



Medicaid Academy: Kentucky **1915(i) RISE** **Initiative**

Session 5: Documentation and Billing

Your Training Team



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Quick recap from our last session

- Through the Medicaid Academy series, your team is building a comprehensive 18-month work plan to consider and become a 1915(i) RISE service provider offering Housing and Tenancy Supports. ***CSH is here to help you do this, step by step!***
- Before enrolling as a 1915(i) RISE service provider, understanding policy and procedure requirements
 - Agencies **must** submit a complete Kentucky 1915(i) RISE Policy Manual as part of the Provider Certification packet ***before Medicaid approval and offering services***
 - To draft this content, it is crucial to understand which policy and procedure changes are required for ***Medicaid compliance vs what's considered standard for any housing service providers***

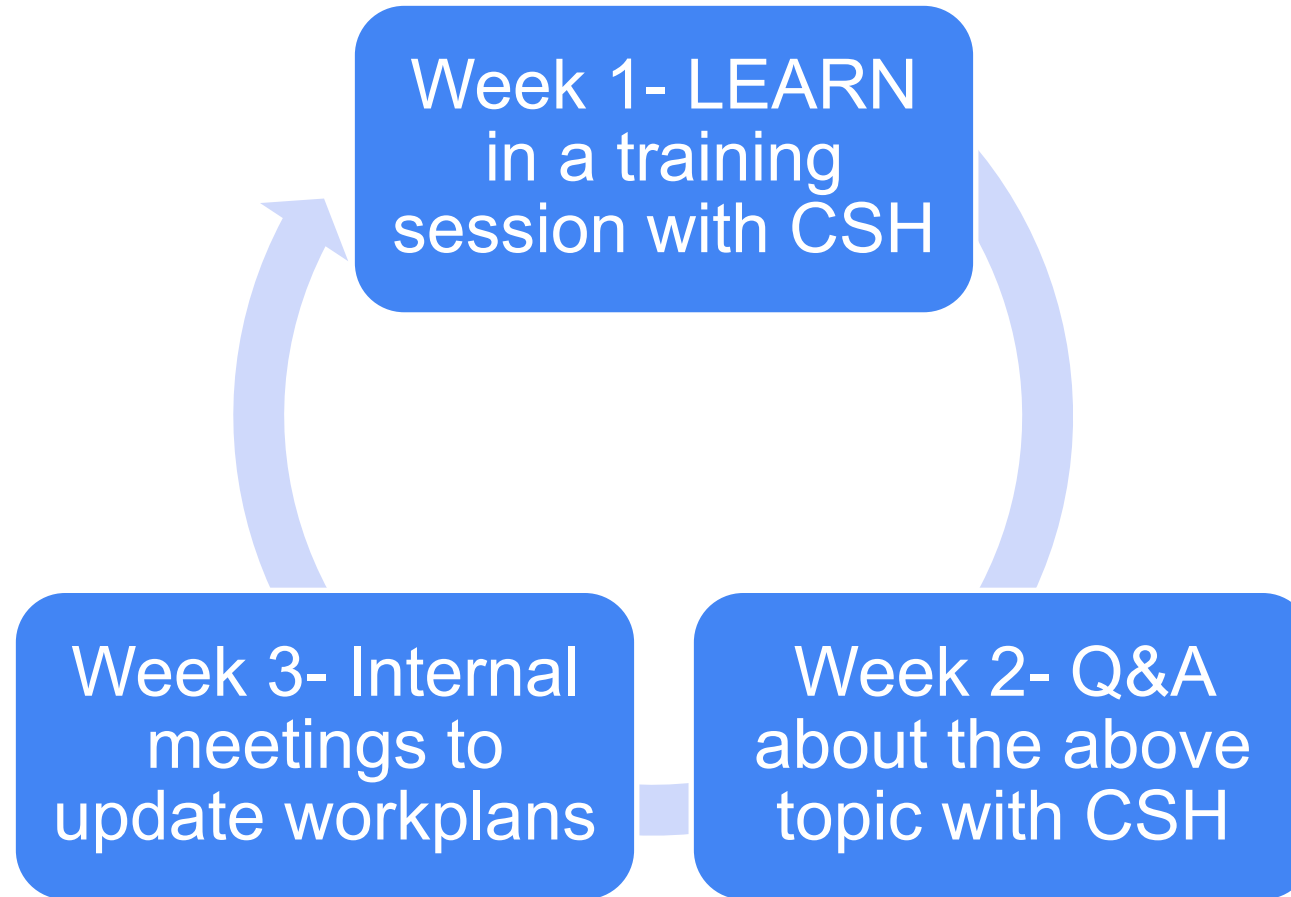
Missed the previous session? Medicaid Academy materials are available here: - [CSH Medicaid Strategy Resources](#)

Since our last session, we hope you have had time to:


- Review content from Session #4 to explore potential policy and procedures gaps, including documentation and billing guidance needs
- Add to your work plan based upon the above analysis of what you need to add to your policy manual to submit for 1915(i) RISE program certification.

Missed the previous session? Medicaid Academy materials (recordings and tools) are available here: [CSH Medicaid Strategy Resources](#)

Training Cycle



Medicaid Academy Schedule

| Session | Topic | Date | Link |
|--|-----------------------------------|----------------|---|
| 5.  | Topic #5: Documentation & Billing | April 30, 2026 | https://csh-org.zoom.us/j/89680281916?pwd=qzcUAH7LWbRD1j2K7jQHlahYazFrIF.1 |
| | Office Hour Q&A on Topic #5 | May 7, 2026 | https://csh-org.zoom.us/j/84469428579?pwd=1J3X6QSJmLsbQFxFRlaxzkn1UZaujR.1 |
| 6. | Topic #6: Quality Services | May 14, 2026 | https://csh-org.zoom.us/j/84928386222?pwd=h8Fww3w4ousoBxaUBv2PBa5AoxhWtG.1 |
| | Office Hour Q&A on Topic #6 | May 21, 2026 | https://csh-org.zoom.us/j/87401139749?pwd=b0txjUsbWOxbifa7wpAJNWRRnNIWKw.1 |



Your Team Includes:



Executive Lead



Program Lead



Fiscal Lead



Quality Lead



IT Lead

Shared Tools and Materials

Each session includes tools and templates that are shared and can be adapted by your agency. The tools are ways your agency can implement what is learned in each session

Don't start from scratch: build on what your agency already has in place and on the learnings of other agencies before you

Session #1- Participant Enrollment Tracker

Session #2- Provider Enrollment Guide

Session #3- Services Budget Tool

Session #4- Policies and Procedures template

Session #5- Documentation and Billing Guide

Session #6- CSH Quality toolkit

Plan for Today:

Session 5

- Review key elements of Medicaid compliant documentation
- Review documentation and billing requirements and structure as a Kentucky 1915(i) RISE service provider
- Review Kentucky-specific requirements to bill using the Medicaid Management Information System (MMIS)
- Look at documentation examples.
- Review areas for additional brainstorming and action steps for your agency

Key Websites to Bookmark:

Session 5

- [Reimbursement requirements for 1915\(i\) RISE providers](#)
- [KYHealthNet](#)- KY Medicaid provider enrollment
- [KY Medicaid Billing or Medicaid Management Information System \(MMIS\)](#)
- KY's current Electronic Visit Verification System- [Therap for Kentucky 1915\(i\) RISE](#)
- [Provider Billing Instructions](#) for 1915(i) RISE Providers
- [1915\(i\) RISE program Fee Schedule \(payment rates for services\)](#)

Documentation


Medical Necessity



What is Medical Necessity?

