



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 improving health outcomes for Medicaid members who needs housing (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>

News

FAQs

Training

Resources

Select “Training”, review slides and videos

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 |
|--|
| “Atypical” providers deliver <u>non-health care</u> services |
| <u>Agencies</u> or Individuals |
| <u>No NPI</u> required |
| Ex. Family Life Center, Catholic Charities, Achieve Zero |

| FAO |
|---|
| Facility/ Agency /Organization (FAO) provider is an entity that provides health care services |
| <u>Agencies</u> or Individuals |
| NPI Required |
| 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 service/provider type you 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:
<https://nppes.cms.hhs.gov/#/>
- The NPI is a unique 10-digit identification number for covered health care providers.
- A different NPI number is required for each provider type/provider ID # you apply for
- 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**
 - Active
 - Pending
 - Termination



Summary Grid

| Enrollment Type | Individuals | Agencies | NPI Required | Taxonomy | Provider Types |
|-----------------|-------------|----------|--------------|--|-----------------------------|
| Atypical | X | X | No | No | A3 CSA |
| FAO | X | X | X | Primary 251S000000X Secondary 251B000000X | PT 77 MRO PT 02 Hospital |



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

Step 13: Submit Enrollment Application for Approval

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



W-9



GENERAL EXCISE TAX (GET)



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



LICENSES/CERTIFICATIONS
AS NEEDED



W-9

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

Or

Employer identification number

____ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

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 Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am

- 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)

BUSINESS START DATE: [REDACTED] STATE OF HAWAII
DEPARTMENT OF TAXATION FORM G-46A
(REV. 2001)

LICENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE LISTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION.

GENERAL EXCISE TAX LICENSE HAWAII TAX ID NUMBER: W0 [REDACTED]

THIS LICENSE IS NOT TRANSFERABLE.
TO BE DISPLAYED CONSPICUOUSLY AT THE
PLACE OF BUSINESS FOR WHICH ISSUED.

RON LUM
[REDACTED]

Frederick D. Pablo
Frederick D. Pablo, DIRECTOR OF TAXATION

- 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)



OWNERS



ADDRESS(ES)



PHONE



EMAIL



QI Community Integration Services (CIS)

Madi Silverman

DHS/MQD Phone: 692-8166

Email: msilverman@dhs.hawaii.gov

Alana Souza

DHS/MQD Phone: 692-8177

Email: asouza2@dhs.Hawaii.gov

CIS EMAIL ADDRESS/QUESTIONS: cismqd@gmail.com

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

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