# Submitting Claims for DMH Services

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#### **Overview of Requirements**

#### Provider Enrollment

- Rule 132 Certification
- HFS IMPACT enrollment
- Collaborative enrollment
- Individual Registration
  - Medicaid Eligibility
  - ProviderConnect
  - Recipient Identification Number



#### Overview of Requirements Continued

#### Individual Registration - Continued

- Social Service Package B
- Submit Registrations
- Accepted Registrations
- Request for Service Authorizations
- Timely Claims Submitted to HFS
- Community Mental Health Service Definition Reimbursement Guide (SDRG)



### Required Provider Enrollment Steps

#### Provider Enrollment Steps

- Rule 132 Certification (BALC or DCFS) for agency listing all certified services and site locations
- HFS IMPACT enrollment with unique NPI and active HFS Legacy Type 036 Medicaid ID number
- Collaborative enrollment completed and access to ProviderConnect
- DMH approval to submit Rule 132 claims



#### Required Provider Enrollment Steps Continued

- Any changes in sites (additions, closures)
  - Approved by DMH Regional Office
  - Approved by Certifying Agency (BALC/DCFS)
  - HFS IMPACT enrollment modification
  - Collaborative ProviderConnect modification
  - All enrollment data must be synchronized with both HFS and DMH



### Required Individual Registration Steps

#### Individual Registration Steps Completed

- Medicaid eligibility status of individuals seeking services must be established
  - Individuals must have Medicaid eligibility established
  - Rule 132 providers are responsible for determining individuals eligibility before providing services that will be billed to DMH
  - Use HFS MEDI to check to status



- Individuals must meet DMH eligibility criteria for service
- Individuals for whom you are submitting Rule 132 claims must be registered with DMH/Collaborative Information System (ProviderConnect)
  - Active Recipient Identification Number (RIN)
  - Social Service Package B Status



- RINs may be requested through the DHS e-RIN system
  - Provider must have a DHS ID
  - **Provider must be registered for the e-RIN system** <u>http://www.dhs.state.il.us/page.aspx?item=32574</u>
- DHS MIS form sent to DMH for approval



- Individuals eligibility for Social Service Package B (SSPB) Status confirmed
  - If RIN or SSPB status is newly assigned, wait at least 48 hours before submitting a registration as this information must be added to the HFS Eligibility File
  - Initial registration must be accepted by the Collaborative before claims can be submitted



- Submitting Registrations / Acceptance -
  - Batch file response report provided
  - Direct data entry immediate acceptance notification
- Managing Registrations Provider Registration Reports available through ProviderConnect
- Payment of claims requires an active accepted registration or they will be rejected



 Individuals must be re-registered every six (6) months or as necessary with all required fields updated (e.g., address updates)



- Request for Service Authorization for Team services
  - ACT (Assertive Community Treatment)
  - CST (Community Support Team)
- Requests for authorization or reauthorization of ACT or CST services must be submitted and approved prior to rendering



- Claims for DMH services must be submitted directly to HFS
  - Submitted within 180 days of the date of service
  - Claims must be submitted using the standard 837P
- Claims may be submitted in two ways:
  - Submission of Batch Files
  - Via the HFS MEDI Portal



Community Mental Health Service Definition
 Reimbursement Guide for details
 <u>http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbur</u>
 <u>sement/Pages/CMHP.aspx</u>



#### **Processing of DMH Claims**

- HFS transmits daily eligibility files containing identifying information for individuals (RINS, SSPB, etc.) to The Collaborative
- The Collaborative transmits daily files to HFS containing registration information, authorization information, etc.
- This information is used to process claims submitted by providers for DMH purchased Services



#### Processing of DMH Claims Continued

#### Claims Remittance Advice

- Providers must enroll with HFS to receive admittance advice showing the status of claims processing
- Providers may also view adjudication processing status of individual claims using the HFS MEDI system



#### Processing of DMH Claims Continued

- Claims Processing Status
  - Review remittance advice to determine if claims have been approved
  - Make corrections as soon as possible and resubmit when applicable



#### Resources

- Questions regarding claims submission should be directed to HFS Community Mental Health Consultants: 877-782-5565, Option 0, ask for a Community Mental Health Support Consultant
- Technical Claims Submission Questions should be directed to HFS EDI Help Desk: 217-524-3814
- ProviderConnect Registration Questions should be directed to Collaborative EDI Help Desk: 888-247-9311



#### **Resources Continued**

- Service Authorization for Team services or Clinical Utilization Management questions should be directed to Collaborative 866-359-7953, select provider menu, then press 1
- Collaborative IntelligenceConnect Reporting issues should be directed to the Collaborative EDI Help Desk 888-247-9311
- No RIN or SSPB issues should be directed to DHS Customer Support Jay Hidalgo 800-385-0872



#### **Resources Continued**

- DMH Service Matrix (Collaborative website Provider portal) Provider Information page – Claims Finance <u>http://www.illinoismentalhealthcollaborative.com/provider/prv</u> <u>information.htm</u>
- Community Mental Health Service Definition
  Reimbursement Guide (SDRG) <u>http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbur
  sement/Pages/CMHP.aspx</u>



### DMH Regional Executive Directors

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