

CMS ADDRESS UPDATE



UPDATING PROVIDER DIRECTORY INFORMATION

Based on expectations of the Centers for Medicare & Medicaid Services (CMS), it's essential that you keep us informed of updates that affect your practice to keep provider network directories up-to-date. This will help us to stay compliant with CMS standards and will also help you to better manage the referral process.

WHAT WE ARE LOOKING FOR:

- Ability to accept new patients
- Changes/Updates in address and phone/fax number(s)
- Office Hours
- Any other changes that affect your availability to see patients

Please send us a letter on your company letterhead, containing the information that you need to update either via fax or standard mail. If you have any questions, please call Provider Services at 973-1650 or toll-free at 1-800-434-1002 for assistance.

ANNUAL PROVIDER SPECIAL NEEDS PLAN (SNP) MODEL OF CARE (MOC) TRAINING



We have updated our annual SNP MOC required provider training. You can find the training documents on our website at www.AlohaCare.org under Resources for Providers.

After the training, you will be able to:

- Describe the 4 elements of the SNP Model of Care
- Describe the provider role in relation to the corresponding elements of the Model of Care
- Describe the provider in the transition process under the AlohaCare Care Coordination Program

QUEST INTEGRATION ANNUAL PLAN CHANGE OCTOBER 1-31, 2016



The QUEST Integration Annual Plan Change (APC) is from October 1-31. This is the time when members can change their QUEST Integration health plans. If you have questions about APC or need more information, we can provide you with talking points or informational brochures and flyers. If your patients have questions, please let them know that they may contact us for more information.



STEP 1
Look for your enrollment packet in the mail



STEP 2
Choose AlohaCare



STEP 3
Send the form back to Med-QUEST

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!

MEDICATION ADHERENCE



Poor medication adherence is associated with reduced treatment benefits and can obscure the provider's assessment of therapeutic effectiveness. Non-adherence accounts for 30% to 50% of treatment failures, leads to worse outcomes, and accounts for higher hospitalization rates, institutionalization for the frail elderly, and increased healthcare costs.

Studies show that simple interventions are the most effective. The **SIMPLE** mnemonic below contains strategies to improve adherence.

- S**implify the regimen
- I**mpart knowledge
- M**odify patient beliefs and human behavior
- P**rovide communication and trust
- L**eave the bias
- E**valuate adherence

S **SIMPLIFY THE REGIMEN**

- Adjust timing, frequency, amount, and dosage
- Recommend all medications be taken at the same time of day
- Break the medication regimen down into simple steps

I **IMPART KNOWLEDGE**

- Focus on patient-provider shared decision making
- Encourage discussions with physician, nurse, and pharmacist
- Provide clear instructions (written and verbal) for all prescriptions

M **MODIFY PATIENT BELIEFS AND HUMAN BEHAVIOR**

- Empower patients to self-manage their condition
- Ensure that patients understand they will be at risk if they don't take their medication
- Ask patients to describe the consequences of not taking their medication
- Have patients restate the positive benefits of taking their medication
- Address fears and concerns (perceived barriers) of taking the medication
- Consider the use of contingency contracting; provide rewards for adherence

P **PROVIDE COMMUNICATION AND TRUST**

- Modifying patient beliefs is only possible if a high level of patient trust exists. A physician's communication style is one of the strongest predictors of a patient's trust in his or her physician.

L **LEAVE THE BIAS**

- Learn more about low health literacy and how it affects patient outcomes
- Review communication style to see if it is patient-centered
- Acknowledge biases in medical decision-making (intentional or unintentional)

E **EVALUATE ADHERENCE**

- The act of measuring adherence can lead to better patient compliance
- Ask your patients simply and directly if they are sticking to their drug regimen
- Ask about adherence behavior at every encounter
- If self-report still leaves questions about adherence, try pill counting or measuring serum or urine drug levels

Please keep these **“SIMPLE”** things in mind when you see your patients.

