HMSA’s Change for Complementary and Alternative Medicine (CAM) Providers

December 2013
Today, we’ll talk about...

- The Non-Discrimination in Health Care Provision. (as a part of the Affordable Care Act)
- What this means for CAM providers.
- Registering with HMSA.
- Benefits coverage.
- Resources.
- Checking patient eligibility.
- Filing claims.
- Complementary care riders and HMSA365.
Non-Discrimination in Health Care Provision

- Section 2706 of the Public Health Service Act.
- Added to the Affordable Care Act (ACA).
- Health plans can’t deny coverage for services based on the provider’s specialty.

**Doesn’t add new benefits to plans; extends provider pool.**

- Applies to ACA-compliant plans (non-grandfathered plans).
- Doesn’t apply to HMSA QUEST, Akamai Advantage, and grandfathered plans.
HMSA is not required to accept all types of providers into its network.
What does this mean for you?

You can submit claims with dates of services on/after January 1, 2014 on behalf of HMSA members for covered services.

Claims must be for services that are:

1. Covered by the member’s plan,
2. Within the scope of your licensure/certification as defined by Hawaii state law, and
3. Medically necessary in accordance with HRS 432E-1.4.
**CAM Provider Status**

*Naturopaths and acupuncturists can:*

- Register with HMSA as **nonparticipating providers**.
- Registration is required to submit claims to HMSA.

**Chiropractors can:**

- Continue as participating providers in HMSA’s Federal Employee Program and Chiropractic Rider; their contracts will extend to all other HMSA plans.
- Register as a participating or nonparticipating provider.

We’ll consider applications from other CAM providers whose services are covered under HMSA’s medical plans. We may require additional documentation to determine that the scope of the provider’s practice falls within HMSA’s benefit structure.
Registration Process (nonparticipating)

Registering with HMSA as a nonparticipating provider

- Fill out the HMSA Provider Enrollment Form for Nonparticipating Providers. Note that you’ll need:
  - A current Hawaii state license.
  - A National Provider Identifier (NPI) number.
  - To attach a W-9 form.

- We’ll review your application and validate your license. If approved, we’ll mail you an HMSA Provider ID Number, which you’ll need to file claims.
## Participating Versus Nonparticipating

<table>
<thead>
<tr>
<th>Participating</th>
<th>Nonparticipating</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Member pays a copayment or coinsurance.</td>
<td>• Provider collects in full from the member.</td>
</tr>
<tr>
<td>• Provider required to submit claim to HMSA.</td>
<td>• Provider is encouraged to submit a claim on the member’s behalf.</td>
</tr>
<tr>
<td>• HMSA reimburses the provider based on the eligible charge.</td>
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</tr>
<tr>
<td>• We list providers in our provider network directories.</td>
<td></td>
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</tbody>
</table>

“par” = participating  |  “nonpar” = nonparticipating
**Benefit Example: participating**

*Par benefit is 80% of eligible charge.*

<table>
<thead>
<tr>
<th>Actual Charge</th>
<th>Eligible Charge</th>
<th>HMSA Pays to Provider</th>
<th>Member’s Out-of-Pocket Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100</td>
<td>$60</td>
<td>$48 (80% of $60)</td>
<td>$12 coinsurance (20% of $60)</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>$48</strong></td>
<td><strong>$12</strong></td>
</tr>
</tbody>
</table>

HMSA pays $48 (80% of $60) and the member’s out-of-pocket cost is $12 coinsurance (20% of $60). A par provider can’t collect the difference between the actual charge and the eligible charge.
Benefit Example: nonparticipating

*Nonpar benefit is 70% of eligible charge.*

<table>
<thead>
<tr>
<th>Actual Charge (Member pays up front.)</th>
<th>Eligible Charge</th>
<th>HMSA Pays to Member</th>
<th>Member’s Out-of-Pocket Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100</td>
<td>$60</td>
<td>$42 (70% of $60)</td>
<td>$18 coinsurance (30% of $60)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$40 difference between actual charge and eligible ($100 - $60)</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$42</strong></td>
<td></td>
<td><strong>$58</strong></td>
</tr>
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</table>

