

Conversion of Paper PDV to Online PDV

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Clinical Coordinator

April 17, 2014
April 21, 2014

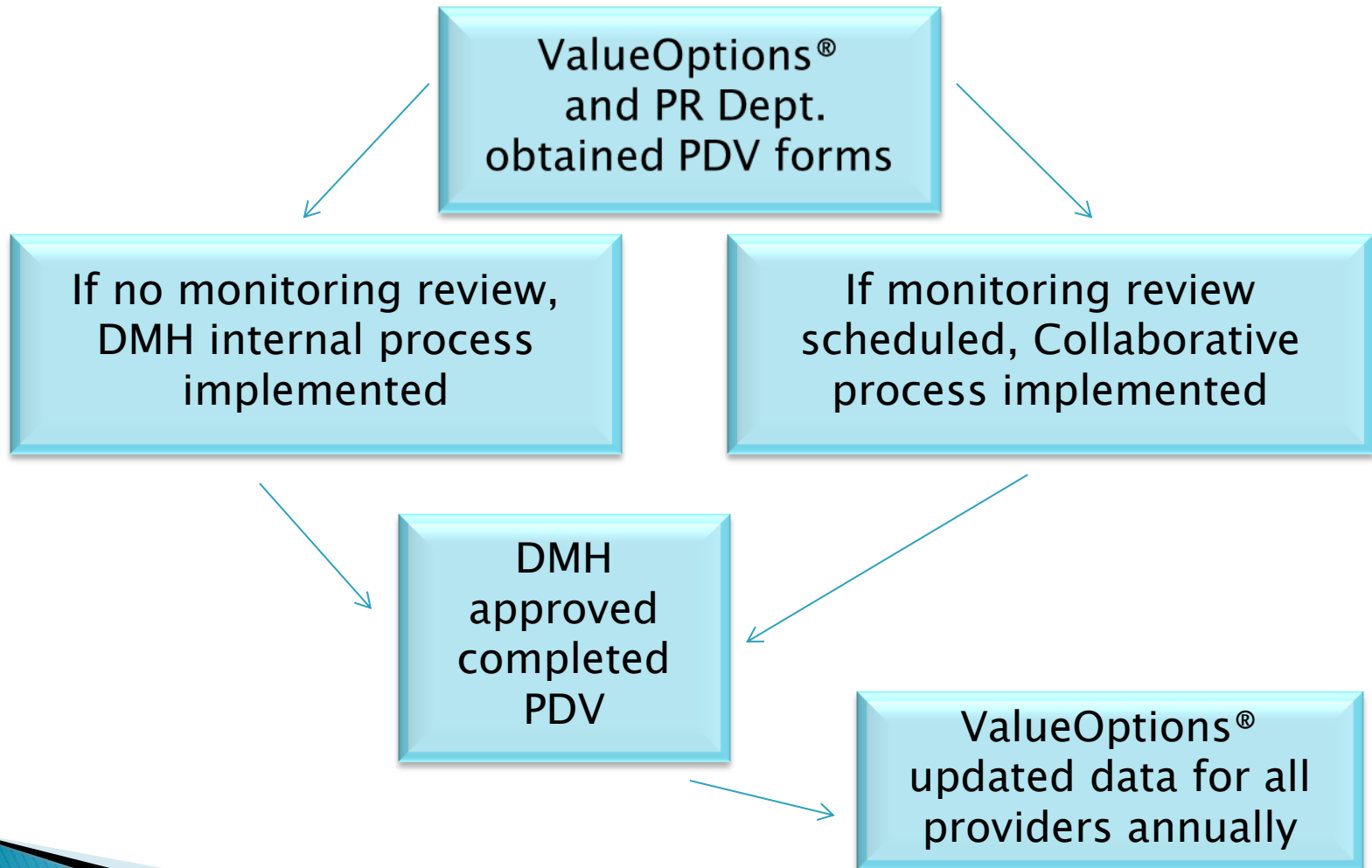
What is a PDV and Why is it Important?

- ▶ PDV = Provider Data Verification

Collecting PDV information annually is important:

- Ensures accurate information is submitted by your agency is in the data system.
- Registrations, authorizations, accurate and appropriate processing of claims and encounters is dependent upon the information that you provide.

