

**COUNTY OF LOS ANGELES**

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**DEPARTMENT OF MENTAL HEALTH**

<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-2891  
Fax: (213) 427-6166

June 23, 2004

TO: All DMH Directly Operated and Contract Providers

FROM: Miles Yokota  
Administrative Deputy 

SUBJECT: **REVISED PROCEDURES FOR DELETIONS AND/OR CHANGES TO SERVICES IN MENTAL HEALTH'S MANAGEMENT INFORMATION SYSTEM (MHMIS)**

These procedures supercede those previously established in 1993. Effective with the deployment of the Integrated System (IS), users will no longer have the ability to make changes to client, episode, or service records in the MHMIS. Since the IS deployment, we have modified the system to allow service records to be changed or deleted in MHMIS.

**Effective immediately, the following information pertains to all service providers entering claims into the IS:**

1. Providers will continue to receive Medi-Cal Unbilled Reports, the State's Duplicate Error Correction Reports, and the Explanation of Benefits (EOB) Denied Claims Reports. Also, you may become aware of records needing to be changed or deleted through your own internal processes.
2. The Chief Information Office Bureau (CIOB) will provide a special access level to one or two users in each provider to view-only Client (CLNT) and Episode (EPIS) records through the MHMIS production environment as long as necessary. An email requesting this special access level can be sent to the authorized Department of Mental Health (DMH) administrative staff for your provider service area (see attached). The administrative staff person will forward the email to Alita del Barrio, [adelbarrio@dmh.co.la.ca.us](mailto:adelbarrio@dmh.co.la.ca.us), for processing.
3. Changes to client and episode records must be made in the IS.
4. The special access level will also allow users update ability to modify Units of Service (UOFS) and Episode 2 (EPI2) records. All service records entered into MHMIS prior to a provider 'going-live' in the IS that require a change should be made directly into the MHMIS. Services entered into the IS **must** not be changed in MHMIS.
5. The reporting units that were transferred from the MHMIS to the IS (called the primary reporting unit) now contain only the minimum or 'consolidated' activity codes. Providers may need to use the 'Guide to Procedure Codes' to process changes to units of service

in these reporting units. This document can be found on the Internet at <http://www.dmh.co.la.ca.us/> then click the HIPAA link, then the Procedure Codes link.

6. All service records entered into MHMIS prior to a provider 'going-live' in the IS that require deleting will be made directly into MHMIS by the CIOB staff. No service record entered into the IS will be deleted from MHMIS.
7. Inpatient Services – Currently, there is no function to change the admit or discharge date in the IS. Also, there is currently no functionality to delete an inpatient episode in the IS.

***Effective immediately, the following information pertains to all service providers:***

8. The attached form (Request to Delete Units of Service in MHMIS) must be completed for requesting deletions of service records that have been entered into MHMIS. A copy of the service record(s) must accompany the form.
9. Contractors and DHS Providers: The form(s) must be signed by the Chief Executive Officer (CEO), Chief Administrative Officer (CAO), Chief Financial Officer (CFO), or the Clinical Director. We will no longer accept forms signed by individuals other than those identified.
10. Directly Operated Providers: The form(s) must be signed by the District Chief or Program Head. We will no longer accept forms signed by individuals other than those identified.
11. The form(s) along with a copy (copies) of the MHMIS unit of service record must be forwarded to the authorized DMH administrative staff. The authorized staff will forward the form(s) and copy (copies) to the CIOB for processing.
12. This deletion process should be done monthly or as soon as possible. Providers should not delay deletion requests.

Please note that the Request to Delete Units of Service in MHMIS form has been revised to include a notification statement regarding approved services from Medi-Cal or other Plans. Under current State and Federal law, contract service providers **must** provide notification and/or repayment to the Department for services that have been approved and subsequently denied. Contract service providers who fail to do so will be reported to the State and Federal authorities. Effective immediately, any deletion must also identify whether the claim has been approved by Medi-Cal (as shown by the State's EOB) and/or approved by any other Plan. The DMH administrative staff will forward a copy of each DMH approved Request to Delete Units of Services in MHMIS to the Office of Finance, Audits/Monitoring/Settlements Section, Attention: Rosita Nacario, for further action.

DMH Directly Operated and Contracted Providers  
Revised Procedures for Deletions and/or Changes to Services in MHMIS  
June 23, 2004 July 15, 2004  
Page 3 of 3

Questions regarding approved claims, third party payors, or EOB should be directed to the Office of Finance, Ms. Nacario, at (213) 639-6776. Questions regarding approving deletion requests should be directed to your authorized DMH administrative staff and questions regarding changes to records in the IS or MHMIS should be directed to the CIOB Help Desk at (213) 351-1335.

