

Hawaii Medicaid Provider Bulletin

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EVV (Electronic Visit Verification) Updates

- Providers should refer to QI-2305 to ensure standards for manually edited/entered visits are being met.
- Providers should open a ticket with Sandata for all encountered issues and keep a log to provide to the payer upon review.
- MQD EVV Town Hall meeting presentations, EVV Provider meeting presentations and documents have been posted to our MQD EVV website.
- 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.

- ◇ If a claim line is denied for EVV reasons, there are two options:
- ◇ Fix the visit(s) to reach a Verified/Approved/Processed status and resubmit the claim.
- ◇ Adjust the units down to match the claim line and resubmit the claim. Be sure to contact your payer on claim resubmission requirements.
- ◇ 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.

Provider Enrollment

As of 01/03/2023, the new Provider Enrollment Customer Service Call Center toll-free number is 1-833-909-3630. The Provider Enrollment Customer Call Center will assist with all provider application processes and inquiries. All providers who provide services to Hawaii Medicaid members must register as a Medicaid provider with Hawaii's Online Kahu Utility (HOKU) by 12/31/23 in order to prevent possible payment disruptions.

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.

Aloha!

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

Entire Organization and Contractors

They should be up to date with the latest news!

Adult Dental Benefits

Effective January 1, 2023, State of Hawaii has expanded its dental benefits to the Medicaid adult population. This means that eligible adult beneficiaries can now receive a range of dental services including preventative, restorative and some denture coverage. Fee-for-Service Medicaid Dentists shall contact Hawaii Dental Service (HDS) if there are any questions on coverage and claims submissions. HDS's dedicated Medicaid Customer Service line is 808-529-9345 or toll-free 855-819-9117.

Covered adult dental benefits include the following:

Preventative Services

Diagnostic and Radiology Services

Endodontic Therapy Services

Restorative Services

Oral Surgery

Periodontal Therapy Services

Prosthodontic Services

Emergency and Palliative Treatment

(Some limitations and prior authorization may apply)

As a reminder, prescriptions written by Medicaid dental providers for Medicaid children and adults are submitted to and paid by the MQD fee-for-service fiscal agent, Conduent. Dental prescriptions for drugs on the Medicaid dental formulary are processed using BIN: 610084 and PCN: DRHIPROD. For questions regarding dental procedure claim submission and processing, please contact the Hawai'i Medicaid FFS Call Center (operated by Conduent) at 1-877-439-0803. For questions about drug coverage, contact Conduent Pharmacist, Gary Peton, at (808) 952-5591.

DMO Signup Process

1. Go to https://hiweb.statemedicaid.us .	2. Click on Create a New Account on the Home/Login page.
3. Read the User Agreement. Click the I Agree radio button and then click the Next button to proceed.	4. Enter the NPI or MedQuest ID and Tax ID . Select either Provider or Health Plan radio button and click Next to proceed.
5. Create your new account and enter all *required fields. Enter First Name, Last Name, Contact Number, Username and Email. Username must be at least 6 characters in length. <i>Special characters are not allowed in the username.</i>	6. Select your Security Questions and answers. This will allow you access to DHS Online if you forget your password. Please remember your security question answers.
7. Enter a password of your choice. Passwords are required to be a minimum of 9 characters in length. At least one lower case alpha character, one upper case character, at least one numeric character, and at least one special character @!#=\$*-/^{}()?_ . Click Create User to proceed.	8. A message screen will appear with a Thank you for enrolling message . This message will also list the Master Account holder information. The first person to create an account for an organization will be prompted to be a Master account holder.
9. When you create a Master account, you will be prompted to select an address from a drop-down list. You must select the address for the location in which you receive mail. An activation letter will be mailed via USPS to the address selected. The activation code provided in the letter must be entered on the login page the first time you attempt to login using the Master account. Without the activation code, your account cannot be activated.	10. All individuals who create a new account after the Master account has been created will automatically be created as Individual accounts. The Master Account Holder will be alerted via email that the Individual Account has been created and needs their approval.

