



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

STARS 2022 UPDATES FOR DIABETES MEASURES (HEDIS)

The NCQA has introduced the following new and/or updated CDC indicators/measures for 2022:

1. **Hemoglobin A1c Control for Patients with Diabetes (HBD):** Replaces the now-retired CDC HbA1c and the Hemoglobin A1c Testing indicator. Focus for 2022 will be on performance indicators and actual test values. If HbA1c < 9%, please remember to submit the actual HbA1c results using these CPT II codes on your claim.
2. **Eye Exam for Patients with Diabetes (EED):** Replaces CDC REE (Retinal Eye Exam).
3. **Kidney Health Evaluation for Patients with Diabetes (KED):** As of January 6, 2022, CMS has not clarified the replacement of the now-retired CDC Neph, but we anticipate this rolling out.
4. **Blood Pressure Control for Patients with Diabetes (BPD):** 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 CPT II codes (shown in table below) on your claim.
5. **Controlling Blood Pressure (CBP):** Part of HEDIS performance measures used to evaluate care and services provided by physicians and other healthcare providers. Patients 18-85 years old are eligible for this measure if they are diagnosed with hypertension after two visits during the prior year or within the first six months of the current measurement year with: (1) a hypertension diagnosis and (2) two different dates of service. **This is a triple weighted measure for 2022.**

Exclusions to the above 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 these, please submit the diagnoses on the claim so your patients will be removed from the denominator. Patients are also excluded from the CBP measure when diagnosed with ESRD, on dialysis, had nephrectomy, had a kidney transplant, enrolled in an Institutional Special Needs Plan (I-SNP), diagnosed with frailty and advanced illness, are in hospice, using hospice services or receiving palliative care.

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% (doesn't close the gap)
Controlling Blood Pressure <ul style="list-style-type: none"> • Diabetes • Hypertension 	3074F	Sys < 130
	3075F	Sys 130 – 139
	3077F	Sys > 140
	3078F	Dias <80
	3079F	80 – 89
	3080F	>90

Please also note that the MDX Quality Team will be sending out a list of members that have been year over year (2020 and 2021) noncompliant for statin medications (Statin Use in Members with Diabetes -SUPD and Statin Use in Members with Cardiovascular Disease - SPC)

Required exclusions for -SUPD: hospice, ESRD, rhabdomyolysis or myopathy, pregnancy, lactation or fertility, liver disease, pre-diabetes, polycystic ovarian syndrome (PCOS).

Required exclusions for -SPC: hospice, ESRD, rhabdomyolysis or myopathy, pregnancy, lactation or fertility, liver disease, Coronary Artery Bypass Graft (CABG), Percutaneous Coronary Intervention (PCI).

How you can help:

- Order HbA1c lab prior to patient appointment.
- For 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 results codes to report HbA1c result value (refer to list of codes below). Claims submitted throughout the year with applicable CPT and CPT II codes will impact compliance.
- 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. 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.
- If multiple BP's are taken on the same date, document all systolic and diastolic readings. BPs should be taken and recorded during any of the following visits: out-patient, telephone visit, E-visit or virtual check-in, non-acute inpatient encounter, or remote monitoring event. BP results can be received from the patient and documented in the chart.
- Do not round BP values. Record the exact values.
- Submit the lowest systolic and lowest diastolic CPT II codes for that visit (can be separate readings for that day) to the claim.
- Patients diagnosed with Hypertension must have a blood pressure that was adequately controlled (<140/90 mmHg) during the measurement year. If BP is high (140/90 mmHg or greater) at the office visit, kindly retake it before the patient leaves the office. If BP is out of target range, have the patient return in 3 months.
- Review the hypertensive medication and patient compliance.

CPT II codes

Systolic:

- **3074F** – blood pressure less than 130 mmHg
- **3075F** – blood pressure 130-139 mmHg
- **3077F** – blood pressure greater than or equal to 140 mmHg

Diastolic:

- **3078F** – blood pressure less than 80 mmHg
- **3079F** – blood pressure 80-89 mmHg
- **3080F** – blood pressure greater than or equal to 90 mmHg

Note: UHA's and Humana's Insulin Savings Programs list insulins on their respective formularies at \$35 for a 30-day supply or \$95 for a 90-day supply through their health plan pharmacy through deductible, initial coverage, and coverage gap phase. 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. While the Pharmacy Calculator is a guide to costs, actual costs may differ at point of sale.

