

SFY 2021 IPN Claim Process Instructions

INTRODUCTION

Welcome! Contained in this document are the instructions for submission SFY 2021 claims. This new process will replace the SFY 19 and SFY20 Claim Spreadsheet process.

SUD AND PG TREATMENT

The new *SUD-PG Claim Summary* (SSRS Report that is exported as an Excel spreadsheet) will replace the Claim Spreadsheet, and the SUD Claim Summary and PG Claim Summary used for SFY 2019 and SFY 2020.

The new *SUD-PG Claim Summary* is a summary of the validated services (reported to the Central Data Repository/I-SMART) from the *SUD and PG Claim Detail Reports*, and the *IPN Community Outreach Detail*. All SSRS reports contain the changes made for the SFY 2021 contract period as contained in the Integrated Provider Network Provider Manual (July 2019) and subsequent releases posted at <https://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Documents>.

The *SUD-PG Claim Summary* when run and downloaded as an Excel spreadsheet has a labeled tab for each contracted treatment budget.



Figure 1: SUD-PG Claim Summary Tabs

Additionally providers will be able to add to each tab those units for services tracked internally tracked. Contractors are encouraged to continue to use the *SUD and PG Claim Detail* reports are to monitor service record errors for IPN funded services. Upon completion, the *SUD-PG Claim Summary* tabs, the *SUD-Claim Summary* spreadsheet shall be uploaded as part of the monthly claim process in IowaGrants.

The SUD-PG Claim Summary is designed to be used as a monthly claim report. IDPH will do use the SUD-PG Claim Summary report for quarterly reconciliation to account for any corrections and/or service changes for the previous quarter.

NETWORK SUPPORT AND PREVENTION

For SFY 2021, Network Support and Prevention (SUD and PG) line item expenses will be entered into the appropriate section in the IowaGrants monthly claim form (Salary/Fringe, Subcontract, Equipment, Other, and Indirect/Administrative) based on the submitted budget line item justifications. Please note that all reported expenses are subject to a audit by the Department.

SUD AND PG TREATMENT CLAIM PROCESS

The following steps are to be used for determining the budget claim amount totals for each contracted budget.

SUD CLAIM DETAIL AND PG CLAIM DETAIL REPORTS

STEP ONE: Log into SSRS to run the following reports

Each agency has designated staff that have been granted permission to the agency folder and IPN PG Folder. Select and run each of the following reports (as applicable):

- *Provider Reports Folder/Agency Folder/IPN SUD Claim Detail* (select all pay sources)
- *Provider Reports Folder/IPN Problem Gambling Treatment Reports Folder/IPN PG Claim Detail* (select all pay sources)

IPN Claim Spreadsheet Instructions

Start Date Thru Agency

Dw Modified Date Primary Pay Source

Figure 2: SUD-PG Claim Summary Report filters

Enter the *Start Date* for the claim period. The *Thru* date is the last date of the claim month, and the *Claim Date* is the date you are running the report for the claim month. For the SUD reports, the Agency drop down will be hidden as the report in your Agency folder is specific to your agency. For PG reports, the Agency drop down will be available, but only your agency will be listed. Then select the Primary Payment source (SUD = IDPH/Non-Medicaid Eligible; PG = State Unit Reimbursement). Contractors may choose to run reports for all payment sources to see all service/encounter period that has been entered.

Click the **View Report** button to run the report. Below is a snap shot of what the report will look like on the screen.

The screenshot shows the 'SUD Claim Detail' report interface. At the top, there are filter fields for Start Date (12/1/2019), Thru (12/31/2019), Agency (Zion Recovery Services), Dw Modified Date (12/31/2019), and Primary Pay Source (IDPH/Non-Medicaid Eligible). Below the filters is a search bar and a 'View Report' button. The main content area displays a table with the following columns: Agency, Facility, County, ICD9, Specialty No., Event Type, Service ID, Encounter Type, Environment, IPN Service, Start Date, End Date, Primary Payment Source, Other Payment Source, Duration, Encounter Type, Study, W & C, Dw Modified Date, BILL, and IPN UNITS. The last two columns, 'BILL' and 'IPN UNITS', are highlighted in yellow.

Figure 3: SUD Claim Detail

Click on the button to download the report in the format that will work best (It is recommend downloading as an Excel file).

