



Medicaid

Provider Bulletin

Published for the Medicaid Providers of Hawaii



February 2007

Volume 5 Issue 1

DO YOU HAVE YOUR NPI? ACT NOW!

If you require an NPI, or want to know if you do require one, please call us at (808) 952-5570 or 1-800-235-4378 to find you what steps you need to take today.

If you have your NPI enumeration letter and have yet to submit it, you have the following options:

Mail: Department of Human Services
Med-QUEST Division-HCMB, Provider Relations
PO Box 700190
Kapolei, HI 96709-0190

Fax: (808) 692-8087

Email: NPIHI@acs-inc.com

Training Sessions:

Oahu: Japanese Cultural Center– Wednesday, February 7th

Session 1: 8:00 am— 9:45 am

Session 2: 10:15 am—12:00 pm

Maui: Maui Arts and Cultural Center– Thursday, February 8th

Session 1: 8:00 am— 9:45 am

Session 2: 10:15 am—12:00 pm

Kauai: Wilcox Memorial– Thursday, February 15th

Session 1: 8:00 am— 9:45 am

Session 2: 10:15 am—12:00 pm

Very limited seating for the Kauai sessions, register early

Hawaii: University of Hilo Campus– Wednesday, February 28th

Session 1: 10:00 am— 12:00 pm

Session 2: 1:00 am—3:00 pm

Royal Kona Resort– Thursday, March 1st

Session 1: 8:00 am— 10:00 am

Session 2: 11:00 am—1:00 pm

Seating is limited and registration is required. Please contact the ACS Provider Inquiry Unit at (808) 952-5570 or Toll free 1-800-235-4378 to register.

Parking instructions, room locations and directions will be given at the time of registration.

In this edition...

NATIONAL PROVIDER NUMBER	1
TPL INSURANCE	1
E & M AND INTERPRETATIONS	2
WINASAP 2003 NPI UPGRADE	2
RETURN TO PROVIDER	3
INPATIENT HOSPITAL STAY	3
ORDER OF ATTACHMENTS	3
WRITTEN CORRESPONDENCE	4
WAIVER LETTERS	4
1099 TAX FORM INFORMATION	5
CONTACT INFORMATION	5
10 STEP DMO PROCESS	5

Pass It On!

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

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

When services are not covered by other insurance, providers must attach a copy of the other insurance's EOB showing a denial or denial reason code. The date of service on the EOB and the claim must match.

E&M AND INTERPRETATIONS ON SAME DATE OF SERVICE

Med-QUEST has changed its policy and the system to allow E&M and Interpretations on the same day in as long as the service is not performed in conjunction with an emergency room visit. The specific system changes are to bypass edit L175.1, E&M and Interpretation on the same day, if the place of service is in one of the following settings:

- 11 - Office
- 21 - Inpatient Hospital
- 22 - Outpatient Hospital
- 61 - Comprehensive Inpatient Rehab Facility
- 81 - Independent Laboratory

In addition, Med-QUEST has decided to review all claims that denied for edit L175.1 with dates of service from November 1, 2002 to present. The providers do not need to take any action- the claims will be reprocessed by Med-QUEST and ACS. Additional notification will be distributed when this project has been completed.

DHS MEDICAID ONLINE

Instructions to create an account to access claim status and eligibility online are on page 5.

WINASAP 2003 NPI UPGRADE

If you are required to have a National Provider Identifier (NPI) and currently bill using WINASAP 2003 version 5.9 or older, you must update your software immediately. Older versions of WINASAP 2003 will not accommodate the NPI field. This update must be completed by May 23, 2007, the NPI implementation deadline.

