Hawaii Medicaid Provider Bulletin

Volume 9, Issue 1

January 2015

Inside this issue:

Xerox State Healthcare is now located on Bishop Street!

Xerox State Healthcare is now located on 1132 Bishop Street.
All correspondence may be sent or dropped off to Xerox State Healthcare, 1132 Bishop Street Ste. 800, Honolulu, HI 96813.

Changes to the Behavioral Health Billing Codes

The 2013 Current Procedural Terminology (CPT) replaces several of the former CPT codes for behavioral health services. Please review below.

Former CPT Code	Replaced with CPT Code
90801	90791
90804	90832
90809	90834
90808	90837
90805	90833
90807	90836
90809	90838

Additional changes and information can be found on the Provider memo dated March 8, 2013, M13-02 on the Med-QUEST website.

Transition of Community Care Services (CCS) Program Contractor

'Ohana Health Plan is MQD's new contractor for the CCS Program. Providers shall submit claims to 'Ohana Health Plan for all behavioral health services provided to a CCS member for dates of services March 1, 2013 or later.

For more information, please review memo ACS M13-01.

What is KOLEA?

The Department of Human Services, Med-QUEST Division (MQD) launched its new eligibility system on October 1, 2013 called Kauhale (community) On-Line Eligibility Assistance (KOLEA). Please encourage your patients to apply for Medicaid on-line at: http://mybenefits.hawaii.gov

Pass It On!

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

- Entire Office
- All Billing Departments
- Billing Professionals

Provider Contact Updates

FFS Claims/PA/SSD/Waiver Claims:
Xerox State Healthcare - Claims/PA
PO BOX 1220
Honolulu, HI 96807-1220

Warrants & Returned Checks/Refunds:
Xerox State Healthcare - Banking Dept.
PO BOX 1480
Honolulu, HI 96806-1480

State of Hawaii Organ and Tissue Transplant (SHOTT):
Cyrca Inc.—SHOTT Program
1440 Kapiolani Blvd. Ste. 1503
Honolulu, HI 96814

QUEST Integration
AlohaCare: 1-877-973-0712
HMSA: 1-800-440-0640
Kaiser Permanente: 1-800-651-2237
'Ohana Health Plan: 1-888-846-4262
UnitedHealthcare Community Plan: 1-888-980-8728

SHOTT Program new TPA

Effective April 1, 2015, Cyrca will no longer will be the Third Party Administrator for the SHOTT Program. New contract is awarded to Koan Risk Solutions. More information to follow.

QUEST Integration Effective January 1, 2015

Effective January 1, 2015, QUEST and the QUEST Expanded Access (QExA) programs will be combined into a single statewide program called QUEST Integration. Individuals are able to chose from the five health plans: AlohaCare, HMSA, Kaiser Permanente, 'Ohana Health Plan, and UnitedHealthcare Community Plan. Note that Kaiser is only available to Oahu and Maui Residents.

Med-QUEST Website

We encourage our provider community to visit the Med-QUEST Division site, www.Med-QUEST.us. It is an informative website where the provider is able to catch up on current Hawaii Medicaid news on the main page. We want our providers to recognize the links on the left such as Provider Application link for provider change requests, Provider Bulletin link to get updates from Fiscal Agent, Xerox State Healthcare, and the Memo link to get up to date news from Med-QUEST.

The Medicaid Provider Manual is listed on the website. Please review our 21 chapter provider manual to guide you with claims processing and payouts.

www.Med-QUEST.us

Provider three inquiry restriction has been removed

We have removed the three call inquiry restriction in the call center with the exception of no calls waiting in queue. For a faster and proficient service, we ask that all providers are ready with the following information:

- Rendering NPI or Provider Number when calling for claim status
- If you don't have your NPI/PIN, please provide your tax ID.
- Proper date of service or date span of claim services
- Correct 10 digit Medicaid ID. If no Medicaid ID, we request the SSN, Name and DOB of the patient

Department of Public Safety (DPS) Claims Processing

Incarcerated patients claims are processed and payable by Xerox State Healthcare. Please ensure you have a valid 10 digit number starting with OPA. First, your claim must be sent to the Department of Public Safety for review which will then be forwarded to the fiscal agent, Xerox State Healthcare for claim adjudication. When billing for a prescription drug, only code J3490 will be reimbursed. Each provider is contracted to use this code based on their DPS contract. To inquire and to set rates for code J3490, please contact DPS at 1-808-587-3379.

A common reason we do not have your claim on file when you call for claim status is because the claim is not submitted with a signature in box 31 of the 1500 claim form or on the bottom of the UB04. Please remember that we need a live ink signature because ink stamped signatures are not acceptable.

