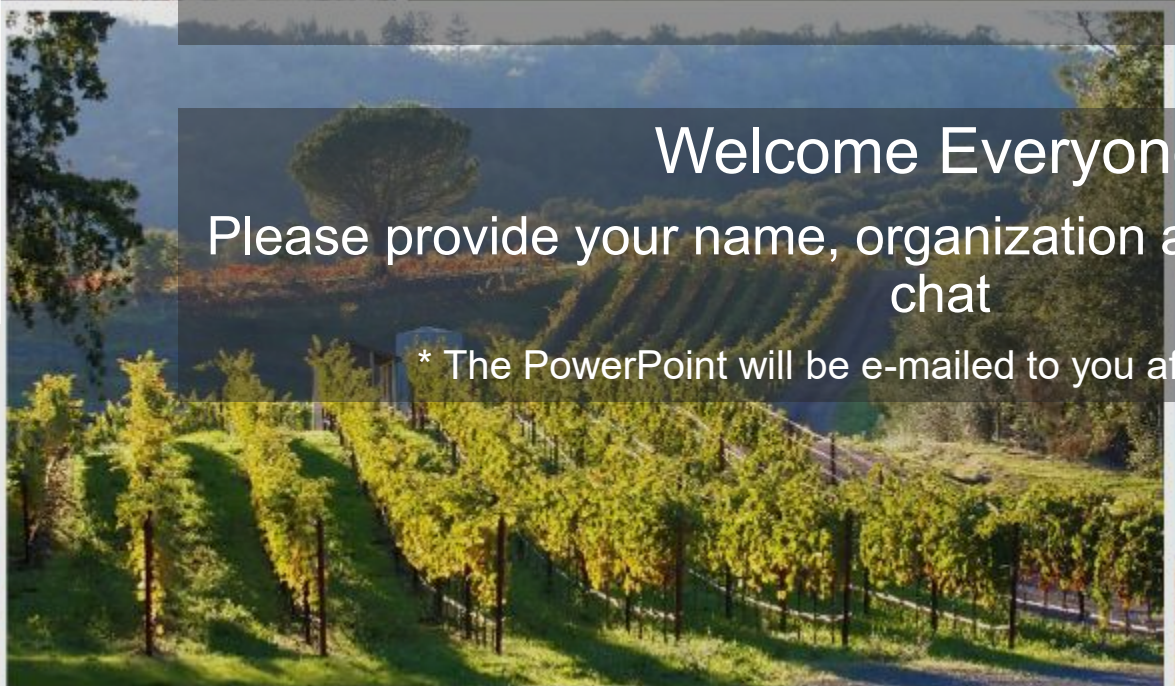
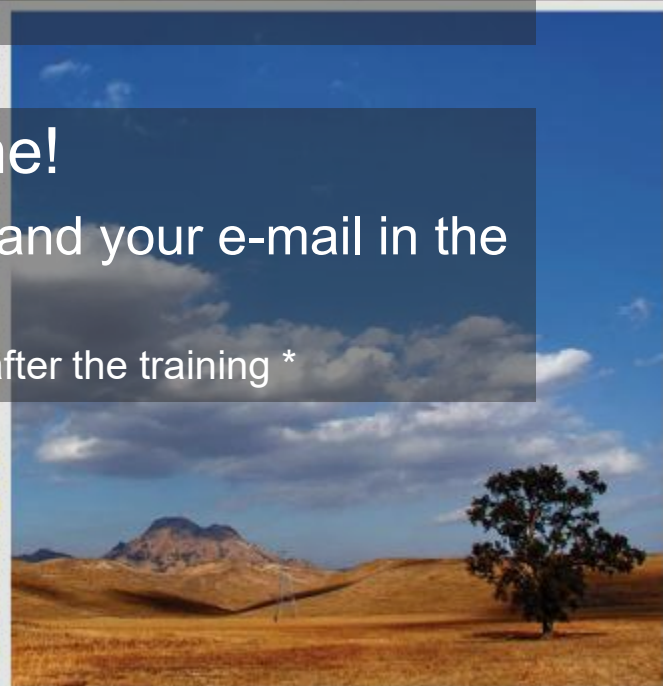
# CHW Claims Billing Training

Claims Resolution Coordinators

2026





## Welcome Everyone!

Please provide your name, organization and your e-mail in the chat

* The PowerPoint will be e-mailed to you after the training *

# About Us

## Mission:

*To help our members, and the communities we serve, be healthy.*

## Vision:

*To be the most highly regarded managed care plan in California.*

# Agenda

- What is a claim, code descriptions and billing tips
- Place of Service Codes, Taxonomy Codes and the NPI Registry
- Ways to Submit a Claim:  Electronic or Paper
- Procedure Codes
- Billing and TAR Reminders
- How to Contact Us

# What is a Claim?

- A claim is a “bill” that health care providers submit to a member’s insurance provider.
- A provider submits a claim that includes all relevant codes and charges for that visit, including procedure code, diagnosis codes, and modifier.

## What is a Clean Claim?

- A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party.
- Partnership has 30 calendar days from the received date to process and finalize claims.

# Claim Billing Tips

Providers have **365 days** from the date of service to submit claims to Partnership for payment consideration. Claims received on the 366th day from the date of service will be denied

Verify Member's eligibility **every month**, preferably before each visit

Verify the member's Client ID/CIN is valid and complete on the claim. Do **NOT** use the member's Social Security number

All CMS1500 forms require a "**wet**" signature in box 31. This applies to paper submissions only

# Billing Code Descriptions

**PROCEDURE CODES**

Procedure codes are standardized medical codes used to report medical, surgical, and diagnostic services.

- **CPT codes**: Five-digit numeric codes
- **HCPCS codes**: Five-digit alphanumeric codes

**MODIFIERS**

Modifiers are two-digit codes that provide additional information about a procedure code. For Community Health Workers (CHWs), modifiers indicate that services were delivered specifically by a CHW

**PLACE OF SERVICE**

Place of Service codes identify the type of facility or entity where services were provided

**ICD-10 CODES**

ICD-10 codes are alphanumeric codes used to document and report a patient's diagnosis

# Procedure Codes

| CPT Code | Description | Time | Number of Patients | Rates | Frequency Limit |
|---|---|---|---|---|---|
| **98960** | Self-management education and training, Face-to Face | 30 minutes | 1 | $26.66 | **12 units up to 6 hours total** |
| **98961** | Self-management education and training, Face-to Face | 30 minutes | 2 - 4 | $12.66 | |
| **98962** | Self-management education and training, Face-to Face | 30 minutes | 5 - 8 | $9.46 | |

| Modifiers | Description | Location Code |
|---|---|---|
| **U2** | Used to denote services rendered by Community Health workers | ANY |

*** Provider must verify that the member is not enrolled in ECM at the time of service.**

# Procedure Codes Cont.

| CPT Code | Description | Time | Frequency |
|---|---|---|---|
| **G0019** | Practitioner, home, and community-based care coordination. | 60 Mins | 1 Per month |
| **G0022** | Each additional 30 minutes per calendar month | 30 Mins | 2 Hours per month |

| Modifiers | Description | Location Code |
|---|---|---|
| **U2** | Used to denote services rendered by Community Health workers | ANY |

**One of the following DX codes are required to bill the above procedure codes**

| Diagnosis Code | Description |
|---|---|
| Z55 | Problems related to employment and unemployment |
| Z56 | Problems related to education and literacy |
| Z57 | Occupational exposure to risk factors |
| Z58 | Problems related to physical environment |
| Z59 | Problems related to housing and economic circumstances |
| Z60 | Problems related to social environment |
| Z62 | Problems related to upbringing |
| Z63 | Other problems related to primary support group, including family circumstances |
| Z64 | Problems related to certain psychosocial circumstances |
| Z65 | Problems related to other psychosocial circumstances |

- ***G0019 can not be billed in the same month as CPT 98960***
- ***G0022 can only be billed after G0019***

# Place of Service codes

Place of Service (POS) codes are critical in medical billing to indicate where a healthcare service was provided. Providers must accurately identify the service location.

**Why they're important:**

They dictate reimbursement rates, influence claim processing, and ensure accurate payment for services rendered.

