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Ku'i Ka Lono

Spread the News

News for Physicians and Providers • Fall 2010



Basic Health Hawaii

On July 1, 2010, the Hawaii Department of Human Services (DHS) added a new limited benefit health insurance program to QUEST. The new program is called Basic Health Hawaii (BHH). It covers uninsured non-pregnant adults, ages 19 years or older who are non-immigrants or qualified aliens residing in the U.S. for less than five years.

If you serve QUEST beneficiaries, AlohaCare recently sent you a letter and other documents to assist in the transition of these members to the new BHH program within AlohaCare.

AlohaCare has approximately 4,500 QUEST, QUEST-Net or QUEST-ACE members who met the new BHH eligibility criteria. The state also recently assigned us approximately 500 QUEST Expanded (QExA) BHH members. Many of these members will experience a significant reduction in medical and drug coverage. As a result of the limited benefits, not all services that these members need will be reimbursed.

For instance, if you currently have patients on dialysis, the services will not be covered under the BHH limited benefit package. However, these services will be covered through the Medicaid Fee-for-Service program's Emergency Medical Assistance. The dialysis coverage will also cover nephrology visits and certain medications that may be administered during dialysis, including epogen, iron and a few commonly used antibiotics. Please let your patients know to call the Med-QUEST Division at 1-800-316-8005 for further information on how to access these services.

If you have pregnant patients, they are not eligible for BHH coverage. Please remind your patients to contact their eligibility worker at Med-QUEST. They can be placed into a program that will cover their pregnancy.

For your convenience, you can find the comprehensive list of benefits online at www.AlohaCare.org.

Message from the CEO



John E. McComas
Chief Executive Officer

Provider payments are back on track!

Earlier this year the state's economic woes created new challenges for all of us in the health care industry.

The state announced its plans to defer payment for four months to its five contracted QUEST and QExA health plans, including AlohaCare.

Faced with the state's payment delinquency, AlohaCare quickly made the necessary adjustments so

that we could continue to pay you—our providers—within the designated time frame required under our QUEST contract.

During that time, you may have noticed that you were receiving reimbursements a little slower than usual. However, now that the state is in its new fiscal year and is paying its health plans in a timely manner, we're happy to announce that AlohaCare has resumed its regular payment practices and is back to paying you on our regular reimbursement schedule.

If you find that payments are still slow (or denied), please contact us. We'd like to work with you to clear up any discrepancies and address your concerns about prompt payment of claims. AlohaCare stands ready at all times to meet with you and discuss how we can better serve you and our members.

Thank you for working with us during these challenging times and for not allowing the state's cash flow problems to affect your care of AlohaCare patients. We appreciate your continued support of AlohaCare and your dedication to the special needs of Hawaii's QUEST population.

Update: Clinical Practice Guidelines

We have updated the AlohaCare Clinical Practice Guidelines for 2010. AlohaCare uses evidence-based clinical practice guidelines developed by local and national associations. With the assistance of local physicians serving on our Medical and Behavioral Health Advisory Committees, the following guidelines have been adopted or updated as minimum practice guideline standards for AlohaCare providers.

In addition to the updated Adult Preventive Health Guidelines, the following standards have been added to the AlohaCare Clinical Practice Guidelines for 2010.

- Pediatric Immunizations Schedule
- Asthma
- Identification and Treatment Management of Attention Deficit/Hyperactivity Disorder (ADHD) in School-Aged Children

Obtaining the highest quality of care for our members is of utmost importance to AlohaCare and we thank you, the providers, for ensuring this. To view our comprehensive Clinical Practice Guidelines, please visit us at www.AlohaCare.org/Providers/Quality.aspx.

If you have any questions or suggestions, please call the numbers at the end of this newsletter and ask to speak with our Medical Director, Dr. Rio Banner. He can also be reached at rbanner@alohacare.org.

Modifier -59: How to Use It

Modifier -59 is used to identify a distinct procedure that was performed in addition to a primary procedure, when the two codes would be bundled otherwise. Reimbursement for both services/procedures is payable with a Modifier -59 based on the following guidelines:

- A procedure or service that was distinct or independent from other services performed on the same day
 - different session or patient encounter
 - different procedure or surgery
 - different site or organ system
 - separate incision/excision
 - separate lesion
 - separate injury not ordinarily encountered or performed on the same day by the same physician
- Procedures/services that are not normally reported together
- Mutually exclusive or “separate procedures” as appropriate under the circumstances

Modifier -59 should be used infrequently. In order to use Modifier -59, documentation in the medical record must reflect the distinct nature of the two services. It should only be used when another, more descriptive, modifier is not appropriate, and when the use of modifier -59 best explains the circumstances. If a modifier is appropriate and well-documented, Modifier 25, 58, 78 or 79 might be a better choice. AlohaCare may perform retrospective reviews and will recover any payments for services where Modifier -59 was billed inappropriately.

