



HAWAI'I | 2010 | ISSUE II

# PROVIDER

## Newsletter

### MEDICARE

## CMS FURNISHES SCREENING FOR HIV IN HIGH-RISK MEDICARE POPULATIONS

The Centers for Medicare & Medicaid Services (CMS) clarified its obligation to furnish human immunodeficiency virus (HIV) screening to members with high-risk profiles, given the recent national coverage decision (NCD) on this particular screening.

Effective Jan. 1, 2010, 'Ohana Health Plan covers both standard and U.S. Food and Drug Administration (FDA)-approved HIV rapid screen tests for people at risk. These tests are covered under basic lab services.

The CMS guidelines state these tests must be covered for:

- Annual voluntary HIV screening of Medicare members at increased risk for HIV infection per U.S. Preventive Services Task Force (USPSTF) guidelines, including:
  - Men who have had sex with men after 1975;
  - Men and women having unprotected sex with multiple partners;
  - Past or present injection drug users;
  - Men and women who exchange sex for money or drugs, or have sex with partners who do;
  - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
  - Persons being treated for sexually transmitted diseases;
  - Persons with a history of blood transfusion between 1978 and 1985;
  - Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
- Voluntary HIV screening of pregnant Medicare members when the diagnosis of pregnancy is known, during the third trimester and at labor.

If you have any questions about these covered tests or this benefit, please call Customer Service at **1-888-505-1201**.

Source: Centers for Medicare & Medicaid Services. Decision Memo for Screening the Human Immunodeficiency Virus (HIV) Infection (CAG-00409N). Available at <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=229&>.

### PROVIDER UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax or was posted in the Provider Messages section of 'Ohana Health Plan's Web site:

- Changes to Preferred Brands of Insulin
- Update: 'Ohana Preferred Drug List for Dual-Eligible Members
- Update: 'Ohana Preferred Drug List for Medicaid Members
- Changes in Medication Benefit Process
- Influenza A (H1N1) Flu Vaccine Update

You can find copies of all of these materials when you visit [www.ohanahealthplan.com](http://www.ohanahealthplan.com). Click on the *Provider* tab and you will see *Messages from 'Ohana* located on the right side of the page. Remember to check the messages regularly to receive new and updated information.

## UNDERSTANDING MEMBER COST-SHARING

### ‘OHANA COORDINATED CARE PLANS

#### WHAT IS COST-SHARING?

Cost-sharing is the amount a member pays for health care and/or prescriptions. This amount can include co-payments, coinsurance and/or deductibles.

Providers should collect the applicable cost-share from the member at the time of the service when possible. Some members qualify for state programs to help them pay their out-of-pocket costs for Medicare. Members enrolled in these programs may still have to pay a Medicaid co-payment, depending on the rules in their state.

#### WOULD THERE EVER BE MORE THAN ONE CO-PAYMENT DUE FROM A MEMBER IN A SINGLE DAY?

Yes, there are certain situations when a member would be responsible for more than one co-payment in a single day.

1. If a member sees more than one provider on a given day, he or she would be responsible for the appropriate co-payment for each provider. For example, if a member has office visits with a PCP and a specialist on the same day, even if they are in the same office, he or she would be responsible for both the PCP and the specialist co-payments.
2. If a member has more than one diagnostic test or procedure in an outpatient or office setting on a single day, he or she would be responsible for the appropriate outpatient or office co-payment, plus the co-payment for each *category* of diagnostic services.

As an example, please refer to the chart below:

CATEGORY OF SERVICES	2010 AMOUNT
Lab services (i.e., urinalysis)	\$0 co-payment
Basic diagnostic radiological services (i.e., flat film X-ray)	\$0 co-payment
Basic diagnostic tests (i.e., allergy test)	\$20 co-payment
Advanced diagnostic tests (i.e., cardiac stress test)	\$50 co-payment
Advanced diagnostic radiological services (i.e., MRI)	\$50 co-payment

Let’s say a member has an allergy test and a cardiac stress test performed by a single provider on the same day. By referring to the chart, we can see that the member would be responsible for a \$20 co-payment for the allergy test, plus a \$50 co-payment for the cardiac stress test. If a member has these services performed in an outpatient facility, then he or she would be responsible for the appropriate outpatient facility co-payment amount, plus the allergy test and cardiac stress test co-payments.

