HAPPY HOLIDAYS FROM LAURA ESSLINGER

Mele Kalikimaka me ka hau`oli makahiki hou! Merry Christmas and Happy New Year! As the year comes to a close, we would like to thank our provider partners for supporting AlohaCare in our mission to improve the health and wellness of Hawaii’s communities. 2018 has been an important year for AlohaCare, starting with our new model of care. All AlohaCare members now have access to a care manager to help them navigate the complexities of the health care system. It is important to us that members are supported by those who understand their particular needs, so we hire staff from neighborhoods statewide, from Hilo to Hanalei, to help members get the care they need.

In July, we accepted applications for Waiwai Ola, a $5 million investment into innovative programs that seeks to improve care delivery in our communities. We are proud to be able to reinvest funds to primary care providers that can best meet the needs of individuals, whether those needs be medical, behavioral, or social determinants of health.

In October, AlohaCare announced a new basic adult dental benefit starting in 2019. We believe health care is a right, and dental care is a part of overall health. While our keiki and kupuna have access to preventive dental services, we saw a clear gap in coverage for QUEST Integration adults. We are sure the new dental benefit will lead to healthier outcomes for our adult QI members.

We have much to be thankful for this holiday season and we thank you for the care you provide for our members. We look forward to continuing to work with you in 2019 on even more exciting initiatives.

BASIC ADULT DENTAL BENEFITS START ON JANUARY 1!

Starting January 1, 2019, all adults with AlohaCare QUEST Integration will have new basic dental benefits. AlohaCare is covering basic dental services for adults who rely on QI as their primary medical insurance as a way to reinvest in the health and wellness of all our members.

The new benefits include:
- 1 annual exam
- 2 cleanings per year
- 1 set of bitewing X-rays
- 2 fluoride treatments
- 1 filling or 1 non-emergency extraction

Keiki will continue to get dental coverage through the MedQUEST Division. Medicare members will get $2,000 in dental coverage through our AlohaCare Advantage Plus (HMO SNP) plan. LIBERTY Dental Plan will continue to administer the dental benefit, including provider network and education, claims processing, credentialing, and customer service for members and providers.

Dentists interested in contracting with Liberty Dental Plan can visit www.AlohaCare.org for more information.
ALOHA AND WELCOME TO SARA NEALE

AlohaCare is proud to welcome our newest executive Sara Neale, Senior Director of Quality Improvement and Utilization Management. Sara is a nursing, healthcare and quality improvement leader with more than 30 years of managed care experience. Sara has a breadth and depth of experience with URAC, NCQA, HEDIS and P4P program management and has worked in leadership with Centene, UnitedHealth Group, WellCare, Cigna and PacificCare. She has extensive experience working with behavioral health provider groups and organizations serving the SMI and addiction recovery populations.

Sara will be leading AlohaCare’s efforts for continuous quality improvement across the organization and with our provider partners. Sara’s key goals include improving member experience at provider’s offices, as well as improving tools for providers to help them close gaps in care. For utilization management, Sara’s goals are to continue to refine prior authorization requirements and processes, as well as reduce readmissions.

Please join us in welcoming Sara to our ohana as she and her team reach out to providers starting in Q4 2018!

ZELIS CLAIM REVIEWS

We are pleased to announce a contract with Zelis Claims Integrity, LLC to implement new cost management solutions, such as hospital and provider reimbursement claim reviews. Recent utilization reporting revealed rising member costs for travel to critical, complex services on the mainland, and Zelis’ network of providers and facilities will enable AlohaCare to more efficiently and effectively process payment to non-par mainland facilities and providers. In addition to more timely payment, we will also be ensuring proper levels of service and billing are provided to our members. As stewards of the state’s resources we are committed to being responsible managers and effective partners working in concert with our facilities and providers. Our goal is to deliver value to all our providers – whether via network providers here in Hawaii or mainland specialists and critical care facilities.

Zelis will perform services including but not limited to:

- ICD10 alignment with CPT/HCPCs coding accuracy
- Clinical Chart Review
- Laboratory Coding
- Coding and Modifiers

Zelis will perform periodic reviews of medical records for the purpose of ascertaining and/or verifying the charges billed to AlohaCare. We will begin our clinical chart review process in November 2018 followed by claims editing in January 2019. Since Zelis is considered a “Business Associate” of AlohaCare, PHI may be disclosed to Zelis without prior written participant authorization or consent in the performance of their services.

“NO SHOW” FEES - NO WAY TO GO

Yes, it is frustrating. You have a full calendar of appointments scheduled and several patients who need to see you, but there is no room to fit them into your day. When a patient does not show up for an appointment, it is more than an inconvenience for all involved. The time period is lost to take care of another patient who really needed the care. The temptation to charge a “no show” fee is understandable, and you may even hope that it will deter this behavior in the future.

Please accept this as a reminder that the QUEST Integration program does not allow a provider to impose a “no show” fee for AlohaCare members who were scheduled to receive a covered service. To do so would be a violation of your provider agreement, and you will have to repay any fee you collected.

