

*Illinois Department of Human Services Division of Mental Health  
and the Illinois Mental Health Collaborative for Access and Choice*

*Responses to Questions From the April 15th ROCS Transition Conference Call*

**1. When can we get access to the link to the new system to try out the connection to our network?**

*Response: The Collaborative will begin provider training for all Illinois Providers beginning in the month of May. Prior to training sessions providers will be mailed instructions for accessing the Collaborative system. In addition, the Collaborative system will be available for testing purposes in early June.*

**2. Will we need to load any new software on our system to operate the Collaborative system?**

*Response: An internet connection is all that is needed in order to access the Collaborative system. However, if you plan to submit batched claims, you will be required to submit in an 837 HIPAA compliant format. The Collaborative offers free EDI software, which is available to be downloaded from the website.*

**3. Is there going to be a test version?**

*Response: Yes, refer to #1.*

**4. Is there going to be a new requirement regarding services that have to be reported under Capacity Grants?**

*Response: Attachment B of the FY 2008 contract and Attachment B of the FY 2009 requires that agencies receiving capacity grants report services associated with these grants. The DMH has historically collected some data from agencies receiving capacity grant funding in addition to requiring a reconciliation of expenses. However, this information has not been collected systematically or in sufficient detail to understand what services are being provided using capacity grant funding. The DMH provides capacity grant funding for services because it is important to support non-billable and/or non-traditional services that support recovery. It is critical that information be collected to be able to demonstrate to mental health stakeholders the value of these services.*

**5. It was stated today that since providers will be paid at 100% of their contract for the first 3 months of fiscal year 2009, that if there are still issues/glitches with the new reporting system as we move into the new fiscal year, it won't have an impact on providers. However, my understanding of the payments to providers starting in October 2008, is that it will be based on July's accepted billing percentage, and in November, 2008, will be based on July and August's accepted billing percentage and so forth. If this is the case and there are still issues/glitches with the new reporting system during those first**

**few months, it could definitely have an impact on what providers get paid starting in October.**

*Response: As noted during the April 15<sup>th</sup> conference call, the DMH decision to continue advance and reconciliation at 100 % of your monthly contract amount for the first 3 months of FY 2009 provides agencies some leeway in terms of testing time for the new MIS. However, there is an expectation that data for these 3 months be submitted as expeditiously as possible. You are correct in noting that October payments will be based on July accepted billing amounts, so it will be important to submit registrations and billing/service information as soon as possible. The DMH and the Collaborative will be closely working with providers to provide training and technical assistance to assure that the transition to the new MIS goes as smoothly as possible. The DMH and the Collaborative understand the importance of assuring a successful transition to the new MIS. Progress of providers in making the transition will be closely monitored and evaluated.*

**6. Will the IT Workgroup have the opportunity to test the Collaborative billing system prior to rollout? If so, is there an estimated date when this will happen?**

*Response: The DMH and the Collaborative are pleased to work with members of the IT Workgroup to test reporting functions of the new MIS. In fact, at least one member has already volunteered to do so. We expect that testing will be undertaken beginning in early June.*

**7. Does DMH plan to have trainings for providers on the new billing system?**

*Response: The DMH and the Collaborative have developed a comprehensive training plan that will be the basis for working with Illinois providers. This training will be rolled out in beginning in the month of May in several locations across the state.*

**8. Has there been any discussion about transitioning DD providers from ROCS?**

*Response: The DMH is not working with the DHS Division of Developmental Disabilities to transition providers of Developmental Disability services to the new MIS.*

**9. Can a transcription of the presentation be posted to DMH and/or the Collaborative's website?**

*Response: The DMH and the Collaborative did not arrange for the presentation to be transcribed, therefore it will not be possible to post this information on the DHS/DMH website or the Collaborative website*

**10. How will providers be notified of the file layout information?**

*Response: The billing/service reporting file layout is scheduled for release during early May. The DMH and the Collaborative will also disseminate copies of the file layouts for the registration file to Illinois providers during May. As stated above, training and technical assistance will be provided to providers during the transition period.*

**11. Does DMH/Collaborative have a timeline for the availability of batch registrations?**

*Response: As stated during the April 15<sup>th</sup> conference call, the Collaborative is currently evaluating a procedure for submission of batch registrations. This procedure will be informed*

*by provider experiences submitting single registrations through the Provider Connect function. The Collaborative and DMH understand that this is a priority task to be completed.*

**12. Do you have the Collaborative third party file layout manual (similar to the ROCS) for registration, service reporting/claims processing – we need this ASAP so that we can submit the request to the third party to make the relevant changes (As you are aware, third party software vendors need adequate time to make the relevant changes)**

*Response: The DMH and the Collaborative have been working on developing the file layouts for the billing/service reporting and the registration file. The Companion Guide for the 837P billing/service reporting file will be released to providers during early May.*

**13. What are the additional fields that we need to add to our current file layout (will these be Mandated fields or optional for billing purposes?)**

*Response: The file layouts for the registration file and the billing/service reporting files will describe the small number of new fields that are being added.*

**14. How will the FTP process work - will there be software for us to use?**

*Response: The Collaborative's ProviderConnect application is a secured website that includes file transmission capability and allows providers to submit claims information in single or batch form on-line. Also, please see response to number 18 below.*

**15. There are many other questions and it seems like the timeline to make changes is running out. We would have preferred a question/answer session in today's presentation. Also it would be good to have face to face presentation with handouts and manuals of the changes. Is there a phone number to call?**

*Response: Please send questions via e-mail to the [DHSMH@dhs.state.il.us](mailto:DHSMH@dhs.state.il.us) address. Additional information will be forthcoming in the next few weeks. Please also note that the Collaborative and DMH will be rolling out a training plan to address many of the issues that you have referenced (see response to question 7 above).*