HMSA pays $42 (70% of $60). The member’s out-of-pocket cost is $18 coinsurance (30% of $60) plus the difference between the actual charge ($100) and the eligible ($60) = $40 + $18 = $58. Depending on the member’s plan, the member may need to meet a deductible before receiving reimbursement.
Determining Benefits Coverage

- **Resource**: HMSA’s Provider Resource Center

- **Coverage based on:**
  1. Existing plan benefits
  2. Medical and payment policies
  3. Medical necessity (HRS Section 432)

- **Administrative reviews**: Required for members with HMO plans.

- **Preauthorization**: We’ll encourage members to get preauthorization before receiving injections and infusions.
Provider Resource Center (PRC)

- Access HMSA’s Provider Resource Center at [www.hmsa.com/portal/provider](http://www.hmsa.com/portal/provider)

- The Provider Resource Center includes information on filing claims, clinical practice guidelines, and much more.
Examples of Covered Services

- **Chiropractors** performing clinically appropriate spinal manipulation to treat back injuries as defined in their scope of licensure.

- **Naturopaths** providing physical therapy to treat back problems if the therapy is a covered benefit in the member’s plan and if it meets the medical necessity criteria in HMSA’s Medical Policy – Physical Therapy.
Examples of Non-Covered Services

- **Naturopaths** providing cosmetic services. HMSA plans don’t cover services or supplies that are primarily intended to improve natural appearance but don’t restore or improve a physical function.

- **Acupuncturists** providing acupuncture treatment. An office visit to an acupuncturist for a diagnosis of muscle pain may be covered under the member’s plan; however, acupuncture treatment isn’t covered by HMSA’s plans.

- HMSA doesn’t cover services that treat injuries or illnesses for which a third party is liable. For more information, see the Provider Resource Center.
Medical Necessity

**Hawaii Revised Statutes (HRS) 432E** – To meet payment determination criteria, the covered service must:

- Treat a medical condition that requires treatment.
- Have the appropriate delivery or level of service.
- Be effective in improving health outcomes.
  - Based on scientific evidence.
  - If no scientific evidence exists – professional standards.
  - If no professional standards exist, or exists but are outdated or contradictory – expert opinion.
- Be cost effective.
Administrative Review Process

For HMSA members with HMO plans.

- An administrative review is required.
- The member’s primary care provider (PCP) or Health Center Provider must request an administrative review.
- We’ll deny claims for services without an approved administrative review (for members with HMO plans).

In the administrative review request, the PCP documents the rationale for referring the member to the nonparticipating provider.

You can access the form in the Forms section of the Provider Resource Center.
Administrative Review Process (continued)

Evaluation Criteria – HMSA’s Medical Management (MM) department will review the request to:

- Evaluate the medical necessity of the requested service.
- Determine that there are no HMSA participating providers available locally with the clinical expertise to perform the requested services.

HMSA will send an approval or denial notification letter to the requesting PCP or health center provider and cc the member and the referred provider.
Filing Claims

Claims filing options.

1. **HMSA’s e-Claim System:** Free, online electronic claim system. You’ll need Internet Explorer 7+, an HMSA Provider ID number, and a National Provider Identifier (NPI) number. To sign up, call 948-6355 on Oahu or 1 (800) 377-4672 toll-free on the Neighbor Islands.

2. **Electronic Data Interchange (EDI):** Batch and send claims using your current practice management software.

3. **Paper Claims:** Use the CMS-1500 claim form.
Filing Paper Claims

- Follow the **general Instructions** for the CMS-1500 form.

