



Thank you for your continued collaboration and support as we remain steadfast in our commitment to improving the well-being of the patient communities we serve together. This monthly bulletin is to keep you informed of current MDX Hawai'i initiatives and announcements.

## COVID-19 VACCINE SECOND BOOSTER

FDA recently authorized a second booster dose of either the Pfizer-BioNTech or the Moderna COVID-19 vaccines for older people and certain immunocompromised individuals. The emergency use authorization was amended to include the following:

- A second booster dose of the Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine may be administered to individuals 50 years of age and older at least four months after a first booster dose
- Some people who are immunocompromised, or people with weakened immune systems
- Those who have undergone solid organ transplantation or living with conditions that are considered to have an equivalent level of immunocompromise
  - Pfizer COVID-19 vaccine may be administered to individuals 12 years and older
  - Moderna COVID-19 vaccine may be administered to individuals 18 years and older
- **Reference:** [FDA Press Release](#)

## Physician Decision Support Platform

We would like to remind providers to review and complete lab tests requiring Prior Authorizations and Advanced Notifications through our web-based platform called Physician Decision Support (PDS).

Access to the PDS platform is available through our Provider Portal or if you are a registered user, click [here](#) for direct access. A reference guide for your office program administrator or contact is available on our [website](#).

## 2022 MA PROVIDER SESSION RECORDINGS ARE NOW AVAILABLE

Our Annual MA Provider Session recording and copy of the PowerPoint presentation are now available on the Provider Portal. Login to the portal [here](#) for access.

Topics covered:

- About MDX Hawai'i
- MDX Hawai'i MA Clients and Plans
- MDX Hawai'i Website and Secure Provider Portal
- Medical Management
- Care Management Programs
- Utilization Management
- Program Guidelines
- Continuity of Care
- Prior Authorization Requirements
- Provider Affirmative Statement
- Claim Reconsideration and Member Appeals
- Compliance
- Healthcare Quality Program (HCQ)
- Provider Network Operations
- Provider Services

**MIP REVISIONS AND UPDATES**

Effective April 13, 2022, an updated version of the MIP will be available for use. The new layout of the MIP will include the following sections:

- Member Demographic Information
- Action Requested:
  - Instructions for confirming and disconfirming chronic conditions and suggestions.
  - Listing of all OPEN, known chronic conditions as well as suggestions sourced by a physician reviewer, coder, or claims review.
  - Action to be taken for the conditions and/or suggestions listed in this section.
- Conditions Already Assessed This Year
  - Listing of all CLOSED chronic conditions.
  - There is no further action needed in assessing the conditions listed in this section.
- Non-PCP Visits: Listing most recent visits to a non-PCP, including the provider's name, specialty, and the date of service.
- Quality Measures: Listing of Quality/STARS measures and their status.
- Instructions for where to return completed MIP forms at the bottom of the form.

The main update to the newly designed MIP is the Action Requested section, which combines the Action Requested sections for historically known conditions and indicated conditions in the previous version of the MIP. Historically known chronic conditions will be located at the top of the Action Requested section, indicated by fields providing historical background on the condition (Seen By, Specialty, Assessment Status for the past two years, Previously Suppressed). Suggestions sourced by physician reviewers, coders, or claims reviews will be located at the bottom of the section. Suggestions will display the reviewer's memo or reasoning for the suggestion in the place of historical background.

In addition, suggestions may indicate a non-ICD-10 code. Listed below are the types of suggestions that may be included on the MIP.

- ICD-10 codes: Codes that map to a RA diagnosis.

- EDU: Educational notes created by the reviewer to be reviewed and addressed.
- ADX: Additional diagnoses to be assessed, documented, and submitted on a claim along with the current dx, IF VALID. Otherwise, disconfirm following the instructions at the top of the Action Requested section.
- REC: Recommendations for treatment or evaluation.
- NONE: No findings/recommendations were made after the Physician Medical Record Review (PMRR) of the patient's history was performed.

Please continue to follow the existing practice for confirming and disconfirming conditions/suggestions in the Action Requested section. Confirmations should be properly documented in the visit's notes and submitted as part of the claim. Disconfirmations should be noted on the MIP following instructions on the MIP and submitted back to MDX Hawaii for processing.

If you have any questions regarding the MIP and the recent updates, please contact your BOI coordinator or submit your inquiry to [HCQAdminTeam@MDXHawaii.com](mailto:HCQAdminTeam@MDXHawaii.com)

**GENERIC DRUGS NEWLY AVAILABLE IN 2022**

FDA recently approved several new generics medications. These medications recently lost their exclusivity with patent expirations. New generically available medications can potentially result in patient savings. Affordable medications help to promote patient compliance and prevent medication compliance-related disease complications.

