CLIENT UPDATE

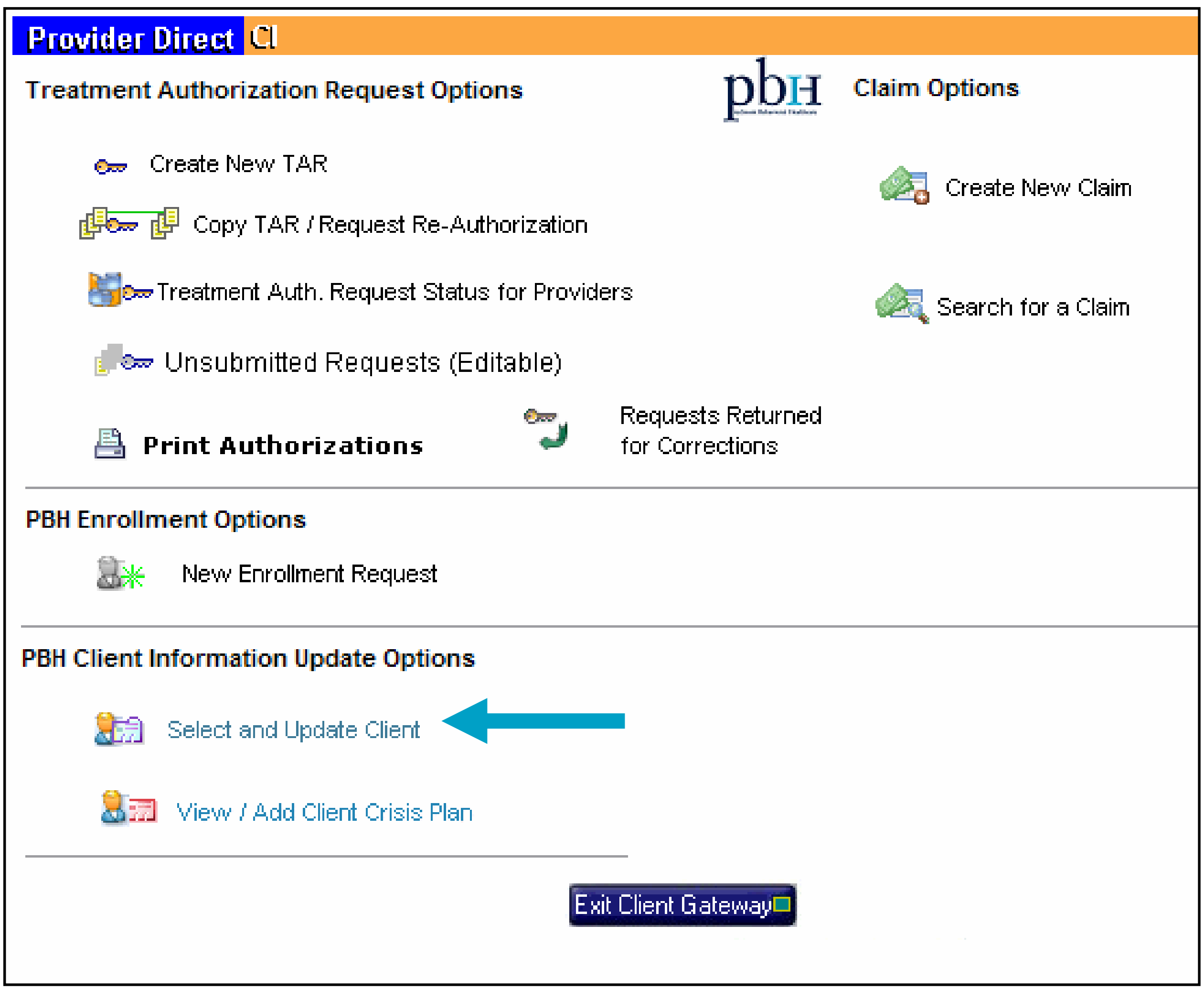
Updated Module 2/09

The Client Update will allow you to:

1. Determine if the client is in the system
2. Update demographic information
3. Update clinical information
4. Avoid being contacted by UM/Access due to missing data for the client

PBH has specific data we require the provider to submit to us so we can submit it to the state. This is a requirement from providers, not an option. If the person is in the computer, but is newly presenting to you for services, it is recommended you complete the Enrollment Section which will enroll the consumer in the State insurance plan, as well as make sure you have submitted all state required data to us. (See page 2-20 for more details on Enrollment)

Click *Select and Update Client* to continue.

