Hawaii Medicaid Provider Bulletin

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Aloha!

Don't Trash it! Pass it!
Be sure to route this to:

Entire Organization and Contractors

Field Services Available

If you have a long standing issue and concerns with your claims or WINASAP billing hardware, please contact our Provider Hotline or email us at hi.providerrelations@conduent.com and request for Field Representative assistance.

EVV (Electronic Visit Verification) Updates

- EVV provider agency payment withhold will begin on April 1, 2024.
- The payment withhold process was paused due to the Maui wildfire and other EVV technical issues.
- EVV monitoring resumed with date of service (DOS) beginning February 1, 2024, HP/DD to initiate payment withhold for DOS beginning April 1, 2024.
- The Provider Agency – Corrective Action Timeline table was updated with the revised dates starting in month 7 in the latest update to the EVV memo QI-2305B.
- Here is the link to the memo: https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2024/QI-2305B%20Electronic%20Visit%20Verification%20(EVV)%20Manual%20Editing%20and%20Entry%20of%20Visits%20(Update%20to%20QI-2305A)%20(part%201)%20-%20signed.pdf
- SD/CD payment withhold will be determined at a future date.
- Providers should continue to open a ticket with Sandata or their alt EVV vendor for all encountered issues impacting manual edits and keep a log to provide to the payer upon review.
- Providers using Sandata EVV for visit capture can access training at the two sites below:
- Hawaii Caregiver Video Library: https://fast.wistia.com/embed/channel/x564zgak7t
- Sandata Training Site: https://sandata.wistia.com/projects/39hu84ouhv
- If your agency cannot see a member or authorization in Sandata, please contact your payer for assistance.
- 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.
- Additional information and FAQ'S regarding EVV can be accessed on our Hawaii EVV website: https://medquest.hawaii.gov.

Please send all EVV inquires and requests to EVV-MQD@dhs.hawaii.gov.

HOKU

All new and existing Hawaii Medicaid providers can enroll, update, and make changes to their information quickly and easily on the Med-QUEST Division's (MQD) web-based system, HOKU.

Go to medquest.hawaii.gov/HOKU to view the HOKU Website Links. MQD encourages all existing Medicaid providers to register on HOKU.

The HOKU webpage (medquest.hawaii.gov/HOKU) will have the most recent news and updates on training materials/ opportunities, provider resources and updated/new provider memos.

Please call MQD's Provider Hotline at 808-692-8099, 1-833-909-3630 or send an email to HCSBInquiries@dhs.hawaii.gov if you have any questions or if you are an existing Medicaid provider and do not know your HOKU Application ID.

Intentional Termination of Pregnancy "ITOP" Guidelines

Below are the guidelines to ITOP Services. Please review carefully as service paid amounts have been changed. Only the following ITOP codes will be paid:

59840, 59841, 59840-22, 59841-22, S0199, S0190, S0191. See table below for new rates:

CODE	*OFFICE/CLINIC*	*OUTPATIENT HOSPITAL*	*FREE-STANDING ASC*
59840	760.00	760.00	760.00
59840-22	SUBMIT OP REPORT	SUBMIT OP REPORT	SUBMIT OP REPORT
59841	950.00	950.00	950.00
59841-22	SUBMIT OP REPORT	SUBMIT OP REPORT	SUBMIT OP REPORT
S0199; S0190, S0191	424.51, 81.05, 2.36 per pill max of 4 pills (9.44)	Not applicable	Not applicable

Claims submitted by :

Anesthesiologists with CPT code 01966 will be paid at Medicaid rates.

Pathologists claims for 88XXX-26 will be paid at Medicaid rates.

UB04 claim forms

Rev codes 036X and 0929 with CPT codes 59840 and 59841 will be paid at rates in table above.

For ITOP Denials - Use ITOP diagnosis and covered procedure codes for ITOP benefits. For more information on reimbursement, please contact Conduent's Provider Hotline at 808-952-5570, toll free at 1-800-235-4378 or email at hi.providerrelations@conduent.com.

Medicaid Taxi Provider— Dental Ground Transportation

Dental Ground Transportation will be provided via taxi service for Medicaid beneficiaries who need assistance with ground transportation to their dental appointments and are unable to utilize public transportation. The Community Care Management Corp (CCMC) will contact the taxi company to reserve a dental taxi trip. The trip can be one way or round trip from home of the Medicaid Beneficiary to the nearest appropriate dental facility. No side trips, including pharmacy or shopping are allowed. Taxi company is responsible for contacting the Medicaid beneficiaries no less than two business days prior to the dental taxi trip to confirm pick up for dental appointment. No payments will be made for **No Shows**. MQD has issued Memo QI-2334 FFS with guidance on how to submit a claim for payment after completing a dental taxi trip. For more Information on claim submission, please contact Conduent's Provider Hotline at 808-952-5570, or toll free at 1-800235-4378, or via email at hi.providerrelation@conduent.com.