**When billing for telehealth services place of service code 02 is required and modifier 95 will be in the secondary position**

| Place of Service Code | Description |
|---|---|
| 02 | Telehealth |
| 11 | Office |
| 12 | Home |
| 16 | Temporary Lodging |
| 21 | Inpatient Hospital |

**All POS codes must be 2 digits**

You can find the complete list of POS codes along with their descriptions here:

https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets

# Taxonomy Codes

Taxonomy Codes are a 10-digit alpha numeric code set that designates Providers classifications and specializations

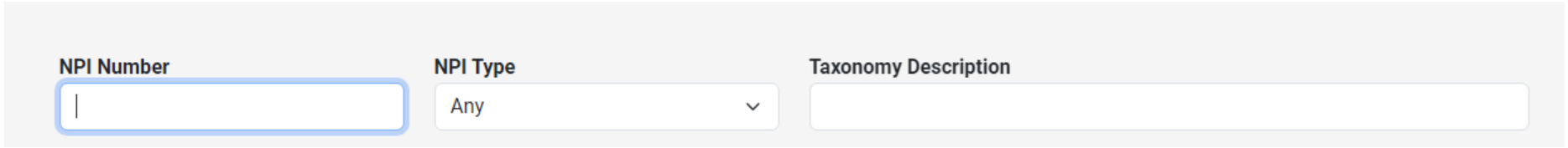
Attending Medical Provider Taxonomy Code – Taxonomy.nucc.org

# NPI Registry

## Searching for Taxonomy code with your NPI

NPI: https://npiregistry.cms.hhs.gov/search

Add NPI- click search- scroll to the bottom




**Example**

| Taxonomy | Primary Taxonomy | Selected Taxonomy |
|---|---|---|
| | Yes | 251V00000X - Voluntary or Charitable |

# How to Submit Claims

## Electronic Claims

Electronic Data Interchange (EDI)

- ✓**Now offering complementary electronic billing with Office Ally**
- ✓Submission of HIPAA-compliant 5010 version 837P File
- ✓Preferred submission method for faster reimbursement
- ✓Contact EDI Enrollment and Testing at:
  Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

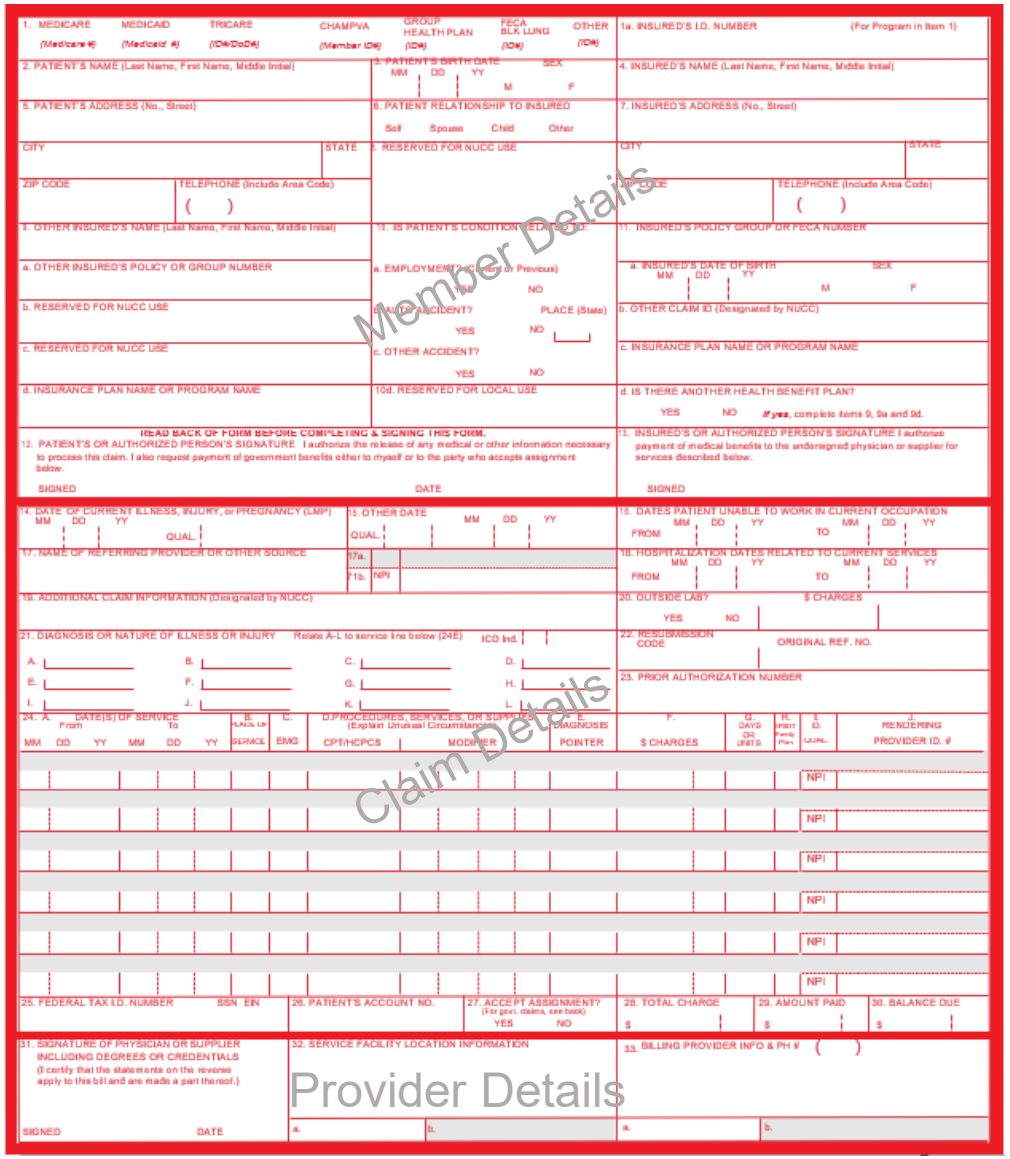
## Paper Claims

- ✓Submission of CMS-1500 format only
- ✓Send to: Partnership HealthPlan of California (Medi-Cal)
  P.O. Box 1368
  Suisun City, CA
  94585-1368

# CMS 1500 Claim Form

| Member Details | |
|---|---|
| 1a | CIN |
| 2&4 | Full Name |
| 3 | DOB & Gender |
| 5&7 | Address |

| Provider Details | |
|---|---|
| 31 | “Wet” Signature & Date |
| 32 | Physical Address/Providers Location |
| 33 | Billing Address |
| 33a | NPI |
| 33b | Billing Taxonomy Code |

