


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

November 22, 2005

MEMORANDUM

ACS M05-10

TO: Federally Qualified Health Centers and Rural Health Centers

FROM: Angie Payne, Acting Med-QUEST Division Administrator 

SUBJECT: PROCESSING OF PRIOR AUTHORIZATIONS

It has been brought to the attention of the Med-QUEST Division (MQD) that prior authorization requests originating from staff of Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) are being returned by Affiliated Computer Services (ACS) because the requesting physician information was not provided.

The MQD is aware that FQHCs and RHCs are considered the providing entity under both Medicare and Medicaid and that FQHC/RHC services are covered when rendered by licensed medical professionals. However, MQD's Hawaii Administrative Rules require that requests for authorization are considered incomplete without the treating physician's name and signature, date, and Medicaid provider number.

Thus, the MQD has developed the following procedures to address both the requirement that professional services performed by FQHCs and RHCs are claimed under the FQHC/RHC Medicaid provider number and that authorization requests comply with MQD rules.

- The request for authorization of services on the 1144 form must have the requesting physician's name (printed or typed), the physician's signature, and date in the appropriate blocks.
- Enter the FQHC provider number in the "Provider Number" block.
- Enter "FQHC" or "RHC" and the name of the FQHC/RHC AND the "Contact Name (If different from Physician)." In this "Contact Name" block.

- Enter the FQHC telephone/fax numbers at which that the requesting physician can be contacted if additional information is needed to process the 1144 form in the "Telephone Number" and "Fax Number" blocks.
- It will be the responsibility of the FQHC or RHC to forward any and all Prior Authorization Correspondence Letters to the requesting physician.

As verification that the requests for authorization from FQHCs and RHCs are made by physicians, please provide a list of all licensed medical personnel (both contracted and employees) by December 31, 2005. Please include license numbers and group the list by license type.

Thereafter, on a quarterly basis, please update the list and include any new personnel and any personnel who have left the FQHC/RHC. Please include each person's license number, license type and start or end date of employment.

Submit the list and updates to:

Department of Human Services  
Med-QUEST Division  
Health Coverage Management Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190