

# HealthPro News

A monthly publication for participating HMSA health care providers, facilities, and their staff.

October 2015

## ADMINISTRATION & NEWS



### ICD-10 is Here!

The time has come to use ICD-10. Now that the transition has taken place, your claims will be rejected if they're not compliant with ICD-10 standards. If your claim is rejected for this reason, recode using ICD-10 and resubmit.

ICD-10 is required for both paper and electronic claim submissions.

So how did we get to this point and what happens now? Here are some frequently asked questions about the October 1 switch to ICD-10 (with credit to the TriWest Healthcare Alliance):

#### What is ICD-10?

ICD-10 stands for the International Classification of Diseases, 10th Edition. ICD is the international standard for diagnostic classifications. The last version, ICD-9, was adopted in 1979.

#### What does ICD-10 compliance mean?

Any entity covered by the Health Insurance Portability and Accountability Act (HIPAA) must be able to successfully conduct health care transactions using ICD-10 diagnosis and procedure codes.

#### What is the primary purpose of this change?

The purpose is to improve clinical communication. ICD-10 allows for the capture of data regarding signs, symptoms, risk factors, and comorbidities to better describe the overall clinical issue. Also, it enables the United States to exchange information across international borders.

#### When will I have to start using ICD-10 codes?

ICD-10 took effect October 1, 2015. Your practice must use ICD-10 codes for services provided on or after that date. Billing for outpatient services are based on the date of service; inpatient services are based on the date of discharge.

**(Note:** the September *HealthPro News* incorrectly stated that billing for critical access hospitals using type of bill 85x is based on the date of discharge. 85x is an outpatient type of bill, and billing should be based on the date of service. We apologize for any confusion.)

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## ADMINISTRATION & NEWS (CONTINUED)

### **Do my medical records need more detail when I use ICD-10?**

Yes. Because of the increased specificity of the new code set, it's important that the documentation in medical records be adequate so that coders can select the correct ICD-10 code for billing.

### **Can I use both ICD-9 and ICD-10 codes on my claim?**

No. Each claim can contain only one code set. Do not mix ICD-9 and ICD-10 codes on a single claim.

### **If I had outpatient services that began before October 1 and ended on or after that date, can I still make one claim for those services?**

No. Outpatient claims that span the October 1 compliance date need to be split. Service dates up to September 30 would be on one claim with ICD-9 codes; services on and after October 1 would be on another claim with ICD-10 codes.

### **How can my staff and I learn the codes for ICD-10?**

Coders should take the time to become more familiar with this new code set by attending classes/seminars from an accredited coding institution. There's an increased amount of specificity with these codes and the use of non-specific codes is discouraged. Providers must also ensure that their billing and claims systems are compatible with the new ICD-10 format.

There are many free resources available online. Some of these include CMS's Road to 10 ([roadto10.org](http://roadto10.org)) and the World Health Organization's online training tool ([apps.who.int/classifications/apps/icd/ICD10Training](http://apps.who.int/classifications/apps/icd/ICD10Training)). HMSA also has a free online tool to test yourself using coding scenarios ([icd10.hmsa.com](http://icd10.hmsa.com)).

Do you have an ICD-9 code that you'd like to convert to ICD-10? Try HMSA's Translator Tool. Simply enter your ICD-9 code and the tool will give you the possible ICD-10 codes. It's available via HHIN or the Provider Resource Center's ICD-10 Information and Resources page at [hmsa.com/portal/provider/zav\\_pel.aa.ICD.100.htm](http://hmsa.com/portal/provider/zav_pel.aa.ICD.100.htm).



### **Importance of Accurate Provider Network Data**

Based on expectations of the Centers for Medicare & Medicaid Services (CMS), it's essential that you keep us informed of updates to your practice to keep provider network directories up-to-date. This will help us stay compliant with CMS standards and will also help you to better manage the referral process.

CMS has finalized its rules requiring Medicare Advantage Organizations, such as HMSA Akamai Advantage, to maintain accurate directories for the benefit of members.

CMS expects health plans to update provider directories in real time and have regular, ongoing communications with you to confirm your availability and whether you're accepting new patients. CMS' main concern is that the member can choose a participating provider who's accepting Medicare beneficiaries and that our directories are always updated with accurate and timely information. Health plans that fail to maintain complete and accurate directories will be subject to monetary penalties and/or enrollment sanctions. Help us make sure our members know whether or not you're accepting Medicare patients and keep your information in our provider directories as accurate as possible. This can save your staff a lot of time and unnecessary phone calls.

Please use the most current HMSA request forms, available in the HMSA Provider Resource Center, to submit your updates. When possible, submit changes three to four weeks before the effective date.

If you have any questions, call us at 952-7847 on Oahu.

## ADMINISTRATION & NEWS (CONTINUED)



### MAC Changes

The maximum allowable charges (MACs) for the following J-codes will increase starting October 1, 2015. Visit the Hawaii Healthcare Information Network (HHIN) for a more complete listing of J-codes and MACs.

