

SFY 2022 IPN Claim Process Instructions

INTRODUCTION

Contained in this document are the instructions for submission of SFY 2022 claims via the new 837P process in Iowa Behavioral Health Reporting System (IBHRS) and completing the monthly claim in IowaGrants. This new process will replace the SFY 2021 Claim Spreadsheet process.

Effective July 1, 2021, for IPN Covered Services provided on/after July 1, 2021, Contractors will use the IBHRS 837 process for adjudication of claims.

To submit a monthly [IowaGrants](#) claim, Contractors will have to successfully complete the IBHRS 837P Certification Process, and have uploaded 837 claims for the services provided on/after July 1, 2021. Upon certification Contractors may begin submitting 837 claims via IBHRS on/after August 9, 2021 (please see Section 3.5 "837 Certification" of the [IBHRS Provider Submission Guide](#) for the steps to follow to receive IBHRS 837P Certification). The [IPN H837 Companion Guide](#) contains the transaction standards which meet the Iowa Behavioral Health Reporting System (IBHRS) processing methodology. It provides specific requirements for submitting professional claims (837P) to IBHRS, and it contains information about enrollment, testing, and support. The [IPN H837 Submission Training](#) (recorded April 2, 2021) may also be helpful.

NETWORK SUPPORT, SUD PREVENTION, PROBLEM GAMBLING PREVENTION, AND PROBLEM GAMBLING TREATMENT

The following sections provide information on filling out each section of the IowaGrants claim form for SFY 2022 expensed based services..

NETWORK SUPPORT, SUD PREVENTION, AND PROBLEM GAMBLING PREVENTION

For SFY 2022, 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, as applicable) based on the submitted budget line item justifications. Please note that all reported expenses are subject to audit by IDPH.

PROBLEM GAMBLING TREATMENT

Effective July 1, 2021, Problem Gambling Treatment Services are no longer tied to the IPN Unit Rate Table (Appendix J) and are now a line item budget, reimbursed on actual direct cost expenditures per budget line category. Budget line categories for PG Treatment Services are:

- Salary/Fringe (PG Treatment Champion)
- Other: use of YLI/IDPH approved materials, mileage, and other expenses to support PG Treatment Champion.
- Recovery Support Services (not fee for service): Contractor will provide support documentation to support claimed amount (IBHRS)
- Indirect

PG Treatment Billing: Contractors will collect and report PG Treatment data to IBHRS (Provider Client, Treatment Episode, Services, and Non-Patient services) for utilization tracking and retrospective review and related direct service requirements.

SUD TREATMENT

The following section provided information on the new Unit Rates table for SFY 2022 (Appendix J) and how to enter in the IowaGrants claim form for SUD Treatment Services.

IPN Claim Spreadsheet Instructions

APPENDIX J: IPN UNIT RATES TABLE

With the introduction of the IBHRS 837P claim process, IDPH is using this opportunity to align reimbursement methodology with that of Medicaid and other third party payers. IPN Provider Manual Release #5 [Appendix J](#) provides contractors with the IBHRS Concept Code (IBHRS Reporting), Service Procedure Description and Procedure Code for submission of 837P claims.

IOWAGRANTS CLAIM SUBMISSION TABLE

The IowaGrants Submission Table provides the date ranges to be used for the *IowaGrants Claim Summary Report* and the *IowaGrants Non-Patient Services Report*. Both of these are available via SSRS.

IowaGrants Claim Submission Table SFY 2022				
	IBHRS Adjudication Dates		Non-Patient Services Dates	
Month	Adjudication From Date	Adjudication To Date	Start Date	End Date
July 2021	7/1/21	8/10/21	7/1/21	7/31/21
August 2021	8/11/21	9/14/21	8/1/21	8/31/21
September 2021	9/15/21	10/12/21	9/1/21	9/30/21
October 2021	10/13/21	11/9/21	10/1/21	10/31/21
November 2021	11/10/21	12/14/21	11/1/21	11/30/21
December 2021	12/15/21	1/11/22	12/1/21	12/31/21
January 2022	1/12/22	2/8/22	1/1/22	1/31/22
February 2022	2/9/22	3/8/22	2/1/22	2/28/22
March 2022	3/9/22	4/12/22	3/1/22	3/31/22
April 2022	4/13/22	5/10/22	4/1/22	4/30/22
May 2022	5/11/22	6/14/22	5/1/22	5/31/22
June 2022	6/15/22	7/12/22	6/1/22	6/30/22

**Final claim to be submitted within 45 days of the close of the contract period. To ensure processing, final contract period claims (837P's) must be submitted by COB on 8/1/22 to assure all pended claim items are reviewed and batched for processing on 8/9/22 and final claims submitted in IowaGrants on 8/15/22.*