Provision of services that are consistent and necessary with improving symptoms of a diagnosis or functional deficit

- Based on Medicaid as “insurance coverage”
- Begins with a diagnosis of a functional deficit
- Services are authorized by Kentucky DMS staff
- A clear individualized service plan with relevant goals needed to improve functioning (**created by the 1915(i) RISE Case Manager**). Housing and Tenancy Supports providers are a part of this plan.
- There is a reasonable expectation that providing the intervention will improve the client’s level of function based upon the services delivered.
- Documentation follows “the Golden Thread”



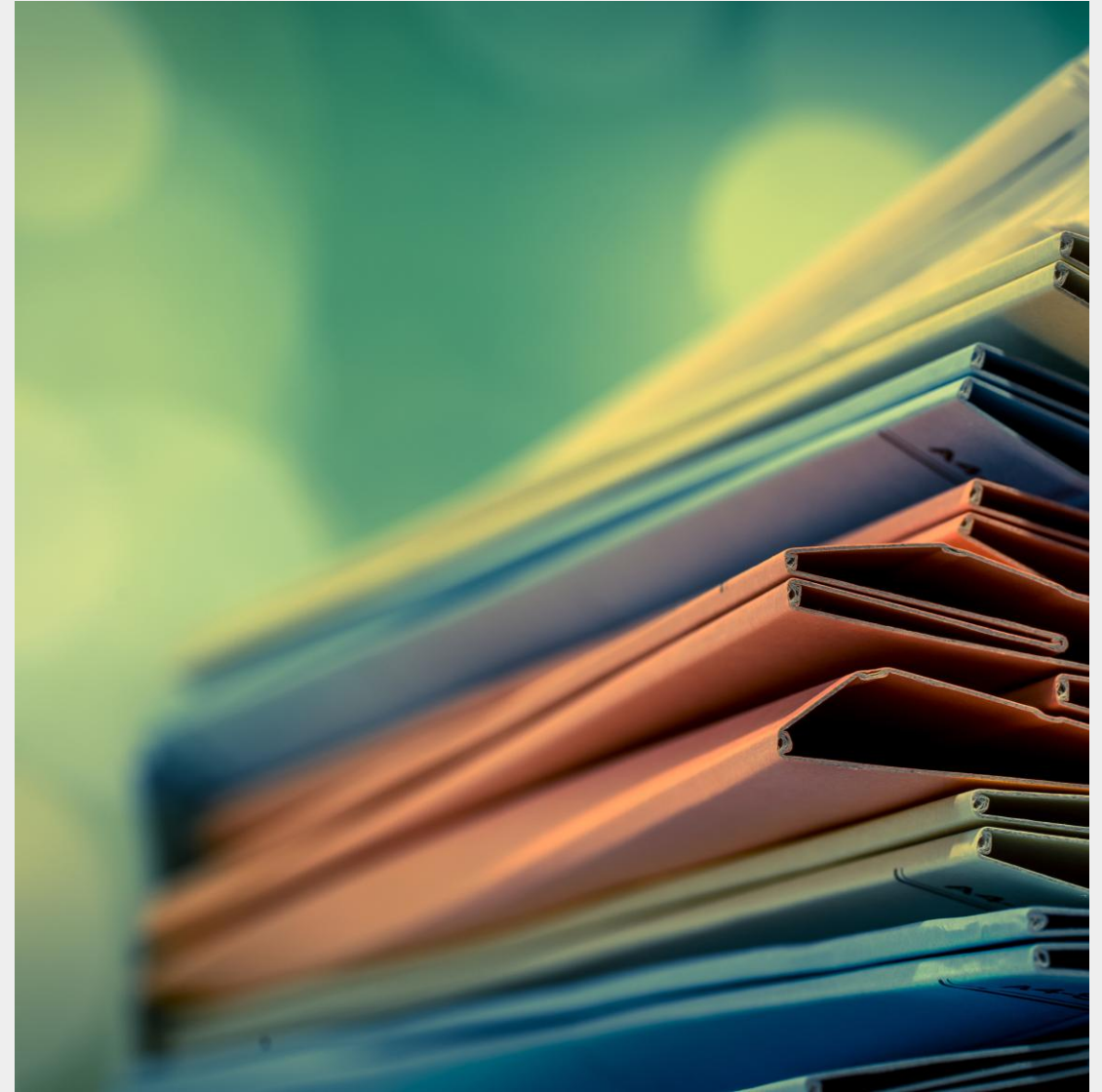
Why is documenting “medical necessity” important for Kentucky 1915(i) RISE services?

- Medicaid requires that services be connected to a client’s medical need before payment goes out
- Medicaid requires medical necessity to be captured to align with the right service authorization steps
- Medicaid requires medical necessity documentation as part of service audits and reviews, *especially if a client is eligible for more than one service*

No medical necessity tracking paperwork = “no claims to the piggy bank.”

Important Documentation Considerations

- Current state of client charts
- Location and security of client charts
- Defining medical necessity
- Golden thread
- Review forms for needed revisions
- Agency intake/assessment
- Person-Centered Services Plans (PCSPs)
- Progress note templates
- Quality Review forms and tools



Documentation Features for Medical Necessity Audit



Client needs the service based on a diagnostic or other assessment



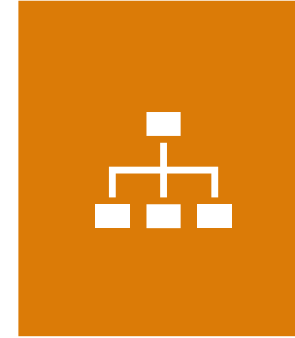
Clear connection of service plan goals to the diagnosis and/or assessment



Writer must explain the rationale and “tell the story”



Reader must understand the service rationale



Progress notes are tied to service plan goals



Type and frequency of services are appropriate to imitations and goals

Defining “Billable Services” for Medicaid Reimbursement

- Services must be included in the current Kentucky Medicaid State plan document
- Staff perform MANY valuable activities
- Services included in the 1915(i) RISE service definitions are considered “billable” (eligible for payment by Medicaid after services are rendered)
- Services not defined in the 1915(i) RISE program description are still valuable, but are not billable
- To successfully bill the 1915(i) RISE program, your agency will need to track staff revenue generation and likely include it in performance expectations (the Service Budget Tool from Session #3 is a helpful place to start for this!)



Pre Tenancy and Tenancy-Sustaining Services: Examples

Pre Tenancy Supports

- ✓ Assist with budgeting
- ✓ Financial literacy
- ✓ Finding housing
- ✓ Applying for housing
- ✓ Review lease- teaching!
- ✓ RA requests
- ✓ Identify additional resources
- ✓ Move in logistics

