



Provider Bulletin December 2018

In our continuing effort to keep you informed, we are sending you this Provider Bulletin with important updates for the Medicare Advantage (MA) Plans we administer effective January 1, 2019.

❖ Medicare Advantage Plans Administered by MDX Hawai'i effective January 1, 2019

Effective January 1, 2019, MDX Hawai'i will continue to administer the following Medicare Advantage Plans:

Humana (Oahu, Kauai & Maui)

HumanaChoice (PPO)	H5216-040
HumanaChoice (PPO)	H5216-041
Humana Gold Plus (HMO)	H0028-004

UnitedHealthcare (UHC) (PPO Plans)

Oahu

AARP MedicareComplete Choice Plan 1 Group #77000 & #77007	H2228-024
AARP MedicareComplete Choice Essential Group #77003 & #77008	H2228-025
AARP MedicareComplete Choice – Plan 2 NEW Group #77024 & #77025	H2228-067

Kauai & Maui – **NEW for 2019**

AARP MedicareComplete Choice NEW Group# 77026 & #77027	H2228-068
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Please remember to make a copy of both sides of the Health Plan membership card as it contains important benefit and claims filing information. Also, be sure to submit the claim under the member's current membership number to expedite payment.

❖ Prior Authorization Changes for All MA Plans Effective January 1, 2019

Effective January 1, 2019, the following will no longer require prior authorizations:

- Sleep Studies: G0398, G0399, G0400 & CPT codes: 95800, 95801, 95805, 95806, 95807, 95810, 95811

Please note that on January 1, 2019, the 2019 Prior Authorization List and the enhancements to the Prior Authorization (PA) Look-Up Tool will be available on our website at www.mdxhawaii.com.

❖ Prior Authorization Reminders

- Chiropractic Services (cervical and lumbar spinal manipulation) for the treatment of **acute subluxation does not requires prior authorization**:
 - All other manipulation requires authorization
 - Medicare does not cover routine manipulation treatment of chronic subluxation (refer to Health Plan for additional benefits (UHC – Refer to Optum)
- Genetic Testing
 - HMO members must use in-network providers when services are available.

Join us at our 2019 MA Provider Information Sessions!

In January and February 2019, we will be having our Provider Information Sessions for Humana's and UnitedHealthcare's Medicare Advantage health plans which will include benefit and other updates for 2019.

Invitations will be sent to you. Be sure to sign-up, space is limited. We look forward to seeing you at one of our sessions.

Enhancements to our Prior Authorization (PA) Look-Up Tool

- Durable Medical Equipment (DME), Orthotics and Prosthetics
Beginning January 1, 2019, you will be able to use our PA Look-Up Tool to determine if an item requires prior authorization by searching under the Procedures Codes tab and entering the HCPCS code.

If the DME item you are requesting requires purchase of additional supplies, please also use the PA Look-Up Tool to see if the item requires a Prior Authorization by searching using the appropriate HCPCS code.

Exception: Medicare covers a certain amount of DME supplies per month or year. If you feel a member requires more than this amount, you DO need to submit a Prior Authorization request even if your search on the PA Look-Up tool says no authorization is required.

- Reminder when using our PA Look-Up Tool
When you use our PA Look-Up Tool and receive a message that it is an invalid code or the code is not found, please verify you entered the correct code. If you confirm this is the correct code but still receive either of these messages upon re-entry, please submit a prior authorization request.

❖ Physical Therapy Prior Authorization Review Process – Coming in 2019

We are looking to refine our prior authorization process for Physical Therapy (PT) services. In the first quarter of 2019, we will send you a report of your utilization compared to your peers and national benchmarks. We will then monitor your progress towards national benchmarks for the next several months. If you continue to meet or improve towards national benchmarks, prior authorization requirements may be lessened in the future.

