Problem Gambling Network

PG NET CLIENT ENTRY USER GUIDE

Contents

Introduction

The Problem Gambling Network (PG Net) system collects data on behavioral health (BH) clients receiving treatment for problem gambling. The system collects admission, discharge, service, treatment, status (demographic, etc.) and non-Medicaid service data. The data is collected at several points across time, from clients and concerned others that have enrolled in treatment and is used to:

- Provide demographics of clients utilizing services throughout the State of Oregon
- Determine effectiveness of the services being provided
- Identify how treatments offered to clients relates to treatment success
- Track how treatment cost/utilization factors apply to treatment success
- Track providers' compliance to contractually required performance standards and metrics
- Direct policy and practice in the design and implementation of a system of excellence to serve Oregonians with problem gambling treatment needs

Admission data should be collected from all clients at the time of admission and submitted into the system within 14 days of admission (this includes the client or concerned other admission survey). Discharge data is to be collected and submitted into the system within 90 days of the last contact. Timely submission of data is essential in ensuring effective client follow-up. Data submission performance is tracked based on event dates (admission or discharge).

The Oregon Health Authority will initiate follow-up and satisfaction surveys only with clients that have consented to participate in the evaluation process. Follow-up with program non-completers and completers will be accomplished at approximately six and twelve months, post discharge.

This guide provides users with clear instructions for navigating the system, requirements for successful data collection, and general tips for data submission.

It provides instructions for how to:

- Search for existing clients
- Create and admit new clients
- Add admission and discharge data
- Add diagnoses to treatment records
- Record and update status information for clients
- Report system issues
- Enter encounter/claims information
- Initiate a consent and survey form
- Request a treatment extension

Acronyms

OHA	Oregon Health Authority
PG Net	Problem Gambling Network
GPMS	Gambling Participant Monitoring System
ICD 9	International Classification of Diseases, Ninth Revision
ICD 10	International Classification of Diseases, Tenth Revision
OR Number	State of Oregon Employee Number
P Number	Provider Number

AA	Access Agreement
OIS	Office of Information Services
PGS	Problem Gambling Services

Accessing PG Net

OHA administers PG Net access through individual partner numbers ("P-numbers"). All P-numbers issued by OHA are for the sole use of the person to whom it was authorized. All contributors within PG NET must have a unique valid partner number (P-number) assigned to them.

- New users will need to contact COMPASS support to get their own P-number.
- When a user leaves their organization, the organization will contact COMPASS Support to have their user's P-number deactivated.
- Most web browsers should run PG NET with no problems. For best user experience, Firefox and Edge are preferred. Safari and Chrome are not preferred browsers.

How to request access

To submit an access request within PG Net, send an email to Compass.Support@odhsoha.oregon.gov with the following information:

- Legal name – First, MI, Last
- P-number (for current users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number
- Email address of user
- Requested user role (browser or facility contributor)
- Browser: Has viewing privileges, but cannot edit client records
- Facility Contributor: Can view and edit client records

Temporary Passwords

After OHA resets or issues a new P-numbers, users will need to change the temporary password provided to them. Temporary passwords expire after seven days. If the password has not been changed, the user's P-number will be locked on the eighth day. The timeframe to complete the P-number password set up is typically a 24-hour window. If a password is not set up in that timeframe or if a P-number password has expired, users will need to contact the OIS Service Desk by calling 503-945-5623 and then select the first option for a password reset.

Password Requirements

Passwords must have at least:

- Ten characters
- One uppercase letter (A-Z)
- One lowercase letter (a-z)

- One number (0-9)
- One special character

Passwords cannot:
- Contain any spaces
- Be similar to previous passwords

Change passwords every 60 days

P-number passwords need to be changed every 60 days or users will be locked out of the system. To reset password every 60 days, use this link: https://remote.dhsoha.oregon.gov

Setting Up Multifactor Authentication

Enter MFA DOCUENTATION HERE

Unlocking P numbers and Passwords

If a P-number is locked, the user must contact the Service Desk at 503-945-5623 and select option 1 for a password reset.

Password resets do not take effect automatically. Please wait at least fifteen minutes before logging in after requesting a password reset.

Requesting changes to P numbers

Email Compass.Support@odhsoha.oregon.gov to deactivate a P-number, request a new P-number, or modify roles for an existing P-number.

Provide the following information:
- Legal name – First, MI, Last
- P-number (for existing users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number
- Email address of the user
- Requested user role (browser or facility contributor)

! *Important Reminder: All P numbers issued by OHA are for the sole use of the person to whom it was authorized.*

Login Page

To log into the system, users must send in a request to Compass.Support@odhsoha.oregon.gov along with their user roles. Once they have been set up, they will receive an informational email with training opportunities and the access link. The user must be set up with their facility in advance if they are facility contributors.

If you have trouble logging in, you may need to set up your password or request access if you are a new user.

Training

New users will be given a login and password once they have received their new P-number. Trainings allow users to learn and practice using the PG Net system in a specified training environment. None of the data entered will be saved at the end of the training session, allowing users to practice in a simulated environment that will not affect live data.

Login access will be sent out a few days prior to the training so that users can familiarize themselves with the training environment in advance.

All announcements for upcoming trainings are listed on the PG Net website and announced through the PGS Monthly Snapshot.

For questions about training, contact Compass.Support@odhsoha.oregon.gov.

User Roles

PG Net has several different user roles for varying levels of access to the system and not all users will have the same functionality. Some of the screenshots or pages in this reference guide will not apply or be visible to some of the user's roles, depending on the level of access.

Browsers

Users with this role will be limited to view-only access of entity, facility, person, and client information. They will be able to view client data but will not be able to edit client data. They will not have edit rights to any of the webforms. This role is primarily intended for those that need to verify client data.

Facility Contributors

Users with the Contributor role are tied to a home facility and can view, add, and edit client data for the clients associated with their facility. Users in this role will be able to edit person and client records when admitting them but will not be able to edit client information of clients admitted to other facilities.

Data Managers

The Data Manager role is typically reserved for OHA users who will need to view and edit client records. This includes making data corrections, record merging and unmerging, deleting records, and compiling reports.

System Administrators

The System Administrator role is reserved for the OHA user who oversees maintenance of the system. They assign user roles and facilities for all users and are responsible for the oversight of automatic report distribution and data management.

Home Page Introduction

The first page a user will see is the home page, which includes a link to their home facility, client information, reporting, and the help resources.

Home Facility

Each user will belong to their home facility at the initial login as user login credentials are tied to the user's home facility. From the home facility page, the user will have access to all active clients currently involved in treatment.

Active Client List

The active client list provides an accurate depiction of the current clients or concerned others receiving treatment in the facility. To maintain data, regularly review the active client list to verify the information.

Once a client has been discharged from the facility, they will no longer appear in the Active Client List.

Select the "Add Client" button to pull up the search form if your client does not appear.

Provider List

The provider list depicts the current providers associated with the facility. For services to qualify for reimbursement, all providers giving care or offering treatment must be listed in the Provider List.

Use the "Remove" button for any providers no longer associated with the facility.

Select the "Find/Add Provider" button to add new providers to the facility. All new providers must be associated with the facility to be reimbursed for services.

The Active Provider Report pulls the current providers into a comprehensive list as a management tool.

Providers can also add their preferred name to their provider record. The preferred name will show up on encounters and treatment extension request.

Facility search tags are used to identify the facility in different ways in the system.

Providers:

Description: DRAGULIN, MARIA - 1411 SW MORRISON ST STE 310 PORTLAND
NPI: 1245609502   🗑 Remove

LANCELIN, REBEKAH R (Preferred Name: Becca)   👤 Edit Preferred Name
Description: LANCELIN, REBEKAH R - 865 NW REIMAN ST CORVALLIS
NPI: 1700289915   🗑 Remove

MULLALLY, JEANNE M   👤 Add Preferred Name
Description: MULLALLY, JEANNE M - 104 4TH AVE SW ALBANY
NPI: 1528515566   🗑 Remove

ROBINSON, JORDAN J   👤 Add Preferred Name
Description: ROBINSON, JORDAN J - 819 N HWY 99W SUITE B MCMINNVILLE
NPI: 1326185117   🗑 Remove

STEPHENS, CAROL L   👤 Add Preferred Name
Description: STEPHENS, CAROL L - 109 N.E. MANZANITA AVE GRANTS PASS
NPI: 1649649211   🗑 Remove

TREASURE, LISSA M   👤 Add Preferred Name
Description: TREASURE, LISSA M - 90E MAIN ST STE 412 KLAMATH FALLS

                                                                  [Find/Add Provider]

Facility Search Tags:

Gotham City Hospital	Current Facility Name
	🗑 Remove
OR-FAC-201	FacilityIdentifier
	🗑 Remove
Gotham City Hosptial	Historic Facility Name
	🗑 Remove
1234567890	National Provider Identifier
	🗑 Remove

                                                                  [Add Search Tag]

Client Search or Client Look-Up

Click the Client Information button on the left side menu. This will bring up the Person/Client search form. After entering the query information, press the Search button.

Searchable Fields

Perform a search by entering information into the following fields:

- First Name
- Last Name
- Identifier (Record number, Client ID, etc.)
- Birth Date

To the right of First Name, Last Name and Identifier are drop-down fields to further specify the search parameters. Use these fields to narrow down search results. The options for performing queries are:

- o Includes
- o Begins With
- o Ends With
- o Exact Match

Existing Client Records

If a client name appears in the search results fields, click on the name of the client to open the client record. Proceed to the Existing Person Record section of this guide.

If the search does not yield any results, check the information to verify no errors were made when entering the query. To clear the results and search for a new client or enter in new information int

the search fields, select the Clear button. The Home button will return the user to the main homepage for PG Net.

Hints for better search results

- o The Clear button will reset the search form.
- o Always search for a client by using the first letter(s) of their first or last name or their identification numbers. The search form does not allow searching for parts of names other than beginning letter or numbers and does not allow wildcards (*).
- o Below the main menu on the left user's will be able to see previous records that have recently been selected.
- o It is possible to still run a search with only a partial patient number in the Identifier section.
- o Birthdate must be filled out with the full month, day, and year in the format of (mm/dd/yyyy) to be able to run a search query that way.
- o For a list of all clients in a specific facility, select the desired facility from the dropdown list and click Search.
- o Clients who have changed their names should still appear in the search results. Check the information of the search results to be certain the client is not already in the system under a different name.

Aliases and multiple records

Because names and other personal information may change, it is possible that client records might already exist under a different alias. Below are some steps to take to verify the information for patients with multiple aliases.

Check the identifiers of the patient records. This may include alternative or partial spellings for some names (e.g., Ann instead of Ann Marie).

- o Check the birthdate.
- o Verify the last name at birth.
- o To check a client record, click on the name in the search results.

Alias's information will appear on the right side of the screen under Supplementary Data in the Alias Names box. The alias box will include all available information for that person. In the example below, searching for the last name of "Smith" will bring up an existing record for "Rafael Blackburn" because it is listed on the client's record as a Historic Last Name.

Select the name "Smith" to check and see if the client is that same person as "Blackburn." The Alias Names box will open in the client record and display the current information for that client, including all alias information.

Under the Supplementary Data section one of the Alias Names that appears is the name "Smith." This indicates that the client's name may have changed, but the two names belong to the same person.

When entering in new client information, complete as many of the optional fields as possible. This will help create and maintain accurate client records and create more alias information to make searching for client records easier.

It is important to always check the existing records and perform multiple searches for clients or concerned others using various criteria as they may already exist in the system under a previous name or alias.

To delete an incorrect or incomplete alias record, click on the "Remove" text beside the trash can icon.

To add another name, select the "Add Alias Record" button. This will bring up the Add Alias Identifier box. Enter the name and select the Alias Type to indicate if the new name is a first name, last name, middle name, historic first name, historic last name, or historic middle name. Then click the "Create" button to have the alias added to the person's record.

Add Alias Identifier

Blackburn, Rafael Cyrus

Alias Identifier Name

Edward

Type

Middle Name ▾

[Create]

[Close]

For example, if in a previous record for Rafael Blackburn the middle name was written as "Eddie" but should have been entered as "Edward" and needs to be changed, it can be corrected. In this instance, the user would delete the incorrect "Eddie" entry and add a new middle name.

This is a helpful way of keeping past records together so that as identifiers change, the client's records are all still in one place.

Adding a New Client

Creating a new client record

Prior to creating a new client record, use the search features with the known information about the client to be sure the client is not already in the system. Check under different aliases or alternative spellings to gather the most accurate search results.

After performing the initial search for the client without a positive match, scroll to the bottom of the search results box and select "Add New Client."

The "Add New Client" button will not appear without first searching for the client within the search form.

Clicking on "Add New Client" will bring up the Person Entry Form.

Client Admission

This section should be completed for any client or concerned other who received services from the facility or provider under the facility. Complete the following sections as indicated in the guide to begin the client admission process. At this stage the client will have a record associated with your facility, indicating that at some point in time this facility had an encounter with the client or concerned other.

