

Drug and Alcohol Outpatient Certified Recovery Specialist: Reporting and Submission Instructions

Version 4.1

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Drug and Alcohol Outpatient Certified Recovery Specialist: Reporting and Submission Instructions

This document contains instructions for providers who will be reporting and submitting data to CABHC about Drug and Alcohol Outpatient Recovery Specialist services. This document can also be found online at <https://www.cabhc.org/resources/provider-reporting/>.

New in This Version

The process for reporting on Drug and Alcohol Outpatient Recovery Specialist services has been updated as follows:

1. The validation process for MA IDs has been updated to allow for the entry of a valid 10-digit MA ID for individuals known to be either currently or previously eligible for Medicaid in a County other than a CABHC County. Providers may also continue to enter the placeholder 9 identifier. Either option is acceptable.

The Reporting Instructions in the template have been updated to reflect this change. There are no structural changes to the RSS Reporting Form in the template.

Overview

CABHC is working with ACA to manage the overall process of receiving and processing information received from providers, and will be using a product called Sync. Sync is a secure cloud storage solution that allows users to manage files from external sources, such as providers, via an end-to-end encrypted process. Providers do not need to purchase Sync to use it. Designated staff will be using links emailed to them by CABHC to upload files to the CABHC Sync web portal. ACA will then retrieve and process these files via an automated mechanism. Please note that the file includes protected health information (PHI) and, to maintain compliance with HIPAA guidelines, CABHC will only accept files submitted via Sync. Do not transmitted any files via encrypted or unencrypted email.

Provider Set Up Tasks

Providers need to complete the following set up tasks to participate in the file sharing process:

1. Identify the specific service location (by 13-digit PROMISe™ ID) of the Recovery Support Specialist, and share this list with CABHC
2. Designate staff who will be responsible for submitting files to CABHC and provide their contact information to CABHC
3. Keep both the service location and staff lists current with CABHC staff

Form Completion

Providers will be using Excel spreadsheets to report and submit data to CABHC. The spreadsheet template is designed to standardize the data, so it can be read and processed by ACA's automated process. It has two sheets, a Reporting Form and a Reporting Instructions sheet.

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Recovery Support Services Reporting Form														
Provider Name														
D&A OP Clinic														
13-digit PROMISE ID														
Month														
Date of Submission														
Version	4.0													
Last Name	First Name	MA ID (aka CIS #)	Date of Birth	Date of Service	Place of Service	Units	Care Coordination	Transportation	Education	Housing	Employment	Recovery	Pre Discharge Engagement	Other

The Reporting Form has two parts, the header and the body. The header is at the top of the Reporting Form and will be used to record the following information:

1. Provider Name – Select the name as identified as identified in the PerformCare contract
2. D&A OP Clinic – Once the Provider Name has been selected, the clinic address will be automatically populated
3. 13-digit PROMISE™ ID – Once the Provider Name has been selected, the 13-digit ID for the clinic will be automatically populated
4. Month – enter the month and year for services rendered are being submitted using format MM/YYYY Providers should submit one form per month listing all services rendered to all recipients during that month – do not submit separate forms for each recipient
5. Date of Submission – enter the date the file is being submitted using format MM/DD/YYYY

The form has built-in checks that will prevent common data entry mistakes. For example, if numbers are transposed while entering a date, an error will be displayed and the data will not be accepted.

Recovery Support Services Reporting Form														
Provider Name														
D&A OP Clinic														
13-digit PROMISE ID														
Month														
Date of Submission	40/01/21													
Version	4.0													
Last Name	First Name	MA ID (aka CIS #)	Date of Birth	Date of Service	Place of Service	Units	Care Coordination	Transportation	Education	Housing	Employment	Recovery	Pre Discharge Engagement	Other

Invalid Month ✕

Month must be entered as a valid date (e.g. 10/29/2020)

⏪ Retry
⏩ Cancel
🔗 Help

Below the header is the body of the form. This is where all service information will be entered. Each encounter should be recorded on its own line as follows:

1. Last Name – enter the recipient’s last name as indicated on the person’s Medicaid enrollment information
2. First Name – enter the recipient’s first name as indicated on the person’s Medicaid enrollment information

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3. MA ID (aka CIS #) – enter the recipient’s 10-digit Medical Assistance ID (include the validation digit). NOTE: The MA ID is also called the recipient CIS #. This number consists of the 9-digit ID plus a 10th digit that is a validation digit. It’s best for Providers to enter all 10 digits if available, but if only 9 digits are available, enter those 9 and ACA will calculate the 10th validation digit for known recipients during processing

For any recipient known to have never been eligible for Medicaid in any County, providers should enter ten 9s as a placeholder identifier for the MA ID: 9999999999.