SUD TREATMENT CLAIM PROCESS

Each agency has designated staff that have been granted permission to the IBHRS/SSRS reports. The following reports will be used to support the SUD Treatment amount reported for the monthly IowaGrants Claim. :

- *Provider Reports Folder/Claims Reconciliation Report*
- *Provider Reports Folder/IowaGrants Claim Summary Report*

IPN Claim Spreadsheet Instructions

SSRS REPORT INSTRUCTIONS

Step 1: Log into SSRS

- Click on **IowaGrants Claim Summary Report**
 - Select **Provider Agency Name**
 - Select **Plan Name = IPN**
 - Select **Authorization Period Name = SFY 2022**
 - Select **Payor Group Name = SUD Treatment** (*Note: Women and Children contractors will also run this same report where the **Payor Group Name = Women and Children**; Methadone contractor will also run this same report where the **Payor Group Name = Methadone**.*)
 - Enter **From Date** and **To Date** (these are the adjudication date ranges for each month from the **IowaGrants Claims Submission Table** above)
- Click on **View Report**
 - Summary reports for each service area will be generated.
 - Click on the  icon and select how you would like to export/save the report.
- To view the detail of the claim information in this report, click on Claims Reconciliation Report and follow the same steps above. For programs with more than one service area, please run a separate report for each service area.

Step 2: Return to SSRS

- Click on **Non-Patient Services Summary Report**
 - Select **Agency Name** and **Service Area**
 - Enter **Service Date** and **End Date** (to/from dates)
 - Click on **View Report**
 - Click on the  icon and select how you would like to export/save the report.
- To view the supporting detail of the **Non-Patient Services Summary Report** please click on the **Non-Patient Services Detail Report** and follow the same steps above. For programs with more than one service area, please run a separate report for each service area.

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** icon 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
<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			
Integrated Claim Support Documentation			

Figure 7: Claim Components - IowaGrants

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

IPN Claim Spreadsheet Instructions

Reimbursement					
Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
FY22 Network Support Line Item Budget					
Salary and Fringe	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY22 Prevention Services - Substance Abuse Line Item Budget					
Salary and Fringe	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY22 Prevention Services - Problem Gambling Line Item Budget					
Salary and Fringe	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY22 Outpatient Treatment - Problem Gambling Line Item Budget					
Salary and Fringe	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect or Administrative Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

Then from the **IowaGrants Monthly Claim Summary Report** and where applicable the **Non-Patient Services Summary Report** and enter the amounts from **Total** of each report for each applicable group (SUD Treatment, Women and Children, Methadone).

Note: Where applicable, add the total for SUD Non Patient Services Summary Total to the IowaGrants Claim Summary Report for SUD Treatment for the total claim amount to be entered on the IowaGrants Claim Line for SUD Treatment.

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](#).

IPN Claim Spreadsheet Instructions

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 **Iowa Grants Monthly Claim Summary Report**. The **Claim Spreadsheet Upload:** and click the  icon. Select and upload the **Non-Patient Services Monthly Summary Report**. **Claim Progress Report Upload:** leave blank.

Integrated Claim Support Documentation

Please name the document in the following format: *Contract #_Spreadsheet (i.e. 5889PN01_Spreadsheet)* NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Spreadsheet Upload:

Please name the document in the following format: *Contract#_Summary (i.e. 5889PN01_Detail)* NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Summary Upload:

Please name the document in the following format: *Contract#_Report (i.e. 5889PN01_Report)* NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Progress Report Upload:

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](#)

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	✓	08/03/2020
Integrated Claim Support Documentation	✓	08/03/2020

Figure 12: Claim Components

Note: Please click on **Grant Components** after you have submitted a claim. **DO NOT** click on the Back Button on your browser. Clicking on the back button in your browser will result in double lines in your claim.

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 to be corrected..

SUPPORTING DOCUMENTATION FOR CLAIMS

The following types of supporting documentation for claims submitted to IDPH 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

IPN Claim Spreadsheet Instructions

- 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
- 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, reimbursement policies as well as other requirements noted in the [IDPH General Conditions](#), Section 5b. Once the draft subcontract is submitted through IowaGrants correspondence and approved by IDPH, it may be fully executed and will be in the Contract Documents component of IowaGrants by IDPH staff. 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:**
 - o **Travel**
 - Travel expenses are restricted to the regulations as listed in the IPN Provider Manual.
 - o **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
 - o **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.

IPN Claim Spreadsheet Instructions

RECONCILIATION

IDPH is planning on an annual reconciliation for the Non-Patient Services. 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 Non-Patient Services Summary Report will be used to assist in the reconciliation process.

There will not be a reconciliation process for the 837 claim process per se, as Contractors may submit a final FY claim for any FY 22 claim items and/or adjustments up and through August 8, 2022.

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