



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

February 21, 2013

MEMORANDUM

MEMO NO.
ACS M13-01

TO: Behavioral Health Providers

FROM: Kenneth S. Fink, MD, MGA, MPH *KF*
Med-QUEST Division Administrator

SUBJECT: TRANSITION OF COMMUNITY CARE SERVICES (CCS) PROGRAM
CONTRACTOR

The Med-QUEST Division (MQD) is issuing this memorandum to communicate that effective March 1, 2013, 'Ohana Health Plan is the MQD's new contractor for the CCS program and to provide guidance on claims submission during the transition. Claims that have already been submitted do not need to be resubmitted.

For date of SERVICE February 28, 2013 or earlier:

For date of SERVICE February 28, 2013 or earlier, where claims should be submitted depends on the date of SUBMISSION as reflected in the table below.

| Date of claim submission | Place to submit claim |
|------------------------------|-----------------------|
| February 28, 2013 or earlier | APS Healthcare |
| March 1, 2013 or later | MQD |

Providers should follow their already established process for submitting claims to APS Healthcare. Providers should follow the process identified below for submitting claims to MQD:

1. All claims submitted to MQD must be hard copy (no electronic claims will be accepted) on standard billing forms (CMS 1500 or UB04).

2. Hard copy claims must be sent to the following address:

Department of Human Services
Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, HI 96709-0190

3. Claims will only be processed up to one-year after date of service.
4. MQD's requirements for completing the CMS 1500 and UB04 forms can be found in the Medicaid Provider Bulletin May 2007 Volume 5 Issue 2 on MQD's website [http:// med-quest.us](http://med-quest.us). The direct link is:
<http://med-quest.us/PDFs/Provider%20Newsletters/Bulletin%20-%20May%202007.pdf>
5. Incomplete forms will be returned to providers.
6. Claims will be paid by MQD's fiscal agent, Xerox, based on a provider's fee-for-service (FFS) rates.
7. Providers must only submit claims to MQD that have not previously been submitted and/or adjudicated by APS.
8. APS is responsible for provider appeals of its denied claims for service dates on and before February 28, 2013.

For date of SERVICE March 1, 2013 or later:

Providers shall submit claims to 'Ohana for all behavioral health services provided to a CCS member for dates of services March 1, 2013 or later.

Information of the change of CCS contractor will be communicated to the CCS members later this month. MQD is communicating that 'Ohana will coordinate services with them for a smooth transition. In addition, members will be able to continue to receive their same behavioral health services. Enclosed is a copy of the notice being sent to the CCS members.

If you or your patients have any questions, please direct them to either 'Ohana Health Plan at 1-888-846-4262 or MQD at 1-800-316-8005.

Enclosure



STATE OF HAWAII
 Department of Human Services
 Med-QUEST Division
 Customer Service Branch
 P.O. Box 700190
 Kapolei, Hawaii 96709-0190

[CASE-ID]

[CORR-DT]

[Case]B3[Section][Unit][Worker]
 [RECIP-FNAME] [RECIP-LNAME]
 [CASE—STR-1] [CASE—STR-2]
 [CASE-CITY] [CASE-ST]

Aloha [Recip-FName] [Recip-LName],
 Welcome to the Med-QUEST Behavioral Health program. You will receive behavioral health services and case management from [B3-BHS-NAME] ('Ohana CCS) starting [B3-ENROLL-DATE].

'Ohana CCS will work closely with you to ensure a smooth transition. Within the next week a case manager from 'Ohana CCS will schedule an appointment to meet you. You will learn about services you will receive and who to call if you need help. The available behavioral health benefits will not change. We plan to add new benefits in the future.

If you need to speak with a case manager immediately call 'Ohana CCS toll-free at 1-888-846-4262 (or 1-888-84-Ohana).

This letter will serve as proof of your enrollment until you receive your membership card from 'Ohana CCS.

| | | |
|-------------------------------------|--------------------|------------|
| Name | Medicaid ID | DOB |
| [B3-RECIP F-NAME] [B3-RECIP L-NAME] | [B3-HAWI-ID] | [B3-DOB] |

You will continue to receive medical services from your current health plan, [B3-MED-PLAN].

If you have questions about your enrollment call Med-QUEST Enrollment Services.

Med-QUEST Enrollment Service Toll-Free 1-800-316-8005
V/TTY line Toll-Free for hearing impaired users 1-800-603-1201
 Open 7:45 a.m. to 4:30 p.m. Monday – Friday, closed on State Holidays

Administrative hearing and other important information is on the back of this notice.

Auth: H.A.R. §17-1727-51, 17-1728-34