



COUNTY OF SANTA CLARA
Behavioral Health Services

PCE CCP CORRECTION'S GUIDE

02/20/25

REVISIONS

| Date | Slides | Revisions |
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PCE CCP CORRECTION'S GUIDE

Purpose of Form

This guide provides PCE CCP with detailed instructions on the necessary steps to follow when a correction is required in myAvatar PCNX for the forms listed below:

- Admission Form
- Diagnosis Form
- Financial Eligibility Form

ADMISSION FORM CORRECTIONS

If an error is found in:

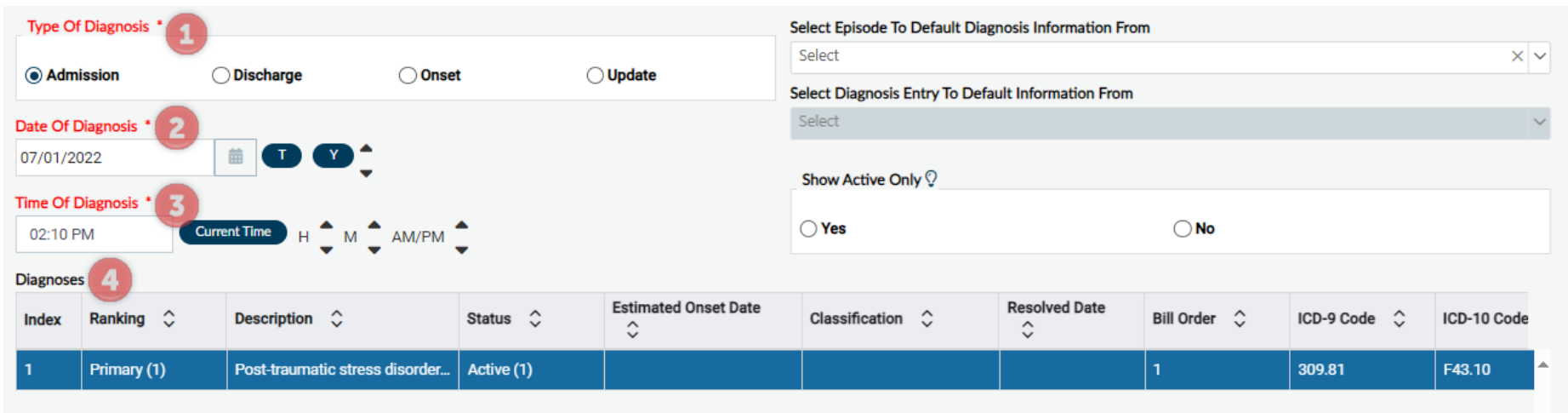
- (1) **Admit Date:** The CCP will submit a ticket BHSD_EHR_info@hhs.sccgov.org and the Admit date will be updated by the County.
 - When the County updates the admission, the admission diagnosis date will automatically update to match the admission date.
- (2) **Discharge Date:** The CCP will submit a ticket BHSD_EHR_info@hhs.sccgov.org for the discharge date to be deleted. Once the discharge date is deleted, the CCP can send the updated information through PCE.

| Episode # | Admit | Discharge | Program |
|-------------|------------|------------|---------------------------------|
| Episode #13 | 09/01/2024 | 01/13/2025 | yMH REBEKAH - KATIE A INTENSIVE |
| Episode #12 | 08/21/2024 | None | MH AOA AOT OUTREACH |
| Episode #11 | 07/03/2024 | None | MH AOA ENB - MCRT |

DIAGNOSIS FORM CORRECTIONS

If an error is found in:

- (1) **Type of Diagnosis:** The CCP will need to void all the diagnoses in a diagnosis record through PCE then send all diagnoses in a new diagnosis record through PCE to update this field.
- (2) **Date of Diagnosis:** The CCP will need to void all the diagnoses in a diagnosis record through PCE then send all diagnoses in a new diagnosis record through PCE to update this field.
- (3) **Time of Diagnosis:** The CCP will send the updated information through PCE and field will be updated.
- (4) **Diagnoses:** The fix is dependent on the type of error. **PLEASE NOTE:**
 - a) **If Index (Row) 1 was ever a correct/valid diagnosis and is now going to change for a clinical reason, a new diagnosis record needs to be sent across PCE.**
 - b) **If Index (Row) 1 was never a correct/valid diagnosis the CCP can change the diagnosis without creating a new diagnosis record.**