History of Verification of Provider Data



Provider Feedback

PDV process was cumbersome and time consuming

Requested PDV process be streamlined and available in an on-line format

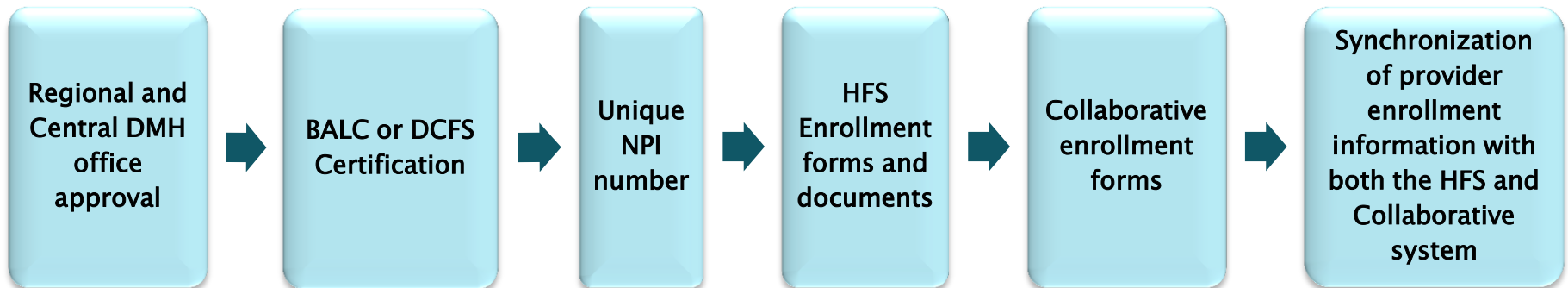
On-line PDV submission will begin in the Spring of FY14

Benefits of an Electronic Process

- ▶ Improved Satisfaction –
 - Providers, DHS/DMH staff and Collaborative staff requested
 - Process smoother, less time consuming
- ▶ Improved Accuracy –
 - On-line data entry results in a decrease in legibility issues
- ▶ Improved Efficiency–
 - Pre-populated data
 - Quicker submission
 - Quicker review
 - One process for all providers

Current Add New Site Procedure

- Not part of the new on-line PDV process
- Continue to use established process
- DMH Provider Enrollment Requires:



Forms and instructions regarding request for changes are available on the Collaborative website under Provider Forms

ProviderConnect

- A free, online, secure application
- A portal into the DMH/Collaborative MIS System (CAS)
- Access via the Collaborative website:
www.illinoismentalhealthcollaborative.com
- Available 24 hours a day, 7 days a week
- Contains the link to access PDV

Important Points about ProviderConnect Access

- ▶ Agencies must be enrolled with the Collaborative and HFS
- ▶ Contact National Networks at 800-397-1630 to obtain a Provider ID number. The Provider ID number is assigned by ValueOptions.
- ▶ Each Provider, with a Provider ID number, will be able to obtain one ProviderConnect logon ID
- ▶ Providers may obtain additional logons for ProviderConnect – contact the ValueOptions® EDI Helpdesk
 - (888) 247-9311 and press option 3,
 - Monday through Friday, 7 a.m. – 5 p.m. CST
 - The Turn-around-time for additional logons in 48 hours

Behind the Scenes – The Beginning of the New Electronic OnLine PDV Process

DMH selects
providers and
requests PDV's
to be unlocked

ValueOptions®
unlocks PDV's
for specific
providers

PDV link
shows in
ProviderConnect

Providers notified by
DMH Regional
Contract Manager

Provider accesses the PDV link in ProviderConnect

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

About Services Feedback Contact



for providers

Provider Online Services

- Home
- **Provider Home**
- Provider Manual
- Provider Forms
- ReferralConnect
- Provider Information
- MIS Conversion Information
- ASO Roles & Responsibilities

Provider Online Services

Welcome to Provider Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[LOG IN](#)

[REGISTER](#)

[DEMO](#)

Here you will find a wealth of information developed specifically for you, which include ProviderConnect, the Provider Manual, and links to mental health resources.

[ProviderConnect Helpful Resources](#) links you to a ProviderConnect User guide, HIPAA information, software downloads, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Manual to obtain information about our policies and procedures. The manual currently contains topics such as the Service Authorization Protocol with additional content to be added, such as claims

ProviderConnect Log In

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password

[Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

Where is the link for the PDV form?

