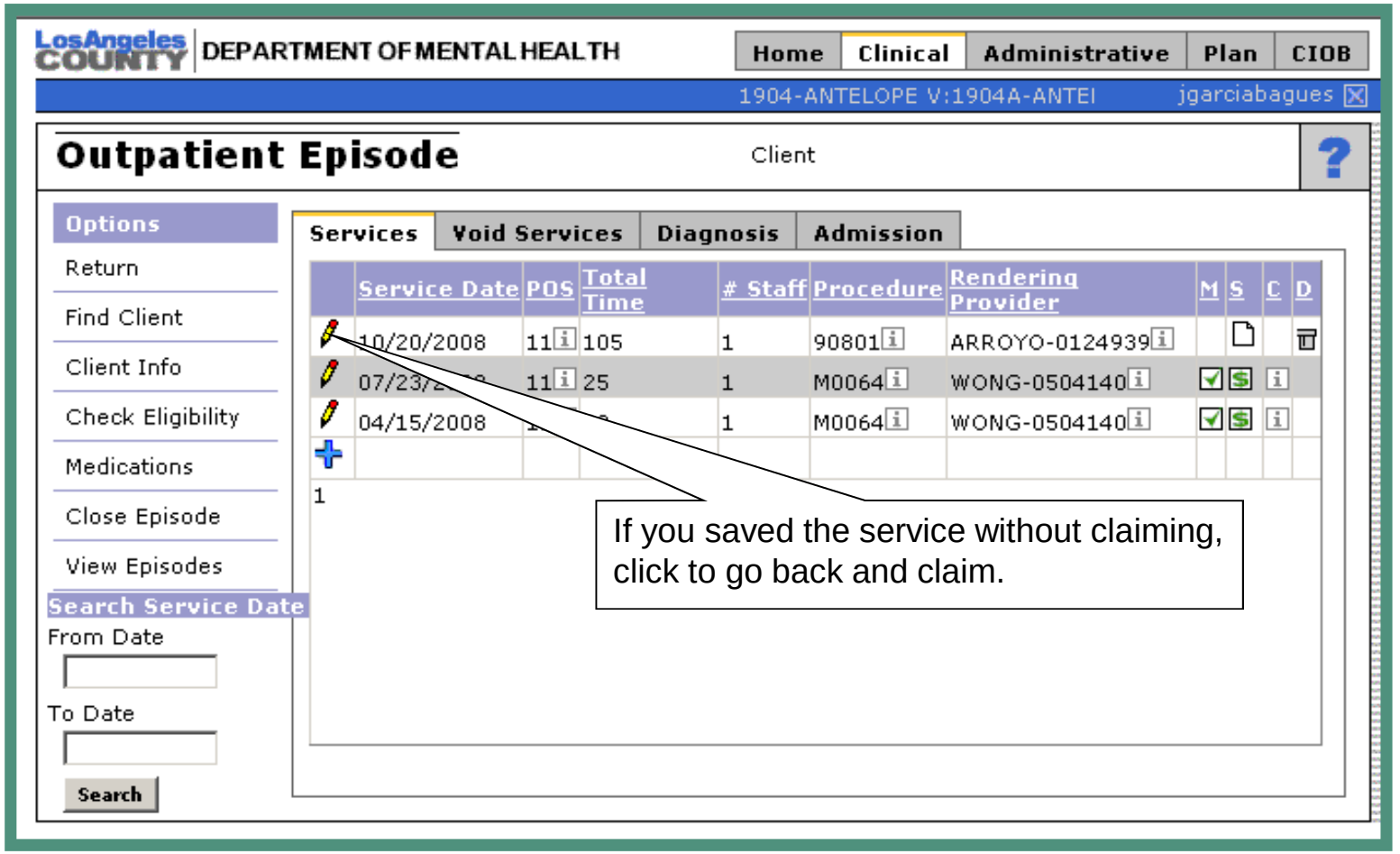
Add a Service/Outpatient



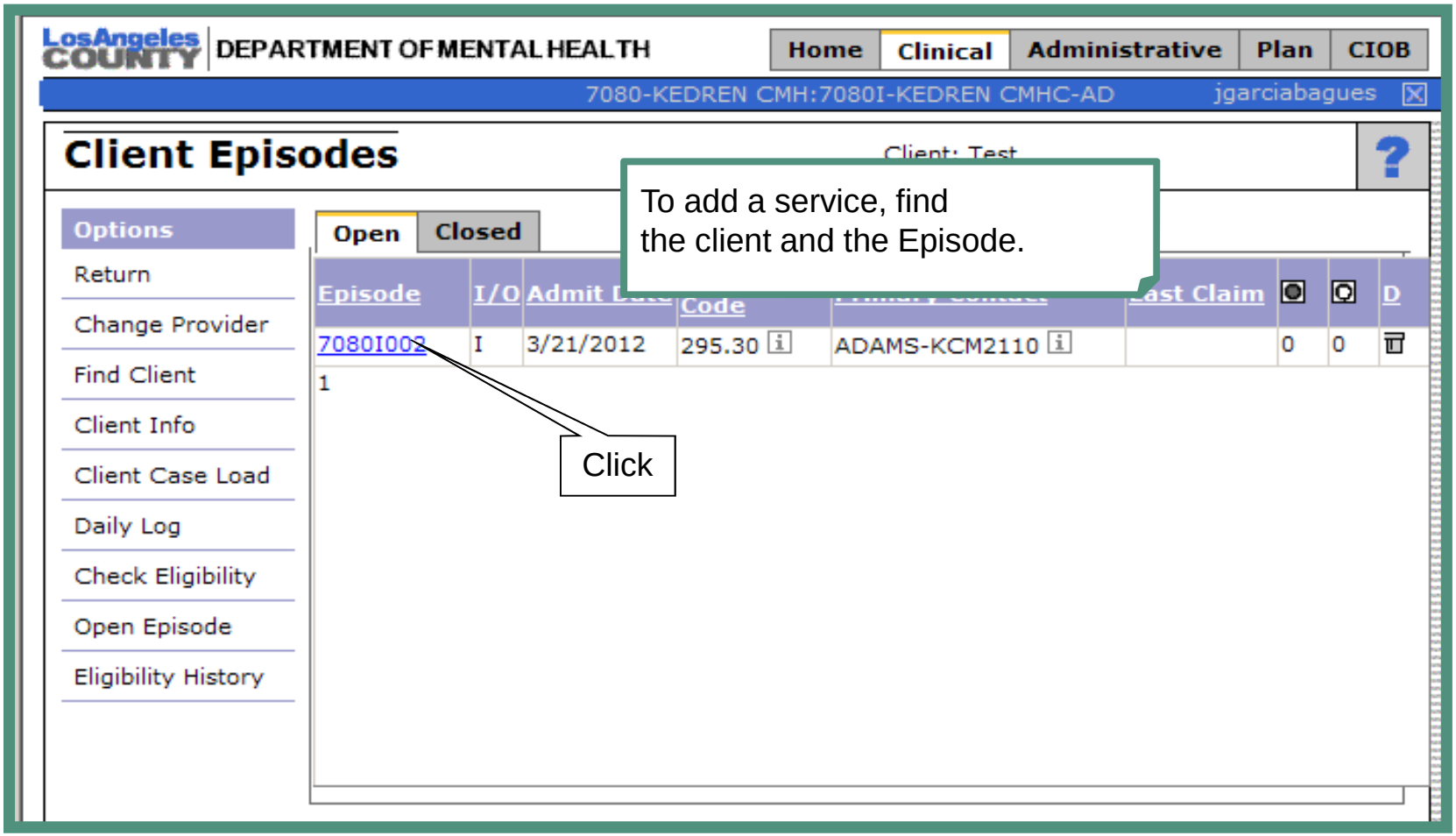
Add a Service/Outpatient



Add Services/Outpatient

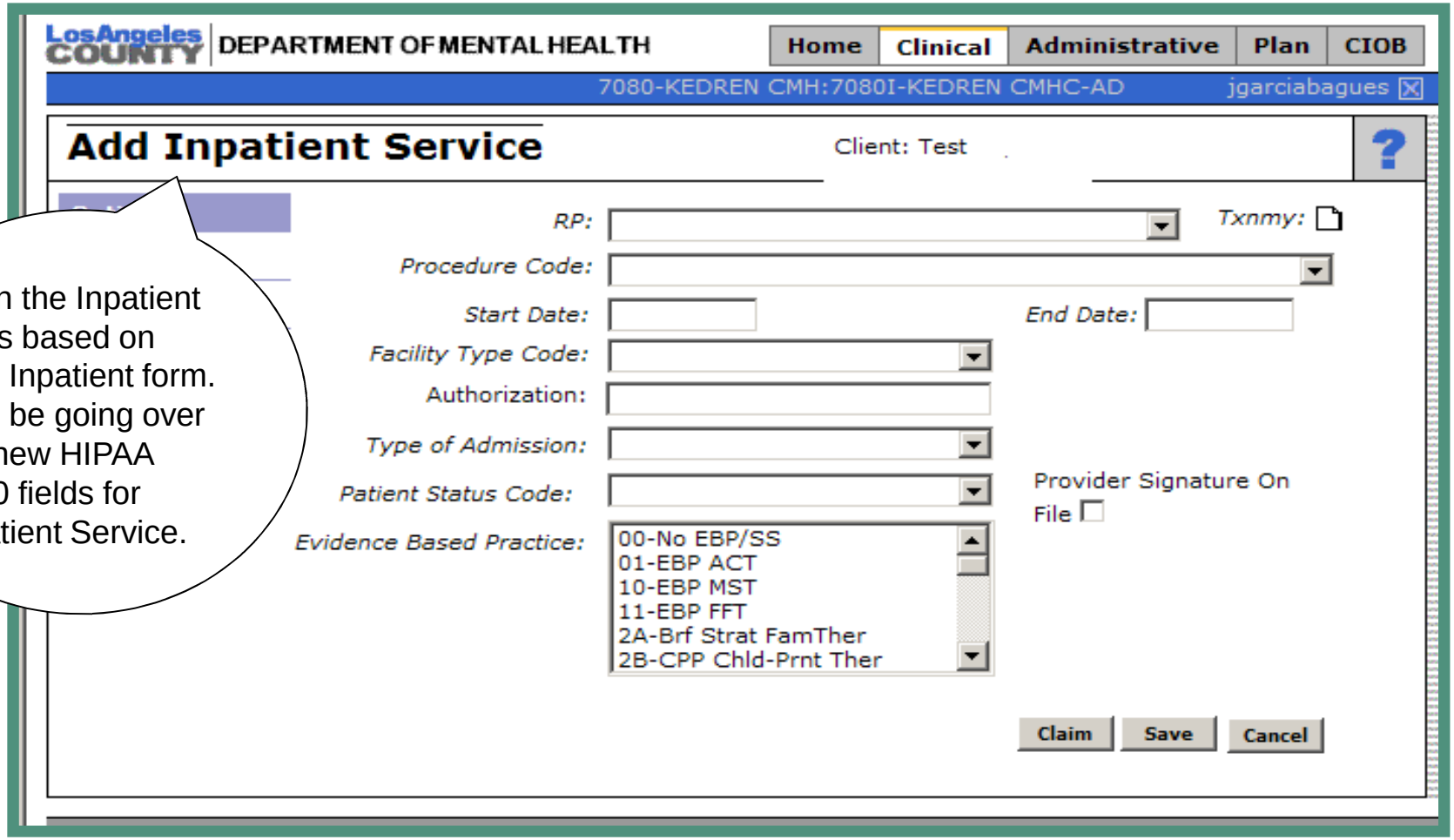


Add Service/Inpatient/Residential



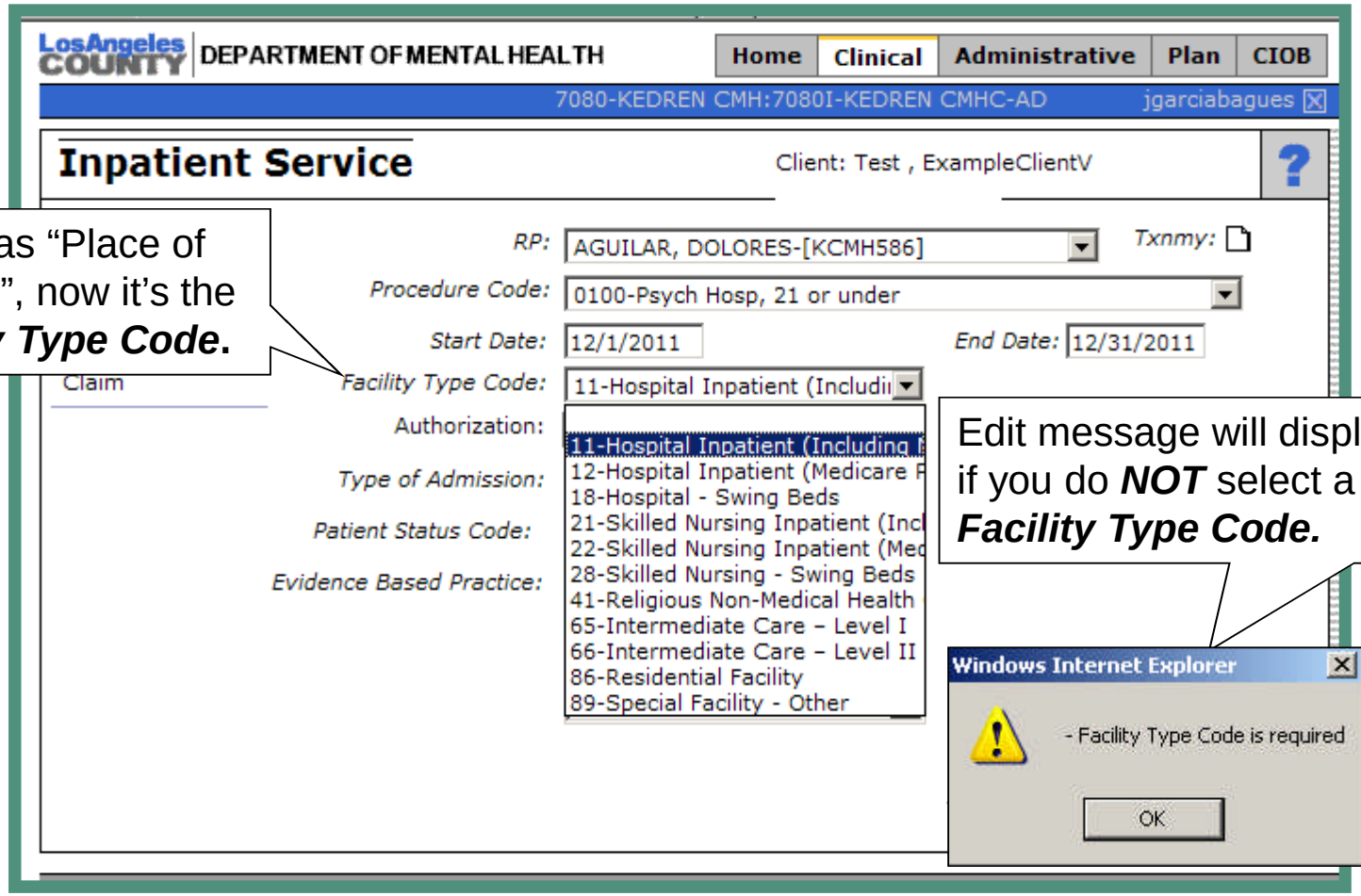
Add Service/Inpatient/Residential

Add Service/Inpatient/Residential

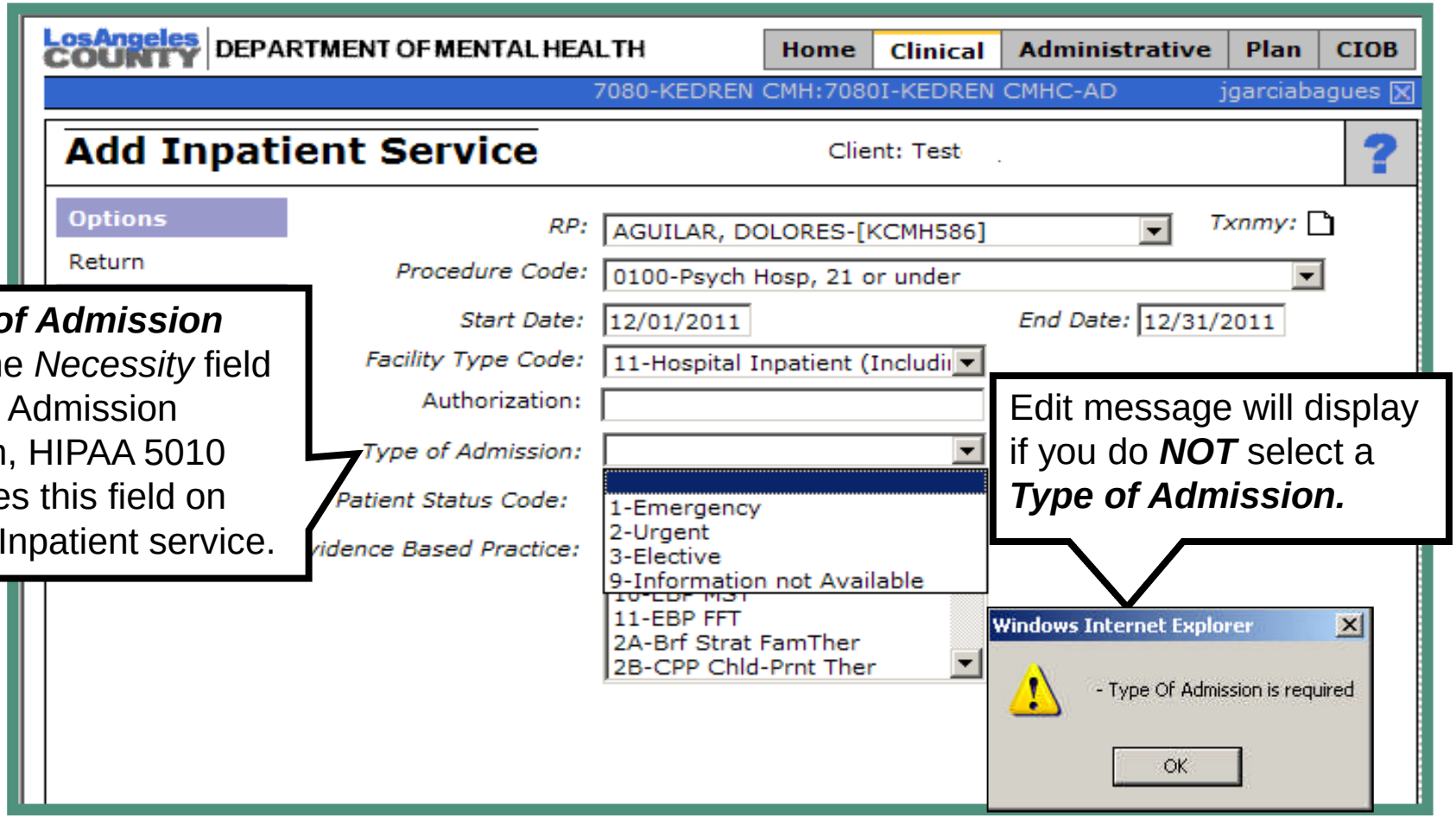


Fill in the Inpatient fields based on your Inpatient form. I will be going over the new HIPAA 5010 fields for Inpatient Service.

Add Service/Inpatient/Residential



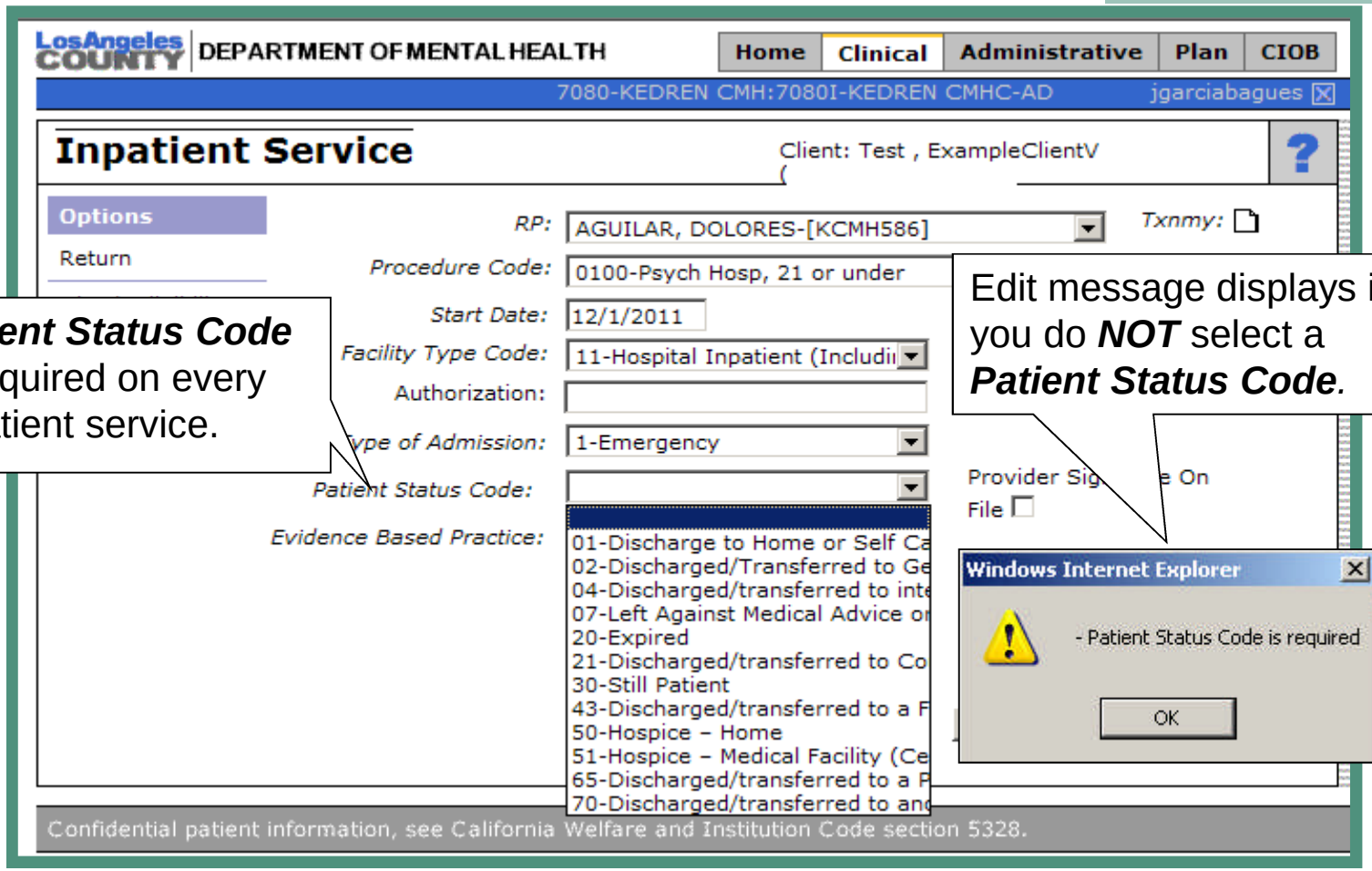
Add a Service/Inpatient/Residential



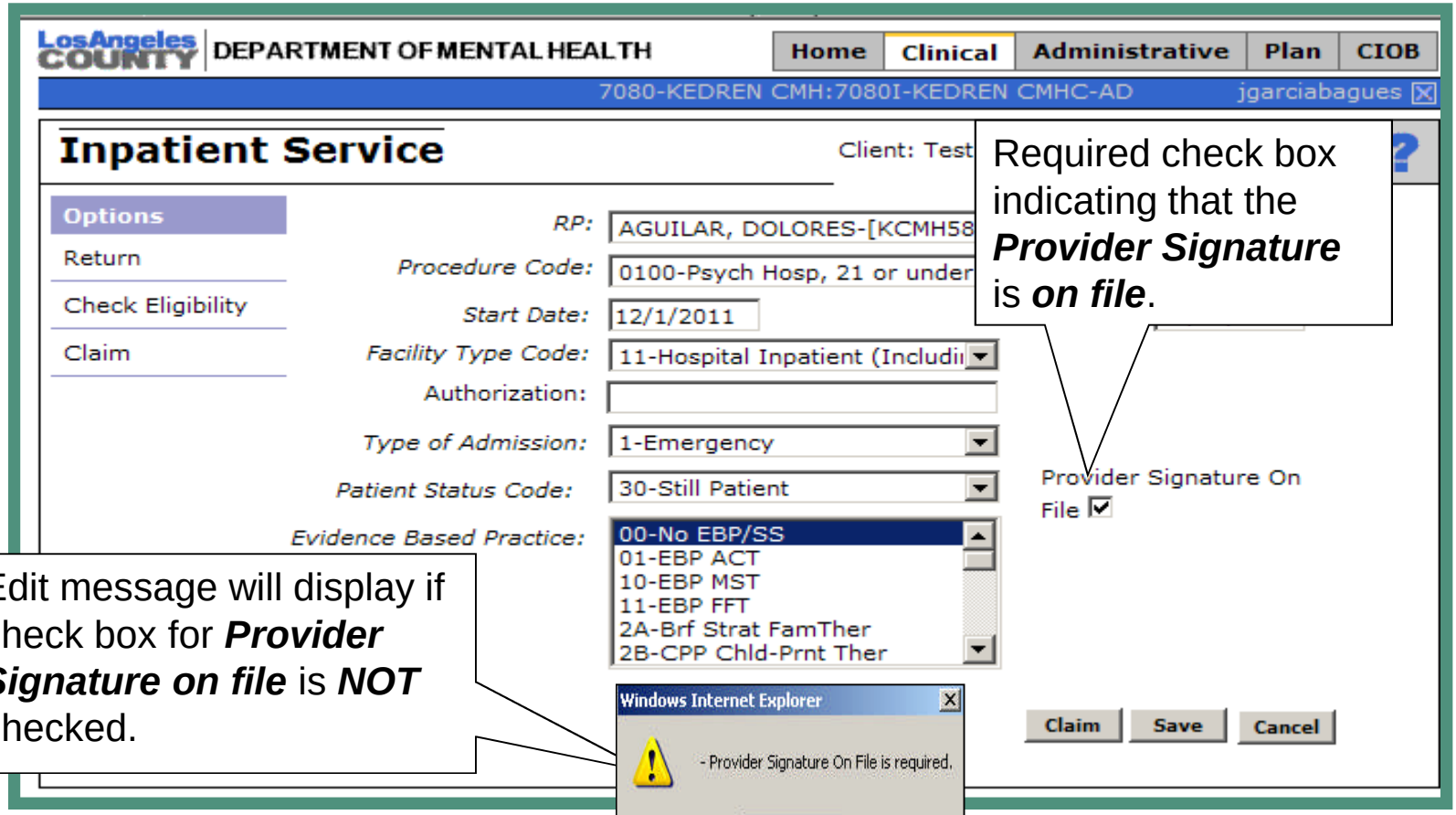
Type of Admission was the *Necessity* field on the Admission screen, HIPAA 5010 requires this field on every Inpatient service.

Edit message will display if you do ***NOT*** select a ***Type of Admission.***

Add a Service/Inpatient/Residential



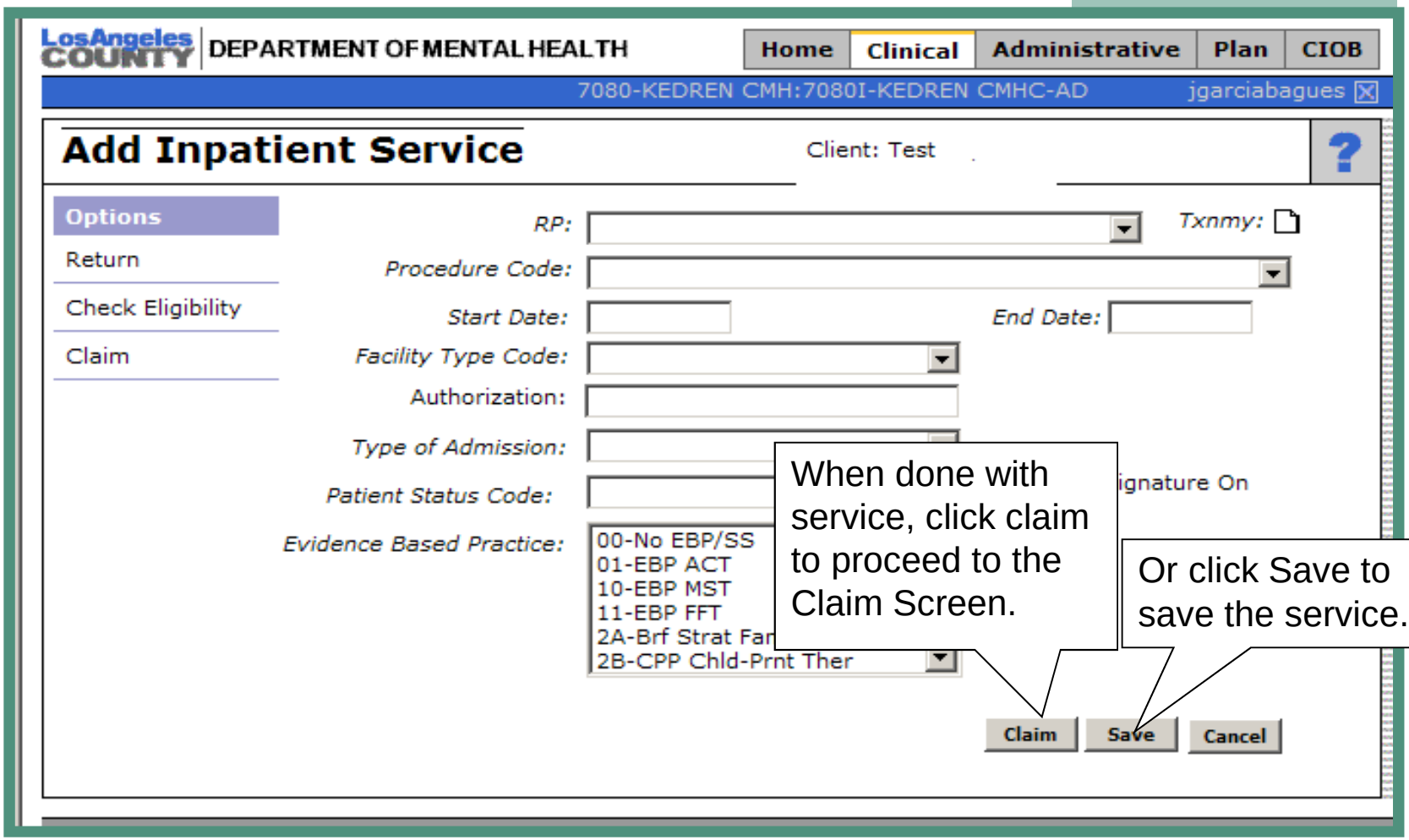
Add a Service/Inpatient/Residential



Required check box indicating that the ***Provider Signature*** is ***on file***.

Edit message will display if check box for ***Provider Signature on file*** is ***NOT*** checked.

Add Service/Inpatient/Residential



EXERCISE 10

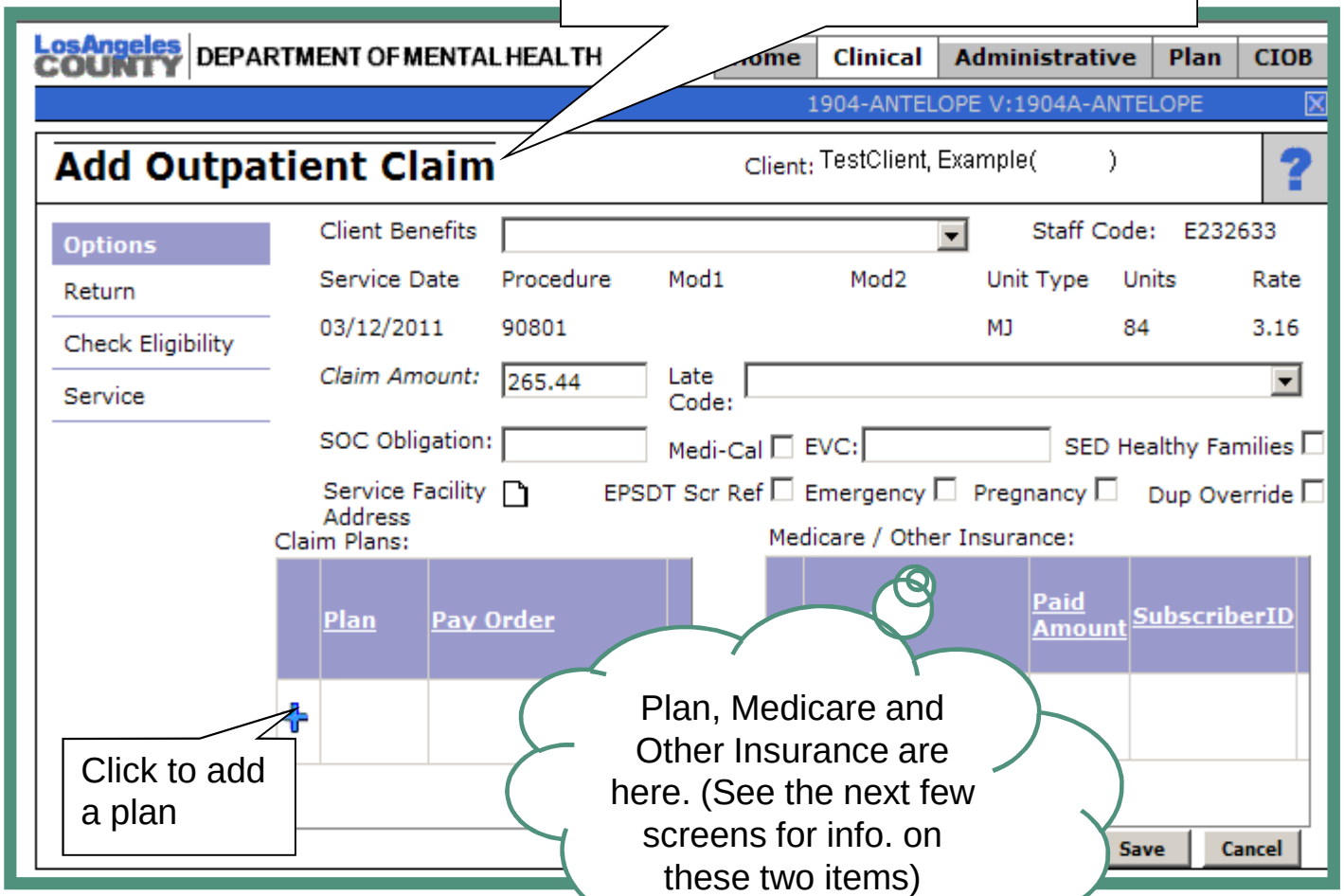
Add a Claim

Outpatient/Inpatient/Residential:

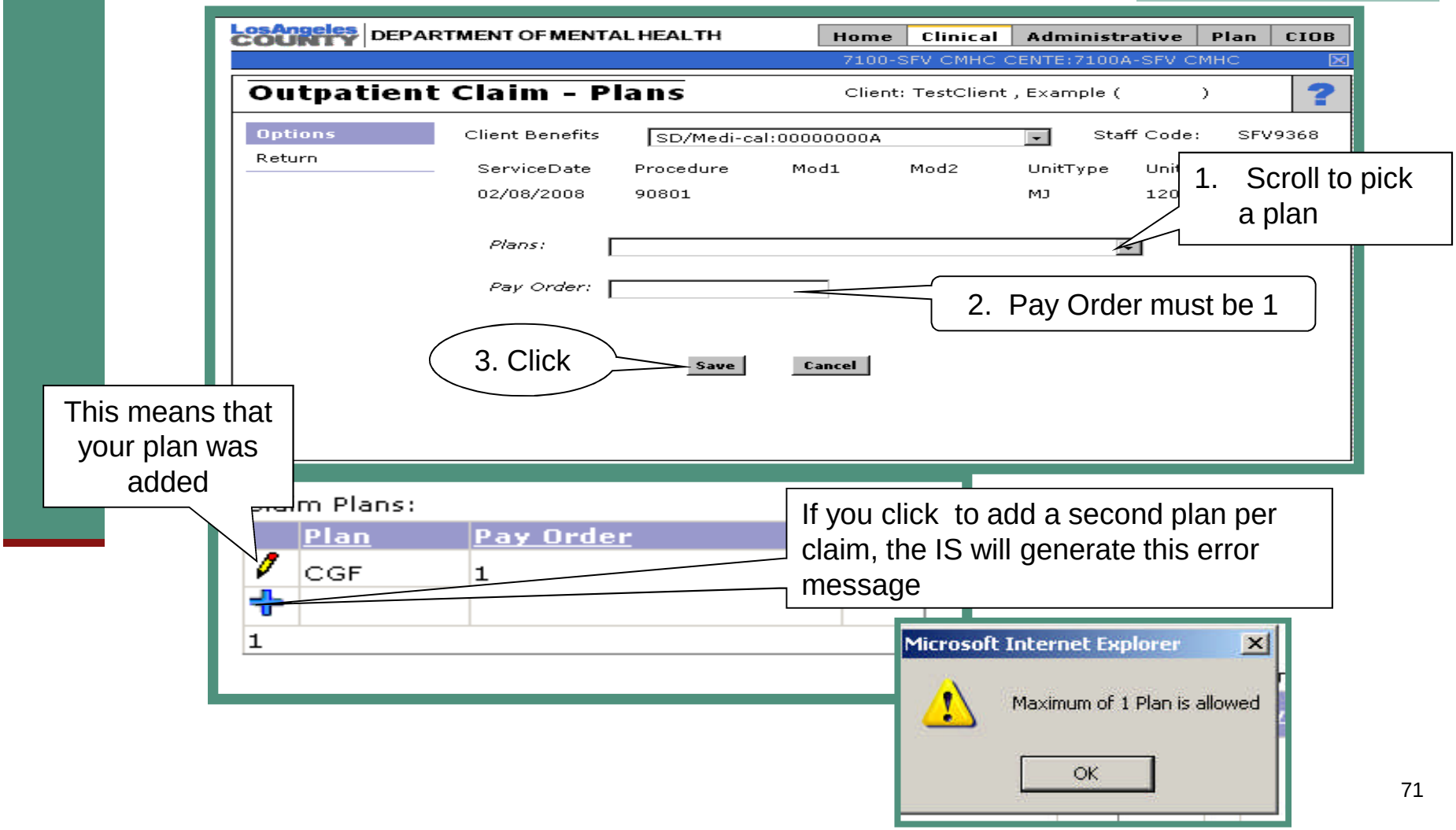
- Add a Plan
- Add Payers/Medicare or OHC
- Detail Adjustment
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim Outpatient: Add a Plan

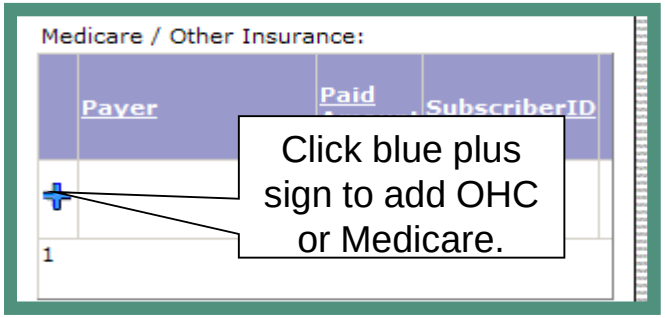
Once you click Claim on the Add Service screen, system navigates to this screen to pick a plan and a payer

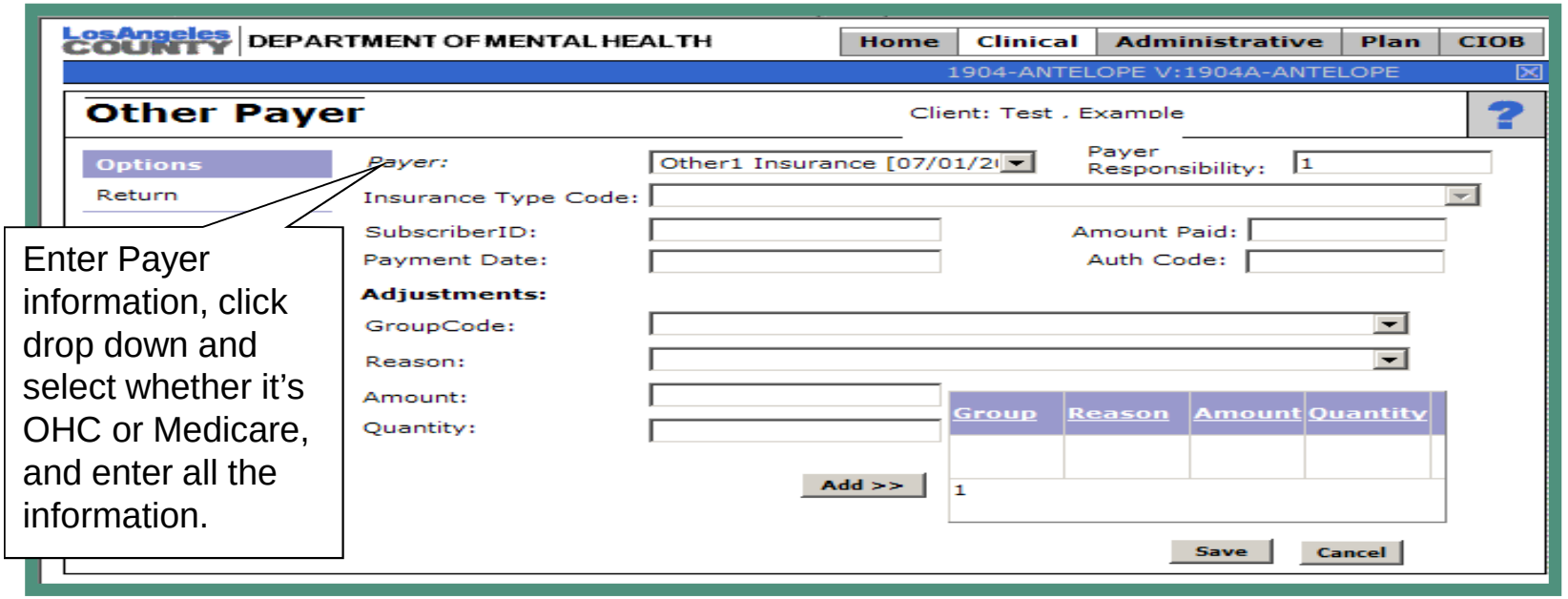


Add a Claim: Add a Plan

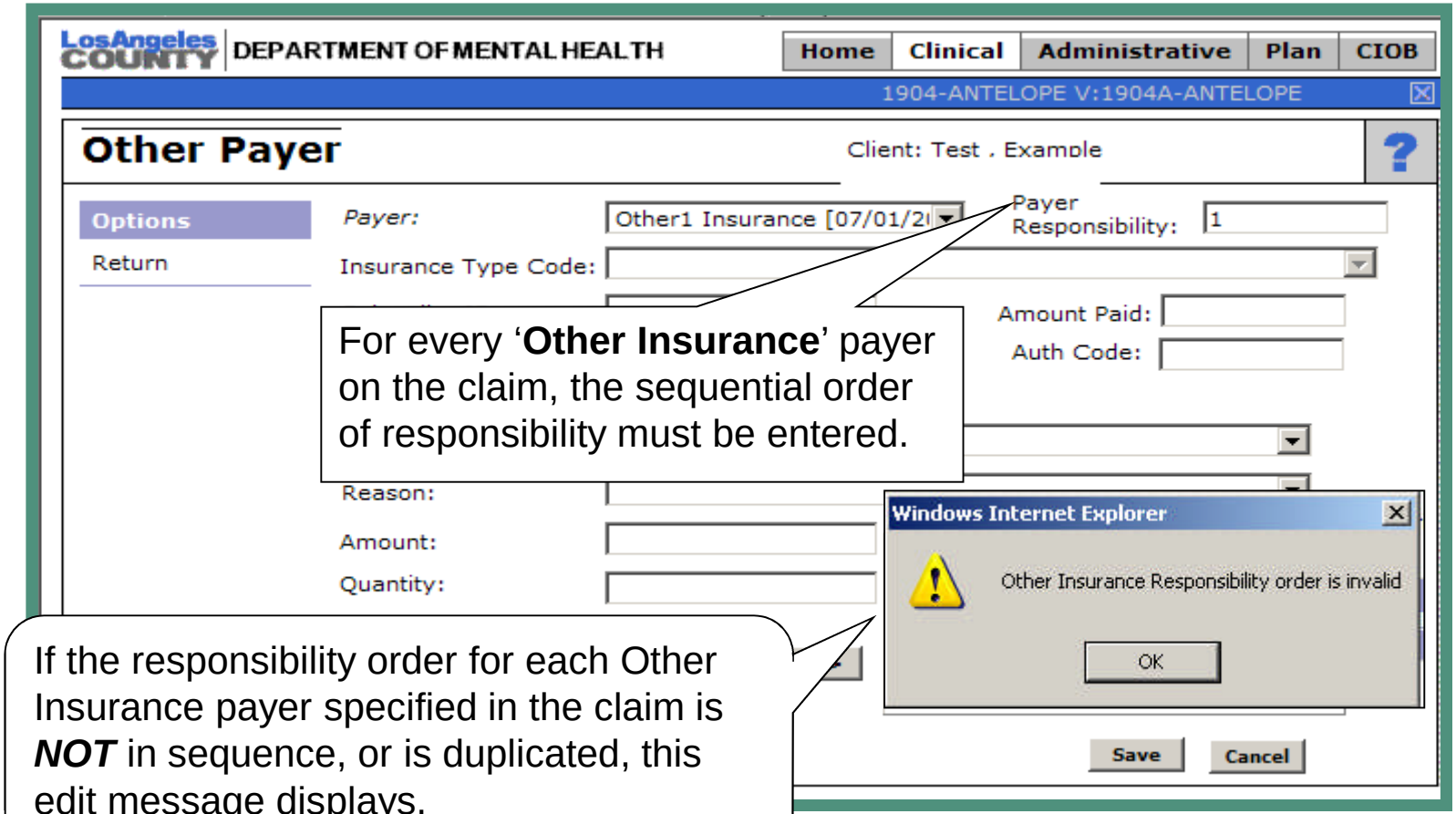


Add a Claim: Add a Payer/Medicare





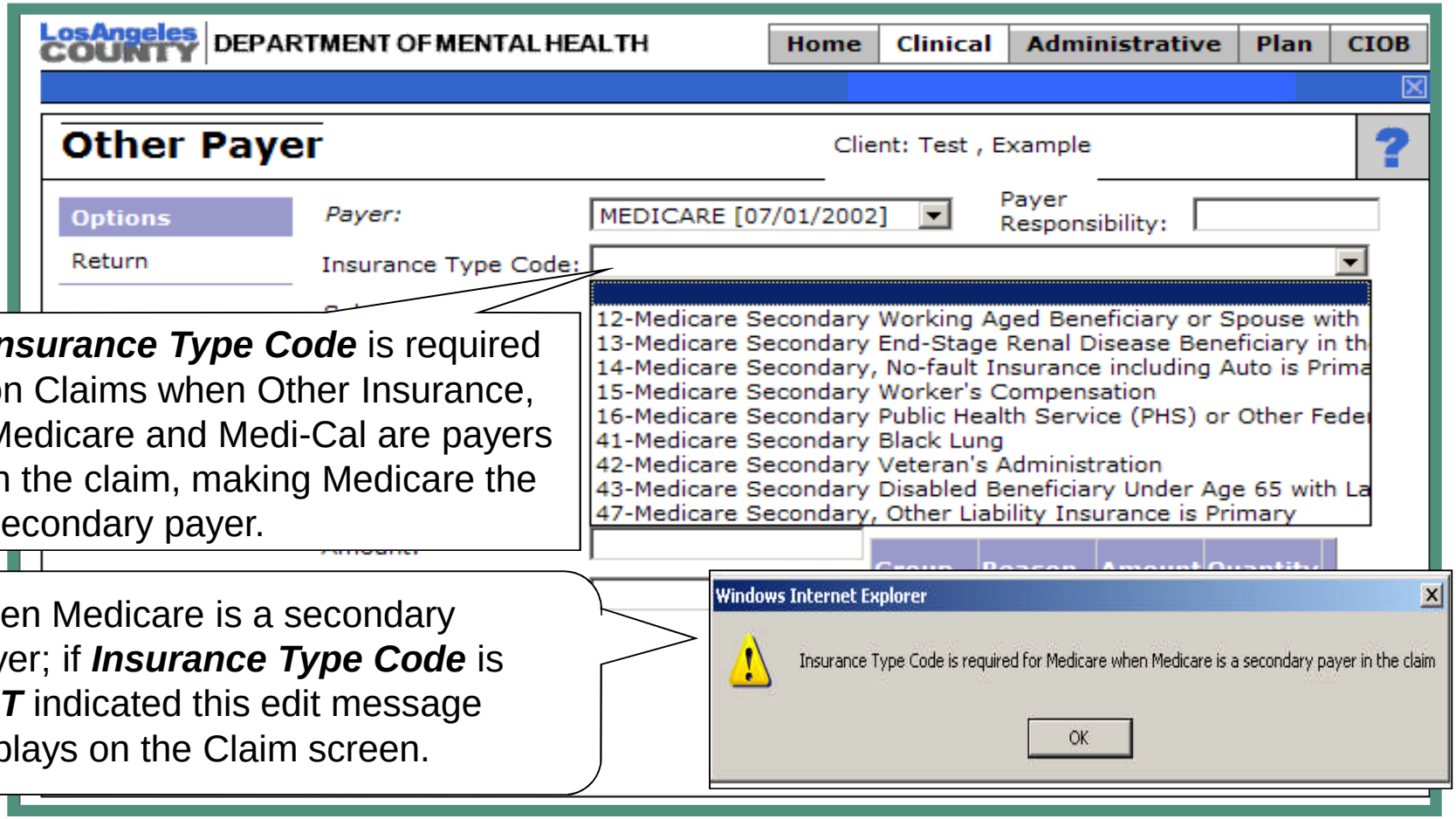
Other Payer: Payer Responsibility



For every '**Other Insurance**' payer on the claim, the sequential order of responsibility must be entered.