Transition of Dental Claims Contract to HDS Effective January 16, 2013

The Department of Human Services Med-QUEST Division (MQD) has awarded a contract for Medicaid's Dental Third Party Administrator (TPA) to Hawaii Dental Service (HDS). HDS Medicaid replaced Cyrca as Hawaii Medicaid's TPA for dental services. Dental providers who provide services to recipients enrolled in the Medicaid State of Hawaii Organ and Tissue Transplant (SHOTT) will need to submit claims to the SHOTT contractor, Cyrca, as long as the individual's Medicaid enrollment indicates they are enrolled in the SHOTT for their medical coverage.

Contact Information for HDS Medicaid in regards to claim status and patient eligibility verification below:

HDS Medicaid Customer Service at 1-808-529-9345 or toll free 1-855-819-9117

HDS Professional Relations 1-808-529-9222 or toll free 1-800-232-2533 ext. 222

Contact Information for Cyrca as follows:

Cyrca SHOTT Program 1-808-275-4903 or 1-808-275-4909

Adjustment Claim

When to write the word "resubmission" on the top of the claim form:

When submitting a correction on a previous claim that is in the system, please indicate the words "Resubmission" on the top of the claim form. On a CMS 1500, please have the CRN and adjustment code in box 22. On the UB04, the CRN should be in box 64a with the TOB xx6/xx7. Please correct and circle the changes when submitting a hard copy. If submitting via electronically, please follow the replacement claim instructions.

Do not write the words "Resubmission" on the top of the claim if submitting a new claim with no corrections or with one that does not exist in the system.

Outlier Claims

Claims expected to require medical review should always be sent with documentation to support the services rendered. The inclusion of documentation will reduce the amount of time these claims spend in medical review. To further process your Outlier claim, it is best to submit your claims with the following notes for the date of service:

- Admission history and physical examination
- Discharge Summary
- Physician progress notes, applicable operative reports

Emergency Eligible Patients – Denial edit AD120/AD121 for emergency processing

If the 1149a is not provided to Xerox State Healthcare by Medicaid, Xerox State Healthcare may initiate an 1149a for patients under the emergency medical services benefit. Please contact our call center to inquire about the emergency medical assistance process. Professional service providers must work with the facility to obtain the1149a approval.

Please contact us via Email!

Written Correspondence can be sent via email to hi.providerrelations@xerox.com.
Please do not use any HIPAA related information, only include the CRN.

Billing Code Updates

The following are **admission types** accepted by Medicaid Hawaii on the UB-04 claim form.

1. Emergency
2. Urgent
3. Elective
4. Newborn
9. Info Not Available

- **Patient Status 62** – not used by Medicaid Hawaii, use patient status 05
- **Patient Status 21**– not used by Medicaid Hawaii, use patient status 05
- **Locum Tenens –** Modifier Q6 indicates services done by a locum tenen.
- Code 80101 replaced with code G0431
- **Fee Schedule-** Please contact our call center to inquire about the FFS Fee Schedule if it is not found on the MQD Site.
- **Mod 76**– Claims billed with codes using modifier 76 should NOT be billed as a separate claim from the original service.

Ex. 71010 26 line 1
71010 26 79 line 2

DHS Medicaid Online Set up Process

1 Go to https://hiweb.statemedicaid.us	2 Click on “Create a New Account”
3 Read User Agreement & Click “ I Agree” to proceed.	4 Enter your 6-digit provider ID or NPI & the tax ID # for your provider in your provider enrollment application.
5 Enter a user name of your choice. It must be at least 6 characters in length. *Note: Special characters are not allowed in the username or title.*	6 Enter a password of your choice. It must be at least 6 characters in length. *Note: Special characters are not allowed and passwords are case sensitive.*
7 Enter hint Question & answer of your choice. This will allow your access To DHS Online if you forget your password.	8 Select individual or master account. System will default to the master, so be careful. You will be allowed one master account per provider ID #. A master account must be established before any individual account can be activated.
9 Enter your demographic information and click on continue.	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 holder for your provider ID # will receive an e-mail and will be able to activate your account.

DHS Medicaid Online– Troubleshooting

DHS Medicaid Online (DMO) is a free resource available to all Hawaii Medicaid providers with a valid NPI or Medicaid provider number. DMO allows providers to verify recipient eligibility, claim status and prior authorization status for waiver providers.

When signing up for DMO for the first time, the user must register for a Master Account. Accounts registered after the Master Account is set up, must be individual accounts. The Master Account holder will be able to activate, delete and perform password resets for the individual accounts.

We have an onsite DMO specialist who is able to assist with troubleshooting with master accounts. Please call us at 952-5570 or toll free 1-800-235-4378 to inquire about your error messages or to report when the system is currently down.

Guidelines for Submittal and Payment of Intentional Termination of Pregnancy (ITOP) Claims

ITOPs and services covered by Medicaid that are directly connected to the ITOP procedure for women in QUEST Integration and the Medicaid fee-for-service (FFS) program must be billed to Medicaid's fiscal agent, Xerox. All Claims for the ITOPs and ITOP related professional services must be submitted with the primary diagnosis (diagnoses # 1) in diagnoses range 635.0X-635.9X electronically or hard copy in CMS 1500 claim format. To expedite claims processing and to avoid denials of payment, the ITOP procedure and all ITOP related services performed by a provider should be submitted on the same claim.