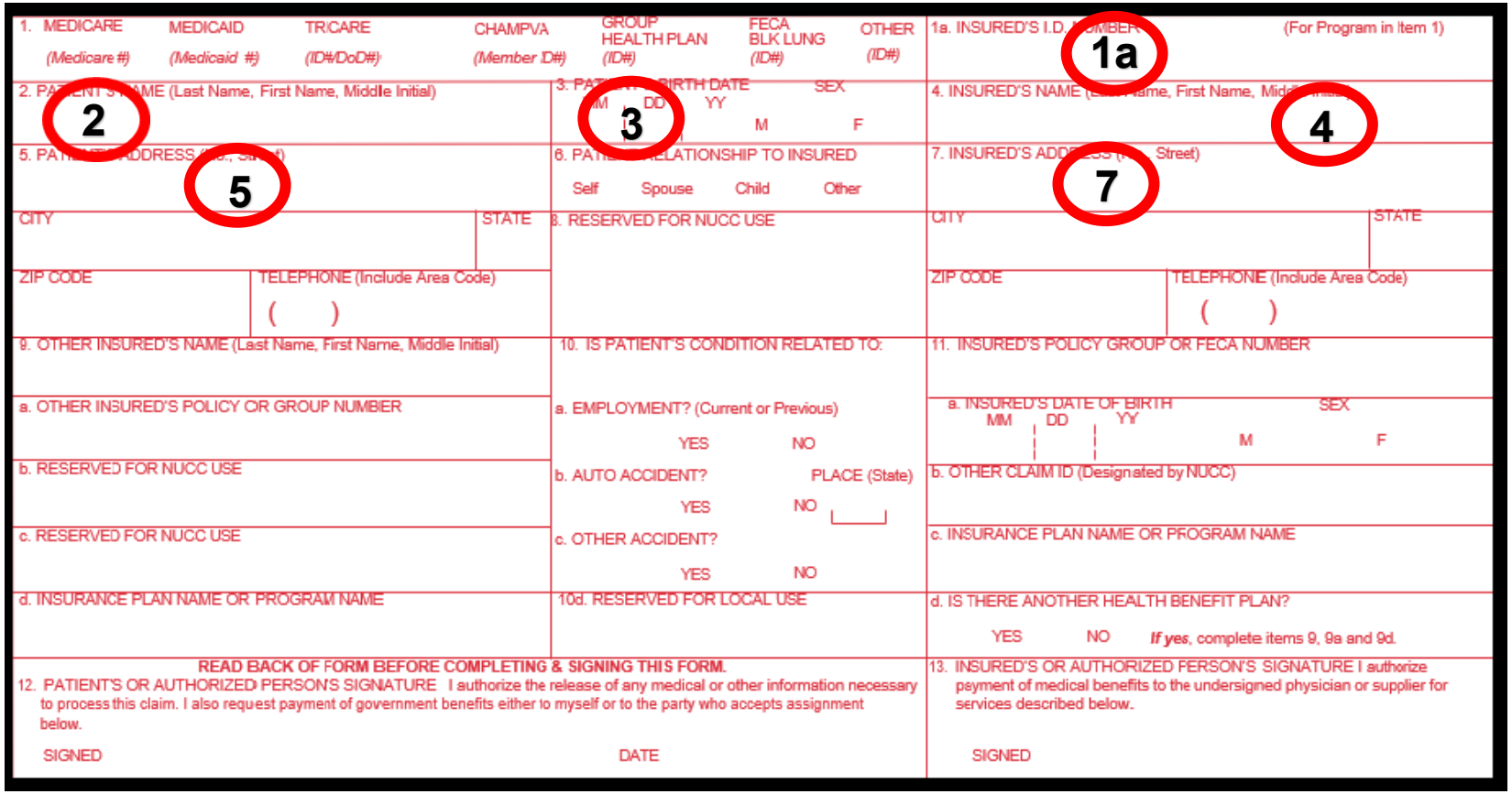



| Claim Details | |
|---|---|
| 21 | Diagnosis: ICD-10 Indicator |
| 24A | Date of Service |
| 24B | Place of Service Code |
| 24D | Procedure Code & Modifier |
| 24E | Diagnosis Pointer |
| 24F | Charges |
| 24G | Units of service |
| 24J | Shaded Area: Rendering Taxonomy Code |
| 24J | Rendering Provider NPI |

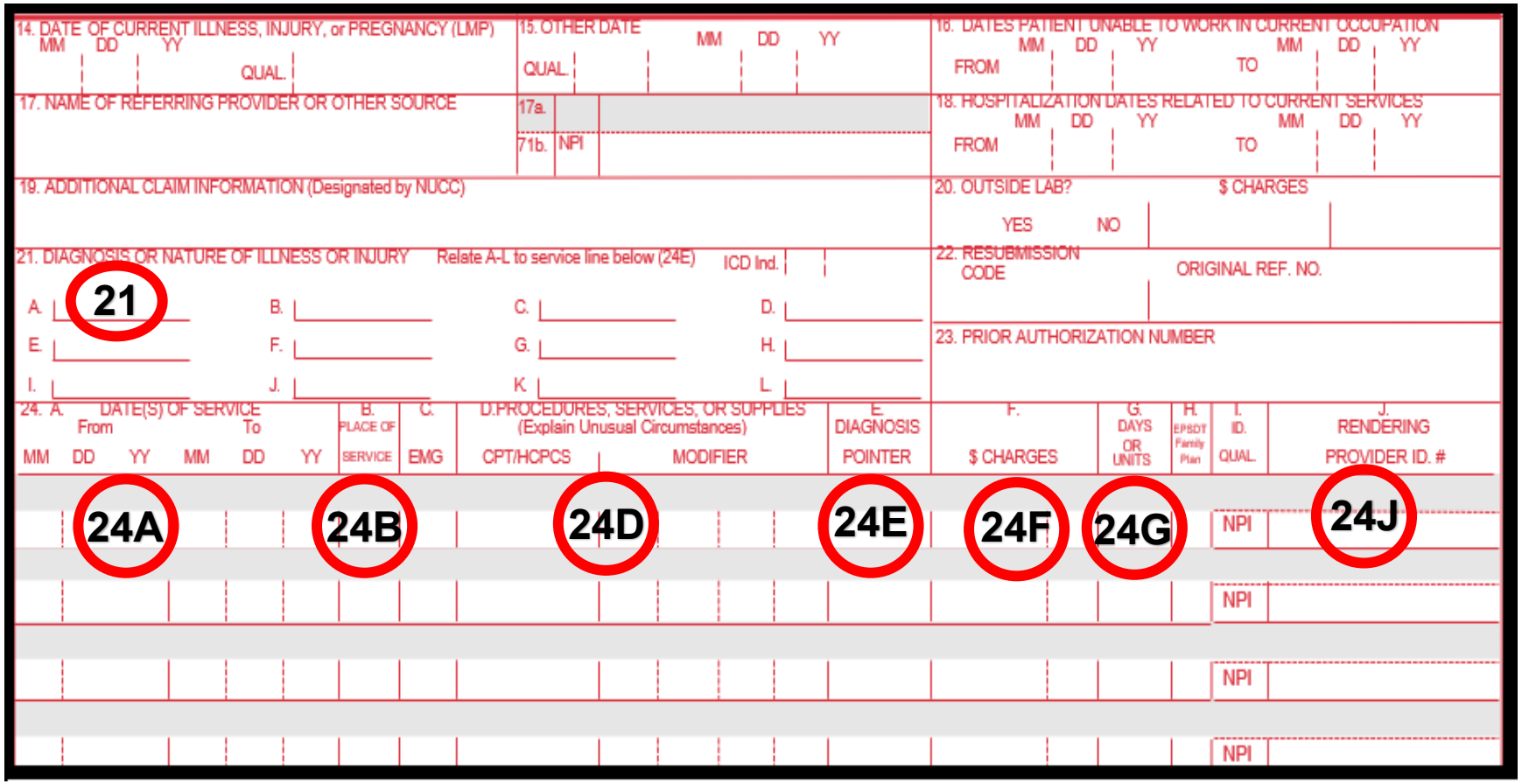
# CMS-1500

MEMBER DETAIL

| Field | Description |
|---|---|
| 1a | Members CIN |
| 2&4 | Members full Name |
| 3 | Date of Birth and Gender |
| 5&7 | Members Address |



# CMS-1500




CLAIM DETAIL

| Field | Description |
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| 21 | Diagnosis (ICD-10) |
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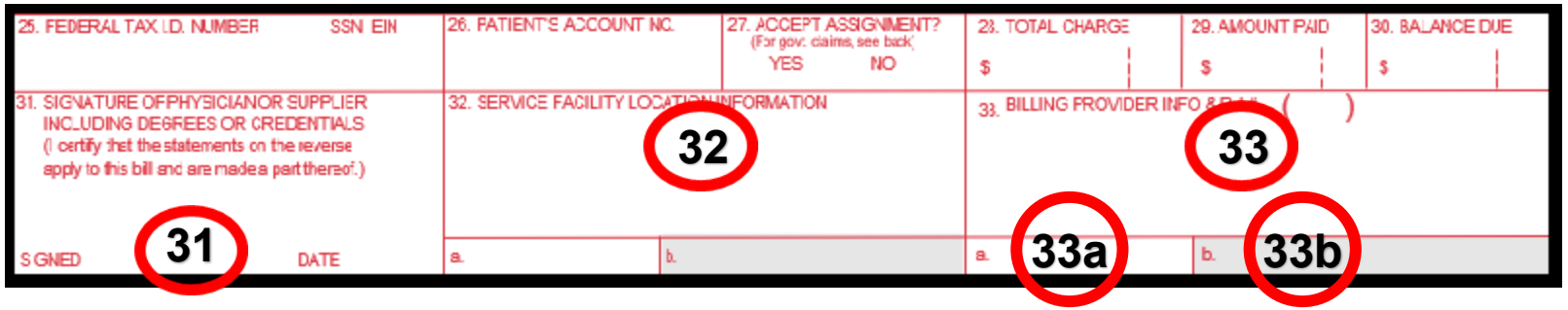
| 24B | Place of Service |
| 24D | Procedure & Modifier |
| 24E | Diagnosis Pointer |
| 24F | Charges |
| 24G | Units of Service |
| 24J | Rendering Provider Taxonomy & NPI |

