

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

Date

{First Name} {MI} {Last Name}  
{Address}  
{City, State, Zip}

Dear {First Name}{Last Name}:

HMSA and Health Plan Hawai'i are committed to providing members with access to quality care. As part of this commitment, we are asking for your opinion about the services you (or your child) may have received from the **practitioner named on the enclosed survey**.

This practitioner may be a personal care physician (PCP) or specialist seen during the past year. We understand that this practitioner may have only been seen once or twice. However, we would appreciate if you would answer the questions as they apply to the services received from the named practitioner. Your responses will help this practitioner and HMSA/Health Plan Hawai'i better serve you.

Please take a few minutes to answer the enclosed survey. If the survey is for a practitioner who provided care to a minor, we ask that a parent or guardian complete the survey on his or her behalf. Please be assured that **all of your responses will be kept strictly confidential**. Only combined feedback from all members will be shared with your practitioner.

Please return your completed survey in the enclosed self-addressed envelope to our independent research contractor, OmniTrak Group Inc. as soon as possible. If you have any questions please call HMSA's Customer Service Department between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday at (808) 948-6820 on Oahu. If you are on a neighbor island, please call your local branch office at the following numbers: Hilo (808) 935-5441, Kona (808) 329-5291, Maui (808) 871-6295, Molokai/Lanai 1-800-639-4672 or Kauai (808) 245-3393. The Telecommunication Device for the Deaf (TDD) can be reached by dialing (808) 948-6222. Thank you for taking the time to tell us how we can better serve your health care needs.

Mahalo,

Richard S. Chung, M.D.  
Medical Director

請翻到背面!

Mangyaring tignan ang likod ng papel na ito!

裏ページをご覧ください!

이 페이지의 뒷면을 보십시오!

Pangaasiyo ta kitaenyo ti likod daytoy nga papel!

Faamolemole tagai i tua o lenei itulau!

Xin lật qua trang sau của tờ này!

{OMNIIID}



Hawaii Medical Service Association

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Honolulu, HI 96808-0860

(808) 948-5110



Branch offices located on  
Hawaii, Kauai and Maui



Internet address  
[www.HMSA.com](http://www.HMSA.com)

## HMSA to Cover Professional Fees for Observation

HMSA has adopted a new policy establishing criteria and guidelines for the coverage of observation room services, including the physician's professional services, immediately following an emergency room visit or a procedure performed in a hospital-based ASC.

The new policy applies to HMSA private business plans only, and is effective for services rendered beginning May 1, 2004. The HMSA Plan for QUEST Members and 65C Plus continue to follow existing guidelines.

Benefits will be paid for observation services beyond those that would be considered standard for emergency department or post-surgical ASC care. Observation care is appropriate for patients:

- When a serious condition will likely be ruled out in less than 24 hours, or

- When, with therapy, an identified medical condition is likely to subside or stabilize in less than 24 hours

The complete policy is included in the HMSA Provider E-Library on both the Hawaii Healthcare Information Network's (HHIN's) Information page and on the Internet at:

[www.HMSA.com/portal/provider/](http://www.HMSA.com/portal/provider/)

Select **Medical**, followed by **Physicians – General Topics**, then **Treating the Patient, Benefits & Covered Services**, and finally **Evaluation & Management**. Scroll down the list of documents until you find **Observation Care – Professional Services**.

Paid claims will be subject to retrospective review. If the stay does not meet the criteria, HMSA reserves the right to recover any overpayment.



## BlueCard Provider Satisfaction Survey

The Blue Cross and Blue Shield Association (BCBSA) administers the BlueCard Customer Satisfaction Survey annually to measure member and provider satisfaction with the BlueCard Program. The survey is intended to identify key drivers of satisfaction.



Survey results will be used to develop initiatives to improve overall customer satisfaction.

We encourage you to participate in the survey if a BCBSA representative calls you.



