Iowa Grants/Claims Support

Overview/Data Reporting

Performance Measures

Contractors must submit accurate, complete, and timely Data Reporting, Claims Reimbursement reports, and Claims Reimbursement Support Documentation.

Performance Measures

IDPH reviews submissions and issues payments for services when contractor reports are accurate, as determined by IDPH.

If IDPH determines a contractor's submitted reports are not timely, are inaccurate, or are incomplete for multiple occurrences, or if IDPH determines such errors and omissions are severe, IDPH will require the contractor to create and submit a corrective action plan.

Contractors must request and receive approval of the corrective action plan from IDPH prior to implementation.

Performance Measures

IDPH will deduct funding from a corresponding month's claim reimbursement amount, if IDPH determines a contractor's reports:

- Are submitted late, without IDPH pre-approval of an acceptable delay, or
- Have severe errors or omissions, or
- Are not compliant with the IDPH-approved corrective action plan.

Performance Measures

Why?

The disincentive was selected because much of IDPH's monitoring, including approval of claims, is based on the data and information reported by contractors. Data and information must be timely and accurate.

Performance Measures

Additional Performance Measures

Yes! Will be developed in partnership with Contractors using CQI process.

Claim Reimbursement

Submit claims for reimbursement to IDPH once a month by completing the Claim Form in the Iowa Grants.

- For Network Support and Prevention Services, enter the total amount requested for each service type and enter the amount for each applicable line item for each service type.
- For Outpatient Treatment, Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment, enter the total amount requested for each service type.

Note: Contractors may submit the claim for a month at any time during the next month, up to the 30th day of that next month. IDPH will review claims and determine payment after all Claims Reimbursement Support Documentation is received and the contractor's data is available for review by IDPH in IDPH's data systems.

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Claim Reimbursement

Claims Reimbursement Support Documentation

For Outpatient Treatment, Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment, upload the Claims Reimbursement Support Documentation in the Iowa Grants system.

- Claim Spreadsheet
- Claim Detail
- Claim Progress Report

IowaGrants Claim Form

IowaGrants.gov
Menu | Help | Log Out
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Welcome
Main Menu
Click Help above to view instructions. Go to "My Profile" to reset password.
Instructions
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Grant Tracking

Grant/Project: 271597 - SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben - 2019

Status:	Underway
Program Area:	Substance Abuse Prevention & Treatment
Grantee Organization:	Public Health, Iowa Department of
Program Officer:	Julie Jones
Awarded Amount:	$0.00

Instructions

The grant forms appear below.

Grant/Project Components

You can define your own alerts in the Alerts section

Component	Last Edited
General Information	12/14/2018
Claims	
Progress Reports	
Site Visits	
Correspondence	12/19/2018
Cover Sheet-General Information	12/14/2018
Integrated Provider Network Subcontract Plan Summary	12/14/2018
Required Services: Network Support Work Plan	12/14/2018

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Grant/Project Tracking

Grant/Project: 271597 - SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben - 2019

Status: Underway

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Officer: Julie Jones

Awarded Amount: $1,846,500.00

Claim Copy Existing Claim | Scheduler | Annotations(0) | Return to Components

	Type	Status	Date Submitted	Date Paid	Date From-To	Claim Amount
271597 - 001	Reimbursement	Submitted	12/19/2018		12/01/2018 - 12/31/2018	$0.00
271597 - 002	Reimbursement	Submitted	12/18/2018		-	$55.00
271597 - 003	Reimbursement	Submitted	01/04/2019		-	$0.00
271597 - 004	Reimbursement	Editing			-	$0.00
271597 - 005	Reimbursement	Editing			-	$0.00
271597 - 006	Reimbursement	Editing			-	$0.00
271597 - 007	Reimbursement	Editing			-	$0.00
					Submitted Amount	**$55.00**
					Approved Amount	**$0.00**
					Paid Total	**$0.00**

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

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	✓	01/07/2019
Reimbursement		
Integrated Claim Support Documentation		

