



Provider Bulletin March 2018

Keeping You Informed

At MDX Hawai'i, we are committed to providing you with information to make working with us easy for you and your staff. We strive towards delivering excellent service to you. One of the ways we keep you informed is through our Provider Bulletin as it contains important updates for all of our lines of business. Please see our **2018 Hot Sheet** which lists the contact information for our commercial and Medicare Advantage lines of business. As part of our annual notification to you, we are enclosing our **Provider Affirmative Statement**.

We recently completed our 2018 Provider Information Sessions for the Medicare Advantage Health Plans that we administer. We appreciate you taking the time out of your busy schedules to join us at these sessions for important updates to Humana's and UnitedHealthcare's Medicare Advantage Health Plans.

We also encourage you to sign-up for our secured provider portal on our website, www.mdxhawaii.com. By registering for our secure online provider portal, you gain 24/7 online access to check member eligibility, check the status of a prior authorization request or specialist referral request and to check on the status of a claim. See *Sign-Up for Our Secured Provider Portal* on page 4.

Please read through this bulletin and share this packet with your office staff as it contains information for your daily operations. We appreciate the partnership we have developed and look forward to our continuing business relationship.

❖ **Benefit Summaries and Sample Member ID cards for Humana's and UnitedHealthcare's Medicare Advantage Plans**

We are enclosing the Benefit Summaries for Humana's (green) and UnitedHealthcare's (blue) Medicare Advantage plans along with the 2018 Sample Member ID card. Please remember to make a copy of both sides of the 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.

Website Tip #1 Go to www.mdxhawaii.com
<p>➤ To locate the Benefit Summaries and Sample Member ID Cards for Humana's and UnitedHealthcare's Medicare Advantage Plans, follow the steps below:</p> <ol style="list-style-type: none"> 1. Click on the Providers tab at the top of the page. 2. Click on the link to either: <ul style="list-style-type: none"> • Humana Medicare Advantage Plans, or • UnitedHealthcare Medicare Advantage Plans 3. On the respective plan's page, click on one of the following: <ul style="list-style-type: none"> ▪ 2018 Benefits at a Glance ▪ 2018 Benefit Highlights ▪ 2018 Sample Member ID Card

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❖ **PROVIDER RECONSIDERATION PROCESS EFFECTIVE APRIL 1, 2018**

Effective April 1, 2018, we will be implementing a provider reconsideration process for our participating providers. If you do not agree with the outcome of a claim or a denial of services, you may submit a formal request for reconsideration.

Reconsideration requests include, but are not limited to, a review of:

- Pre-Service Medical Necessity Reconsiderations for a denied authorization or specialty referral, or
- Post-Service Claim Reconsideration for denied claims or claims underpaid.

To submit your reconsideration request, please complete the steps below:

Step 1: Complete the Provider Reconsideration Form and include the following documents:

- Provider Reconsideration Form – This form must be completed in its entirety. One form must be submitted for each case. If a request for review is submitted without a form or if the form is not completed in its entirety, the form will be returned to you for completion. You have five (5) business days to send the additional information to us.
- A copy of the Integrated Denial Notice (IDN) or Provider Remittance Advice (PRA).
- New supporting documentation for the request.

Step 2: Mail or fax your reconsideration request to:

Mail: ATTN PROVIDER RECONSIDERATION
 MDX HAWAII
 500 ALA MOANA BLVD STE 2200
 HONOLULU HI 96813-4993

Fax: (808) 522-7561 on O’ahu, or toll-free at 1-800-844-7522

**MDX Hawaii Medicare Advantage Plans
 Provider Reconsideration Form**

Use of this form is to initiate a Provider Reconsideration Request. We require one form per patient and it is required with each request.

Step 1: Indicate Type of Denial (Check "X" in applicable box)
 Pre-Service Denial Post-Service Denial

Step 2: Provide us with the details of your request (please complete all fields):

Provider Information	
Provider Name:	Address (where correspondence should be sent):
Name of Contact:	
Phone of Contact:	
Provider Tax ID Number:	
NPI Number:	
Patient Information	
Patient Name (First and Last Name):	
Member Subscriber Number:	
Date of Birth:	
Reconsideration Information	
Authorization Referral or Claim Number:	Date of Service:
Bill# Amount:	Denial Date:
CPT/Rev Codes:	ICD Codes:
Detailed Description of Reconsideration Request (or attach letter):	

Step 3: Attach your supporting documents:
 Copy of Denied Authorization Referral
 Copy of Denied Claim (PRA)
 Supporting document such as clinical documentation (not previously considered) or corrected claim.

Step 4: Please mail or fax your request to:
 Mail: ATTN PROVIDER RECONSIDERATION
 MDX HAWAII
 500 ALA MOANA BLVD STE 2200
 HONOLULU HI 96813-4993
 Fax: (808) 522-7561 on O’ahu or toll-free at 1-800-844-7522

Provider Reconsideration Requests are processed within 60 days from receipt of request. For status of requests beyond these timeframes, please feel free to contact Provider Services Call Center at (808) 522-4999 on O’ahu, or toll-free at 1-800-851-7110, Monday through Friday from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

You have 60 days from the original date of denial or claim payment to submit your reconsideration request. This applies to a denial letter or Provider Remittance Advice (PRA) dated April 1, 2018 or later. A determination will be made within 60 days from the initial receipt date of your request. We are enclosing a copy of the Provider Reconsideration Form.

