



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

March 6, 2009

MEMORANDUM

ACS M09-10

TO: All Medicaid Fee-For-Service Providers

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

SUBJECT: COORDINATION OF BENEFITS (COB) AND CROSS-OVER CLAIMS

Beginning on February 1, 2009, low-income seniors, 65 and older, and people of all ages with disabilities who are Medicaid recipients receive their health care through the Medicaid managed care program QUEST Expanded Access (QExA). For the many of these recipients who are also insured by Medicare, Medicare is the primary payer and Medicaid (i.e. QExA) remains the secondary payer.

Coordination of benefits (COB) refers to coordination between original Medicare (Part B) and Medicaid, such that when a claim is sent to the Medicare carrier, the information is transmitted to the Med-QUEST Division's (MQD) fiscal agent, ACS, and the Medicaid share of the claim is paid. MQD sent out a provider memorandum dated January 23, 2009 that included information about COB. This memorandum provides additional information.

If your patient has original Medicare as their primary coverage, please bill the Medicare carrier as you normally do. Medicare will continue to cross-over electronically submitted claims to ACS for Medicaid processing as the secondary payer until such time as the QExA health plans are ready to receive the cross-over claims. At that time, the QExA health plans will begin making the payments, and you would not need to do anything differently.

Providers who submit paper claims to the Medicare carrier should continue to submit the paper claims to ACS for processing and Medicaid payment, until the QExA health plans take over this function, which is tentatively scheduled for April 1, 2009. We will send another correspondence confirming this date and including the addresses to send paper claims.

If your patient has SecureHorizons/Evercare (United) or 'Ohana Health Plan (Wellcare) as their Medicare Advantage (Part C) plan and the same plan for their QExA Medicaid coverage, bill those plans as primary and the claims will cross-over automatically within their claims systems as the secondary payer.

For all other Medicare Advantage plans, you will need to bill the Medicare Advantage Plan as primary and then file a secondary claim with the QExA health plan as secondary (as you had done previously with ACS). Please submit the Explanation of Benefits (EOB) from the Medicare Advantage Plan when you submit the secondary claim to the QExA health plan. Submit secondary claims either electronically or manually. Submit manual claims to the following addresses:

Evercare
Medical Claims
P. O. Box 31362
Salt Lake City, UT 84131-0362

'Ohana Health Plan
Claims Department
P. O. Box 31372
Tampa, FL 33631-3372

Behavioral Health Claims
United Behavioral Health
P.O. Box 30757
Salt Lake City, UT 84130-0757

Also, as a reminder, the QExA health plans are not allowed to require their clients to be in their Medicare Advantage plan. Clients are allowed to choose to be in either Secure Horizons or 'Ohana Health Plan's Medicare Advantage plan, but they are also allowed to choose a different Medicare Advantage plan or remain with original Medicare. It is the client's choice, not the QExA health plan's choice.

If you have any QExA questions, please call the QExA Help Line at 1-866-928-1959, or call the MQD Customer Service Center on Oahu at 524-3370 or on the Neighbor Islands/Oahu (toll-free) at 1-800-316-8005. If you have any Fee-For-Service claims processing questions, please contact the ACS Provider Inquiry Unit at (808) 952-5570 from Oahu or 1-800-235-4378 from Neighbor Islands.

Thank you for your continuing dedication to your patients and for your support of the Med-QUEST programs. We greatly appreciate your assistance and understanding during this period of transition.