Community Health Workers

RI Medicaid

July 3rd, 2023

Agenda

Section One

- Introduction to Medicaid
- Provider Enrollment
- Steps You Take to Get Set Up
- Enrolling for a Trading Partner number
- Navigate the Health Care Portal
- Questions and Answers

Section Two

- Reminder: Steps You Take to Get Set Up
- 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.

Community Health Worker (CHW)

Provider Enrollment

ENROLLMENT GUIDELINES

- Rhode Island Medicaid is currently accepting applications from Community Health Worker (CHW) Providers. This new provider type is considered Non-Medical.
- 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.

HOW TO ENROLL

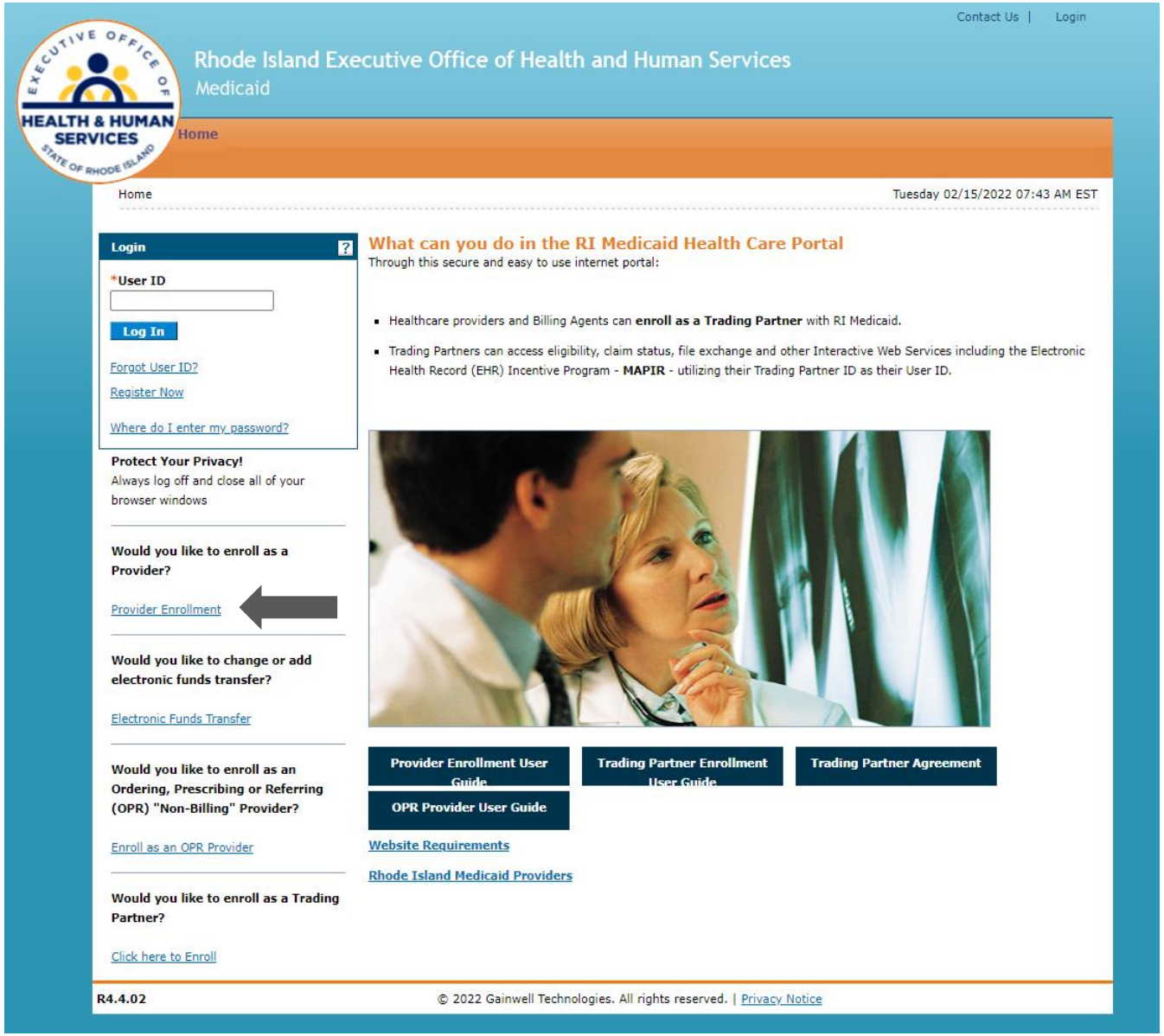
Enrollment is completed using the RI Medicaid Healthcare Portal (HCP).