For additional information, visit [www.ohanahealthplan.com](http://www.ohanahealthplan.com) or call Customer Service at 1-888-505-1201.

## WHAT'S THE DIFFERENCE BETWEEN AN APPEAL AND A CLAIM DISPUTE?

You should file an appeal if you disagree with an adverse organization determination. In most cases, these are related to authorization denials, claim denials or denials for reimbursement (typically related to the member paying out-of-pocket for services and requesting reimbursement from the health care plan).

A contracted provider has the right to appeal authorization denials, or claim denials related to lack of, or in excess of, authorization.

Appeals should be sent to:

'Ohana Health Plan  
P.O. Box 31368  
Tampa, FL 33631

If you believe there has been an error in payment, or you believe a claim payment did not follow guidelines,

you have the right to dispute the payment amount by submitting a claim dispute. Claim disputes can include:

- A claim denial for timely filing
- Coding- or billing-related issues
- A dispute in the amount paid on a claim

Claim disputes should be sent to:

'Ohana Health Plan  
P.O. Box 31372  
Tampa, FL 33631

For more information about appeals or claims disputes, please refer to the telephone numbers on the Quick Reference Guides available on the provider Web site at [www.ohanahealthplan.com](http://www.ohanahealthplan.com).

## MEDICATION APPEALS PROCESS CHANGE – EFFECTIVE JAN. 1, 2010

'Ohana Health Plan would like to inform you of a change in processing appeals.

As of Jan. 1, 2010, medical benefit claim appeals and medication benefit appeals are now being processed separately.

To request a **medication appeal** for a **Medicaid** member, mail or fax a Medication Appeal Request form to:

'Ohana Health Plan  
Attn: Pharmacy Appeals  
P.O. Box 31398  
Tampa, FL 33631-3398  
Fax: 1-888-865-6531

To request a **medication appeal** for a **Medicare** member, mail or fax the Medication Appeal Request form to:

'Ohana Health Plan  
Attn: Pharmacy Appeals  
P.O. Box 31383  
Tampa, FL 33631-3383  
Fax: 1-866-388-1766

The Medication Appeal Request forms are available on [www.ohanahealthplan.com](http://www.ohanahealthplan.com) under the *Resources* tab. Click on either the Medicare Forms or Medicaid Forms links under the Provider Manuals to access the forms.

Appeals requests for **medical benefit claims** will be handled in the same manner as in the past.

If you have questions or concerns, please call Provider Services at 1-888-505-1201 (for Medicare) or 1-888-846-4262 (for Medicaid).



## SUNCAP

'Ohana offers an electronic version of cap payments called SUNCAP. The reports are usually available the 20th of each month and include member-level detail, which allows larger provider groups and ancillary providers an electronic means to reconcile payments to their assigned membership.

The files are sent in a standard text format to a secure site that allows you to import the data into any software system that you choose.

For more information on signing up to receive SUNCAP reports, please contact your Provider Relations representative.