The screenshot shows a digital form for entering diagnosis information. It includes several sections with numbered callouts:

- 1. Type Of Diagnosis:** Radio buttons for Admission (selected), Discharge, Onset, and Update.
- 2. Date Of Diagnosis:** A date field showing 07/01/2022 with a calendar icon and dropdowns for month (T) and year (Y).
- 3. Time Of Diagnosis:** A time field showing 02:10 PM with a 'Current Time' button and dropdowns for hours (H), minutes (M), and AM/PM.
- 4. Diagnoses:** A table with columns for Index, Ranking, Description, Status, Estimated Onset Date, Classification, Resolved Date, Bill Order, ICD-9 Code, and ICD-10 Code. The first row is highlighted in blue.

| Index | Ranking | Description | Status | Estimated Onset Date | Classification | Resolved Date | Bill Order | ICD-9 Code | ICD-10 Code |
|-------|-------------|-----------------------------------|------------|----------------------|----------------|---------------|------------|------------|-------------|
| 1 | Primary (1) | Post-traumatic stress disorder... | Active (1) | | | | 1 | 309.81 | F43.10 |

DIAGNOSIS FORM CORRECTIONS

If an error is found in:

- (1) **Diagnosis Search:** The fix is dependent on the type of error. **PLEASE NOTE:**
 - a) **If Index (Row) 1 was ever a correct/valid diagnosis and is now going to change for a clinical reason, a new diagnosis record needs to be sent across PCE.**
 - b) **If Index (Row) 1 was never a correct/valid diagnosis the CCP can change the diagnosis without creating a new diagnosis record.**
- (2) **Status:** The CCP will need to void all the diagnoses in a diagnosis record through PCE then send all diagnoses in a new diagnosis record through PCE to update this field.
- (3) **Diagnosing Practitioner:** The CCP can send the information through PCE to update the field.

The screenshot shows a medical diagnosis form with the following fields and callouts:

- Diagnosis Search * 1:** A search box containing "Post-traumatic stress disorder, unspecified" with a magnifying glass icon.
- Code Crossmapping:** A table showing mappings for ICD-9, ICD-10, DSM-IV, and SNOMED. The ICD-10 code is F43.10, and the SNOMED code is 47505003. The DSM-5 code is ICD-10: Post-traumatic stress disorder, unspecified.
- Status * 2:** Radio button options: Active (selected), Working, Rule-out, Resolved, and Void.
- Present On Admission Indicator:** A dropdown menu with "Yes" selected.
- Classification:** A dropdown menu with "Select" selected.
- Estimated Onset Date:** A date input field with a calendar icon and "T" and "Y" buttons.
- Diagnosing Practitioner * 3:** A search box for the practitioner's name with a magnifying glass icon.

DIAGNOSIS FORM CORRECTIONS

If an error is found in:

- (1) Ranking:** The CCP will need to void all the diagnoses in a diagnosis record through PCE then send all diagnoses in a new diagnosis record through PCE to update this field.
- (2) Bill Order:** The CCP will need to void all the diagnoses in a diagnosis record through PCE then send all diagnoses in a new diagnosis record through PCE to update this field.

The screenshot displays a digital form for a diagnosis record. On the left side, there are three fields: 'Resolved Date' with a date input and 'T'/'Y' buttons; 'Ranking' with radio buttons for 'Primary', 'Secondary', and 'Tertiary'; and 'Bill Order' with a dropdown menu showing '1'. A red circle with the number '1' is next to the Ranking field, and a red circle with the number '2' is next to the Bill Order field. On the right side, there is a large 'Remarks' text area with a plus sign in the top right corner.