- 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

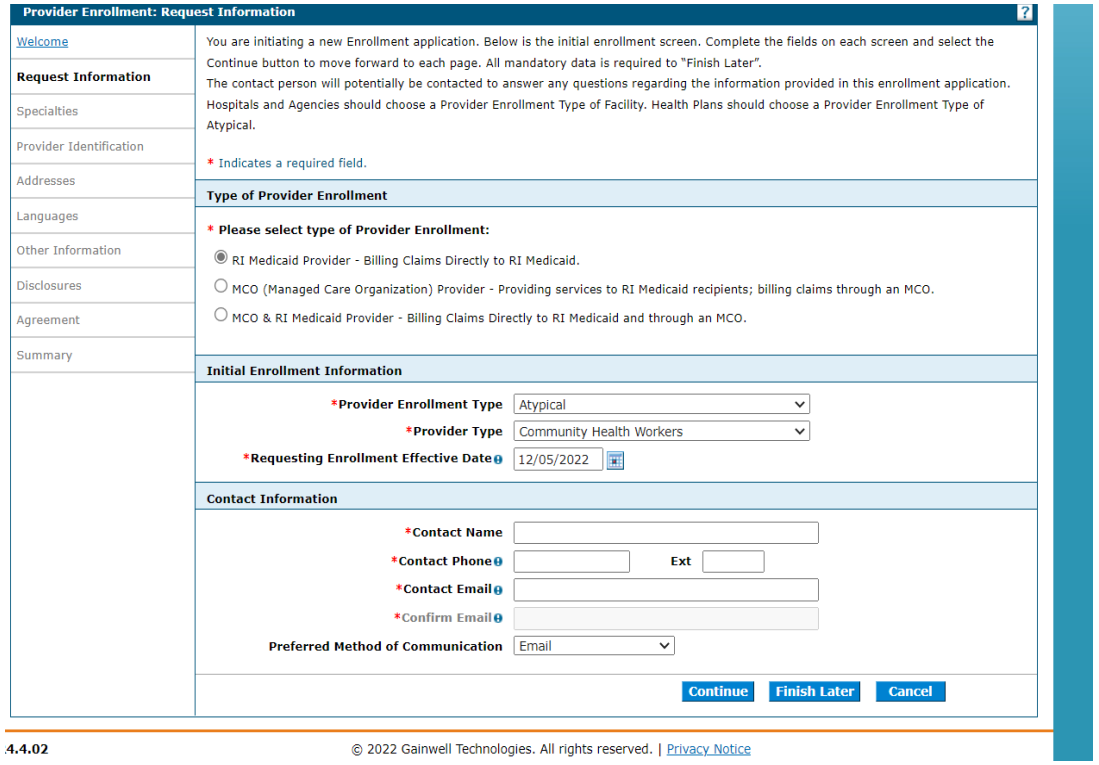
http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx



INFORMATION NEEDED TO ENROLL

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature.
    - W9 needs to be dated for month/year application is being submitted
- You will need to complete the Federally Required Disclosures.

ADDITIONAL ENROLLMENT INFORMATION



- 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
- Under **Other Identifier** in the EFT section of the application**,** CHW Providers will need for registration either their 10-character Medicare number or SSN with leading 0s if necessary.

YOU'RE ENROLLED! WHAT NEXT?

- Once enrolled you will be receiving a letter with your seven-digit provider ID.
- Your provider ID is what you will use when billing for CHW services.

Revalidation

- Revalidation happens once every five years. When you will need to revalidate, we will be sending you a letter in the mail with all the information you need to complete this task.
- Failure to complete revalidation will result in termination of enrollment.

STEPS YOU TAKE TO GET SET UP

Step 1:
Provider Enrollment

- *Enroll as a CHW provider*
- *Comply with revalidation*

If you have questions reach out to our Provider Enrollment Department

rienrollment@gainwelltechnologies.com

Step 2:
Health Care Portal

- *Enroll to receive a Trading Partner ID*
- *Register your Trading Partner ID*

If you have questions reach out to our EDI Department

riediservices@gainwelltechnologies.com

Step 3:
Billing

- *Download the PES (Provider Electronic Solutions) Billing software.*

If you have questions reach out to your Provider Representative

Andrea.rohrer@gainwelltechnologies.com

ENROLLING FOR A TRADING PARTNER NUMBER

- What is a Trading Partner number?
  - A trading partner number is how you would conduct business to access eligibility, claim status, file exchange and other Interactive Web Services, by using their Trading Partner ID as your User ID
- Enroll to receive a trading partner number so that you can utilize the Health Care Portal
- The information you will need:
  - Your 7-digit provider ID
  - Your Tax-ID
  - Contact information

