

## ALOHA TO MARLENE TURNER ALOHACARE'S NEW SENIOR DIRECTOR OF NETWORK DEVELOPMENT



AlohaCare proudly announces the arrival of Marlene Turner to Oahu in April as Senior Director of Network Development in the Provider Services department. She reports directly to Chief Executive Officer Laura Esslinger and is a member of the Executive Council of AlohaCare.

Marlene recently moved to Hawaii to join AlohaCare after more than 30 years in the Southern California health care industry. She was most recently the Associate Vice President (AVP) of Health Plan Contracting with the AltaMed Health Services Corporation in Los Angeles. She led negotiations for AltaMed's first global risk agreement with the L.A. Care Health Plan.

Between 2010 and 2013, Marlene also was responsible for leading the strategic project for a county-organized health system in San Bernadino and Riverside in preparation for several Affordable Care Act and health care reform initiatives.

She also has experience as Director of Managed Care Contracting, Contracts Manager, IPA Administrator, Regional Network Manager, and Provider Relations Manager.

Marlene brings a wealth of experience in managing health plan and provider relationships. She hit the ground running working with our Contracts, Credentialing, and Provider Relations teams here in Oahu and the neighbor islands and is committed to showing our aloha to our valued provider community.

## MEDICARE BENEFICIARY SCAM - LIDOCAINE CREAM



Please be aware that Medicare beneficiaries may be subject to a scam involving lidocaine cream. Medicare beneficiaries are being billed for lidocaine cream at the pharmacy, though members did not order or receive the medication. Medicare members report no knowledge of the prescriber.

The Centers for Medicare & Medicaid Services (CMS) believes that telemarketing companies are ordering and receiving payments for the prescriptions. Telemarketing companies may be contacting beneficiaries and asking for primary care physician information. Telemarketing companies may then use that information to request lidocaine cream prescriptions on a member's behalf.

Please review all authorizations faxed to your office prior to signing. If you have questions about authorizations or about this lidocaine cream scam, contact the AlohaCare Pharmacy Department at 973-7418 OR the Compliance Department at 973-2474.

## 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.



**AC ONLINE  
PROVIDER  
PORTAL  
REGISTRATION**

AC Online is a portal specifically for providers where you can access a wealth of information, quickly and easily. Sign up to access member eligibility, claims billing and prior authorization information as well as electronic submission of prior authorization and notifications. If you are interested in having access, please contact us at (808)973-1650 (Oahu), 1-800-434-1002 (Neighbor Island), or email us at [aconlinepr@alohacare.org](mailto:aconlinepr@alohacare.org).

## UNABLE TO REACH (UTR) INITIATIVE - KEEPING IN CONTACT WITH MEMBERS



AlohaCare has launched an unable to reach (UTR) initiative to reduce the number of members who are currently disconnected from us because of bad or missing contact information coming from the state's enrollment file. The large number of bad addresses and phone numbers creates a challenge to stay engaged with members' health outcomes. AlohaCare now has dedicated staff to help find these UTR members, and we need your help!

If you have updated contact information for a member, please feel free to connect with your island UTR Coordinator to let us know about any changes.

**Valerie Sauni-Fautanu** - Oahu ([vsauri-fautanu@alohacare.org](mailto:vsauri-fautanu@alohacare.org))

**Natalie Garcia** - Hawaii Island / Maui / Molokai / Lanai / Kauai  
([ngarcia@alohacare.org](mailto:ngarcia@alohacare.org))

It is vital to communicate with your patients that any time they move or get a new phone number they should contact AlohaCare at (808) 973-0712 and their local MedQUEST office.

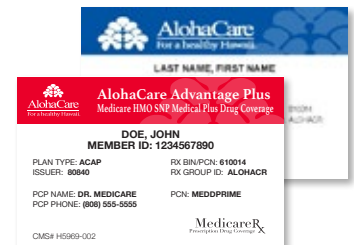
The Customer Services Call Center for MedQUEST in Oahu is (808) 524-3370 (TTY/TDD (808) 692-7182) and on Neighbor Islands 1(800)316-8005 (TTY/TDD 1(800)603-1201).

## PRIOR AUTHORIZATION INFORMATION AT YOUR FINGERTIPS!

Starting January 1st, 2018, AlohaCare eliminated 49% of procedure codes which previously required Prior Authorization (PA). In order to better assist our provider partners, we also launched a Prior Authorization Lookup Tool on our AlohaCare website (<http://www.alohacare.org/PriorAuth/>). You can find out in just a few clicks which codes require or do not require prior authorization approval. If you would like training or support using the tool, reach out to our Provider Relations team at (808) 973-1650.

