




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

January 23, 2009

MEMORANDUM

ACS M09-03

TO: All FFS and QUEST Expanded Access (QExA) Providers

FROM: Kenneth S. Fink, M.D., M.G.A., M.P.H. 
Med-QUEST Division Administrator

SUBJECT: TRANSITION FROM MEDICAID FEE-FOR-SERVICE (FFS) TO QExA

Low-income seniors, 65 and older, and people of all ages with disabilities currently receive health care through the Medicaid Fee-For-Service (FFS) program, but will switch to the Medicaid managed care program QUEST Expanded Access (QExA) beginning February 1, 2009. Our preference is for these patients to continue receiving care from their usual providers, but if not possible, to have a coordinated transfer of care. This memo describes the program implementation and how it may affect you and your patients.

The Med-QUEST Division's (MQD) primary responsibility is to our patients and our providers who care for them. I understand that Medicaid payments are low, so we want to minimize administrative burdens to the extent possible. We have designed QExA so that provider interactions with the health plans will be an improvement compared to interactions with MQD. While the switch from FFS to managed care requires additional work at the onset, we expect that the program will better serve you and your patients.

Insurance is meaningless without access, so your being accessible to our clients is critical for their health and health care. Thank you to those providers who have contracted with a QExA plan and will continue to be accessible to their patients. For those who have not yet contracted, I hope you will reconsider.

6) How will I know if my patient chooses me as his/her primary care provider (PCP)?

QExA enrollees are encouraged to select a PCP. If a person does not select one, the QExA health plans are required to assign a PCP. All QExA health plans have agreed that every effort will be made to assign the member to the PCP from whom services were provided under Fee-For-Service (provided that the patient chooses to remain with the PCP and the PCP participates in the QExA health plan). Members will be issued a member ID card that identifies the member's PCP. You should ask your patient to bring his/her QExA member ID card so that you can verify if you are his/her PCP. The member can change PCP, so if you are not listed, the member can call their health plan and make this request. The MQD and QExA health plans also recommend that a copy of the new QExA member ID card be kept in your patient's records.

7) Am I allowed to notify my QExA patients of the QExA plan(s) in which I will participate?

Yes.

8) What should I do if my patient is enrolled in a plan with which I have not contracted?

If your patient is enrolled, either by selection or by auto-assignment, in a QExA health plan with which you have not contracted, inform your patient of the situation. Please continue to provide care to your patient for established treatment plans or for other medically necessary care until the patient can have a coordinated transfer of care. Please also contact the patient's QExA health plan and inform the staff of the situation. For services on or after February 1, 2009, your patient's QExA health plan will be responsible for reimbursing you for services you provide, even if you have not contracted with the plan, until care can be transferred, up to 180 days. You can bill the health plans as a non-contracted provider on either a CMS UB-04 or CMS 1500 (depending upon services provided) and mail to the addresses listed below. If you are dissatisfied with the response from the QExA health plan, please contact the MQD Customer Service Center.

Evercare
Medical Claims
P. O. Box 31362
Salt Lake City, UT 84131-0362

'Ohana Health Plan
Claims Department
P. O. Box 31372
Tampa, FL 33631-3372

Behavioral Health Claims
United Behavioral Health
P.O. Box 30757
Salt Lake City, UT 84130-0757

9) What if my patient is a dual eligible (both Medicare and Medicaid)? How does this affect me?
If your patient has Medicare as their primary coverage (a “dual eligible”), please bill the Medicare intermediary as you normally do. Medicare will continue to cross-over claims to ACS for Medicaid processing as the secondary payer until such time as the QExA health plans are set up to receive the cross-over claims. If your patient has SecureHorizons/Evercare (United) or ‘Ohana (Wellcare) as their Medicare Advantage plan and the same plan for their QExA Medicaid coverage, bill those plans as primary and they will cross-over automatically within their claims systems as the secondary payer. For all other Medicare Advantage plans, you will need to bill the Medicare Advantage Plan as primary and then file a secondary claim with the QExA plan as secondary (as is the case today, but with ACS).

10) Are the QExA health plans allowed to require their clients to choose their Medicare Advantage plan (i.e., Secure Horizons for Evercare or ‘Ohana Health Plan) instead of remaining with a traditional Medicare or another Medicare Advantage plan?

No. The QExA health plans are not allowed to require their clients to be in their Medicare Advantage plan. Clients are allowed to choose to be in either Secure Horizons or ‘Ohana Health Plan’s Medicare plan. Clients are also allowed to remain with original Medicare or another Medicare Advantage plan. It is the client’s choice not the QExA health plan’s choice.

11) The contract that I have signed or am considering signing with the health plan is asking for reporting requirements that I do not do today. This is an administrative burden. Is there anyway not to perform these additional requirements?

The QExA RFP stipulates that all Medicaid providers must submit a cost report. This requirement needs clarification. Cost reports, as currently required by specific providers, such as hospitals and nursing facilities, must continue to be filed with MQD. Providers who are not currently submitting cost reports are NOT required by either the QExA health plans or MQD to start submitting cost reports.

The QExA health plan contracts describe a encounter reporting requirement. The QExA health plans are required to report encounter information to MQD on a periodic basis. For providers that are paid on a fee-for-service basis, claims submitted by providers will be the basis for QExA health plans to report encounters to MQD. For providers that are reimbursed on alternative methods, such as capitation, such providers will need to submit encounters of service and procedures rendered to the QExA health plans in order to fulfill the encounter reporting requirement to MQD.

Providers also have concerns about access to medical records. The QExA program is a State and Federally funded program and is subject to audit not only by the QExA health plans, but also by MQD and CMS. All services and procedures must be substantiated by appropriate documentation, such as complete and accurate medical records. This is not a change from the current Medicaid FFS provider agreement and should not constitute additional burdens to the providers.

12) My patients require transportation to get to their appointments? Who can I call?

You no longer need to send the MQD transportation requests on a DHS 208 to the MQD. Please refer your transportation calls to the QExA health plan that your client is in:

Evercare- Logisticare
1-866-475-5746

‘Ohana Health Plan- TMS
1-866-790-8858

13) When can my patient change health plans?

February 1, 2009 marks the beginning of the 90-day grace period, when any Medicaid client will be able to change health plans. A change requested during this period will take effect on the first day of the next month. Once the change becomes effective, that client will have another 90-day period to change back, with the effective date of change again being the first day of the next month following the change request. After these periods, the next opportunity to change health plans is during open enrollment.

14) What if I have not contracted with a QExA health plan and would like to get more information?

For contracting with a QExA health plan you may contact the following:

Evercare	Jodi Lining, 522-7533 or e-mail at jlining@MDXHawaii.com
	Debbie Hughes, 585-7516 or e-mail at debra_hughes@uhc.com
‘Ohana Health Plan	Tom Cannon, 675-7424 or e-mail at Tom.Cannon@wellcare.com

15) Where can I get additional information?

You can call the QExA Help Line at 1-866-928-1959, or call the MQD Customer Service Center on Oahu at 524-3370 or on the Neighbor Islands/Oahu (toll-free) at 1-800-316-8005. You can also get information from the QExA website at: www.qexa.org.

Thank you for your continuing dedication to your patients and for your support of the Med-QUEST programs. We greatly appreciate your assistance and understanding during this period of transition.