RFP # G099-0922-10

ADDENDUM IV-C

INTERFACE and DATA REQUIREMENTS

Mental Health Electronic Health Record System

Addendum VI-C

Forms and data Interface Requirements

1.0 Purpose

This Addendum is provided to present a snapshot of the forms and data interfaces in use in Solano County at the time this RFP is issued. The information is provided to help the Proposers respond to the RFP.

2.0 Data Interfaces

Table 1: Interfaces -- Mental Health

SYSTEM NAME	PURPOSE	IN.	OUT.	FREQ.	METHOD
ALIRTS	Report PHF fiscal and service information to State of California OSHPD		√	Annually	On-line a http://www.alirts.oshpd.ca.gov/Default.aspx
Client and Service Information (CSI) System	Collects, edits, and reports client demographic, diagnostic service, & outcome information for California public mental health population		√	Monthly	Data transferred through the Information Technology Web Server (ITWS)
Cortex EDI	Determine Medicare eligibility	√		Daily	On-line through www.CortexEDI.com
Forensic Conditional Release Program (CONREP)	Report CONREP services and invoice for NR services		√	Monthly	CITRIX –base interface at https://ra.dmh.ca.gov/
Inpatient Treatment Authorization Request (TAR) System	Obtain authorization for inpatient treatment services		√	Varies	Manual but data tracked
Internet Hospital Quarterly Reporting System (IHQRS)	Report inpatient fiscal and service information to OSHPD		√	Quarterly (45 days after end of qtr,)	On line at http://www.ihqrs.oshpd.ca.gov/
Medi-Cal	Billing for Medi-CAL	√	√	Various	Interactive and batch processes through Dept of

SYSTEM NAME	PURPOSE	IN.	OUT.	FREQ.	METHOD
					Mental Health's Information Technology Web site (ITWS)
Medi-CAL Eligibility Data System (MEDS)	Online viewing of a client's current eligibility status in State Medicaid system		√	Daily	Interactive access through InSyst
Medi-CAL Eligibility Data System (MEDS)	Download eligibility file from State	√		Monthly	Interface via InSyst to download MEDS extract file
Medical Information Reporting for California (MIRCal) System	Required reporting of clinical information by OSHPD		√	Semi-annually	Data load created by INSYST OSHPD module ,uploaded to OSHPD at https://www.mircal.oshpd.ca.gov/mircal/logon.asp
Medicare Billing Process	To bill Medicare for services		√	Monthly	Through 837/835 HIPAA translation and fiscal intermediary http://www.palmettogba.com
MHSA Data Collection Reporting (DCR)	Report various statistics relating to service delivery and demographics. Part of POQI (Performance Outcomes and Quality Improvement)		√	Monthly	On-line submittal of report through ITWS
Office of the Inspector General	Check if provider is on disbarment list (affects Federal funding)	√		Monthly or as needed	On-line
PATH Grant Survey	Report program statistics to SAMHSA		√	Annually	On-line at http://pathprogram.samhsa.gov/Super/Path/Grc.aspx
Performance Outcome Data System (PODS)	Provides data for California's Mental Health Performance Outcomes Systems or the Supportive Housing Initiative Act				On-line at https://mhhitws.cahwnet.gov/pods
State Medi-CAL	Check if provider is on	√		Monthly or as	On-line

SYSTEM NAME	PURPOSE	IN.	OUT.	FREQ.	METHOD
Disbarment List	disbarment list			needed	
State-Required Reports (Misc.)	Meet various State DMH reporting requirements	√	√	Various	Upload and download through Dept of Mental Health's Information Technology Web site (ITWS)
Various Insurance companies	Bill for services		√	Monthly	

Table 2: Interfaces -- Drug and Alcohol Services

SYSTEM NAME	PURPOSE	IN	OUT	FREQ.	METHOD
California Outcomes Measurement Systems (CalOMS)	Collect and report client treatment outcomes and meet the information demands of the state government, federal government, and California's counties	√	√	Weekly	On-line for reporting data and accessing reports
DMV systems	Submit NOCs, POEs, look up client's DMV records to verify arrests	√	√	Daily	Manual
Drug test interface	Send and receive rosters/ electronic manifests/ results	√	√	Daily	Manual
Electronic notices to court	Send court reports and letters to courts and probation		√	Daily	Manual/e-mail
EPS/SAP	County financial management and time card system	√	√		Access information from system Desired: Would like interface to EPS/SAP for cost-related information
In-house DUI CalOMS Access database	Prepare demographic and outcome data for submittal to State ADP		√	Monthly	On-line submittal of report on ITWS
Intranet Parole Billing	Pull data from Access database and create Parole invoice	√	√	Monthly	Manual, e-mail

