

Hawaii Medicaid Provider Bulletin

Happy New Year from Conduent!!

Happy New Year from our Conduent Family to yours! A New Year calls for balancing your books and confirming outstanding accounts are paid. Contact our Provider Call Center Agents today to follow up on outstanding accounts that are still within the adjustment period. As a friendly reminder, the timely filing deadline for claim adjustments is 12 months from the claims date of service.

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New Provider Management System

The Division's new web-based application is currently being designed to simplify and accelerate the provider enrollment process. Providers can utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to the division's requests for continued enrollment or revalidation.

The new system will be user friendly and accessible to all Medicaid Providers. Some of its features include secure login, document uploading, electronic signature and application progress tracking. Allowing providers to enroll, update, and make changes to their information quickly and easily online will eliminate 'paper' processing and will save time for both providers and State staff.

We anticipate starting provider community training in May 2019 with the new system implementation in August 2019. A more detailed timeline to follow.

Electronic Visit Verification (EVV)

The 21st Century Cures Act passed by Congress in December 2016 requires states to implement EVV for certain home and community-based services: personal care services (PCS) by January 1, 2020, and home health care services (HHCS) by January 1, 2023.

EVV verifies home and community-based services. It is a free system for providers that will not change any services. EVV is an electronic-based system that verifies when and where provider visits occur, who provides the service, who receives the services, and documents the precise time services begin and end.

Hawaii will be implementing both PCS and HHCS at the same time. EVV applies to Medicaid Providers providing PCS and HHCS in the home and in the community for QUEST Integration Managed Care Organizations and Department of Health – Developmental Disabilities Division.

Implementation timeline and more EVV information can be found at Med-QUEST website: <https://medquest.hawaii.gov/en/plans-providers/electronic-visit-verification.html>

Please contact us via Email!

Written Correspondence can be sent via email to hi.providerrelations@xerox.com.
When inquiring about a claim, you may submit with a Claim Reference Number (CRN).

If you are inquiring about a claim, it is best to submit your inquiry on a Form 239. The written correspondence form is available online on the Med-QUEST website here DHS Medicaid Written Correspondence Form 239.

Please mail your 239 form to HMFA-Conduent PO BOX 1220 Honolulu, HI 96807-1220, or submit as attachment to email to hi.providerrelations@conduent.com and also fax to 1-808-952-5595.

Pass It On!

Everyone needs to know the latest information on Medicaid. Be sure to route this to:

- Entire Office
- All Billing Departments
- Billing Professionals
- Affiliated Billing Vendors



Transition of State of Hawaii Organ and Tissue Transplant (SHOTT) Program Contractor

Contractor Koan Risk Solutions, Inc. is processing claim inquiries for the State of Hawaii Organ and Tissue Transplant (SHOTT) Program. Please submit your claims to Koan Risk Solutions, Inc. The claim submission address and contact information is below:

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

Claims Inquiry: 808-469-4500
Fax: 808-356-1645

Department of Public Safety (DPS) and Office of Youth Services

Conduent is processing claims for the Department of Public Safety (DPS) and juvenile claims for Office of Youth Services (OYS). To follow up on your claims, please contact Conduent. Please mail your claims to the following addresses below:

Department of Public Safety (DPS) - Health Care Division
919 Ala Moana Blvd. Rm. #407
Honolulu, HI 96814 - 4920
Office: 587-3379

Hawaii Youth Correctional Facility - Medical Unit (OYS)
Attn: Cindy Aiwohi
42-470 Kalanianaʻole Hwy.
Kailua, HI 96734
Office: 266-9525

Before submitting your claim to DPS, it is best to confirm incarceration dates. You may contact DPS at 808-587-3379.

1500 Claim Form Billing FL10A-C

If the provider were to indicate one of the following boxes marking "yes" in FL10A-C on the 1500 claim form, this advises that the patient has other insurance that may pay for the services if related to employment or an accident. The name of the other coverage information must be indicated in FL9D or 11C and attach the explanation of benefit. If there is no other coverage for settlement, then the provider must indicate "not a covered TPL service" and attached a description of the accident in FL19.

