



# Hawaii Medicaid Provider Bulletin



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## ICD-10 Implementation Readiness

We are currently testing ICD-10 implementation for Trading Partners who will test using the Edifecs CollabT program. This will be end-to-end testing and will be used to certify your ICD-10 readiness with the State of Hawaii for HI Medicaid Fee-For-Service claims. In addition, the testing process will generate an ICD-9/ICD-10 payment comparison.

To make the testing process as easy as possible, we recommend you submit replicas of your production 837 files, with the ICD-9 codes updated to ICD-10 codes. Please advise us on the 835 file date(s) that correspond to the 837 file, so we can upload the ICD-9 835 file to your Edifecs CollabT account for payment comparison to the ICD-10 835 file.

We request a previous ICD-9 production data submitted within the last month. We will be creating an account for you and you should receive an e-mail with the CollabT URL, along with login credentials and a user guide for uploading files and viewing report comparisons. We request that you submit a minimum of 25 claims for each form type you submit.

For more information, please contact our call center and escalate a ticket for ICD-10 testing or email the EDI helpdesk at [hi.ecstest@xerox.com](mailto:hi.ecstest@xerox.com).

## Customer Service Branch Call Center

To better assist your patients with their patient inquiries, please advise to contact the Customer Service Branch (CSB) at 1-800-316-8005 option 1 then 3. Please do not advise them to contact the provider hotline. It will delay their time to speak with a representative at the CSB.

## 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

Sign up for DHS Medicaid Online!

<https://hiweb.statemedicaid.us/Home.asp>

## Please contact us via Email!

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



## DHS Medicaid Online– Master Account Change Form

The local administrator for account activations is the DHS Medicaid Online Master Account Holder “MAH”. When the current MAH is no longer present or need to be changed, the provider’s authorized representative need to submit a Master Account Change Form “MACF” (DHS 8013) to activate an existing user to become the new MAH in its place. It is best to replace the MAH with an existing user (individual user). For clarification on the process, please contact our call center at 1-808-952-5570/1-800-235-4378. Please visit the link below for form DHS 8013 page 51-52.

<http://med-quest.us/PDFs/Quick%20Reference%20Guides/DMO%20Eligibility%20and%20Enrollment%20User%20Manual.pdf>

### DHS Medicaid Online Reminders:

- Only one Master Account Holder for each provider account
- Multiple individual users may be added for each provider account
  - Only an active Master Account Holder is able to activate /deactivate an individual user
- If the current Master Account Holder is no longer present at the provider’s office, a Master Account Change Form (DHS 8013) must be submitted
  - A New Master Account Holder must be created before creating new individual users
  - Master Account Holders are able to assist individual users with their user passwords
- Master Account Holder should be contacting our call center in regards to account activation only

## Interpreting information on DHS Medicaid Online (DMO)

- \* When checking for member’s eligibility and there is no information displayed under the “Eligibility and Enrollment” tab under the Eligibility and Medical Enrollment section, that means the patient is not currently eligible.
- \* Members plan will be listed on the “Eligibility and Enrollment” tab under the Medical Enrollment section. ex. XUNITD UNITED is QUEST Integration United Healthcare. The contract types (such as L) and rate codes (such as LTC/CAP) are not important to see if the member is eligible.
- \* The “Medicare Enrollment” tab will display the members Medicare Types and it’s eligibility active start and end dates.
- \* QMBONY QMB ONLY listed under the Plan ID/Name in the Medical Enrollment section under the “Eligibility and Enrollment” tab are members are Qualified Medicare Beneficiaries. Please submit your claim along with the Medicare explanation of benefits to Xerox State Healthcare for processing.
- \* NONPAY NO PAYMENT PERMITTED listed under the Plan ID/Name in the Medical Enrollment section under the “Eligibility and Enrollment” tab means the patient is not eligible under the Medicaid Program. The member is Medicare eligible and is responsible for any additional medical costs.
- \* Always check the “Third Party Liability” and “Medicare” tab as it will display the member’s primary insurance. Medicaid will always be last payor.



