Claims Submission Transition

Mary E. Smith, Ph.D.

Illinois DHS

Division of Mental Health

June, 2011

Overview of Presentation

- Provider Registration
- Consumer Eligibility for Services
- Registration of Consumers
- Service Benefit Packages
- Service Authorization Requests
- Claims Submission
- Provider Reports
- EDI Support

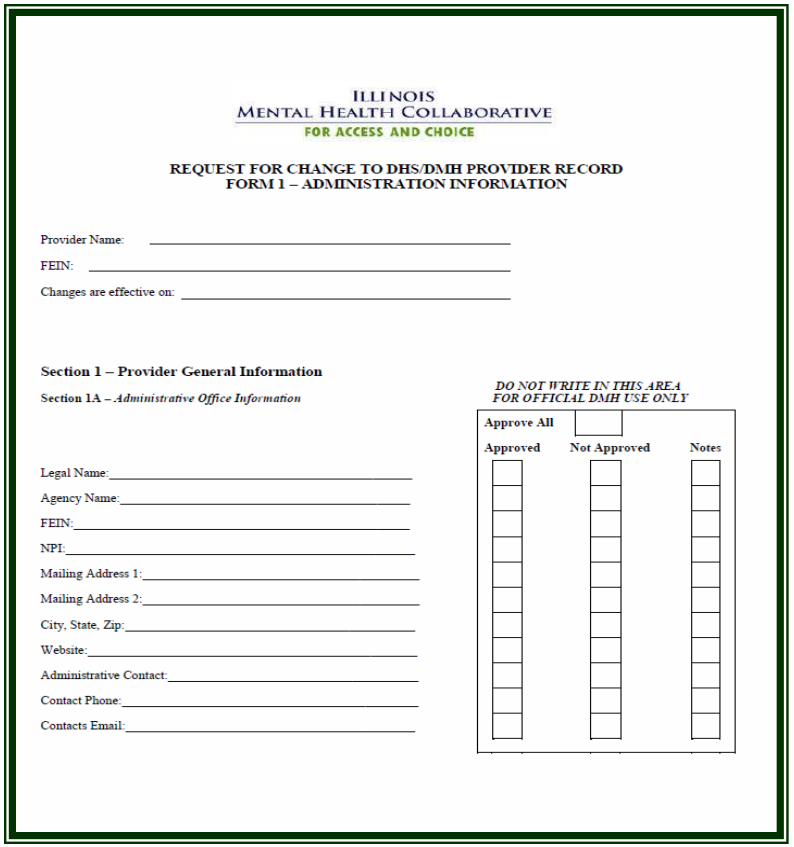
Provider Enrollment and Registration

Requirements To Contract with DMH Remain the Same

- Providers must meet established requirements to provide mental health services
- Providers must be registered with the Illinois Mental Health Collaborative
- Changes/Updates to providers status must be submitted to DMH Regional Staff using Provider Database Verification Forms
- All changes/updates to provider information must be updated in the Collaborative Database

Provider Enrollment

Provider Database Form – Administrative Information



ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD
FORM 1 – ADMINISTRATION INFORMATION