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

Status: Editing

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Manager: Julie Jones

Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
FY19 Network Support Line Item Budget					
Salary and Fringe	$25,000.00	$0.00	$0.00	$25.00	$24,975.00
Equipment	$1,000.00	$0.00	$0.00	$0.00	$1,000.00
Other	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
Indirect or Administrative Costs	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
FY19 Prevention Services - Substance Abuse Line Item Budget					

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Salary and Fringe	$50,000.00	$0.00	$0.00	$20.00	$49,980.00
Equipment	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontract	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$5,500.00	$0.00	$0.00	$0.00	$5,500.00
Indirect or Administrative Costs	$15,000.00	$0.00	$0.00	$0.00	$15,000.00
FY19 Prevention Services - Problem Gambling Line Item Budget					
Salary and Fringe	$25,000.00	$0.00	$0.00	$0.00	$25,000.00
Equipment	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontract	$2,500.00	$0.00	$0.00	$0.00	$2,500.00
Other	$2,500.00	$0.00	$0.00	$0.00	$2,500.00
Indirect or Administrative Costs	$10,000.00	$0.00	$0.00	$0.00	$10,000.00
FY19 Outpatient Treatment - Substance Use Disorder					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$500,000.00	$0.00	$0.00	$0.00	$500,000.00
FY19 Outpatient Treatment - Problem Gambling					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$200,000.00	$0.00	$0.00	$10.00	$199,990.00
FY19 Adult Residential Treatment					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$400,000.00	$0.00	$0.00	$0.00	$400,000.00
FY19 Juvenile Residential Treatment					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$100,000.00	$0.00	$0.00	$0.00	$100,000.00
FY19 Women and Children Treatment					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$300,000.00	$0.00	$0.00	$0.00	$300,000.00
FY19 Methadone Treatment					
Contractor Reimbursement to occur per unit rate as described in the table; upon documented provision of corresponding service.	$200,000.00	$0.00	$0.00	$0.00	$200,000.00
Performance Measure					
	$0.00	$0.00	$0.00	$0.00	$0.00
IDPH Administrative Hold					
	$0.00	$0.00	$0.00	$0.00	$0.00

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Grant Tracking

Claim: 271597 - 004 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben
Status: Editing
Program Area: Substance Abuse Prevention & Treatment
Grantee Organization: Public Health, Iowa Department of
Program Manager: Julie Jones

Reimbursement

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00
FY19 Network Support Line Item Budget					
Salary and Fringe	$25,000.00	10000	$0.00	$25.00	$24,975.00
Equipment	$1,000.00	$0.00	$0.00	$0.00	$1,000.00
Other	$5,000.00	1200	$0.00	$0.00	$5,000.00
Indirect or Administrative Costs	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
FY19 Prevention Services - Substance Abuse Line Item Budget					
Salary and Fringe	$50,000.00	$0.00	$0.00	$20.00	$49,980.00
Equipment	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontract	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$5,500.00	$0.00	$0.00	$0.00	$5,500.00
Indirect or Administrative Costs	$15,000.00	$0.00	$0.00	$0.00	$15,000.00
FY19 Prevention Services - Problem Gambling Line Item Budget					
Salary and Fringe	$25,000.00	5000	$0.00	$0.00	$25,000.00
Equipment	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontract	$2,500.00	250	$0.00	$0.00	$2,500.00
Other	$2,500.00	$0.00	$0.00	$0.00	$2,500.00
Indirect or Administrative Costs	$10,000.00	1000	$0.00	$0.00	$10,000.00

IDPH Iowa Department of Public Health

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

Status: Editing

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Manager: Julie Jones

Reimbursement Create New Version | Mark as Complete | Go to Claim Forms

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)
	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00
FY19 Network Support Line Item Budget					
Salary and Fringe	$25,000.00	$5,000.00	$0.00	$5,025.00	$19,975.00
Equipment	$1,000.00	$0.00	$0.00	$0.00	$1,000.00
Other	$5,000.00	$1,100.00	$0.00	$1,100.00	$3,900.00
Indirect or Administrative Costs	$5,000.00	$0.00	$0.00	$0.00	$5,000.00
FY19 Prevention Services - Substance Abuse Line Item Budget					
Salary and Fringe	$50,000.00	$20,000.00	$0.00	$20,020.00	$29,980.00