Eligibility Terminates in the Middle of Confinement

When a recipient's eligibility terminates with Medicaid Fee For Service during an acute non-outlier inpatient stay, the claim should be billed accordingly:

- In FL01 (Type of Bill): XX1
- In FL22 (Patient Status): 30
- In FL06 (Statement Covers Period): the through date must be the last date of the recipient's eligibility

The provider will only be paid up to the end date of eligibility with no ancillary per discharge payment. Please have the patient work with their Medicaid Eligibility worker to inquire of reinstating patient's enrollment for reimbursement on discharge date.

Inter-Island Travel

Inter-island medical transportation services are authorized to clients when necessary medical care is not available on the island of their residence; or, if available, is not readily accessible in emergency situations or when medical care performed on another island is cost effective. Appointments should be scheduled during the weekday (Monday through Thursday) to minimize the need for an overnight or weekend stay.

To request authorization, 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>. Completed authorization forms must be forwarded to and be received by the Medicaid Contracted Agent Community Case Management Corp. (CCMC) mail or fax within normal business hours.

If the travel is of an 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)792-1098
CCMC Medical Coordinator at (808)792-1051

WINASAP2003

The WINASAP2003 is a **free** electronic claims software. WINASAP2003 allows you to submit an unlimited number of claims electronically, multiple times a day, 24 hours a day, and seven days a week. It is an easy to use Windows based program that is capable of submitting HIPAA compliant electronic claims services rendered in an institution. It is ideal for use by providers who submit less than 300 claims per month. WINASAP2003 is available to all Medicaid providers at no cost with **free** installation and training services. Claims are entered and submitted through a computer via a toll free dial up number. WINASAP2003 is not a practice management system and does not interface with other practice management or billing systems. However, it has special capabilities that help save you time and money. Please contact our Provider Hotline at 1-800-235-4378/1-808-952-5570 and work with our EDI coordinator today about installation tools that is required.

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 system's 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 new 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.

Hardware/Telecommunication Requirements to submit through WINASAP

To use WINASAP5010, your personal computer must meet the following minimum configuration:

- Windows 98 Second Edition, Windows NT, Windows 2000 Service Pack 3, Windows XP operating system, Windows Vista, Windows 7 or Windows 8 operating system.
- Pentium processor
- 25 megabytes of free disk space
- 128 megabytes of RAM
- Monitor resolution of 800 x 600 pixels
- Hayes compatible 9600 baud asynchronous modem
- Telephone connectivity

WINASAP Modem and Storage Database Tips!

- ✓ Do not leave kinks in your USB WINASAP modem cord from PC to phone jack outlet.
- ✓ Having a phone jack splitter may interrupt and slow data transmission. It is best to have the WINASAP modem connected from the PC directly to the wall jack.
- ✓ We suggest a limit of two years' worth of claims kept in the database warehouse.
- ✓ The USB mini external modem (Zoom 3095) is inexpensive and is popular with the provider community.

Sign up with the DHS Medicaid Online "DMO" Website!

Sign up with with DMO to view patient eligibility and prior authorization daily. DMO is an effective tool to use when the Provider Hotline is closed. The website will reflect patients active enrollment periods with the name of the Medicaid Plan.

1. Go to https://hiweb.statemedicaid.us	2. Click on "Create a New Account"
3. Read User Agreement & Click "I Agree" to proceed.	4. Enter your 6-digit provider ID or NPI & the tax ID # for your provider in your provider enrollment application.
5. Enter a user name of your choice. It must be at least 6 characters in length. <i>Note: Special characters are not allowed in the username or title.</i>	6. Enter a password of your choice. It must be at least 6 characters in length. <i>Note: Special characters are not allowed and passwords are case sensitive.</i>
7. Enter hint question & answer of your choice. This will allow your access to DHS Online if you forget your password. Please remember your hint question and answer.	8. Select individual or master account. System will default to the master, so be careful. You are allowed more than one master account per provider ID #. A master account must be established before any individual account can be activated.
9. Enter your demographic information and click on continue.	10. If you created a master account, wait for a letter in the mail that will give you an Authentication Code. If you created an individual account, the master holder for your provider ID # will receive an e-mail and will be able to activate your account. An urgent request of the authentication code may be obtain by calling the Call Center Hotline at 1-800-235-4378/1-808-952-5570.

