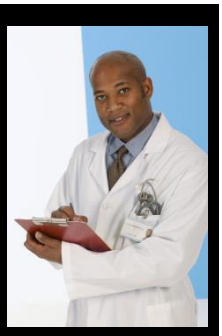
Medicaid

Provider Bulletin

Published for the Medicaid Providers of Hawaii

February 2011 **Volume 7 Issue 2**



Address Updates

The following addresses have been changed for the Hawaii Medicaid program:

State of Hawaii Organ and Tissue Transplant (SHOTT)
Attn: Suzann Fischmann, Claims Director, Cyrca Inc.
9100 Keystone Crossing Suite 460
Indianapolis, IN 46240

Warrants & Returned Checks/Refund/TPL:
HAWAII MEDICAID FISCAL AGENT
PO Box 1480
Honolulu, HI 96807-1480

The following addresses are no longer in use:

Warrants & Returned Checks:
HAWAII MEDICAID FISCAL AGENT
PO Box 1206
Honolulu, HI 96807-1206

Non-urgent Prior Authorizations:
HAWAII MEDICAID FISCAL AGENT
PO Box 2561
Honolulu, HI 96804-2561

SSD/Waiver Claims:
HAWAII MEDICAID FISCAL AGENT
PO Box 4631
Honolulu, HI 96812-4631

Please send SSD/Waiver claims to the FFS claims address as listed in the previous bulletin..

Billing Code Updates

99245 OFFICE CONSULTATION — not used as of 06/01/10
Patient status 62 — not used by Medicaid Hawaii use patient status 05
Patient status 21 — not used by Medicaid Hawaii use patient status 05
90663 should be used for the H1N1 vaccine administration.
J7322 Hyaluronan or derivative -terminated as of 01/01/10
J7325 Hyaluronan or derivative, Synvisc per 1 mg -use as alternative to J7322

Pass It On!

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

- ☐ Office Manager
- ☐ Billing Department
- ☐ Medical/Clinical Professionals
- ☐ Other Support Staff

Provider Inquiry Agents are available to answer provider questions by calling 952-5570 from Oahu or (800) 235-4378 from the neighbor islands.

Type of bill changes for UB-04's

Claims that are adjusted to include a change to the type of bill must have the current claim on file voided. Once the current claim is voided, submit changes as a new claim to ACS. Claims past the timely filing deadline and result in additional payment need a waiver to process the new claim. Claims that are past the timely filing deadline and result in a take back do not need a waiver, but must have the statement "please see voided crn #xxx" at the top of the claim. Do not use the adjustment bill type on the new claim or include adjustment information in the comments of the new claim.

ACS EDI Gateway vs. ACS EDI Team in Honolulu

ACS EDI Gateway is the facilitator for electronic claim submissions for the Ohana Health Plan. For troubleshooting, Ohana providers should contact ACS EDI Gateway at 800-987-6720 or the Ohana EDI Helpdesk at 800-960-2530 ext. 4096. The ACS EDI Team in Honolulu supports electronic claim submissions for ACS Medicaid Hawaii.

Claim payment timeline

Claims submitted to ACS for payment follow the timeline listed below:

1) ACS receives the new claim and it is entered into the billing system within 5 business day of receipt

2) The claim goes through the adjudication process to determine whether it is approved or denied, *this **process can take up to 30 business days***

3) Once a claim is processed for approval the determination will be reported at the end of that week via remittance advice that is printed and mailed on the Saturday of that same week.

1 Sunday	2 Monday *New claim received by ACS*	3 Tuesday *New claim entered into billing system*	4 Wednesday	5 Thursday *Claim Approved*	6 Friday	7 Saturday *Claim reports on remittance advice*
8 Sunday	9 Monday	10 Tuesday	11 Wednesday	12 Thursday *EFT* *Transmitted*	13 Friday *Check mailed for approved claim ***	14 Saturday

Winasap Corner

"Submitted" Claim Status — Should your WINASAP claims receive a 'Submitted' status, please contact the EDI Helpdesk at (808) 952-5583 to confirm if your file was successfully transmitted. A 'Submitted' status is the result of an interruption with the modem while transmitting the claims.

Purging Claims — We recommend that you purge your WINASAP claims on a regular basis to keep the database from overloading. For information on how to purge your claims, please contact the EDI Helpdesk.

Reminders

- 3 Inquiries per call
- All claims must be signed in ink on the original form. Reproductions of either are not acceptable.

