



ALOHACARE NOW OFFERS BASIC ADULT DENTAL!

AlohaCare caps off an exciting year with basic dental coverage for adults! AlohaCare is proud to offer basic dental care to our QUEST Integration adult members. Currently adults on QUEST Integration can only get emergency services, such as tooth extractions. Starting January 1, 2019, adults with AlohaCare can enjoy basic dental preventive dental care. Providing basic dental care is just one of the ways in which AlohaCare is reinvesting in the health and wellness of our island communities.

Members must have AlohaCare as their primary QUEST Integration medical insurance. Members can get dental by switching to AlohaCare during the QUEST Integration Annual Plan Change, October 1-31.



STEP 1
Look for your
Med-QUEST
enrollment packet
in the mail



STEP 2
Choose
AlohaCare



STEP 3
Send the form
back to
Med-QUEST

WAIWAI OLA

ALOHACARE'S 2018 COMMUNITY INNOVATION INVESTMENT PROGRAM



In July 2018, AlohaCare launched a community investment program, which we named “Waiwai Ola,” or Health Richness. Primary care is central to good health and healthy individuals add vitality to their communities. “Waiwai Ola” affirms AlohaCare’s belief that the physical and mental health of individuals is pivotal to the health of the community. Entities and organizations that provide, deliver, and advance better health are essential and valuable to the individual, to the community, and to richness of life in the community.

Waiwai Ola offered \$5 million to invest in primary care innovation programs addressing access to care and other barriers to health care within communities. We invited primary care providers and other organizations to focus on topics that significantly impact our members and align with statewide efforts. We encouraged respondents to incorporate partnerships with other network providers and/or community resources in their proposed project.

The response has been amazing. By the close of the submission period on July 31, 2018, we had received 46 proposals, from solo practitioners to clinics and large physician associations as well as other provider affiliations. The partnerships described in these proposals ranged from contracted providers to various community resources, departments within the University of Hawaii system, as well as Native Hawaiian and faith-based organizations and vendors.

AlohaCare will provide more information about awardees and their projects in the coming months.

NCQA ACCREDITATION

AlohaCare is pleased to announce that we received our certificate of NCQA re-accreditation for the next three years!

NCQA is a nationally-recognized accreditation program, and health plans that meet their accreditation standards have high levels of clinical performance, consumer experience, and quality improvement. A three year accreditation is the maximum that a health plan can get, and our accreditation shows providers and members alike that we are a well-managed plan that delivers quality care and service.

Mahalo to our providers for delivering quality care to our members. It is because of you we were able to achieve accreditation. We look forward to continuing to work with you as we strive to further improve our services.



PAY FOR PERFORMANCE (P4P) PROGRAM

Addressing the completeness of our members' health needs is an important part of AlohaCare's quality improvement goals. As a precursor to our annual request for medical records for HEDIS reporting, our Pay for Performance (P4P) program seeks to promote continued feedback between the health plan and the provider community. We have always envisioned a way to deliver timely and relevant member information to you, and this year, we are happy to announce that we are bringing our Gaps in Care Report online!



In the past, we distributed Gaps in Care Reports periodically, and therefore, not as timely as desired, and in paper form. Our new online Gaps in Care Report, however, is updated daily, and you can access it through our Provider Portal any time. This will allow your physicians and clinical staff to always have an update on your patients' care gap status, and to track and close any left outstanding.

Access will be available in mid-September. We truly hope that this platform will enhance our partnership and coordination; so as we quickly head towards the end of the year, and therefore complete our 2018 P4P program, we remind our providers to take every opportunity to close appropriate care gaps for this year's program when you see your patients.

At the start of each year, AlohaCare selects specific HEDIS measures for our QUEST Integration and Medicare plans for targeted improvement through our P4P program. We will begin shortly to work on the 2019 P4P program, and will notify you of the targeted measures, as well as the commencement date for the new program year, sometime in the first quarter next year.

We welcome comments and suggestions on how to make our P4P program a more connected and engaging experience, so please contact your provider representatives, or our Quality Improvement Department at shutchison@alohacare.org.

Mahalo for all the work that you do to provide care to our members and our community!

ELECTRONIC VISIT VERIFICATION



Electronic Visit Verification (EVV) electronically captures point of service information for certain home and community based services. EVV ensures services are delivered in a timely manner, reduces administrative burden on providers, and results in cost savings by preventing fraud, waste, and abuse.

MQD plans to implement EVV for personal care services and home health care services by October 2019. A request for proposal for an EVV vendor will be issued in September 2018.

Please visit <https://medquest.hawaii.gov/en/plans-providers/electronic-visit-verification.html> for more information about EVV, as well as a timeline on EVV implementation.

If you have questions, contact the EVV mailbox at EVV-MQD@dhs.hawaii.gov.

CLINICAL PRACTICE GUIDELINES

AlohaCare has adopted a new clinical practice guideline for addressing hypertension developed by the American College of Cardiology (ACC) and American Heart Association (AHA).