Each Claim Detail report provides a listing of each encounter/service that has been reported and the status of each encounter/service. Please note for the SUD Claim Detail, the combination of Encounter Type, Event Type, and Environment of the service have been used to determine the IPN Service Type for that encounter/service. For agencies using I-SMART (Substance Abuse and Problem Gambling Domain) the IPN Services are available in the Service Description of the Encounter.

The last two **highlighted** column show the STATUS and the IPN UNITS for each service.

NOTE: For the SUD Claim Detail and PG Claim Detail, contractors are encouraged to be proactive and run these reports as often as necessary to assure all eligible services have a “BILL” status and can be included on the monthly Claim Summary report and entered on the Claim spreadsheet.

STATUS “MESSAGES”

- BILL – Service has been validated as appropriate to be included in the SUD and PG Claim Summary report.
- DURATION ERROR – Service duration is not a multiple of 30 minutes. Fix service by rounding to nearest 30 minutes and save or resubmit (if CDR Reporting)
- EMPTY DURATION – Service duration is blank. Fix service by entering the correct number of minutes (multiples of 30 minutes) and save or resubmit (if CDR Reporting)
- ENCOUNTER TYPE ERROR – The wrong Encounter Type was selected for the service. Fix by selecting the correct Encounter Type for the service and save or resubmit (if CDR Reporting).
- ENVIRONMENT TYPE ERROR – There is a mismatch between the Environment submitted and either the Encounter Type or Event Type.
- NOT IDPH ELIGIBLE – The patient has “out of state” reported as the county of residence, and therefore not eligible to be billed to the IPN contract.
- NOT W&C ELIGIBLE – Service is tied to the W&C special initiative code (from Admission record), however agency is not currently funded for W&C services. No fix is necessary, as in most cases this error is returned for programs providing interim W&C services through Amerigroup.
- NOT W&C PROGRAM – Service is tied to W&C special initiative code (from Admission record), however, service is not a W&C service. In most cases this will be for Early Intervention, which is not a W&C reimbursed service.

IPN Claim Spreadsheet Instructions

- ONE PER EPISODE—Not necessarily an error, but is indicating that only one (1) Placement Screening or Medical Evaluation can be done per treatment episode. If more than one are listed per episode, the claim summary report will only count the first Placement Screening or Medical Evaluation.
- **UNIT ERROR (PG Claim Detail Only)**—For services where unit should always be 1. Correct to 1 and save.

IPN UNITS

These are the units that will be included in the *SUD-PG Claim Summary* report.

Contractors will need to keep in mind when making corrections in I-SMART or their EHR to take into consideration the next time I-SMART or their EHR will be loaded to the CDR. If the correction is made and not in the CDR at the time of the claim submission, the corrected service(s) will be included when IDPH does a quarterly reconciliation.

Once all error messages have been addressed, move on to Step 2.

STEP 2: RUN THE *SUD-PG CLAIM SUMMARY* REPORT

This SSRS report can be found at *Provider Reports Folder/Agency Folder/SUD-PG Claim Summary (XXx)*

As with the *SUD and PG Claim Detail* reports, enter the *Start Date* which will be the first day of the claim month and the *Thru* date (last date of the claim month). The report automatically filters for IPN eligible payment sources (for the *SUD WC Part 2* tab, all payment sources are included for determining case rate counts for the month).

Click the [View Report](#) button to run the report. Below is a snap shot of what the top of report will look like on the screen (please note this is not a screen shot of the entire report). Users can scroll down to see all the tables in the report.

Start Date Thru Agency Name

Navigation: |< < 1 of 2? > >| Refresh Back 100% Save Print Find | Next

Iowa Department of Public Health

SUD-PG Claim Summary

Service Date Range: From 07/01/2020 through 07/31/2020

Primary Payment Source(s): IDPH/Non Medicaid Eligible

Figure 4: SUD-PG Claim Summary Report

IPN Claim Spreadsheet Instructions

On the *SUD-PG Claim Summary* report there is a **Month** column that will contain the number of the claim month (7=July). There is also a **FY Units (Fiscal Year)** that will have the same total as the month column, except when IDPH conducts the quarterly and year-end reconciliation. For those the IPN Services where cells are **highlighted in blue**, please report the values from the contractor internal tracking documentation (the Month and FY Units fields in each row are the same number). Multiply the **Month** total by the stated **Unit Rate** to enter in the corresponding **Claim Amount** field. Once the applicable Claim Amounts have been entered, sum the Claim amount column [**Total (Enter into IowaGrants)** is entered on the appropriate IowaGrants Claim line].

Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Substance Use Disorder		07/01/2020 to 07/31/2020		
Services	Unit Rate	Month	FY Units	Claim Amount
Outpatient Initial Assessment-OWI (Internal Tracking)	\$125.00	7		
Outpatient Initial Assessment	\$165.00	5	5	
Outpatient Individual Counseling	\$65.00	37	37	\$2,405.00
Outpatient Group Counseling	\$35.00	52	52	\$1,820.00
Intensive Outpatient/Partial Hospitalization (Per Diem)	\$65.00	7	7	\$455.00
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorder				
Care Coordination	\$500.00	35	35	\$17,500.00
Care Coordination - OTP (UCS Internal Tracking ONLY)	\$65.00			
MAT - Medical Evaluation (internal tracking)	\$275.00			
MAT- Medical Care (internal tracking)	50.00			
MAT - Drug Testing (internal tracking)	\$10.00			
MAT - Medication (internal tracking)	\$1.00			
Recovery Peer Coaching (internal tracking)	\$30.00			
Transportation (internal tracking)	\$1.00			
Outpatient Treatment/Covered Service: Other Covered Services for Non-Patients - Substance Use Disorder				
Crisis Counseling (internal tracking)	\$65.00			
Community Outreach (See IPN Community Outreach Detail Tab for Substance Use values)	\$65.00			
COVID-19 Testing (Internal Tracking)	\$100.00			
Family Education Services (Internal Tracking)	\$55.00			
SBIRT	\$35.00			
Total (Enter into IowaGrants)				

Figure 5: SUD OP tab

For Community Outreach, please see the tab "IPN Community Outreach Detail" and report the *Substance Use* total and *Gambling* total on the corresponding *SUD OP* and *PG OP* tabs.

Community Outreach Claim Amount		
Strategy	Units	Claim Amount
Gambling	1	\$65.00
Substance Use	2	\$130.00

NOTES:

- Effective September 1, 2019, the differentiation between certified/licensed and independently licensed staff has been discontinued.
- Effective March 1, 2020, the Care Coordination rate is \$500 per patient, per month for Outpatient Services (SUD/PG). At which time this rate returns to the contracted \$75 per month rate, the SUD-PG Claim Summary will be updated to return a \$75 rate for Care Coordination prior to 3/1/2020 and the date the \$75 rate returns.
- For PG services entered in I-SMART, the SUD-PG Claim Summary report contains the actual IPN services that were selected in I-SMART.
- For Outpatient Initial Assessment – OWI: Reduce the units in the Outpatient Initial Assessment line to reflect number of OWI Evaluations completed and entered.
- Please be sure to enter a value in all blue highlighted fields in the spreadsheet. If there is nothing to report, please enter "0".

As applicable, repeat the above process for **Outpatient – Problem Gambling, Residential, Women and Children, and Methadone**. Once all applicable Service Categories/Tables have been filled in, move on to **SUBMITTING A CLAIM IN IOWAGRANTS**.

IDPH Integrated Provider Network (IPN)
IPN Claim Spreadsheet Instructions

SUBMITTING A CLAIM IN IOWAGRANTS

Log into IowaGrants and select the agency IPN Grant. Under Grant Components, click on Claims, and then click on the  "Add" to open a new claim form. And then enter the Report Period (in this example it is for the July 2020 Claim Period).