Updates - Claim Billing Guidelines

- **Please include the note "signature on file" in box 12 of the 1500 claim form**

Code	Description	Payment Rate
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	$5.25
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	$4.48

Reminders to Providers

Medigap Plans: Medigap payment is sometimes keyed as 'Other Insurance' and claim will deny "Recipient has other Insurance, TPL data must be indicated and is missing"

- Plan Name should be written in box 9D (CMS 1500) or FL50 (UB04)

AlohaCare - Advantage	AlohaCare—Advantage Plus	Devoted	HMSA 65C+	HMSA - Akamai Advantage
Health Net—Pearl Option	Humana—Gold Choice	Humana—Choice PPO	Kaiser—Senior Advantage	Sterling Life Insurance—Sterling Option II

- For a complete Hawaii approved Medigap list, please visit http://www.medicare.gov/find-a-plan/questions/home.aspx and search by zip code for a patient. When submitting a claim, write the insurance company and its plan name. If the insurance company and plan name is not in the proper fields or the EOB is not attached to the submitted claim, we will not process it until the provider submits a corrected claim.

Common Sandata Denial Reasons

CLAIM LINE FAILED UNMATCHED UNITS FIELD IS MISSING (L227.1) / NO VISIT FOUND FOR CLAIM FIELD (L226.1)

If a claim is denied for EVV Reasons, there are two options:

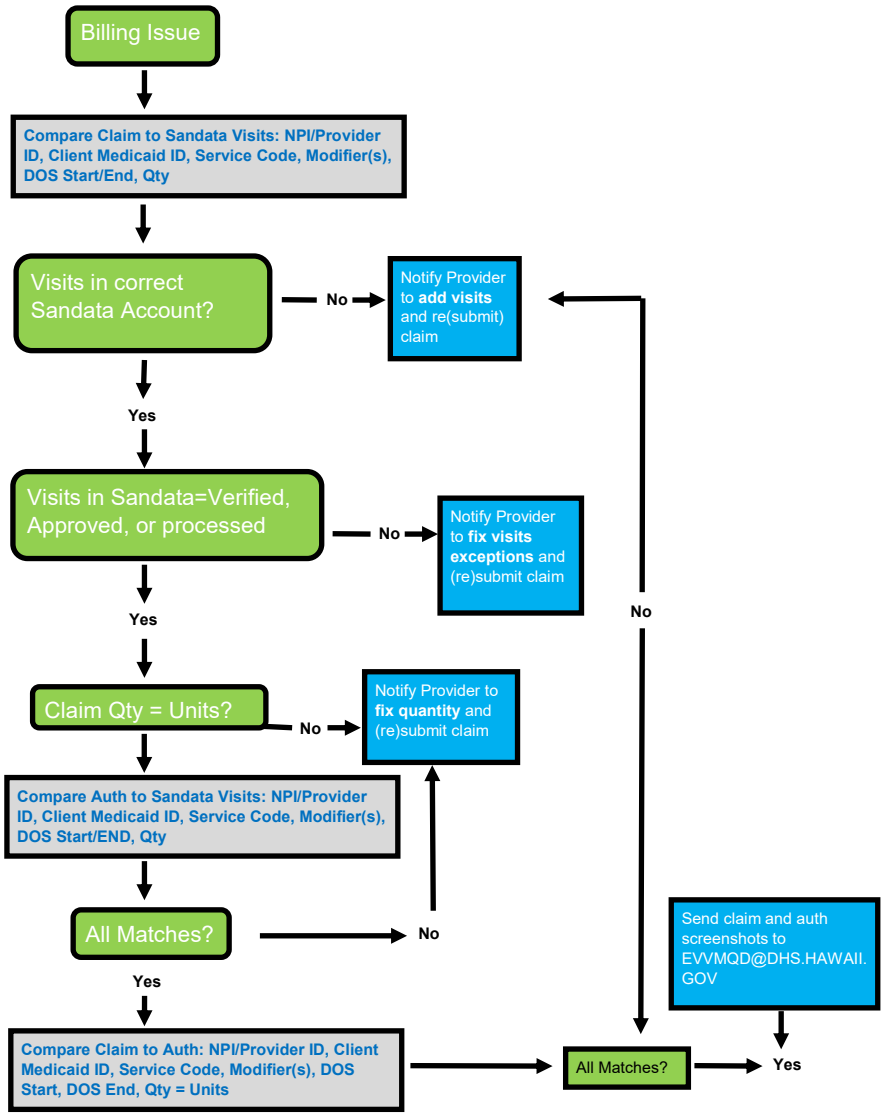
1. Fix the visit (s) to reach a Verified/Approved/Processed Status and resubmit the claim
2. 2. Adjust the units down to match the claim line and resubmit the claim

(Refer to Sandata Troubleshooting Tree)

