



Hawaii Medicaid Provider Bulletin



Happy 2016

Volume 10, Issue 1

May 2016

Inside this issue:

Maternity Billing ICD Diagnosis Codes Contact Us via Email Submit a New Claim Instead Provider Manual Revisions	1
Need More Claim Forms DMO Registration and Password Requirements News from the EDI Department	2
New EPSDT Request Form	3
News from the State Level Registry Center! Memo FFS 1514 EMGSVC Eligible Patients Claim Form Reminders	4/5

Maternity ICD Diagnosis Code Branding

The admitting dx does not affect claim branding. Either the primary or secondary dx needs to be maternity for the claim to brand as maternity claim.

In the Medicaid FFF (fee-for-service) PPS (prospective payment system) for acute hospital care services, the “Maternity” service category is defined as an inpatient stay which results in a delivery with a maternity principal or secondary diagnosis code. To ensure that the a claim be designated and paid as “Maternity,” a ICD-10 diagnosis code that indicates that there was a delivery of a live or stillborn baby must be entered as the primary diagnosis (Form Locator 66) or secondary diagnosis (FL 66 A).



Submit a New Claim Instead!!

Do not submit a corrected claim on previously denied claim. If you want to make adjustments on your claim, we suggest to submit a new claim with your corrections. Submitting as new will take less time to process than an adjustment claim. Adjustment may take up to 30 business days.

Do not submit an adjustment claim when adding lines to your CMS 1500 claim. Please reprint the claim adding the additional charges and submit as new. Lines already adjudicated on the previous CRN will deny as a duplicate.

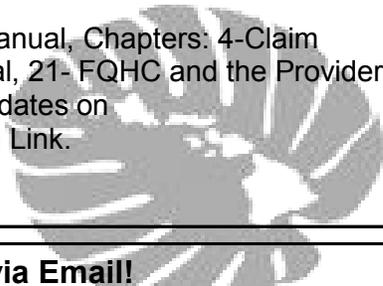
If you have any questions whether or not to submit a new or an adjustment, call us at 1-800-235-4378/952-5570 and speak to a Call Center Agent today!

DO NOT write the words “RESUBMISSION” if not an Adjustment Claim

If you are submitting a NEW claim for processing, do not write the words “RESUBMISSION” on it. When you indicate “RESUBMISSION”, that will advise our data entry associates to review your claim for a resubmission code and instructions on what needs to be corrected.

Provider Manual Revisions

We have updated the Medicaid Provider Manual, Chapters: 4-Claim Payments, 12- Long Term Care, 14 - Dental, 21- FQHC and the Provider Assistance Directory. Please review the updates on www.med-quest.us on the Provider Manual Link.



Please contact us via Email!

Written Correspondence can be sent via email to hi.providerrelations@xerox.com. Please encrypt your email if you are sending over PHI.



A Message from the EDI Department

When submitting claims through your electronic software, please use DHS Medicaid Online to ensure the claim was successfully received. If your claim is not present on DMO after two days from submission, please email the help desk at hi.ecstest@xerox.com.

Please include the following information when emailing: contact name and number, PIN/NPI and trading partner ID, transaction set # if using WINASAP, and a screen shot of any error message you may have received. If you need to send patient data as part of your inquiry be sure to encrypt your email to protect PHI. The EDI coordinator will respond to you within the next business day.

Where to order more Claim Forms?

Are you low on claim forms? Order your claim forms at the following location:

1500 Claim Form:
Rainbow Printers, Inc.
875 Waimanu St. Rm. 504
Honolulu, HI 96813
Phone: 808-593-9782

UB04 Claim Form:
Standard Register
737 Bishop Street, Suite 1850
Honolulu, HI 96813
Phone: 808-536-9351



DHS Medicaid Online– New Registration Process!

DHS Medicaid Online Account - Steps to Setting Up

Go to <https://hiweb.statemedicaid.us>. Click on "Create New Account", read user agreement and click I agree click " I agree" to proceed.

Enter your 6-digit provider ID or NPI & tax ID for your provider

** If the systems prompts the user to select a physical address, that means there is no current master. Continue to the next step.

Enter user name, 6 characters in length. Usernames cannot have the same 3 consecutive letters used in the password.

