

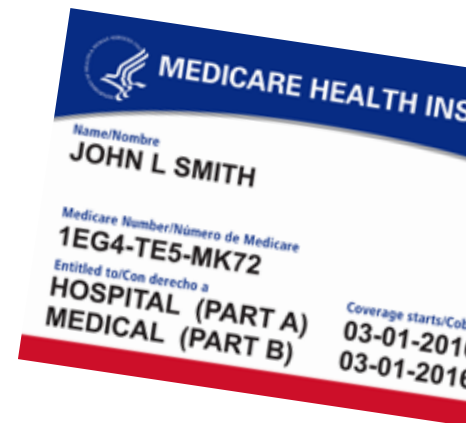
CMS TO ISSUE NEW ORIGINAL MEDICARE CARD

Medicare members will get new Medicare cards between April 2018 - April 2019!

The red, white, and blue Original Medicare card issued by CMS will have a new look starting April 2018. The new card will protect members' identities by removing both Social Security number and gender from the cards. Members will be instead issued a new Medicare number unique to them that will only be used for Medicare coverage. This Medicare number is needed to join, leave, or switch to a different plan.

The new card will not change Medicare members' coverage or benefits. Members will receive cards between April 2018 to April 2019. The old cards may be used until January 2020. Please remind your Medicare members to bring this card with them to each visit in case they need to prove they have Medicare coverage.

For more information, visit <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>.



MEDICAID PROVIDER ENROLLMENT AND VALIDATION



Starting January 1, 2018, a new federal law started requiring participating providers and suppliers to complete and submit the Medicaid Provider Application/Change Request Form (DHS 1139) with the state Medicaid agency, Department of Human Services Med-QUEST Division (MQD). This form must be completed by January 1 to remain eligible for Medicaid reimbursement. Health plans may be required to deny or suspend future payments to providers who have not submitted the DHS 1139 form to MQD, even if you

have an active AlohaCare QUEST Integration contract. Providers who fail to submit this form may have their status as a contracted network provider terminated until enrollment with MQD is complete.

Providers may download the form and instructions from MQD's website at <https://medquest.hawaii.gov/en/plans-providers/provider-forms.html>

If you haven't received a letter, or have questions regarding the DHS 1139 process, please contact MQD at hcsbinquiries@dhs.hawaii.gov or at (808) 692-8099.

Contact Us!

There are many ways to contact us at AlohaCare. Refer to your Provider Quick Reference Guide for all the phone and fax numbers you need. Contact AlohaCare Provider Services today!

CALL: 973-1650

TOLL-FREE: 1-800-434-1002

FAX: 973-0811



@AlohaCareHawaii

www.AlohaCare.org

Follow Us!

Follow AlohaCare to see what is happening in your community. Get information on upcoming events and learn how AlohaCare can help you stay healthy!

USEFUL INFORMATION ONLINE

AlohaCare would like to remind you about our website (<http://www.alohacare.org>). We include information about many topics of interest on our website. You can view and/or download information about the following topics on the website.

Information about AlohaCare's Quality Improvement Program including goals, processes and outcomes as related to care and service.



The process to refer members to case management.
The process for facility staff, including discharge planners, to refer members to case management.
The process to refer members to disease management.

Information about disease management programs, including how to use the services and how AlohaCare works with a practitioner's patients in the program.

Information about AlohaCare's medical necessity criteria, including how to obtain or view a copy.



Information about the availability of staff to answer questions about UM issues.

The toll-free number to contact staff regarding UM issues.

Information about how members may obtain language assistance to discuss UM issues.

AlohaCare's policy prohibiting financial incentives for utilization management decision-makers.

Information about how to obtain or view copies of AlohaCare's specific adopted clinical practice guidelines and preventive health guidelines, including those for:

- Routine Prenatal and Postpartum Care
- Diabetes Mellitus
- Diagnosis and Treatment Management of Attention Deficit/Hyperactivity Disorder (ADHD) in School-Aged Children
- Treatment for Patients with Major Depressive Disorder
- Management of Asthma
- Child/Adolescent Immunization
- Adult Preventive Health

The availability of TDD/TTY services for members.



