General Information

1. **When does the Non-Discrimination in Health Care provision take effect?**
   The provision is effective for service dates on or after January 1, 2014. However, it’s important to note that the provision doesn’t apply to Akamai Advantage, HMSA QUEST, grandfathered, and transitional plans. Also, the provision won’t apply to some of our plans until their respective renewal dates in 2014. Some of these plans renewed in January; others will renew at later dates throughout the year.

2. **What are grandfathered plans and how can I determine if my patient has one?**
   A grandfathered plan is a health plan that was in effect on March 23, 2010, when President Barack Obama signed the Patient Protection and Affordable Care Act. Under federal law, these plans aren’t required to adopt the changes mandated in the Affordable Care Act (ACA), as long as substantial changes aren’t made to the plan. The Non-Discrimination in Health Care provision doesn’t apply to patients with grandfathered plans.

   To determine if your patient’s medical plan is non-grandfathered, check the coverage code listed under “MEDICAL” on your patient’s HMSA membership card. If the coverage code is also listed on the [Coverage Codes for Affordable Care Act](#) page in our Provider Resource Center, then your patient has a non-grandfathered plan that pays for covered services from complementary and alternative medicine (CAM) providers.

3. **Will grandfathered plans have to comply with ACA in 2015?**
   The federal government hasn’t made a firm decision on whether or not plans can keep their grandfathered status after December 31, 2015.

4. **My patient’s HMSA membership card lists “Group EUTF,” which has a chiropractic plan that we're not a part of. Can we see the patient?**
   This provision applies to all non-grandfathered plans. Group EUTF plans are non-grandfathered with the exception of three plans with these coverage codes: 563, 667, and 668. If your patient’s Group EUTF plan isn’t one of these exceptions, then, yes, you can see the patient and submit a claim for the visit to HMSA. For the full list of coverage codes affected by this provision, please see [Coverage Codes for Affordable Care Act](#).
5. Are patients with an HMO plan required to get a referral from their primary care provider (PCP) to see a CAM provider?
   - Nonparticipating providers: Your patient’s PCP or another physician in the patient’s health center will need to get an administrative review that’s been approved by HMSA before you can render services that can be considered for coverage under the patient’s plan.
   - Participating HMSA providers (participating chiropractors only; see question 29 for more information): Your patients with HMO plans will need a documented referral from their PCP or another physician in their health center. A referral doesn’t require HMSA’s review and approval. When filing a claim for the visit, be sure to note the referring physician’s name in box 17 on the CMS-1500 claim form.

6. For patients with a PPO plan, does a nonparticipating provider need to have a referral from the patient’s PCP?
   No.

7. Is a nonparticipating provider required to get pre-approval for medical necessity before rendering services?
   No, pre-approval isn’t required based on the provider’s status. However, you can request pre-approval for medical necessity (or payment determination) for your patients with PPO plans. The pre-approval process determines if a service or supply is eligible for payment as a benefit under the patient’s health plan. Please see your patient’s plan certificate, HMSA’s medical and payment policies, and the Provider E-Library for a list of services that require precertification.

8. What is HHIN? How do providers check member eligibility via HHIN?
   HHIN (Hawaii Healthcare Information Network) is an electronic communications system that participating providers use to access HMSA data 24 hours a day. It has member eligibility, benefits, and claims information. HHIN is a free service for only HMSA participating providers.

9. How will a nonparticipating CAM provider have access to a member’s specific plan benefits?
   For questions on plan benefits, a nonparticipating provider can call HMSA’s Customer Relations at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands. Have your patient’s HMSA subscriber ID number and date of birth ready.

10. If I complete the CMS-1500 form, can a patient submit it?
    Yes. Providers can fill out the form and give it to their patients to submit.

11. Should an office visit note be submitted along with the claim form?
    No. However, we recommend that you keep comprehensive office notes on file. We do retrospective reviews on claims and we may request your notes at a later date.