If the responsibility order for each Other Insurance payer specified in the claim is ***NOT*** in sequence, or is duplicated, this edit message displays.

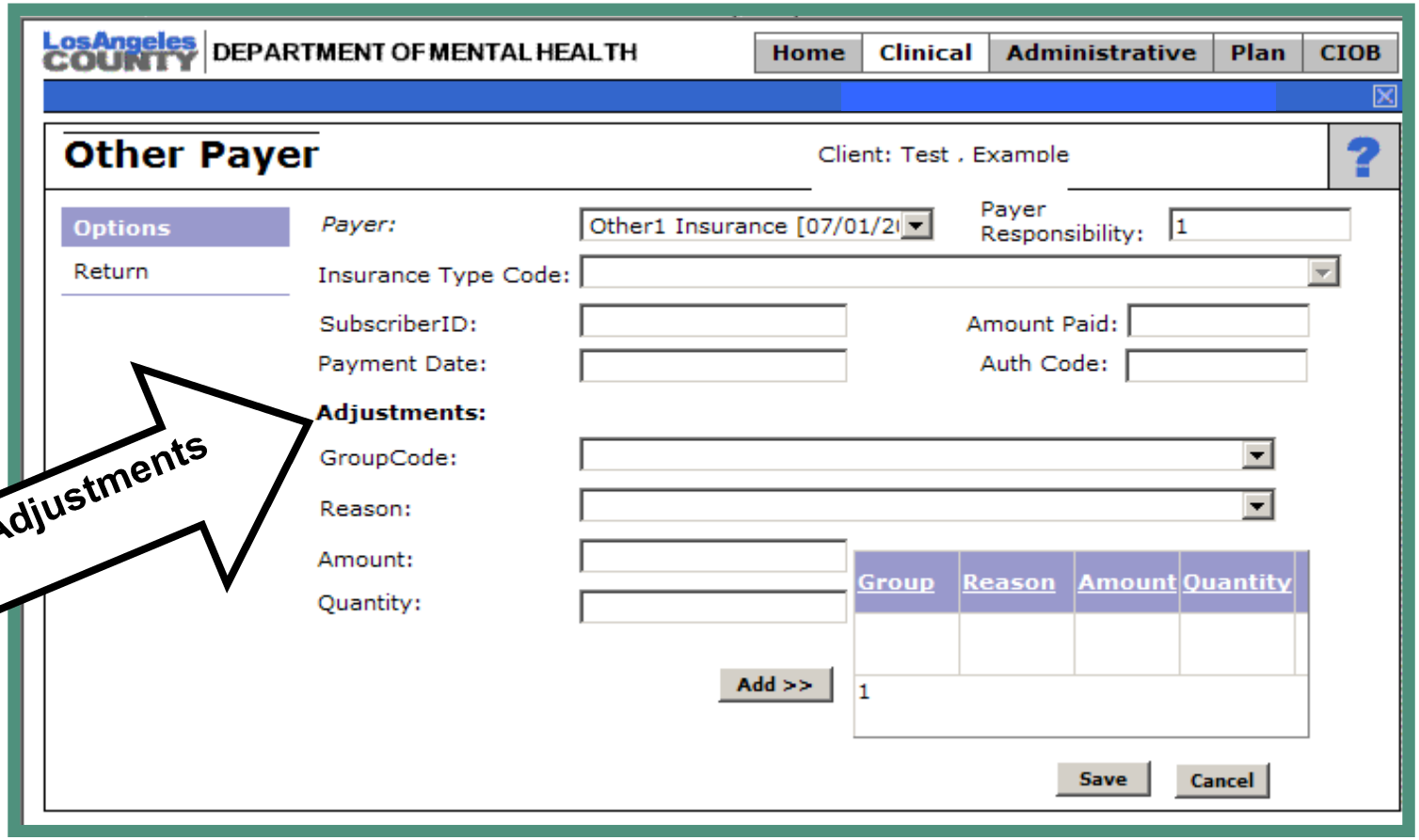
Other Payer: Insurance Type Code



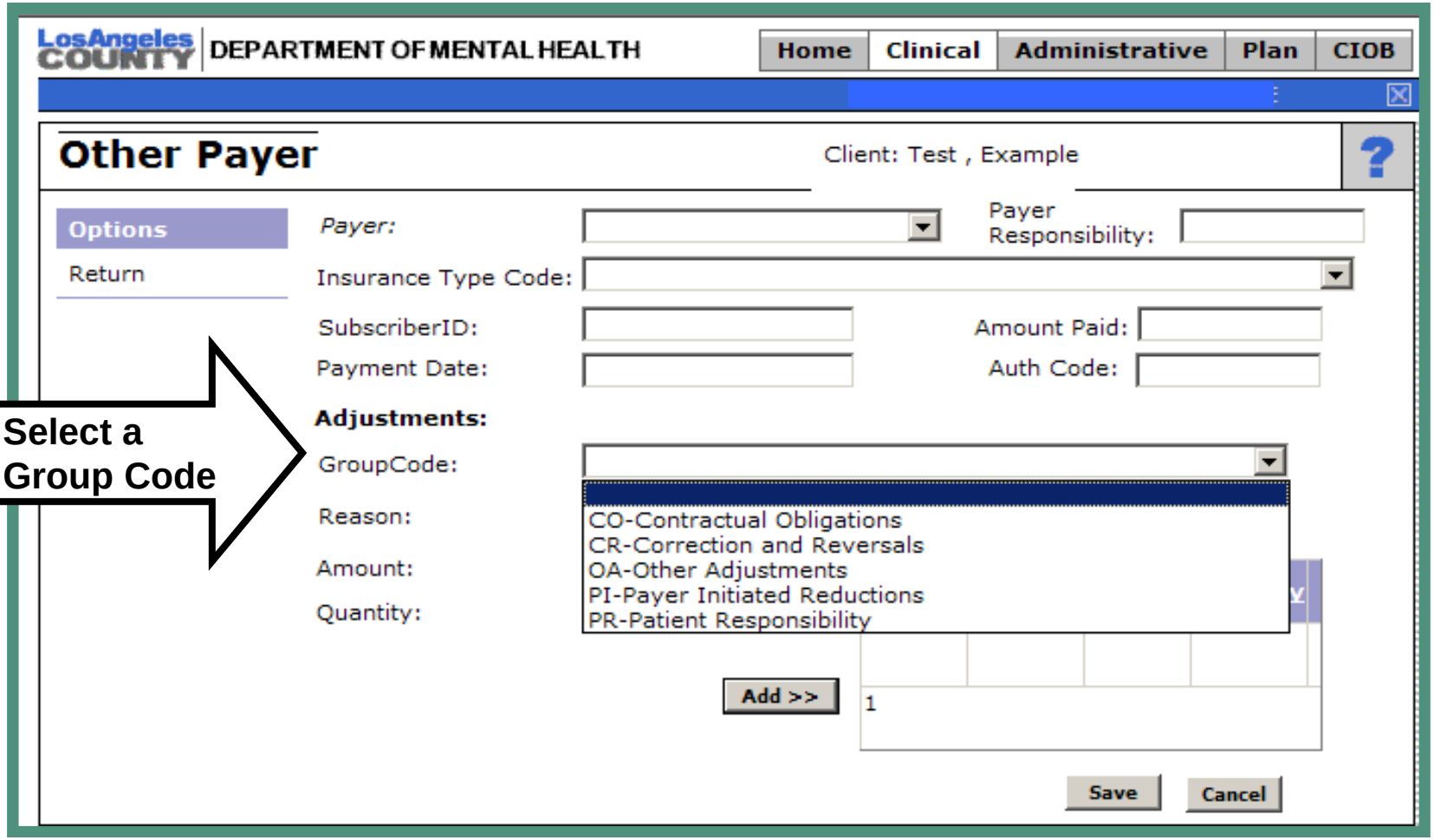
Insurance Type Code is required on Claims when Other Insurance, Medicare and Medi-Cal are payers in the claim, making Medicare the secondary payer.

When Medicare is a secondary Payer; if ***Insurance Type Code*** is ***NOT*** indicated this edit message displays on the Claim screen.

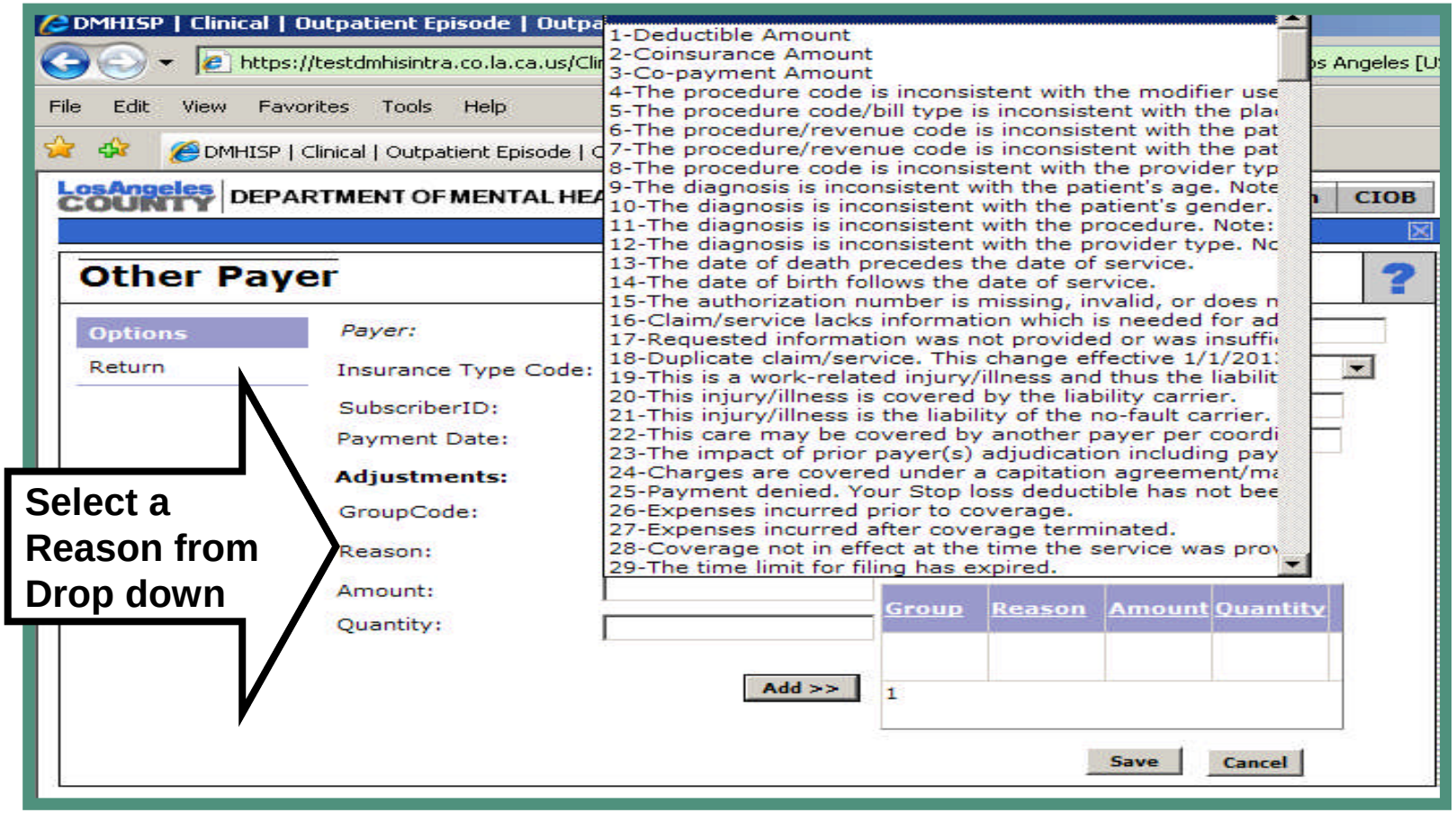
Other Payer: Detail Adjustments Fields



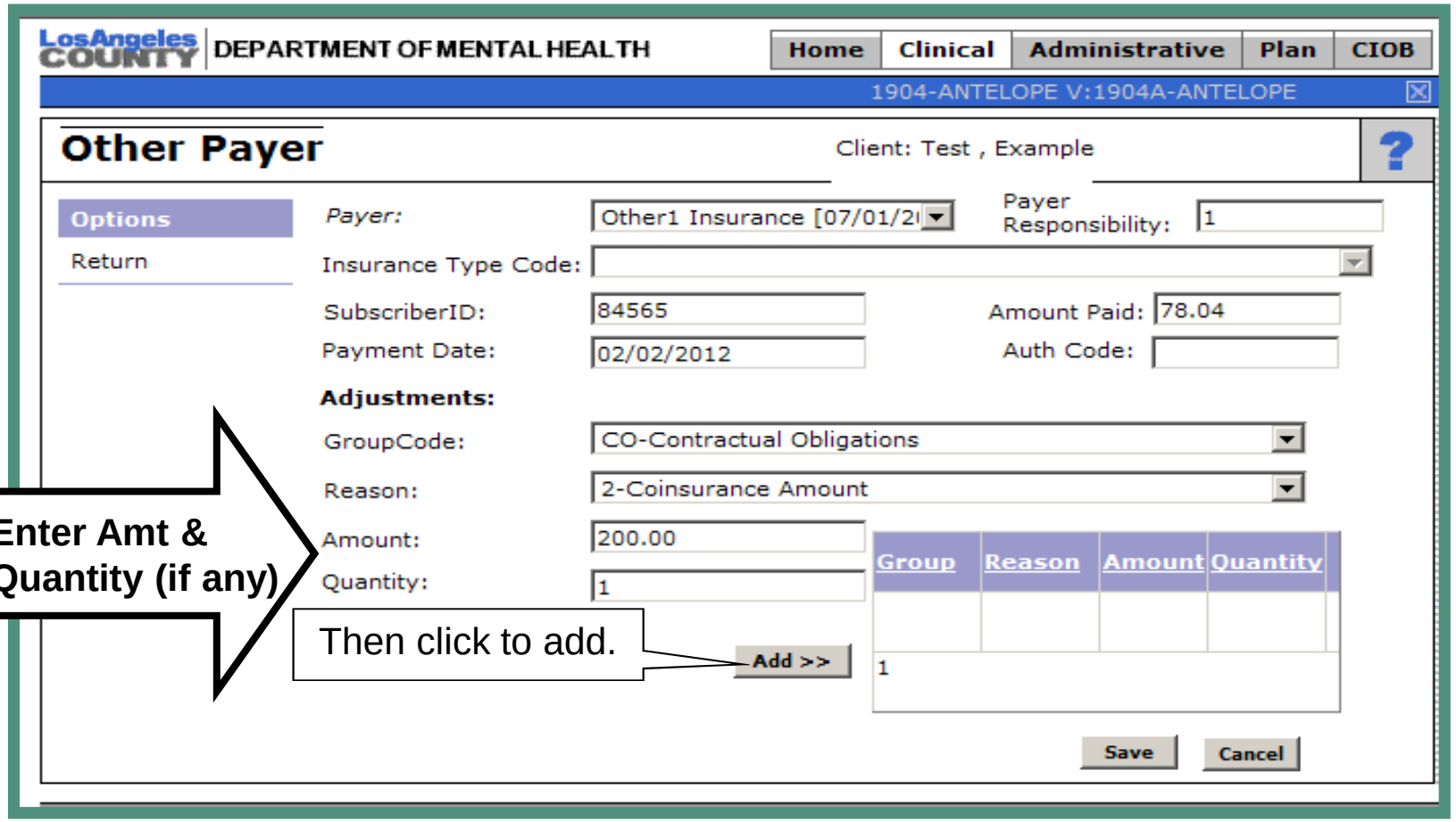
Other Payer: Select Group Code



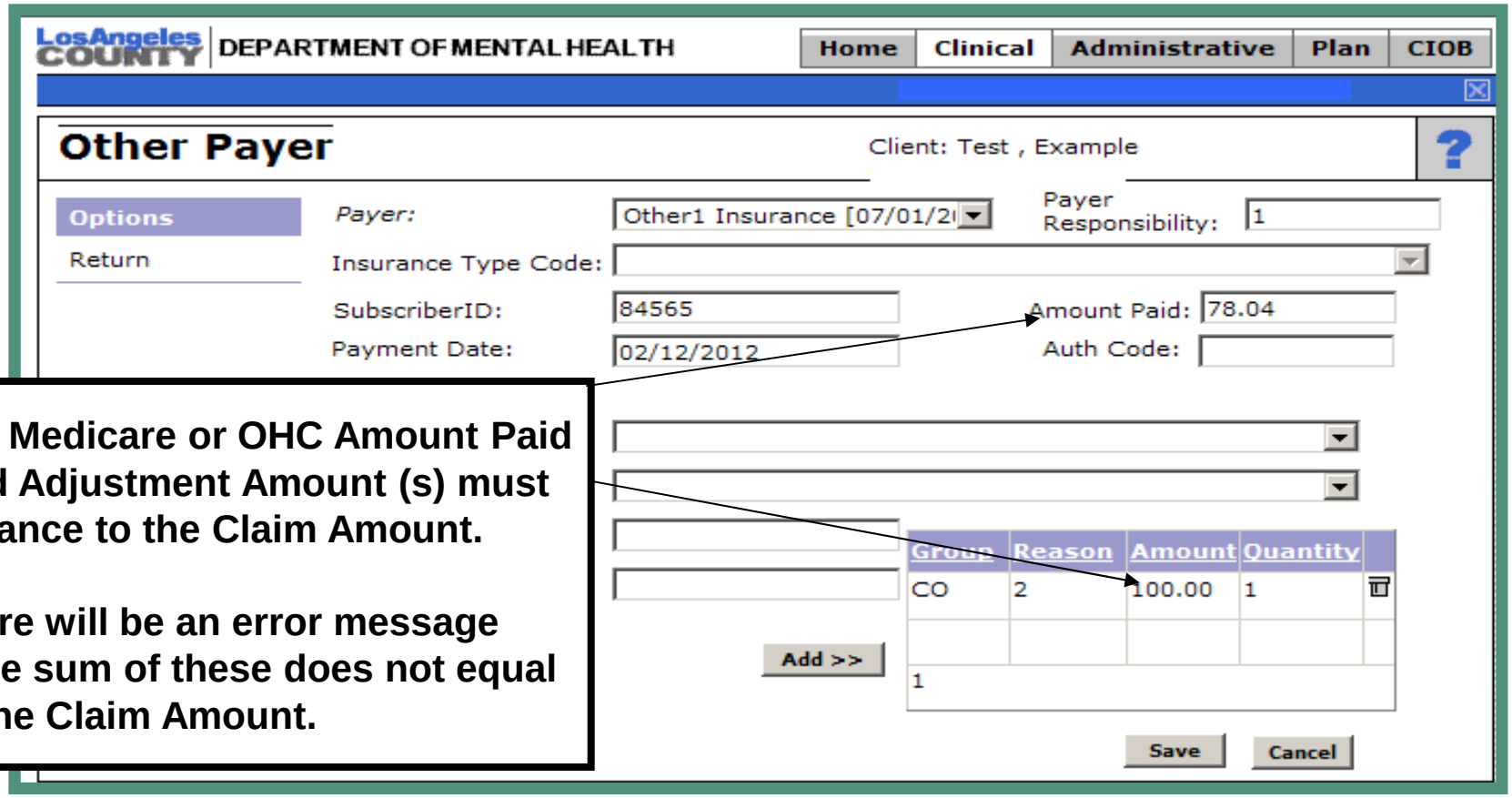
Other Payer: Select Reason Code



Other Payer: Enter Amount & Quantity



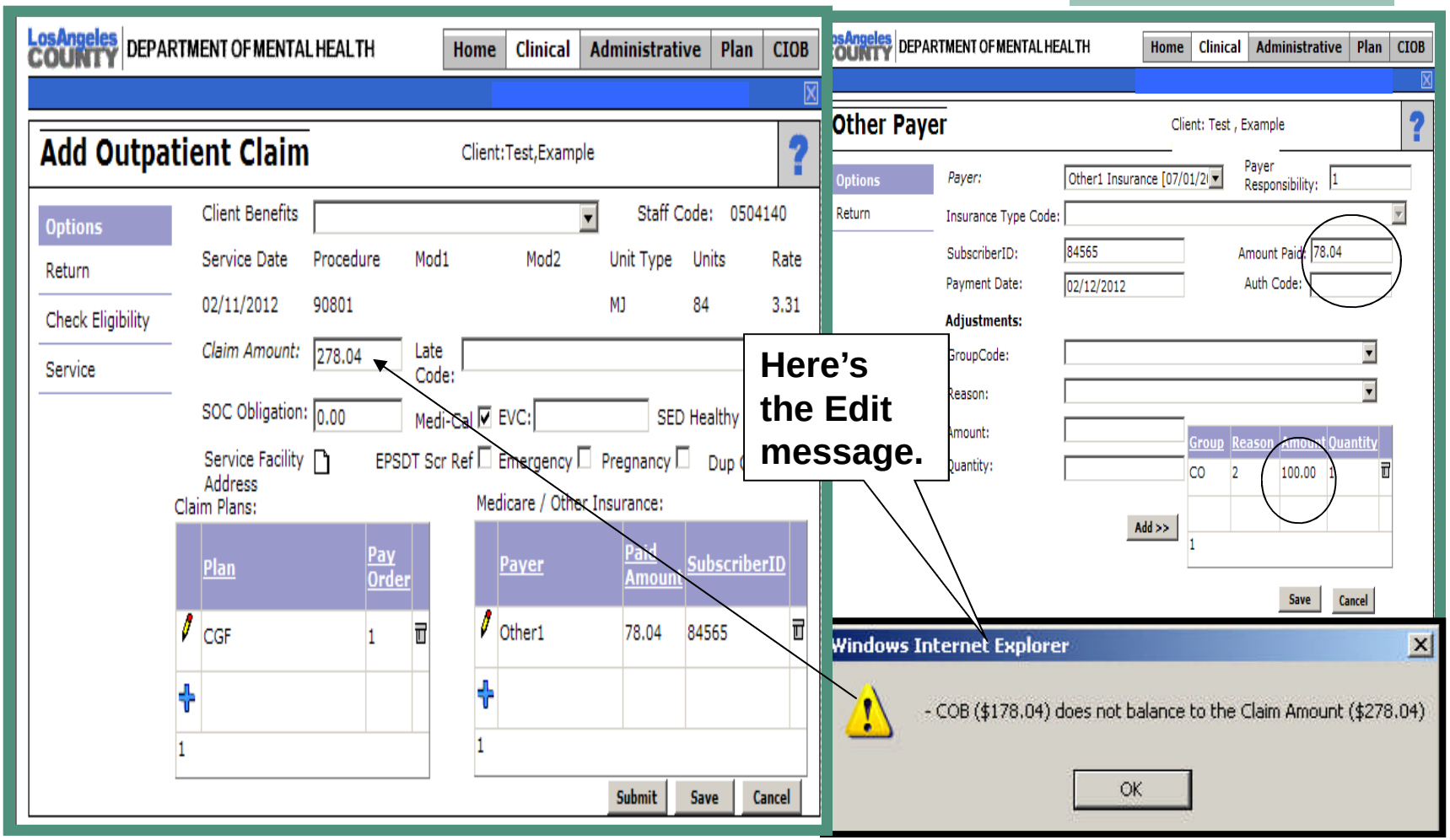
Other Payer: w/Adjustment info.



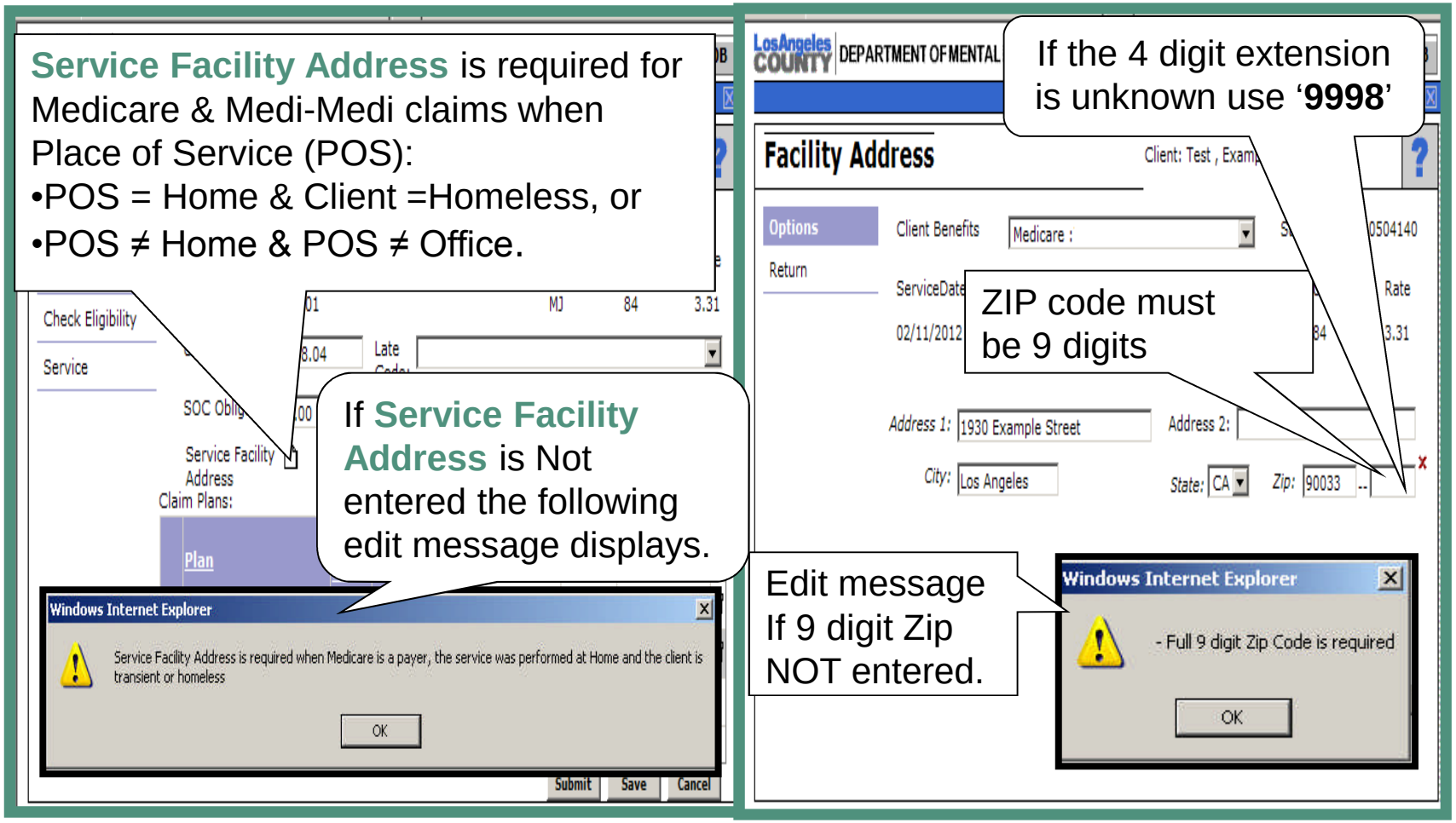
The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

There will be an error message If the sum of these does not equal to the Claim Amount.

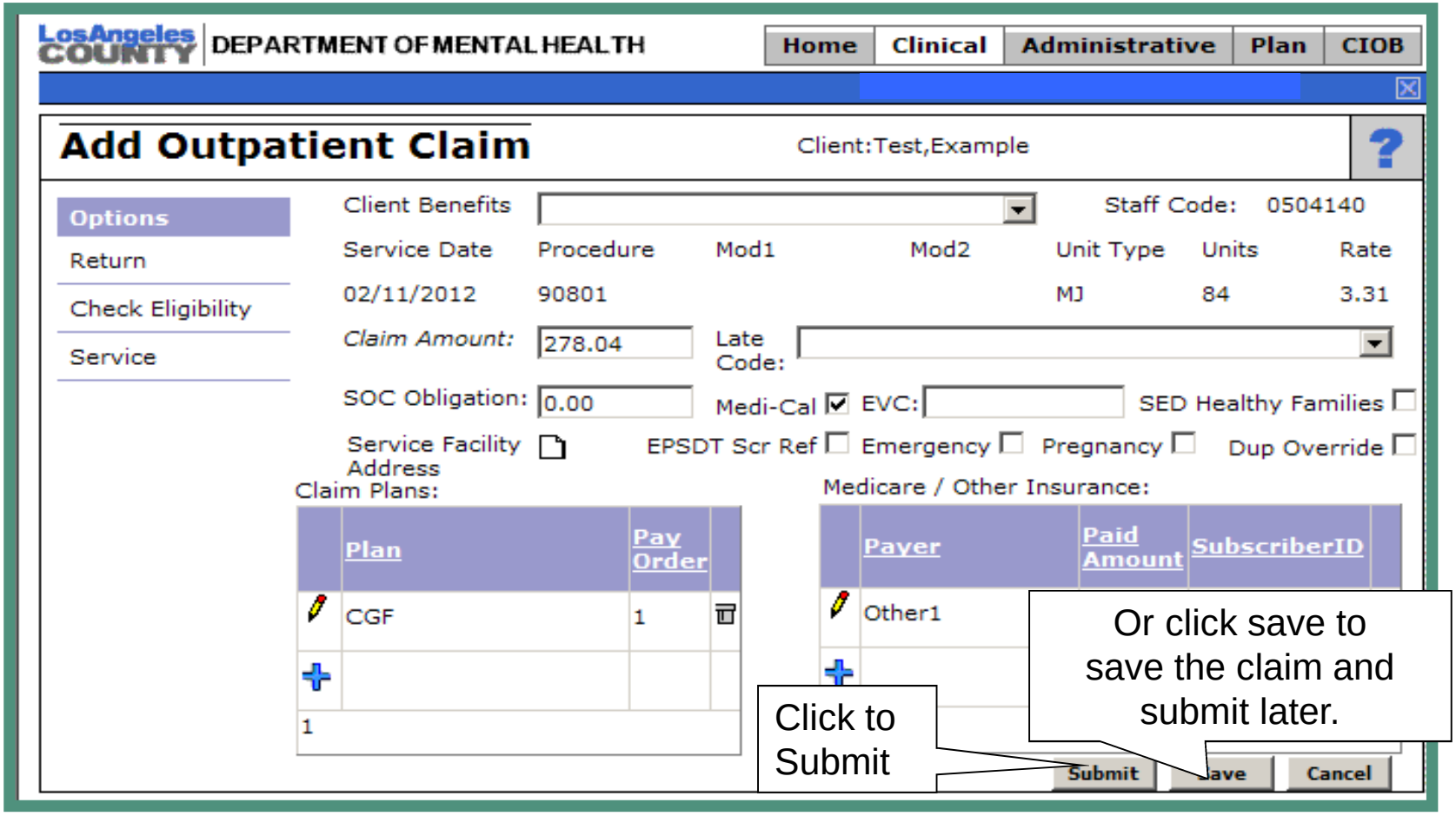
Other Payer: w/ Adjustment Info



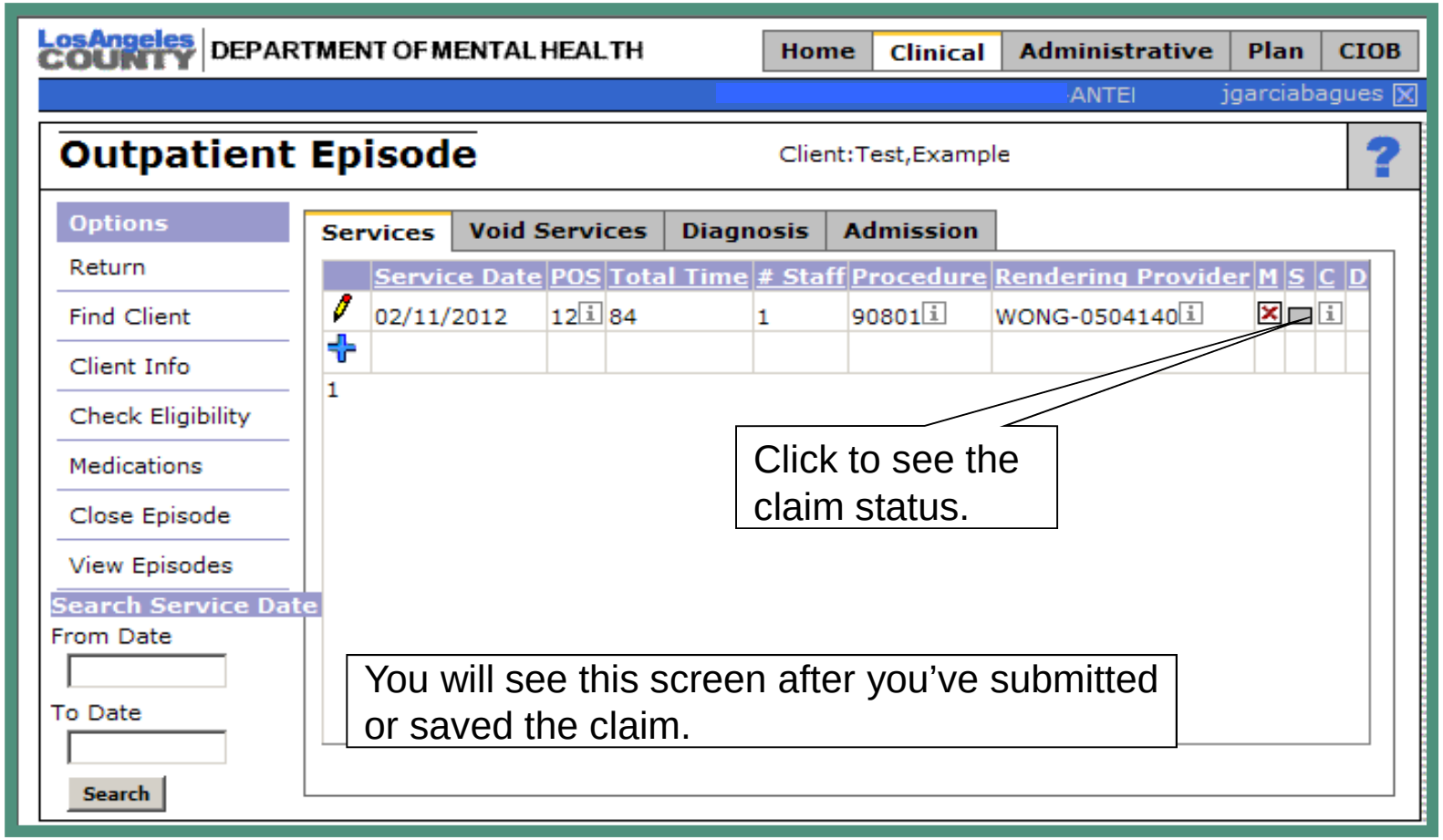
Add a Claim/DO ONLY



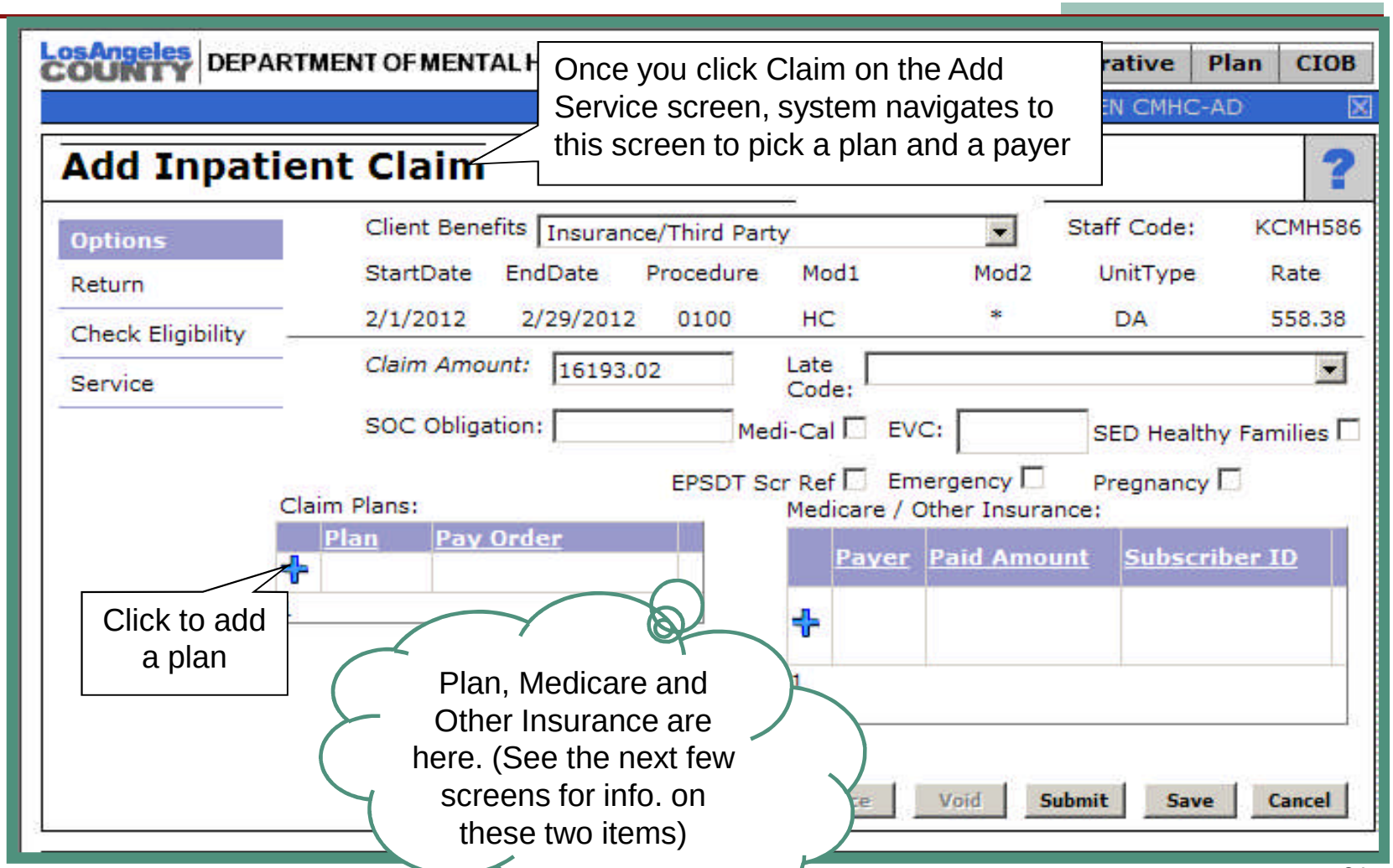
Add Claim /Outpatient



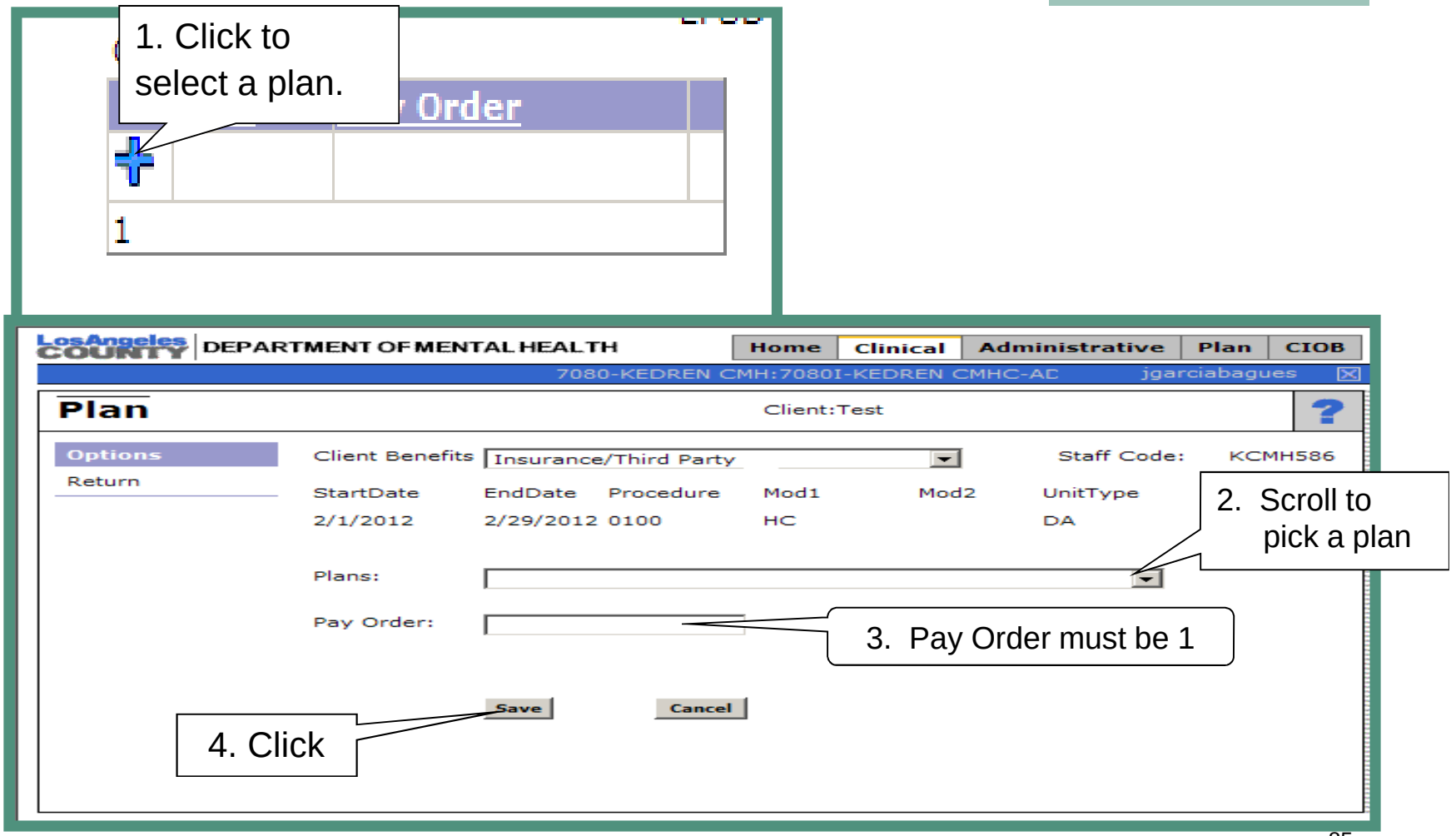
Add a Claim/Outpatient



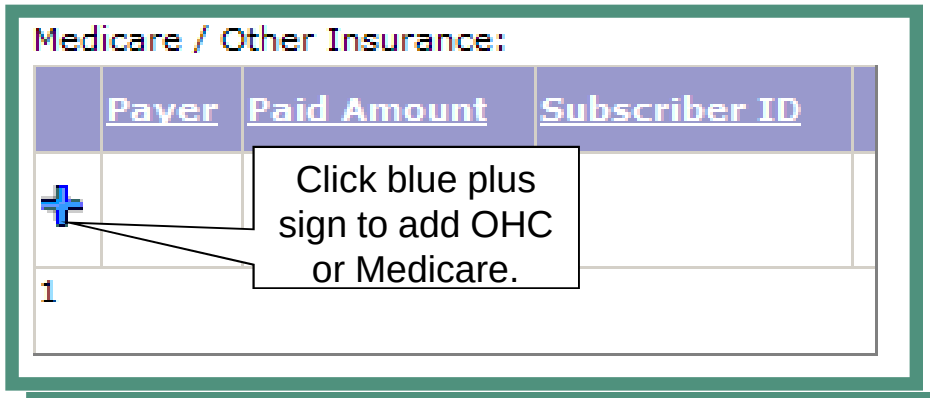
Add a Claim Inpatient/Residential: Add a Plan