When completing this form, it is best to fill in as many fields as possible in addition to the required fields marked by a red asterisk.

For errors with the Person Type field, please contact Compass.Support@odhsoha.oregon.gov.. In the body of the email, please include the correct client type. In changes where the Person Type needs changed to a client from a concerned other, please provide Compass Support with the answers for the following fields:

- Do they have related problems with Job/School (Yes or No)
- Do they have related problems with relationships (yes or no)
- Do they have related problems with Legal (Yes or No)

Provider Identification

Clinic/Provider Identification: Facility or Clinic name where services are provided by the system for facility contributors upon login. Some of these identifiers are system generated.

Client Case Identification Code: This is the same local, discrete case identification that providers have been utilizing. Each client enrolling in the program must be assigned a discrete, confidential 10-character (maximum) alpha-numeric client case identification code by the providing agency. This identification code will be utilized to track the individual throughout their treatment care with that agency. Readmissions must utilize the same client case identification (ID) for the client if they return for multiple treatment episodes. This case identification must match all encounter and admission data.

*If unable to find provider by name, search for provider using the providers NPI.

Client Identification

- Check to verify that the spelling for the client's name is correct. This is critical for database integrity.
- Enter client's full given (or legally changed) name, not a nickname.
- Alias Names: In the person record, there is an Alias section that lists any previous names or identifiers associated with that individual. This section is used to help organize records and track historical changes.
- All symbols associated with names can be used in these fields (e.g., O'Conner, May-Lee).

Person ID: This is a system generated unique identifier for the individual.

Person ID	OR-PRSN-S180	*

Last Name: Enter the client or concerned other's current Last Name (i.e., Smith, O'Conner, Shellburg-Wallson). The legal name should be entered, not a nickname, shortened name, or preferred name.

Last Name	Bowers	*

First Name: Enter the client or concerned other's current First Name. (i.e., John, Ty-Lee, Mary Anne, T'Challa). The legal name should be entered, not a nickname, shortened name, or preferred name.

First Name	April	*

Middle Name: Enter the client or concerned other's current Middle Name. The full name is preferred instead of an initial for vital statistic record comparisons. The legal name should be entered, not a nickname, shortened name, or preferred name.

Middle Name	Carter

Suffix: Enter a suffix for the individual if they have one (i.e., Jr., Sr., IV, etc.).

Suffix	Jr.

Mother's Maiden Name: Enter the client's mother's maiden name. If the mother's maiden name is not known, leave the field blank.

Mother Maiden Name	Hardin

Address Line 1 and 2: Enter the client's current address, using U.S mailing address formatting.

City: Enter the name of the city where the client resides.

State: Enter the state where the client resides. Oregon is listed at the top of the list for convenience.

Address Postal Code: Enter the postal code or ZIP code for the client's address.

Address Line 1	7750 2nd Court
Address Line 2	Apt. 233
City	Gladstone
State	OR
Address Postal Code	97267

Phone Number: Enter the client's phone number using the (###) ###-####.

Email Address: Enter the client's email address. The email address must be current and valid. The client must verify with the provider that this is the email address they wish to have on file as it will be the primary source of contact for the client regarding their gambling treatment and qualifying surveys.

Phone Number	(458) 926-3932
Email Address	aprilbowers59@domain.com

Although this field is not a required field, collecting an email address allows client to consent and to receive surveys that are crucial for data collection purposes and for system improvements.

Date of Birth: Enter the date of birth for the client following the MM/DD/YYYY formatting.

Please verify this entry is correct, as birthday will be requested and verified for consent forms and survey's to be completed.

Birth Date	11/30/1954	📅	*

Death Date: This field is used for vital statistics record comparisons to close out person records for individuals who are deceased and will be left blank when performing client entry in most cases. If needed, enter the date of death for the client following the MM/DD/YYYY formatting.

Death Date	mm/dd/yyyy	📅

Gender: Select from the drop-down menu: Male; Female; Other; Transgender Male, Transgender Female, Genderqueer/Gender Nonconforming; Decline to Answer.

Sexual Orientation:
Select from the drop-down menu: Straight or Heterosexual; Lesbian or Gay; Bisexual; Queer, Questioning, or Pansexual; Asexual; Other; Don't Know; Decline to Answer.

Gender	Female
Sexual Orientation	Lesbian or Gay
Pronouns	She/Her

Pronouns: Select from the drop-down menu: She/Her; He/His: They/Them; Other; No Pronoun, Just Use My Name.

Veteran: Responses should align with the Military Status Field. Select from the drop-down menu: No (Not a Veteran); Yes (Veteran); Unknown.

Military Service Status:
Responses should align with the Veteran Status field. Select from the drop-down menu: No Military Experience; Current Active Duty, Been in Combat Zone; Currently Active Duty, No Combat Zone;

Veteran	No (Not a Veteran)
Military Service Status	No Military Experience

Prior Military Service, Been in Combat Zone; Prior Military Service, No Combat Zone; Retired from Military Service, Been in Combat Zone; Retired from Military Service, No Combat Zone; Unknown/Declined to Answer.

Highest Grade Complete: Enter a number into the field or click into the space and use the up and down arrows to indicate grade level. Grade levels correspond numerically (e.g., a high school graduate or GED would be entered as 12). Enter the highest number of years education completed.

Highest Grade Completed	12

Last Updated: This is a non-fillable field that is system generated with information regarding the last time the client's information was updated.

Last Updated	5/21/2021 7:27:37 AM

REALD (Race, Ethnicity, Language, and Disability)

In 2020, the Oregon legislature passed a law that requires health care providers to collect REALD (Race, Ethnicity, Language, and Disability) information at health care visits related to COVID-19 and share this information with OHA. This requirement helps the government understand more about the disparities in health care and the different groups impacted, and what may be done to address these disparities when addressing issues related to behavioral health treatment. For further questions about REALD reporting requirements for providers, visit: https://www.oregon.gov/oha/OEI/Pages/REALD-

Providers.aspx or reach out to us by contacting Compass.Support@odhsoha.oregon.gov. PDF copies of the forms are available in multiple languages and formats for accessibility purposes.

Some fields within the REALD record address alternative formats for completing health information. Alternative materials in multiple languages and formats for collecting REALD information are available on the website link: https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx.

> **!** *For all new person records created in the system, the REALD demographic collection form will appear. This form is optional for the client to complete, but providers are required to request the information. If the client declines to participate, skip ahead to the next section.*

Race and Ethnicity Summary

Clients should complete the information with as much detail as possible. Although clients may decline to participate, providers are still expected to report on all responses, even those of non-participation. It is possible for clients to enter more than one identifier for their race or ethnicity. All entries should reflect the individual and how they identify themselves. Response options are available for those who wish not to participate. Providers may not provide entries based on assumptions of the client.

In this section, clients can choose to provide a preference for their race and ethnicity identifiers. Multiple selection options and blank fill options are available. Use the check box and the arrows within the box at the bottom of the section to re-order or set a primary race or ethnicity to reflect how the client identifies.

If you have more than one primary racial or ethnic identity please check here: ☑

Order	Race/Ethnicity
1	⬍ Western European
2	⬍ Korean

Language Summary

The Language summary section offers a wide range of options to choose from. Providers should be sure to note any requests for accommodation from these fields, as some clients may require alternative materials or translation services.

Language

5. In what language do you want us to:

Speak with you

| Norwegian | ⌄ |

Write to you

| Norwegian | ⌄ |

6. How well do you speak English?

| Not Well | ⌄ |

7a. Do you need an interpreter for us to communicate with you?

◉ Yes ○ No ○ Don't Know ○ Don't Want to Answer

7b. If yes, what kind of interpreter do you need:

| Spoken Language Interpreter | ⌄ |

If a spoken language interpreter is needed, for what language?

| Norwegian | ⌄ |

Disability and Supplementary Information Summary

This section pertains to health and service differences among people with and without functional difficulties. Not all questions may pertain to all individuals. As with the other sections, this part is optional, but collecting the information is valuable for assessing varying needs and disparities in healthcare.

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

8. Are you deaf or do you have serious difficulty hearing?

○ Yes   ● No   ○ Don't Know   ○ Don't Want to Answer

9. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

○ Yes   ● No   ○ Don't Know   ○ Don't Want to Answer

10. Does a physical, mental or emotional condition limit your activities in any way?

○ Yes   ● No   ○ Don't Know   ○ Don't Want to Answer

11. Do you have serious difficulty walking or climbing stairs?

○ Yes   ○ No   ● Don't Know   ○ Don't Want to Answer

12. Do you have difficulty dressing or bathing?

○ Yes   ● No   ○ Don't Know   ○ Don't Want to Answer

13. Because of a physical, mental or emotional condition, do you have serious difficulty:

a. Concentrating, remembering or making decisions?

○ Yes   ● No   ○ Don't Know   ○ Don't Want to Answer

b. Doing errands alone such as visiting a doctor's office or shopping?

○ Yes   ○ No   ○ Don't Know   ● Don't Want to Answer

Save

Several of the questions may reveal the need for alternative materials or translation services. Clients may require additional support to assist with their treatment plans.

Once all the information has been entered, select "Save" at the bottom to allow for any changes to be added or confirmed to the record of REALD information. Once the information has been saved, use the "Back to Person Summary" button to return to the previous screen.

For more information about REALD or to find resources to help aid in health care discussions, visit: https://www.oregon.gov/oha/OEI/Pages/REALD.aspx.

! *Important Note: The processes for new and existing clients will be the same at this point. The next section in this guide refers to the similar process for adding a new client who is already in the system. To learn more about managing a client's record, skip ahead to the corresponding section.*

Existing Person Records

If the client or concerned other has ever had a gambling treatment episode they will likely already be entered into the PG Net system.

To check for existing person records, use the search function listed under "Person Information" on the side panel.

If you find a record for your client already in the system, you do not need to create a new client record. Click on the name of the client to open the record.

Blackburn, Rafael Cyrus
5057 Summit Lane
Turner, OR 97392

Person ID: OR-PRSN-S106
Birth Date: 9/22/1991
Age: 29
Gender: Male
Phone Number: (541) 425-4045
Email Address: rafaelblackburn22@domain.com

View Person Details
Edit REALD Details
Make Your Client

Alias Names:

Rafael	First Name
	Remove
Smith	Historic Last Name
	Remove
Blackburn	Last Name
	Remove

Add Alias Record

Treatment Episodes:

Test8054RCB45   Gotham City Hospital
Admission Date: 3/24/2021 Treatment Status: Active
Discharge Date: N/A   County: Marion

Updating an Existing Record

In the example above the client's information will appear. From here select the "Make Your Client" button to add the person as a client or concerned other in your facility. Once the client is in your facility you can create a new treatment episode and update person details (View Person Details) or update race, ethnicity, language, and disability information (Edit REALD Details).

Create a Client Record

A client record is the record that is associated with the facility. Prior to its creation, the person record does not have a connection with the facility until this action is completed. The client record acts as a base for standard information collected to establish a solid foundation to create the treatment plan.

Complete the following fields for the client:

County of Residence: Provide the information for the client or concerned other's county where they reside in Oregon. Select from the alphabetical drop-down menu.

County of Residence

Oregon Medicaid ID: Enter the client's Medicaid ID if known. Not all clients will be on Medicaid, but it is an important system identifier for those receiving Medicaid services. Be sure to check the formatting and spelling of the identification number after entering it.

Oregon Medicaid ID

[   ]

Marital Status: Enter the marital status using the drop-down menu of the client, if known. The options are: Never Married, Married, Separated, Divorced, Widowed, and Unknown.

Marital Status

[⌄]

Employment Type: Select the option that is the best representation for the client's main employment type.

Employment Type

[⌄]

Full Time (35 or more hours/week)
Part Time (17-34 hours/week)
Irregular (Less than 17 hours/week)
Unemployed
Not in Labor Force
Retired
Disabled

Monthly Income: Provide the closest whole number estimate for the client's household monthly income in dollars.

Monthly Income

[   ]

Income Source: Indicate the **primary** source of income for the client by using the drop-down menu.

Income Source

Wages/Salary
Public Assistance
Retirement/Pension
Disability
Other
None
Unknown

Health Insurance: Select the **primary** source of health insurance.

Health Insurance

Private Insurance
Medicare
Medicaid/OHP
Veterans Administration
Other
None
Unknown

Dependents: Enter the number of dependents, <u>**including self (client)**</u> in the age ranges below. If none exist, enter "0" as the value.

Dependents Age 0 To 5

Dependents Age 6 To 17

Dependents Age 18 To 64

Dependents Age 65 Or Over

Once the fields have been completed, click "Create" to move to the next set of screens.