Provider Name: _____

FEIN: _____

Changes are effective on: _____

Section 1 – Provider General Information

Section 1A – ***Administrative Office Information***

DO NOT WRITE IN THIS AREA
FOR OFFICIAL DMH USE ONLY

Approve All			
	Approved	Not Approved	Notes

Legal Name: _____

Agency Name: _____

FEIN: _____

NPI: _____

Mailing Address 1: _____

Mailing Address 2: _____

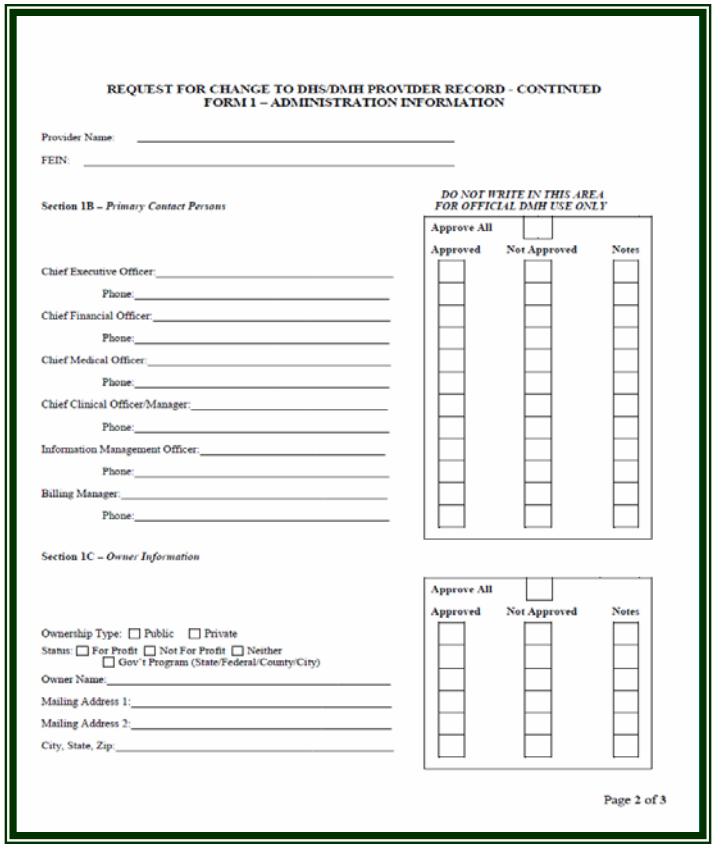
City, State, Zip: _____

Website: _____

Administrative Contact: _____

Contact Phone: _____

Contacts Email: _____



REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD - CONTINUED
FORM 1 – ADMINISTRATION INFORMATION

Provider Name: _____

FEIN: _____

Section 1B – ***Primary Contact Persons***

DO NOT WRITE IN THIS AREA
FOR OFFICIAL DMH USE ONLY

Approve All			
	Approved	Not Approved	Notes

Chief Executive Officer: _____
Phone: _____
Chief Financial Officer: _____
Phone: _____
Chief Medical Officer: _____
Phone: _____
Chief Clinical Officer/Manager: _____
Phone: _____
Information Management Officer: _____
Phone: _____
Billing Manager: _____
Phone: _____

Section 1C – ***Owner Information***

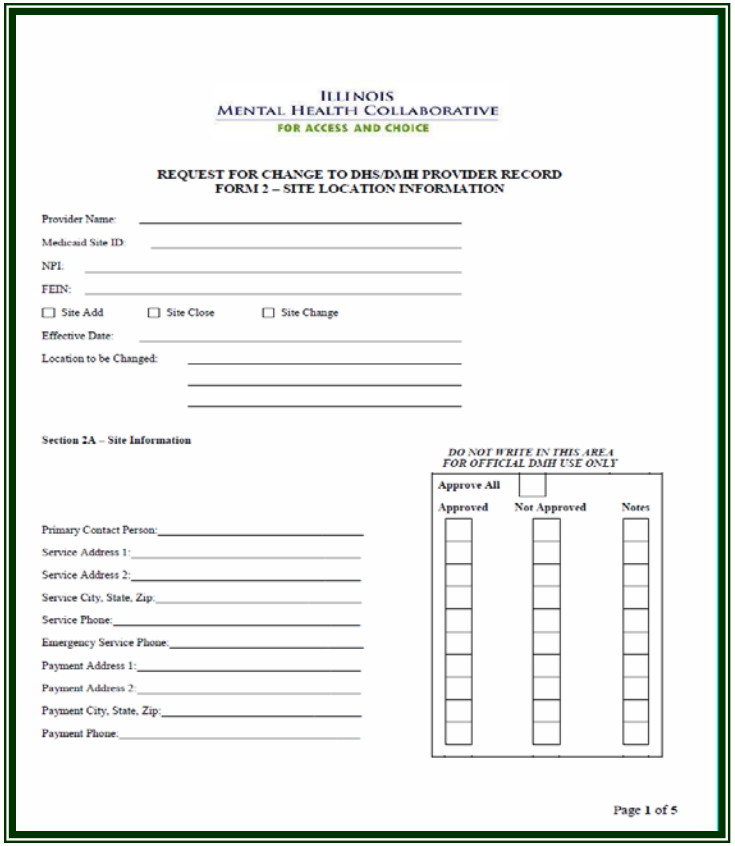
Approve All			
	Approved	Not Approved	Notes

