Hawaii Medicaid Provider Bulletin

Inside this issue:

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

- MQD held EVV Town Hall meetings for QI members and DDD Participants on 4/19/2022.
    - MQD will continue to hold Quarterly EVV Town Hall meetings on the following dates: 7/19/2022, 10/19/2022, and 1/19/2023.
    - Please see the flyer and previous presentations posted on our MQD EVV website.
- Remind caregivers that members need to confirm and verify services were provided so the agency gets paid.
- Various EVV fixes were applied to the Sandata portal and devices resolving technical issues. `
- 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.
- The EVV claims Hard Edit (claim denial) for visits with a Date of Service (DOS) of 10/1/21 was turned on 10/1/21.
- EVV related claims will deny if no visits are found in Sandata's Aggregator.
- EVV related claims will also deny if the unit count is less than what is submitted on the claim line.
    - The units only are counted if the visit status is Verified/Approved/Processed
    - 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
- MQD continues to hold regular Monthly EVV meetings for Home Health, Home Care, Nursing and DDD Providers to address EVV related questions.
- Additional training for providers using Sandata is accessed here: https://sandata.wistia.com/projects/39hu84ouhv
- 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 in 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 or send an email to HCSBInquiries@dhs.hawaii.gov if you have any questions or if you are an existing Medicaid provider do not know your HOKU Application ID letter.

HOKU Provider Enrollment System Training Videos and Slides
Med-QUEST's HOKU webpage has Provider Training Videos or Instructional Slides. Please go to medquest.hawaii.gov/HOKU and click on the 'Training' tab to view the resources.

Denial: Attending Provider ID Test PRV Type Cannot Be Attending PR (H313.2)
Specifically for Department of Public Safety claims

The Attending NPI is not a valid payable provider in MMIS. APRN Provider type 19 may be a valid provider type for DPS recipients. An exception approval is required to pay the claim. Please contact the Call Center agents at the Provider Hotline 1-800-235-4378/ 1-808-952-5570 for more information.

The agent will advise the caller for the following information below.

The exception letter should have the following:
- ATTENDING PROVIDER NAME, AND NPI (Box 78 of UB04)
- NAME OF FACILITY PROVIDER AND MEDICAID PROVIDER ID # (Box 56 on UB04)
- CRN
- DATE(S) OF SERVICE
- PATIENT NAME AND DPS ID #
- ATTTENDING PROVIDER TYPE (agent may advise the provider type on file if PIN is in MMIS)
- IF PROVIDER TYPE IS QMB ONLY OR DEFAULT PROVIDER, TELL FACILITY THAT THE SPECIFIC PROVIDER TYPE   MUST BE ADDED—MD, PA, DO, APRN, ETC.
- ATTENDING NPI/PIN=ACTIVE/TERMINATED/NOT ON FILE
- JUSTIFICATION REQUESTING FOR EXCEPTION
- TOTAL BILLED CHARGES
- PATIENT ACCOUNT #
- PRINTED NAME, SIGNATURE, AND POSITION OF THE REQUESTER
- PHONE #
- FAX #
- ADDRESS:
- EMAIL:

Refund Check Requirements

- Check payable to Hawaii Medicaid Fiscal Agent

- Amount of check refund must equal the attached Claim Reference Number (CRN) paid amount

- Bulk check should have corresponding CRN's attached for the banking department to make the adjustments properly

- All relevant information (Ex.: Copy of RA or EOB, Patient Name, DOS, RECIPIENT MEDICAID ID, Reason why refunding the money)

Warrants & Returned Checks/Refunds Address

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

EPSDT ONLINE ASSISTANCE

The NEW EPSDT process can be done three different ways: Complete online, submit fillable PDF, or print the filled PDF. FAQ's are located here:
https://medquest.hawaii.gov/en/plans-providers/managed-care-providers/provider-epsdt/FAQ.html

Email us at EPSDT@dhs.hawaii.gov
EPSDT Helpdesk: 1-808-900-8650
Hours of Operation: 8AM to 5PM (Monday to Friday)

Claim Form Ordering (Claim Printing Company)

It is a suggestion for providers to contact Rainbow Printers, Inc to order medical claim forms 1500 and UB04. Please contact the company and inquire.

