CIS PROVIDER ENROLLMENT IN HOKU

9.3.2021

https://medquest.hawaii.gov/



Community Integration Services (CIS)

GOAL:

- To promote the objectives of the Medicaid program by <u>improving</u> <u>health outcomes</u> for Medicaid members <u>who needs housing</u> (SDoH)
 - To support the member's transition into housing
 - Increase long-term stability in housing in the community
 - Avoid future periods of homelessness and institutionalization

CIS target populations:

- Homeless Individuals
- Individuals at risk of homelessness (eviction)
- Individuals transitioning from institutions back to the community who do not have housing

What are the QI Community Integration Services?

• Pre-Tenancy and Tenancy Services that support the member to be successful tenants in housing that is owned, rented or leased to the member OUTREACH-NAVIGATION-TENANCY STABILIZATION



Agenda

- Become a New CIS Provider
- Enrollment Type: Atypical vs FAO
- Provider Types
- NPI: Need for NPI
- Medicaid Provider Number
- Application steps
- Documents
- Fees, Site Visit and PHE Emergency
- Repair Edit Update Agency Provider Information



Introduction to the Speakers

HCSB/ DAPNS: Data Analysis & Provider Network Section

- KelliAnn Komatsu
- Will Choy-Ctr

HCSB: Health Care Services Branch

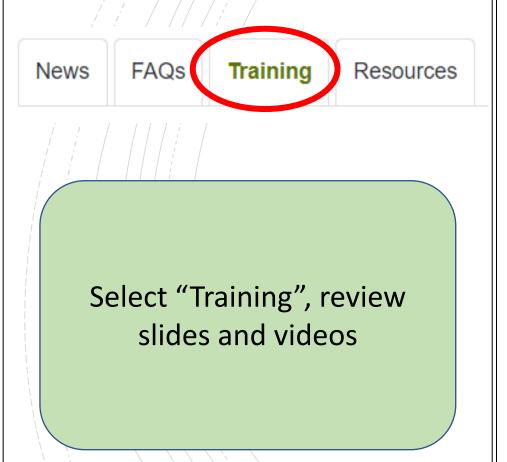
- Madi Silverman
- Alana Souza



Become A New CIS Provider

HOKU ONLINE-Medicaid Provider Applications

Go/to: https://medquest.hawaii.gov/en/plans-providers/Provider-Management-System-Upgrade.html



HOKU Website Links:

Effective June 21, 2021, please bookmark the new URL after signing in

- NEW Create HOKU Username and Password Click here
- NEW Logon to HOKU Click here

Register for HOKU (additional training to follow)

Log on: 14 steps to complete the HOKU application. Have documents to upload ready



Enrollment Type: Atypical vs FAO

Atypical	FAO		
"Atypical" providers deliver <u>non-</u> <u>health care</u> services	Facility/ Agency /Organization (FAO) provider is an entity that provides health care services		
Agencies or Individuals	Agencies or Individuals		
<u>No NPI</u> required	NPI Required		
Ex. Family Life Center, Catholic Charities, Achieve Zero	Ex. CCS CBCM Providers		

Provider Type

- Provider type indicates what "kind" of billable services the provider is contracted to do.
- Provider types include individuals, facilities, and agencies.
- CIS Provider Types:
 - PT A3 Community Service Agency
 - PT 77 Mental Health Rehab Option (MRO)
 - CCS providers
 - PT 02 Hospital
- A different Medicaid ID # is assigned to your agency for <u>service/provider type you</u> are enrolled to provide.
- HOKU Application step # 4

National Provider Identifier (NPI) Number and **NPI** Taxonomy Codes for CIS

NPI Number

- FAO providers require an NPI Number
- To apply for or edit an NPI, go to the NPPES link: <u>https://nppes.cms.hhs.gov/#/</u>
- The NPI is a unique 10-digit identification number for covered <u>health</u> <u>care providers.</u>
- <u>A different NPI number is required for each provider type/provider ID</u> <u># you apply for</u>
- NPI is used by QI Health Plans for billing

Recommended CIS NPI Taxonomy Codes:

Primary	251S00000X	Community/Behavioral Health
Secondary	251B00000X	Case Management
A taxonomy code is a unique 10-character code that designates your		

classification and specialization. You will use this code when applying for a National Provider Identifier, commonly referred to as an NPI.

