Community Health
Partnership Services

Reentry Third-Party Administrator (TPA)

Introduction to Claims & Billing

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Claims & Billing Team

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Agenda

- Claims 101
- Provider Setup Requirements
- Required Claim Data Elements
- CHPS Portal Overview & Claim DDE (Direct Data Entry) Demonstration
- Billing Guides & Covered Procedure Code List
- Contact Information
- Questions

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Claims 101

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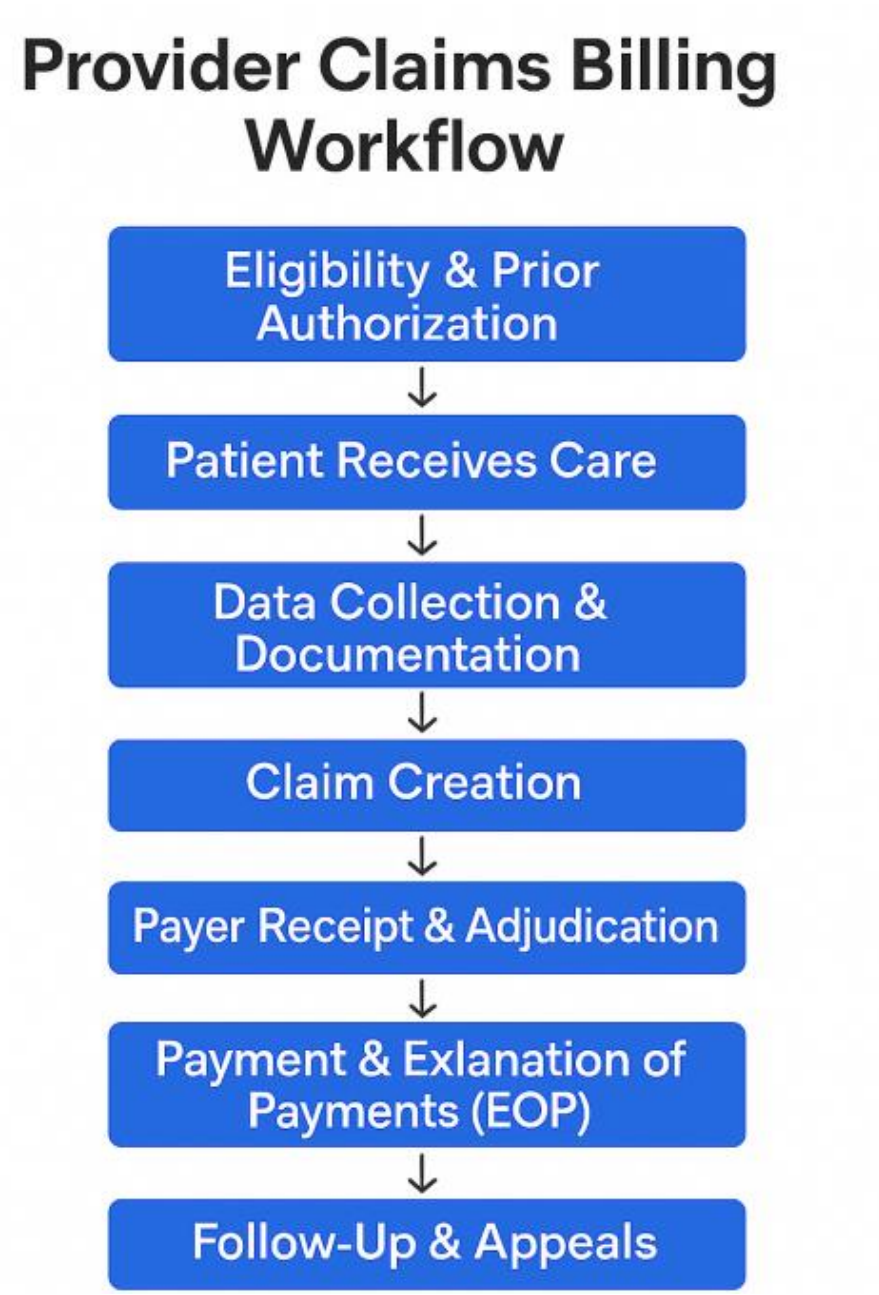

Provider Claims Billing Process

1. **Eligibility & Prior Authorization (Pre-Service)**
    - Verify insurance coverage and obtain prior authorization if required.
2. **Patient Receives Care**
    - Deliver and document medical services.
3. **Data Collection & Documentation**
    - Gathers patient information, insurance, diagnosis, procedures, and clinical notes.
4. **Claim Creation and Submission**
    - Compile and prepare accurate claim and submit electronically or via paper; clearinghouse may validate format.

Payer Review & Adjudication

1. Review claim for eligibility, coverage, coding accuracy, medical necessity, and contracted rates.
2. Approve and pay, or deny and return to provider for correction/appeal. If approved, send payment to provider.

Best Practices to Optimize the Workflow

- **Standardization:** Use uniform templates and protocols for documentation and submission.
- **Centralization:** Integrate data across EHRs, billing platforms, and document systems.
- **Front-End Validation:** Use claim scrubbers and real-time eligibility checks to catch errors early.
- **Denial Management:** Analyze trends; automate categorization and use predictive analytics.
- **Clinical Documentation Improvement (CDI):** Ensure precise and compliant documentation.
- **Cross-Functional Collaboration:** Align clinical, billing, and finance teams for smoother operations.

