

# Ku'i Ka Lono

## Spread the News

News for Physicians and Providers • Fall 2009

### Keeping Moms Healthy & Happy

AlohaCare has many resources for expecting mothers. However, in order to lend a hand to moms-to-be, we need to identify our pregnant members. This is where we request your help in sending us Referral/Prior Authorization/Notification Request (RAN) forms. Currently, we estimate that about 50 percent of pregnancies are being reported, which means that only half of our pregnant members are receiving AlohaCare's prenatal information packets and other valuable services. We want to do better in supporting our pregnant members, but we need your assistance.

Submission of a RAN form is also required when an OB physician is seeing a pregnant member for the first time. Providers are asked to send AlohaCare a RAN form within 24 hours of making a diagnosis of pregnancy for an AlohaCare member.

We count on your RAN forms to initiate a series of actions:

- ◆ Authorization for global OB care is confirmed.
- ◆ AlohaCare uses the notification to inform Med-QUEST of the member's pregnancy to help ensure the continuation of QUEST benefits.
- ◆ AlohaCare sends a letter and educational brochures to the pregnant member.
- ◆ When AlohaCare is notified that a member might have a high-risk pregnancy, AlohaCare assigns a case manager. The case manager works with the PCP, obstetrician and other providers to meet the medical needs of the pregnant member.

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### Message from AlohaCare's CEO

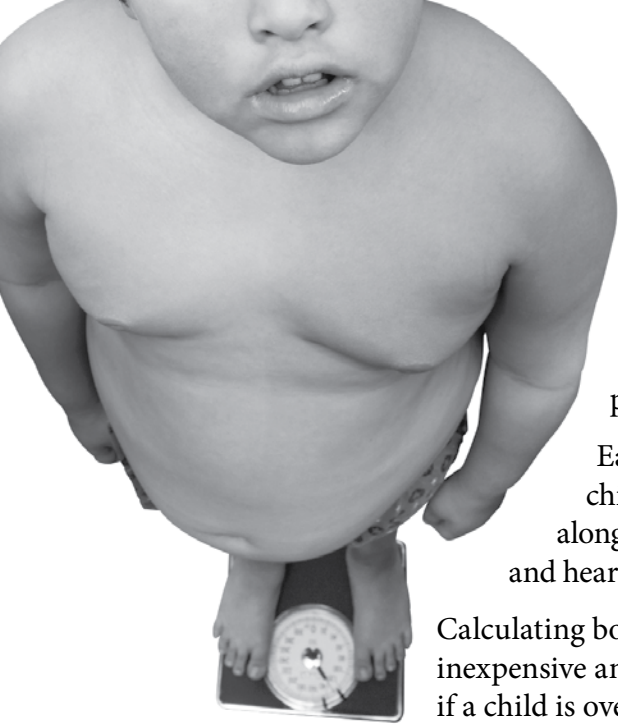
In this year's "Top 250" issue of *Hawaii Business* magazine, AlohaCare was ranked the 55<sup>th</sup> largest business in Hawaii. This is up from 78<sup>th</sup> place last year. In a time of economic uncertainty, we feel fortunate. However, we recognize that we didn't do it alone. We want to thank you for being our partners in serving AlohaCare members.



John E. McComas  
Chief Executive Officer  
AlohaCare

Just on the heels of the "Top 250," we hit another milestone with our 15th anniversary. AlohaCare started in 1994 with a handful of members. Today, with your help, we serve about 68,000 QUEST members and more than 1,200 Medicare members. We have a network of about 3,600 providers on six islands—and the only statewide QUEST and Medicare plans.

In the next quarter, we will be surveying physicians to learn how we can better serve you. SMS Research & Marketing Services will conduct the research. If SMS reaches you via mail or phone, please share your thoughts, knowing that your responses are anonymous. We look forward to the outcomes, including insight on how we can better support you and continue to provide Hawaii with quality health care.



## Weighing in on Keiki Health

According to the Centers for Disease Control and Prevention (CDC), the number of overweight children in the United States has doubled in the past 30 years, with similar patterns occurring in Hawaii.

Early detection is important. Obesity in childhood is a predictor for obesity in adulthood, along with other lifelong issues such as diabetes and heart disease.

Calculating body mass index (BMI) is an effective, inexpensive and easy-to-perform method of determining if a child is overweight or obese.

BMI should be calculated at each EPSDT exam, or yearly exam, starting at age 24 months (AAP Guidelines).