J-code	Description	New MAC
J0129	Abatacept injection	\$38.54
J1030	Methylprednisolone 40 MG inj	\$4.00
J1040	Methylprednisolone 80 MG inj	\$7.56
J1566	Immune globulin, powder	\$34.19
J1626	Granisetron hcl injection	\$0.55
J1885	Ketorolac tromethamine inj	\$0.86
J2357	Omalizumab injection	\$30.88
J3370	Vancomycin hcl injection	\$3.50
J9045	Carboplatin injection	\$4.65
J9178	Inj, epirubicin hcl, 2 mg inj	\$1.83
J9201	Gemcitabine hcl injection	\$11.23
J9267	Paclitaxel injection	\$0.21
J9310	Rituximab injection	\$911.92
J9351	Topotecan injection	\$2.50
J9400	Inj, ziv-aflibercept, 1mg inj	\$10.13

## CODING & CLAIMS



### ICD-10 Codes for BMI

Body mass index (BMI) assessment is a key pay-for-quality measure across all HMSA plans — Commercial, QUEST Integration, and HMSA Akamai Advantage. BMI, an estimate of body fat, is used as an indicator of obesity and risk for chronic conditions. In senior members, a low BMI can point to a patient being underweight and possibly at risk for malnutrition. For this quality metric, primary care providers are scored on the percentage of patients 3–74 years old who had an outpatient visit with a PCP and whose BMI was documented during the measurement year.

Effective for service dates on and after October 1, providers will need to report BMI on claims using new Z68 ICD-10 codes instead of V85 codes from ICD-9. That means all BMI “cheat sheets,” wall posters, and office workflow checklists should be updated. PCPs should work with their teams to ensure that BMI is not only captured in the medical record, but also reported on claims for credit in our quality program.

Here are the ICD-10 codes that indicate numerator compliance for the BMI measure. Providers should code to the highest level of specificity.

## CODING & CLAIMS (CONTINUED)

ICD-10 Code	Adult BMI Range
Z68.1	BMI 19 or less, adult.
Z68.20	BMI 20.0–20.9, adult.
Z68.21	BMI 21.0–21.9, adult.
Z68.22	BMI 22.0–22.9, adult.
Z68.23	BMI 23.0–23.9, adult.
Z68.24	BMI 24.0–24.9, adult.
Z68.25	BMI 25.0–25.9, adult.
Z68.26	BMI 26.0–26.9, adult.
Z68.27	BMI 27.0–27.9, adult.
Z68.28	BMI 28.0–28.9, adult.
Z68.29	BMI 29.0–29.9, adult.
Z68.30	BMI 30.0–30.9, adult.
Z68.31	BMI 31.0–31.9, adult.
Z68.32	BMI 32.0–32.9, adult.
Z68.33	BMI 33.0–33.9, adult.
Z68.34	BMI 34.0–34.9, adult.
Z68.35	BMI 35.0–35.9, adult.
Z68.36	BMI 36.0–36.9, adult.
Z68.37	BMI 37.0–37.9, adult.
Z68.38	BMI 38.0–38.9, adult.
Z68.39	BMI 39.0–39.9, adult.
Z68.41	BMI 40.0–44.9, adult.
Z68.42	BMI 45.0–49.9, adult.
Z68.43	BMI 50–59.9, adult.
Z68.44	BMI 60.0–69.9, adult.
Z68.45	BMI 70 or greater, adult.

BMI pediatric codes are for patients 2–20 years of age.

ICD-10 Code	Pediatric BMI Percentile Range
Z68.51	BMI pediatric, less than 5th percentile for age.
Z68.52	BMI pediatric, 5th percentile to less than 85th percentile for age.
Z68.53	BMI pediatric, 85th percentile to less than 95th percentile for age.
Z68.54	BMI pediatric, greater than or equal to 95th percentile for age.

## PHARMACY



### QUEST Integration Formulary Changes

As of January 1, 2016, the changes listed below will be made to the HMSA QUEST Integration formulary as a result of decisions made by the Pharmacy and Therapeutics Committee, except as otherwise noted. We encourage you to talk with your patients to determine if a change to one of the alternative medications is appropriate. Patients who are currently taking a medication that will be removed from the formulary will need to switch to one of the alternatives listed for the medication to be covered under their plan. If you believe your patient should continue taking the current medication, you can request a non-formulary exception.

Exceptions: To submit a non-formulary exception request, use the form at [hmsa.com/portal/provider/CVS\\_Formulary\\_Exception\\_\(BR\)\\_Prior\\_Auth\\_122812.pdf](http://hmsa.com/portal/provider/CVS_Formulary_Exception_(BR)_Prior_Auth_122812.pdf).

The HMSA QUEST Integration formulary can be found in the HMSA Provider Resource Center: [hmsa.com/portal/provider/HMSA\\_QUEST\\_Drug\\_Formulary\\_CVS.pdf](http://hmsa.com/portal/provider/HMSA_QUEST_Drug_Formulary_CVS.pdf).

Drug Class	Medication	Strength	Utilization Management	Change/Criteria	Applies to New Rx Only
Anti-Infective Agent	Albenza Tablet	200 mg	Remove ST	<b>Effective as of 9/2015*</b>	No
Antineoplastic Agent	Farydak Capsule	10 mg 15 mg 20 mg	PA, SP	Formulary addition. Specialty product.*	No
Antineoplastic Agent	Ibrance Capsule	75 mg 100 mg 125 mg	PA, SP	Formulary addition. Specialty product.*	No
Antineoplastic Agent	Lenvima Capsule	10 mg 14 mg 20 mg 24 mg	PA, SP	Formulary addition. Specialty product.*	No
Antineoplastic Agent	Targretin Capsule	75 mg		<b>Non-formulary.</b> <b>Alternatives:</b> bexarotene capsule	No
Autonomic	Mestinon Tablet Timespan	180 mg		<b>Non-formulary.</b> <b>Alternatives:</b> pyridostigmine CR tablet	No
Central Nervous System	methylphenidate Capsule CR (generic Metadate CD)	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	Remove ST	<b>Effective as of 9/2015*</b>	No
Central Nervous System	methylphenidate Capsule ER (generic Concerta)	18 mg 27 mg 36 mg 54 mg	Revised ST	<b>Revised Step Therapy:</b> must try immediate release, generic Metadate CD, generic Adderall XR, generic Dexedrine <b>Effective as of 9/2015*</b>	No
Central Nervous System	methylphenidate Capsule SR (generic Ritalin LA)	10 mg 20 mg 30 mg 40 mg	Revised ST	<b>Revised Step Therapy:</b> must try immediate release, generic Metadate CD, generic Adderall XR, generic Dexedrine <b>Effective as of 9/2015*</b>	No
Central Nervous System	Mirapex Tablet	0.75 mg		<b>Non-formulary.</b> <b>Alternatives:</b> pramipexole 0.75mg tablet	No