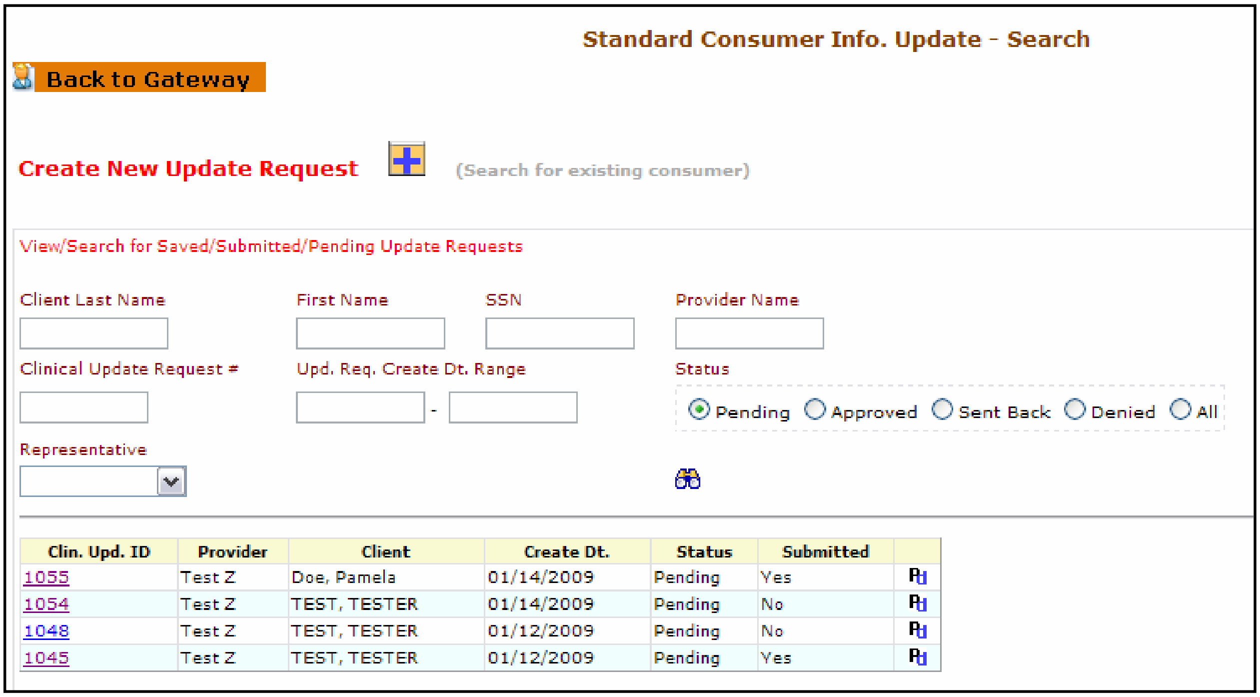


Select and Update Client

This module has just been updated to ensure providers are given an way to update all required information for the consumer. Due to our waiver and reports we must send out, we have to collect CDW (Client Data Warehouse) required data.

This new Select and Update Client module will look more like what providers see when doing a new client enrollment.

From the Client Gateway click on ***Select and Update Client***, you will see the new menu options which are very different from before.



There are two 'sections' to this screen:

1. Create a New Update Request, which means updating information on an existing consumer's record
2. Review any pending requests which have been sent to PBH and not approved or view any requests that have been started, but never submitted to PBH.

The default screen will show you any update requests where the status is pending or sent back. This could mean it is pending because it has NOT been submitted, or it could be that it was pending because it HAS been submitted to PBH and just waiting on approval.

In most cases, pending or sent back updates are the only items you would need to see on this screen. If an update request has been approved, it will not show up here as a default and if you did search to find that request, it would be locked so you cannot update it.

A New Update Request is required for all changes. ***As an example****, if you receive information that the consumer has a new address, that change should be made on that visit. Then the next visit the consumer comes in and reports she is now pregnant. The previous update for the address change was already completed, submitted and approved. This means a new update request needs to be completed to notify PBH of the pregnancy status change.*

Other things to be aware of when doing this new update are some fields which were previously not required when doing updates. CDW requires certain information about the consumer when we do reporting; therefore, we require that information from our providers. A few of the newer requires fields are:

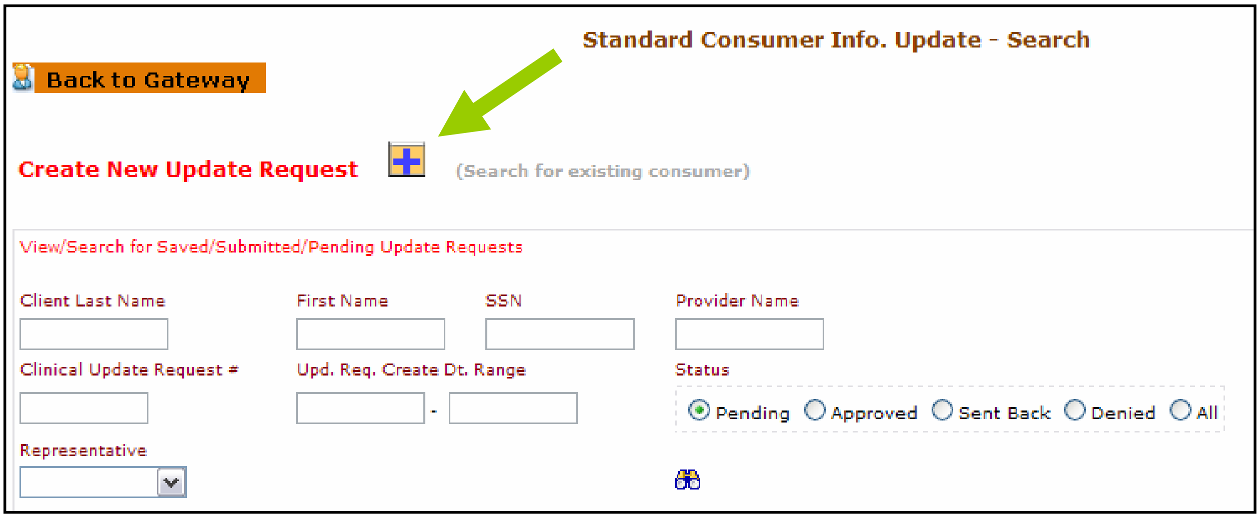
- Maiden name for females
- Check if client has Medicaid or not
- Veteran Status
- English Proficient
- Household Income and Number in Household
- If the consumer is a *Minor* or *Incompetent*, the legal guardian, relations and phone number is required.

In addition to these new requirements, we have added some other validations in the clinical update. Please read these next few items carefully to ensure when doing an update, you complete the appropriate sections

- Adding a NEW SA diagnosis will force adding information on the SA History Page
- Adding a NEW MH Diagnosis will force adding information the LOCUS/CALOCUS page
- Adding a Target Pop only will try to validate on any active diagnosis the consumer has active on their record, if there is no valid diagnosis for the Target Pop you have entered, you will be forced to add an appropriate diagnosis before the Target Pop can be saved

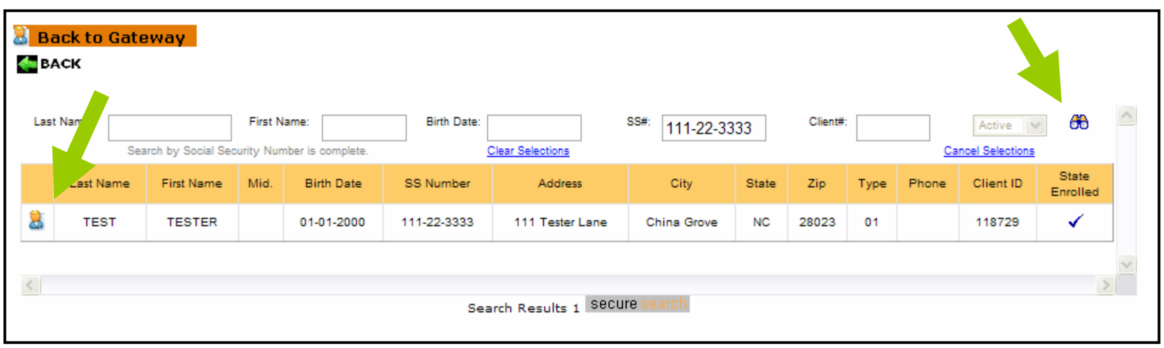
Submit a New Update Request

From the Update Client page, click on the ***Create New Update Request*** button to search for your consumer.



