

# Ku'i Ka Lono

## Spread the News

*News for Physicians and Providers • Winter 2010*

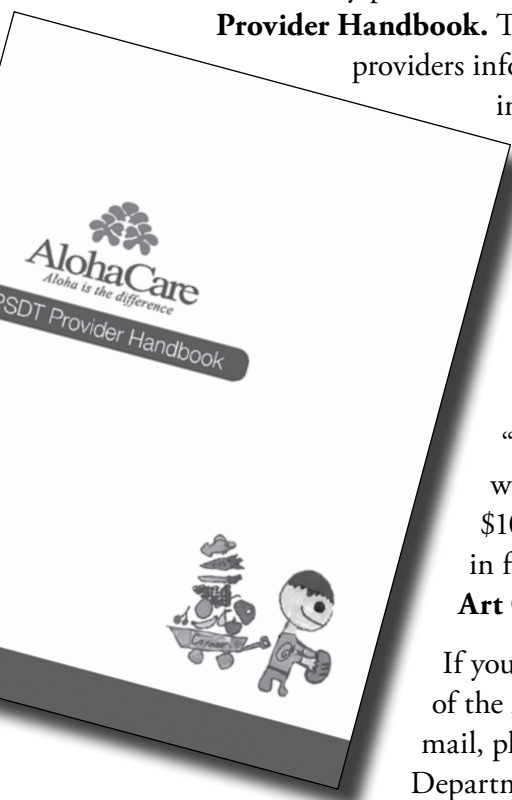


### NEW! EPSDT Handbook

We recently printed the 2011 edition of our **EPSDT Provider Handbook**. The 48-page handbook offers providers information on everything from immunizations and screenings to billing and sample forms.

The handbook also showcases artwork from our annual Children's Art Contest. The artwork was chosen from thousands of drawings sent in by Hawaii's keiki. The theme was, "I keep healthy by ..." First-place winners in each age group receive \$100, plus their artwork is featured in full color in our 2011 **Children's Art Calendar**.

If you have not already received a copy of the handbook or calendar in the mail, please call our Customer Service Department for a free copy.



### Are You Relocating or Retiring?

If you're retiring, relocating to the Mainland or leaving the AlohaCare Network, please: Notify AlohaCare in writing at least sixty (60) days prior to the effective date. Mail all notifications to the Provider Relations Department. Please see our contact information at the end of this newsletter.

### Message from the CEO



John E. McComas  
*Chief Executive Officer*

Looking back over the past 12 months, this has been a big year in health care. Nationally, the country's attention has been on U.S. health care reform. It will give about 35 million more Americans health insurance coverage. It will also bring a wave of new changes to health care. As the reform takes shape, we will keep you updated.

Locally, there's been some changes to better coordinate care for adults diagnosed with serious mental illness (SMI). The state changed the system so that SMI adults will no longer receive services through the state's Adult Mental Health Division (AMHD). Instead, they will receive *both* mental health and physical health services from one source—their QUEST health plan. As a state contracted health plan, AlohaCare quickly launched the Behavioral Health Plus Program (BHPP) to serve our QUEST members. With this expanded QUEST benefit, SMI adults who meet the criteria will be assigned a case manager from a community agency. If necessary, they can also receive residential treatment, 24-hour housing with medication management and psychosocial rehabilitation (PSR).

We've worked hard to make these changes as seamless as possible for those of you affected by the new program. As always, we will continue to help you put AlohaCare's plans and programs into practice. If you have any questions, please call Customer Service or refer to your Provider Manual.

We hope you benefit from this edition of the Provider Newsletter. As always, we've filled it with updates and other useful information for your practice and staff. We've also included an end-of-the-year wrap-up with the Provider Special Section. The special section reminds you of our agreements with you, and your role as one of our valued providers.

We wish you a safe and happy holiday season. See you in the new year!

## 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](http://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.

## 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 case manager. The case 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 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

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



## 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 your patients

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 contact our Customer Service.

## 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.

### Record Keeping Tips:

- Maintain comprehensive medical records that reflect all aspects of patient care. Keep them current, detailed and organized. Remember, if your records end up being reviewed, and if something wasn't documented, it is considered as not done.
- Ensure that appropriate health management and continuity of care are clearly reflected in the medical records.
- Keep medical records accessible to AlohaCare and its representatives, Med-QUEST Division or CMS, for quality assurance reviews.
- Keep medical records in order so that patients and other doctors can read and understand them.
- Keep all medical records confidential.
- Government agencies expect that you will reserve and maintain all medical records for a minimum of 7 years from the last date of entry in the records. For minors, you should preserve and maintain all medical records until he/she is 18 years old, plus a minimum of 7 years after the age of 18.

## Members with Special Health Care Needs Program

AlohaCare has programs for members with special health care needs. When a member is identified as having special health care need, AlohaCare's trained staff may contact you to ask for your help in coordinating care. To assist us in identifying members who have special health care needs, we ask patients to complete a Health Screening Survey, including information on the types of medical services they have received in the past.

Our Disease Management program helps manage chronic diseases or conditions. Our Care Management and Coordination Department 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.

