Do you have patients with problematic alcohol and other substance abuse disorders? The 2014 National Survey on Drug Use and Health (SAMHSA) found that approximately 27 million people were current users of illicit drugs, and approximately 140 million people reported past-month alcohol consumption. Over time, we know that only about 1% of people who are determined to need treatment for a substance use disorder (SUD) are actually receiving treatment. That's where SBIRT comes in.

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for individuals with SUDs, and those at risk of developing those disorders. SBIRT stands for Screening, Brief Intervention, and Referral for Treatment. The goals of SBIRT include increasing access to care for people with SUDs and for those at risk of developing those disorders, strengthening the continuum of care for those individuals, and improving the linkages between primary care and alcohol/drug treatment services. SBIRT teaches skills that make it easier to have difficult discussions with your patients about their use of alcohol or other drugs. Early identification of patients with SUDs can result in improved health outcomes.

Hawaii Med-QUEST Division (MQD) has made SBIRT a priority and, over the next few months, AlohaCare will be working closely with the Department of Health’s Alcohol and Drug Abuse Division (ADAD) and the other QI health plans to begin implementing training on SBIRT for primary care physicians. Trainings will continue into 2020 with the goal of providing SBIRT training to all PCPs statewide. Stay tuned for more information on this exciting endeavor!

TIPS TO CLOSE GAPS IN CARE

AlohaCare has rolled out a tool book to provide tips to close gaps in care and accurately capture the nuances of care provided. The tool book includes acceptable coding, medical record documentation and education on each quality measure. The tool book is now available on our website at www.alohacare.org/Providers/Quality and your quality practice advisor is available to answer any questions.

Other tips include:

- Types of codes needed for each measure. Some measures, such as Adult BMI assessment, requires and ICD10 code, while Blood Pressure requires a CPTII code. The tool book will help you to know which measures need which codes.
- When to use more specific codes as opposed to more general codes. For example, the general health education code Z71.89 will not close the gap for physical education counseling, but the more specific code Z71.82 will close the gap
- Common coding and medical record errors

Following the guidelines for each measure will help ensure our members are getting recommended care. Proper medical record documentation and coding to the highest level of specificity will close the gaps on our end and lead to higher P4P payouts.
MEDICATION RECONCILIATION POST-DISCHARGE

Medication reconciliation post-discharge is an important component of any successful and safe transitions of care. Not only does medication reconciliation help to prevent unnecessary hospital readmissions, but this practice helps to identify duplications of medications, contradictions and inefficient medication utilization. Medication reconciliation post-discharge is a HEDIS measure that measures the percentage of discharges over the year for Medicare members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge.

In order to meet the HEDIS measure for medication reconciliation post discharge, any of the following must be documented in the member’s medical record:

- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member’s current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation the both lists were reviewed on the same date of service.
- Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).

Providers are encouraged to see patients post-discharge within seven (7) days and use Current Procedural Terminology Category II (CPT II) code IIIF on claims and encounters when completing a medication reconciliation.

CLINICAL PRACTICE GUIDELINES

The following Clinical Practice Guidelines were recently approved by AlohaCare’s Practitioners Advisory Committee (PAC) and Corporate Quality Improvement Committee (CQIC):

- Coronary Artery Disease (CAD)
- Diabetes Mellitus
- Diagnosis and Treatment Management of Attention Deficit/Hyperactivity Disorder (ADHD) in School-Aged Children

AlohaCare’s Clinical Practice Guidelines can be located within the Quality Selection of our website www.AlohaCare.org

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
ALOHACARE ADVANTAGE PLUS (MEDICARE) SKILLED NURSING PROSPECTIVE PAYMENT SYSTEM (PPS) TO PDPM PAYMENT MODEL TRANSITION


The Patient Driven Payment Model (PDPM), is effective October 1, 2019, and all scheduled PPS assessments (except the 5-day) and all current unscheduled PPS assessments will be retired.

There is no transition period between RUG-IV and PDPM. To receive a PDPM HIPPS code that can be used for billing beginning October 1, 2019, all providers will be required to complete an Interim Payment Assessment (IPA) with an Assessment Reference Date (ARD) no later than October 7, 2019 for all SNF Part A patients.