*Trading Partner/Billing Agency Full Name: John Doe

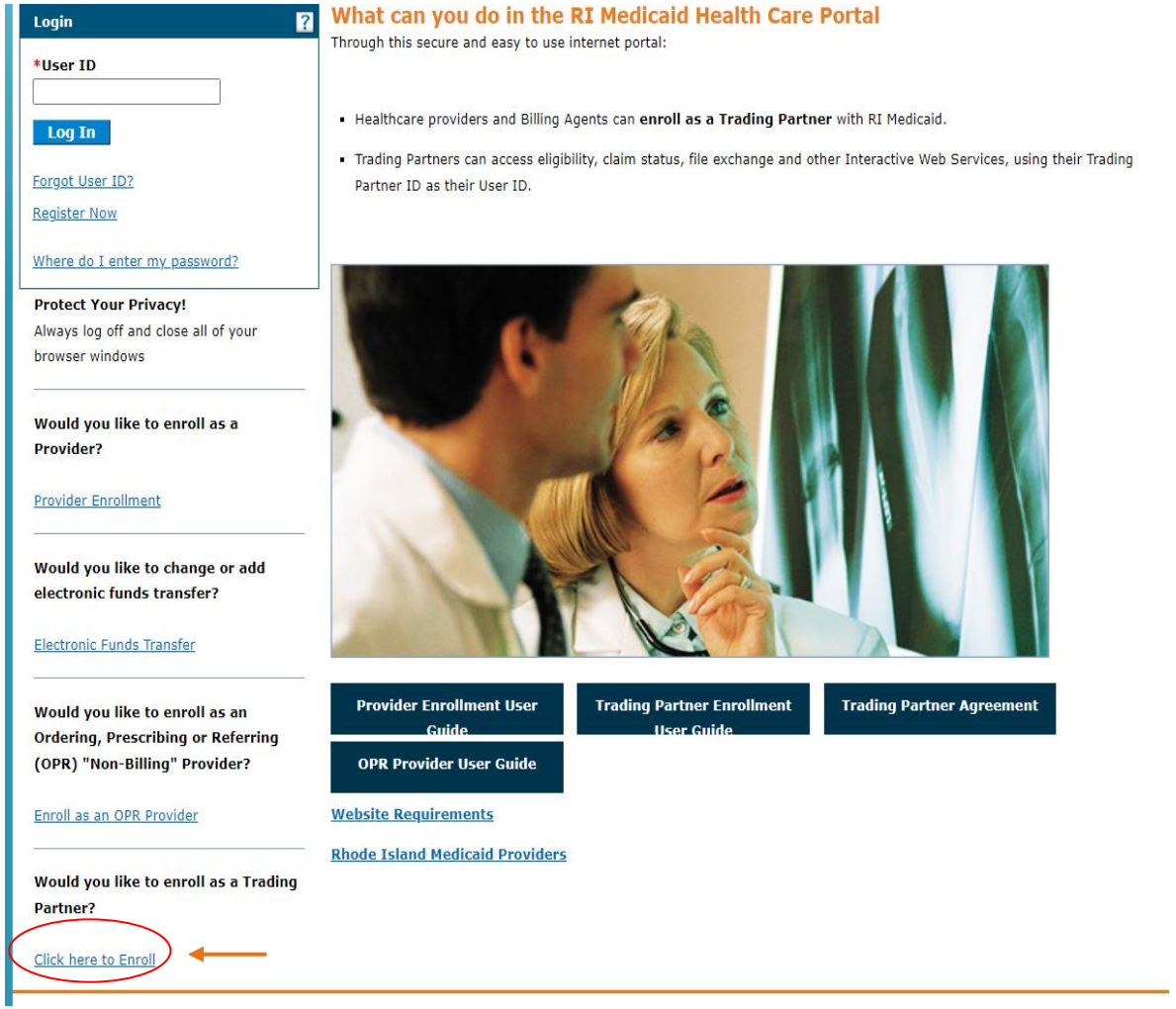
*FEIN (Tax ID): 123456745

is section is not required for Billing Agents. NPI must be entered for all healthcare providers (taxonomy is opti
NPI, please provide your Medicaid Provider Number.

