JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Med-QUEST Division
Health Analytics Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 20, 2023

MEMORANDUM

MEMO NO.
QI-2323A
[Addendum to QI-2323]
CCS-2308A
[Addendum to CCS-2308]

TO: QUEST Integration Health Plans
Community Care Services

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

SUBJECT: PLAN STAFF SERVICES REPORTING

This memorandum is an addendum of QI-2323 and CCS-2308 and is to provide additional coding guidance and updated time frames for health plans to comply with contractual requirements to submit encounter data for "Plan Staff Services". Starting with services incurred in April 2024, plans must begin collecting data April 1, 2024, and begin submitting the April encounter data no later than May 30, 2024. These encounters will also be reported in the Health Coordination Services (HCS) Report that health plans submit to Med-QUEST (MQD) quarterly.

Background:
Plan Staff Services are services that health plan employees provide directly to members. Some examples of Plan Staff Services are care coordination, service coordination, housing coordination, case management, outreach efforts, medication reconciliation, and quality improvement activities.

Currently, health plans submit spreadsheets with summarized data regarding these services to MQD, which are used when calculating capitation rates. However, this summarized data does not give MQD sufficient insight into the different services the health plans are rendering to our members. To increase transparency into these services rendered, MQD instituted a contractual requirement to submit Plan Staff Services to HPMMIS as encounters. These encounters should represent the services and quantity of services rendered by health plan staff to MQD members.

> Contract RFP Section 6, Part 6.4, Subpart A, Paragraphs 7 (p.281) states:
> *(7) The Health Plan shall create claims* and **submit encounter records** for direct services rendered to beneficiaries by the Health Plan personnel that may otherwise be delegable to providers in the community. Examples of such services include care coordination, service coordination, housing coordination, case management, outreach efforts, medication reconciliation, and quality improvement activities. These costs shall be captured by the Health Plan as part of its general ledger.*

***NOTE:** The requirement above was amended in the 23.1 revision to the Health Plan Manual Part II – Operational Guidance posted on the MQD Health Plan Resources website: https://medquest.hawaii.gov/en/plans-providers/health-plan-resources.html. Health plans are **not** required to create a claim or run a claim through their claims processing but will be required to submit encounter records for direct services rendered to members.

Policy Action

Health plans will begin reporting encounter data for services incurred in April 2024 no later than May 30, 2024.

NOTE: Health plans will continue to submit the QI Reporting Package, the CCS Reporting Package, and the annual reports for the Milliman Actuaries. Updated reports will be released in January 2024.

Submission of encounters for Plan Staff Services must meet the Accuracy, Completeness, and Timeliness requirements for Encounter Data Submission-see QI RFP Section 6.4.C Accuracy, Completeness, and Timeliness of Encounter Data Submission on the Solicitations and Contract page of the MQD website:
https://medquest.hawaii.gov/en/resources/solicitations-contract.html

Since this data will not go through the plans' claims processing process, encounter data for Plan Staff Services must be submitted to DHS monthly, no later than the end of the month following the month in which the service occurred.

If a plan is unable to meet a reporting deadline, they must request a waiver of operational contract requirements from DHS ahead of time. See – QI RFP Section 14.23.G Health Plan

Request for Waiver of Contract Requirements (p. 544) on the Solicitations and Contract page of the MQD website:
https://medquest.hawaii.gov/en/resources/solicitations-contract.html.
The below direction specifies unique encounter guidance for Plan Staff Service encounters; overall Plan Staff Service encounters shall meet all requirements of the 837P HIPAA Standards set out in the ASC X12 Guide, commonly known as the TR3, in conjunction with the Companion Guide, using the appropriate standard codes, dates, and values to describe the services rendered.

Plans will submit data for Plan Staff Services as follows:

Form Type: Use form type A (837P)

Diagnosis Codes:
Health plans must use diagnosis code Z91.8 - Other specified personal risk factors, NEC when submitting Plan Staff Services.

Procedure Codes: Health plans will use procedure codes aligned to the service the encounter represents. Appendix A below indicates the activities that may be captured and the codes and modifiers that must be used. At this time plans shall not utilize codes that have not been included in this list.

MQD has worked with health plans to identify the various services they provide to members. Health plans have been provided with individual crosswalks between health plan activities and the category that they should be classified within. Plans will determine which activity code is most appropriate within the category. In the event that plans wish to submit activities that were not reflected in the August 2023 crosswalks conducted by Public Consulting Group (PCG), plans must reach out to the PCG MQD reporting inbox (mqdreporting@pcgus.com) to inform PCG and MQD of the activity and where the health plan believes it should be categorized. Requests will be reviewed regularly for inclusion and the table below will be updated accordingly.

Health plans' April 30, 2024, submission must include health plan staff services organized and coded as this memo details for any services provided on or after March 1st. If plans need an extension to meet this requirement, they must reach out to MQD to formally request an extension.

