

7TH GRADE PHYSICAL EXAMINATION REQUIREMENTS



The Hawaii State Departments of Education (DOE) and Health (DOH) want to make sure our keiki are protected. Beginning with school year 2017-18, all incoming 7th graders at public schools must complete a physical exam. Exams must be done within one year prior to entering 7th grade and should be completed **before school starts on August 7, 2017.**

We encourage you to remind your patients about this requirement. Have them schedule a well-child visit this summer. Parents should also remember to bring their child's Student Health Record to the visit.

For more information about the 7th grade physical examination requirement, visit www.hawaiipublicschools.org and search for "Physical Exam."

ALOHACARE MEDICAL POLICY UPDATES

AlohaCare's medical policies define the medical necessity of the clinical procedures, services, tests, and/or medical devices. We wish to announce the following updated and new medical policies. They will be effective starting **July 1, 2017** and have been posted on AlohaCare's website <http://www.alohacare.org/Providers/MedicalPolicies.aspx>.

The updated medical policies include:

- Cell-Free DNA Testing for Fetal Trisomy
- Genetic Testing for Hereditary Breast and Ovarian Cancer Syndrome (HBOC)
- Genetic Testing for Colorectal Cancer

The new medical policies include:

- Benign Skin Lesion Removal
- Non-Healing Wound Care
- Incontinence Supplies
- Cardiac Monitoring Devices
- Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder
- Telehealth

Contact Us!

There are many ways to contact us at AlohaCare. Refer to your Provider Quick Reference Guide for all the phone and fax numbers you need. Contact AlohaCare Provider Services today!

CALL: 973-1650

TOLL-FREE: 1-800-434-1002

FAX: 973-0811



@AlohaCareHawaii

www.AlohaCare.org

Follow Us!

Follow AlohaCare to see what is happening in your community. Get information on upcoming events and learn how AlohaCare can help you stay healthy!

APPOINTMENT ACCESSIBILITY AND AVAILABILITY

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:

PRIMARY CARE PROVIDER (PCP) AND SPECIALIST APPOINTMENTS:

- Appointments within 24 hours for urgent care and for PCP pediatric sick visits
- Appointments within 72 hours for PCP adult sick visits
- Appointments within 21 days for PCPs (routine visits for adults and children)
- Appointments within 4 weeks for visits with a specialist or non-emergency hospital stays
- Emergency Care – Immediately

BEHAVIORAL HEALTH:

- Appointments within 48 hours for urgent care
- Appointments within 21 days for routine non-urgent care
- Non-life threatening emergency Care – within 6 hours

PROVIDER DIRECTORY REQUIREMENT



The Centers for Medicare & Medicaid Services (CMS) continues to encourage Medicare-Medicaid Plans to work collaboratively with providers to develop effective and efficient methods for verifying and updating data to maintain an accurate provider directory. This is to ensure that current and prospective members can easily identify which providers are currently in our network and their ability to accept new patients.

Therefore, we request your assistance with providing advanced written notice when your status changes regarding your ability to accept new patients including any changes or updates to the following information:

- Provider or practice name
- Ability to accept new patients
- Address including suite number
- Phone or fax number(s)
- Provider or practice office hours
- Provider or practice website address
- Provider institutional affiliation
- Languages spoken by provider other than English
- Accessibility for people with physical disabilities
- Any other changes that affect your availability to see patients

CMS requires all health plans to update their network directories on a regular basis and we request your assistance with informing us within 30 days when your status changes in accordance with your provider agreement.

If you need to make any updates, you may fax us any changes or updates to (808) 973-0203, or mail us a letter on your company letterhead, containing the information that you need to update.

ALOHACARE ACCESS TO CARE GRANT

AlohaCare is proud to offer providers the chance to apply for an Access to Care Grant. The AlohaCare Access to Care Grant was created to support provider initiatives to improve member access to care. The fund is designed to help support provider recruitment, retention and health related programs, including provider-led social services. It is our hope that this Access to Care Grant helps providers offer care in a manner that is most meaningful to their communities.

All AlohaCare participating providers are eligible to apply for an Access to Care grant. For more information, contact Messay Sanderson, Director of Provider Services, at msanderson@alohacare.org.

USEFUL INFORMATION ONLINE

AlohaCare would like to remind you about our website (www.AlohaCare.org). We include information about many topics of interest on our website. You can view and/or download information about the following topics on the website.

Information about AlohaCare's Quality Improvement Program including goals, processes and outcomes as related to care and service.



The process to refer members to case management.
The process for facility staff, including discharge planners, to refer members to case management.
The process to refer members to disease management.

Information about disease management programs, including how to use the services and how AlohaCare works with a practitioner's patients in the program.

Information about how to obtain or view copies of AlohaCare's specific adopted clinical practice and preventive health guidelines, including those for:



Information about how members may obtain language assistance to discuss UM issues.

- Diabetes Mellitus
- Chronic Heart Failure
- Coronary Artery Disease
- Management of Asthma
- Diagnosis and Treatment Management of Attention Deficit/Hyperactivity Disorder (ADHD) in School-Aged Children
- Treatment for Patients with Major Depressive Disorder
- Child/Adolescent Immunization
- Adult Preventive Health
- Adult Immunizations
- Chlamydia
- Routine Prenatal and Postpartum Care

AlohaCare's policy prohibiting financial incentives for utilization management decision-makers.

Information about AlohaCare's medical necessity criteria, including how to obtain or view a copy.

Information about the availability of staff to answer questions about UM issues.



Information about AlohaCare's pharmaceutical management procedures including our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and AlohaCare's processes for generic substitution, therapeutic interchange, and step-therapy.

A description of the process to review information submitted to support a practitioner's credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or recredentialing application.

The availability of TDD/TTY services for members.

AlohaCare's member rights and responsibilities statement.

If you have any questions about accessing our website or if you would like more information, please call Provider Services at 973-1650 or toll-free at 1-800-434-1002. The most recent information about AlohaCare and our services is always available on our website.

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>



For a healthy Hawaii.

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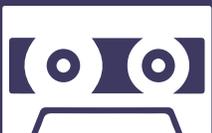
AFTER HOURS BEST PRACTICES

AFTER HOURS CALL BEST PRACTICES

Provider offices should have ways for members to contact their providers after hours.



Answering service or machine to advise members how to reach the provider when office is closed



If using an answering machine ensure relevant information like practice hours, urgent and emergency numbers and directions on what to do in case if urgent and emergency care are needed

