

Questions & Responses from the CCRI Encounters Webinar 4/29/2022

Can we get these slides?

Yes, they will be shared with our CCRI distribution lists.

Can you repeat the site that has all the resource information?

<https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BH-HealthChoices-Systems-Management.aspx> and <https://www.dpwds.state.pa.us/docushare/dsweb/Login>

Is there a training guide or a procedure manual specific to the counties?

There is no consolidated manual at this time. There is documentation specific to different sections of CCRI on DocuShare. OMHSAS will look at developing something in the future. In the meantime, presentations are being provided this summer targeted to the three areas of CCRI – Encounters was just held, Provider Enrollment and Consumer Enrollment will be held later this summer – as well as an overall CCRI Presentation which will include other CCRI responsibilities.

HCSIS

If a county contracts with a provider is that provider allowed to enroll individuals into HCSIS?

Yes, if a county contracts with a vendor that has HCSIS access, then yes, they could enroll if they have the appropriate permissions in HCSIS to allow them to do themselves.

Enterprise Case Management (ECM)

Will the CCRI claims submission process change once Enterprise Case Management is implemented?

At this time the process is expected to remain the same. OMHSAS will be looking into ways that ECM could facilitate the process. This can be discussed during the county listening sessions.

How can a county participate in voicing bottlenecks/issues with using the State processes ie. HCSIS (ECM), PROMISE?

There will be county listening sessions for ECM likely this summer so we can get feedback on the ECM system itself. We haven't scheduled or sent invites yet, but it's on the horizon. Letters will go out to County Administrators to submit up to 2 representatives. We will have sessions so we can make sure we hear counties' input for the new case management system as it replaces HCSIS in future years.

Monitoring Compliance with CCRI

Is it possible to assess our county's compliance with CCRI reporting requirements? We had never received any feedback on missing reporting, how can we be sure we are reporting everything that is needed?

OMHSAS is currently monitoring volume. More in-depth monitoring will be conducted in the coming year. When this occurs OMHSAS will provide feedback and work with counties as appropriate.

Is it still an expectation that the dollar totals from CCRI encounters match Counties' Income & Expenditure reports? If so, how are program-funded services to be recorded in CCRI?

It is not expected that the totals will match. It is expected that the individual count will be in the same ballpark.

SeGOV

Why is a limit put on the number of people who can access SeGov per County?

Please see the SeGov Browser Instructions with additional information regarding SeGov file transfer process. Commonwealth security standards limit access to SeGov to two users per entity. SeGov provides the secure transfer of PHI and PII so controls are in place to limit access to this information.

Encounter Voiding

What is the voiding process?

If you submit an encounter to PROMISe and it approves/pays and then you want to reverse that encounter for any reason, you can void the encounter. To do so, you place an "8" in Loop 2300, Segment CLM, Data Element CLM05-3 (Claim Frequency Code). If the claim frequency code in CLM05-3 is '8', REF01 will contain the value 'F8', REF02 will contain the Last PROMISe™ 13-digit Approved or Adjustment ICN (encounter you are trying to void.) The Plan Paid Amount will be zero. If the void is successful, you would receive the following on your U277 – F0:293. This edit cross walks to PROMISe ESC 9010 - CLAIM DENIED DUE TO VOID REQUEST.

Is it necessary to put a void through to CCRI if the payment is redone again later exactly the same? The repayment will come up as a duplicate submission in CCRI, but can this denial be ignored since the dollars are a wash?

The county/joinder makes a decision to void an encounter. Usually, encounters are voided due to an error on the original or a retracted payment. But once the encounter is voided, it is no longer considered a paid encounter. If you need to report the service again, you will need to send the encounter again and it will be treated as a new day encounter.

Denied encounters are not sent to paid history so they are not used in duplicate editing. However, they are used as a denied encounter in your acceptance rates. Since acceptance rates are a critical part of encounter data validation, we would not suggest you send a duplicate paid

encounter. Please let us know if this answers your question. If you have additional questions, an example may help us respond.

Anonymous Consumers

Can you discuss crisis using anonymous consumers as that happens often and you suggested it be use infrequently?

