

IS for MHSA Providers

This presentation contains a few tips on using DMH's Integrated System when billing for MHSA programs

- ◆ Setting the SFPR (Single Fixed Point of Responsibility)
- ◆ Opening an Episode
- ◆ Setting the Client Plan
- ◆ Fixing Mistakes in Assessments
- ◆ Using Reports to Track MHSA Claims

Note: there are some blanks on these page because we have removed all client information

SFPR: Single Fixed Point of Responsibility

The screenshot shows a web application interface for "Client Information". The browser address bar shows "http://.../web/ClientOther.aspx". The page has a navigation menu with "Home", "Clinical", "Administrative", "Plan", and "CIOB". Below this is a header with "1917-ARCADIA MH:1917A-ARCADIA M" and "JFLYNN". The main content area is titled "Client Information" and has a "Client:" field with a question mark icon. Below this is a tabbed interface with "Identification", "Contacts", "Financial", "Other", "Groups", "XRef", and "MCal Benefits". The "Other" tab is selected, showing the "SFPR" section with two radio buttons: "Provider" (unselected) and "Special Program" (selected). Below the radio buttons is a dropdown menu showing "FSP-Adult". The "Birth Information" section includes fields for "Last Name", "Middle", "County", "State", and "Country" (set to "Country Not List"). Below this is a table with columns "Client ID" and "DOB". At the bottom right are "Save" and "Cancel" buttons. A footer note says "see California Welfare and Institution Code section 5328."

Address

Open an Episode

BEFORE you can enter Outcomes, you **MUST** open an Episode in the IS!

Address <https://dmhisintra.co.la.ca.us/ClinicalWeb/ViewClientEpisodesO>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1917 ARCADIA MH:1917A-ARCADIA MHS - JFLYNN

Client Episodes

Client: ?

Options

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1917A002	0	12/5/2003	309.0 <i>i</i>	VILLANOVA-0093633 <i>i</i>	4/23/2007	56	0	

1

Return

Change Provider

Find Client

Client Info

Client Case Load

Daily Log

Check Eligibility

Open Episode

Eligibility History

CONFIDENTIAL patient information

California Welfare and Institutions

Episode Numbers are sequential, and they include the Provider Number. You can learn more about opening them in the IS Basic Manual dmh.lacounty.info/hipaa/downloads/BasicISv3.3.pdf

Once you open an Episode, the IS needs to send it to OMA. This can take up to three hours, so if you **just** opened the Episode, you might have to wait a bit to start a Baseline in OMA!

CLICK

Setting the Plan to MHSA

Address <https://traindmhisintra.co.la.ca.us/ClinicalWeb/Outpatient>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Add Outpatient Claim

Options

Return

Check Eligibility


Service

Client Benefits: Medicare :1234567890A
Staff Code: E261358
Service Date: 09/04/2006
Procedure: 90804
Mod1:
Mod2:
Unit Type: MJ
Units: 75
Rate: 1.80
Claim Amount: 135.00
Late Code:
Client Amt Paid:
Healthy Families
Medi-Cal
Medicare

Claim Plans:

Plan	Pay Order
CGF	1
	
	
1	

Other Insurance:

Payer

1

The MHSA Plan should be entered the first time you bill for an MHSA service...once set, it will show up on future claims

The **PLAN** is the pot of County funds (like CGF, MHSA, etc.) that pays for our services...it's different from a **BENEFIT**, which is provided by an external payer like Medi-Cal or Medicare.

The client's Plan defaults to CGF: make sure you change it to bill MHSA...click on the Pencil to edit this!


Submit Save Cancel

Confidential


ation 5328.

Setting the Plan


When you click on the Pencil, you will see the Plans screen. Note: you can change the Plan here (CGF, MHA), but not the Benefits (Medi-Cal, etc.).

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPlan.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#)

1904-ANTELOPE V:1904A-ANTELOPE 

Outpatient Claim - Plans

Client: 

Options | Client Benefits: | Staff Code: E261358

Return

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
06/01/2007	90805			MJ	95	3.00

Plans:

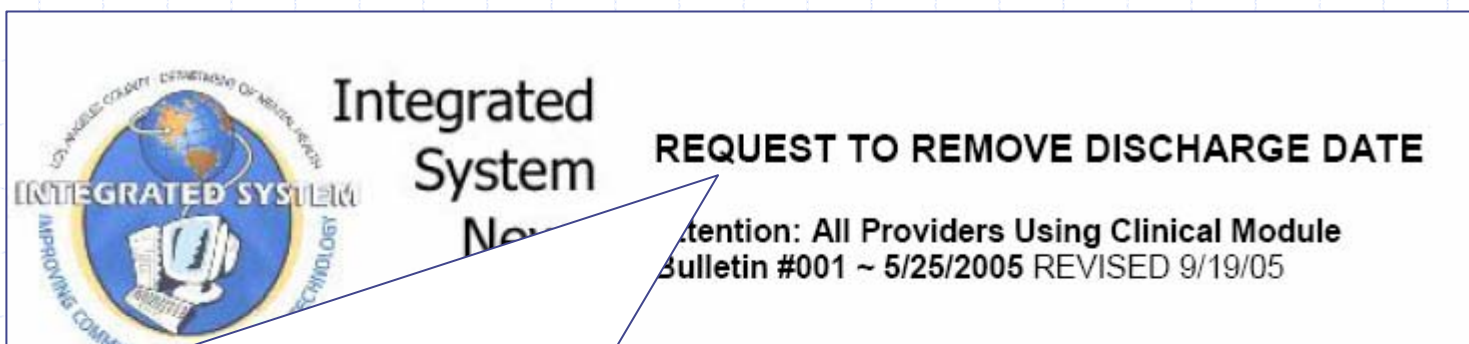
Pay Order:

Confidential patient information, see California Welfare and Institution Code section

CGF is the default...click on the down arrow and you will see the list of plans approved for your clinic. Select the appropriate MHA plan, and it will show up on all claims for this client from now on.

Dealing with a Closed Episode

- ◆ You must have an open Episode in the IS to start a Baseline in OMA...so what do you do if the Episode was CLOSED?



You'll need to ask DMH to re-open the Episode by filing a Request to Remove Discharge Date...available at

http://dmh.lacounty.info/hipaa/downloads/AuthorizationStafftoRemoveDischargeDatesRev032807with_ISNews01.pdf

the appropriate service area liaison (see attached listing). The liaison will fax the form to you and you will be notified when the date has been removed.

The form provides three basic reasons for removing a discharge date:

- 1) To modify/correct a discharge date**
- 2) The episode was opened in error and it will be deleted**

Fixing Mistakes in an Assessment



If you accidentally created an Assessment, or if you need to change or correct a piece of information that you can't edit yourself, please use the OMA [Data Change / Deletion Request Form](#). This is a fill-able form, meaning that you can open it in Adobe Acrobat and type in your information. Hit the "Print Form" button, and then fax it to Kara Taguchi (the number is on the form).

Print Form

Outcomes Measures Application (OMA)
Data Change / Deletion Request Form

Requestor Information			
Name		Date	
Phone Number		Program	
Email		Reporting Unit	
Assessment Information		Please I	want to change or delete
Client ID			
Assessment			
(Sample: <input checked="" type="checkbox"/> Baseline ID: 123)			

Available at
<http://dmhoma.pbwiki.com/Data+Change+or+Deletion+Request>

Using IS Reports for MHSA

Address <https://dmhisintra.co.la.ca.us/Reports/default.csp?>

Welcome, RPTPROV!
Current Location: [DMHISREPORT.IS.DMH.CO.LA.](#)

Exit
Clinical Operations

Reports

- [Inpatient 24 Hour Services Utilization \(IS001\)](#)** [[Schedule](#)] [[History](#)]
This report lists inpatient clients.
Last updated on 6/16/2005 7:59:08 PM
- [Integrated System Claim Exception \(IS030\)](#)** [[Schedule](#)] [[History](#)]
This report lists denied claims (due to errors) by provider.
Last updated on 6/11/2007 3:58:44 PM
- [Integrated System Code List \(IS002\)](#)** [[Schedule](#)] [[History](#)]
This report lists the code values and descriptions used in the Integrated System.
Last updated on 11/22/2005 1:33:59 PM
- [Monthly Claims by Plan Detail \(IS260\)](#)** [[Schedule](#)] [[History](#)]
This report lists claims by Plan for a specified claim status, and service/submit date range.
Last updated on 3/2/2007 6:24:50 PM
- [Monthly Claims by Plan Summary \(IS270\)](#)** [[Schedule](#)] [[History](#)]
This report lists summary information of claims by plan.
Last updated on 8/30/2005 3:23:03 PM

Page: [[Previous](#)] [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [[Next](#)]

Data Current as of: Tue Jun 12 04:00:01 PDT 2007

powered by crystal

These are the two reports you can use to track MHSA funds: the IS 260 and IS 270

Parameters for the IS 260

Report Parameter Form

BillingProviderID 1917 ARCADIA MHS

ServiceDateRange
Start of range: 3-1-2007 Include Value No Lower Bound
End of range: 3-30-2007 Include Value No Upper Bound

SubmitDateBegin 3-1-2007

SubmitDateEnd 6-29-2007

Plan MHSA - FSP

The parameters for the IS 260, Monthly Claims By Plan Detail, are the most specific. You must indicate the plan (or plans) and also the claim status (Approved, Forwarded, etc.)

