



## MESSAGE FROM THE CEO

Aloha!

I wanted to thank you for the warm welcome when I arrived in Hawai'i a few months ago and to take this opportunity to say aloha to all our provider partners. It is an honor to be named AlohaCare's CEO by the Board of Directors and I am excited to be part of the local community.

Over my two decades of work in Medicaid, I saw many changes in program structure and in the regulations that affect all of us. In this time of uncertainty with repeal and replace, we at AlohaCare know that focus on our mission to provide care to underserved individuals is more vital than ever before. I look forward to adding to the organization's expertise in serving seniors, persons living with disabilities, and long term services and supports as we work together to provide better care in the communities we serve.

Our partnership with each of you is integral to meeting our members' healthcare needs. I want to share with you what is important to us and how we plan to grow in the coming year.

AlohaCare will continue to:

- **Focus on our mission.** We will strengthen our person-centered focus, responding to community and cultural needs.
- **Grow community partnerships.** We support providers and community organizations in improving health care delivery in the communities we serve.
- **Be high touch.** We are a local organization, operate with the aloha spirit, hire staff who coordinate care in communities throughout the state and personally support our members as well as our provider partners.

Our priorities for growth in the coming year include:

- Using data to identify members who are at risk to prevent future health care episodes.
- Engaging providers in care teams and supporting coordination across medical, behavioral and social services.
- Integrating Medicaid and Medicare benefits to improve the health and well-being of our members who are eligible for both.
- Working with providers to document quality, member risks, and care delivery then sharing value.
- Modernizing our toolsets and operations to reduce administrative burden and focus on care.

To grow as a partner to you we must first plan and seek approvals, develop systems and toolsets, and then implement improvements. You will hear more from our team throughout the year about these steps and how we are growing.

I look forward to meeting more of you as well as learning more about your organizations and the communities you serve.

Mahalo for your partnership!

Laura Esslinger, CEO

## CMS - REQUIRED MEMBER SURVEYS

Each year, AlohaCare reaches out to Medicare Advantage and/or QUEST Integration members through two patient experience surveys. The surveys are conducted by our certified vendor DSS Research and members that are selected for the surveys will receive a letter and written survey for both surveys from February through April of 2017. Members are encouraged to complete the survey(s) as soon as possible. If a member asks you about the survey, please refer the member to AlohaCare for further assistance.

Purpose of the surveys:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Survey (HOS) ask about patient experience with, and ratings of, their health care providers and health plan.
- The surveys focus on matters that patients themselves say are important to them and for which patients are the best and/or only source of information.
- The surveys are annual and mandatory, and are sent to a sample of Medicare members by plan.
- The surveys help AlohaCare improve members' healthcare experience, our provider network, and the quality of health care our members receive.

### CAHPS SURVEY

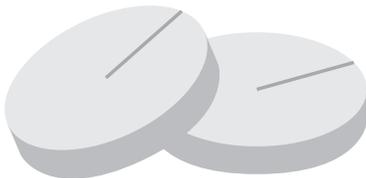
The CAHPS Survey is sent to Medicare as well as Medicaid members and is conducted in February and March. This patient experience survey asks patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding their medication instructions, and coordination of their healthcare needs.

Members that are selected for CAHPS will receive a letter and written survey from DSS Research, our certified vendor. Members should complete the survey as soon as possible. If members do not respond to the written survey, they will receive a phone call from DSS Research to complete a telephonic survey in April – June.

### HOS SURVEY

The HOS survey is sent to a sample of Medicare members and is conducted in April. The survey asks about members' health and their quality of health care. Additionally, this survey attempts to determine changes in the member's health status over time; some members are specifically selected to participate in this survey so that their responses can be compared to their previous survey responses from two years ago. The valuable data gathered through the HOS helps AC improve our member experience, our provider network, and the quality of health care members receive.

## OPIOID OVERUSE AND ABUSE



When treating chronic pain, the old adage was “no opioid ceiling.” But that paradigm needs to be shifted to “less is more.” AlohaCare currently requires a prior authorization for any member who has a total morphine milligram equivalent (MME) of  $\geq 200$ /day. For example, oxycodone 20 mg every 4 hours equates to 180 MME/day. Any additional opioid added to that regimen would likely surpass 200 MME/day, and would require a prior authorization. While this may not seem like a lot, the Centers for Disease Control and Prevention (CDC) released guidelines for prescribing opioids for chronic pain that recommended a maximum of 90 MME/day. In this guidance from 2016, the CDC gave recommendations to help decrease the abuse potential of chronic opioid use. While not enforced yet, legislators as well as health plans will have to incorporate the CDC's recommendations to address this opioid overuse and abuse epidemic. In anticipation of these changes, providers should be prepared to decrease opioid utilization in accordance with the CDC's recommendations.

