

Ku'i Ka Lono

Spread the News

For AlohaCare Physicians and Providers • Summer 2015

2015 Quality Improvement Incentive Programs

The Quality Improvement Incentive Programs for providers who care for AlohaCare members are well under way and are already achieving an enthusiastic response. The 2015 QUEST Incentive Program, launched in February 2015, and the Special Needs Population (SNP) Incentive Program launched in July 2015, are designed to help our members get the care they need, and it will provide our primary care providers with helpful tools and support to help members reach their health goals. The programs cover services completed from January 1, 2015 to December 31, 2015 and includes selected HEDIS measures that target specific populations.

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)

By signing up with AC online, monthly updated gaps in care report cards and member detail lists are available for providers to view.

We are encouraged by the level of participation so far and anticipate an increase in members who receive annual screening and testing to aid in an overall better health outcome.

Questions about this quality incentive program can be directed to:

Community Health Centers (CHC)

Jon Cascino
Senior Director of Quality Improvement
(808) 973-7780
jcascino@alohacare.org

Medical Groups/Private Physicians

Sara Honda
Quality Rates Administrator
(808) 973-1814
shonda@alohacare.org



ICD-10 External Testing

AlohaCare has completed the majority of our ICD-10 external testing with providers and clearinghouses. Test participants included both facility and professional providers submitting claims via electronic and paper means. Below are the results of our ICD-10 external testing to-date.

EDI TESTING

AlohaCare received 837I and 837P test files from all four (4) of our clearinghouses and 99% of the claims were accepted into our system. We processed and adjudicated these claims, then delivered 835 files back to providers through their respective clearinghouse.

- ☞ Types of claims received:
 - o 42% - Professional
 - o 58% - Institutional
- ☞ Reasons for rejected claims:
 - o In order to fully describe an injury using ICD-10-CM (Loop 2300, HI), it is necessary to report a series of 3 external cause of injury code and at least three were not sent
 - o Member Gender does not match within our system.

HARDCOPY CLAIMS TESTING

AlohaCare received hardcopy ICD-10 test claims on both the CMS-1500 and UB-04 claim forms. We processed the claims through our scanning and validation solution and 95% of the claims were accepted into our system.

- ☞ Types of claims received:
 - o 92% - Professional
 - o 8% - Institutional
- ☞ Reasons for rejected claims:
 - o Diagnosis pointer (box 24E) did not point to a valid diagnosis code (box 21)
 - o Member DOB does not match within our system

AUTHORIZING

Starting August 1, 2015, AlohaCare will be accepting and processing prior authorization requests containing ICD-10 codes for services scheduled on or after October 1, 2015. ICD-9 codes should still be used on prior authorization requests with start dates prior to October 1, 2015.

Some prior authorization requests submitted before the October 1, 2015 will span the October 1, 2015 compliance date. These requests should be submitted using an ICD-9 and ICD-10 diagnosis code.

Providers do not need to re-submit already approved prior authorizations that span October 1, 2015.

Starting October 1st 2015, AlohaCare will no longer accept prior authorization requests with ICD-9 (except in retro authorization related cases).

For Behavioral Health Practitioners, AlohaCare will be revising our Behavioral Health authorization form to support DSM-5 and ICD-10 changes. This new form is posted on our website. Please refer to the DSM-5 manual (pages 839 to 862) for a crosswalk of ICD-9 to ICD-10 codes.

PROVIDER QUICK REFERENCE GUIDE

OFFICE LOCATIONS

Island of Oahu (Main Office) 1357 Kapiolani Blvd, Suite 1250 Honolulu, HI 96814	Island of Hawaii 1221 Kilauea Ave, Suite 50 Hilo, HI 96720	Island of Kauai 4473 Pahee St, Suite N Lihue, HI 96766	Island of Maui 210 Imi Kala St, Suite 206 Wailuku, HI 96793
Provider Services (808) 973-1650 Toll-free 800-434-1002	Pharmacy Dept. (808) 973-7418 Toll-free 866-073-7418	Clinical Operations Dept. (808) 973-1657 Toll-free 800-434-1002	Behavioral Health Dept (808) 973-2475 Toll-free 888-875-4979

- | | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> ☞ Prior authorization status ☞ Provider look-up and access ☞ Member eligibility and benefits ☞ Billing, payment and claims ☞ File a grievance and/or an appeal ☞ Refer a member for Service Coordination or talk to a member's Service Coordinator | <ul style="list-style-type: none"> ☞ Questions about our formulary ☞ Ask for a prior authorization ☞ Ask for a medication override | <ul style="list-style-type: none"> ☞ Refer a member to a specialist ☞ Start a prior authorization over the phone ☞ Inquire if a service or durable medical equipment needs prior authorization ☞ Check on travel status ☞ Speak to the Utilization Management Nurse about a service you requested | <ul style="list-style-type: none"> ☞ Discuss pending authorization on medical necessity ☞ Refer a member to BH program ☞ Inquire if a service needs prior authorization |
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ALOHACARE WEBSITE

Find the following resources and more on our website: www.AlohaCare.org

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|---|---|
| ☞ Provider manual | ☞ Formulary |
| ☞ Provider forms | ☞ AlohaCare contact numbers and addresses |
| ☞ Access to AC-Online secured provider portal | ☞ Newsletters |

To become an AC-Online user to revise your user access, you may download the AC-Online registration form from the Provider Forms section of our website. Once completed, the form may be faxed to Provider Relations. We will process your request within 72 hours of its receipt.

Fax: (808) 973-0811 • Toll-Free Fax: 1-800-830-7222



ANNUAL PLAN CHANGE

The QUEST Integration Annual Plan Change (APC) is from October 1-16. 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.