Identifier Type: MA Provider #

Identifier: JDXXXXX

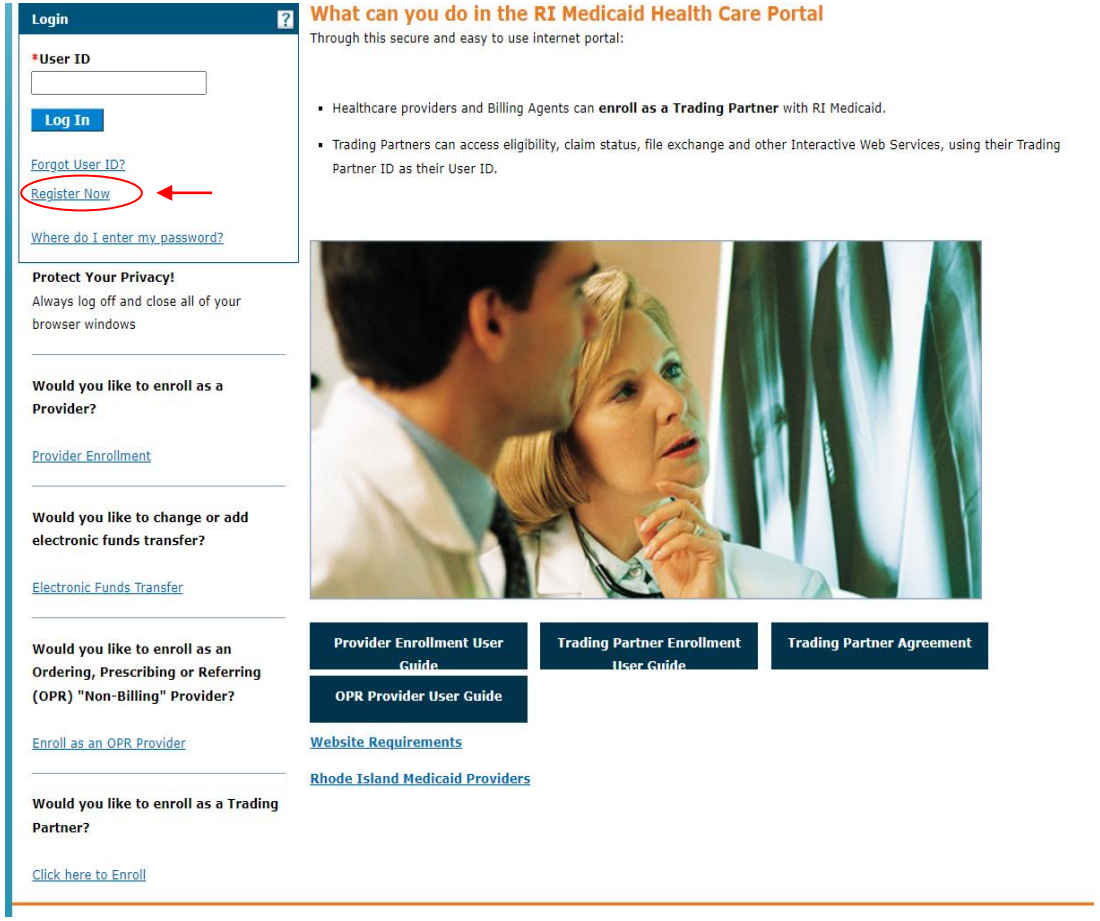
Taxonomy:



TRADING PARTNER NUMBER

- Once your trading partner application has been accepted. You will then receive your trading partner number through an email.
- **Register your Trading Partner Number**
- The information you will need
  - Trading Partner Number
  - Trading Partner Number Name
  - Tax-ID
  - ID- Type (MA Provider #)
  - Your 7-digit provider ID

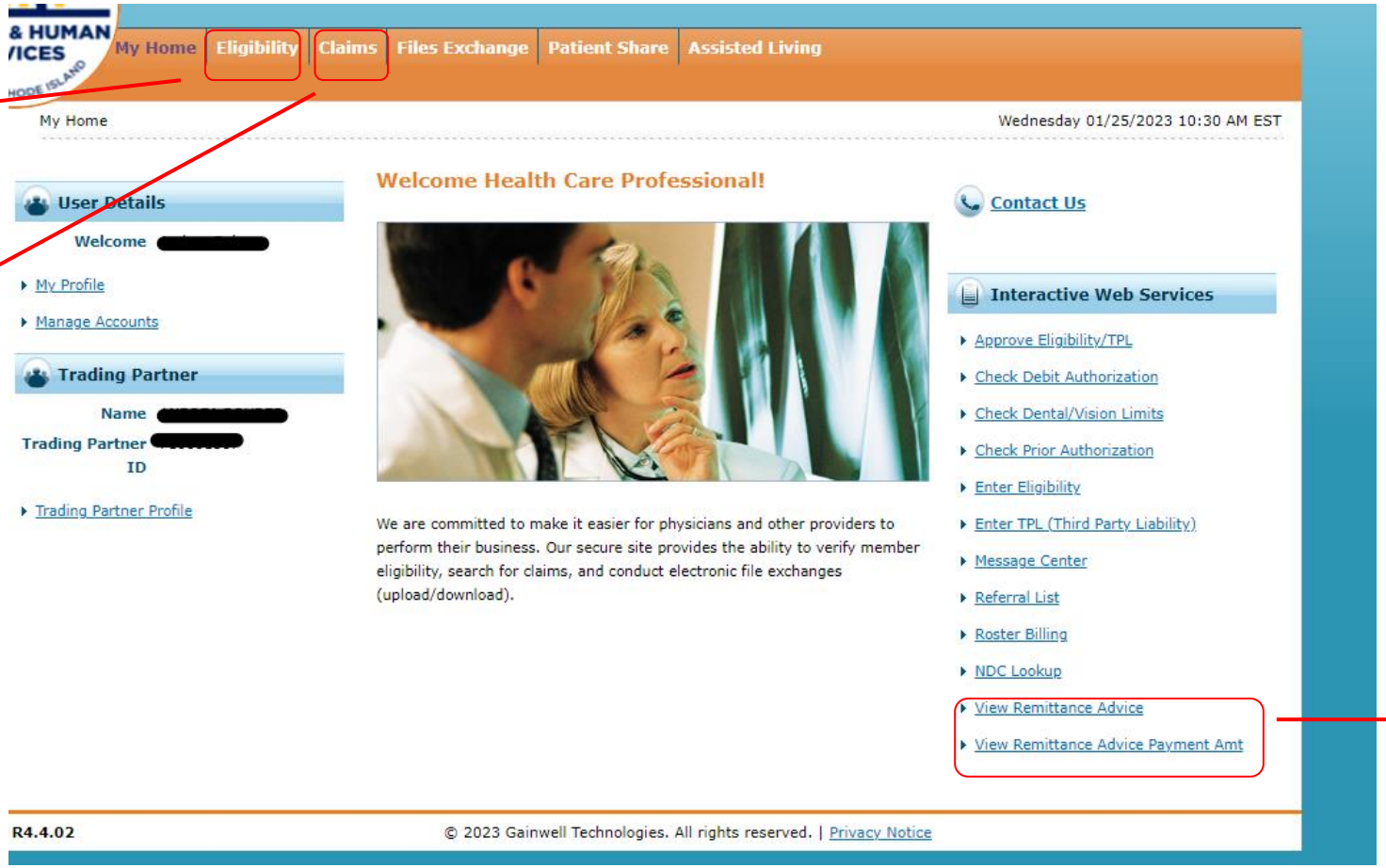
- Your Trading Partner number will be your user ID that you use to log into the Healthcare Portal.
- You will be prompted on the next screen to pick your security questions and answer. It's very important that you write that information down.
- Your Password must be exactly 8 characters in length. At least one uppercase, one lowercase, and one number, and ***no*** special characters