FINANCIAL ELIGIBILITY FORM CORRECTIONS

If an error is found in:

- (1) Guarantor Information (Add or Edit):** The CCP can send the information through PCE to update the field.
- (2) Guarantor Information (Delete) :** The CCP will submit a ticket BHSD_EHR_info@hhs.sccgov.org for the issue to be fixed.
- (3) Guarantor #:** The CCP can send the information through PCE to update the field. The CCP will submit a ticket BHSD_EHR_info@hhs.sccgov.org to delete a guarantor.
- (4) Guarantor Plan:** N/A

Guarantor Information *

| Guarantor # | Guarantor Name | Guarantor Plan | Customize Guarant... | Guarantor's Addr... |
|---------------------|------------------|----------------|----------------------|---------------------|
| CCP DMH Medi-Cal... | CCP DMH Medi-Cal | 29 | No | 1600 9th Street |

1 Add New Item Edit Selected Item **2** Delete Selected Item

3 Guarantor # *
CCP DMH Medi-Cal (18500) 🔍

Guarantor's Address - Line 2

Guarantor's Address - Zipcode
95814-6414

Guarantor Name
CCP DMH Medi-Cal

4 Guarantor Plan *
(Non-Contract) CCP DMH Medi-Cal × ▾

Guarantor's Address - City
Sacramento

FINANCIAL ELIGIBILITY FORM CORRECTIONS

If an error is found in:

- (1) **Eligibility Verified:** The CCP can send the updated information through PCE and field will be updated.
- (2) **Coverage Effective Date:** The CCP can send the updated information through PCE and field will be updated.
- (3) **Coverage Expiration Date:** The CCP will submit a ticket BHSD_EHR_info@hhs.sccgov.org for the County to enter an expiration date.
- (4) **Client's Relationship to Subscriber:** The CCP can send the updated information through PCE and field will be updated.
- (5) **Subscriber Address – Zip, City, State:** The CCP can send the updated information through PCE and field will be updated.
 - For any data that is entered incorrect AND needs to be blank in the Financial Eligibility form's address field, submit ticket to BHSD_EHR_info@hhs.sccgov.org.

The screenshot shows a web form for financial eligibility. It contains several fields with red callout numbers 1 through 5:

- 1:** Eligibility Verified * (radio buttons for Yes and No)
- 2:** Coverage Effective Date * (calendar icon, T, Y)
- 3:** Coverage Expiration Date * (calendar icon, T, Y)
- 4:** Client's Relationship To Subscriber * (dropdown menu showing Self)
- 5:** Subscriber Address - Zip * (text input field containing 95126-0000)
- Subscriber Address - City * (text input field containing San Jose)
- Subscriber Address - County (dropdown menu showing Santa Clara)
- Subscriber Address - State * (dropdown menu showing CALIFORNIA)
- Subscriber Address - Street Line 2 (text input field)

FINANCIAL ELIGIBILITY FORM CORRECTIONS

If an error is found in:

- (1) **Subscriber's Name and Address:** The CCP can send the information through PCE to update the field.
- (2) **Subscriber's Social Security #:** The CCP can send the information through PCE to update the field.
- (3) **Subscriber Client Index Number:** The CCP can send the information through PCE to update the field.
 - For any data that is entered incorrectly AND needs to be blank in the Financial Eligibility form's CIN field, submit ticket to BHSD_EHR_info@hhs.sccgov.org.

The screenshot shows a form with the following fields and error markers:

- Subscriber's Name *** (Marker 1): TEST-EHR,TEST-EHR
- Subscriber Address - Street Line 1 ***: 828 S. Bascom Ave.
- Subscriber Phone Number**: 408-111-1111
- Subscriber's Social Security # *** (Marker 2): 000-00-0000
- Subscriber Sex *** (Marker 2): Female, Male, Unknown
- Subscriber Client Index Number** (Marker 3): [Empty field]

The screenshot shows the following fields:

- Subscriber Employer's Add - Street**: [Empty field]
- Subscriber Employer Add - Zip**: [Empty field]
- Subscriber Employer's Add - City**: [Empty field]
- Subscriber MEDS ID#**: [Empty field]
- Subscriber Client Index Number** (Marker 3): [Empty field]

FINANCIAL ELIGIBILITY FORM CORRECTIONS

(1) **Guarantor #1, #2, #3:** The CCP can send the updated information through PCE and the field will be updated.