IS 260 Sample Page

IS 260 Monthly Claims by Plan Detail provides a claim-by-claim look at payments sorted by Plan. In this example, we have picked only MHSA, but you can pick multiple plans.

Crystal Reports Viewer - Microsoft Internet Explorer

Main Report 1 of 1+ 100% powered by crystal

MHSA - FSP

County of Los Angeles - Department of Mental Health
Monthly Claims by Plan Detail (IS260)
** Excludes Voided and Resubmitted Claims **

Billing Provider ID: 294.00 - 1917 ARCADIA MHS
Service Date: 3/1/2007 - 3/30/2007
Submit Date: 3/1/2007 - 6/29/2007

Claim Status: Approved, denied, Forwarded
Selected Plan: MHSA - FSP

Plan: MHSA - FSP

Submitter Claim ID	Patient File #	Claim Status	Service Dt Begin	Service Dt End	Submit Dt	Proc	MCal Claim	Mcare Claim	Total Days	Tot Uni
Client ID:										
		APPROVED	3/9/07	3/9/07	4/2/07	T1017	N	N		
		APPROVED	3/15/07	3/15/07	3/19/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	3/19/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	4/2/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	3/19/07	T1017	N	N		
		APPROVED	3/20/07	3/20/07	3/28/07	90801	N	N		
		APPROVED	3/20/07	3/20/07	3/28/07	T1017	N	N		
		APPROVED	3/23/07	3/23/07	3/28/07	T1017	N	N		
		APPROVED	3/23/07	3/23/07	3/29/07	90862	N	N		
		APPROVED	3/26/07	3/26/07	3/28/07	T1017	N	N		
		APPROVED	3/28/07	3/28/07	4/11/07	T1017	N	N		
		APPROVED	3/30/07	3/30/07	4/10/07	T1017	N	N		

IS 270 Sample Page

Crystal Reports Viewer - Microsoft Internet Explorer

Main Report 7 of 7+ 100%

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- CalWORKs
- CGF
- Dual Diagnosis Program
- GROW
- MHSA - FSP
 - APPROVED
 - FORWARDED

County of Los Angeles - Department of Mental Health

Monthly Claims by Plan Summary (IS270)

Billing Provider ID: 294
Billing Provider Name: 1917 ARCADIA MHS
Service Area/Bureau: 3 / AS
Service Date: 3/1/2007 - 3/30/2007

Plan	Claim Status	Proc Code	Suc Unit Type	Total Suc Qty	Total Claims	Total Claim Amount	MediCal Paid Amt	Medicare Paid Amt
MHSA - FSP	APPROVED	90801	MJ	855	7	\$2,197.35	\$558.98	
MHSA - FSP	APPROVED	90808	MJ	180	1	\$462.60	\$231.30	
MHSA - FSP	APPROVED	90862	MJ	616	9	\$3,073.84	\$301.25	
MHSA - FSP	APPROVED	90887	MJ	75	4	\$192.75	\$96.39	
MHSA - FSP	APPROVED	90889	MJ	1,149	31	\$2,952.93	\$681.09	
MHSA - FSP	APPROVED	99361	MJ	48	1	\$123.36	\$61.68	
MHSA - FSP	APPROVED	H2010	MJ	510	4	\$2,544.90	\$144.60	
MHSA - FSP	APPROVED	H2011	MJ	771	4	\$3,099.42	\$931.20	
MHSA - FSP	APPROVED	H2015	MJ	6,231	51	\$16,013.67	\$3,855.02	
MHSA - FSP	APPROVED	M0064	MJ	2,562	60	\$12,784.38	\$3,289.65	\$0.00
MHSA - FSP	APPROVED	T1017	MJ	13,862	116	\$27,724.00	\$6,942.00	
Total APPROVED:					288	\$71,169.20	\$17,093.16	\$0.00

IS 270 Monthly Claims by Plan Summary will show you a summary of all claims in all plans for a given date range. This page is only the Approved claims for MHSA, but there are also CalWORKS, CGF and other plans on this particular report.

For More Information

- ◆ See the IS Manuals and Guides at http://dmh.lacounty.info/hipaa/do_UIS_Manuals.htm
- ◆ See the IS Movies page at http://dmh.lacounty.info/hipaa/do_ISMovies.htm
- ◆ See the OMA Website (or Wiki) at <http://dmhoma.pbwiki.com/>