Adding a Treatment Episode
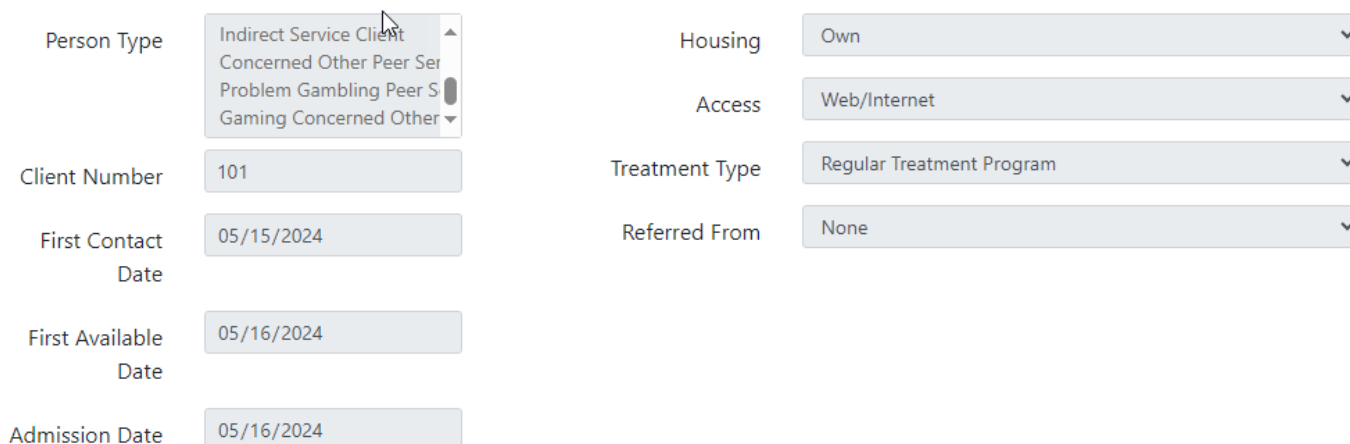
A treatment or admission episode refers to an encounter when care was provided by a provider as a part of problem gambling client care or treatment.

If the client is a returning client who has interacted with your facility before, they will already have a record in the system. If your client has an existing record with your facility, select the "Add Treatment Episode" button to begin entering the demographic data for the client.

This will bring up the Admission/Treatment form. Complete the form with the client's information.

If the client is a new client, the Admission/Treatment form will appear automatically in the screen series. There is no need to go back into the previous sections.

Person Type: This field refers to the type of client who will be receiving treatment. The options are Gambling Client, Gaming Client, Gambling Concerned Other, Gaming Concerned Other, Gambling Peer Client, Concerned Other Peer Services, Gaming Peer Client, and Indirect Services Client. Agencies should have 1 indirect services client to use to encounter for services that are not attached to a specific client (i.e. staff training, program development time, outreach, etc.) Gaming Client is a client receiving gaming addiction services. Gambling Client is a client receiving treatment for Gambling Addiction, the concerned other clients are clients that are impacted by either gambling or gaming addiction but are not the client with the addiction. Peer Services are clients receiving peer services related to either gambling or gaming. This field is a multiselect field, so users are able to select multiple client type. To select multiple, hold the [Cntrl] key down why making selections.

Client Number: The number associated with the client or concerned other's file. This is the same as Client Case Identification Code in former system, GPMS. This is the same local, discrete case identification that providers have been utilizing. Each client enrolling in the program must be assigned a discrete number. This number will be utilized to track the individual through their care

with that agency. Readmissions should utilize the same client number. The client number must match all encounter data.

First Contact Date: Use the calendar feature by selecting the icon or type in the date of first contact in the MM/DD/YYYY format. This is the date that the client first contacted the program regarding admission.

First Available Date: Use the calendar feature by selecting the icon or type in the date of first date the individual is available in the MM/DD/YYYY format. This is the date provided as the first available date and time provided to the client by the program, even if the client is not available for this appointment.

Admission Date: Use the calendar feature by selecting the icon or type in the date of the encounter or admission in the MM/DD/YYYY format. This is the date that the client was first provided services.

Housing: Enter the client's housing information. The options in the drop-down menu are: Own, Rent – No Subsidies, Rent – With Subsidies, Institution or Group Home, Homeless/Shelter, Other – Not Paying Rent (Staying with Others), Recovery Housing, or Incarcerated.

Access: This field refers to the method by which the person accesses services for problem gambling treatment services. Select the option from the drop-down menu. The list will be updated periodically. Results entered into this field provide important information about how individuals find resources to help with problem gambling, such as phone number for the treatment agency

Treatment Type: Select the type of treatment from the drop-down menu. This list is updated over time. Select the option that applies to the client. Previously known as "Reason for Enrollment". This field distinguish between full treatment and those seen simply for an assessment or for relapse prevention.

Referred From: Select the option from the drop-down that explains where the client was referred from. If the individual was not referred from another resource, select "Self" for such cases. If the option that applies to the client does not appear on the list, please select "Other" as the response. This field indicates if a person, ion, or agency took deliberate action for the client from treatment providers. If no deliberate action was provided to get client to contact the treatment provider, then the value of self-referral maybe utilized.

Related Problem Areas

This section relates to any other areas of the client's life where they are experiencing negative impacts that may be related to their problem gambling.

Related Problem Areas

Job/School	No ⌄
Relationships	No ⌄
Legal	No ⌄
Bankruptcy	No ⌄
Financial	No ⌄
Suicide Threat	Thoughts ⌄

Complete all the following fields as it pertains to the client or concerned other's current treatment episode.

Job/School: During the past six months, has the client lost a job, been expelled from school, or received formal disciplinary action at work or school in relation to gambling? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Relationship: During the past six months, has the client become divorced, separated, or lost a significant relationship with another family member or close friend due to gambling? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Legal: Does the client currently have pending charges, was incarcerated within the past six months, or on probation for gambling related activities? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Bankruptcy: During the past six months, has the client filed or are they planning to file bankruptcy due to gambling losses? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Financial: During the past six months, inability to meet payments. Unable to meet household bills on time or afford necessary basic needs of your household.

Suicide Threat: During the past six months, as the client had any of the following suicidal behaviors/ideations? Select the response from the drop-down menu. The responses are Thoughts, Plan, Action/Behavior, Threat, or None of the Above.

Prior Treatment/ Prior Peer Services

This section refers to the aspects of a client's prior treatment history to provide context for ongoing behavioral health development that may impact their treatment plan for problem gambling.

Gambling: Enter the number of times the client has received treatment for gambling in their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Substance Use: Enter the number of times the client has received treatment for substance use and abuse during their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Mental Health: Enter the number of times the client has sought treatment for additional mental or behavioral health treatment services in their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Gaming: Enter the number of times the client has received treatment for gaming in their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Gambling Debt: Enter the dollar to the nearest whole number for the client's total estimated current unpaid gambling debt. If no debt, fill with zeros. Debt includes money owed on credit cards; Pay Day Loans; personal loans from friends, family, or bookies; bank loans used to cover gambling expenditures, etc. **It does not include money "borrowed" from savings or retirement accounts of self or family member. This is not a debt.**

Age at Onset: Enter the age at which the client first started having repeated problems associated with gambling. Use the arrows to provide a number or type into the field using whole numbers.

Is Mandated? Is this treatment mandated by a court ruling or other remediation effort? This should include any referrals where the program is required to provide periodic reports and where the client is under the threat of legal repercussions for failure to attend. Examples include court

order, probation/parole order, employer mandate, etc. Select the slider so that the color is switched to blue or active. This field, along with most fields can be updated during the treatment episode as new knowledge is gained from the client.

Once all fields have been completed, click the "Save" button at the bottom of the screen. This will move to the next screen: Client Admission.

Areas of Wellness Upon Admission

This section refers to the client's satisfaction levels in the dimensions of wellness in the days leading up to admission.

In the last 30 days, how satisfied were you with each of the following?

Life in general?*

Overall physical health?*

Overall emotional well-being?*

Relationship with spouse/significant other?*

Occupational well-being?*

Intellectual well-being?*

Day to day living environment?*
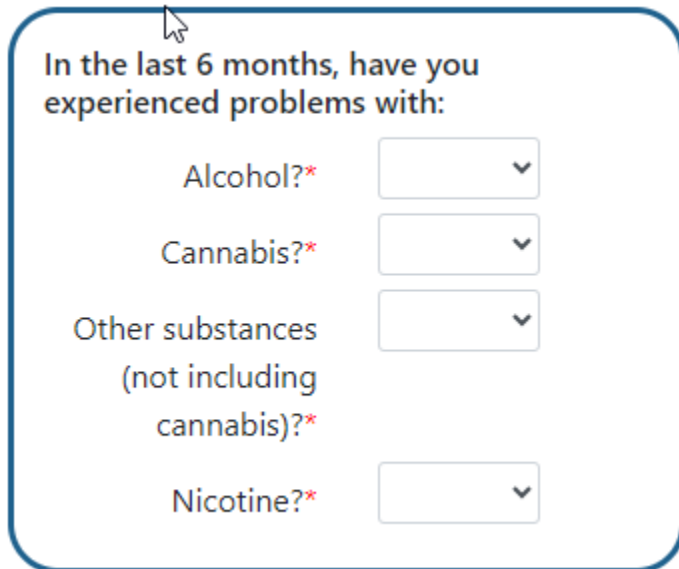
Financial well-being?*

Social well-being?*

Spiritual well-being?*

Co-Occuring Problem Areas

This section relates to substance use problems that the client may also have had prior to admission.

In the last 6 months, have you experienced problems with:

Alcohol?*

Cannabis?*

Other substances (not including cannabis)?*

Nicotine?*

Impacts of Gambling and/or Gaming

This section is to show the impact gaming or gambling has on a Concerned Other Client. Users will select a response for each question in this section. If the client is a gaming and gambling concerned other, this section will appear twice. Once to be filled out for gaming and once for gambling. .

Impacts of Gaming:

Feels resentful towards the person in their life experiencing gaming problems*

Feels anger toward person with gaming problem*

Feels distrustful of person with gaming problem*

Feels guilty or responsible for causing or contributing to the gaming*

Feels helpless or hopeless about the gaming problem*

Feels ineffective as a support person to the person with the gaming problem*

Has experienced physical health problems due to the stress of the situation*

Client Admission

Once the client has been admitted for treatment the Client Admission screen will appear with a message informing the user that the Admission/Treatment Episode Record has been saved successfully.

Current Gambling or Gaming Activity, Diagnostic Impressions, & DSM-IV Criteria

The information entered on this page directly reflects the client's gambling activities and diagnostic impression of their problem gambling/gaming behaviors.

Gambling or Gaming Activity: These fields are to be utilized to record the client's gambling or gaming activities and corresponding venues.

Venue: Location or environment where the client engages in the primary gambling or gaming activity.
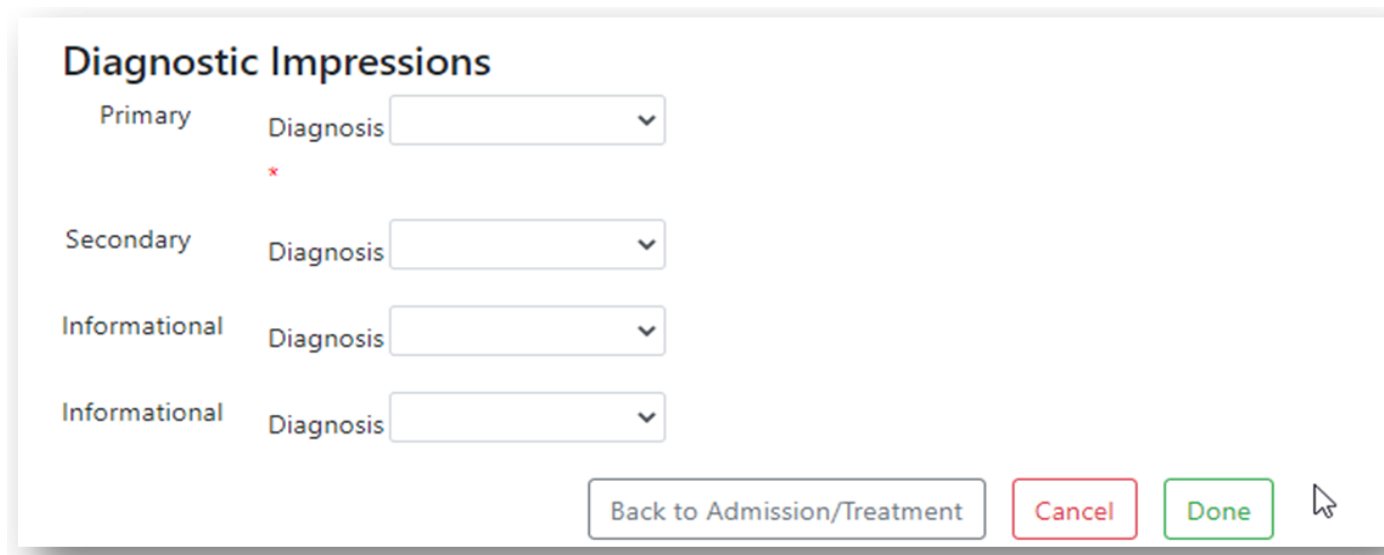
Enter the primary and secondary gambling activities, if known. There must be at least one gambling or gaming related activity and venue selected from the drop-down menu options to progress through the screens. The informational activities and venues sections are available to provide further elaboration to help build a comprehensive treatment plan and is used in statewide statistics research to help provide an overview of the current trends in problem gambling behaviors.