Rainbow Printers, Inc.
875 Waimanu St. Room 507
Honolulu, HI 96813
Ph. 808-593-9782

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.

Popular Billing Denial Reasons and Solutions

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

- There are some providers who have individual and a billing pin. The reason for this denial is because the provider have not credentialled their billing provider number to be associated with their individual provider. The call center agent will research our provider system and advise the provider the proper escalation process on how to get this issue fixed. If the billing group is not active or pending, our agents will advise to contact the Provider Enrollment Department Koan at 1-855-946-0399.

DENIED SERVICE PROVIDER LOCATION CODE IS INVALID (H077.2)

- When calling into the call center to inquire about the denial, the agents will review provider enrollment information location address. If we do see that credentialing has not been completed, the agent will advise the provider to contact Provider Enrollment– Koan Risk Solutions to inquire and get their provider addresses updated on file.

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

This is an EVV hard Edit (claim denial) for visits. This denial means that there were EVV related visits found in Sandata's Aggregator but the unit count is less than what is submitted on the claim line.

The units are counted if the visit status is Verified/ Approved/ Processed. If a claim line is denied for EVV reasons, there are two options:

1. Fix the visit(s) to reach a good status and resubmit the claim

2. Adjust the units down on the claim line and resubmit the claim

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

Provider billed for total # of days, not nights

- Medicaid will pay only for the number of nights a recipient spent in the hospital, not the total number of days. This claim denied because the units billed exceeds the total number of nights the recipient spent in the hospital.

Ex. 09/01/2014-09/05/2014 patient status: 01 discharge = 4 units (days), starting 09/02/2014 as day 1.

Exception: Hospice - we pay for full days/nights with Patient Status 30

EDI/WINASAP CLAIM SUBMISSION CONCERNS

Claim Submission Concerns Providers with concerns such as missing 835 reports, missing 837 response files, WINASAP issues, modem issues (connectivity), and to validate if providers are enrolled for SFTP may be inquired through the EDI helpdesk. Please 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- Receive Response File

After you send electronic claim files for processing, all the claims in the batch are now in a Billed status. Claims with a Billed status means that the claims were accepted electronically. Within a few hours you are required to receive a response file, which will tell you that the claims were not only accepted but processed. You will need to run this report twice: once about 15 minutes after transmitting your claims and a second time within a couple hours later.

How to submit an adjustment electronically using WINASAP

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 TODAYS'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. http://edisolutionsmmis.portal.conduent.com/gcro/winasap.

DHS Medicaid Online- FAQ

The current Master Account Holder (MAH) is no longer with the company or the MAH's account needs to be deleted
Please call Provider Relations at 1-800-235-4378/ 808-952-5570, please have your Provider ID or NPI and username/email address ready. Our on-site DMO Specialist will assist.

The provider does not know who is the organization's MAH
The MAH is usually the office Doctor, office Manager, Supervisor or an authorized associate for the organization. Please ask your organization before contacting the Provider Hotline. If the organization does not know who the MAH is, please call Provider Relations at 1-800-235-4378/ 808-952-5570, and have your Provider ID or NPI and username/email address ready. Our on-site DMO Specialist will assist.

The MAH is locked out of the account
Please call Provider Relations at 1-800-235-4378/ 808-952-5570 and have your Provider ID or NPI and username/ email address ready. Our onsite DMO Specialist will assist.

Provider is locked out/user inactivity of account after 120 days
If the account is a MAH, please call Provider Relations at 1-800-235-4378/ 808-952-5570 and have your Provider ID or NPI and username/email address ready. Our on-site DMO Specialist will be able to perform a password reset or username removal for the MAH.
If the individual account is locked out, the MAH is able to unlock and reset.

Can there be more than one master account for each PIN/NPI?
Yes. Once the first master account holder is activated, they can click on the "Admin" link on the web page (after logging in) where they will be directed to a User Account maintenance page. From the maintenance page, the MAH may select one of the usernames from the drop down of "Active Users" list and upgrade the account to a MAH.