RI HEALTHCARE PORTAL

Check Patient Eligibility

Check claim status



View your remittance advice

BILLING AND PAYMENT BASICS

STEPS YOU TAKE TO GET SET UP

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YOUR ROLE AS A BILLING PROVIDER

Verify	Adhere	Claims
Verify Beneficiary RI Medicaid Eligibility	Adhere to Timely Filing Guidelines	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 GUIDELINES

- The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of **twelve (12)** months from the date the service that 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.

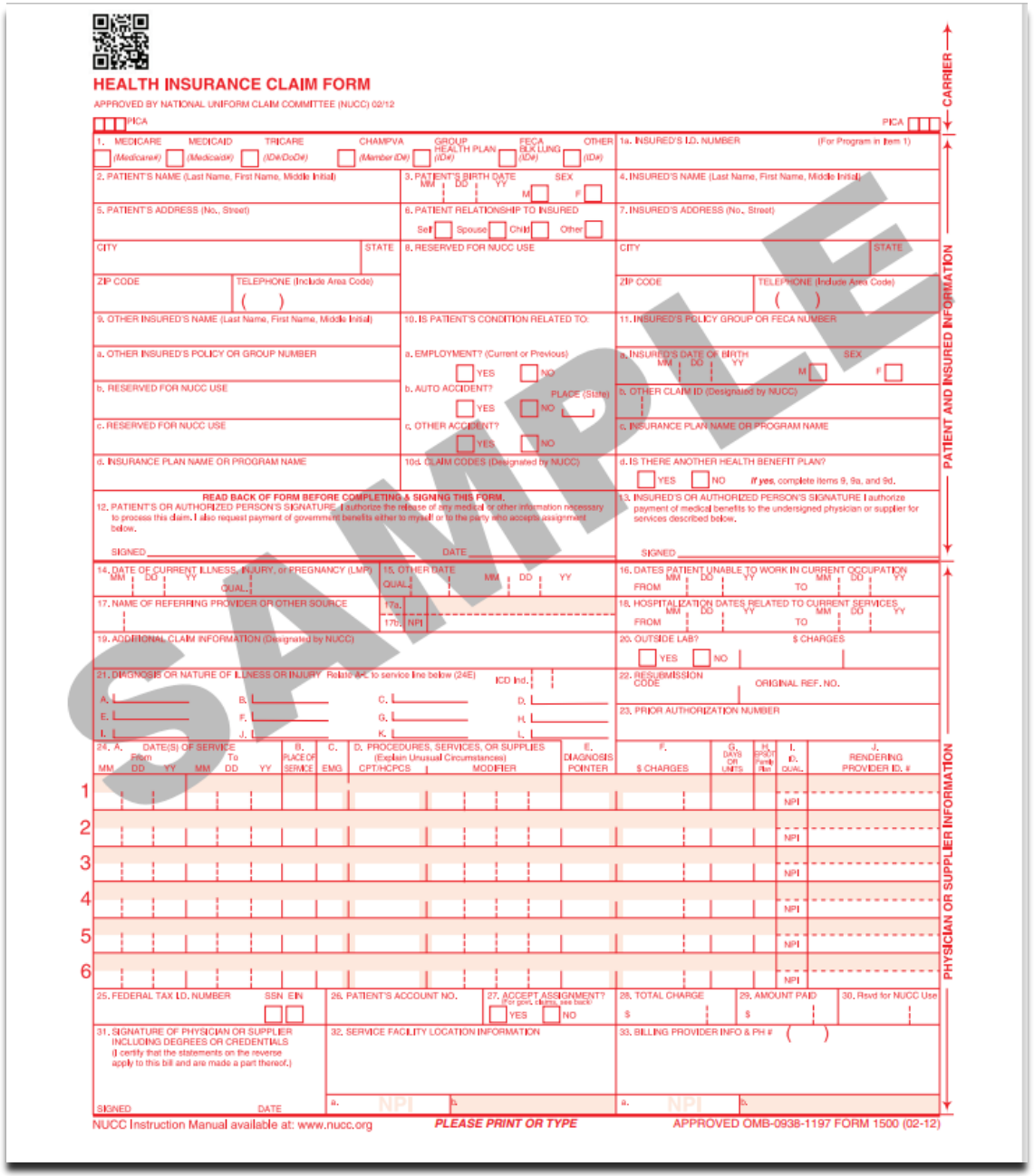
ELECTRONIC VS. PAPER CLAIMS

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (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 SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

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) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES 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? YES NO If yes, complete items 9, 9a, and 9d.

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.

SIGNED DATE

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

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) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES 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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

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.

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/07/2022	7/08/2022	7/15/2022
