Overview Claims Submission for DMH Services

Rule 132 New Provider Training
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Submitting Claims for DMH Services

Provider Enrollment (Recap)

All phases of provider enrollment must be completed:

- Rule 132 Certification
- Enrollment with HFS
- DMH Provider Enrollment through the Illinois Mental Health Collaborative for Access and Choice
- Direct Notification from the DMH Service Access Manager that individuals may be enrolled with DMH.

Claims for services submitted prior to completion of this process or notification from the DMH Service Access Manager will not be paid.

Remember: Any changes in sites (additions, closures) must be approved by DMH; and the HFS provider enrollment system and the DMH/Collaborative Provider Enrollment System must be updated simultaneously and be synchronized.

Eligibility for Services

- Ascertain the Medicaid Eligibility Status of Individuals Seeking Services
  - 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 the HFS MEDI to check status

Remember Rule 132 Only Providers will *not* be reimbursed for non-Medicaid services

- Individuals must meet DMH eligibility criteria for service (reviewed during Day 1 Rule 132 Training)

Consumer Enrollment/Registration (Recap)

Individuals for whom you are submitting claims must be:

- Registered with DMH through the DMH/Collaborative Information System

- Consumer Status Requirements for Enrollment
  - Active Recipient Identification Number
  - Social Service Package B Status

Obtaining RINs and Social Services Package B Status

RINs may be requested through the DHS E-RIN System

Must obtain a DHS ID
Must be registered for the E-RIN System

Website Address: http://www.dhs.state.il.us/page.aspx?item=32574
Review E-RIN user manual prior to requesting a DHS ID and/or a RIN.

Form must be approved by DMH Regional Staff before submitting to DHS.

Consumer Enrollment/Registration

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 (Recap)

Registrations are submitted as batch files or through ProviderConnect

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

Determining If Registrations Have Been Accepted

ProviderConnect – Immediate Notification
Batch File – Registration Response Reports

Managing Registrations – Provider Registration Reports available through ProviderConnect

Important: Payment of claims requires an ***active accepted*** registration. Claims submitted with registrations that do not have this status will be rejected.

Authorizations/Utilization Management (Recap)

Requests for authorization or reauthorization of services must be submitted and approved ***prior*** to rendering services.

Questions Regarding Registration Requirements, Status Etc.

Questions regarding *Registration/Service Authorization* should be directed to:
The Illinois Mental Health Collaborative (866) 359-7953, select the provider menu, then press 1.

Questions regarding *technical issues associated with submission of registrations* or Authorization should be directed to:

The Illinois Mental Health Collaborative EDI Help Desk (888) 247-9311

Submission of Claims

Claims for DMH services must be submitted directly to HFS

Clean claims must be submitted within 180 days of the date of service (required by the SMART Act)

Claims must be submitted using the standard 837P

Information Source:
http://www2.illinois.gov/hfs/MedicalProvider/CommunityMentalHealthCenter/Pages/default.aspx

Claims may be submitted in 2 ways:

Submission of Batch Files
Via the HFS MEDI Portal

Special DMH Requirements:

Met by utilizing the 2300 and 2400 loops/notes fields of the 837p. See **Appendix B** in the Community Mental Health Service Definition Reimbursement Guide for details.

Rule 132 Medicaid Mental Health Services (Recap)

Community Mental Health Service Definition Reimbursement Guide
(Published by HFS in Collaboration with DHS/DMH and DCFS)

Contains comprehensive information regarding Rule 132 Medicaid Services (e.g. Service definitions, staff qualifications, modifiers for services and other requirements)

http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/CMHP.asp

DMH Service Matrix (Illinois Mental Health Collaborative Website – Provider Portal) Provider Information - Claims Finance

http://www.illinoismentalhealthcollaborative.com/providers.htm

Provides a summary of DMH Services by HCPCS code, Staff Qualifications, Rates, Units, Funding Source

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.

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

Claims Processing Status

Review remittance advice to determine if claims have been approved

Make corrections as soon as possible and resubmit when applicable

Interpretation of Claims Errors, Chapter 100
http://www2.illinois.gov/hfs/MedicalProvider/Handbooks/Pages/Chapter100.aspx

***Questions regarding claims submission should be directed to the HFS CMH Billing Consultants*:**

HFS Bureau of Comprehensive Health Services 877-782-5565, Press "0"; ask for a Community Mental Health Support Consultant

Technical Claims Submission Questions should be directed to:
The HFS EDI Help Desk: 217-524-3814

We recommended that you enroll to receive HFS Provider Notifications as well.