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty

## PHARMACY (CONTINUED)

Drug Class	Medication	Strength	Utilization Management	Change/Criteria	Applies to New Rx Only
Central Nervous System	Namenda Solution	10 mg/5 mL	PA	Preauthorization required for patients under 30	No
Central Nervous System	Namenda Tablet	5 mg 10 mg	PA	Preauthorization required for patients under 30	No
Central Nervous System	Namenda Titration Pak	5 mg & 10 mg	PA	Preauthorization required for patients under 30	No
Central Nervous System	Ritalin LA Capsule	10 mg		<b>Non-formulary.</b> <b>Alternatives:</b> methylphenidate 10 mg extended release (generic Metadate CD and Metadate ER)	No
Central Nervous System	Strattera Capsule	10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	Revised ST	<b>Revised Step Therapy:</b> must try immediate release, generic Metadate CD, generic Adderall XR, generic Dexedrine <b>Effective as of 9/2015*</b>	No
Contraceptive	SHUR-SEAL Gel	2%		Formulary Addition.*	No
Proton Pump Inhibitor	pantoprazole Tablet	20 mg 40 mg	QL	<b>Quantity Limit:</b> daily dose of 1 tablet/day	No
Respiratory	albuterol Solution	0.083% 0.5%	Remove QL	*	No
Respiratory	Dulera Aerosol	100 – 5 mcg 200 – 5 mcg	QL	<b>Quantity Limit:</b> 1 inhaler per month	No
Respiratory	Flovent Diskus Aerosol	50 mcg 100 mcg 250 mcg		<b>Non-formulary.</b> <b>Alternatives:</b> Aerospin, Asmanex, budesonide respules	No
Respiratory	Pulmicort Respules	90 mcg 180 mcg		<b>Non-formulary.</b> <b>Alternatives:</b> budesonide respules	No
Topical	Bactroban Ointment Nasal	2%		<b>Non-formulary.</b> <b>Alternatives:</b> mupirocin cream and ointment	No

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty

## PHARMACY (CONTINUED)



### Essential Prescription Formulary Changes

The following formulary changes are a result of decisions made by the Pharmacy and Therapeutics Committee and will be effective January 1, 2016, except as otherwise noted. The Essential Prescription Formulary can be found in the HMSA Provider Resource Center: [hmsa.com/portal/provider/HMSA\\_Essential\\_Prescription\\_Formulary.pdf](http://hmsa.com/portal/provider/HMSA_Essential_Prescription_Formulary.pdf).

Drug Class	Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes	Applies to New Rx Only
ANRI/ARB	sacubitril/valsartan	Entresto	Non-formulary	3	<b>Prior Authorization</b> <b>Alternatives:</b> generic ACE inhibitor or ARB	No
Anticoagulant	apixaban	Eliquis	3	2	*	No
Anticoagulant	warfarin	Coumadin	2	3	<b>Alternatives:</b> use generic	Yes
Antineoplastic	temozolomide	Temodar	Oral Chemo	Non-formulary	<b>Alternatives:</b> use generic	No
Antipsoriatic	tacrolimus	Protopic	2	Non-formulary	<b>Alternatives:</b> use generic	No
Antipsychotic	clozapine	Fazaclo	3	Non-formulary	<b>Alternatives:</b> use generic	No
Antitussive	benzonatate	Zonatuss	3	Non-formulary	<b>Alternatives:</b> use generic	No
Cholinesterase inhibitor	pyridostigmine ext-rel	Mestinon ER	2	Non-formulary	<b>Alternatives:</b> use generic	No
Cox-2 Inhibitor	celecoxib	Generic Celebrex	1	1	<b>Step Therapy Removed; Effective 10/1/15*</b>	No
Cox-2 Inhibitor	celecoxib	Celebrex	3	Non-formulary	<b>Step Therapy Removed; Effective 10/1/15*</b> <b>Alternatives:</b> use generic	No
Hormone replacement	norethindrone/ethinyl estradiol	Femhrt	3	Non-formulary	<b>Alternatives:</b> use generic	No
NMSA receptor antagonist	memantine	Namenda	2	Non-formulary	<b>Alternatives:</b> use generic	No
NSAID	naproxen	Naprelan	3	Non-formulary	<b>Alternatives:</b> use generic	No
Phosphate Binders	calcium acetate	Phoslo	3	Non-formulary	<b>Alternatives:</b> use generic	No
Phosphate Binders	sevelamer hydroxide	Renagel	3	Non-formulary	<b>Alternatives:</b> Renvela or calcium acetate	No
Phosphate Binders	sucroferric oxyhydroxide	Velphoro	3	Non-formulary	<b>Alternatives:</b> Renvela or calcium acetate	No
Proton Pump Inhibitor	esomeprazole	Nexium	3	Non-formulary	<b>Alternatives:</b> use generic	No
Respiratory Agent	lumacaftor/ivacaftor	Orkambi	Non-formulary	5	<b>Prior Authorization. Specialty Product.*</b>	No
SGLT-2	canagliflozin	Invokana	3	2	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2	dapagliflozin	Farxiga	3	Non-formulary	<b>Alternatives:</b> Invokana, Invokamet (if step therapy is met)	Yes