The standard “client search” screen will allow you to search for your consumer using a combination of First Name, Last Name and DOB, or the clients SSN.

Enter the search criteria, then click the binoculars on the far right of your screen to search.

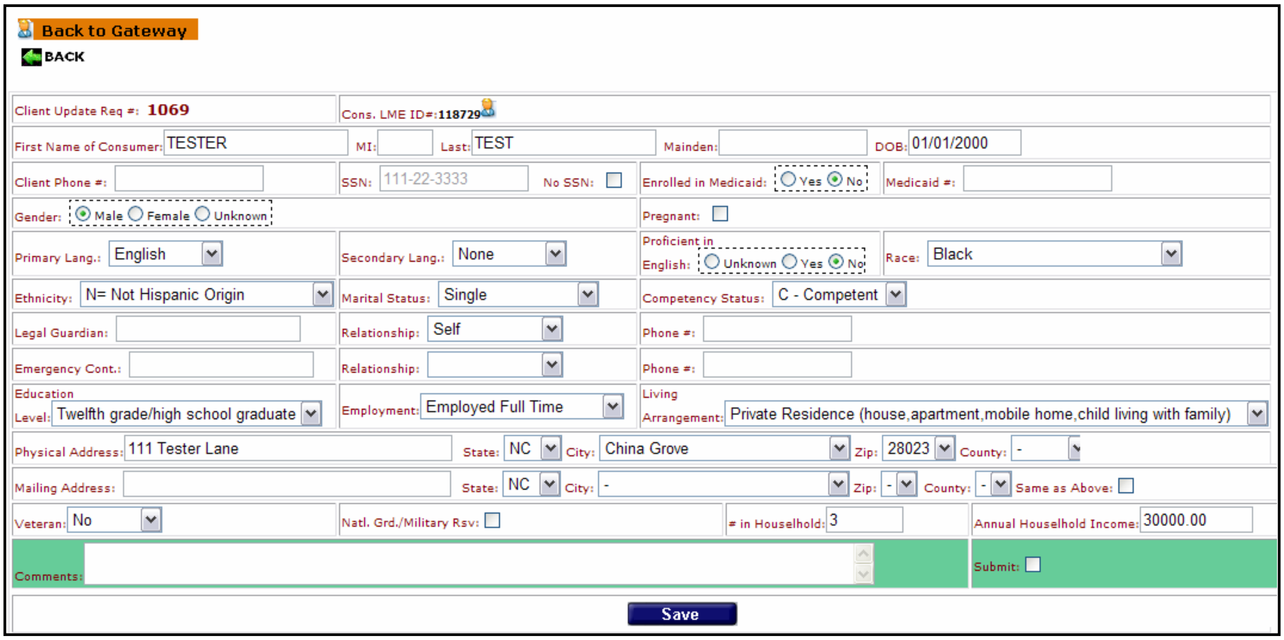


Select the client by clicking the icon to the left of the client’s last name.

Please note if you search by SSN and do not find your consumer, search again by last, first and DOB. If you have tried all search combinations, you may need to enroll the consumer into our system. If this is the case, click the “Back to Gateway” option at the top of the screen, then go to “New Enrollment Request”. Instructions for completing a new enrollment will follow the section on updates.

Demographic Updates

Once the consumer has been selected, you will be taken to the demographics page of the Update Request. This is where the majority of the new fields willneed to be populated if not already.



Once you have finished with the demographic information, you can click Save which will give you options to work with the clinical updates.

For updates which are *ONLY* demographic and do not include diagnosis, LOCUS/CALOCUS, SA information, benefits or target populations, you can make the changes needed and simply check the Submit Box and type a comment then click Save. The update request will be sent to PBH for approval.

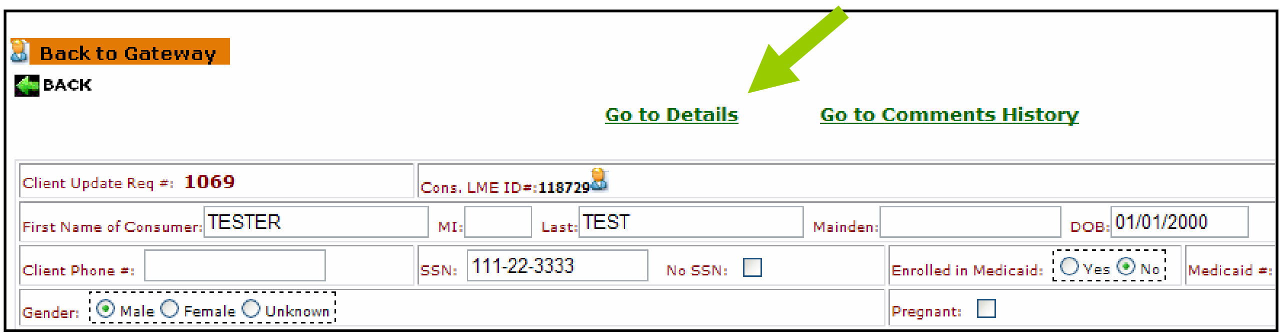
If you do not click the Submit Check box and leave comments, your request will be saved as pending and will not be submitted to PBH for review.