		7/22/2022	7/29/2022
August		8/05/2022	8/12/2022
	8/11/2022	8/12/2022	8/19/2022
		8/26/2022	9/02/2022
September			
	9/08/2022	9/09/2022	9/16/2022
		9/23/2022	9/30/2022
October	10/06/2022	10/07/2022	10/14/2022
		10/21/2022	10/28/2022
November	11/03/2022	11/04/2022	11/10/2022
		11/18/2022	11/25/2022
December		12/02/2022	12/09/2022
	12/08/2022	12/09/2022	12/16/2022
		12/23/2022	12/30/2022
January	1/05/2023	1/06/2023	1/13/2023
		1/20/2023	1/27/2023
February		2/03/2023	2/10/2023
	2/09/2023	2/10/2023	2/17/2023
		2/24/2023	3/03/2023
March			
	3/09/2023	3/10/2023	3/17/2023
		3/24/2023	3/31/2023
April			
	4/06/2023	4/07/2023	4/14/2023
		4/21/2023	4/28/2023

BILLING POLICY AND PROCEDURES

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

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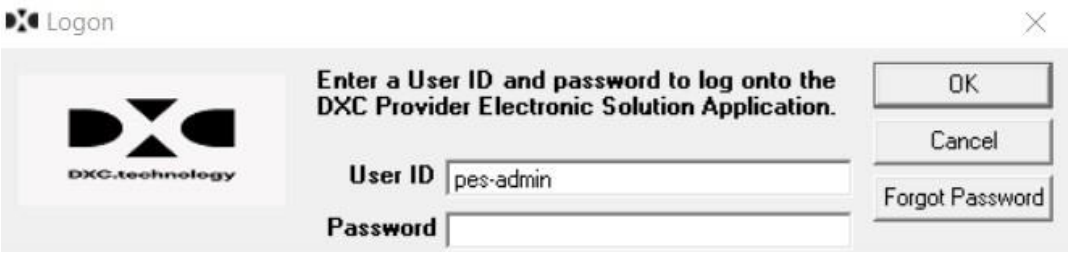
New Rates Effective 7/01/2023-Current

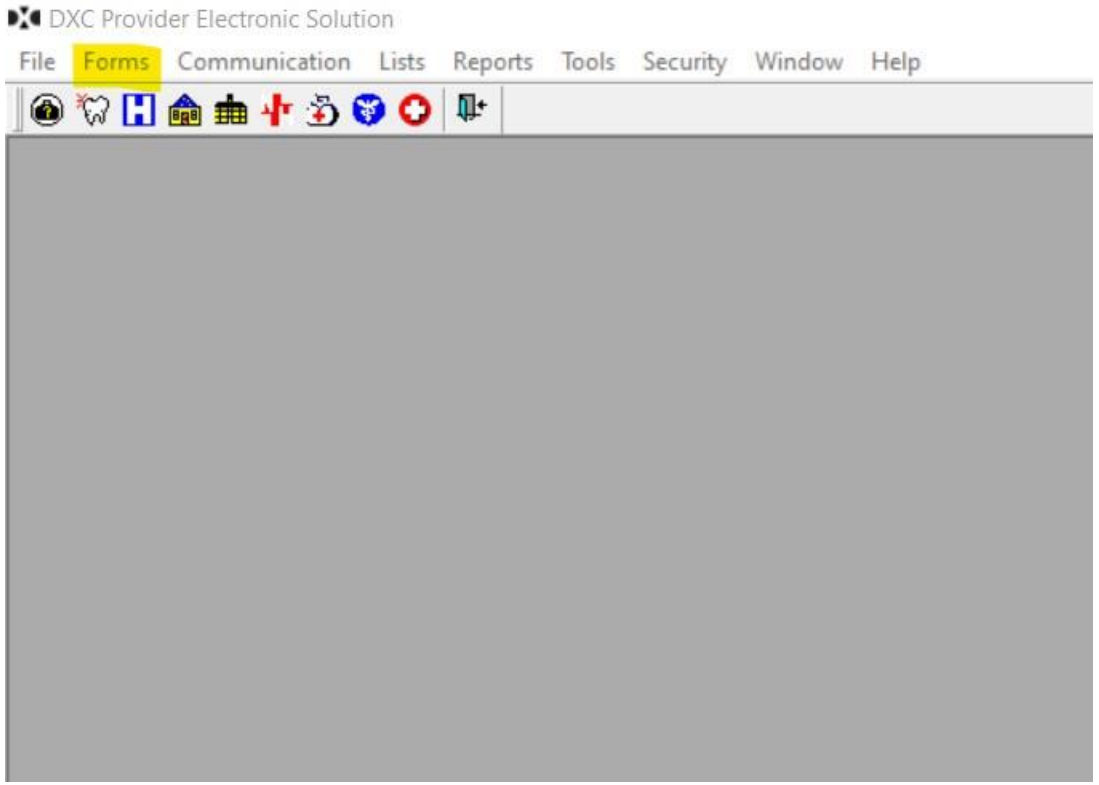
- T1016 – without a modifier will be used when billing for services rendered to an ***established patient*** - $12.69
- T1016 – with the U3 Modifier will be used when billing for services rendered to a ***new patient*** - $16.51
- T1016 – with HQ Modifier will be used when rendering services in a ***group setting*** - $4.65 *(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 . Printed versions of ICD-10 diagnosis code listings are also available.*
- You're limited to 96 units per day per member.
- There are no restrictions on the place of service for CHWs.

