



A MESSAGE FROM SCOTT WHITING, MDX HAWAII' PRESIDENT

Happy New Year!

On behalf of the entire MDX Hawaii'i team, we are grateful to you, our physicians, and your staff on the front line, continuing to provide quality care for our members every day. You continue to rise to the challenge. We remain steadfast in our mission to be the best provider network for seniors in Hawaii through our collaboration with the physicians like you. We are excited to roll out the 2021 program. In February, we are hosting annual Medicare Advantage update sessions. Look out for the invitations.

With the overwhelmingly positive responses, we are pleased to announce that the Provider Bulletin will be published on the 3rd Friday every month, moving from quarterly. As part of a green initiative, the Provider Bulletin will be available at www.MDXHawaii.com, eliminating fax or print copies. Archives starting from 2020 may also be accessed on the website. The Provider Bulletin will continue to provide helpful information, and updates.

Effective January 1, MDX Hawaii'i is contracted with the following 2021 Medicare Advantage Plans:

Humana

Oahu

- Humana Gold Plus HMO H0028-048-001
- Humana Choice PPO H5216-232-001
- Humana Choice PPO H5216-233-001
- Humana Honor PPO H5216-234-001

Kauai & Maui

- Humana Choice PPO H5216-232-002
- Humana Choice PPO H5216-233-002
- Humana Gold Plus HMO H0028-048-002

UnitedHealthcare

Oahu

- AARP Medicare Advantage Choice Plan 1 H2228-024-000
- AARP Medicare Advantage Choice Plan 2 H2228-067-000
- AARP Medicare Advantage Patriot H2228-025-000