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HEDIS® 2010: The Results Are In

Each year AlohaCare is required by the state (for Medicaid) and CMS (for Medicare) 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 providers and their staffs 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 2010 report is based on data for calendar year 2009. AlohaCare demonstrated statistically significant improvements in a number of measures compared to 2008.

- Cervical Cancer Screening
- Chlamydia Screening

- Childhood Immunization Status—HIB
- Appropriate Treatment for Children with Upper Respiratory Infection
- Cholesterol Management of Patients with Cardiovascular Conditions
- Controlling High Blood Pressure
- Comprehensive Diabetes Care – A1c<8
- Antidepressant Medication Management—Continuation Phase
- Follow-up After Hospitalization for Mental Illness—30 day and 7 days

AlohaCare had no statistically significant decline in any measure.

Continuous improvement in our HEDIS results is an important goal for AlohaCare. Areas of focus in 2010 are:

- Childhood Immunizations
- Chlamydia Screening
- Diabetes Care

If you have any questions or suggestions about HEDIS, please call the numbers at the end of this newsletter and ask to speak with our Senior Director of Quality Improvement, Frank Appel. He can also be reached at fappel@alohacare.org.

Thank you for providing us with your medical records, making this another successful HEDIS® season!

PINKING OF YOU

October is breast cancer awareness month. AlohaCare is partnering with KHON2 to bring the 3rd annual *Pinking of You* in the month of October. Each week, local guest experts will share important information breast health. We will end the month with a *Pinking of You* celebration in downtown Honolulu.

As you know, early detection can make a difference in fighting breast cancer. If you would like *Pinking of You Self-Exam Reminder Cards* in your office to distribute to your patients, please call the numbers at the end of this newsletter and ask for the Provider Relations Department.

On October 2, AlohaCare also partnered with the American Cancer Society (ACS) for their *Making Strides Against Breast Cancer Walk* in Honolulu. This event was created to honor breast cancer survivors, remember people lost to breast cancer, and raise funds and awareness to help end this disease.



Thursday, October 28
11 a.m. to 1 p.m.
Tamarind Park on Bishop Square

ALOHACARE AWARDS \$20,000 TO NON-PROFITS

AlohaCare has awarded \$20,000 to four non-profit organizations through its annual *AlohaCare Community Conscience Award*. This year's grant program provided monies to organizations focusing on early immunization; the prevention and/or treatment of diabetes; the overall health and wellness of seniors; and improving access to preventive care services.

The following organizations received \$5,000 each:

- **Hui Malama Ola Na Oiwi (HMONO)**
Located on the Big Island, this organization provides a variety of health services to more than 53,000 Native Hawaiians. HMONO will use the AlohaCare grant to develop educational materials on diabetes prevention and management.
- **Kokua Legal Services (KLS)**
In addition to providing legal assistance to low-income families, KLS staff are also eligibility workers with the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. KLS will use AlohaCare's grant money to expand SNAP eligibility outreach into more low-income areas.
- **Mental Health Kokua (MHK)**
MHK will use AlohaCare's grant money to create Honolulu Seniors Diabetes-Depression Project. The program will offer a psychosocial, community-based networking approach to diabetes self-management for seniors ages 60 and older.
- **St. Francis Healthcare Foundation of Hawaii**
The Foundation will use the AlohaCare grant money to expand its St. Francis Lifeline Program to seniors who cannot afford this personal emergency response service. Lifeline is a necklace or bracelet that is equipped with a personal help button providing seniors with 24/7 care when needed. Lifeline also has a "reminder" signal that prompts wearers to take their medications or keep important appointments, and an "inactivity timer" function that requires frail patients to check in every 12 to 24 hours.

"Frank was the conscience of our community. He tirelessly devoted his life to people who are most often forgotten," said CEO John McComas.

The *AlohaCare Community Conscience Award* is a tribute to the late Reverend Frank Chong, a life-long community advocate and founding board member of AlohaCare. Up until his death on March 8, 2008, Chong served as AlohaCare's Manager of Government and Community Relations.

To date, the *AlohaCare Community Conscience Award* has provided \$270,000 in grant funding to various non-profits throughout the state.

Rev. Frank Chong (right) with Senator Daniel Akaka.



New Medicare Screening

The Centers for Medicare and Medicaid Services (CMS) recently announced its decision to cover voluntary HIV screening tests for Medicare beneficiaries. Screening for HIV infection is necessary for early detection of HIV. All Medicare health plans, including AlohaCare Advantage and AlohaCare Advantage Plus, will offer voluntary HIV screening as a new benefit. This is effective immediately. For more information, please visit the CMS Web site: www.cms.hhs.gov.