IDPH Iowa Department of Public Health

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

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	✓	01/07/2019
Reimbursement	✓	01/07/2019
Integrated Claim Support Documentation		

IDPH Iowa Department of Public Health

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

Status: Editing

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Manager: Julie Jones

Integrated Claim Support Documentation

Please name the document in the following format: Program Name_Month_Spreadsheet (i.e. UCS_January_Spreadsheet) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Spreadsheet Upload: Choose File No file chosen

Please name the document in the following format: Program Name_Month_Detail (i.e. UCS_January_Detail) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Detail Upload: Choose File No file chosen

Please name the document in the following format: Program Name_Month_ Report (i.e. UCS_January_Report) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Progress Report Upload: Choose File No file chosen

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant:	271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben
Status:	Editing
Program Area:	Substance Abuse Prevention & Treatment
Grantee Organization:	Public Health, Iowa Department of
Program Manager:	Julie Jones

Integrated Claim Support Documentation

Please name the document in the following format: Program Name_Month_Spreadsheet (i.e. UCS_January_Spreadsheet) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Spreadsheet Upload: Choose File UCS_January_Claim.xlsx

Please name the document in the following format: Program Name_Month_Detail (i.e. UCS_January_Detail) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Detail Upload: Choose File UCS_January_Claim.xlsx

Please name the document in the following format: Program Name_Month_ Report (i.e. UCS_January_Report) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Progress Report Upload: Choose File UCS_January_Claim.xlsx

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

Status: Editing

Program Area: Substance Abuse Prevention & Treatment

Grantee Organization: Public Health, Iowa Department of

Program Manager: Julie Jones

Integrated Claim Support Documentation Create New Version | Mark as Complete | Go to Claim Forms

Please name the document in the following format: Program Name_Month_Spreadsheet (i.e. UCS_January_Spreadsheet) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Spreadsheet Upload: UCS_January_Claim.xlsx

Please name the document in the following format: Program Name_Month_Detail (i.e. UCS_January_Detail) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Detail Upload: UCS_January_Claim.xlsx

Please name the document in the following format: Program Name_Month_ Report (i.e. UCS_January_Report) NOTE: IowaGrants will not allow you to upload any documents with special characters.

Claim Progress Report Upload: UCS_January_Claim.xlsx

Last Edited By: Grant Coordinator Tester, 01/07/2019

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IowaGrants.gov

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Grant Tracking

Claim: 271597 - 007 Grant Components

Grant: 271597-SA and Problem Gambling Services Integrated Provider Network RFP - TEST - Julie Hibben

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	✓	01/07/2019
Reimbursement	✓	01/07/2019
Integrated Claim Support Documentation	✓	01/07/2019

IDPH Iowa Department of Public Health

Integrated Claim Support Documentation

Uploaded in IowaGrants claim under **Integrated Claim Support Documentation** (see slide 18)

- Claim Spreadsheet (Excel)
- Claim Detail (SSRS Reports)
- Claim Progress Report (Word Document)

Integrated Claim Support Documentation

Claim Spreadsheet

- Providers will use both SSRS reports (PG and SUD Tx) provided by IDPH and Internal tracking to complete the Claim Spreadsheet.
- Uploaded to IowaGrants.

Claim Spreadsheet - Instructions will be provided in the spreadsheet.

Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Substance Use Disorder					
Services		**Unit Cost**	**Units this period**	**Expenses this period**	**YTD %**
Outpatient Initial Assessment - Certified/Licensed Staff		$125	12	$1,500	
Outpatient Initial Assessment - Independently Licensed Staff		$150	12	$1,800	
Outpatient Individual Counseling - Certified/Licensed Staff		$55	2	$110	
Outpatient Individual Counseling - Independently Licensed Staff		$65	14	$910	
Outpatient Group Counseling - Certified/Licensed Staff		$30	8	$240	
Outpatient Group Counseling - Independently Licensed Staff		$35	9	$315	
Intensive Outpatient / Partial Hospitalization		$130	1	$130	
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Substance Use Disorder					
Care Coordination		$75	12	$900	
Medical Evaluation		$275	25	$6,875	
Medical Care		$50	13	$650	
Medication				$1,250	
Recovery Peer Coaching		$35	35	$1,225	
Transportation				$1,000	
Outpatient Treatment/Covered Service: Other Covered Service for Non-Patients - Substance Use Disorder					
Early Intervention		$55	12	$660	
Outpatient Treatment Total	**$100,000**			**$17,565**	**17.57%**

Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Problem Gambling					
Services		**Unit Cost**	**Units this period**	**Expenses this period**	**YTD %**
Outpatient Initial Assessment - Certified/Licensed Staff		$125	10	$1,250	
Outpatient Initial Assessment - Independently Licensed Staff		$150	12	$1,800	
Outpatient Individual Counseling - Certified/Licensed Staff		$55	13	$715	
Outpatient Individual Counseling - Independently Licensed Staff		$65	14	$910	
Outpatient Group Counseling - Certified/Licensed Staff		$30	8	$240	
Outpatient Group Counseling - Independently Licensed Staff		$35	9	$315	
Intensive Outpatient / Partial Hospitalization		$130	1	$130	
Outpatient Treatment/Covered Service: Other Covered Services for Patients - Problem Gambling					
Care Coordination		$75	12	$900	
Medical Evaluation		$275	25	$6,875	
Medical Care		$50	13	$650	

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Integrated Claim Support Documentation

Claim Detail Reports

- Providers will run and then upload 2 SSRS reports, one for Problem Gambling and one for Substance Use Disorder treatment, and then upload to IowaGrants.

Claim Detail (SUD and PG)

IPN Service	Start Date	End Date	Primary Payment Source	Other Payment Source	Duration	Duration Type	Units	Is W & C?	Dw Modified Date	STATUS	IPN UNITS
Clinically Managed Medium-Intensity Residential	1/1/2018	1/2/2018	IDPH/Non Medicaid Eligible	Client Self Pay	2	Days	2	NA	1/15/2018	BILL	2
Clinically Managed Medium-Intensity Residential	1/1/2018	1/7/2018	IDPH/Non Medicaid Eligible	Client Self Pay	7	Days	7	NA	1/29/2018	BILL	7
Clinically Managed Medium-Intensity Residential	1/1/2018	1/7/2018	IDPH/Non Medicaid Eligible	Client Self Pay	7	Days	7	NA	1/15/2018	BILL	7
Clinically Managed Medium-Intensity Residential	1/1/2018	1/7/2018	IDPH/Non Medicaid Eligible	Client Self Pay	7	Days	7	NA	1/15/2018	BILL	7
Outpatient Group Counseling	1/2/2018	1/2/2018	IDPH/Non Medicaid Eligible	No Charge/No Other Pay Source	90	Min	1	NA	1/8/2018	BILL	3
Outpatient Group Counseling	1/2/2018	1/2/2018	IDPH/Non Medicaid Eligible	Client Self Pay	180	Min	1	NA	1/8/2018	BILL	6
Outpatient Group Counseling	1/2/2018	1/2/2018	IDPH/Non Medicaid Eligible	Client Self Pay	135	Min	1	NA	2/5/2018	DURATION ERROR	0
Outpatient Group Counseling	1/2/2018	1/2/2018	IDPH/Non Medicaid Eligible	Client Self Pay	180	Min	1	NA	1/8/2018	BILL	6
Outpatient Group Counseling	1/2/2018	1/2/2018	IDPH/Non Medicaid Eligible	Client Self Pay	180	Min	1	NA	2/5/2018	BILL	6
Clinically Managed Medium-Intensity Residential	1/2/2018	1/4/2018	IDPH/Non Medicaid Eligible	Client Self Pay	3	Days	3	NA	1/15/2018	BILL	3
Clinically Managed Medium-Intensity Residential	1/2/2018	1/8/2018	IDPH/Non Medicaid Eligible	Client Self Pay	7	Days	7	NA	1/22/2018	BILL	7
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	90	Min	1	NA	1/8/2018	BILL	3
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	90	Min	1	NA	1/22/2018	BILL	3
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	150	Min	1	NA	1/8/2018	BILL	5
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	90	Min	1	NA	1/8/2018	BILL	3
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	90	Min	1	NA	1/8/2018	BILL	3
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	60	Min	1	NA	1/8/2018	BILL	2
Outpatient Group Counseling	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	90	Min	1	NA	1/8/2018	BILL	3
Outpatient Initial Assessment	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	60	Min	1	NA	1/15/2018	BILL	1
Outpatient Initial Assessment	1/3/2018	1/3/2018	IDPH/Non Medicaid Eligible	Client Self Pay	45	Min	1	NA	2/12/2018	BILL	1