1099 Form for year 2018

If a provider received payments from Hawaii Medicaid in the amount of \$600 or greater during the 2018 calendar year, they will receive a 1099 Misc. Income form. These forms will be mailed out by January 30, 2019. Providers are also required to report this amount to the IRS. The 1099 Misc. Income forms have been mailed to the address on file with the Provider Enrollment Division of Med-Quest and Social Services.

To comply with IRS regulatory guidelines, the mailing address for the 1099 forms cannot be more than three lines and cannot contain more than 30 characters per line. In addition, the second address line must be a physical mailing address. The Post Office will not forward the 1099(s). Any non-deliverable mail will be returned to Conduent. If you need to change your mailing address for your 1099 Misc. Income form, you must submit the request in writing to Conduent Banking Department and forward the required forms to your respective Provider Enrollment Division.

EPSDT Forms for Distribution

Conduent is the distributor of forms for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Contact our Provider Hotline and place a request for additional forms if your inventory is running low. Due to inventory constraints, each provider is able to request a package (100 forms) of the EPSDT form #8015 and /or a package (50 forms) of the EPSDT form #8016 per week. Please ensure you are advising our agents the correct mailing address with building or suite number and zip code. Also include a contact name of who to send the EPSDT forms to. Insufficient addresses will delay delivery of your EPSDT packet. Please wait patiently and allow your request to be processed within seven business days. If you have not received your request, please contact the Provider Hotline immediately and your request will be processed promptly.

Additional Payment Requests

As per the Hawaii Administrative Rules 17-1739. 1-16, the providers are allowed to make adjustments to claims up to 60 days from the initial date of adjudication (payment or denial of the claim). Routine requests for additional payment(s) due to incorrect claim information such as dates, procedure codes, ID numbers, etc., may be sent to the Hawaii Medicaid Fiscal Agent. Medicaid will not reimburse late charges. Addresses can be located in Appendix 1. Refer to section 4.4.2.6 for more information on submitting adjustments to the Fiscal Agent. For more information regarding payments, please read chapter 4.3.8 of the Provider Manual on the MQD Website <https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp04.pd>

CMS has renamed the EHR Incentive Program to the Promoting Interoperability (PI) Program

On April 24, 2018, CMS renamed the Electronic Health Record (EHR) Incentive Programs to the Promoting Interoperability (PI) Programs to continue the agency's focus on improving patients' access to health information and reducing the time and cost required of providers to comply with the program's requirements. To align with CMS, the Hawaii Medicaid EHR Incentive Program name has been changed to the Hawaii Medicaid Promoting Interoperability (PI) Program.

Program Year 2018 for the Hawaii Medicaid Promoting Interoperability Program

The Hawaii SLR is now open for Eligible Professionals (EP) and Eligible Hospitals (EH) attesting for Meaningful Use for Program Year 2018. The Program Year will close at 5:59 p.m. HST on March 31, 2019.

- Helpful program resources, including additional tip sheets, can be accessed within the jump start pages of the Hawaii POP. <http://hi.arra incentive.com>.
- The Hawaii Medicaid Promoting Interoperability Program Provider Manual and Helpful Hints documents have been updated to reflect Program Year 2018 and may be found in The Med-QUEST Division website, <https://medquest.hawaii.gov/en/plans-providers/provider-resources/electronic-health-record.html>.

The Hawaii SLR Helpdesk is available to provide assistance and guidance throughout the attestation process.

Conduent SLR Helpdesk for the Hawaii Medicaid EHR Incentive Program

Email: SLRHelpdesk@conduent.com

Phone: (800) 235-4378, Select menu option #7

CQM Reporting Period Requirements for Program Year 2018

- Under the Medicaid PI Program, all EPs in their first year of meaningful use have a CQM reporting period of any continuous 90 days.
- Returning meaningful users are required to report on a full calendar year for CQMs.

Providers Using Greenway Health LLC EHR Certification IDs

All providers should submit Program Year 2018 attestations prior to the closing of Program Year 2018 on March 31, 2019. Attestations will be reviewed for eligibility and other requirements; and will then be pended until Greenway has worked through the reporting problems.

Hawaii Outreach Coordinator

Heidi Miles is the Outreach Coordinator for the Hawaii Medicaid Promoting Interoperability Program. She is available to assist you with your attestation and can easily be reached via email at Heidi.Miles@Conduent.Com or telephone at (808) 561-2197.

www.Med-QUEST.us
QUEST Integration

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