July, 2008
Questions and Answers Regarding
Submission of Registrations

Batch registration Submission – 3rd party software

Questions and Answers

1.   All the registration updated, closing, etc. Can this be done via 3rd party system?
A. Yes, all updates, closing or changes to registration information can be done via batch registration using third party software or ProviderConnect.

2.   Can we send 837P for clients open on or after 7/1 <u>before</u> ability to send automated client registration from third party or home grown software?
A. A 837P can be sent for any consumer that is registered with the Collaborative. If the consumer is not registered with the Collaborative the service will be rejected.

3.   Have a meeting for 3rd party software users away from ROC users?
A. We held face-to-face meetings for 3rd party software providers on July 9th and 10th.

Is batch registration possible as long as all of required field are complete?
A. As long as all required fields are submitted then batch registration will be available beginning on 8/1/08.

4.   When will batch registration be accepted and what will be the format? Also, what is the turn around time?
A. The Division of Mental Health will send out a communication alert advising providers as to when batch registrations will be accepted. The Batch Registration Submission Guide is available on the Collaborative website and the DHS Website. The turn around time for processing a batch registration file is 48 hours.

5.   Using ROCS 3rd party software, we have been sending a client registration record every time we send a service record. Will this be acceptable in the new system?
 A registration record for the consumer should only be sent if there is an update to the registration information. A registration record should not be sent every time a service record is sent.

Conversion of ROCS Data to the Collaborative MIS

Questions and Answers

1.   At the last ROCS transition teleconference it was mentioned that in SEPT/OCT there will be an auto download of client registration form.
A. The conversion of consumers registered in ROCS occurred the weekend of 6/28/08. The first time you register a consumer with the Collaborative you will be required to enter all registration information.

2.   Can we view our client information in Provider Connect currently?
A. Consumers are currently in the Collaborative System and viewable in ProviderConnect.

3.   For consumers registered in ROCS and transferred to Provider Connect, when will providers have to have new date field completed? Is it required prior to the 6 month update which will have to occur by 12-31-08?
A. The consumers updated in the Collaborative system from the ROCS registrations will require a full registration record with the Collaborative before 12/31/08.

4.   In the May teleconference call, we were informed the ROCS registration information would be transferred by SEPT. Is this date still accurate?
A. The conversion of consumers registered in ROCS occurred the weekend of 6/28/08.

5.   If we have current clients in the supported residential, supervised residential or other special programs, do we need to specifically enroll these existing clients or will that be automatic with the ROCS conversion?
A. All consumers that have open registrations (registrations where there is no closure date) in ROCS will be assigned to all programs (core and special programs) for the period of 7/1/08 through 12/31/08.

6.   What programs (core or special) will clients be registered for during the automatic transfer process (clients already in ROCS)?
A. All consumers that have open registrations (registrations where there is no closure date) in ROCS will be assigned to all programs (core and special programs) for the period of 7/1/08 through 12/31/08.
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7.   When entering June services in July, will we be able to use ROCS?
A. Services for dates of service in June will need to be submitted to ROCS. Dates of service for July and thereafter will need to be submitted to the Collaborative.

Registration Using the MIS Developed by the Collaborative

Questions and Answers

1.   Can a provider perform services even though they are not the registered authorized provider?
A. In order to receive reimbursement for services for a consumer the consumer must be registered with the Collaborative.
o   If a service is submitted for a consumer not registered with the Collaborative the service will be rejected.
o   If a service is submitted by a provider who is not contracted to perform that service that service will be rejected. If a service is submitted for a program the consumer is not registered for the service will be rejected.
o   As long as the consumer is registered for the program and the provider is contracted for the program the service is reimbursable.

2.   Can you register a consumer in multiple programs? Is there a time restraint for consumer to be in the special program?
A. The registration process will enroll a consumer in all the core programs for which the registering provider is contracted. This includes special programs if the provider selects the special program. There is no time restraint on special programs. In order to continue to be in the special program the consumer will need to be updated every 6 months.

3.   Do we need to register nursing home clients that see our doctor only and are billed straight to Medicaid?
A. You only need to register consumers with the Collaborative for whom you are seeking reimbursement from the Collaborative.

4.   Has the distinction between Program 110 and 120 been eliminated? Are these programs subsumed under ABC? If not, how do we register our agency for a 120 program?
A. The Collaborative will not have programs 110 and 120. All Medicaid and non-Medicaid billing will be completed using program code ABC. The service matrix lists all service codes and what program is assigned to each code.