Information about AlohaCare's pharmaceutical management procedures including our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and AlohaCare's processes for generic substitution, therapeutic interchange, and step-therapy.

A description of the process to review information submitted to support a practitioner's credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or recredentialing application.

AlohaCare's member rights and responsibilities statement.

If you have any questions about accessing our website or if you would like more information, please call Provider Services at 808-973-1650 or toll-free at 1-800-434-1002. The most recent information about AlohaCare and our services is always available on our website.

NONDISCRIMINATION

AlohaCare is compliant with the Affordable Care Act (ACA) Section 1557. Under this rule, AlohaCare is required to notify its members that as a health plan, it does not discriminate on the basis of race, color, national origin, sex, age or disability. Any person who feels discriminated by AlohaCare may file a grievance with AlohaCare. The nondiscrimination rule mandates that covered entities including most healthcare providers make public nondiscrimination information. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disabilities in health programs and activities. Please ensure that you are compliant with this rules, as well as making the nondiscrimination language public and accessible to your patients.

For more information on section 1557, visit

<http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources>

FRAUD, WASTE, AND ABUSE REPORTING

AlohaCare is committed to providing services to our members and providers in an ethical and compliant manner. If you witness non-compliant, or unethical behavior, or if you suspect fraud, waste, or abuse (“FWA”) when serving our members please use the following methods to file a report with AlohaCare’s Compliance Department. All reports are treated as confidential. AlohaCare’s policy prohibits retaliation against anyone who reports suspected violations in good faith.

FWA Reporting to AlohaCare

Phone: (808) 973-2476

Email: compliance@alohacare.org

Mail to:

AlohaCare
Attention: Francoise Culley-Trotman, Chief Compliance Officer
1357 Kapiolani Blvd., Suite 1250
Honolulu, HI 96814



IMPORTANT NOTE ON RECORDS REQUESTS



AlohaCare is committed to supporting member/patient and provider records requests. If an AlohaCare staff member requests a patient’s medical records from your office, and you choose to provide that information on an encrypted disc, please use the appropriate safeguards to ensure your patient’s information is delivered securely.

Please see the following recommended steps to ensure member/patient Protected Health Information (“PHI”) is transported securely:

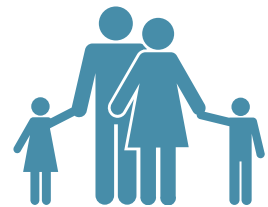
- **Always** send the password to access the encrypted disc separately
- Refrain from labeling the disc with the member’s name or other identifiable information
- When in doubt, contact the AlohaCare Compliance Department for guidance.

Phone: (808) 973-2476 | Email: compliance@alohacare.org

EPSDT WELL CHILD VISITS AND IMMUNIZATIONS

It’s a New Year! Now is the perfect time to promote wellness for our keiki with timely well-child visits.

If you have any questions regarding your paneled AlohaCare keiki, or need assistance with the 8015 state form, please contact our new EPSDT Care Coordinator, Lian Balmores at (808) 356-5955 or lbalmores@alohacare.org.



QUARTERLY PCP ENHANCEMENT PAYMENTS



Beginning the first quarter 2018, AlohaCare assumed responsibility for administering the PCP Enhancement program.

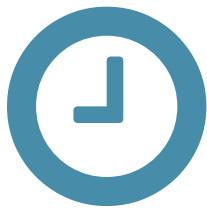
Payment for services provided during the fourth quarter of 2017 will be issued in March 2018. Payment of services provided during the first quarter 2018 will be issued in June 2018.

For more information, contact AlohaCare Provider Services at 973-1650 or toll-free at 1-800-434-1002.

FORMULARY UPDATES

Mahalo for being a valued AlohaCare provider! We work to provide you with the best service possible and have made some recent changes to our QUEST Integration and Medicare SNP formularies. For the most current formulary, visit www.AlohaCare.org/Formulary.

24-HOUR TURNAROUND TIME FOR PHARMACY PRIOR AUTHORIZATIONS (QUEST INTEGRATION)



AlohaCare complies with new Federal Regulations (CFR § 438.3(s)(6)) and must approve or deny all QUEST Integration (QI) Prior Authorization (PA) requests for retail pharmacy medications within 24 hours upon receipt of request.

