

## NEW STREAMLINED PRIOR AUTHORIZATION PROCESS



**AlohaCare will implement a simplified and reduced list of services requiring Prior Authorization effective January 1, 2018. This policy change alleviates the administrative burden of the prior authorization requirement by removing nearly 49% of commonly used procedure codes from our authorization list.**

To find the most up to date code list, visit our new Prior Authorization Lookup Tool on [www.AlohaCare.org](http://www.AlohaCare.org). The Prior Authorization Lookup Tool allows you to search for Prior Authorization requirements in several different ways:

- By Line of Business (LOB) – Medicare and Medicaid
- By Category (e.g. Durable Medical Equipment)
- By Code (e.g. particular CPT or HCPCS - complete code only)

The tool also allows exporting capabilities into your billing or practice management system.

Please note that the Prior Authorization requirements in the tool will take effect on January 1, 2018. The tool should be used as your guide for scheduling services that will be performed on or after January 1, 2018. AlohaCare will process services rendered in 2017 based on the prior authorization policies and requirements in place at the time of service.

If you or your staff would like a face-to-face training or more information on our updated Prior Authorization requirements, we are here to assist you. Please contact AlohaCare Provider Services at 973-1650 or toll-free at 1-800-434-1002.

## ALL NEW ALOHACARE WEBSITE

**AlohaCare has a new and improved website designed to serve you better!**

- The new **Prior Authorization Lookup Tool** is built in to provide the most up to date prior authorization requirement information for services starting January 1, 2018
- The new **WebView Portal** allows providers to submit credentialing and re-credentialing applications online (available January 1, 2018)
- **New navigation** to help you quickly find key resources and information
- **Updated look and feel, including mobile optimization**
- **Improved content for all users**

Visit [www.AlohaCare.org](http://www.AlohaCare.org) today to see the all-new improvements. We welcome your feedback on the changes.

Please note that older versions of internet browsers may need to be updated to access all features. [www.AlohaCare.org](http://www.AlohaCare.org) is compatible with:



Internet Explorer  
ver. 9, 10, 11



Chrome



Edge



Firefox  
ver. 54, 55, 56



Safari

## NEW HILO OFFICE



After 10 years, AlohaCare is proud to announce that we opened a new office in Hilo! We outgrew our former space and needed a more member and provider friendly location. We are now located at **234 Waiuanue Ave, Suite 105** across the street from Blane's Drive In. Come say hi and check out our new space!

## OUR OHANA ARE COMING TO YOU: INTRODUCING ALOHACARE'S NEIGHBORHOODS

We look forward to continuing to evolve and align more services to our "Neighborhoods" going forward and welcome your input as we continue to implement components of our high touch care model.

AlohaCare has always been known as the state's locally based health plan, but we are taking the local concept to the next level as we re-align our health services staff around our "Neighborhoods" concept.

In 2018, AlohaCare will move forward with a geographically focused approach to our field-based health services staff. AlohaCare understands that member healthcare needs and community healthcare environments vary. In an effort to increase our connectivity with the members and communities we serve, AlohaCare will be aligning provider and community support teams around neighborhoods as well.

This community-based approach will allow Service Coordinators to help members meet challenges by connecting them to local resources in their communities. In addition, AlohaCare strongly believes this approach will achieve positive improvements for member and Service Coordinator collaboration, improved ability to stay in touch with our member and provider communities, and deepen our relationship with the communities we serve through a consistent and sustained staff connection to a geographic area.

## ALOHACARE WELCOMES JORGE GARCIA, RN, SENIOR DIRECTOR OF HEALTH SERVICES



In September, AlohaCare welcomed the newest member of our health services leadership team – Jorge Garcia, RN, Senior Director of Health Services. Jorge comes to us from Tampa, FL where he led clinical field operations for a national health plan. Jorge has more than 10 years of diverse nursing experience in transitional care, post-acute support systems, home health and care coordination. His managed care expertise includes leadership roles across the full spectrum of Medicaid and Medicare managed care programs.

In his new role, Jorge will be responsible for providing strategic leadership for AlohaCare's field-based health services operations, including service coordination, self-directed services and service navigation. He will be instrumental in implementing AlohaCare's neighborhood care team concept through partnerships, hiring and training. In addition, Jorge will collaborate with community organizations, health centers, and primary care providers on delivery of long term services and supports to ensure positive health outcomes for members.

### 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](http://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!

## MORE ALOHA FOR PROVIDERS AND MEMBERS IN 2018

AlohaCare is giving you more aloha! We are making changes so we can be a better health plan and a better partner to you in 2018.

- ✓ **All AlohaCare members have access to a care manager.** AlohaCare helps you and your staff coordinate services outside your office and in the member's home. Call us if your complex patients can benefit from care team support.
- ✓ **AlohaCare is in your neighborhood.** AlohaCare provides care management support in your neighborhood. We have staff statewide to visit your patients wherever they live. If they can't come to us, we'll go to them!
- ✓ **AlohaCare members can see a specialist without a referral.** We eliminated our referral requirement because we know you are busy. With less paperwork, you can focus on providing care for your patients.
- ✓ **Enhanced benefits for AlohaCare Advantage Plus members.** AlohaCare Advantage Plus (Medicare Special Needs Plan) members will enjoy enhanced benefits in 2018, including \$2,000 for dental coverage and \$75 a quarter for OTC items.

