# 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 <u>Remain the</u> <u>Same</u>

- 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**

Provider Name:         FEIN:         Changes are effective on:         Section 1 - Provider General Information         Section 1A - Administrative Office Information         Legal Name:         Agency Name:         FEIN:         Mailing Address 1:         Mailing Address 2:         City, State, Zip:         Administrative Contact:         Contact Phone:         Contact Semail:	ILLI NOIS MENTAL HEALTH CO FOR ACCESS AND C REQUEST FOR CHANGE TO DHS/D FORM 1 – ADMINISTRATIO	LLABORATIVE HOICE		
Section 1A - Administrative Office Information     DO NOT FUELE IN THIS AREA       DO NOT FUELE IN THIS AREA     ONLY       Approved     Not Approved       Agency Name:	FEIN:			
Legal Name:		FOR OFFIC Approve All	CIAL DMH USE ON	JLY
City, State, Zip:	Agency Name: FEIN: NPI: Mailing Address 1:	Approved	Not Approved	
	City, State, Zip: Website: Administrative Contact: Contact Phone:			

FORM 1 – ADMINISTRAT		
Provider Name:		
FEIN:		
Section 1B - Primary Contact Persons	DO NOI 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		1
Section 10 - Owner Information	,	
	Approve All	
	Approved Not Approved Notes	
Ownership Type:  Public  Private Status:  For Profit  Not For Profit  Neither		
Status: For Profit Not For Profit Netther Gov't Program (State/Federal/County/City)		
Owner Name:		
Mailing Address 1:		
Mailing Address 2:		
City, State, Zip:		

## Provider Enrollment

#### **Provider Database Form – DHS/DMH Provider Record**

ILLINOIS MENTAL HEALTH COI FOR ACCESS AND C	LLABORATIVE
REQUEST FOR CHANGE TO DHS/D FORM 2 - SITE LOCATION	MH PROVIDER RECORD
Provider Name:	
NPI:	
□ Site Add □ Site Close □ Site Change Effective Date:	
Location to be Changed:	
Section 2A - Site Information	DO NOT WRITE IN IHIS AREA FOR OFFICIAL DMH USE ONLY Approve All
Primary Contact Person:	Approved Not Approved Notes
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

	QUEST FOR CHANG FORM	GE TO [ 2 – SI]	DHS/D TE LOO	MH	PRO' ON I	VIDER	MATION		
Section 2B - ICG Services							ITE OFFICIAL DM	H USE ONL	
Do you deliver Individual Care Grant - Community (ICGC) Services at this site?					ite?	Approve Al Approved	1 Not Approved	Notes	
Yes	No								
Section 2C – Resi	idential Services								
Do you deliver an	y of the following Resident	ial Servio	es at this	site?	□ Ye				
	Fill In		DMHU			7	Approve A		
	Bed Capacity		Dame	se Olli				Not Approved	Notes
Supported (820)	Adult: Children								
Supervised (830) Crisis (860)		_				_			_
CILA (620) ICG:		Per D	iem Rate:			-			
Residential Group Home		S							
Section 2D - Pre		-				_			
Section 2D - Pre	scriber Services						Approve Al Approved	Not Approved	Notes
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? Section 12 – Available Services									
If Yes, what is the availability each n	nonth?	urs of pre	scriber						
If Yes, what is the availability each n	nonth?	urs of pre	scriber						
If Yes, what is the availability each n	nonth?		Adolescent	hild /Adolescent	dult				
If Yes, what is the availability each n	nonth?		Child /Adolescent Adult	d Child /Adolescent	Adult	ſ	Approve All		
If Yes, what is the availability each n	nonth?		Adolescent	-	Ydult		Approve All Approved	Not Approved	Note
If Yes, what is the availability each n	Mental Health Asse Prychological Eva	ssment	Child /Adolescent Adult	-			Approve All	Not Approved	Note
If Yes, what is the availability each n	sable Services Mable Mental Health Asse	ssment luation & Mod	Child /Adolescent Adult	-			Approve All Approved	Not Approved	Note
If Yes, what is the availability each n	Mental Health Asse Psychological For estimation of the second second second second second second second Assertive Community The Assertive Community The	ssment luation & Mod atment rention	Child /Adolescent Adult	-			Approve All Approved	Not Approved	Note
If Yes, what is the availability each n	Mental Health Assa Psychological Eva Assettive Community Tre	ssment luation & Mod atment /ention	Child /Adolescent Adult	-			Approve All Approved	Not Approved	Note
If Yes, what is the availability each n Section 2E – Ava Tru Per	Mental Health Asse Psychological Eva atment Pinn Dev, Review 4 Assertive Correla Rehabit Psychotropic Medication.	ssment luation & Mod atment rention Litation Admin	Child /Adolescent Adult	-			Approve All Approved	Not Approved	Note
If Yes, what is the availability each m Section 2E – Ava	Mental Health Asse Psychological Eva assert Pian Dev. Review Assertive Community The Crisis Inter Psychosocial Rehabil	ssment Ination & Mod atment intation Admin itoring rannng naeling	Child /Adolescent Adult	-			Approve AI Approved	Not Approved	Note