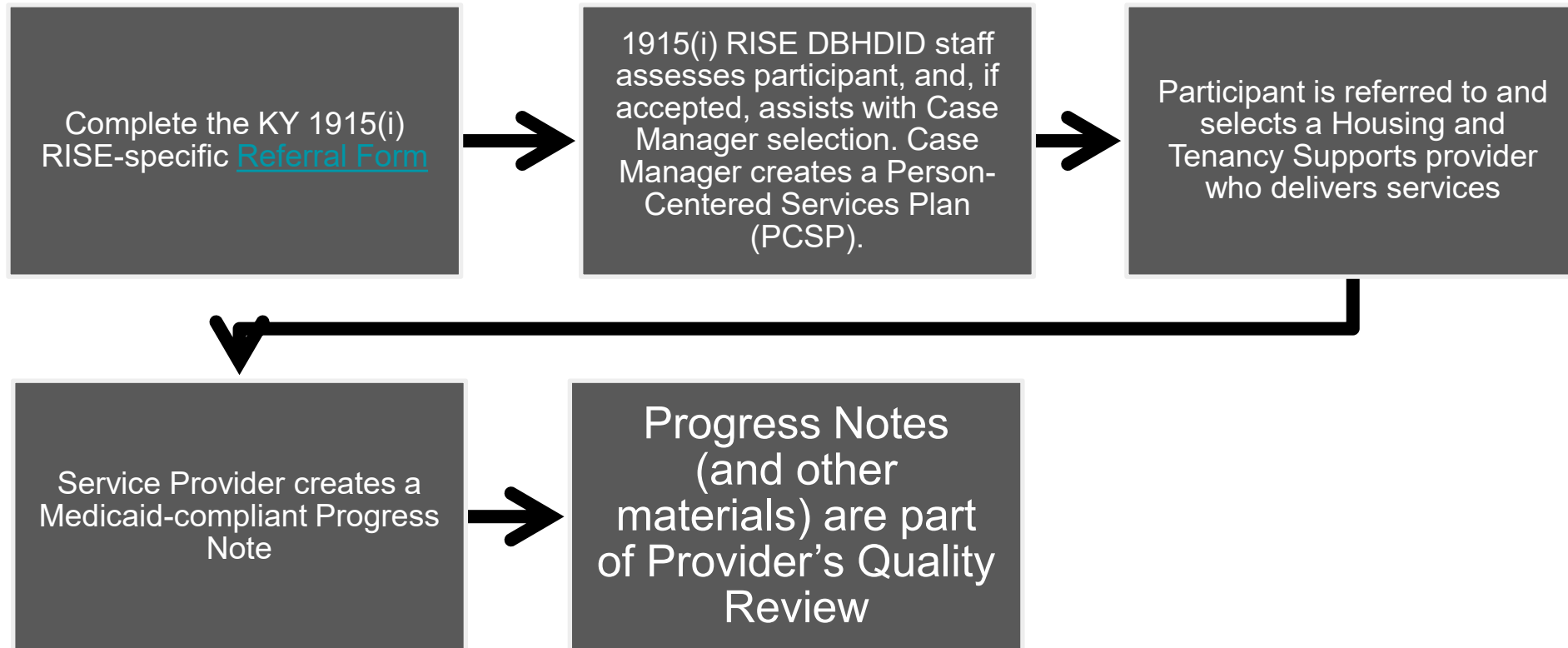
Tenancy Sustaining Supports

- ✓ Maintaining entitlement benefits including rental assistance
- ✓ Independent living skills
- ✓ Communicating with landlord
- ✓ Eviction Prevention
- ✓ Coaching
- ✓ Conflict resolution skills
- ✓ Proactive interventions for behaviors that may jeopardize housing

What is The 'Golden Thread'?

- The 'Golden Thread' is the connective link between the client's assessment results, service plan, documented goals, and services received
- Each agency is responsible for ensuring that medical necessity is firmly established in any agency documents, and that the 'Golden Thread' is easy to follow within your documentation
- Without this 'GOLDEN THREAD' between the Person-Centered Services Plan and the staff activities, the interaction between staff and service recipients can be challenged by compliance staff or auditors, as the interaction is ***not a billable service***

Documentation Compliance: “The Golden Thread”





Documentation

**Assessments and Person
Centered Services Plans
(PCSPs)**

Person-Centered Service Plan Compliance Elements

Demonstrates need based on the assessment

Services client needs to improve symptoms and functioning

Problems/barriers to be addressed

Measurable and clear goals related to symptoms

Smaller objectives to reach goal

Strengths of client linked to the goal

Timelines are included

Roles and responsibilities are described

Interventions

Progress and updates are clearly tracked

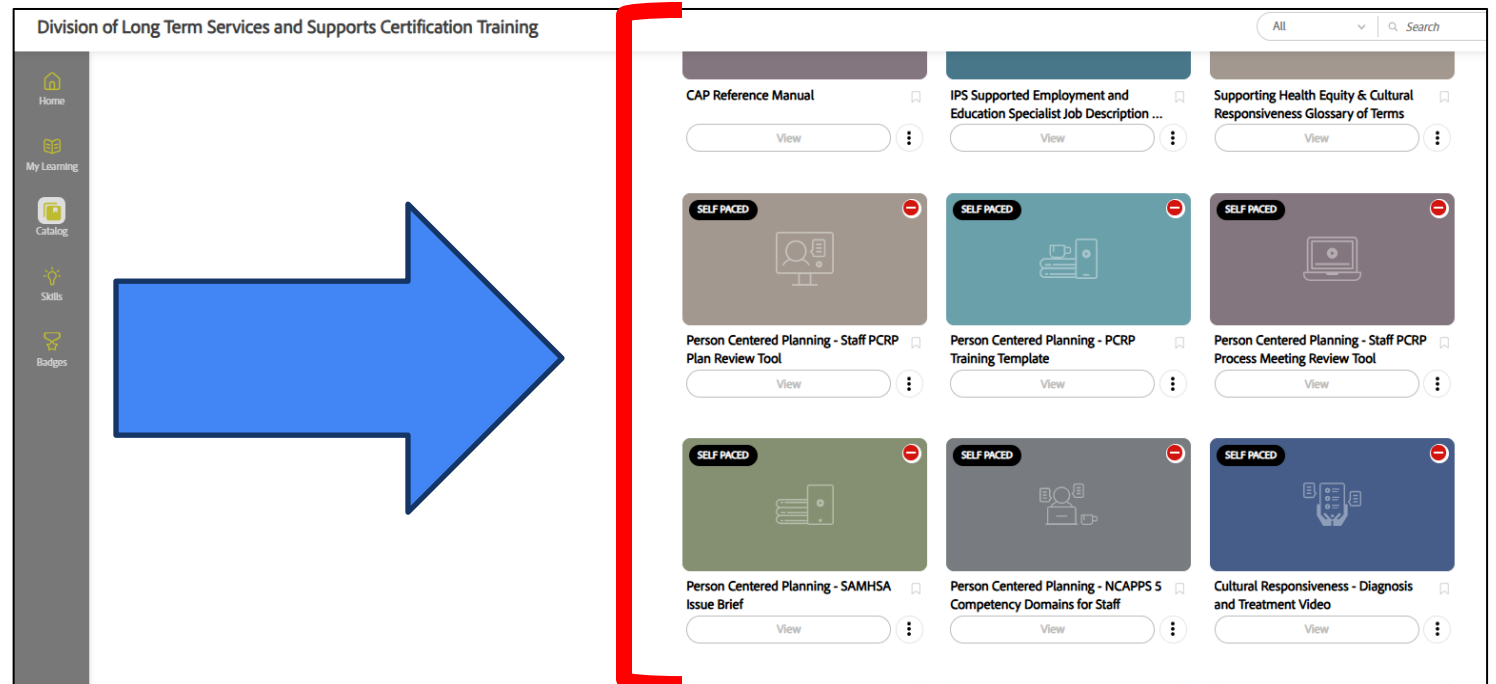
Additional details about the Person-Centered Service Plan (including required elements of the planning process) can be found in [907 KAR](#)

[16:015](#)

Person-Centered Service Plan Quality Features for the 1915(i) RISE Program

- **KEY: If these are not included in received services plans, each agency will need to work with the assigned 1915(i) RISE Case Manager to include them**
- Elements include:
 - Housing stability and eviction prevention are included in the goals
 - Services are coordinated with other providers to avoid duplication and re-traumatization
 - Person Centered Service Plan (PCSP) goals are a living document that sets the framework for services
 - Service plans are strengths-based
 - Services are voluntary and reflect the client's own recovery goals
 - Client's voice is reflected in their service plan
 - Goals are created with a patient-centered care focus (**key** for program success in Kentucky!)
 - Goals are reviewed with progress and barriers noted, and new goals are established

Person-Centered Service Plan Training in 1915(i) RISE Program ALM System



Friendly reminder: there are several trainings on the Person-Centered Service Plan (PCSP) in the 1915(i) RISE Program Adobe Learning Management (ALM) training system.