For recipients known to be either currently or previously eligible for Medicaid in a County other than a CABHC County, providers may enter the individual’s valid 10-digit MA ID if known, or they may enter the placeholder 9 identifier. Either option is acceptable.

Providers should not use the placeholder 9 identifier as a substitute for the recipient MA ID if the individual is known to be either currently or previously eligible for Medicaid in a CABHC County.

4. Date of Service – enter the date service was rendered to the recipient – each encounter must be recorded on a separate line
5. Place of Service – choose one value from the dropdown list of Medicaid-approved place of service codes.

When recording Pre Discharge Engagement, the Place of Service selected should be 55: Residential Substance Abuse Treatment Facility.

Place of Service	Units
02: Telehealth	▼
03: School	
11: Office	
12: Home	
23: Emergency Room	
55: Residential SA Tx Facility	
57: Non-residential SA Tx Facility	
58: Non-residential Opioid Tx Fac	

6. Units – enter the number of units for the service provided. Units must be entered in 15-minute increments. One unit = 15 minutes. The first unit may be rounded up to 15 minutes. All subsequent units must be in full 15 minute increments.
7. Service Provided – Place an X in **each** cell corresponding to the services rendered. At least **one** service must be checked. If more than one service was rendered, multiple cells in the row may be checked

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For example, the following image reflects how a provider would record a half-hour session at their office, in which Care Coordination and Transportation were addressed.

NOTE: It's important to complete all required columns for each service. Also, do not try to change the names of columns, or to add or delete any columns.

Entering Multiple Interactions with a Recipient on the Same Day

Sometimes a provider may have more than one interaction with a recipient on the same day. When this occurs, enter the information as follows:

- If service is rendered in more than one interaction with the recipient on the same date, and at the same place of service, enter all the services on the same line, with the total number of units for all interactions combined. For example, the following image reflects how a provider would record two 15-minute interactions for a total 30 minutes of service, both at the Office on the same day, during which Care Coordination and Transportation were addressed.

Date of Service	Place of Service	Units	Care Coordination	Transportation
1/2/2021	11: Office	2	X	X

- If service is rendered in more than one interaction with the recipient on the same date, but at different places of service, enter the services rendered at each place of service on separate lines. For example, the following image reflects how a provider would record two 15-minute interactions for a total 30 minutes of service, one at the Office and the other at the Emergency Room, on the same day, during which Care Coordination and Transportation were addressed.

Date of Service	Place of Service	Units	Care Coordination	Transportation
1/2/2021	11: Office	1	X	X
1/2/2021	23: Emergency Room	1	X	X

The Importance of File Naming Conventions

ACA will be using an automated process to handle and extract data from provider files. This automated process relies on files being named according to precise specifications. If a file isn't named correctly, it won't be recognized by the automated process.