5.   Have program codes changed?
A. The service matrix lists all service codes and what program is assigned to each code.

6.   If the client has no eligibility and we are billing for payment through the non-Medicaid grant will the claim be rejected?
A. The client must be eligible for DMH Services, e.g. have an approved diagnosis, and a functional impairment.

7.   Our ICG residential program has been receiving letters that show current consumers being approved for services for 90 days only. Can you please tell us what these are, where the dates came from and the status of these clients? Will all additional consumer registration information be required if we only provide ICG services? Many questions are not currently part of ICG process and these are not eligibility requirements for services.

A. At the time the approval process was transitioned to the Collaborative, the 90 day letter was sent to providers. Services will continue to be reimbursed as long as there is no denial at the annual review. Registrations for individuals opened July 1, 2008 and after will be required through ROCS and through the MIS developed by the Collaborative.

8.   Program 110 Adult services is not on the list. What program number is it now?

A. The Collaborative will not have programs 110 and 120. All Medicaid and non-Medicaid billing will be completed using program code ABC. The service matrix lists all service codes and what program is assigned to each code.

9.   Services provided to children and adolescents using the Ohio scale, will this be added into the registration data?

A. At this time the Ohio scale is not needed for registration.

10. We provide residential services through ICG. Will we begin using Provider Connect on July 1?

A. New ICG consumers will need to be registered with the Collaborative beginning on 7/1/08. All ICG consumers will need to be updated every 6 months.

8.   What if a consumer does not have a RIN #? Where do we get this information?

A. In order to register with the Collaborative the consumer must have a RIN and have Social Services Package B (Status B) on file with the Collaborative. The process for getting a RIN for a consumer is not changing. You will continue to obtain the RIN through the eRIN process. After the RIN is obtained then you will need to obtain the Social Services Package B as you do today by requesting Social Services Package B from DHS.

9.   What information is entered and where if registrations states there is no social service package B on file?

A. In order to register with the Collaborative the consumer must have a RIN and have Social Services Package B (Status B) on file with the Collaborative. The process for getting a RIN for a consumer is not changing. You will continue to obtain the RIN through the DHS eRIN process. After the RIN is obtained then you will need to obtain the Social Services Package B as you do today by requesting Social Services Package B from DHS.

**10.	Is there a process to save client registration information as you go through the screens? Since there were several screens, there may be a reason where the staff entering the information may need to log out before completing the registration process.**
A. A registration must be completed for it to be accepted. Partial registrations will not be stored in the Collaborative system.

**11.	On slide 23 of presentation it refers to a 30 day retro-registration. Can you explain what this is referring to?**
A. The provider has 30 days after a consumer begins receiving services to register the client. No claims will be paid until the registration has been entered in the Collaborative system.

**12.	When you data enter registration, you referred to drop down menus. Are their codes so you can key in codes vs. selecting from menu?**
A. In ProviderConnect there are codes and descriptions within the drop downs and you do need to select the correct one.

**13.	When will the registration screens be available for printing? This process will force most agencies to re-create their process for collecting and reviewing the registration information prior to entering into Provider Connect.**
A. The registration screens will be available in the ProviderConnect Consumer Registration Training guide.

**14.	Who will provide information for Townships?**
A. You will use the same source as you do today for determination of the township. This is in the Geocode manual.

**15.	Will service claims be rejected for programs which the client is not registered?**
A. The registration process will enroll a consumer in all the core programs for which the registering provider is contracted. This includes special programs if the provider selects the special program. There is no time restraint on special programs. In order to continue to be in the special program the consumer will need to be updated every 6 months.

**16.	Will you be providing the providers with acceptable ICD codes?**
A.   At this time there is no plan to crosswalk DSM-IV codes to ICD-9 codes.

**17.	Can a consumer be registered at more than one provider?**
A. A consumer can be registered by more than one provider. Each provider will complete a separate registration.

18.   **If there is a 30 day window before and after the 6 month termination, why would a bill be rejected?**
A. Updating of the registration should take place before the 6 months has elapsed in order for there to be no interruption in the acceptance of claims, although you will be able to update a consumer up to 30 days after the 6 months has expired. If you submit a service for a date of service after the 6 months and before you have updated that consumer's registration the service will be rejected.