The DSM-IV Criteria are listed, and each box may be checked or unchecked, depending on whether the criteria pertain to the client. These fields are not required but are highly informative for assessing the degree of problematic gambling behavior that has led to a clinically significant impairment or distress.

Device: The instrument used to engage in gaming activity. This is a gaming specific field and will only appear on gaming client types.

Format: The type of material that a client engages with for gaming. This is a gaming specific field and will only appear on gaming client types.

DSM-IV Criteria: *(In order to be consistent with over 20 years of data this section has purposefully not been updated to reflect the current version of the DSM.)* Check each corresponding box for the criterion that was endorsed by the client (in order of presentation in the DSM-IV-TR, p. 671 - preoccupation, increasing tolerance, continuation with attempts to stop or control, restlessness or irritability, gambling to escape a dysphoric mood, chasing losses, lying to others about the extent of their gambling, antisocial behavior to get money, jeopardized or lost relationships, bailout behavior) **during the past 12 months.**

Enter the Diagnostic Impressions for the client. A primary diagnostic impression is required to progress through the screens and is essential for creating a coordinated treatment plan. Enter a secondary or other informational diagnostic impression using the drop-down menus to provide information on the client's potential for co-occurring disorders and additional services that may need to be addressed. For a client to be eligible for FREE publicly funded gambling treatment services, there must be a primary or secondary diagnosis of gambling disorder, relational disorder, or impulse control disorder (gaming disorder), unless the client is an assessment only client.

Use the "Back to Admission/Treatment" button to make any corrections to the previous records. Select the "Done" button to save all information and move to the next screen.

Adding a Client Contact

Once you have created the admission and client records and saved, Users will then be directed to add a client contact.

Add New Client Contact

Ball, Butter
Client Number: 101

OR 97132

Gotham City Hospital
Facility ID: OR-FAC-201
500 State St
SALEM, OR 97301

Contact Type*	Select a Contact Type ⌄
Relationship to Client	Select a Relationship Type ⌄
Last Name*	
First Name*	
Is Contact a Minor?	☐

[Back to Treatment Summary] [Save] [Save And Add New]
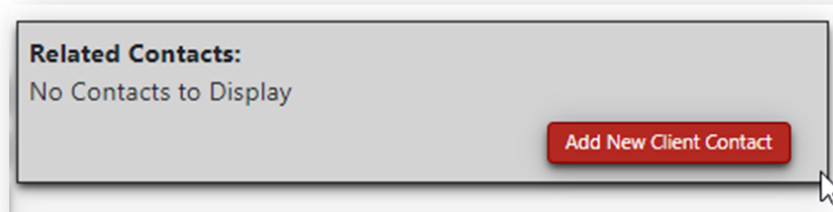
- A client contact may be an individual receiving concurrent care with this client in a problem gambling treatment program.
- The information gathered on this screen will help us understand the connections between the client and the concerned others or family/group members that are also participating in treatment.
- Concerned Others are clients entered into the PG Net system as a distinct client and then may be connected to the client with the gambling disorder record if they are also seeking services.
- Family group members are separate and distinct from Clients in the PG Net system. They do not have their own individual person record in the system. However, it is possible for a family group member contact to exist within the system under a separate person record if they have received treatment before or are receiving concurrent treatment with a person they have a connection to. This may be true for spouses receiving treatment at the same time, for example. However, a client contact is not created in the same way a client record is made, nor is there a similar search function.
- Family Group Member Contacts are attached to specific client person records, and therefore a client person record associated with the family group member contact must be entered into PG Net before any Family Group Member Contacts can be added. Use the Client Search to pull up existing persons records. If there is no person file available that matches the information for the person that needs to be admitted, create a new record by following the Create/Add New Client procedure. Once the Person Record has been created and the individual has been added as an active client, a Client Contact can be added to their profile.

After creating a new contact, users can choose to either enter more contacts by selecting "Save and Add New" or get directed back to the treatment summary page by just selecting "Save".

Adding a New Client Contact to an Existing Admission

To add more contacts to an existing admission: select the person record to bring up the Person Summary page. From there, select the Treatment Record to add a new client contact.

Click on the red "Add New Client Contact" button to bring up the form and add a new client contact.

Complete the fields as appropriate for the given relationship to the client.

Save or select "Save And Add New" to add another contact once all information has been entered or "Save" do be directed back to the treatment summary.

Once you have created the admission and client records, and saved, the client's summary will appear and list several options for adding in additional information to catalogue other elements of their treatment episode.

The first part of the client's summary will list their demographic information. It is always a good idea to verify that the information is correct for the client before moving forward. Always review the client's information prior to discharge.

If at any point you need to correct personal demographic information for the client, select the "View Person Summary" button to make any changes. For instance, if we needed to update or correct the client's middle name, begin the process by selecting the "View Person Summary" button to bring up their Person Record. From this screen users can edit demographic, REALD, alias, and treatment episode information. Then select "View Person Details" to make a correction to the person's record.
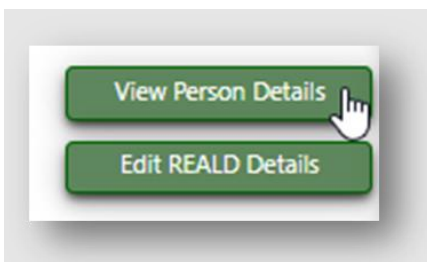
Select "Edit" to make a change. Enter the change or addition into the field. Review work and then select "Save" to complete the action.

Adding a Treatment Extension Request

- Treatment extensions are used to request that a client or concerned other's treatment episode be extended over the one-year limit.
- Submit a treatment extension request by clicking on the "Add New Request" button.
- Multiple treatment extension requests can be added, if needed.

Treatment Extension Requests:
No Extension Requests to Display
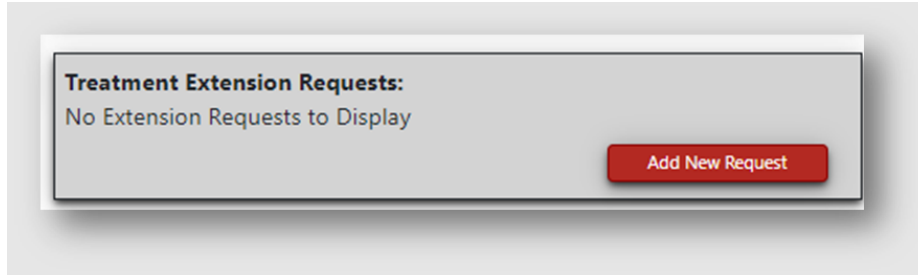
Add New Request

Adding a New Request

After creating a new client, a button will appear after the person record has been saved: Add New Request. Select this button to bring up the client contact entry form.

If the client already has a person record in PG Net, select the person record to bring up the Person Summary page. From there, select the Treatment Record to add a treatment extension request.

Treatment Extension Requests:
No Extension Requests to Display
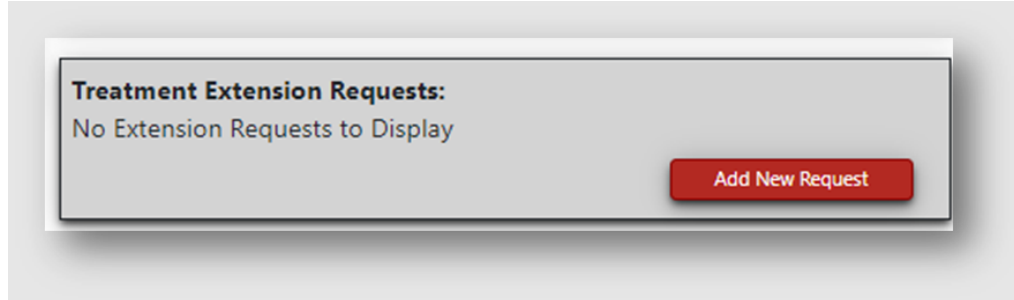
Add New Request

Click on the red "Add New Request" button to bring up the form and add a new treatment extension request.

| Request Date | 06/22/2021 | | Status | Pending ⌄ | * |

| Provider | ⌄ | * | Duration | ⌄ | * |

Dimensions of Wellness:

Emotional	○ Declining	○ Neutral/Stable
	○ Improving	
Spiritual	○ Declining	○ Neutral/Stable
	○ Improving	
Environmental	○ Declining	○ Neutral/Stable
	○ Improving	
Intellectual	○ Declining	○ Neutral/Stable
	○ Improving	
Physical	○ Declining	○ Neutral/Stable
	○ Improving	
Financial	○ Declining	○ Neutral/Stable
	○ Improving	
Occupational	○ Declining	○ Neutral/Stable
	○ Improving	
Social	○ Declining	○ Neutral/Stable
	○ Improving	

Over the past three months, considering client wellness plan as benchmark

Treatment Modalities/Services:

☐ Individual Therapy
☐ Group Therapy
☐ Couples Therapy
☐ Family Therapy
☐ Mentor/Peer Service
☐ Other

Select all that apply

Treatment Completion:

○ Yes ○ No
☐ Wellness Plan Completed
☐ 75% of short term TX goals completed
☐ Lack engagement in PG behavior/30 consecutive days
☐ None

If Yes Select all that apply

Complete the fields as appropriate for the given relationship to the client.

Save by selecting the "Create" button. The new request will appear for review on the client's treatment episode record. The extension status will be listed on the request.

Last Known Problematic Gambling Behavior:

○ Less than 30 days
○ 30-60 days
○ 60-90 days
○ 90-120 days
○ 121-365 days
○ Greater than 365 days

Co-Occurring Challenges:

○ Yes ○ No
☐ Mental Health Disorders
☐ Substance Use Disorders
☐ Relationship Challenges
☐ Challenges Related to Systemic Inequity
☐ Other
☐ None

If Yes Select all that apply

Risk Factors:

○ Yes ○ No
☐ High Risk of Relapse
☐ Housing at Risk/Homelessness
☐ Recent Hospitalization
☐ Recent Incarceration
☐ High Suicide Risk
☐ Mental Health Symptoms
☐ Moderate to Severe Substance Use
☐ Lack of Recovery Social Supports
☐ Lack of Financial Strategies to Support Recovery
☐ Other
☐ None

If Yes Select all that apply

[Back] [Create]

To add an additional request, begin the process again by clicking the "Add New Request" button.

These requests will be reviewed by OHA PGS staff and approved or denied within the system. If they are approved, on the Treatment Episode screen, you will see a new forecasted discharge date that will include the time frame of the approved extension.

Adding an Encounter Session

- o Encounters are services provided to the client during the client's treatment episode.
- o Multiple encounters can be added to each treatment episode record.
- o Encounter sessions can be edited if needed.

Begin the process to add an encounter by clicking on the "Add New Encounter" button.

Clicking on this button will bring up the Encounter Session Entry Form.

Complete the fields as they pertain to the encounter. Use the drop-down menus, where applicable.

Counselor: Person who provided the service. This may not be a counselor as the field language stipulates. Can be intake coordinator, peer mentor, outreach worker, depending on the service provided.

If you do not see the Service Provider or Counselor in the drop-down list, you may need to return to the previous screen and add a provider to your facility using the instructions in this guide.

Place of Service: The location where the service was rendered. This is this field where you would stipulate if telehealth was conducted.

Service Type: This is a procedure code that is used to describe a particular service provided to a client receiving behavioral health services. Enter the appropriate OHA PGS approved procedure code. See Appendix C for list of service codes and how to enter them.

Modifier: The modifier, which is added to the procedure code, further describes the service or level of service provided to a client by the provider.

Units: This field informs the system of how time and units sections are available to provide an account for more complex encounters. A unit of measure (service unit) that corresponds to a procedure code which describes a measurable level of service

A diagnosis must be added in the primary and secondary fields. One of those diagnoses must be related to a gambling disorder, relational, or impulse control disorder (gaming disorder).

Once you have saved your information by using the "Save" or "Save and Add New" button, return to the previous screen using the "Back" button.

The encounter(s) you have made will appear and you can monitor the encounter's status to see if it is still pending, reviewed or has been accepted or rejected.

Service Date	06/23/2021 📅	*		Status: Not Submitted
Counselor	Select a Service Provider ▾	*		None
Place of Service Type	Select a Place of Service Type ▾	*		0.00
				x 1
Service Type	Select a Service Type ▾	*		$0.00
Modifier	▾			
Units	1	*		
Diagnostic Codes				
Primary	▾	*		
Secondary	▾	*		
Informational	▾			
Informational	▾			

Back   Save   Save And Add New

All encounters are editable. If needed, enter the record to make a correction or addition, click on the blue text for the individual encounter.