Before you begin, you will need to check what version of WINASAP 2003 you are using. To do this open the program and click HELP then ABOUT. The version of WINASAP is located on the left side of the window under the green globe. If your version shows 5.10 then you do not need to run the upgrade. If your version shows 5.9 or older, please follow the upgrade instructions below:

WINASAP 2003 NPI UPGRADE (cont)

1. Download the newest version of WINASAP
 - log onto the internet and go to www.acs-gcro.com
 - click on the red link on the left side of the page
 - scroll to the bottom of the page and click on "Click Here to Download the WINASAP Software"
 - click on the WINASAP software icon to start
 - click on "Save" and save the program to your desktop
 - after the download is complete, click "Open"
2. Install the new version of WINASAP
 - follow the screen prompts (listed below) after the WINASAP Install Shield launches
 - click "Continue"
 - click "Next"
 - click "Yes"
 - enter your name and click "Next"
 - click "Next"
 - click "Next"
 - click "Yes" and save the backup to your desktop
 - Click "Yes" to replace the existing file
 - Click "Launch WINASAP 2003" and then "Finish"
3. Restore the Backup File to the new WINASAP
 - once WINASAP launches, enter your password
 - click "Ok" should any messages pop up
 - select the appropriate payor from the list (Hawaii Fee For Service or Hawaii Waiver) and click "Ok"
 - should you bill for both payers, choose one— both will be restored
 - click on TOOLS and then RESTORE DATABASE
 - click "Yes" to restore database from backup file
 - click "Yes" to include payor table
 - restore is now complete
4. Adding your NPI to your WINASAP profile
 - click on REFERENCE then PROVIDER
 - click on the provider name and click "Change"
 - choose "HCFA National Provider ID" from the Provider ID Type pull down list
 - enter your 10 digit NPI in the Provider ID field
 - click "Next Page"
 - select either "Employer Identification Number" or "Social Security Number" from Identification Type pull down list
 - enter your 9-digit Tax ID into the Identification Number field (do not include any dashes)
 - click "Save"

SSD Providers— you can now check the status of your Prior Authorization online. Go to <https://hiweb.statemedicaid.us>. To create an account for access, see page 5.

RETURN TO PROVIDER

Submitting a Prior Authorization (PA) and claim right the first time will cut down on the time it takes to get a claim paid. Below are the top reasons that PAs and claims are returned to providers:

PA's

1. Supplier name and provider ID number are missing
2. Invalid recipient number
3. Procedure code is invalid or missing
4. Referring provider signature or ID number is missing
5. Duplicate submission
6. Medicare recipient – no prior auth is needed
7. Outpatient psychiatric service – no prior auth is needed
8. Pharmaceutical request – send to PBM
9. Request submitted under the group payment ID

Claims

1. Invalid HAWI ID number
2. Invalid Provider ID number
3. Invalid Tax ID number
4. Missing or invalid date of service
5. Explanation of Benefits is missing
6. Explanation of Benefits does not match the claim
7. HAWI ID number does not match the name
8. Changes on resubmission claim are not circled
9. The original CRN is not indicated on a resubmission claim.

H E L P F U L H I N T S

CORRECTION

INPATIENT HOSPITAL STAY– SURGICAL CATEGORY OF SERVICE REIMBURSEMENT

Reimbursement correction to Provider Manual– chapter 11, page 5 (11.1.3.3) *Surgical Category of Service* are those stays that are not in the maternity category of service with a surgical ICD-9 procedure code and surgical date. (Note: only indicating an operating revenue code will not cause a claim to brand as surgical). Valid operating room ICD-9 procedure codes are listed in the ICD-9 CM Professional for Hospital coding book.

ORDER OF ATTACHMENTS

To help expedite the processing of claims, please send in claims with attachments in the following order:

1. Claim
2. Medicare EOMB (if applicable)
3. Third Party EOB (if applicable)
4. Any additional attachments (i.e. waiver of filing deadline, medical justification documentation).



To expedite the processing of your hard copy claims, please ensure the claims are legible and written or typed within the confinements of each field on the claim form.