▼ Guarantor

| | |
|--|---------------|
| Guarantor #1 * 1 | Guarantor #11 |
| (18500) CCP DMH Medi-Cal x ▼ | Select |
| Guarantor #2 | Guarantor #12 |
| Select ▼ | Select |
| Guarantor #3 | Guarantor #13 |
| Select ▼ | Select |

SUBMITTING A TICKET

When submitting a ticket to [BHSD EHR info@hhs.sccgov.org](mailto:BHSD_EHR_info@hhs.sccgov.org), a CCP can still use the same formatting and replace what is in the action request and reason why (shown in red below):

Client's myAvatar ID:

Clients Name (last, first):

Episode #:

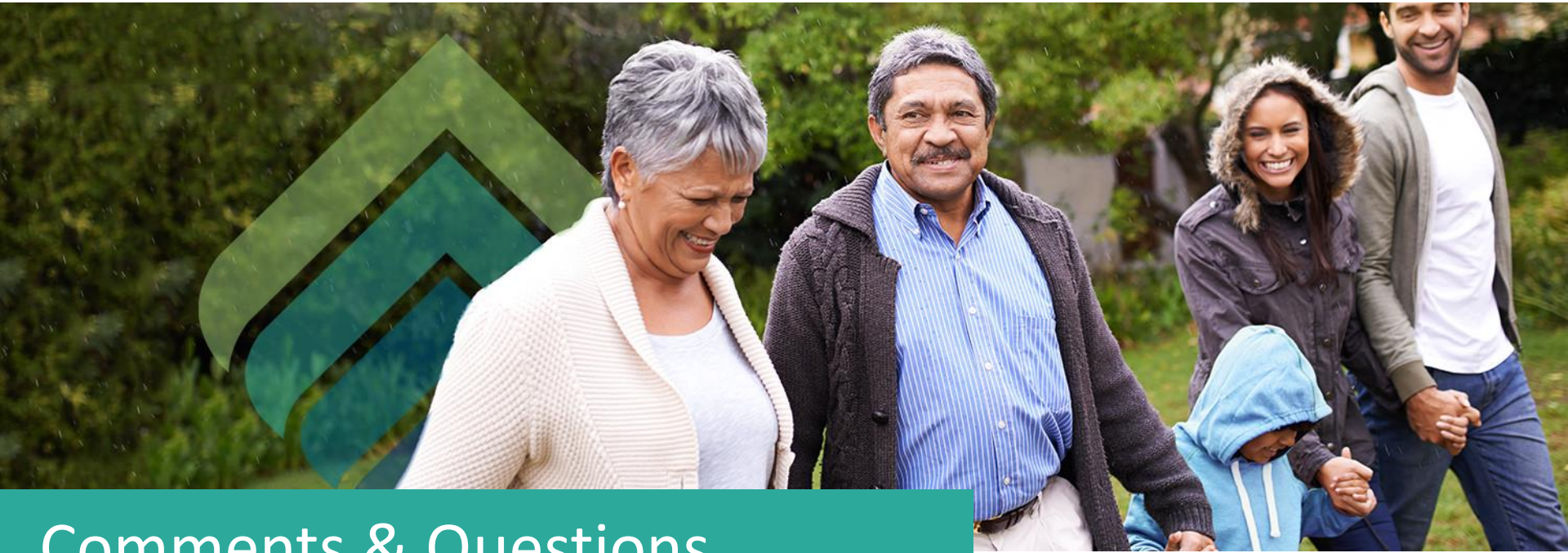
Episode Name:

Document Date:

Document/ Form Name:

Practitioner's Name

Action Request: e.g. Delete Subscriber Address – Street Line 2



Comments & Questions