



Community Health Workers (CHW) RI Medicaid

March 2022

Agenda

- **Enrollment**
- **Overview of Billing and Payment Basics**
- **Billing Policy and Procedure**
- **Questions and Answers**

Gainwell Technologies Overview

- The Rhode Island Executive Office of Health and Human Services (EOHHS) partners with Gainwell Technologies as its Fiscal Agent to process the state's Medicaid Program claims, to enroll and train providers, and perform other duties to fulfill State and Federal requirements. EOHHS has the sole responsibility for formatting program policy and procedures.



The image features a teal background on the left side, which transitions into a white semi-circular area on the right. A solid grey circle is positioned on the left side, partially overlapping the teal background and the white semi-circle. Above the grey circle, there are three short, dashed grey lines arranged in a slight arc.

Enrollment

Enrollment Guidelines

- Active enrollment is required before a provider can begin seeing RI Medicaid members.
- Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.
- CHW's enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the RI Certification Board. If the CHW is not yet certified, they may enroll as a provider but, the enrollment will be limited to an 18-month period. If proof of certification is not submitted before the end of the 18 months, the provider will be disenrolled.
- CHW certification is not required for agencies to enroll.

RI Medicaid Healthcare Portal

- **Enrollment is completed using the RI Medicaid Healthcare Portal (HCP).**
- RI Medicaid Healthcare Portal
 - <https://www.riproviderportal.org>
 - Step-by-step enrollment instruction can be found on the portal home page.
 - Healthcare Portal Resource Page
 - <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>



Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Would you like to change or add electronic funds transfer?

[Electronic Funds Transfer](#)

Would you like to enroll as a Provider, Pre-Ordering, Pre-Registration (OPR) "Non-Billing" Provider?



[Enroll as an OPR Provider](#)

Would you like to enroll as a Trading Partner?

[Click here to Enroll](#)

What can you do in the RI Medicaid Health Care Portal

Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can **enroll as a Trading Partner** with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - **MAPIR** - utilizing their Trading Partner ID as their User ID.



[Provider Enrollment User Guide](#)

[Trading Partner Enrollment User Guide](#)

[Trading Partner Agreement](#)

[OPR Provider User Guide](#)

[Website Requirements](#)

[Rhode Island Medicaid Providers](#)

Healthcare
Portal Home
Page

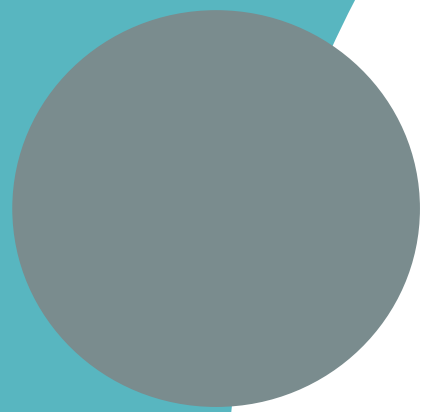
Information needed to enroll

To enroll as a CHW Provider, you will need the following information:

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature
- You may also need to attach some federally required disclosures.

Other enrollment tips

- Because CHW services are only reimbursed through FFS Medicaid at this time, CHW Providers should select “RI Medicaid Provider – Billing Claims Directly to RI Medicaid” as the Type of Provider Enrollment
- Under “Provider Enrollment Type,” select “Atypical”
- CHW providers will not need to fill out fields for National Provider ID, License, or Taxonomy



Billing and Payment Basics

Your Role As A Billing Provider

Verify

Verify Beneficiary RI
Medicaid Eligibility

Adhere

Adhere to Timely
Filing Guidelines

Claims

Claim Submission

Verify Eligibility

- ❑ Member eligibility must be verified on each date of service
- ❑ Eligibility information is available 24/7 in the health care portal
- ❑ Access to the HCP is obtained as part of the enrollment process



Timely Filing

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of **twelve (12)** months from the date the service was provided to Medicaid recipients.

Gainwell Technologies must receive a claim for services for Medicaid clients within 12 months of the date of service in order to process claims for adjudication.

Any claim with a service date over one year and a remittance advice date from GWT over ninety (90) days will be denied for timely filing. Denials must be for reasons other than timely filing to be considered.