Ownership Type: ☐ Public ☐ Private
Status: ☐ For Profit ☐ Not For Profit ☐ Neither
☐ Gov't Program (State/Federal/County/City)
Owner Name: _____
Mailing Address 1: _____
Mailing Address 2: _____
City, State, Zip: _____

Page 2 of 3

Provider Enrollment

Provider Database Form – DHS/DMH Provider Record



ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD
FORM 2 – SITE LOCATION INFORMATION

Provider Name: _____
Medicaid Site ID: _____
NPI: _____
FEIN: _____
☐ Site Add ☐ Site Close ☐ Site Change
Effective Date: _____
Location to be Changed: _____

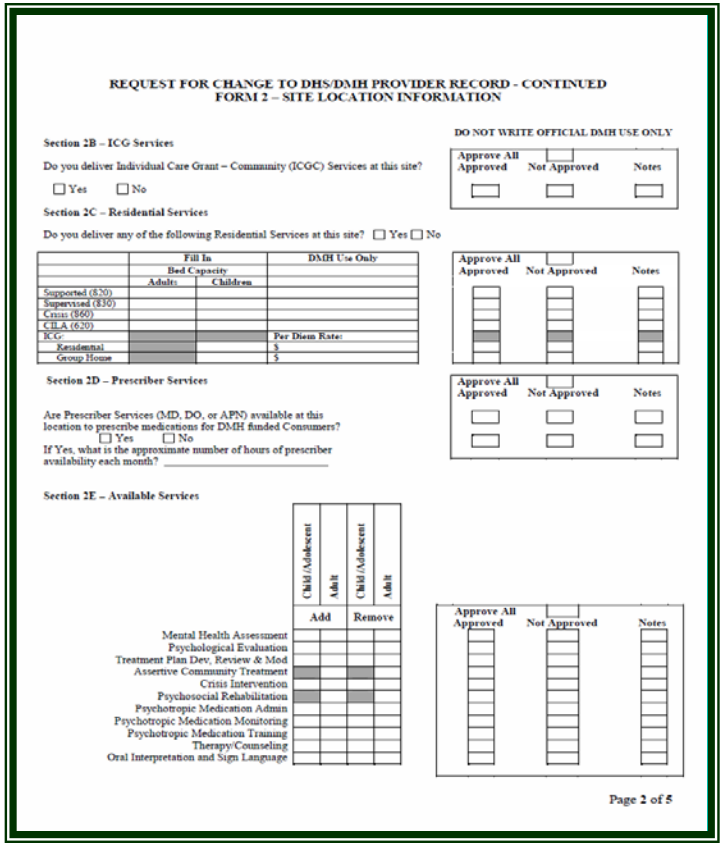
Section 2A – Site Information

DO NOT WRITE IN THIS AREA
FOR OFFICIAL DMH USE ONLY

Approve All ☐		
Approved	Not Approved	Notes

Primary Contact Person: _____
Service Address 1: _____
Service Address 2: _____
Service City, State, Zip: _____
Service Phone: _____
Emergency Service Phone: _____
Payment Address 1: _____
Payment Address 2: _____
Payment City, State, Zip: _____
Payment Phone: _____

Page 1 of 5



REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD - CONTINUED
FORM 2 – SITE LOCATION INFORMATION

DO NOT WRITE OFFICIAL DMH USE ONLY

Section 2B – ICG Services

Do you deliver Individual Care Grant – Community (ICGC) Services at this site?
☐ Yes ☐ No

Approve All ☐		
Approved	Not Approved	Notes

Section 2C – Residential Services

Do you deliver any of the following Residential Services at this site? ☐ Yes ☐ No