AlohaCare will adopt the new SNF PDPM case-mix payment methodology effective October 1, 2019 for reimbursement of Medicare services. For resources such as fact sheets, FAQs and training resources please visit: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

HOME HEALTH PROSPECTIVE PAYMENT SYSTEM (PPS) TO PDGM PAYMENT MODEL TRANSITION

The current case-mix adjustment methodology, for home health services is being revised beginning on or after January 1, 2020.

This proposed rule would update the home health prospective payment system (HH PPS) payment rates, and implement the Patient-Driven Groupings Model (PDGM). This new case-mix model shifts the focus from volume of services to a more patient-driven model by using timing, admission source, principal and other diagnoses, and functional impairment to case-mix adjust payments.

There was also a finalized change in the unit of home health payment from 60-day episodes of care to 30-day periods of care, and eliminated the use of therapy thresholds used to adjust payments.

AlohaCare will adopt the new HH PDGM case-mix payment methodology beginning on or after January 1, 2020 for reimbursement of Medicare services. For resources please visit: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html


UPGRADES TO ALOHACARE’S PROVIDER PORTAL

Effective Friday, August 9, 2019, providers now have the ability to submit Non-emergent medical ground transportation (NEMT) and travel requests online via our AC Online Prior Authorization Request Tool.

The prior authorizations requests submitted will be processed per AlohaCare's time-frames of 14 business days for standard and 72 hours for expedited requests.

The upgrade to this tool assists our providers and their office staff with an efficient and paperless process to coordinate our members’ NEMT and travel to access medically necessary services when needed.

As a reminder, the upgrade to this tool will assist providers and their staff with coordinating future NEMT and travel services only. Utilizing this tool for anything other than its intent may cause delay in needed care for our members.

If you would like training or support using the tool, please reach out to our Provider Relations team at (808) 973-1650 or toll-free at 800-434-1002.
AlohaCare QUEST Integration members, if eligible, may travel to and from the neighbor islands for medical services and appointments. AlohaCare QUEST Integration members may be eligible for off-island travel with airfare, ground transport, lodging and meals reimbursements. AlohaCare also provides coverage for companion travel if deemed medically necessary.

**Air Travel:**
- Primary Care Provider, Community Health Center or Treating Physician will confirm if a similar PAR/Non-PAR provider is not available on member’s home island.
- Medical appointments must be scheduled and confirmed for off island travel prior to submitting a Request for Authorization and Notification (RAN) form to AlohaCare for coordination of services.
- The RAN form must be submitted by a member’s Primary Care Provider, Community Health Center or Treating Physician a minimum of 14 days prior to the service date, and should include the following information to avoid delays with travel coordination of these services:
  - Date and time of appointment
  - Complete and current treating provider and/or facility name and contact information where member is receiving services
  - ICD and CPT Codes per the most current codification list
  - Member’s current contact information
- Checked-in luggage must be submitted on the RAN and approved by AlohaCare. Member will be responsible with the costs related to additional fees not authorized by AlohaCare (to include luggage).
- If member has more than one appointment with an Off-Island provider, the appointments should be arranged on the same day or consecutively if possible.

**Companion:**
- Children under 18 require one adult companion (one parent or legal guardian) to accompany them when traveling.
- Adults over 18 requiring a companion must be prior authorized by AlohaCare. Requests for companion travel must be submitted with member’s travel request to AlohaCare. Supporting documentation indicating the medical need for companion travel is necessary.
- If deemed medically necessary, one (1) companion will be authorized to escort the member to and from appointments. Companion must be identified by name and cannot be changed. Companion must have the proper identification in order to board the airplane.
- Companion must be identified by legal name, date of birth, and gender; and cannot be changed.

**Meals**
- Meal reimbursement for approved off-island travel to medical appointments or services may be covered for members and/or an approved companion. Reimbursement will be provided for meals or groceries purchased during the preapproved dates of medical travel. The member or their approved companion must submit their itemized receipts within 30 days of their return travel date. Meals reimbursement is limited to specified amounts per MQD policy. Non-food items such as alcohol, household and convenience items are not reimbursable per our policy.