- ▶ Claim Listing and Submission
 - Enter EAP CAF
 - Enter a Special Program Application
 - Complete Provider Forms
 - Enter a Comprehensive Service Plan
 - Review Referrals
 - Enter Bed Tracking Information
 - Search Beds/Opening
 -
 - EDI Homepage
 -
 - Enter Member Reminders
 -
 - On Track Outcomes
 -
 - Reports
 -
 - Print Spectrum Release of Information Form
 -
 - My Online Profile
 - My Practice Information
 - Provider Data Sheet
 - Provider Data Verification
 -
 - Compliance
 -
 - Handbooks
 -
 - Forms
 -
 - Network Specific Information
 -
 - Education Center
 - ValueSelect Designation
 - Contact Us



WHAT DO YOU WANT TO DO TODAY?

- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)

YOUR NEWS & ALERTS



Elements of the PDV Form

- ▶ **There are two main tabs:**
 - Tab 1: General information
 - Tab 2: Service Locations

- ▶ **General Information has six sections:**
 - Administrative Office Information
 - Chief Executive Officer – CEO
 - Accreditations and Certifications
 - Previous Names
 - Doing Business As Names (DBA's)
 - Attestation

General Information

1. General Information | 2. Service Locations

Submit Application

Print current page

Print all pages

Close

1. PROVIDER GENERAL INFORMATION

A. Administrative Office Information

Legal Name*

FEIN*

NPI Numbers*



Mailing Address Line 1*



City*

Website

Agency Phone(Include area code)*

DHS/DMH Region (Applies to Administrative Site)*

1S 

Mailing Address Line 2

State*

IL

Zip*

|

Ext

Agency Email Address

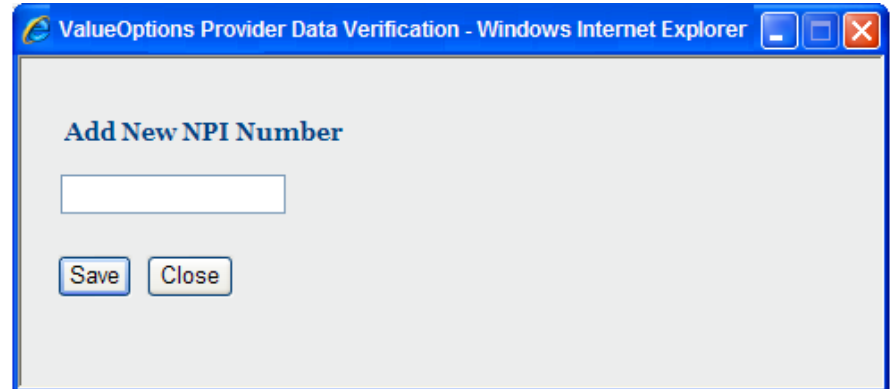
Emergency Service Phone

Add New NPI's in this section by clicking on the "Add New NPI" button or edited by clicking on the magnifying glass next to the NPI.

Options:
Region 1S, 1N, 1C, 2,
3, 4, 5, out-of-State

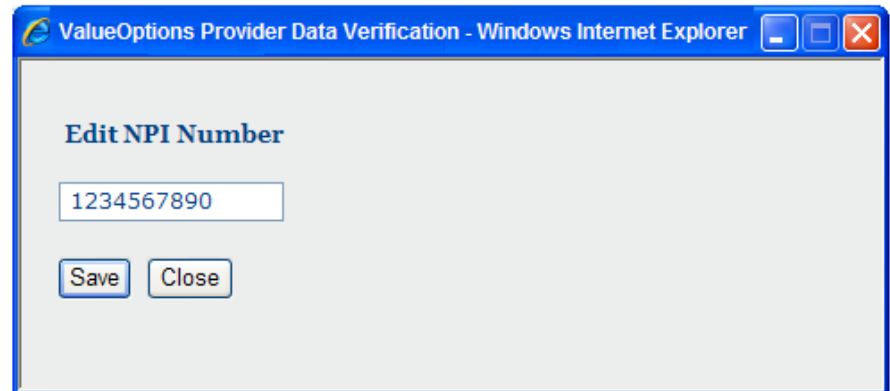
NPI Pop-up's

A pop-up window will open allowing users to enter (Add) a new NPI number.