Clinical Updates

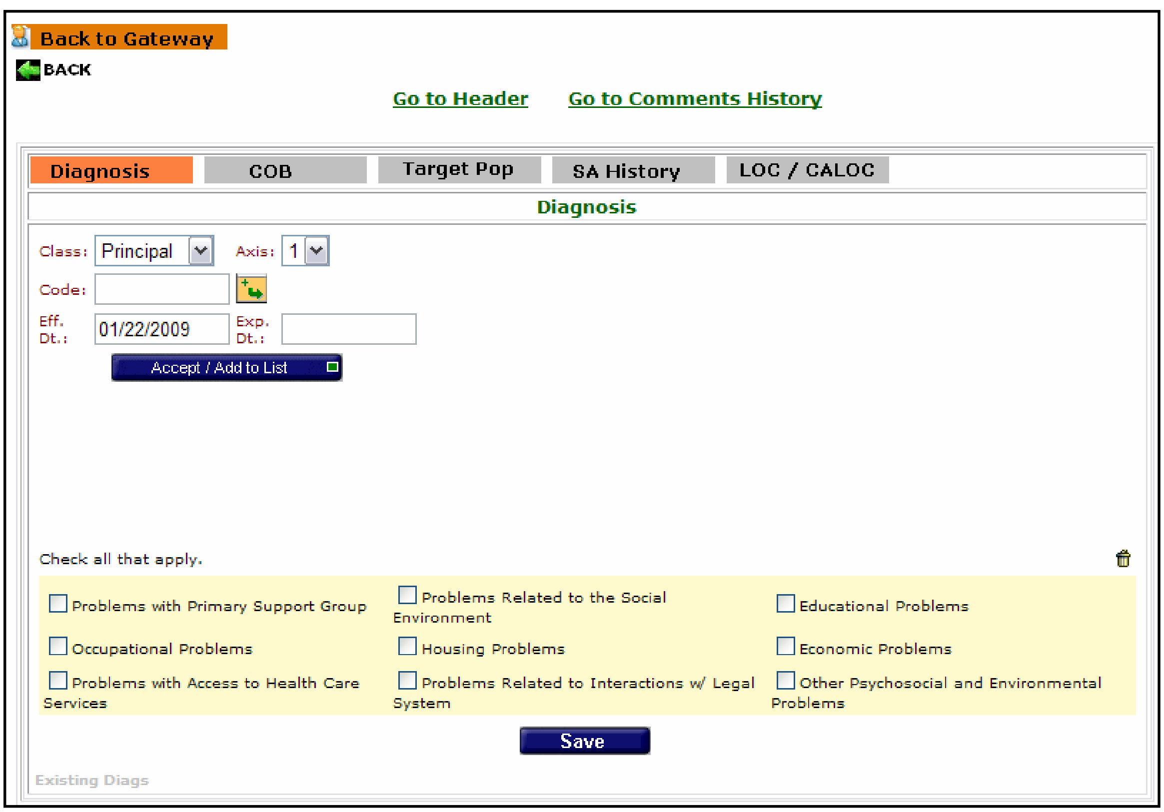
Once you have clicked Saved, you will notice a Green link at the top of the page to take you to the Clinical Details section or Comments History. The comment history is important on Update Requests which have been returned for corrections.

Click the Go To Clinical Details Link to update clinical information such as:

- Diagnosis
- Coordination of Benefits
- Target Population
- SA Information
- LOCUS or CALOCUS Scores



Please note the "Back" button located under the 'Back to Gateway" button will take you back to the main search screen for Update Requests.



Diagnosis

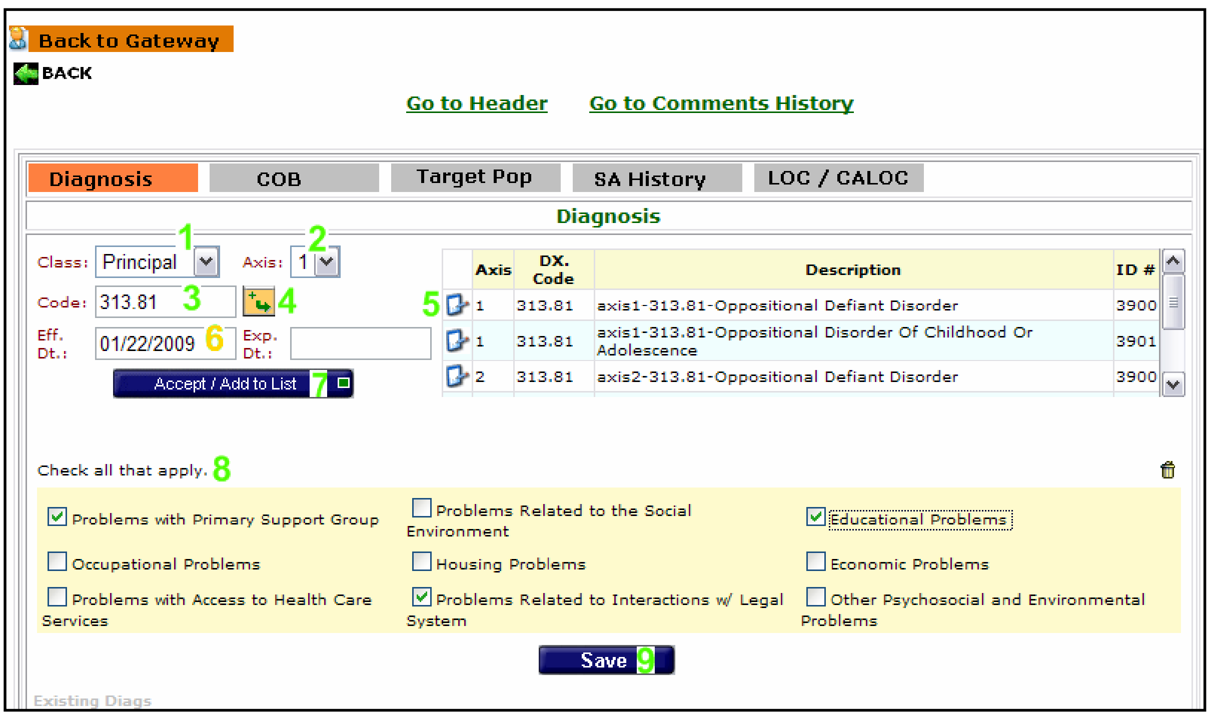
To add a diagnosis, select the Class, Axis and type in the code. Then click the Validate button to verify the code you have entered is a valid code in the diagnosis database.

Once the code is validated, you will need to click the appropriate code in the box to the right. Change the effective date, if needed then click Accept/Add to List.

Axis 4 diagnosis/stressors can be entered by clicking the appropriate boxes at the bottom of the screen. Make sure you click Save when all changes have been entered.