**Transition of State of Hawaii Organ and Tissue Transplant (SHOTT) Program Contractor**

**Billing Code Reminders**

Effective April 1, 2015 Koan Risk Solutions, Inc. is the new contractor for processing claims for the State of Hawaii Organ and Tissue Transplant (SHOTT) Program. All claims are now submitted to Koan Risk Solutions, Inc. Please see claim submission address and contact below:

Koan Risk Solutions, Inc.  
1580 Makaloa Street, Suite 550  
Honolulu, HI 96814

Claims Inquiry: 808-469-4500  
Fax: 808-356-1645

1. Bill type 89x for Special Facilities
2. Waiver providers are to indicate "W" in box 23 on the CMS 1500 claim form
3. Patient Status 62 and 21 is not used by Medicaid Hawaii, use patient status 05

**Return to Provider (RTP) - Common Reasons of Returns**

**Prior Authorizations**

1. Missing supplier information (name, number, and/or signature)
2. Procedure code no longer requires authorization
3. **"Exceeds limit"** not indicated on the request for additional services beyond Medicaid allowable
4. Missing service dates (period requested)
5. Form not legible *\*please be aware forms faxed can be altered by the process and rendered illegible*

**Claim Forms**

1. Missing signature (Required on both the HCFA 1500 and UB-04)
2. Signature must be in live ink
3. Recipient information is invalid or missing
4. Provider information is invalid or missing
5. EOB information does not match or is missing
6. Tax ID is invalid or missing
7. Missing the resubmission code "A" in box 22 of the 1500 claim form along with the original reference number - 12 digit CRN when submitting a hard copy replacement
8. Replacement claims for adjustments should match the original claim that was submitted - The same amount of lines and charges. Changes are made with circles and crossed out lines.
9. The word "Resubmission" should not be written on the top of the claim form if you are not submitting a replacement claim
10. Only ninety - nine lines may be omitted on an electronic or manual UB-04 claim form. Otherwise it will be returned back to the provider.

## Allowable Bill Types for Long Term Care Facilities

Below are the allowable bill types for long term care facility services. This is a reminder to memo FFS-1501 <http://med-quest.us/PDFs/Provider%20Memos/FFS-1501.pdf> which was distributed to the provider community in November of 2013. Please review the following table:

Level of Care	Revenue Codes	Bill Type
Subacute I Nursing Facility/Hospital	0191	21x
Subacute II Nursing Facility/Hospital	0192	21x
ICF	01xx	66x
ICF-ID	01xx	65x
SNF	01xx	21x
Swing Bed ICF	01xx	<b>**Note</b>
Swing Bed SNF	01xx	28x
Waitlisted ICF	011x	11x occ. Span code 74
Waitlisted ICF ancillary	NA	<b>**Note</b> Span code 74
Waitlisted SNF	01xx	11x occ. Span code 75
Waitlisted SNF ancillary	NA	23x occ. Span code 75

**\*\*Note: The MQD is working with the provider community and health plans on better guidance for billing ICF waitlisted ancillary and ICF swing bed services.**

### Billing Addresses for the Department of Public Safety (DPS) and Office of Youth Services

Xerox State Healthcare is processing claims for the Department of Public Safety (DPS) and juvenile claims for Office of Youth Services (OYS). To follow up on your claims, please contact Xerox State Healthcare. Please mail your claims to the following addresses below:

Department of Public Safety (DPS) - Health Care Division  
 919 Ala Moana Blvd. Rm. #407  
 Honolulu, HI 96814 - 4920  
 Office: 587-3379

Hawaii Youth Correctional Facility - Medical Unit (OYS)  
 Attn: Cindy Aiwohi  
 42-470 Kalaniana'ole Hwy.  
 Kailua, HI 96734  
 Office: 266-9525



**Hawaii Medicaid Fiscal Agent  
1132 Bishop St. Ste. 800  
Honolulu, HI 96813**

**Request for Reconsideration  
Form**

Directions: Providers may use this form to request reconsideration of the allowed reimbursement amounts for specific services. Please limit your reconsideration requests to one claim per Form 240. All fields on the Form 240 are required and must be completed. Upon completion, please send Form 240 and any attachments to Hawaii Medicaid Fiscal Agent, 1132 Bishop Street, Ste. 800 Honolulu, HI 96813. Upon receipt, we will conduct the preliminary research to verify that the claim was processed and paid in accordance with Medicaid policy. Claims processed incorrectly will be submitted for reprocessing. If we determine that the claim was processed correctly, we will forward the request for reconsideration to Med-QUEST (MQD) for review. MQD will make the final determination. A request for reconsideration of payment amount or adjudication must be made within sixty days from the payment or adjudication date.