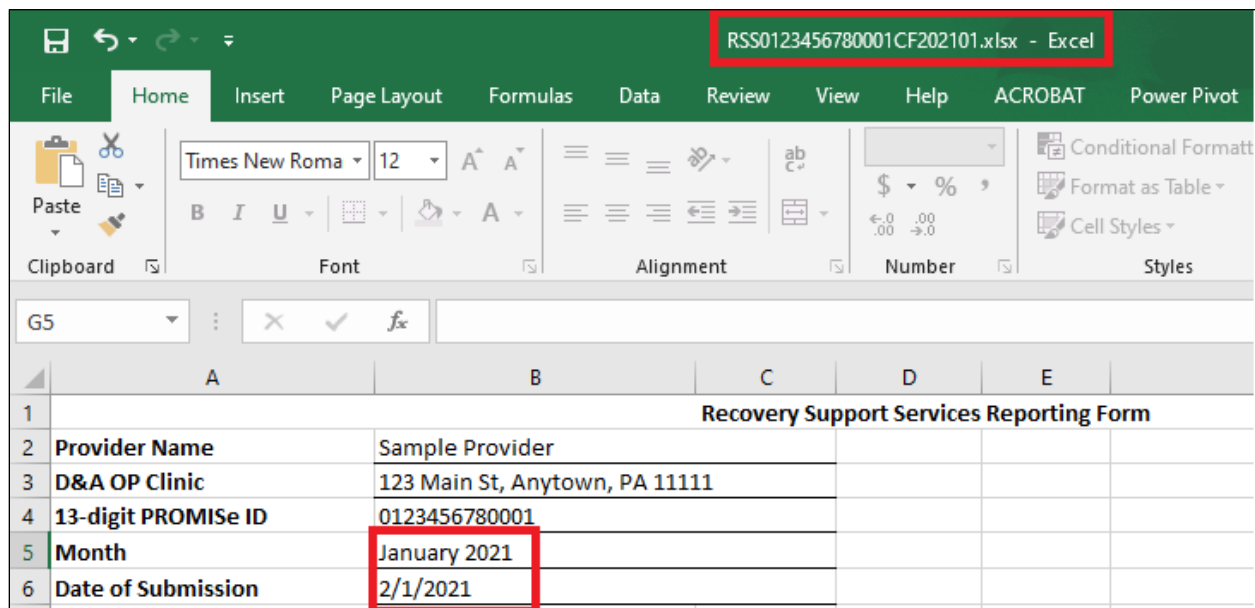
File Naming Requirements

Excel workbooks submitted for the Drug and Alcohol Outpatient Recovery Specialist project must follow this naming convention to be recognized by ACA's automated process:

- RSS#####CFYYYYMM

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- where "RSS" is constant;
 - ##### is the 13-digit PROMISE™ ID of the provider service location;
 - "CF" is constant; and
 - YYYYMM is the reporting year and month (the dates of service on all encounters in a file must fall within the reporting year and month specified in the file name).
- For example, RSS0123456780001CF202101.xlsx is the correct name for the Excel workbook submitted by a provider with the PROMISE™ ID 0123456780001 for reporting dates of service in the month of January, 2021.



- If a provider wishes to submit services rendered during more than one month, they must submit separate files for each month, with the name of each file corresponding to the year and month of the encounters contained in that file.
 - For example, if a provider missed their January submission and accumulated unreported encounters spanning two months (e.g., January and February), they would need to submit two files in February; one file for services that were rendered in January with the name ending in the digits '01', and another file for services rendered in February with the name ending in the digits '02'.