Appendix A lists each category and activity within that category as well as the codes and modifiers the plans must use when reporting the services in encounter data and in reports to MQD. The list will be a "living" document that will be updated as services are added or removed in the future.

Please note codes for CIS members in memo QI-2314 and for codes for LTSS members released as part of the QI reporting package are included in the table and noted as CIS or LTSS-only codes. These codes must **only** be used for CIS and LTSS members. Alternate codes are provided for non-LTSS and non-CIS members who are receiving similar services.

Submission timing: Health plans are to submit at minimum one encounter per member each month, inclusive of all services provided to the member and the counts of services the member received. To be compliant, encounters must be submitted no later than 5:00 p.m. HST on the Tuesday prior to a processing Wednesday.

Since these services are provided by the health plans' staff members there are no claims submitted to the health plans for adjudication. Therefore, health plans will have until the end of the month following the month when the service was delivered to submit encounters to HPMMIS.

Examples of monthly submissions

Health plans have the option of submitting one encounter per member per month that contains all services provided to the member by the health plan staff during a calendar month. For a particular service provided multiple times during the month on different dates, the service must be billed on separate lines according to the date on which the service was provided. Review the following table for examples.

Monthly Submission Type	Claim Number	Claim Line Number	HAWI ID	Service Code	Date of Service (Loop 2400 DTP Segment)	Number of Units (Loop 2400 HCP Segment)	Note
Same Service on Different Days	1234567890	001	123456	H0043	10/24/2023	1	H0043 per diem code, only billable 1x day
	1234567890	002	123456	H0043	10/25/2023	1	
	1234567890	003	123456	H0043	10/26/2023	1	
Multiple Services on Same and Different Days	9876543210	001	123456	T2024	10/24/2023	1	
	9876543210	002	123456	T2022	10/24/2023	1	T2022 monthly code, only billable 1x month

Monthly Submission Type	Claim Number	Claim Line Number	HAWI ID	Service Code	Date of Service (Loop 2400 DTP Segment)	Number of Units (Loop 2400 HCP Segment)	Note
	9876543210	003	123456	H0031	10/24/2023	1	
	9876543210	004	123456	T1016 UA	10/26/2023	4	T1016 UA 15 min incremental, bill to reach full time delivered
Same Service Multiple Times in a Day	5647382910	001	123456	S5130	10/24/2023	4	S5130 15 min incremental, bill to reach full time delivered

The number of units (quantity) must reflect multiples of the same timed service provided on the same day. In our example, the service is specific to a 15-minute unit. If a member is seen for 1 hour the number of units billed would equal 4.

Therefore, billing the same timed service on a single detail with the appropriate number of services for the same date of service would avoid duplicate edits, but other limitations may apply. For example, if a service code is limited to twice/day and the quantity submitted is 3, then the 3rd service would not be payable.

Pricing: A plan must price each service in such a way that the price represents the cost of the service rendered to the member as if the service was rendered by a contracted provider.

NOTE: These encounters will clarify the bucketed costs health plans currently report in spreadsheets for rate setting and MQD will reconcile the encounter prices with the bucketed costs. There will be no impact to capitation rate setting based on Health Plan Staff Service Encounters until CY2025 at the earliest.

Provider Information: For encounter submissions use Provider Type 99 and the appropriate HOKU Provider ID from the table below:

Health Plan	Provider ID	Provider Name
Aloha Care	833493	ALOHACARE
HMSA	833500	HMSA
Kaiser	833518	KAISER PERMANENTE
Ohana	691156	OHANA HEALTH PLAN
United	691164	UNITED HEALTHCARE

Impact Summary

The immediate, intermediate, and future impacts are outlined below as a quick reference guide.

Immediate: Instructions for this requirement will be added to the HPMMIS Technical Guide for Encounters for Form A, and a link to the updated Guide will be provided by MQD to the Health plans via email.

Intermediate: Beginning April 1, 2024, Health plans must collect data about Plan Staff Services. Health plans must submit this data as encounters to HPMMIS no later than May 30, 2024.

Future: MQD and our actuaries will reconcile encounters submitted to HPMMIS for Plan Staff Services to the summarized data shared in annual requests for capitation rate setting. There will not be an impact to rate setting based on Health Plan Staff Service Encounters until CY2025 at the earliest. When MQD transitions to HPMMIS encounters for capitation rate setting, the Plan Staff Services submitted therein will be the source of truth for these costs.