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty

## PHARMACY (CONTINUED)

Drug Class	Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes	Applies to New Rx Only
SGLT-2	empagliflozin	Jardiance	3	Non-formulary	<b>Alternatives:</b> Invokana, Invokamet (if step therapy is met)	Yes
SGLT-2/Biguanide	canagliflozin/metformin	Invokamet	3	2	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2/Biguanide	dapagliflozin/metformin	Xigduo	3	Non-formulary	<b>Alternatives:</b> Invokana, Invokamet (if step therapy is met)	Yes
Short Acting Beta Agonist	albuterol	ProAir Respiclick	3	Non-formulary	<b>Alternatives:</b> ProAir HFA, Ventolin HFA	No
Short Acting Beta Agonist	albuterol	Proventil HFA	3	Non-formulary	<b>Alternatives:</b> ProAir HFA, Ventolin HFA	No
Short Acting Beta Agonist	levalbuterol	Xopenex HFA	2	3	<b>Alternatives:</b> ProAir HFA, Ventolin HFA	Yes
Skeletal Muscle Relaxant	carisoprodol	Generic Soma	1	1	<b>Quantity Limit:</b> 1,400 mg/day	No
Skeletal Muscle Relaxant	carisoprodol	Soma	3	Non-formulary	<b>Quantity Limit:</b> 1,400 mg/day <b>Alternatives:</b> use generic	No

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty



### Select Formulary Changes

The following formulary changes are a result of decisions made by the Pharmacy and Therapeutics Committee and will be effective January 1, 2016, except as otherwise noted. The Select formulary can be found in the HMSA Provider Resource Center: [hmsa.com/portal/provider/index.htm](http://hmsa.com/portal/provider/index.htm).

Drug Class	Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes	Applies to New Rx Only
ANRI/ARB	sacubitril/ valsartan	Entresto	3	3	<b>Prior Authorization</b> <b>Alternatives:</b> generic ACE inhibitor or ARB	Yes
Anticoagulant	apixaban	Eliquis	3	2	*	No
Anticoagulant	warfarin	Coumadin	2	3	<b>Alternatives:</b> use generic	Yes
Antipsoriatic	tacrolimus	Protopic	2	3	<b>Alternatives:</b> use generic	No
Cholinesterase inhibitor	pyridostigmine ext -rel	Mestinon ER	2	3	<b>Alternatives:</b> use generic	No
Cox-2 Inhibitor	celecoxib	Generic Celebrex	1	1	<b>Step Therapy Removed; Effective 10/1/15*</b>	No
Cox-2 Inhibitor	celecoxib	Celebrex	3	3	<b>Step Therapy Removed; Effective 10/1/15*</b>	No
NMSA receptor antagonist	memantine	Namenda	2	3	<b>Alternatives:</b> use generic	No
SGLT-2	canagliflozin	Invokana	3	2	<b>Step Therapy:</b> must try metformin first	Yes

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty



## PHARMACY (CONTINUED)

Drug Class	Generic Name	Brand Name	Current Tier	New Tier	Utilization Management Description/Notes	Applies to New Rx Only
SGLT-2	dapagliflozin	Farxiga	3	3	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2	empagliflozin	Jardiance	3	3	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2/ Biguanide	canagliflozin/metformin	Invokamet	3	2	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2/ Biguanide	dapagliflozin/metformin	Xigduo	3	3	<b>Step Therapy:</b> must try metformin first	Yes
SGLT-2/DPP-4	empagliflozin/ linagliptin	Glyxambi	3	3	<b>Step Therapy:</b> must try metformin first	Yes
Short Acting Beta Agonist	levalbuterol	Xopenex HFA	2	3	<b>Alternatives:</b> ProAir HFA, Ventolin HFA	Yes
Skeletal Muscle Relaxant	carisoprodol	Generic Soma	1	1	<b>Quantity Limit:</b> 1,400 mg/day	No
Skeletal Muscle Relaxant	carisoprodol	Soma	3	3	<b>Quantity Limit:</b> 1,400 mg/day <b>Alternatives:</b> use generic	No

\*Positive change.

Utilization Management Legend: PA = Preauthorization; ST = Step Therapy; SP = Specialty



### Drug Coupon Cards and Medication Costs

Medication costs are rapidly rising and are contributing a greater amount to overall health care costs. We'd like to bring greater awareness to the coupon card programs that drug manufacturers are utilizing. Coupon card programs incentivize members to use their medications (typically at minimal costs to the member) by minimizing or eliminating copayments.

HMSA recommends use of coupon cards for preferred formulary agents in order to help promote savings for our members. Although the coupon card lowers the member's copayment, it doesn't pay for the entire price of the drug, which the drug plan must pay. This drives up the cost of drugs because it steers members away from cost-effective generic and preferred brand alternatives, which should always be considered first. Please keep this in mind when determining the appropriate drug and/or treatment plan for your patients.



### Non-FDA-Approved Pain Patches

Recently released pain patches such as Relyyt, Renuu, and Atendia will no longer be covered by HMSA.

The U. S. Food and Drug Administration (FDA) hasn't thoroughly reviewed and approved these products for safety, efficacy, and quality. Drugs without FDA approval are not a covered benefit.