EDI/WINASAP Concerns

Providers with concerns about missing 835 reports, missing 837 response files, WINASAP issues, modem issues (connectivity), and validating if providers are enrolled for SFTP, please inquire through the EDI helpdesk. Email the EDI help desk at hi.ecstest@conduent.com. Emails are checked daily. Please follow up with the call center if you have not received a response from our EDI Coordinator.

WINASAP Hardware/Telecommunication Requirements

- Windows 98 Second Edition, Windows NT, Windows 2000 Service Pack 3, Windows XP operating system, Windows Vista, Windows 7 or Windows 8 operating system.
- Monitor resolution of 800 x 600 pixels
- Telephone or facsimile line (no DSL or cable)
- Pentium processor
- 25 megabytes of free disk space
- 128 megabytes of RAM
- Hayes compatible 9600 baud asynchronous modem

WINASAP Maintenance Yearly Clean-Up

Database Backup: It is recommended that you back up the WINASAP5010 database weekly. Depending on the amount of information you enter in any given period of time, you may want to perform a backup more often.

Purge Claims: Depending on your claim volume, you should periodically purge claims from the WINASAP5010 claims database to reduce the amount of information displayed on claim inquiry windows and reports. WINASAP5010 automatically backs up the database before purging it and automatically reorganizes the database after the purge is finished. We recommend purging claims monthly to extend the systems functionality.

Repair Claim Provider Data: When a user updates a detail in the Provider Reference tab, changes made aren't immediately reflected on the claims in which that provider was used. To fix this, use WINASAP5010's Repair Claim Provider Data function which allows users to automatically fix the previous claims with the new provider's data. Unlike resaving the claim, this tool does not perform compliance checks, but is still useful if the provider is used in multiple claims for expediency.

Hardcopy Adjustment and Void Claims

- To void a field: Strike a line through the unwanted claim detail line and circle it. This process will remove the line item from claim. Use resubmission code A.
- To adjust: draw a circle around the claim line item with the change (only changes that are circled will be corrected)
- Adjustment claims are treated as replacement claims
- CMS 1500 form: write "Resubmission" on the top of the claim. In FL 22 enter an "A" to adjust or "V" to void along with the original CRN (Entering "V" in box 22 will void the entire claim)
- UB04 form: write "Resubmission" in box 2. In box 4 enter the bill type "xx6/xx7" to adjust or "xx8" to void. Enter the original CRN in FL37A.
- Resubmitted claims must reflect the original number of claim lines. If the resubmission has less lines, Conduent will return the claim to provider (RTP).

WINASAP Adjustment Claims

Adjustments on a 1500– Professional Claim form

- When submitting an electronic claim via WINASAP, please use frequency type code 7 to replace or 8 to void.

Adjustments on a UB04– Institutional Claim form

- When submitting an electronic claim via WINASAP, please change the Bill Date to today's date, and the Type of Bill will be changed to xx7 for Replacement and xx8 to void.

Please use your WINASAP User Guide for details.

Timely Filing Instructions

Claims for Medicaid Fee-For-Service (FFS) enrollees must be submitted within 12 months from the date of service which includes initial submissions, resubmitted claims, or additional payment requests. Claims for FFS enrollees with Medicare or any other Third Party Liability (TPL) insurance coverage, shall also submit claims within 12 months from date of service or within 6 months from the date listed on the Explanation of Benefits (EOB), whichever is greater. There is no timely filing deadline for DPS (Department of Public Service) and OYS (Office of Youth Services) claims.

Please include the following:

- Provider Name and PIN/NPI
- Name of the patient
- Recipient Medicaid ID
- Each DOS requesting and justification on why you are requesting a timely filing waiver.

The waiver request should be submitted to:

ATTN: DHS/MQD/FO
1001 Kamokila Blvd. Room 317
Kapolei HI 96707
Or
Fax 808-692-7989

*Don't miss
the
Deadline*

Department of Public Safety (DPS) 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 Public Safety for review which will then be forwarded to the fiscal agent, Conduent for claim adjudication.