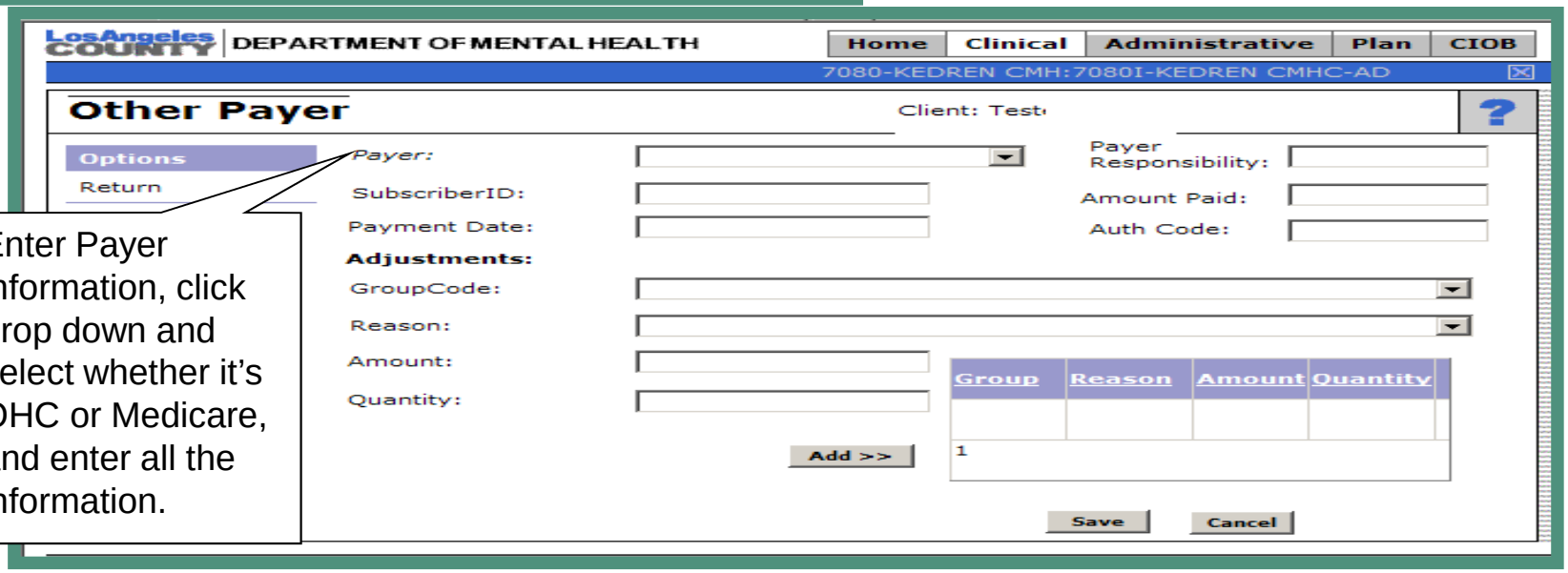


Add a Claim Inpatient/Residential: Add a Plan

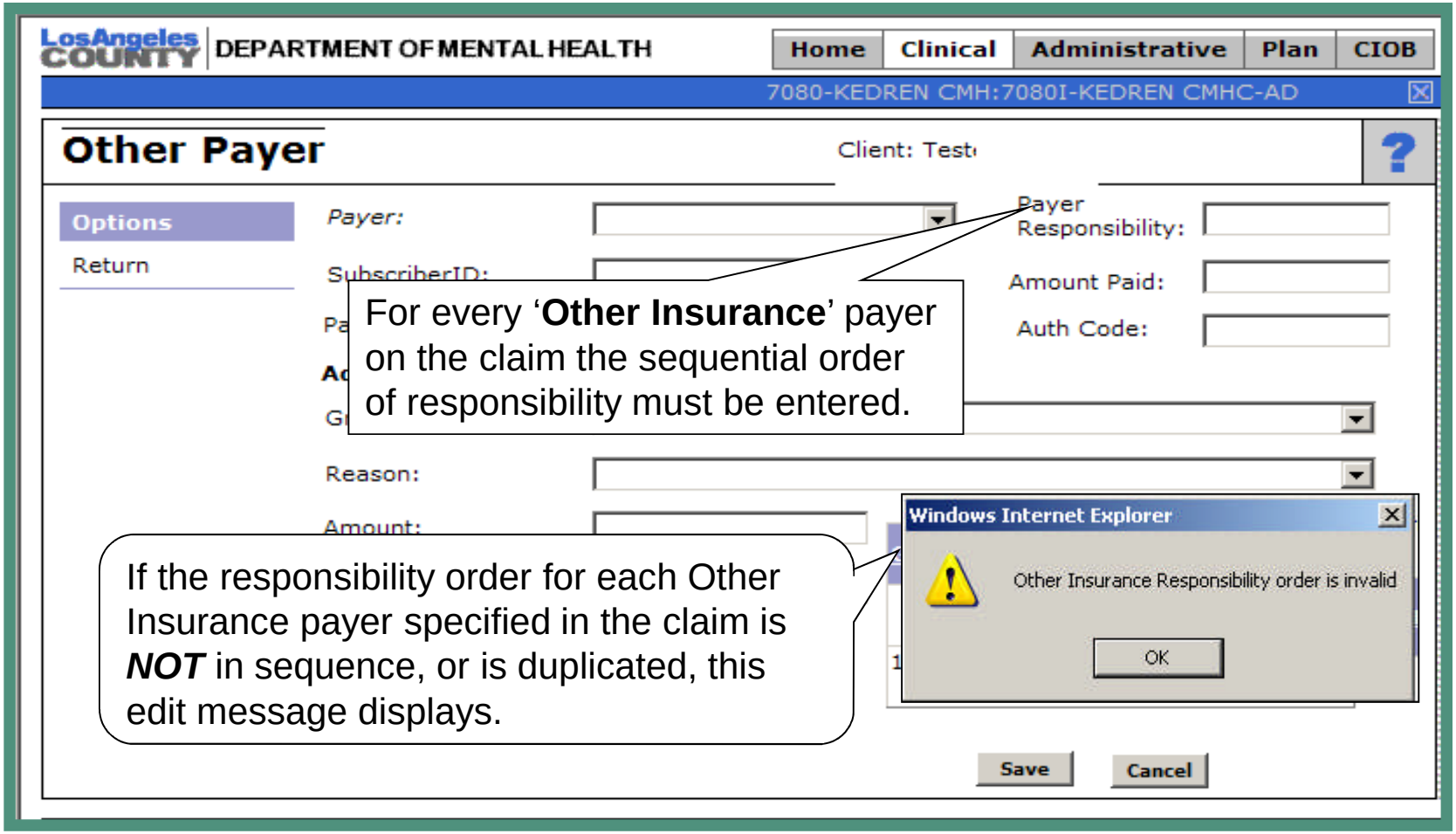


Add a Claim Inpatient/Residential: Add a Payer/Medicare

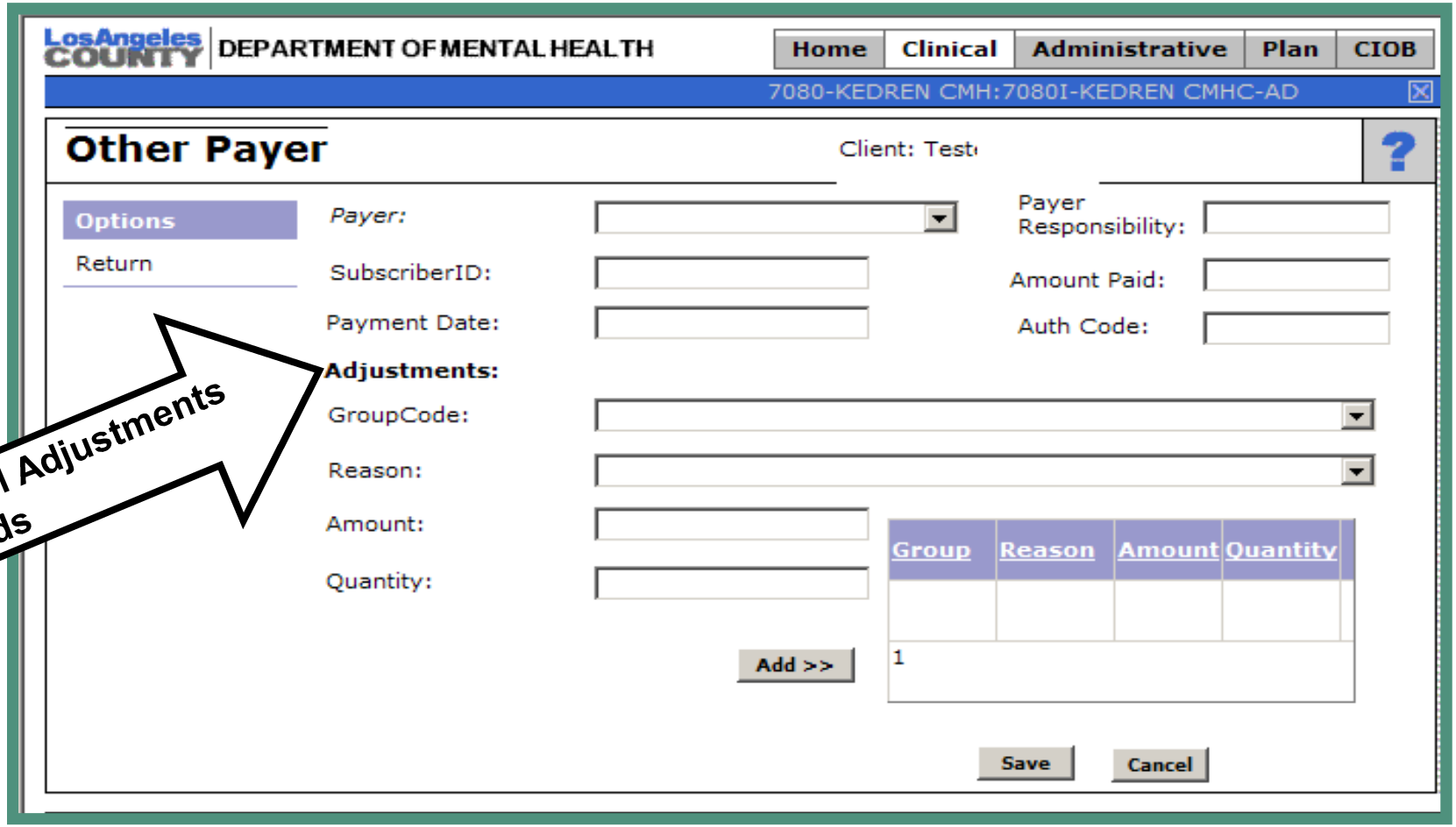




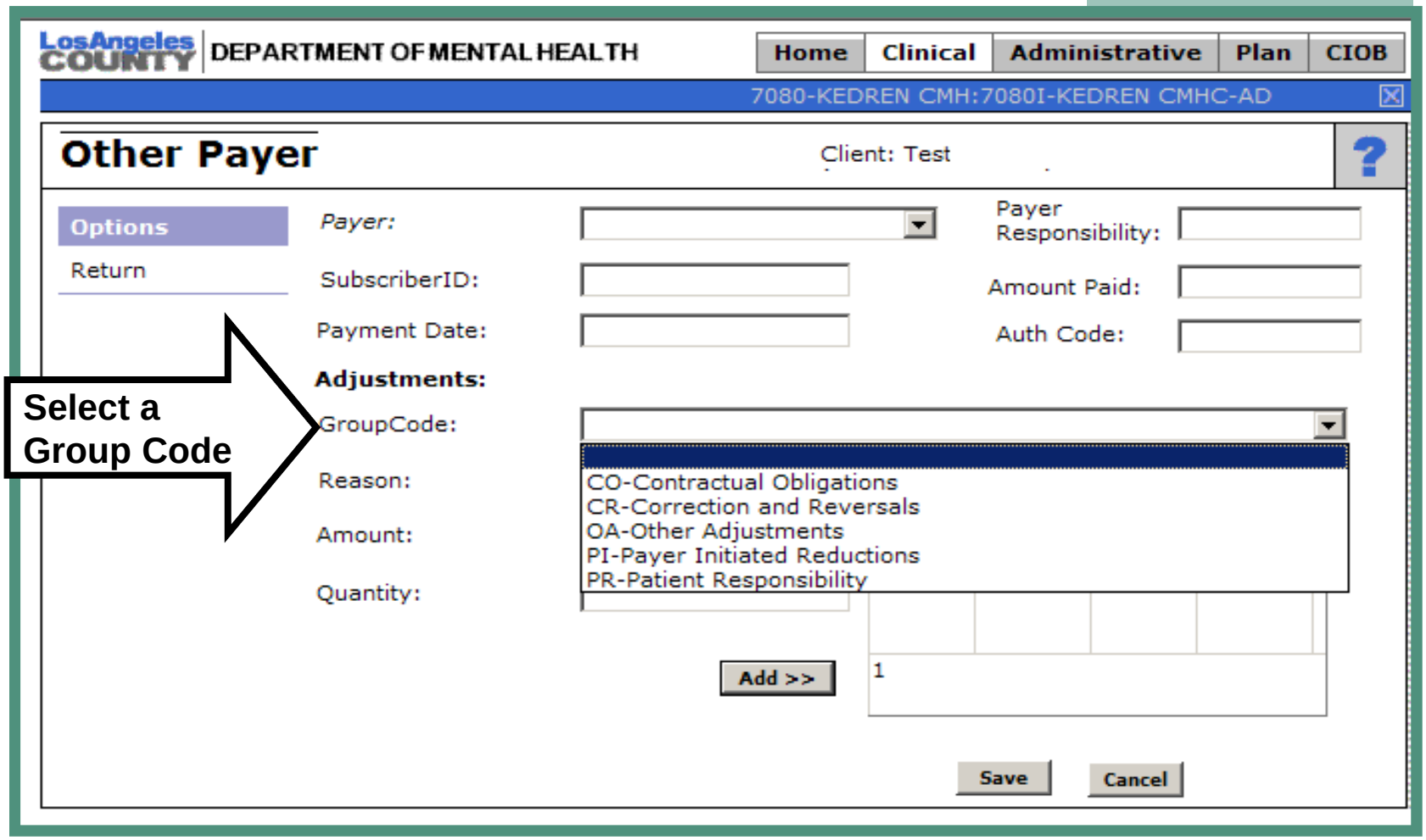
Other Payer: Payer Responsibility



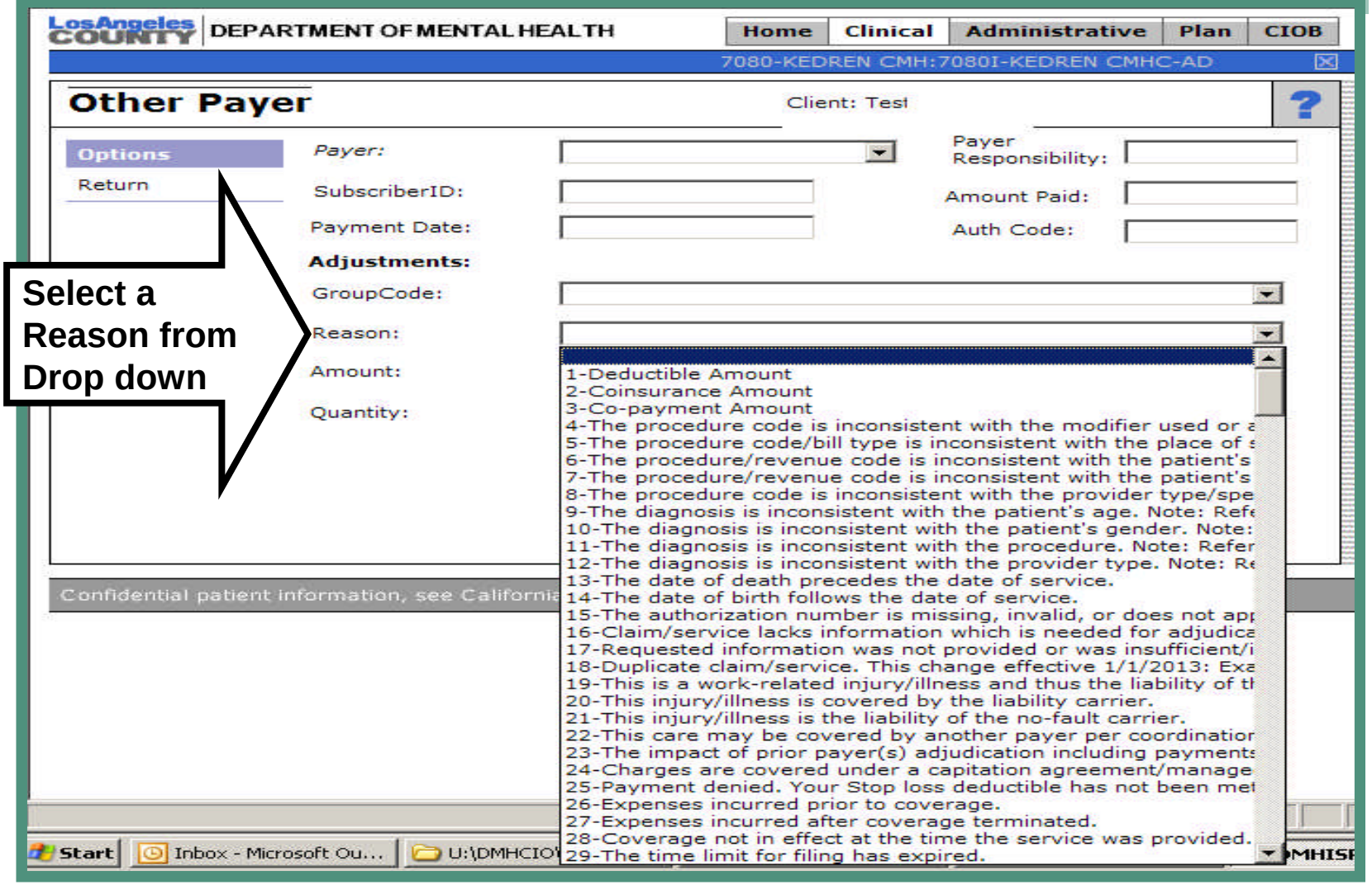
Other Payer: Detail Adjustments Fields



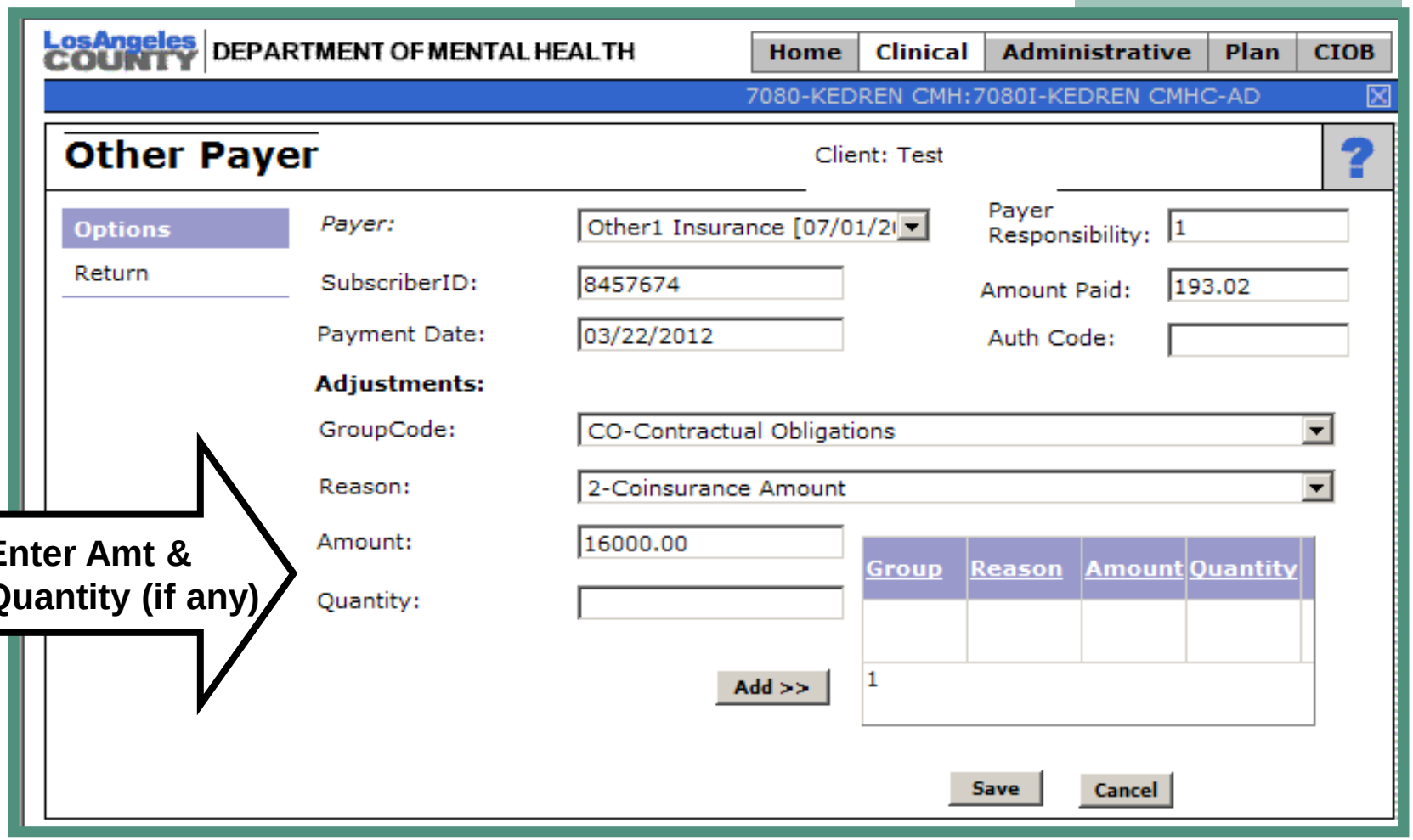
Other Payer: Select Group Code



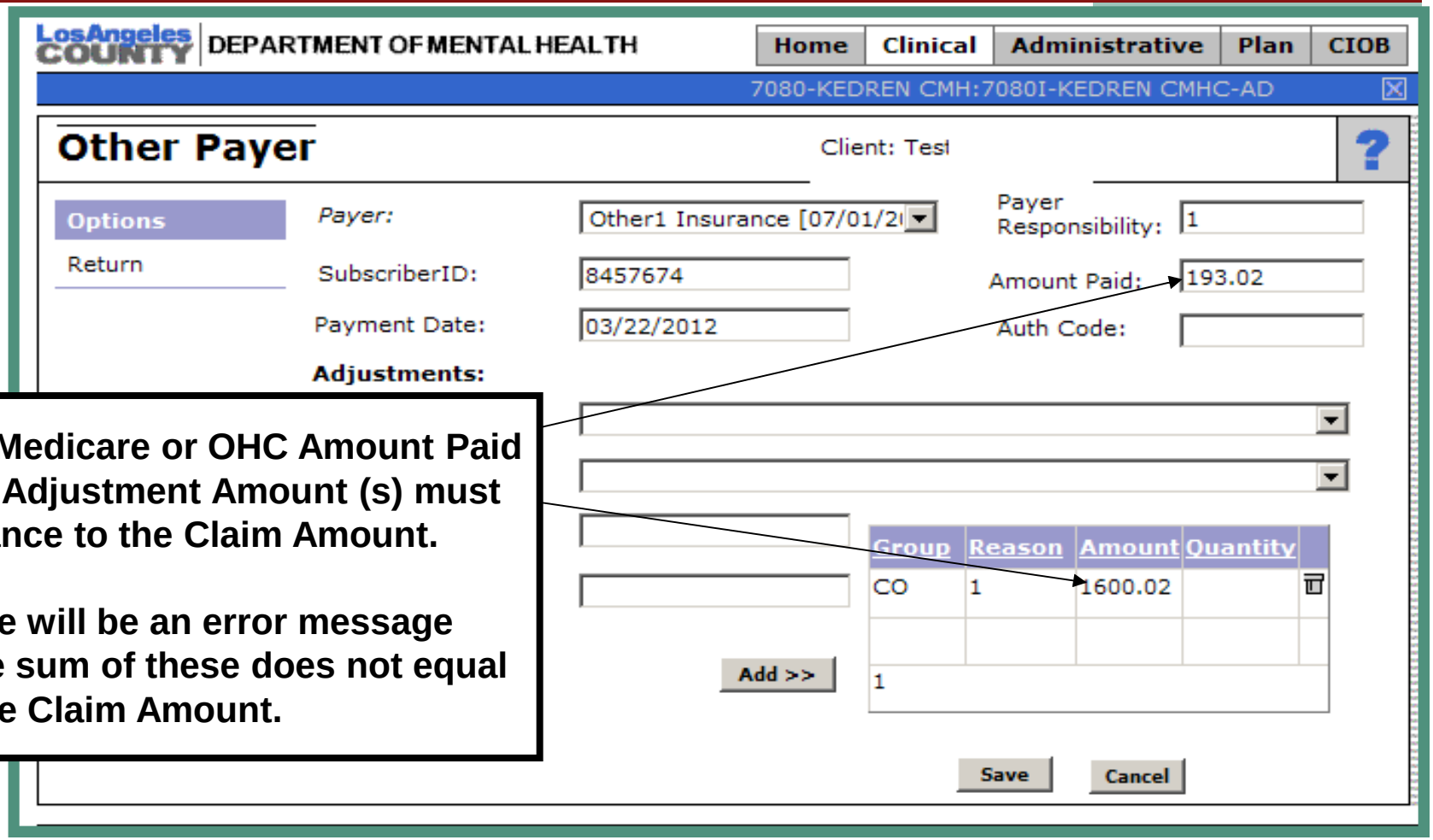
Other Payer: Select Reason Code



Other Payer: Enter Amount & Quantity



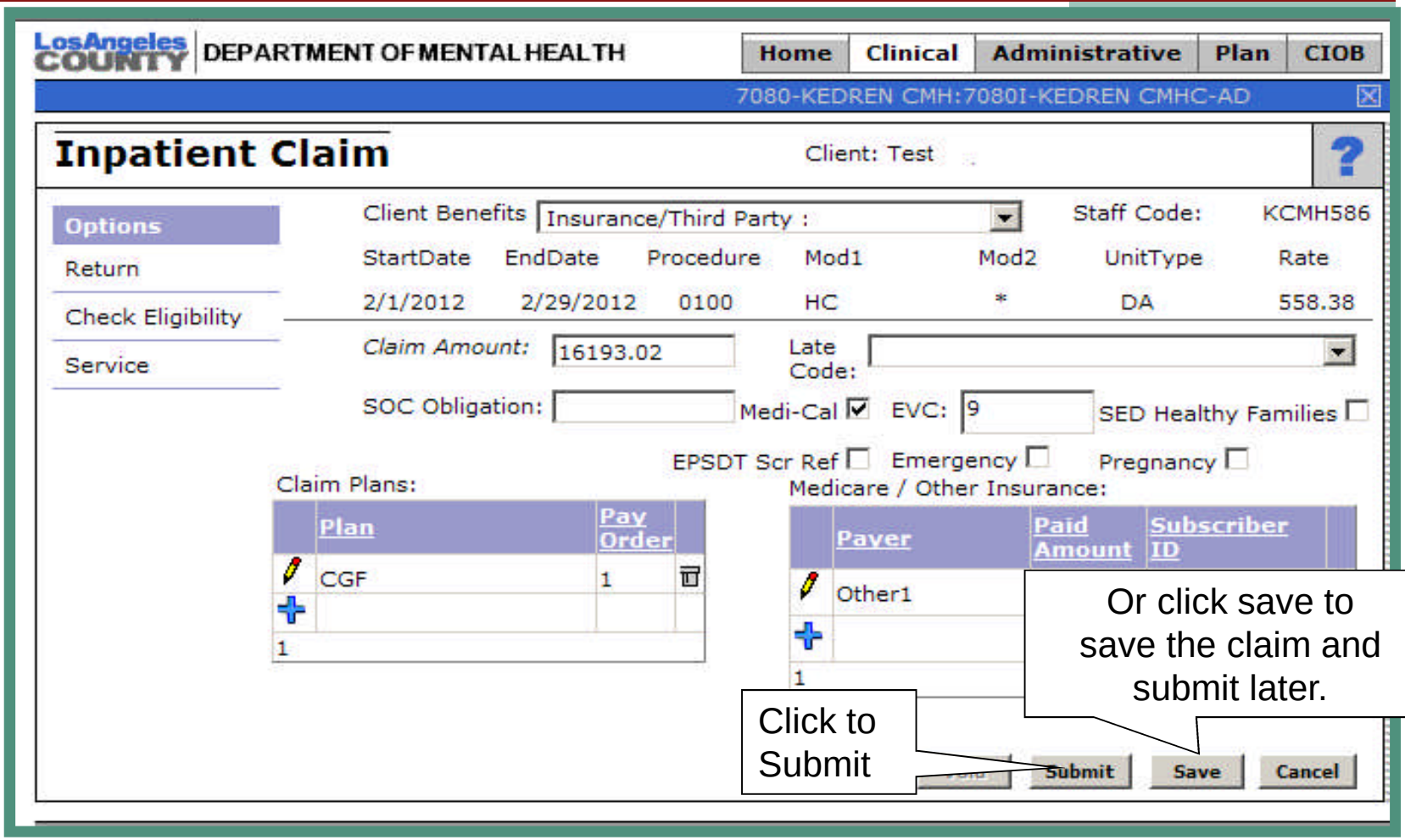
Other Payer: w/Adjustment info.



The Medicare or OHC Amount Paid and Adjustment Amount (s) must balance to the Claim Amount.

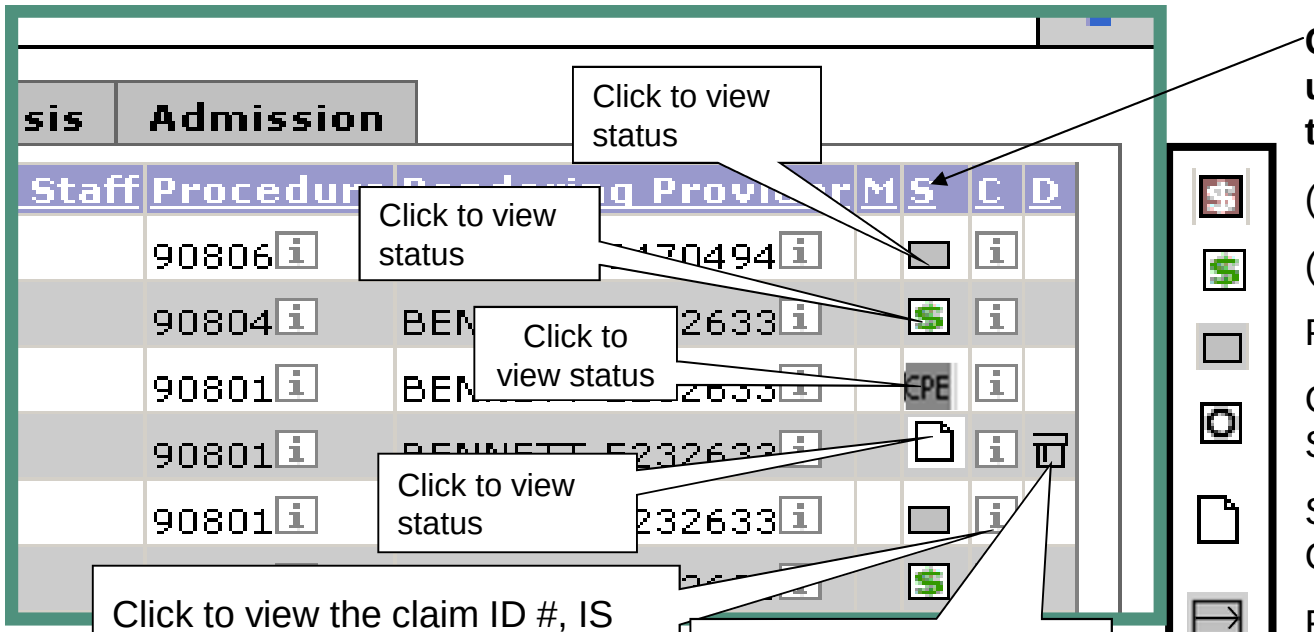
There will be an error message If the sum of these does not equal to the Claim Amount.

Add Claim-Inpatient/Residential



Add Claim – Inpatient/Residential

Claim Status Icons Under “S” Column in Episode Screen



Claim Status Icon under ‘S” column in the Episode Screen

(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

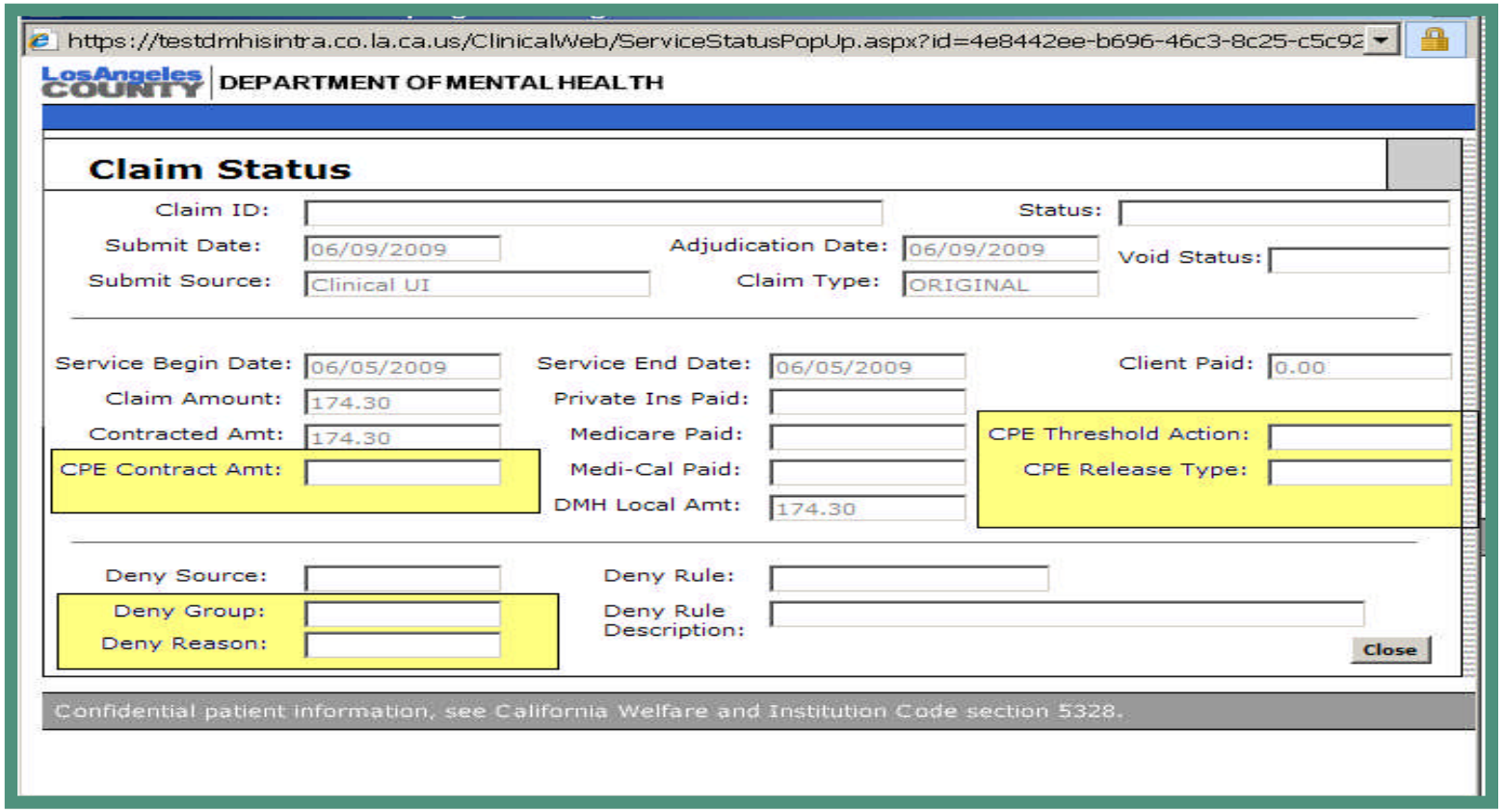
Forwarded

Pending Adjudication

Submitted

Pending CPE

Sample of Claim Status with new added CPE Fields



highlighted fields are the new added fields

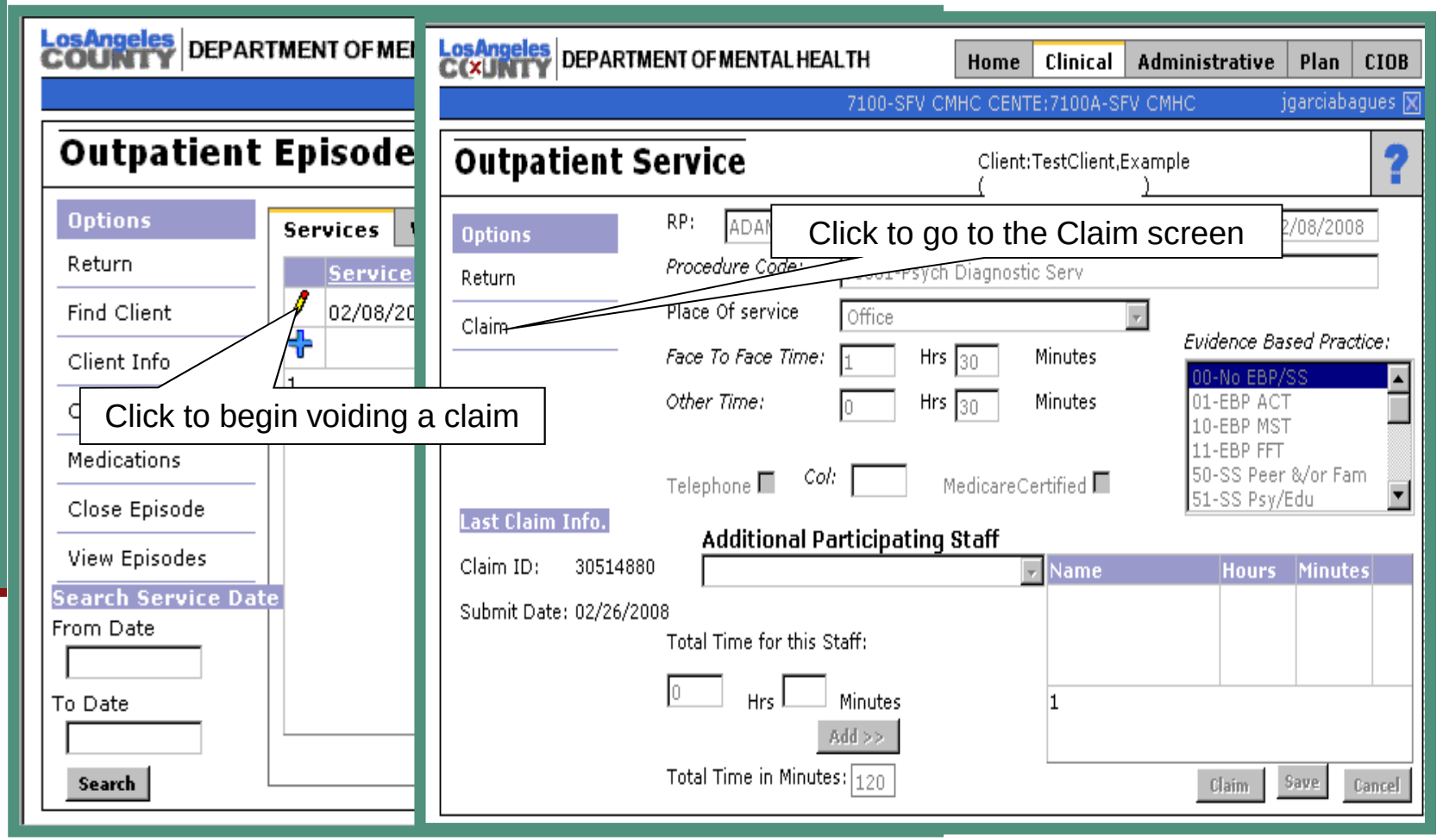
EXERCISE 11

Void and Replace:

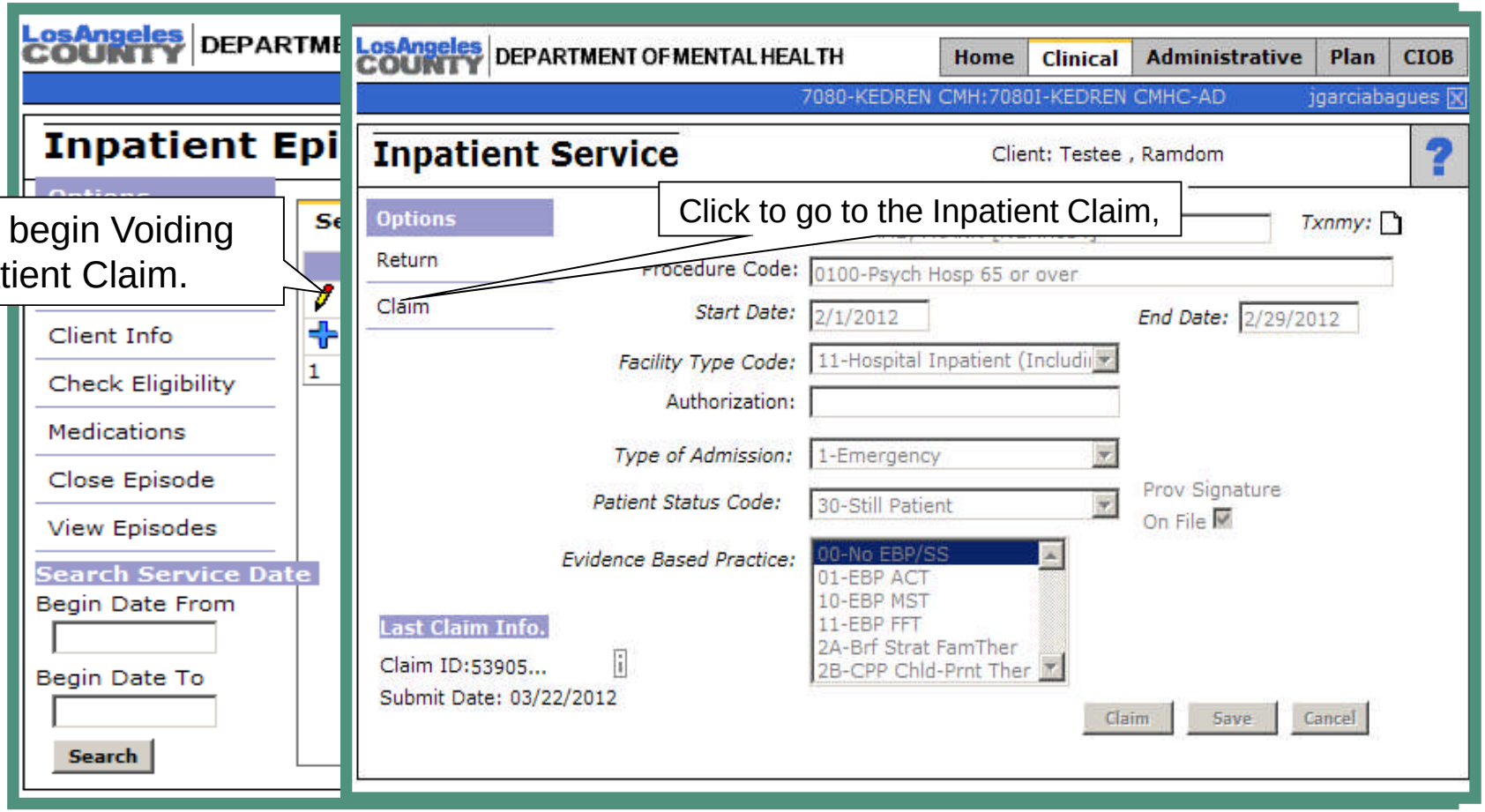
- Void a Claim – Outpatient – Inpatient
- Replace a Claim

NOTE: Procedures to Void and Replace are the same for Outpatient/Inpatient/Residential