# CMS-1500




## PROVIDER DETAILS

| Field | Description |
|---|---|
| 31 | Wet Signature & Date |
| 32 | Physical Address of Provider Location |
| 33 | Billing Address |
| 33a | Billing NPI |
| 33b | Billing Taxonomy Code |

# Getting Started with Office Ally

## Payor Agreement

Complete your Payor Agreement and submit it to the EDI Team

- **Email:** EDIEnrollment@partnershiphp.org
- **Phone:** 707-863-4527

## Office Ally Account

Set Up Your Organization's Administrator Account

- **https://www.officeally.com/sign-up/create-account**
- After the admin account is established, additional users can be added, each with their own unique login credentials

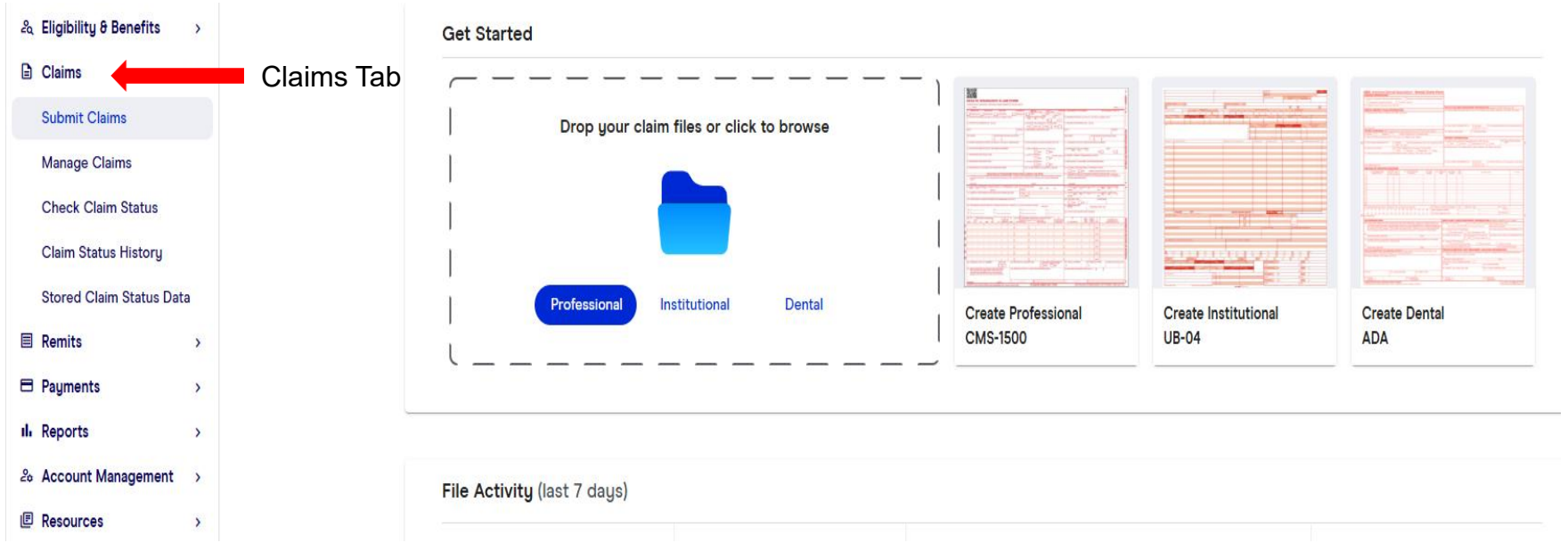
## Payor ID

**Partnership Payor ID: O9453**

- This Payor ID should be used when submitting complimentary claims through Office Ally
- Please note this is the letter "O," not the number zero

# Office Ally Dashboard

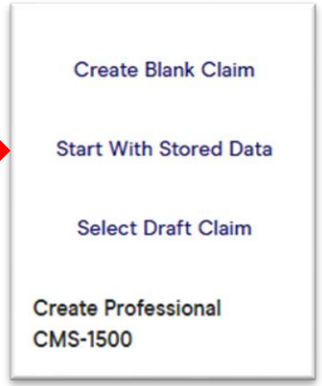
The Claims tab is the primary area you'll use within your Office Ally dashboard