The screenshot shows a pop-up window titled "ValueOptions Provider Data Verification - Windows Internet Explorer". The window content includes the heading "Add New NPI Number", a text input field, and two buttons labeled "Save" and "Close".

A pop-up window will open allowing users to update NPI number.



The screenshot shows a pop-up window titled "ValueOptions Provider Data Verification - Windows Internet Explorer". The window content includes the heading "Edit NPI Number", a text input field containing the value "1234567890", and two buttons labeled "Save" and "Close".

General Information, continued

Tab 1, continued

Payment Address Line 1*

City*

Payment Phone

Payment Address Line 2

State*

Zip*

B. Chief Executive Office - CEO

Chief Executive Officer*

Phone* 000-000-0000

Ext:

C. Accreditations and Certifications

Has the Facility been reviewed and accredited by Joint commission?*

Yes No N/A

Expiration Date



Has the Facility been reviewed and accredited by CARF?*

Yes No N/A




Has the Facility been reviewed and accredited by COA?*

Yes No N/A



Has the Facility been reviewed and accredited by HFAP?*

Yes No N/A



D. Previous Name

E. Doing Business As Names(DBA's)

F. Attestation

The agency certifies that all information provided on this form to the illinois Mental health Collaborative for Access and Choice is true and correct to the best of the Agency's knowledge and that it is free of any significant misstatements, misrepresentations or omissions.

Name of Person Submitting*



Tab 2 – Service Locations

▶ **Has seven sections**

- Site Information
- Residential Services
- Prescriber Services
- Available Services
- Population Served
- Languages Spoken by Direct Service Staff
- Accessibility

Key Points for Service Locations Tab

- ▶ Lists all active Service Locations at the time the PDV was created
- ▶ When this tab is opened for the first time all Service Locations will be in red, indicating that the provider needs to “take action” with each location.
- ▶ Each Service Location header will contain the Medicaid ID, Vendor ID and its current status (Action Required, Verified, Requested to be Removed).
- ▶ Each Service Location must be verified in order to submit the PDV application

How to “Verify” sites:

- Click the “Verify” icon



for each site shown and complete information



PROVIDERCONNECT
VALUEOPTIONS

1. General Information | 2. Service Locations

2. SERVICE LOCATIONS

To verify your Service Locations select the Verify icon in the middle of the Service Location listing. In order to submit this application online you must verify each Service Location . If you need to make additional changes after you have already verified a Service Location, click the verified banner to expand the section and then click the Edit icon.

SERVICE LOCATION INFORMATION

▲ MEDICAID SITE ID —	VENDOR ID —	—ACTION REQUESTED
Name: Address: Vendor ID:	Phone:  VERIFY	Medicaid ID:  DELETE

How to “Edit” once information is verified:

- Click the “Edit” icon

2. SERVICE LOCATIONS

To verify your Service Locations select the Verify icon in the middle of the Service Location listing. In order to submit this application online you must verify each Service Location . If you need to make additional changes after you have already verified a Service Location, click the verified banner to expand the section and then click the Edit icon.

SERVICE LOCATION INFORMATION

✓ MEDICAID SITE ID —	VENDOR ID —	—VERIFIED
Name: <input type="text"/>	Phone: <input type="text"/>	Medicaid ID: <input type="text"/>
Address: <input type="text"/>		
Vendor ID: <input type="text"/>	EDIT	DELETE

VERIFIED

How to “Delete” a site:

Click the “Delete” icon



Before



PROVIDERCONNECT
VALUEOPTIONS

1. General Information | 2. Service Locations

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To verify your Service Locations select the Verify icon in the middle of the Service Location listing. In order to submit this application online you must verify each Service Location . If you need to make additional changes after you have already verified a Service Location, click the verified banner to expand the section and then click the Edit icon.