19.   Can you please provide a brief overview of the Status A & B packages? What are they and how do they differ?
A. Status A is Social Services package A or SASS eligible consumers. A consumer who is SASS eligible is only eligible for Juvenile Justice with the Collaborative. In order to submit claims for reimbursement under Juvenile Justice the consumer must be registered for this special program with the Collaborative. All other services provided to a SASS consumer should be billed to HFS.
B.   Status B or Social Service Package B means that the consumer has been registered with DHS as a consumer. Once you have obtained the Social Services Package B then you can register the consumer with the Collaborative for all funds for which you are contracted. If you try to register the consumer with the Collaborative before the Social Services Package B has been received by the Collaborative, then the registration will be rejected and no registration information will be retained on the Collaborative system.

Updating Registrations Using Collaborative Software

Questions and Answers

1.   Can you update as changes occur or do you wait the 6 months? If you can is it necessary to update at the 6 months mark or does the update establish a new 6 month mark?
A. The 6 months is calculated from the start date that you enter in the registration. When you submit the updated information with the new start date the 6 months is recalculated to 6 months from the new start date. When you are updating the registration it is important that you change the registration start date so the next 6 months can be calculated.

2.   Do we need to update our consumer information every 6 months?
A. It is very important that the Collaborative have updated information pertaining to the consumers. There will be a select list of fields that will require updating every 6 months (these fields have not been finalized yet). When accessing ProviderConnect the current registration will pre-populate all fields that do not require updating. If there is no change to any of these fields you will not be required to enter those fields. The select fields that require updating will be blank and will require you to enter the updated information in order to complete the registration process.

3.   Does a client have to be re-registered if they will be remaining open past the initial end date that was entered at time of registration?
A. A consumer needs to have their registration updated. A completely new registration will not be required. There will be a select list of fields that will require updating every 6 months (these fields have not been finalized yet).

4.   For consumers who will be IN continuous services beyond a 6 month period, what does an update consist of? Will there be any reports or notifications of consumers who are due to expire?
A. You will receive reports of your consumer registrations that are due to expire.

5.   If current consumers all remain active until 12/31/08, is it possible to select multiple consumers at once and re-register for 6 months or will we need to open each individual file?
A. Since you will be required to update select fields for the consumer there is not a function that will update multiple consumers at one time.

6.   If you have over a thousand current consumers, you must update them all every six months?

A. It is very important that the Collaborative have updated information pertaining to the consumers. There will be a select list of fields that will require updating every 6 months (these fields have not been finalized yet). When accessing ProviderConnect the current registration will pre-populate all fields that do not require updating. If there is no change to any of these fields you will not be required to enter those fields. The select fields that require updating will be blank and will require you to enter the updated information in order to complete the registration process.

7.   What is the purpose of re-registering clients every 6 months? Can the Collaborative meet this need through some other means than requiring another admin burden on providers?

A. It is very important that the Collaborative have updated information pertaining to the consumers. There will be a select list of fields that will require updating every 6 months (these fields have not been finalized yet). When accessing ProviderConnect the current registration will pre-populate all fields that do not require updating. If there is no change to any of these fields you will not be required to enter those fields. The select fields that require updating will be blank and will require you to enter the updated information in order to complete the registration process.

8.   Will the Collaborative close consumers automatically after a certain time of no activity? If so, what is the time frame?

A. The registrations will not be automatically closed based on the lack of activity.

CROSS DISABILITIES DATABASE

Questions and Answers

1.   What is the cross-disabilities database?
A. The cross-disabilities database is mandated by legislation (Public Act 09-053). The legislation requires that certain key pieces of information be collected and maintained by the DHS. At the point that this legislation went into effect, most of the information required was already being collected by the DMH through ROCS. Four fields that were not currently being collected, but that were required by the legislation were: (1) services needed by the consumer (provider perspective), (2) services sought by the consumer (consumer perspective), (3) caregiver age (when appropriate) and (4) cross disabilities form completion date. The DMH worked with members of the Illinois Mental Health Planning and Advisory Council (MHPAC) to develop a list of services and a plan for collecting the data through ROCS. The four fields were added to the ROCS software developed by the DHS several years ago.

2.   The registration companion guide refers to a cross-disabilities database form. What form should be used?
A. Agencies may collect this information during their usual assessment process and they may document this information as they choose. The cross disabilities form date referenced in the registration companion guide references the date that the information was gathered and documented in an agency's record.

3.   What if there is no caregiver age that is appropriate or if the caregiver's age is unknown?
A. You may indicate unknown (code = 99) or not applicable (code = 00).