<u>Steps to Add a Diagnosis</u>

1. Select Class
2. Select Axis
3. Type Code
4. Validate Code
5. Select appropriate code from list
6. Enter Effective/Expired Date, if applicable
7. Click Accept/Add to List
8. Use checkboxes to add stressors (Axis 4)
9. Click Save



Click the COB (Coordination of Benefits) Tab if applicable

REMINDERS

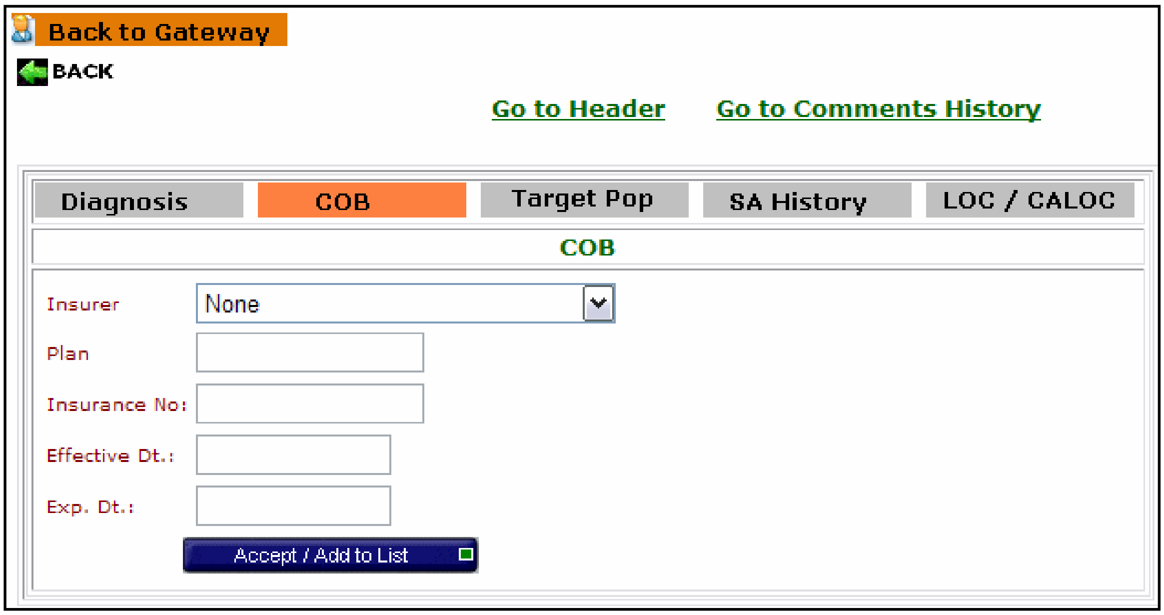
- If a new SA diagnosis was entered, you must complete the SA History Tab
- If a new MH diagnosis was entered, you must completed the LOC/CALOC Tab

COB – Coordination of Benefits

PBH collects COB information to be added to the consumer's record. This information is used when a claim is submitted to validate if they have other insurance. If other insurance is entered on the clients record, and the claim does NOT have any COB information, the claim will be pended or denied.

If the client has any insurance other than Medicaid, it must be entered in this COB Section. Select the insurer from the dropdown box. Then use the Plan and Insurance Number boxes to type information which may be on the insurance card. Often times a card may have Group Numbers or Subscriber ID numbers, these boxes are free text fields so you can type any information on the card in the appropriate boxes.

If there is an effective and expiration date on the card, please make sure to enter that information as well. Click the Accept/Add to List box when finished.



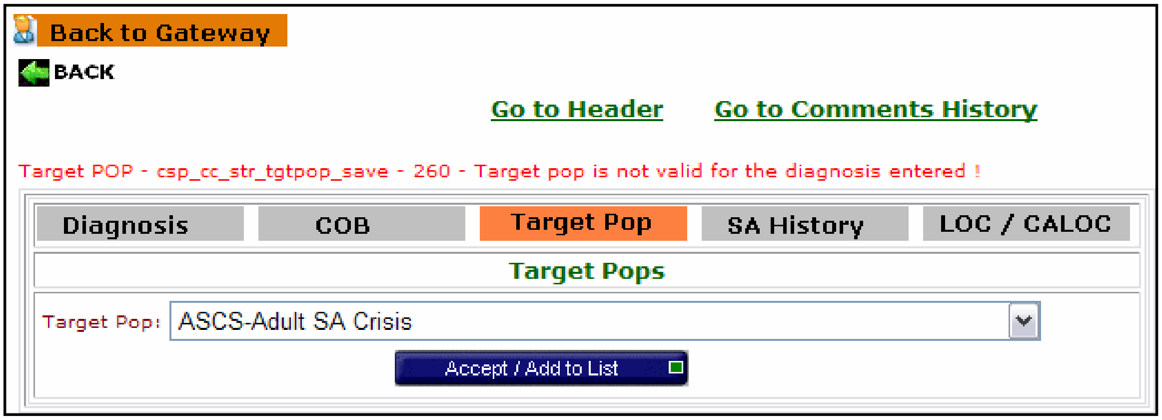
Next, click the Target Pop tab to continue.

Target Population

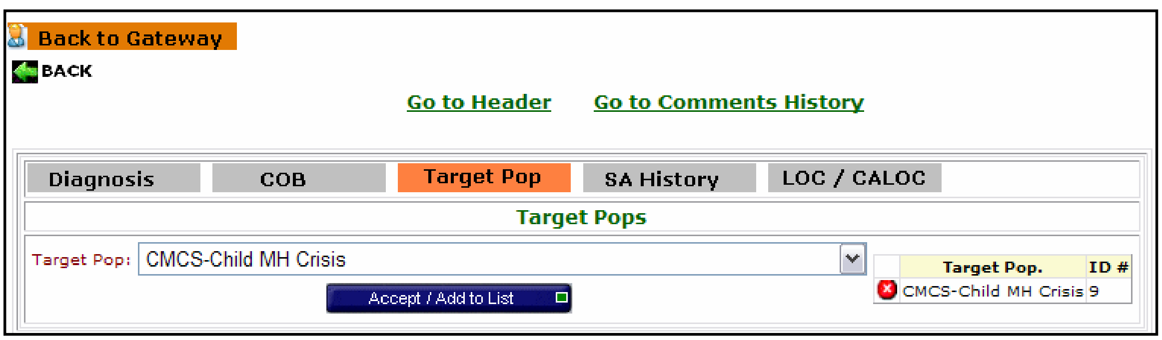
The Target Population screen allows providers to update a consumer's target population when there is a change in their clinical needs. The system is designed to validate the target pop entered based on the consumer's diagnosis and age, as well as prevent concurrency issues. For example the system will not allow a MH target pop assignment for a consumer with an SA diagnosis. Nor will it allow an Adult target pop be assigned to a 12 year old.