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults is available at <https://www.alohacare.org/Providers/Quality>.

CHILDHOOD LEAD POISONING PREVENTION

Hawaii State DOH has recently updated tools and information on Childhood Lead Poisoning Prevention. Please check out new statistics, geographical map of risk, and the new brochure here on the DOH website: <http://health.hawaii.gov/cshcn/leadpp/>



IMPROVING DIAGNOSIS CODING

ICD-10 diagnosis codes have been required for claims submission since October 1, 2015, but coding to the correct level of specificity, coding persistent conditions, and coding socioeconomic factors influencing health status (Z Codes) continues to be difficult for many providers/billers in the healthcare industry.



Correct Level of Specificity

Unspecified diagnosis codes are valid ICD-10 codes that have the term 'unspecified' in the description. Many providers properly use unspecified codes when insufficient information is known about the patient's condition at the time of the particular encounter, but there are instances when the use of unspecified codes may not be appropriate such as (i) when laterality is known, (ii) when the anatomical location is known, (iii) when the trimester of pregnancy is known, and (iv) when the nature of condition is known (chronic or acute).



Coding Persistent Conditions

Persistent or chronic conditions are not always the primary reason for a medical visit and may not be included in a member's claim history depending on coding by the biller/provider. There are some persistent conditions (i.e., amputations) that can significantly impact the level of care required by the member for the remainder of their life. It is important to document and capture the true risk of the member by coding persistent or chronic conditions as a secondary diagnosis when appropriate.



Socioeconomic Factors Influencing Health Status

According to the National Health Care for Homeless Council, homeless members have higher rates of acute/chronic diseases and behavioral health conditions. Did you know that the diagnoses code series Z59 identifies problems related to housing and economic services (e.g., Z59.0 Homelessness, Z59.1 Housing Instability)? Consider including Z diagnosis codes in your claim submission to help AlohaCare identify and support members with socioeconomic factors impacting their health.

YOU HAVE BEEN RATED AS A 5 STAR PROVIDER!

AlohaCare would like to thank and congratulate the following providers:

- **Dr. Antonio Ramos**
- **Dr. Russel Tacata**
- **Dr. Charles Dundas**
- **Dr. Charlie Sonido**

For the past 6 months, AlohaCare Medicare members have consistently rated your service and care with 5 STARS through a member satisfaction survey! Thank you for the excellent customer service and quality care you provide to our members.



Here a few comments left by AlohaCare members:

"Dr. Dundas is an amazing doctor, we love and appreciate him."

"He is very thorough and professional!"
(Dr. Dundas)

"Appointments with Dr. Ramos are always good!"

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>

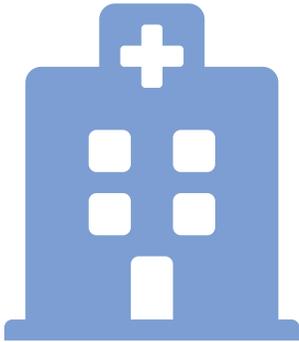
APPOINTMENT ACCESSIBILITY AND AVAILABILITY

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:

AlohaCare Timely Access Standards

| PRIMARY CARE PROVIDERS (PCP) AND SPECIALISTS | | |
|--|--|-----------------|
| TYPE OF VISIT | DESCRIPTION | WAIT TIME |
| Routine PCP visits for children and adults | Care that keeps members healthy like well-child visits and routine follow-up care and check-ups. | Within 21 days |
| PCP visit for sick child | Symptoms like coughing, runny nose and sneezing. | Within 24 hours |
| PCP visit for sick adult | Symptoms like coughing, runny nose and sneezing. | Within 72 hours |
| Routine specialist visit | Special health issues that focus on one area such as the heart, lungs or foot. | Within 4 weeks |
| Urgent | Sudden problems that are not emergencies. For example, burns, wounds or a broken bone. | Within 24 hours |
| Inpatient hospital stay not due to an emergency | Services that a member needs at the hospital such as surgery. | Within 4 weeks |
| Emergency care | Emergencies like broken bones, head injury, trouble breathing, in lots of pain, poison or overdose. | Immediately |
| BEHAVIORAL HEALTH SERVICES | | |
| TYPE OF VISIT | DESCRIPTION | WAIT TIME |
| Routine care | Regular visits with a therapist or a doctor or for routine medication changes or renewals. | Within 21 days |
| Urgent | Sudden problems that are not emergencies. For example, having increased anxiety, depression or stress. Also, for more urgent medication needs such as refills or medication changes. | Within 48 hours |
| Non-life-threatening Emergency care | Symptoms like having thoughts of hurting oneself or others, or not feeling safe in the community. | Within 6 hours |
| Follow-up Routine care | After initial visit, follow up visits with a therapist or a doctor or for routine medication changes or renewals. | As needed |

EMERGENCY SERVICES



In cases where members require emergency services, members should first contact their Primary Care Provider (PCP) for instructions regarding where to go for emergent/urgent care.