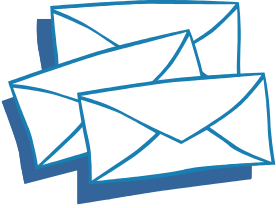
*Choices for a Healthier Hawaii*

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## Member Satisfaction Survey



Each year since 1998, HMSA has asked our members to rate the quality of care and services they receive from their Primary Care Physician (PCP) or specialist. The survey measures members' satisfaction in the following areas:

- Access to care
- Communication with the doctor
- Medical services
- Outcome of care
- Health plan satisfaction

The 2004 survey is being sent to nearly 140,000 randomly selected members in HMSA's fee-for-service plans, Health Plan Hawaii, HMO Hawaii, 65C Plus and point-of-service plans. In past years, our members have consistently given high ratings to HMSA's participating practitioners.

OmniTrak Group, Inc., a locally based research firm, will distribute the survey from late April through mid-July. Samples of the survey form and the accompanying cover letter are enclosed with this Update.

The survey was adapted from the Consumer Assessment of Health Plans Study (CAHPS) 3.0H Questionnaire, a standardized survey used by accreditation bodies and agencies such as the Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). It contains questions about the member's functional health status.

If your patients inquire about the survey, please reassure them of its validity and encourage them to complete and return the form.

## Physician Credentialing

HMSA's policy on physician credentialing has been updated. Additional clarification has been made regarding several of HMSA's requirements. Please refer to the Provider E-Library for more information.

From the Provider E-Library, select **Medical**, followed by **Physicians – General Topics**, then **Contacting HMSA & General Reference**. Scroll down until you find the document titled Physician Credentialing.

## PLAN UPDATES

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### CompMED

HMSA has developed a new, lower-cost plan aimed at helping employers address the rising cost of providing health coverage. CompMED (coverage code **623**) is currently being marketed and will go into effect July 1.

- The copayment for office visits and outpatient psychotherapy for CompMED members is a flat \$12.
- The copayment for consultations and facility visits by the physician (e.g., hospital or ER visit) is \$20.
- CompMED includes a \$100 copayment for use of the emergency room (facility).
- The plan includes coverage at 100 percent of the eligible charge for well-baby exams, well-woman exams, screening mammography and well-child immunizations.
- Maternity-related services are covered at 90 percent of the eligible charge.
- Most other services are covered at 80 percent of the eligible charge.

### Coverage Codes

Coverage codes for the new plans mentioned in the April Provider Update are as follows:

- Catastrophic Care Plan: **492**
- EUTF Dual Coverage Plan: **621**

### Correction

Incorrect information was given in the April Provider Update regarding coverage under the EUTF Dual Coverage Plan. Members of this plan do have coverage for hospice services, Health-Pass and HMSA's disease management programs. Members do not have copayments for the services.

Benefits for transplants vary depending on the type of transplant and the facility where it will be performed. Please contact HMSA if you need more information about covered transplants for members of this plan.


## POLICY UPDATES

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Please familiarize yourself with the benefit and payment policies summarized below. The policies have been updated online. A computer icon at the end of the article indicates that the complete, updated policy is included in HMSA's Provider E-Library on HHIN and the Internet.

### Drug Policies


#### √ **Actiq**

The policy regarding the use of Actiq has been updated to indicate that Actiq must be pre-certified. In addition, information has been added regarding the documentation needed with pre-certification requests. 

#### √ **Duragesic**

The policy has been updated to include information about the documentation required when the provider believes the patient needs more patches than the quantity recommended in the policy. If the quantity limit (20 patches per 30 days) will be exceeded, please pre-certify the drug for benefit coverage. 

#### √ **OxyContin**

The policy has been updated to include information about the documentation required if the provider believes the patient needs more tablets than the quantity recommended in the policy. If the quantity limit (60 tablets per 30 days) will be exceeded, please pre-certify the drug for benefit coverage. 

### Other Policies

#### √ **Modifier 25**




When a surgical procedure and a significant, separately identifiable E/M visit occur during the same patient encounter, append modifier code 25 to the CPT code for the visit service.

If modifier 25 is not appended to the CPT code for the E/M service, the service is not being identified as a separately identifiable service; therefore, the E/M service will not be paid.

Also effective July 1, claims containing a separately identifiable E/M service and modifier 25 may be submitted via EMC. Attachments will no longer be required.