Also, in the training system, is the **Staff Plan Review Tool for Person-Centered Service Plans**

Sample: Person- Centered Service Plan

A sample Person-Centered Service Plan and accompanying “how-to” guide are available

Demo Therap: State Oversight Kentucky

Person Center Plan v5

| | |
|---------------------|---|
| Status | Pending Approval |
| Form ID | OISP-DEMOOKY-Q474MDXZVMULW |
| Time Zone | US/Eastern |
| Entered By | Derek Vincent, Administrator on 02/05/2026 03:17 PM |
| Submitted By | Derek Vincent, Administrator on 02/05/2026 03:17 PM |

| | |
|-------------------------|----------------------------|
| Plan Type | Individual Support Plan |
| Template Form ID | IPPT-DEMOOKY-P7N3SC7VG6BHE |

| | |
|----------------------------|--|
| Individual Photo | Schizophrenia Example |
| Oversight ID | 99999999999999999999 (DEMOOS-KY) |
| Date of Birth | 01/01/1990 |
| Medicaid Number | 99999999999999999999 |
| Residential Address | 123 Main St., Frankfort, KY 40601, USA |
| Residential County | Franklin (KY) |
| Meeting Date | |
| Start Date | 02/01/2026 |
| End Date | 02/28/2027 |

About Me

| | |
|------------------------------------|---|
| What People Admire about Me | Working with the participant and using their words, enter details on what they report as what other people admire about them. Suggestions: <ul style="list-style-type: none">• Use bullet points to list specifics in concise, clear statements.• Prompt them to consider things that others have told them they do well.• Encourage participants to use "I feel..." statements. |
| What is Important to Me | Working with the participant and using their words, enter details on what they consider to be most important to them. Suggestions: <ul style="list-style-type: none">• Have them consider their priorities currently.• This is where you should be getting ideas for goals.• Encourage the participant to focus on what they hope to achieve first, second, and so on. |
| How to Support Me Best | Working with the participant and using their words, enter details on how they feel best supported. Suggestions: <ul style="list-style-type: none">• Ask "what makes it difficult to do some things? What makes it easier to do things?" |

Therap Generated from Therap 'Individual Plan' in BETA MODE by Derek Vincent, Demo Therap: State Oversight Kentucky on 02/05/2026 03:18 PM. Page 1 of 7

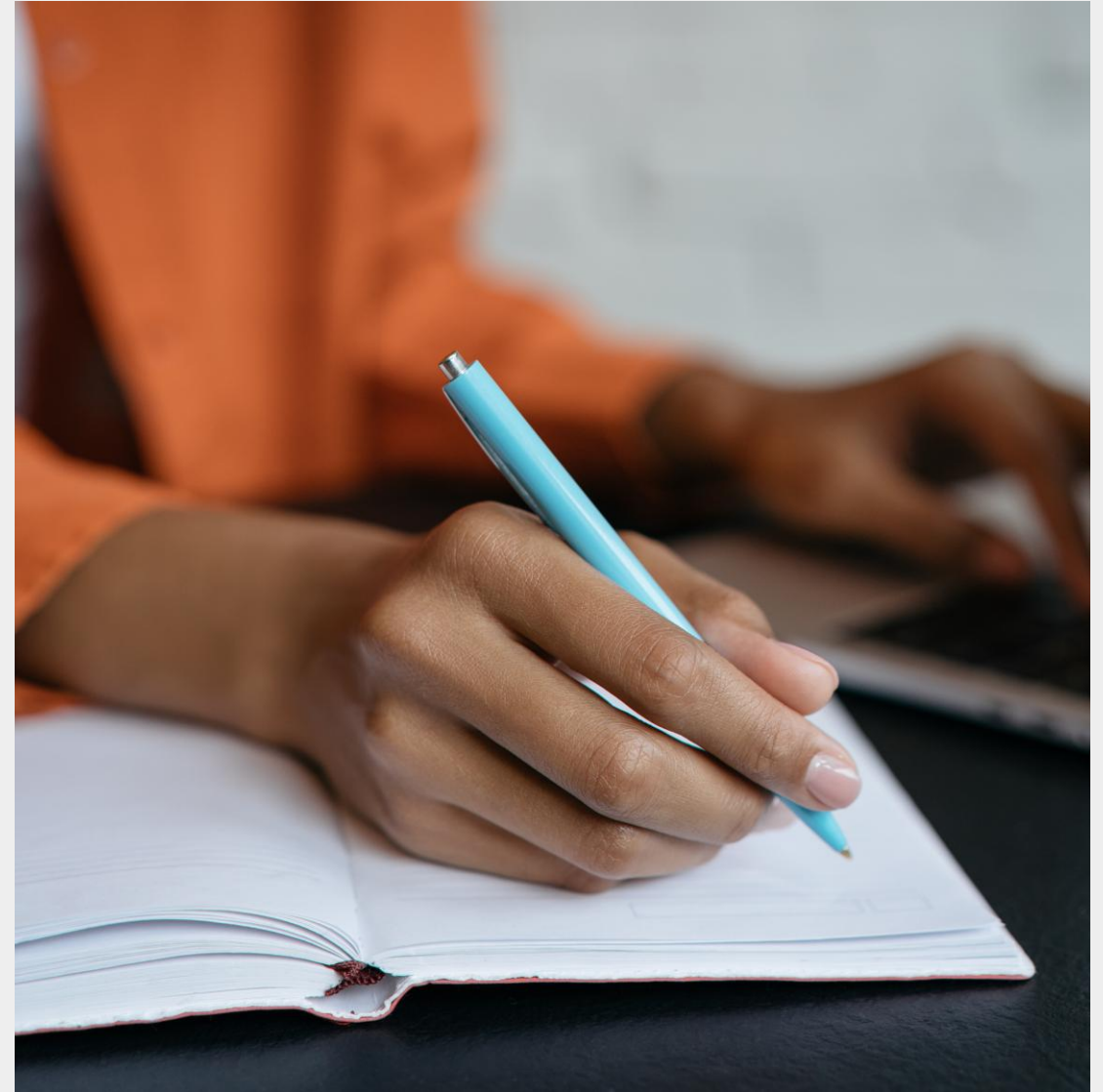


Documentation

Progress Notes

Elements of a Billable Progress Note

- Date of service and date of entry
- Start and End Times (SE)/total time
- Location
- Client Name
- Description of service/intervention provided as related to the PCSP goals, client response and progress, next steps
- Dated Signature and title of service provider
- Service is an eligible service for billing
- Service date is within approved and valid service plan dates.