	Fill In Bed Capacity		DMH Use Only
	Adults	Children	
Supported (820)			
Supervised ($30)			
Crisis (860)			
CLA (620)			
ICG:			Per Diem Rate:
Residential			$
Group Home			$

Approve All ☐		
Approved	Not Approved	Notes

Section 2D – Prescriber Services

Are Prescriber Services (MD, DO, or APN) available at this location to prescribe medications for DMH funded Consumers?
☐ Yes ☐ No
If Yes, what is the approximate number of hours of prescriber availability each month? _____

Approve All ☐		
Approved	Not Approved	Notes

Section 2E – Available Services

	Add		Remove	
	Child/Adolescent	Adult	Child/Adolescent	Adult
Mental Health Assessment				
Psychological Evaluation				
Treatment Plan Dev, Review & Mod				
Assertive Community Treatment				
Crisis Intervention				
Psychosocial Rehabilitation				
Psychotropic Medication Admin				
Psychotropic Medication Monitoring				
Psychotropic Medication Training				
Therapy/Counseling				
Oral Interpretation and Sign Language				

Approve All ☐		
Approved	Not Approved	Notes

Page 2 of 5

Consumer Eligibility for Mental Health Services

There are no changes to consumer eligibility for services.

Eligibility Groups*

Individuals eligible for DHS/DMH funding of their mental health services may fall into one of the following categories:

1. **Eligibility Group 1**: Individuals who are **Medicaid Eligible** and in need of mental health services for a mental disorder or suspected mental disorder;
2. **Eligibility Group 2**: Individuals who are not Medicaid eligible but are in need of mental health services as indicated by their diagnosis, functioning level or treatment history meeting the criteria for the **Non-Medicaid Target Population;**
3. **Eligibility Group 3**: Individuals who are not Medicaid eligible but are in need of mental health services as indicated by their diagnosis, treatment history and age meeting the criteria for the **Non-Medicaid First Presentation of Psychosis Population**;
4. **Eligibility Group 4**: Individuals who are not Medicaid eligible but are in need of mental health services as indicated by their diagnosis and functioning level meeting the criteria for the **Non-Medicaid Eligible Population.**

*http://www.dhs.state.il.us/page.aspx?item=33244

Consumer Registration Requirements

DMH Registration requirements remain the same

- Consumers must have DHS Social Services and a RIN Assigned by DHS
- Consumers must be registered with the Collaborative using the Collaborative ProviderConnect Portal or using the Batch Submission Process
- DHS/DMH expects the information provided in the enrollment/registration process to be *complete and accurate.* Failure to supply complete and correct information may lead to an individual being incorrectly determined as ineligible for funding of their services, or placed in the incorrect eligibility group.

Consumer Registration Requirements

Consumers must be re-registered every 6 months. The following fields must be updated:

- Income (Household and Client)
- Household Size
- Household Composition
- Education Level
- Military Status
- Employment Status
- Court/Forensic Treatment
- MH Residential Arrangement
- Justice System Involvement
- Diagnosis Information
- CGAS or GAF Score
- Client Functioning Children and Adolescent or Adult
- History of Illness Information

Consumer Registration

The provision of information through the enrollment/registration of an individual with DHS/DMH *establishes which Eligibility Group for which the individual is qualified*, and an individual's eligibility group determines *what services DHS/DMH will pay for* and, in the case of non-Medicaid eligible individuals, up to what limits. In addition, an individual's household income and size determines the amount of the DHS/DMH rate for a mental health service that will be paid for by DHS/DMH.

