

**ILLINOIS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH**

**MEMORANDUM**

**DATE:** August 3, 2009

**TO:** DMH Providers

**FROM:** Mary E Smith, Ph.D  
Associate Director  
Decision Support, Research and Evaluation

**RE:** MIS/IT Updates – Communication Alert

The purpose of this memorandum is to provide four updates associated with reporting and claims submission:

**I. Submission of Claims for Individuals Approved for ICG Residential Services Who Receive Supplemental Security Income (SSI) Benefits**

The child's Social Security contribution (SSI) shall be deducted from the residential rate established by the Illinois Purchase of Care Review Board. The actual cost of care is the rate minus the Social Security benefit.

Agencies submitting claims for individuals receiving SSI benefits are to use the following procedure for submitting claims:

A. Batch Claims – Agencies Using Third Party Proprietary or Their Own Software to Submit an 837P

1. Residential per diem services should be billed on a monthly basis when applicable. In this instance, the SSI payment amount will apply to the monthly service. If services are billed for less than a month, the SSI payment amount should be prorated for the number of days billed.
2. The SSI payment amount should be reported as insurance type code "OT" (Other insurance) and the payment amount should be entered in the appropriate field (COB payer paid amount).
3. The payment date that is reported should be the date that the check for SSI benefits is received by the provider.

B. Submission of Claims Using Provider Connect

1. Residential per diem services should be billed on a monthly basis when applicable. If services are billed for less than a month, the SSI payment amount should be prorated for the number of days billed.

2. The provider must report that the Subscriber is the patient. Once this is done, the consumer's last name, first name, DOB and Sex will auto complete. The next field that should be completed is the Group Name. Enter SSI Income in this field.
3. The SSI payment amount should be reported as insurance type code "OT" (Other insurance) and the payment amount should be entered in the appropriate field (COB payer paid amount).
4. The payment date that is reported should be the date that the check for SSI benefits is received by the provider.

## **II. Billing for ICG Application Assistance**

When an agency provides ICG application assistance to youth and their families who are not known to the agency, and the agency has not opened and registered the consumer to their agency, ICG application assistance should be billed using the appropriate pseudo-RIN as displayed on the Illinois Mental Health Collaborative website.

When an agency provides ICG application assistance to youth and their families who are **not** SASS eligible, and who are either (a) currently open to the agency or (b) are being opened to the agency and registered, application assistance may be billed under case management.

When an agency provides ICG application assistance to youth and their families who are SASS eligible, application assistance may be billed under case management and submitted to HFS as a SASS service using the appropriate procedure for billing of SASS services.

## **III. Reporting of Services Provided to Collaterals When Rolling Up Services**

When services provided to a consumer and a collateral are rolled up into a single claim (e.g., the same service, same agency and same location for services to a consumer and his/her collateral), the service recipient code should be recorded as provision of services to a collateral (code G8).

## **IV. Provider Reports – Medicaid and Non-Medicaid Billing Status**

A new report created specifically for Illinois mental health providers will be added to ProviderConnect BusinessIntelligence Reports in the next week. The new report which is entitled, *Illinois Detailed Data Set: Medicaid Status.Rpt*, gives providers the ability to generate a report detailing payment status (Medicaid, Non-Medicaid or Medicaid and Non-Medicaid) and payment status (approved, denied, or approved and denied) by date (service date, paid date or received date).