12. Are the deductibles higher for CAM?
    No. Members’ deductibles are the same regardless of the provider they see.
13. Do members need to sign up for the HMSA365 discount program?
   No. The discount program is automatically available to all HMSA members. This program helps our members access health and wellness services and products that aren’t covered under their HMSA health plans.

14. Do providers need to sign up for the HMSA365 program?
   Yes. If you’re interested, email Bill Tobin (HMSA365 program coordinator) at william_tobin@hmsa.com with the following information: practice/company name, contact person and phone number, and any relevant details about the services you offer.

15. If a provider is registered with HMSA365, do they have to re-register?
   No.

16. What’s the difference between participating and nonparticipating providers? Is it that HMSA sends reimbursements to participating providers but not to nonparticipating providers?
   That’s one difference. Another important difference is that participating providers are contracted with HMSA and agree to follow our policies and procedures. They also agree to accept HMSA’s eligible charge as full payment for covered services.

17. Does the payment for covered services get sent to the nonparticipating CAM provider or to the member?
   When billed by a nonparticipating provider, HMSA sends payment for covered services to the member. When members see a nonparticipating provider, they usually pay for the total cost of care up front. After a claim is submitted to HMSA, we’ll reimburse the member a percentage of the eligible rate for covered services.

   Exception: When members with HMO plans have an HMSA-approved administrative review to see a nonparticipating CAM provider, our reimbursement is based on the total charge of the claim or a negotiated amount.

18. Are chiropractors the only participating providers who require the member to pay up front?
   No. If a provider participates with HMSA, they CAN’T require an HMSA member to pay in full up front. Participating providers — regardless of specialty — can only collect a member’s copayment (fixed dollar amount) or coinsurance (a percentage of the eligible charge) at the time of the visit. Only nonparticipating providers may choose to require members to pay in full up front.

19. Are there annual limits to the number of units or visits per claim for CAM providers?
   HMSA’s medical plans don’t have any annual limits on the number of units or visits. We’ll cover claims for services that are (1) covered by the member’s plan, (2) within the scope of your state licensure, and (3) medically necessary.

   Note: American Specialty Health (ASH) riders — add-on plans that are separate from HMSA’s medical plans — and HMSA’s chiropractic riders have annual limits on the number of visits to chiropractors and acupuncturists.
20. Will nonparticipating providers (like naturopaths) be able to refer patients for physical therapy? 
Yes, if the service falls within the provider’s scope of licensure/certification as defined by the Hawaii State Statute. For more information, see HMSA’s Physical Therapy medical policy on the Provider Resource Center.

21. The evaluation criteria for an administrative review process says HMSA will determine if any other providers are available locally to perform the requested service. What’s considered “local”? 
“Local” is the availability of an HMSA participating provider on the island where the member lives.

Provider Registration

22. Can a chiropractor who is currently a nonparticipating provider with an HMSA provider ID number become a participating provider? 
Yes. Nonparticipating chiropractors can apply to join HMSA’s provider network.

23. How does a participating HMSA provider for one line of business (e.g., Akamai Advantage) become a participating provider for another line of business (e.g., PPO or HMO)? 
Chiropractors can email provider_data@hmsa.com to request a change to their provider status. You’ll need to provide your current malpractice insurance policy and sign the HMSA Authorization to Release Documents and Information and Dispute Resolution Agreement.

24. What is the time frame for nonparticipating provider registration? 
Providers who applied by 4 p.m. on December 16, 2013, will receive their confirmation letter and HMSA provider ID number by January 10, 2014. Applications received after December 16, 2013, will be processed in the order received. The turnaround time is 30–60 days.

25. What is the time frame for participating provider registration? 
It typically takes us about 45–75 days to review a provider’s credentials, contract with our network, and issue an HMSA provider ID number.

26. Is there a deadline for CAM provider registration? 
There’s no deadline for CAM providers to register with HMSA. We strongly encourage you to register before you submit claims to us with a date of service on or after January 1, 2014.

27. How do I find out if I already have an HMSA provider ID number? 
Call Customer Relations at 948-6330 on Oahu or 1 (800) 790-4672 toll-free on the Neighbor Islands.

