

Ku'i Ka Lono

Spread the News

News for Physicians and Providers • Fall 2011



Web Update

Our Web site, www.AlohaCare.org, is designed to be a resource for you and our members. Under the Provider tab, you can find everything from our formularies and clinical practice guidelines to prior authorization forms and provider directories.

This quarter, we posted three new items in the forms section for your use:

- HIPAA Transaction Set Form to set up electronic billing with AlohaCare
- Address/Contact Update/Change Form to change address or contact information
- Credentialing Application Form to become one of our Network Providers



John E. McComas
Chief Executive Officer

Message from the CEO

Effective August 1, AlohaCare and the other QUEST plans' reimbursement from the state was reduced by 3 percent to reflect what the state termed "a 3% reduction in reimbursement to providers." In addition, the state imposed a reduction in reimbursement for QUEST plans' administrative costs, which for AlohaCare amounts to about 5 percent, effective July 1.

In reducing our budget and considering the appropriate response to these reductions, we have kept our focus on the most vital elements of our mission—our members, and those who care for them.

AlohaCare recognizes that in caring for the often challenging QUEST population, our primary care physicians (PCPs) and specialists are accepting Medicaid reimbursements lower than payments for commercial patients. The willingness to honorably serve with aloha Hawaii's most vulnerable citizens in a managed care environment is service in the highest tradition of your profession.

Whether you're one of our PCPs, specialists or other providers, we appreciate your participation in our network, recognize your sacrifice, and hope you will continue to work with AlohaCare to serve those in need.

Taking all this into account, and to reflect the value that we place on primary care, AlohaCare has made the decision that we will **not** be passing on the 3 percent reimbursement cut to our PCPs and most other providers. The fee schedule will not be reduced.

However, we will be amending contracts to eliminate the "risk-sharing" provision due to the reduction in our QUEST funding. This reduction in funding makes a surplus very unlikely, and terminating risk sharing makes an unpredictable situation a little more stable for you and the plan.

While we are very happy to share the news that we will not be reducing the fee schedule for PCPs and most other providers, we continue to be engaged in discussions, both internally and with other partners, about how to absorb the state cuts with a goal towards minimizing the impact on our members and our health care partners.

Mahalo for your understanding.



Medication Therapy Management (MTM) Program

As a Medicare Part D sponsor, AlohaCare is required by The Center for Medicare & Medicaid Services (CMS) to provide Medication Therapy Management (MTM). This program ensures that Part D medications are properly used to optimize therapeutic outcomes and reduce the risk of adverse events.

This program is offered to AlohaCare Advantage and AlohaCare Advantage Plus members who have:

- at least three of the following chronic conditions: hypertension, high cholesterol, chronic heart failure, diabetes, COPD, osteoporosis or depression
- claims for at least eight different Part D medications
- a minimum threshold of \$3,000 in annual drug costs for covered Part D drugs

AlohaCare has recently contracted with Medco Pharmacy to manage our MTM Program. As the nation's leading pharmacy benefit manager, Medco's specially trained pharmacists can offer our members personal support and consultation. The pharmacists will compile a complete medication history of each member, including current prescription medications, over-the-counter medications and supplements. The pharmacist will send members a written summary of the review, along with a **Personal Medication Record**, to share with their doctor.

For more information, please call our Medicare Customer Service staff at 973-6395.

NEW! Medicare Open Enrollment

As the Fall Open Enrollment begins, you may have Medicare patients who turn to you for guidance about their Medicare options and benefits. As a reminder, the 2012 enrollment period starts (and ends) early this year, from **October 15 – December 7**. The new schedule allows Medicare beneficiaries and their families to relax during the holidays and avoid the end-of-year rush to change plans.

During **Fall Open Enrollment**, beneficiaries may:

- enroll in a Medicare Advantage plan for the first time
- change prescription drug plans
- change Medicare Advantage plans
- return to Original Medicare

AlohaCare offers two Medicare plans: **AlohaCare Advantage** and **AlohaCare Advantage Plus**. AlohaCare encourages Medicare beneficiaries to review their current prescription drugs and health status to choose a plan that will best meet their medical needs in 2012.

If your patients would like more information about AlohaCare's plans, please ask them to contact our Customer Service Department directly. We can offer them helpful information about our Medicare Advantage Prescription Drug plans and Medicare in general.

Medicare Providers Must Begin to Revalidate Enrollment by March 2013

All providers and suppliers who enrolled in the Medicare program prior to March 25, 2011, will be required to revalidate their enrollment under new risk screening criteria required by the *Affordable Care Act* (section 6401a). (Providers/suppliers who enrolled on or after March 25, 2011 have already been subject to this screening, and need not revalidate at this time.)