## PHARMACY REMINDER - BRING MEMBER CARDS

Members with Medicare and Medicaid should bring and show both AlohaCare ID cards to their pharmacy when filling or picking up prescriptions. This helps to ensure that members are not overcharged.



## DISCONTINUATION OF PRIOR AUTHORIZATION COURTESY LETTERS

As of May 21st, 2018, AlohaCare no longer sends courtesy notifications about services that do not require prior authorization. As a reminder, our website has the most up to date prior authorization information. Go to [www.AlohaCare.org](http://www.AlohaCare.org) and click on "Prior Auth Lookup Tool" to see whether or not a service requires a prior authorization.

## 2018 HEDIS SEASON WINDING DOWN



During the month of March and April, AlohaCare's Retrieval Nurses and our HEDIS vendor, Verscend, were in pursuit of medical records for the care you provided in 2017. AlohaCare would like to thank you for your participation and cooperation with AlohaCare's medical record retrieval requests for this HEDIS season.

AlohaCare strives to make the retrieval process as easy on your office as possible by providing options that do not require any interruption to your office. To be proactive for the 2019 HEDIS season, we would like to encourage you to make use of one of the following:

- Remote access to EMR system
- Encrypted Disc
- AlohaCare's secured website

Although more time consuming for your office, the following options remain available:



Fax



Mail or FedEx

Some providers in 2019 may be contacted by our contracted HEDIS vendor who will offer these same options. Both the HEDIS vendor and AlohaCare staff have been accessing many sites remotely into the EMR which is both efficient for us and much less disruptive for your offices. Around the first of next year, we hope to be reaching out to some of you or your office staffs about what you might need from us to allow us temporary access to your EMR.

AlohaCare is hopeful of using less actual on-site retrieval by AlohaCare staff as we know it is disruptive to your workflows and time-consuming for our staff.

As a valued AlohaCare provider, you play a central role in promoting the health of our members. You and your office staff can continue to support the HEDIS process by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record, including anticipatory guidance and immunization records for children and adolescents and advance care planning for the more chronically ill and older populations.
- Accurately coding all claims
- Providing copies of medical records at no cost to AlohaCare

We appreciate the great care that you provide to our members and look forward to another successful season. We will inform you of our results in an upcoming newsletter.

## 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>

## WHICH DO I FILE - GRIEVANCE OR APPEAL?



While we may use the terms “grievance” and “appeal” interchangeably in our everyday conversation, they mean different things in the health plan context and trigger distinct processes when registered.

A “**Grievance**” by a provider must be submitted in writing to AlohaCare. Examples of topics that fall under a provider grievances include members’ recurrent no show at appointments, provider/member interaction, member behavior, benefits/ limits, eligibility reporting error, difficulty contacting the HP, HP/Provider interaction, authorization delays, claim payment delay, and claim not paying according to contract.

An “**Appeal**” must also be submitted in writing to AlohaCare. A Provider can submit an appeal if they do not agree with the Resolution of a Grievance.

The submission of an “Appeal” before your “Grievance” will be adjudicated and result in a summary rejection. *(THE FOLLOWING STATEMENT APPLIES TO A PROVIDER FILING AN APPEAL ON BEHALF OF THE MEMBER) - “Appeals” follow an action or decision by AlohaCare clinical or operations staff.*

This is just a friendly reminder to keep the AlohaCare accountable to render decisions in a timely manner for you and be the most transparent and supportive business partner to you and your staff.

Written grievances or appeals should be sent to: AlohaCare  
 Attention: Grievance Coordinator  
 1357 Kapiolani Blvd., Suite 1250  
 Honolulu, HI 96814  
 Fax: (808) 973-2140

## COMPLEX CASE MANAGEMENT



AlohaCare identifies members eligible for Complex Case Management (CCM) through the assessment process or through claims:

- Members who have a diagnosis of Diabetes Mellitus with an episode of Cellulitis within the last 6 months and received treatment through either the E.D. and/or through hospitalization.
- Members who have a diagnosis of Diabetes Mellitus with either Coronary Artery Disease or Asthma with two or more E.R. admissions within the last 6 months.

Referrals are accepted from the following sources:

- Disease Management
- Service or Care Coordinators
- Case Manager or Discharge Planners
- Medical Management at AlohaCare
- Providers
- Member or caregiver

Complex Case Management will conduct a face-to-face assessment every three to six months, in addition to a minimal monthly telephonic follow-up. The CCM will facilitate member’s access to referrals and follow-up on whether member accessed those referrals which could be related to community but not limited to Preferred Care Provider (PCP).



For a healthy Hawaii.

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## 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**



SPREAD THE NEWS

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.