## **Consumer Eligibility for Mental Health Services**

There are <u>no</u> 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**

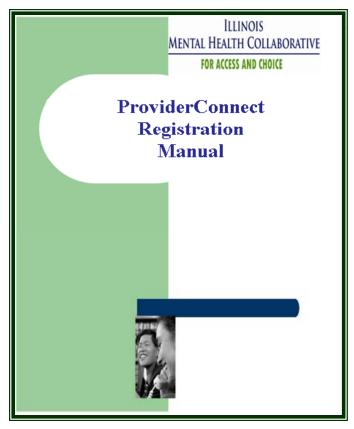
The provision of information through the enrollment/registration of an individual with DHS/DMH <u>establishes which Eligibility Group for which the individual is qualified</u>, and an individual's eligibility group determines <u>what services DHS/DMH will pay for</u> and, in the case of non-Medicaid 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.

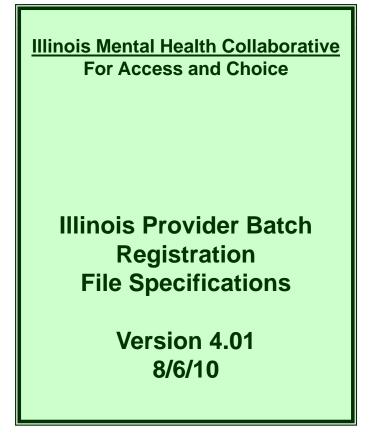
#### Individuals who:

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 <u>ineligible</u> 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.





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

## There are <u>no changes</u> to the four benefit packages established by DMH:

### Eligibility Group 1: Medicaid Eligible

Service Benefit Package

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

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 Mon	8 units
Psych Meds Trng	8 units
Oral Interpretation and Sign Language	100 units

#### 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 Mon/Trng	8 units
Oral Interpretation and Sign Language	100 units

#### **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 <u>remain the same</u>
- 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

### <u>Request for Authorization – ACT and CST</u>

#### 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:	
Team Name:	<u>M</u> ale: Female:
Date ACT service started;	
I. SERVICE DEFINITION CRITERIA	(Please check all that apply)
Multiple and frequent psychiatric inpa	tient admissions;
Acute Inpatient Episodes in the pri	or 12 months:
Facility:	Dates of Service
	Dates of Service
Facility:	Dates of Service
Current Medications:(name, dose, fre	quency)
	• • • • • • • • • • • • • • • • • • • •

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 DiagnosisAll 5 Axes must be completed

Diagnosis (Code)Rank(Please rank diagnoses inAxes 1-3 in order of primacy)Axis IAxis IIAxis IIIAxis IVAxis

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

### <u>Utilization Management</u> Service Authorization Request for Individuals Meeting DMH Established Thresholds

Staging					FreviderConnect Hone
DIAGROSES ASSESSMENTS TRANSIT	IDN OR PRISULTS				
AGE 1 of 4					
Requested Services Heade	*				
Requested Start Date 11/29/2310	Consumer Name MEMBER99, TEST	Frovider Name I.LINOES TRAINING,	Vendor ID D161742	Sive Request as Dreft	
Type of Request DITTAL	Consumer ID ILLITEST99	Frovider ID 676767		NPI # fbr Authorization SELECT V	
Level of Service DUTPATIENT/COMMUNITY BASED	Type of Service Montal Health	Level of Cars Community Support Group	Type of Care	Authorited User	
Data Therapy/ Counsiling, Community Sup Broup or Psychosocial Rehabilitation Started	ipart	È.			
Clinical Staff to Contact if quantiens		Phane #	Ext		Tax #
Encryptel Email addrass					
Diagnosis					
Please revegister the consumer I any of th	le displayed diagnosis informati	on has changed since the last time you	egistered the consumer.		
Nease indrate primav diagnosis.					
Axis I			Axis II		
"Diagnesis Code 1 Description			"Discrosis Code 1	Description	
Degross Code 2 Description			Degrass Code 2	Description	
Description			Decrass Code 3	Description	
Axis III			Axis IV		
"Diagnosis Code 1			Check all that apply		
SELECT	*		inne .		🗋 Problems with access to beach care setures.
			Educational tr	obleme	🗖 Pioblems relates to interaction willegal watern/crime
			Enancial prost	airre	Diobleme with Pienery support group
			Housing proki	erni -	Problems relates to the socal environment.
			0 occupational (	roblema	Unkenswe
			D Other paychai	ocial and environmental problem	N
Degness Code 3 SELECT	×				
Axis V					
Current GAF Score			Hahet GAF Score	n the Pat Year	
Current CGAS Scone			Highait CGAS Sco	a in the Post Year	

## **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 <u>will continue to apply</u>. 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 1<sup>st</sup> or after should be directed to HFS.

## **Customer Support**

Claims/Billing Issues	The Collaborative (866) 359-7953
on/prior to 6/30/11	EDI Help Desk: (888) 247-9311
Claims Billing Issues	HFS Bureau of Comprehensive
on/after 7/1/11	Health Services 877-782-5565
Registration/Service	The Collaborative (866) 359-7953
Authorization	(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????