To add additional encounters, click the "Add New Encounter" button to begin entering information for a new encounter.

Encounter Sessions:

H2027- Individual counseling continuing care	Provider: BARTLETT, CRYSTAL M
Service Date: 6/23/2021	Units: 2
Status: Accepted	Billed: $63.84

Add New Encounter

Adding an Encounter Session

It is a good practice to periodically review your active client list for individuals who need to be discharged. Discharging a client from your facility will remove the client from the active client list. However, once the discharge record has been created, you will still be able to edit a previous client's record if a change needs to be made. To make a change or correct an error, return to the Person Information section in the left side panel menu and use the Person/Client Search feature to find the person record. Once you have found the record, click into it make the changes as needed. Users can only edit records that are associated with their home facility.

If your client is a returning client who did not previously complete treatment but was discharged and is now going to be treated for a new treatment episode, they will require a new treatment episode record to be made.

All client records must be closed within the time prescribed within the OHA contract. Clients being transferred from agency to agency must be closed at the first agency and then reopened at the accepting agency. Clients being transferred from residential gambling treatment should be opened and closed for that treatment modality and then reopened for outpatient treatment.

Discharging a Client

A client must have an admission record prior to discharge. Otherwise, the client's treatment episode will not allow a discharge record to be created.

To create a discharge record, click on the "Discharge Client" button on the treatment episode screen.
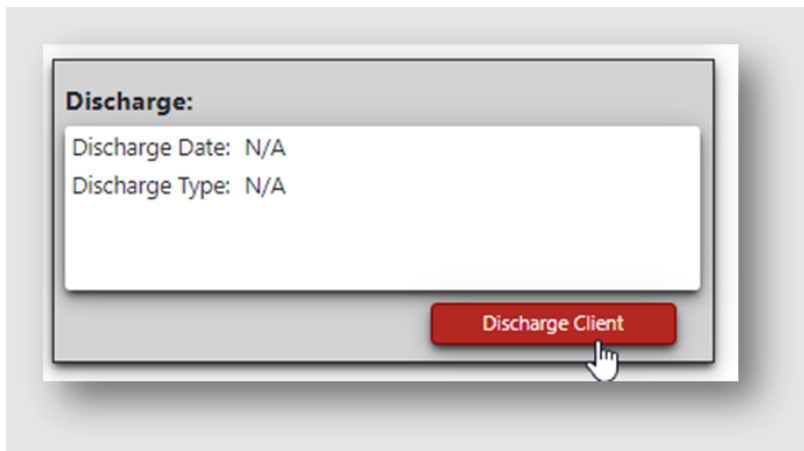
Clicking on this button will pull up the Client Discharge entry form.

Concerned Other Discharge

Gotham City Hospital
500 State St
SALEM, OR 97301

Ball, Butter

, OR 97132

Gender:	Female
DOB:	1/1/2000
Client Number:	101
Enrolled:	5/16/2024

Discharge Date* [06/11/2024]

Discharge Type* [▾]

Related Problem Areas

Bankruptcy* [▾]

Financial* [▾]

Legal* [▾]

Suicide Threat* [▾]

At the time of discharge, how satisfied was the client with each of the following? (Can be answered by Client or Clinician perspective)

Life in general?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Intellectual well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Overall physical health?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Day to day living environment?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Overall emotional well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Financial well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Relationship with spouse/significant other?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Social well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Occupational well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Spiritual well-being?*
○ Satisfied ○ Neutral ○ Dissatisfied ○ Refused to Answer

Do you believe the client made improvement during treatment?*
○ Strongly agree ○ Agree ○ Neither agree or disagree ○ Disagree ○ Strongly disagree

[Back to Treatment Summary] [Cancel] [Save]

Fill out the fields according to the client's situation. Use the drop-down lists to select from the available options.

The Discharge Date will auto-fill to the current date. If that is not the date of discharge, type in the correct date in the MM/DD/YYYY format or use the calendar feature. This is the last date of service or last time client was seen at the clinic/provider agency or by the service provider.

The next discharge screen will appear after saving.

Gambling Activity at Discharge

Current Gambling Activity

Primary	Activity	[dropdown]
	✱	
	Venue	[dropdown]
	✱	
Secondary	Activity	[dropdown]
	Venue	[dropdown]
Informational	Activity	[dropdown]
	Venue	[dropdown]
Informational	Activity	[dropdown]
	Venue	[dropdown]

Diagnostic Impressions

Primary	Diagnosi	[dropdown]
	✱	
Secondary	Diagnosi	[dropdown]
Informational	Diagnosi	[dropdown]
Informational	Diagnosi	[dropdown]

Ancillary Support Services Received

☐ Physical Health
☐ Mental Health
☐ Other Addictions
☐ Dental
☐ Vision
☐ Education
☐ Employment
☐ Housing
☐ Emergency Clothing
☐ Food Stamps
☐ Insurance Enrollment
☐ Other

Please check all that apply.

Gambling Discharge Referred To

☐ None
☐ GEAR- Minimal Home-Based Intervention
☐ Problem Gambling Residential
☐ Gamblers Anonymous
☐ Other Community Recovery Group
☐ Other Community Recovery Services
☐ Peer Run Organization
☐ Private Pracitioner
☐ SUD Outpatient
☐ MH Outpatient

Be sure to add all diagnostic impressions and supply a thorough overview of the client's progress. This data is important for assessing program completion rates and client progress.

Check all boxes that apply for the Ancillary Support Services Received and Gambling Discharge Referrals for tracking of additional services possibly being received post-treatment.

To uncheck a box, click the marked box.

Once all options have been assessed and you have reviewed the information for correctness, complete the discharge by clicking the "Done" button. This action will bring the user back to the treatment record.

At this point, review all other records, including encounters, to make sure all the information is accurate before moving on. After this point the client will no longer appear in the active client list for your facility, but the records will still be accessible through the Person/Client Search feature should you need to return to make a correction or add additional information.

Treatment Discharge Information

This section refers to the relationship with the client and their treatment at the time of discharge. Sections will appear based on the client type for users to fill out information in relation to each item they received treatment for. Users may only select one answer per question.

Treatment Discharge information

Gambling Client

Client met their gambling goal at time of discharge*
○ Yes ○ No ○ Don't Know

Wellness/relapse prevention plan developed*
○ Yes ○ No ○ Don't Know

Client reduced or abstinent for 30 days*
○ Yes ○ No ○ Don't Know

Client's goal was to quit gambling*
○ Yes ○ No ○ Don't Know

Client's goal was to reduce their gambling*
○ Yes ○ No ○ Don't Know

Gaming Client

Client met their gaming goals at time of discharge*
○ Yes ○ No ○ Don't Know

Wellness/relapse prevention plan developed*
○ Yes ○ No ○ Don't Know

Client reduced or abstinent for 30 days*
○ Yes ○ No ○ Don't Know

Client's goal was to quit gaming*
○ Yes ○ No ○ Don't Know

Client's goal was to reduce their gaming*
○ Yes ○ No ○ Don't Know

Peer Client

Client met their gambling goal at time of discharge*
○ Yes ○ No ○ Don't Know

Wellness/relapse prevention plan developed*
○ Yes ○ No ○ Don't Know

Client reduced or abstinent for 30 days*
○ Yes ○ No ○ Don't Know

Client's goal was to quit gambling*
○ Yes ○ No ○ Don't Know

Client's goal was to reduce their gambling*
○ Yes ○ No ○ Don't Know

Gambling Concerned Other

Client met their goals at time of discharge*
○ Yes ○ No ○ Don't Know

Wellness/relapse prevention plan developed*
○ Yes ○ No ○ Don't Know

Gambling Peer Concerned Other

Client met their goals at time of discharge*
○ Yes ○ No ○ Don't Know

Wellness/relapse prevention plan developed*
○ Yes ○ No ○ Don't Know

[Back to Treatment Summary] [Cancel] [Save]

Viewing Dashboards and Reports

To access the facility dashboard and view reports, navigate to the View Dashboard button.

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

State Identifier:	**OR-FAC-201**
NPI:	1234567890
EIN:	123456789
Status:	Active
Web Site:	
Description:	

[View Facility Details]
[Undo Home Facility]
[View Dashboard]
[View EDI Submissions]
[Submit Data File]

The main facility dashboard is broken down into multiple summary tables based on current reports.

Total Active Clients

FacilityName	ActiveClients
⊟ Gotham City Hospital	86
Concerned Other Peer Services Recipient	1
Gambling Client	60
Gambling Concerned Other	12
Gambling Peer Concerned Other	2
Total	**86**

Quarterly Admitted Clients

FacilityName	April	March	May	Client Count
⊟ Gotham City Hospital	19	7	42	68
Concerned Other Peer Services Recipient			2	2
Gambling Client	9	5	12	26
Gambling Concerned Other	3	1	8	12
Gambling Peer Concerned Other	1		2	3
Gaming Client	6	1	17	24
Total	**19**	**7**	**42**	**68**

Quarterly Retention – Discharged Client Encounter Counts

Facility	Gambling Case Number	Admission Date	Services Rendered
Gotham City Hospital	0005	6/15/2022	1
Gotham City Hospital	000987	11/1/2020	3
Gotham City Hospital	101	5/16/2024	1
Gotham City Hospital	1123458	3/19/2024	1
Gotham City Hospital	123456789a123456789b	1/11/2022	1
Gotham City Hospital	234540934	11/7/2023	2
Gotham City Hospital	34556656	4/23/2024	1
Gotham City Hospital	738472823Ball	6/3/2024	1
Gotham City Hospital	9876543	11/20/2022	1
Gotham City Hospital	t12345	6/27/2022	4
Total			**386**

Quarterly Client Submission Performance

Facility	Admission Date	Submission Date	Days Between Admit and Client Submit
Gotham City Hospital	3/4/2024	4/19/2024	46
Gotham City Hospital	3/5/2024	5/24/2024	80

Quarterly Access Wait Time

Facility	Wait Time 5 Days Or Shorter	Wait Time Longer Than 5 Days	Total	Ratio
Gotham City Hospital	50	8	58	86.21%

Quarterly Completion Rate

Facility	Completed	Not Completed	Total	Ratio
Gotham City Hospital	12	27	39	30.77%

Quarterly Discharge Overdue

Facility	Gambling Case Number	Admission Date	Forecast Discharge Date	Days Overdue
Gotham City Hospital	T123456	5/3/2023	5/3/2024	39
Gotham City Hospital	T987654321	5/2/2023	5/2/2024	40
Gotham City Hospital	123456	4/6/2023	4/6/2024	66

Quarterly Discharge Due Soon

Facility	Gambling Case Number	Admission Date	Forecast Discharge Date	Days Until Due
Gotham City Hospital	T98786458	9/1/2023	9/1/2024	82

To expand table rows, select the + button to the left of the facility name.

The Access Wait Time and Monthly Expenditure reports can be viewed by clicking the View Report link under the report title.

Facility Reports for Gotham City Hospital

Access Wait Time Dashboard

⊙ View Report

Monthly Expenditures

⊙ View Report

⊙ Back to Facility Summary

The Access Wait Time report shows the minimum, average, and maximum wait time calculations in days. Users may view any date range by selecting a start and end date in the Select Range box.

Users may export report data in Excel or CSV format by hovering over the visual or table to be exported and selecting the More Options ellipses on the top right.

First Available Date

FacilityIdentifier	Facility	PersonID	ClientIdentifier	GamblingCaseNumber	FirstContactDate	FirstAvailableDate	Wait Time in Days
OR-FAC-201	Gotham City Hospital	891	OR-CLNT-S325	000987	Sunday, November 01, 2020	Sunday, November 01, 2020	0
OR-FAC-201	Gotham City Hospital	305	OR-CLNT-S252	987653	Friday, November 20, 2020	Friday, November 20, 2020	0
OR-FAC-201	Gotham City Hospital	306	OR-CLNT-S253	1236790656576	Friday, November 20, 2020	Friday, November 20, 2020	0
OR-FAC-201	Gotham City Hospital	309	OR-CLNT-S256	12346	Friday, November 20, 2020	Friday, November 20, 2020	0

Select Export Data, and then determine which format to export the data to.

Select Range

8/6/2020   4/25/2022

- ⎙ Export data
- 🔲 Show as a table
- 🔬 Spotlight
- ⚲ Get insights

Which data do you want to export?

Export your data in the format that suits your needs. If you have a lot of data, the number of rows you export might be limited depending on the file type you select. Learn more about exporting data

Data with current layout

ⓘ This option is only available for table and matrix visuals

Summarized data (selected)

Export the summarized data used to create your visual (for example, sums, averages, and medians).

Underlying data

ⓘ Visual does not have aggregates or measures

File format:

.xlsx (Excel 150,000-row max)

.xlsx (Excel 150,000-row max)

.csv (30,000-row max)

The Monthly Expenditures report consists of three pages: Units by Service Date, Expenditures by Encounter Date, and Expenditures by Submission Date.