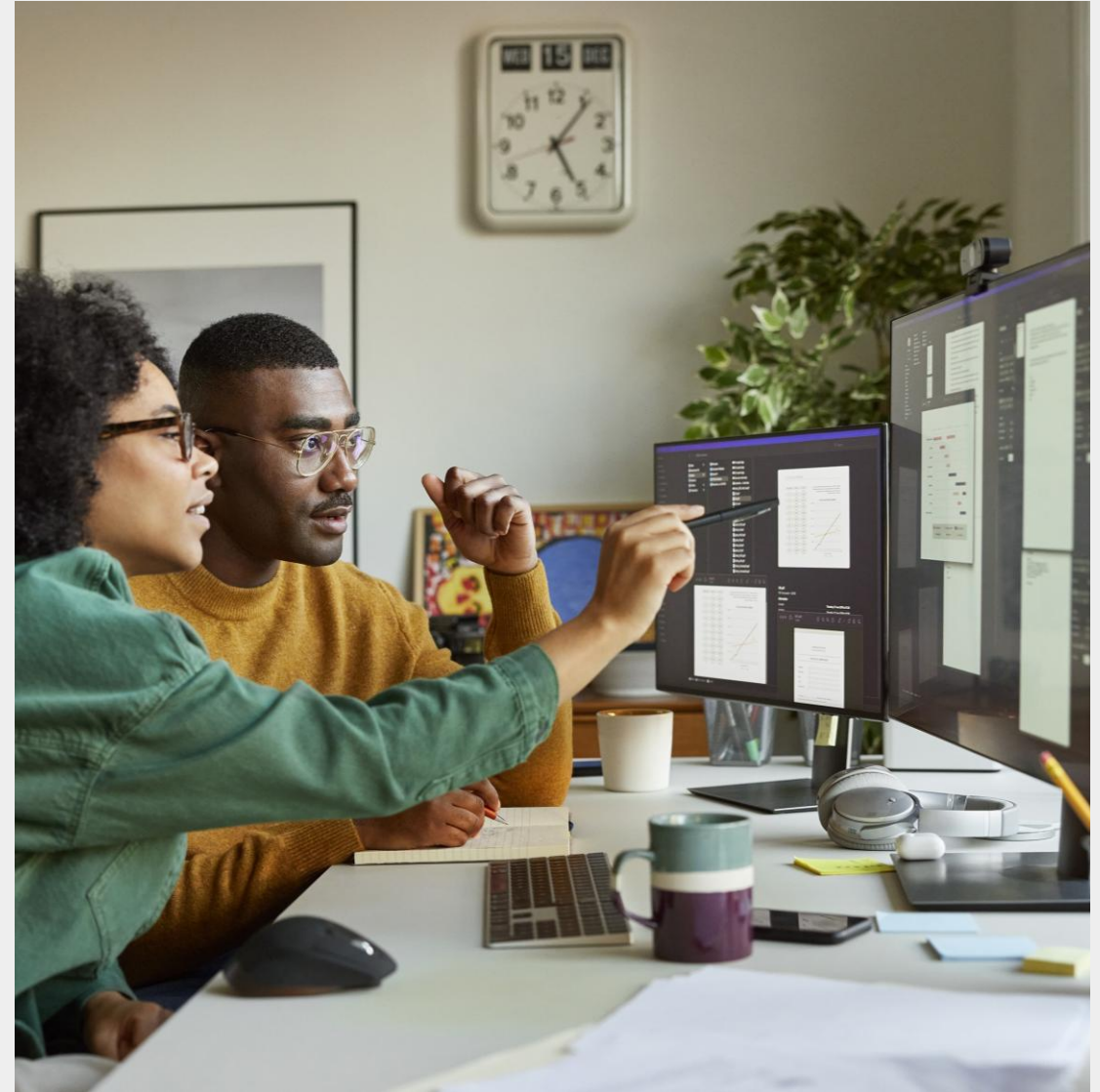


Justifying Time Spent

Demonstrate “sufficient duration to accomplish the therapeutic intent.”

- Consider symptoms present at time of service
- Clinical and best practice approaches used
- Impact the service had on the client

Use caution to not pressure staff for “productivity” that could lead to fraudulent note stretching (i.e., making a 2-minute call last 8 minutes to bill, even though extra time not medically necessary).



Writing the Progress Note Narrative

Focus on the “intervention/service” as it relates to the goal

Include client’s response

Summarize the intervention succinctly but thoroughly

Focus on the facts of what happened, avoid being too subjective or opinionated

Demonstrate “sufficient duration to accomplish the therapeutic intent”

Include the progress and plan for next steps

Progress Note Example

Spent 2 hours with client. [Date]

Assessment:

Client has limitations around her daily living skills, specifically regarding regular eating and nutrition

Service Plan goal:

To improve ability to maintain proper nutrition resulting in better health and housing stability

Went to client's home as a result of neighbor complaint. Client stated that she was asking neighbors for food which resulted in complaints to property management. Observed client had no food. Assisted client in writing a grocery list and accompanied client to grocery store to show how to shop for food. During the trip, we discussed the importance of buying healthy food and how to plan for easy meals. Case Manager also emphasized that client should contact case manager if she is running out of food instead of asking neighbors.

Client stated that she felt more positive about how to plan for meals and grocery shop. Case manager will follow up at next appointment to continue assisting client with appropriate eating in order to maintain housing stability and health. Client agreed that she would call case manager if she is running out of food or needs help maintaining regular eating.



Documentation and Billing Requirements for **Kentucky 1915(i) RISE Services**

1 Learn About the Opportunity and Access Website

- Understand the 1915(i) RISE Initiative and the 1915(i) benefit.
- All 10 services included in the 1915(i) RISE Initiative are Medicaid-reimbursable.
- Navigate to dbhdid.ky.gov/1915iriseinitiative to learn more.
- Online information includes the following:
 - Overview of 1915(i) services.
 - Provider agency qualifications.
 - Pre-requisite requirements.
 - Summary of Certification steps and process timeline.
 - General instructions video for provider enrollment in New Provider Agency Orientation.

2 Online Agency Level 1 Training

- Follow link for self-registration to the Adobe Learning Manager (ALM) system.
- Complete 1915(i) RISE Level 1 Training.
 - Providers who have an existing ALMS account should email 1915iRISEprovider@ky.gov for access to training.

3 Submit Certification Packet

- Includes the following:
 - Level 1 Training completion notice.
 - Completed provider certification packet.
 - Checklist of services.

4 DBHDID Submission Verification

- Verification of packet for completeness and alignment with service model.
- Feedback provided within 10 business days: approval, request for edits, or denial.
- Technical Assistance (TA) available for corrections or clarification.

5 Level 2 Training Completion

- Executive director or equivalent completes online Level 2 Trainings.
- Examples of topics include the following:
 - Participant rights and self-determination.
 - Claims, billing, and reimbursement.
 - Medicaid enrollment process.

6 Formal Certification Review

- While the provider completes Level 2 Training, DBHDID conducts a review of the following:
 - Certification packet.
 - Staff credentials and experience.
 - Service alignment with fidelity model.
 - Tax ID, business licenses, insurance.

7 On-Site Pre-Service Review

- After Level 2 Training and Certification Review, DBHDID schedules an On-Site Pre-Service Readiness Review.
- Verifies safety, staff training records, and operational readiness of provider agency.

8 Agency Certification Decision and Orientation

- Provider receives a decision letter from DBHDID by email.
- If approved, providers receive a pre-certification letter and guidance on next steps.

9 Enroll in Medicaid and Therap

- Set up Medicaid profile and complete application in Medicaid Partner Portal Application.
- If not already registered for an account with Therap, create an account.
- Receive Medicaid ID, billing instructions, and enrollment confirmation from DMS.
- Access staff training modules in ALMS.

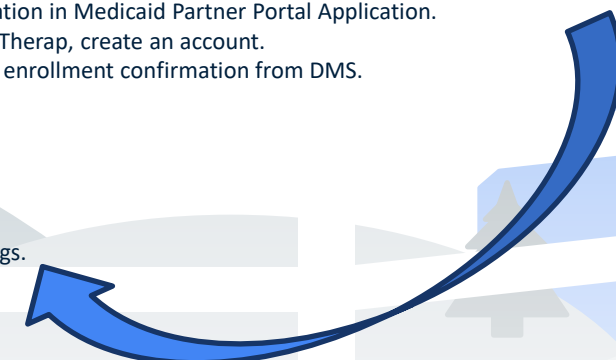
10 Deliver Services and Maintain Records

- Begin delivery of services as per PCSP.
- Use required forms and service tracking logs.
- Submit claims via Medicaid system.