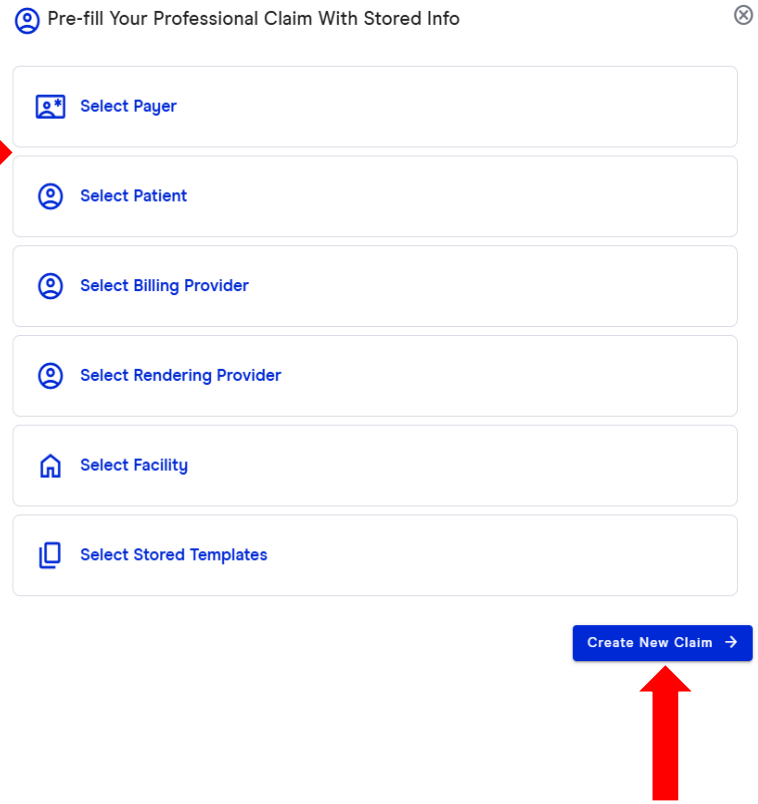



Here you can create, submit and manage your claims

# Storing Data/Creating a claim

Create Professional
CMS-1500



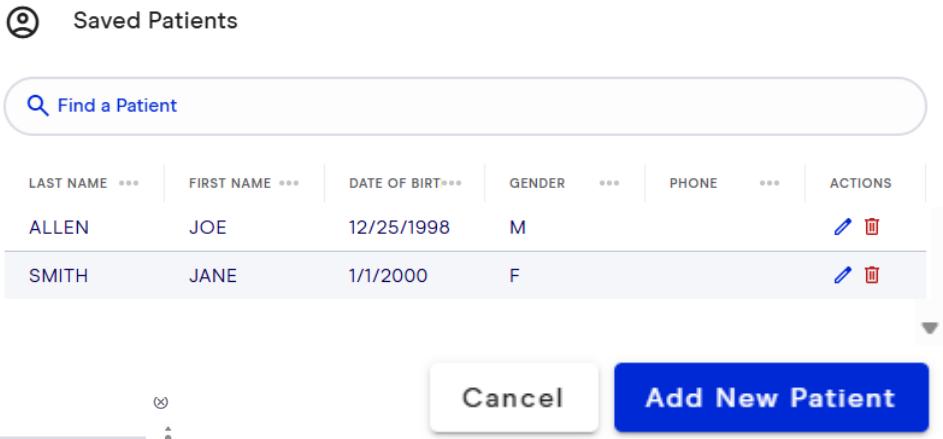

**Stored Data Feature:**

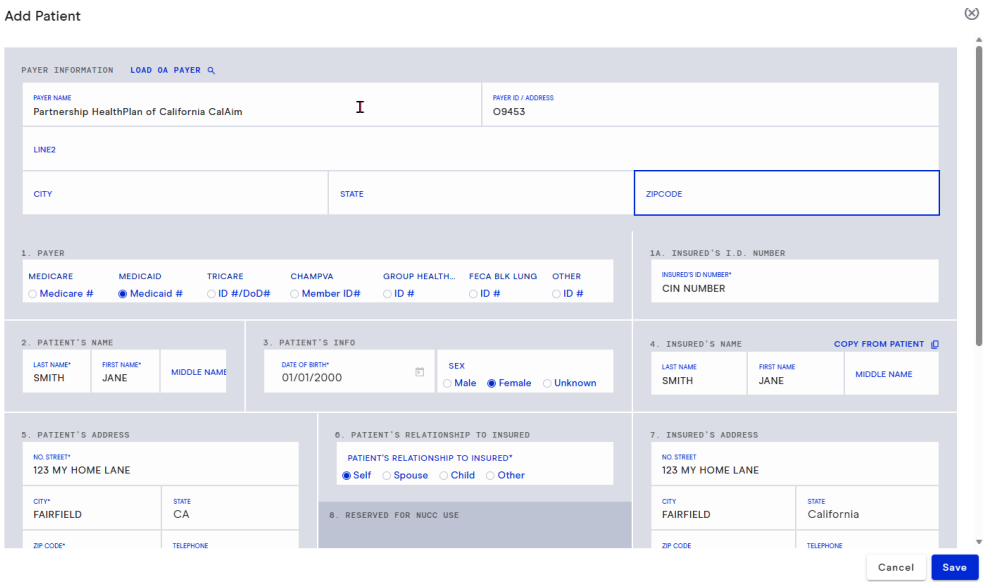
This option allows you to seamlessly access previously saved information and submit claims effortlessly

Generate a claim using saved information

# Storing Data

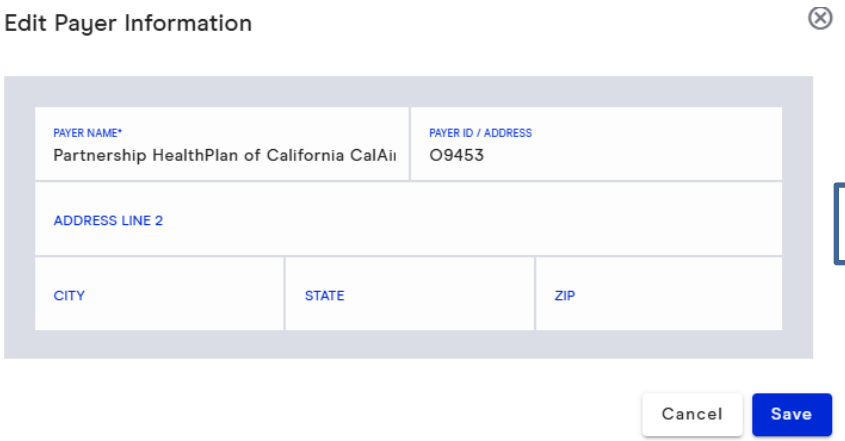
Add and store member details by selecting “Add New Patient”