### Compound and Compound Vehicle Exclusions

The strategy related to the coverage of compounds and compound vehicles that was targeted to start October 1, 2015, is being postponed.

We'll provide more information in the coming weeks.

## PHARMACY (CONTINUED)



### Omeprazole OTC Update

The omeprazole OTC copay waiver program will sunset on January 1, 2016, for all commercial plans. The prescription version of generic omeprazole will be covered at the member generic/Tier 1 copayment level.

## PLANS



### Telephone Survey to Assess Appointment Availability

On behalf of HMSA, SPH Analytics will call you this month about the availability of the following types of appointments for HMSA QUEST Integration members:

- **Emergency medical situations** (loss of consciousness, chest pain or other signs of heart attack, or severe bleeding): immediate care/24 hours a day/seven days a week without preauthorization.
- **Urgent care visits** (high fever, ear pain, or infections): within 24 hours.
- **PCP pediatric sick visits**: within 24 hours.
- **PCP adult sick visits**: within 72 hours.
- **PCP visits** (routine visits for adults and children): within 21 days.
- **Behavioral health visits** (routine visits for adults and children): within 21 days.
- **Specialist visits**: within four weeks.
- **Non-emergency hospital stays**: within four weeks.

Our goal is 90 percent or better for appointment availability.

Thank you in advance for taking the time from your busy schedule to respond to this telephone survey. The information you provide to SPH Analytics helps us maintain our successful relationship with the state of Hawaii for our QUEST Integration plan.

Results from our previous survey appear below.

### HMSA QUEST Appointment Availability Report – 2nd Quarter 2015

Provider Type/Class	Wait Standard	% of Requests that Meet Waiting Time Standard	Average Wait (Days) for Those Over Standard
Urgent care	24 hours	95.2%	7.5 calendar days
PCP pediatric sick visits	24 hours	100.0%	N/A
PCP adult sick visits	72 hours	97.4%	11 calendar days
Behavioral health (routine visits for adults and children)	21 days	100.0%	N/A
PCP visits (routine visits for adults and children)	21 days	99.0%	82.5 calendar days
Specialist visit	4 weeks	96.0%	102 calendar days
Non-emergent hospital stays	4 weeks	99.3%	60 calendar days

**PLANS (CONTINUED)**



**Health Outcomes Survey**

Start now so your patients are prepared to answer questions! The Health Outcomes Survey (HOS) will be distributed February–May, 2016.

Understanding the care that our Medicare Advantage population receives is a large component in determining its overall health. One method in assessing this is through the HOS.

The HOS was developed by the Center for Medicare & Medicaid Services (CMS) in collaboration with the National Committee for Quality Assurance (NCQA). In this survey, members are asked questions relating to specific activities of daily living and how it affects their overall physical and mental health. The survey is administered each spring to a sample of Medicare Advantage members and the same members are resurveyed after two years. This allows CMS to measure changes in overall physical and mental health. Results are reported in the early fall of the following year.

Partial results of the 2014 survey in comparison to the national averages are included below. Much of the survey is part of an annual wellness exam, so we encourage you to take advantage of Medicare’s coverage of a wellness exam to promote better health for our seniors..

For more information, visit the HOS website at [hosonline.org](http://hosonline.org).

	HMSA rate	National Average
Improving or Maintaining Physical Health	65%	69%
<i>Percent of plan members whose physical health was the same or better than expected after two years.</i>		
Improving or Maintaining Mental Health	80%	79%
<i>Percent of plan members whose mental health was the same or better than expected after two years.</i>		
Monitoring Physical Activity	53%	50%
<i>Percent of plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.</i>		
Reducing the Risk of Falling	59%	60%
<i>Percent of plan members with a problem of falling, walking, or balancing who discussed it with their doctor and got treatment for it during the year.</i>		
Improving Bladder Control	31%	35%
<i>Percent of plan members with a problem of urinary incontinence who discussed it with their doctor.</i>		



**QUEST Integration Plan Change Period**

The annual plan change period for the plan year beginning January 1, 2016, is in process from October 1–16, 2015. The Med-QUEST Division sent plan change selection packets to members last month. QUEST Integration members who want to change to a different QUEST Integration plan must return their plan change forms to Med-QUEST by October 16, 2015.

## PLANS (CONTINUED)

HMSA QUEST Integration plan members who want to stay with their current QUEST Integration plan don't need to do anything. If their eligibility continues, they'll automatically continue to be enrolled in their current plan next year.

Your HMSA QUEST Integration patients with questions about the plan change process should call QUEST Integration Member Services at 948-6486 on Oahu or 1 (800) 440-0640 toll-free on the Neighbor Islands, Monday through Friday, from 8 a.m. to 4:30 p.m. These phone numbers are also on the back of their QUEST Integration membership cards.



### Codes That Do Not Meet Payment Determination Criteria

Effective for services rendered on or after October 1, 2015, the QUEST Integration plan will no longer maintain a separate list of codes that don't meet payment determination criteria. Please refer to the Provider E-library in the HMSA Provider Resource Center at [hmsa.com](http://hmsa.com) for Codes That Do Not Meet Payment Determination Criteria used by HMSA Commercial plans. Maintaining only one list will minimize the potential for error.