Date of Request:	Provider Number:	Contact Name:
Provider ID#:	Provider Phone #:	Provider Fax #:
Provider Address (Street Address, City, State and Zip Code):		Provider E-mail Address:
Claim Reference Number:	Hawi ID #:	Date(s) of Service

List of Attached Documents

Reconsideration Justification:

Date FA Completed Research: _____ Completed By: Forwarded to <input type="checkbox"/> MQD <input type="checkbox"/> Claims Resolution
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FORM 240

The 240 Form may also be viewed on <http://med-quest.us/PDFs/Frequently%20Used%20Forms%20for%20Providers/240.pdf>



Hawaii Medicaid Fiscal Agent  
 1132 Bishop Street, Ste. 800  
 Honolulu, HI 96813

Medicaid Correspondence Inquiry  
 Form 239

Date of Inquiry		Provider Name (Last, First, Middle Initial)	
Provider Number		Address: <input type="checkbox"/> Pay to Address <input type="checkbox"/> Service Address	
Telephone Number		Name of Contact	
Claim Number (if applicable)		Purpose of Inquiry <input type="checkbox"/> Questionable Payment <input type="checkbox"/> Claim Status <input type="checkbox"/> Claims <input type="checkbox"/> Filing Procedure <input type="checkbox"/> Other *Do <b>not</b> use this form for claim adjustments. Send resubmissions to the appropriate Hawaii Medicaid Fiscal Agent Claim PO Box.	
Patient Name		Patient ID Number	
Date of Service	Payment Date	13. Charge	14. Allowance

Remarks

Response to Provider: (For Office Use Only) Completed by \_\_\_\_\_ Date \_\_\_\_\_

- Claim paid on \_\_\_\_\_ Amount \_\_\_\_\_
- Denied on \_\_\_\_\_ Reason \_\_\_\_\_
- Claim sent to Claims Dept. for reprocessing.
- Patient name and ID # not in DHS files.
- Claim is in the processing system. Please allow additional processing time.
- Claim is being researched. (We are currently working to resolve the issue.)
- Unable to match above claim data with computer file data.

Please submit claim with :

- Medicare/TPL EOB  Submit copy of FFS or Waiver claim to: Hawaii Medicaid Fiscal Agent  
PO Box 1220  
Honolulu, HI 96807-1220
- Approved waiver of filing deadline
- Other  Submit filing waiver request letter to: DHS/MQD/Finance Office  
1001 Kamokila Blvd. , Rm. 317  
Kapolei, HI 96707

Comments: \_\_\_\_\_

\_\_\_\_\_



## Universal Precautions for QUEST Integration Members Receiving “At-Risk” and Home and Community Based Services

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide guidance regarding reimbursement for personal protective equipment (PPE) for individuals receiving “At-Risk” and home and community based services (HCBS) in the QUEST Integration (QI) program.

To prevent transmission of infectious agents to health care workers, the QI member and families, standard precautions should be used. Hands should be washed thoroughly before and after providing care and gloves should not be reused.

The QI health plans are responsible for provider PPE for self-direct use and for use by natural supports for QI members who are receiving “At-Risk” and HCBS. PPE includes but is not limited to single use disposable gloves, gowns, masks, and face shields.

Assessments are done by the QI members health plan to determine the type and amount of PPE to be issued based on the members needs.

For more information regards PPE’s for QI members, please read memo FFS– M15-05 at  
[http://med-quest.us/PDFs/Provider%20Memos/QI-1507\\_FFS-M15-05.pdf](http://med-quest.us/PDFs/Provider%20Memos/QI-1507_FFS-M15-05.pdf)

## Are you out of EPSDT Forms?

Xerox State Healthcare is the distributor of forms for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Contact our Call Center and place a request for additional form if your inventory is running low. Due to inventory constraints, each provider is able to request only four packages of the EPSDT forms per day. Please ensure you are advising our agents the correct address to where to send the EPSDT forms to. We need the name to whom to send the forms to, street and correct zip code of the location and Include building or suite numbers.

Insufficient addresses will delay your delivery of your EPSDT packet. Please wait patiently and allow your request to be processed within seven business days. If you have not received your request, please contact the call center immediately and your request will be processed promptly.



Hawaii Medicaid Fiscal Agent  
1132 Bishop Street, Suite 800  
Honolulu, HI 96813

**QUEST Integration**

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**[www.Med-QUEST.us](http://www.Med-QUEST.us)**

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### Call Center Readiness Tips

When contacting the Call Center, please be ready with the following information:

- ◆ Individual NPI or PIN ready when calling for eligibility or claim status
- ◆ For claim status, please provide the individual PIN or NPI, Medicaid ID of patient, and date of service
- ◆ If you do not have the ID for your incarcerated patient, please provide the name and date of birth
- ◆ If you do not have the Medicaid ID for a patient, you may provide the patient’s name, date of birth, and social security number
- ◆ If you do not have your NPI or PIN, you may continue to validate the call by verifying the organizations tax id number and the address of the servicing location