The screen shot below shows the error message (in red) you may receive if you select a target pop which is not valid for the age and diagnosis of the consumer.

If you see that error message, just select a new target pop from the dropdown box, once you select a valid target pop, click the Accept/Add to List button.



Once you have added a valid target pop, it will be shown on the right side of your screen. If you have entered this in error, you can click the red "x" icon beside the target pop to remove from the client update.



Click the SA History to continue.

REMINDER

- Target Pops will be validated off of current diagnosis which are active on the clients record, if no diagnosis has been entered to support the target pop you have chosen, you will be forced to enter a new diagnosis before you are able to save the target pop.

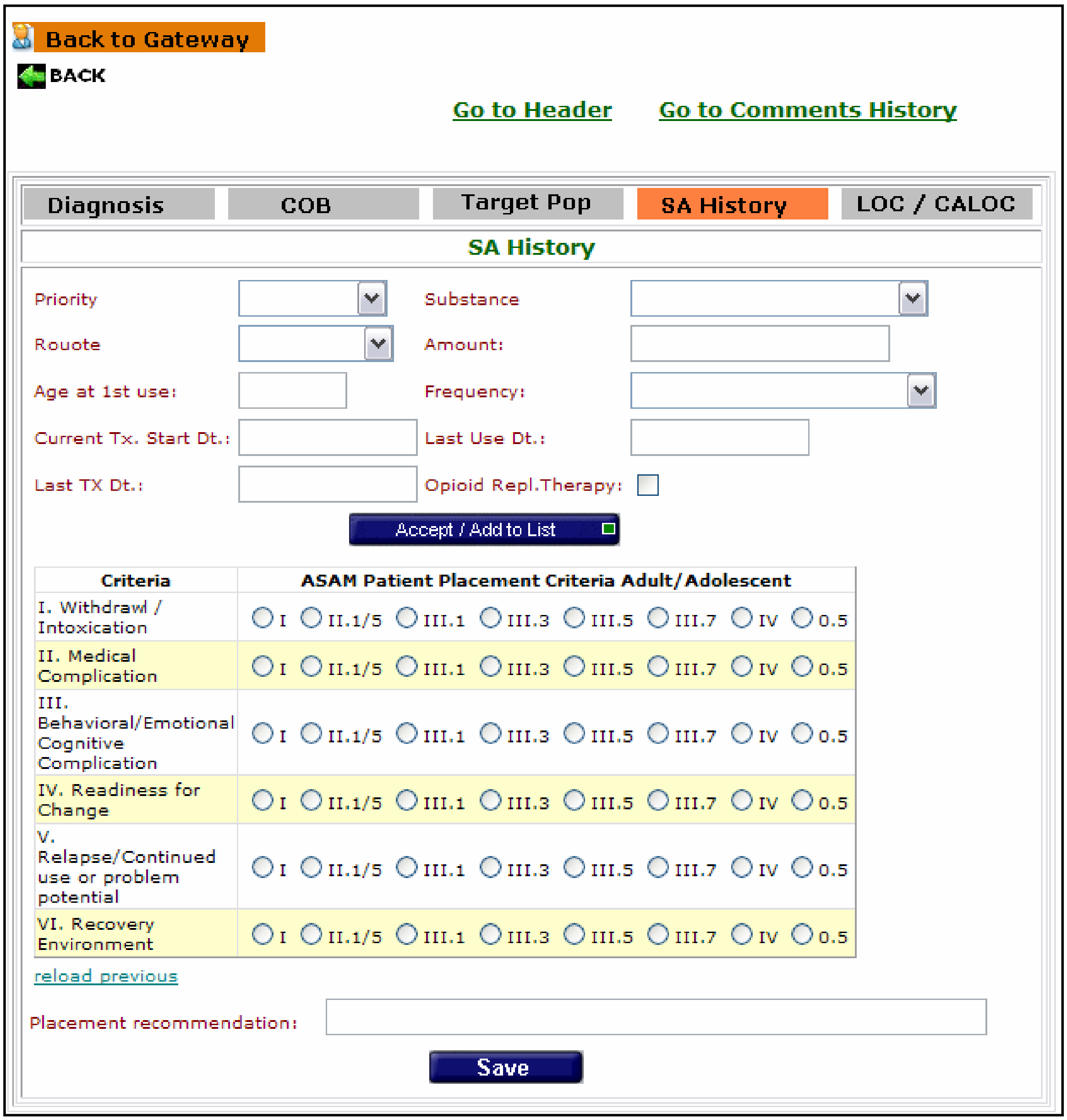
SA History

If the consumer you are working on an update for does not have any SA related issues or history, you do not need to go to this tab.

The SA History Tab collects substance abuse history about the consumer. Once again because of CDW Requirements, we must also collect the Current Treatment Start date, Date of last treatment and if the consumer participates in the Opioid Replacement Therapy program.

Use the drop down boxes to select the priority, substance, route and frequency. The Age of 1st use and frequency are free text fields.

The bottom portion of this page will allow the provider to enter the scores of the ASAM. If you are not treating the consumer for SA related issues, you do not need to complete the ASAM scores.