- The **interactive CMS-1500 form** indicates which fields are required, conditional, optional, or non-applicable.
Filing Paper Claims (continued)

**Purchase CMS-1500 claim forms locally from:**

<table>
<thead>
<tr>
<th>Company</th>
<th>Available Forms</th>
<th>Minimum Quantities</th>
<th>Delivery</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Forms Network, Inc.</strong></td>
<td>2 pt. NCR (cont.) 1 pt. 20# (cont.) 2 pt. snap NCR 1 pt. laser</td>
<td>1,000 2,500 250 or 1,000 500 or 2,500</td>
<td>Oahu: Free; two working days Neighbor Islands: Add shipping costs</td>
<td>Rita Ishizu 853-2202 1 (800) 422-6851 toll-free <a href="http://www.bfnhawaii.com">www.bfnhawaii.com</a></td>
</tr>
<tr>
<td><strong>Rainbow Printers</strong></td>
<td>2 pt. (carbonless) 1 pt. (laser) 1 pt. (cont.) 2 pt. (cont.)</td>
<td>1,000 2,500 2,500 1,000</td>
<td>Oahu: Free; two working days Neighbor Islands: $11</td>
<td>Peter Gomes 593-9782</td>
</tr>
<tr>
<td><strong>Stratacom</strong></td>
<td>Cut sheet One-ply cont. Two-ply cont.</td>
<td>500 500 500</td>
<td>Oahu: Free; two to five working days Neighbor Islands: Add shipping costs</td>
<td>Elliot Lum 536-4236 <a href="http://www.stratacom.ws">www.stratacom.ws</a></td>
</tr>
<tr>
<td><strong>Smart Graphics</strong></td>
<td>One-side One-ply cont. Two-ply cont.</td>
<td>2,500 2,500 1,000</td>
<td>Oahu: Free; two working days Neighbor Islands: Free; two to five days</td>
<td>Sally Umemoto 526-2432 ext. 100 1 (800) 560-1181 toll-free</td>
</tr>
</tbody>
</table>
Member Eligibility

Options to check an HMSA member’s eligibility.

- **Membership Connection:** Member verification system, available 24/7 (requires NPI or HMSA Provider ID number and touch-tone phone). Call 948-6244 on Oahu or 1 (800) 552-8507 toll-free on the Neighbor Islands. For more information, see the [Provider Resource Center](#).

- **Customer Relations:** Call 948-6330 on Oahu or 1(800) 790-4672 toll-free on the Neighbor Islands. Customer representatives are available Monday through Friday from 8 a.m. to 5 p.m. and closed on observed holidays.
Complementary Care Riders
HMSA365 Discount Program
HMSA Chiropractic Rider

For members with Chiropractic Riders.

- Members pay in full at the time of the visit.
- Participating chiropractors must submit a claim for services.
- Nonparticipating chiropractors are encouraged to submit claims for services.
- HMSA pays the member a predetermined amount for services.
- Riders have plan visit and dollar limits.

Because all members can now see recognized CAM providers for services covered by their medical plans, we’ll process claims for members with Chiropractic Riders through their medical plans first, then coordinate payment with the benefits covered in the Rider. Total reimbursement won’t exceed the eligible charge.
American Specialty Health (ASH) Rider

For members with ASH Riders.

- ASH covers benefits for chiropractic, acupuncture, and massage therapy services (subject to dollar and visit limits).
- ASH processes claims (for benefits covered by the Rider) and manages its own provider network.
- HMSA will process claims first through the member’s medical plan, then ASH will coordinate benefits under the Rider.

Because all members can now see recognized CAM providers for services covered by their medical plans, HMSA will process claims for members with ASH Riders through the member’s medical plan first. We’ll then send a report to provider (RTP) message to the provider (if provider is participating) or a report to member (RTM) message (if provider is nonparticipating). The provider or member uses the RTP/RTM to submit a claim to ASH to coordinate payment with the benefits covered in the Rider.

American Specialty Health
HMSA365 Discount Program

_HMSA365 is a discount program that offers members savings on products and services that aren’t covered by their medical plans._

Members can receive discounts on:

- Acupuncture.
- Chiropractic Care.
- Massage Therapy.
- And _more._
Questions?

Contact Us: We’re happy to help.

CAM@hmsa.com

948-6330 on Oahu

1 (800) 790-4672 toll-free on the Neighbor Islands

See the CAM Providers page on the Provider Resource Center for more information.
Thank You!

We look forward to serving you now and in the future.