



Hawaii Medicaid Provider Bulletin

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1149a Document Initiation by Conduent

Undocumented aliens who apply for the EMG SVC benefit may receive the benefit for service(s). These service(s) requires an 1149a approval. Please contact Conduent Call Center and the agents will process and initiate your medical records on your behalf. Please work with an agent today!

The provider will need to submit the following:

Emergency Room Visit

1. Date of Service(s) and name of facility
2. ER record and ER physicians written or dictated documentation

Inpatient Hospital

1. Date of Service(s) and Name of hospital
2. Admission history and physical examination
3. Discharge Summary
4. Physician and nursing progress notes for the period is requested.

**Fiscal Year Ending– DOH Provider Needs to Submit Claims Now!
DOH Waiver Claim Fiscal Year Ending**

The Med-Quest Division has requested that ALL DD/ID Waiver billing to date for this fiscal year July, 1, 2016 thru June 30, 2017 be submitted as soon as possible. Please submit your claims to date as soon as you can for processing.

Timely claim submission will enable the State to use this fiscal year's appropriation to pay for Waiver costs, and preserve FY 2017 funding for next fiscal year's claims. Your swift action is very much appreciated.

Thank you very much in advance for your immediate attention to this matter.

Adjustment Claims using WINASAP

Adjustments on a 1500– Professional Claim form

When submitting an electronic claim via WINASAP, please use frequency type code 7 to replace or 8 to void

Adjustments on a UB04– Institutional Claim form

When submitting an electronic claim via WINASAP, please change the Bill Date to TODAY'S date, and the Type of Bill will be changed to xx7 for Replacement and xx8 to void

Please use your WINASAP User Guide for details.

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
- ◆ Affiliated Billing Vendors

Conduent is going Green!

Take the opportunity to use our easy and efficient Electronic Funds Transfers (EFT's) process. We are here to help you to make sure this is a smooth transition! If you have questions about the EFT form you have received, please contact us at 1-800-235-4378/1-808-952-5570 and we will guide you through the process.

Here are just a few reasons why you should enroll in our EFT process:

- EFT's are set up as direct deposit which means you have access to your funds as soon as they are scheduled to be available and not waiting for the check to arrive in the mail and for you to have to manually deposit it.
- EFT transfers are safe and secure. No lost checks in the mail or worrying about ID theft when paper checks are lost, missing or stolen.
- Because no paper check needs to be generated, EFT's result in less paper waste in our landfills. Go Green!

Be sure to sign up for EFT if you have not done so. You must send the following documents for processing:

- Completed EFT Application with a signature
- Include all NPI/PIN for all accounts they want to set up for EFT
- Voided Check, bank note or deposit slip (cannot be a starter check)

Please fax your documents to 808-952-5554 or

Mail to: Hawaii Medicaid Fiscal Agent

Banking Department

PO BOX 1480

Honolulu HI 96807

The EFT Form will be posted on page 3 of this bulletin.

DDID Claims– Processing T1000 (TD) Claims

Please limit your claim submissions for code T1000 (TD) on a monthly basis. Submitting all dates for the same month will be adjudicated in a timely manner. Your initial claim will be researched for available units. Available T1000 units will be interchanged and claim will be processed for payment. All claims submitted after the initial claim for the same billed month, will be approved but pay as "\$0.00". It will have an edit of "SC001, for no additional units available". Please continue to review your remittance advice or DHS Medicaid Online weekly for follow ups. If you have available units, please contact our Call Center at 1-800-235-4378/1-808-952-5570 for claims escalation.

Medicare Advantage Plan (Med-Gap Plans)

A patient may be enrolled in a Medicare Advantage Plan. When submitting to Medicaid for secondary payment, please ensure you have the proper explanation of benefits (EOB) attached, along with the name of the supplement plan in box 9d or 11C on the 1500 or in box 50 on the UB04 claim form. Please contact the Conduent Call Center at 1-800-235-4378/1-808-952-5570 for more information about Medigap Plan listings.

Applied Behavioral Analysis through the EPSDT Program for FFS Providers

Medicaid-enrolled children under 21 years of age are eligible for EPSDT services. These medically necessary services, including behavior therapy for children, are provided at no cost to patient or family. The behavior therapies include intensive behavioral therapy for children with autism spectrum disorder (ASD) that include applied behavioral analysis (ABA) for the treatment of children with an autism spectrum disorder (ASD) diagnosis. For more information on EPSDT services and how you can get these benefits, please talk with your provider or the health plan you are enrolled in for help.

EPSDT provides:

- Preventative care for members from newborn through age 20
- Complete medical, mental and behavioral health, and dental care
- Services and medicines
- Treatment for problems that are identified
- Intensive Behavioral Therapies (e.g. Applied Behavioral Analysis (ABA) services for members with an Autism Spectrum Disorder (ASD) diagnosis.