In the continued effort to reduce fraud, waste and abuse, CMS implemented new screening criteria to the Medicare provider/supplier enrollment process beginning in March 2011. Newly-enrolling and revalidating providers and suppliers are placed in one of three screening categories—limited, moderate or high—each representing the level of risk to the Medicare program for the particular category of provider/supplier, and determining the degree of screening to be performed by the Medicare Administrative Contractor (MAC) processing the enrollment application.

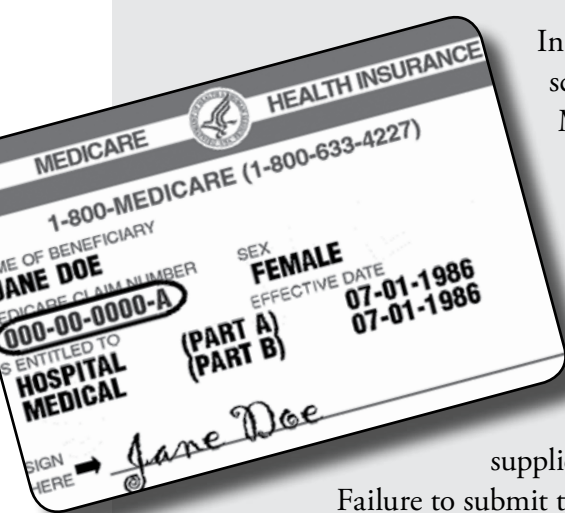
Between now and March 2013, MACs will be sending notices to individual providers/suppliers; please begin the revalidation process as soon as you hear from your MAC. Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms.

Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges. The easiest and quickest way to revalidate your enrollment information is by using Internet-based PECOS (Provider Enrollment, Chain, and Ownership System), at <https://pecos.CMS.hhs.gov>.

Section 6401a of the *Affordable Care Act* requires institutional providers and suppliers to pay an application fee when enrolling or revalidating ("institutional provider" includes any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A; CMS-855B, not including physician and non-physician practitioner organizations; CMS-855S; or associated Internet-based PECOS enrollment applications); these fees may be paid via www.Pay.gov.

In order to reduce the burden on the provider, CMS is working to develop innovative technologies and streamlined enrollment processes – including Internet-based PECOS. Updates will continue to be shared with the provider community as these efforts progress.

For more information about provider revalidation, review the Medicare Learning Network's Special Edition Article #SE1126, titled "*Further Details on the Revalidation of Provider Enrollment Information.*"



EPSDT Quick Reference Guide

Ensuring the health of our keiki is the most important reason for providing EPSDT care. As one of our network providers, AlohaCare is dependent on your assistance to improve preventive care outcomes for our members. With few exceptions, anytime that a child is in the office is a good time to immunize!

What must be included in the regular Well-Child exams visits?

1. An initial or interval history (physical & mental)
2. Complete physical exam
3. Measurements: BMI/percentile ≥ 2 y/o; B/P ≥ 3 y/o; Length/Height/Weight 0-2 y/o; Head Circumference 0-18 months.
4. Sensory screening (hearing and vision) 4-8 y/o
5. Developmental assessments (PEDS/ASQ), including general development and autism (CHAT or M-CHAT) with validated tools
6. Tuberculosis and lead risk assessment
7. Psychosocial and behavioral assessment
8. Alcohol and drug use assessment for adolescents
9. STI and cervical dysplasia screening as appropriate
10. Dyslipidemia screening as appropriate
11. Age appropriate surveillance and immunizations
12. Procedures such as hemoglobin, tuberculosis and lead level testing
13. Referral to a dental home is recommended as early as 12 months of age
14. Referrals to state or specialty services
15. Care coordination assistance, if needed
16. Health education/anticipatory guidance

The EPSDT screenings, assessments and surveillance guidelines are based on the recommendations of CMS, and the most current American Academy of Pediatrics (AAP) and Bright Futures' guidelines. For more information, please refer to your *2011 EPSDT Provider Handbook*, which can also be viewed online at www.alohacare.org/Providers/Publications.aspx.

How often should EPSDT visits be done?

- **Infants:** 1 month; 2 months; 4 months; 6 months; 9 months; and 12 months.
- **Early Childhood:** 15 months; 18 months; 2 years; 3 years; 4 years and 5 years.
- **Late Childhood & Adolescents:** Every 2 years after age 6 (ages 6, 8, 10, 12 and onward up to 20)

BMI: Weighing in on Keiki Health

According to the Centers for Disease Control and Prevention, 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*).