Pages
- Monthly Expenditures & Units
- Monthly Expenditures by Encounter Date
- Monthly Expenditures by Submission Date

Encounter Expenditures & Units by Facility Service Dates

Facility	Encounters	Service Units	Service Billed Amount	Service Allowed Amount	Service Denied Amount
⊟ Gotham City Hospital	386	248417	$347,973.17	$339,645.46	$8,414.41
⊟ 90785	7	7	$372.4	$372.4	$0
	4	4	$212.8	$212.8	$0
RB	2	2	$106.4	$106.4	$0
TF	1	1	$53.2	$53.2	$0
⊟ 90792	4	4	$677.65	$677.65	$0
	3	3	$504.81	$504.81	$0
HF	1	1	$172.84	$172.84	$0
⊟ 90832	17	95	$7,633.67	$7,454.52	$179.15
Total	**386**	**248417**	**$347,973.17**	**$339,645.46**	**$8,414.41**

Facility Name	Client Identifier	First Name	Last Name	Gambling Treatment Episode ID	Gambling Case Number	Encounter ID	Encounter Date	Encounter Status	Service
Gotham City Hospital	OR-CLNT-S511	David	Pickle		198	0005	666	6/15/2022	Accepted	H0001-ProblemGambling
Gotham City Hospital	OR-CLNT-S325	Alicia	Johnson		170	000987	587	1/28/2021	Accepted	H0001-ProblemGambling
Gotham City Hospital	OR-CLNT-S325	Alicia	Johnson		170	000987	588	3/1/2021	Accepted	H2027- Individual counse
Gotham City Hospital	OR-CLNT-S325	Alicia	Johnson		170	000987	589	10/31/2020	Accepted	T1023- Behavioral Health
Gotham City Hospital	OR-CLNT-S1253	Butter	Ball		259	101	1232	6/10/2024	Accepted	90832- Psychotherapy wi
Gotham City Hospital	OR-CLNT-S1170	Macher	Adams		223	1123458	1228	4/3/2024	Accepted	H0001- Problem Gamblin
Gotham City Hospital	OR-CLNT-S324	Plaid	Buffalo		169	123456789a123456789b	585	1/11/2022	Accepted	H0005- Gambling Treatm
Gotham City Hospital	OR-CLNT-S971	Keanu	Reeves		214	234540934	1072	11/7/2023	Accepted	H0001- Problem Gamblin
Gotham City Hospital	OR-CLNT-S971	Keanu	Reeves		214	234540934	1073	11/7/2023	Accepted	90847- Family Psychother
Gotham City Hospital	OR-CLNT-S1214	Mickey	Mouse		237	34556656	1196	4/23/2024	Accepted	H0012- PG Respite servic
Gotham City Hospital	OR-CLNT-S1304	Bat	Baseball		303	738472823Ball	1233	5/21/2024	Accepted	E0001- Engagement refer
Gotham City Hospital	OR-CLNT-S251	Sweet	Cuke		120	9876543	590	1/17/2021	Accepted	H0004- Individual Gambl
Gotham City Hospital	OR-CLNT-S521	Marion	Berry		200	t12345	700	7/26/2022	Accepted	H0032- Gambling Service

Users may export Monthly Expenditure report data by navigating to the More Options ellipses in the top right, and selecting Export Data.

DATA SUBMISSION THROUGH ELECTRONIC DATA INTERCHANGE (EDI)

To submit live data to PG Net, a provider must be certified to do so. The following checklist is an overview of the steps involved to become certified. Each step and EDI file requirement is further detailed in appendix B.

EDI Certification Checklist for Agency/Facility

1. **Agency/Facility Registration in PGNET**
   1. Online registration submission
   2. Received login and password
   3. Request additional users if necessary for PGNET from COMPASS
   4. PGNET Contact Method Selection
   5. Facility Setup
2. **File Transfer Certification Process**
   1. Service Files
      1. Sent first Service Certification file
      2. Received approval on Service Status Certification file
      3. Sent second Service Certification file
      4. Received approval on second Service Certification file
3. **Approval/Certification Received from COMPASS**
4. **Agency submitting real time data via EDI**

A sample EDI file might look something like this:

```
ISA*00*          *00*          *ZZ*OR-FAC-225     *ZZ*987654321         *210512*0808*^*00501*111100012*1*P*:~
GS****T***~
ST***~
BHT****20211021*0909*~
HL*1**20*~
NM1*85*2*GOTHAM CITY HOSPITAL*****XX*1234567890~
REF**~
HL*2*1*22*0~
SBR*********~
NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~
DMG*D8*20200622*M~
NM1*PR*2*HSDG******15~
CLM*00001111*45***02:B:1*Y*A*Y*Y~
HI*ABK:F630~
NM1*82*1*ANDERSON*CRAIG****XX*1497000586~
SV1*HC:HHHHH*45*UN*3***1~
DTP*472*D8*20210101~
SE*16*32225000~
GE*1*31290~
IEA*1*000000002~
```

1. Go to the PG Net Production Site at https://healthsystems.oha.state.or.us/pgnet.

2. Log in as a user and navigate to the PG Net Homepage.

3. Click the "Facility Information" tab on the left side margin.

4. If you have access to more than one facility, you may need to search for your facility. To do so, type all or part of the facility name in the "Facility Name or ID" search box and click the Search button. Results will appear at the bottom of the screen. Click on the name of the facility for which you would like to submit data.

5. On the Facility Summary screen, look for the "Make Home Facility" button. If it is present, click it to be able to make changes within this facility. If the "Make Home Facility" button is not visible, skip this step.

6. When two buttons in the middle of the screen, labeled "View EDI Submissions" and "Submit Claim File," are visible, you are ready to submit and manage EDI submissions.

7. To submit a file, click the "Submit Data File" button on the Facility Summary screen.

8. There are two options for uploading a file. You can drag the file from your file folder, or you can click in the box and select a file.

9. To upload, the system will open your file folders and you can select the file, click on open and the file will be placed into the system.
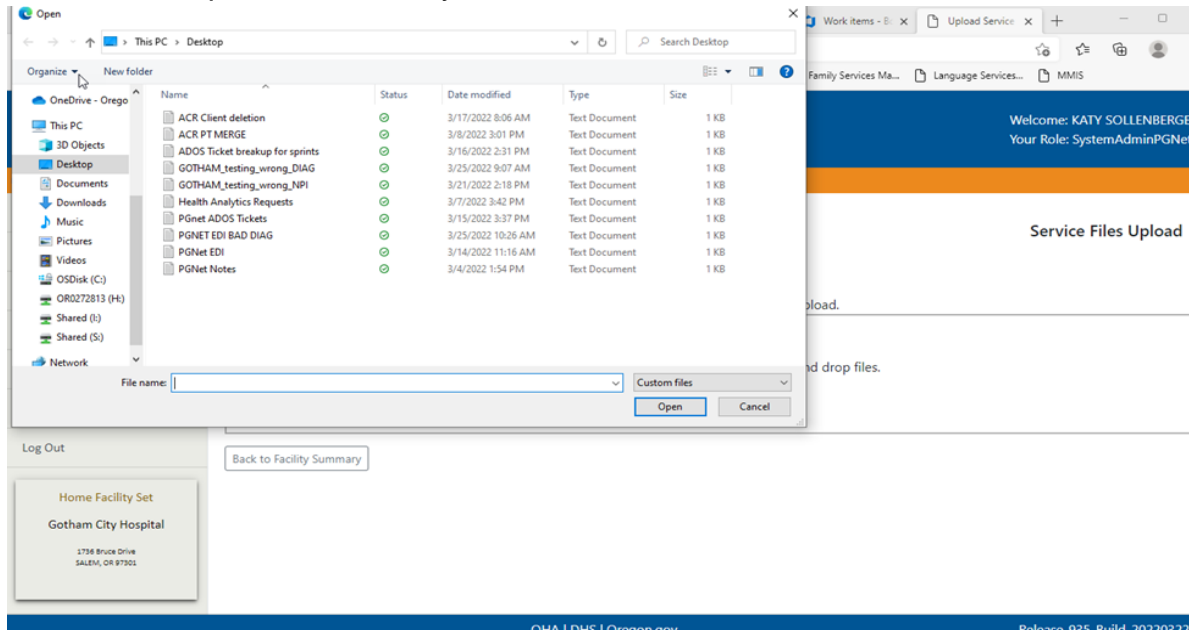
10. In the example below, the file has been successfully uploaded. When successful, a check mark appears briefly over the top of the file, and there is no error message.
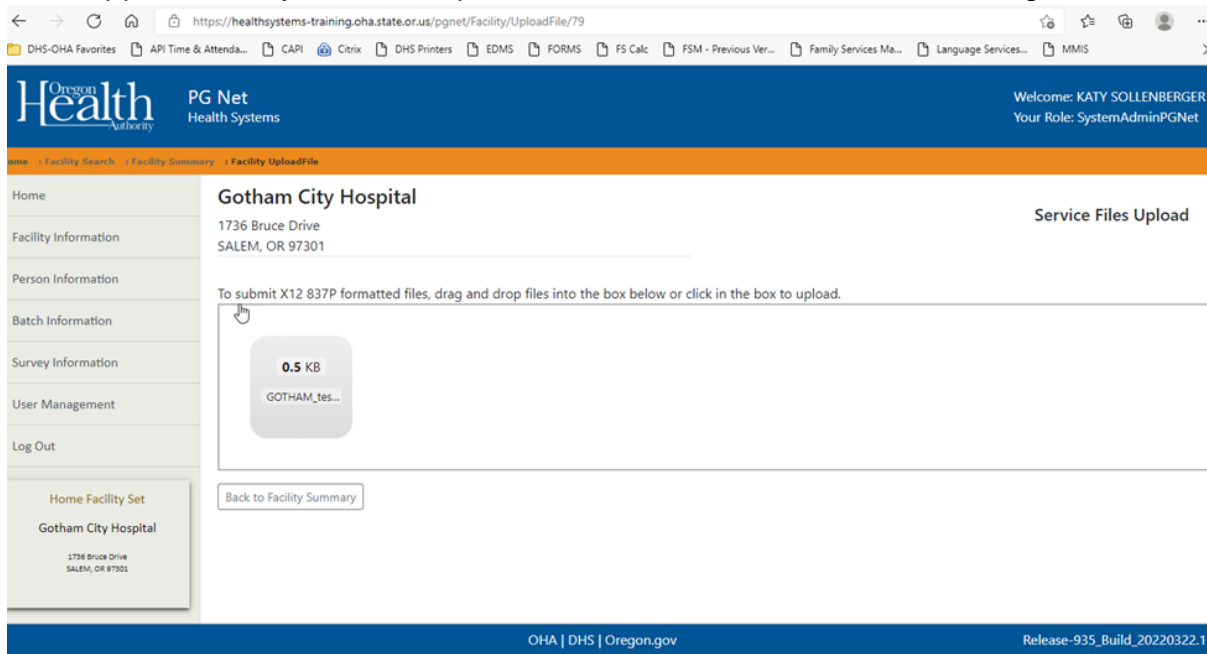
11. If the file has **not** uploaded successfully, an X will appear over the file along with an error message.
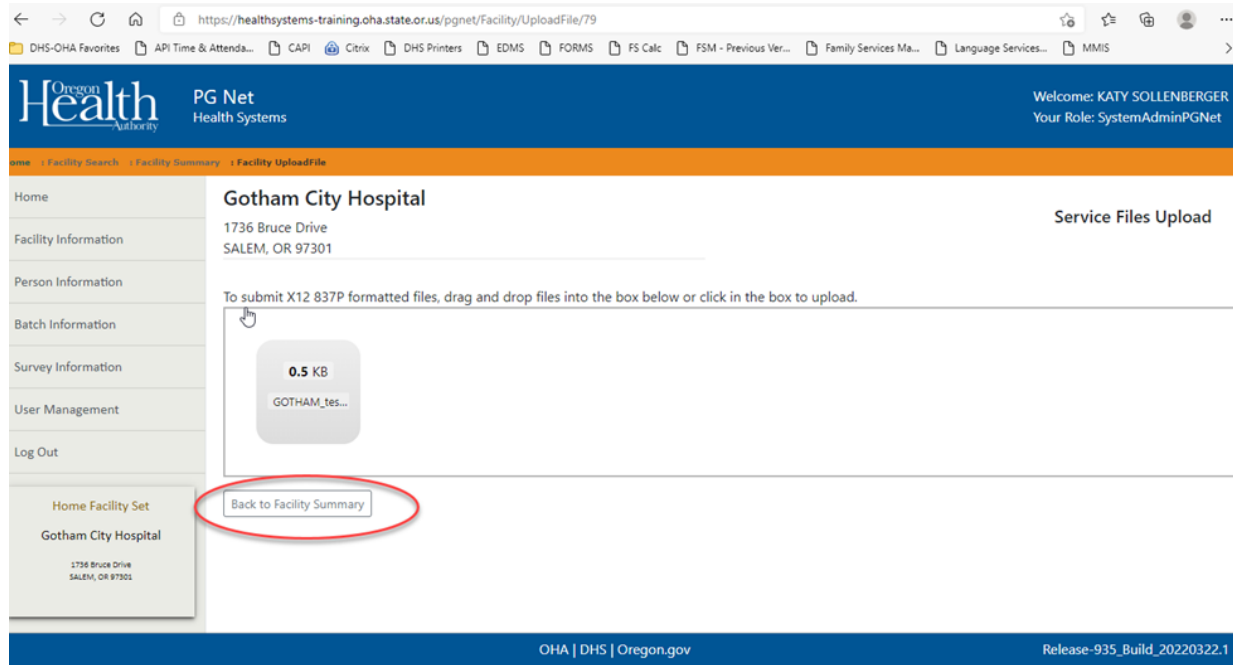
12. Once you have completed your upload, return to the Facility Summary screen by clicking the "Back to Facility Summary" button.