For after-hours emergent/urgent care, the member should have the ability to perform the following:

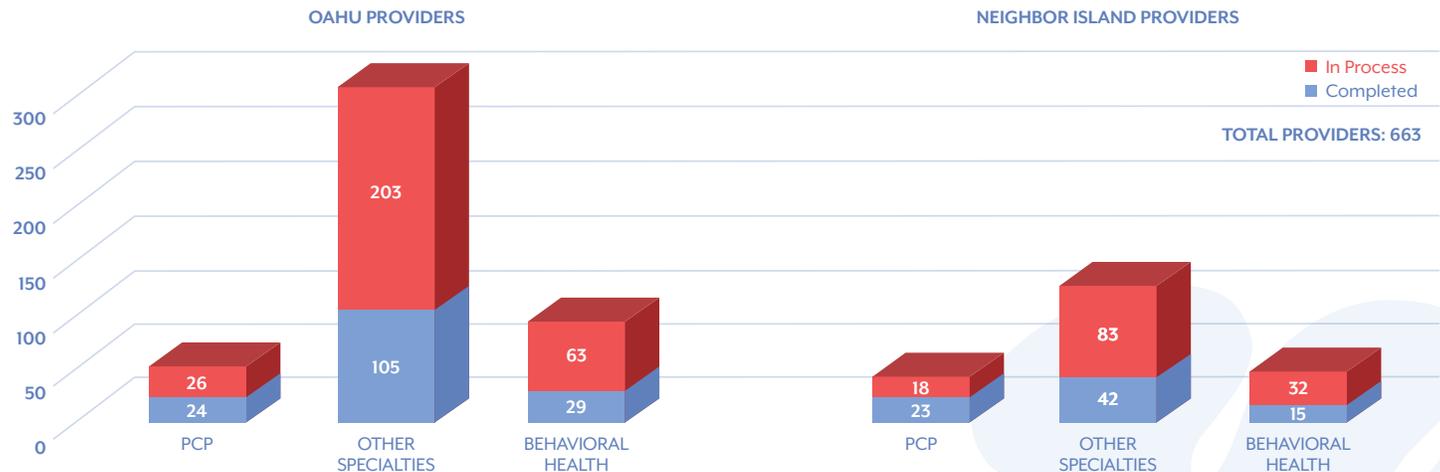
- Contact PCP through a service such as Physicians Exchange.
- Acquire medical services at the nearest Emergency or Urgent care facility.
- Contact their PCP within 48 hours after Emergent or Urgent care is provided or as soon as reasonably possible. This allows the PCP to arrange for a transfer when the member's condition is stable and provide follow-up care as necessary.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Prior authorization is not required for urgent care, emergency services and/or post-stabilization care and services.

ALOHA CARE PROVIDER NETWORK GROWTH: JUNE 2018-PRESENT



AlohaCare is pleased to report new growth in our provider network, particularly on Oahu, Maui and Hawaii. The graph above reflects the numbers of actual new provider additions to our network by island, and a significant number of new provider contracts underway. We anticipate seeing continued new provider growth through the remaining months of 2018 and 1st quarter 2019 in the areas of Primary Care, Behavioral Health and certain specialty services. AlohaCare will continue to seek primary care and specialty providers to fill gaps in rural communities, and we are actively exploring creative opportunities with many of our community partners to improve access across all islands.

In addition, AlohaCare is excited to introduce our new provider contract templates in 3rd Quarter 2018. We have been working diligently to prepare for the "re-papering" of our entire provider network in a planned phase approach. We believe this effort will offer our providers an updated, simpler to read, provider friendly service agreement, along with a transparent compensation schedule.



For a healthy Hawaii.

1357 Kapiolani Blvd. Ste. 1250
Honolulu, HI 96814

PRESORTED
STANDARD
U.S. POSTAGE PAID
HONOLULU, HI
PERMIT NO. 985

ALOHACARE PARTNERSHIP WITH PAYSPAN

AlohaCare (in partnership with Payspan) is implementing an enhanced online Provider registration process for electronic funds transfer (EFT) and electronic remittance advice (ERA) services. This no-cost secure service offers providers a number of options for viewing and receiving remittance details. ERAs can be imported directly into practice management or patient accounting systems, eliminating the need to rekey remittance data.

Multiple practices and accounts are supported when using this service. Providers can reuse enrollment information to connect with multiple payers, and each payer can be assigned to different bank accounts.

Once registered, Providers will no longer receive paper Explanation of Payments (EOPs). EOPs can be viewed, and/or downloaded and printed from Payspan's website. You may also route ERAs to a participating Clearinghouse, or create an electronic mailbox on the Payspan portal.

Payspan's Provider Support team can be reached via email at providersupport@payspanhealth.com, or by phone at 1-877-331-7154 Option 1 from 8am-8pm EST.