11 Participate in Continuous Quality Improvement

- Participate in 90-day compliance check.
- Maintain staff training and regular service documentation.
- Engage in continuing education opportunities.
- Participate in periodic fidelity reviews and optional TA sessions.
- Prepare for re-certification every two years or less.

Focusing these steps



Kentucky
General Assembly

Search

Legislators ▾ Committees ▾ Bills Kentucky Law ▾ Public Services ▾ Legislative Research Commission ▾ Visitors & Education ▾

Home / Kentucky Law / KAR / Titles / Title 907 / Chapter 016 / Regulation 025

Title 907 | Chapter 016 | Regulation 025

PREVIOUS VERSION The previous document that this document is based upon is available. [View Previous Version](#)

907 KAR 16:025. Recovery, Independence, Support & Engagement (RISE) Initiative reimbursement provisions and requirements.

RELATES TO: KRS 205.520
 STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)
 CERTIFICATION STATEMENT:
 NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the reimbursement provisions of the RISE Program for individuals with serious mental illness or

7-Year Expiration: 7/30/2032

Download ▾ View Markup

Billing for 1915(i) RISE in Kentucky Regulations

[907 KAR 16:025](#) lists out provider reimbursement provisions and requirements under the 1915(i) RISE program

Friendly Reminder from the Policies and Procedures Manual

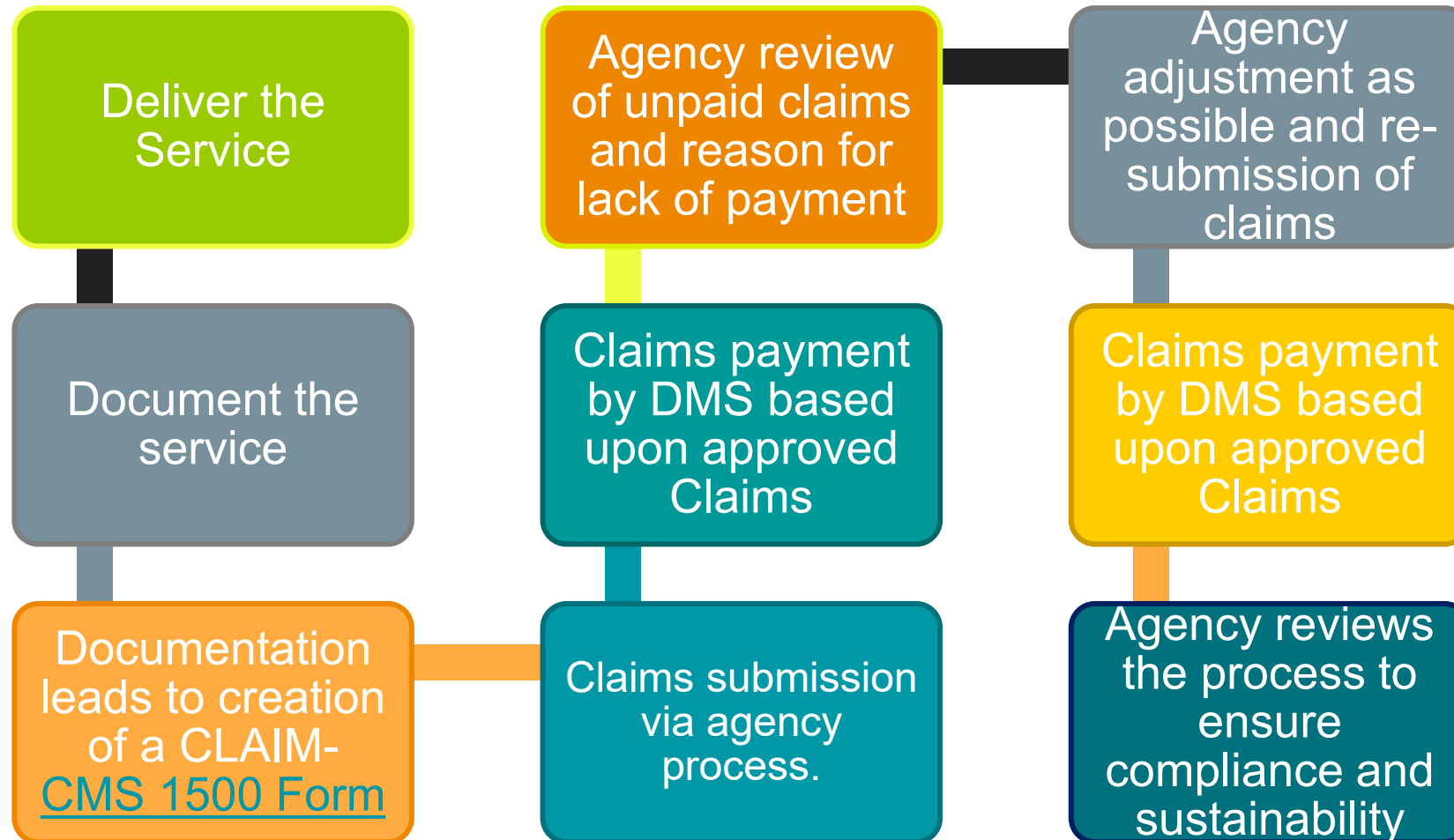
The Record Management Policies section (Section 4) must include:

- A list of which participant records will be kept and maintained, and for how long
- A procedure that describes how participant records and personal information will be kept confidential
- A policy on how your organization creates, transmits, stores, and uses electronic signatures and electronic documents
- **Written procedures on the availability of record availability, including how to share information with participants, legal guardians, Kentucky Protection and Advocacy, and internal investigations if needed (including audits)**

The Technology and Data Policies section (Section 11) must include:

- A policy related to the use of the **Medicaid Waiver Management Application (MWMA)** (for permanent solution only), including how the organization administrator is determined, a training plan for accurate use of MWMA, and ensuring all employees who use MWMA have access to the current materials stored in ALM

Billing & Payment Process



06/02/2025

Pre-Service Review Preparation Checklist

The team will need a quiet, private place to work, with access to the agency's Director. Please use this list as a checklist when preparing for your review, as each of these items will be requested and reviewed. If the agency is not prepared during the pre-service review, then the provider risks not being certified.

Training Requirements

You must have a plan for whom your agency will use to train your staff on **Medication Administration** training (if applicable), as well as **First Aid/Cardiopulmonary Resuscitation (CPR) training**.

- ◆ **Medication Administration** is required if the agency is planning to administer medication, or if you are a case management agency.
 - If you have a registered nurse (RN) employed by your agency who needs to be trained through Medication Administration RN Direct Trainer training, your nurse will be able to attend the training after your agency is certified. More information will be provided during the pre-service review.
 - You may also contract with an RN already trained through Direct Trainer Training who can train your employees. More information will be given during the pre-service review about what documentation is needed if you contract with an RN.
- ◆ **First Aid/CPR.** Instead of hiring someone to teach First Aid/CPR, an agency may access the American Red Cross or other nationally accredited organization.

Mock/Sample Participant Record

- ◆ A **mock/sample record** with an example of all forms the agency has developed to meet the participant record requirements.
- ◆ The forms that are required to be maintained in a record are identified on the "Checklist: Record Review" forms located at the link below. We will verify that the agency has a place in the mock/sample record for all of the forms required, depending on the services you plan to provide. <https://dbhdid.ky.gov/1915iriseinitiative>
- ◆ Some of the documents in the record will be provided to the agency by outside entities. For these types of documents, you can simply create a tab in the mock record indicating where you

Pre-Service Review Preparation Checklist

The Pre-Service Review Preparation Checklist lists key elements before starting and billing, including:

- Elements of a sample participant record
- Training requirements for Medication Administration and First Aid/CPR Training
- Personnel and Training Records for employees, subcontractors, and volunteers
- Documentation for emergency evacuation drills
- AND MORE!