Enter hint question & answer. This will allow your access to DHS Online if you forget your password. Enter demographic information.

DMO will set the account as a Master holder if user was prompted to choose an address. If no prompt for a address, the account is an individual user account.

If a Master account was created, please wait for an authentication letter through the mail. If an individual account was set up, the Master Account holder will be notified to activate the account.

New Password Requirements

- Passwords are required to be a minimum of 9 characters in length.
- Passwords require the use of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character @!#=\$*-/^{ }()?_
- The password must NOT contain 3 or more of the same consecutive characters (ex. 111 and aAa)
- The password must NOT contain 3 consecutive characters in common with the user name.

There is also this stipulation regarding emails for user accounts

(Duplicate emails are allowed on multiple accounts when each account has the email address, the first name, and the last name match exactly)

To register for the DHS Medicaid Online, register here <https://hiweb.statemedicaid.us>.

****Due to system enhancements, we no longer accept the Master Account Change Form. There are no limits to master account holders. The current master holder has the ability to upgrade individual users to master accounts.**



EPSDT Form Request

Please complete the information below to request EPSDT forms.

Name of Requestor: _____

Provider Name: _____

Provider Number/NPI _____

Provider Phone Number: _____

Provider Mailing Address: _____

Request to pick-up () Date and Time for pick-up: _____

Type of Form Requested:	# of Packs Requested: (100 forms per pack, maximum of 4 per provider per day)
DHS Form 8015 - full EPSDT exam at each screening age	
DHS Form 8016 - Immunization follow-up form	

Please send the completed EPSDT form request to:

By Mail

Xerox State Healthcare
EPSDT Form Request
PO Box 1220
Honolulu, HI 96807

By Email

Attn: EPSDT Request
hi.providerrelations@xerox.com

By Fax

Attn: EPSDT Request
808-952-5595

To request EPSDT forms by phone, please call 808-952-5570 (local) or 1-800-235-4378 (toll free).
Please pick-up forms (if indicated above) at 1132 Bishop St. Ste. 800, Honolulu, HI 96813

State Level Registry Updates for the Hawaii Medicaid EHR Incentive Program

The State Level Registry (SLR) is now open for 2015 for eligible professionals (EP). The program is scheduled to open in mid-August for eligible hospitals (EH).

How Does CMS's Final Rule Affect Your 2015 Attestation?

The Centers for Medicare & Medicaid Services (CMS) released a final rule in October 2015 with provisions that cover 2015 through 2017, as well as Stage 3 in 2018 and beyond. Changes have been made to the Hawaii SLR to accommodate the new program rules.

Changes to Meaningful Use (MU) Stages

Stage 1 and Stage 2 MU have been transitioned by CMS to "Modified Stage 2" for the 2015 through 2017 program years.

Providers that were scheduled to report for Stage 1 MU in program year 2015 will now report on all the Modified Stage 2 MU objectives, which include alternate exclusions and specifications for measures that were not in Stage 1 MU.

Changes to Objectives and Measures

All providers are required to attest to a single set of objectives and measures.

EPs must attest to 10 objectives, including one consolidated public health reporting objective.

EHs must attest to 9 objectives, including one consolidated public health reporting objective.

Providers previously scheduled to be in Stage 1 of MU are given the option to use alternate exclusions and specifications, but are not required to use them. These include:

Option to exclude Modified Stage 2 measures in program year 2015 when there is no Stage 1 equivalent.

Option to exclude Modified Stage 2 measures in program year 2015 where a previous menu measure is now a requirement.

Option to use a lower threshold for certain measures.

Changes to the EHR Reporting Period

All providers must attest using EHR technology that is certified to the 2014 Edition in program year 2015.

For 2015, the EHR reporting period is a continuous 90-day period within the calendar year.

EHs are allotted a 15 month reporting period for 2015 (October 1, 2014 to December 31, 2015), but will align with EPs to the regular calendar year for 2016 and beyond.

