



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

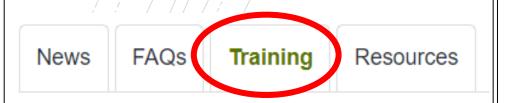
- Madi Silverman
- Alana Souza



Become A New CIS Provider

HOKU ONLINE-Medicaid Provider Applications

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



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

Agencies or Individuals

No NPI required

Ex. Family Life Center, Catholic Charities, Achieve Zero

FAO

Facility/ Agency / Organization (FAO) provider is an entity that provides health care services

Agencies 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 <u>for</u> <u>service/provider type</u> 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 <u>health</u> 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
- A ctive
- P ending
- T ermination



Summary Grid

Enrollment Type	Individuals	Agencies	NPI Required	Taxonomy	Provider Types
Atypical	X	Х	No	No	A3 CSA
FAO	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
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



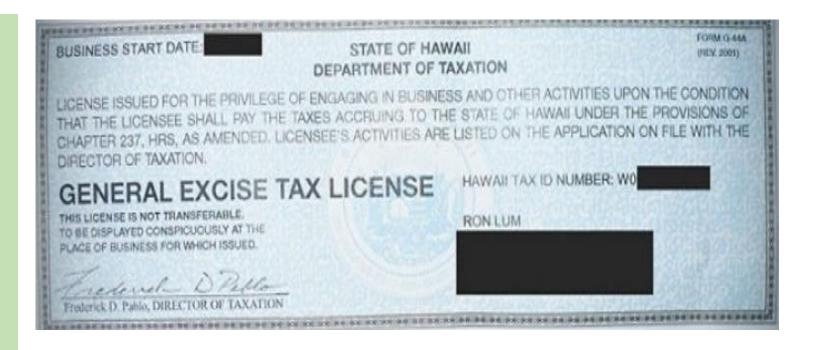
W-9

	W-9 October 2018) ment of the Treasury	Request for Taxpayer Identification Number and Certific	cation	Give Form to the requester. Do not send to the IRS.
ternal	Revenue Service	Go to www.irs.gov/FormW9 for instructions and the lates	t information.	
		on your income tax return). Name is required on this line; do not leave this line blank.		
on page 3.	following seven b	proprietor or C Corporation S Corporation Partnership	certair	emptions (codes apply only to n entities, not individuals; see ctions on page 3):
ctions		company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners	hip) ►	ot payee code (if any)
Specific Instructions on page	LLC if the LLC another LLC t	he appropriate box in the line above for the tax classification of the single-member own is classified as a single-member LLC that is disregarded from the owner unless the or nat is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single from the owner should check the appropriate box for the tax classification of its owne	wner of the LLC is e-member LLC that	otion from FATCA reporting (if any)
<u>.</u>	Other (see ins	ructions) ►	(Applies	to accounts maintained outside the U.S.)
See S	6 City, state, and Z		Requester's name and add	ress (optional)
	7 List account num			
Par		er Identification Number (TIN)		
cku side titie	p withholding. For nt alien, sole prop s, it is your emplo	oropriate box. The TIN provided must match the name given on line 1 to avo individuals, this is generally your social security number (SSN). However, fo ietor, or disregarded entity, see the instructions for Part I, later. For other er identification number (EIN). If you do not have a number, see <i>How to get</i>	a –	umber –
V, later.			action number	
		more than one name, see the instructions for line 1. Also see What Name a uester for guidelines on whose number to enter.	Employer identifi	leadon number
Part	Certific	ation		
nder	penalties of perju	y, I certify that:		
The	number shown or	this form is my correct taxpayer identification number (or I am waiting for a	number to be issued to	me); and

- 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)







ADDRESS(ES)



PHONE



EMAIL



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

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