



Thank you for your continued partnership and collaboration. This bulletin is to keep you informed of current MDX Hawaii initiatives and program announcements

Humana Pharmacy is now CenterWell Pharmacy™

Just another reminder! On June 11, 2022, Humana Pharmacy became **CenterWell Pharmacy™**. The new name reflects a commitment to putting patient care at the center of everything CenterWell does. The change does not affect services or offerings provided.

There have been reports that some providers have been hesitant to approve refill fax requests from pharmacies since they are not familiar with **CenterWell**. Please continue to approve these requests (NCPCP ID # 0353108 e-prescribe tool), fax a **CenterWell** physician fax form to 1-800-379-7617 or call new prescriptions to 1-800-379-0092 so members have uninterrupted access to medications. Thank you for helping improve and maintain medication adherence rates for our MDX members.



New Optum Home Delivery E-Prescribing Location

Optum Home Delivery (OptumRx Mail Service)
6800 W 115th St, Suite 600
Overland Park, KS 66211-9838
NCPDP: 17188634

Call 1-800-791-7658 - Provide a verbal prescription directly to an Optum Rx provider dedicated pharmacist.

Fax 1-800-491-7997 - Send a complete prescription using the **Physician Fax Form**.

Please note that Optum home delivery's E-Prescribing location is now Overland Park, KS (previously Carlsbad, CA). The address should have updated automatically, but please double check NCPDP location in the E-Prescribing system to ensure the address is updated.

Provider Opportunities Report

Please be advised that we will start issuing Physician Quality Opportunity Report (PQOR) for 2022 beginning this month. We apologize for the delay for this year's PQOR reports due to system updates and embedding new 2022 measures. Please send any HEDIS/STAR gaps medical records to QualityAnalysts@MDXHawaii.com or fax to 808-451-2201. Thank you for taking care of our members and partnering with us.

Provider Reconsideration Claim Form

Please note that the Provider Reconsideration Claim Form has been revised to remove "corrected claim" under the supporting documents section.

- Corrected claims should not be submitted as a reconsideration but should follow the standard front-end submission process submitted via EDI or paper claim.
- The corrected claim billing rules apply:
 - CMS 1500 - the corrected claim indicator '7' and original claim ID (original ref. no.) should be billed in box 22 (resubmission code)
 - UB-04 - bill type XX7

Provider Network — Keeping Us Informed

To ensure that we have the most current information about your practice, please help us with following:

- **W-9 Forms – Updated Copy** If you have not submitted a W-9 form within the last three years, please update your information and re-submit your W-9 form via email to ProviderOps@mdxhawaii.com or fax to (808) 532-3396.
- **Provider Billing and Address Changes** All contracted providers are required to give 45-day advance notice if there will be changes to the items listed below (unless otherwise indicated in the Provider Participation Agreement):
 - Tax Identification Number (TIN) or Entity Affiliation (W-9 required)



- Group name or affiliation
- Physical or billing address
- Telephone and fax number
- Panel status (open/closed)
- 1099 mailing address

To notify us of these changes, please complete the Office Practice Information Form and email it to ProviderOps@mdxhawaii.com or fax to (808) 532-3396.

• **Provider Roster** Furnishing an updated roster to MDX Hawai'i is important to ensure accuracy and completeness of provider participants. Information pertaining to roster updates to include:

- Termination of providers with date of termination
- Addition of new providers with effective date
- Tax ID and NPI for providers that participate in multiple locations

Email updated roster information to ProviderOps@mdxhawaii.com or fax it to (808) 532-3396.

Rental Network — Commercial Plan Corner

For additional information and details, please contact the plan directly.

CIGNA

Cigna digital ID cards replacing physical cards

Cigna is promoting the use of digital ID cards on myCigna.com and the myCigna mobile app and will no longer send physical ID cards for medical, dental, and vision customers. (Several of our competitors are similarly updating their digital ID card processes.) Specific opt-out options will be available for clients at the account level (e.g., retirees), and where needed to meet legal requirements.

Beginning May 26, Cigna has no longer provided physical ID cards to its new hires or employees with a qualifying life event. Additionally, at annual renewal, all employees will only receive digital ID cards if/when their plan changes. Cigna plans to suppress physical ID cards for additional customers, where legally allowed, by 2023.

Computed tomography imaging contrast solution shortage

There is currently a global supply chain shortage of the intravenous contrast solution used in computed tomography (CT) imaging. While these shortages continue, providers may consider the alternative imaging options listed in eviCore healthcare's (eviCore) evidence-based guidelines. Typically, when CT imaging with contrast solution cannot be performed due to allergies or poor renal function, the alternative study is CT imaging without contrast. However, there may be situations where magnetic resonance imaging (MRI) is appropriate.

Except where the guidelines explicitly indicate contrast solution, eviCore will approve CT imaging without contrast when requested rather than creating an alternative recommendation for a higher level of contrast solution that may not be possible given the imaging center's contrast solution availability.

MRI will not be routinely authorized when CT imaging with contrast solution cannot be performed. MRI may be appropriate in cases where eviCore's evidence-based guidelines explicitly support approval for MRI if contrast CT imaging is not clinically supported or if clinical questions that would affect patient management remain after CT imaging without contrast.

Medical coverage policy update – Precertification and review of maze procedures considered experimental, investigational, or unproven (EIU) effective August 26, 2022*

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and our other existing policies.

As a result of a recent review, we will update the way we process claims for maze procedures billed with Current Procedural Terminology (CPT®) codes 33254, 33255, 33258, 33265, and 33266, which are considered experimental, investigational, or unproven (EIU) in most cases. Effective for dates of service on or after August 26, 2022,* these CPT codes will require precertification and review by a Cigna cardiologist, who will determine if the specific circumstance warrants a one-time authorization. We will update the Nonpharmacological Treatments for



Atrial Fibrillation (0469) medical coverage policy to reflect this change.

Additional information

For more information about our coverage policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Review coverage policies.

Specialty Medical Injectables with Reimbursement Restriction list expansion

Effective May 1, 2022, we expanded our Specialty Medical Injectables with Reimbursement Restriction list to include Opdualag™ (nivolumab and relatlimab-rmbw).*

Our Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna.

The reimbursement restriction list:

- applies when the specialty medical injectable is administered in an outpatient hospital setting.
- applies to specialty medical injectables covered under the customer’s medical benefit. Coverage is determined by the customer’s benefit plan.
- does not apply when the specialty medical injectable is administered in a provider’s office, non-hospital-affiliated ambulatory infusion suite, or home setting.

AETNA

June 2022 Bulletin: [June 2022 OLU newsletter TO REMEDIATION \(aetna.com\)](#)

