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DEPARTMENT OF HUMAN SERVICES
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September 2, 2009

MEMORANDUM

MEMO NOS.

ACS M09-24

[Update of ACS M09-19]

ADMX-0910

[Update of ADMX-0907]

TO: All FFS and QUEST Expanded Access (QExA) Providers

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

SUBJECT: COORDINATION OF BENEFITS FOR QExA CLIENTS

The QExA program began on February 1, 2009 and provides a comprehensive continuum of care for more than 40,000 "aged, blind and disabled" (ABD) beneficiaries. These low-income people age 65 and older and/or with disabilities were previously receiving treatment through the Medicaid Fee-For-Service (FFS) system. This memo provides an update to a previous memo dated July 24, 2009 on coordination of benefits for QExA clients.

Coordination of benefits (COB) refers to coordination between original Medicare (Part B) and Medicaid, such that when an electronic claim is sent to the Medicare carrier, the information is automatically transmitted to the responsible Medicaid fiscal agent for payment of their share of the claim.

If your patient has original Medicare (Part B) as their primary coverage, please bill the Medicare carrier as you normally do. Medicare will start to cross-over electronically submitted claims to the QExA health plans for Medicaid processing as the secondary payer for dates of service on or after November 1, 2009. All claims with dates of service prior to November 1, 2009 will continue to be transferred to ACS for Medicaid processing as the secondary payer.

Providers who submit paper claims to the Medicare carrier should continue to submit the paper claims to ACS for processing the Medicaid secondary payment for dates of service prior to November 1, 2009. For dates of service on or after November 1, 2009, paper claims should be submitted to the QExA health plans at the addresses listed below:

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

If your patient has Secure Horizons/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 both the claim and the Explanation of Benefits (EOB) from the Medicare Advantage Plan together to the QExA health plans at the addresses listed above.

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, 'Ohana Health Plan's Medicare Advantage plan, 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 question(s), please call the MQD Customer Service Center on Oahu at 524-3370 or Neighbor Islands/Oahu (toll-free) at 1-800-316-8005.

Thank you for your service to Hawaii's low-income population age 65 or older and/or disabled of all ages.