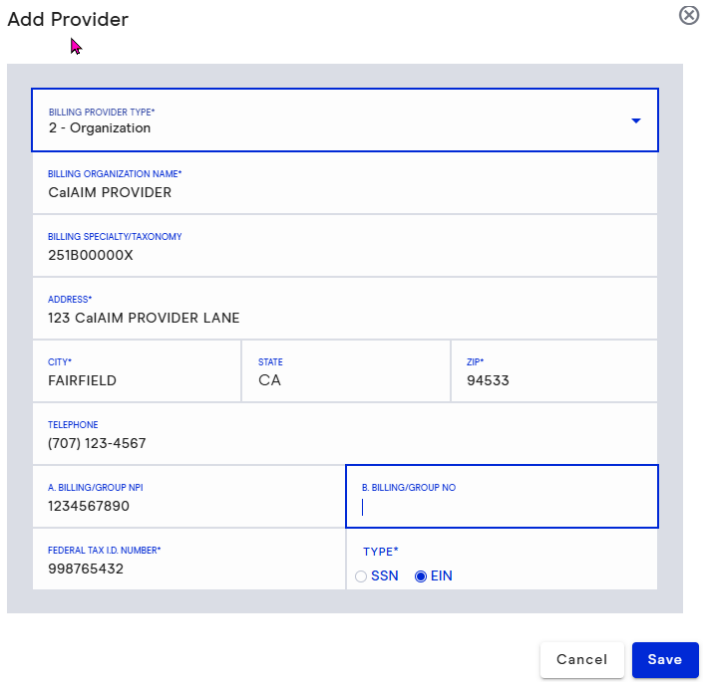




Search, edit, or delete member records within this section

# Storing Data

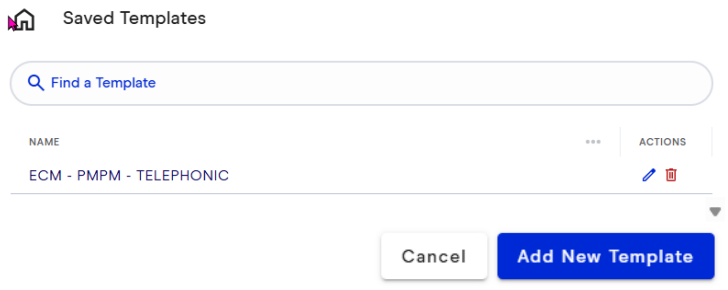



Enter the payer name and payer ID O9453

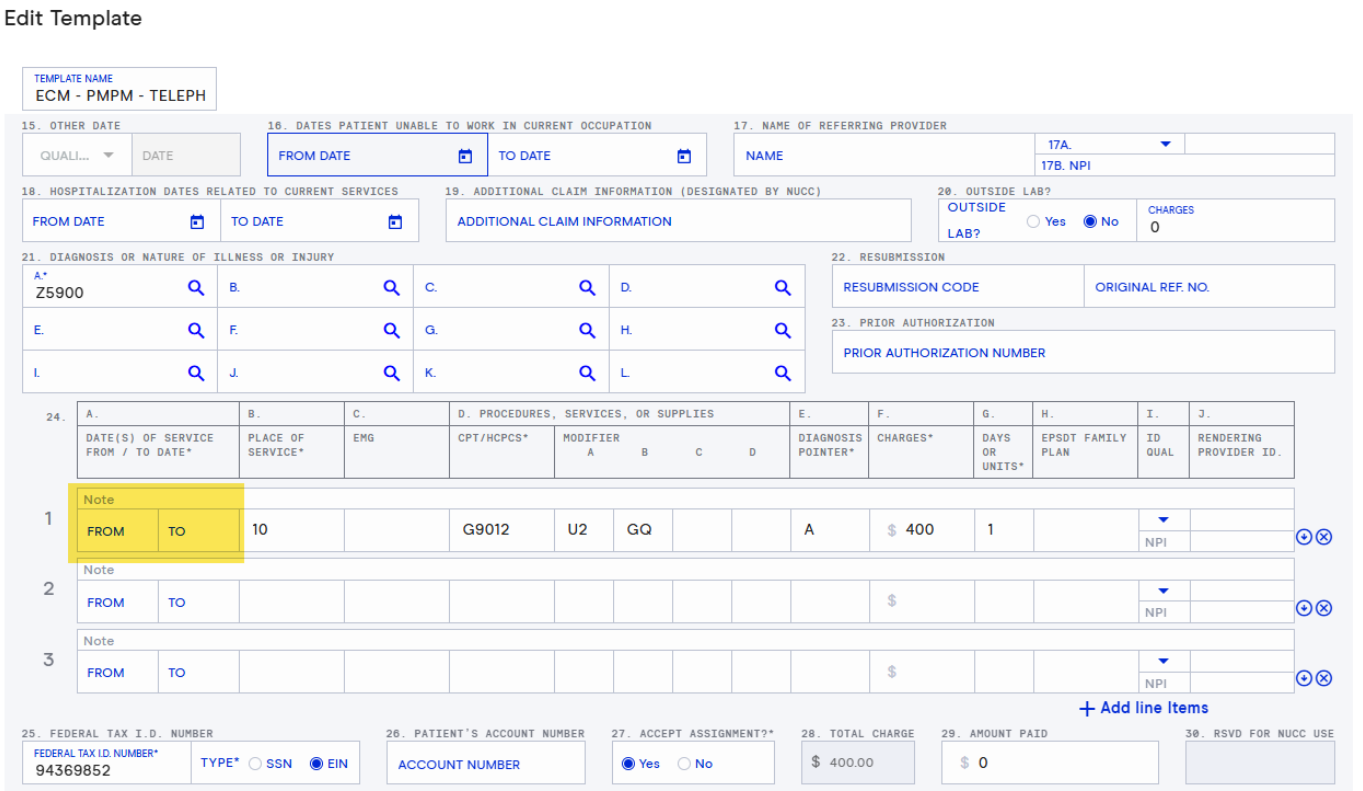



Store your provider information for quick and easy future access

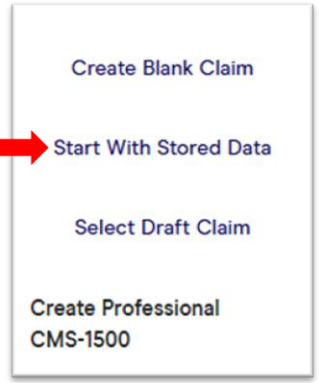
# Templates




Create and store templates using procedure codes or member information

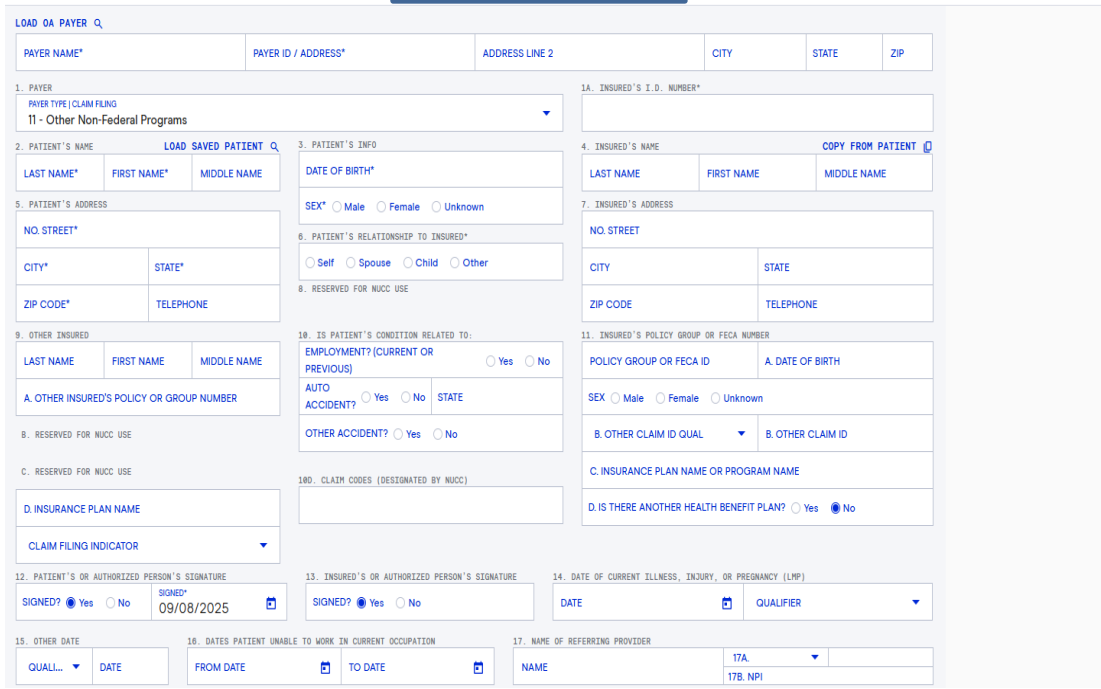


# Creating a Claim

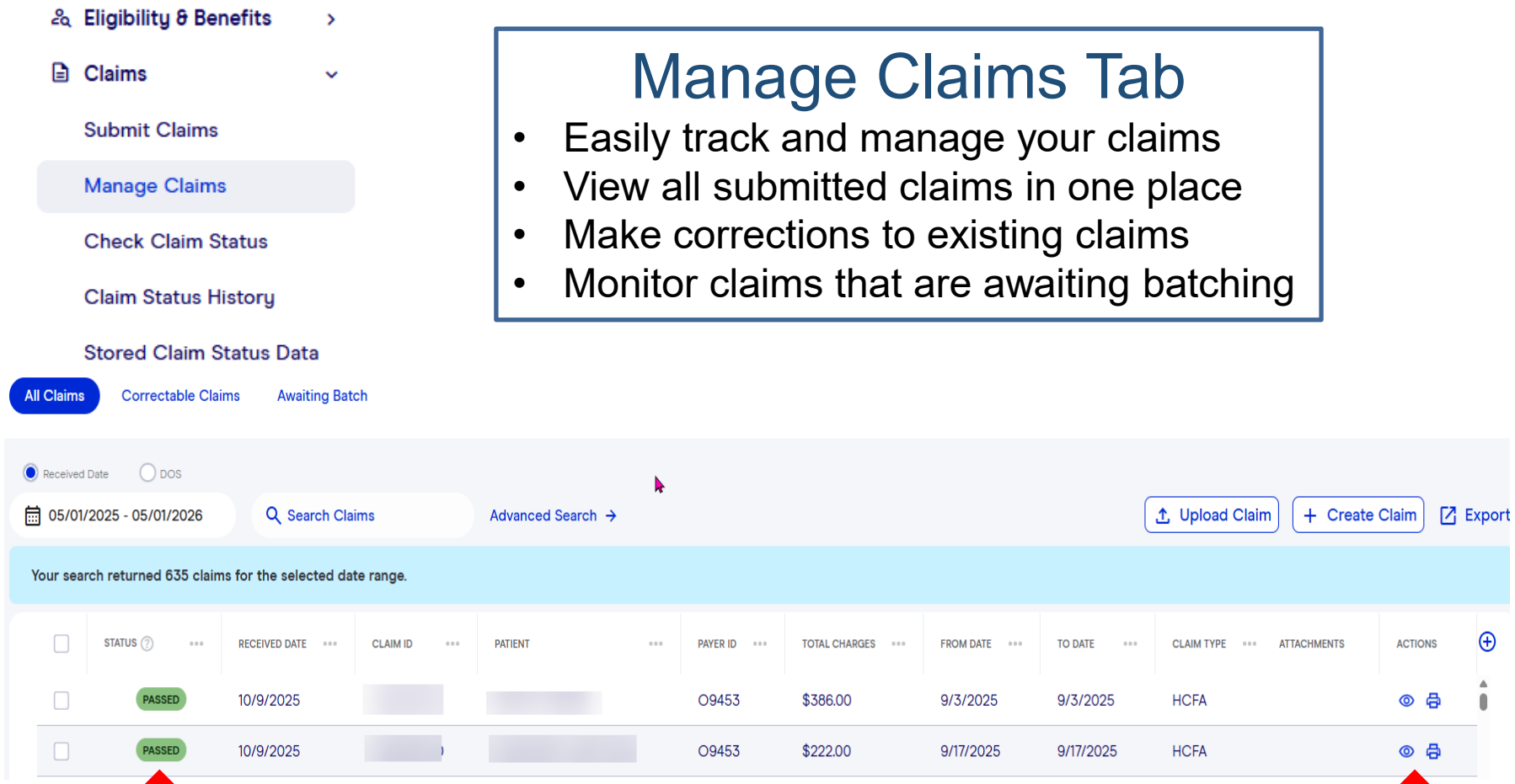



You can start with a blank claim, stored data or resume where you left off with a draft

Save as a draft



# Managing Claims




## Manage Claims Tab

- Easily track and manage your claims
- View all submitted claims in one place
- Make corrections to existing claims
- Monitor claims that are awaiting batching