PHARMACY UPDATES ON NEW GENERICS MEDICATIONS

FDA recently approved several new generics medications which 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

COVID-19 VACCINE SECOND BOOSTER

FDA recently authorized a second booster dose for the Pfizer and Moderna COVID-19 vaccines for older people and certain immunocompromised individuals who are at higher risk for severe disease, hospitalization, and death. The emergency use authorization was amended to include the following:

- **Individual 50 years and older** who received their first booster dose of any authorized or approved COVID-19 vaccine at least 4 months prior.
- **Individuals with certain kinds of immunocompromise** who received their first booster dose of any authorized or approved COVID-19 vaccine least 4 months prior. These individuals include people who have undergone solid organ transplantation, or are living with conditions that are considered to have an equivalent level of immunocompromise.

Reference:

FDA Press Release: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-second-booster-dose-two-covid-19-vaccines-older-and>

MIP UPDATES TO RISK ADJUSTMENT

Available to all Primary Care Providers (PCPs), the MIP is a point-of-care tool created by MDX Hawai'i (located on our Provider Portal) that lists historical, acute, and chronic Risk Adjusting (RA) conditions, suspect conditions, and a member's currently outstanding STARS measures, all on a single document. The MIP is refreshed on a nightly basis to reflect any disconfirmations submitted via the Portal, although it may take up to 24 hours for disconfirmations to be reflected on the MIP.

After reviewing any printed MIP, it is important to refer to the MIP listed on the Portal to clarify the most current version. We recommend PCPs review the MIP prior to a visit with a member in order to identify diagnoses that potentially may not have been reviewed.

Starting 4/13/22, an updated version of the MIP is available for use. The new layout of the MIP will include the following sections:

- Member Demographic Information
- Action Requested (see paragraph below for more info):
 - 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 conditions listed in this section.
- Non-PCP Visits: Listing of 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.
- Disclaimer: Included at the bottom of the MIP with instructions for where to return completed MIP forms.

The main update that has been made to the MIP is the Action Requested section. It combines the Action Requested sections for historically known conditions and indicated conditions in the previous version of the MIP. Historically known chronic conditions are now 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 2 years, Previously Suppressed). Suggestions sourced by physician reviewers, coders, or claims review 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. Suggestions may indicate a non ICD-10 code. **Listed below are the types of suggestions that may be shown 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 following the instructions at the top of the Action Requested section.

REC: Recommendations for treatment or evaluation.

NONE: There were no findings/recommendations after Physician Medical Record Review (PMRR) of the patient’s history was performed.

Please continue to follow 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'i for processing.

If you have any questions regarding the MIP and the recent updates, please contact your BOI coordinator/specialist or submit your inquiry to HCQAdminTeam@MDXHawaii.com.

BEACON PHYSICIAN DECISION SUPPORT (PDS) 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](#).

As a quick reference, the clinical lab tests requiring Prior Authorization are listed as follows:

Prior Authorization* (Precertification) Tests

4K Score	HLA-B*15:02 Genetic Testing
Afirma™ Assay by Veracyte	IHC and Special Stains
Breast Cancer Index	MammaPrint Breast Cancer Recurrence Assay
Clonoseq	Molecular Gene, Statutory Exclusion (single gene & panels)
ConfirmMDx Epigenetic Molecular Assay	Multi-Gene Pharmacogenetic Testing
CYP2C19 gene	Oncotype DX Breast Cancer Test
EndoPredict Breast Cancer Test	Procalcitonin (PCT)
GeneSight® Psychotropic	Progensa® PCA3 Assay
Guardant360® Plasma-Based Comprehensive Genomic Profiling	Prosigna Breast Cancer Assay
Hereditary Breast & Ovarian Cancer Testing & Multi-Gene BRCA	Tumor Profiling Panels

* All Prior Authorization requests will be reviewed and approved by MDX Hawaii'i.

Advanced Notification Tests

Chlamydia / Gonococcus, NAT	Parathyroid hormone (PTH)
Cytology (Non-Gynecological)	Testosterone
Drug Testing - Definitive Testing	TSH
Drug Testing - Presumptive Testing	Free T3
HIV-1, Quantitative, RNA	Free T4
HPV, High-risk DNA Detection	Thyroid Panel
Leukemia / Lymphoma Immunophenotyping Profile	UroVysion
Pathology - Dermatopathology	Vaginitis / Vaginosis
Pathology - Hematopathology	Vitamin B12
Pathology - All Other Pathology	Vitamin D, 25, Hydroxy
Prostate Specific Antigen (PSA)	

For any questions about prior authorization or to request a peer-to-peer review, please contact MDX Hawaii'i Provider Customer Service at (808) 532-6989 or toll-free at (800) 851-7110 from 8 am to 5 pm HST, Monday through Friday. You will be connected to a member of our clinical team. MDX Hawaii'i Help Desk is available to provide platform technical support. Contact the Help Desk by calling (844) 919-0799 from 8 am to 8 pm HST Monday through Friday.