SYSTEM NAME	PURPOSE	IN	OUT	FREQ.	METHOD
Medi- CAL checks	Interface w/State to check Medi-CAL eligibility	√		Daily	On-line access to MEDS

3.0 Forms

Medical Chart	QI	Managed Care	Billing
Section 1 **Administration** • Hospital Report Form (IP Psychiatric Hospitalization)(1pg)(e) • BH PCP Communication (2pg)(e) • Follow-up Care & Safety Plan (1pg)(e) • Sub-Acute Referral Form (Committee eForm) 5/28/10 (2pg)(e) • Sub-Acute Committee Schedule (5/28/10) (e) • LCReferral Updated Form (Caminar/Laurel Creek House Referral) (4pgs)(e) **Vocational Rehabilitation** • Referral to Vocational Rehabilitation Form (3-part wt-yell-pink)pdf • Vocational instructions checklist for Vallejo/Fairfield (1pg)(e) • Intra-Disciplinary Authorization Form (3pg)(e) • Authorization of Release of Medical Information/Record Form (2pg)(e) **Financial Information** • Adjustment Recommendation (1pg)(e) • UMDAP Client Cost Explanation Form 8/12/10 (1pg) (e) • Medicare/Insurance Authorization 8/17/10 (1pg)(e) • SOC Obligation Agreement (1pg) (e) • Payor Financial Information (1pg/2part wt-yell)(e) **Legal** • Acknowledgement of Receipt (1pg 2-sided English/ Spanish) (e)	• Access Log-Share Point 8/9/10 (pdf-2pg) • Audit Alert Form 9/09 (e-1pg) • Clinical Review Worksheet 9/8/09 (pdf-2pg) • Fax Transmission of Medi-Cal Authorization Documents 7/27/10 (e 1pg) • Forms Order Sheet 8/20/10 (e-2pg) • ICS Update Front 8/2/08 (e-1pg) • Insyst User Authorization Request 6/14/10ew (e-2pg) • Medi-Cal Site Certification (Tool/Summary) 9/1/07 (e-14pg) • Mental Health Staff Master Worksheet 4/23/10 (e-1pg) • MHS Reporting Unit/Program Set up and update Form 8/23/10 (ex-4pg) • Notification of Billing Errors-VCR 4/26/10 (e-1pg) • Procedure Code Setup Form (Tab 2 is codes) 3/7/07 (ex-2pg) • Provider Satisfaction Survey 4/15/10 (e-2pg)	• Assessment and Care Recommendation (Attachment A) 1/24/03 (e-2pg) • Case Consultation Form (Attachment A) 8/23/10 (e-1pg) • Inpatient Hospital Services Chart Review Worksheet 7/9/10 (e-5pg) • Outpatient Treatment Progress Report 12/19/02 (e-2pg) • Outpatient Treatment Progress Report (Attachment B) 12/19/02 (e-2pg) • Closing Summary Report (Attachment D) 1/16/03 (e-1pg) • Psychiatric Medication Evaluation or Progress Report (Attachment C) 1/6/03 (e-2pg) • Managed Care Chart Review Worksheet 5/10 (1pg) • Managed Care Site Review Worksheet 5/10 (1pg) • Managed Care Audit Alert (1pg)	• UB04 (1pg) • CMS1500 (1pg) • InSyst Statement (sample) • HCH Registration Form full page (aka Indigent form) • Superbill 6/22/10 (1pg) **Misc H&SS Forms** • Vendor Claim Form 1pg (+ 2pg instructions) • SA Authorization for Release of Medical Information 5/2/06 (3pg)