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#### Attachments

c: DMH Executive Leadership Team  
DMH Administrative Staff  
Arthur Malinski  
Donnakay Davis  
Kumar Menon  
Robert Greenless  
Angel Baker  
Rosita Narcio  
Joyce Fantroy  
Alita del Barrio

InfoLines/Revised Procedures for Changes or Deletions

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

DATE: \_\_\_\_\_  
TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
Provider Name \_\_\_\_\_  
Provider Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

SUBJECT: **REQUEST TO DELETE UNITS OF SERVICE IN MHMIS**

I am requesting the following Medi-Cal units to be deleted from MHMIS (**Please attach a print out for the specific screen(s) you want deleted**):

Client Name: \_\_\_\_\_ MIS I.D. #: \_\_\_\_\_  
Reporting Unit: \_\_\_\_\_ Episode #: \_\_\_\_\_  
Activity Date: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Client Name: \_\_\_\_\_ MIS I.D. #: \_\_\_\_\_  
Reporting Unit: \_\_\_\_\_ Episode #: \_\_\_\_\_  
Activity Date: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check one of the following statements to approve processing of this request:**

- I am certifying that the above units requested for deletion have not been paid by Medi-Cal or any other Plan. (**NOTE: A copy of this request will be submitted to the DMH Finance Bureau for further action.**)
  
- I have reviewed the above units and some or all of the units requested for deletion **have been paid** by Medi-Cal or another Plan. (**NOTE: A copy of this request will be submitted to the DMH Finance Bureau for further action.**)

**APPROVAL:\***

\_\_\_\_\_  
Name Title Signature Date

**DMH ADMINISTRATION APPROVAL:**

\_\_\_\_\_  
Name (DMH Authorized Administrative Staff) Signature Date

\*Contractors: CAO, CFO or Executive or Clinical Director's signature will only be accepted.  
\*Directly operated: District Chief or Program Head's signature will only be accepted.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**DMH ADMINISTRATIVE STAFF  
AUTHORIZED TO APPROVE DELETION REQUESTS**

<i>Name</i>	<i>Bureau</i>	<i>Telephone/FAX/E-mail</i>	<i>Address</i>
Linda Graul	Service Areas 6 and 8	(213) 738-2866/ (213) 381-5497/ <a href="mailto:lgraul@dmh.co.la.ca.us">lgraul@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 12 <sup>th</sup> Floor, LA 90020
Lisa Wicker	Service Areas 1 and 3	(213) 738-2217/ (213) 639-1804/ <a href="mailto:lawicker@dmh.co.la.ca.us">lawicker@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 4 <sup>th</sup> Floor, LA 90020
Angela McConner	Service Areas 2 and 5 and Older Adults	(213) 351-5244/ (213) 351-2493/ <a href="mailto:amconner@dmh.co.la.ca.us">amconner@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 6 <sup>th</sup> Floor, LA 90020
Antonette Jiminez	Jail MH, Justice Programs and Camps	(213) 739-7376/ (213) 229-9423/ <a href="mailto:ajiminez@dmh.co.la.ca.us">ajiminez@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 11 <sup>th</sup> Floor, LA 90020
Miriam Brown	Service Areas 4 and 7 & Countywide Emergency Svcs	(213) 738-3489/ (213) 351-2490/ <a href="mailto:mbrown@dmh.co.la.ca.us">mbrown@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 10 <sup>th</sup> Floor, LA 90020
Imelda Allen	Critical Care (SD/MC Inpatient and OHS)	(310) 222-3166/ (310) 320-6973/ <a href="mailto:iallen@dmh.co.la.ca.us">iallen@dmh.co.la.ca.us</a>	Harbor General Hospital, Dept. of Psychiatry, Box 8, 1000 W. Carson Street, Torrance 90509
Mary Marx	IMD's and State Hospitals	(323) 226-4431/ (323) 223-8380 <a href="mailto:mmarx@dmh.co.la.ca.us">mmarx@dmh.co.la.ca.us</a>	1925 N. Daly Street LA 90031
Dale Hata	Managed Care (FFS Inpatient)	(213) 739-7303/ (213) 487-7483/ <a href="mailto:dhata@dmh.co.la.ca.us">dhata@dmh.co.la.ca.us</a>	DMH, 550 S. Vermont Avenue, 7 <sup>th</sup> Floor, LA 90020