28. If a provider is registered as participating or nonparticipating and was issued an HMSA provider ID number, is registration required again? 
No.
29. Why can chiropractors register as nonparticipating or participating providers, while acupuncturists and naturopaths only have the option to register as nonparticipating providers?

Before the Non-Discrimination in Health Care provision went into effect, chiropractors could contract with HMSA as participating providers or register as nonparticipating providers under our Federal Employee Program (FEP) or chiropractic rider. As of January 1, 2014, participating chiropractors’ contracts will extend to all non-grandfathered plans. HMSA will keep existing registration options for chiropractors. Moving forward, we’ll assess the impact this provision has on our members and on the sustainability of our plans before making any changes to our provider network.

30. Are there any requirements, besides a state license, to register as a nonparticipating provider? Is malpractice insurance required?

To register as a nonparticipating provider, submit proof of your Hawaii state license, NPI number, and a W-9 form, along with an enrollment form for nonparticipating providers. Proof of malpractice insurance is only required when registering as a participating provider.

31. Can massage therapists register with HMSA as a nonparticipating provider?

At this time, HMSA hasn’t identified any services provided by massage therapists that are a plan benefit and that fall within the scope of licensure/certification for a massage therapist. However, in accordance with the Non-Discrimination in Health Care provision, we’ll consider all CAM specialties and will work with interested providers to determine if the services they provide within the scope of their licensure/certification are also benefits of HMSA’s plans. For inquiries, please email CAM@hmsa.com.

32. If a provider registers as participating or nonparticipating, can the provider later decide to opt out?

HMSA requires a 60-day notification to change provider status.

33. Will nonparticipating providers be listed on HMSA’s website?

No. HMSA’s provider directory only lists participating providers.

34. If I’m credentialed with ASH and have an HMSA provider ID number, do I still have to complete registration paperwork with HMSA to become a participating chiropractor?

No. If you went through both registration processes, you don’t have to re-register with HMSA. However, if you registered as an HMSA nonparticipating chiropractor and want to become a participating chiropractor, then you’ll need to go through a short credentialing process (see question 22).

35. As an in-network acupuncturist through ASH, should I register as a participating provider with HMSA?

We encourage acupuncturists to register with HMSA as nonparticipating providers; currently, acupuncturists can’t register with HMSA as participating providers.

36. Are CAM providers required to register with ASH?

No. Registering with American Specialty Health (ASH) isn’t required.
37. Are naturopaths being enrolled as participating and nonparticipating now? We are licensed as primary care doctors. Are we being treated as primary care physicians?
Naturopaths can register with HMSA only as nonparticipating providers. Members who have a PPO plan can designate a naturopath as their primary care provider; however, their out-of-pocket costs will be higher. Members with an HMO plan must choose a primary care provider who is an HMSA participating provider, so we won’t recognize naturopaths as primary care providers for HMO members.

38. What factors would favorably influence HMSA to allow naturopaths and acupuncturists to enroll as participating providers?
We don’t have any definitive criteria to favorably influence us to add naturopaths and acupuncturists to our participating provider network. We’ll continue to monitor the impact of this provision so that we can evaluate if making changes to our provider network makes sense.

39. Are there acupuncturists on the medical review board?
No. If we need an acupuncturist to review claims or appeals, we can contract with one.

Plan Benefits

40. Since naturopaths and acupuncturists can’t become participating providers at this time, how are HMSA members informed about the nonparticipating status of those providers and their benefits for rendered services?
This provision is noted in our members’ Guide to Benefits. We’ll also notify employer groups with members affected by this provision. Our members can also get information about their plan benefits by calling HMSA’s Customer Relations department at 948-6079 on Oahu or 1 (800) 776-4672 toll-free on the Neighbor Islands.

41. If an acupuncturist files a claim for an office visit or exam (CPT/HCPCS codes 99201 or 99202) and acupuncture treatment (CPT/HCPCS code 97810), will the treatment get reimbursed?
No, we won’t cover acupuncture treatment. Currently, acupuncture treatment (the actual needle service) is a specific exclusion of HMSA plans. The office visit or exam may be covered if it meets the criteria for medical necessity.