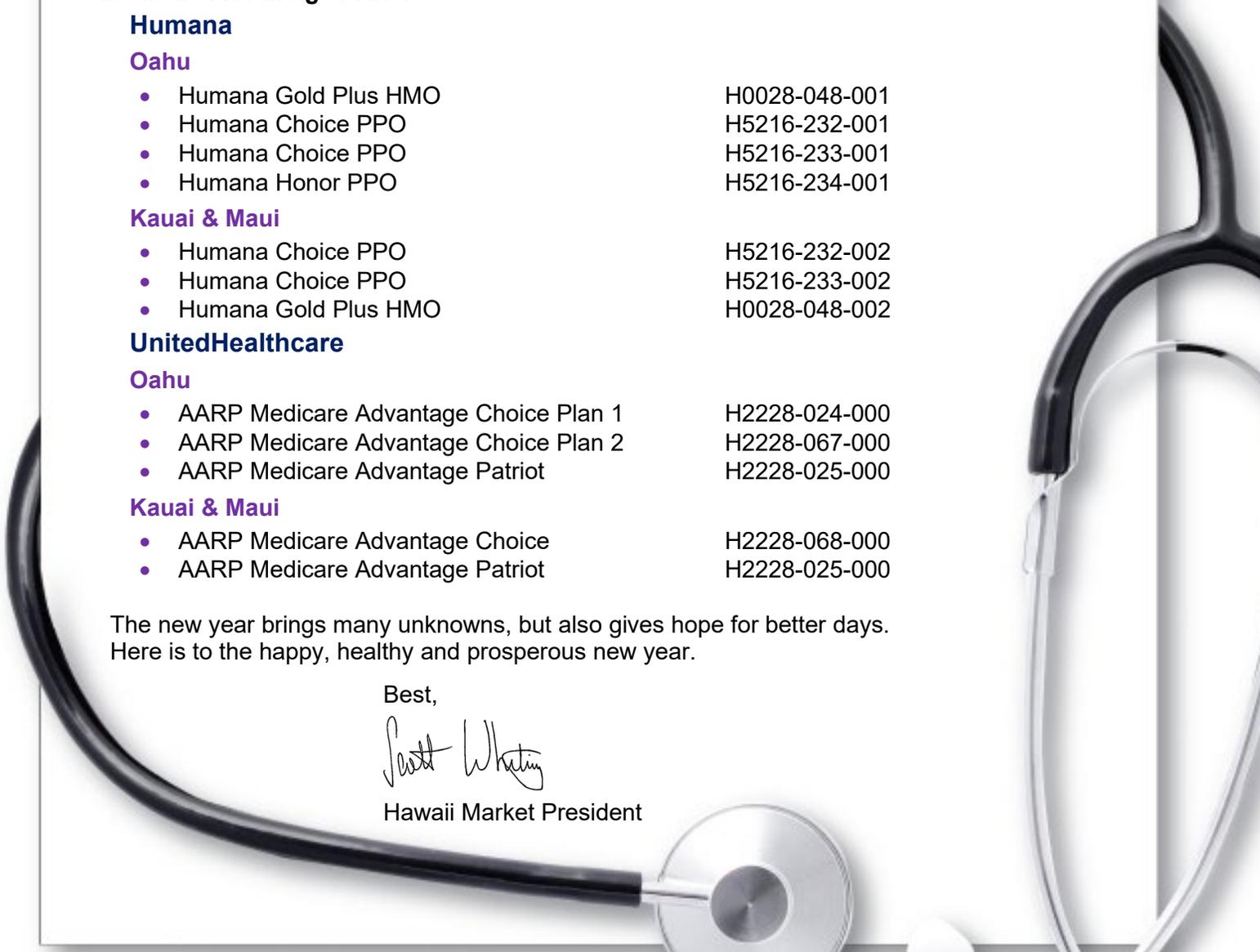
Kauai & Maui

- AARP Medicare Advantage Choice H2228-068-000
- AARP Medicare Advantage Patriot H2228-025-000

The new year brings many unknowns, but also gives hope for better days. Here is to the happy, healthy and prosperous new year.

Best,

Hawaii Market President





2021 CMS CHANGES PUT SPOTLIGHT ON PATIENT EXPERIENCE

Starting in 2021, the importance of Patient Experience and Access to Care on the overall STAR rating increased by 15%. The weighting of patient experience on the overall score goes from 34% in 2020 to 40% in 2021. This means that 40% of the overall Star score is based on survey data – driven by a patient’s perception – compared to claims-based clinical data.

In addition to its importance to the MA Stars ratings, patient experience is also front and center in the quality program. Clearly, CMS is signaling the criticality of a patient-centered approach to senior care delivery.

Please be sure to attend our upcoming ‘Ulu Hoku educational sessions this year. We will share tools that help you engage increase patient experience and access to care. More information on these sessions will be coming soon.

COMPREHENSIVE DIABETES CARE AND MANAGEMENT

Early detection and management are important factors in the overall treatment of diabetes. Patients

with diabetes are more likely to develop complications that can lead to kidney disease and/or retinopathy.

The National Committee for Quality Assurance HEDIS guidelines recommend care measures for Comprehensive Diabetes Care for patients diagnosed with diabetes. This includes the management of Hemoglobin A1c <9%, annual Retinal Eye exam and Screening for Nephropathy.

- **HbA1c controlled (<9 mm Hg):** Please use the following updated CPT codes on your claim for HbA1c tests.
 - **3051F** for HbA1c 7 – 7.9% (new code)
 - Continue to use **3044F** (< 7%) and **3046F** (> 9%), when appropriate
 - NCQA counts the last HbA1c test result of the year

CPT codes **83036** or **83037** confirm that HbA1c test was done but does not close the gap

- **Blood Pressure control (<140/90):** If either systolic or diastolic is higher than 140/90, please be sure to retake it during the visit. Your coders/billers can submit the lowest systolic and lowest diastolic during that visit on the claim.

Systolic		Diastolic	
<130 mm Hg	3074F	<80 mm Hg	3078F
130-139 mm Hg	3075F	80-89 mm Hg	3079F
>=140 mm Hg	3055F	>=90 mm Hg	3080F

- **Retinal eye exam performed:** For your patients with diabetes, when documenting that a retinal eye exam has been completed, please document the name of the eye care professional that completed the exam and the date of the exam. If the previous year’s retinal eye exam result is negative, submit code **3072F** (no evidence of retinopathy in the prior year). Other CPT II codes to identify diabetic retinal screening include **2022F, 2024F, 2026F**.
- **Treatment for nephropathy:**
 - CPT codes **3066F**
 - CPT code **4010F** if ACE/ARB has been prescribed
- **Statin therapy for all patients with diabetes:** Patients should be prescribed a statin. A 90-day supply and mail order pharmacy help to ensure compliance. We will reach out to your patients with diabetes to assist.

