




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

Evercare
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.

Attachments



QExA HAWAII

QUEST Expanded Access
For healthy long term living
PO Box 135038 Honolulu, HI 96801
Helpline Toll-Free: 1-866-928-1959

[RECIP-FNAME] [RECIP-MI] [RECIP-LNAME]
[CASE—STR-1] [CASE—STR-2]
[CASE-CITY] [CASE-ST]

若需详细中文资料, 请使用免费电话1-866-928-1959
寻求协助。

PARA SA KARAGDAGANG TANONG SA
TAGALOG, TAWAGAN PO LAMANG ANG
LIBRENG LINYANG PWEDENG TUMULONG SA
INYO DITO SA 1-866-928-1959

PARA DAGITI KAYAT TAYO A DAMAGEN TI
ILOCANO, AWAGAN LAENG DAYTOY LIBRE A
LINYA NGA MABALIN A MAKATULONG
KADATAYO IDIAY 1-866-928-1959

자세한 한국어 안내를 원하시면 수신자 부담 무료
안내전화 Helpline (1-866-928-1959번)으로
전화주시기 바랍니다.

Aloha [Recip-FName] [Recip-LName],

Mahalo for making a health plan choice and taking an active part in your own health care!
Starting February 1, 2009, you will get Medicaid health care services from your new
QUEST Expanded Access (QExA) health plan:

Name	Medicaid ID	Health Plan
[Recip-FName] [Recip-LName]	[HAWI ID]	[Med-Plan-Name]

[Med-Plan-Name] will mail your membership packet and card soon. This notice will serve as proof of your membership until you receive your membership card.

All QExA clients can change health plans between February 1, 2009 and April 30, 2009 for any reason. This gives you the chance to find out more about your new health plan. If you miss the 90-day change period, you may still be able to change your health plan. For example, you can change health plans if your doctor joins or changes health plans.

Enclosed is a QExA Tip Sheet to help answer some of your questions as you start to get services from your QExA health plan. It also has important telephone numbers of where you can call to get help or more information.

From now until January 31, 2009, you will get health care services like you do now. If you have any questions call the QExA Helpline. You can get help in all languages for free.

QExA Helpline Toll-Free, 1-866-928-1959

Open 8:00 a.m. to 5:00 p.m., Monday – Friday

TTY line Toll-Free for hearing impaired users, 1-866-928-1958

Free interpreter service available to provide assistance

Visit us on the web at www.qexa.org



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[RECIP-FNAME] [RECIP-MI] [RECIP-LNAME]
[CASE—STR-1] [CASE—STR-2]
[CASE-CITY] [CASE-ST]

Aloha [Recip-FName] [Recip-LName],

Starting February 1, 2009, you will get health care services from your new QUEST Expanded Access (QExA) health plan. Since you did not make a health plan choice, one has been chosen for you:

Name	Medicaid ID	Health Plan
[Recip-FName] [Recip-LName]	[HAWI ID]	[Med-Plan-Name]

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QExA Information Tip Sheet

WHAT TO DO BEGINNING FEBRUARY 1, 2009

Beginning February 1, 2009, if you have a question about your health insurance, call your health plan. Keep all your scheduled appointments. If you have any problems, use the numbers on the back of this page to get help.

GETTING CARE BEFORE YOU RECEIVE YOUR HEALTH PLAN MEMBER CARD

The confirmation notice lets you know the QExA health plan you are enrolled in. Take this notice to your doctor or other service provider. This notice will let them know your health plan before you get your member ID card.

PRIMARY CARE PROVIDERS (PCP)

The health plans will send you health plan information. The health plan will ask you to choose a PCP when they send you a Welcome Packet. Your PCP is the doctor you see for your regular check-ups. You will have fifteen days to let the health plan know who your doctor is. If you do not let the health plan know, they will assign a PCP for you. If the PCP is not your regular doctor, let your health plan know. Also, you can always change your PCP. You can do it as often as you like. Just let your health plan know.

IF YOUR DOCTOR OR OTHER SERVICE PROVIDER IS NOT IN YOUR HEALTH PLAN

If your doctor or other service provider has not signed up with your health plan, you can still see them for the first six months of the QExA program. When you meet with your service coordinator for your Health and Functional Assessment, please tell them if you have any providers that have not signed up with your QExA health plan. They will work with you to get the care you need.

MEDICARE AND QExA

Both of the QExA health plans also have Medicare insurance programs. You can join their Medicare insurance program. You do not need to join their insurance program. You can remain with traditional Medicare or the Medicare insurance program that you currently use.

IF YOU WANT TO CHANGE YOUR HEALTH PLAN

Call the QExA Enrollment Choice Counselor at 1-866-928-1959 (TTY 1-866-928-1958) if you want to change your health plan. When you call to make your change, it will be effective the first day of the next month. For example, if you call to make a change on February 16, 2009, it will be effective on March 1, 2009. You have 90-days (February 2 through April 30, 2009) to call and change your health plan.



QUEST Expanded Access (QExA): Who to Call for What

Call your health plan

Call your health plan if there is a problem with a service coordinator. Call if there is a problem with your doctor or other service provider. Call if you have a problem getting access to health care. If you do not agree with the services you are getting, or other items like this, call your QExA health plan.

Evercare	
Toll-free	1-888-980-8728
Toll-free TTY line	711
Website	www.EvercareHealthPlans.com/HI_QExA

'Ohana Health Plan	
Toll-free	1-888-846-4262
Toll-free TTY line	1-877-247-6272
Website	www.ohanahealthplan.com

Call the QExA Ombudsman or Med-QUEST Division's Customer Service Branch
If you have a problem with your health plan, call the QExA Ombudsman. The QExA Ombudsman assists you in working with your health plan and provider to get the care you feel you need. You can also call if you do not agree with what the health plan is telling you. You can also call the Med-QUEST Division's Customer Service to get help with these problems.

QExA Ombudsman: Hilopa'a Family to Family Health Information Center

Hawai'i	333-3053
Kaua'i	447-1749
Maui & Lana'i	270-1536
Moloka'i	660-0063
O'ahu	791-3467
Website	http://hilopaa.org/qexa.aspx

Med-QUEST Division's Customer Service Branch

O'ahu	524-3370
O'ahu TTY line	692-7182
Neighbor Islands toll-free	1-800-316-8005
Neighbor Islands toll-free TTY	1-800-603-1201

Call the QExA Enrollment Choice Counselor if you want to change health plans

QExA Enrollment Choice Counselor

Toll-free	1-866-928-1959
Toll-free TTY line	1-866-928-1958

If you need general QExA information, visit www.qexa.org.