Bright Futures recommends the following guidelines for health care professionals:

- Plot BMI routinely for early recognition of weight issues and obesity
- Address increasing BMI percentile before it reaches 95% or higher
- Identify "at risk" children
 - » Children whose parents are obese
 - » Children with a sibling who is obese
 - » Children from families with low income
 - » Children with a chronic disease or disability that limits mobility
- Provide anticipatory guidance for nutrition and physical activity

To use an online BMI calculator, visit AlohaCare's Provider's Resource link at

www.alohacare.org/Providers/Resources.aspx

Other Resources:

HICORE has posted its Hawaii 5-2-1-0 Fact Sheet online. Visit www.hawaii5210.com to download a copy for your patients, or call AlohaCare Customer Service Department for free posters and handouts.

For CDC's online BMI calculator, visit the CDC at www.cdc.gov/healthyweight/assessing/index.html

For printable BMI charts for boys and girls ages 2 to 20, visit www.cdc.gov/growthcharts/clinical_charts.htm

For a copy of the *Healthy Lifestyle Screening*, and patient education information for eating smart and staying fit, please view Appendix 11 & 12 of AlohaCare's *2011 EPSDT Provider Handbook*, which can also be viewed online at www.alohacare.org/Providers/Publications.aspx

For a free copy of *Bright Futures Activity Book*, visit online at www.brightfutures.aap.org/family_resources.html

For more information, please refer to your *2011 EPSDT Provider Handbook*, which can also be viewed online at www.alohacare.org/Providers/Publications.aspx



Clinical Practice Guidelines: Immunizations

Each year, the Advisory Committee on Immunization Practices (ACIP) publishes immunization schedules. These schedules summarize recommendations for currently licensed vaccines for children aged 18 years and younger. Changes to the previous schedules include the following:

- Guidance has been added for the hepatitis B vaccine schedule for children who did not receive a birth dose.
- Information on use of 13-valent pneumococcal conjugate vaccine has been added.
- Guidance has been added for administration of 1 or 2 doses of seasonal influenza vaccine based upon the child's history of monovalent 2009 H1N1 vaccination.
- Use of tetanus and diphtheria toxoids, and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is addressed, and reference to a specified interval between tetanus and diphtheria toxoids (Td) and Tdap vaccination has been removed.
- Footnotes for the use of human papilloma virus (HPV) vaccine have been condensed.
- A routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease, and recommendations for a booster dose of MCV4 have been added.
- Guidance for use of *Haemophilus influenzae* type b (Hib) vaccine in persons aged 5 years and older in the catch-up schedule has been condensed.

The National Childhood Vaccine Injury Act requires that health care providers provide parents or patients with copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedules. Additional information is available from state health departments and from CDC at www.cdc.gov/vaccines/pubs/vis/default.htm.

Detailed vaccine recommendations are available from ACIP statements at www.cdc.gov/vaccines/pubs/acip-list.htm and in the *2009 Red Book*.

For guidance regarding the Vaccine Adverse Event Reporting System form, please visit www.vaers.hhs.gov or call 1-800-822-7967.

Or, visit us at www.AlohaCare.org/Providers/Quality.aspx.

Rights & Responsibilities

Helping you deliver quality clinical care to AlohaCare members is a cornerstone of AlohaCare's business. Therefore, we protect our members' rights, which include treating them with respect and dignity. They have the right to work with you and AlohaCare to create a treatment plan. They also 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, call the numbers at the end of this newsletter or review the *QUEST Member Handbook* at www.AlohaCare.org.



Medical Record Keeping

Medical records serve many functions, but their primary purpose is to support patient care. The responsibility for maintaining records lies with you and your staff. Structuring records can directly benefit patients by improving your performance and, ultimately, patient outcomes.

AlohaCare is required by contracts, accreditation standards and the state and federal laws to ensure that the creation, retention and access to medical records of AlohaCare members meet requirements.

Medical record keeping practices are reviewed by AlohaCare on a rotating basis according to providers' re-credentialing cycle. We hope the personalized feedback of our findings will help you to identify opportunities for improvement.

We appreciate efforts that providers make to:

1. Ensure that appropriate health management and continuity of care are clearly reflected in the medical records.
2. Have medical records (electronic and/or hard copies) accessible to AlohaCare and its representatives, and Med-QUEST or CMS and its designees, when requested.
3. Retain all medical records for a minimum of 7 years from the last date of entry in the records. For minors, medical records are retained until member is 18 years old, plus a minimum of 7 years after the age of 18.