42. Are E&M (evaluation and management) services the only covered service that acupuncturists can render?
Yes. E&M services are within the scope of an acupuncturist’s license and are covered services in HMSA’s benefit structure. We’ll evaluate other services on a case-by-case basis; email us at CAM@hmsa.com. To facilitate the evaluation, in your email, please include the CPT code for the service and identify where that service fits in your scope of licensure/certification as defined by the Hawaii State Statute.
43. Aside from ASH, is HMSA going to cover acupuncture any time soon?
At this time, we don’t have plans to include acupuncture in our benefits.

44. We’re encouraged to get precertification before administering injections/infusions. Does this mean that emergency injections/infusions (e.g., IV rehydration) given by a naturopath aren’t covered?
Preauthorization (PA) isn’t required in emergency situations. Members should always receive the treatment they need in an emergency situation. Comprehensive clinical notes should be kept on file for all services rendered; we may request your clinical notes after you render the service to determine medical necessity and benefit coverage.

45. Regarding naturopaths, is IV therapy and dietary counseling covered?
We strongly recommend obtaining preauthorization (PA) before starting IV therapy. IV therapy can be very costly for members; a PA can help prevent unexpected costs.

Non-grandfathered plans cover nutrition counseling for women with hyperlipidemia or other known risk factors for cardiovascular disease and other chronic diseases related to diet. For information, see hmsa.com/portal/provider/mm.14.004_preventive_health_guidelines_women_050113.pdf.

46. Will any medical supplements be covered if deemed medically necessary?
We may cover certain medical supplements if they’re a plan benefit and medically necessary.

47. Will members be reimbursed for labs or diagnostic testing ordered by a naturopath?
We’ll cover lab tests ordered by CAM providers if the tests are a benefit of the member’s plan and for the treatment of conditions that fall within the scope of the provider’s licensure/certification.

We’ll reimburse lab fees according to the member’s plan benefits and the status (participating or nonparticipating) of the laboratory that provides the service. For example, if a naturopath orders lab work from an HMSA participating lab, we’ll reimburse the member at the participating benefit level — even if the ordering naturopath is a nonparticipating provider. Members may have higher out-of-pocket costs if lab work is ordered from a laboratory that isn’t in HMSA’s provider network.

To find an HMSA participating lab, go to hmsa.com, click on the Find a Doctor link (top right of the screen), and search for “laboratory.”

48. Are labs and prescriptions ordered by naturopaths now covered under HMSA QUEST or grandfathered plans?
No. This provision doesn’t apply to HMSA QUEST, Akamai Advantage, or grandfathered plans. Services rendered or ordered by a CAM provider — including lab work and prescriptions — aren’t a benefit of these plans.

49. Can naturopaths refer patients for physical therapy?
Yes. Naturopaths can refer patients for physical therapy. For more information, see HMSA’s Physical Therapy medical policy on the Provider Resource Center.
50. How is massage therapy covered?
Currently, plan benefits don’t include massage therapy unless it’s an integral part of an approved physical/occupational therapy treatment plan. In those cases, we’ll cover short-term physical therapy (as necessary to improve or restore the patient’s normal, daily functions). For more information, see HMSA’s Physical Therapy medical policy in the Provider Resource Center.

Note: HMSA members who have ASH riders have massage therapy benefits under their rider plans.

51. Regarding massage therapy, are 97124 and 97140 both covered services in all plans through physical therapy guidelines?
CPT/HCPCS codes 97124 and 97140 are for re-evaluation. You can use them only in these circumstances: (1) there’s a significant change in the patient’s condition requiring a new treatment plan; (2) the patient isn’t responding to the current treatment plan; or (3) a new finding would significantly affect the current treatment plan. These codes aren’t covered when used for periodic reassessments, when creating a progress summary note for a physician, or for routine pre- and post-service assessment. For more information, refer to the Physical Therapy medical policy on the Provider Resource Center. We’ll only cover services for massage therapy when rendered as part of a physical rehabilitation therapy treatment plan (see question 50).