Visit AlohaCare's Web site, [www.AlohaCareHawaii.org](http://www.AlohaCareHawaii.org), to use an online BMI calculator.

Other Resources:

- BMI Percentile Calculator for Children and Teens: <http://apps.nccd.cdc.gov/dnpabmi/>
- For printable BMI charts for boys and girls ages 2 to 20, visit the CDC Web site: [www.cdc.gov/growthcharts/clinical\\_charts.htm](http://www.cdc.gov/growthcharts/clinical_charts.htm)

## HEDIS® 2009: The Results Are In

Each year AlohaCare is required to collect and report data on a number of quality indicators. The data set is called "HEDIS," which is an acronym for the Healthcare Effectiveness Data and Information Set. HEDIS serves as a "report card" for health plans and allows AlohaCare to compare its performance to other Medicaid and Medicare health plans across the country.

Although much of the data collected for HEDIS can be extracted from administrative data (e.g., claims and enrollment), some elements require review of medical records for specific clinical findings or lab results.

AlohaCare is very appreciative of the cooperation and support we received from physician offices earlier this year with our medical record review requests. Your support enabled us to have confidence in the completeness and accuracy of the data AlohaCare reported.

AlohaCare's HEDIS 2009 report is based on data for calendar year 2008. The good news is that AlohaCare demonstrated a statistically significant improvement in a number of measures compared to 2007:

- Chlamydia Screening
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Diabetes HbA1c <7
- Diabetes HbA1C Poor Control
- Diabetes Monitoring for Nephropathy

One measure, however, showed a statistically significant decline:

- Cervical Cancer Screening

Continuous improvement in our HEDIS results is an important goal for AlohaCare. Areas of focus in 2009 are:

- Childhood Immunizations
- Well-Child Visits
- Cervical Cancer Screening
- Follow-up after hospitalizations for Mental Illness
- Diabetes Care

Please direct any questions or suggestions about HEDIS to Frank Appel, Quality Improvement Director, at 973-1556 or [fappel@alohacarehawaii.org](mailto:fappel@alohacarehawaii.org).

*HEDIS® is a registered trademark of the National Committee of Quality Assurance (NCQA).*

## Keeping Moms Healthy & Happy

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- ♦ Keiki Health Connection: AlohaCare asks that the provider encourage the mother, during pregnancy or as early as possible after delivery, to designate a pediatrician for her baby. Inform AlohaCare's case manager if there are any suspected issues with your prenatal patient that may delay the newborn making a successful connection with a PCP.

Our list of "Keiki Health Connection" risk factors includes:

- Failure to select a PCP for the newborn as soon as possible
- Late prenatal care
- Young age (<16 years) of mother
- Current alcohol or substance use
- Methadone maintenance program
- Social issues
- Homelessness
- Violence/abuse
- Previous Child Protective Services (CPS) involvement
- Other situations that may jeopardize the health of the mother or baby

You can find the RAN notification form online at [www.alohacare.org/Providers/Forms.aspx](http://www.alohacare.org/Providers/Forms.aspx).

In the notification, please provide the following information:

- ♦ Fill in Member Information and PCP Information
- ♦ Fill in Pregnancy Notification sections
  - Any high-risk factors identified
  - Expected date of confinement (EDC)
  - Name of health care provider who will be providing OB care

To fax the RAN form to AlohaCare, please call the numbers at the end of this newsletter. AlohaCare will fax you a confirmation of receipt with further instructions.

## IN THE COMMUNITY

### October 23, 2009 • Join Us at "Pinking of You"

AlohaCare aims to help increase breast cancer awareness with its annual "Pinking of You," held from noon to 1 p.m. at Honolulu's Bishop Square, Tamarind Park. The event includes live entertainment, giveaways and health information.

### Non-Profit Programs Receive \$40,000

AlohaCare's annual Community Conscience Award program has awarded eight Hawaii non-profits \$5,000 each to help fund community non-profit programs. Recipients for 2009 include Aloha United Way, The American Lung Association of Hawaii, Ethnic Education Foundation of Hawaii, Five Mountains Hawaii, Maui Economic Opportunity, National Kidney Foundation of Hawaii, Special Olympics Hawaii and the YMCA of Honolulu. AlohaCare has granted various non-profits more than \$200,000 over the past 6 years.