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Integrated Claim Support Documentation

Claim Progress Report

- Providers are to include narrative that supports the amount entered on the Network Support and Prevention Line Item budgets and upload to IowaGrants.
    - Spotlight
    - Network Support Services
    - Prevention Services
    - 90% Capacity
    - Women and Children

Claim Progress Report

IDPH Integrated Provider Network
Provider Manual - Progress Report Form
January 2019

Complete this form and submit it to IDPH by the 15th day of the month by uploading it to the Iowa Grants Claim Component.

Contractor Name:
Month/Year Reported:

1. **Spotlight**
   High level summary of key activities, barriers, trends, etc. during the month.

2. **Network Support**
   Brief description of activities conducted during the month for each Covered Service listed below that contributed to the reimbursement requested on the Claim Form.

   a. **Collaboration and Community Outreach**

   b. **Needs Assessment**

   c. **Health Promotion**

   d. **Data and Continuous Quality Improvement**

   e. **Workforce Development**

   f. **Meetings, Trainings, and Technical Assistance**

2. **Prevention Services**
   Brief description of activities conducted during the month for each Covered Service listed below that contributed to the reimbursement requested on the Claim Form.

   a. **Information Dissemination**

   b. **Education**

   c. **Alternatives**

   d. **Problem Identification and Referral**

   e. **Community-Based Process**

   f. **Environmental**

IDPH Integrated Provider Network
Provider Manual - Progress Report Form
January 2019

3. **90% Capacity:**
   If at 90% capacity to admit patients during the month, state **Yes** immediately following **90% Capacity:**.

   a. Describe interim services provided to any **pregnant woman** on the wait list.

   b. Describe interim services provided to any **injecting drug user** on the wait list.

4. **Women and Children Treatment**
   Description of activities conducted during the month, as specified below.

   a. Number of **women patients** who received the following Enhanced Treatment/Ancillary Support Services:
      - Primary medical care, including prenatal care =
      - Child care while receiving Women and Children services =

   b. Number of **children** who received the following Enhanced Treatment/Ancillary Support Services:
      - Primary pediatric care, including immunizations =
      - Therapeutic interventions for children =

   c. Describe gender-specific substance abuse treatment and other therapeutic interventions for women that address relationships, sexual and physical abuse, and parenting.

   d. Describe case management and transportation service to assure women and their children have access to needed services.

   e. Describe assistance establishing eligibility for public assistance programs, employment and training programs, education and special education programs, drug-free housing, prenatal care and other health care services, therapeutic day care for children, and other early childhood programs.

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Data Reporting

Substance Use Disorder Data Reporting

Data Due Date: All required data elements are to be reported to the CDR or completed in I-SMART by 11:59 PM on the 15th of each month for the previous month's data.

- I-SMART Reporters: I-SMART will "dump" to the CDR on the 16th.
- Data Integrity Reports will continue to run on the 17th of each month.

Substance Use Disorder Data Reporting

New Environment Codes

- *Actual Environment:* (ADMISSION ONLY): Select the level of care the patient is being admitted to
  - *30 = Early Intervention*
  - *31 = Clinically managed high intensity residential (Juvenile)*
- *Recommended Environment:* Select the level of care the patient is being recommended to
  - *30 = Early Intervention*
  - *31 = Clinically managed high intensity residential (Juvenile)*

Substance Use Disorder Data Reporting

Encounter/Service: All treatment services provided to a patient while in treatment are to be reported. An Encounter (I-SMART) or Service (CDR) is to be reported for each treatment service provided.

