



GAIN Billing Form

For SUD Providers who have GAIN Local Trainers on staff and who are training clinicians to be certified as GAIN Site Interviewers and/or GAIN Administrators will submit a GAIN Billing Form which is available with your contract. The Form should be submitted for all training and trainer activities.

Important: GAIN Local Trainers, GAIN Administrators and GAIN Site Interviewers submit one invoice upon completion of certification. **The GAIN Certificate from Chestnut Health Systems must accompany submitted invoices.**

Submit completed billing forms to Jan Maino jannifer.maino@midstatehealthnetwork.org.

Please complete all columns and note that the form includes a list of reimbursable activities, you must select from the drop-down list. Once identifying information is entered as well as the Date and Activity Type, add the number of minutes performed for that Activity Type and the Form will automatically calculate the number of Hours.

MSHN Global Assessment of Individual Need (GAIN) - Billing Form							
<div> <div>Provider Agency</div> <div>(enter provider agency name)</div> </div>							
<div> <div>Billing Month</div> <div>(Enter month and year)</div> </div>							
Date of Activity (mm/dd/yy)	Activity Type	Local Trainer Name (First and Last Name)	Clinician Name* (First and Last Name)	Number of Minutes	Hours	Billing Rate	Billing Amount
01/01/19	Clinician to Site Reviewer - Segment 1: In person training, quiz prep			75	1.2500	75	93.75
	Clinician to Site Reviewer - Segment 1: Webinar/quiz						
	Clinician to Site Reviewer - Segment 1: In person training, quiz prep						
	Clinician to Site Reviewer - Segment 2: Conduct assessment (non-client)				0.0000	0	0.00
	Clinician to Site Reviewer - Coaching Calls (CHS or LT)				0.0000	0	0.00
	Clinician to Site Reviewer - Feedback session				0.0000	0	0.00
	LT train clinicians - Segment 1: In person training, quiz prep				0.0000	0	0.00
	LT train clinicians - Segment 1: In person group training				0.0000	0	0.00
	LT train clinicians - Segment 2: Assessment review and feedback				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00

The Activity Type will also populate the Billing Rate column automatically:

MSHN Midstate Health Network							
Global Assessment of Individual Need (GAIN) - Billing Form							
Provider Agency (enter provider agency name)							
Billing Month (Enter month and year)							
Date of Activity (mm/dd/yy)	Activity Type	Local Trainer Name (First and Last Name)	Clinician Name* (First and Last Name)	Number of Minutes	Hours	Billing Rate	Billing Amount
01/01/19	Clinician to Site Reviewer - Segment 1: In person training, quiz prep			75	1.2500	75	93.75
	LT train clinicians - Segment 1: In person training, quiz prep (Web-based - Local trainer certificate required) - Provider agencies' staff time for training with Chestnut Health Systems to become certified as Local Trainers			120	2.0000	125	250.00
	Select Activity - input on billing form				0.0000	1,875	1,875.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00
	Select Activity - input on billing form				0.0000	0	0.00

Instructions

Identifying information (Lines 5 & 6)

Line 5: Enter your complete agency name

Line 6: Enter the billing period covered by the invoice

Completing a line item for reimbursement

For each line of reimbursable activity, you must have the appropriate information in each column. Totals will auto-calculate at the bottom of columns E, F, G, & H.

Column A: Enter date activity was complete

Column B: Select an activity from the drop-down list. (The proper rate of reimbursement will populate in Column G for this activity.)

Column C: Enter the first and last name of the Local Trainer who participated in this event.

Column D: Enter the first and last name of the Clinician who participated in this event.

Column E: ONLY enter exact number of minutes for "Clinicians to Become Site Reviewers" and/or "Local Trainer to Train Clinicians as Site Reviewers" activities. DO NOT enter any data in this column for "Local Trainer certification" activities.

Column F: The number of Hours will auto-calculate based on the number of minutes entered.

Column G: The Billing Rate will auto-populate based on the Activity Type selected on Column B.

Column H: The Billing Amount will auto-calculate based on columns F & G.

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Return Completed GAIN Billing Form to Jan Maino, GAIN Implementation Coordinator:
Jannifer.maino@midstatehealthnetwork.org