Medicaid Provider ID Number

- A Medicaid Provider Number is a unique 6-digit identifier issued by the Medicaid program for each type of service your agency provides.
- Your Hawaii Medicaid Provider ID #s are only good in the state of Hawaii

• STATUS in HOKU

- A ctive
- P ending
- T ermination



Summary Grid

Enro Typ		Individuals	Agencies	NPI Required	Taxonomy	Provider Types
Aty	pical	Х	Х	No	No	A3 CSA
FAC)	Х	Х	Х	Primary 251S000000X	PT 77 MRO PT 02 Hospital
					Secondary 251B000000X	

HOKU Application Steps

Step	
Step 1: Provider Basic Information	
Step 2: Add Locations	
Step 3: Add Correspondence Address	
Step 4: Add Provider Type/Specialties/Subspecialties	
Step 5: Associate Billing Provider/Other Associations	
Step 6: Add License/Certification/Other	
Step 7: Add Additional Information	
Step 8: Add Provider Controlling Interest/Ownership Details	
Step 9: Add Taxonomy Details	
Step 10: Fee Payment	
Step 11: Upload Documents	
Step 12: Complete Enrollment Checklist	

Application Tips



- Before starting your HOKU Application gather your documents
- Save application number and new Medicaid Provider ID
- Naming convention for your agency



HOKU Documents

Step #11 Upload Documents





GENERAL EXCISE TAX (GET)





INSURANCES: CGL REQUIRED, AUTO (COMPANY OWNED VEHICLE, PROFESSIONAL AS NEEDED

LICENSES/CERTIFICATIONS AS NEEDED

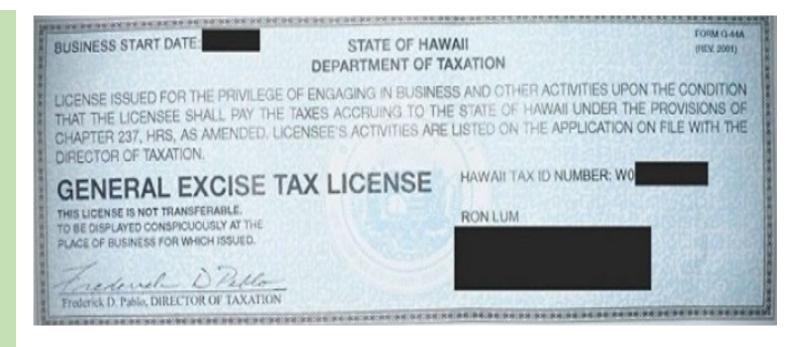
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	W-9 October 2018) tment of the Treasury	Request for Taxpayer Identification Number and Certific	cation		Give Form to the requester. Do not send to the IBS.
	al Revenue Service	st information.		send to the INS.	
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/c	isregarded entity name, if different from above			
Print or type. See Specific Instructions on page 3.	following seven b	proprietor or C Corporation S Corporation Partnership r LLC y company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners he appropriate box in the line above for the tax classification of the single-member ow is the appropriate box in the line above for the tax classification of the single-member ow is the appropriate box in the line above for the tax classification of the single-member of the tax classification of the single-member of the tax classification of the single-member of the tax classification of the single-member of from the owner should check the appropriate box for the tax classification of its owner tructions) ► , street, and apt. or suite no.) See instructions.	Trust/estate	certain ent instruction Exempt pa Exemption code (if an (Applies to acc	counts maintained outside the U.S.)
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Par	rt II Certifie	cation			
Unde	r penalties of perju	y, I certify that:			
-					

- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue
- IRS form used to request a taxpayer identification number (TIN).
- The W-9 form requires the contractor's name, address, and taxpayer ID number.
- The W-9 tax form can also show the legal organization of the contractor's business.



General Excise Tax (GET)



• GET is the registration of your business in Hawaii for tax purposes.

Fees, Site Visits and PHE Changes

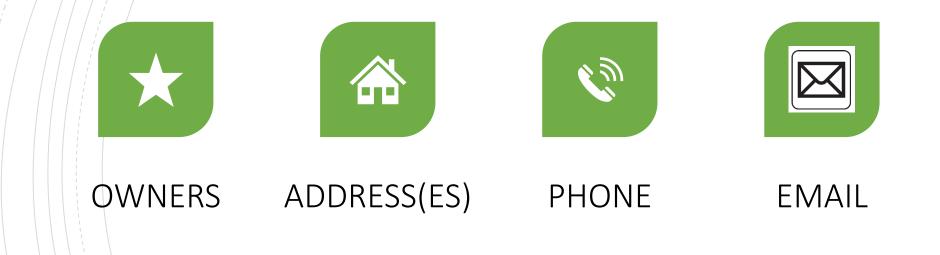


- \$500 Provider Enrollment Fee (Initial and every 5 years)
- Site visit (Initial and every 5 years???)
- Other: PHE related changes and waivers



Your Responsibility

Please update your agency information in the Medicaid HOKU online record (ongoing basis)





QI Community Integration Services (CIS)

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MQD Website: https://medquest.hawaii.gov

CDS Website: https://www.cds.hawaii.edu/goinghome/ pick: housing