HMSA reserves the right to perform either prepayment or postpayment review as needed to verify the appropriate use of modifier 25. Physicians whose modifier 25 claims will be reviewed on a prepayment basis will be required to submit hard-copy claims with medical records as an attachment and will receive separate written notification of this requirement from HMSA. Such use of medical records is allowed under the provisions of HMSA's Participating Physician Agreement and the privacy regulations of HIPAA.

HMSA may also request medical records to perform reviews retrospectively as needed. Review findings that indicate inappropriate use of modifier 25 will result in HMSA's recovery of any overpayments. 

#### √ **Plethysmography**

In the February Provider Update, HMSA indicated that effective April 15, plethysmography (CPT code 93720) would not be paid if billed with an office visit or physical examination or as part of a consultation.

To clarify further, payment will not be made for the service when billed together with any E/M service. However, benefits will be paid if the only service being billed is the plethysmography.

Do not use CPT code 93720 (plethysmography) to bill for bioimpedance. Bioimpedance should be billed using CPT code 93701. Note: HMSA considers bioimpedance to be investigational in the outpatient setting and no payment will be made for this service.

When performing bioimpedance for an HMSA member, please explain to the member that the service will not be covered by HMSA. To prevent misunderstandings about the patient's responsibility for payment, ask the member to sign an **Agreement of Financial Responsibility** prior to performing the service.


## BILLING AND CODING

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### Resubmissions

HMSA would like to remind practitioners who resubmit corrected claims to clearly and boldly mark the top of the claim **RESUBMISSION** and include a statement regarding the reason the claim is being resubmitted.

It is also helpful for HMSA staff when resubmitted claims are batched separately from claims that are being submitted for the first time. For

more information about resubmitting claims refer to **Resubmissions and Tracers** in the Provider E-Library. 

## PHARMACIES THAT PARTICIPATE WITH HMSA'S MEDICAL PLANS

Enclosed is an updated list of the pharmacies that participate with HMSA for medical services. In addition to the community pharmacies, the list



now includes information about pharmacies from which injectable drugs can be ordered by mail.

When you direct your patients to these pharmacies, they can obtain – without paying in full – injectable drugs, vaccines and small durable medical equipment (DME) that you may not regularly stock in your office.

Members obtaining injectable drugs, vaccines and DME at participating medical pharmacies are responsible for plan copayments and deductibles.

## INTERNET AND HHIN REMINDER

The Provider E-Library contains the most complete and up-to-date HMSA provider reference material available. Our Internet site at [www.HMSA.com/portal/provider/](http://www.HMSA.com/portal/provider/) is updated as new information becomes available and is, therefore, always more current than our CD or hard-copy references.

We encourage you to “bookmark” the Provider Resource Center home page, or add it to your list of Internet “favorites.”

Note: The Provider E-Library is also available on HHIN, on the information page.

If you have questions about information in this Provider Update, please call 948-6330 on Oahu or 1 (800) 790-4672 from the Neighbor Islands

# HMSA MEMBER SATISFACTION SURVEY (ADULT)

Thinking about your own health care and the services you received, please indicate the response that best describes your experience with the practitioner named below, in the last 12 months. Please choose one response for each question unless otherwise instructed. Fill in the appropriate bubble completely using black or dark blue ink.

**DO NOT USE MARKERS.**

Practitioner: Dr. [DR FIRST] [DR LAST]

I.D. CODE:

MARKING INSTRUCTIONS	
<b>CORRECT MARK:</b> <input checked="" type="radio"/>	<b>INCORRECT MARKS:</b> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

## ACCESS TO CARE

Thinking about the doctor named above...

1. How often did you get an appointment for regular or routine health care as soon as you wanted?

1    2    3    4    5    6    7    8    9    10  
 Never Always

2. When you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

1    2    3    4    5    6    7    8    9    10  
 Never Always

3. When you called your doctor's office or clinic after hours or over the weekend to get help or advice, how often did you get the help or advice you needed?

1    2    3    4    5    6    7    8    9    10  
 Never Always

4. Once you got to your doctor's office, how long did you usually have to wait to see your doctor when you had an appointment for care?

1 Less than 15 minutes  
 2 16 to 30 minutes  
 3 31 to 60 minutes  
 4 More than 1 hour

5. How many days did you usually have to wait between the time you made an appointment for care and the day you actually saw the doctor for the following:

- 5a. Regular and Routine Care Appointments (non-urgent, non-symptomatic conditions such as well baby, preventive/ physical exams, medication monitoring or the ongoing management of chronic conditions).