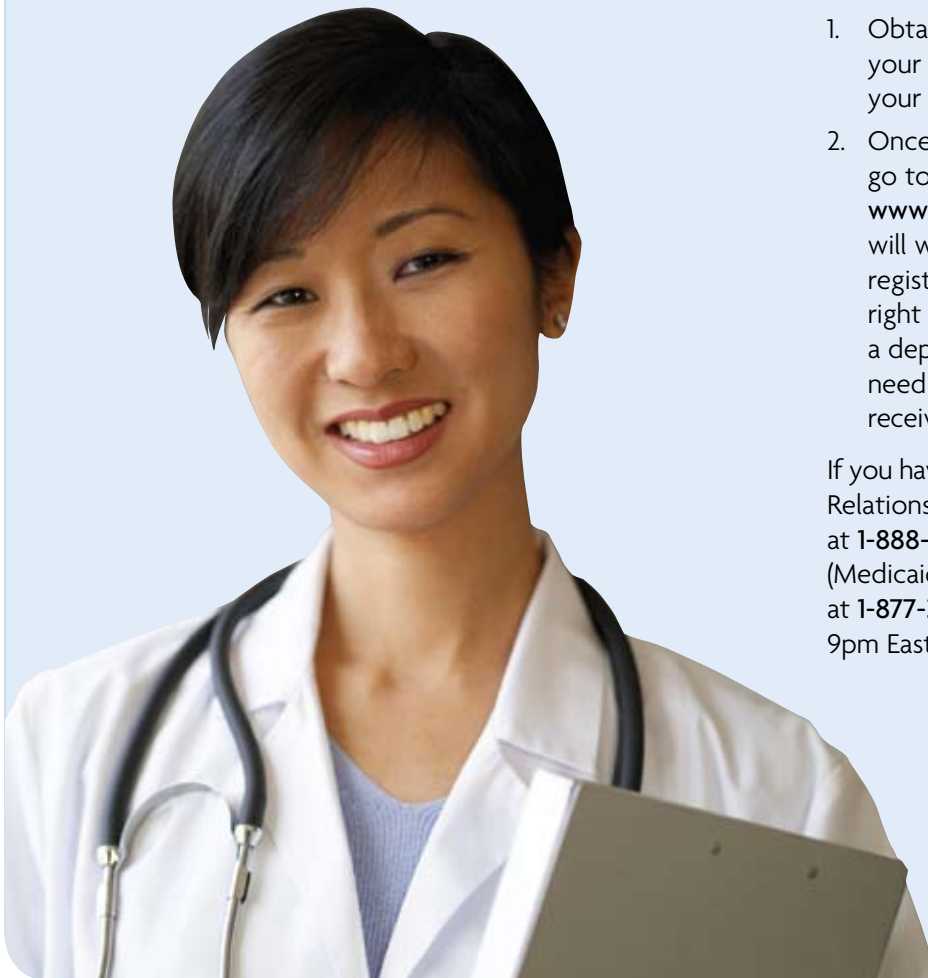
## EFT HELPS YOU RECEIVE PAYMENTS FASTER

You can receive your 'Ohana Health Plan payments faster by signing up to receive electronic funds transfer (EFT) through our payment partner, Payformance.

Registration is quick and simple.

1. Obtain your registration letter or contact your Provider Relations representative for your registration code.
2. Once you have your registration code, go to the PaySpan Health Web site at [www.payspanhealth.com](http://www.payspanhealth.com). The Web site will walk you through the 5- to 10-minute registration process. The article to the right outlines these steps. You will receive a deposit from Payformance, which you'll need to confirm. EFT payments are typically received 2 to 5 days sooner than paper checks.

If you have questions, please contact your Provider Relations representative, or call Provider Services at 1-888-505-1201 (Medicare) or 1-888-846-4262 (Medicaid). You can also contact Payformance at 1-877-331-7154 Monday through Friday, 7am to 9pm Eastern.



# HOW TO REGISTER AS A PROVIDER ON PAYSPAN HEALTH'S WEB SITE

If you'd like to receive your 'Ohana payments faster, simply sign up for EFT payments at PaySpan Health's Web site. The registration process is outlined below.

## TO BEGIN REGISTRATION:

1. Navigate to [www.payspanhealth.com](http://www.payspanhealth.com).
2. Click on the orange *Secure Registration* button.
3. A screen will appear for you to enter your registration code.
4. Type in the registration code from the registration letter, or use the code given to you by your Provider Relations representative.
5. Click the *OK* button.
6. The *Welcome Page* screen will appear.
7. Type in your Payee Identification Number (PIN) and Tax Identification Number (TIN). The PIN/Vendor is the payee ID assigned by the payer.
8. Click the *Begin* button to start the registration process.