Mod 76

Claims billed with codes using modifier 76 should *NOT* be billed as a separate claim from the original service. Please combine the claims and submit to ACS as one.

Medigaps and Medicare

In some rare instances a client may have both Medicare and a Medigap (ex. HMSA 65c+). In this case it is appropriate to bill both insurers. After both have been billed the claim should then be submitted to ACS with a copy of both EOBs attached. ACS will key the payment from Medicare and the Medigap together as the total Medicare payment. The coinsurance indicated on the Medigap will be entered as the coinsurance for Medicare. The claim will then continue to process as normal.

Medicare payment $75.00
HMSA 65C+ payment +$25.00
New Medicare total Payment = $100.00

Medicare coinsurance $8.95
HMSA 65C+ coinsurance $10.00
Entered coinsurance amount $10.00

GA Evaluations

Effective 09/29/2009 Medicaid FFS has stopped paying for GA Evaluations. Any evaluations after this date will be paid out by the contract funds. Claims should now be processed through BESSD. Please contact BESSD.

State of Hawaii Government:
Benefit Employment and Support Services Division
www.ehawaii.gov
820 Mililani Street
Honolulu, HI 96813-2936.
Contact (808) 586-5230

SSD Claims Escalations

Waiver providers should contact the Provider Relations call center regarding claims that have been reported as unadjudicated on the remittance advice. ACS will escalate these claims to DHS on behalf of the provider.

Waiver Claim Submissions

Waiver claims submitted hard copy must have the letter “w” in box 23 to indicate the claim is a waiver. Claims submitted without this code will process as a normal Medicaid claim and subsequently deny. Please contact the Provider Relations Call Center for additional instruction, if necessary.

Share of Cost Report Mailings

The share of cost report is sent out once each month for the current month, (ex. the share of cost report for the month of July is mailed in the first week of July). If this report was not received, please contact the Provider Relations call center to verify the report was mailed and the address to which it was sent. The report is automatically sent to the correspondence address as reported to the Health Care Services Branch (HCSB). If the address is incorrect, please provider HCSB at (808) 692-8099 with the correct contact information prior to the next report mailing.

Newborn Identification Numbers

Every member who qualifies for Medicaid is issued their own identification number, including newborns. Claims for services rendered for a newborn must have the identification number for the newborn, not the mother’s. Please be aware it may take weeks for DHS to finish the paperwork necessary to generate the identification number.

Clarification On Psychotropic Medications

The enactment of Act 205 (SLH 2010) has resulted in revisions to HRS §346-59.9 Psychotropic Medications. These revisions will have an impact on the Department of Human Services' (DHS) and its contracted health plans' coverage of psychotropic medication. The revisions are summarized below:

- Clarify psychotropic medications as antipsychotic, antidepressant, and anti-anxiety medications.

- Clarify applicability of the statute to the DHS and its contracted health plans in the QUEST, QUEST Expanded Access (QExA), and Fee-For-Service (FFS) programs.

  -The statute does not apply to QUEST-ACE, QUEST-Net, or Basic Health Hawaii.

- Clarify that the statute applies only when DHS or a contracted health plan is the primary insurer.

  -When the secondary insurer, DHS or the contracted health plan is responsible for the secondary share of any psychotropic medication covered by the primary insurer.

- Require DHS and its contracted health plans to provide unrestricted access to antipsychotic medications when prescribed for the treatment of mental or emotional disorder indications, for patients, and at doses that are approved by the U.S. Food and Drug Administration (FDA).

- Require DHS and its contracted health plans to provide unrestricted continuation of antidepressant and ant-anxiety medications on which a patient is stable

- Allows DHS and its contracted health plans to require two failed trials of generic medications for new antidepressant and anti-anxiety medication prescriptions as included in the U.S. Pharmacopoeia therapeutic classes before requiring them to provide unrestricted access to medications within that therapeutic class.

  -A failed attempt means that the prescribed antidepressant and anti-anxiety medication up to the maximum FDA—approved dosage is not effective in treating the individual, or the individual's compliance is compromised due to side effects caused by the medication.

  - Any antidepressant and anti-anxiety medication may be provided with prior authorization without requiring the two trials.

  -DHS and its contracted health plans are required to provide unrestricted access to antidepressant and anti-anxiety medications while a prior authorization request by the prescribing provider is pending.