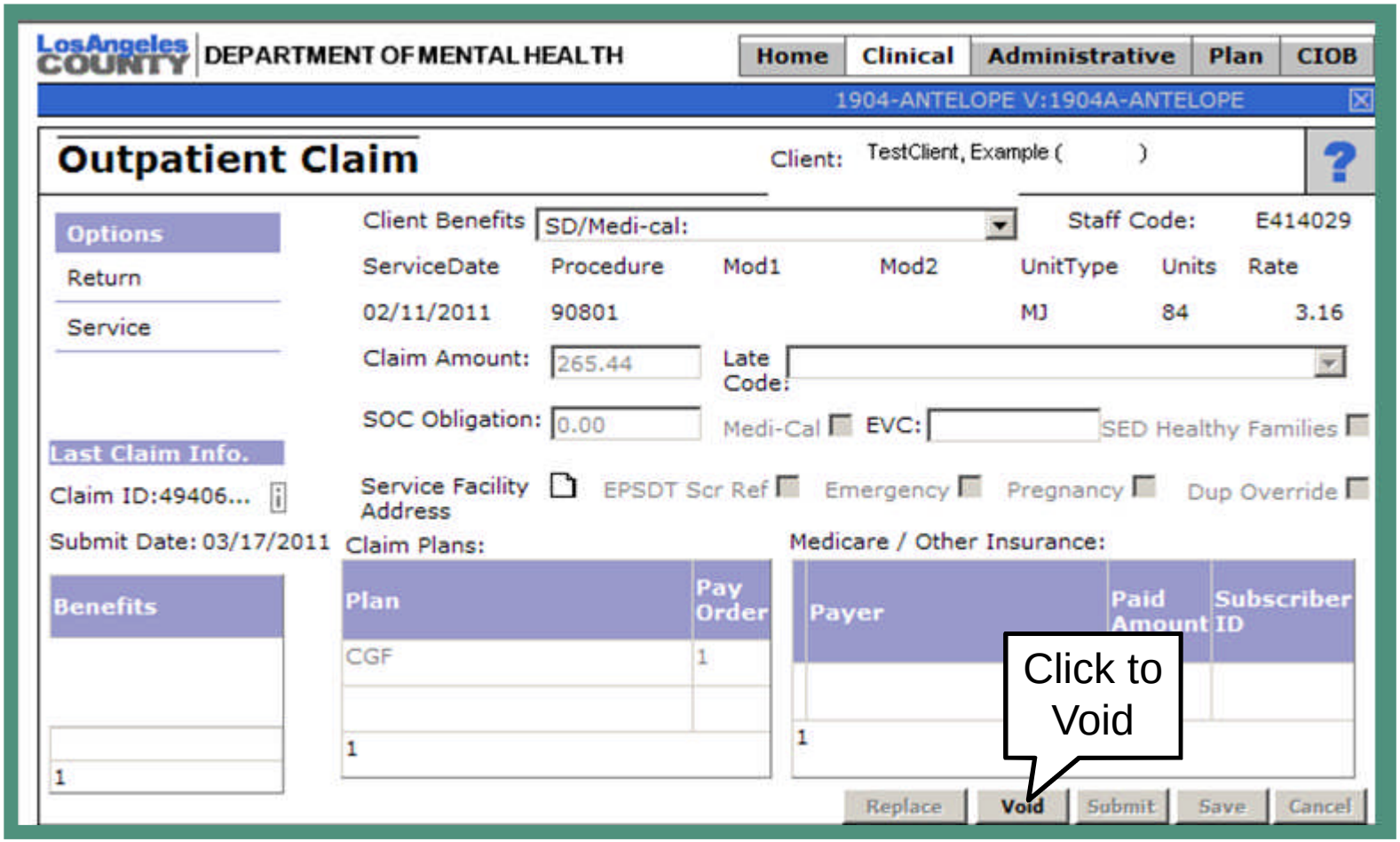
Void Claims /Outpatient



Void Claim/Inpatient

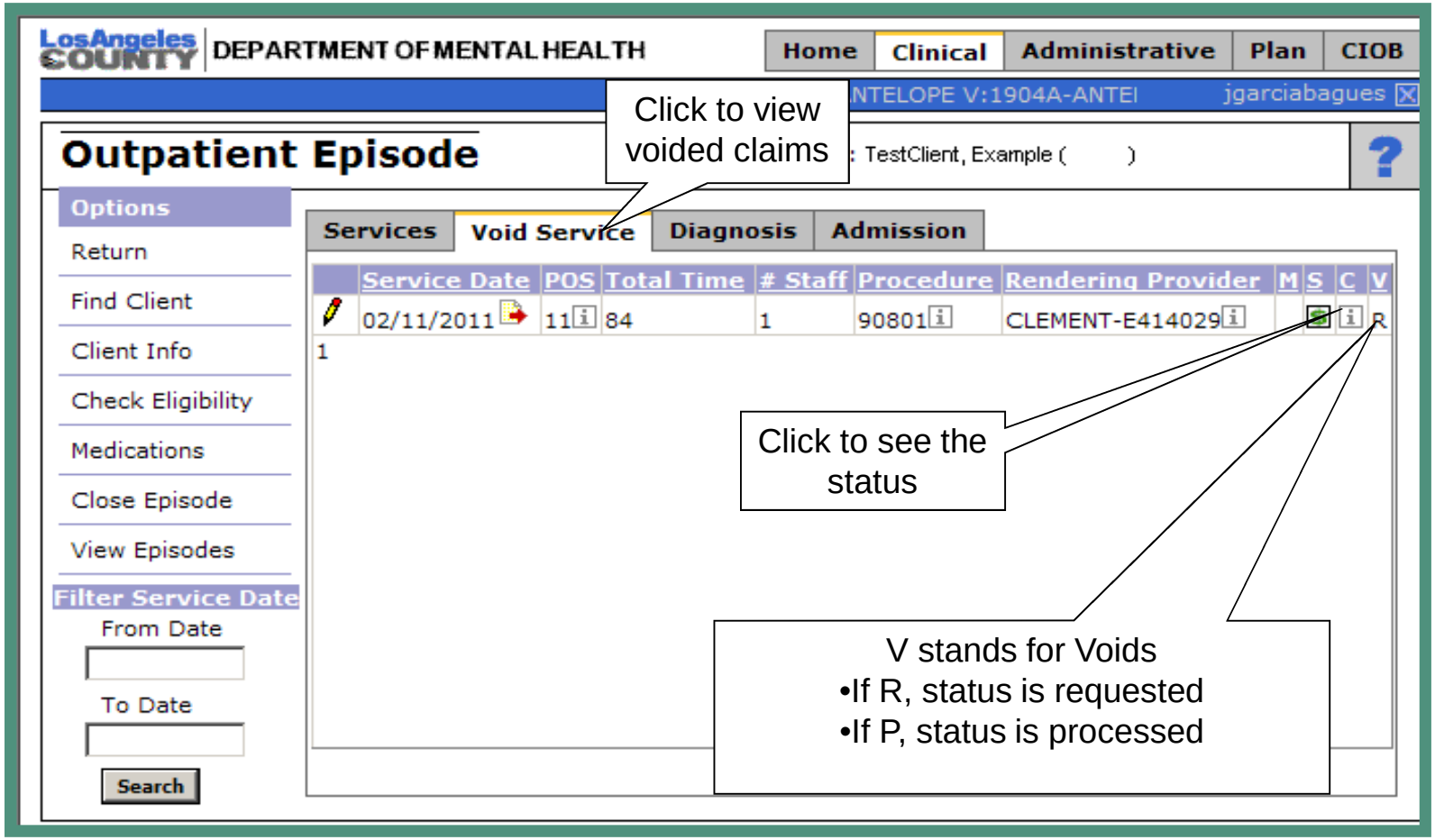


Void Claims/Outpatient

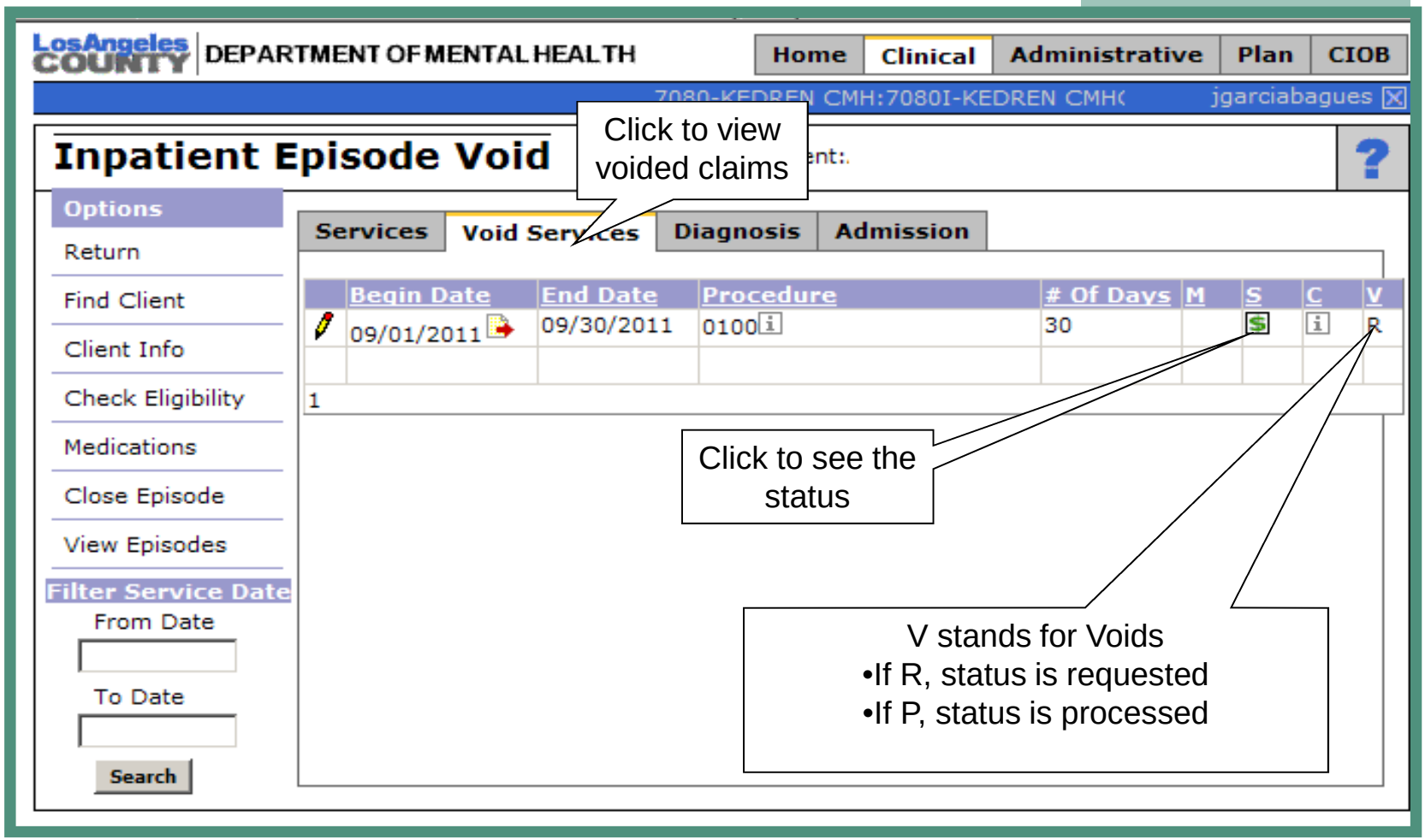


Void Claim/Inpatient

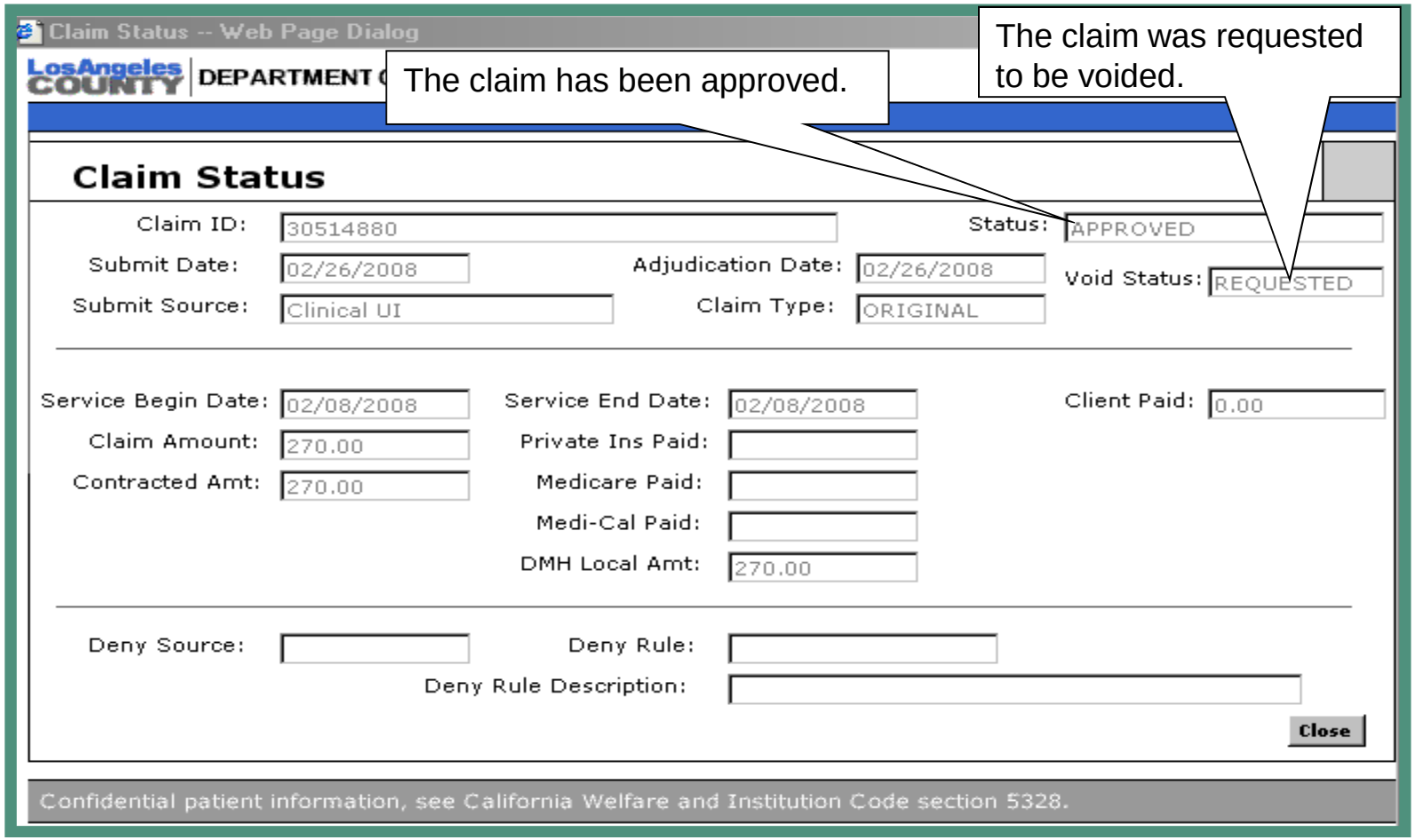
Void Claims/Outpatient



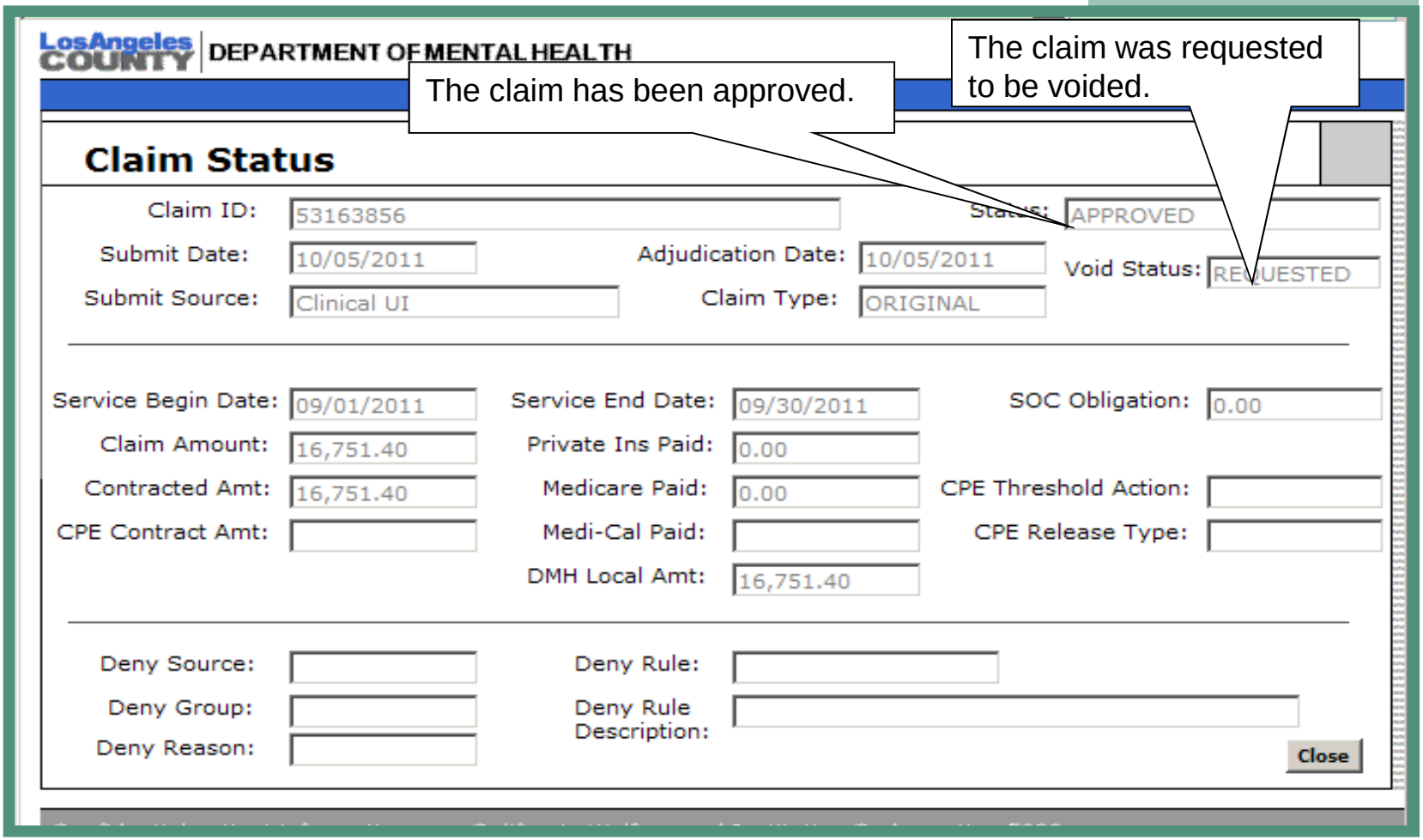
Void Claim/Inpatient



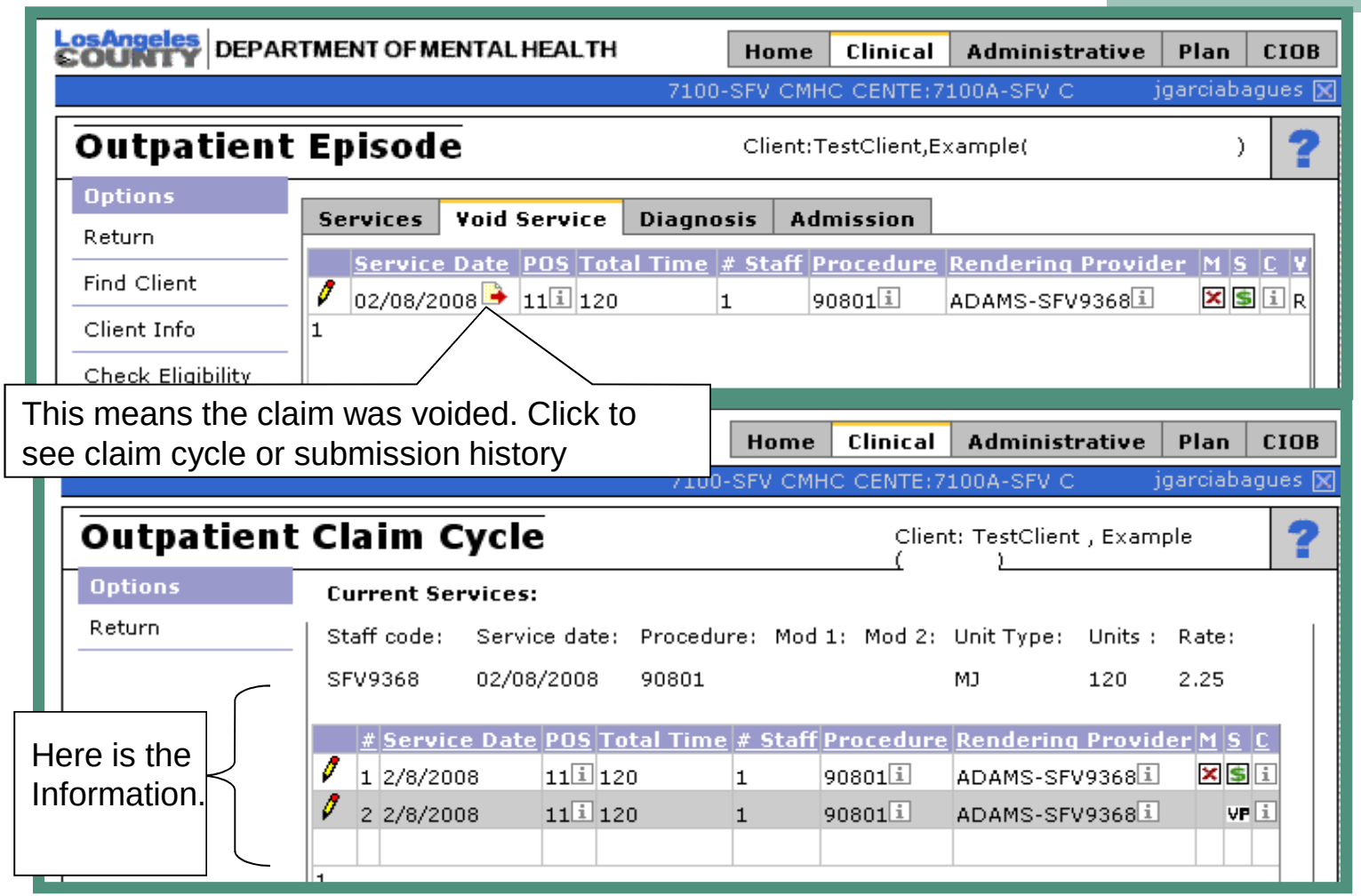
Void Claims /Outpatient



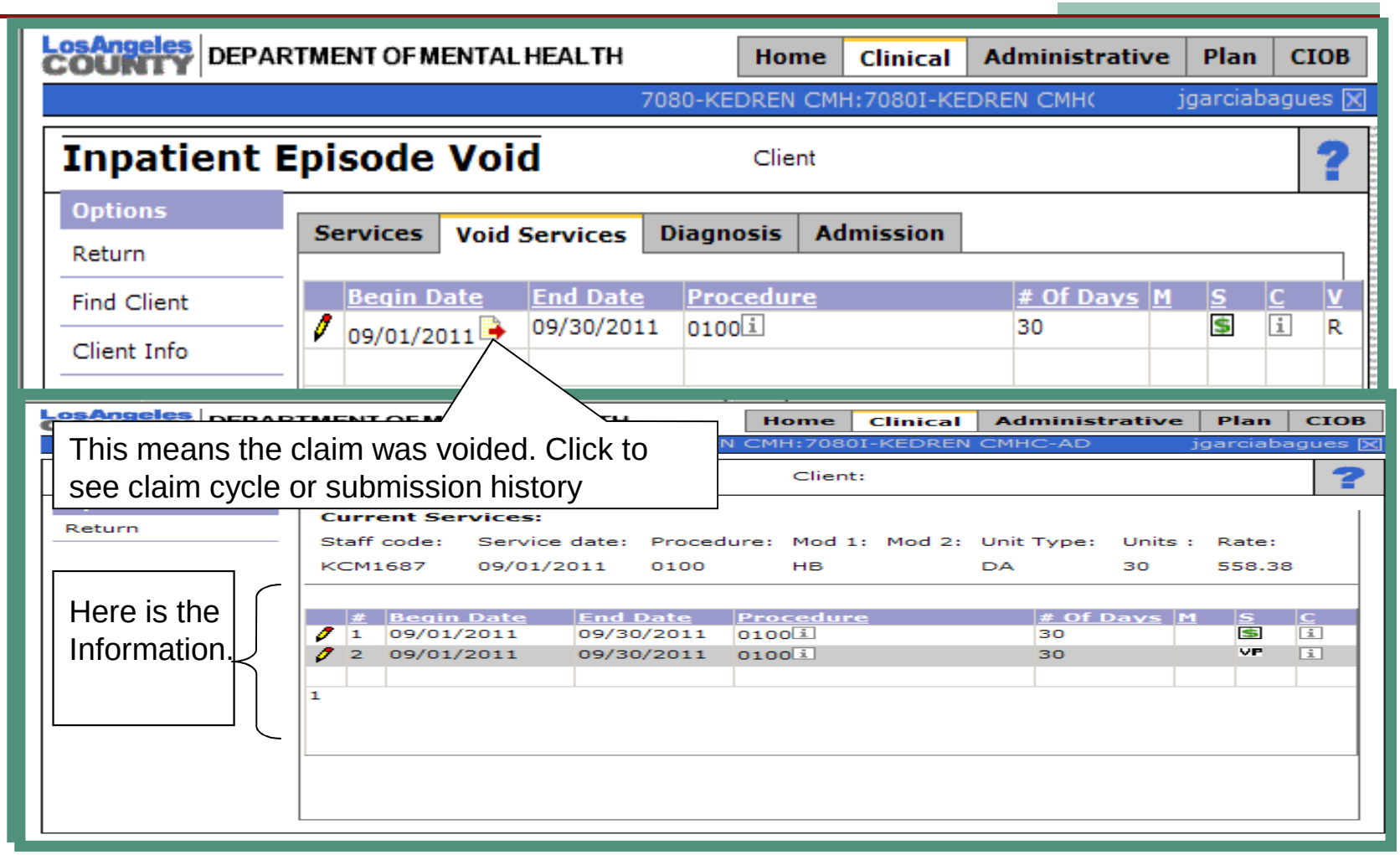
Void Claim/Inpatient



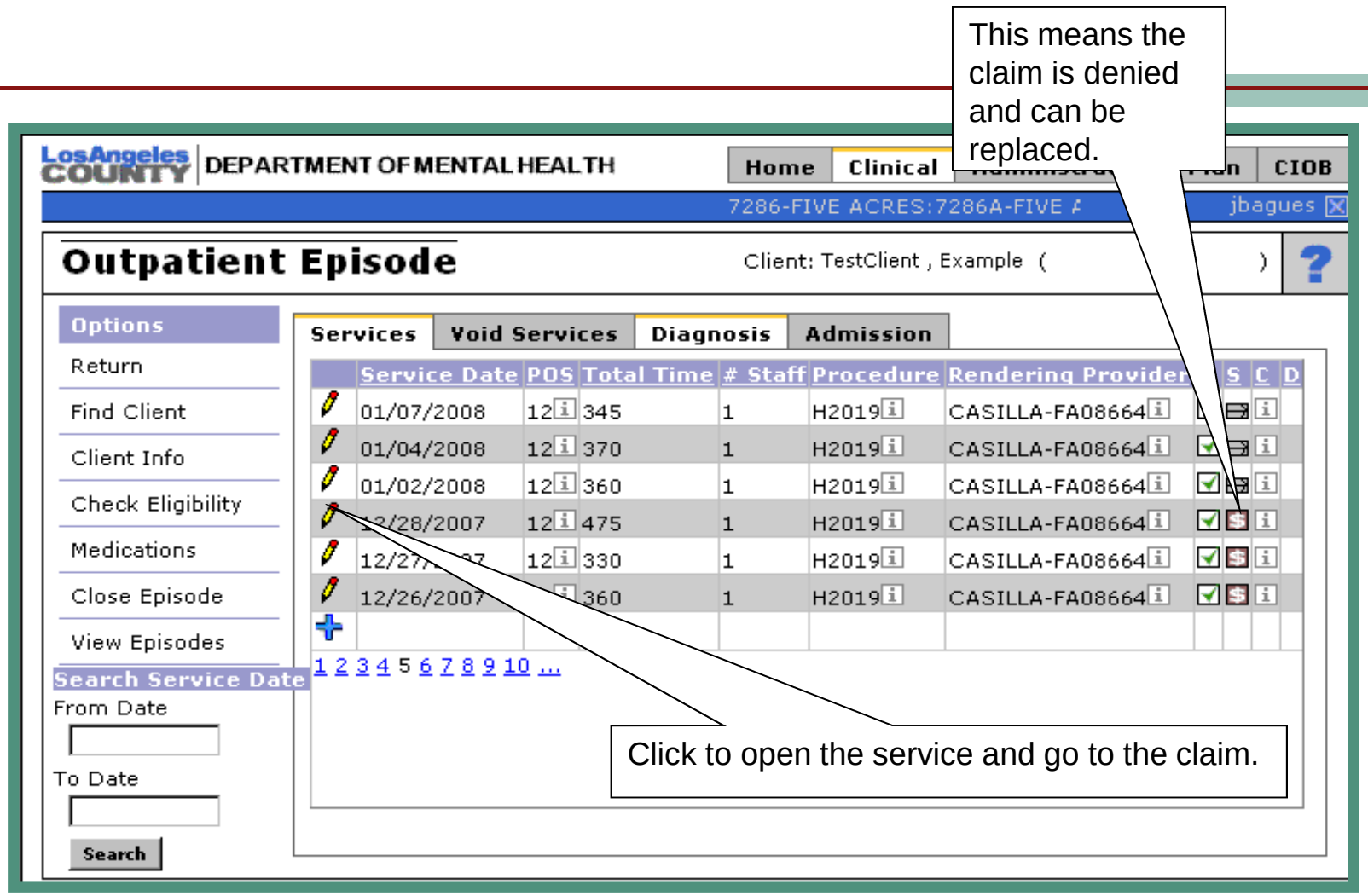
Void Claims /Outpatient



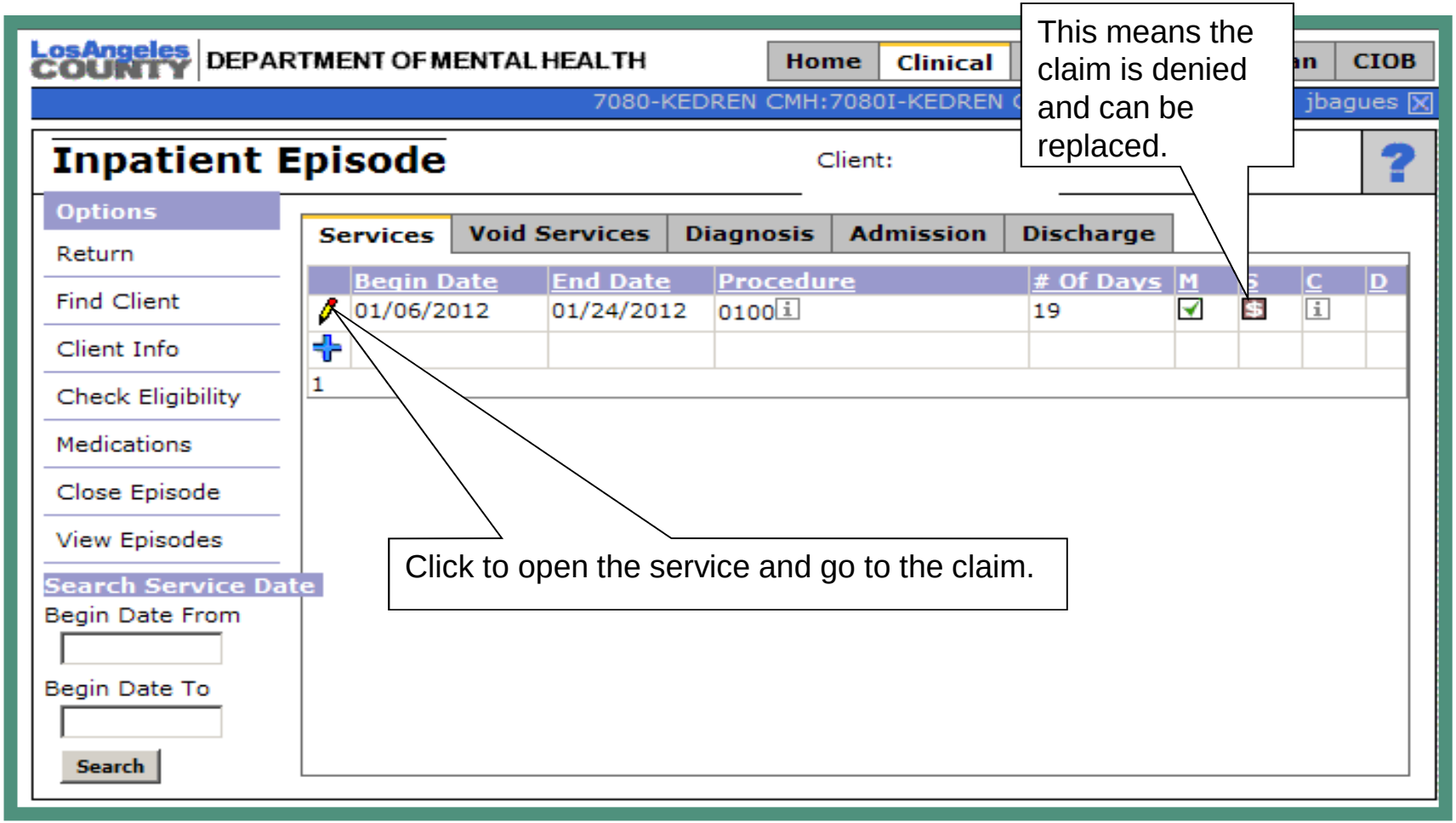
Void Claim/Inpatient



Replace Claims/Outpatient

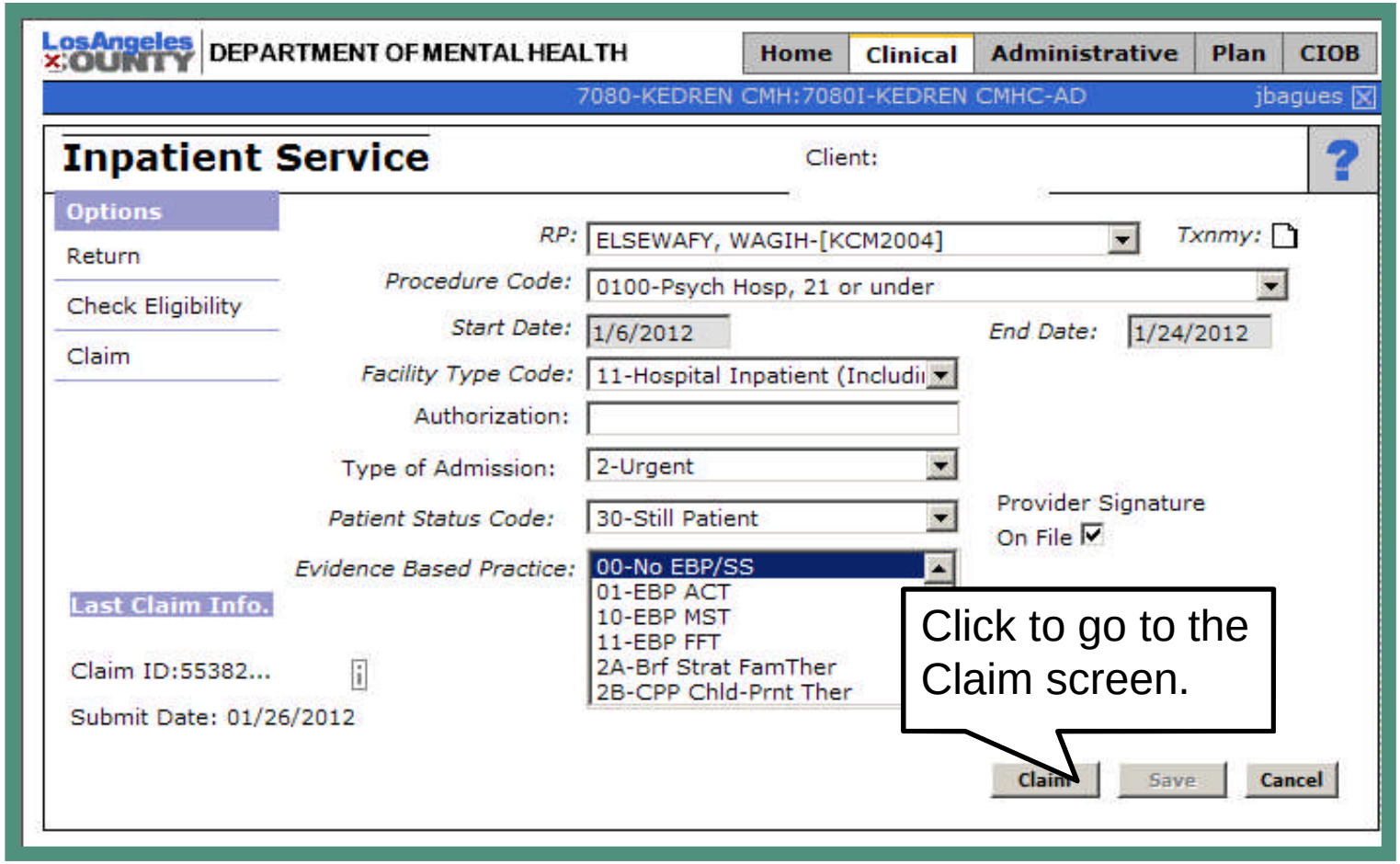


Replace Claims/Inpatient

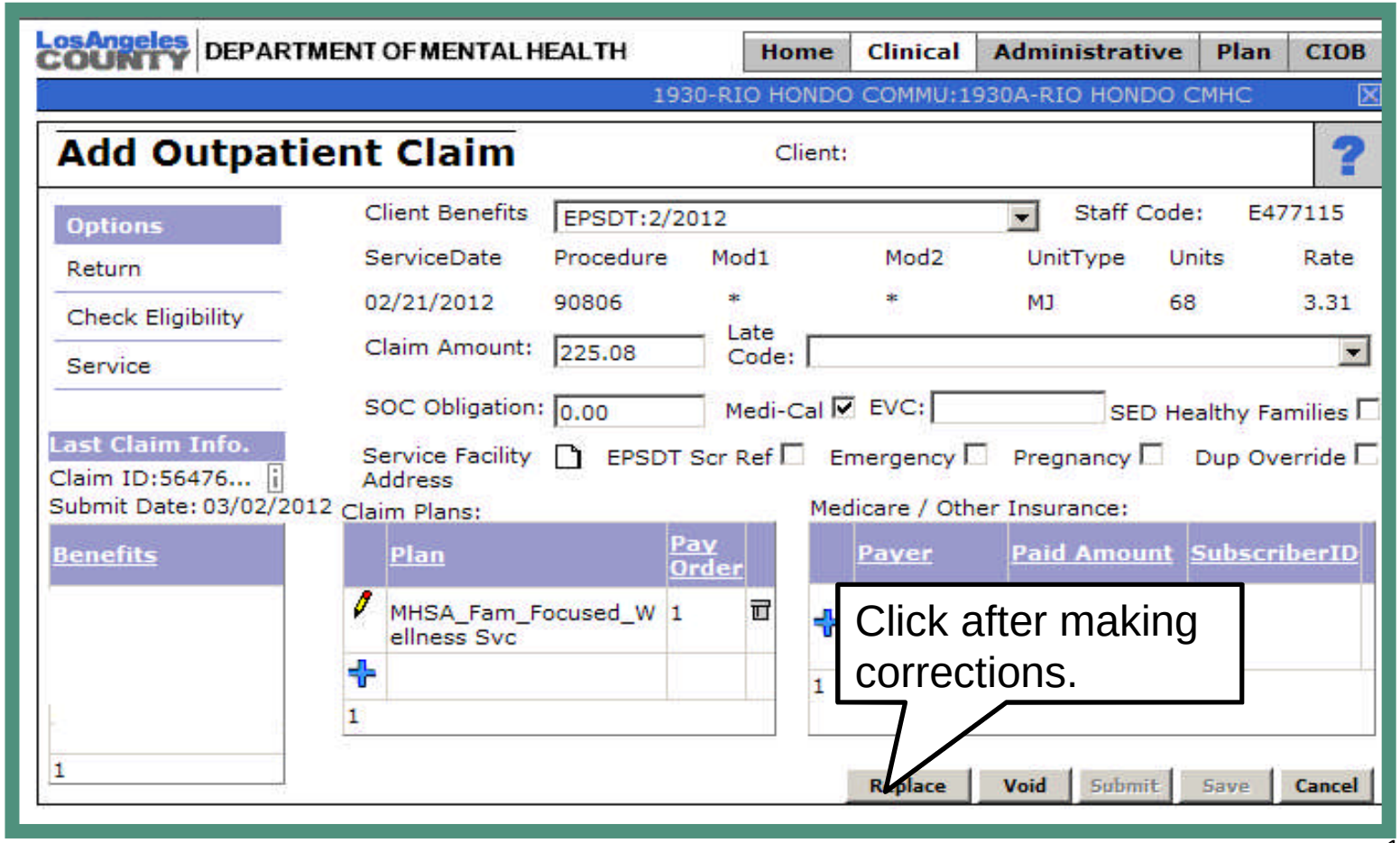


Replace Claims/Outpatient

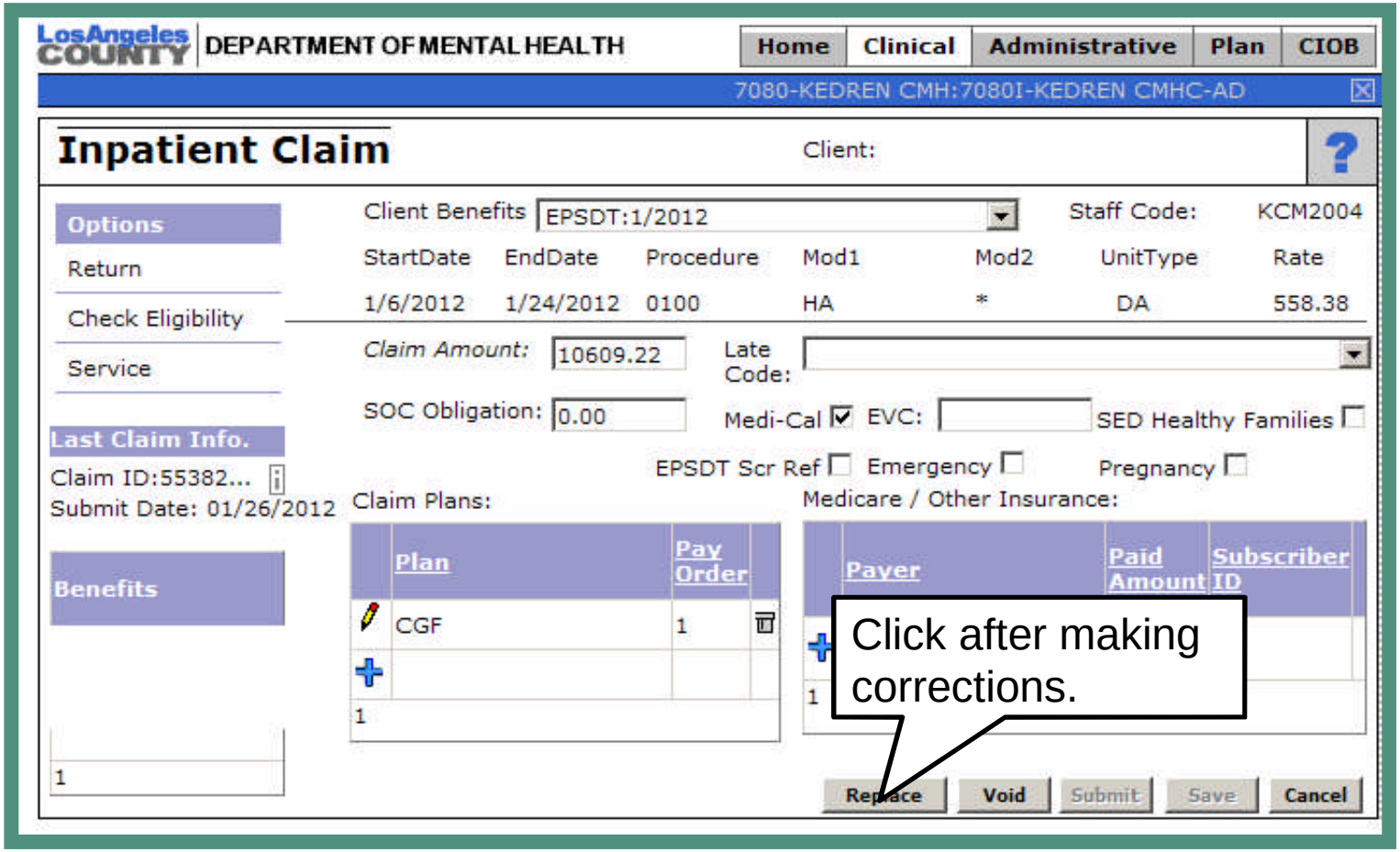
Replace Claims/Inpatient



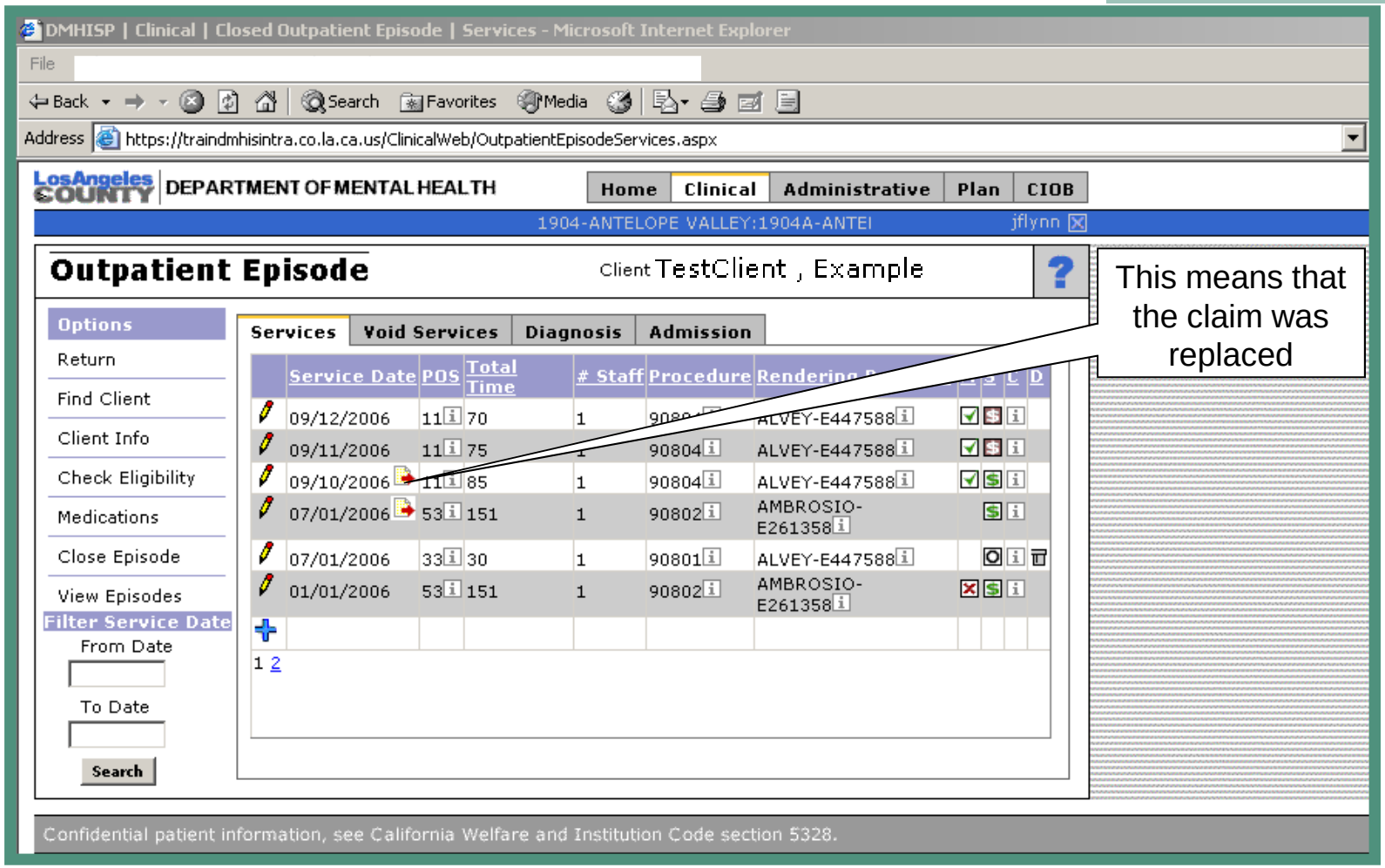
Replace Claims/Outpatient



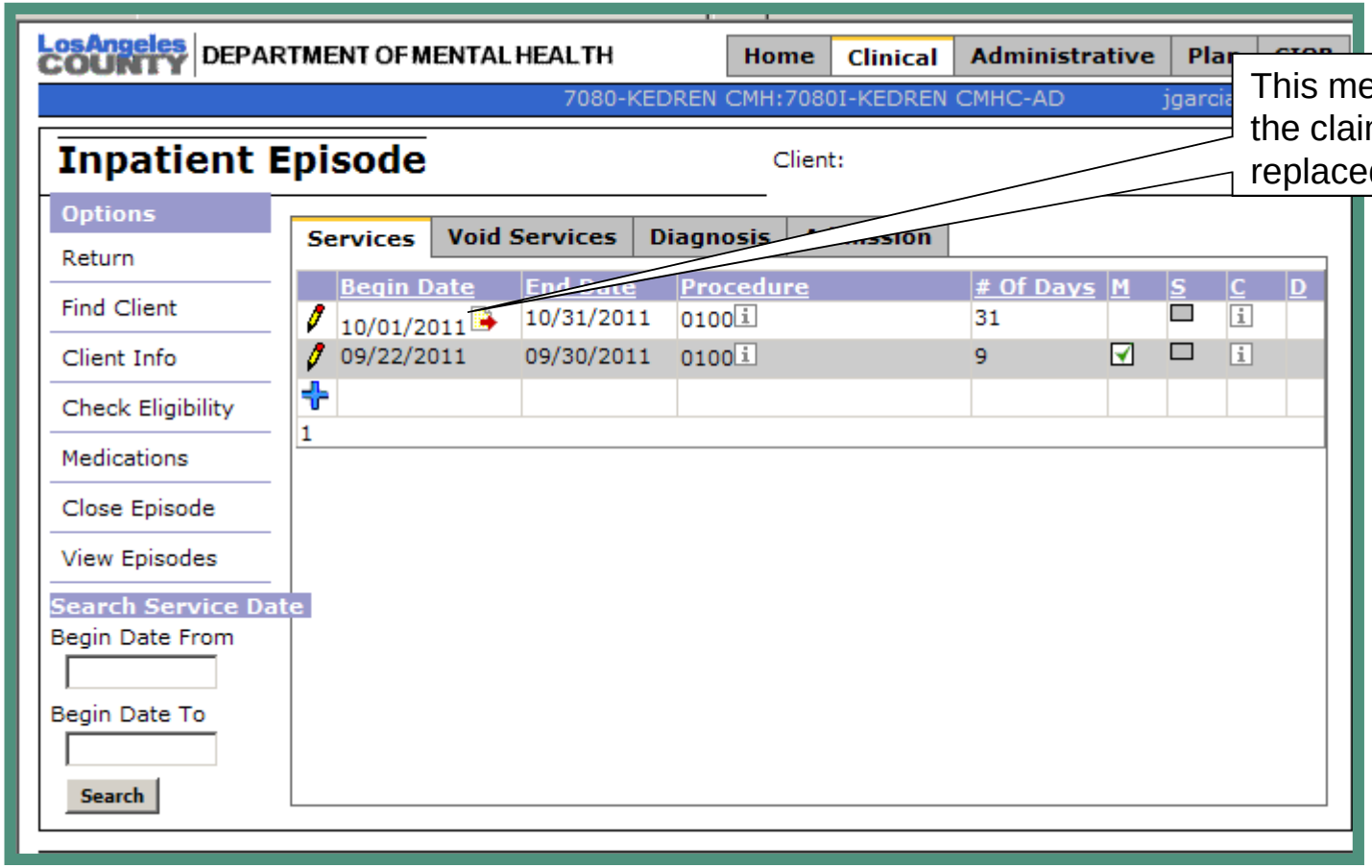
Replace Claims/Inpatient



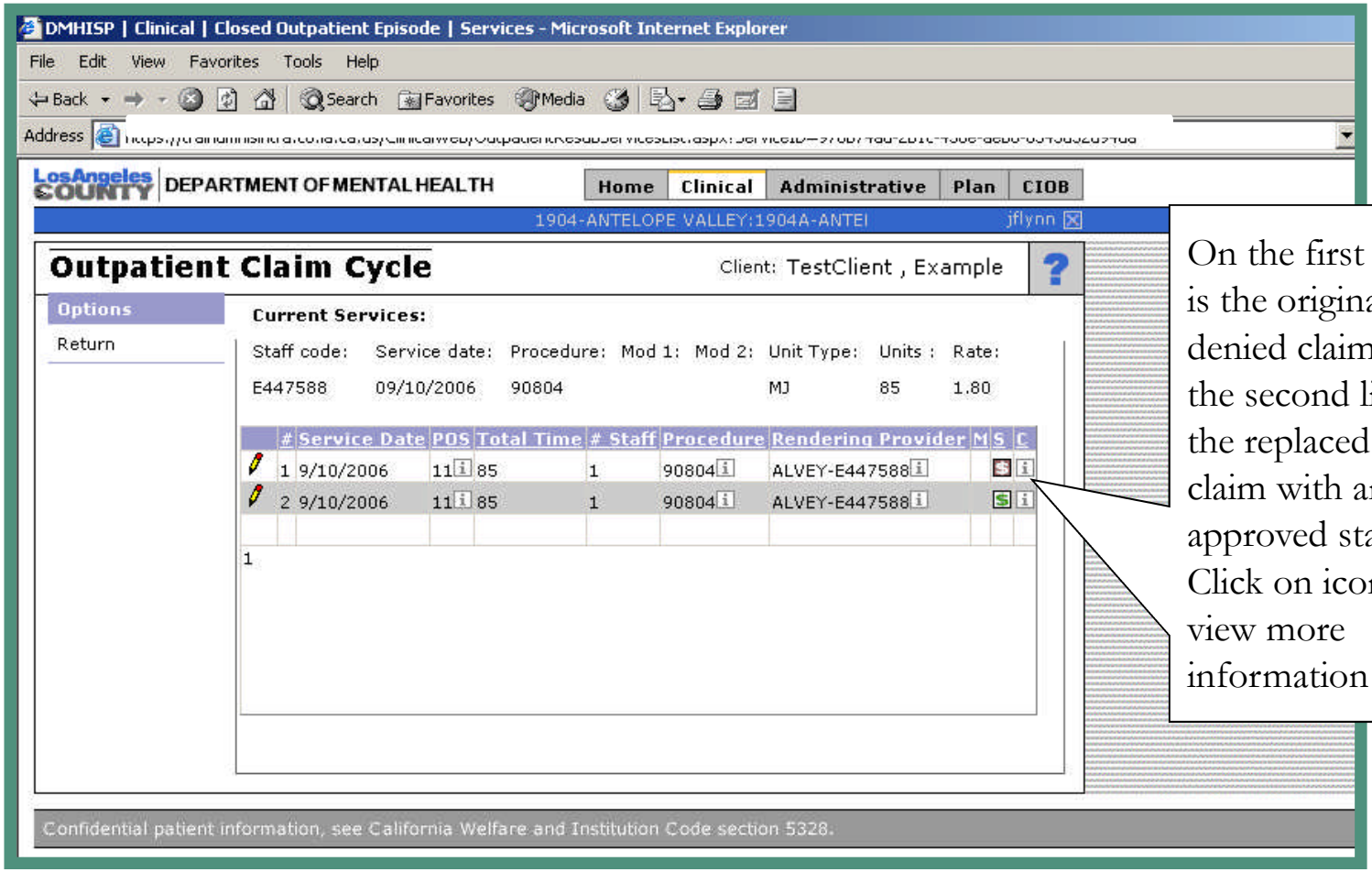
Replace Claims/Outpatient



Replace Claims/Inpatient

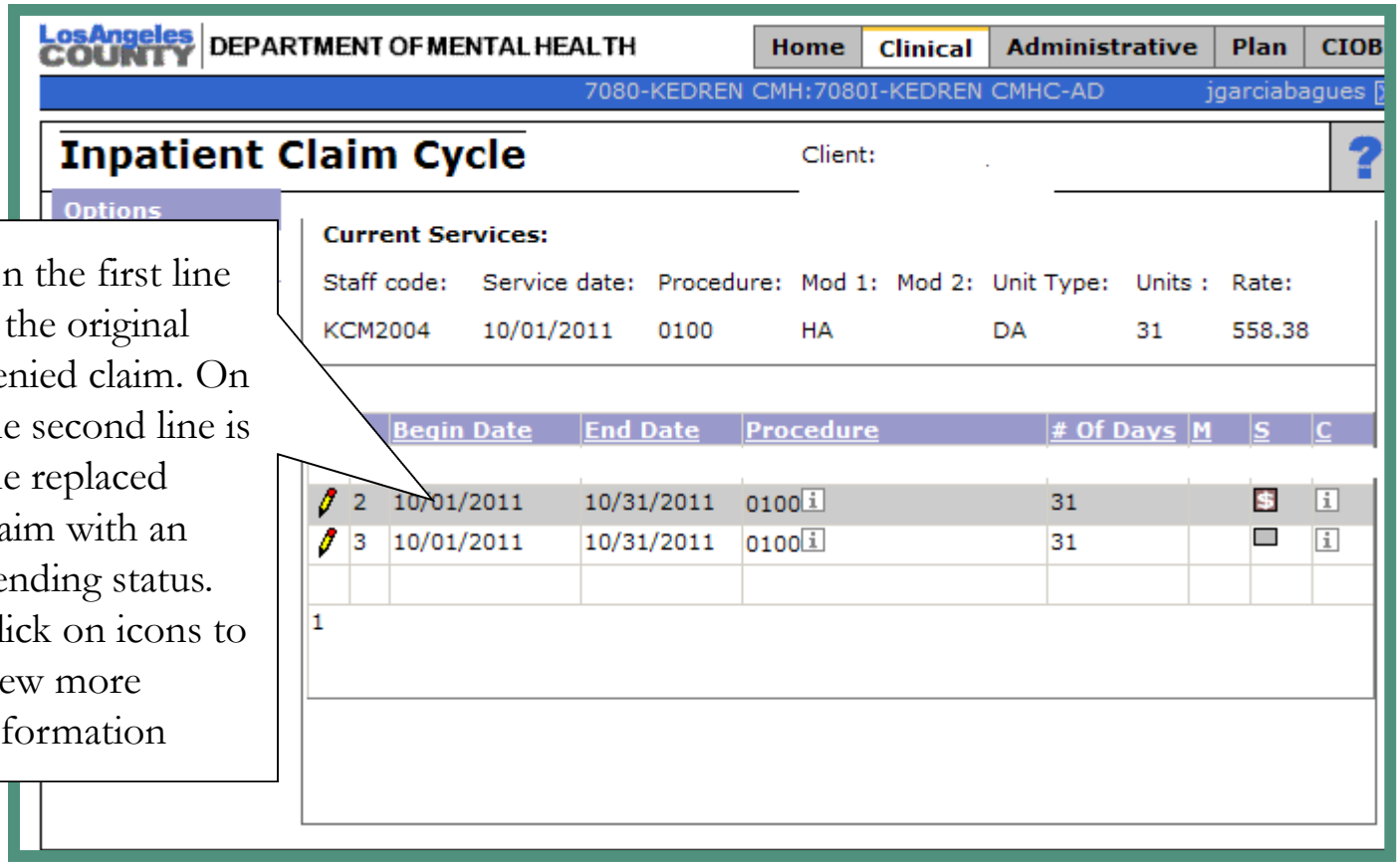


Replace Claims/Outpatient



On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

Replace Claims/Inpatient



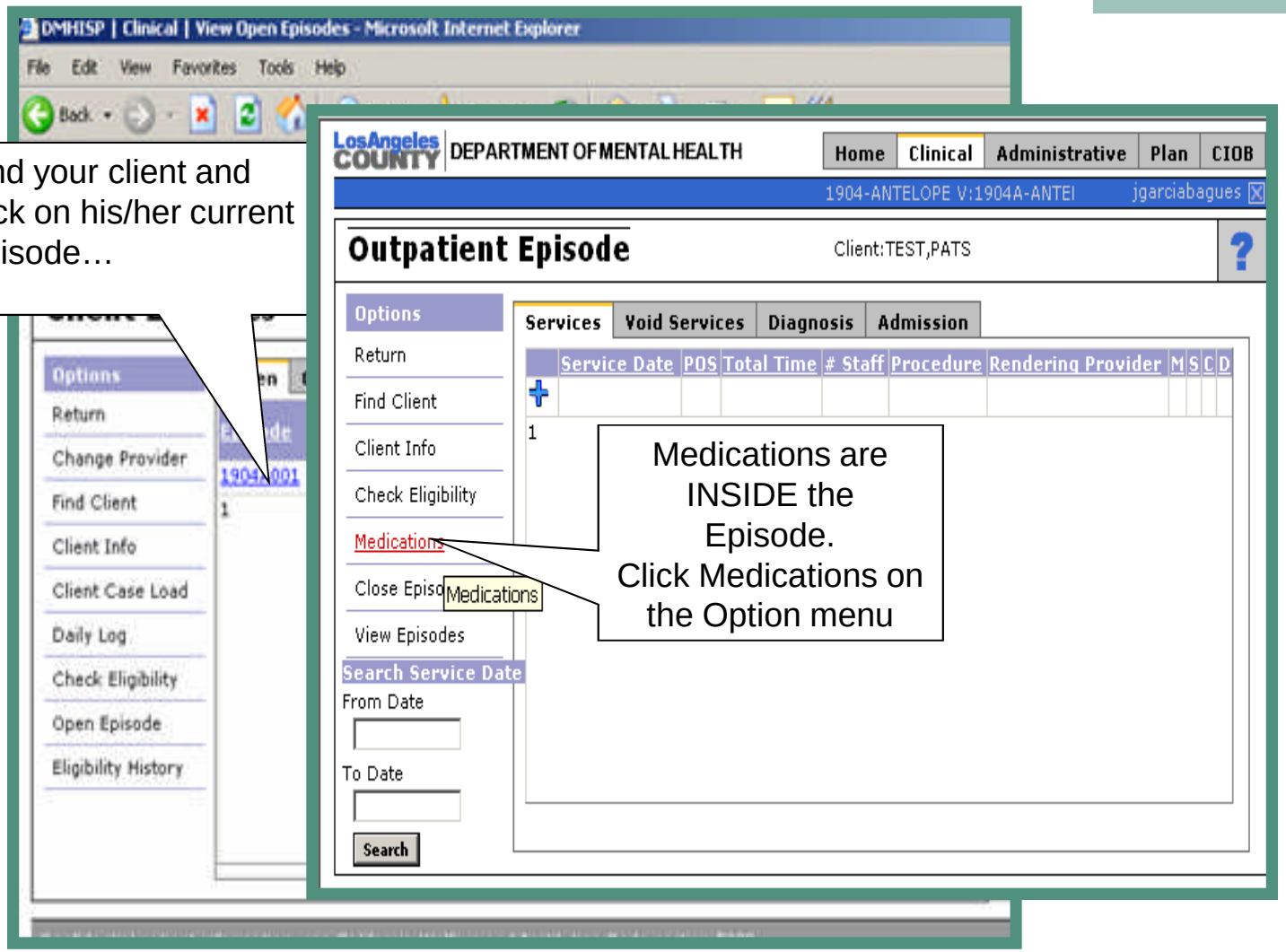
On the first line is the original denied claim. On the second line is the replaced claim with an pending status. Click on icons to view more information

EXERCISE 12

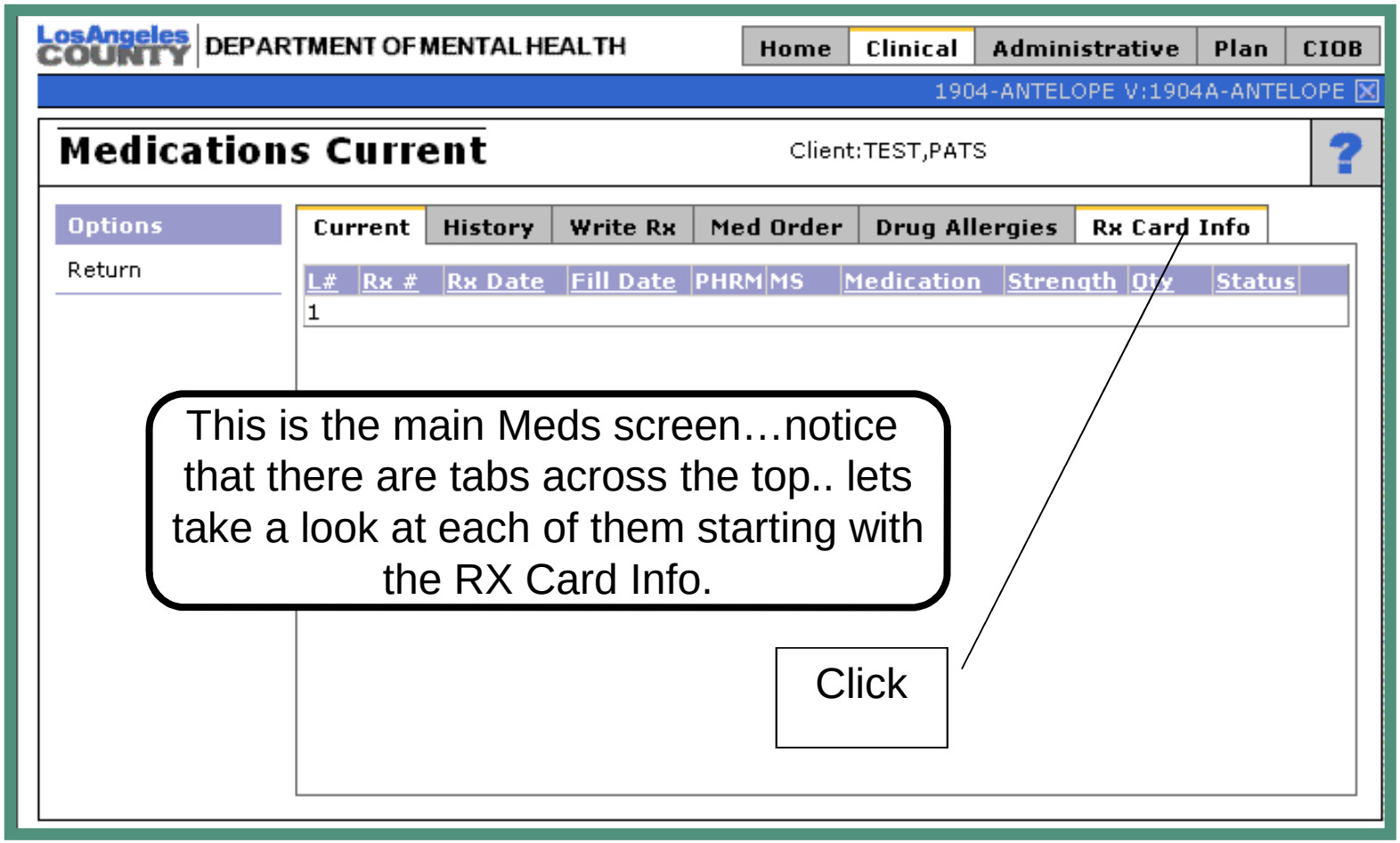
Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

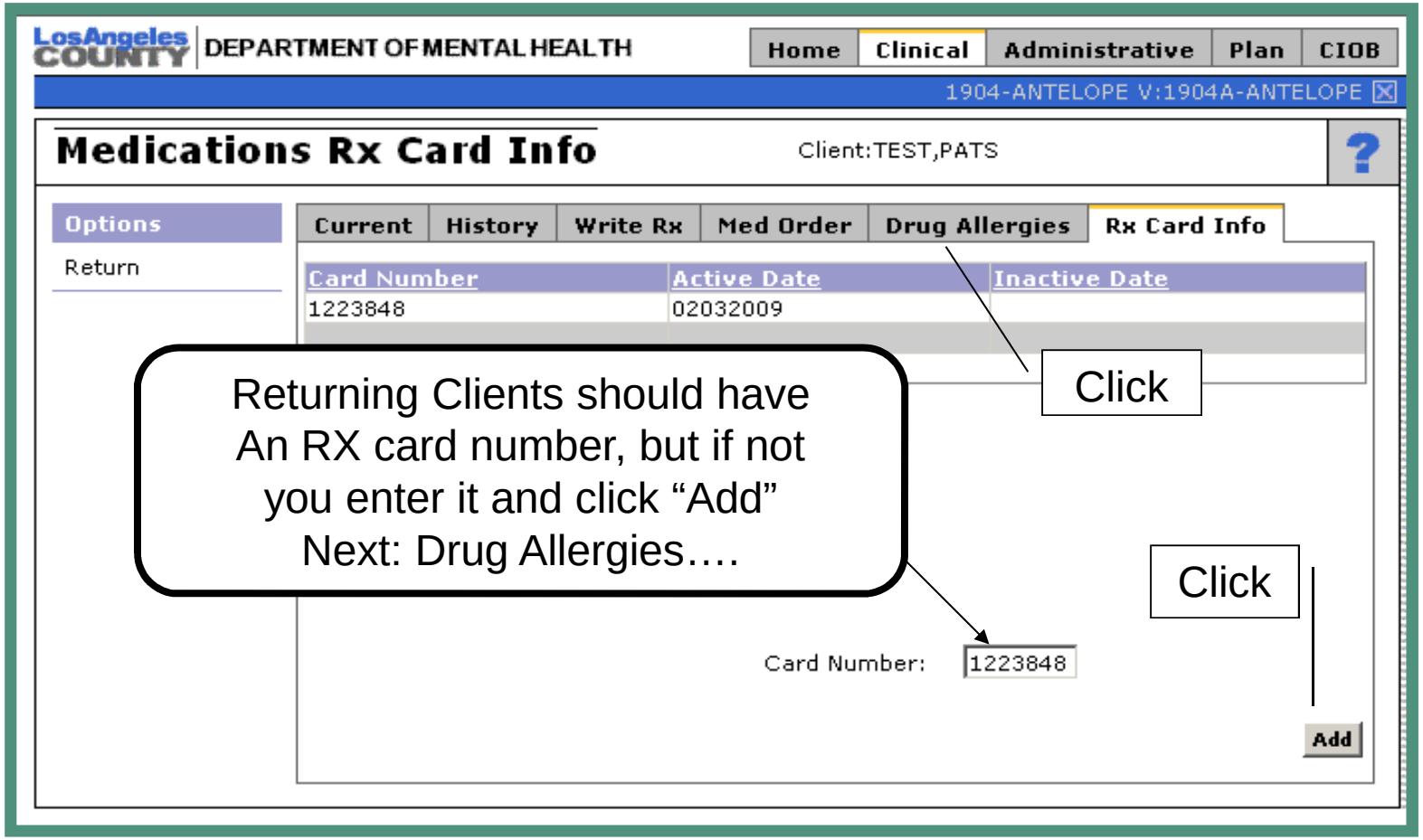
The Medications Screen



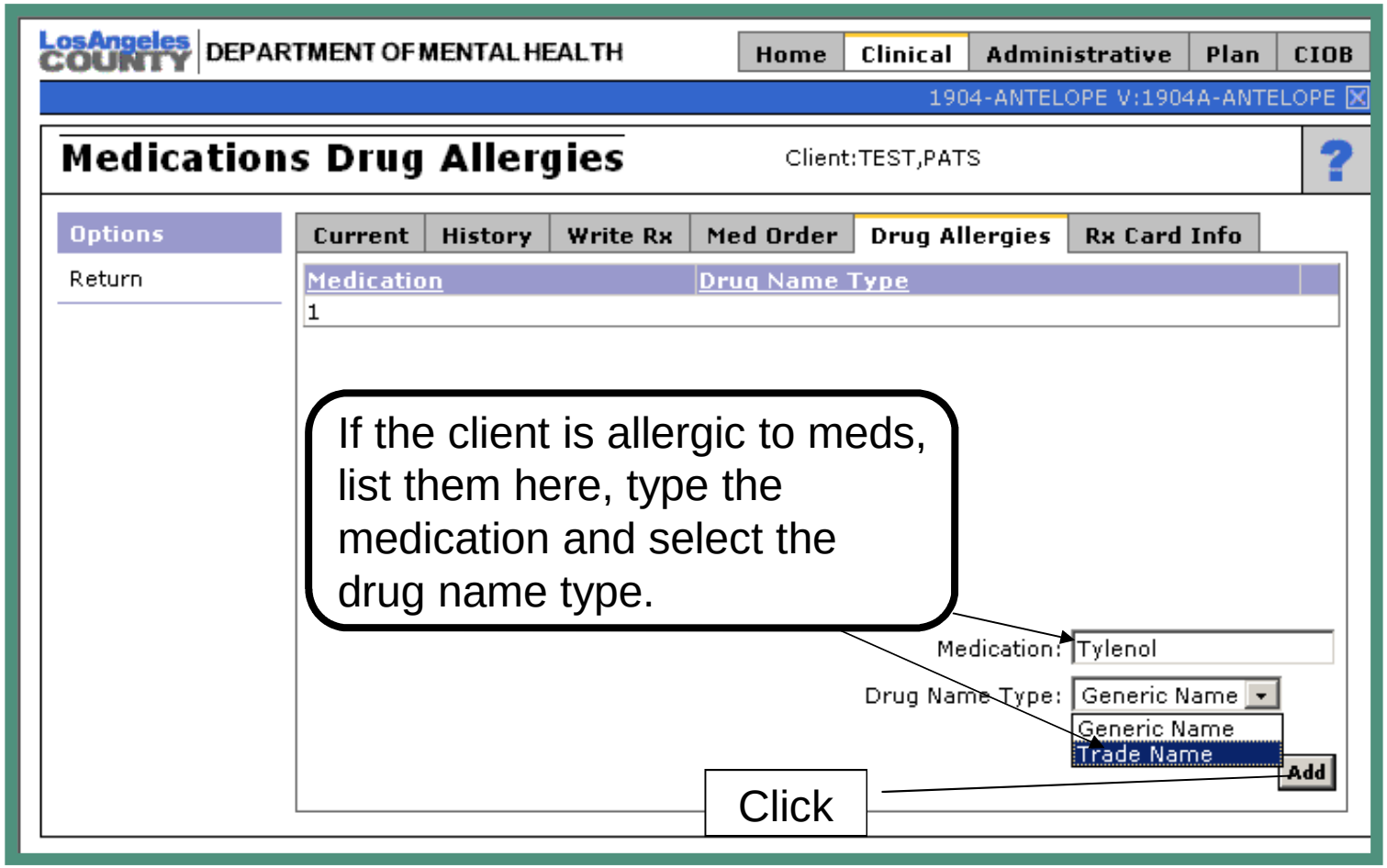
Prescribing Medications



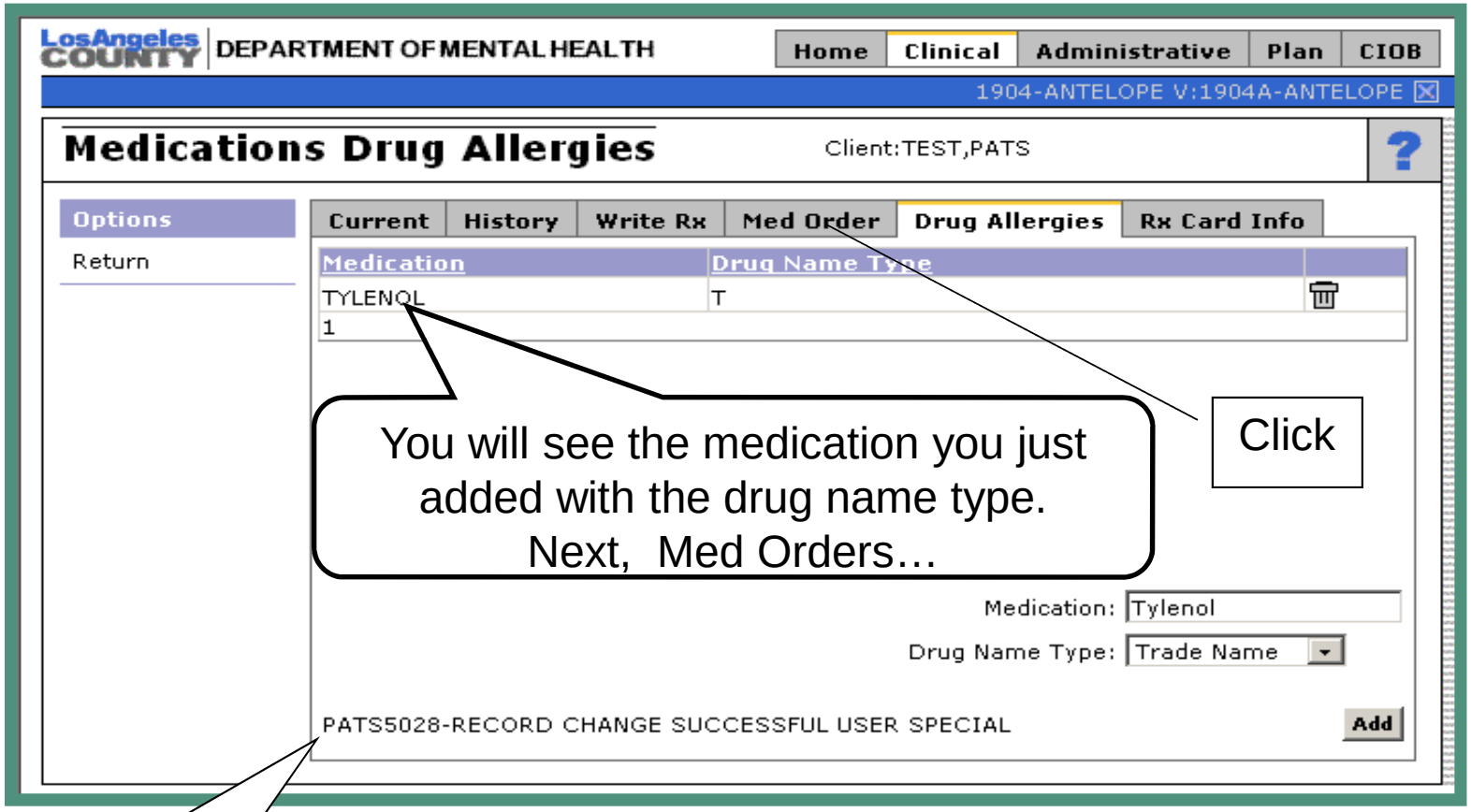
Prescribing Medications: Rx Card



Prescribing Medications: Allergies



Prescribing Medications: Allergies

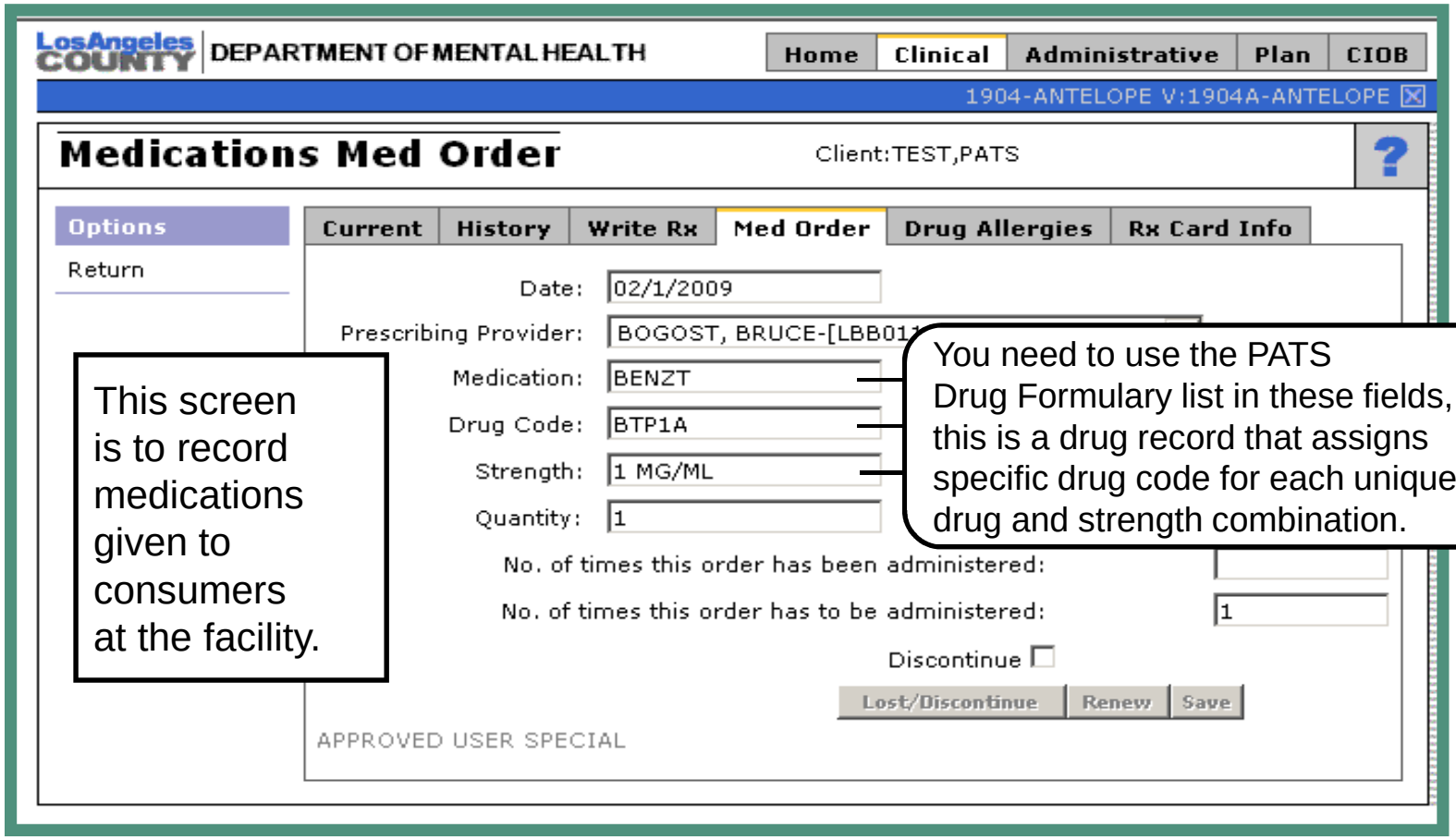


EXERCISE 13

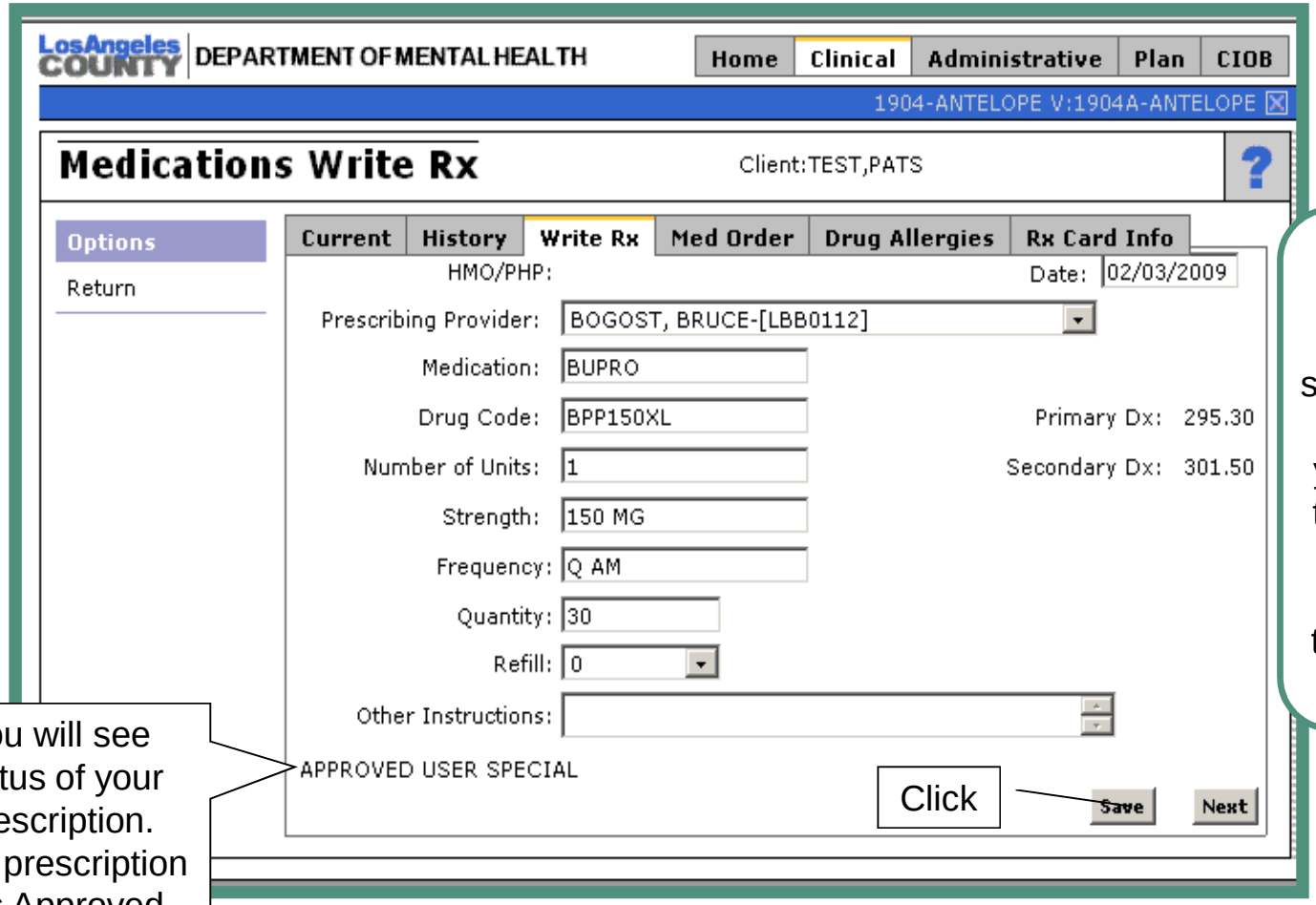
Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders



Prescribing Medications

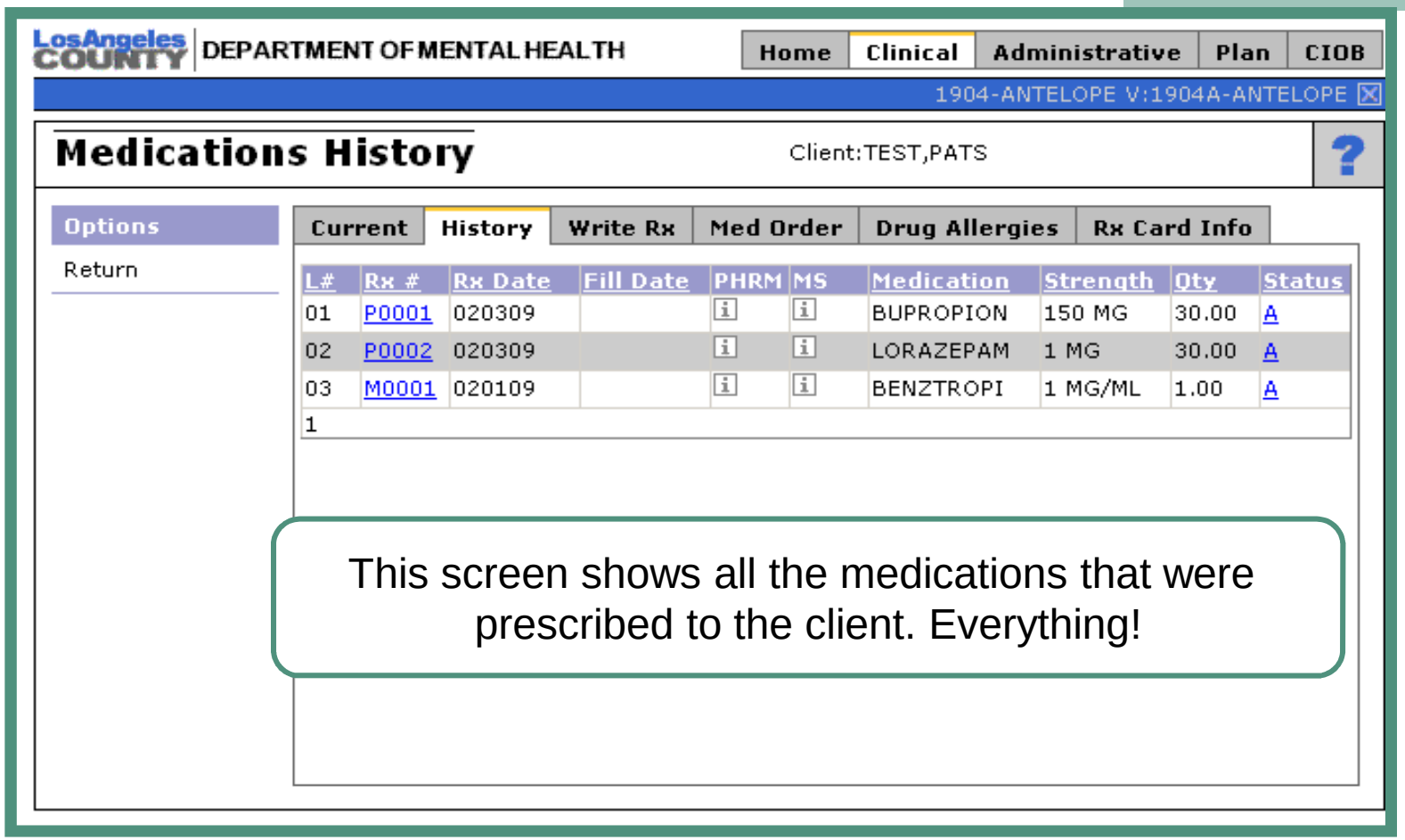


You will see status of your prescription. This prescription was Approved.