If you are having difficulty with a patient who fails to show up for services, please allow us to help you solve the problem. Call us at 808-973-0712 and speak to a representative about what you’re experiencing. We will find a way to address the issue that will support you so that you may concentrate on what you do best – caring for patients.
MEMBER QUALITY SURVEY SCORES: OUR SHARED OPPORTUNITY

Our members have spoken and we are listening. AlohaCare recently received final scores for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program for 2018. The CAHPS survey is a CMS-required survey that reports findings on the health plan’s member experience with providers and plan staff. 8 out of 10 members rated AlohaCare with either an 8, 9, or 10 for Medicaid.

The survey findings allow us to create a more positive overall experience for our members. In particular, we can improve patient-provider communication and relationships. We know from feedback from our Member Advisory Committee and the CAHPS data that members rate providers favorably when providers listen actively, create opportunities for education and collaboration with patients and their families/caregivers, are present and not excessively multitasking during appointments, and engage patients in their care planning.

As a health plan we also strive to provide a high level of service to you and our members. We will continue to share findings and opportunities for improvement as we work on improving our quality scores.

MEMBER TRAVEL AND MEAL POLICY REMINDER

QUEST Integration benefits cover medically necessary member travel to and from the neighbor islands, which includes airfare, ground transport, as well as travel and meals for a companion. Planning for a trip can be stressful and there is more that we all can do to make sure those benefits are properly managed and our members are well-informed.

- Per policy, AlohaCare will not reimburse members for self-booked travel.
- For medically necessary services requiring off-island travel lasting 1 day or longer, members and an attendant, if medically necessary, will be reimbursed for meals or groceries by AlohaCare after they submit itemized receipts.
  - The reimbursement is limited to the specified amounts allowed by MQD. AlohaCare cannot reimburse for non-food items including alcohol or household items.
- Documentation will be required on a Request for Authorization (RAN) that shows a member requires a companion for travel and AlohaCare will only pay for one (1) companion to escort a member for travel to/from appointments.
- Children under 18 will always have a companion (parent or responsible party flying with them) but the need for an adult over 18 requiring a companion must be on the RAN.
- Appointments need to be confirmed if members are requesting ground transportation services be provided by AlohaCare. Our Travel Department will book with an appropriate contracted provider.
- Members will not be reimbursed if they take a cab, car service, shared ride, etc. which they arrange themselves.
- AlohaCare’s After Hours coverage assists members with late night/early morning discharges.

Please make sure to submit a RAN for an appointment requiring travel as soon as an appointment is made. We want to make sure your patients are on-time for their appointments and secure the needed transportation to make that happen.

NONDISCRIMINATION

AlohaCare is compliant with the Affordable Care Act (ACA) Section 1557. Under this rule, AlohaCare is required to notify its members that as a health plan, it does not discriminate on the basis of race, color, national origin, sex, age or disability. Any person who feels discriminated by AlohaCare may file a grievance with AlohaCare. The nondiscrimination rule mandates that covered entities including most healthcare providers make public nondiscrimination information. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disabilities in health programs and activities. Please ensure that you are compliant with this rules, as well as making the nondiscrimination language public and accessible to your patients.

For more information on section 1557, visit http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources
Thank you for providing care to AlohaCare's members and serving Hawaii's beneficiaries of the Hawaii Medicaid program. We are grateful for your participation and recognize the valuable services you provide to the community and highly value your contributions to the health of Hawaii's people. Please note the following Appointment Standards:

**AlohaCare Timely Access Standards**

<table>
<thead>
<tr>
<th>TYPE OF VISIT</th>
<th>DESCRIPTION</th>
<th>WAIT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine PCP visits for children</td>
<td>Care that keeps members healthy like well-child visits and routine follow-up</td>
<td>Within 21 days</td>
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<tr>
<td>and adults</td>
<td>care and check-ups.</td>
<td></td>
</tr>
<tr>
<td>PCP visit for sick child</td>
<td>Symptoms like coughing, runny nose and sneezing.</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>PCP visit for sick adult</td>
<td>Symptoms like coughing, runny nose and sneezing.</td>
<td>Within 72 hours</td>
</tr>
<tr>
<td>Routine specialist visit</td>
<td>Special health issues that focus on one area such as the heart, lungs or foot.</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Urgent</td>
<td>Sudden problems that are not emergencies. For example, burns, wounds or a</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td></td>
<td>broken bone.</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital stay not due to an emergency</td>
<td>Services that a member needs at the hospital such as surgery.</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Emergency care</td>
<td>Emergencies like broken bones, head injury, trouble breathing, in lots of</td>
<td>Immediately</td>
</tr>
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<td></td>
<td>pain, poison or overdose.</td>
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</table>