Because of the new turnaround time, if a PA is submitted with insufficient or no supporting documentation, it will have a high probability of being denied because of insufficient documentation to support medical necessity.

How do I avoid denial?

- Please submit complete documentation (chart notes, notes, labs, etc.) supporting medical necessity at the same time the PA is requested.
- Please provide an easily accessible contact number (direct line, on-call, and/or afterhours) where staff can be reached if any additional information is required in a timely manner.

We are here to help you in the PA process. If you have additional questions, please call the AlohaCare Pharmacy Department at 808-973-7418.

OPIOID INFORMED CONSENT FORMS



In light of the growing opioid problem, AlohaCare supports the state's recent efforts to ensure opioids are prescribed appropriately. In 2017, Governor Ige signed Act 66 which amended sections of HRS §329 – Uniform Controlled Substances Act. Changes included:

- Starting July 1, 2018, providers authorized to prescribe opioids shall use informed consent forms in opioid prescribing to qualifying opioid therapy patients.
- The state Department of Health (DOH) shall develop an opioid therapy informed consent form template for providers to use.
- Initial concurrent prescriptions for opioids and benzodiazepines shall not be longer than seven consecutive days with clearly defined exclusions.

Please refer to the legislation for details as the changes may affect your prescribing practices. The legislation can be found at https://www.capitol.hawaii.gov/session2017/bills/GM1167_.PDF.

In addition, DOH has created a Hawaii Opioid Initiative Action Plan, located at <https://health.hawaii.gov/substance-abuse/files/2013/05/The-Hawaii-Opioid-Initiative.pdf>. Many of the recommendations and the changes in legislation are based on the CDC guidelines, which can be found at <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

Guidelines for opioid prescribing are constantly evolving. Please check our formulary frequently for updates, which may include changes to medications available, changes to utilization management tools [i.e. Prior Authorizations (PA), Step-Therapy (ST), and/or Quantity Limits (QL)], and changes to opioid reversal and substance abuse medications. Our formulary can be found at www.AlohaCare.org/Formulary.

Pain therapy is very complex. Please contact us at 973-0712 if you have any questions about managing pain for members. Our team can assist with regular assessments and provide guidance on identifying and treating opioid dependence.

NON-COVERED DRUGS: ERECTILE DYSFUNCTION MEDICATION

As a reminder, medication used to treat erectile dysfunction (ED) is not covered under both AlohaCare Advantage Plus (Medicare SNP) and AlohaCare QUEST Integration plans. Please refer to the excluded drugs section of the *Medicare Prescription Drug Benefit Manual and AlohaCare QUEST Integration Provider Manual* located at www.AlohaCare.org/Providers/PlanPublications.

If you have questions, please call the AlohaCare Pharmacy Department at 808-973-7418.

HEDIS 2018

HEDIS (Healthcare Effectiveness Data and Information Set) is developed and administered by NCQA (National Committee for Quality Assurance) and is used on an annual basis to evaluate and monitor health plans on the basis of quality and performance. Comprised of a set of standardized measures, HEDIS indicators measured annually enable us to evaluate our performance achievements, monitor quality improvement efforts, and identify opportunities for improvements in our health care delivery efforts.

As a provider, you play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process by:

- Providing the appropriate care within the designated timeframes.
- Documenting all care in the patient's medical record.
- Accurately coding all claims.

During March and April, AlohaCare's Retrieval Nurses and our HEDIS vendor, Verscend, will be pursuing medical records for AlohaCare members selected for review. Based on the care that you provided in 2017, we will be targeting the following information for the measures listed in the table below:

HEDIS HYBRID MEASURE	DOCUMENT REQUEST (TARGETED ELEMENTS)
ABA Adult Body Mass Index Assessment	A 2016 or 2017 Progress Note (Documentation of Height, Weight, and Calculated BMI Value)
CBP Controlling High Blood Pressure	A 2017 Progress Note prior to June 30, 2017 with a diagnosis of hypertension (HTN). AND The last Progress Note in 2017 with a documented blood pressure.
CDC Comprehensive Diabetes Care	2017 Labs (A1c, Urinalysis), 2017 Progress Notes (BP, Medical Attention for Nephropathy), 2016 or 2017 Dilated Eye Exam (Presence or Absence of Diabetic Retinopathy)
COA Care for Older Adults	All 2017 Progress Notes (Advance Care Planning, Medication Review, Functional Status Assessment, Pain Assessment)
MRP Medication Reconciliation Post Discharge	Discharge Summary AND Progress Note of a Hospital follow-up visit with evidence of a medication reconciliation.
TRC Transition of Care	All of the following documentation: -Notification of Inpatient Admission -Receipt of Discharge Information -Patient Engagement After Inpatient Discharge -Medication Reconciliation Post-Discharge
CCS Cervical Cancer Screening	Cervical Cytology Report OR Documentation indicating the date when the cervical cytology was performed.
COL Colorectal Cancer Screening	Documentation of Screening for Colorectal Cancer (2017 FOBT/2015-2017 FIT-DNA/2013-2017 Colonography, 2008-2017 Colonoscopy, 2013-2017 Sigmoidoscopy)
PPC Prenatal and Postpartum Care	All Maternity Notes Associated with Delivery Date (Timeliness of Prenatal Care and Postpartum Care)
CIS Childhood Immunization Series	Complete Immunization History (DTap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Flu)
IMA Immunizations for Adolescents	Complete Immunization History (Tdap, Meningococcal, HPV)
W15 Well-Child Visits in the First 15 Months of Life	All Well Child Progress Notes (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
W34 Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	All 2017 Progress Notes (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
AWC Adolescent Well-Child Visit	All Well Child Progress Notes (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	All 2017 Progress Notes (Documented BMI percentile, Counseling for Nutrition, Counseling for Physical Activity)

For questions, please get in touch with AlohaCare's Quality Improvement Department at Qi2@alohacare.org.

2017 PROVIDER INCENTIVE PROGRAM

A Mahalo Nui Loa to all of the primary care providers who have participated in the 2017 Provider Incentive Programs for the Medicaid (QUEST Integration) and Medicare (AlohaCare Advantage Plus) Populations. Through this program, PCPs collaborated with AlohaCare to close care gaps for their members and submitted medical records to evidence services rendered and outcomes achieved. The medical records that were collected during this program will support HEDIS 2018 reporting. The 2017 program will finalize with an April administrative refresh of claims data followed by the distribution of the program award payouts in June 2018.

2018 PROVIDER INCENTIVE PROGRAM

The 2018 Provider Incentive Programs for the Medicaid (QUEST Integration) and Medicare (AlohaCare Advantage Plus) Populations are designed to help our members get the care they need by providing our primary care providers helpful tools and support to assist members reach their health goals. The program will cover services completed during January 1, 2018 to December 31, 2018 and includes selected HEDIS measures that target specific populations.

The 2018 program structure will remain consistent but there have been great strides to improve the method in which AlohaCare will be presenting information to providers. With the recent implementation of new software, AlohaCare's aim is to provide more timely and complete information to our providers regarding important quality metrics. We will be providing an update with program details as soon as they are available.

2018 MEMBER WELLNESS PROGRAM FOR ALOHACARE ADVANTAGE PLUS MEMBERS (SNP)

The Member Wellness Program is designed to engage and educate AlohaCare Advantage Plus Members about important services and screenings, provide tips on how to stay healthy, and offer discussion topics to have with their provider. AlohaCare will give members a free reward for each service achieved. This program will be launched in March and made available to all AlohaCare Advantage Plus Members.

HEDIS aligned services and screenings selected for this program:

- Adult BMI Assessment and Blood Pressure Check
- Breast Cancer Screening
- Colorectal Cancer Screening
- Care for Older Adults: Functional Status Assessment, Pain Assessment, and Medication Review
- Vaccinations: Influenza and Pneumococcal

For questions, please get in touch with AlohaCare's Quality Improvement Department at Qi2@alohacare.org.