- Confirm that DHS and its contracted health plans have the authority to investigate fraud, abuse, and misconduct.

  -This statute does not in any way preclude provider education activities to improve the quality of psychotropic medication prescribing.

For any questions, please contact the Clinical Standards Office at (808) 692-8121.

NOTICE TO DENTAL PROVIDERS

This is to notify Dental providers participating in the Hawaii State Medicaid Program that the Med-QUEST Division has issued a January 2011 update to Chapter 14, Dental Program, of the Medicaid Provider Manual. The Dental Chapter is available is available on the Med-QUEST Division website: www.Med-QUEST.us or the Cyrca Dental website: www.Cyrcadental.com. If you are unable to access the links or prefer a hard copy, please call Ms. Eryn Pang, Cyrca Dental's Provider Relations Coordinator, at 800-460-3443.the Medicaid Program.

PERM Results

The Med-QUEST Division (MQD) was recently involved in a Payment Error Rate Measurement (PERM) audit conducted by the Centers for Medicare/Medicaid Services (CMS). Every state providing Medicaid services is subject to this audit every three years. This was Hawaii's first PERM audit. Hawaii is due for its next PERM audit in 2011.

The areas which were audited included eligibility, data analysis, and claims payments. The portion of the audit devoted to claims payments focused on recipient eligibility at the time of services, medical necessity of services, and appropriateness of coding. The claims payment error rate for Hawaii was 5.7% . Examples of the findings which resulted in an error were: 1) providers not supplying **any** medical records/documentation to support the claim which was submitted and paid; 2) insufficient documentation; 3) incorrect procedure codes used for the service(s) billed; 4) paying for services not covered under Medicaid.

As a result of the PERM audit findings, the MQD submitted a Corrective Action Plan (CAP) to CMS. The MQD goal is to reduce the error rates for the next PERM cycle. To comply with the CAP, the MQD will conducting on-site reviews of selected providers, change/clarify Hawaii Administrative Rules, and educate providers.

The MQD would like to thank all of our providers who were selected to participate in the PERM audit. The MQD appreciates all the additional time and resources which were necessary to provide the documentation requested by the auditors. For those providers who did participate, if you would like to offer any suggestions which would make the process easier for you in the next cycle, please feel free to contact either Shelley Siegman, R.N. at 808-692-8095 or Suzanne Noland, R.N. at 808-692-8055.

Fraud and Abuse

Every year hundreds of thousands of Medicaid dollars are lost due to fraud and abuse. This has a significant impact on Hawaii's limited resources. Your signature on a claim, whether electronic or hard copy, is an attestation the services being billed were provided by you and were medically necessary. For this reason, it is essential you know how your staff or billing company is completing the claim form. You, the provider, are the person who will be charged with fraud or abuse – not your staff or billing company. The definitions of fraud and abuse are as follows:

"**Fraud**" means the knowing and willful making or causing a making by any person in the medical assistance program of any false statement, misrepresentation, concealment and failure to disclose material fact in any application for benefits or payment for furnishing services or supplies for the purpose of:
(1) Obtaining greater compensation than the person is legally entitled to;
(2) Obtaining authorization for furnishing services or supplies;
(3) Providing or receiving health care services where the recipient is not legally entitled to Medicaid; or
(4) Presenting a claim for services not provided.
If any of the conditions exist, then there is fraud whether or not any payment is actually received from the Hawaii medical assistance program. For purposes of the chapter, fraud may exist whether or not judgment has been made by a court of this State having jurisdiction over criminal matters. (HAR §17-1741-2)

"**Abuse**" means to put to a wrong or improper use the health care services available under the Hawaii medical assistance program. It includes, but is not limited to, providing or receiving health care services where no medical need exists, providing or receiving health care services where the recipient is not legally entitled to Medicaid, providing or receiving service in excess of that medically needed by the recipient, presenting a claim for services not provided, or presenting a claim for services in excess of those actually provided or needed. Abuse may exist where the provider or recipient acts negligently, or recklessly. (HAR §17-1741-2)
Call Suzanne Noland, R.N. at 808-692-8055 or Shelley Siegman, R.N. at 692-8095 to report suspected fraud or abuse.

February 2011 Volume 7 Issue

Hawaii Medicaid

Look inside for these and other important updates:

Check us out on the web…
WWW.Med-QUEST.us

ACS

A xerox Company

Government Healthcare Solutions

1440 Kapiolani Blvd, Suite 1400