Role Of Automation

Automation tools like **claims processing software** can:

- Auto-generate and validate claims
- Ensure Coding compliance
- Submit claims electronically
- Track claim status in real-time
- Manage denials and appeals
- Integrate with EHRS for seamless data flow

Provider Setup Requirements

- NPI (National Provider Identifier) Registration
- Provider Enrollment
- Initial BACH (Billing Agent Clearing House) Setup
- Registration with CHPS (powered by SDS)

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NPI (National Provider Identifier) Registration

To learn how to obtain an NPI, please see Section 2 of the Reentry Initiative Policy and Operations Guide.

To obtain an NPI, facilities and providers must submit an application online through the National Plan and Provider Enumeration System (NPPES) website.

Provider Enrollment

How to enroll as a provider with the Health Care Authority: https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/enroll-provider

Reentry Initiative FAQ: https://www.hca.wa.gov/assets/program/reentry-faq.pdf

For additional information, please refer to the Reentry Initiative Provider Enrollment Webinar: https://www.hca.wa.gov/assets/program/mtp-reentry-initiative-provider-enrollment-webinar.pdf

Initial BACH (Billing Agent Clearing House) Setup

The purpose of the BACH enrollment is to designate a clearing house in ProviderOne for electronic transactions

Complete the Initial Billing Agent Clearing House Setup and Change Process: https://www.hca.wa.gov/assets/billers-and-providers/18-0015-initial-billing-agent-clearing-house-setup-change-instructions.pdf

The domain ID for registration with CHPS is **2347435**

Registration with CHPS (powered by SDS)

Enrolling with CHPS allows you to conduct eligibility transactions, submit claims, and sign up for ERA (electronic remittance advice)

Create a provider clearing house account by completing this form: https://portal.smartdatastream.us/quickclaim/servlet/quickclaim/template/ClearingHouse%2COpenEnrollmentAccountRegistration.vm/cc/CHCHPS

Signing up online is the quickest and most efficient method

Required Claim Data Elements

There are 3 categories of required data elements needed for creating a claim:

- Provider Billing Information
- Client/Patient Information
- Claim Service Information

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Provider Billing Information

Provider Name	Provider Name. Must match W-9
TIN/EIN/SSN	Taxpayer Identification Number (TIN), Employee Identification Number (EIN) or Social Security Number (SSN). Must match W-9
Billing Provider Taxonomy	Taxonomy for the billing provider
Billing Provider NPI	National Provider Identifier (NPI)
Billing Provider Street Address	Billing Provider Street Address. Must match W-9
Billing Provider City	Billing Provider City. Must match W-9
Billing Provider State	Billing Provider State. Must match W-9
Billing Provider Zip Code	Billing Provider Zip Code. Must match W-9

Client/Patient Information

Client Last Name	Last Name of the client exactly as it appears on the client services card or other proof of eligibility
Client First Name	First Name of the client exactly as it appears on the client services card or other proof of eligibility
Client Street Address	Street Address of the client
Client City	City of the client
Client State	State of the client
Client Zip Code	Zip Code of the client
Client DOB	Client's Date of Birth
Client Gender	Client's Gender
Client Insured ID	Insured ID of the client exactly as it appears on the client services card or other proof of eligibility

Claim Service Information

Place of Service	The Place of Service (POS) is a two-digit numeric value that describes where the services were rendered List of POS codes: https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets
Diagnosis Code	The ICD-10-CM Diagnosis Code(s) Resources for ICD-10-CM coding information: https://www.cdc.gov/nchs/icd/icd-10-cm/index.html and https://www.cms.gov/medicare/coding-billing/icd-10-codes
Service From Date	The first date or service for the billing period the service was provided
Service To Date	The last date of service for the billing period the service was provided
Service Code	The appropriate procedure code (CPT/HCPCS) for the service(s) being billed Reentry Code List: https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#r
Modifier	Modifiers if applicable
Diagnosis Pointer	When there are multiple diagnoses, point each service code to the applicable diagnosis code
Billed Amount	The billed amount for the line
Units	The number of units

CHPS Portal Overview & Claim DDE (Direct Data Entry) Demonstration

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CHPS Portal features include eligibility verification, claim submission, and electronic remittance advice (ERA)

With DDE you can enter and submit claims electronically directly in the portal

There is no charge for DDE when billing reentry services to the participating MCO's and the HCA

Billing Guides & Covered Procedure Code List

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- Carceral facilities should either have a contract or single case agreement to be paid by the MCO
- The current billing guides and covered procedure code lists are the source documents for policies and billing guidelines
- The fee schedules reflect the FFS (fee for service) rates, which may differ based on the contract with the MCO
- The current Reentry Initiative billing guides and covered procedure code lists can be found on HCA's Provider billing guides and fee schedules webpage and navigating to section -R-, Reentry Services

Contact Information

- Phone: 1.800.461.0305 Option 1
- Email: claims.chps@chpw.org
- CHPS Website: www.chpswa.org
- Please contact us if you would like to schedule 1:1 training with your carceral facility

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Questions?