Adapted from American College of Preventive Medicine <http://www.acpm.org/?MedAdhereTTProviders>

GUIDANCE ON UNSPECIFIED ICD-10 CODE USAGE



Unspecified diagnosis codes are valid ICD-10 codes that have the term 'unspecified' in the description. Many providers properly use unspecified codes when insufficient information is known about the patient's condition at the time of the particular encounter, but there are instances when the use of unspecified codes may not be appropriate. Below are scenarios of when unspecified codes may not be the best code to accurately reflect the patient's condition.

LATERALLY: Unspecified codes may not be appropriate when laterality is known. For example, use the right, left, or bilateral ICD-10 code when billing for a regular astigmatism and laterality of the condition is known.

H52.221 Regular astigmatism, right eye

H52.222 Regular astigmatism, left eye

H52.223 Regular astigmatism, bilateral

H52.229 Regular astigmatism, unspecified eye

TRIMESTER OF PREGNANCY: Unspecified codes may not be appropriate when the trimester of pregnancy is known. For example, use the first trimester, second trimester, or third trimester ICD-10 code when billing for excessive weight gain in pregnancy and the trimester is

026.01 Excessive weight gain in pregnancy, first trimester

026.02 Excessive weight gain in pregnancy, second trimester

026.3 Excessive weight gain in pregnancy, third trimester

026.00 Excessive weight gain in pregnancy, unspecified trimester

ANATOMICAL SITE: Unspecified codes may not be appropriate when the anatomical location is known. For example, use the shoulder, elbow, wrist, hand, hip, or ankle ICD-10 code when billing for a disorder of a ligament and the anatomical site known.

M24.211 Disorder of ligament, right shoulder

M24.221 Disorder of ligament, right elbow

M24.231 Disorder of ligament, right wrist

M24.241 Disorder of ligament, right hand

M24.251 Disorder of ligament, right hip

M24.271 Disorder of ligament, right ankle

M24.20 Disorder of ligament, unspecified site

ACUTE VS CHRONIC: Unspecified codes may not be appropriate when the nature of condition is known. For example, use the acute, chronic, or acute and chronic ICD-10 code when billing for a respiratory failure and the nature of the condition is

J96.02 Acute respiratory failure with hypercapnia

J96.12 Chronic respiratory failure with hypercapnia

J96.22 Acute and chronic respiratory failure with hypercapnia

J96.92 Respiratory failure, unspecified with hypercapnia

**CLAIMS
RESUBMISSIONS**

AlohaCare will accept both EDI and Hardcopy Resubmission claims. If a claim is being resubmitted via Hardcopy, it must be clearly marked “RESUBMISSION”. Resubmissions must be received by AlohaCare within one year from the date of service (or date of admission for facilities resubmitting inpatient claims). Claims resubmitted after one year will generally not be considered for payment. Any attachments required on the original submission should be sent with the resubmitted claim. To help expedite research and reprocessing, give an explanation regarding the reason for resubmission and attach a copy of the remittance advice, with the original claim payment information.

TO SUBMIT CORRECTED OR VOIDED CLAIMS VIA EDI:

Please work directly with your clearing house.

TO SUBMIT CORRECTED CLAIMS VIA HARDCOPY:**UB-04**

- Clearly mark Resubmission on the on the Claim Form
- Indicate the appropriate frequency code in form locator 4 – Type of Bill (Claim Frequency Code 7 for replacement)
- Indicate if available, the AlohaCare original Claim ID in form locator 64 –Document Control Number
- Indicate the reason for correction in form locator 18-28 - Condition Code

D0 – Changes to Service Dates

D4 – Changes to Diagnosis or Procedure Codes

D1 – Changes to Charges

D8 – Changes to Make Medicare the Primary Payer

D2 – Changes to Revenue Codes, HCPCS, or HIPPS

D9 – Other Changes – Please add explanation to form locator 80 – Remarks

D3 – Second or Subsequent Interim Billing

E0 – Patient Status

» **MAIL RESUBMISSIONS TO THE ALOHACARE CLAIMS DEPARTMENT.**

1500

- Clearly mark Resubmission on the on the Claim Form
- Indicate the appropriate resubmission code in Item Number 22 (Code 7 for replacement)
- Indicate if available, the AlohaCare original Claim ID in Item Number 22
- Indicate the reason for correction in Item Number 19 – Reserved for Local Use