SERVICE LOCATION INFORMATION

⚠ MEDICAID SITE ID —	VENDOR ID	—ACTION REQUESTED
Name: Address: Vendor ID:	Phone:  VERIFY	Medicaid ID  DELETE

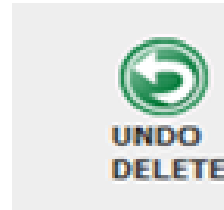
After

SERVICE LOCATION INFORMATION

✓ MEDICAID SITE ID —	VENDOR ID —	—REQUESTED TO REMOVE LOCATION
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How to undo a deletion of a site:

- Click the “Undo Delete” icon



SERVICE LOCATION INFORMATION

✓ MEDICAID SITE ID –	› VENDOR ID –	–REQUESTED TO REMOVE LOCATION
Name: Address	E Phone:	1 Medicaid ID:
Vendor ID:	EDIT	UNDO DELETE

TO BE REMOVED

✓ MEDICAID SITE ID –	› VENDOR ID –	–VERIFIED
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- ▶ **Section A – Site Information**
- ▶ Once selected, a pop-up will be triggered showing all the fields for the specific Service Location that was selected

1. Section A to C | 2. Section D | 3. Section E to G

Service Location Information -

Please review the Service Location information below. If you are unable to complete your review of this location but want to save your updates, select the Save button. To continue making updates at later time, select the Edit icon on the corresponding Service Location on Tab 2. Service Locations. Alternatively, if you have completed your review of this location click the Verify & Save button on the last screen.

A. Site Information

Site Name(Please enter if different from Legal Name in Section 1A)


Certification(DMH/DCFS)* Medicaid Site Number*

Mailing Address Line 1* Mailing Address Line 2

City* State* Zip*

Service Phone(Include area code)* Ext

Select DCFS Certified, DHS/DMH Certified or Non-Certified



Section B – Residential Services and Section C – Prescriber Services

2. Must enter a number in ALL adult and child bed capacity fields in Section B. Number may be “0”, but all fields need an entry if “Yes” was selected in step #1.

3. Enter per diem rate. If corresponding bed capacity is greater than “0”, per diem rate is required. If corresponding bed capacity is zero, per diem rate is not required- can leave blank (do not have to enter “0”). Per diem rate for Supervised Residential (830) is optional – can leave blank

1. If answer is “Yes” here, go to step 2. If answer is “No”, skip remaining fields in Section B and go to Section C “Prescriber Services”.

B. Residential Services

Do you deliver Residential Services at this Site?* Yes No

Residential Beds Available	Adult	Children	per Diem Rate \$	(17) per Diem Rate \$	(19) per Diem Rate \$	(20) per Diem Rate \$	(21) per Diem Rate \$
Supported (820)	<input type="text" value="6"/>		<input type="text" value="0"/>				
Supervised (830)	<input type="text" value="0"/>		<input type="text" value="0"/>				
Crisis(860)	<input type="text" value="0"/>		<input type="text" value="0"/>				
CILA(620)	<input type="text" value="0"/>		<input type="text"/>				
ICG Residential		<input type="text" value="7"/>			<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="0"/>
ICG Group Home		<input type="text" value="0"/>		<input type="text" value="0"/>			
Transitional Living Centers	<input type="text" value="0"/>		<input type="text" value="0"/>				
Supervised Transitional Residential Services	<input type="text" value="0"/>		<input type="text" value="0"/>				

C. Prescriber Services

Are Prescriber Services (MD,DO or APN) available at this location to prescribe Medications for DHS/DMH Consumers?*

Yes No

If yes, what is the approximate number of hours of prescriber availability each month

4. Complete Prescriber Services, Section C. The second data field is required if the answer to the first question is “Yes”.

Section D – Available Services

1. Section A to C | 2. **Section D** | 3. Section E to G

Service Location Information -



Please review the Service Location information below. If you are unable to complete your review of this location but want to save your updates, select the Save button. To continue making updates at later time, select the Edit icon on the corresponding Service Location on Tab 2. Service Locations. Alternatively, if you have completed your review of this location click the Verify & Save button on the last screen.

D. Available Services*	Child			Adult		
	Yes <u>All</u>	No <u>All</u>	Number of teams based at site	Yes <u>All</u>	No <u>All</u>	Number of teams based at site
Assertive Community Treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Case Mgmt - Client Centered Consultation	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Case Mgmt - Mental Health	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Case Mgmt-Transition Linkage & Aftercare	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Community Support-Group	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Community Support-Individual	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Community Support-Residential	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Community Support-Team	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Crisis Intervention	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Intake/Assessment	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Mental Health Intensive Outpatient	<input type="radio"/>	<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	
Psychological Evaluation	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	

Fields are enabled only if "Yes" is selected.