Brand Name	Generic Name	Use
Vimpat	Lacosamide	Seizures
Restasis	Cyclosporine Ophthalmic Emulsion	Keratoconjunctivitis sicca (dry eye syndrome)
Abraxane	Paclitaxel Protein Bound	Various cancers
Alimta	Pemetrexed	Various cancers

## USE OF MIP AT THE POINT OF CARE

The MIP is a point-of-care tool created by MDX Hawaii available to all Primary Care Providers (PCPs). It lists historical, acute, and chronic Risk Adjusting (RA) conditions, suspect conditions, and the patient's outstanding STARs measures in a single document. The MIP is located on our Provider Portal and is updated in real-time; therefore, it is vital to refer to the MIP from the Provider Portal to ensure you have the most current updated version. In addition, we recommend you review the most current MIP prior to a patient appointment to identify diagnoses that potentially may not have been reviewed.

## REVISED CARE COORDINATION FORM

Based on your feedback, the Care Coordination Referral form has been updated, making it easier to complete. We hope that this updated form will assist you and your staff and streamline steps in the referral requesting processes.

Please find an updated copy of the Care Coordination Referral Form [here](#).

For your convenience, a copy is attached at the end of this bulletin.

## STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE AND DIABETES (SPC/SPD)

### Statin Therapy for Patients with Cardiovascular Disease

Assesses males 21–75 years of age and females 40–75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.

### Statin Therapy for Patients with Diabetes

Assesses adults 40-75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

In the next several weeks, you will receive a list of your patients -who have been non-compliant for statin medications, year over year (2020 and 2021).

Please note the exclusions for these measures for the patients with certain conditions:

- SUPD required exclusions: hospice patients, patients with ESRD, rhabdomyolysis or myopathy, pregnancy, lactation or fertility, liver disease, pre-diabetes, or polycystic ovarian syndrome (PCOS)
- SPC required exclusions: hospice patients, patients with ESRD, rhabdomyolysis or myopathy, pregnancy, fertility, liver disease, Coronary Artery Bypass Graft (CABG), or Percutaneous Coronary Intervention (PCI)



## 2022 HEDIS UPDATES FOR DIABETES MANAGEMENT MEASURES

Every year, NCQA updates and releases the Healthcare Effectiveness Data and Information Set (HEDIS®). This process ensures that HEDIS measures remain relevant and feasible for implementation.

The Comprehensive Diabetes Care—HbA1c Testing indicator has been retired this year. Instead, NCQA will concentrate efforts on the outcome based HbA1c Control for Patients with Diabetes measure.



**HEDIS 2022: See What’s New, What’s Changed and What’s Retired**

Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Please remember to submit the actual HbA1c results using these CPT II codes on your claim:

FOCUS MEASURE	WHAT CODE is needed	Description
A1C control (equal or < 9%)	3044F	< 6.9%
	3051F	7 – 7.9%
	3052F	8 – 8.9%
	3046F	>9% (Poor Control and doesn't close the gap)
Controlling Blood Pressure • Diabetes • Hypertension	3074F	Sys < 130
	3075F	Sys 130 – 139
	3077F	Sys > 140
	3078F	Dias <80
	3079F	80 – 89
	3080F	>90

- The focus for this year will be on a performance indicator, the actual test values.
- Eye Exam for Patients with Diabetes (EED) – this replaced the former CDC REE (Retinal Eye Exam)
- Kidney Health Evaluation for Patients with Diabetes (KED) is a new measure for 2022.  
\*\*NCQA retired the CDC Nephropathy effective MY 2022. As of January 6, 2022, CMS has not clarified the potential retirement of CDC Neph and replacement with KED, but we anticipate this rolling out.

- Blood pressure Control for Patients with Diabetes (BPD) – stand-alone measure. Documentation in the medical record of "BP average" is acceptable for compliance. The Average BP listed must be <140/90 mmHg. Please also remember to submit your BP values using the above CPT II codes on your claim.

Exclusions will now include: Polycystic ovarian syndrome (PCOS), gestational diabetes or steroid-induced diabetes are now required exclusions for Hemoglobin A1c Control for Patients with Diabetes (HBD) and Eye Exam for Patients with Diabetes (EED). If your patient has qualifying exclusions, please submit the diagnoses on the claim so your patients will be removed from the denominator.