Medical Chart	QI	Managed Care	Billing
• Application for 72-hour Detention for Evaluation and Treatment (1pg, 2-sided) (e) • NOA's (A,B,C,D or E) (e) **Consent Authorization** • Request for Access to Medical Information (1pg) (e) • Authorization for Release of Medical Information (1pg) (e) • Consent for Mental Health Services (1pg 2-sided English/Spanish)(e) • Consent to Bill Medi-Cal 26.5 (AB3632) Services (1pg 2-sided) (e) • Voluntary Agreement to Participate in Urinalysis Testing/Breathalyzer Exams-Informed Consent (1pg)	• Serious Incident Report (Revised)4/2010 (pdf-1pg) • Technical Chart Review Worksheet 9/8/09 (e-2pg) • Tester Call Worksheet 1/21/10 (e-1pg) • Utilization Control (UC) Log (no rv date) (ex-1pg) • Adult Survey-Short Version 4/15/10 (e-2pg) • Child Survey-Short Version 4/15/10 (e-2pg) • Conservator Information Update 7/30/08 (e-1pg) • Disallowance Worksheet 9/3/09 (e-1pg) • Fax Transmission for UC Logs (e-1pg) • Indigent Claim Tracking-SharePoint Scan 8/9/10 (pdf-1pg) • Interpreters Log- SharePoint Scan 8/9/10 (pdf-1pg) • Medications Monitoring Checklist 10/20/09 (e-2pg) • MHS Provider-1pg Update rv9 2010 (ex-1pg) • Notice of Employee Termination 7/1/10 (e-1pg) • Problem Resolution Log-SharePoint Scan 8/9/10 (pdf-2pg) • Provider Appeal Log-SharePoint Scan 8/9/10 (pgf-2pg) • Test Call Log (e-1pg)		
Section 2- Summary • Confidential Patient Information (e-1pg) • Episode One Shot (e-2 sided) • Episode Closing Maintenance (3pg)(pdf-adobe) • Episode Opening Maintenance (4pg)(pdf-adobe)			
Section 3- Clinical • Adult Intake Assessment (e-8 pg) • Adult Assessment Screening Tool (e-1pg 2-sided - Spanish/English) • Intake Assessment Addendum (e-1pg) • Crisis Evaluation (e-6pg) • Child and Adolescent Intake Assessment (e-12 pg) • Child and Adolescent Screening Tool (e-4 pg/2-sided-Spanish/English) • Client Assessment Update (e-4pg 2-sided) • Client Assessment Update Addendum (e-1pg) • Parent/Caregiver Report of Client's Substance Use (e-1 pg 2-sided -Spanish/English) • Client's Self-report of Substance Use (e-1pg 2-sided-Spanish/English) • Day Treatment Intensive/Rehabilitation Case Review (3pg)pdf • Day Treatment Intensive/Rehabilitation Medical & Service			

Medical Chart	QI	Managed Care	Billing
Necessity Criteria (1pg)pdf • Psychiatric Services Client Plan (pg 1) /Target Symptom Inventory (e-1pg 2-sided) • Schools "AB3632/Chapt 26.5 Assessment Plan and Consent to Assess" Letter to Parent/Guardian (1pg) (p) • AB3632 Mental Health Assessment (3pg)(e) **Performance Outcomes** • Adult/Child LOCUS/CALOCUS (1pg)(e) •	• QI Training Registration (CALOCUS) Form2 (Sample)(e-1pg) • Group Service Log(e-1pg)		
Section 4- Medical			
MD Orders • Medication Administrative Record (e-2pg) • Medications List (e-1pg) **Medications Consent** (Statement of Medication Informed Consent Client and County copy- offered in English or Spanish) • Antidepressant- 2 part/2-sided 1pg yell-pink (e) • Anticonvulsant Medications-2 part/2-sided 1pg yell(e) • Neuroleptic Medications-2 part/2-sided 1pg gold-yell(e) • Lithium Carbonate-2 part/2-sided 1pg wht-yell(e) • Psychostimulant Medications-2 part/2-sided 1pg wht-yell(e) • Side-Effect Relieving Medications-2 part/2-sided 1pg grn-yell(e) • Clozapine (Clozaril)-2 part/2-sided 1pg wt-yell(e) • Antianxiety and Sedative medications-2 part/2 sided 1pg-blue-yell(e) • Beta Blockers2 part/2-sided 1pg (e) • Strattera2 part/2-sided 1pg (e) •			
Section 5- Service Plans			
• Client Service Plans (1pg/2-sided purple) (e) • Service Authorization (1pg/2-sided pink) (e) • Client Service Plan Addendum (CSP-Addendum-Supplemental Objectives) (1pg-2sided) (e) • Authorization/Justification (for Day Treatment Services) (2-sided yell)			

Medical Chart	QI	Managed Care	Billing
Section 6- Progress Notes			
• Progress Note (pdf-1pg) • Single Service Data Entry Progress Note (1pg)*prints as part of the progress note but does not go in chart • Group Progress Note (pdf-1pg) • AB3632 Progress Note (pdf-1pg) • AB3632 Single Service-Data Entry Progress Note (1pg) *prints as part of the progress note but does not go in chart • AB3632 Group Progress Note (pdf-1pg) • Day Rehabilitation Service Log (3pg) • Day Treatment Service Log (e-3pg) • Unbilled Services/Tracking Unit progress Note (e-Pg 1 and 2)			