Section D, continued

Psychosocial Rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Psychotropic Medication Administration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Psychotropic Medication Monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Psychotropic Medication Training	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Therapy/Counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Treatment Plan Development Review & Modification	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vocational Assesment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vocational Engagement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Job Finding Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Job Retention Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Job Leaving/Termination Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Oral Interpretation and Sign Language	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Outreach & Engagment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stakeholder Education	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ICG Community Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Peer Drop-In Center Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
PSR Group Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nursing Services Available	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

 Save  Save & Next

Section E – Populations Served

1. Section A to C | 2. Section D | 3. **Section E to G**

Service Location Information - [REDACTED]

Please review the Service Location information below. If you are unable to complete your review of this location but want to save your updates, select the Save button. To continue making updates at a later time, select the Edit icon on the corresponding Service Location on Tab 2. Service Locations. Alternatively, if you have completed your review of this location click the Verify & Save button on the last screen.

E. Populations Served*

Special Populations Served

Homeless*

Yes No

Mental Illness/Substance Abuse(MISA)*

Yes No

Mental Illness/Development Disabled (MIDD)*

Yes No

Deaf or Hard of Hearing*

Yes No

Geropsychiatric (Elderly with Mental Illness)*

Yes No

Forensic Adult*

Yes No

Forensic - Children and Adolescents*

Yes No

0-3 years of age*

Yes No

Section F – Languages Spoken by the Direct Service Staff

Section G – Accessibility

F. Language Spoken By Direct Service Staff*
Identify any foreign language(s) or sign language that you use fluently in treating patients (select no more than 5)*

<input type="checkbox"/> AMERICAN SIGN LANGUAGE	<input type="checkbox"/> GERMAN	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> SPANISH
<input type="checkbox"/> ARABIC	<input type="checkbox"/> GREEK	<input type="checkbox"/> MON-KHMER	<input type="checkbox"/> SUDANESE
<input type="checkbox"/> ARMENIAN	<input type="checkbox"/> GUJARATHI	<input type="checkbox"/> NONE	<input type="checkbox"/> TAGALOG/FILIPINO
<input type="checkbox"/> BOSNIAN	<input type="checkbox"/> HAITIAN CREOLE	<input type="checkbox"/> NORWEGIAN	<input type="checkbox"/> TAMIL
<input type="checkbox"/> CANTONESE	<input type="checkbox"/> HEBREW	<input type="checkbox"/> PERSIAN	<input checked="" type="checkbox"/> THAI
<input type="checkbox"/> CHINESE	<input type="checkbox"/> HINDI	<input type="checkbox"/> POLISH	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> CZECH	<input type="checkbox"/> HUNGARIAN	<input type="checkbox"/> PORTUGUESE	<input type="checkbox"/> URDU
<input type="checkbox"/> DUTCH	<input type="checkbox"/> ITALIAN	<input type="checkbox"/> RUSSIAN	<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> SERBO-CROATION	<input type="checkbox"/> YIDDISH
<input type="checkbox"/> FARSI (PERSIAN)	<input type="checkbox"/> KANNADA	<input type="checkbox"/> SIGN LANGUAGE	<input type="checkbox"/> OTHER
<input type="checkbox"/> FRENCH	<input type="checkbox"/> KOREAN	<input type="checkbox"/> SOMALI	

Other(specify):

G. Accessibility

Accessible to individuals with physical disabilities?* Yes No UnKnown

Accessible to public transportation?* Yes No UnKnown

The "Other (specify)" field is only completed if "Other" is marked above

Service Locations, continued

- ▶ Example shows that one site is verified, two more sites need to be verified

PROVIDERCONNECT
VALUE OPTIONS

Submit Application Print current page Print all pages Close

1. General Information | 2. Service Locations

2. SERVICE LOCATIONS

To verify your Service Locations select the Verify icon in the middle of the Service Location listing. In order to submit this application online you must verify each Service Location. If you need to make additional changes after you have already verified a Service Location, click the verified banner to expand the section and then click the Edit icon.