- **Early Intervention** (Level 0.5): Create an encounter for each service provided and may select from "Individual Note," "Group Note," or "Family Note" as the ENCOUNTER TYPE.

NOTE: In general, continue to do what has been your process for reporting SUD Early Intervention services.

IDPH Iowa Department of Public Health

Substance Use Disorder Data Reporting

Encounter/Service (continued)

- **Outpatient** levels of care (Level 1.0): Create an encounter for each service provided and may select from “Individual Note,” “Group Note,” or “Family Note” as the ENCOUNTER TYPE.
- **Intensive Outpatient** levels of care (Level 2.1 or 2.5): Create an encounter for each day of IOP. Select “24 Hour Service” as the ENCOUNTER TYPE; Select “Days” as DURATION TYPE. Duration and Sessions are to equal “1”. Date range is not allowed.

Substance Use Disorder Data Reporting

Encounter/Service (continued)

- **Residential** levels of care (Level 3.1 or Higher): Select “24 Hour Service” as the ENCOUNTER TYPE; Select “Days” as DURATION TYPE; Days and Sessions should equal. A date range may be used.
- **Opioid Treatment Program/Medication Assisted Treatment:** Dosing is not required to be reported, however, each treatment encounter, regardless of level of care is to include the medication (whether or not the medication was prescribed by program staff), and frequency the medication is being given/taken.

IDPH Iowa Department of Public Health

Substance Use Disorder Data Reporting

Women and Children - Special Initiative Code

- Women and Children providers are to use **Special Initiative Code** *4 = Women and Children/Magellan Special Initiative* to identify those participating women (children are not admitted).
- Admission record to be created/submitted upon entering Women and Children Program
- Discharge record to be created/submitted upon discharge from Women and Children Program

Substance Use Disorder Data Reporting

Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Division of Behavioral Health – Integrated Provider Network (IPN) Substance Use Disorder Treatment Services

Substance Use Disorder Treatment Services: Data Entry Matrix

IPN Services		I-SMART/CDR Encounter Fields						
Service Type	Unit =	Encounter Type	Event Type	Environment	Start/ End Date	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Outpatient Treatment/Covered Service: Licensed Program Services for Patients – Substance Use Disorders								
IPN - Outpatient Initial Assessment - Certified/Licensed Staff	Screening Assessment	Individual Note	Placement Screening/ OWI	19 = Extended outpatient	Enter same date in both fields	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in CDR
IPN - Outpatient Initial Assessment - Certified/Licensed Staff (Telehealth)								
IPN - Outpatient Initial Assessment - Independently Licensed Staff								
IPN - Outpatient Initial Assessment - Independently Licensed Staff (Telehealth)								
IPN - Outpatient Individual Counseling - Certified/Licensed Staff	30 Minutes *(must be entered in 30 minute increments, i.e., 30, 60, 90, 120, etc.)*	Individual Note	Admission	19 = Extended Outpatient	Enter same date in both fields	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** in CDR by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Individual Counseling - Independently Licensed Staff								
IPN - Outpatient Group Counseling - Certified/Licensed Staff		Group Note						
IPN - Outpatient Group Counseling - Independently Licensed Staff								
IPN - Intensive Outpatient / Partial Hospitalization	1 Day	24 Hour Service	Admission	20 = Intensive outpatient	Enter same date in both fields	Enter 1 and select "Day"	Enter "1" and matches "Duration" entered	# of Days reported in Duration field in I-SMART

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Problem Gambling Data Reporting

I-SMART Problem Gambling Domain

- 9 New reporting Agencies
  - All have been set up for access to Problem Gambling Domain (TRAIN and PRODUCTION)
- Modules NO LONGER being used for problem gambling services on/after January 1, 2019:
  - Adjudication Module (Vouchers/Billing)
  - Crisis Call Log
    - Track internally and report on monthly claim
  - Education Log
    - *Look for an announcement soon on training for the new I-SMART Prevention module for Problem Gambling and Substance Use Disorder Prevention data reporting.*