Resubmissions

A file cannot be changed by anyone once it is submitted; the provider, CABHC or ACA. If it is necessary to correct or update a previously submitted file, the provider should submit the revised version using the **same file name** as the original, and with an updated Date of Submission on the spreadsheet. NOTE: If a provider needs to resubmit a file and wants to keep separate versions for their own records, they can save those versions, using a naming configuration that is determined by the provider. However, the

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name of the file resubmitted to CABHC must **always match** the original file name, so the automated process will know to overwrite the original file.

If a provider needs to correct an existing encounter already submitted, they should:

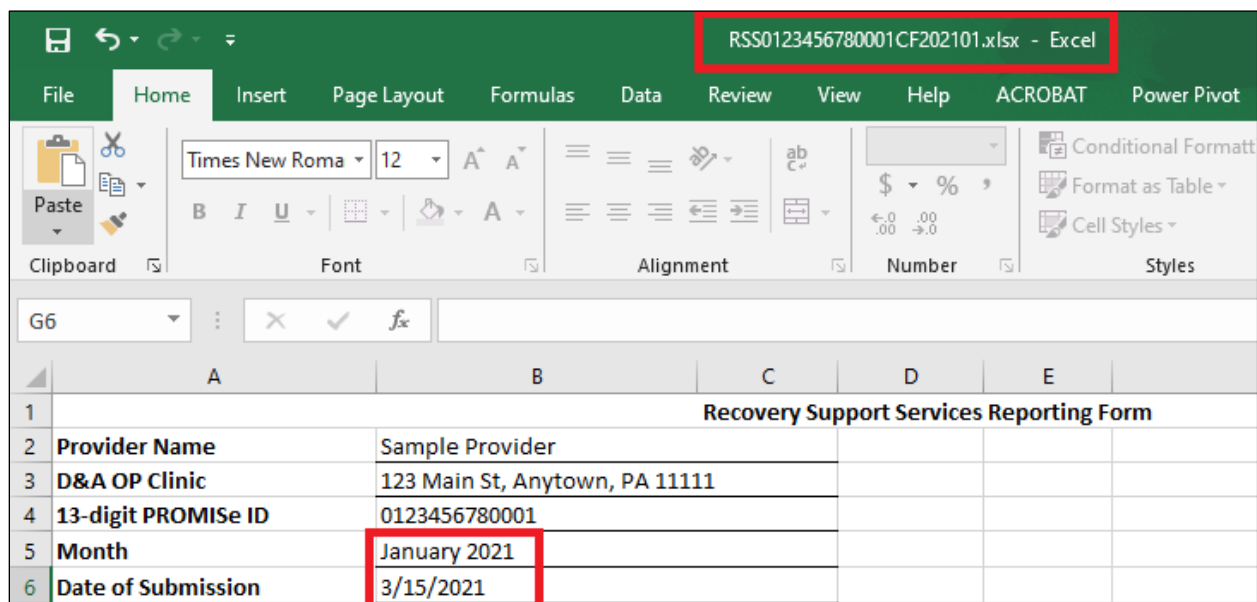
1. Open the previously submitted file
2. Correct the existing encounter
3. Leave all the remaining encounters as is
4. Change the Date of Submission on the spreadsheet to the current date
5. Save the file with the same name as before
6. Resubmit the file via Sync