Kentucky 1915(i) RISE Provider Billing Instructions



| | | |
|----------|---|----------------------|
| 45 | Early Childhood Screening, Diagnosis And Treatment Services | New - November 2025 |
| 48 | Home Delivered Meals | New - July 2025 |
| 49 | 1915(c) CHILD Waiver | New - November 2025 |
| 50/76 | Hearing Services-5076 update | New - July 2025 |
| 51 | Rise Initiative Provider Type - 51 | New - January 2026 |
| 52/77 | Vision Services-5010 update | New - July 2025 |
| 53 | Reentry Organizations | New - June 2025 |
| 54 | Pharmacy Services | New - July 2025 |
| 55/56 | Transportation Services - 55/56 Spec 16-5010 update | New - October 2025 |
| 60/61 | Dental Services | New - September 2025 |
| 62 | Licensed Professional Art Therapist | New - July 2025 |
| 63 | Licensed Behavioral Analyst | New - July 2025 |
| 64/65 | Physician Services | New - July 2025 |
| 66 | Behavioral Health Multi-Specialty Group | New - July 2025 |
| 67 | Licensed Clinical Alcohol and Drug Counselor | New - July 2025 |
| 72/74/78 | Advanced Registered Nurse Practitioner Services-5010 update | New - November 2025 |
| 76 | Multi Therapy Agency | New - July 2025 |
| 79 | Speech Language Pathologist | New - December 2025 |
| 80 | Podiatry Services-5010 update | New - July 2025 |
| 81 | Licensed Professional Clinical Counselor | New - July 2025 |

Billing details (as of 1/26/26) can be found on the Provider Billing Instructions webpage (link under [the “RISE Initiative Provider Type 51”](#) tab)

1915(i) RISE Provider Billing Details: Claims Submission

- Before providing services, each agency must decide whether it will provide a paper claim or an electronic claim
- Providers are strongly encouraged to use the Electronic Data Interchange (EDI) system
 - Your data system/ electronic health record should have the capability to submit either the **Medicare Billing 837P form (for electronic submissions)** or **CMS-1500 (for paper submissions)**
 - Kentucky-specific 837P Companion Guide [available here](#)
- If providers are not using EDI, then they are required to submit the [CMS 1500 | CMS](#) Paper claim form for any services ***if an organization decides not to use the EDI platform***
 - Use black ink and submit the appropriate documentation for the final submission

1915(i) RISE Provider Billing Details: Resubmitting a Claim

- If your agency submits a claim (receipt) for Medicaid reimbursement, the form can either be approved as is or can be denied
- The CMS 835P – Remittance Advice form is an essential document to understand for any claims that need to be resubmitted
- NEED: Some things in a claim resubmission *cannot be fixed* (e.g., if a member is not enrolled in Medicaid at the date of the claim), while other things *can be fixed* (e.g., the spelling of a person's name) and may be approved when resubmitted
- KEY: Your agency will need a dedicated staff person to help review the CMS 835-P form to understand what's needed for a resubmitted claims submission and how to do so
 - Kentucky-specific 835 Companion Guide [available here](#)

Kentucky 1915(i) RISE Provider Fee Schedule

1915 (i) RISE Initiative Fee Schedule

| Code | Modifier | Service | Unit | Rendering Service/Billing Provider Type | FFS Rate | Limitations |
|-------------|----------|-------------------------------------|-------------------|---|----------------|---|
| T2035 | HE | Assistive Technology | 1 | 51 | Per Item | \$10,000/per individual/yr |
| T2022 | HE | Case Management | Month | 51 | \$425.93 | 1 unit/month |
| S5136 | HE | In-Home Independent Living Supports | Day | 51 | \$112.50 | 1 unit/calendar day |
| H0034 | HE | Medication Management | 15 minutes | 51 | \$30.25 | Max 728 units or 182 hours/year |
| T1005 | HE | Planned Respite for Caregivers | 15 minutes | 51 | \$5.92 | *21 hours/month OR 200 hours/yr |
| T2016 | HE | Supervised Residential Care | Day | 51 | \$300 | 1 unit/calendar day |
| H2025 | HE | Supported Education (Sed) | 15 minutes | 51 | \$10.73 | *Max of 480 units per 180-day authorization period |
| H0039 | HE | Supported Employment (IPSE) | 15 minutes | 51 | \$13.65 | *Max of 480 units per 180-day authorization period |
| H0043 | HE | Tenancy Supports | Day | 51 | \$85.60 | *1 unit/calendar day; Max of 30 days per 180-day authorization period |
| A0428/A0425 | HE | Transportation | Per Trip/Per mile | 51 | \$55.00/\$2.00 | \$2,500/yr |

* Allows for exceptions authorization

For Tenancy Supports services, providers are reimbursed at a rate of **\$85.60/unit/calendar day.**

Providers can use the **Tenancy Supports billing code** for up to 30 days in a 180-day span. If a person needs additional Tenancy Supports within the 180 days, the agency will need a “service exception” approval before billing and receiving service reimbursement

csh.org

6.1 CMS-1500 (02/12) Claim Form with NPI and Taxonomy

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0212

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/YY) SEX (M/F)

4. INSURED'S I.D. NUMBER (If for Processor in Item 1)

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

6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)

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

8. RESERVED FOR NUCC USE

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

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

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

15. OTHER DATE (MM/DD/YY) QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM/TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO)

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))

22. REE/MISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (From/To) B. PLACE OF SERVICE (EMS) C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. H. I. J. RENDERING PROVIDER ID #

25. FEDERAL TAX I.D. NUMBER SSN/EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (YES/NO)

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Reserved for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMS-0938-1197 FORM 1500 (02-12)

CMS-1500 Form

Important to note: the CMS-1500 Claim form asks agencies to enter their National Provider Identifier (NPI) number and Taxonomy code for completion. For the 1915(i) RISE provider type, agencies are/are not required to get this information to provide services under the 1915(i) RISE program



Online Medicaid Member Verification: Introduction to KY HealthNet

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Sign in to the Kentucky MEUPS

- Manage your contact information
- Change your password
- Providers: Manage your agent's access

Kentucky Medicaid Billing Agents:

To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc.

Sign in to Kentucky MEUPS [Help](#)

User name:

Password:

Kentucky MEUPS
[Reset your password](#)

Kentucky Medicaid Site

For assistance, email us at [KY EDI HelpDesk](#) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

[Privacy](#) [Disclaimer](#) [Individuals with Disabilities](#)

Kentucky DMS requires providers to verify a member's Medicaid enrollment through KY HealthNet

- When you are enrolled in KY Medicaid your agency gains access to this system.
- KY HealthNet is also the same system used for claim inquiries and claim submissions
- Have questions about how to use KY HealthNet? [Email questions to their help desk](#) or call (800) 205-4696

Additional KY HealthNet Resources for Providers

The screenshot shows the Kentucky HealthNet website interface. At the top, there is a search bar and the text "Kentucky.gov" and "Advanced Search". Below this is the header for "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAID MANAGEMENT INFORMATION SYSTEM (KYMMS)". The main content area is titled "Training Videos" and includes a navigation menu on the left with items like "Contact Information", "Forms", "F.A.Q.", "Presumptive Eligibility", "Provider Letters", "Provider Workshop", "Training Videos", "Provider Billing Instructions", "Prior Authorizations", "KY Health Net user manuals", "Department for Medicaid Services", "Home", "Phone Directory", "Provider Directory", "Provider Relations", "Electronic Claims", "HIPAA", and "Companion Guides and EDI Guides". The main content area contains the following text:

To view the training videos, please use:
[Microsoft Edge](#), [Google Chrome](#), or [Firefox](#)

Training Videos
[Timely Filing \(MP4\)](#)
[Billing a Manually Priced Code \(MP4\)](#)
[How to Find a PA Letter \(MP4\)](#)
[Missed & Cancelled Appointments Tutorial \(MP4\)](#)
[RA Viewer Tutorial \(MP4\)](#)
[Access Your KYHealthNet Account Tutorial \(MP4\)](#)
[Member Eligibility Verification Tutorial \(MP4\)](#)
[Professional Claim Submission Tutorial \(MP4\)](#)
[Medicare, Medicaid, and PA requirements \(MP4\)](#)
[Viewing Remit Information After 1 Year \(MP4\)](#)
[CLIA Billing Change \(MP4\)](#)

Supplemental Training Documentation
[Missed & Cancelled Appointments Training Guide \(PDF\)](#)

Video Archive
No archived videos available at this time

FAQ's
~ Coming Soon ~

For any questions regarding the training videos, please contact the [KY EDI Helpdesk](#)

- **Getting Started on KY HealthNet:** To get started using KY HealthNet, each new provider must complete the PIN Release Form available at EDI Forms. Scroll down to the PIN Release Form, complete the form, then email it to the EDI Helpdesk as instructed on the form.
- [Provider KY HealthNet Training Videos](#)
- [The KY HealthNet New User Manual](#)

Questions about Billing?

Contact Gainwell Electronic Data Interchange
Technical Support Help Desk at:

- **Via physical mail:** Gainwell
Technologies P.O. Box 2100 Frankfort,
KY 40602-2100
- **Via
email:** KY_provider_inquiry@gainwelltechnologies.com
- **Or via telephone:** Gainwell Provider
Inquiry Call Center at 800-807-1232

Internal Monitoring and Audits



Internal Chart Reviews & Audits Process



Timing



Frequency



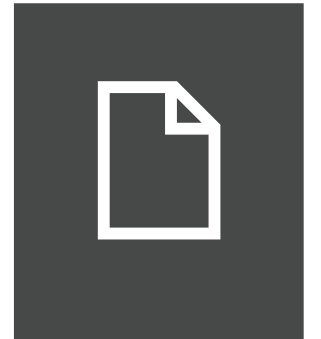
Number of records for each type of review



Designated Staff



Correcting Mistakes



Reports

Internal Monitoring and Audits



Conduct reviews of agency billing coding, charts and quality of care



Have a plan for how internal audits are conducted



Identify areas at risk for external audits

Corrective Action Planning and Enforcement

Begins with Identification



Planning for Your Agency



Financial Questions from the Kentucky Provider Assessment

GOOD NEWS! Providers are entering the Medicaid Academy with a strong foundation in financial documentation but have room to learn the specifics of Medicaid billing.

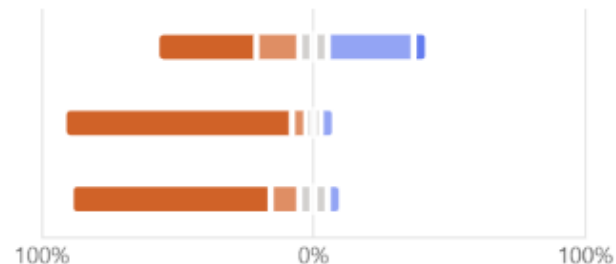
7. Financial Documents

● Yes, Complete ● Yes, But Not Complete ● In Progress ● Not Started ● Not Sure or Not Applicable

The organization has a process or financial system to **prepare and submit Medicaid claims that include information on...**

The organization has a process or financial system to **conduct a financial audit at least every two years**

The organization has a process or financial system to **provide review and tracking of services provided and payment...**



- **37%** of respondents said they have a process to prepare and submit Medicaid claims
- **84%** of respondents said they have a process to support a biannual audit
- **74%** of respondents said they have a process to track provided services and payments received

Data and Reporting Questions from the Kentucky Provider Assessment

8. Data and Reporting

● Yes, Complete
 ● Yes, Not Complete
 ● In Progress
 ● Not Started
 ● Not Sure or Not Applicable

The organization collects **client demographic data**

The organization collects **client service delivery data**

The organization collects **client service utilization data**

The organization collects **data on units of service** (e.g., number of 15-minute increments) for provided services.

The organization has a **computer system that is HIPAA compliant and safeguards clients' confidential or protected...**

Staff are **regularly trained on HIPAA, data security, confidentiality, and protected health information**, as defined...

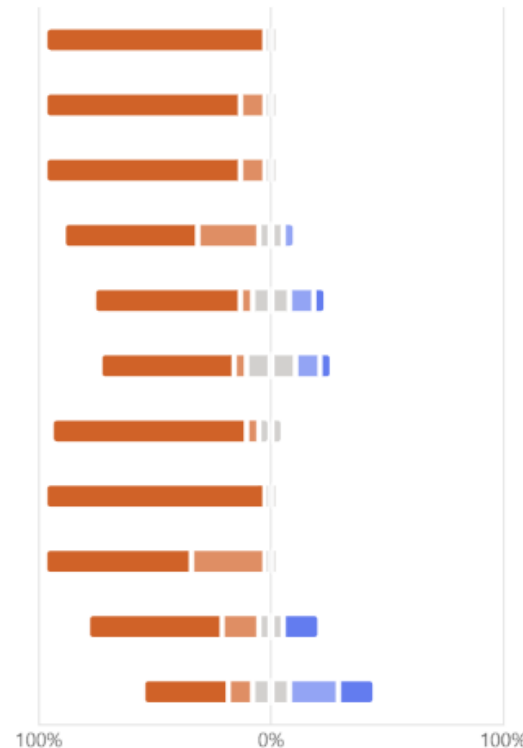
The organization has **dedicated personnel (at least one person) who oversee data quality, quality assurance, and ensure data...**

The organization uses a **computer system to document services or interactions with clients**.

Every **direct and indirect client interaction, with details regarding services provided, is documented**

The data system is capable of **time-stamping client interactions, indicating the duration of each interaction and its frequency**

The organization has **familiarity with case noting requirements that meet Medicaid standards**



- Providers reported great data collection for client demographic data, client service data, and service utilization data (over 80% for each data point)
- 58% of respondents said they collect data on units of service
- 63% of respondents said they track direct and indirect client interaction details in a system
- 37% of respondents said they are familiar with case noting requirements



Planning for Updates: When reviewing your agency's workplan, documentation and billing processes, consider:

- ❓ What needs to be added?
- ❓ What needs to be revised?
- ❓ What needs to be started?
- ❓ Who is the agency lead(s) on documentation and billing?
- ❓ What state are your current documentation platforms in? Can staff access this information easily?
- ❓ Who is leading the revisions needed to meet the Kentucky 1915(i) RISE documentation and billing processes?

Key Takeaways from Today

- Documentation and compliance are essential components to successful billing for Medicaid services
- All service documents need to connect to the participant's assessment results, person-centered service plan, and goals via the 'Golden Thread' before receiving reimbursement
- In Kentucky, for the 1915(i) RISE program, your agency will need to determine if a paper form or an electronic platform will be used to submit claims
- Successful documentation and billing will require cross-department support and clear explanations for service staff creating case notes and other documentation

Up Next:

Session 6: Quality and Compliance

Planning Ahead:

Who needs to attend:

Executive Director, Program Lead and QI

What do you need to gather and have access to during Session 6:

- Have your team workplan out and ready
- Have access to current policy manual and Quality Improvement Section
- Progress case notes from 2-Clients
- Client File

Thank you!

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