Problem Gambling Data Reporting

I-SMART Problem Gambling Domain

- Problem Gambling Data Entry Webinar - December 27, 2018
  - Contact I-SMART Help Desk with questions.
- I-SMART Staff Member Account
  - Add Problem Gambling Domain
  - Staff Member Role Assignment Matrix (January 2019)
- Data Entry (http://www.idph.iowa.gov/igtp/treatment)
  - I-SMART Problem Gambling Domain Data Entry User Guide (January 2019)
  - IGTP Data Integrity Reports Manual (January 2019)
  - IGTP I-SMART Data Entry Matrix (January 2019)

Problem Gambling Data Reporting

I-SMART Problem Gambling Domain

- Early Intervention/Crisis Calls:
  - Warm Hand-Off and Crisis Calls
  - Complete Crisis Module
  - Where personal information required to complete the Crisis module is not provided, track internally to report on Monthly Claim (Crisis Call Log is no longer to be used).

Problem Gambling Data Reporting

Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Division of Behavioral Health – Integrated Provider Network (IPN) Problem Gambling Treatment Services

Treatment and Recovery Support Services: I-SMART Data Entry Matrix

IPN Services		I-SMART Encounter Fields					
I-SMART Service Description	Unit =	Encounter Type	Start/ End Date	Start/ End Time	Duration	# of Sessions/ Units	IowaGrants Claim Unit Determined by:
Outpatient Treatment/Covered Service: Licensed Program Services for Patients - Problem Gambling							
IPN - Outpatient Initial Assessment - Certified/Licensed Staff	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Certified/Licensed Staff (Telehealth)	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Independently Licensed Staff	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Initial Assessment - Independently Licensed Staff (Telehealth)	Screening Assessment	Individual Note	Enter same date in both fields	Optional	Leave Blank	Enter "1" regardless of length of duration	# of Sessions/Unit field in I-SMART
IPN - Outpatient Individual Counseling - Certified/Licensed Staff	30 Minutes	Individual Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Individual Counseling - Independently Licensed Staff	30 Minutes	Individual Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Group Counseling - Certified/Licensed Staff	30 Minutes	Group Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** by 30 = Hours/Units (must be a whole number)
IPN - Outpatient Group Counseling - Independently Licensed Staff	30 Minutes	Group Note	Enter same date in both fields	Optional	Enter # of Minutes and select "min"	Enter "1" regardless of length of duration	Divide **Duration** by 30 = Hours/Units (must be a whole number)

SSRS Access and Reports

SSRS Provider Folder

- Send to IPN@idph.iowa.gov the name(s) and I-SMART User Id(s) for those staff to be granted access
- Agency specific (SUD Reports)
  - SUD Claim Support Documentation
    - Claim Summary
    - Claim Detail
- IGTP (Problem Gambling)
  - PG Claim Support Documentation
    - Claim Summary
    - Claim Detail
  - Data Integrity Reports

SSRS Access and Reports

SSRS Provider Folder (continued)

- **Granting access to SSRS**
  - I-SMART Staff Member Account
    - Agency Account: Add “SSRS Agency Reader”
    - Log into I-SMART and click on SSRS icon.

Problem Gambling Treatment Resources

Problem Gambling Treatment Resources

- http://www.idph.iowa.gov/igtp/treatment
  - **IGTP Data Entry**
    - I-SMART Problem Gambling Domain Data Entry User Guide (January 2019)
    - IGTP Data Integrity Reports Manual (January 2019)
    - IGTP I-SMART Data Entry Matrix (January 2019)
  - **Clinician Resources** and **Financial Tools**
    - Treatment Tools – Spanish
  - **Much, much more . . . .**
- Look for a coming announcement on Problem Gambling Treatment Orientation.

Questions?

Look for upcoming claim training later in January.
Technical assistance can be requested by emailing IPN@idph.iowa.gov.