13. Now you can view your EDI submission by clicking on the View EDI Submission button.
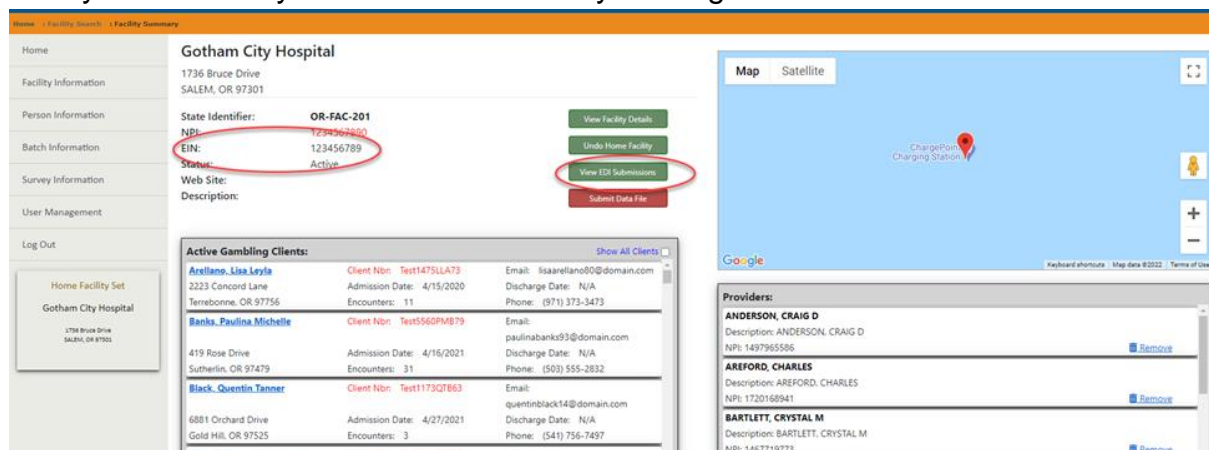
14. From this screen you can look at your batch files. Notice the date of submission and that the system will put the last submission at the top of the list. Additionally, the system will rename

your file as a PG Encounter- [number]. The numbers are not sequential by facility, but by the system. If needed, use any or all the three search fields to locate specific files.

15. If you click on a "Source File" link, you can view the file information that was submitted.

16. The example below shows a file after it was submitted.

17. Use the links in the banner bar at the top of the page to move back to the Batch Explorer section or use the navigation links on the left to navigate to other PG Net screens.

18. Click the "PG Encounter" number link to review a file status.

19. This page shows how many errors were reported for the selected file. There can be more than one error for each individual client. The services reported are the number of individual services, so the number of errors can be greater than the number of services reported.

20. Click on an individual claim number to see the details of a claim. For this example, there is no matching client data in PG Net. This client would need to be entered into the system; then those submissions would need to be resubmitted via EDI or entered manually.

21. For batches that are ready to be viewed, click the small eye icon or the claim link to review the file.

22. The file details and an error message will display. For this example, the NPI for the provider is invalid, or the provider had not been added to the facility

23. Navigate to the Facility Summary screen, add the missing provider, return to this screen, and update the erroneous field.

24. When finished, click the Save button.

25. When successful, a very brief message will appear at the top of the screen to indicate that the encounter record has successfully saved.

26. When the claim has been corrected and saved, return to the Batch Summary screen. The claim is now corrected and appears with a white background (white service records have been

successfully corrected). See Appendix C for procedure code instructions.

27. Claims that are yellow have been accepted from the original submission. Claims in salmon need attention and have not been successfully submitted.

28. When all claims within a file have been corrected and accepted, the batch status will display a "Accepted" in green.


29. A message may appear for some claims about an invalid diagnosis code. Typically, this will mean that one of the secondary or informational diagnosis codes submitted with the service is not available in the PG Net system. In this case, click on the "Review" button. The invalid diagnosis will not appear. To fix or resubmit, click the Save button. The claim should now be accepted.

30 For Duplicate Claim errors and claims where the Patient ID is not found, Users can select the withdraw button. The Withdraw button will allow users to resubmit those claims with the same claim number once the patient is added to the system.

The claim will still show in the batch as withdrawn and be greyed out.

No EHR? No problem! Client Entry will still be available.

Until this feature is fully operationalized, or if a facility does not utilize this type of claim billing software, then client entry will be the primary means of reporting data into PG Net.

Reporting and Commenting

Reporting Bugs:

As PG NET is a new system, there might be bugs or errors that occur. If you come across a bug or problem on a screen, use the reporting and commenting feature on the bottom of the page.

To open the commenting and reporting feature, select the button at the bottom left of the screen:

Post a Comment or Report a Problem

Clicking on this button will bring up the dialogue text box.

Please Enter a Suggestion or Report an Issue

Select the Type of Issue BugReport

Describe the Issue

Severity of the Problem Blocker

Cancel   Report to Helpdesk

Post a Comment or Report a Problem   Rel.1.0.2019.00613.1 - TEST

Please leave a detailed description of the issue and press the "Report to Helpdesk" button to submit the report of the error.

To enter a suggestion or report an issue select from the drop-down menus to report the type of issue:

- o Bug Report
- o Feature Request
- o Comment
- o Informational

Use the text field to enter in a detailed description cataloguing the issue. Include as much information as possible, including what you were working on at the time, where on the page the issue occurred, if it has happened more than once, and if the issue was resolved on its own.

For feature requests, use the text box to elaborate on features that you would like to see in PG NET to make your work easier.

List the severity of the problem using the drop-down menu to select one of the following options:

- o Blocker
- o Critical
- o Major
- o Normal
- o Low

Commenting:

If there is a feature you would like to see added or changed, provide an explanation in the comment box to offer your suggestion on ways the system could be improved. Comments can be informational or offer insight to improve functionality for acute care reporting.

Login Issues:

If you encounter login difficulties, please contact Compass.Support@dhsoha.state.or.us for assistance.

Appendix A- Agency EDI Certification Process

1. Approval/Certification
   a. OHA will grant EDI approval and provider certification via email.
   b. Provider will receive instructions via email from OHA on the process of submitting real file submissions.

2. Final Information
   a. Once the agency/facility has received approval and instruction from OHA, the agency/facility can start submitting real data files.
   b. For assistance, contact COMPASS Support: Compass.Support@odhsoha.oregon.gov

EDI-ELECTRONIC DATA INTERCHANGE FILE REQUIREMENTS

Details of the 837 File
Mapping EDI files to Service Transactions

Contents

- Quick References
- Example File
- Service Transaction
- Mapping Service Trans to Compass
- Mapping EDI Segments to Service Trans
  - o ISA - Interchange Control Header
  - o GS - Functional Group Header

- ○ ST - Transaction Set Header
- ○ BHT- Beginning of Hierarchical Transaction
- ○ HL - Hierarchical Level
- ○ NM1 - Name Segment
- ○ REF - Reference
- ○ SRB - Subscriber
- ○ CLM - Claim
- ○ HI - Health Care Information (Diagnosis)
- ○ SV1 - Service
- ○ DTP - Date Time Segment
- ○ SE- Transaction Set End
- ○ GE - Functional Group End
- ○ IEA - Interchange Control End

Quick References

Beacon Healths 837 Spec
CMS Billing Guide 837
State of NY Sparcs 837 Detailed
BlueCross NC 837 Guide

Example File

Batch File Details

Facility Name:

Gotham City Hospital (dev)

Facility Identifier:

OR-FAC-201

Batch Identifier:

PG-Encounter-1

1	`ISA*00*          *00*          *ZZ*OR-FAC-201     *ZZ*987654321     *210512*0808*^*00501*000000001*1*P*:~`
2	`GS*HC*OR-FAC-201*OHAPGNet*20210512*0808*31290*X*005010X222A1~`
3	`ST*837*32225000*005010X222A1~`
4	`BHT*0019*00*32225*20210608*0808*CH~`
5	`NM1*41*2*Gotham City Hospital*****46*OR-FAC-201~`
6	`PER*IC*na@na.com~`

7	NM1*40*2*OHAPGNet*****46*987654321~
8	HL*1**20*1~
9	NM1*85*2*Gotham City Hospital*****XX*9998887771~
10	N3*1736 Bruce Drive~
11	N4*Salem*OR*97302~
12	REF*EI*123456789~
13	HL*2*1*22*0~
14	SBR*P*18*******ZZ~
15	NM1*IL*1*Test*EDI****MI*EDITest1~
16	N3*7655 NE Sacramento St.~
17	N4*Portland*OR*97213~
18	DMG*D8*19900101*F~
19	NM1*PR*2*Gotham City Hospital*****PI*33~
20	N3*1736 Bruce Drive~
21	N4*Salem*OR*97302~
22	CLM*886222*79.8***02:B:1*Y*A*Y*Y~
23	HI*ABK:F630~
24	NM1*82*1*CRISDENTAL SALEM LLC*****XX*1760741078~
25	PRV*PE*PXC*101YM0800X~
26	LX*1~
27	SV1*HC:H2027*79.8*UN*3***1~
28	DTP*472*D8*20210607~
29	REF*6R*886222~
30	SE*28*32225000~
31	GE*1*31290~
32	IEA*1*000000001~

ISA - Interchange Control Header

The ISA is different from others. It is a 106-byte fixed-length record. It has a spot for facility ID's but as those are fixed length, truncation is likely, so they are not used.

ISA[1]*00* *00* *ZZ*OR-FAC-201 *ZZ*987654321 *210512*0808*^*00501*000000001[2]*1*P*:~

1. Segment Type
2. Control Number - Used to prevent resubmission of same file. This should be unique within each submitting facility.

GS - Functional Group Header

The GS segment is not used for any data, but its presence is checked for validity of the file overall.

GS[1]*HC*OR-FAC-201*OHAPGNet*20210512*0808*31290*X*005010X222A1~

3. Segment Type

ST - Transaction Set Header

The ST segment is not used for any data, but its presence is checked for validity of the file overall.

ST[1]*837*32225000*005010X222A1~

4. Segment Type

BHT- Beginning of Hierarchical Transaction

The BHT segment is a starting point for a set of providers and claims.

BHT[1]*0019*00*32225*20210608[2]*0808[3]*CH~

5. Segment Type
6. Transaction Set Creation Date - Combined with time into the BuildDate.
7. Transaction Set Creation Time - Combined with date into the BuildDate.

HL - Hierarchical Level

The HL segment is not used for any data, but its presence is checked for validity of the file overall.

HL[1]*1[2]**20[3]*1~

8. Segment Type
9. Hierarchical Identification Number - Not mapped. This is a sequence number for HL segments with a BHT.
10. Hierarchical Level Code
    o 20 Used for Provider block or loop, if multiple providers in one file can have more than one.
    o 22 Used for each subscriber (patient) block or loop. These reference back to the HL 20 (using the field just before this one) for the provider they are grouped under.

NM1 - Name Segment

This is the first name segment with a block or loop, usually with supplemental loops following (for addresses, aliases, etc.). It uses the Identifier and qualifier code to identify the type of name segment, as there can be multiples with the same block.

NM1[1]*85[2]*2[3]*Gotham City Hospital[4]*[5]*[6]*[7]*[8]*XX[9]*9998887771[10]~

11. Segment Type
12. Entity Identification Code
    - o 85 for Billing Entity (Provider/Facility)
    - o IL for Insured (Patient/Client/Subscriber)
    - o 82 for Rendering Provider or Pay-To Provider
      Note: Rendering Provider occurs after the LX segment and Pay-To Provider comes before LX. Example files showed they were used interchangeably, so EDI uses the last one found in a set (Rendering Provider, but PayTo Provider if rendering provider was not present).
13. Entity Type Qualifier
    - o 1 for Entity (Business)
    - o 2 for Person
14. Entity or Last Name
15. First Name
16. Middle Name
17. Name Prefix (Not Used)
18. Name Suffix (Not Used)
19. Identification Code Qualifier
    - o 24 for EIN (Tax ID) (Not Used)
    - o XX for NPI number
20. Identification Code - Used for NPI number, when qualifier is XX.

