

Hawaii Medicaid Provider Bulletin

SPRING EDITION

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EVV (Electronic Visit Verification) Updates

- If your agency needs to send Sandata PHI information for troubleshooting, please submit it directly through the Sandata Ticketing System: <https://sandata.zendesk.com/hc/en-us>
- The 15% manual edit is now in effect, but it doesn't apply until there have been seven straight months of non-compliance.
- The withhold will be removed once the provider agency is back in compliance.
- A warning letter is sent after the first month of non-compliance, and the count resets once the provider becomes compliant again.
- Providers should open a ticket with Sandata or their alternate EVV vendor for any issues impacting manual edits, keep a log for payer review, and contact their payer if they cannot see a member or authorization in Sandata.
- If your agency is having claims payment issues relating to EVV, please contact your payer. If not resolved after two weeks escalate to MQD at EVV-MQD@dhs.hawaii.gov.
- Member/participant services should not be stopped due to an EVV issue such as, missing authorization or EVV device issues.
- New EVV Providers should send an email to EVVMQD@dhs.hawaii.gov to get started with Sandata.
- Additional information and FAQ'S regarding EVV can be accessed on our Hawaii EVV website <http://medquest.hawaii.gov>.

Field Services Available

If you have long standing issues with your claims, or WINASAP billing software, please email hi.providerrelations@conduent.com and request for Field Representative assistance and ATTN-FREP in the subject line and in the body of the email, explain the issue.

If you would like to schedule a meeting, please email a request with your availability.

- In person
- Online or phone



CURRENT SYSTEM ISSUES: DOH DDID CLAIMS ONLY

***We are currently facing system issues where claims are approving but paying 0.00, paying the incorrect rate, and or denying for PA mismatch when there is a PA on file. You must submit a list of affected claims to the provider relations email address at: hi.providerrelations@conduent.com. The subject line would be the exact system issue (listed below)-ATTN FREP and in the body of the email list the affected claims by claim reference number (CRN). If the system issue you are facing does not give you access to the CRN please include in the body of the email the range for dates of service (DOS).

Claims Approved and Paying 0.00

- ⇒ *Make sure POS is correct. If you need a copy of the rates table that list the POS, please email Ellen Sumida at: Ellen.sumida@doh.hawaii.gov*
- ⇒ *If POS is correct send a list of affected claims by CRN or Date span.*
- ⇒ *If POS is incorrect, void the claim and resubmit the claim as new with the correct POS*
- ⇒ *DO NOT submit the claim for a second time as the second claim will deny as a duplicate.*

Claims Paying Incorrect Rate

Make sure the Place of Service (POS) is correct:

- ⇒ *If the POS is correct, please submit a list of affected claims to the provider relations email address.*
- ⇒ *If the POS is incorrect and the claim DENIED, resubmit the claim as new with the correct POS.*
- ⇒ *If the POS is incorrect and the claim is UNADJUDICATED, void the claim with the incorrect POS and resubmit the claim with the correct POS.*

Unadjudicated Claims: Please allow more time than normal for reprocessing as all claims have to be manually reviewed due to system issues.

Claims Denied for PA mismatch, & PA is on file

- ⇒ *Submit a list of affected claims to the provider relations email address.*

1149A PROCESS

Conduent will now receive approved/denied 1149A's from Clinical Standards Office (CSO), however if a facility or vendor needs to resubmit an 1149A because we do not have one on file, please submit to Conduent via fax or email, DO NOT attach the 1149A to the claim .

Ways to submit an 1149A

- ⇒ *Via fax (preferred method) : 808-952-5595*
- ⇒ *Email: be sure to Encrypt to protect PHI : hi.providerrelations@conduent.com*

If you need to know the facility's vendor, please call the PIU to get this information at 808-952-5570.

4.3.8 ADDITIONAL PAYMENT REQUEST

Per provider Manual Chapter 4.3.8 Additional Payment Requests (Request for Reconsideration), the provider may submit form 240 - Request for Reconsideration up to 60 days from the initial date of adjudication (payment or denial of the claim). As long as the 240 form has been received, date stamped within 60 days from adjudication, Conduent will escalate for further review.

DEPARTMENT OF CORRECTIONS & REHABILITATION (DCR) CLAIMS PROCESSING

Incarcerated patients claims are processed and payable by Conduent. Please ensure you have a valid 10 digit state ID number starting with OPA. First, your claim must be sent to the Department of Corrections & Rehabilitation for review which will then be forwarded to the fiscal agent, Conduent for claim adjudication.

Claim Submission Billing Address

Department of Correction & Rehabilitation (DCR) Healthcare Division
1177 Alakea Street #602
Honolulu, HI 96813

DCR MEDICAID PRISONER CLAIMS

According to Center for Medicare & Medicaid Services (CMS), incarcerated individuals in public institutions are eligible for Medicaid Fee-For-Service (FFS) coverage if they are admitted as inpatients for more than 24 hours at a medical facility, such as hospital or post-acute inpatient rehabilitation.

The Department of Corrections and Rehabilitation (DCR) - Health Care Division has enrolled the individual for whom you submitted a claim in "Medicaid Prisoner" coverage.

While enrolled in Medicaid FFS, both professional and facility services are covered and reimbursed at the Medicaid FFS rates.

Please submit claims under the individual's Medicaid FFS ID not the OPA #. If you are unsure of Medicaid FFS ID please call PIU at 808-952-5570.

If the individual claim denies for eligibility for Medicaid prisoner make sure to contact DCR to advise that the individual needs eligibility key code H60 active for dates of service (DOS) on the claim.

TIMELY FILING LIMIT FOR DCR CLAIMS

Effective May 1 2025 all claims must be submitted within 12 months from the date of service. This filing deadline is consistent with standard industry practices and federal billing guidelines, including those followed by the Centers for Medicare & Medicaid Services (CMS). Claims submitted after this period may be denied.

DHS MEDICAID ONLINE (DMO)

The DHS Medicaid Online (DMO) is a web based platform for providers to review eligibility, claim and payment information and prior authorization review for DOH providers. For FAQs and manuals for DMO, please go to the link <https://medquest.hawaii.gov/en/plans-providers/provider-resources.html>.

If any of the problems occur below please contact Provider Relations at 808-952-5572.

- *The Master Account Holder (MAH) is no longer with the company or MAH account need to be deleted.*
- *The provider does not know who the MAH is.*
- *The MAH is locked out of their account.*
- *The provider is locked out for user inactivity after 120 days.*

DDID WAIVER PROVIDERS

DDID waiver providers will have their claims returned if they do not meet the requirements on their claim submission.

- Box 21 DX Code and ICD Ind. = 0.
- Box 23 "W" noted to indicate a waiver provider .
- Box 24 I & 24J 1D qualifier with their 6 digit legacy number along with the 2 digit provider locator (xxxxxx-01).
- Box 33 B 1D qualifier along with their 6 digit legacy number along with the 2 digit provider locator(xxxxxx-01).

OTHER IMPORTANT GUIDELINES TO REMEMBER

Checking patient enrollment

When calling into the call center, please ensure you have the members' Medicaid ID, name and date of birth. If you do not have the Medicaid ID#, you may inquire using the patient's social security number, name and date of birth. If the patient is incarcerated or under office of youth services, simply provide the patient's name and DOB.

Providing the correct NPI

When calling the call center please provide ONLY the rendering or individual provider NPI. Claim searches in our system requires a rendering servicing NPI. Giving us your group payment ID will result with no claim on file.

3 inquiries per call

Please be mindful. Only three inquiries per phone call to ensure we are able to assist all callers waiting in queue. While waiting in the queue, please ensure to have information readily available.