A copy of these recommendations are readily available online by searching for the title “CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016.”

## STAR RATINGS



Centers for Medicare and Medicaid Services created the STAR rating system to reflect the quality and performance of health plan services, ranging from a patient's experience and improved health outcomes, to administration of screening tests. Provider engagement plays a direct and critical role in this rating process, and sometimes it's just a matter of properly capturing the services you are already providing.

## 2016 P4P PROGRAM

A Mahalo Nui Loa to all of the primary care providers who have participated in the 2016 Provider Incentive Programs for the Medicaid (QUEST Integration) and Medicare (Special Needs Plan) Populations. We saw a substantial increase in participation this past year with over 148 providers collaborating with AlohaCare to close care gaps or by submitting medical records to evidence services rendered and outcomes achieved. The medical records that we collected during this program will support HEDIS 2017 reporting. The 2016 program will wrap-up with an April administrative refresh of claims data followed by the distribution of the program award payouts in June of this year.

## 2017 P4P PROGRAM

The 2017 Provider Incentive Programs for the Medicaid (QUEST Integration) and AlohaCare Advantage Plus (Special Needs Plan) Populations will be launching during the 2nd quarter. The programs 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 programs will cover services completed during January 1, 2017 to December 31, 2017 and include selected HEDIS measures that target specific populations.

Please be on the lookout for program packets containing information on how to participate.

Questions about this quality incentive program, itself, can be directed to:

Charlene Fernandez  
Clinical Quality Improvement Manager  
Quality Improvement Department  
cfernandez@alohacare.org

## HEDIS 2017

**HEDIS 2017 Season Is Upon Us!** HEDIS (Healthcare Effectiveness Data and Information Set) is developed and administered by NCQA (National Committee for Quality Assurance) and is used annually 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.
- Document all care in the patient's medical record.
- Accurately coding all claims.

For technical questions, please get in touch with:  
Patricia Elmiger, RN, BSN - HEDIS Supervisor, Quality Improvement Department | [pelmiger@alohacare.org](mailto:pelmiger@alohacare.org)

## HEDIS 2017 MEASURES

During February through April, AlohaCare's Retrieval Nurses and our HEDIS vendor, Verscend, will be pursuing medical records for AlohaCare members selected for the 2017 HEDIS sample. Based on the care that you provided in 2016, we will be targeting the following information for the measures listed in the table below:

HEDIS HYBRID MEASURE	DOCUMENT REQUEST (TARGETED ELEMENTS)
<b>ABA</b> - Adult Body Mass Index Assessment	<b>2015 - 2016 Progress Notes</b> (Documentation of Height, Weight, and Calculated BMI Value)
<b>AWC</b> - Adolescent Well-Care Visits	<b>2016 Progress Notes</b> (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
<b>CBP</b> - Controlling High Blood Pressure	<b>2015-2016 Progress Notes</b> (Hypertension Diagnosis Documentation prior to 6/30/16 and Last BP in 2016)
<b>CCS</b> - Cervical Cancer Screening	<b>Recent Cervical Cytology and Human Papillomavirus Tests</b> (Pap or Pap/HPV co-testing)
<b>CDC</b> - Comprehensive Diabetes Care	<b>2016 Labs</b> (A1c, Urinalysis), <b>2016 Progress Notes</b> (BP, Medical Attention for Nephropathy), 2015 or 2016 Dilated Eye Exam (Presence or Absence of Diabetic Retinopathy)
<b>CIS</b> - Childhood Immunization Series	<b>Complete Immunization History</b> (DTap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Flu)
<b>COA</b> - Care for Older Adults	<b>2016 Progress Notes</b> (Advance Care Planning, Medication Review, Functional Status Assessment, Pain Assessment)
<b>COL</b> - Colorectal Cancer Screening	<b>Documentation of Screening for Colorectal Cancer</b> (2016 FOBT, 2014-2016 FIT-DNA, 2012-2016 CT Colonography or Sigmoidoscopy, 2007-2016 Colonoscopy)
<b>FPC</b> - Frequency of Ongoing Prenatal Care	<b>All Maternity Notes Associated with Delivery Date</b> (Frequency of Expected Prenatal Visits)
<b>IMA</b> - Immunizations for Adolescents	<b>Complete Immunization History</b> (HPV, Meningococcal, and Tdap)
<b>MRP</b> - Medication Reconciliation Post Discharge	<b>2016 Progress Notes and Discharge Summaries</b> (Discharge Medication List and F/U Medication Reconciliation Visit)
<b>PPC</b> - Prenatal and Postpartum Care	<b>All Maternity Notes Associated with Delivery Date</b> (Timeliness of Prenatal Care and Postpartum Care)
<b>W15</b> - Well-Child Visits in the First 15 Months of Life	<b>All Well-Child Progress Notes</b> (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
<b>W34</b> - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	<b>2016 Progress Notes</b> (Health History, Physical Developmental History, Mental Developmental History, Physical Exam, Health Education/Anticipatory Guidance)
<b>WCC</b> - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	<b>2016 Progress Notes</b> (BMI Percentile Documentation, Counseling for Nutrition, Counseling for Physical Activity)