SERVICE LOCATION INFORMATION

✓ MEDICAID SITE ID	VENDOR ID	- VERIFIED
Δ MEDICAID SITE ID	VENDOR ID	- ACTION REQUESTED
Vendor ID: Name: Address:	Service Phone:	Medicaid Site ID:  VERIFY
Δ MEDICAID SITE ID	VENDOR ID	- ACTION REQUESTED
Vendor ID: Name: Address:	Service Phone:	Medicaid Site ID:  VERIFY

 DELETE

 DELETE

The blue row shows that the site has been verified

PDV Completion

Service Locations page after all service locations have been verified

PROVIDERCONNECT
VALUEOPTIONS

Submit Application Print current page Print all pages Close

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SERVICE LOCATION INFORMATION

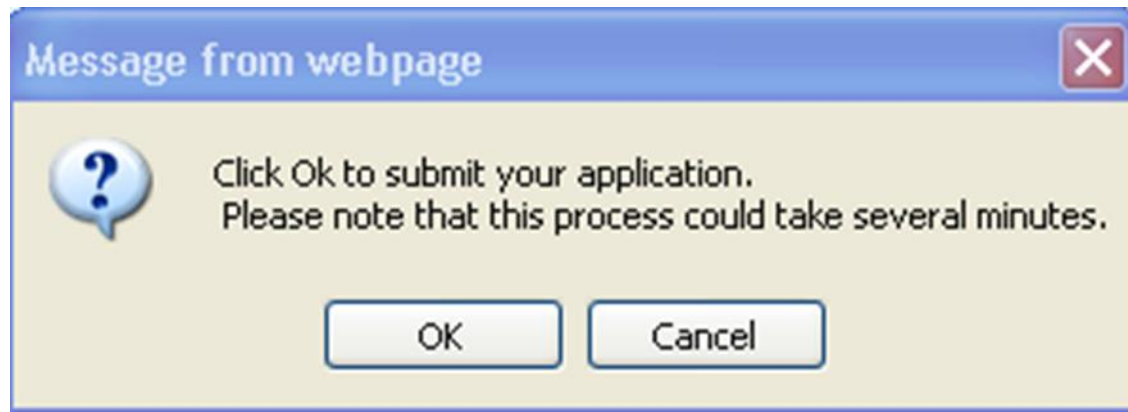
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED
✓ MEDICAID SITE ID -	VENDOR ID -	- VERIFIED

Save Submit

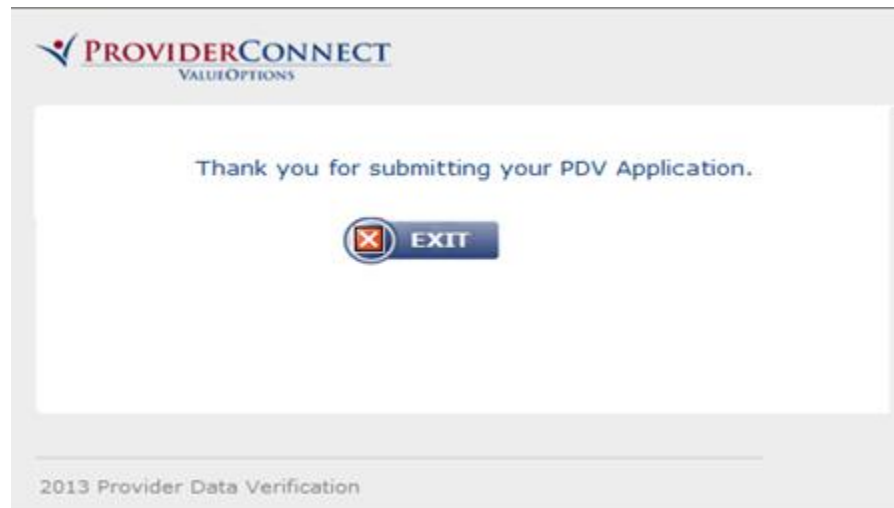
2013 Provider Data Verification

PDV Completion

- ▶ Once the user hits the 'Submit' button, a pop up message would appear confirming user's action