If a provider needs to add encounters for a month, they should:

1. Open the previously submitted file
2. Add the additional encounters
3. Leave all the remaining service lines as is
4. Change the Date of Submission on the spreadsheet to the current date
5. Save the file with the same name as before
6. Resubmit the file via Sync

Suppose the provider in the previous example needs to correct their submission for services rendered in January 2021. The original file was submitted on February 1, 2021, with file name RSS0123456780001CF202101.xlsx, and a Date of Submission of 02/01/2021 on the spreadsheet.

The provider submits another file for January services rendered on March 15, 2021. They would use the same file name, RSS0123456780001CF202101.xlsx, and enter the Date of Submission of 03/15/2021 in the header of the spreadsheet. For any given reporting month, the report with the latest submission date will replace any previously submitted service lines for the same reporting month.

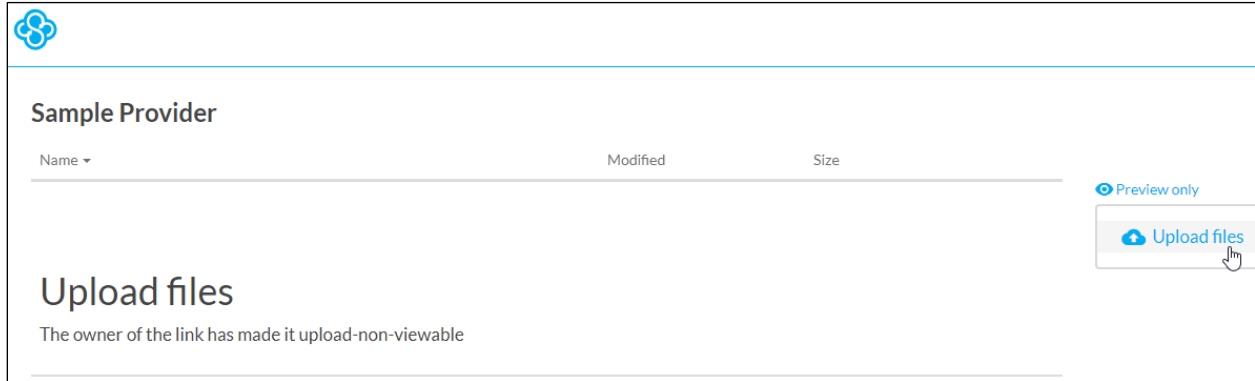


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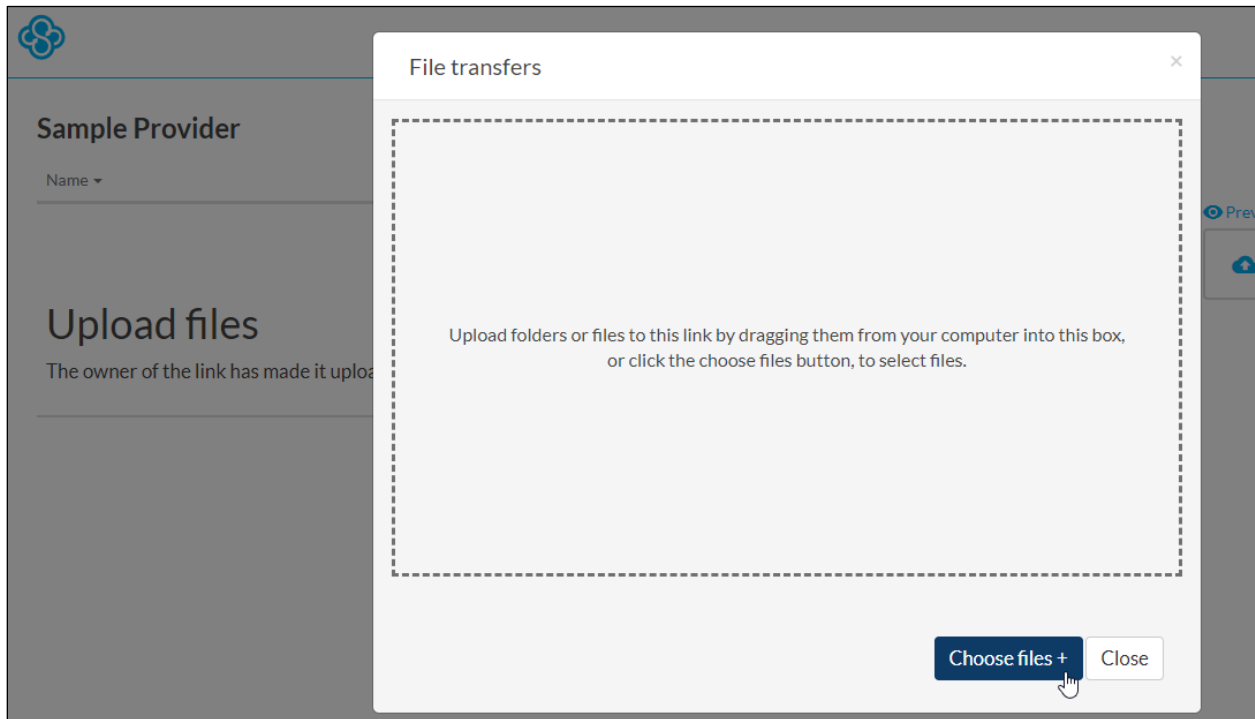
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Submission Steps for Providers

CABHC will create and send a link to designated provider staff. When the provider staff clicks the link, they will have access to their Sync folder.