EPSDT checkups include:

- Complete physical exam
- Lab tests (as needed)
- Immunizations
- Vision/Hearing screening
- Developmental/Behavioral and Mental health screening (as needed)
- Referrals to specialists (as needed)
- Oral (mouth) check
- Prescription medications (as needed)

Authorization Agreement for Electronic Funds Transfer (EFT)

Automatic Deposits/Payments

I (We) hereby authorize the Fiscal Agent for the State of Hawaii Med-QUEST Division to make deposits to my (our) checking or savings account and the depository bank indicated below, hereinafter called Depository, to credit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Telephone _____

Bank Transit/ABA Number _____

Bank Account Number _____

Checking Savings

This authority is to remain in effect as long as I (we) receive Medicaid payments or until we have received written notification from an authorized signer(s) to terminate this agreement. I understand that this electronic funds transfer deposit/payment will be from federal and state funds and that any falsification or concealment of a material fact involving the deposit may be prosecuted under federal and state laws.

Name on bank account _____

Provider name and telephone _____

Medicaid provider number _____

Date _____ Signed _____ Signed _____

(The person(s) signing this form must be authorized to sign on this bank account.)

NOTE: Groups should enroll their group number only. Funds paid to individual numbers should not be deposited to group accounts. **You must attach a blank voided check or deposit slip to this form.**

Application Instructions

During weeks when there is a bank holiday, there will be a one-day delay in receipt of payments.

- **Depository Name** Enter the name of bank servicing your checking/savings account.
- **Branch** Enter the name of the bank branch.
- **City, State and Zip Code** Enter the name of the city, state and zip code where your branch is located.
- **Bank Transit ABA Number** Enter your bank's routing number. If you do not know this number, call your bank.
- **Provider Name & Telephone** Enter your provider name and telephone number.
- **Medicaid Provider Number** The Medicaid provider number will be added once it is assigned by the Medicaid fiscal agent.
- **Date/Signed** You must date and sign this form with an original signature. Copies or signature stamps will not be accepted.
- **Mail** this form and the account information to the following address:

Hawaii Medicaid Fiscal Agent, PO Box 1480, Honolulu, HI 96807-1480

*Please advise the fiscal agent immediately of any changes in the account, including additions, deletions, special instructions or addresses to avoid delays in payment.

Introduction to the Hawaii Medicaid Electronic Health Records (EHR) Post-Payment Audit

The State of Hawaii Med-QUEST Division is pleased to announce that Myers and Stauffer, an independent auditing firm, has been selected to provide auditing services for Hawaii's Electronic Health Records (EHR) Incentive Program. Myers and Stauffer will be responsible for conducting post-payment audits to ensure that state and federal funds are expended appropriately and accounted for in a transparent manner.

Myers and Stauffer has over 40 years' experience providing accounting, consulting, data management and program integrity services to state Medicaid agencies, the Centers for Medicare and Medicaid Services (CMS), and the United States Department of Justice. Additionally, they have provided Medicaid auditing and consulting assistance to the State of Hawaii Medicaid agency since 2000.

Any questions should be directed to Myers and Stauffer at (800) 336-7721 or by email to HawaiiEHR@mslc.com.

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EHR Incentive Program Extension June 30, 2017

We are pleased to announce that the deadline for ALL Program Year 2016 EP and EH attestations for the Hawaii Medicaid EHR Incentive Program has been extended to June 30, 2017 at 5:59pm HST.

You now have extra time to complete your attestations!

This extension will allow providers ample time to have their information (address, payee info, etc.) updated in the SLR system.

For providers who need their information updated, a DHS 1139 form must be completed and is required to be submitted to the Fiscal Agent's Office. A copy of the provider's license and W-9 must be included with the updated 1139 form. Please indicate "EHR Incentive Program" on the top of the form. The 1139 forms must be mailed to the Hawaii Medicaid Fiscal Agent at:

**Hawaii Medicaid Fiscal Agent
Attn: Hawaii Medicaid EHR Incentive Program
P.O. Box 1220
Honolulu, HI 96807-1220**

They should **NOT** be mailed directly to the Med-QUEST Division.

Please remember that Program Year 2016 is the last year new providers can join the program and attest to AIU.

A qualified Eligible Professional can receive up to **\$63,750** over the program's six years.

Protect Patient Health Information: Security Risk Analysis Date

As stated in CMS FAQ #13649, it is acceptable for the Security Risk Analysis to be conducted outside of the EHR reporting period, but prior to the date of attestation. CMS released further clarification in FAQ #18261 that stated actions must occur between January 1st and December 31st for all calendar years beginning in 2017.

What does this mean for providers attesting in Program Year 2016 and Program Year 2017?

- For Program Year 2016, the Security Risk Analysis date must occur between January 1, 2016 and the date of attestation.
- Beginning in Program Year 2017, the Security Risk Analysis must be conducted within the calendar year in which the EHR reporting period occurs.

The Med-QUEST Division will verify the date that providers enter into their attestations. Providers who use a 2017 date for Program Year 2016 cannot use the same date for their Program Year 2017 attestation.

www.Med-QUEST.us
QUEST Integration

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