Although QUEST Integration accepts the GA modifier on claims, member billing of these services isn't allowed unless the patient was advised before the service was rendered that the service isn't payable under the QUEST Integration plan. If the patient wishes to proceed with the service, the patient must agree to pay for it by signing the Agreement of Financial Responsibility form before the service is rendered. This form is available in the QUEST Integration Provider Handbook available through the HMSA Provider Resource Center: [hmsa.com/portal/provider/zav\\_IN.QU-index.htm](http://hmsa.com/portal/provider/zav_IN.QU-index.htm).



### Provider Status Update

If you opened or closed an office location, or moved your practice location, be sure to notify us of your changes so that we can update your provider records. This will ensure that any correspondence, publications, and payment checks reach you without delay. The applicable forms are available from the HMSA Provider Resource Center. Click Forms, then access the Provider Information Forms.

PCPs should also keep us informed of any changes to their QUEST Integration capacity limit and language capabilities to help with patient assignments. Increases may be made at any time. Written requests to decrease capacity are effective 45 days after notification, so that affected patients have time to select a new PCP.



### Reminder About Sterilizations

Be sure that any sterilization procedure performed for QUEST Integration patients is supported by a properly signed and executed Sterilization Required Consent Form (DHS Form 1146), even if you won't bill the procedure to the QUEST Integration plan. Other providers involved in the procedure will submit claims for their services and won't be paid if there's no signed DHS Form 1146. These denied claims may include those from assistant surgeons, anesthesiologists, and the facility where the procedure was done.

## PLANS (CONTINUED)



### Laboratory Panel Pricing

As previously announced in the July issue of *HealthPro News*, part of our initiatives to improve our processing system involves changes to how we process laboratory panels. Effective December 1, 2015, we're adopting the Medicare process for reimbursing lab panels using automated test pricing (ATP) for ATP codes.

Pricing will be based on the total number of ATP procedures performed on the same day. This will include the number of procedures included in a lab panel plus any other ATP codes billed. For example, if you bill a panel that includes 10 codes and also provide two additional ATP codes that aren't part of the panel, you'll be paid for 12 ATP codes. Codes not subject to ATP pricing will continue to be paid using the current usual and customary reimbursement (UCR) pricing.

The ATP fees are similar to the fees you're currently receiving under the current UCR for both non-ABD and ABD members. However, you'll notice a change in the reimbursement for the following codes provided to ABD members:

Lab Panel Code	Current ABD ATP Fee	ABD ATP Fee
80047	\$30.91	\$11.98
80050	\$41.19	\$46.80

## PROGRAMS



### Providing EPSDT Information

Children who are on a Medicaid plan historically are more likely to have poor health conditions such as low birth weight, developmental delays, learning disorders, and medical conditions requiring ongoing use of prescription medication (source: [medicaid.gov](http://medicaid.gov)). It's important that QUEST Integration children and adolescents receive quality health care through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Your continued support in submitting the EPSDT DHS 8015/8016 forms ensures our members are receiving proper preventive and comprehensive care. Prevention helps identify, diagnose, and treat conditions before they become more complex and costly to treat.

We continue to use the information you provide on the EPSDT DHS 8015/8016 form to track screenings, immunizations, and follow-up on any necessary referrals or recommended services needed to promote healthy growth and development. The information also plays an important role in health plan reporting. It allows us to identify gaps and trends in care and in turn, develop ways to improve access, utilization, and quality of care for children and adolescents covered under HMSA's QUEST Integration program. This also reduces the need for chart reviews at your office.

An important tip to ensure the information you provide is captured is to ensure the member identification number and your NPI number are correct. Without the correct member number and NPI, we can't give you credit.

## PROGRAMS (CONTINUED)



### HMSA Akamai Advantage Dual Care Plan

HMSA Akamai Advantage Dual Care Plan is a Medicare Advantage product for members who are eligible for both Medicare and Medicaid. A significant benefit under a dual-eligible special needs plan (DSNP) is the Model of Care (MOC) component that provides enhanced service coordination benefits, a health risk assessment (HRA), an individualized care plan (ICP), and an interdisciplinary care team (ICT).

HMSA Akamai Advantage Dual Care covers Original Medicare with some added benefits, such as:

- \$0 copayment annual physical exam.
- \$0 copayment health education and wellness.
- \$0 copayment for HMSA Online Care.
- Increased access to SNF with preauthorization (no requirement for prior three-day acute stay).
- Care coordination and support services through a care manager, such as a registered nurse or social worker.

HMSA will offer provider training sessions on DSNP/MOC on October 1 and October 21, 2015. Please be on the lookout for invitation fliers.

## POLICY NEWS



### New Policy Drafts Online for Review

Drafts of new medical policies are posted online for your review. Visit [hmsa.com/prc0005](http://hmsa.com/prc0005) in the Provider E-Library for drafts of policies that may affect your practice.

Please comment by the due date indicated by email to [medical\\_policy@hmsa.com](mailto:medical_policy@hmsa.com) or by fax to 944-5611 on Oahu.



### Annual Review of Medical Policies

The following policies have undergone review and have been updated in the Provider E-Library at [hmsa.com/prc0006](http://hmsa.com/prc0006); printed copies are available on request.

- Clinical Trials — Routine Costs.
- Cognitive Rehabilitation Therapy.
- Habilitative Services.
- Intracellular Micronutrient Analysis.
- Measurement of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) in the Assessment of Cardiovascular Risk.
- Specialty Drugs Requiring Precertification.
- Speech Therapy Services.
- Synagis (Palivizumab).

## POLICY NEWS (CONTINUED)



### 90-Day Notice for Policy Changes

The following policy has been updated and starts January 1, 2016:

- Preventive Health Guidelines — Prenatal Care.



### New Policies

The following policy will go into effect on January 1, 2016:

- Laser Therapy for Plaque Psoriasis.