**Behavioral Health Services**

<table>
<thead>
<tr>
<th>TYPE OF VISIT</th>
<th>DESCRIPTION</th>
<th>WAIT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine care</td>
<td>Regular visits with a therapist or a doctor or for routine medication</td>
<td>Within 21 days</td>
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<tr>
<td></td>
<td>changes or renewals.</td>
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</tr>
<tr>
<td>Urgent</td>
<td>Sudden problems that are not emergencies. For example, having increased</td>
<td>Within 48 hours</td>
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<tr>
<td></td>
<td>anxiety, depression or stress. Also, for more urgent medication needs such</td>
<td></td>
</tr>
<tr>
<td></td>
<td>as refills or medication changes.</td>
<td></td>
</tr>
<tr>
<td>Non-life-threatening</td>
<td>Symptoms like having thoughts of hurting oneself or others, or not feeling</td>
<td>Within 6 hours</td>
</tr>
<tr>
<td>Emergency care</td>
<td>safe in the community.</td>
<td></td>
</tr>
<tr>
<td>Follow-up Routine care</td>
<td>After initial visit, follow up visits with a therapist or a doctor or for</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>routine medication changes or renewals.</td>
<td></td>
</tr>
</tbody>
</table>
AlohaCare would like to share with our provider network the top diagnosis codes for urgent unplanned admissions and readmissions during 2017 and the first 6 months of 2018.

### Medicare Top Reasons
- **J18.9** Pneumonia unspecified organism: 10
- **I50.9** Heart failure unspecified: 9
- **I21.4** Non-ST elevation myocardial infarction: 6
- **N17.9** Acute kidney failure unspecified: 5
- **D64.9** Anemia unspecified: 5

### Medicare and Medicaid Admissions and Readmissions

#### January - June 2017
- **Medicare**
  - **J18.9** Pneumonia unspecified organism: 47 admissions, 4 readmissions
  - **I50.9** Heart failure unspecified: 11 admissions, 1 readmission
  - **I21.4** Non-ST elevation myocardial infarction: 10 admissions, 1 readmission
  - **N17.9** Acute kidney failure unspecified: 4 admissions, 0 readmissions
  - **D64.9** Anemia unspecified: 2 admissions, 0 readmissions

#### July - December 2017
- **Medicare**
  - **J18.9** Pneumonia unspecified organism: 148 admissions, 25 readmissions
  - **I50.9** Heart failure unspecified: 29 admissions, 2 readmissions
  - **I21.4** Non-ST elevation myocardial infarction: 26 admissions, 2 readmissions
  - **N17.9** Acute kidney failure unspecified: 12 admissions, 0 readmissions
  - **D64.9** Anemia unspecified: 6 admissions, 0 readmissions

#### January - July 2018
- **Medicare**
  - **J18.9** Pneumonia unspecified organism: 135 admissions, 22 readmissions
  - **I50.9** Heart failure unspecified: 23 admissions, 2 readmissions
  - **I21.4** Non-ST elevation myocardial infarction: 18 admissions, 2 readmissions
  - **A41.9** Sepsis unspecified organism: 12 admissions, 2 readmissions
  - **R06.02** Shortness of breath: 10 admissions, 2 readmissions

#### Medicaid Top Reasons
- **I50.9** Heart failure unspecified: 163 readmissions
- **L03.90** Cellulitis unspecified: 110 readmissions
- **A41.9** Sepsis unspecified organism: 90 readmissions

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### Medicaid Top Reasons
- **J18.9** Pneumonia unspecified organism: 1,119 admissions, 163 readmissions
- **I50.9** Heart failure unspecified: 1,056 admissions, 157 readmissions
- **L03.90** Cellulitis unspecified: 851 admissions, 150 readmissions

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### Medicaid Top Reasons
- **J18.9** Pneumonia unspecified organism: 1,989 admissions, 250 readmissions
- **I50.9** Heart failure unspecified: 1,837 admissions, 139 readmissions
- **L03.90** Cellulitis unspecified: 1,790 admissions, 126 readmissions

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### Medicaid Top Reasons
- **L03.90** Cellulitis unspecified: 226 readmissions
- **I50.9** Heart failure unspecified: 165 readmissions
- **R06.02** Shortness of breath: 91 readmissions
ALOHACARE COLLABORATION WITH PAYSPAN

AlohaCare (in collaboration with Payspan) is implementing an enhanced online Provider registration process for electronic funds transfer (EFT) and electronic remittance advice (ERA) services. This no-cost, secure service offers providers a number of options for viewing and receiving remittance details. ERAs can be imported directly into practice management or patient accounting systems, eliminating the need to rekey remittance data.

Multiple practices and accounts are supported when using this service. Providers can reuse enrollment information to connect with multiple payers, and each payer can be assigned to different bank accounts.

Once registered, providers will no longer receive paper Explanation of Payments (EOPs). EOPs can be viewed, and/or downloaded and printed from Payspan’s website. You may also route ERAs to a participating Clearinghouse, or create an electronic mailbox on the Payspan portal.

Our effective date of implementation is February 1, 2019. Providers may continue to complete and submit the “AlohaCare Electronic Funds Transfer Registration Form” through January 31, 2019 to receive direct deposits of their reimbursements prior to PaySpan’s implementation date.

Payspan’s Provider Support team can be reached via email at providersupport@payspanhealth.com, or by phone at 1-877-331-7154 Option 1 from 8am-8pm EST.