**How You Can Help**

- Order HbA1c lab prior to patient appointment
- For a point of care testing, document the date of the in-office test with the result
- Submit the CPT code for the test performed (83036-83037) and the CPT II result codes to report the HbA1c result value (refer to table)
- Submit CPT II codes to report eye exam outcomes
- Submit CPT II code 3072F in the current measurement year to capture negative for retinopathy eye exams from the prior year (e.g., a patient had negative for a retinopathy eye exam last year)
- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy
- Educate patients about the difference between an eye exam to get new eyeglasses and a comprehensive diabetic eye exam
- Consider prescribing ACE/ARB inhibitors for diabetic patients as appropriate
- Document all systolic and diastolic readings if multiple BP is taken on the same date. If the BP is >140/90, please have staff retake it during the visit
- Submit the lowest systolic and lowest diastolic CPT II codes for that visit (can be separate readings for that day) to the claim.

## 2022 INSULIN SAVINGS PROGRAM

Both UnitedHealthcare and Humana plans offer Insulin Savings Programs, where certain insulins on their respective formularies are \$35 for a 30-day supply or \$95 for a 90-day supply through their health plan pharmacy.

### UnitedHealthcare Insulin Saving Program

**2022  
UHC Medicare Advantage  
Formulary Updates**

**Good News for 2022!**

- All covered generic Med Adherence Star drugs covered on Tier 1
- Expansion of Tier 1 Gap Coverage
- Expansion of Tier 1 \$0 Retail and many plans decreased deductibles
- Expansion of 100-Day Supply Rx benefit
- Continued Participation in Insulin Senior Savings Program – \$35 copay for covered insulins on Tier 3 through coverage gap for non-LIS members. Members with Extra Help are subject to the Low-Income Subsidy Copays.
- Continued Coverage of Bonus Drugs (Tier 2) for majority of MAPD members
  - Sildenafil (generic Viagra)
  - Cyanocobalamin (Vitamin B-12)
  - Vitamin D
  - Folic Acid

Insulins Covered on UHC Formularies		
Humalog	Humulin N	Lantus Solostar
Humalog Junior Kwikpen	Humulin N Kwikpen	Levemir
Humalog Kwikpen	Humulin R	Levemir Flextouch
Humalog Mix 50/50	Humulin R U-500 (Concentrated)	Lyumjev
Humalog Mix 50/50 Kwikpen	Humulin R U-500 Kwikpen	Soliqua 100/33
Humalog Mix 75/25	Insulin Lispro	Toujeo Max Solostar
Humalog Mix 75/25 Kwikpen	Insulin Lispro Junior Kwikpen	Toujeo Solostar
Humulin 70/30	Insulin Lispro Protamine/ Insulin Lispro Kwikpen	Tresiba
Humulin 70/30 Kwikpen	Lantus	Tresiba Flextouch

### Member Costs Through Drug Payment Stages by Level of Extra Help

	Eligible for Insulin Dents				
	Non-LIS	LIS 4	LIS 1	LIS 2	LIS 3
	No Subsidy	Partial Subsidy	Full Subsidy		
<b>Deductible</b>	\$35 copay	\$99 deductible + (Lesser of T3 copay or 15% of the drug cost) \$47 T3 Copay	\$9.85 copay	\$4.00 copay	\$0 copay
<b>Initial Coverage Limit (ICL)</b>	\$35 copay	(Lesser of T3 copay or 15% of the drug cost) \$47 T3 Copay	\$9.85 copay	\$4.00 copay	\$0 copay
<b>Coverage Gap</b>	\$35 copay	15% of the drug cost	\$9.85 copay	\$4.00 copay	\$0 copay
<b>Catastrophic</b>	5% of the drug cost or \$9.85 copay*, whichever costs more	\$9.85 copay*	\$0 copay	\$0 copay	\$0 copay


\*If a non-LIS or LIS 4 member takes insulin lispro (authorized generic), they pay \$3.95 copay in the catastrophic coverage stage


Please Note: Information presented is intended to provide a summary of changes to MCOE formulary and may not be all inclusive.

### Humana Pharmacy Insulin Saving Program

When using the Humana Pharmacy Calculator to look up a member's prescription drugs, select insulins will be identified for plans that participate in the program. Click <https://drug-pricing.apps.external.pioneer.humana.com> for more info.

Actual costs may differ at point of sale. The Pharmacy Calculator is a guide to costs.

 **FAX TO** (808) 792-8441 (O'ahu)/1-833-711-1663 (Neighbor Islands)

 (808) 792-8402 (O'ahu)/1-877-544-0777 (Neighbor Islands)

This form is for Referral to MDX Hawai'i's Medical Management Department. *Please complete all fields on both pages and fax* this form to MDX Hawai'i. Please include any relevant medical records with this form.