We encourage you to read the criteria before the effective date.

Please refer to the current medical policies online for more information, including precertification requirements, at [hmsa.com/prc0006](http://hmsa.com/prc0006).

Effective January 1, 2016, gender reassignment surgery will become a benefit under Federal Plan 87. A gender reassignment surgery policy with guidelines and precertification information will be added to the Provider E-library on January 1, 2016.



### Specialty Drugs that Require Precertification

The following drug required precertification starting on August 21, 2015:

J3490/J3590	Unituxin (dinutuximab)
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### Precertification Requirements

Our precertification form has been revised. It now includes criteria for urgent requests and a signature line attesting to the criteria, allowing processing of your request within 72 hours. The new form also asks for additional information so we won't have to ask for it at a later date, which could cause delays.

Here's a summary of changes in the form:

- **Urgent Review:** A checkbox has been added for providers to indicate whether a review is urgently needed. Listed are the acceptable circumstances constituting urgency, as determined by the U.S. Department of Labor. Signed physician/RN/LPN attestation is required; if signatures are left blank, decision and notification timeframes for non-urgent requests will be used. Please note that a scheduling conflict in itself isn't a reason for an urgent review.
- **Review of Service(s) not Requiring Precertification:** The checkbox designation has been replaced with "Payment Determination Review" to avoid confusion.
- **Supporting Documentation:** To avoid delays, emphasis has been placed on the submission of supporting documentation along with the precertification request. This instruction was previously located at the bottom of the page and is now underlined and placed near the top of the page in large bold print.
- **Place of Service:** A checkbox has been added for Home.
- **CPT/HCPCS Code(s):** Lines for modifiers have been added.

## POLICY NEWS (CONTINUED)

- **Servicing Provider/Facility/Vendor Name:** Billing address is now requested.
- **General Comments:** A section for general comments has been included at the bottom of the form.

The revised general precertification form can be found at [hmsa.com/portal/provider/FM.Precertification\\_Request\\_General.pdf](https://hmsa.com/portal/provider/FM.Precertification_Request_General.pdf).



### Electronic Precertification for Out-of-State Plan Members

Since January 1, 2014, HMSA has offered electronic access for HMSA participating providers to precertify services for their patients who are covered under other Blue Cross and/or Blue Shield plans.

This is a reminder that this access will allow you to electronically connect to your out-of-state patients' Blue Cross and/or Blue Shield plans to confirm precertification requirements and complete online precertification if it's available. This process ensures the proposed medical services will be covered under your patients' Blue Cross and/or Blue Shield plans and that they won't be penalized for failure to obtain precertification.

Access to this system is available through HHIN, HMSA's provider portal. Use the following link to review instructions on how to access your patient's out-of-state plan online precertification tool: [hmsa.com/portal/provider/hhin-prc-home.htm](https://hmsa.com/portal/provider/hhin-prc-home.htm).

Medical policies are in the Provider E-Library at [hmsa.com/prc0004](https://hmsa.com/prc0004). For copies, call Provider Services at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands.

## CALENDAR



### Well-Being Workshops

The workshops listed below are available to HMSA members at no cost. These informative sessions are presented by Healthways health educators and can help your patients improve their health and well-being.

#### Laugh-Sing-Move *\*new workshop\**

Snack less with song and movement techniques. Dress comfortably.

- 10/10, 9:30–10:30 a.m.  
Kaimuki Plaza, Kaimana Room
- 10/17, 9:30–10:30 a.m.  
HMSA Center @ Honolulu

#### Sweet Dreams

Learn how much sleep you need and how to get more (and better) sleep.

- 10/24, 9:30–10:30 a.m.  
Kaimuki Plaza, Kaimana Room
- 10/27, 10–11 a.m.  
HMSA Center @ Pearl City
- 10/29, 9:30–10:30 a.m.  
HMSA Center @ Honolulu
- 10/30, 5:30–6:30 p.m.  
HMSA Maui Office



## CALENDAR (CONTINUED)



### Community Classes

#### Adult Fitness at Queen's

Learn Jazzercise, tai chi, kickboxing, yoga, and more. Times and instructors vary. The Queen's Medical Center, Women's Health Center Classroom. Six classes for \$66. Call 691-7117 for details and to register.

#### Health & Education at Queen's

The Queen's Medical Center, Women's Health Center Classroom.

- **October is Breast Cancer Awareness Month:**

Receive a gift for having your mammogram done in October at Queen's.

- **Genetics Class:** Learn about prenatal genetic screening and tests to check the health of your baby. Call 691-7633 for times and information. Free.

- **Lamaze Class:** Sundays, 1–4 p.m. Get birthing techniques from a Lamaze-certified instructor in this birth-partner-focused class. \$150 per couple for five sessions. Instructor: Nicia Platt.

- **Lymphedema/Breast Cancer Clinic:** First and third Thursdays, 1:30–2:30 p.m. Learn exercises to prevent lymphedema (swelling of the arms). Free.

- **Mammogram and Cervical Cancer Screening:** Every other Friday, 8 a.m.–noon. Free for women who are ages 50–64, uninsured or underinsured, or low income. Call 691-7726 for times and eligibility.

#### Queen's Speaking of Health Community Lecture

October 28, 5:30–7 p.m. The issue of "diabesity" will be addressed by Dr. Alan Parsa, medical director of the diabetes program at The Queen's Medical Center–West Oahu, and Dr. Cedric Lorenzo, medical director of the Queen's Comprehensive Weight Management Program. The Queen's Conference Center. Free; parking is \$5. Register online at [queensmedicalcenter.org/health-lectures](http://queensmedicalcenter.org/health-lectures), or call 691-7117.