» **MAIL RESUBMISSIONS TO THE ALOHACARE CLAIMS DEPARTMENT.**

TO SUBMIT VOIDED CLAIMS VIA HARDCOPY:**UB-04**

- Indicate the appropriate frequency code in form locator 4 – Type of Bill (Claim Frequency Code 8 for replacement)
- Indicate if available, the AlohaCare original Claim ID in form locator 64 – Document Control Number

1500

- Indicate the appropriate resubmission code in Item Number 22 (Code 8 for replacement)
- Indicate if available, the AlohaCare original Claim ID in Item Number 22
- Indicate the reason for correction in Item Number 19 – Reserved for Local Use

ARE YOU ENROLLED IN ELECTRONIC DATA INTERCHANGE (EDI)?

Submitting claims electronically can lead to quicker payment, earlier detection of errors, and lower administrative costs.

For more information, please contact our Provider Services department at 973-1650, or one of our four Clearinghouses who will guide you through the setup process.

LEGACY/ADMINSTEP
888-751-3271
WWW.LEGACYCONSULTING.NET

RELAYHEALTH
866-735-2963
WWW.RELAYHEALTH.COM

GATEWAY/TRIZETTO
800-969-3666
WWW.GATEWAYEDI.COM

CLAIM REMEDI
800-763-8484
WWW.CLAIMREMEDI.COM

2016 QUALITY IMPROVEMENT INCENTIVE PROGRAMS

The Quality Improvement Incentive Programs for Primary Care Providers who care for AlohaCare members are well under way and are already achieving an enthusiastic response. Launched in April 2016, the QUEST Integration and AlohaCare Advantage Plus (SNP) programs are designed to help our members get the care they need by providing our primary care providers helpful tools and support to assist members reach their health goals. The programs cover services completed from January 1, 2016 to December 31, 2016 and includes selected HEDIS measures that target specific populations.

The most recent reports for the 2016 Quality Improvement Incentive Programs have been posted to your AC Online Provider portal and sent via mail. For technical questions, please get in touch with:

Patricia Elmiger, RN, BSN
H.E.D.I.S Supervisor
Quality Improvement Department
pelmiger@alohacare.org

The QUEST program incentivizes the following HEDIS measures:

- Childhood Immunization (Combo 2)
- Frequency of Prenatal Care
- Timeliness of Prenatal Care
- Controlling High Blood Pressure
- Comprehensive Diabetes Care (four components)

The SNP program incentivizes the following HEDIS measures:

- Adult BMI Assessment
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Comprehensive Diabetes Care (three components)
- Care of Older Adults (three components)

Questions about this quality incentive program, itself, can be directed to:

Bradley Clarke
Director of Quality improvement
bclarke@alohacare.org



For a healthy Hawaii.

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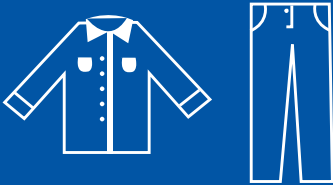


FIGHT THE BITE!

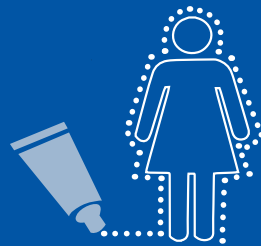
You can do your part to take preventive measures to protect yourself and your patients from the threat of mosquito borne viruses. Educate patients about best practices to eliminate mosquitoes and avoid mosquito bites.

Ku'i
Ka
Lono

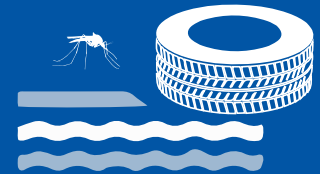
SPREAD THE NEWS



**WEAR LONG SLEEVED SHIRTS
AND PANTS.**



**APPLY MOSQUITO REPELLENT
AND USE INDOOR INSECTICIDES.**



**STAY AWAY FROM AREAS WITH
STANDING WATER.**

Education and preventive measures will help prevent the spread of viruses like dengue, Zika and chikungunya. Together we can keep Hawaii safe and healthy! For more information go to

<http://health.hawaii.gov/docd/dib/disease/mosquito-borne-diseases/>