Claim: 349802 - 002 [Grant Components](#)

Grant: 349802-IPN RFA Application TEST Eric Preuss

Status: Editing

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Manager: Julie Jones

Claim General Information

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

Claim Type:* Reimbursement

Claim Status:* Editing

Report Period 07/01/2020  07/31/2020 
From Date To Date

On Hold

Figure 6: Claim General Information

Components [Preview](#) | [Submit](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	08/03/2020
Reimbursement		
Integrated Claim Support Documentation		

Figure 7: Claim Components - IowaGrants

Click on the [Reimbursement](#) form and click on "Edit" in the upper right hand corner

Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
Network Support Line Item Budget					
Salary and Fringe	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Equipment	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00
Other	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00
Indirect or Administrative Costs	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00
Prevention Services - Substance Abuse Line Item Budget					
Salary and Fringe	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Equipment	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00
Subcontract	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
Other	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
Indirect or Administrative Costs	\$4,500.00	\$0.00	\$0.00	\$0.00	\$4,500.00
Prevention Services - Problem Gambling Line Item Budget					
Salary and Fringe	\$45,000.00	\$0.00	\$0.00	\$0.00	\$45,000.00
Equipment	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00
Subcontract	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00
Other	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
Indirect or Administrative Costs	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00

On the Reimbursement form, For Network Support and Prevention, as applicable, enter the claim amount for each line on the form in the "Expense this Period" (column 2).

Figure 8: IowaGrants Claim Form

IPN Claim Spreadsheet Instructions

Then scroll down the IowaGrants Claim Form to the treatment service claim lines and enter the highlighted (Yellow) total from each applicable treatment services tab in the SUD-PG Claim Summary spreadsheet.

Outpatient Treatment - Substance Use Disorder					
Contractor					
Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	\$56,000.00	\$0.00	\$0.00	\$0.00	\$56,000.00
Outpatient Treatment - Problem Gambling					
Contractor					
Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	\$98,888.00	\$0.00	\$0.00	\$0.00	\$98,888.00
Residential Treatment					
Contractor					
Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	\$888,899.00	\$0.00	\$0.00	\$0.00	\$888,899.00
Women and Children Treatment					
Contractor					
Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	\$99,999.00	\$0.00	\$0.00	\$0.00	\$99,999.00
Methadone Treatment					
Contractor					
Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	\$88,990.00	\$0.00	\$0.00	\$0.00	\$88,990.00

Figure 10: IowaGrants Claim Form

Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Substance Use Disorder	Unit Rate	07/01/2020 to 07/31/2020		Claim Amount
		Month	FY Units	
Services		7	FY Units	Claim Amount
Outpatient Initial Assessment-OWI (Internal Tracking)	\$125.00	0	0	\$0
Outpatient Initial Assessment	\$165.00	5	5	\$825
Outpatient Individual Counseling	\$65.00	26	26	\$1,690
Outpatient Group Counseling	\$35.00	47	47	\$1,645
Intensive Outpatient/Partial Hospitalization (Per Diem)	\$65.00	7	7	\$455
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorder				
Care Coordination	\$75.00	27	27	\$2,025
Care Coordination - OTP (UCS Internal Tracking ONLY)	\$65.00	0	0	\$0
MAT - Medical Evaluation (internal tracking)	\$275.00	1	1	\$275
MAT- Medical Care (internal tracking)	\$50.00	1	1	\$50
MAT - Drug Testing (internal tracking)	\$10.00	3	3	\$30
MAT - Medication (internal tracking)	\$1.00	45	45	\$45
Recovery Peer Coaching (internal tracking)	\$30.00	5	5	\$150
Transportation (internal tracking)	\$1.00	125	125	\$125
Outpatient Treatment/Covered Service: Other Covered Services for Non-Patients - Substance Use Disorder				
Crisis Counseling (internal tracking)	\$65.00	5	5	\$325
Community Outreach (See IPN Community Outreach Detail Tab for Substance Use values)	\$65.00	2	2	\$130
COVID-19 Testing (Internal Tracking)	\$100.00	2	2	\$200
Family Education Services (Internal Tracking)	\$55.00	5	5	\$275
SBIRT	\$35.00	10	10	\$350
Total (Enter into IowaGrants)				\$8,595

In the example provided here, **\$8,995** from the SUD OP tab of the spreadsheet will be entered in the *Expenses This Period* column for **Outpatient Treatment - Substance Use Disorder**.

Figure 9: SUD OP tab

For Women and Children contractors, there are two tabs to **TOTAL** to determine the Women and Children claim amount. In this example **\$30,565** would be entered into IowaGrants for **Women and Children Treatment**.