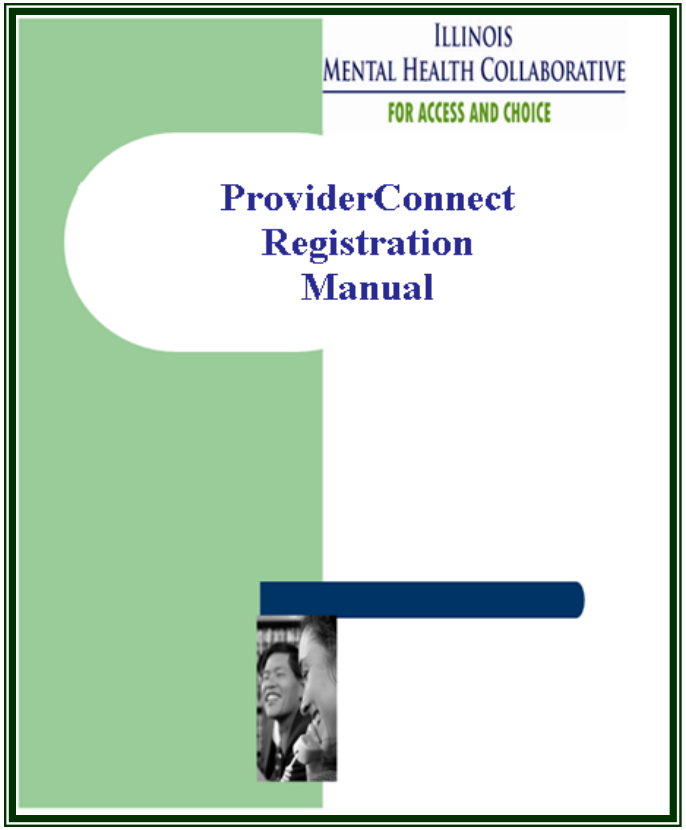
Individuals who:

- do not meet the criteria for one of the eligibility groups above, or
- who are not eligible for Medicaid and whose household income is 400% or greater than the Federal Poverty Guidelines

are ineligible for payment by DHS/DMH for their mental health services.

Consumer Registration Requirements

The ProviderConnect Registration and the Batch Registration Submission Guide are posted on the IllinoisMentalHealthCollaborative.com website under the Provider Information Portal.



Illinois Mental Health Collaborative
For Access and Choice

Illinois Provider Batch Registration File Specifications

Version 4.01
8/6/10

Completion of Provider Registration and the Consumer Registration will continue to establish the link between a provider and a consumer.

Service Benefit Packages

There are no changes to the four benefit packages established by DMH

Service Benefit Packages

Eligibility Group 1:
Medicaid Eligible

Service Benefit Package

Individuals in this eligibility group are eligible to have all community mental health services funded/paid for by DMH as long as the services are medically necessary.

Service Benefit Packages

Eligibility Group 2:
Non-Medicaid Target Population (Individuals with Serious Mental Illness)
Core services essential for Individuals with serious mental illnesses or emotional disturbances. Individuals in this group are not Medicaid eligible but can have the following services up to the limits indicated

Service Package	Amount Per Year
Crisis	No Limit
MH Assessment	16 units
Tx Planning	8 units
Case Mgmt	20 units
Case Mgmt LOCUS	3 events
Psych Meds Adm	12 events
Psych Meds Monit.	8 units
Psych Meds Trng	8 units
Oral Interpretation and Sign Language	100 units

Service Benefit Packages

Eligibility Group 3:

Non-Medicaid First Presentation of Psychosis

Core services for adults first presenting to the mental health system with a serious mental illness in order to minimize the likelihood of further exacerbation of their mental disorder and deterioration in functioning. Individuals in this group are not Medicaid eligible but can have the following services up to the limits indicated

Service Package	Amount Per Year
Crisis	No Limit
MH Assessment	16 units
Tx Planning	8 units
Case Mgmt	20 units
Case Mgmt LOCUS	3 events
Psych Meds Adm	12 events
Psych Meds Mon	8 units
Psych Meds Monit/Trng	8 units
Oral Interpretation and Sign Language	100 units

Service Benefit Packages

Eligibility Group 4:
Non-Medicaid Eligible Population
Services sufficient for the individual to be assessed and determined to meet the criteria of another DHS/DMH eligibility group or referred to an alternative provider or resource for services and support. Individuals in this group are not Medicaid eligible but can have the following services up to the limits indicated.