Website Tip #2 Go to www.mdxhawaii.com	
<p>➤ To locate the Provider Reconsideration Form, follow the steps below:</p> <ol style="list-style-type: none"> 1. Click on the Providers tab at the top of the page. 2. Click on Help Center in the left margin. 3. Then, click on Forms. 4. Select Provider Reconsideration Form. 	<p>➤ To locate the Prior Authorization List, PA Look-Up Tool, Prior Authorization Request Form and the Specialist Referral Request Form, do the following:</p> <ol style="list-style-type: none"> 1. Click on the Providers tab at the top of the page. 2. Click on Prior Authorizations in the left margin. 3. On the Prior Authorization page, select one of the following: <ul style="list-style-type: none"> ▪ PA Look-Up Tool ▪ MDX Hawaii’s Prior Authorization List for Medicare Advantage Plans ▪ MDX Hawaii’s Prior Authorization Request Form ▪ MDX Hawaii’s Specialist Referral Request Form

❖ PRIOR AUTHORIZATION UPDATES

We are enclosing our **2018 Prior Authorization List (PAL)**, the **Prior Authorization Request Form (Rev. 1/2018)** and the **Specialist Referral Request Form (Rev. 1/2018)**. In addition, the following are updates to our 2018 Prior Authorization Requirements:

- **No Prior Authorization Required for Chiropractic Services to Treat Acute Subluxation**

According to our 2018 Prior Authorization List, we require prior authorization for chiropractic services to treat acute subluxation (acute low back pain or acute cervical neck pain) after four (4) visits. However, effective immediately, no prior authorization is required for acute subluxation.

As stated in the Medicare Benefit Policy Manual, subluxation of the spine falls into the following categories:

Acute subluxation*– A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or exam and the result of manipulation is expected to be significant improvement in, or arrest of progression of the patient's condition.

Chronic subluxation* – A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition) but where continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered by Medicare or the member's medical plan. However, please refer to the member's health plan as they may have additional benefits directly through the health plan for routine chiropractic care.

To ensure that the services meet Medicare coverage criteria and the documentation meets Medicare guidelines, chiropractic services are subject to retrospective medical necessity review when requested.

*Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chap. 15, Sec. 240.1.3 (Rev. 235, July 7, 2017); available at <http://www.cms.hhs.gov> - last checked March 9, 2018 and found under Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)".

- **Medications that No Longer Require Prior Authorization**

Effective January 1, 2018, the following medications no longer require prior authorization:

Code	Brand	Generic
J9000	Adriamycin	Doxorubicin
J9190	Adrucil	Fluorouracil
J9035	Avastin	Bevacizumab
J9040	Blenoxane	Bleomycin Sulfate
J9206	Camptosar	Irinotecan HCl
J9070	Cytosan	Cyclophosphamide
J9263	Eloxatin	Oxaliplatin
J9185	Fludara	Fludarabine
J9390	Navelbine	Vinorelbine
J9045	Paraplatin	Carboplatin aqueous solution
J9060	Platinol AQ	Cisplatin
J9267	Taxol	Paclitaxel
J9181	Toposar, VePesid	Etoposide
J9370	Vincasar	Vincristine sulfate
J0640	Wellcovorin	Leucovorin calcium

❖ SIGN-UP FOR OUR SECURED PROVIDER PORTAL

When you sign up for our secured provider portal, you have 24/7 online access to:

- ✓ Check Member Eligibility
- ✓ Check the Status of a Prior Authorization Request or Specialist Referral Request
- ✓ Check Claims Status

Currently on our website, you can:

- Search our Provider Directory for all lines of business,
- Get updated information for our TPA Payor Groups,
- Check if a procedure code or Medication requires Prior Authorization (Medicare Advantage Plans only)
- Print copies of forms.

To sign up for our Secured Provider Portal on our Website, follow the steps below:

1. Complete the enclosed "Online Access Registration Form for Master Administrator User Account".
2. Sign and submit the completed form to MDX Hawai'i. The form must be signed by the provider who is requesting online access.
3. Return the completed form to MDX Hawai'i:
 - 1) E-mail: providerops@mdxhawaii.com.
 - 2) FAX: (808) 532-3396 on Oahu or 1-800-844-7522 toll-free from the Neighbor Islands
 - 3) MAIL: ATTN PROVIDER NETWORK OPERATIONS
MDX HAWAII
500 ALA MOANA BLVD STE 2200
HONOLULU HI 96813-4993

If you need assistance, please call our Provider Services Call Center at the phone numbers listed below.

Hurry and Sign-Up Today!

❖ MDX HAWAI'I PROVIDER SERVICES CALL CENTER –ONE PHONE NUMBER AND ONE CALL CENTER TO BETTER SERVE YOU!

We now have one phone number for providers to call so we can serve you better. You can call this number for assistance with member eligibility, claims questions, prior authorization for services, case management and general information.

MDX Hawai'i Provider Services Call Center
<p>O'ahu: 532-6989 Neighbor Islands: 1-800-851-7110</p> <p>Monday through Friday 8 a.m. to 5 p.m. (Hawaii Standard Time)</p>