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Communication Alert: Implementation of the FY09 Contract

DMH would like to clarify some issues regarding the implementation of the FY09 Contracts for community mental health services.

1. The contract prescribes that providers will receive 1/12th of their estimated annual contract amounts for July, August and September. This will ensure continuing financial support of providers while the new information system of the Collaborative and modifications to providers' systems are implemented, tested and adjusted.
2. Beginning with the advance payment for October services, providers' monthly contract amounts will be adjusted based on their historical billings to DHS/DMH. The adjustment for the payment for October services will be based on the year-to-date billing for the months of July 2007 through May 2008, after which a moving twelve month average will be used (e.g., payment for November's services will be based on July 2007 through June 2008 billing, payment for December's services on August 2007 through July 2008 billing, etc.).
3. For clients served and services delivered through June 30, 2008 providers will continue to submit billing to DHS in the formats currently used.
4. For clients served and services delivered on or after July 1, 2008 providers will enter their billing into the new system following formats established by DHS/DMH and the Collaborative and based on standardized billing processes.
5. As has happened in previous years, if information systems for providers or the state are not ready on July 1, 2008 or have not been sufficiently tested, it is acceptable for providers to hold billings and client registrations for a 1-2 month period to ensure accurate adjudication of billing.
6. With respect to client registration in the information systems in FY09 and concerns about "double entry", please note the following:
 - a. For consumers registered by the providers with DHS/DMH between July 1, 2004 and the present, the Collaborative already has these registration data in their system, and they will receive updates for all consumers registered with DHS with effective dates through June 30, 2008. Providers will not be required to re-register these consumers for the initial transition to the Collaborative.

- b. For new consumers, providers will have two options:
 - i. Direct data entry through ProviderConnect (at no charge). This would likely be the choice of providers currently utilizing ROCS software to submit registrations. Under this option, providers would enter registrations one consumer at a time directly through the ProviderConnect website. A distinct advantage of this option is that it offers efficient on-line edits, drop down coding, and extremely fast registration turn-around. This option will be available in July 2008.
 - ii. Batch registration using third party software. This will likely be the preferred option for providers who have their own information systems and serve large numbers of consumers. Under this option, providers will submit batch files according to the format specified by the Collaborative. This option is still under development and will not be available in July 2008.
7. The issue has also been raised that providers may be required to enter some consumer data more than once with respect to submitting service claims. It is true that standardized claims transactions require certain consumer information to verify the individual's identity. Some of this information duplicates what is submitted in the registration process. The Collaborative understands this and is working to minimize the consumer information necessary for a claim to be submitted while still assuring that each service claim is correctly associated with the right consumer. The minimum consumer information that must be reported on a claim will be:
 - a. Consumer name (first and last)
 - b. Consumer Recipient Identification Number (RIN)
 - c. Consumer gender
 - d. Consumer birth date

For providers that choose to submit claims through their own or third party software, these data elements may be loaded from other sources in their system. For providers that choose to submit claims with direct data entry through ProviderConnect some of these data elements will be automatically loaded once the consumer has been correctly identified.