

# 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**

**They should be up to date with the latest news!**

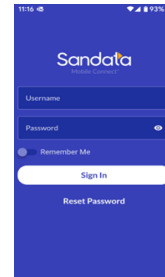
## EVV (Electronic Visit Verification) Updates

- There has been a significant update to the EVV Manual Edit Memo QI-2305A.
  - ◇ Prior to the update in month 7, the entire EVV Provider Medicaid ID account would have all the claims denied if the account was above 15% edits.
  - ◇ Revision for month 7, the entire EVV Provider Medicaid ID account will have 15% of the claims payment withheld. Once the account is in compliance the 15% will be paid.
  - ◇ Note: Some payers may not be able to implement this change beginning 10/1/23. Please check with your payer to find out how they will be implementing the financial withholding.
  - ◇ Here is the link to the memo: [https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2305A%20Update%20to%20QI-2305%20Electronic%20Visit%20Verification%20\(EVV\)%20Manual%20Editing%20and%20Entry%20of%20Visits%20\(part%201\)%20-%20signed%209.19.23.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2305A%20Update%20to%20QI-2305%20Electronic%20Visit%20Verification%20(EVV)%20Manual%20Editing%20and%20Entry%20of%20Visits%20(part%201)%20-%20signed%209.19.23.pdf)
  - ◇ 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.
  - MQD has issued the Hawaii Wildfires Public Health Emergency Action Plan Memo QI-2332 attachment C.
  - ◇ This memo attachment excludes providers in Maui County from the Manual Editing threshold due to the power outages and connectivity issues.
  - ◇ Here is the link to the memo: <https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2335%20FFS%202023-21%20Hawaii%20Wildfires%20Public%20Health%20Emergency%20Action%20Plan%20-%20signed%209.19.23.pdf>
  - Sandata released a new SMC app upgrade on 7/15/2023 for personal devices and 9/15/2023 for Sandata devices. Providers and members will need to manually update/download the new version on their personal devices.
- New SMC version app icon appears as:

**Version 2**



New SMC login appears as:



- 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](mailto: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](mailto: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](https://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](https://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](mailto: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.

### Medicaid Taxi Providers—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 the 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 23-20 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, toll free at 1-800-235-4378 or via email at [hi.providerrelations@conduent.com](mailto:hi.providerrelations@conduent.com). Here is the link to the memo: [https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2334%20FFS%2023-20%20DENTAL%20GROUND%20TRANSPORTATION\\_final%20\(part%201\)%20-%20signed.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2334%20FFS%2023-20%20DENTAL%20GROUND%20TRANSPORTATION_final%20(part%201)%20-%20signed.pdf)

### 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.

### Department of Public Safety (DPS) Claims Processing

<ul style="list-style-type: none"><li>Need 10 digit state ID number starting with OPA. If an enrollment update is needed, please contact DPS.</li><li>Ensure there is a live signature in Box 31 of the CMS 1500 claim form and near the bottom of the UB04 claim form.</li><li>Claims are submitted to DPS first for review then DPS forwards to Conduent for processing.</li></ul>	Claim Submission Billing Address: Department of Public Safety (DPS) - Health Care Division Medicaid Claims 1177 Alakea Street #602 Honolulu HI 96813 Office: 1-808-587-1250
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### Medi-Gap Plans

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 complete Hawaii approved Medigap list, please visit <https://www.medicare.gov/find-a-plan/questions/home.aspx> and search by zip code for patient. When submitting a claim, write the insurance company and its plan name in box 9 or 11 on the CMS 1500, or Box 50 on a UB04. 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 until the provider submits a corrected claim.

### Provider Manual Important Reminders

#### Claims Submission—Hardcopy Claims—4.3.1

- All hardcopy claims must have a live ink signature.

#### Provider Billing—Clients—Billing Limitations—4.6.1

- Providers must accept the Medicaid Program's established rates as payment in full.
- Providers may not bill or collect from Medicaid clients the difference between a provider's charge and the total payments received from all sources including Medicaid.
- A provider may bill and accept payment from a Medicaid client only for TPL payments and patient's cost share.

## Provider Manual Important Reminders *Continue*

### Provider Billing—Clients—Acceptable Billing Situations—4.6.2

Although patients covered under Medicaid are not responsible for amounts other than any third party payments or patient cost shares, a provider may bill a Medicaid patient under certain circumstances.

- Patient did not present himself as a Medicaid client.
- Patient requested non-covered service.
- Patient failed to use prepaid health benefits from designated facilities such as HMSA's HPH programs, Kaiser, or the Veteran's Administration.
- Patient received care from a non-designated provider (for Lock-in patients whose medical care is restricted by DHS must receive all medical care from their designated PCP).

### Readmissions—11.1.4.3

- A readmission to the same or different facility within twenty four (24) hours of discharge for the same spell of illness and for the same general diagnosis as the original admission is considered to be the same admission and must be billed as a single stay. Does not apply to patients who leave the original facility against medical advice.
- Readmission to the same facility within 30 days of a discharge for similar diagnosis is subject to review by the department to determine if the services should have been paid during the initial patient stay. Does not apply to patients who leave the facility during the original admission against medical advice.