# Update: Clinical Practice Guidelines

We have updated the AlohaCare Clinical Practice Guidelines for 2009. AlohaCare's Clinical and Service Quality Improvement Committee (CASQIC), which is made up of contracted network providers representing a variety of specialties in the medical and behavioral health fields, reviewed and approved these updates which are summarized below.

AlohaCare Clinical Practice Guidelines 2009: Summary of Changes

GUIDELINE	CHANGE
<b>Obstetrical Care</b>	No updates to guidelines were necessary.
<b>Adult Preventive Health</b>	Fecal Blood Work was added to the guideline to account for HEDIS® colorectal cancer screening requirements.
<b>Chronic Heart Failure</b>	There are no updates to this guideline. Placement of a summary flowchart and drug table on the first few pages improves presentation.
<b>Major Depressive Disorder</b>	No updates to guidelines were made.
<b>Diabetes Mellitus</b>	No significant changes were made.
<b>Management of Asthma</b>	The guideline was modified to present a more summarized visual guideline of the NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007 as recommended by CASQIC in 2008.

Not shown here is the Pediatric Preventive Health Care Clinical Practice Guideline. Based on recommendations of the Centers for Disease Control, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology, CASQIC has tentatively approved the development and implementation of a pediatric guideline. The guideline will be available after a final committee approval.

Practice Guidelines are available at [www.AlohaCareHawaii.org](http://www.AlohaCareHawaii.org). If you would like us to mail you a copy of any of the AlohaCare Clinical Practice Guidelines, please call the numbers at the end of this newsletter.

## What Non-Emergency Travel Benefits Does AlohaCare Offer with QUEST?

**When pre-authorized, AlohaCare covers non-emergency travel services for QUEST beneficiaries, including:**

- ◆ Air, ground, lodging, meals, companion, etc., for members who need to obtain medically-necessary, out-of-town services.
  - The member requires a service that is not available on the member's home island.
  - The use of a companion must be clinically justified. For example, the patient must be a minor or requires assistance to safely get around (i.e. the member has difficulty ambulating or is visually impaired).
- ◆ On-island non-emergency ground transportation is covered when:
  - The member has no access to public transportation (none available on island) or other means of transportation.
  - The member's medical condition does not allow for safe use of available public transportation.

### Travel Requirements:

- ◆ Using the RAN form, a Prior Authorization (PA) request must be submitted by the member's primary care provider (PCP) or specialist.
- ◆ The requesting provider must provide medical justification for **each** travel service (air, ground, lodging, meals, companion). Only the most economical services required will be approved.
- ◆ The requesting provider must provide the member's (and companion's, if needed) legal name, as it appears on the ID that he/she will present at the airport.

- ◆ Submit the Travel PA Requests a minimum of 7 days prior to travel.
  - AlohaCare requests a minimum of seven (7) business days advance notice for all travel requests. Since AlohaCare makes all travel arrangements, the advance notification period is used to research available flights and other necessary accommodations.
  - Requests made with less than 7 days advance notice prior to departure will be accommodated to the extent possible, subject to flight and other accommodation availability.
  - Finally, QUEST eligibility is determined by the State and subject to change at any time. Approved and arranged services will be canceled if the member loses coverage prior to using the service.

### Travel Limitations:

- ◆ Only the most economical required travel service will be authorized for QUEST beneficiaries. Non-emergency travel is not a benefit under AlohaCare Advantage (HMO), AlohaCare Advantage Plus (HMO), QUEST Net or QUEST ACE.

If you have questions about non-emergency travel benefits, please call the numbers at the end of this newsletter.



## Rights and Responsibilities

Helping you deliver quality clinical care to AlohaCare members is a cornerstone of AlohaCare's business. Therefore, we protect our members' rights, which includes treating them with respect and dignity. They have the right to work with you and AlohaCare to create a treatment plan. And they have the right to ask you questions and get answers about anything they do not understand.

As a member of AlohaCare, patients also have responsibilities. These include telling you everything they know about their current health, medicines and past illnesses.

For more information on our member rights and responsibilities, please call the numbers at the end of this newsletter or visit [www.AlohaCareHawaii.org](http://www.AlohaCareHawaii.org).

## Members with Special Health Care Needs Program

AlohaCare has a program for our members with special health care needs. To determine if members have special health care needs, we ask them to complete a set of screening questions. We may also look at the types of medical services they received in the past. This will help us identify if they, or their children, would benefit from this program. When a member is selected for this program, AlohaCare may contact you to ask for your help in coordinating care.