Cultural Competency Plan

AlohaCare has a Cultural Competency Plan. We follow the national standards for Culturally and Linguistically Appropriate Services (CLAS). This means we will:

- Do what we can to overcome cultural and language barriers
- Provide our members with information in different languages
- Have staff available that speak different languages
- Help find interpreters if you have a difficult time speaking to a patient

These are just a few of the services that we offer to provide culturally competent care to our members. We want to help you to provide the best care and service possible. For more information, education or resources, please call the numbers at the end of this newsletter.

Appointment Availability & Timely Access

AlohaCare works hard to ensure that our members receive quality care. For that reason, we provide our members with a large provider network, which includes you.

We want to make sure that it's easy for our members to make (and keep) their appointments with you. AlohaCare conducts quarterly surveys to ensure that we are providing quality service to our QUEST members. The survey is an opportunity for our members to give us feedback on our network and services.

In the most recent survey, we learned that the average wait time between the member's initial request for an office appointment and the date of the appointment is slightly below standard. In light of that, we ask that you review AlohaCare's QUEST required Guidelines for Appointment and Availability. We appreciate your support in helping us reach our goals of timely access for our members.

Thank you for your continued support and serving our members when they need it most.

AlohaCare uses appointment availability as one of several measures to determine the strength of our network. We depend on the providers within our network to offer an adequate number of appointment times to our members. Appointment availability at your office ensures that our members can receive care in a timely manner.

Ways we monitor appointment availability and accessibility:

- Reviewing complaints
- Conducting member satisfaction surveys
- Conducting member appointment and accessibility surveys
- Performing office site reviews
- Conducting clinical reviews for quality of care
- Reviewing medical records
- Conducting random phone calls to provider offices to gauge adherence to appointment standards

AlohaCare continually evaluates whether accessibility barriers exist that may adversely affect appointment availability. When it's determined that barriers exist, we work collaboratively with providers to correct the issue.

Based on QUEST and Medicare contracts, providers are required to meet the following appointment standards based on levels of care, as listed below:

Type of Visit	AlohaCare QUEST Child & Adult	AlohaCare Advantage and AlohaCare Advantage Plus
Emergent	Same day	Same day
Urgent Care	1 day	1 day
Sick	Within 1 day (child) 3 days (adult)	7 days
Routine care	21 days	14 days
Specialists	6 weeks	6 weeks

Using Only AlohaCare Contracted Providers

We know that patient care is a top priority for all of us. So, when it's time to refer an AlohaCare patient to a colleague, please use providers within our AlohaCare Network. Generally, we do not allow out-of-network referrals. This is one more way we ensure affordable, quality care to our members.

We want to help make this process as easy as possible for you.

Did you know?

- You can access our provider network online at www.AlohaCare.org. Use the "Doctor Finder" tool.
- You can refer to our Provider Directories (published and online) to find network providers for QUEST, AlohaCare Advantage and AlohaCare Advantage Plus.
- You can call our Customer Service Department numbers at the end of this newsletter, and a representative will help you locate a network provider.

Rare circumstances in which a referral can be made to an out-of-network provider:

- A network specialist is not available or accessible within a reasonable time period
- A contracted specialist does not have the expertise to effectively diagnose or treat the member's medical condition

Other Important Information:

- Out-of-network providers cannot be used unless their services are pre-authorized by AlohaCare. Prior to services being provided, the network provider must submit a RAN (Referral, Authorization, Notification) form to AlohaCare and receive confirmation of authorization.

Referrals to out-of-network providers can only be done in very rare cases as previously identified. If an AlohaCare Advantage/AlohaCare Advantage Plus network provider needs to refer a member to an out-of-network provider, the network provider must provide the member with an advance written notice informing the member that he/she will be financially liable for payment of non-covered services provided by the out-of-network provider. Network providers must maintain documentation of the advance written notice.

Fraud & 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 directly or indirectly in an unnecessary cost to the Medicaid or Medicare program, including reimbursement for services that are not medically necessary and beneficiary practices.

Common Types of Provider Fraud and Abuse

- Accepting payments or other unlawful remuneration for ordering or prescribing certain supplies or drugs
- Billing for items or services not provided
- Billing for drug samples received for free
- Falsifying information to justify payment of a non-covered service
- Providing substandard or low quality care, or expired supplies or drugs
- Ordering and/or billing for medically unnecessary services
- Poor or incomplete documentation for services billed

Common Types of Pharmacy Fraud and Abuse

- Providing less than the prescribed quantity, but billing the health plan for the fully-prescribed amount
- Altering the prescription without the prescriber's permission

Common Types of Member Fraud and Abuse

- Letting another person use the member's ID card
- Selling or giving someone else supplies, equipment or drugs paid for by AlohaCare
- Theft or alteration of prescriber's prescription pad
- Failure to report other medical or drug coverage
- Misrepresenting facts concerning a medical condition to obtain higher doses and or unnecessary drugs

Providers are required to participate in AlohaCare's Fraud and Abuse Program, which includes providing training to your staff, and reporting instances of suspected fraud and abuse. If you believe the fraud and abuse is being committed by anyone receiving payment or services from the Medicaid or Medicare program, including a member, facility, supplier, provider or provider group, it should be reported. Confidentiality of reports of suspected fraud and abuse is maintained to the extent possible and is shared only with those with a "need to know" or when required for adequate investigation. Reports should be sent to the address below. If submitted anonymously, please provide ample detail to ensure an appropriate investigation can be initiated.