❖ Continuity of Care for NEW Members enrolling in Humana or UnitedHealthcare Medicare Advantage Health Plans on or after January 1, 2019

In preparation for **NEW** members enrolling in Humana's and UnitedHealthcare's Medicare Advantage Plans effective on or after January 1, 2019, we would like to remind you of our Continuity of Care process. To aid in the smooth transition of Medical Management services for these **NEW** members, MDX Hawai'i will do the following:

Prior Authorization of Services for NEW PPO and Humana HMO members

1. We will honor Prior Authorizations from other health plans for medically necessary covered Medicare services that were prior-approved for dates of service for 30 days from the date of enrollment.
2. Please include the new date of enrollment and a copy of the other health plan's authorization with your claim.
3. Please submit your request for Prior Authorization to MDX Hawai'i within 30 days of the enrollment date. Failure to do so may result in the denial of your claim.
4. Beginning on day 31 after the enrollment date, regular Prior Authorization requirements will resume and we will no longer honor authorizations approved by the member's prior health plan.

For a current Prior Authorization List, visit our website at www.mdxhawaii.com. Click on **Providers** → **Prior Authorizations** (in the left margin) → **MDX Hawai'i's Prior Authorization List for Medicare Advantage Plans**. You can also use the **PA Look-Up Tool** which allows you to check if an authorization is required for a specific procedure code or medication prescription. As this list may change from time to time, please use our website for the most current Prior Authorization List.

To obtain a Prior Authorization, please complete the **Prior Authorization Request Form (Rev. 10/2018)**. This form can be found on our website at the same location described above. Fax the completed form to MDX Hawai'i at **532-6999** on Oahu, or **1-800-688-4040** toll-free from the Neighbor Islands.

❖ **Continuity of Care for NEW Members enrolling in Humana or UnitedHealthcare Medicare Advantage Health Plans on or after January 1, 2019 (continued)**

Specialist Referrals for NEW Humana HMO plan members

1. The HMO plan does not allow out of network services, except:
 - * When there are no Participating Specialists in the member's area.
 - * When Participating Specialists are not available and request is urgent.
 - * Post hospital/ER stabilization care is needed, until the PCP transitions the member back to a participating specialist.
2. If your patient is a **NEW** Humana HMO member, please be sure to work with your patient to transition their care or services to an MDX Hawai'i Participating Provider for ongoing services after 30 days of enrollment from the date of enrollment.
3. During the first 30 days following enrollment, Primary Care Physicians should assess their patients who are **NEW** Humana HMO members and identify if continued services or visits to specialists are needed. To continue to refer your patient who is a **NEW** Humana HMO member to specialists, please submit a Specialist Referral Request Form (Rev. 10/2018) to MDX Hawai'i by day 31 following enrollment. This form can be found on our website. Fax the completed form to MDX Hawai'i at **532-6999** on Oahu, or **1-800-688-4040** toll-free from the Neighbor Islands.

Please use our revised **Prior Authorization Request Form (Rev.10/2018)** and the **Specialist Referral Request Form (Rev. 10/2018)**. Beginning January 1, 2019, only these forms will be accepted. Submissions via any other paper form will not be accepted.

❖ **Medicare Advantage Open Enrollment Period**

In 2019, there will be a Medicare Advantage Open Enrollment Period which will run from January 1 – March 31 every year. If a person is enrolled in a Medicare Advantage Plan, this is a one-time opportunity to: switch to a different Medicare Advantage Plan, drop his/her Medicare Advantage plan and return to Original Medicare, Part A and Part B, or sign-up for a stand-alone Medicare Part D prescription Drug Plan (if he/she returns to original Medicare).

For these members who enroll in a new Humana or UnitedHealthcare Medicare Advantage plan during the Medicare Advantage Open Enrollment Period, we will honor the previous plan's Prior Authorization and Specialty Care services 30 days past enrollment with Humana's or UnitedHealthcare's Medicare Advantage plan. Please include the other plan's approval letter and the new enrollment information with your request.

❖ **Post Discharge Medication Reconciliation Form**

Medication Reconciliation is a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Please use the enclosed Post-Discharge Medication Form and file the completed form in the patient's medical record. Please make copies of this form as needed.

❖ **Humana Formulary Changes effective January 1, 2019**

Please see the enclosed Humana's Super national-5 MAPD formulary changes (non-formulary drugs and tier changes) effective January 1, 2019. If any of your patients are on these medications, please consider prescribing alternatives.

If you have any questions, please call us at (808) 532-6989 on O'ahu, or 1-800-851-7110 toll-free from the Neighbor Islands.