## STEP 1: THE REGISTRATION INFORMATION SCREEN WILL APPEAR.

1. Complete the required registration information questions.
2. The e-mail address will become your user name when logging in to the PaySpan Health Web site.
3. Click on the *Next* button to continue to Step 2.

## STEP 2: THE ACCOUNTING INFORMATION SCREEN WILL APPEAR.

1. Type in an account name to identify the receiving account.

**Note:** Providers typically use the account name to specify the payee designation (i.e., General Hospital may be paid by Community Health Plan to separate payee accounts such as General Hospital ER and General Hospital Labs). Each payee will have a separate registration code and can therefore have a separate receiving account established. The same routing and account number can be used for multiple receiving accounts.

2. Enter the routing number and account number in the specified fields.
3. Click on the *Next* button to continue to Step 3.



## STEP 3: THE TERMS AND CONDITIONS SCREEN WILL APPEAR.

1. Review the registration information.
2. Click the *Edit* button to make any corrections.
3. Read the service agreement then check the terms and conditions box if in agreement.
4. Click the *Submit* button.

This will complete the registration process.

You will receive an e-mail confirmation of your completed registration. In a few days, you will need to verify with your bank that a minimal deposit has been made by Payformance. This deposit amount will be used to confirm that your electronic payments are set up appropriately through PaySpan Health and your bank. You will see this confirmation page the next time you log in to [www.payspanhealth.com](http://www.payspanhealth.com) using your user name (your e-mail address) and your password.

If you have any questions about the registration process or the PaySpan Health Web site, please contact Payformance's Provider Support Team at 1-877-331-7154 Monday through Friday, 7am to 9pm Eastern.

# HAWAII PROVIDER FORMULARY UPDATE

## GENERIC NEWS

The generic drugs listed below are now available to 'Ohana **Medicaid and Medicare** members at the lowest co-payment (if applicable). The brand-name drugs denoted with an asterisk have been removed from the 'Ohana Medicaid Preferred Drug List.

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Acular® 0.5% ophthalmic drops*	Ketorolac Tromethamine 0.5% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Acular LS® 0.4% ophthalmic drops*	Ketorolac Tromethamine 0.4% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Phenytek® 200mg, 300mg extended-release capsules	Phenytoin Sodium 200mg, 300mg extended-release capsules	Anticonvulsants–Hydantoins
Valtrex® 500mg, 1gm caplets*	Valacyclovir Hydrochloride 500mg, 1gm caplets (QL: 62 caplets/31 days)	Anti-infective Agents–Antivirals

QL = Quantity limit

The generic drugs listed below are now available to 'Ohana **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Alphagan® P 0.15% ophthalmic drops	Brimonidine Tartrate 0.15% ophthalmic drops (covered on Medicare only)	Antiglaucoma Agents
Razadyne® 4mg/mL solution	Galantamine Hydrobromide 4mg/mL solution (covered on Medicare only)	Alzheimers Agent–Cholinesterase Inhibitors
Starlix® 60mg, 120mg tablets	Nateglinide 60mg, 120mg tablets (covered on Medicare only)	Antidiabetic Agents–Meglitinides

The following additions have been made to the WellCare of 'Ohana **Medicaid Preferred Drug List**:

ADDITIONS	
Adcirca® 20mg tablets (PA)	Lamotrigine Tablet Starter Kits
Banzel® 200mg, 400mg tablets	Marplan® 10mg tablets
Cefazolin 500mg, 1gm vials	Metolazone 2.5mg, 5mg, 10mg tablets
Cefpodoxime 100mg, 200mg tablets	Metronidazole 1% topical cream
Chantix® Starting Month Pak, Continuing Month Pak, 0.5mg, 1mg tablets (QL: 186 tablets/365 days)	Morphine Sulfate 1mg/mL syringe
Condylox® 0.5% gel (PA)	Nicotine 2mg, 4mg lozenges (QL: 960 lozenges/365 days)
Ethambutol 100mg, 400mg tablets	Nicotrol® Inhaler (QL: 9 boxes/365 days)
Intuniv™ 1mg, 2mg, 3mg, 4mg Extended-Release tablets	Nicotrol® NS (QL: 360mL/365 days)
Kuric™ 2% cream	Sabril® 500mg powder packs & tablets
Lamictal® ODT™ 25mg, 50mg, 100mg, 200mg tablets	Saphris® 5mg, 10mg SL tablets
Lamictal® ODT™ 25mg-50mg-100mg & 25mg-50mg & 50mg-100mg Titration Kits	Simethicone 80mg chewable tablets
Lamictal® XR™ 25mg, 50mg, 100mg, 200mg tablets	Stavzor® Delayed-Release 125mg (QL: 310 capsules/31 days), 250mg (QL: 310 capsules/31 days), 500mg capsules (QL: 261 capsules/31 days)
Lamictal® XR™ 25mg-50mg-100mg & 50mg-100mg-200mg Titration Kits	Surmontil® 25mg, 50mg, 100mg tablets

The following removals have been made to the WellCare of 'Ohana Medicaid Preferred Drug List:

REMOVALS	
Altarussin PE syrup	Humulin® brand insulin products
Brometane DX syrup	Myphetane DX syrup
Cardec DM syrup	PCE® Dispertabs
CP Dec-DM syrup	Q-Tussin PE syrup
HT-Tuss DM elixir	Revatio® 20mg tablets
Humalog® brand insulin products	Robitussin PE Head & Chest liquid
Humatrope®	

The following additions have been made to the 'Ohana Medicare Formulary:

ADDITIONS	
Adcirca® 20mg tablets (PA)	Morphine Sulfate 1mg/mL syringe
Buprenorphine 2mg, 8mg SL tablets	Piperacillin-Tazobactam 2.25gm, 3.375gm, 4.5gm, 40.5gm vial
Capastat® Sulfate 1gm vial	Sabril® 500mg tablets (PA)
Cervarix® vaccine (PA)	Saphris® 5mg, 10mg SL tablets (PA)
Codeine Sulfate 15mg, 30mg, 60mg tablets (QL: 248 tablets/31 days)	Seromycin® 250mg capsules
Hiberix® vaccine	Trecator® 250mg tablets
Lamotrigine tablet starter kits	Venlafaxine ER 37.5mg, 75mg, 150mg, 225mg tablets (QL: 31 tablets/31 days)
Metadate® ER 20mg tablets	Votrient™ 200mg tablets (PA)

PA = Prior authorization required

QL = Quantity limit

## PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Roche	Vesanoid® capsules	Dec. 14, 2009	Vesanoid® capsules are a non-formulary medication that was removed from the market on Dec. 14, 2009.
Eli Lilly	Humulin® 50/50 Insulin	Dec. 31, 2009	Humulin® 50/50 Insulin is no longer available from Eli Lilly. Beginning Jan. 1, 2010, Humulin® 50/50 was no longer a covered benefit of 'Ohana plans.



'Ohana Health Plan  
Plaza at Mill Town  
94-450 Mokuola Street, Suite 106  
Waipahu, HI 96797

HI012306\_WCG\_NEW\_ENG

©WellCare 2010 HI\_04\_10

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

31455

## WEB REGISTRATION IS FAST AND EASY

To take advantage of 'Ohana's Web site, go to [www.ohanahealthplan.com](http://www.ohanahealthplan.com) and follow these simple steps:

1. Create a new account using the *Sign Up Here* link that appears on the home page. The *Register Here* link on the top right side of the following page will direct you to the Provider Registration form.
2. Complete the registration form. Your 'Ohana-issued Provider ID appears in your welcome packet and on your Explanation of Payment copies.
3. Create a user name. A confirmation page will be displayed. You should print this page for your records.
4. Within 24 hours of registration, you will receive an e-mail with a temporary password that will expire in 30 days. Use this password to log on to the 'Ohana site and create a password of your preference.

Be sure to keep your user name and password information for future reference.