## CLAIM RESUBMISSIONS BEST PRACTICES



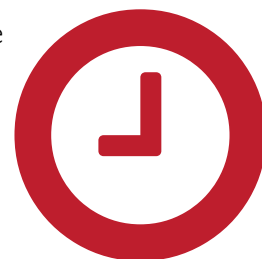
In order to process your claims quickly and efficiently, claim resubmissions should be sent directly to the Claims Department for processing. Sometimes claim resubmissions are sent to the Grievance and Appeals Department, which delays the resubmission process.

- Claim resubmissions should only be sent to the Grievance and Appeals Department if there is a grievance or appeal associated with the claim.
- If there is no grievance or appeal associated with the claim, do not mention "grievance," "appeal," or "redetermination" in your resubmissions or associated documents. Using those keywords automatically sends your claim to the Grievance and Appeals Department, which could delay processing.

## TIMELY FILING WAIVER (TFW) REQUESTS BEST PRACTICES

In order to process your Timely Filing Waiver (TFW) Request quickly and efficiently, please provide proper documentation. Your documentation should include:

- Detailed documentation supporting your efforts to obtain payment, and justification for the late filing
- Copies of faxes and letters sent to AlohaCare
- Documentation of phone calls with AlohaCare



AlohaCare will verify your documentation and process your TFW request. We are unable to approve TFW requests without appropriate supporting documentation.

## HEDIS 2018

The 2018 Healthcare Effectiveness Data and Information Set (HEDIS) season has officially started! This annual review will be looking at services and care provided during CY2017 and allows for the assessment of health plans on the basis of quality and performance. In February 2018, AlohaCare will be contacting the providers of the members selected for HEDIS 2018 review, and offering options to assist with medical record retrieval. Retrieval options include an onsite visit by our RN staff, gaining remote access to EMR systems, or providing guidance for what to submit for each identified member. We appreciate the great care that you provide to our members and look forward to another successful season.



## 2017 QUALITY IMPROVEMENT INCENTIVE PROGRAMS

As the end of CY2017 is quickly approaching, there is still time for you to encourage your patients to be seen for annual screenings. The 2017 Provider Incentive Programs for the Medicaid (QUEST Integration) and AlohaCare Advantage Plus (Special Needs Plan) Populations are designed to help members get the care they need by providing our primary care providers helpful tools and support to assist members reach their health goals. AlohaCare has incentivized selected HEDIS measures that target specific populations and will provide payments for achieving compliance criteria. Providers have until January 17, 2018 to submit medical records to evidence services completed or outcomes achieved.

### QUEST Integration incentivized HEDIS measures

- Childhood Immunization Status- Combo 3
- Well-child Visits in the First 15 Months of Life (W15)
- Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)
- Prenatal and Postpartum Care (PPC)
- Comprehensive Diabetes Care (CDC):
  - HbA1c Control (< 8%)
  - Diabetic Eye Exam

### Medicare Special Needs Plan incentivized HEDIS measures

- Adult BMI Assessment (ABA)
- Colorectal Cancer Screening (COL)
- Care for Older Adults (COA):
  - Functional Status Assessment
  - Medication Review
  - Pain Assessment
- Breast Cancer Screening (BCS)
- Comprehensive Diabetes Care (CDC):
  - HbA1c Control (< 8%)
  - Diabetic Eye Exam
  - Nephropathy Screening
  - Blood Pressure (< 140/90)

For questions, please contact:

Patricia Elmiger, RN, BSN  
 HEDIS Supervisor  
 Quality Improvement Department  
[pelmiger@alohacare.org](mailto:pelmiger@alohacare.org)

Charlene Fernandez, RN  
 Clinical Quality Improvement Manager  
 Quality Improvement Department  
[cfernandez@alohacare.org](mailto:cfernandez@alohacare.org)



**Mahalo to our providers that have administered or encouraged AlohaCare patients to get their flu vaccinations and/or colorectal cancer screenings. We appreciate your commitment to keeping our members healthy!**

## OBGYN SERVICES

HEDIS specifications requires that a postpartum service must be rendered between 21 and 56 days post delivery to count as a positive hit for this measure. To the extent possible, please schedule your patients between 21 to 56 days post delivery for their postpartum visit.

## CLINICAL PRACTICE GUIDELINES

AlohaCare adopts several clinical practice guidelines and updates them annually based on recent nationally recognized resources. With recommendations from the Practitioners Advisory Committee (PAC), the AlohaCare Corporate Quality Improvement Committee (CQIC) has approved the adoption of three new clinical guidelines: Chronic Obstructive Pulmonary Disease (COPD), Hypertension, and Chronic Kidney Disease (CKD). Updates and new guidelines are posted online at [www.AlohaCare.org/Providers/Quality](http://www.AlohaCare.org/Providers/Quality).



## COMPLEX CASE MANAGEMENT

AlohaCare identifies members eligible for Complex Case Management 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 PCP.

## REFERRAL POLICY

As a reminder, AlohaCare providers do not need to submit referrals when referring members to in-network, on-island providers.

### Referring to in-network, on-island providers

- No referral required

### Referring to non-par providers or to in-network, off-island providers

- PA required
- AlohaCare will generate a letter of agreement if necessary

## 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>



For a healthy Hawaii.

1357 Kapiolani Blvd. Ste. 1250  
Honolulu, HI 96814

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

*Have a happy and healthy holiday season!*

## 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.