Filling Out a Claim in PES





- Log into PES
- Click on Forms
- Then Click on 837 Professional

Filling Out a Claim in PES

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | Srv 1 | Srv 2

Claim Frequency 1 Original Claim #

Provider ID JDXXXXX Taxonomy Code

Last/Org Name DOE First Name JOHN

Client ID 1234567890 Account # 1234567890

Last Name JANE First Name DOE MI

Medical Record #

Release of Medical Data Y Signature on File Y

Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

Add | Copy | Delete | Undo All | Save

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | Srv 1 | Srv 2

Diagnosis Codes

Qualifier ICD-10 1 Z609 2 3 4

5 6 7 8

9 10 11 12

Referring Provider

SSN/Tax ID Provider ID

Last/Org Name First Name MI

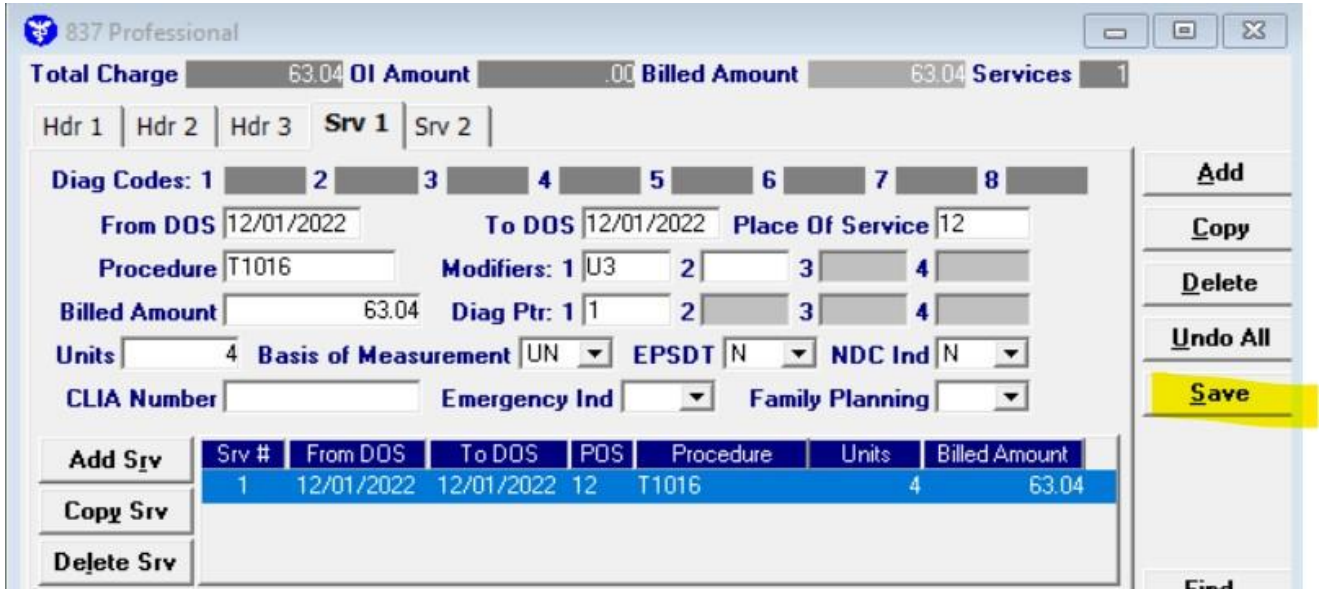
Place Of Service Onset of Current Illness Date 00/00/0000