<b>SUBMITTED DATE</b>		<b>REFERRING PROVIDER NAME</b>	
<b>PHONE</b>		<b>CONTACT PERSON</b>	
<b>MEMBER INFORMATION</b>			
<b>MEMBER NAME: (LAST, FIRST M.I.)</b>			
<b>MEMBER ID</b>	<b>DOB</b>	<b>PHONE</b>	
<b>PROVIDER INFORMATION (if applicable)</b>			
<b>PRIMARY CARE PHYSICIAN</b>	<b>PHONE</b>	<b>FAX</b>	
<b>SPECIALTY PHYSICIAN</b>	<b>PHONE</b>	<b>FAX</b>	
<b>BEHAVIORAL HEALTH PHYSICIAN</b>	<b>PHONE</b>	<b>FAX</b>	
<b>REASON FOR REFERRAL TO CARE COORDINATION (check "✓" all that apply)</b>			
<b>SERVICE COORDINATION</b>	<b>CARE COORDINATION &amp; COMPLEX CASE MANAGEMENT</b>	<b>ALA 'O HO'OLA (*High risk patients who require home or telehealth visits by APRN)</b>	
<input type="checkbox"/> <b>Health Plan Benefits</b> assist member to understand and access benefits	<input type="checkbox"/> <b>CKD Self-Management</b> <ul style="list-style-type: none"> <li>condition education</li> <li>medication education</li> <li>Advanced Care Planning</li> </ul>	<input type="checkbox"/> <b>Complex Chronic Condition Assessment</b> for High-Risk Patients <ul style="list-style-type: none"> <li>recommendations for complex plan of care</li> </ul>	
<input type="checkbox"/> <b>Mom's Meals Benefit</b> meals provided after discharge from SNF or hospital (if member meets benefit criteria)	<input type="checkbox"/> <b>ESRD</b> <ul style="list-style-type: none"> <li>condition education</li> <li>optimal starts</li> <li>fluid overload</li> </ul>	<input type="checkbox"/> <b>Two or More Inpatient Admissions</b> within last year or <b>Two or More ER Visits</b> within last 6 months	
<input type="checkbox"/> <b>Medication Copays</b> provide possible resources to assist with cost of medications	<input type="checkbox"/> <b>Heart Disease Self-Management</b> <ul style="list-style-type: none"> <li>condition education</li> <li>medication education</li> <li>Advanced Care Planning</li> </ul>	<input type="checkbox"/> <b>Medication Reconciliation</b> and/or coordination <ul style="list-style-type: none"> <li>Education provided on medications</li> </ul>	
<input type="checkbox"/> <b>Transportation</b> provide possible resources for transportation to medical appointments	<input type="checkbox"/> <b>Diabetes Self-Management</b> <ul style="list-style-type: none"> <li>condition education</li> <li>medication education</li> <li>Advanced Care Planning</li> </ul>	<input type="checkbox"/> <b>Advance Care Planning</b> Education provided on <ul style="list-style-type: none"> <li>Advanced Directives</li> <li>POLST</li> </ul>	
<input type="checkbox"/> <b>Food Insecurity</b> provide possible resources if member facing food insecurity	<input type="checkbox"/> <b>Two or More Inpatient Admissions</b> within last year <ul style="list-style-type: none"> <li>Chronic Kidney Disease</li> <li>Heart Disease</li> </ul>	<input type="checkbox"/> <b>Education &amp; Training</b> <ul style="list-style-type: none"> <li>pathophysiology and management of chronic diseases               <ul style="list-style-type: none"> <li>&gt;blood pressure</li> <li>&gt;glucometer and blood sugar measurement</li> <li>&gt;monitoring daily weight</li> <li>&gt;diet education</li> </ul> </li> </ul>	
<input type="checkbox"/> <b>Community Resources</b> assist member to understand & access available resources	<input type="checkbox"/> <b>Two or More ER Visits</b> within last 6 months <ul style="list-style-type: none"> <li>Chronic Kidney Disease</li> <li>Heart Disease</li> </ul>		
<input type="checkbox"/> <b>Behavioral Health</b> – Assistance with finding a Behavioral Health Provider or Services			

**COVID 19 Vaccination Status**

- Vaccinated and boosted
- Vaccinated, but not boosted
- Not vaccinated

Important information for the case manager (eg. best time to call, special needs such as hearing impairment, speaks language other than English-please identify language, etc.) \_\_\_\_\_

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Please explain any resources or interventions that have already been provided \_\_\_\_\_

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- No resources nor interventions have been provided

Please explain your goals for this intervention and specific desired outcomes \_\_\_\_\_

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**Please confirm the following**

- My patient is aware that I referred him/her to case management
- I have attached recent clinical notes, pertinent labs and tests, and the current medication list
- If my patient is unable to engage with the case management team, I have attached a POA