



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

2021 PROVIDER EDUCATION OPPORTUNITIES

At MDX Hawai'i, 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 pleased to announce that starting in March, we will be hosting our Holomua webinars.

Holomua 101 is an introductory session to the Burden of Illness (BOI) concepts, foundational to our Quality Program for Primary Care Physicians at MDX Hawai'i. Our training webinar will provide an overview of the CMS-HCC risk adjustment model, hierarchy of diseases and compliance with coding and documentation. New information in our 2021 series include: overview and updates on our member information profile (MIP), Physician Medical Record Review, Core Portal and AHA/AWV updates. Providers and staff new to the BOI program and those who need a refresher or are interested to learn about the updates for 2021, are highly encouraged to attend.

Holomua 201 is an advanced session that builds upon the foundations of the BOI program. The goal is to ensure optimization of clinical coding and documentation. Coding and documentation examples are discussed in detail by system including: Cardiology, Respiratory, Vascular, Cancers, Diabetes, Psych, Gastroenterology, Dermatology, etc. Providers, coders and billers are recommended to attend this session.

Our education sessions will be presented by our medical director Kevin Lum, MD, who oversees the BOI and Quality Programs. Online registration is available now and more information is available via the following links.

HOLOMUA 101

April 7	Wednesday	5:00-6:00 PM	Link
May 6	Thursday	5:00-6:00 PM	Link

HOLOMUA 201

March 25	Thursday	12:30-1:30 PM	Link
April 21	Wednesday	12:30-1:30 PM	Link
May 20	Thursday	5:00-6:00 PM	Link

2020 ANNUAL MEDICAL RECORD REVIEW IS COMING TO AN END

We appreciate the physicians and their staff who helped us with our collection of patient records for the annual medical records review. Many of you have quickly and enthusiastically adopted the use of our Provider Portal to submit medical records. If you have not already submitted records, the final deadline of March 31, 2021 is quickly approaching. Our team will continue to work with you to complete submissions of medical records by this deadline.

We continue to offer several ways for you to provide medical records to MDX Hawai'i as these medical records play a key component to support our Burden of Illness (BOI) Program:

- Mail a copy of the requested record(s) to MDX Hawaii (hard copies, encrypted CD or USB)
 - Self-addressed envelopes and encrypted USB can be provided upon your request.
- Fax records to (808) 426-7607
- Upload charts to Provider Portal / SFTP
- Provide remote access to your EMR system

If you would like more information, or have any questions, please reach out to your Provider Service Account Manager. You may also contact Belle England, Project Coordinator, at (808) 426-8464 or at Floribel.England@mdxhawaii.com.





MDX HAWAI'I RENAL PROGRAM

MDX Hawai'i is pleased to announce our new program focused on patients with renal disease. We are committed to working with you to ensure patients understand their renal disease and treatment options, and to bring highly coordinated services and additional support to you and the patients with renal disease.

We have put together a team of nephrologists committed to providing improved access for MDX Hawai'i patients with either advanced chronic kidney disease (CKD) or end-stage renal disease (ESRD). We will be working with Fresenius Kidney Care (doing business as Liberty Dialysis) for dialysis services.

Our complex care management team comprises of nurses, nurse practitioners, social workers, registered dietitians and pharmacists provide:

- Frequent medication review and reconciliation in close collaboration with the member's nephrologist and a MDX Hawai'i Clinical Pharmacist whenever medications are added or changed by the patient's treatment team to ensure proper dosage based on GFR, and correct use.
- Blood pressure monitoring to stay within desired ranges to reduce proteinuria, following ACE/ARB protocols
- Close monitoring of transitions of care after events that lead to ED or a hospital stay to ensure safe return to home and avoid re-admissions

- Communication with social workers to address and resolve any social determinants of health barriers that impede our patients' access and compliance with quality kidney care
- Access to registered dietitian support and education to help patients understand and follow important dietary guidance to help prevent avoidable complications of advanced kidney disease and hopefully slow progression to requiring renal replacement treatment
- Extensive education and support for patients and their families to learn about the ESRD treatment options available to them including home peritoneal dialysis, home hemodialysis, and in-center hemodialysis. Additionally, patients and their families will gain a better understanding of kidney transplant and what to expect if they choose not to treat their kidney disease, opting instead for supportive or palliative care.

For more information, please visit the MDX Hawai'i Physician Portal at

<https://www.mdxhawaii.com/providers/provider-portal-page-link.aspx>.

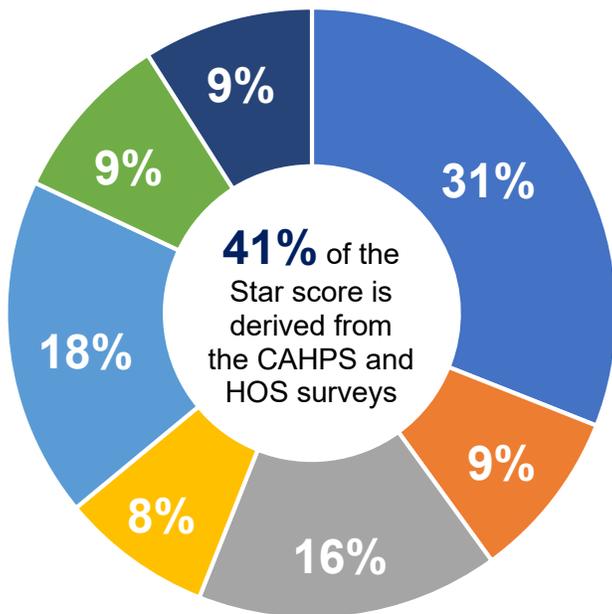
For ESRD specific information, please visit <http://www.freseniuskidneycare.com/>

If you have any questions or have other recommendations for how we can continue to improve care for your patients, please contact our medical director Amy Rhine, MD at Amy.Rhine@MDXHawaii.com, or at (217) 714-3050.