Provider Readiness - 3 Inquiries

Have your individual of Hospital NPI ready when calling into Conduent's Provider Hotline. Only three inquiries per phone call, no exceptions. If inquiring via email, attach a Medicaid Correspondence Inquiry Form DHS 239 and send to:

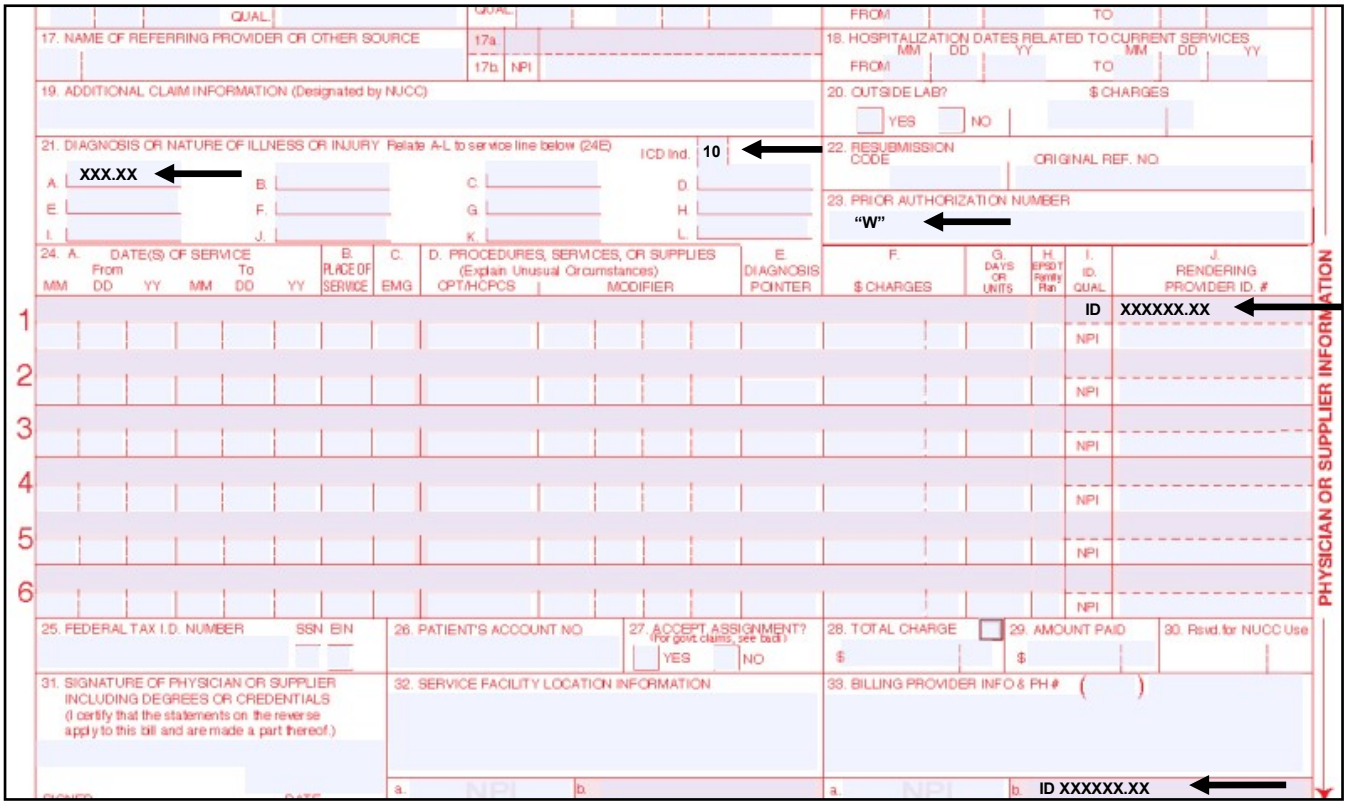
hi.providerrelations@conduent.com. For claim inquiries, please provide the CRN. For PA inquiries, provide a PA number.



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. = 10
- Box 23 “W” noted to indicate a waiver provider
- Box 24 I & 24J ID qualifier with their 6 digit legacy number along with the 2 digit provider locater (xxxxxx-01)
- Box 33 b ID qualifier along with their 6 digit legacy number along with the 2 digit provider locater (xxxxxx-01)



Vaccine Payments

Providers must bill for the administration of the vaccines using procedure codes 90476-90749. While these codes are used to indicate the specific vaccine / toxoid product, Hawaii Medicaid also recognizes these codes for the administration of the vaccine.

- If the vaccine / toxoid is covered by the Vaccines for Children (VFC) Program, the reimbursement fee is part of the global EPSDT fee.
- If the vaccine is administered to an adult or is not covered through the VFC Program, please submit a 204 claim form using the NDC number on the vial and the quantity given to the Pharmacy Benefits Manager (PBM) Claims:

40 W Williamsburg Rd. Box# 649 Sandston, VA 23150. For questions, call (877) 439-0803