REF - Reference

The REF segment is used for additional information or references. We only use the EI type of the various REF segments.

REF*EI*123456789 ~

21. Segment Type
22. Reference Identification Qualifier - Only use the EI qualified REF.
23. Reference Identification - When Qualifier is EI, use this for EIN.

SRB - Subscriber

While the SRB segment is not used in the EDI processor to gather data from, it is the parent segment (Loop parent) for the NM1 - IL (Insured) segment. Although not required by EDI processor, many of the 837 Tools used to build and check files will require it. The segment should always be present, even in test files which have been trimmed down to just what is required.

CLM - Claim

The CLM segment is used for claims, which a service or services are grouped under.

CLM[1]*886222[2]*79.8[3]***02:B:1[4]*Y*A*Y*Y~

    24. Segment Type
    25. Patient Control Number
    26. Total Claim Charge Amount
    27. Health Care Service Location (group)
        a. Place of Service Code
        b. Facility Code Qualifier
        c. Claim Frequency Code

HI - Health Care Information (Diagnosis)

The HI segment is used for primary and other diagnoses associated with the insured/patient.

HI[1]*ABK:F630[2-1]*ABF:F431[2-2]~

    28. Segment Type
    29. Health Care Code Info (group) - Repeats 1 to 15 times, occurrence referenced directly via SV1 Diagnosis Pointer.
        a. Code List Qualifier Code
            • ABK = Primark IDC-10
            • BK = Primark IDC-9
            • ABF = Other IDC-10
            • BF = Other IDC-9
        b. Condition Code
        c. Many other optional subfields are not typically used or present in files.

SV1 - Service

The SV1 segment is used data pertaining to the service or services received. Multiple SV1's within a single Claim (CLM) are possible.

For each SV1/DTP 472 combination in an EDI file, there will be a single Service Transaction intermediate built.

SV1[1]*HC:H2027:04[2]*79.8[3]*UN*3[4]*02[5]**1:2[6]~

    30. Segment Type
    31. Procedure Code Info (group)
        a. Qualifier
        b. Procedure Code
        c. Modifier - Optional, repeats 1 to 4 times
        d. Other optional subfields are not typically used or present in files
    32. Line-Item Charge Amount
    33. Service Unit Count

34. Place of Service Code
35. Diagnosis Code Pointers (group) - 1 to 4 repeating subfields
    a. Diagnosis Code Pointer - A number pointing to the occurrence of the related Diagnosis Code in the paired HI segment.

DTP - Date Time Segment

The DTP segment contains date and/or time information, with the 472 qualifier being the DTP used for service dates pertaining to the SV1.

The 472 DTP also triggers the build of the Service Transaction, as it is the last segment in a series of a Service set, within a claim.

DTP*472*D8*20210607~

DTP*472*RD8*20210607-20210608~

36. Segment Type
37. Segment Qualifier - We only pull from the 472 version of DTP.
38. Date Time Format
    o D8 = 8-Character Date
    o RD8 = Date Range for 8-Character Date (uses dash as separator)
39. Date Time - For 472's, a single date (start) or a date range (start and end dates).

SE- Transaction Set End

The SE segment is used to validate the EDI file.

The counter field should match the count of all segments between the ST and SE, plus the ST and SE as well.

SE[1]*28[2]*32225000~

40. Segment Type
41. Number of Segments

GE - Functional Group End

The GE segment is used to validate the EDI file.

The counter field should match the count of all ST/SE groups in the EDI file.

GE[1]*1[2]*31290~

42. Segment Type
43. Number of Sets

IEA - Interchange Control End

The IEA segment is used to validate the EDI file.

The counter field should match the count of all GS/GE groups in the EDI file.

IEA[1]*1[2]*000000001~

44. Segment Type
45. Number of Groups

Appendix B- List of Common Batch ErrorsAppendix B- List of Common Batch Errors

BatchErrorCode	BatchErrorMessage
BatchFormat	The Submitted File has Formatting Errors
DuplicateData	There are duplicate values in the data.
EDI001	EDI File was not found at the specified path.
EDI002	Not a valid EDI X12 formatted file or missing header.
EDI003	Not a valid EDI X12 formatted file or missing footer.
EDI004	Invalid element separator specified for X12 files. Only * is supported.
EDI005	Invalid sub-element separator specified for X12 files. Only : is supported.
EDI006	Invalid end of segment specified for X12 files. Only ~ is supported.
EDI007	The number of generated service transactions does not match the count of SV1 segments.
EDI008	Unhandled BuildServiceTran error in claim starting on line {0}.
EDI009	Number of segments does not match count on SE segment on line {0}.
EDI010	Number of transaction sets does not match count on GE segment on line {0}.
EDI011	Number of groups does not match count on IEA segment.
EDI012	Invalid number of elements for segment type {0} on line {1}.
EDI013	Invalid segment type {0} found on line {1}.
EDI014	Required BHT segment(s) missing from EDI file.
EDI015	Missing a NM1 type 85 segment (billing facility) in the BHT group.
EDI016	Missing HL segments (subscriber/patient groups) in the BHT group.
EDI017	Missing a NM1 type IL segment (insured/patient) in the HL group on line {0}.

EDI018	Missing a CLM segment (claim) in the HL group on line {0}.
EDI019	Missing a HI segment (diagnosis) in the CLM (claim) group on line {0}.
EDI020	Missing a SV1 segment (service) in the CLM (claim) group on line {0}.
EDI021	Missing a DTP type 472 segment (service date) in the SV1 (service) group on line {0}.
EDI022	Missing NM1 type 82 segment (rendering by/provided by) in the CLM (claim) group on line {0}.
EDI023	Invalid date or time on BHT segment on line {0}. Proper formats are yyyyMMdd and HHmm.
EDI024	Invalid total claim charge amount on CLM segment on line {0}.
EDI025	Invalid numeric for diagnosis pointer (index) on SV1 segment on line {0}.
EDI026	Custom Invalid numeric in line item charge amount on SV1 segment on line {0}.
EDI027	Invalid numeric in unit count on SV1 segment on line {0}.
EDI028	Invalid service start date on services DTP segment on line {0}.
EDI029	Invalid service end date on services DTP segment on line {0}.
EDI030	The NPI or EIN facility from file, does not match the facility which uploaded the file.
EDI031	Control number check, batch was sucessfully processed before.
FieldNull	The field is necessary for processing and it has no value.
ForeignKeyError	Value violates FK constraint.
GEN001	Generic error for when conditions do not match any existing error code (Fallback code)
MatchNotFound	Batch value has no corresponding match in Compass.
NET001	.Net Exception Encountered.
SQL001	Database SQL Exception Encountered.
ValidationError	The field data failed our validation rules.

Appendix C- List of Procedure Codes

In PG Net, there are 2 different types of Procedure codes, the *Per Occurrence* code, and the *Actual Cost* code.

Per Occurrence Codes

For *Per Occurrence* codes, enter the number of units (number of occurrences) and the amount billed. *Per Occurrence* codes will only provide credit to the amount that OHA allows for the code. If the

amount billed is greater than the allowable amount, the remainder of what was billed will show as Denied.

Service Date*	09/01/2021
Counselor*	Select a Service Provider
Place of Service Type*	Select a Place of Service Type
Service Type*	H0032- Gambling Service Plan Development
Modifier	
Units*	1
Billed*	106.40

Status: Not Submitted
H0032- Gambling Service Plan Development
106.40
x 1
$106.40

Code	Description
H0001	Problem Gambling Assessment
H0001HF	Assessment Complexity – Co-Occurring Substance Use Disorders and Problem Gambling
90785	Assessment Complexity Add On, per 15 min
H0001HE	Assessment Complexity – Co-Occurring Mental Health & Problem Gambling Assessment
H0001HH	Assessment Complexity – Co-Occurring Mental Health, SUD and Problem Gambling Assessment
H0032	Gambling Service Plan Development
H0032HF	Gambling/SUDs Service Plan Development
H0032HE	Gambling/Co-Occurring MH Service Plan Development
H0032HH	Gambling/Co-Occurring MH/SUD Service Plan Development
T1023	Behavioral Health Screening, per 15 min
H0004	Individual Gambling Counseling and therapy, per 15 min
H0004TF	Intensive Outpatient Gambling Treatment Individual Gambling Counseling, per 15 minutes
H0004HF	Co-Occurring Gambling and SUD's counseling and therapy, per 15 minutes
H0004HE	Co-Occurring Gambling / Mental Health Counseling and therapy, per 15 minutes
H0004HH	Co-Occurring Gambling / SUD/ Mental Health Counseling and therapy, per 15 minutes
H0005	Gambling Treatment counseling, group per 15 min
H0005HF	SUD's group per 15 minutes

H0005HE	Mental Health Group Counseling per 15 minutes
H0005TF	Intensive Outpatient Gambling Treatment counseling group, per 15 minutes
90846	Family Psychotherapy (without the patient present), per service. Service must be longer than 26 minutes.
90847	Family Psychotherapy (conjoint psychotherapy) with the patient present, per service. Service must be longer than 26 minutes.
90849	Multiple-family group psychotherapy, per service. Service must be longer than 26 minutes.
90792	Psychiatric Diagnostic Interview, with medication services
90832	Psychotherapy, with patient and/or family member, per 30 minutes
90837	Psychotherapy, with patient and/or family member, per 60 minutes
96131	Psychological Testing with interpretation and report, per hour
90833	Medication Management, 30 minutes
90836	Medication Management, 45 minutes
90838	Medication Management, 60 minutes
H2027	Individual counseling continuing care, per 15 min
G2100	Continuing Care Group Services, per 15 min for gambler and/or family member
H0038	Peer Delivered Services, per 15 min
H2013	Psychiatric health facility service, per diem Josephine County Respite Services
H0012	Problem Gambling Respite services; acute/sub-acute (residential addiction program), per diem for Baker County Respite Services
H0019	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program Only. For occupied beds only
H0019RB	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program only. For reserved beds only.
T1016	Case management, per 15 min
T1013	Sign language/oral interpreter service, per 15 min
99203	Eval &management-physical health visit-new patient, 30 minutes max length
99213	Evaluation and management physical health visit, established patient, 15 minutes maximum length
E0001	Engagement referral/consultation services, per 15 minutes

E0011	Engagement with referral, 7 minutes or less. Per Occurrence
G2012	Engagement with current client, per occurrence 0-15 minutes.
D0001	Program Development, per 15 min
P0001	Pathways. Referral Pathway Activities per 15 min
T0001	Training Time, Per 15 minutes

Actual Cost Codes

For the Actual Cost codes, enter the amount billed in the number of units and the amount billed.

Code	Description
G0035	Training Costs
G0030	Mileage
F0001	Flex: Non-traditional Services or Activities
F0005	Flex: Nutrition for Events
F0006	Flex: Temporary Housing

Appendix D- Client Entry Conventions

Standard conventions are listed below to help orient new users to the layout and methodologies used in this system.

General Conventions

Browsers	Firefox and Edge

Data Field Entry Order	Always left to right, top to bottom
Drop-down boxes	Allows users to select options from pre-made lists in certain fields. Users can type in the first values to populate valid entries.
Searchable Fields	Enter first few values to populate valid entries.
Free Text Fields	Enter information as requested.
User Header	All pages within PG Net will show user identifying information at the top while the user is logged in, such as name and user role.
Home Facility	This information will display on the left side panel once user roles and facility have been assigned.
Recent Views	The left side panel will display the recently viewed pages within the session for easier access to pages.
Informational Updates	These updates will appear at the top or bottom of the webpage to inform users that an action was completed successfully. Messages will appear in a grey box with an informational icon next to them. Users must select the save button after completing all fields.
Error Messages	Warning and error messages will be in red font either at the top of the screen, in a pop-up box, or attached to the field where the error occurs. Additionally, required field will appear red if an error message is present. Once correct, error message will disappear after saving.
Required Fields	Fields that are required for data submissions in PG Net will have a red asterisk next to them. If a required field is left blank, once the user tries to save, an error message will appear, and the required field will turn red. Once corrected, error messages will disappear after saving.
Optional Fields	Fields that are not marked by a red asterisk are not required fields. Users are highly encouraged to fill in as many of these fields as possible, to provide the most accurate data and quality client care.
Special Characters	Free text fields will accept the following special characters: ! ~ ` ' , $ ^ * ( ) _ - + = ? / \ [ ] { }
Data Fields	Key in the data using the format MM/DD/YYYY in all date fields. Some date fields can be chosen by calendar icon.
Save Button	Clicking on the Save button will save all data in that record, as long as all required fields have been filled.
Close/Back Button	Use the Close/Back button to return to the previous screen.
Advanced Button	The Advanced button will pull up additional fields to enter more patient data. To return to the simplified version of the webform select the Basic button.
Clear Button	To clear out the search fields, select the Clear button.
Search Button	Select the Search button to enter your query and pull up matching results.

! Important Note: Do not hit the Enter button on the keyboard to save or enter a query. This will cause an error and close out the screen.