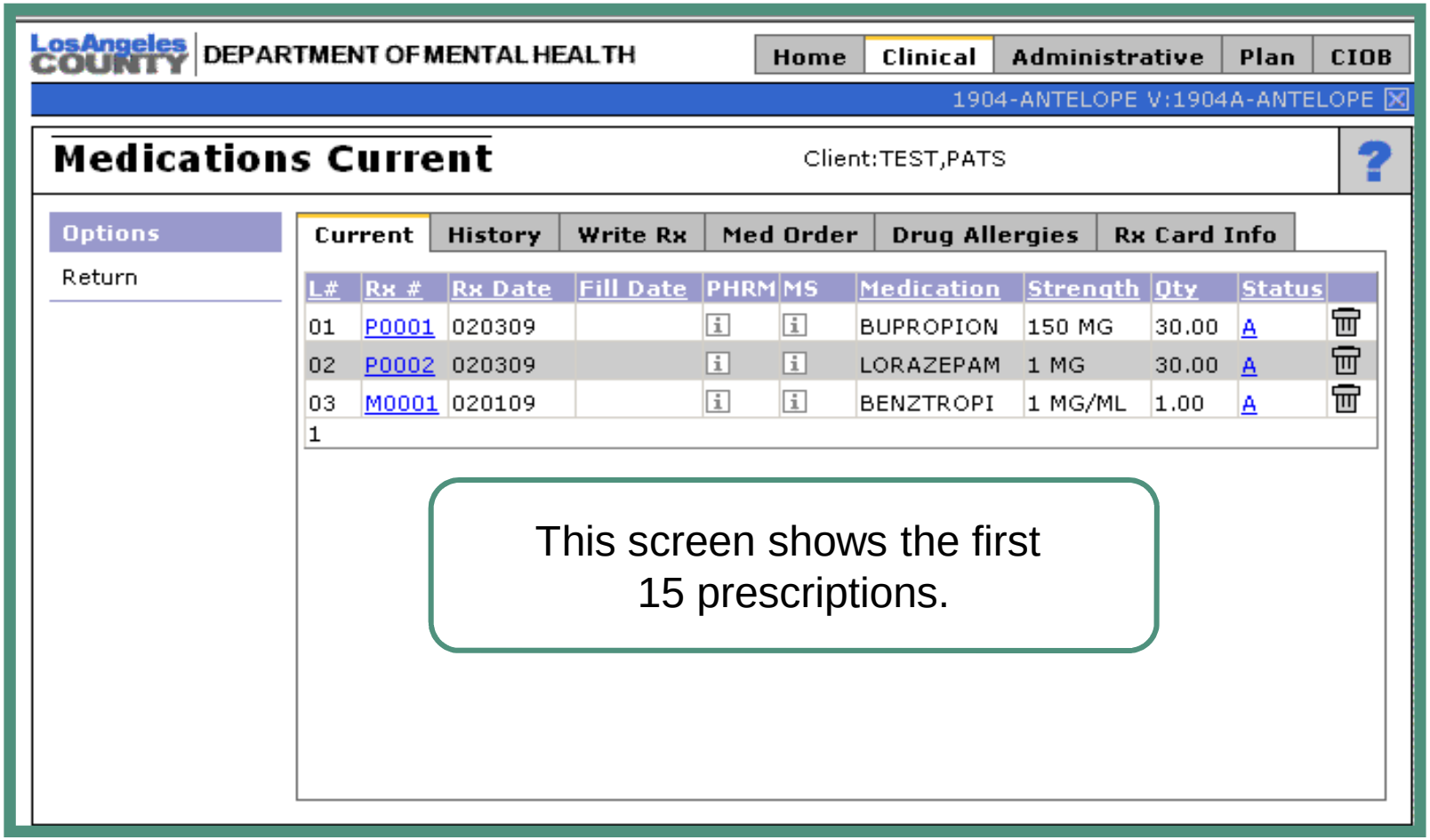
Click

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History



Medications Current

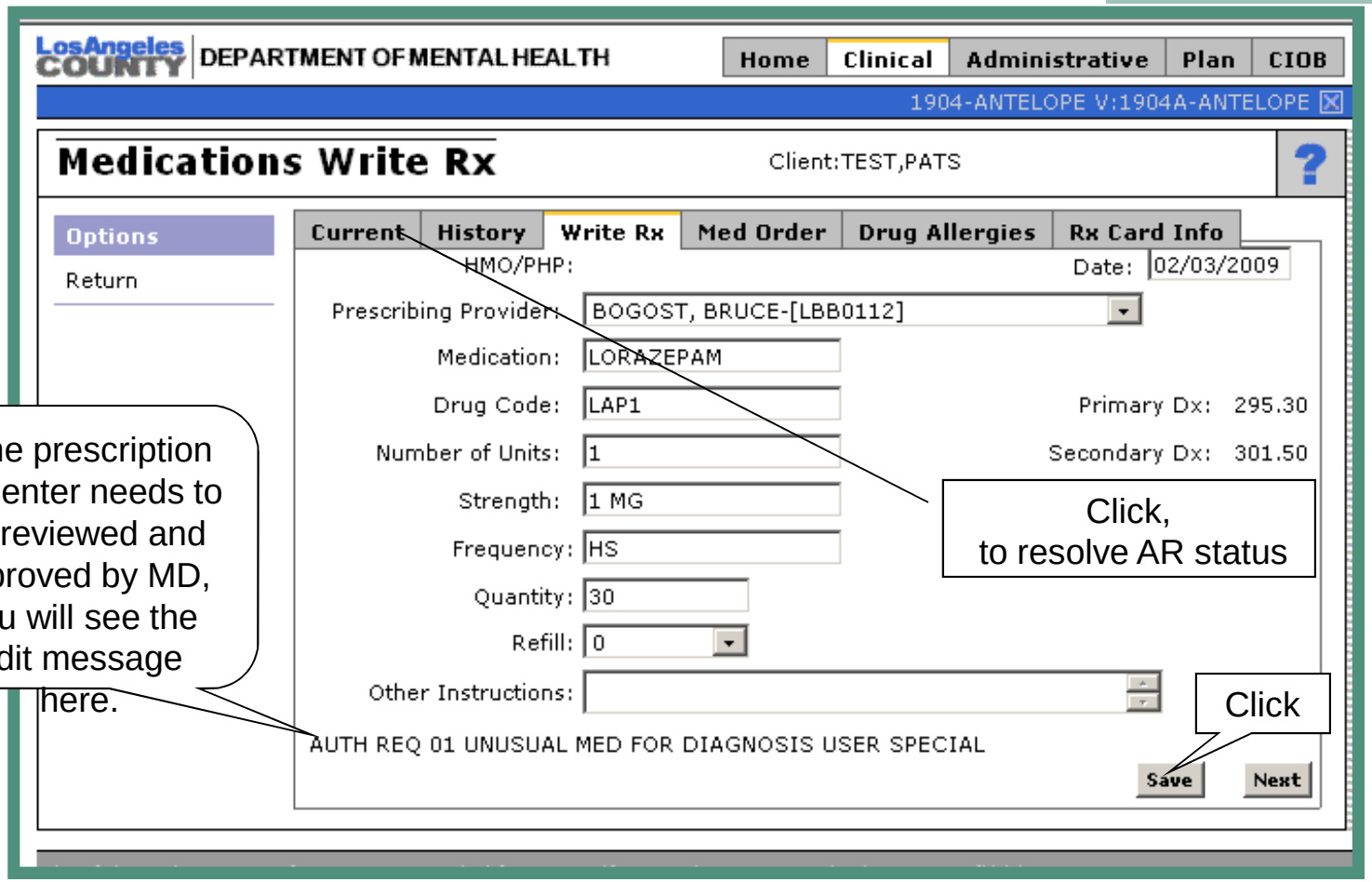


EXERCISE 14

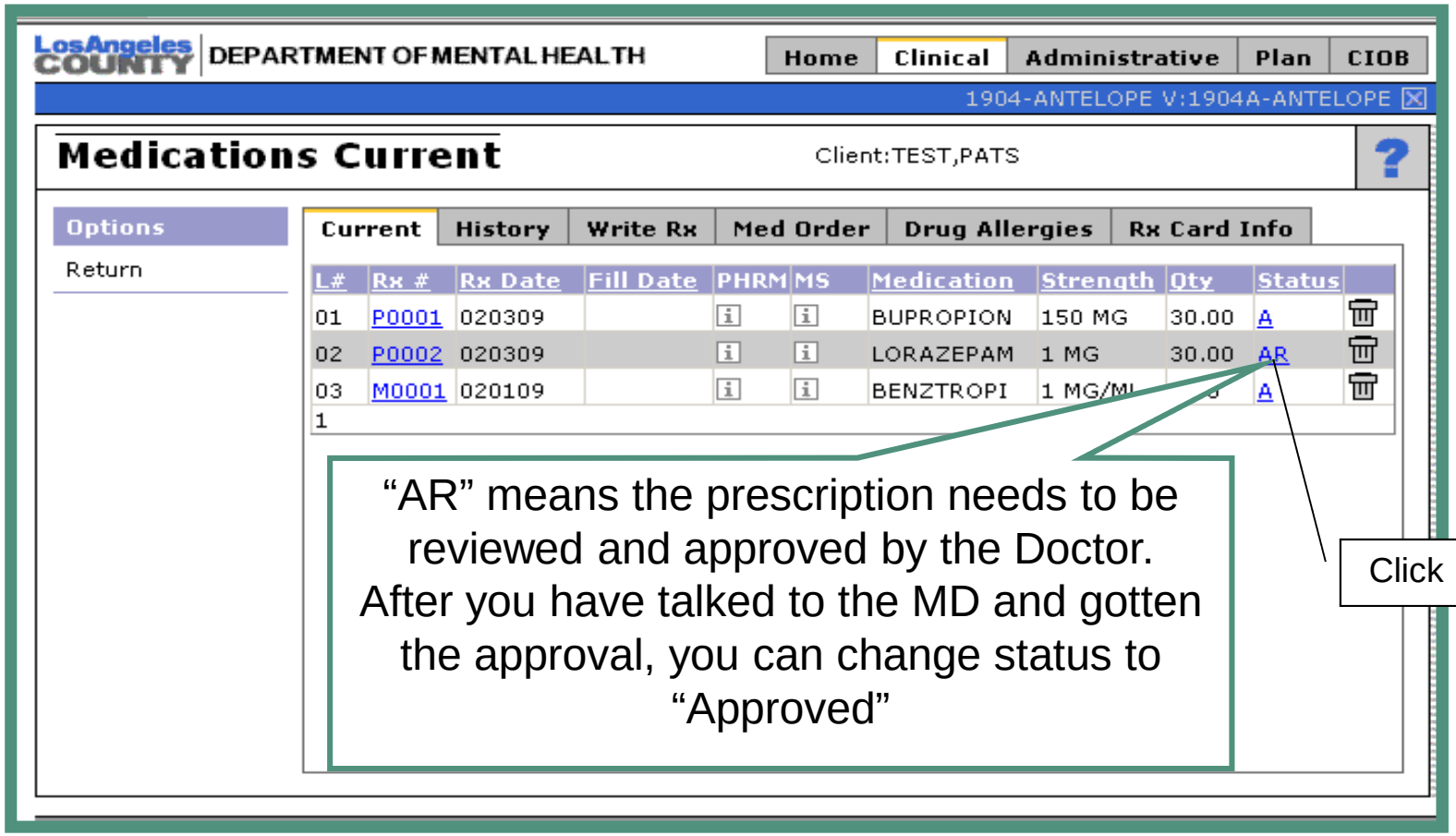
Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

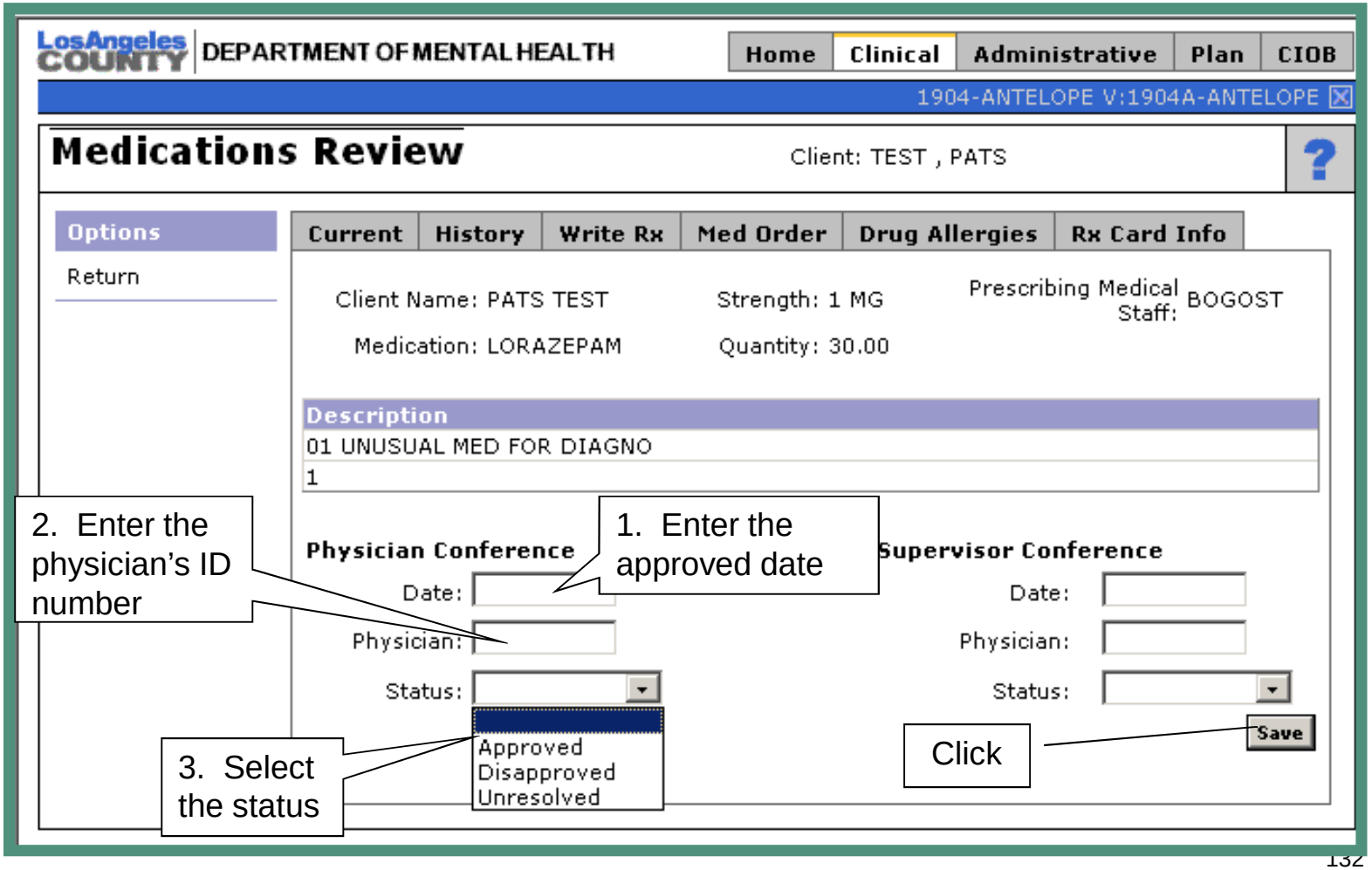
Prescribing Medications



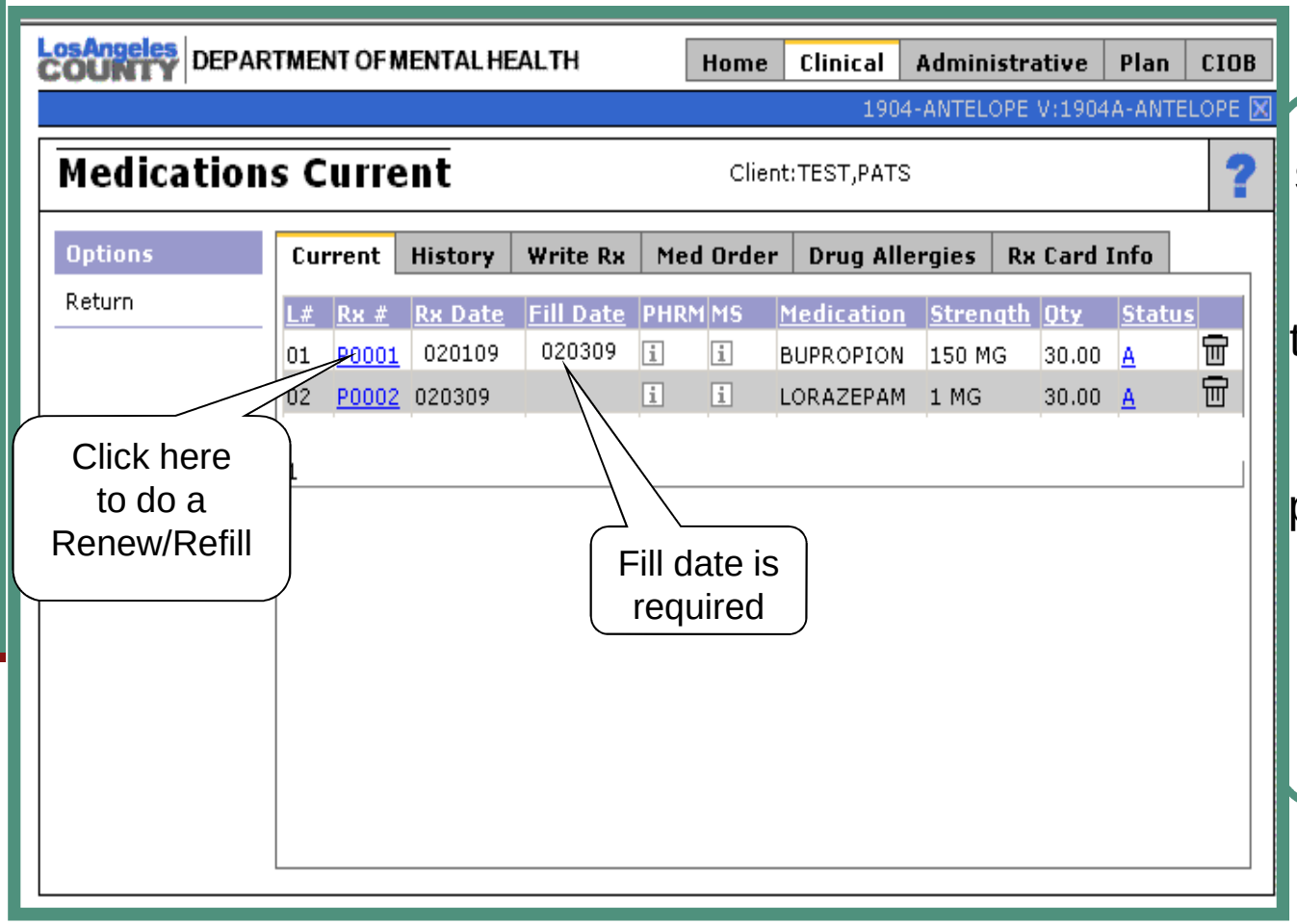
Prescribing Medications: Approval



Prescribing Medications: Approval

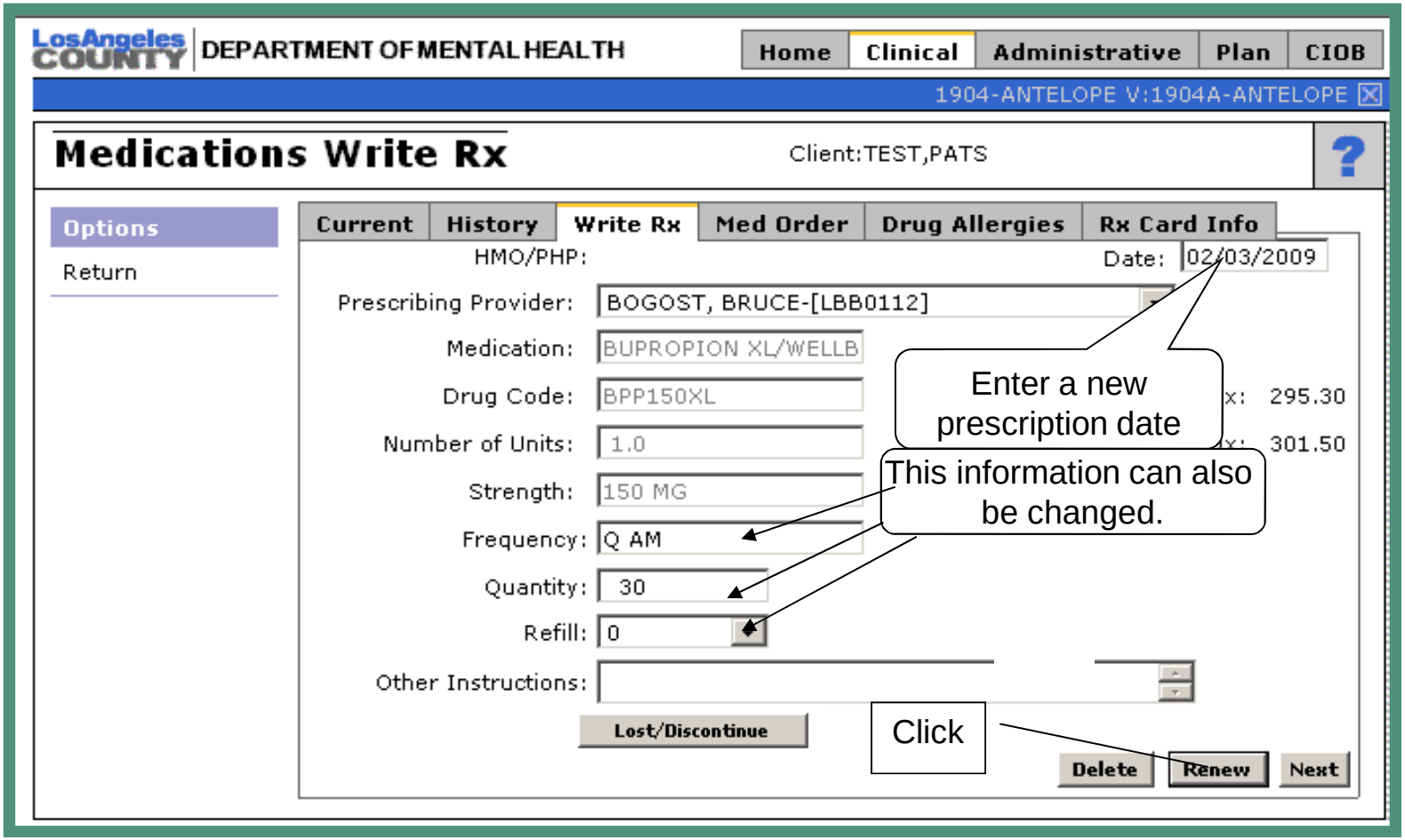


Prescribing Medications: Renew and Refill

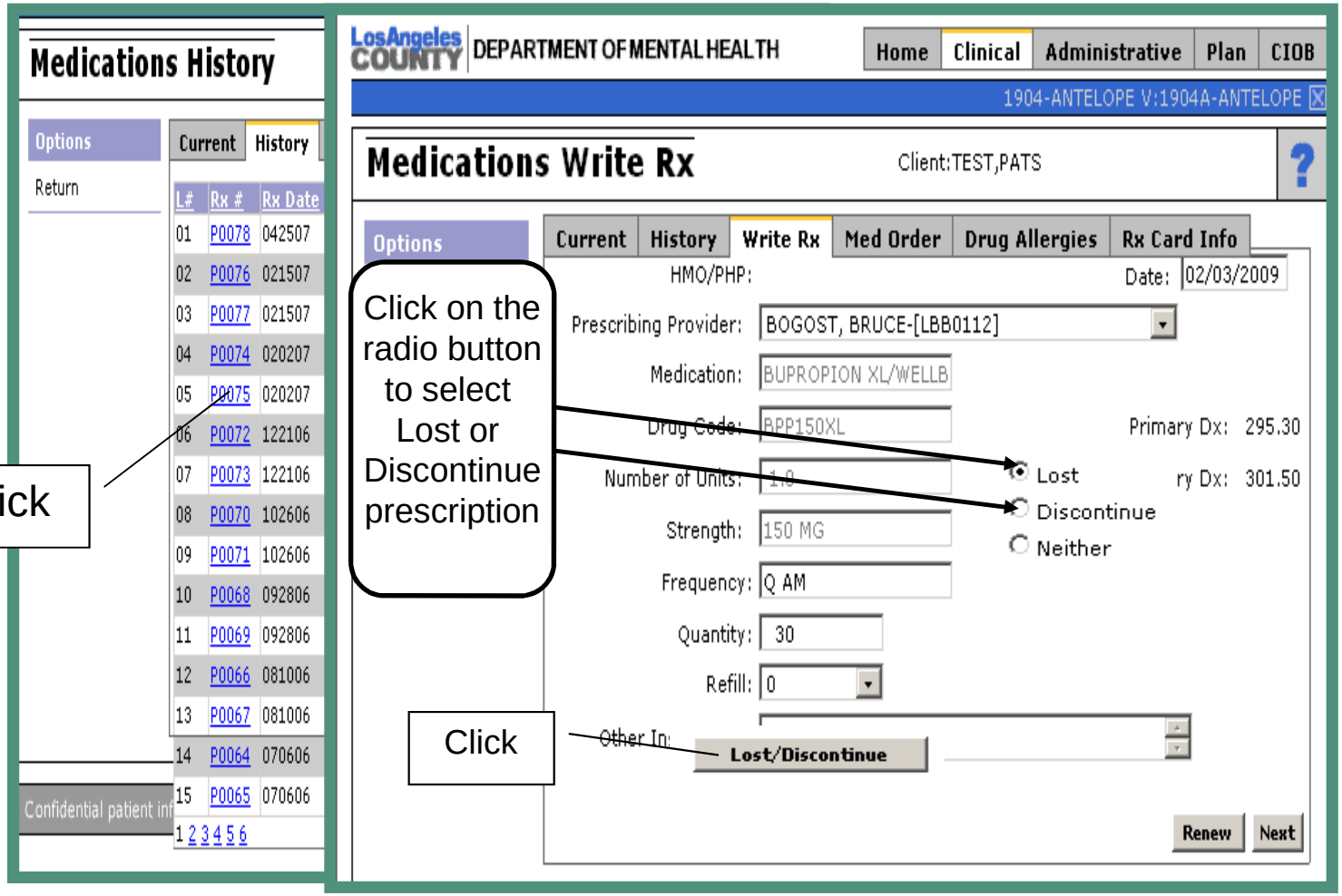


Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill



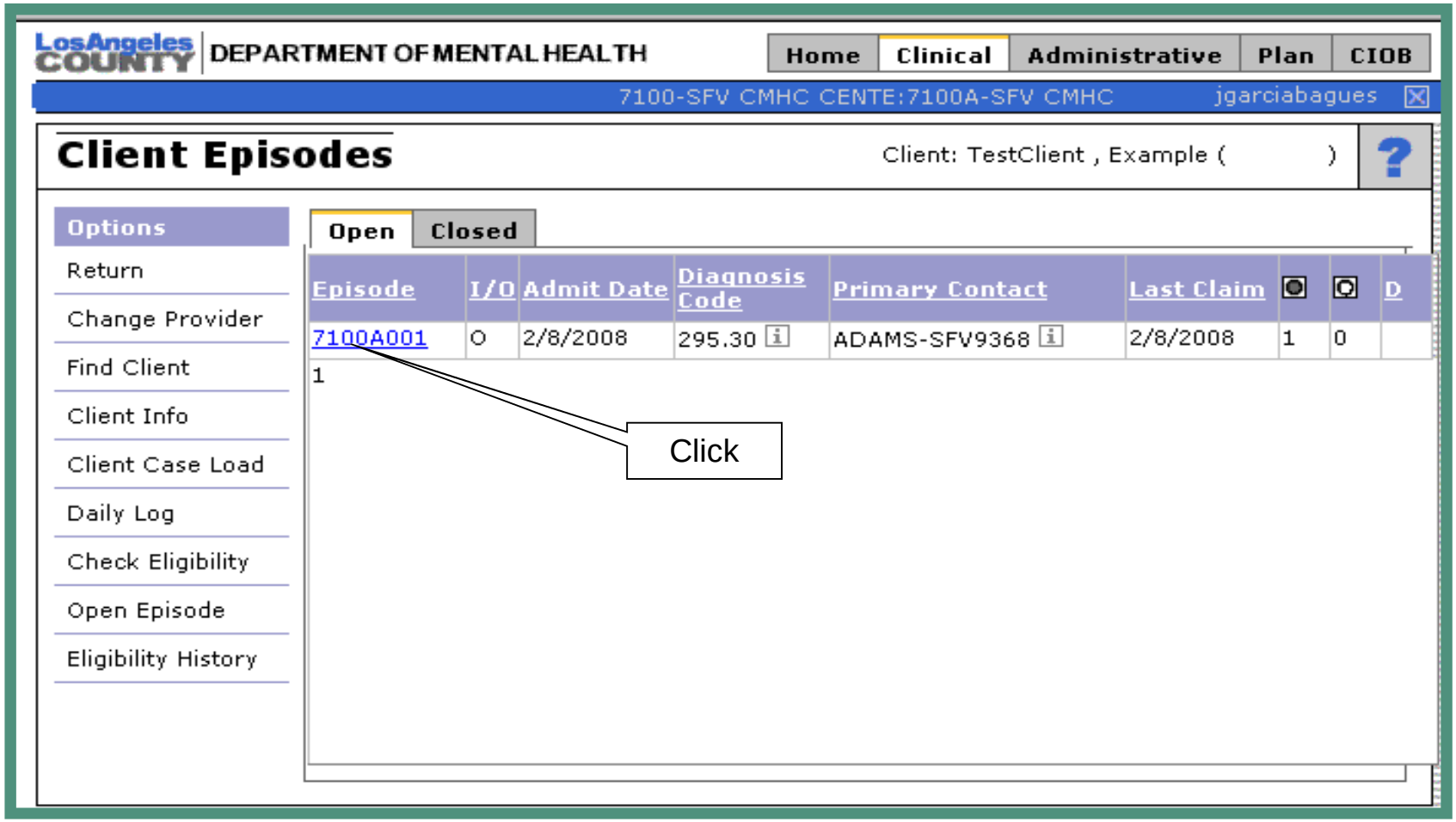
Prescribing Medications- Lost & Discontinue



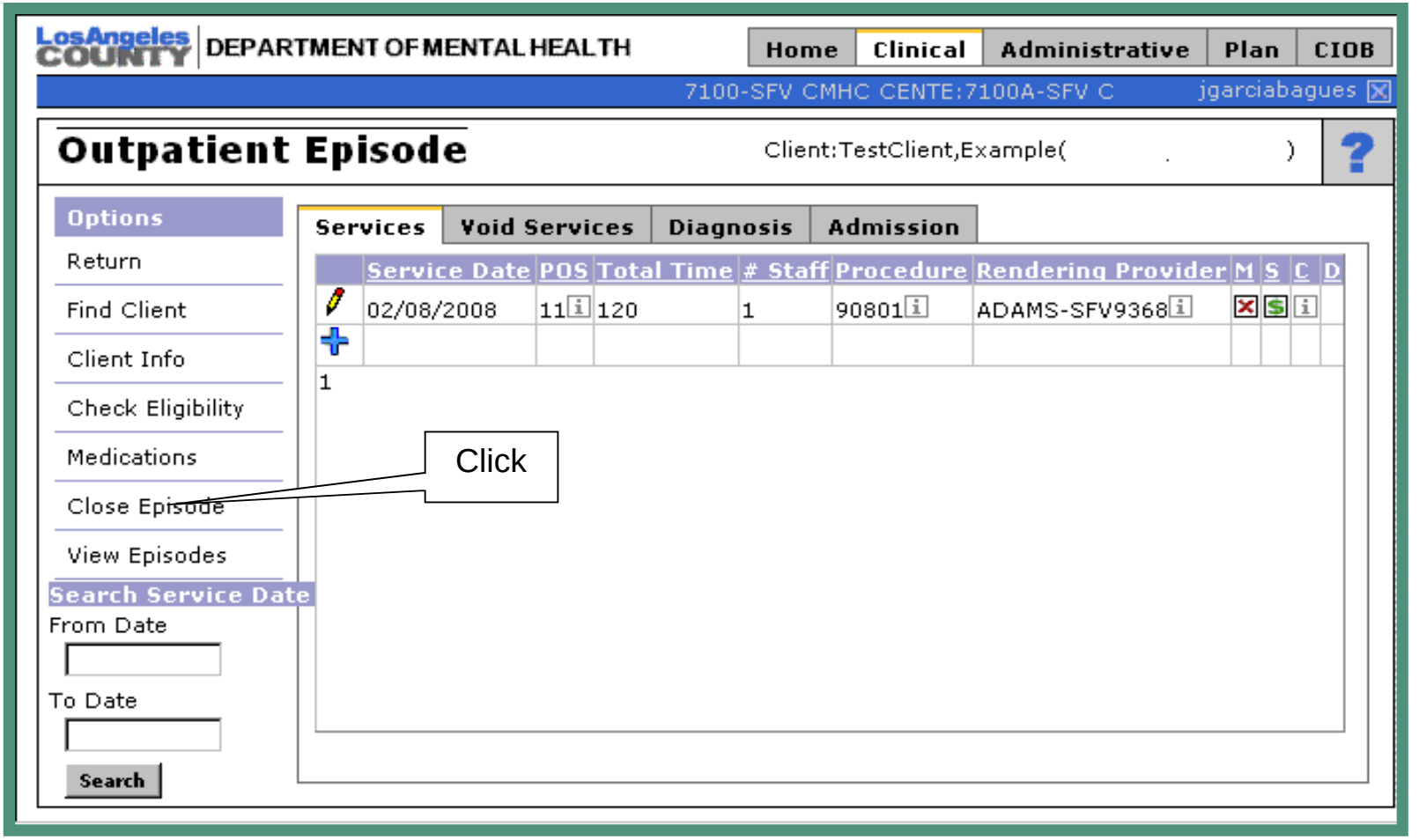
EXERCISE 15

Close an Episode

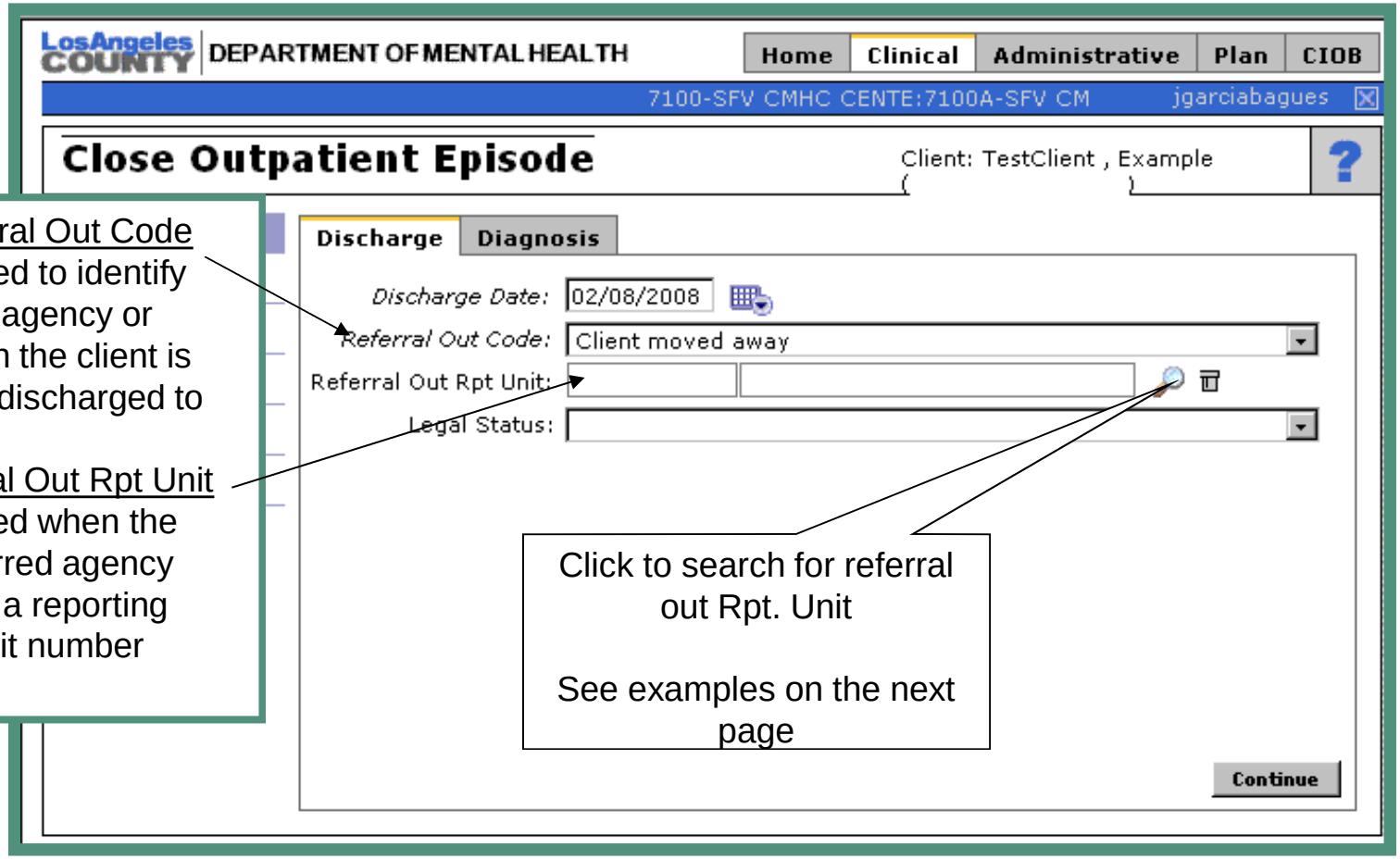
Close an Episode



Close an Episode



Close an Episode



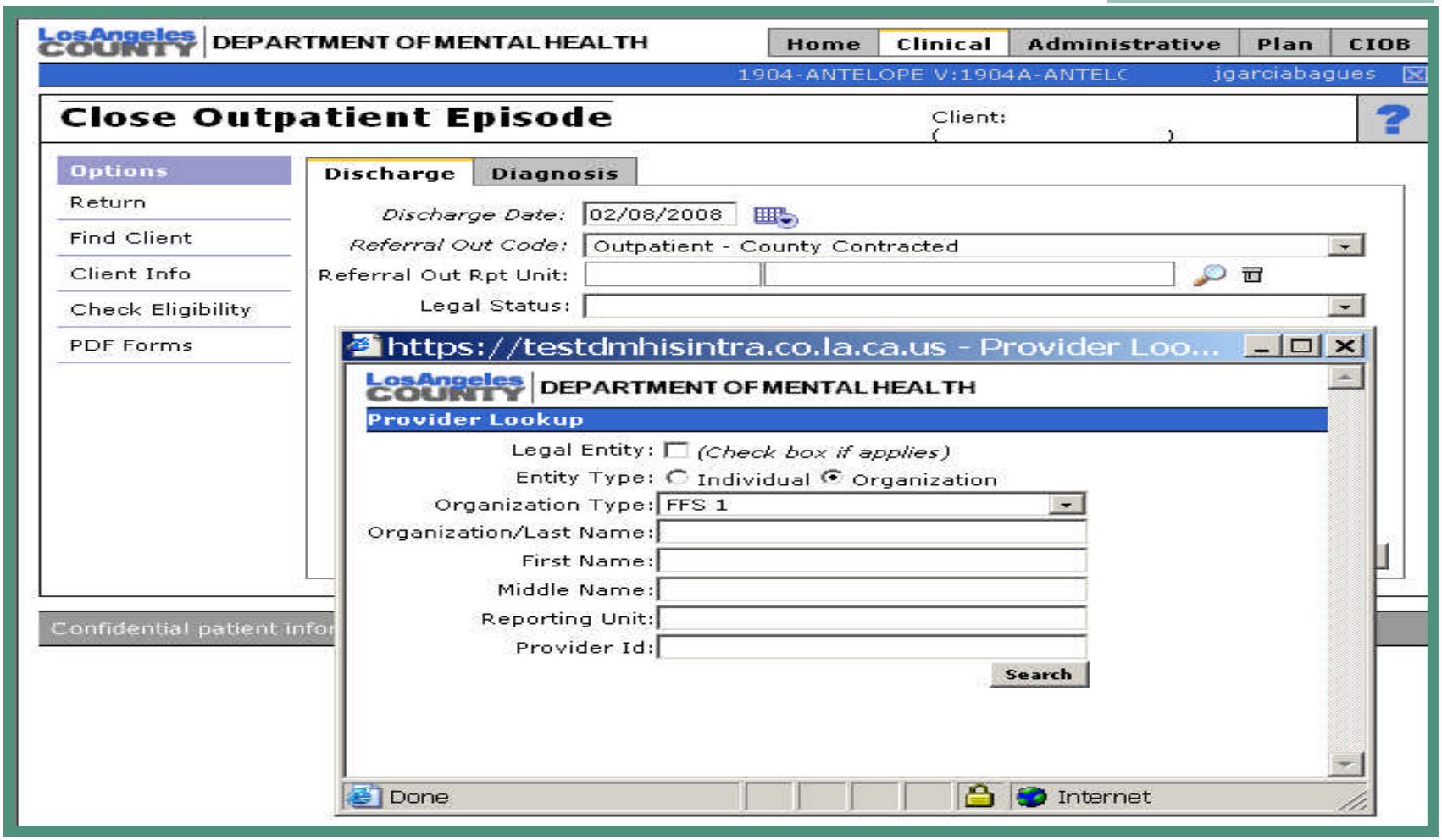
Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Click to search for referral out Rpt. Unit