These programs are a covered benefit for QUEST, AlohaCare Advantage and AlohaCare Advantage Plus members. These programs are not a benefit of QUEST-Net, QUEST-Ace or Basic Health Hawaii (adults).

### Adults with the following chronic conditions listed below may benefit from this program:

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

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

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

We encourage you to refer your patients with Special Health Care Needs by calling Customer Service, and requesting to speak to the Care Management/Care Coordination Department.

## 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, doctors offer post-stabilization care, which 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 will send AlohaCare an admission face sheet, which will prompt us to initiate an inpatient concurrent review.



## 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 and maintain written policies regarding their patients' rights. Providers should 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 [www.hawaii.gov](http://www.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.

## Claim Submission Requirements

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

Timely submission of claims allows us to send you your payments quicker. It also supports accurate reporting for our case management, disease management and quality initiatives for HEDIS® reporting. Prompt claim submission also helps create accurate reporting for the preventive services information (EPSDT, Mammogram, Pap, etc.) presented on our PCP Rosters.

Per AlohaCare's contractual requirement with the Department of Human Services (DHS), 80 percent of claim/encounter data must be submitted to the DHS within 120 days of the service date when AlohaCare is considered the primary carrier. When AlohaCare is considered a secondary carrier, providers are required to submit all claims with the primary carrier's explanation of benefits to AlohaCare within 150 days of date of service. Claims not submitted within the 120 or 150 day filing deadline are subject to denial. One hundred percent of claims must be submitted within 15 months of the service date. This requirement includes both fee-for-service and capitated services. If we do not meet the state's contractual claim submission timeline, we can be penalized.

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

## Confidentiality & Privacy of Information

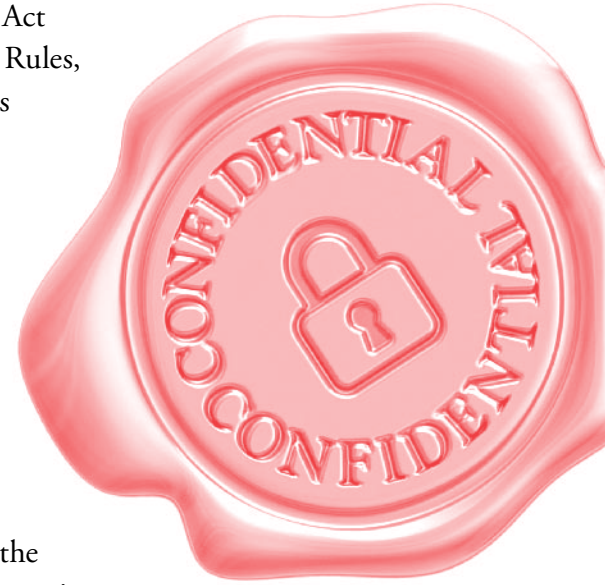
Maintaining the confidentiality of information is always a high priority at AlohaCare. AlohaCare has implemented policies and procedures to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, 45 Code of Federal Regulations (CFR) parts 160 and 164, and 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 you 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.



## EPSDT Quick Reference Guide

### EPSDT (and WELL-CHILD) SERVICES – Early & Periodic Screening, Diagnosis & Treatment

Ensuring the health of our keiki is the most important reason for providing EPSDT care. As a health care professional, AlohaCare is dependent on your assistance to improve preventive care outcomes for our members.

#### 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  $\geq 2$  y/o; B/P  $\geq 2$  y/o; Length/Height/Weight; Head Circumference  $\leq 3$  y/o.
4. Sensory screening (hearing and vision)
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, 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 EPSDT Provider Handbook, which can also be viewed online at [www.alohacare.org/Providers/Publications.aspx](http://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; and 4 years.
- **Late Childhood & Adolescents:** 5 to 20 years old EPDST visit (check-up) once a year.

Members often receive episodic care. They come in when they are not feeling well. Primary Care Providers should use these opportunities to identify if children are up-to-date in their immunizations. By providing well-child and other preventive care screenings when the patient is in the office for treatment of an illness or injury, you promote and improve health outcomes for your patients. With few exceptions, anytime that a child is present in the office is a good time to immunize!



#### BMI: 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*).

Bright Futures for the health supervision of infants, children and adolescents recommends the following guidelines for health care professionals:

- Plot BMI routinely for early recognition of overweight 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](http://www.alohacare.org/Providers/Resources.aspx)

#### Other Resources:

For printable BMI charts for boys and girls ages 2 to 20, visit the CDC at [www.cdc.gov/growthcharts/clinical\\_charts.htm](http://www.cdc.gov/growthcharts/clinical_charts.htm)

For CDC’s online BMI calculator, visit the CDC at [www.cdc.gov/healthyweight/assessing/index.html](http://www.cdc.gov/healthyweight/assessing/index.html)

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

## 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 to 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 Corporate Compliance Officer. Anonymous submissions can be accepted and ample detail should be provided to ensure that an appropriate and effective investigation can ensue.

AlohaCare  
Attn: 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 of the AlohaCare Provider Manual.



## 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 include 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, call the numbers at the end of this newsletter or visit [www.AlohaCare.org](http://www.AlohaCare.org).