Electronic Vs Paper Claims

Electronic

- Faster turnaround time
- No original signature required
- Quicker corrections
- Free Provider Electronic Solutions (PES) Software for Billing
- Cost savings

Paper

- Slower Turnaround Time due to Manual Processing
- Requires an original signature
- Cost of postage and forms

Billing Formats

- Electronic claims are the preferred method for claim submission. CHW services are submitted using HIPPA compliant software and electronic claim type 837 professional.
- To submit claims electronically, providers have access to the free Provider Electronic Solutions (PES) software. [The software along with written instructions for download and setup can be found on the EOHHS website.](#)
- Paper claims are to be submitted using the 02/2012 version of the CMS-1500 professional claim form, which providers will need to purchase. Claim forms can be purchased at medical supply stores. [Step-by-step instruction document for completing the paper claim form is available on the EOHHS website.](#)

CMS 1500 Claim Form Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA PICA <input type="checkbox"/>											
1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (DoD/DoDw) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)				
CITY		STATE			CITY		STATE				
ZIP CODE		TELEPHONE (Include Area Code)			ZIP CODE		TELEPHONE (Include Area Code)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>				
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>if yes, complete Items 9, 9a, and 9d.</i>				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.						
SIGNED _____					SIGNED _____						
DATE _____					DATE _____						
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.					15. OTHER DATE MM DD YY						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Refer to ICD-9-CM to service line below (24E)					22. RESUBMISSION CODE ORIGINAL REF. NO.						
A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____					23. PRIOR AUTHORIZATION NUMBER						
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. SPOT FEE	I. D. QUAL.	J. RENDERING PROVIDER ID #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX ID, NUMBER SSN EIN <input type="checkbox"/>			26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For prior claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH # ()			
SIGNED _____					a. NPI			b. NPI			
DATE _____					a. NPI			b. NPI			

Payment

- Payment for services is made by EFT (electronic funds transfer) only. You will set this up during enrollment.
- Payment frequency is determined by the State Fiscal Year (SFY) Claims Payment and Processing Schedule. The schedule can be found [here](#) on the EOHHS website.
- Providers are required to retrieve the claims remittance advice from the Healthcare Portal (HCP) every payment date. “Claims remittance advice” is the explanation to the provider about status. For example, the claims remittance advice will tell you whether the claim was paid or denied; how much was paid if paid; reason for denial if denied.



Billing Policy and Procedure

Procedure Code, Modifiers and Reimbursement

CHW services will be billed using the Healthcare Common Procedure Coding System (HCPCS) procedure code;

T1016 – Case Management – Each Fifteen Minutes

- T1016 – without a modifier will be used when billing for services rendered to an ***established patient*** - \$12.12
- T1016 – with the U3 Modifier will be used when billing for services rendered to a ***new patient*** - \$15.76
- T1016 – with HQ Modifier will be used when rendering services in a ***group setting*** - \$4.44 (*each eligible Medicaid member*)

General Policy and Claim Guidelines

- A provider enrolled both as a provider type other than CHW and as a CHW provider can submit claims for the provider's other services and for CHW services on the same day.
 - *Ex. A dental provider enrolls as a CHW provider. A member goes in for a cleaning by a hygienist. The dentist can bill for the cleaning using their dental provider number and also for a CHW that performed oral health coaching on the same date/visit, using their CHW provider number.*
- Each unit billed represents 15 minutes of time. Total amount of time spent with a member should be totaled and billed on one detail of the claim.
 - *Ex. One hour with a member should be billed on one line as 4 total units.*
- Diagnosis codes are required when submitting a claim. It is the provider's responsibility to determine the correct diagnosis code.
 - *Almost any diagnosis code for a chronic disease, including Behavioral Health (BH) conditions, may be used.*
 - *Providers may also use a "Z code" in the range Z55-65 to identify a social determinant of health as a diagnosis code.*
 - *One sources of ICD-10 diagnosis codes; [ICD10Data.com](https://www.icd10data.com). Printed versions of ICD-10 diagnosis code listings are also available.*
- There is no limit to the number of visits/hours allowed per member.
- There are no restrictions on the place of service for CHWs.

Contact Information

Provider Services	riproviderservices@gainwelltechnologies.com	
Provider Enrollment	rienrollment@gainwelltechnologies.com	
Customer Service Help Desk	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM
Celine Johnson	celine.johnson@gainwelltechnologies.com 401-400-4229	Provider Representative

Additional Resources

- EOHHS Website
- Provider Update
- Provider Reference Manual *(in progress)*

Official State of Rhode Island website

Settings & Language

THE EXECUTIVE OFFICE OF
Health and Human Services
State of Rhode Island

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Executive Office of Health and Human Services

Our mission is to ensure access to effective services that foster the independence of all Rhode Islanders.

Learn about EOHHS

Q & A

- Please raise your hand if you have a question.