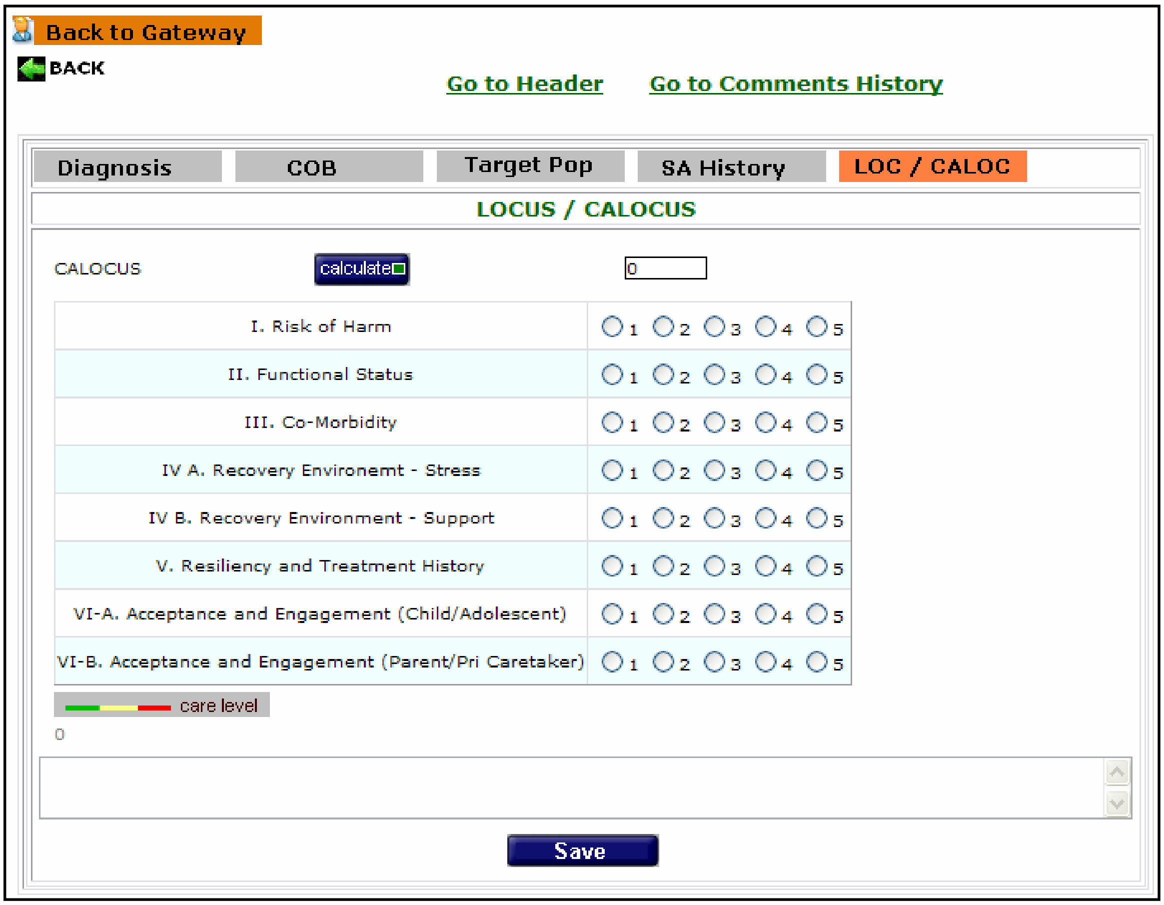
Click the LOCUS/CALOCUS tab to continue.

LOCUS/CALOCUS

The LOCUS/CALOCUS tab is used for MH Adult and MH Child consumers. This allows the provider to enter the consumers Level of Care into our system. If the consumer is an adult the LOCUS will appear on the screen, if the consumer is a child the CALCOUS will appear.

To complete the screening, answer the questions on the 1-5 scale. Then, click Calculate. The score will be populated in the box beside the calculate button. The bottom of the screen will show you a Green/Yellow/Red scale which will help determine the consumer's level of care based on the scores.

If needed, you can type comments in the comment box related to the clients level of care. Click Save to continue.



On an initial Update Request, there should be no comment history to view, this would only have information when an update request has been denied or sent back for corrections or more information.

Once you are finished with any necessary tabs, click the "Go to Header" link at the top of the page. You will be returned to the demographics page.

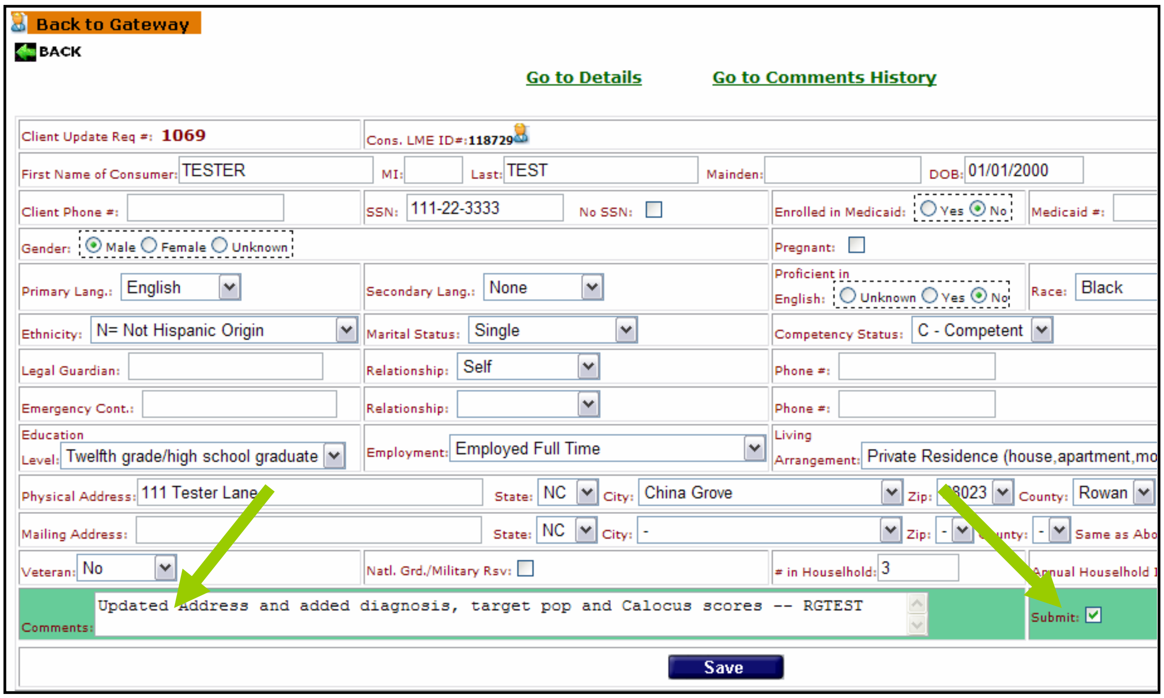
From the demographics page, click the SUBMIT Checkbox and type comments as to the items you added on the request. When you click the save button, the Update Request will be sent to PBH UM Department for review.