#### The Queen's Medical Center West Oahu

- **Speaking of Health:** October 15, 6–7 p.m. Free community lectures. Various health topics are covered. The Queen's Medical Center West Oahu,

main lobby. Free parking. For more information on classes and to register, call 691-7117 or register online at [queenswestoahu.org/classes-and-events](http://queenswestoahu.org/classes-and-events).

- **Fresh Market:** October 21, 10 a.m.–1 p.m. Buy fresh fruits and vegetables, delicious prepared food, baked goods, refreshing lemonades, various oils and balsamic vinegars, natural face and body products, Hydroflasks, and more. The Queen's Medical Center West Oahu, emergency department parking lot. Free parking. Call 691-3197 for more information.

#### Castle Wellness Center Events

Castle Wellness Center Auditorium.

- **Got Gas?:** October 8, 6–7:30 p.m. An informative discussion on how gas gets into the digestive tract, what the effect of intestinal gas is on the body, and ways to combat issues. Presented by Dr. Patrick R. Kenny. Free. Pre-registration is required; call 263-5400.
- **Eat Well for Life: Perfect Pairings:** October 22, 6–7:15 p.m. Get ideas for making and matching soups and sandwiches—including a vegan muffaletta. \$10/person. Call 263-5400 to register.
- **Look Good, Feel Better:** October 28, 1–3:45 p.m. A free program to help individuals with cancer look good, improve their self-esteem, and thereby manage their treatment and recovery with greater confidence. Pre-registration required. Call 1 (800) 227-2345 toll-free.

#### Nutrition and Diabetes

October 1, 1–2:30 p.m. Discuss management and prevention with Andrea Mayer, RD. 900 Fort Street Mall, Suite 940, Honolulu. To RSVP, call the American Diabetes Association Hawaii at 947-5979 or email [ADAHawaii@diabetes.org](mailto:ADAHawaii@diabetes.org).

#### Farmers Market at HMSA

Every Friday, 11 a.m.–2 p.m. Enjoy fresh, island-grown produce and ready-to-eat local food. HMSA Center @ Honolulu. For information on vendors, call HMSA at 948-6521.

## CALENDAR (CONTINUED)

### Walk with a Doc on Hawaii Island

Every Sunday, 8 a.m. Walk includes a brief warm-up/stretch and an informative talk from a community doctor or medical student. Wear comfortable shoes. Meets rain or shine. Liliuokalani Gardens, Hilo. For more information, see [www.adbigisland.org](http://www.adbigisland.org).

### Keiki Safety—Children and Youth Day

October 4, 9 a.m.–1 p.m. Learn how to securely install your child's car seat and get a free helmet for your keiki (while supplies last). The Queen's Medical Center, Miller Street parking lot (entrance on Punchbowl), Honolulu. For more information, contact Cora Speck at [cspeck@queens.org](mailto:cspeck@queens.org) or at 691-7059.

### REHAB Stroke Club

October 6, 10–11:30 a.m. Join other stroke survivors for education and socialization. Rehabilitation Hospital of the Pacific, Harry & Jeanette Weinberg Courtyard, Honolulu. For information, call Rochelle Brace at 566-3791 or email [RBrace@rehabhospital.org](mailto:RBrace@rehabhospital.org).

### COPD Support Group

October 13, 10 a.m.–noon. Get support and information on lung health, living with chronic obstructive pulmonary disease (COPD), and more. Pali Momi Women's Center at Pearlridge, ground floor conference room, Aiea. Free parking. To register, contact Valerie Chang at 699-9839 or at [Valerie@hawaiicopd.org](mailto:Valerie@hawaiicopd.org). Or visit [hawaiicopd.org](http://hawaiicopd.org).

### Kardiac Kids Parent Support Group

October 9, 6:30–9 p.m. Education and support for families with kids who have congenital heart disease. Kapiolani Medical Center for Women & Children. 2nd Floor, Conference Room B, Honolulu. For information, call Jullie Passos at 227-4558 or email [jullie4heart@gmail.com](mailto:jullie4heart@gmail.com).

### BRCA Support Group

October 14, 3–4 p.m. Queen's Conference Center. Call 691-8984 on Oahu for more information.

### Diabetes Support Group

October 14, 6:30–7:30 p.m. Open to people with diabetes and their friends and family. Maui Memorial Medical Center, Marion Hanlon Conference Room, Wailuku. Free valet parking. Call 442-5773 for information.

### Breast Cancer Support Group

October 15, 11 a.m.–noon. Queen's Medical Center Kamehameha Lounge. Call 691-8984 for more information.

### Komen Hawaii Race for the Cure

October 18, 7 a.m. Join the Queen's Cancer Center & Women's Health Center team for this annual event. Kapiolani Bandstand. \$30 registration fee.

### Making Strides Against Breast Cancer

October 24, 6 a.m. (registration); 7 a.m. (walk). Raise awareness and funds in the fight against breast cancer at the American Cancer Society's premier event. The leisurely 5K walk starts at Richardson Field, 57 Arizona Memorial Drive, Slip 101, Honolulu. Register online and form a team at [makingstrideswalk.org/hawaii](http://makingstrideswalk.org/hawaii).

### Kids and Teens Lupus Group

Meet your peers and learn more about lupus at this fun, interactive meeting. Date, location, and time to be determined. For information, visit [alwaysbehealthyandhappy.org](http://alwaysbehealthyandhappy.org).