Women and Children Treatment - Outpatient: Licensed Program Services for Patients	Unit Rate	07/01/2020 to 07/31/2020		Claim Amount
		Month	FY Units	
Services		7	FY Units	Claim Amount
Outpatient Initial Assessment-OWI (Internal Tracking)	\$125.00	5	5	\$625.00
Women and Children Treatment - Residential: Licensed Program Services for Patients				
Clinically Managed Low-Intensity Residential	\$80.00	8	8	\$640.00
Clinically Managed High-Intensity Residential	\$275.00	36	36	\$9,900.00
Other Covered Services for Non-Patients - Adult Residential				
COVID-19 Testing (Internal Tracking)	\$100.00	5	5	\$500.00
Total SUD WC Part 1 (Enter into SUD WC Part 1 field on W&C Case Rate Tab)				\$11,665.00

Figure 10: SUD WC Part 1 tab

W&C Case Rate			
Outpatient	Unit Rate	Units	Claim Amount
1-14 Days	\$140.00	15	\$2,100.00
15+ Days	\$310.00	0	\$0.00
Residential	Unit Rate	Units	Claim Amount
1-14 Days	\$1,400.00	12	\$16,800.00
15+ Days	\$3,100.00	0	\$0.00
W&C Case Rate Amount			\$18,900.00
Total from SUD WC Part 1 Tab			11665
Total W&C Claim Amount (Enter in IowaGrants)			\$30,565.00

Figure 11: SUD WC Part 2 tab

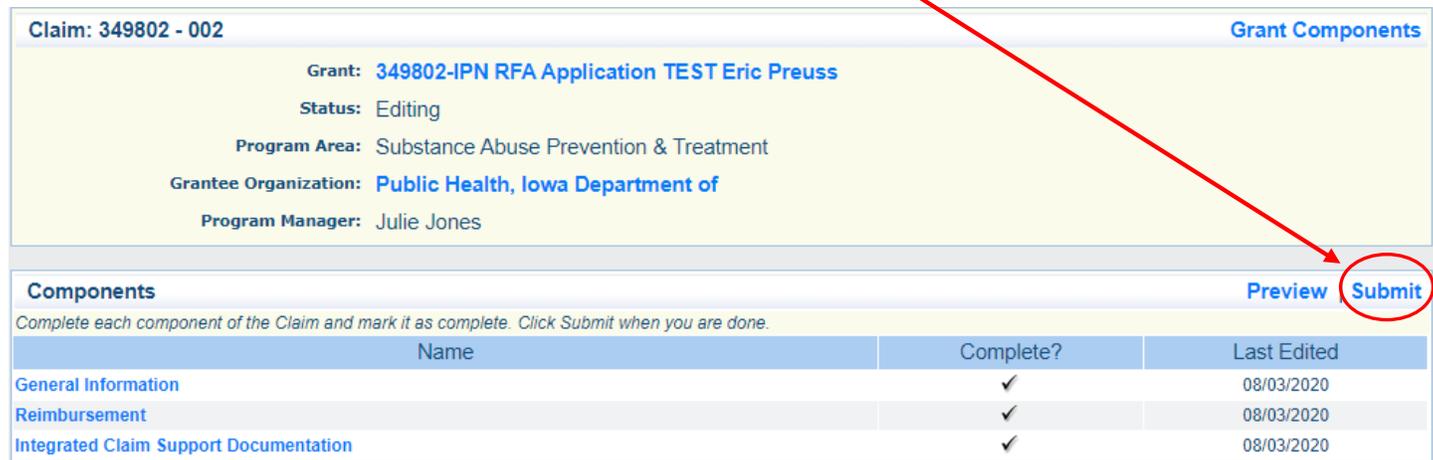
IDPH Integrated Provider Network (IPN)
IPN Claim Spreadsheet Instructions

After entering the total from each applicable Service Category on the Claim Spreadsheet on the Claim Form in IowaGrant then click on [Mark as Complete](#).

Next, in the **Components** screen, click on [Integrated Claim Support Documentation](#) and then click on  icon. Find the **Claim Summary Upload:** and click the  icon. Select and upload the SUD-PG Claim Summary spreadsheet. The **Claim Spreadsheet Upload:** and **Claim Progress Report Upload:** options will not be used.

Once all claim support documentation has been uploaded, then click on [Mark as Complete](#).

The claim form will then look like the below. If all sections completed, click the [Submit](#) hyperlink.