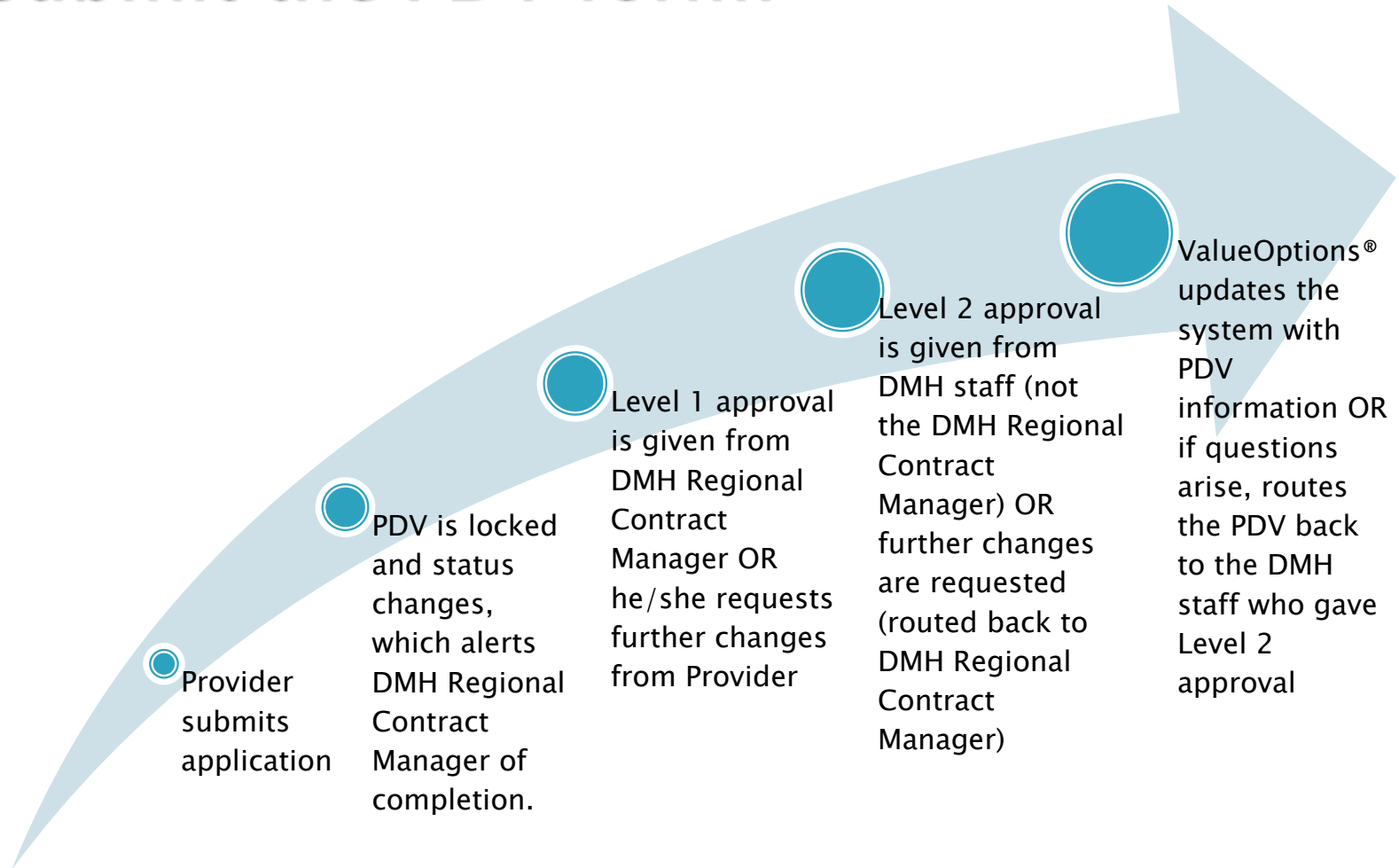
PDV Completion



Read only view

- ▶ Once application has been submitted you won't be able to make any changes – PDV is locked
- ▶ Save and Submit buttons will no longer be present

What happens once I complete and submit the PDV form?



Helpful Final Reminders

- ❖ As changes occur throughout the year to agency sites, these changes must be updated ASAP using the appropriate PDV forms. It is critical that we have accurate information on file to process registrations, authorizations and to support HFS claims processing.
- ❖ Remember that you must discuss the addition/deletion of sites with your DMH contract manager.
- ❖ If technical problems occur, contact the EDI Help Desk. (888) 247-9311 and press option 3, Monday through Friday, 7 a.m. – 5 p.m. CST

QUESTIONS ???

Presented by:
Chris McConkey, LCPC
Clinical Coordinator

****Following this training, please direct all provider specific questions to your assigned DMH Regional Contract Manager.**