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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

February 26, 2020

MEMORANDUM

MEMO NO.

QI-2004

(Replaces QI-1927)

TO: QUEST Integration Health Plans, Physicians, and Pharmacy Providers

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: **REVISED** QUEST INTEGRATION COVERAGE FOR OUR CARE, OUR CHOICE ACT
(END OF LIFE CARE OPTION)

The 2018 Hawaii Legislature passed the Our Care Our Choice Act (OCOCA) and was signed into law by Governor David Ige on April 5, 2018 (Act 2, 2018 Session Laws of Hawaii). Effective January 1, 2019, Hawaii residents with a terminal illness and six (6) months or less to live can voluntarily request medical aid-in-dying medication to end their life.

Hawaii's law has strict eligibility requirements for both patients and health care providers to meet for the patient to obtain a prescription for end-of-life medications.

The Hawaii Medicaid program will cover the statutorily required physician, consulting and counseling provider visits as well as the medications of Medicaid recipients to be used for the purpose of the OCOCA. However, due to federal restrictions, the visits and medications will be carved out from the QUEST Integration (QI) program and will be covered and reimbursed under our Fee-For-Service program utilizing 100% State funds.

Only Food and Drug Administration (FDA) approved drugs will be reimbursed by the Med-QUEST Division (MQD). Unapproved drugs, including foreign-made versions of FDA-approved drugs that have not been manufactured pursuant to FDA approval, will not be reimbursed.

Each QI plan shall be responsible for notifying providers, within its network, of the requirements for the OCOCA and the process to request and bill MQD for the physician, consult and counseling visits, as well as the self-administered medications that would be used by a qualified Medicaid patient for the purpose of OCOCA.

Information on the OCOCA requirements and required forms for the OCOCA can be found on the State Department of Health's website at <http://health.hawaii.gov/opppd/ococ/>.

Med-QUEST Division Requirements for Physician, Consult and Counseling Visits:

Medicaid recipients who want to discuss the OCOCA end-of-life option will need to communicate the request to their attending physician and complete required visits. The total number of Medicaid covered OCOCA visits are limited to five (5). This includes:

- 1) Three (3) visits with the attending physician;
- 2) One (1) visit to a consulting physician to confirm the attending physician's diagnosis and prognosis and that the patient is capable of making an informed decision; and
- 3) One (1) visit to a counseling provider (psychiatrist, psychologist, licensed clinical social worker in mental health or mental health advance practice registered nurse practitioner) to determine the patient is able (e.g. has the mental capacity) to make medical decisions for themselves and does not appear to be suffering from undertreatment or non-treatment for depression or other conditions which may interfere with the patient's ability to make an informed decision.

Only the following procedure code and modifier is to be used to bill for the visits:

Procedure Code/Modifier: T1023 SE

Should additional visits be needed a prior authorization request must be submitted to the Fiscal Agent. If any other procedure code/modifier is used, the claim will be denied and will result in a delay in payment.

Send claim to: Conduent
 P.O. Box 1220
 Honolulu, Hawaii 96807-1220

At all times, the patient retains full rights to rescind the request or to not take the medication. Even if the patient rescinds the request for the end-of-life option or does not take the medications, those visits still need to be billed to the fee-for-service program.

ATTACHMENT A
PRIOR AUTHORIZATION and BILLING INSTRUCTIONS

1144B PRIOR AUTHORIZATION FORM INSTRUCTIONS:

The 1144B must be completed and faxed to MQD/Clinical Standards Office (MQD/CSO) along with the completed CMS 1500 for approval. Turnaround time for review of the Prior Authorization (PA) Request and CMS 1500 will be two (2) business days. Upon approval, MQD/CSO will forward the approved PA and CMS 1500 to our fiscal agent for processing. **DO NOT** send/fax the form to the Medicaid Fiscal Agent for the OCOCA PA request as it will result in a delay or denial.

Prescribing Provider:

- a) The prescribing provider must be an active Hawaii Medicaid provider who is a managed care provider.
- b) Write/indicate on the top of the DHS Form 1144B **“Medications for Our Care Our Choice”**.
- c) Under the Physician Section the prescribing physician shall complete the applicable sections and sign. List the medical aid-in-dying self-administered medication(s), strength(s) and quantity(ies) intended to be dispensed to fulfill the OCOCA.
- d) Complete diagnosis and prognosis.
- e) Under the Justification Section, indicate that the patient has fulfilled all the requirements of the OCOCA.
- f) In the Supplier Section, all fields must be completed.