APPOINTMENT ACCESSIBILITY AND AVAILABILITY

Thank you for providing care to AlohaCare's members and serving Hawaii's beneficiaries of the Hawaii Medicaid program. We are grateful for your participation and recognize the valuable services you provide to the community and highly value your contributions to the health of Hawaii's people. Please note the following Appointment Standards:

- Emergency medical situations - Immediate care (24 hours a day, 7 days a week) and without prior authorization;
- Urgent care and PCP pediatric sick visits - Appointments within 24 hours;
- PCP adult sick visits - Appointments within 72 hours;
- Behavioral Health (routine visits for adults and children) – Appointments within 10 days;
- PCP visits (routine visits for adults and children) - Appointments within 21 days; and
- Visits with a specialist or Non-emergency hospital stays - Appointments within 4 weeks or of sufficient timeliness to meet medical necessity.



COORDINATION OF MEDICAL CARE BETWEEN MEDICAL AND BEHAVIORAL HEALTH PRACTITIONERS

AlohaCare ensures the providers in its plan coordinate care across the health care network by conducting an annual assessment to review if Behavioral Health Practitioners are receiving information about their patient in a timely manner.

In 2017, AlohaCare conducted a short survey to collect objective, independent information about the satisfaction of primary care providers who serve AlohaCare patients. The survey helps AlohaCare understand how well Behavioral Healthcare Practitioners are coordinating care for their patients, and understand if providers are getting information regarding their patients in a timely manner.

The main goal of coordination of care is to meet patients' needs and preferences in the delivery of high-quality health care. This means that the patient's needs and preferences are known and communicated at the right time to the right people, so that this information can be used to guide the delivery of safe, appropriate, and effective care. Coordination of care is a key determinant of patients' overall health outcomes as it improves patient safety, avoids duplicate assessments, procedures, or testing, and results in better treatment outcomes.

To collect data on member movement between practitioners and across settings, 250 providers were sent the survey tool through fax. 40 responses were collected, giving us an overall response rate of 16%.

2017 Program Goals and Performance Evaluation:

In this report we review how often different providers share information with the PCPs, is the information received timely, and is the information received useful. These are all compared against a goal.

Exchange of Information between Behavioral Healthcare Practitioners and PCPs					
PROVIDER TYPE	TOTAL RESPONSES	ALWAYS/VERY OFTEN	RATE	GOAL	GOAL MET?
Behavioral Health Providers	40	5	12.50%	85%	N

Quantitative Analysis:

- Behavioral health providers did not meet the goal of 85%, scoring only 12.50% which is 72.5% below the goal of 85%

Exchange of Information in a Timely Manner						
PROVIDER TYPE	MOST COMMON TIME PREFERENCE	TOTAL QUESTION RESPONSE	RECEIVED INFO IN TIME	RATE	GOAL	GOAL MET?
Behavioral Health Providers	1-3 Days	21	4	19.05%	85%	N

Quantitative Analysis:

- Behavioral healthcare providers did not meet the goal of 85% compliance in sending out patient information within 1-3 days
- BH providers only scored 19.05%, which is 65.95% below the goal

Exchange of Information that is Useful					
PROVIDER TYPE	TOTAL RESPONSES	INFO IS COMPLETELY USEFUL AND SOMEWHAT USEFUL	RATE	GOAL	GOAL MET?
Behavioral Health Providers	21	20	95.24%	85%	Y

Quantitative Analysis:

- Behavioral healthcare providers submitting information exceeded the goal of 85% useful information provided



AlohaCare

For a healthy Hawaii.

1357 Kapiolani Blvd. Ste. 1250
Honolulu, HI 96814

QUARTERLY PROVIDER DIRECTORY UPDATES

Based on expectations of the Centers for Medicare & Medicaid Services (CMS), it's essential that you keep us informed of updates that affect your practice to keep provider network directories up-to-date. This will help us to stay compliant with CMS standards and will give patients the most accurate information about your practice.

WHAT WE ARE LOOKING FOR:



**ABILITY TO ACCEPT
NEW PATIENTS**



**CHANGES/UPDATES IN
ADDRESS AND PHONE/FAX
NUMBER(S)**



OFFICE HOURS



**ANY OTHER CHANGES THAT
AFFECT YOUR AVAILABILITY TO
SEE PATIENTS**



Please send us a letter on your company letterhead, containing the information that you need to update either via fax or standard mail. If you have any questions, please call Provider Services at 973-1650 or toll-free at 1-800-434-1002 for assistance.