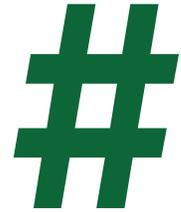
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Patricia Elmiger, RN, BSN - HEDIS Supervisor, Quality Improvement Department | [pelmiger@alohacare.org](mailto:pelmiger@alohacare.org)

## ORGANIZATIONAL (OR TYPE II) NATIONAL PROVIDER IDENTIFIER - DO YOU NEED ONE?

The NPI is a 10-digit number that is used to identify you to your health care partners, including all payers, in all HIPAA standard transactions.

AlohaCare follows the guidelines published by CMS regarding NPI Types. Health providers know they must apply for an individual NPI, which is referred to as a **Type I NPI**. But how do you know if you need to apply for an Organizational, or **Type II NPI**?



There are two types of health care providers in terms of NPIs:

### TYPE I

Health care providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.

### TYPE II

Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

If you are an individual who is a health care provider and who is incorporated, you need to obtain an NPI for yourself (Type I) and an NPI for your corporation or LLC (Type II).

If your W9 on file with AlohaCare reflects your federal tax classification as a corporation or LLC, you are required to obtain a Type II (Organizational) NPI, even if you are the sole individual.

### WHY IS THIS IMPORTANT?

Claim processing is delayed. When AlohaCare receives a claim from an incorporated provider billing only with their individual (Type I) NPI, the claim will pend in the system because the information we have on file, and the information on the claim do not match.

### HOW CAN YOU APPLY FOR AN NPI?

Requesting an NPI is fast, easy and free!

- Simply log on to the NPPES web site and complete the on-line application.  
<https://NPPES.cms.hhs.gov/NPPES/Welcome.do>
- You can also download the paper application form at  
<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvidentStand/> and mail it to the address on the form

For Additional Information Regarding NPI's please visit the CMS website at

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvidentStand/>

## ALOHACARE TELEHEALTH POLICY IMPLEMENTATION DELAY

AlohaCare is currently awaiting to receive telehealth guidelines from the State of Hawaii Department of Human Services Med-QUEST division. The implementation of a comprehensive telehealth policy is currently scheduled for the second quarter of 2017.

If you are currently providing and billing for telehealth services, you may continue submitting your claims utilizing appropriate service codes including telehealth modifier(s).

For more information, please contact your Provider Services Representative directly, or our Provider Services department at (808) 973-1650 or toll-free at (800) 434-1002.

## PREVENT DIABETES HAWAII



The Hawaii State Department of Health will be launching a new campaign on March 27, 2017 to promote awareness of prediabetes, increase screening among those at-risk, and prevent new cases of type 2 diabetes. The campaign, Prevent Diabetes Hawaii, asks adults to take a Diabetes Risk Test at [www.PreventDiabetesHawaii.com](http://www.PreventDiabetesHawaii.com) (website will be live on 3/24 and available continually thereafter) and talk to their doctor or health care provider about their risk for type 2 diabetes. Diabetes Risk Test results is downloadable to a computer, smartphone or tablet, printable, and emailed to the patient to facilitate a conversation with a health care provider about their Diabetes Risk Test results.

The website also includes resources for both patients and doctors, including:

1. Ideas and tips for lifestyle change
2. Downloadable campaign posters, brochures, risk tests and other materials for patients and doctor's offices
3. List of Diabetes Prevention Programs (DPP) available in Hawaii. DPP is a federally-recognized, effective lifestyle change program designed to prevent patients with prediabetes from developing type 2 diabetes.

Prevent Diabetes Hawaii will include public service announcements on television and the radio, as well as web and print advertising. The campaign was developed utilizing state population health data and results from focus group testing with at-risk Hawaii residents. Increasing awareness of prediabetes is a priority of the Centers for Disease Control and Prevention and a requirement of federal funding. A combination of both state and federal dollars is being used to implement the campaign.

## 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 also help you to better manage the referral process.

### 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.