Services not directly related to the ITOP should be submitted to the member's QUEST Integration health plan and not included in the ITOP claim. (Examples are birth control pills, implants, injections, intrauterine devices.)

Services prior to a member's decision to terminate pregnancy, included but not limited to pregnancy testing, amniocentesis, ultrasound studies, alpha-Fetoprotein , and chromosome analysis remain the responsibility of their health plan. Please review memo ACS M12-09 carefully on the process of billing the claims for separate ITOP trimester stages.

Gestational Age Resubmission?

It is best to bill on a hard copy claim for ITOP procedures that requires gestational age. Gestational age may be noted in Form Locator (FL) block 19 of the CMS 1500 claim form. When your claim denies for gestational age, please resubmit the original line item claim again as a brand new claim within the 12 month period from the date of service. You may follow the resubmission process located on page 3 of this provider bulletin.

If you have any questions in regards to ITOP claims policies or about the ITOP resubmission process, please contact the call center at 952-5570 or 1-800-235-4378.

EDI Inquires and Winasap Claim Statuses

Here is a list of claim statuses when a provider submits a claim and runs the "receive response file" in Winasap

Keyed– Your claim has been keyed. You have not sent it yet.

Billed– Your claim has been sent

Submitted– The modem was interrupted while transmitting the claims. There is a 50/50 chance that the claims went through. Email the EDI Helpdesk to find out if they went through

Accepted– The clearinghouse has accepted your claim. Contact the EDI Helpdesk

Rejected– Claim rejected, call the contact the EDI Helpdesk

Accepted Adjudication– We have received the claim and we will process them

Errored– We have rejected your file. Email the EDI Helpdesk for more information.

Please contact the call center to escalate a ticket or email the helpdesk at hi.ecstest@xerox.com

Needing Sterilization Forms?

The 1146 Sterilization form is a triplecut form that may be mailed to your office upon request. Please contact our call center at 952-5570 or 1-800-235-4348 to place a request and the forms will be mailed and take up to seven business days.

Electronic Health Record (EHR) Dates to Remember

The Medicaid EHR Incentive Program provides incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

The first year incentive is based on attesting to the adoption, implementation, or upgrade (A/I/U) of certified EHR technology. Subsequent incentive years are based on meaningful use (MU), using the EHR to improve health care services, access to medical records and communication among a patient's providers.

Dates to Remember:

•An eligible professional (EP) must register and attest for the 2014 calendar year by March 31, 2015.

•An eligible hospital (EH) must register and attest for FFY 2014 by February 28, 2015.

For more information please visit:

http://www.med-quest.us/providers/ElectronicHealthRecordIncentiveProgram.html

Electronic Health Records "EHR" Updates

1139 Processing for EHR

The Hawaii State Level Registry requires that you submit your 1139 for address changes. You will need the following documents to be received by Fiscal Agent, Xerox State Healthcare for faster processing: ***Live ink signature on the 1139, W9, and License attached.***

Please mail the 1139 change request form to Xerox State Healthcare with the words "EHR", written on the top of the form. For further questions in regards to the process please contact the call center at 952-5570 or 1-800-235-4375. If you have questions in regards to the EHR program and incentive, please contact the SLR helpdesk 952-5570 or toll free 1-800-235-4378 and select option 7.

EHR Payments

Xerox has been making EHR incentive payments to the provider community via check and EFT. Please review the hard copy check stub description as it will note "EHR Incentive payment". If you do not have a copy of the paystub's description or don't know whether or not your EFT payment is for the EHR incentive, you may contact Xerox State Healthcare at 952-5570 or 1-800-235-4378 and one of our agents will be able to assist you.

How to obtain a Timely Filing Waiver

Please obtain a Timely Filing Waiver letter for claims that are past one year from date of service. Please send a letter with the patient's Medicaid ID and name, date of service, along with the provider number and name and reason for submittal delay to the address below. Attach the waiver request letter and a copy of the claim to:

Attn: DHS/MQD/FO– Timely Filing Dept.
1001 Kamokila Blvd. Rm. 117
Kapolei, HI 96707

For cases involving retroactive eligibility for a patient, the provider has one year from the date of eligibility determination to file a claim. Please refer to 4.3.5 in the Medicaid Provider Manual.

Long Term Care (LTC) Prior Authorization Process

A print out of your 1147 authorization approval is not needed when submitting your LTC claim. If you get a denial on your claim with an approved 1147 on file, please contact our call center at 952-5570 or toll free 1-800-235-4378 to inquire. We will follow up with the PA department and request your claim to be reviewed again.

xerox

Hawaii Medicaid Fiscal Agent

1132 Bishop Street, Suite 800

Honolulu, HI 96813

QUEST Integration

www.Med-QUEST.us