1 Same day  
 2 1 to 3 days  
 3 4 to 7 days  
 4 8 to 14 days  
 5 15 to 30 days  
 6 31 days or longer

- 5b. Primary Care Appointments (non-urgent, symptomatic conditions such as a cold/sore throat or care for the symptoms of chronic conditions).

1 Same day  
 2 1 to 3 days  
 3 4 to 7 days  
 4 8 to 14 days  
 5 15 days or longer

- 5c. Urgent Care Appointments (urgent, symptomatic conditions such as high fever or ear pain/ infections).

1 Same day  
 2 1 to 3 days  
 3 4 to 7 days  
 4 8 to 14 days  
 5 15 day or longer

6. How long did you usually have to wait for the following:

6a. Care for a non-life threatening mental health or substance abuse emergency?

- 1 2 hours
- 2 4 hours
- 3 6 hours
- 4 8 hours
- 5 More than 8 hours

6b. Urgent mental health or substance abuse care?

- 1 Same day
- 2 1 to 2 days
- 3 3 to 6 days
- 4 7 days or longer

6c. Routine office visit for mental health or substance abuse?

- 1 Same day
- 2 1 to 10 days
- 3 11 to 19 days
- 4 20 days or longer

### COMMUNICATION

7. How often did the doctor explain things in a way you could understand?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

8. How often did the doctor listen carefully to you?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

9. How often did the doctor show respect for what you had to say?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

10. How well did your doctor explain what symptoms to report and when to seek further care?

- 1  2  3  4  5  6  7  8  9  10  
Not well at all Extremely well

11. How often did you leave your doctor's office with unanswered questions?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

12. How often did your doctor show caring and concern for you?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

### MEDICAL SERVICES

13. How often did office staff at the doctor's office or clinic treat you with courtesy and respect?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

14. How often did the doctor spend enough time with you?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

15. How often were office staff at the doctor's office or clinic as helpful as you thought they should be?

- 1  2  3  4  5  6  7  8  9  10  
Never Always

### OUTCOME OF CARE

16. How much were you helped by the care you received from this doctor?

- 1  2  3  4  5  6  7  8  9  10  
Not At All Significantly

17. Please rate the overall quality of care and services you received from this doctor.

- 1  2  3  4  5  6  7  8  9  10  
Poor Excellent







## HEALTH STATUS

Questions 26 through 42 are **OPTIONAL**.

26. Would you say that in general your health is:

- <sup>1</sup> Poor    <sup>2</sup> Fair    <sup>3</sup> Good    <sup>4</sup> Very Good    <sup>5</sup> Excellent

27. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days:   <sup>97</sup> None

28. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days:   <sup>97</sup> None

29. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

Number of days:   <sup>97</sup> None

30. Are you **LIMITED** in any way in any activities because of any impairment or health problem?

- <sup>2</sup> Yes    <sup>1</sup> No

31. For **HOW LONG** have your activities been limited because of your major impairment or health problem?

Years  Months  Weeks  Days <sup>97</sup> None

32. Because of any impairment or health problem, do you need the help of other persons with your **PERSONAL CARE** needs, such as eating, bathing, dressing, or getting around the house?

- <sup>2</sup> Yes    <sup>1</sup> No

33. Because of any impairment or health problem, do you need the help of other persons in handling your **ROUTINE** needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- <sup>2</sup> Yes    <sup>1</sup> No

34. During the past 30 days, for about how many days did **PAIN** make it hard for you to do your usual activities, such as self-care, work, or recreation?