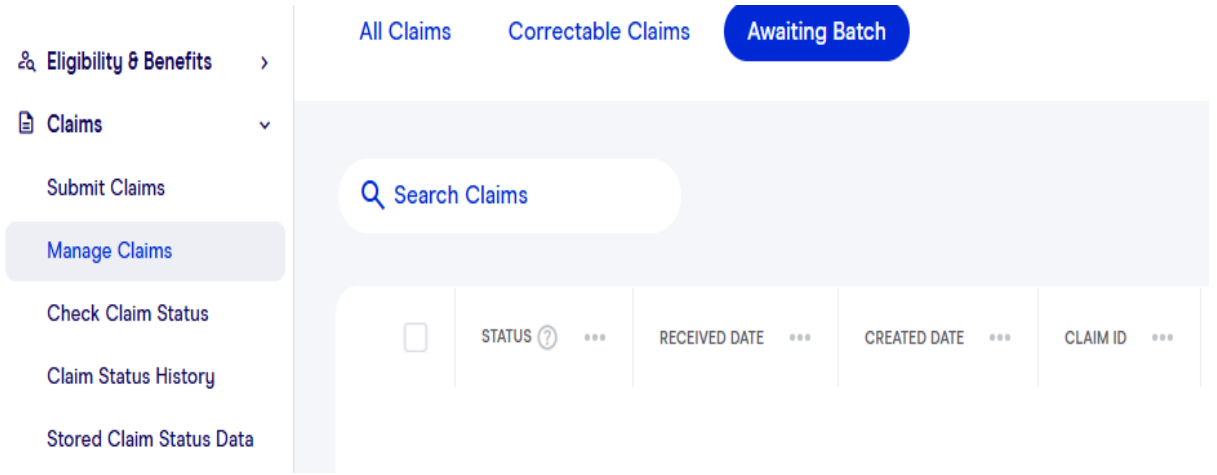
Claim Status

Easily track and manage your claims

View or print

# Claims Awaiting Batch

Once the process of submitting the claim has been completed, it is sent to "Claims Awaiting Batch." Office Ally will pick up the claims for processing every three hours.

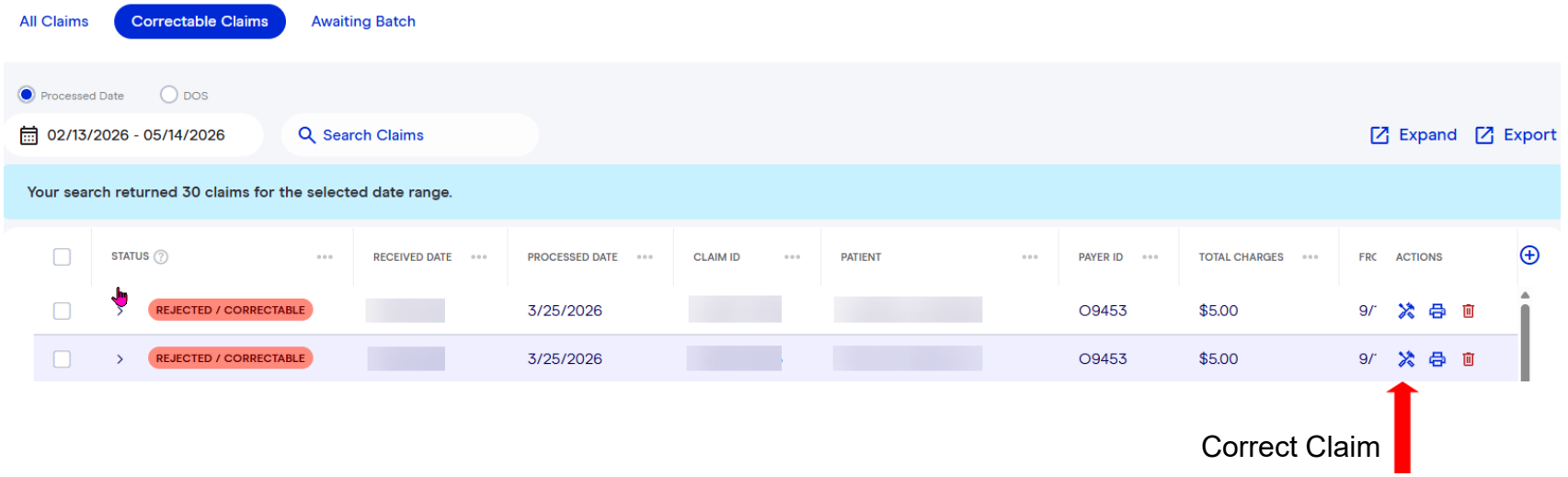



From this section you can **edit, print** or **delete** the claim before the claim is sent to the insurance company.

**If a claim rejects, it is your responsibility to correct and resubmit the claim for processing**

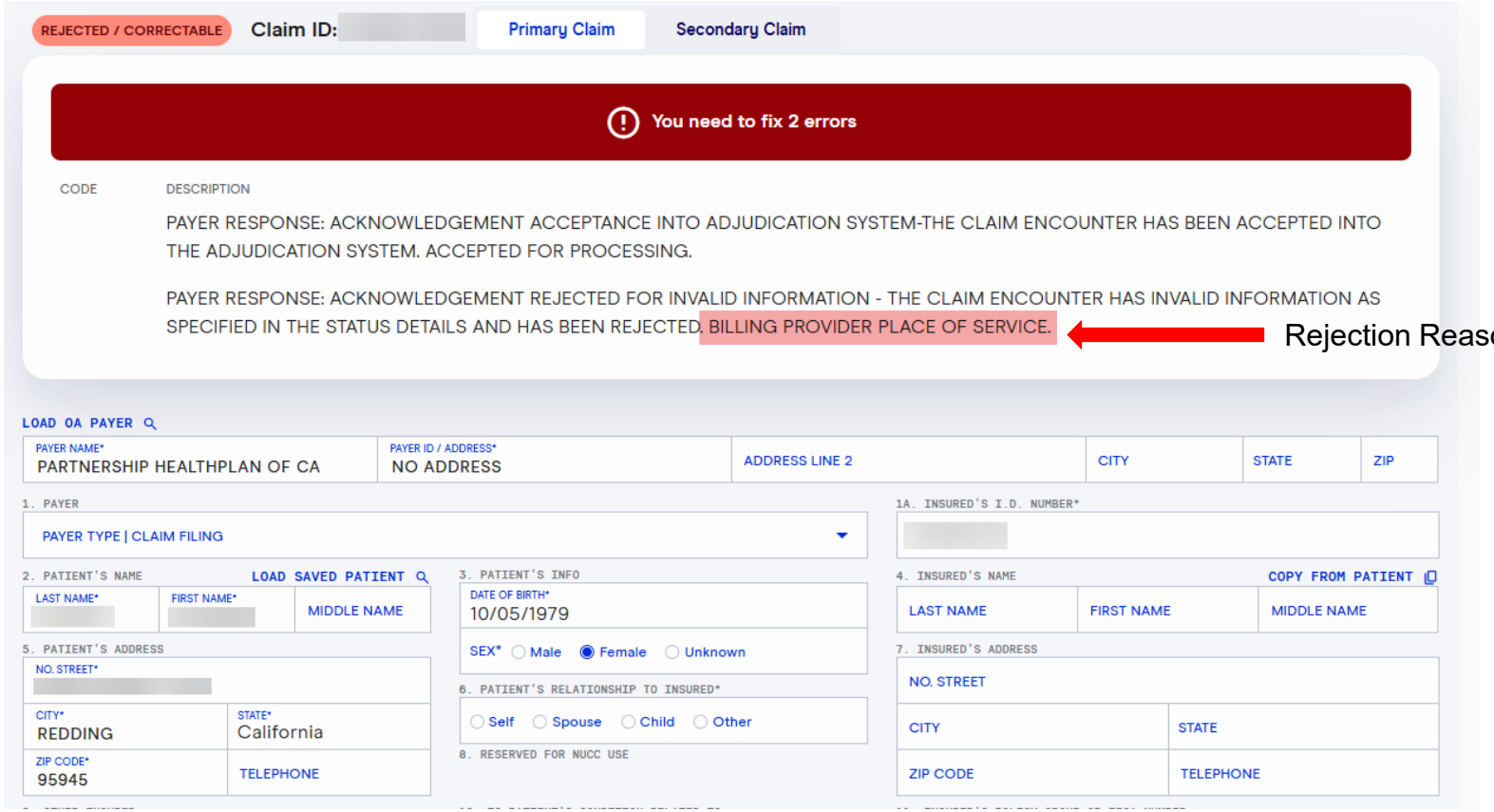
# Claim Corrections in Office Ally

Claims that are rejected during pre-processing by Office Ally will be available for review in the “Correctable Claims” tab located within Manage Claims.