Service	**Amount Per Year**
Crisis	No limit
MH Assessment	8 units
Oral Interpretation and Sign Language	24 units

Criteria for determination of the amount of the DHS/DMH rate to be paid by DHS/DMH will remain the same*

Income Groups and DHS/DMH payment

With limited state funding, DHS/DMH aims to support mental health services for individuals who are in need not only clinically, but also financially. To achieve this DHS/DMH has established household income groups based on the current Federal Poverty Guidelines or Levels (FPL).

**http://www.dhs.state.il.us/page.aspx?item=51784*

Service Request/Authorization Requirements

- Requirements for requests for service authorizations remain the same
- Electronic requests for service authorization for ACT,CST and ICG will continue to be submitted to the Collaborative
- Claims submitted for these services that do not have authorization will be rejected

Request for Authorization – ACT and CST

Request for Authorization of Assertive Community Treatment Services (ACT)
Initial Request or Reauthorization Request
Fax request forms to the Collaborative: 866-928-7177

Agency: _____Name of Referred: _____
Agency Location:_____ **Date of Birth**: _____
Agency FEIN:_____ **RIN #** _____
Team Name: _____Male: **Female:**
Date ACT service started; _____

I. SERVICE DEFINITION CRITERIA (Please check all that apply)

Multiple and frequent psychiatric inpatient admissions;

Acute Inpatient Episodes in the prior 12 months:

Facility:_____ Dates of Service_____
Facility:_____ Dates of Service_____
Facility:_____ Dates of Service_____

Current Medications:(name, dose, frequency)

Excessive use of crisis/emergency services with failed linkages

Chronic homelessness Repeat arrests and incarcerations

Individual has multiple service needs requiring intensive assertive efforts to ensure coordination among systems, services and providers

Individual exhibits functional deficits in maintaining treatment continuity, self-management of prescription medication, or independent community living skills

Individual has persistent/severe psychiatric symptoms, serious behavioral difficulties, a co-occurring disorder, and/or a high relapse rate

II. DIAGNOSIS

DSM Diagnosis*All 5 Axes must be completed*

Diagnosis (Code)Rank(Please rank diagnoses in Axes 1-3 in order of primacy)Axis I, Axis II, Axis III, Axis IV , Axis V - Global Assessment of Functioning (GAF) Highest Last Year:Current:

Applications for the following initiatives will continue to be submitted to the Collaborative:

- Permanent Supportive Housing
- Rapid Reintegration
- Money Follows the Person

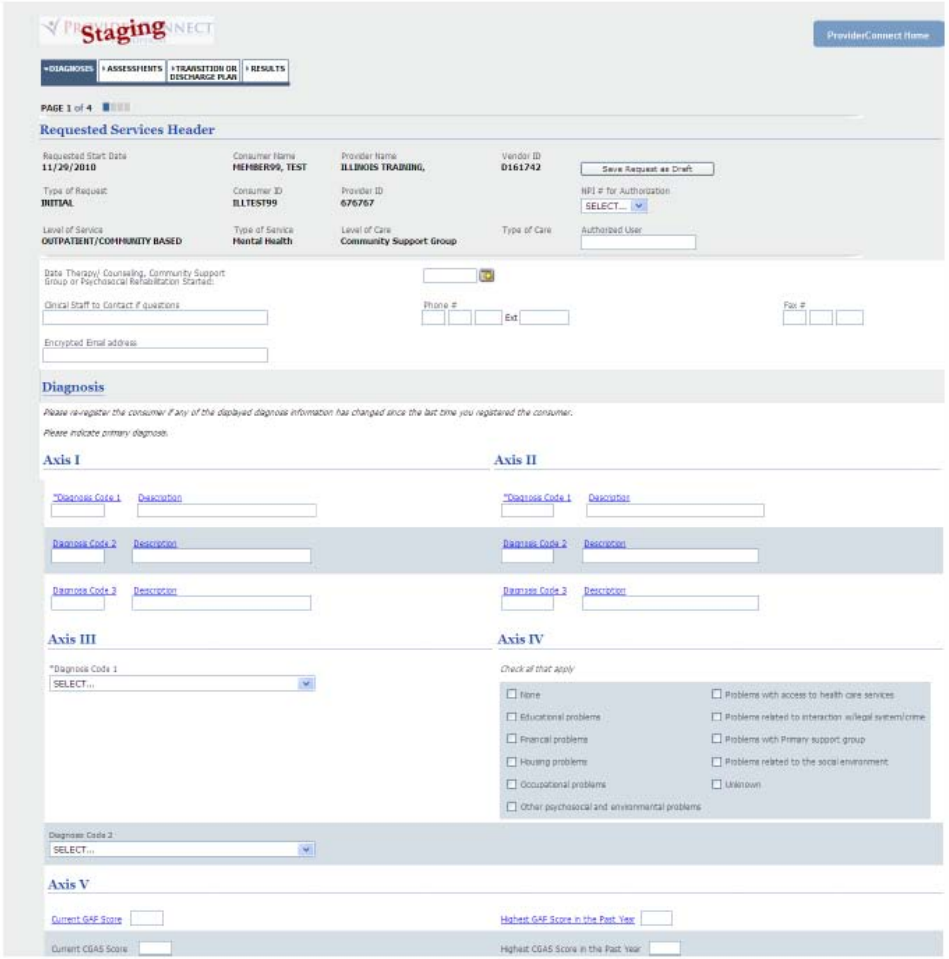
DMH Utilization Management

Continuing Care Authorizations for the following services will continue to be Required for individuals who are Medicaid Eligible (DMH Eligibility Group 1):

- Therapy/Counseling
- Psychosocial Rehabilitation
- Community Support Group

Utilization Management

Service Authorization Request for Individuals Meeting DMH Established Thresholds



Claims Submission for DMH Funded Services

Claims for all DMH funded services that require reporting will be submitted to HFS starting July 1, 2011, regardless of service date using the:

- 837P or 5010 (when it applies) or
- HFS Direct Data Entry Portal

Reporting of DMH specific data elements as outlined in the Illinois 837P Companion Claims Submission Guide will continue to apply. This includes the submission of key data Elements, and the use of W Codes and Pseudo-RINS.

Claims Submission for DMH Funded Services

Claims will continue to be submitted for the following DMH purchased services:

- Rule 132 services provided to individuals who are Medicaid eligible
- Rule 132 services provided to individuals who are not Medicaid eligible
- Non-Medicaid services (e.g. Oral Interpretation, ICG Application etc.)
- Capacity Grant Services (e.g. Residential Services etc.)

Claims Submission for DMH Funded Services

- The Procedure Codes used to identify DMH services will continue to apply, although some modifiers have changed.
- W Codes must continue to be used to specify services that are provided when Procedure Code S9986 is used.
- Pseudo RINS will continue to be used as indicated on the Service Matrix.

ProviderConnect/IntelligenceConnect Reports

DMH and the Collaborative will work together to assure that providers continue to have access to some key reports through ProviderConnect/ IntelligenceConnect, although some reports will be discontinued because some data will no longer be available to the Collaborative.

ProviderConnect/IntelligenceConnect Reports

Reports that will continue to be available include:

- All Registration Reports
- Most Claims Reports with the exception of:
  - Payformance
  - Warrant Payment Link Reports

Provider Support

- Inquiries regarding:
  - claims submitted prior to July 1, 2011 should continue to be directed to the Collaborative EDI Help Desk
  - registration issues should continue to be directed to the Collaborative
  - service authorization/service requests
- Inquiries regarding DMH Policy Issues should continue to be directed to DMH Regional Staff
- Inquiries regarding claims submitted July 1st or after should be directed to HFS.

Customer Support

Claims/Billing Issues on/prior to 6/30/11	The Collaborative (866) 359-7953 EDI Help Desk: (888) 247-9311
Claims Billing Issues on/after 7/1/11	HFS Bureau of Comprehensive Health Services 877-782-5565
Registration/Service Authorization	The Collaborative (866) 359-7953 (EDI Help Desk866) 359-7953
Utilization Management (Clinical)	The Collaborative: Pat Palmer (866) 359-7953
RIN Issues	DHS/Customer Support: Jay Hidalgo (800) 385-0872
DMH Policy Issues	DMH Regional Staff

Questions????