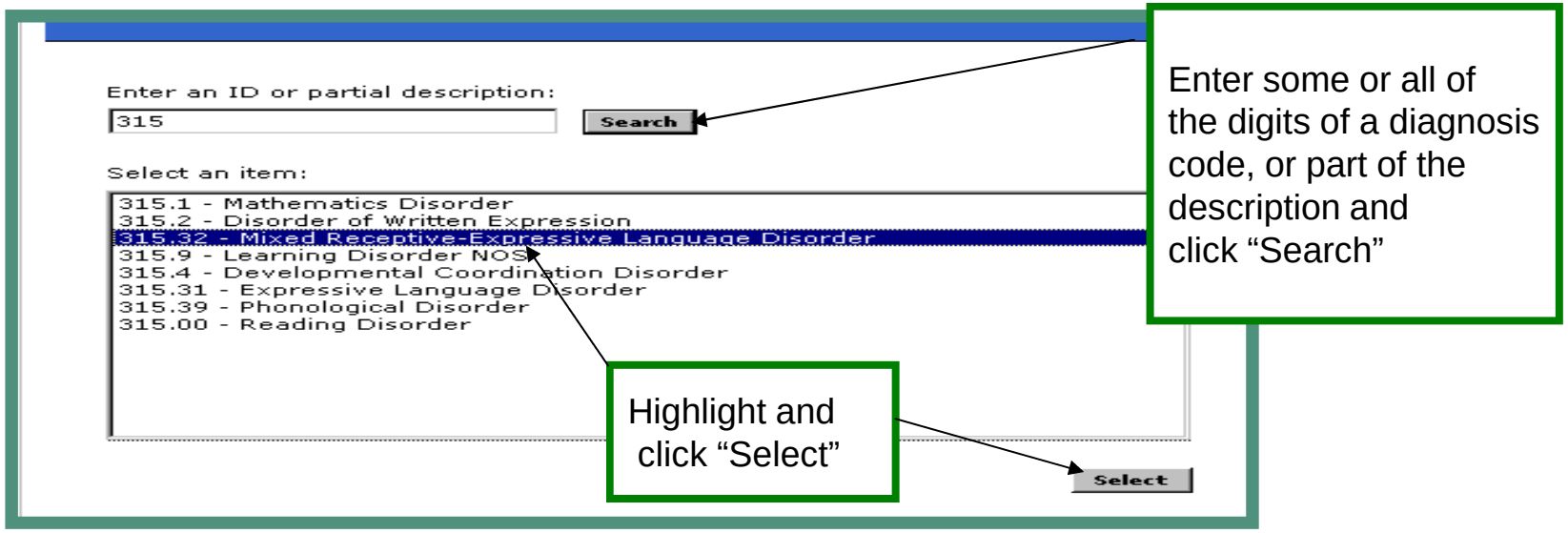
See examples on the next page

Close an Episode



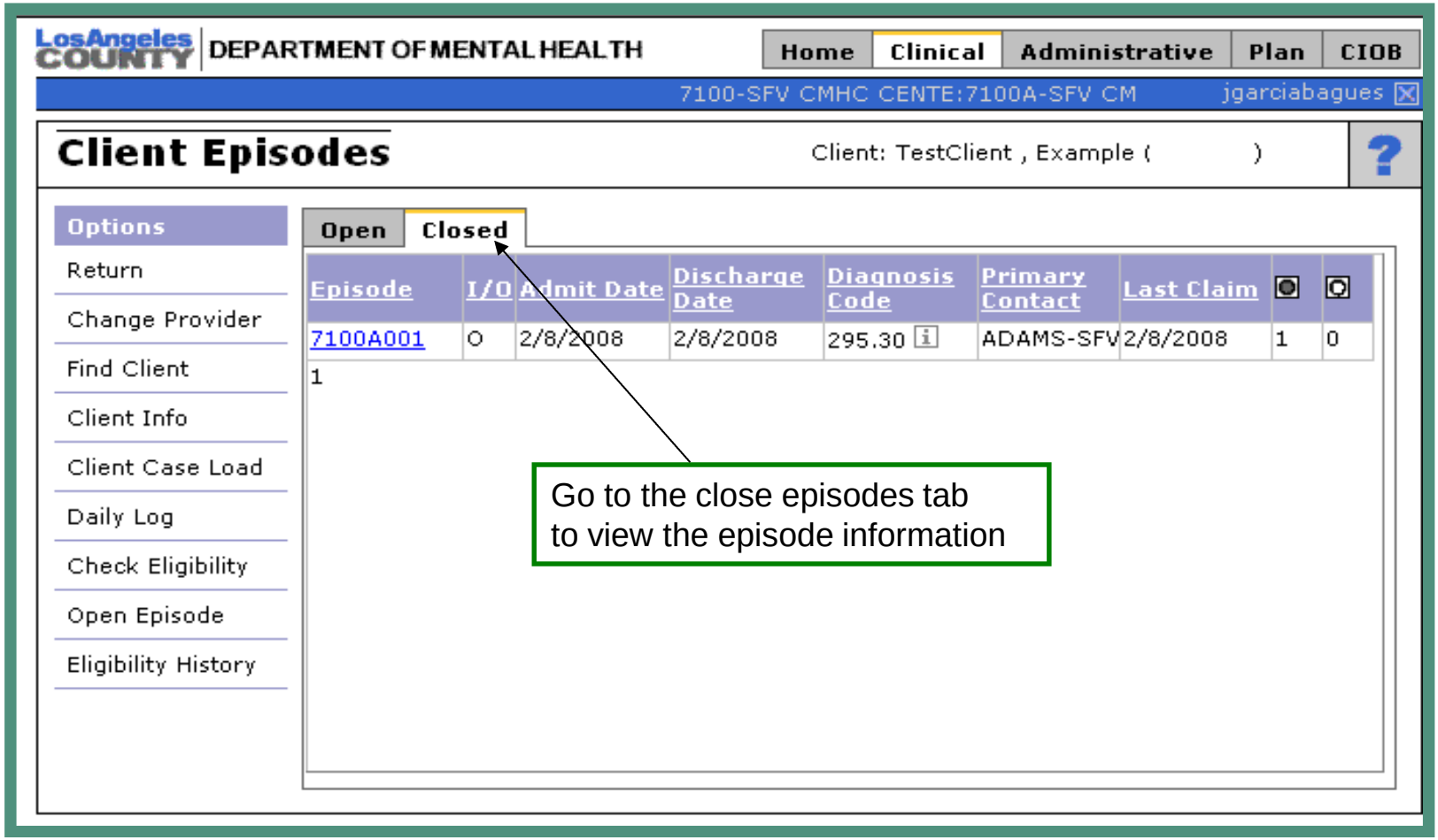
Close an Episode

Close an Episode



Close an Episode

Close an Episode

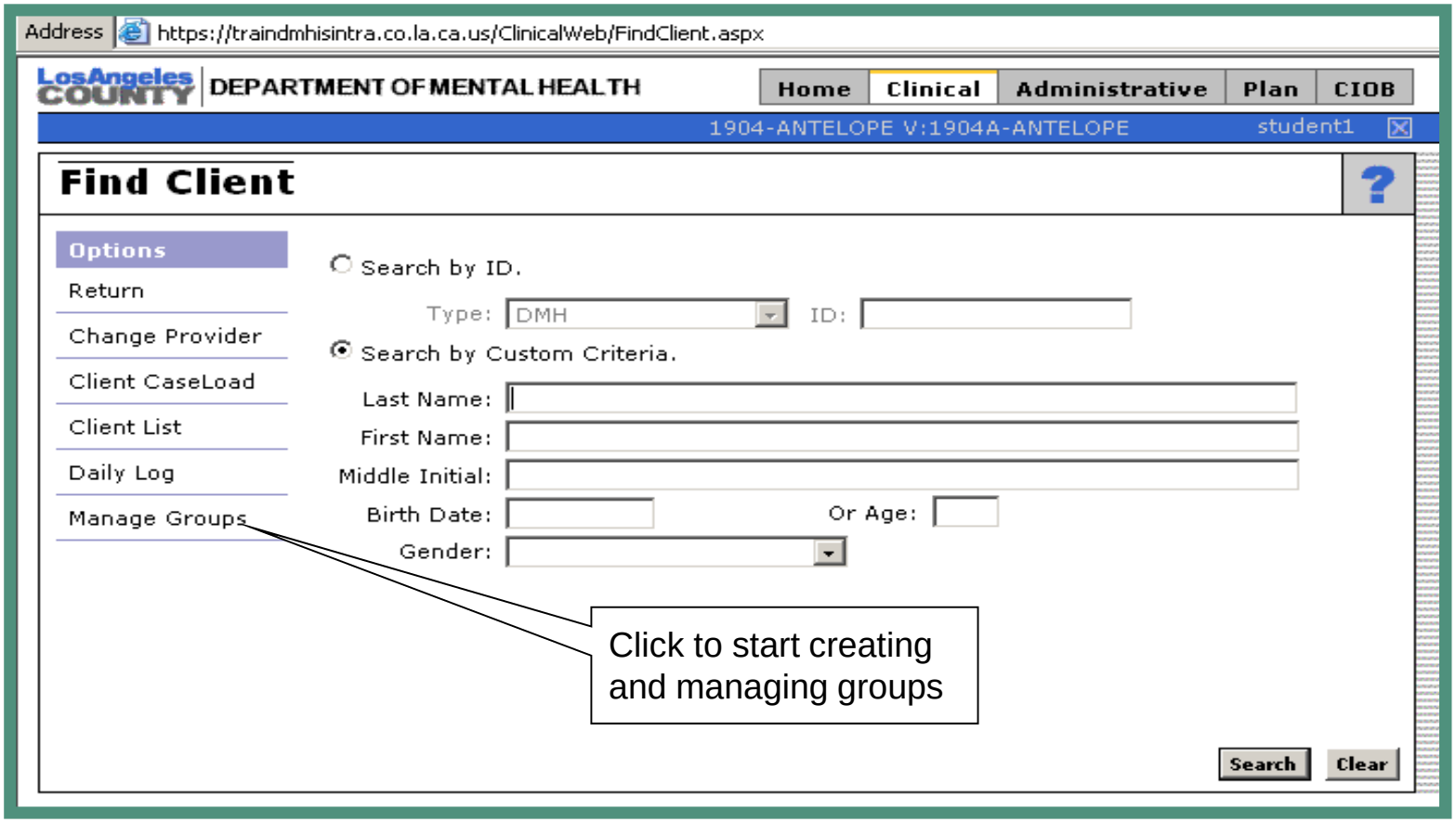


EXERCISE 16

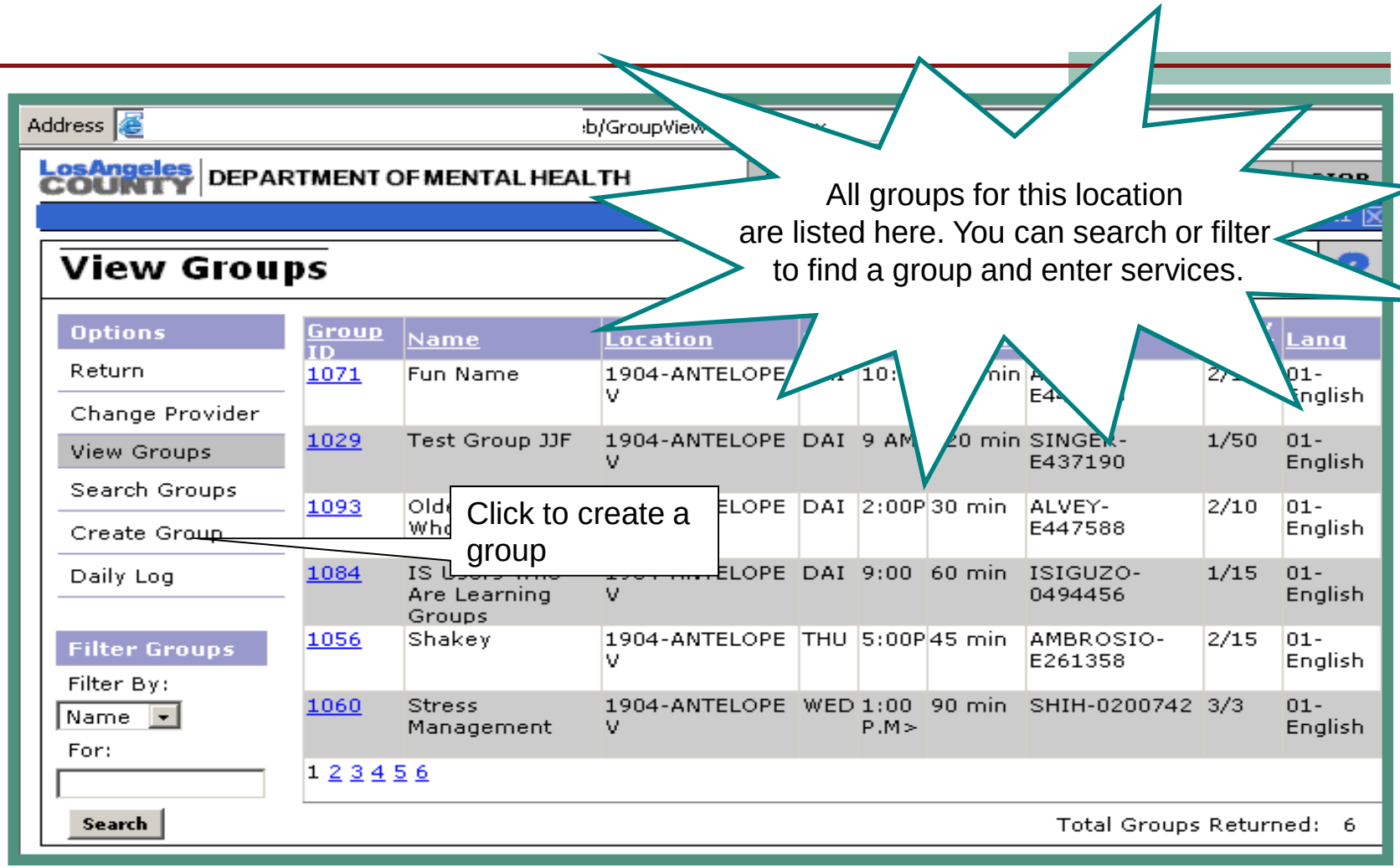
Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