Click **correct claim** to the right of the claim line, this will bring up an editable claim image along with the claim rejection.

# Claim Corrections in Office Ally




From this screen, you can review the reason for the claim rejection, make any necessary corrections, and resubmit the claim

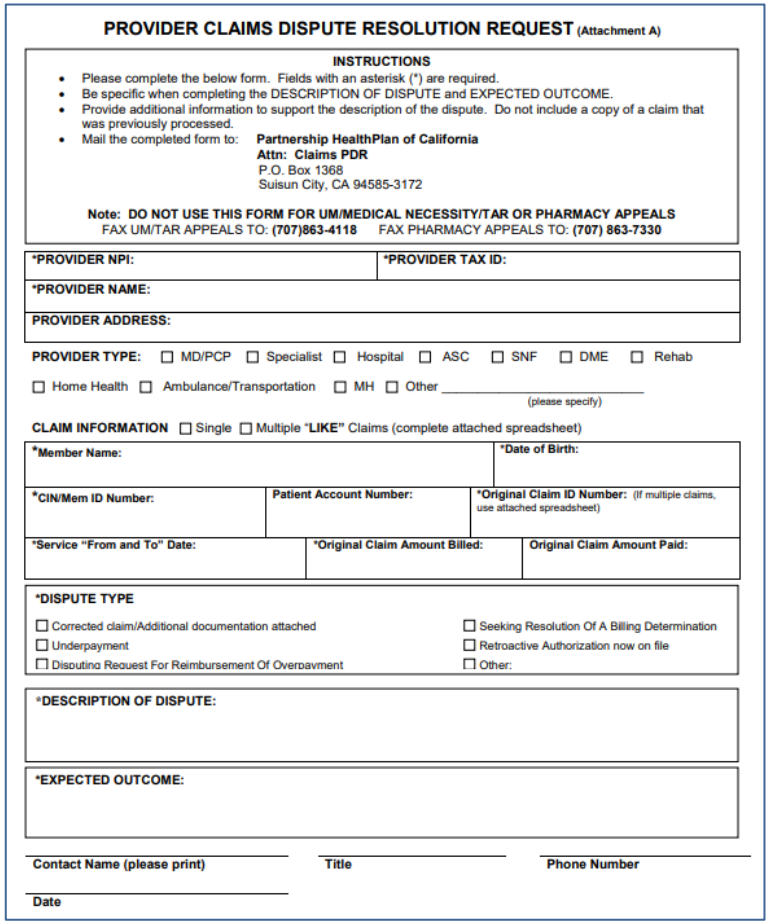
# Claim Corrections in the Online Portal (PDR)

Providers have the right to submit a payment dispute if they disagree with a claim decision or compensation of a claim. Providers may submit disputes via Provider Online Services or by mail. **Disputes can be submitted within 365 days** (one year) from the original paid/denied date on the Partnership RA. Disputes received after one year are subject to automatic denial.

- Partnership will acknowledge receipt of the dispute immediately and will respond electronically indicating the outcome of the dispute review within 45 working days.

- When submitting a **PDR** to correct a claim for under payments, modifiers, units of service, or dates. There is now an option under **claim type** for **Community Supports claims.**

- Provider dispute form can be downloaded from the Partnership website.



**PROVIDER CLAIMS DISPUTE RESOLUTION REQUEST** (Attachment A)

**INSTRUCTIONS**

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Mail the completed form to: **Partnership HealthPlan of California**
  **Attn: Claims PDR**
  P.O. Box 1368
  Suisun City, CA 94585-3172

**Note: DO NOT USE THIS FORM FOR UM/MEDICAL NECESSITY/TAR OR PHARMACY APPEALS**
FAX UM/TAR APPEALS TO: **(707)863-4118** FAX PHARMACY APPEALS TO: **(707) 863-7330**

| *PROVIDER NPI: | *PROVIDER TAX ID: |
|---|---|
| *PROVIDER NAME: | |
| PROVIDER ADDRESS: | |

**PROVIDER TYPE:** ☐ MD/PCP ☐ Specialist ☐ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab
☐ Home Health ☐ Ambulance/Transportation ☐ MH ☐ Other _____ (please specify)

**CLAIM INFORMATION** ☐ Single ☐ Multiple "**LIKE**" Claims (complete attached spreadsheet)

| *Member Name: | | *Date of Birth: |
|---|---|---|
| *CIN/Mem ID Number: | Patient Account Number: | *Original Claim ID Number: (If multiple claims, use attached spreadsheet) |
| *Service "From and To" Date: | *Original Claim Amount Billed: | Original Claim Amount Paid: |

***DISPUTE TYPE**

☐ Corrected claim/Additional documentation attached
☐ Underpayment
☐ Disputing Request For Reimbursement Of Overpayment
☐ Seeking Resolution Of A Billing Determination
☐ Retroactive Authorization now on file
☐ Other:

***DESCRIPTION OF DISPUTE:**

***EXPECTED OUTCOME:**

Contact Name (please print) | Title | Phone Number

Date

# TAR Information

CHW/P/R services only require a TAR if billing for more than 12 units (six hours) and must be recommended by a licensed provider

TARS for CHW/P/R services will require the following attachments:

* Referral from licensed provider per APL 24-006

*Plan of Care

CHW/P/R TARs will be approved for 180 days (six months)

# Reminders

- Verify Member's eligibility every month, preferably before each visit
  - Verify the member is not enrolled in ECM prior to rendering CHW services
  - Eligibility should be verified even when an approved TAR is on file
- Submit claims promptly to allow sufficient time for authorization requests, if needed
- Review each claim to ensure all required attachments, remarks, modifiers and documentation are included
- Review Explanation of Benefits or Remittance Advice immediately upon receipt for any billing discrepancies
- Submit PDRs in provider portal to correct errors—it's the fastest and most efficient method for claim adjustments

# Electronic Fund Transfer (EFT)

Electronic Fund Transfer(EFT) services (direct deposit) are provided by our third-party vender, FIS. Please contact FIS directly to get set up or if you have any questions.

| | |
|---|---|
| Monday – Friday, 5 a.m. – 3 p.m. (PT) | Phone: (877) 330-4950 |

Once you receive the first paper check and code, contact FIS to enroll

# Additional Contact Information

| | |
|---|---|
| **CHW** | **Email:** chws@partnershiphp.org |
| **Claims Resolution Unit** | **Phone Number: 1-855-798-8761**<br>**Email:** claimshelpdesk@partnershiphp.org |
| **Provider Relations** | • Contracts<br>• Credentialing<br>**Phone number:** (707) 863-4100 |
| **Online Services (OLS)** | • Online service issues: slowness, modules not available<br>• Request provider portal and TAR trainings<br>**Email:** eSystemsSupport@partnershiphp.org |
| **Utilization Management** | • Authorizations (TAR – Treatment Authorization Request)<br>**Phone number:** (707) 863-4133 |
| **Partnership EDI Enrollment** | Phone: **(707) 863-4527** \| Fax: **(707) 863-4390**<br>Email: EDIEnrollment@partnershiphp.org |
| **Partnership EDI Production Support (after enrollment)** | Phone: **(707) 863-4520** \| Fax: (**707) 863-4390**<br>Email: EDISupport@partnershiphp.org |

# Office Ally Contacts

| Office Ally | |
|---|---|
| Customer Service:<br>Technical Support:<br>Enrollments: | **(360) 975-7000 Option 1**<br>**(360) 975-7000 Option 2**<br>**(360) 975-7000 Option 3** |
| Live Chat (6 a.m. – 5 p.m. PST): | Support Suite \| Office Ally |
| E-mail: | info@officeally.com or support@officeally.com |

# Thank you

Thank you for helping our members

# Questions