Dispensing Pharmacy Billing Instructions:

- a) The dispensing pharmacy must be an active Hawaii Medicaid fee-for-service and managed care provider.
- b) Write/indicate on the top of the CMS 1500 **“Medications for Our Care Our Choice”**.
- c) If the patient has commercial insurance, the Explanation of Benefits (EOB) indicating denial shall be submitted with the CMS 1500 form.
- d) Enter the product ID qualifier N4, the National Drug code (NDC), name of the drug, strength of the drug, two-character unit of measure qualifier followed by the numeric quantity administered to the patient in the shaded area of Box 24A-E.
 - 1. Valid unit of measure qualifiers are as follows for self-administered drug(s):

Qualifier	Unit of Measure
F2	International Unit
GR	Gram
ML	Milliliter

- 2. For the quantity, provide the exact quantity dispensed to three (3) decimal places.
- e) Complete Box 24A, B, E, F, G (days are equal to 1) and J.
- f) Add “21A” in Box 24E to reference the diagnosis code in field 21A.
- g) The pharmacy supplying the drugs(s) shall sign (Box 31) and complete the provider information and phone number (Box 33).

Med-QUEST Division Requirements and Process for OCOCA Prescription:

In order to have the prescription filled, dispensed and reimbursed for Hawaii Medicaid recipients enrolled in a QI plan, the prescribing provider will coordinate the submission of forms. The process below, and the instructions for completing the forms (Attachment A), shall be followed:

- 1) **Prior Authorization Requirement:** Submit Prior Authorization Form DHS Form 1144B (Attachment B) for review and approval by the MQD/Clinical Standards Office. The DHS Form 1144B and the instructions for completing DHS Form 1144B is also available on the MQD website at <https://medquest.hawaii.gov>. Click on the "Resources" tab at the top of the page then click on "Forms".
- 2) **Dispensing Pharmacy:** A hard copy CMS 1500 form is required and must identify and match the same drug(s) and quantity(ies) on the 1144B submitted by the prescribing physician. If there is a discrepancy between the request on the 1144B and the CMS 1500, it will result in a delay. The pharmacy must use NDC numbers and NCPDP units to identify the medications on the claim. Point of Service (POS) claims will be denied.
- 3) To expedite processing of the prior authorization approval and claim, **BOTH** the completed 1144B and completed CMS 1500 forms are to be submitted together to:

Med-QUEST Division/Clinical Standards Office
Fax: (808) 692-8131

Should you have questions please contact the Clinical Standards Office at (808) 692-8124.

All submissions must conform with the Health Insurance Portability and Accountability Act of 1996 and any other applicable privacy and security law, rule, and regulation.

Attachments

ATTACHMENT B

STATE OF HAWAII
 Department of Human Services
 Med-QUEST Division

Hawaii Medicaid Fiscal Agent
 Attn: DUR, P.O. Box 967
 Henderson, NC 27536-0967

REQUEST FOR MEDICAL AUTHORIZATION

Check only One – Different Types of Services Must Be Requested on Separate 1144B Forms. Home Infusion PA Non-Home Infusion (Medication only) PA

NOTE: INCOMPLETE FORM WILL DELAY THE AUTHORIZATION PROCESS. Approval of this request is not an authorization for payment or an approval of charges. Payment by the Medicaid Program is contingent on the patient being eligible and the provider of service being certified by Medicaid. The provider of service must verify patient eligibility at the time the service is rendered. Authorization expires 60 days from date of approval unless otherwise noted by the consultant.

1 Medicaid ID Number	2 Recipient's Name (Last, First, M.I.)		3 Gender [] M [] F	4 Date of Birth / /
5 Medicare Coverage? [] Yes [] No Is Patient receiving Medicare Home Health Benefits? [] Yes [] No	6 Currently at: [] Home [] Hospital Recipient's Mailing Address (St., City, Zip Code)		7 Expanded Early & Periodic Screening Diagnosis & Treatment (EPSDT): [] Yes [] No	
Physician Section				
8 NDC Number or Drug Name, Strength, Units, Global Code, or HCPCS code	9 QTY	10 Purchase Price	11 Rent/Repair	
1			12 Period Requested From: To:	
2				
3				
4				
5				
Physician Section				
13 Diagnosis or ICD-10 code				
14 BMI (for anorexiant):				
15 Period Requested				
16 Prognosis				
17 Justification (include history of previous treatment) ([] Attachment)				
18 Print Prescriber's Name/Mailing Address				
19 Prescriber's Signature			21 Date	
20 Prescriber's NPI				
22 Telephone #				
23 Fax #			24 Contact Name	
Supplier Section				
25 Print Supplier's Name/Mailing Address				
26 Comments				
27 Contact Name			29 Fax #	
30 Supplier's Signature			32 Date	