52. Will chiropractors be able to provide X-rays to HMSA members and submit a claim for reimbursement?
Yes, if a member is covered under a non-grandfathered health plan. X-rays fall within a chiropractor’s scope of licensure when they’re used to treat conditions limited to the spine and they meet the criteria for medical necessity.

53. What percent of HMSA plans have a nonparticipating benefit that’s 70 percent of the eligible charge?
The majority of HMSA plans have a 70 percent (of the eligible charge) benefit for services provided by a nonparticipating provider. In addition, the benefits in some plans are subject to an annual deductible before they’re paid.

54. Will patients be reimbursed 100 percent for services/procedures that are essential health benefits if a naturopath is the provider? For example, a patient sees a naturopath for an annual Pap test.
No. The Affordable Care Act requires us to cover the preventive care services listed in the law’s essential health benefits without copayment or coinsurance only when the services/procedures are provided by a participating provider. Naturopaths are nonparticipating providers, so we would apply standard plan benefits to claims for an annual Pap smear rendered by a naturopath.

55. What is the medical necessity evaluation process?
Covered services must meet all of the following payment determination criteria (also referred to as medical necessity). The treatment, service, or supply must be:
  • For the purpose of treating a medical condition.
  • The most appropriate delivery or level of service, considering potential benefits and harms to the patient.
• Known to be effective in improving health outcomes, provided that:
  o Effectiveness is determined first by scientific evidence.
  o If no scientific evidence exists, then by professional standards of care.
  o If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion.
• Cost-effective for the medical condition being treated compared to alternative health interventions, including no intervention. For the purposes of this paragraph, cost-effective doesn’t necessarily mean the lowest price.

Services that aren’t known to be effective in improving health outcomes include, but are not limited to, services that are experimental or investigational. Definitions of terms and more information about payment determination criteria are in the Patients’ Bill of Rights and Responsibilities, Hawaii Revised Statutes §432E-1.4.

Fee Information

56. How is the eligible charge determined?
These are examples of some of the methods we use to determine HMSA’s eligible charge, also referred to as maximum allowable charge (MAC):
• The relative difficulty of the service compared to other services.
• Payment for the service under federal, state, and other private insurance programs.
• Changes in technology.
• Increases in the cost of medical and non-medical services in Hawaii over the last year.

57. Is there a fee schedule available for all plans that cover chiropractic services?
Our reimbursement rates don’t vary between plans and there’s only one fee schedule for each provider specialty. Our rates — also referred to as eligible charges or maximum allowable charge (MAC) fees — for frequently billed procedure codes are available on HHIN (click on the Fee Schedules tab) and are categorized by provider specialty. Note: We don’t publish or distribute our fee schedules to nonparticipating providers.

58. How can providers find out about rates of reimbursement?
HMSA discloses reimbursement rates (also referred to as eligible charges, maximum allowable charges, or MAC fees) only to participating providers through HHIN or by written request. When requesting a fee schedule in writing, include your name, your HMSA provider ID number, your specialty, and a list of the CPT procedure codes (and modifiers if applicable) for which you’d like reimbursement rates. Mail your request to HMSA-PDCA, Room 509, P.O. Box 860, Honolulu, HI 96808-0860.

An example of a rate request follows on the next page.
You can fax requests for 20 or less codes to the Provider Information unit at 948-6887 on Oahu. You can send requests for 20 or more codes in a Microsoft Excel file; email PS_PIU@hmsa.com or burn the file on a CD and mail it to the address listed above.

59. Can patients request their reimbursements directly from HMSA?
Yes. HMSA members who received services from nonparticipating providers can submit a claim for services directly to HMSA. Have them call HMSA’s Customer Relations at 948-6079 on Oahu or 1 (800) 776-4672 on the Neighbor Islands for help. To facilitate requests, please provide your patients with documentation (e.g., a receipt) of the services rendered; it should include the date of service, your HMSA provider ID number, and the appropriate CPT codes.

Note: To provide our members with better service, we strongly encourage nonparticipating providers to submit claims to HMSA on behalf of their patients.