GETTING AN NPI IS FREE– NOT HAVING ONE CAN BE COSTLY

WRITTEN CORRESPONDENCE FORM 239 REQUIRED / CONDITIONAL FIELDS

Form 239 is used for a single claim inquiry if the provider is requesting written documentation after utilizing the Provider Inquiry Unit. There are three ways to submit a correspondence- US Mail, FAX or Email. Please remember not to send any protected health information (PHI) via Email. Identify claims by using the CRN that appears on your remittance advice. The CRN is not considered PHI. To complete Form 239, follow the requirements listed below:

Field Name	Required / Conditional	Comments
Date of Inquiry	Conditional	
Provider Name	Required	Provider Name must match Provider ID #.
Provider Number	Required	Provider ID # must match Provider Name.
Address	Required	You can enter the "Pay to" or "Service" address. (NOTE: The 239 form will be sent back to this address)
Provider Phone #	Conditional	Telephone number is used when Provider Relations needs to ask for additional clarification on the 239 form.
Contact Name	Required	Provider Relations will attention responses back to the person indicated in this field.
Claim Number	Conditional	Required when referring to a specific payment. (NOTE: If you indicate a CRN in this field, FL2, 3, 9, and 10 must match).
Purpose of Inquiry	Required	Inquiry must be clear and concise.
Patient Name	Required	Recipient name must match HAWI ID #.
Patient ID Number	Required	Recipient name must match HAWI ID #.
Date(s) of Service	Conditional	Required only if a CRN is not indicated on the form.
Payment Date	Conditional	
Billed Amount	Conditional	Required only if a CRN is not indicated on the form.
Allowance	Conditional	
Remarks	Conditional	Required only if FL8 indicates Questionable Payment, Claims Filing Procedure, or Other.
Response to Provider	N/A	ACS use only.

FILING DEADLINE WAIVER LETTERS

When submitting a waiver letter for a claim that has been denied for past filing deadline, make sure you attach the waiver letter to that claim. When submitting a single waiver letter for multiple claims, make sure you make a copy of the waiver letter and attach it to each claim and submit it to ACS. Noncompliance will cause a denial and delay payment of a claim.

1099 TAX FORMS

If a provider received payments from Hawaii Medicaid in the amount of \$600 or greater during the 2006 calendar year, they will receive a 1099 Misc. Income form and are required to report this amount to the IRS. The 1099 Misc. Income forms will be mailed on January 31, 2007 to the address on file with the Provider Enrollment Division of Med-Quest and Social Services. To comply with IRS regulatory guidelines, the mailing address for the 1099 forms cannot be more than 3 lines and cannot contain more than 30 characters per line. In addition, the second address line must be a physical mailing address. The Post Office will not forward the 1099(s). Any non-deliverable mail will be returned to ACS. If you need to change your mailing address for your 1099 Misc. Income form, you must submit the request in writing to ACS and forward the required forms to your respective Provider Enrollment Division.

IMPORTANT CONTACT INFORMATION

Provider Inquiry Call Center
Oahu: 952-5570
Neighbor Islands: 1-800-235-4378
Fax: (808) 952-5595
Toll free fax: 1-800-246-8197
Email: hi.providerrelations@acs-inc.com

Eligibility Line (AVRS)
1-800-882-4608

Fax Urgent Prior Authorization Requests to:
(808) 952-5562

Mail Prior Authorization Requests to:
ACS
PO Box 2561
Honolulu, HI 96804-2561

DHS Medicaid Online: Getting Started

1 Go to <https://hiweb.statemedicaid.us>

3 Read User Agreement & Click "I Agree" to proceed.

5 Enter a user name of your choice. It must be at least 6 characters in length.

7 Enter hint question & answer of your choice. This will allow you access to DHS Online if you forget your password.

9 Enter your demographic information and click on continue.

2 Click on "Create a New Account."

4 Enter your 8-digit provider ID # & the tax ID # you provided in your provider enrollment application.

6 Enter a password of your choice. It must be at least 6 characters in length. Note: Your password is case sensitive.

8 Select individual or master account. You will be allowed one master account per provider ID #. A master account must be established before any individual accounts can be activated.

10 If you created a master account, wait for a letter in the mail that will give you an Authentication Code. If you created an individual account, the master account holder for your Provider ID # will receive an e-mail and will be able to activate your account.

February 2007

Volume 5 Issue 1



Hawaii Medicaid

Look inside for these and other important updates:

- Page 1 National Provider ID
- Page 2 WINASAP 2003 Upgrade
- Page 3 Return to Provider
- Page 4 Written Correspondence
- Page 5 1099 Tax Form Information



A C S[®]
State Healthcare
1440 Kapiolani Blvd, Suite 1400
Honolulu, HI 96814