AlohaCare will cover both standard and FDA-approved rapid HIV screening tests at no costs for the following three groups:

- Medicare beneficiaries of any age who voluntarily request the service
- Pregnant Medicare beneficiaries when the diagnosis of pregnancy is known, during the third trimester, and at labor
- Medicare beneficiaries at increased risk for infection.

HIV Screening Billing Guidelines

- G0432 - Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening.
- G0433 - Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening.
- G0435 - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening.

Outbreak: Whooping Cough

The California Department of Public Health (CDPH) has warned that California is on pace to have the most illnesses and deaths due to pertussis (whooping cough) that they have had in 50 years. According to the CDPH, more than 2,000 cases of pertussis have been reported in the state from January 1, 2010 through July 2010.

In response to the outbreak, AlohaCare is recommending a broader use of the pertussis booster vaccine (Tdap). In addition to the typical series of childhood pertussis immunizations, we recommend the administration of the Tdap vaccine for children as young as seven years old and for Hawaii residents over 64 years of age for the duration of the epidemic.

AlohaCare reminds Part D sponsors that the Tdap vaccine is a Part D covered drug for use in patients 65 and older. The vaccine is covered by AlohaCare Advantage and AlohaCare Advantage Plus. The Tdap vaccine should be made available at AlohaCare network provider offices and AlohaCare network pharmacies.

Vaccination of those over the age of 64 is important because neither prior vaccination nor natural disease confers life-long immunity, plus those over 64 years of age have increasingly become primary care givers for their grandchildren. The source of infection for infants under 3 months of age, those most likely to be hospitalized and die, is most commonly a household member or primary caregiver.

AlohaCare encourages providers to inform their patients of this public health issue and encourage the benefits of immunization and booster shots), especially if they will be traveling to or through California.

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Behavioral Health Prior Authorization

In our experience, most behavioral health providers conclude their care in less than ten (10) visits. Therefore, effective July 1, 2010, AlohaCare no longer requires registration or prior authorization for the first ten (10) hours of mental health outpatient treatment services. This change is applicable to AlohaCare members receiving full QUEST benefits, and to AlohaCare Medicare members (ACA and ACAP) who are new to your practice or for members who are returning to you with a new episode of care. (QUEST-Net, QUEST-ACE and Basic Health Hawaii (BHH) base behavioral health benefits allow for **six (6) visits**, limited to one treatment per day.)

If you determine that your AlohaCare patient requires **more** than 10 hours of medically-necessary outpatient services to achieve their treatment outcomes, please submit the required Mental Health Outpatient and/or Chemical Dependency Treatment Plan and supporting documentation and approval **before the 11th service hour of treatment** is initiated. Prior authorization will continue to be required for all other Mental Health services, including chemical dependence, ECT, psychological and neuropsychological testing.

AlohaCare expects that BH providers are able to demonstrate clinical progress and outcomes for our members. We carefully review requests for additional services and closely monitor the use of mental health services to ensure that outcomes are achieved. Our Behavioral Health clinicians and Medical Director may be calling you to clarify treatment goals and/or discuss care options.

Step 1 NO PA FOR INITIAL 10 OUTPATIENT MENTAL HEALTH SERVICE HOURS

- Includes: Evaluation (90801 – Diagnostic Interview) and treatment
- 90801: Service to assess new patients or those returning after a 3-month break or longer in treatment; up to 2 visits

allowed per provider (*90801 should not be billed for established patients when a new plan benefit year begins, and 90801 may also be used for CD assessments*)

- Psychotherapy (90807/90805, 90806/90804, 90847, 90853)
- Note: 90862/15-minute medication check does not require PA and is not deducted from annual outpatient mental health benefit

Step 2 TREATMENT PLAN

- Fax form and supporting documentation to 808-973-6324 or 1-800-293-4580 (toll-free)
- Deadline: Must be submitted **before** 11th service hour of treatment is initiated
- Submitted for all continuing treatment requests
- If medically necessary and based on benefit availability, additional treatment hours are authorized

STEP 3 OTHER PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

- Requires Prior Authorization
- Fax form (with supporting documentation for neuropsychological testing) to 808-973-6324 or 1-800-293-4580 (toll-free)
- Deadline: Must be submitted **before** treatment is rendered
- If medically necessary and based on benefit availability, up to 6 hours of psychological testing (96101, 96102, 96103) or up to 10 hours of neuropsychological testing (96118, 96119, 96120) may be authorized
- Deducted from the 24 hours of outpatient mental health benefits

If you have any questions, please call the numbers at the end of this newsletter and ask for a Provider Relations Representative.