## EDI Enrollment

### Electronic Claims Filing—837s

A completed DHS 1188A form is needed for a new provider or Trading Partner. Providers have the option to submit claims using their own billing software, a clearinghouse, or via WINASAP. WINASAP is a free software offered by Hawaii Medicaid. For hardware and telecommunication requirements for WINASAP, please inquire with Conduent's Provider Hotline at 808-952-5570 or toll free at 1-800-235-4378.

### Electronic Remittance Advice—835s

There are two different types of ERA processes. The first is the 835 file which is downloaded to your software/clearinghouse for automatic posting. The second is the PDF version of the 835 file that can be downloaded to your computer for viewing. A completed DHS 1188A form is needed (section I and II only). Submitter ID should be the providers Group Billing ID. If requesting a service account, an IP address is required. If requesting an individual user, the last four digits of user's SSN is required.

The DHS 1188A Electronic Data Interchange Request Form can be found online on the Hawaii Medicaid website:

<https://medquest.hawaii.gov/en/plans-providers/provider-forms.html>

## Common Denial Reasons

### CLAIM LINE FAILED FOR UNMATCHED UNITS FIELD IS MISSING (L227.1)

If a claim line 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. Adjust the units down to match the claim line and resubmit the claim.

### ACCOMMODATION DAYS GREATER THAN SERVICE DATE SPAN (H151.1)

Medicaid will only pay for the number of nights a recipient spent in the hospital, not the total number of days. Units billed exceeds the total number of nights the recipient spent in the hospital. Ex. 09/01/23-09/05/23 patient status: 01 discharge = 4 units (days), starting 09/02/23 as day 1. Exception: Hospice - Medicaid will pay for

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

Billing provider number is not associated with individual provider number. Please contact Provider Enrollment.

### RECIPIENT HAS PART B; MEDICARE DATA MUST BE INDICATED IS MISSING (L067.1)

Recipient has Medicare and claim submitted did not have EOB. Bill Medicare and allow Medicare to crossover the claim or submit hardcopy with EOB attached.

**ITOP Denial**—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](mailto:hi.providerrelations@conduent.com).

**Waiver/SSD** claims in unadjudicated status due to credentialing issue, please contact Provider Enrollment and provide missing information. In addition to contacting provider enrollment, please contact DDID's Ellen Sumida at [ellen.sumida@doh.hawaii.gov](mailto:ellen.sumida@doh.hawaii.gov), as recipient prior authorization cannot be entered until the provider's PIN is in active status.

Have your Individual or 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](mailto:hi.providerrelations@conduent.com). For claims inquiries, include CRN. For PA inquiries, include PA.

### Employee Spotlight!

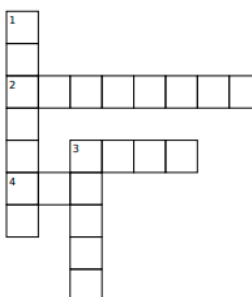


**Caesar Pacis**  
Transaction Processing Associate III  
20 year Employee!

**Hobbies:** Cycling  
**Favorite Horror Movie:** Exorcist  
**Favorite Place to Eat:** Zippys

**"Be honest and compassionate with people."**

### Crossword Puzzle!



Down:

1. what you do when sending out an email with protected health information
2. acronym for the Health Insurance Portability and Accountability Act of 1996

Across:

2. the fiscal agent for Hawaii Medicaid
3. name of the site used to register as a new Hawaii Medicaid provider
4. acronym for protected health information

Answers: Down—1. encrypt 3. HIPAA Across—2. Conduent 3. HOKU 4. PHI

1. Date of Inquiry	2. Provider Name (Last, First, Middle Initial)		
3. Provider Number	4. Address: <input type="checkbox"/> Pay to Address <input type="checkbox"/> Service Address		
5. Telephone Number	6. Name of Contact		
7. Claim Number (if applicable)	8. Purpose of Inquiry <input type="checkbox"/> Questionable Payment <input type="checkbox"/> Claim Status <input type="checkbox"/> Claims <input type="checkbox"/> Filing Procedure <input type="checkbox"/> Other *Do <b>not</b> use this form for claim adjustments. Send resubmissions to the appropriate Hawaii Medicaid Fiscal Agent Claim PO Box.		
9. Patient Name	10. Medicaid ID #		
11. Date of Service	12. Payment Date	13. Charge	14. Allowance

13. Remarks

Response to Provider: **(For Office Use Only)** Completed by \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Claim paid on \_\_\_\_\_ Amount \_\_\_\_\_
- ☐ Denied on \_\_\_\_\_ Reason \_\_\_\_\_
- ☐ Claim sent to Claims Dept. for reprocessing.
- ☐ Patient name and ID # not in DHS files.
- ☐ Claim is in the processing system. Please allow additional processing time.
- ☐ Claim is being researched. (We are currently working to resolve the issue.)
- ☐ Unable to match above claim data with computer file data.

Please submit claim with :

- |   |   |
|---|---|
| <input type="checkbox"/> Medicare/TPL EOB                   | <input type="checkbox"/> Submit copy of FFS or Waiver claim to: Hawaii Medicaid Fiscal Agent<br>PO Box 1220<br>Honolulu, HI 96807-1220        |
| <input type="checkbox"/> Approved waiver of filing deadline |   |
| <input type="checkbox"/> Other                              | <input type="checkbox"/> Submit filing waiver request letter to: DHS/MQD/Finance Office<br>1001 Kamokila Blvd. , Rm. 317<br>Kapolei, HI 96707 |

Comments: \_\_\_\_\_

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