Program Eligibility Requirements

To be eligible to participate in the Hawaii Medicaid EHR Incentive Program, an EP must:

Be enrolled with MQD as a Hawaii Medicaid provider under one of these provider types:

Certified Nurse-Midwife

Dentist

Doctor of Medicine

Doctor of Osteopathic Medicine

Optometrist

Pediatrician (MD or DO)

Physician Assistants (PA), who furnishes services in a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC) that is so-led by a PA

Registered Nurse Practitioner have a minimum of 30 percent Medicaid patient volume, or practice predominantly in an FQHC or RHC and have at least 30 percent patient volume attributable to Needy Individuals.

Pediatricians may qualify for reduced incentive payments with a minimum of 20 percent Medicaid patient volume.

Have no sanctions and/or exclusions.

Not be a hospital-based provider. A hospital-based provider is defined as a physician who provides at least 90 percent of his/her services in an inpatient hospital, outpatient hospital, or emergency department setting.

Use a certified EHR system. A list of certified EHR systems is maintained by The Office of the National Coordinator for Health Information Technology (ONC). This may be found on the web at: <http://onchpl.force.com/ehrcert>

Learn more about the program by visiting the Hawaii Provider Outreach Page (POP) at <http://hi.aincentive.com>. Here, you will also find links to the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System and the Hawaii State Level Registry (SLR).



State Level Registry Updates for the Hawaii Medicaid EHR Incentive Program.. Cont.

Updating Medicaid Provider Records for the Hawaii Medicaid EHR Incentive Program

Providers wishing to update their Hawaii Medicaid provider record for the purpose of the EHR Incentive Program may complete the DHS 1139 form, and mail it to the Hawaii Medicaid Fiscal Agent office for expedited processing. DHS 1139 forms mailed directly to MQD will be put in the normal processing queue.

Please ensure that a copy of your W-9 and license are included with the completed DHS 1139 form.

The DHS 1139 form may be found on MQD's website at <http://med-quest.us/PDFs/Frequently%20Used%20Forms%20for%20Providers/DHS%201139.pdf>.

Please mail completed forms and related documents to:

Hawaii Medicaid Fiscal Agent
Attn: Hawaii Medicaid EHR Incentive Program
P.O. Box 1220
Honolulu, HI 96807-1220

If you would like to start the registration and attestation process with the help of a Xerox support agent, contact the Hawaii Fiscal Agent Call Center at SLRHelpdesk@xerox.com, or (800) 235-4378 and select option #7, to schedule an appointment.

Medicaid Hospice Rate– Effective October , 2015 through December 31, 2015 and January 1, 2016 through September 30, 2016 Memo No. FFS 1514

Please review memo no. FFS 1514 on the med-QUEST website for the Medicaid hospice reimbursement rates for hospice services for all participating providers. Please note that all the hospice services identified on the memo to Hospice Providers dated 09/29/15 are Medicaid covered service in both the fee-for service (FFS) and QUEST Integration programs.

The rates are based on the Centers for Medicare & Medicaid Services (CMS) memorandum related to the Annual Change in the Medicaid Hospice Payment Rates dated September 1, 2015 and FY 2016 Hospice Wage Index downloaded from the CMS website. To read more, please go to www.med-QUEST.us, provider memo No. FFS 1514 <http://www.med-quest.us/PDFs/Provider%20Memos/FFS-1514.pdf>

Friendly Reminder- 1500 and UB04 Claim Form Instructions

- Share of cost amount should be entered in FL29 on the CMS 1500 claim form
- Attending Physician in FL76 must have a registered NPI. Please contact the call center when your claim deny for provider NPI registration information.
- The State of Hawaii requires a live ink signature for claims processing. A claim without a proper live ink signature will be returned to the billing address on the claim form.

EMGSVC Eligible Patients

Patients in the group "EMGSVC" are either legal aliens who have resided in the United States less than five (5) years or undocumented aliens. The determination of eligibility for EMGSVC is made by a Med-QUEST Division (MQD) physician based on review of medical records from a treating hospital. Claims for EMGSVC patients will only be paid when an MQD physician has given written approval for coverage of services provided by a specific hospital and its professional staff and for specific date(s). Please contact the call center at 1-800-235-4378/952-5570 for more information. Timely filing rules still apply for claims under the emergency services benefit.



www.Med-QUEST.us

QUEST Integration

Hawaii Medicaid Fiscal Agent
1132 Bishop Street, Suite 800
Honolulu, HI 96813