Please submit all documents for STARs via secure email to QualityAnalysts@mdxhawaii.com.

NETWORK UPDATES

KEEPING US INFORMED

To ensure that we have current information on your practice, please do the 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 at least 45 days prior notice regarding the changes list 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**

To ensure accuracy and completeness of provider participants, furnishing an updated roster to MDX Hawaii'i is important. 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.



CLAIMS

Here are a couple of reminders when filing claims for services:

Claims Submission Deadlines

- CMS 1500 – 365 days from date of service
- UB04 – 365 days from the “through” date of the statement covers period box

Provider Claim Reconsideration Process

Providers may submit a claim payment reconsideration in writing within 60 calendar days (or refer to your Provider Participation Agreement) from the receipt of the original claim payment determination. Generally, MDX Hawaii'i will respond in writing within 60 calendar days from the receipt of the claim payment reconsideration.

The Contracted Provider must include the following information when submitting a provider claims Reconsideration:

- Member name and identification number
- Date of Service
- Claim Number
- Name of the provider of the services
- Charge amount
- Payment amount
- The expected payment amount
- Difference between the amount paid and the expected payment amount
- A brief explanation of the basis for the dispute

Please submit changes by filling out the [Provider Claim Reconsideration Form](#). Email the completed form to compliance@mdxhawaii.com or fax to (808) 535-8837. Information is also available in the MDX Hawaii'i Medicare Provider Operations Manual available on our secured provider portal.

Correct Claims vs. Reconsideration Submission
Here are helpful reminders for submitting claims or reconsiderations:

- **Corrected claims** are for original claims that had errors requiring corrections
- **Reconsideration Submissions** is a dispute process for claims payment determination. See reconsideration process steps listed above.
- If a corrected claim and reconsideration are submitted for the same claim, the claim will be reprocessed as a corrected claim. The reconsideration will be closed.



IMPORTANT MDX HAWAII' I CONTACT NUMBERS AND LINKS

MDX Hawai'i Website
www.mdxhawaii.com

Provider Portal for MDX Hawaii Contracted Providers
https://hi.coreportal.com/Login_new.aspx

Provider Services Call Center
(808) 532-6989 or toll-free (800) 851-7110
Monday – Friday, 8am – 5pm

Prior Authorization Fax Numbers
Oahu: (808) 532-6999
Neighbor Islands: 1-800-688-4040

Facesheets Fax Number
Oahu: (808) 792-8440

IP/SNF/HH Clinical Documentation
Oahu: (808)792-8440

Documentation for PCP Quality Incentive Program Participants
(808) 426-7607

PHARMACY UPDATES

2021 FORMULARY CHANGES

With the new formulary changes, certain drugs MAY require prior authorization before the drug can be prescribed. Please take time to review the list of drugs that will require prior authorization in 2021. For a complete list of all formulary changes for our Medicare Advantage plans, please visit:

- **Humana**
www.humana.com/pharmacy/prescription-coverages/medicare-drug-list
- **UnitedHealthcare**
www.uhcmedicareolutions.com/alphadms/ovdms10g/groups/ov/@ov/@highrespdf/documents/hi_ghrespdf/4869210.pdf

SPECIALTY PHARMACY

MDX Hawai'i contracts with the following Specialty Pharmacies for your patients who may require specialty drugs or infusion services:

Accredo
677 Ala Moana Blvd, Suite 404
Honolulu, HI 96813-5412
Phone: (808) 650-6488
Fax: (808) 650-6487

Option Care
550 Paiea Street, Suite 236
Honolulu, HI 96849
Phone: (808) 489-9385
Fax: (808) 441-5925

Hawaii Specialty Pharmacy
1150 South King Street, Suite 1105
Honolulu, HI 96814
Toll free Phone: (833) 767-5663
Fax: (808) 333-3682

Pharmacare
3375 Koapaka Street, Suite G-320
Honolulu, HI 96819
Phone: (808) 840-5600
Fax: (808) 840-5678