Appendix A

Category	Activity	HCPCS Code	Official Description	Optional Modifiers
Assessments	Assessment (General)	T2024	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	
Assessments	BH Assessment (Brief)	90791	Psychiatric diagnostic evaluation (with no medical services)	
Assessments	MH Assessment	H0031	Mental health assessment, by non-physician	
Assessments	Home Environment Assessment	T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	
Assessments	Housing Assessment (CIS members only)	H0044	Supported housing, per month	
Assessments	Housing Assessment (non-CIS members only)	H0043	Supported housing, per diem	
Care Planning	Develop Care Plan	T2024 U1	Service assessment/plan of care development, waiver	
Care Planning	Care Plan Update	0580F	Multidisciplinary care plan developed or updated	

Referrals and Care Management	Care Coordination	T2022	Case management, per month	
Referrals and Care Management	Referrals	T2022 U1	Case management, per month	Modifier is required.
In Home and Community Services	Homemaker Services or Home Care not otherwise covered	S5130 S5131	S5130 - Homemaker services, nos; per 15 mins S5131 - Homemaker service, nos; per diem	
In Home and Community Services	Install Home Equipment	S5165	Home modifications, per service	
In Home and Community Services	DME Repair	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	NU - New equipment UE - Used durable medical equipment
Care Facilitation	Medication Adherence	S5185	Medication reminder service, non-face-to-face; per month	
Care Facilitation	Monitoring or Initiating delivery of medical supplies	T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	
Care Facilitation	Monitoring or Initiating delivery of durable medical equipment	T2029	Specialized medical equipment, not otherwise specified, waiver	

Care Facilitation	Appointment Reminders and Scheduling	T1016 UA	Case management, 15 mins	Modifier is required.
Care Facilitation	Translation and Interpretation Services	T1013	Sign language or oral interpretive services, per 15 minutes	
Care Facilitation	BH Facilitation	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	
Care Facilitation	Home Modifications -- Vendor Provided, Health Plan Facilitated	S5165 U1	Home modifications, per service	Modifier is required.
Care Facilitation	Care Gaps	T1016 UC	Case management, 15 mins	Modifier is required.
Care Facilitation	Vehicle Modifications	T2039	Vehicle modifications waiver, per service	
Health Related Social Needs	Provision of medically tailored meals or home delivered meals	S5170	Home delivered meals, including preparation; per meal	
Health Related Social Needs	Provision of non-emergency medical transport (non-LTSS only)	T2001 U1	Non-emergency transportation; patient attendant/escort	Modifier is required.
Health Related Social Needs	Non-Emergency Transportation - escort (LTSS members only)	T2001	Non-emergency transportation; patient attendant/escort	
Health Related Social Needs	Non-Emergency Transportation - trip (LTSS members only)	T2003	Non-emergency transportation; encounter/trip	
Health Related Social Needs	Non-Emergency Transportation - multi-pass (LTSS members only)	T2004	Non-emergency transportation; commercial carrier, multi-pass	
Health Related Social Needs	Non-Emergency Transportation - van (LTSS members only)	T2005	Non-emergency transportation; stretcher van	
Health Related Social Needs	Housing Transition Support Services (non-CIS, non-GHP members only)	T2038	Community transitions, waiver, per service	

Health Related Social Needs	Supplemental Services (clothing, rent, etc.) (GHP members only)	T2038 U1	Community transitions, waiver, per service	Modifier is required.
Health Related Social Needs	Housing Transition Support Services - pre-tenancy/tenancy support (CIS only)	H0044	Supported housing, per month	
Health Related Social Needs	Providing supplies	T2028	Specialized supply, not otherwise specified, waiver	
Health Related Social Needs	Form Assistance	T1017	Targeted case management, 15 mins	
Health Related Social Needs	Employment Assistance (non- CIS members only)	H2023	Supported employment, per 15 mins	
Outreach	Monthly Check-in Calls	T1023 U3	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Modifier is required.
Outreach	Preventive Outreach Calls	T1023 U2	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Modifier is required.
Outreach	General Outreach Calls (CIS members only)	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	

Outreach	General Outreach Calls (non-CIS members only)	T1023 U1	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Modifier is required.
Care Transitions	Care Setting Change Facilitation	G9655	Case management, per month	
Care Transitions	Discharge Facilitation	1110F	Case management, per month	
Emergency and Disaster Support	Emergency Response System Installation and Testing	S5160	Emergency response system; installation and testing	
Emergency and Disaster Support	Emergency Response System Fee	S5161	Emergency response system, service fee per month (excludes installation and testing)	
Emergency and Disaster Support	Emergency/Disaster Response	T1023 CR	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Modifier is required.
Disease Prevention and Management & Education	Nurseline Calls	S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes, per month	
Disease Prevention and Management & Education	Member Education	S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	

Disease Prevention and Management & Education	Disease Management Program	S0317	Disease management program; per diem	
Disease Prevention and Management & Education	Disease Prevention	S0317	Disease management program; per diem	
Disease Prevention and Management & Education	Parenting Education and Support	S9444	Parenting classes, non-physician provider, per session	