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 increases 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. CMS acknowledges this important shift in focus will be challenging for the industry – and has reported that there could be a \$3.6B reduction in Medicare Advantage premiums because of the reduction in STAR ratings as a result of the new focus on patient experience.

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- CAHPS
- HOS
- HEDIS
- IRE
- CMS
- Patient Safety
- Improvement

CAHPS	Consumer Assessment of Healthcare Providers & Systems
HOS	Health Outcomes Survey
HEDIS	Healthcare Effectiveness Data & Information Set
IRE	Independent Review Entity
CMS	Centers for Medicare & Medicaid Services

Below are some recommended practices to ensure member satisfaction and patients improved perception of their health:

Encourage Patients to Utilize Their Covered Services.

For healthy patients, this includes things such as annual physical exams, preventive health screenings, and vaccines. For patients who manage chronic diseases, you should actively encourage them to maintain the recommended frequency of appointments and stick to the prescribed course of treatment. It is imperative to share information about their illness and provide tips on how to manage it most effectively. When your patients are healthier, it reflects in your Stars rating.

Prioritize the Experience.

The Stars rating system is heavily weighted toward the healthcare experience your patients have, so any added convenience that assists your patients could

result in much higher ratings. That can be done by providing alternatives to access, such as telehealth visits after-hour hotlines. Other important factors include the ability to schedule appointments easily, ensuring they have a follow up appointment scheduled right after their current visit, ensuring that wait times are reasonable, reminder texts or calls for their next appointment, and ensuring that timely referrals to specialists are completed. Your waiting room should be organized and comfortable with informative and health related topics for them to read while waiting. Encouraging them to complete a health risk assessment while waiting also helps to be informed as well as buys you some time.

Communicate, Communicate, Communicate.

Customer service is another huge area for Stars ratings. Patients want to know how to contact their providers after hours and on weekends. Automated appointment reminders, immediate follow-up with any test or procedure results, reviewing any specialists’ consultation reports with them, and spending uninterrupted time with them during the visit are all things that patients comment on when rating their provider. With EMR systems, providers should take extra care in ensuring they make themselves present and available, instead of just asking questions and documenting. Communication is key in wait times as well. If you are running behind schedule, post a sign or encourage patients to let front staff know if they have been waiting for longer than 15 minutes. That gives them some control over letting you know they have been waiting.

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Patient Experience Star Measures

- Star measures have assigned weights.
- Each weight is indicative of the measure’s value within the Star Rating scale.
- Outcome measures are triple-weighted and process measures are single-weighted.
- The combined rates of the patient experience Star measures constitute 40% of the Star score for MY2021.

CAHPS (Measured March - June)	ABBR	Weight
Annual Flu Vaccine	FLU	1x
Getting Needed Care	GNC	4x
Getting Appointments and Care Quickly	GACQ	4x
Customer Service	CS	4x
Overall Rating of Health Care Quality	RHCQ	4x
Overall Rating of Health Plan	RHP	4x
Care Coordination	CC	4x
Overall Rating of Drug Plan	RDP	4x
Getting Needed Prescription Drugs	GNRx	4x

HOS (Measured April - July)	ABBR	Weight
Improving or Maintaining Physical Health	PCS	3x
Improving or Maintaining Mental Health	MCS	3x
Monitoring Physical Activity	PAO	1x
Improving Bladder Control	MUI	1x
Reducing the Risk of Falling	FRM	1x

We have several tools that we can share with you about how to improve your Patient Satisfaction. One of our contracted Medicare Advantage Plans also performs ongoing surveys. Beginning in March, we can share with you how you rate compared to the rest of the providers on the CAHPS surveys. Please

come to one of our Ulu Hōkū training sessions to learn more about CAHPS/HOS and see how your office compares to others. Talk to your PSAM about how to enroll in our upcoming sessions that will be taking place in March and April 2021.

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 data
- 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 few reminders when filing claims for services:

- **CLIA Certification Number:** Providers must have proper Clinical Laboratory Improvement Amendments (CLIA) certification and enter your active certification number on claim submissions.
- **CMS 1500 Box 17:** Not entering the name of the referring or ordering physician if the service or item was ordered or referred by a physician. All physicians who order services or refer Medicare beneficiaries must report this data.
- **Rural Health Clinics/Federally Qualified Health Centers (RHCs/FQHCs):** Billing on CMS 1500 form instead of UB04.

We implemented enhancements to our claims editing process during prepayment review in 2019 and 2020 to better align our system with standards from sources such as but not limited to:

- Centers for Medicare & Medicaid Services (CMS) standards
- American Medical Association (AMA) Current Procedural Terminology (CPT) coding guidelines
- CMS HCPCS LEVEL II Manual coding guidelines
- ICD-10 Instruction Manual coding guidelines
- National Coverage Determination (NCD) Manual
- Medicare Claims Processing Manual
- National Correct Coding Initiative (NCCI) edits
- Local and National Coverage Determinations (LCDs/NCDs)

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 Hawai'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
- Payment amount
- The expected payment amount
- Difference between the amount paid and the expected payment amount
- A brief explanation of 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 Hawai'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 HAWAI'I CONTACT NUMBERS & LINKS

Click [here](#) to visit MDX Hawai'i Website

Log on to our Provider Portal for Contracted Providers by clicking [here](#).

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



SPECIALTY PHARMACY

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

Hawaii Specialty Pharmacy

1150 South King Street, Suite 1105
Honolulu, HI 96814
Phone: (808) 707-5615
Fax: (808) 333-3682

Accredo Specialty Pharmacy

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

Pharmacare

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