

EXISTING PROVIDERS
HAWAII STATE MEDICAID
PROGRAM

DHS 1139 (Rev. 04/08)

INSTRUCTIONS

**Instructions for Completing the
Hawaii State Medicaid Program Provider of Service Information Form (DHS 1139)**

**CURRENT PARTICIPATING STATE OF HAWAII MEDICAID PROVIDER
UPDATES TO INFORMATION**

Purpose

The Status Change Request is to update the Medicaid Provider's database with current information (e.g., additional locations, closing locations, telephone/fax number change, ownership changes).

Select the corresponding change being requested and complete the DHS 1139 (Part A) Sections I and II and follow the instructions listed under each provider change request.

For individual providers, complete the following:

Agent Authorization:

- A separate form is available to add or delete the names of authorized persons who will process claim forms. Contact the Medicaid Provider Section at 692-8099 to request this form.
- Original signature is required.
- Print legibly.

Adding An Additional Service Address:

Section I

- Medicaid Provider ID Number
- Provider Name
- Provider's Registered Business Name / Doing Business As (d.b.a.) Name

Section II Address Information

- Complete correspondence address, if applicable.
- Complete service address to be added (item 7 through item 14). If item 15 or item 16 applies, submit a copy of the required certificate.
- Corresponding pay to address for this new service address and applicable federal tax identification number.
- Begin date of address (if date not provided, MQD will use date request received).
- Indicate whether *provider* wishes to receive mail at the new service or pay to address.
- Provider's original signature on documented request.

- Letters in lieu of the DHS 1139 are acceptable, if signed by *provider* and includes the above information.
- Submit a signed IRS Form W-9, Request for Taxpayer Identification Number and Certification.

☐ Add/Close A Service Address:

Section I

- Medicaid Provider ID Number
- Provider Name
- Provider's Registered Business Name / Doing Business As (d.b.a.) Name

Section II – Address Information – (Service Location To Be Added)

- Complete correspondence address, if applicable.
- Complete service address to be added (item 7 through item 14). If item 15 or item 16 applies, submit a copy of the required certificate.
- Corresponding pay to address for this new service address and applicable federal tax identification number.
- Begin date of address (if date not provided, MQD will use date request received).
- Indicate whether *provider* wishes to receive mail at the new service or pay to address.
- Provider's original signature on documented request.
- Letters in lieu of the DHS 1139 are acceptable, if signed by *provider* and includes the above information.
- Submit a signed IRS Form W-9, Request for Taxpayer Identification Number and Certification.

Section II – Address Information – (Service Location To Be Closed)

- Complete service address to be closed. End date of address (if date not provided, MQD will use date request received).
- Corresponding pay to address for this new service address and applicable federal tax identification number.

☐ Changing Correspondence And/Or Pay To Address Only:

Section I

- Medicaid Provider ID Number
- Provider Name or Registered Business Name

Section II Address Information

- Indicate the NEW correspondence and/or pay to address and existing service location(s) affected by the change.
- New tax payer identification number (sole proprietor to sole proprietor or sole proprietor to corporate, *provider* must submit a signed IRS Form W-9 or letter of notification of number and a copy of your General Excise Tax Certificate, if

applicable). *If sole proprietor to corporate, provider must complete a new Disclosure Information Form (Part E).*

- If a begin date is not provided, MQD will use the date of your request.
- Provider's original signature on documented request.

NOTE: A COMMERCIAL BILLER (E.G., TEAMPRAXIS, HPAS, ETC.) SERVICE (ADMINISTRATIVE OFFICE) LOCATION CAN ONLY BE USED, AS A PROVIDER'S CORRESPONDENCE & PAY TO ADDRESS.

For Laboratories And Pharmacies:

- Adding a Service Address:

Section I

- Medicaid Provider ID Number.
- Provider's Registered Business Name / Doing Business As (d.b.a.) Name.

Section II Address Information

- Complete Correspondence address, if applicable.
- Complete Service address to be added item 7 through item 14. Enter required applicable information on item 15 or item 16, *submit a copy of the required certification or Hawaii State license* and a copy of the NCPDP certificate.
- Corresponding Pay To address for this new service address and applicable federal tax identification number.
- Begin date of address (if date not provided, MQD will use date request received).
- Indicate whether provider wishes to receive mail at the address.
- Provider's original signature on documented request.
- Letters and faxes are not acceptable as a substitute for the Status Change Request. The DHS 1139 Part A **must** be submitted. See cover letter for required documents.
- Submit a signed IRS Form W-9, Request for Taxpayer Identification Number and Certification.

Changes in Ownership

- Solo to Solo: Social Security Number (SSN) to Federal Employer Identification Number (FEIN), individual incorporation only, does not include partnerships.

Provider must provide a DHS 1139 (Part A) that includes the following listed information:

Section I

- Medicaid Provider ID Number.
- Provider Name.
- Provider's Registered Business Name / Doing Business As (d.b.a.) if a name change has occurred.

- Either a letter from the IRS indicating an employer identification number or a signed IRS Form W-9.
- Copy of State General Excise Tax registration number if applicable.
- Date of change (if date not provided, MQD will use date request received).

Section II Address Information

- Correspondence, Service and Pay To Addresses that may be affected by this change

Change In Participation

- Group Participation (Employed) to Sole Proprietor

Complete DHS 1139, Parts A, B&C, D and Part E if applicable.

- Changes in Federal Employer Identification Number (FEIN)**

A DHS 1139 Medicaid Application must be submitted with the required documents outlined above. At least One (1) Application or Status Change Request must be submitted for a new or existing provider working under the new FEIN.

QUALIFIED MEDICARE BENEFICIARY (QMB)

Explanation

“QMB Program” means Qualified Medicare Beneficiary Program. As a result of Section 301 of the Medicare Catastrophic Coverage Act of 1988, the Department of Human Services will provide Qualified Medicare Beneficiary (QMB) coverage to recipients with Medicare coverage meeting the eligibility criteria for this program. Under this program, the State Medicaid Program will pay for the recipients’ Medicare premiums, and any coinsurance and/or deductible to providers rendering services.

“QMB-Only Provider” means a provider who does not meet the eligibility criteria for Medicaid; but, is providing Medicare eligible services and wants to be eligible to bill for services rendered to QMB/Medicaid recipients. No payment will be made to providers not participating under the QMB Program. Claims submitted from providers not identified as a QMB or QMB-Only provider will be denied.

“QMB/Medicaid” means recipients with dual coverage; these recipients however must be treated as Medicaid patients. Medicare assignment must be accepted and claims will cross over to Medicaid for coordinated processing.

“QMB Only Payments” means payments processed for the coinsurance and/or deductible for services covered under Medicare to QMB/Medicaid recipients through the State’s Medicaid fiscal agent. No payment will be made toward services not covered by Medicare even if the services are a benefit of the Medicaid Program.

“QMB/Medicaid Payments” means payments processed for the coinsurance and deductible for Medicare covered services to recipients with dual coverage through the State’s Medicaid fiscal agent. Any service not covered by Medicare but covered under Medicaid will also be paid; however, a separate claim may need to be submitted to Medicaid for these Medicare non-covered services.