Adults that qualify for this program have chronic problems including:

- Physical
- Behavioral

Children that qualify for this program have chronic problems including:

- Physical
- Behavioral
- Developmental
- Emotional

We want to make sure that our members receive the care they need in a timely manner. If we can assist you with any care coordination concerns, please call the numbers at the end of this newsletter.

## Emergency Services and Post-Stabilization Care

AlohaCare makes sure that members can get emergency services when they need them. For emergencies, members can get emergency services 24 hours a day, 7 days a week without prior authorization from AlohaCare. Once a member gets emergency care, doctors offer post-stabilization care, which may involve stabilization and observation in the emergency room. It may also include hospital admission until the doctor decides that the member is well enough to be discharged. If the member is placed in observation status or is admitted, the hospital will submit an admission face sheet to AlohaCare. The face sheet will notify us of the admission and prompt us to initiate an inpatient concurrent review.

## Appointment Scheduling and Accessibility

AlohaCare works hard to ensure that our members receive quality care. As a result, we provide members with a large provider network, which includes you. AlohaCare wants to make sure it is easy for members to make appointments and receive care in a timely manner. Depending on members' needs, below are the guideline for how quickly our members should be given an appointment:

Type of Visit	AlohaCare QUEST	AlohaCare Advantage (HMO) and AlohaCare Advantage Plus (HMO)
<b>Urgent Care</b>	1 day	1 day
<b>Sick</b>	3 days	7 days
<b>Routine Care</b>	21 days	14 days
<b>Specialists</b>	6 weeks	6 weeks

If you have questions about appointment scheduling and providing access to medical care, please call the numbers at the end of this newsletter.

## Fraud and Abuse

As a Medicaid and Medicare Managed Care Organization, AlohaCare is required by state and federal law to have a formal Fraud and Abuse Program. This program addresses the prevention, detection and reporting of fraudulent and abusive situations.

**Fraud** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/her or some other person. It includes any act that constitutes fraud under applicable federal or state law. **Abuse** means practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid or Medicare program.

### Common Types of Provider Fraud and Abuse

- Billing for services not provided
- Providing substandard or low-quality care
- Ordering and/or billing for unnecessary services
- Poor or incomplete documentation for services billed

### Common Types of Member Fraud and Abuse

- Authorizing another person to use the member's ID card
- Giving or selling drugs or other items that AlohaCare has paid for someone else
- Failure to report other insurance or third party liability coverage
- Misrepresenting facts concerning a medical condition to obtain higher doses and/or unnecessary drugs

Please report instances of suspected fraud and abuse about a member, another provider or provider group, facility or supplier to the AlohaCare Compliance Officer, at the address below. Anonymous submissions can be accepted and ample detail should be provided to ensure that an appropriate and effective investigation can ensue.

AlohaCare  
Attention: Compliance Officer  
1357 Kapiolani Blvd., Suite 1250  
Honolulu, HI 96814

For more details on AlohaCare's Fraud and Abuse Program, please see Section 3 of the AlohaCare Provider Manual.

## What is an Advance Health Care Directive?

When AlohaCare members become ill, they have the right to make their own health care decisions, including the right to accept or refuse medical or surgical treatment. If they have an Advance Health Care Directive, which is protected by state law, they can express their wishes about their health care if they are no longer able to decide for themselves. It also allows them to name a person to make health care decisions for them.

If you are aware that a member has a health care directive, you should encourage the member to discuss their wishes with their key family members. This will help keep consensus between you, the patient and the family. You should also recommend that members give a copy of their Advance Directive to the person they choose to make decisions for them.

It is the responsibility of the PCP to comply with federal and state law regarding advance directives for adult patients. At a minimum, providers should document advance directives in their patients' medical records, improve staff education on advance directives, maintain written policies regarding their patients' rights, and not discriminate against a patient because of his or her decision to execute or not execute an advance directive.

**Resources:** For an Advance Health Care Directives form online, visit [hawaii.gov](http://hawaii.gov). Patients can fill out the forms in a provider's office. For more information, please call the numbers at the end of this newsletter.

## How Can I Make Comments or Suggestions?

We care about what you think. Please call us or write to us if you have comments or suggestions about AlohaCare or our policies and procedures. Please call us if you would like more information on how AlohaCare does business, how we work or how we are organized.