Claim: 349802 - 002		Grant Components
Grant:	349802-IPN RFA Application TEST Eric Preuss	
Status:	Editing	
Program Area:	Substance Abuse Prevention & Treatment	
Grantee Organization:	Public Health, Iowa Department of	
Program Manager:	Julie Jones	
Components		Preview Submit
<i>Complete each component of the Claim and mark it as complete. Click Submit when you are done.</i>		
Name	Complete?	Last Edited
General Information	✓	08/03/2020
Reimbursement	✓	08/03/2020
Integrated Claim Support Documentation	✓	08/03/2020

Figure 12: Claim Components

After the claim has been submitted, IDPH will review. If the information entered on the claim form does not match the submitted documentation, the claim will be negotiated back with instructions on what needs corrected. Upon approved, IDPH will “lock-down” the current month “tab” on the Claim Spreadsheet and return to the agency via IowaGrants Correspondence to be used for the next claim period.

SUPPORTING DOCUMENTATION FOR CLAIMS

The following types of supporting documentation for claims submitted to the Department are to be kept on file at the contracted agency and provided to IDPH as requested.

SALARY/FRINGE

Reimbursement will only be made for actual hours worked by personnel included in the approved budget. Do not submit documentation or expenses for personnel not specified in the approved budget. Documentation must be provided for each position being funded by the IPN contract. This documentation, at a minimum, will include the following:

- Time sheets reflecting name, dates of service and amount for each position being charged to the IPN contract
- Time sheets are to be maintained for all staff regardless of their designated level of effort for the grant
- Pay stubs or general ledger payroll printouts are accepted provided the staff person’s name, position and dates of service are clearly presented
- If the position is paid by unit of service, counseling session or any other differing “rate” of pay, documentation including name, dates of service and amount is required
- If an employee is dedicating time to more than one project, this must be clearly documented on the timesheet. The time being charged to IPN contract is to be separated out.

Payment for benefits provided to employees charged to the IPN contract also require documentation. This documentation, at a minimum, will include at least one of the following:

- Copies of premiums or benefit claims paid

IPN Claim Spreadsheet Instructions

- Copies of payroll documentation that includes benefit information
- Statement of benefits paid (monthly or bi-weekly depending upon pay period)

SUBCONTRACT

A draft version of each subcontract totaling \$2,000 or more must be approved by IDPH prior to its execution. The draft subcontract must include the beginning and ending contract dates, the scope of services to be provided by the subcontractor, a line item budget and justification, the total subcontract amount and reimbursement policies. Once the draft subcontract is approved by IDPH, it may be fully executed and placed in IowaGrants. Documentation for subcontracted services will vary. All documentation should include information regarding services rendered, dates of service and amount paid.

EQUIPMENT/OTHER

- **EQUIPMENT:** Equipment is defined as any item with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more. Equipment purchases must have written prior approval from IDPH if the item/s were not approved in the original project budget. A copy of the original invoice including the date of purchase, the item(s) purchased and the amount per unit is required for documentation.
- **OTHER:**
 - **Travel**
 - Travel expenses are restricted to the regulations as listed in the IPN Provider Manual.
 - **Training and Tuition:** Documentation will vary depending upon the training attended. Documentation will include, at a minimum, the following:
 - Name(s) of those attending, name of seminar/course attended, dates of training, cost per individual and location
 - Dated receipts for the registration or tuition payment
 - Itinerary/Agenda from conference
 - **Supplies and Operating Expenses:** Documentation will include, at a minimum, the following:
 - Dated invoices or itemized receipts (statements or packing slips are not acceptable)
 - Operating expenses will be documented via invoice or copies of agreements in the case of rental/lease
 - The allocation of costs must have supporting documentation to support the basis of distribution of the expenses

INDIRECT/ADMINISTRATIVE

Indirect/Administrative costs may be charged based on the approved rate (%) as stated in the IPN contract. For example, an approved budget indicates administrative costs are 8% of Direct Costs. The administrative expenses for each month may not exceed 8% of the direct costs for that specific month.

RECONCILIATION

Currently, IDPH is planning on quarterly and annual reconciliation. This is an IDPH initiated process, and IDPH will contact each Contractor at the time of the reconciliation for any additional documentation and/or information to support the reconciliation process. The SUD-PG Claim Summary report will be used to assist in the reconciliation process.

Please direct questions to IPN@idph.iowa.gov.