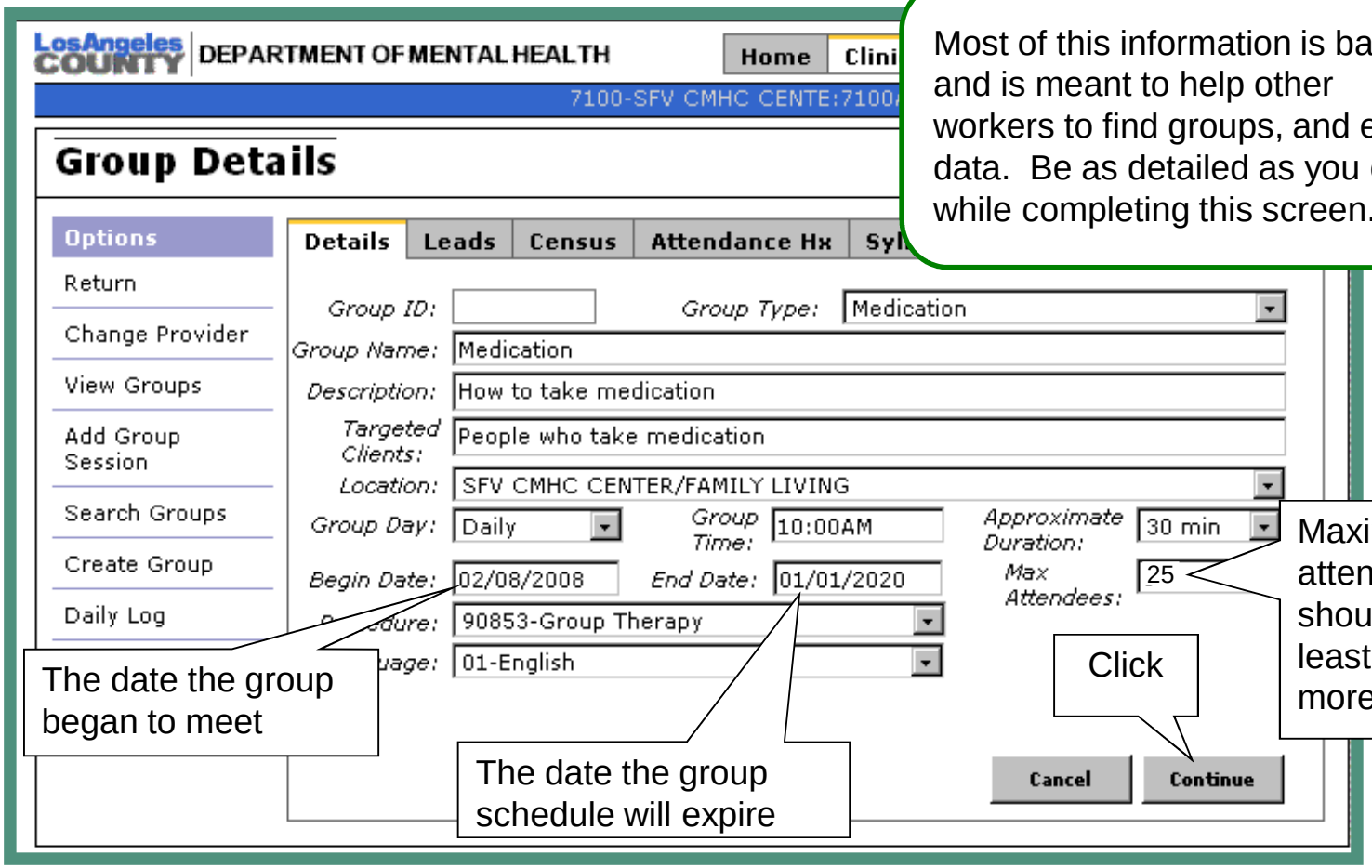
Create a Group



Create a Group



Create a Group: Details



Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

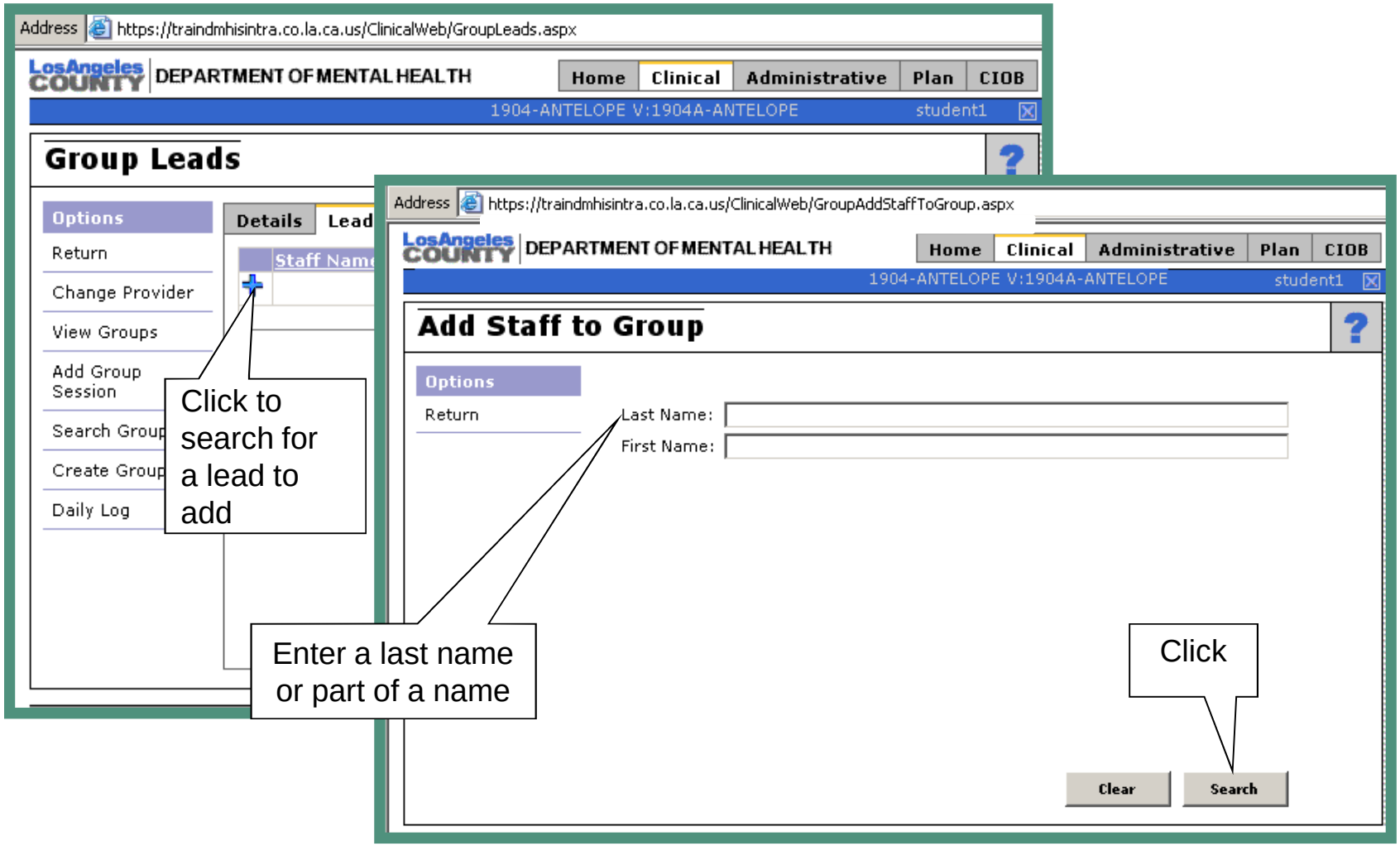
The date the group began to meet

The date the group schedule will expire

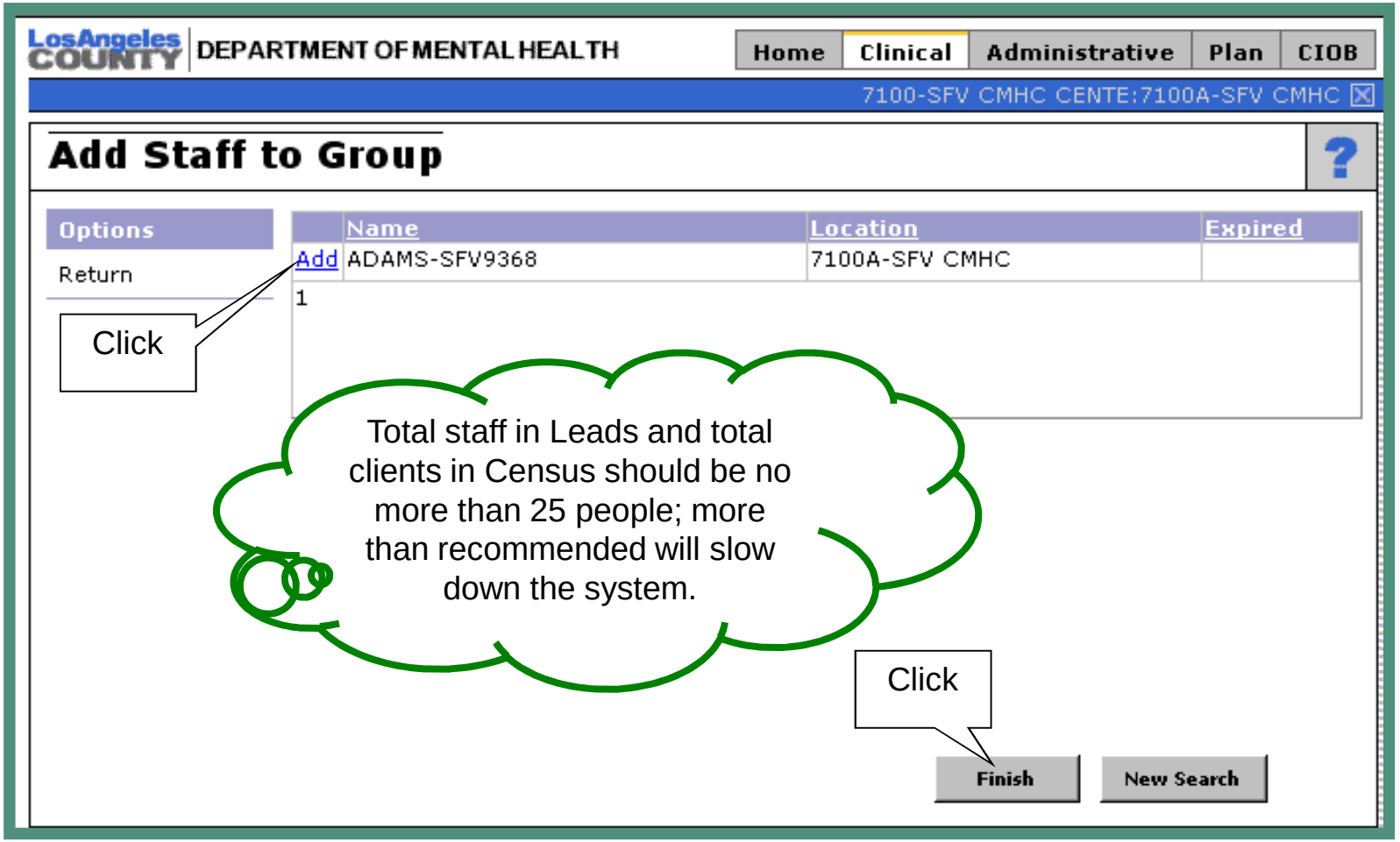
Click

Maximum group attendees should be at least 2 and no more than 25

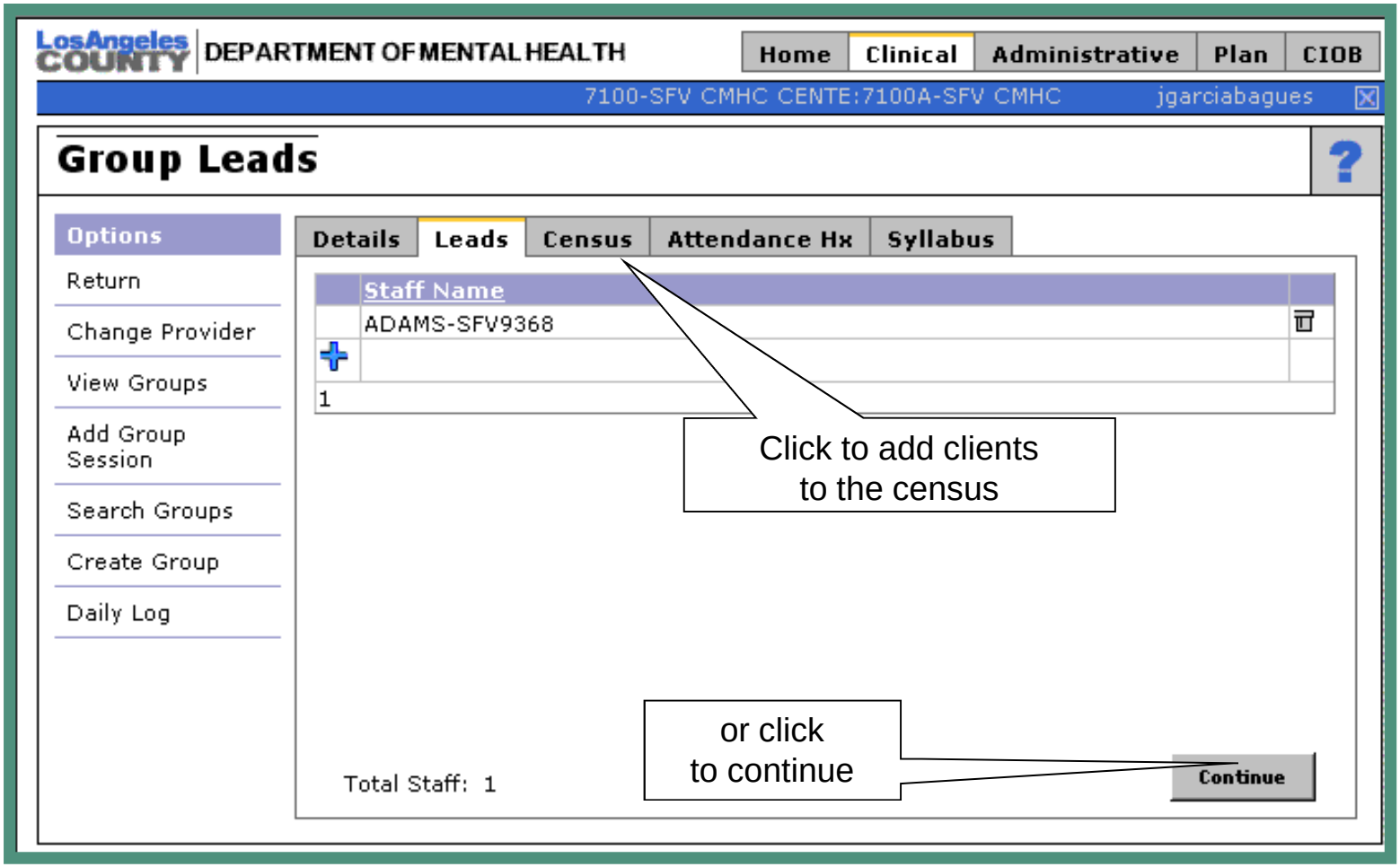
Create a Group: Leads



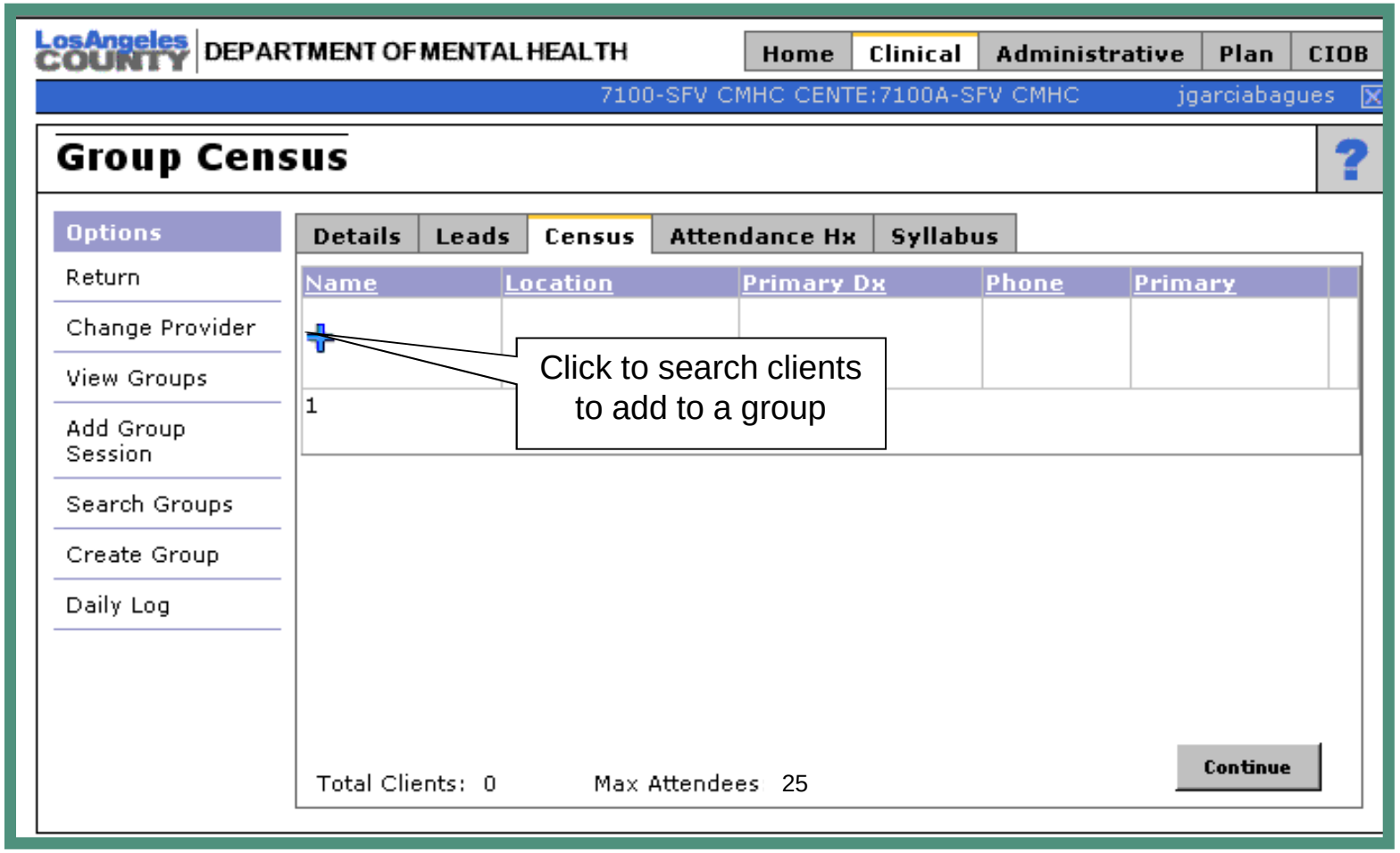
Create a Group: Leads



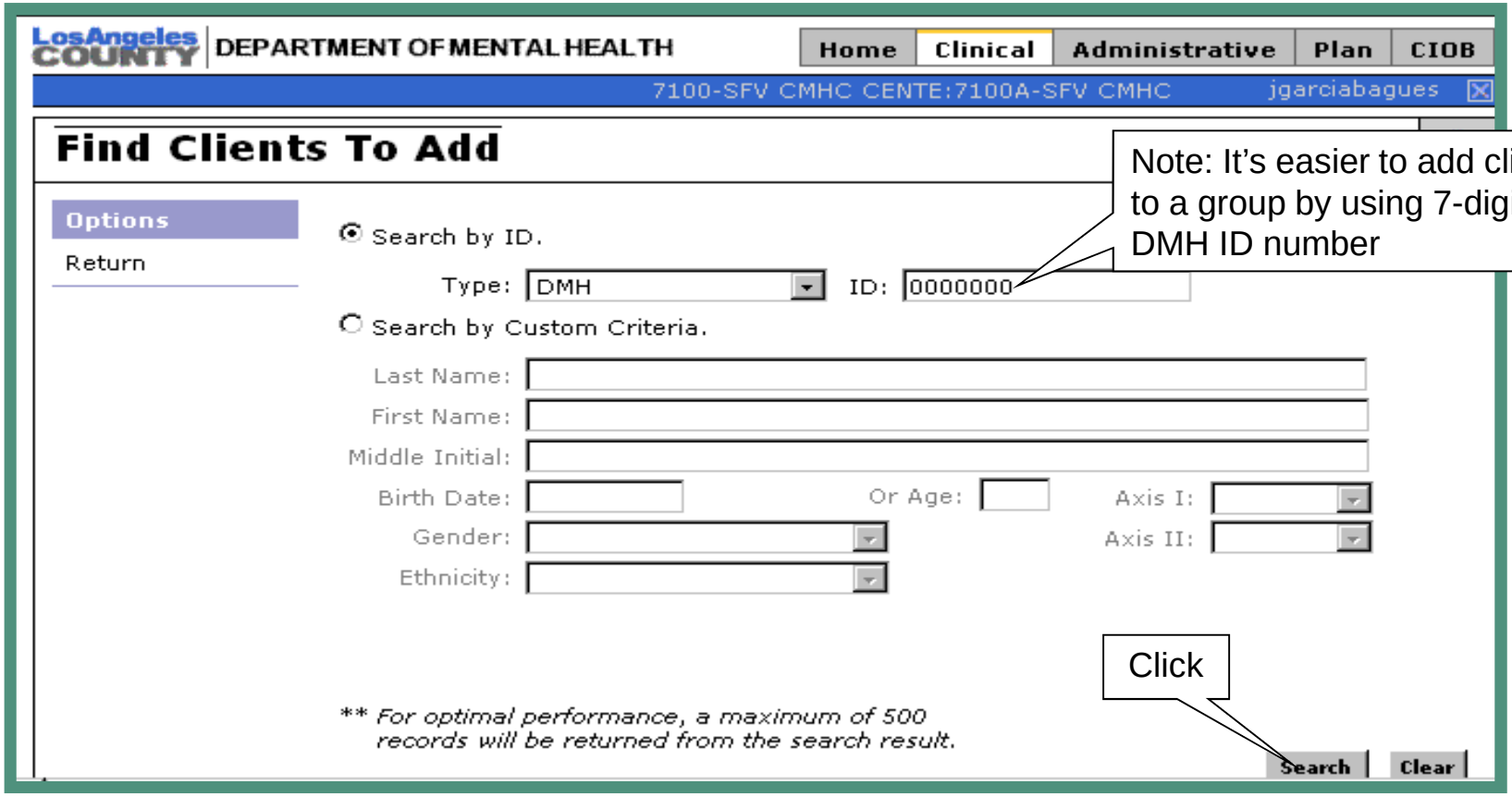
Create a Group: Census



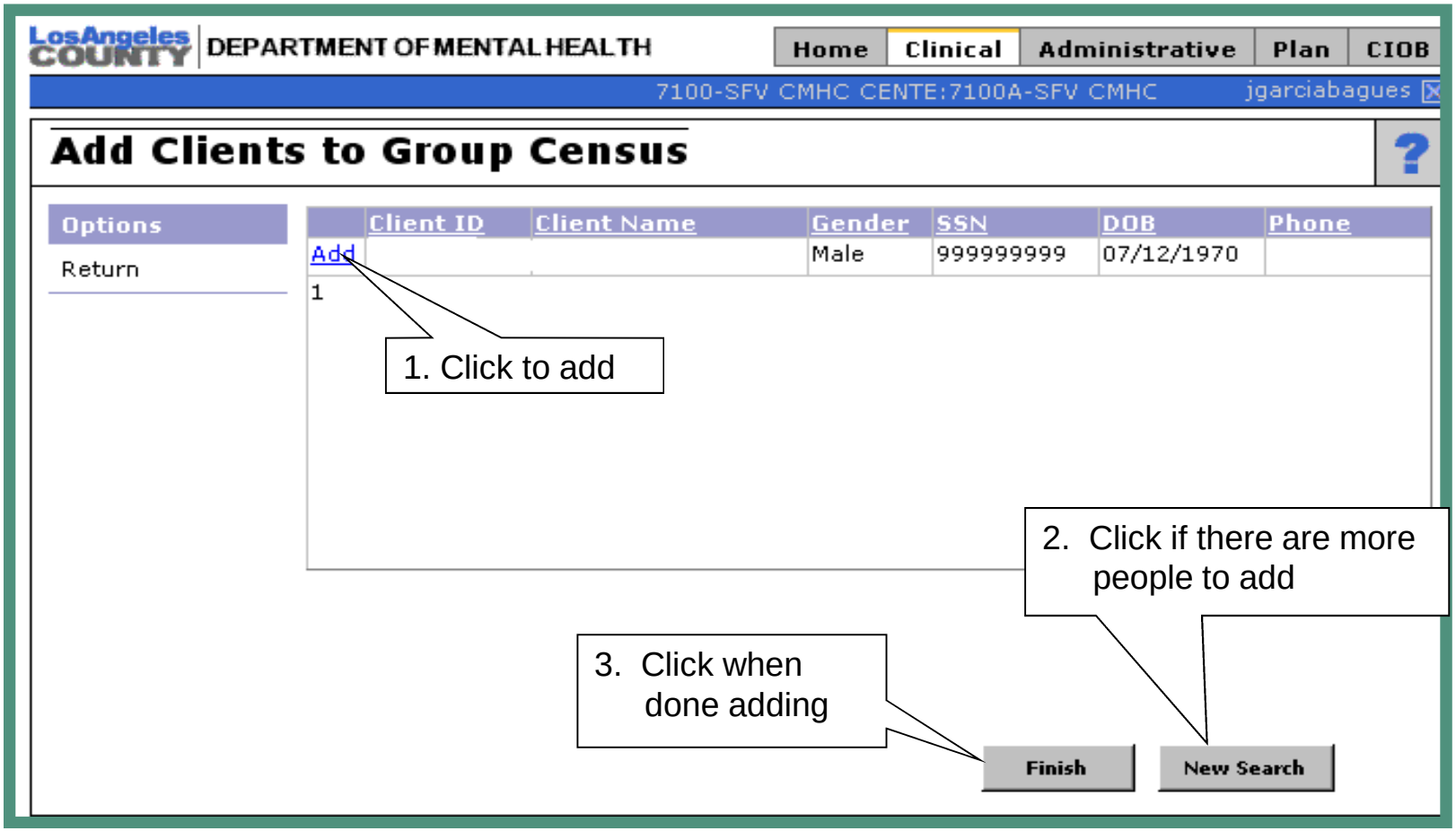
Create a Group: Census



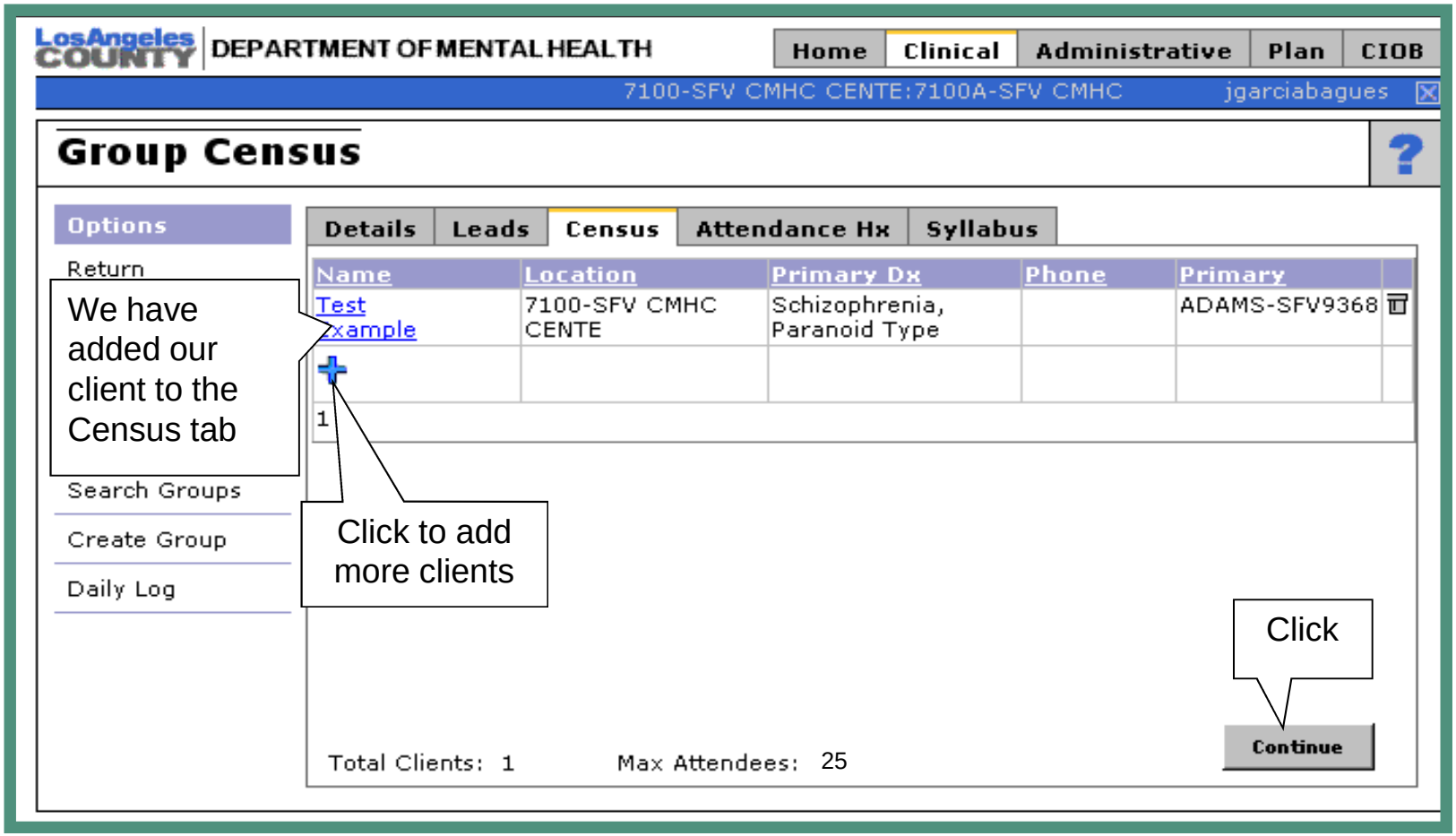
Create a Group: Census



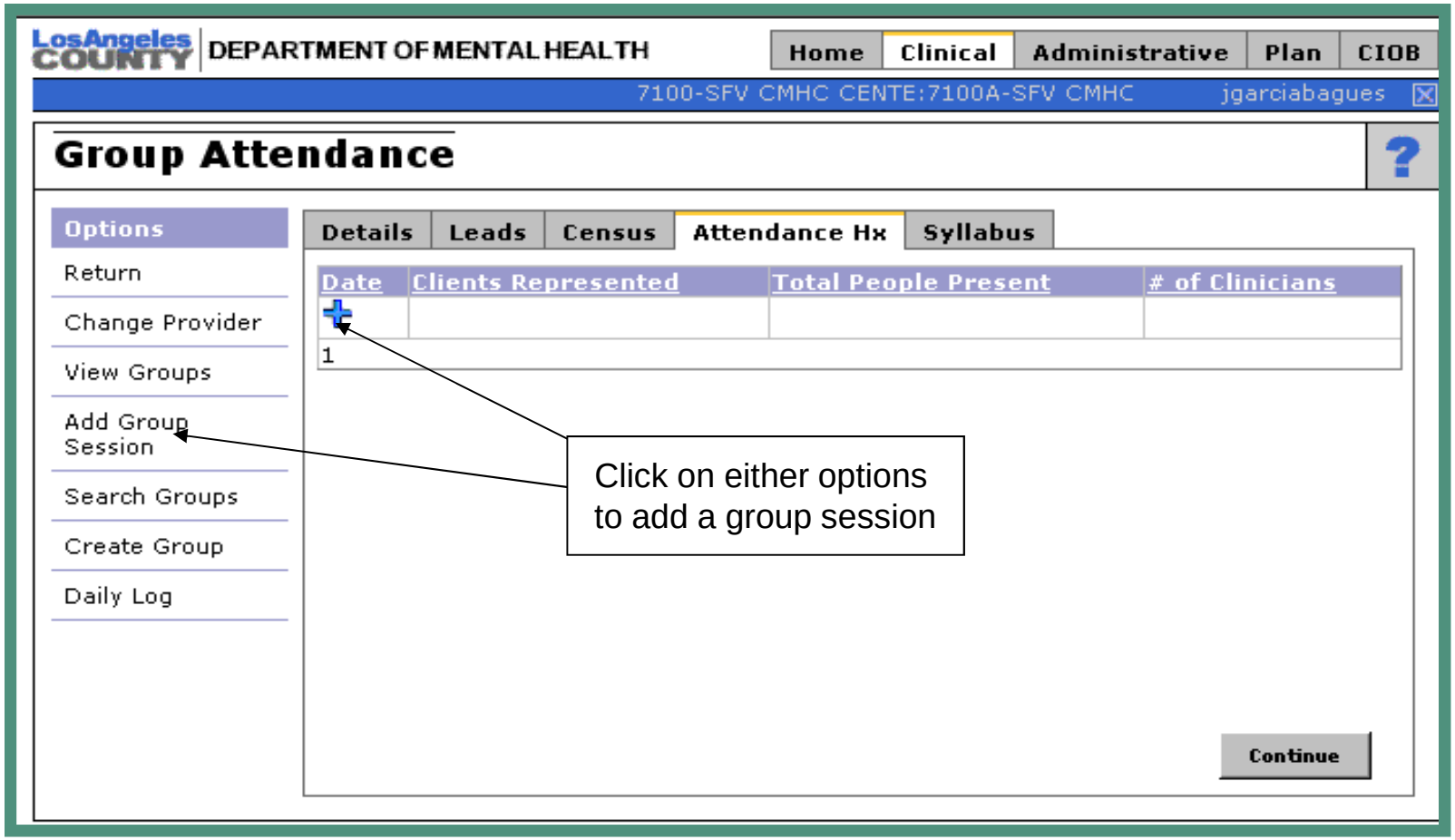
Create a Group: Census



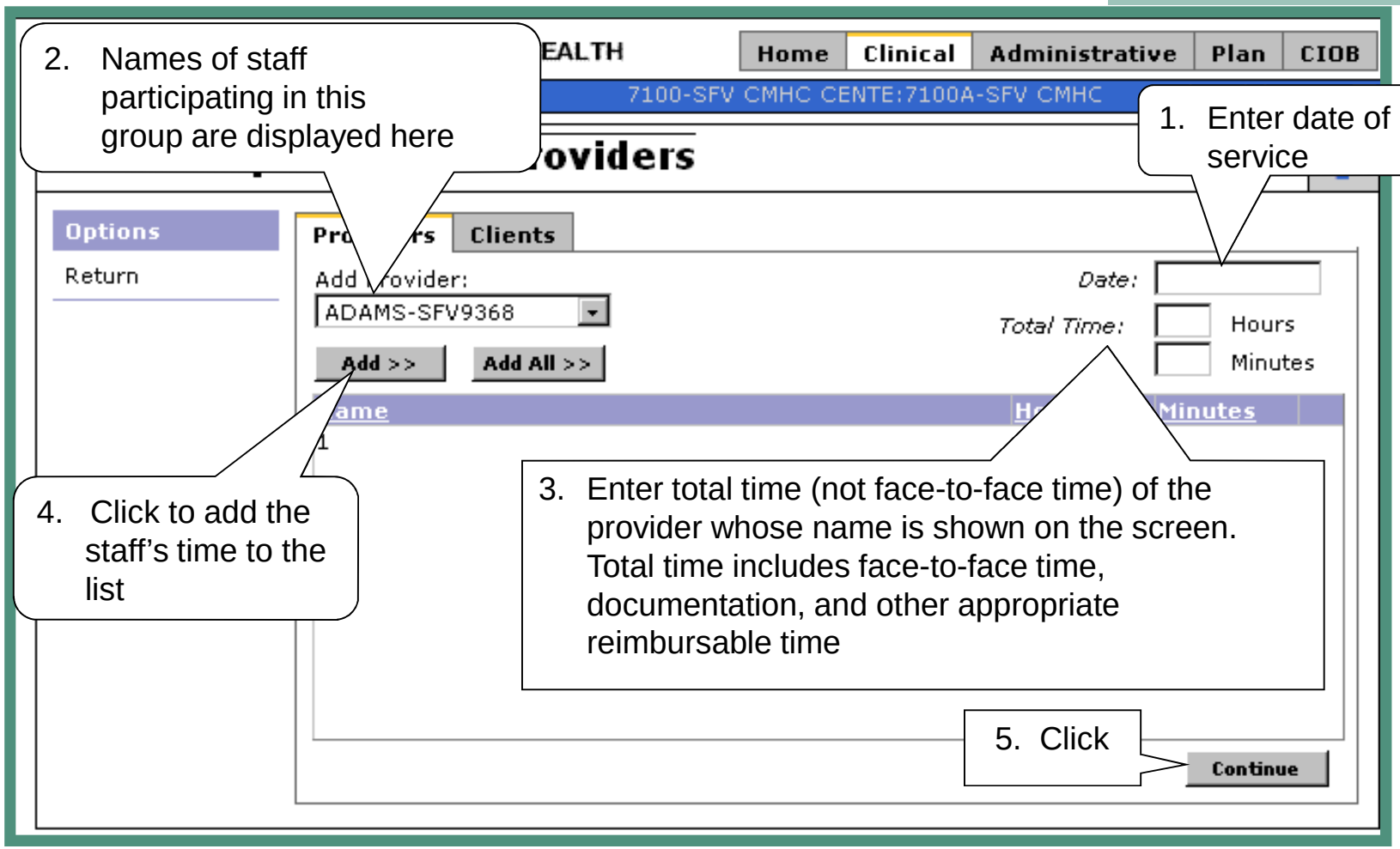
Create a Group: Census



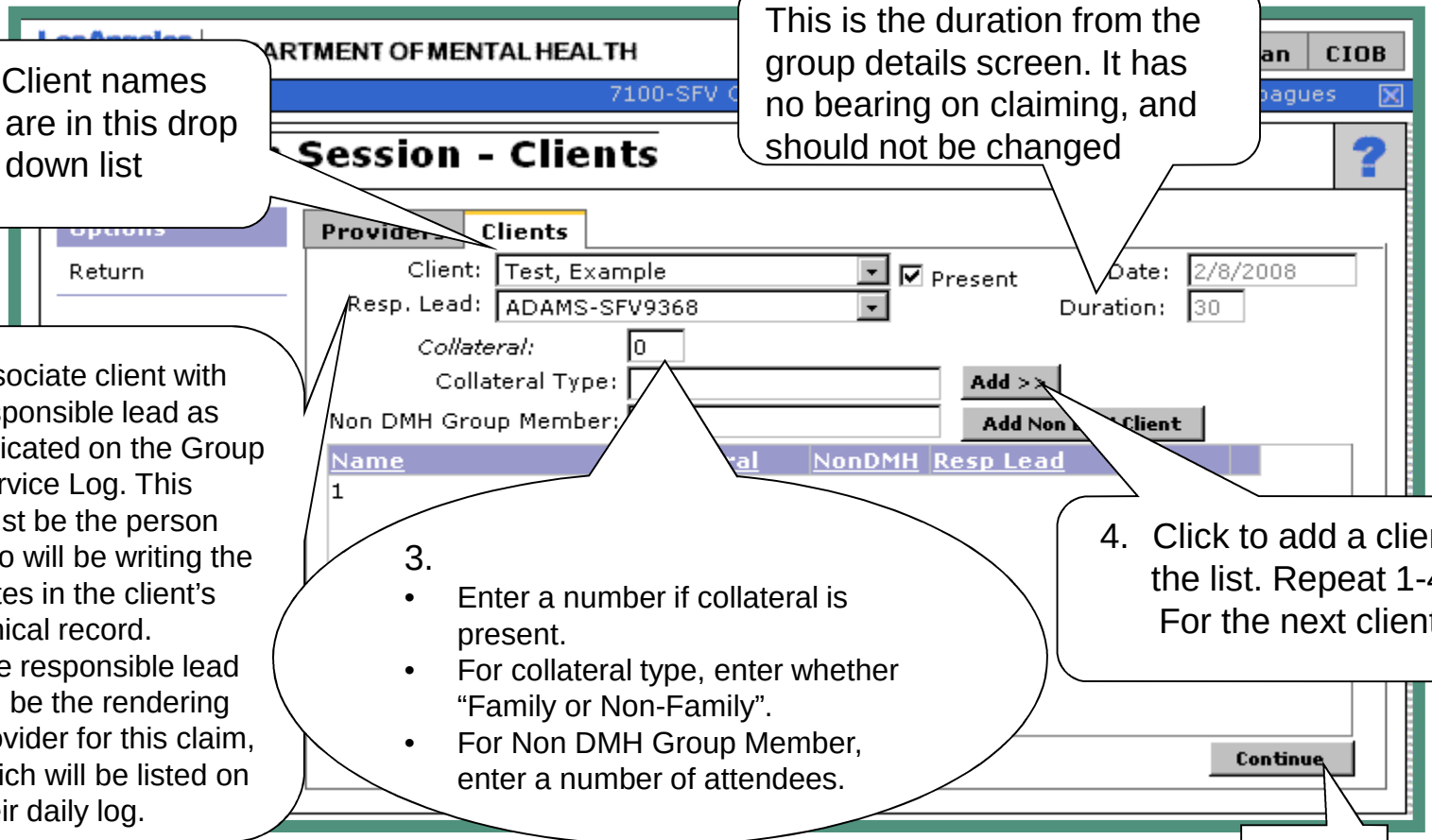
Add Group Session



Add Group Session: Providers



Add Group Session: Clients



1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

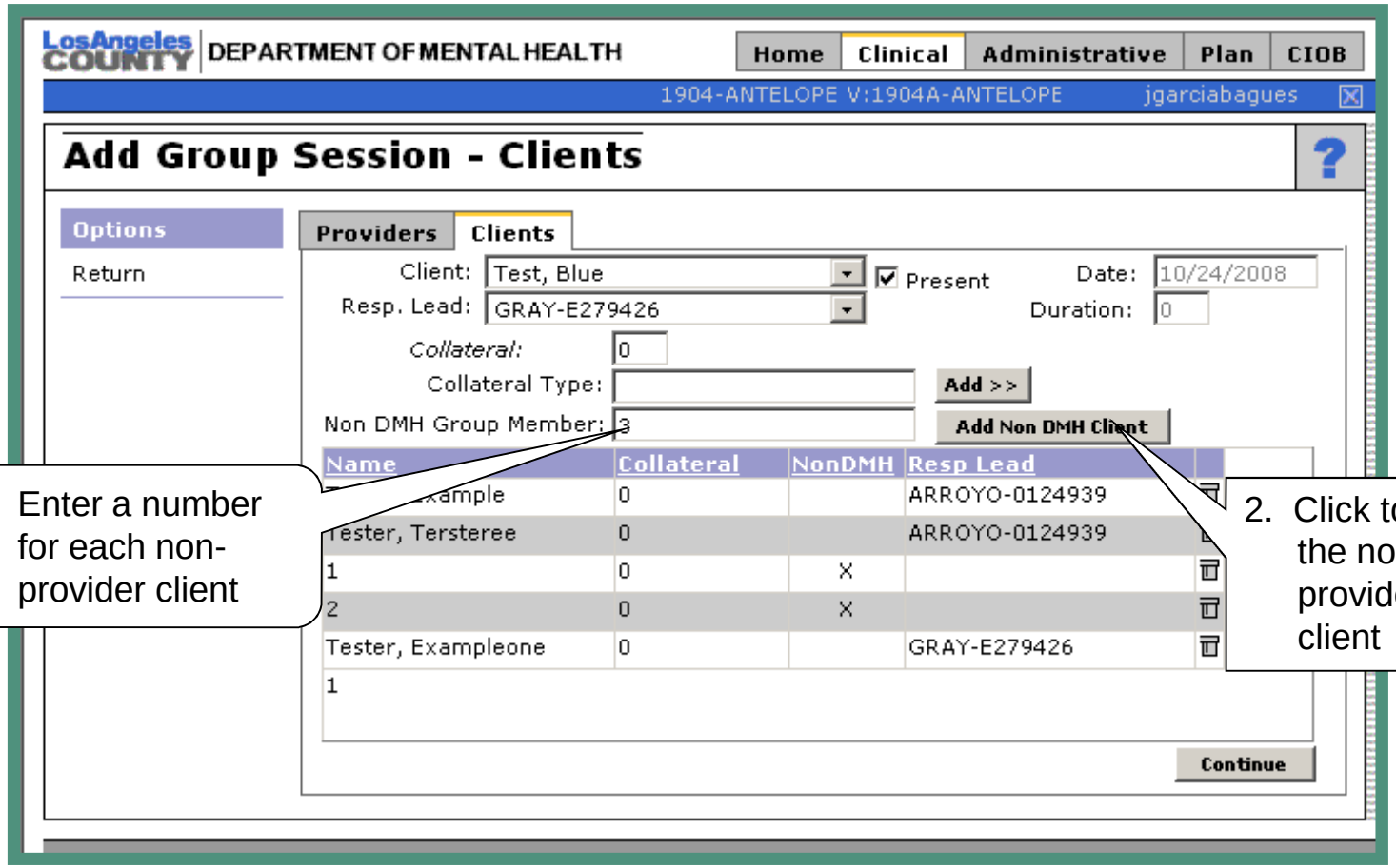
2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

3.
- Enter a number if collateral is present.
- For collateral type, enter whether "Family or Non-Family".
- For Non DMH Group Member, enter a number of attendees.

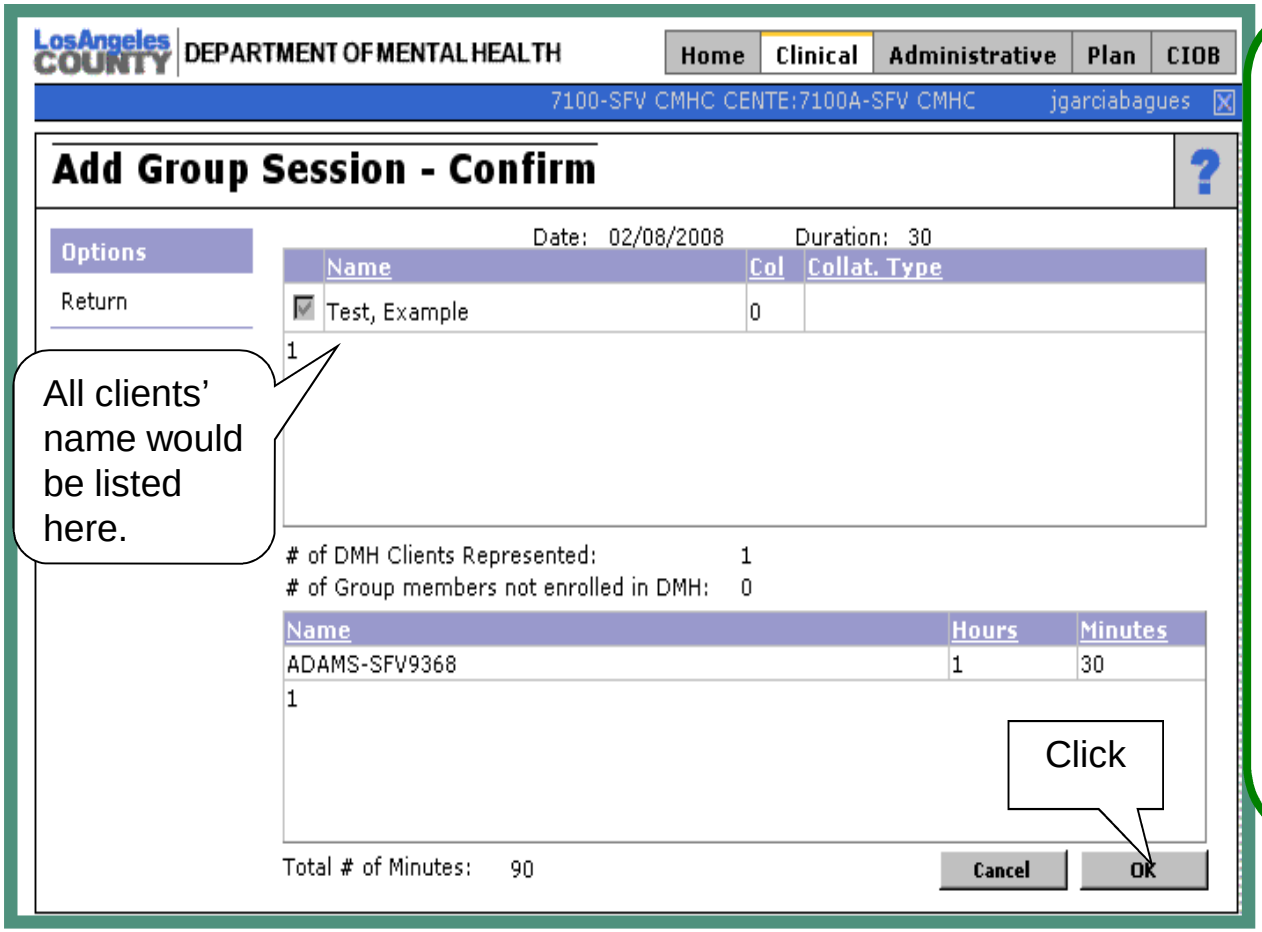
4. Click to add a client to the list. Repeat 1-4 For the next client

Click

Add Group Session: Non DMH Clients

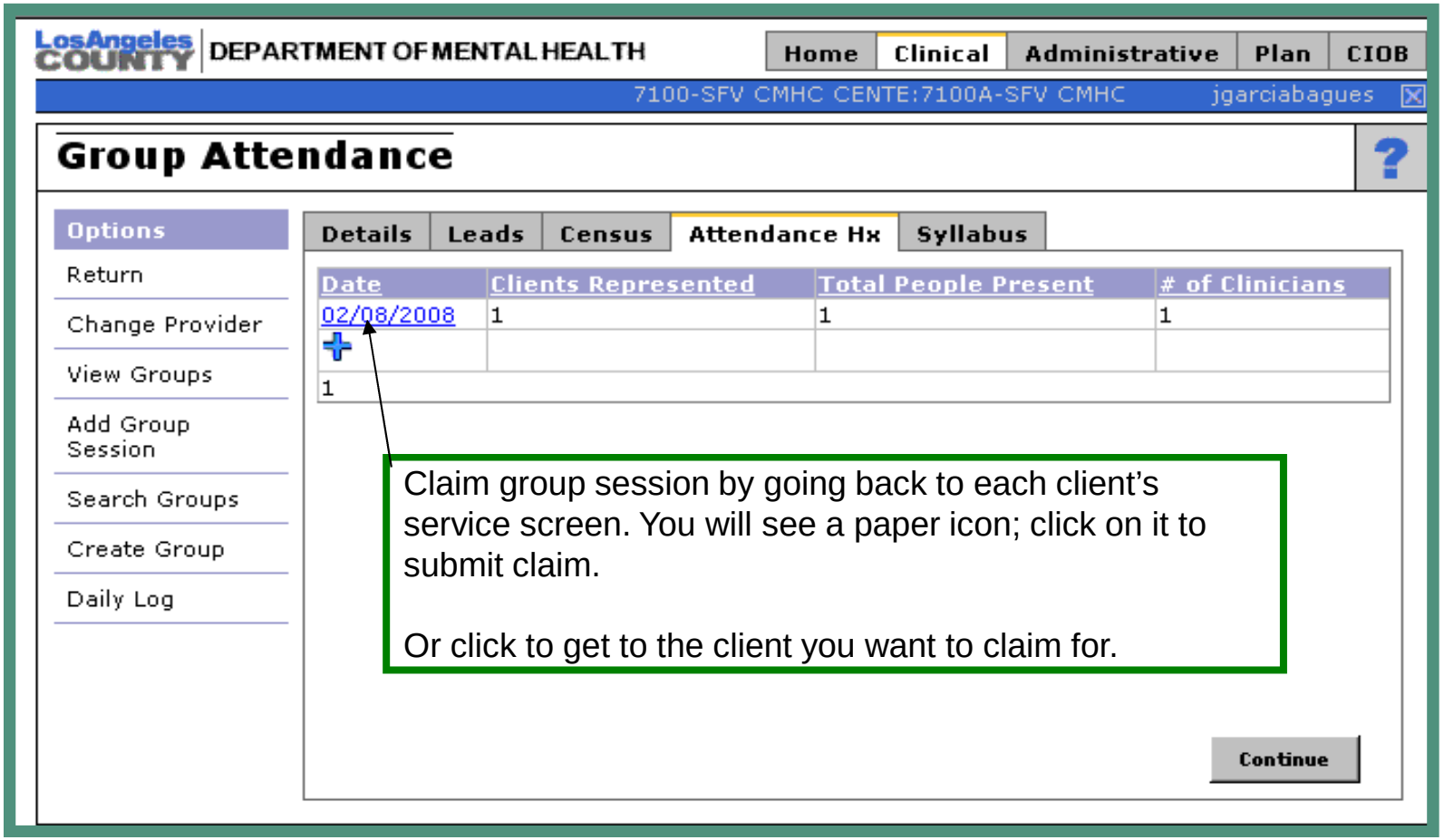


Add Group Session: Confirm

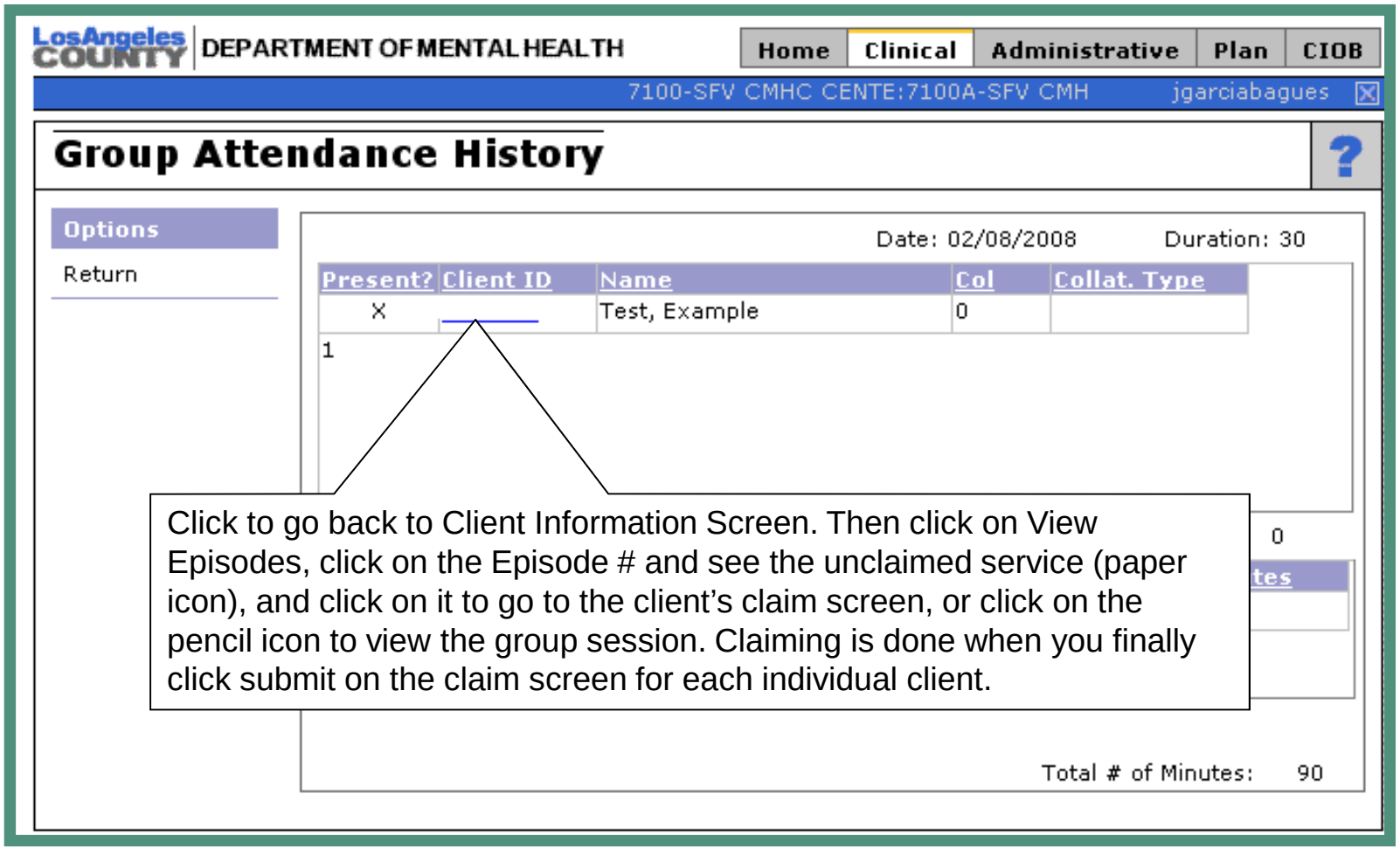


This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

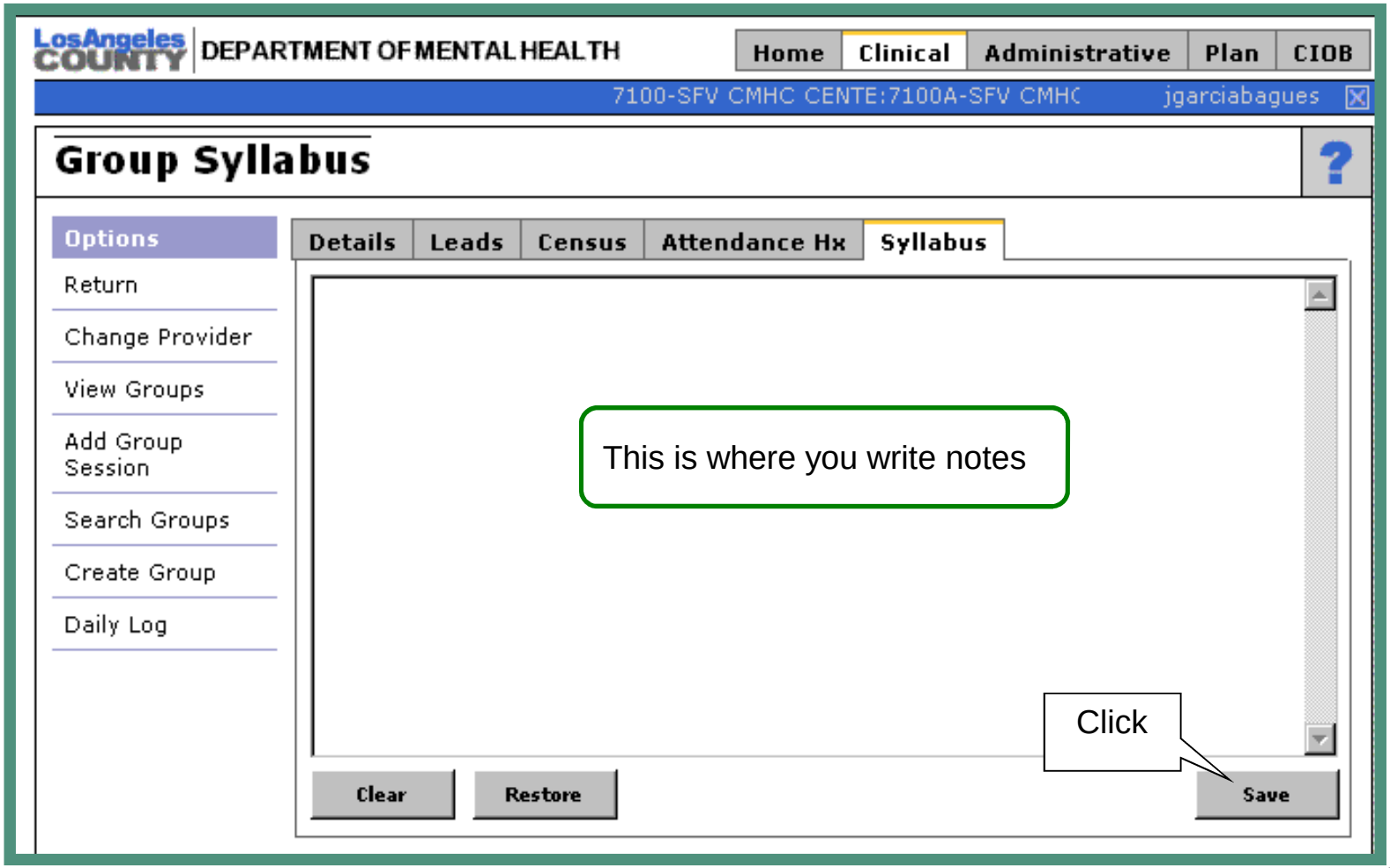
Add Group Session: Billing



Add Group Session: Billing



Group Syllabus

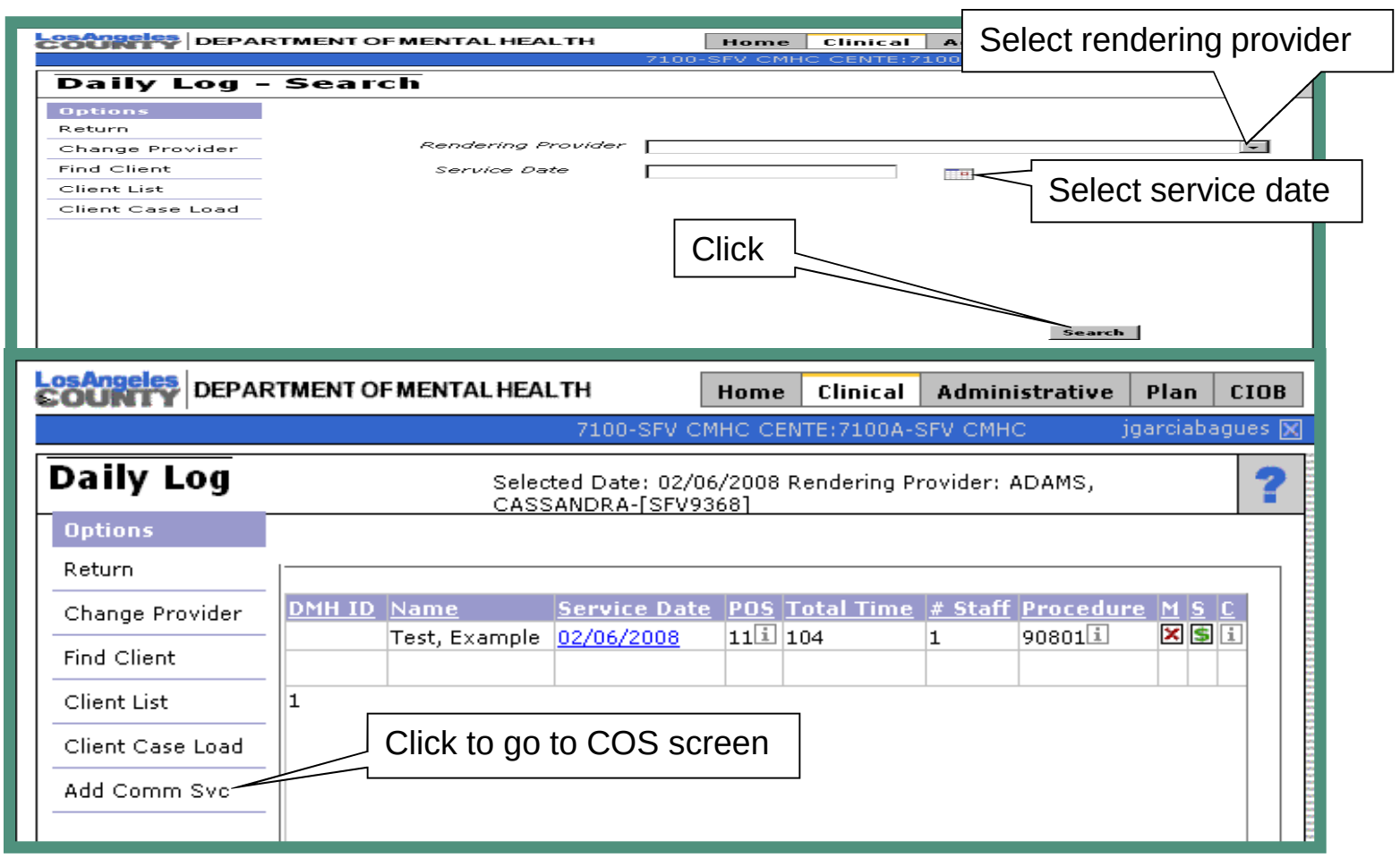


EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log



Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.

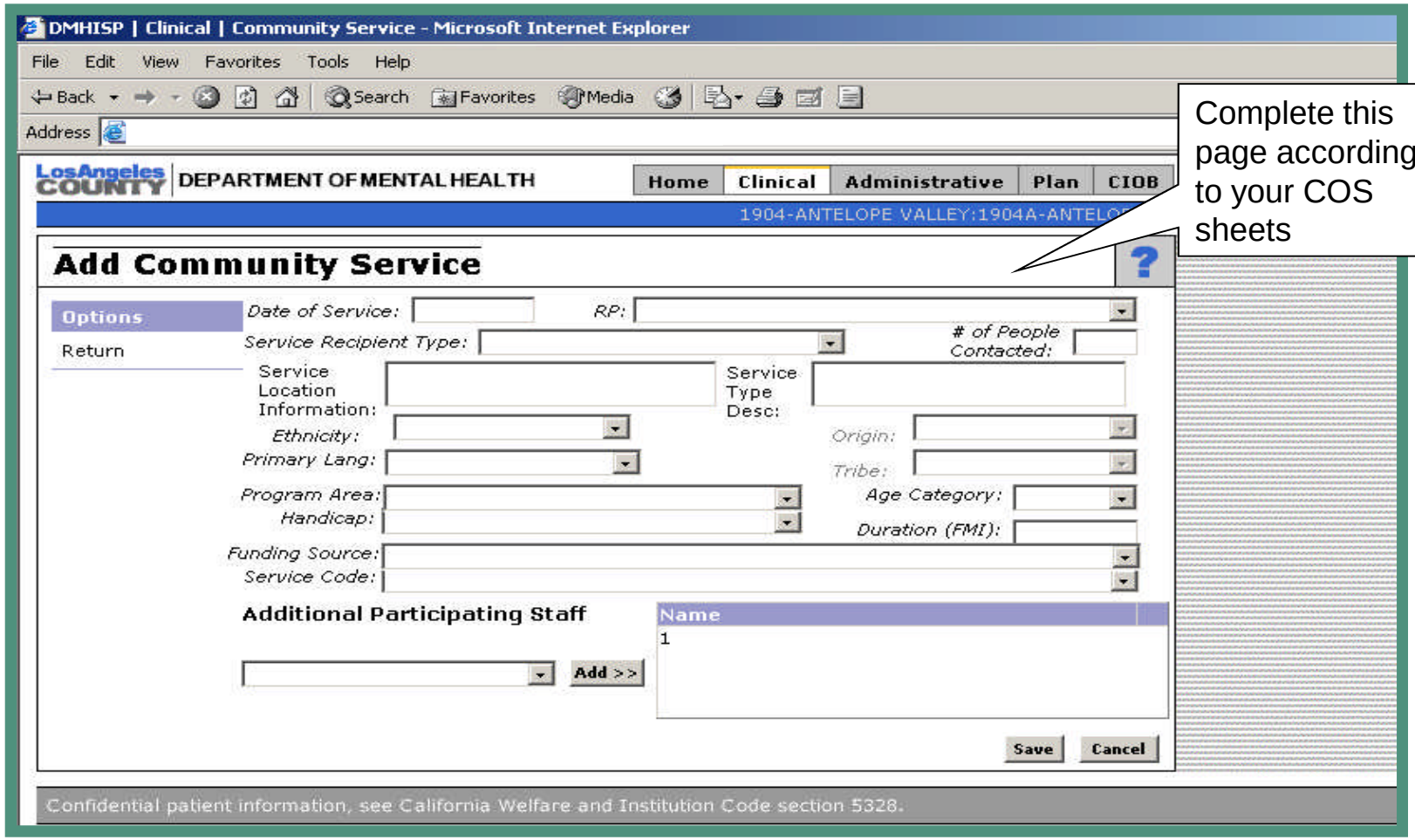
- On the Find Client screen you will see the Daily Log link under the Options menu.

- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.

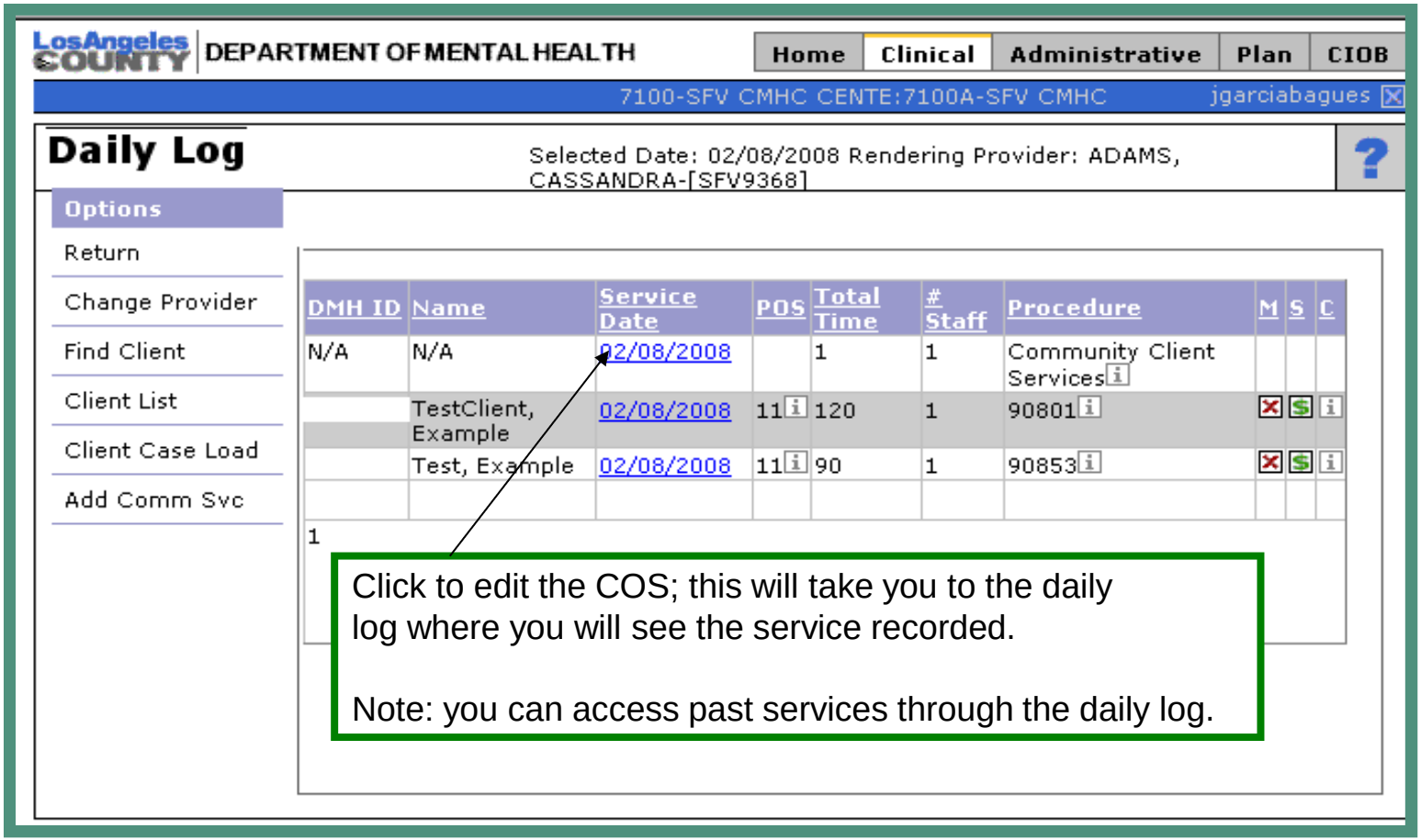
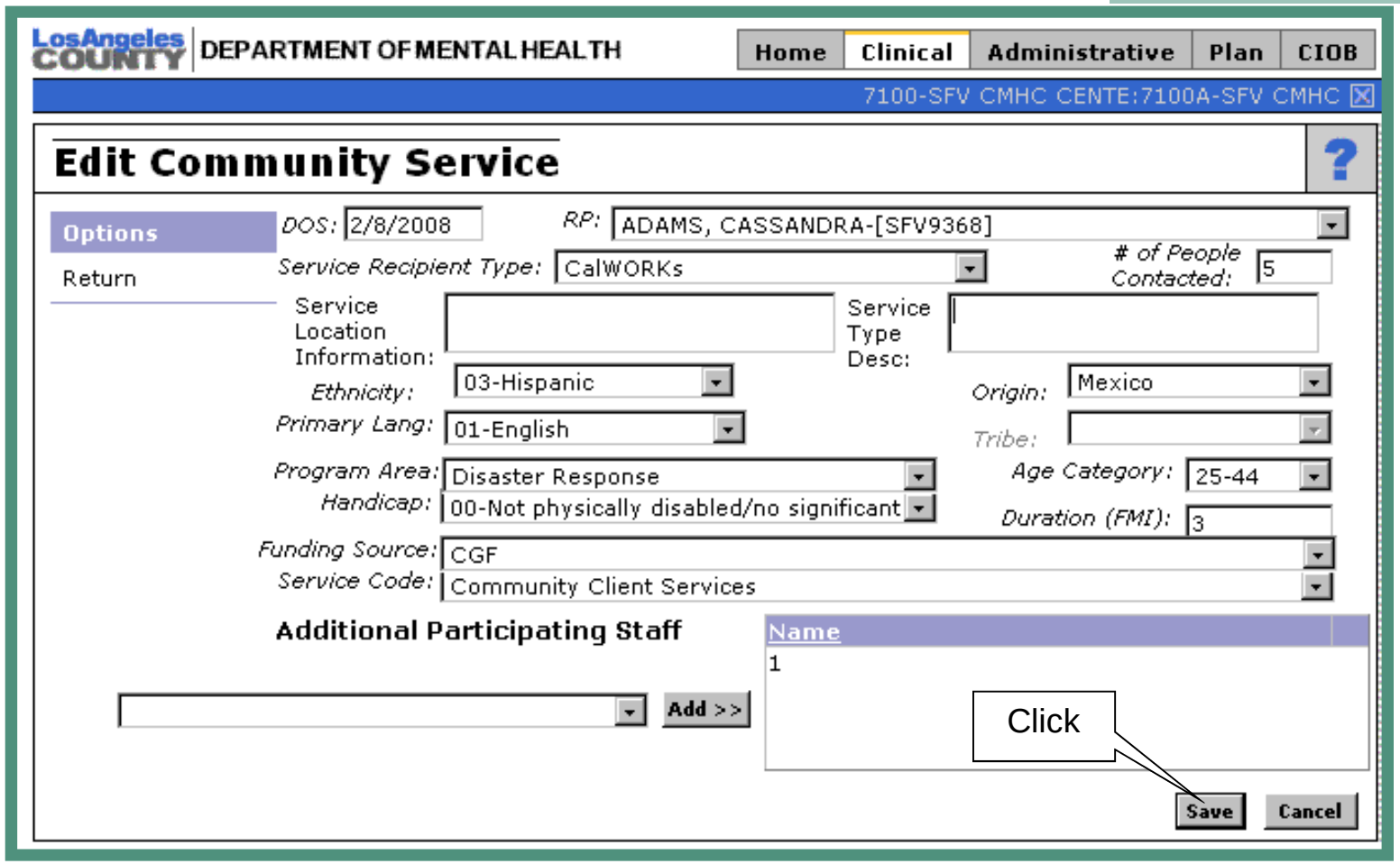
- On the Daily Log screen, click on Add Comm. Svs. under Options.

- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services



Community Outreach Services



Edit Community Service