Please see the Anonymous Consumer document. Anonymous consumer IDs should only be used as outlined in this document and include appropriate codes. Misuse of anonymous consumer IDs can lead to incomplete and inaccurate data and result in anomalies in reporting. In addition, if you submit thousands of anonymous consumers in a single batch file, it could cause the system to abend and “halt” processing in PROMISE. Anonymous consumer IDs should not be used for any services not listed in the document.

Provider Enrollment/Revalidation

Has the CCRI Provider Enrollment by counties recently changed?

No, there hasn't been any recent changes to CCRI Provider enrollment. System notice CCRI 2022-002 was recently distributed to remind Counties of the use of the CCRI short form for adding the EPOMS PEP to an already existing service location.

Is there a recorded training on the provider enrollment process with the counties?

Presentations will be held this summer targeted to the three areas of CCRI – Encounters was just held, Provider Enrollment and Consumer Enrollment will be held later this summer – as well as an overall CCRI Presentation which will include other CCRI responsibilities.

In the past, counties were notified when a provider's enrollment or revalidation was accepted. Currently, we are not notified. Are counties expected to monitor a provider's enrollment update via the PRV416 and PRV720?

Yes, counties are expected to use the PRV416 and PRV720 as tools to monitor their providers' enrollments.

How far back is the backlog for the CCRI renewals?

Right now, there is no backlog for CCRI renewals since we are processing them in-house, not OMAP. We generally process renewals within a 30-day timeframe.

How can counties assist providers with the revalidation process?

Counties can support their providers with the revalidation process with the use of the PRV416 and PRV720 in addition to any records the county has. These can be used to determine when to

provide the county attestation in addition to a reminder to the provider of when the site validation will expire.

Where can I get detailed information on how to complete the CCRI revalidation?

A revalidation can be completed in the Portal at Enrollment Portal UI <https://provider.enrollment.dpw.state.pa.us>. There is a section to enter your procedure code/modifier combination, if your correct combination is not available on the dropdown, utilize another combination that is close to it. Make certain that the provider type/specialty and the procedure code/modifier combination is accurate on the County CCRI Attestation. There is a specific question in the application for CCRI EPOMS providers under the Enrollment Questions section of the application, answer the question "Are you a contracted provider with your County to provide CCRI (Consolidated Community Reporting Initiative) services?" as a Yes. A provider can also request a paper application by calling 800-537-8862 and requesting an application be sent to them. A more detailed provider enrollment training is forthcoming.

What effective date should be put on a County Attestation supporting a Revalidation?

Either the first of the month in which the revalidation is due, or simply a current date, such as the date the County signs the form.

PRV720

What is PRV 720? How can we access the PRV 720? Can we have instructions on how to read it? Also, would it be possible to have these files by county and not statewide, so they are smaller and easier to work with?

The Provider Revalidation File (PRV720) is sent to each Physical Health, Behavioral Health, and Community Health Choices Managed Care Plan on the 1st of each month via SeGOV. The file contains all active service locations at the time the process is run. Recently, we have been providing access to this information to the CCRI Plans because there is no other resource available with this information. The files should start to be sent to your ftp site starting 6/1/2022. Prior months reports are available on DocuShare.

Because this file is sent to so many areas, it is not possible to tailor the file to each plan. The hope is that each plan will utilize this information to determine if their own providers have a revalidation coming due.

The file has a Header Record, Detail Record, and a Trailer Record which is outlined in the PRV70 File Layout Document. To assist further with the Detail Record, we are providing the following additional information:

Example File

HDRPRVP720M 04012022 - Header Record

00061982900012017081320220813 1316946510

00065694900042017051420220514202205311134191893

00076216400042020030420250304 1659350130

0007737670001 22991231

TRL000457198 – *Trailer Record*

Detail Description

Nine Digit Provider ID

Four Digit Service Location

The date when the service location was last validated. For service locations without a last validation date, the field will be filled with 8 spaces.

The date when the service location is due for revalidation. This date may be in the past if the service location was excluded from closure.

The date when the service location is expected to be closed for not being revalidated. This will only be populated if the expected closure date is within the next 90 days otherwise the field will be filled with 8 spaces. Service locations meeting the exclusion criteria will not have a closure date in the file.

The National Provider Identifier mandated for use by the Centers for Medicare and Medicaid Services (CMS). For services locations without an active NPI number, the field will be filled with 10 spaces.

This is the only revalidation information we have available at this time.