Number of days:   <sup>97</sup> None

35. During the past 30 days, for about how many days have you felt **SAD, BLUE, or DEPRESSED**?

Number of days:   <sup>97</sup> None

36. During the past 30 days, for about how many days have you felt **WORRIED, TENSE, or ANXIOUS**?

Number of days:   <sup>97</sup> None

37. During the past 30 days, for about how many days have you felt you did **NOT** get **ENOUGH REST or SLEEP**?

Number of days:   <sup>97</sup> None

38. During the past 30 days, for about how many days have you felt **VERY HEALTHY AND FULL OF ENERGY**?

Number of days:   <sup>97</sup> None

## ABOUT YOU

39. What is the highest level of education that you have completed?

- <sup>1</sup> 8th grade or less  
<sup>2</sup> Some high school  
<sup>3</sup> High school graduate or GED  
<sup>4</sup> Some college or 2-year degree  
<sup>5</sup> 4-year college degree  
<sup>6</sup> Post-graduate degree

40. Members' ethnicity: (Please select **ALL** that apply to you)

- <sup>01</sup> Caucasian  
<sup>02</sup> African American  
<sup>03</sup> Puerto Rican  
<sup>04</sup> American Indian or Alaska Native  
<sup>05</sup> Portuguese  
<sup>06</sup> Chinese  
<sup>07</sup> Filipino  
<sup>08</sup> Japanese  
<sup>09</sup> Korean  
<sup>10</sup> Other Asian  
<sup>11</sup> Native Hawaiian  
<sup>12</sup> Samoan  
<sup>13</sup> Other Pacific Islander  
<sup>14</sup> Other (specify) \_\_\_\_\_

DO NOT WRITE  
IN THIS BOX

41. Your Height:   feet   inches

42. Your Weight:    lbs



# Pharmacies Participating with HMSA's Medical Plan



HMSA has contracted with the pharmacies listed below to participate with HMSA's medical plans. This participation means that HMSA members will be able to purchase vaccines, injectable drugs and durable medical equipment at the pharmacy by paying the appropriate copayment only.

We will update this list periodically, as pharmacies continue to contract with HMSA to provide these services.

## How can physicians help?

Physicians should give the member a prescription with the name of the prescribed vaccine, injectable drug, or durable medical equipment and the pertinent ICD-9 diagnosis code. In addition, if the injectable drug requires pre-certification, the physician should obtain pre-certification prior to sending the member to the pharmacy.

## Community-based pharmacies

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### ***Kauai***

Shoreview Pharmacy  
1177 Kuhio Hwy.  
Ste. 113  
Kapaa, HI 96746

Medcenter Northshore  
Pharmacy  
2460 Oka St., Ste. 100  
Kilauea, HI 96754

Medcenter Pharmacy  
4643-A Waimea Canyon  
Dr.  
Waimea, HI 96796

### ***Oahu***

Aiea Medical Pharmacy  
99-128 Aiea Hts. Dr.  
Suite 103  
Aiea, HI 96701

Castle Professional.  
Center Pharmacy  
46-001 Kamehameha  
Hwy., Ste. 108  
Kaneohe, HI 96744

Pharmacare  
St. Francis, Liliha POB  
2228 Liliha St., Ste. 100  
Honolulu, HI 96817

Pharmacare  
St. Francis-West POB  
91-2139 Ft. Weaver Rd.  
Ewa Beach, HI 96706

### ***Maui***

IPC Pharmacy, Wailuku  
1900 Main St.  
Wailuku, HI 96793

Maui Clinic Pharmacy  
53 Puunene Ave, Rm.  
121  
Kahului, HI 96732

Paradise Pharmacy  
81-21 Makawao Ave.  
Makawao, HI 96768

Valley Isle Pharmacy  
2180 Main St., Ste. 102  
Wailuku, HI 96793

Valley Isle Pharmacy  
130 Prison St.  
Lahaina, HI 96761

Wailuku Town  
Pharmacy  
99 S. Market St.  
Wailuku, HI 96793

### ***Molokai***

Molokai Drugs Inc.  
25 Kamoi St., Ste. 100  
Kaunakakai, HI 96748

### ***Hawaii***

Shiigi Drug  
333 Kilauea Ave.  
Hilo, HI 96720

Ululani Pharmacy  
868 Ululani St., Ste. 107  
Hilo, HI 96720

## Mail Order Pharmacies (for injectable medications)

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Priority Healthcare  
For information on available drugs, call  
1 (800) 824-9366.  
Orders for injectable medications should be faxed  
to 1 (800) 824-9448

CVS ProCare (Pharmacare)  
For information call Christy Robinson at  
254-2727 on Oahu  
Orders for injectable medications should be faxed  
to 254-3535 on Oahu