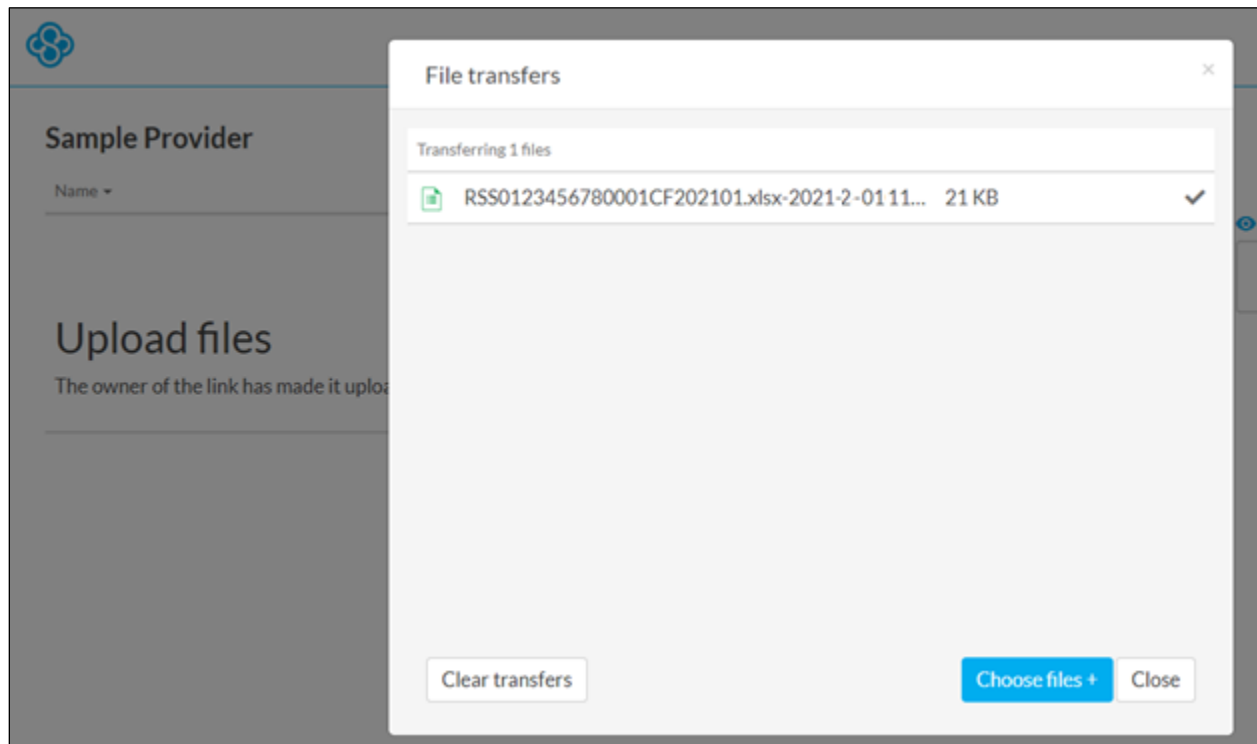


The provider staff can then click Upload files and choose the file to upload.

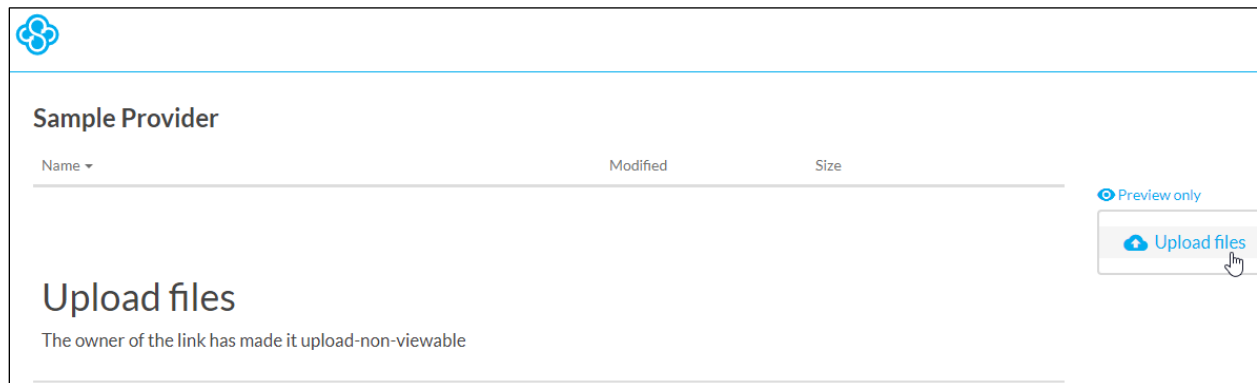


Sync will display the name of the file being uploaded in the File transfers window.

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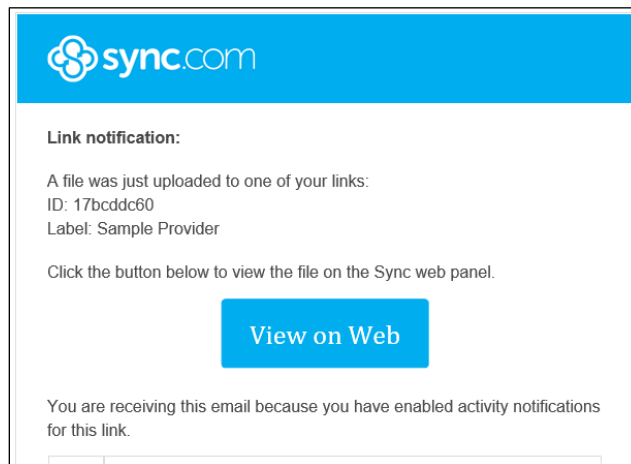
Once the file has finished uploading, the provider staff can choose another file to upload if necessary, or click the Close button. Once they click Close, they WILL NOT see the file(s) in the folder.



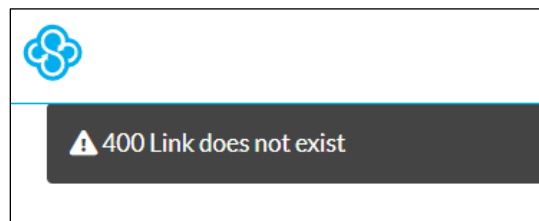
Since files are no longer visible in the provider folder once uploaded, the same link can be reused for different provider staff. For example, in the case of staff turnover, the same link can be used by the new staff as was used by the former staff.