Claim Submission Billing Address

Department of Public Safety (DPS)
Healthcare Division
Medicaid Claims
1177 Alakea Street #602
Honolulu, HI 96813
Office: 1-808-587-1250

Common RTP Reasons

- Not a registered Medicaid Provider—NPI number in box 24J or 33A on the CMS 1500 is not a Medicaid registered provider. Provider needs to contact Provider Enrollment or enroll online through the HOKU portal.
- Missing live signature in Box 31 on the CMS 1500 health claim form and near the bottom of the UB04 health claim form.
- Invalid or missing Medicaid ID number. The ID number consists of 10 digits.
- Box 24J on the CMS 1500 health claim form is invalid or missing. FFS (Non-Waiver/SSD) claims are required to have the NPI in Box 24J. Waiver/SSD claims are required to have the 8 digit legacy ID (preceded by the "1d" qualifier) in Box 24J.
- Adjustment claims—corrections/additions are not circled or marked for change.
- The ICD Indicator is invalid. The proper ICD Indicator located in FL 21 on the CMS 1500 or in FL 66 of the UB04 claim form should be 0 for ICD-10 or 9 for ICD-09 diagnosis code.
- Misaligned printing off by one or more lines cannot be keyed in until corrected.

Common Claim Denial Reasons

BILLING PROVIDER NOT VALID GROUP ID; INVALID COMBINATION OF CODES(L127.1)

- Group PIN/NPI is not associated as a paying group for the servicing PIN/NPI. Contact provider enrollment if the Group PIN needs to be associated.

Recipient has Medicare; Medicare must be indicated, is missing (H189.1)

- If the denied claim is electronic, the provider needs to submit the claim as a hardcopy adjustment with EOB attached for the adjustment to be made.

Transplant claim not submitted by SHOTT; not authorized to bill for svc (L171.1)

- Provider should bill SHOTT (State of Hawaii Organ Tissue Transplant) program directly if recipient had transplant eligibility on dates of service.

Attending Provider ID Test PRV Type Cannot Be Attending PR (H313.2)

- Provider Types 08- Med physician and 31- Physician Osteopath are the only two provider types that are considered "Attending Providers". All other provider types will deny. If the recipient is a DPS client, the provider may request for an exception from the Department of Public Safety to pay their claim. Please contact the Conduent call center to inquire on information needed for an exception letter request.

Inter-Island Travel

The client's attending physician must complete Form 208 "Air Transportation Request for Prior Authorization and Transportation Provider Claim Form." Form 208 must be approved prior to the date of travel because it serves as the client's authorization for travel. The 208 form is located on the MQD Website <https://medquest.hawaii.gov/en/resources/forms.html>. If the travel is of urgent nature (same day travel), the Form 208 must be faxed to the Medicaid Contracted Agent and the Med-QUEST Division will contact the requesting provider by phone and/or fax.

- CCMC (808) 792 – 1070 or (888) 792 – 1070
- CSO—208 Processing Fax (808) 692-8131

Refund Check Requirements

- Check payable to Hawaii Medicaid Fiscal Agent or Conduent
- Amount of check refund must equal the attached Claim Reference Number (CRN) paid amount
- Bulk check should have corresponding CRN's attached for our banking department to make the proper adjustments
- All relevant information (Ex.: Copy of RA or EOB, Patient Name, DOS, Recipient Medicaid ID, Reason the provider is refunding the money)

Warrants & Returned Checks/Refunds Address

Conduent State Healthcare
P.O. Box 1480
Honolulu, HI 96806-1480

Important Provider Contacts

FFS Claims/PA/SSD/Waiver Claims

Conduent Inc.
PO BOX 1220
Honolulu, HI 96807-1220

Prescription Benefits Manager (PBM)

Conduent—Medicaid Claims
40 W Williamsburg Rd
Box #649
Sandston, VA 23150

State of Hawaii Organ and Tissue Transplant (SHOTT)

Koan Risk Solutions, Inc.
1580 Makaloa Street, Suite 550
Honolulu, HI 96814

Three Inquiries Per Phone Call

When calling the hotline, please ensure you have your information ready. This will help process your inquiries more effectively in a timely manner.

Emailed Medicaid Correspondence Inquiries

Send to hi.providerrelations@conduent.com
CLAIMS inquiries—include CRN, PA inquiries—include PA.
Please indicate if attaching 239 Form to email.