AlohaCare

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

For more details on AlohaCare's Fraud and Abuse Program, please see section 3-14 of the *AlohaCare Provider Manual*.

Confidentiality & Privacy of Information

Maintaining the confidentiality of information is always a high priority at AlohaCare. AlohaCare has implemented policies and procedures to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, 45 Code of Federal Regulations (CFR) parts 160 and 164, and other federal or state regulations. These regulations safeguard our members' information concerning the collection, use and release of written, verbal and electronic protected health information (PHI).

AlohaCare also takes seriously the confidentiality of business information shared between our providers and us. Confidential information is only made available to authorized AlohaCare staff and business associates, Med-QUEST, CMS and other state and federal agencies or their designees. Member medical information and records are only released to other third parties for activities supporting treatment, payment and health plan operations, or as otherwise may be required by law or ordered by a court.

AlohaCare presumes that our network providers have also developed and implemented privacy policies and procedures. Special care, ensuring compliance with state and federal laws, should be applied to the handling of HIV, substance abuse, alcohol abuse, mental health and minors' treatment records. Business information related to contractual provisions between providers and AlohaCare should also be handled confidentially, such as financial arrangements and compensation schedules.

As part of the credentialing process, AlohaCare performs a site review of specific provider offices. The review of an office confidentiality policy and adherence to state and federal privacy regulations is part of this review.



Claim Submission Requirements

Why does AlohaCare require providers to submit QUEST program claims within 120 days of service date?

AlohaCare's filing deadlines are based on Med-QUEST's time limits. In order to get paid in a timely manner, please submit all claims to AlohaCare within 120 days of date of service. Claims not submitted within the 120-day filing deadline are subject to denial.

In addition, timely 120-day claim submission helps us create accurate preventive service PCP Rosters for you. Prompt claims also support accurate reporting for our case management, disease management and HEDIS® quality initiatives.

All encounters for AlohaCare members must be submitted as a claim, regardless of whether the services are covered under a capitation or fee-for-service payment arrangement.

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

Emergency Services & 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, post-stabilization care may also be required. This may involve observation in the emergency room. It may also include a 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 sends AlohaCare an admission face sheet, which will prompt us to initiate an inpatient concurrent review.



Members with Special Health Care Needs Program

AlohaCare has a program for members with special health care needs. When a member is identified as having a special health care need, AlohaCare's trained staff may contact you to ask for your help in coordinating care. To identify members who have special health care needs, we ask all of our new members to complete a Health Screening Survey, which includes information on the types of medical services they have received in the past.

Our Disease Management department helps manage chronic diseases or conditions. And, our Care Management and Coordination team ensures 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.

This program is a covered benefit for QUEST, AlohaCare Advantage and AlohaCare Advantage Plus members. It is not a benefit of QUEST-Net, QUEST-ACE or Basic Health Hawaii (adults).

Adults with the following chronic conditions below may benefit from our Special Health Care Needs program:

- Asthma
- Chronic Heart Failure
- High-Risk Pregnancy
- Major Depression
- Diabetes

Children that qualify for this program may have some of the following chronic problems including:

- Physical
- Asthma
- Emotional
- Behavioral
- Developmental
- Diabetes

We encourage you to refer your patients with special health care needs by calling the numbers at the end of this newsletter, and requesting to speak to the Care Management/Care Coordination Department.



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 a RAN (Referral, Authorization, Notification) form. 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 and 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 care manager. The care manager works with the PCP, obstetrician and other providers to meet the medical needs of the pregnant member.

Keiki Health Connection:

AlohaCare asks that the provider encourage the mother to designate a pediatrician for her baby before delivery. Inform AlohaCare's care 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.

In the notification, please provide the following information:

- Member Information and PCP Information
- Pregnancy Notification sections
- Any high-risk factors identified
- Expected date of delivery (EDD)
- Name of health care provider who will be providing OB care

Please fax RAN forms to 973-0676. AlohaCare will fax you a confirmation.