Special Program Code Admission Date 00/00/0000

EPSDT Referral

Add | Copy | Delete | Undo All | Save

Filling Out a Claim in PES



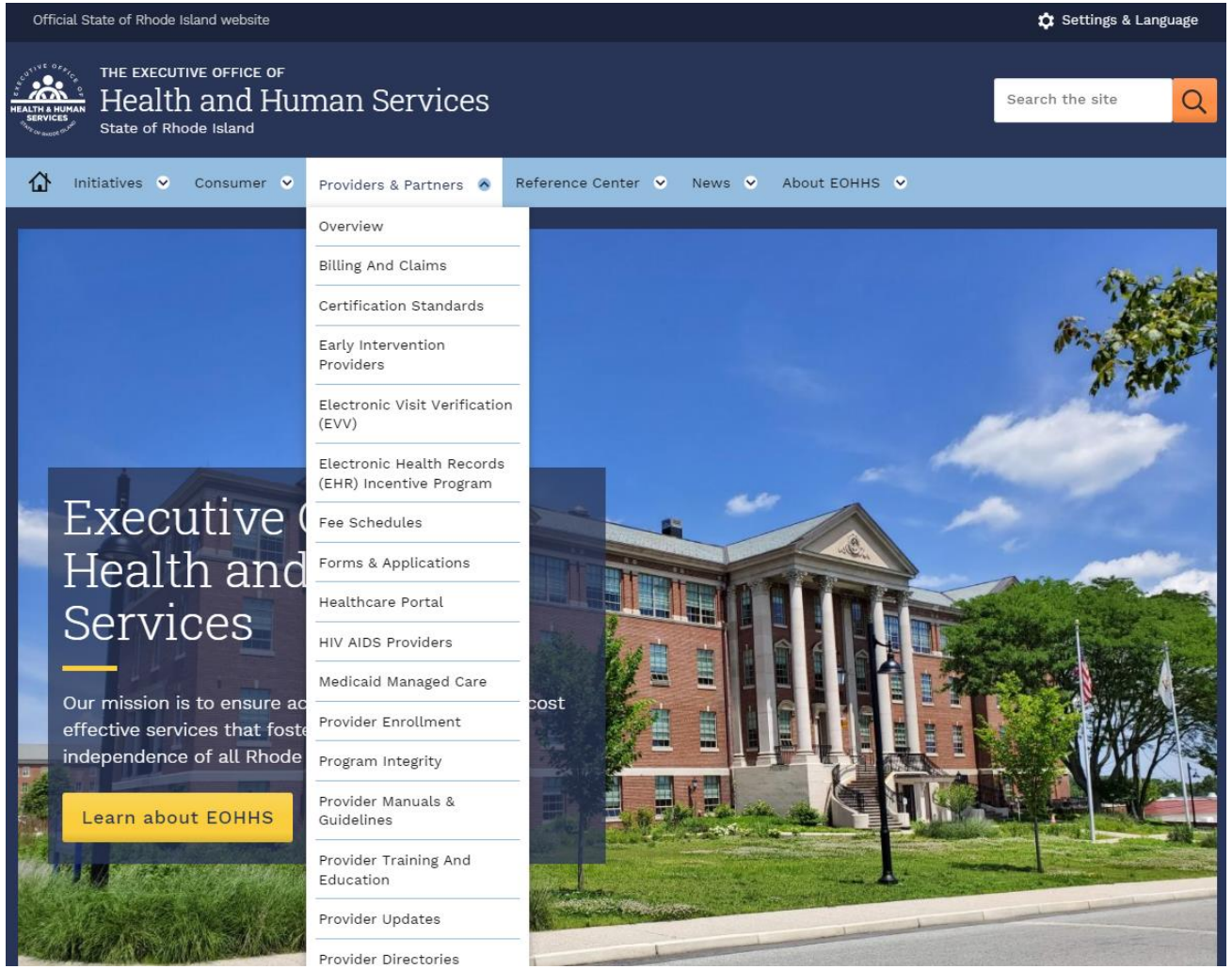
R= Ready

I= Incomplete

F= Finalized

ADDITIONAL RESOURCES

- EOHHS Website
- Subscribe to receive the Provider Update
- Provider Reference Manual



TERMINOLOGY

- TPID- Trading Partner Number
- CHW- Community Health Workers
- HCP- Healthcare Portal
- CMS-Centers for Medicare & Medicaid Services
- PES-Provider Electronic Solutions
- NPI- National Provider Identification
- MCO- Manage Care Organization
- MID – Recipient Medicaid Identification
- POS –Place of Service
- RA –Remittance Advice
- DOB –Date of Birth
- DOS –Date of Service
- EDI – Electronic Data Interchange
- EFT –Electronic Funds Transfer
- EOHHS – Executive Office of Health and Human Services
- ICD – 10 International Classification of Disease, new code set effective October 1, 2014
- ICN –Internal Control Number
- ID –Identification

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
Andrea Rohrer	Andrea.rohrer@gainwelltechnologies.com 469-897-4389	Provider Representative

Questions ?

- Please raise your hand if you have a question.