**16. We currently use ROCS for all our billing. Will we be using Provider Connect instead or should we be using some other system that creates 837P files instead? Maybe this is the information and training that you spoke of that will be shared in May?**

*Response: The Collaborative will provide access to ProviderConnect to Illinois providers who use ROCS to submit their registration and billing/service reporting information. Training will be provided to providers beginning in May regarding the reporting of this information.*

**17. We currently have a third-party system to handle all of our client medical records and billing. We developed software to extract the DHS-specific billing from that system in the file formats that ROCS currently requires. It sounds like we will still be able to create such data sets, albeit more like an 837P. My question is that with ROCS we receive the results of our billing back electronically; will that still be the case with the new system?**

*Response: ProviderConnect validates the claims file submission and will provide an immediate response indicating whether the file has successfully passed validation. This system generated response will appear in the message center area on the website.*

**18. What is EDI software and how do we go about getting it? What are the system requirements?**

*Response: The Collaborative has developed a proprietary EDI software application that allows the building and submission of electronic claims, ElectronicClaimConnect. ElectronicClaimConnect is an electronic claim billing software application that can be installed at any provider location and is available free to providers via download from the Collaborative website and is also distributed on CD. This software application allows providers to build electronic claims locally on their own PC in a “key, store, and forward” mode. Once providers have built the electronic claims batch file(s), providers can capture and submit electronic claims via ProviderConnect. ElectronicClaimConnect includes many features designed to allow the user to rapidly and accurately enter claims information. These features include a data entry screen for each document type, pre-populated provider information, and functionality that allows data entry personnel to copy claim data from one claim to another within the same claims submission file. Each screen also supports the required fields for keying the information contained in The Collaborative electronic file formats and the National Standard Format (NSF) as designed by CMS.*

**19. What should we do now to prepare for the transition from ROCS to Provider Connect?**

*Response: DMH encourages Illinois providers to attend training provided by the Collaborative beginning in May. DMH and the Collaborative will distribute the 837P Companion Guide and Consumer Registration file layouts during the month of May to providers.*

**20. Will the new software be able to track staff productivity?**

*Response: No, the ProviderConnect application is designed to allow providers to perform on-line data reporting functions similar to how the ROCS system is used today.*

**21. Will there be a replacement for the current 1006 form?**

*Response: The DMH and the Collaborative have been working on developing a format for the ROCS registration file that is the 1006 form. As discussed previously, a few new data elements have been added.*

**22. We would like to know if there is a training schedule or training dates available. We have staff that will be on vacation and would like to schedule them to attend.**

*Response: The Collaborative will be offering Provider trainings on the new ProviderConnect application beginning in the month of May. We will get specific dates out to Providers as soon as possible.*

**23. What are the additional data elements we will be expected to report on?**

*Response: DMH and the Collaborative are working to finalize the specific data elements that provider will be required to report using ProviderConnect and will provide this information*

shortly. As noted on the April 15<sup>th</sup> conference call, reporting to the new system will be very similar to reporting to ROCS:

1. Registration information still be required with most of the same fields
2. Service Reporting will still be required for all services – We are implementing the HIPAA 837P format. Many of the data elements required in the past will remain the same.

**24. Do you know if for the Developmental Disabilities Division if we will still report using ROCS?**

*Response: Yes.*

**25. For agencies with both DD and MH programs will you still keep the categories and coding the same?**

*Response: Although the Division of Mental Health and the Division of Developmental Disabilities both use ROCS for data collection purposes, the ROCS registration file currently has distinct separate components for Mental Health and Developmental Disabilities provider reporting because MH and DD require different data for management and planning purposes. This will continue. The consumer demographic component that is shared will have few coding changes.*

**26. When will batch registration be available? We open hundreds of clients with lots of opening data fields each month. This is a huge concern if we can only register a single client at a time. We will have to add staff to be able to accommodate this. Not a problem if you are willing to increase rates to cover our increased costs.**

*Response: See answer to number 11.*

**27. Is there any expectation that registration information will be updated? If so how often?**

*Response: The new MIS will require that a subset of key information fields be updated every 6 months to ensure that this information remains current and accurate.*

**28. When will a replacement for the SISONLINE be available? We use it frequently to monitor our performance against our contract.**

*Response: The DMH and the Collaborative are working together to create key reports that will reflect this component of the SISONLINE reporting system.*

**29. DuPage County Health Department would like to become part of the IT focus group. Who would we need to contact regarding this matter?**

*Response: We are not currently adding new members to the IT workgroup. Please rest assured however, the workgroup members are representative of providers in terms of geographic location, size and methods of reporting.*

**30. Do you have a timeframe for the transfer of the current client registration database? We are interested in reviewing our data to determine if it accurately reflects the most up to date information for each client. The answer to this question will help us determine if we should update our information before or after the transfer of information.**

*Response: As stated during the April 15<sup>th</sup> conference call, registration information submitted prior to July 1, 2008 is being transferred to the new MIS. DHS/MIS has transferred registrations for all consumers actively receiving services between July 1, 2005 and the present date to the Collaborative. Weekly updates are being provided between today and June 30<sup>th</sup> to keep this file up to date.*

*We will be asking providers to update information on the consumers whom they serve between July 1<sup>st</sup> 2008 and January 2009 using a methodology that gives providers ample time to provide the updates; so agencies will have an opportunity to update information for consumers to assure that it is accurate.*

**31. Do you have a timeframe for when the ACT Authorization Process will be ready for online submission?**

*Response: Providers will be able to submit requests for ACT and CST authorizations via ProviderConnect beginning July 1, 2008. Until then, providers are required to enter Case Registration information in ROCS and only submit ACT and CST authorization requests to the Collaborative via the defined phone and/or fax methods previously communicated in January 2008.*