CABHC will receive a notification email when a file has been uploaded.

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If the provider staff tries to use a link that has expired or been deleted, they will receive an error. If this occurs, the provider should contact CABHC to receive a new link.



Communicating File Processing Information

There are several types of problems that may occur with the processing of provider files:

1. A file does not conform to naming conventions, and so isn't recognized by the ACA automated process. In this situation, the file is not processed at all. CABHC staff will communicate these issues to the provider. CABHC staff will communicate these issues to the provider. The provider will need to correct the problem and resubmit the file.
2. There is an issue in the file header information (e.g., Reporting Month, Submission Date, PROMISE™ ID, etc.) that prevents the service line information in the body of the file from being processed. CABHC staff will communicate these issues to the provider. The provider will need to correct the problem and resubmit the file
3. There are errors among the service lines reported in the file (e.g., unknown recipient; illogical date; duplicate record, etc.). These errors would not prevent the overall processing of the file.

For each file that is processed, ACA's system will generate reports for CABHC, who may share them with providers. These reports will summarize the file processing and any errors to be corrected.

Summary

The flowchart shows the overall process flow between CABHC, the provider and ACA. The vast majority of tasks will be handled by CABHC and ACA. The provider will be responsible for uploading files to Sync via the links they receive, interacting with CABHC as needed in the event of file or data problems, and resubmitting files if needed.

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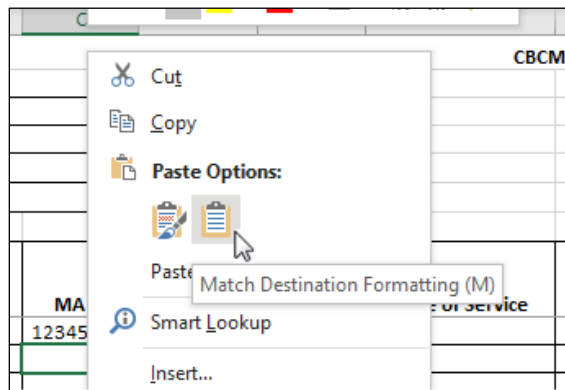
Appendix

Following is additional information about formatting and file structure for providers using a method other than direct entry to input data.

Data Formatting

13-digit PROMISE ID and member MA ID

These cells are formatted as text, which ensures that an ID with a zero (0) as the first one or two digit(s) will be displayed correctly. For those who are using copy/paste from another document to input data, matching the destination formatting of the template will ensure that the leading zero (0) for an ID will not be lost.



For those exporting data from an Electronic Medical Record (EMR) system, the export process must be configured to ensure that the leading zero (0) for any ID is retained.

NOTE: It is recommended that providers do not copy and paste directly from PROMISE™ into the template, as this is known to overwrite the format of the field. For example, if providers are looking up MA IDs in PROMISE™, they should type the MA ID into the template. If the same recipient has multiple services, they may then copy and paste the MA ID within the template, as this will not overwrite the format.

Dates

Dates must be formatted as follows:

- Date of Submission, Date of Birth and Date of Service must be formatted MM/DD/YYYY
- Reporting Month must be formatted MM/YYYY

Place of Service

Place of Service is formatted as a dropdown containing the code and description. Codes must be formatted as two-digit numbers, for example, 02 must be used for telehealth, and 03 for school. **NOTE:** The description of the Place of Service is not necessary if populating place of service using a method other than the template dropdown.

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When recording Pre Discharge Engagement, the Place of Service selected should be 55: Residential Substance Abuse Treatment Facility.

Place of Service	Units
02: Telehealth	
03: School	
11: Office	
12: Home	
23: Emergency Room	
55: Residential SA Tx Facility	
57: Non-residential SA Tx Facility	
58: Non-residential Opioid Tx Fac	

Units

Units must be positive integers.

Services

Each cell corresponding to a service rendered must be filled with an "X". No other value or symbol will be recognized.

File Structure

The file structure must be maintained as it exists in the template. Altering the structure by changing the name of any existing tabs (worksheets) or adding additional tabs will prevent the file from being recognized by the automated process.

Also, a separate file must be submitted for each service month and location, as described in [The Importance of File Naming Conventions](#).

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Process Flow Diagram