**Lodging**
- Lodging may be approved for off-island travel for medically necessary services requiring over night or extended stays. Requests for lodging must be submitted with the member’s travel requested to AlohaCare.
- If deemed medically necessary, lodging will be arranged by AlohaCare. Member and companion, if applicable must lodge in the same room, and any additional personnel or lodging incidentals will be at member’s expense. Companion will need proper identification in order to check in.
- Member and/or approved companion will be provided transportation from lodging to medical appointment and airport. Member and/or approved companion must take their belongings on day of check-out from the hotel prior to their medical appointment. Ground transportation will not be approved to gather their belongings after their medical appointments.

⭐ Per policy, all travel must be approved and coordinated by AlohaCare. Members will not be reimbursed for self-booked air travel, a cab, car service, shared ride and meals.
⭐ Please contact AlohaCare directly at (808) 973-0712 or Toll-free (877) 973-0712 if a member’s medical appointment is canceled or rescheduled. This activity will allow AlohaCare the opportunity to assist with provisions to change or re-scheduled flight reservations and contact our NEMT vendors to cancel or re-schedule services. Any changes to any reservation must be communicated and authorized by AlohaCare.
AlohaCare works hard to make sure our members receive quality care in a timely manner. QUEST Integration includes benefits for non-emergency medical transportation (NEMT) so that members can make medically necessary appointments. If an AlohaCare QUEST Integration member has no other means of transportation to their medical appointments, we can help.

**Other means of transportation is defined as follows:**

- Owns or has access to a vehicle.
- Family, friends, or volunteers who can drive a member to their medical appointments.
- A member is receiving services from a Home Care services provider that provides transportation services to and from a member’s medical appointments.
- A member resides in a facility that provides transportation services.
- Access to Public transportation like the Bus.
- Access to Handi-Van services covered by the County.
- Access to Para-transit services covered by the County.

Medically necessary ground transportation should be requested as soon as member’s appointment is scheduled. Please notify AlohaCare a minimum of three (3) business days before the appointment so we can make appropriate transportation arrangements. Please note that AlohaCare will make arrangements based on what is most suitable for the member, the member’s medical conditions or physical limitations, and not based on convenience or comfort.

**Our Process:**

1. Please notify AlohaCare at least three (3) business days prior to the medical appointment by completing a prior authorization request form (RAN) electronically via Provider Portal or via fax to (808) 973-0676 or (888) 667-0680 for neighbor islands. Please make sure the member’s current demographic information is indicated on the prior authorization request to avoid delays with member notification.

2. AlohaCare will verify that services requiring the transportation requested have been approved.

3. AlohaCare will arrange the ground transportation services, then contact the member to provide details about the transportation arrangements.

**If a member’s medical appointment is canceled or rescheduled, please contact AlohaCare at (808) 973-0712 Option 1 or Toll-free (877) 973-0712 Option 1. AlohaCare will contact our NEMT vendor to cancel or re-schedule services. Only AlohaCare may authorized and communicate changes to any reservation to the NEMT vendor.

**NEMT Transportation Exclusions:** Transportation services requested to go to the pharmacy, dental appointments, disability eligibility appointments, day habilitation, clubhouses or life skills training are specifically excluded by AlohaCare and not covered. If a member is approved and eligible for Long Term Services and Supports, these exclusions may not apply. To check if your AlohaCare patient is approved for Long Term Services and Supports, and may qualify for NEMT, please call AlohaCare at (808) 973-0712 Option 1 or Toll-free (877) 973-0712 Option 1.
BEHAVIORAL HEALTH SUPPORT PROJECT COMES TO HAWAII

Do you ever find yourself wishing there was an easier way to access training on issues around behavioral health? Project ECHO (Extension for Community Healthcare Outcomes) was developed through the University of New Mexico in 2003 to bring training directly to providers through an easy to use web-based platform. Project ECHO has now expanded to over 50 sites in 10 countries. The Hawaii State Rural Health Association has developed a local affiliate of Project ECHO here in Hawaii. Since it is web-based, the service is available to practitioners statewide. While Project ECHO does not provide direct patient care, it does help to increase access to specialty treatment by providing primary care and other providers with the knowledge and support needed to help patients with complex conditions as well as providing opportunities for case consultation with other medical professionals across the state.

Project ECHO behavioral health trainings occur every Tuesday from noon–1p.m. Once you register, you can attend as often as you like. A notice of upcoming sessions and topics will be sent via email prior to each weekly session so that you can decide which topics are of most interest to you. For more information and to register to attend Project ECH sessions simply follow this link:

https://www.hawaiiecho.info