Submit and Review Status

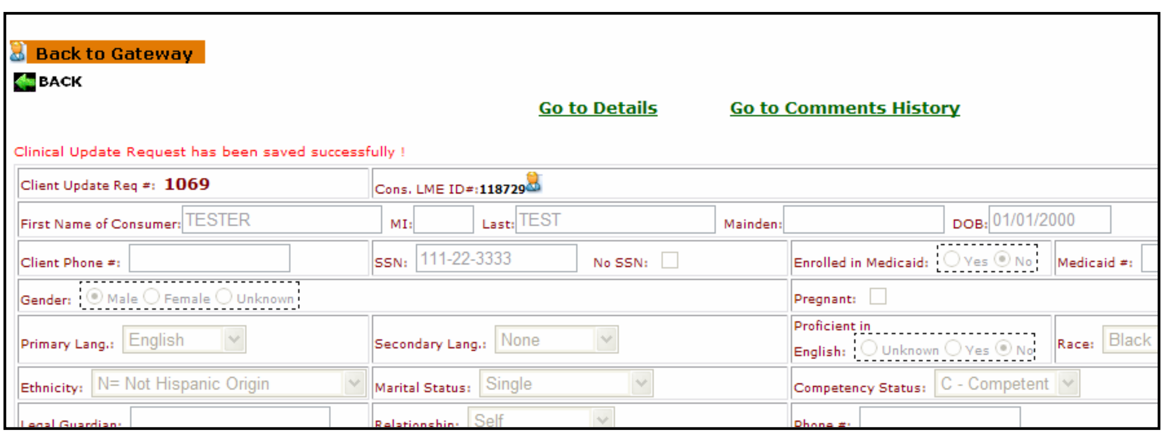
As stated above, once all needed information has been entered in the update request, you must type comments and submit the request.

Please remember not all sections of this update must be completed in order to submit an update, but if required CDW data is missing from the page, you will not be able to save and proceed. These items may include maiden name for females, English proficient, veteran status, etc.

From the demographics page, click the submit box and write comments. You will be allowed to save the update request without clicking submit, but if you check the submit box, you will be forced to enter comments.



Once the Update Request has been submitted, you will see a confirmation note on the top of the form and all fields will be grayed out so you cannot edit them. Click the Back Button to go back to the Update Request main screen.



Status of Update Request

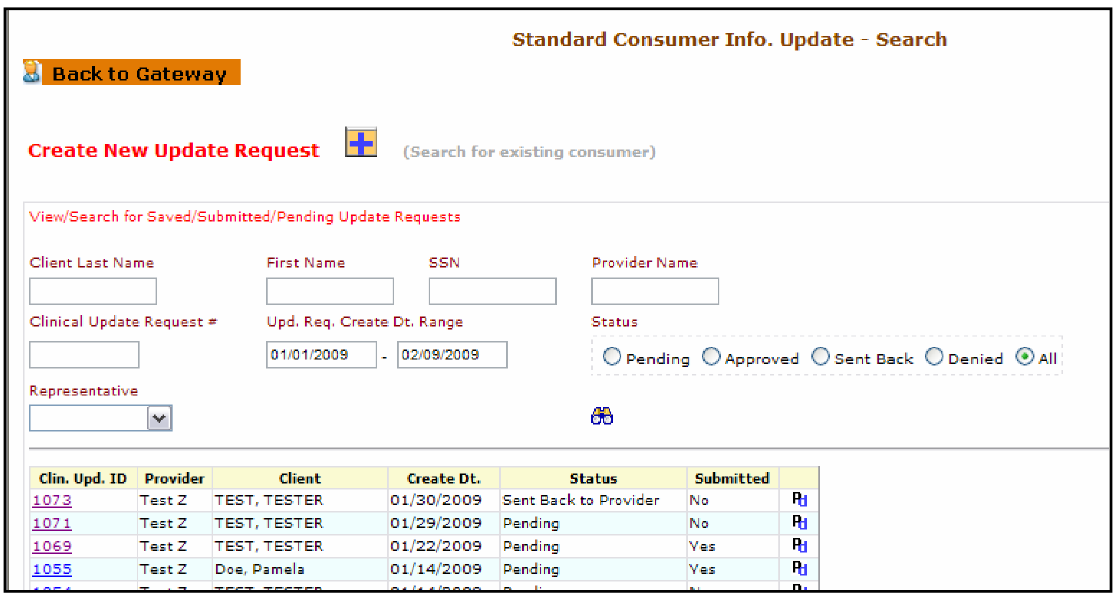
All new Client Update Request will be assigned a Client Update Request # which will appear on the top left of the demographic page. You may want to keep track of this number to make it easier to find the status of the update at a later time.

The default screen will show any pending or sent back requests. Pending requests should be looked at to ensure you submit all changes to PBH instead of just saving the changes.

The Sent Back requests will need to be looked at to determine if corrections are needed. There are not many reasons a request will be sent back, however, we must keep this as an option if needed.

To work with a Sent Back requests, from the default Update Request page, click the Update Request ID number to open the request. A link will appear at the top of the page to take you to the Comments History; this is where you will be able to see what needs to be corrected before resubmitting the request.

Make any changes requested, then return to the demographics page of he request, click the submit checkbox and type in a comment before saving. The request will then be sent back to PBH for additional review.



Standard Consumer Info. Update - Search

Back to Gateway

Create New Update Request (Search for existing consumer)

View/Search for Saved/Submitted/Pending Update Requests

Client Last Name | First Name | SSN | Provider Name

Clinical Update Request # | Upd. Req. Create Dt. Range 01/01/2009 - 02/09/2009 | Status: Pending, Approved, Sent Back, Denied, All

Representative

Clin. Upd. ID	Provider	Client	Create Dt.	Status	Submitted
1073	Test Z	TEST, TESTER	01/30/2009	Sent Back to Provider	No
1071	Test Z	TEST, TESTER	01/29/2009	Pending	No
1069	Test Z	TEST, TESTER	01/22/2009	Pending	Yes
1055	Test Z	Doe, Pamela	01/14/2009	Pending	Yes