Access to Care

Providers are required to meet the following appointment standards based on levels of care:

Primary Care Provider (PCP) and Specialist Appointments:	Behavioral Health
Appointments within 24 hours for urgent care and for PCP pediatric sick visits	Appointments within 48 hours for urgent care
Appointments within 72 hours for PCP adult sick visits	Non-life threatening emergency appointment 6 hours
Appointments within 21 days for PCPs (routine visits for adults and children)	Routine behavioral visits for adults and children 10 business days
Appointments within 4 weeks for visits with a specialist or non-emergency hospital stays or of sufficient timeliness to meet medical necessity	
Emergency Care – Immediately	

CMS 1500 Claim Form

- Please utilize CMS 1500 version 02/12 when submitting claims
- AlohaCare only accepts original red and white CMS 1500 forms (copies are not accepted)
- Please contact our Provider Services department if you require assistance

STICKERS OR RUBBER STAMPS

- Data, mailing address or labels on the top portion of the CMS-1500 claim form
- Special characters (e.g., hyphens, periods, parentheses, dollar signs and ditto marks)
- Handwritten descriptions

1500 FORM DO'S AND DON'TS

Do's

- Legible (computerized or typed claims, laser printers are recommended)
- In black ink
- Courier or Arial in 10, 11 or 12 point font
- Capital letters
- Completed all applicable sections

Don'ts

- Do not submit paper claims with:
- Liquid correction fluid changes
- Data touching box edges or data running outside of the numbered boxes
- More than six service lines per CMS-1500 claim form. Do not compress two lines of information on one line. If more than six service lines are required, see instructions listed below under 'Claims Submitted with Multiple Pages.'

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
<input type="checkbox"/> PICA <input type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> (Medicaid#) <input type="checkbox"/> (TRICARE (DoD#)) <input type="checkbox"/> (CHAMPVA (Member ID#)) <input type="checkbox"/> (GROUP HEALTH PLAN (ID#)) <input type="checkbox"/> (FECA BLK/LUNG (ID#)) <input type="checkbox"/> (OTHER (ID#))											
1. MEDICARE		2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE		4. INSURED'S NAME		5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED	
		SMITH, JOHN		05 05 54		SMITH, JOI		123 ANYWHERE ST		Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY		STATE		B. RESERVED FOR NUCC USE		CITY		STATE		7. INSURED'S ADDRESS	
HAWAII TOWN		HI				HAWAII TOWN		HI		123 ANYWH.	
ZIP CODE		TELEPHONE (Include Area Code)				ZIP CODE		TELEPHONE (Include Area Code)			
96732		(808) 888-8888				96732		(808) 888-8888			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER			
				a. EMPLOYMENT? (Current or Previous)				NONE			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH			
				b. AUTO ACCIDENT? PLACE (State)				MM DD YY M F			
b. RESERVED FOR NUCC USE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT?							
d. INSURANCE PLAN NAME OR PROGRAM NAME				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME			
				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN?			
								<input type="checkbox"/> YES <input type="checkbox"/> NO # if yes, complete items 9, 9a, and 9d.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
SIGNED: SIGNATURE ON FILE DATE: 07/17/2015											
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED: SIGNATURE ON FILE											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)				15. OTHER DATE				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION			
MM DD YY QUAL				MM DD YY QUAL				FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
								FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. #											
A. 799.9 B. C. D. E. F. G. H. I. J. K. L.											
22. RESUBMISSION CODE ORIGINAL REF. NO.											
23. PRIOR AUTHORIZATION NUMBER AUTH #											
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #											
1 01 01 15 01 31 15 12 S5140 A 1787 15 31 NPI											
2 NPI											
3 NPI											
4 NPI											
5 NPI											
6 NPI											
25. FEDERAL TAX I.D. NUMBER SSN or EIN BSN EIN											
26. PATIENT'S ACCOUNT NO. LIST ACCT #											
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
28. TOTAL CHARGE \$ 1787 15											
29. AMOUNT PAID \$											
30. Rsvd for NUCC Use											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)											
SIGNATURE ON FILE 07/17/2015											
32. SERVICE FACILITY LOCATION INFORMATION MR. NICE FOSTER HOME PHYSICAL ADDRESS											
33. BILLING PROVIDER INFO & PH # (808) 888-8888 MR. NICE FOSTER HOME BILLING ADDRESS											
a. NPI b.											
a. NPI b.											

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

MD Online

AlohaCare has partnered with MD On-Line, Inc. (MDOL), a leader in electronic all-payer claims solutions, to offer you a free* solution for submitting your AlohaCare claims electronically. Sign up now to submit electronically to AlohaCare free* of charge and receive a complimentary 30 day trial of MDOL's all-payer solution.

To take advantage of this special offer, log on to www.mdon-line.com/alohacare or call MDOL at (888) 499-5465 and mention "AlohaCare promotion."

*Offer valid for new MDOL customers only. Subject to standard MDOL terms and conditions. Fees apply for additional payer transactions beyond the initial 30-day free trial period.

AlohaCare Advantage Plus (HMO SNP) Model of Care Program

CMS requires all AlohaCare providers to receive basic training about our Special Needs Plan Model of Care (SNP MOC). AlohaCare Advantage Plus is a dual-eligible Special Needs Plan (SNP) that covers members eligible for both Medicare and Medicaid. The SNP Model of Care is an interdisciplinary care coordination and case management program for individuals with special needs. Please complete your training on the Model of Care by going to www.AlohaCare.org/Providers/ResourcesforPatients.aspx.

After Hours Call Best Practices

Provider offices should have ways for members to contact their provider 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



1357 Kapiolani Blvd., Suite 1250
Honolulu, HI 96814



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!

Facebook: [AlohaCareHawaii](#)

Twitter: [@AlohaCareHawaii](#)

Instagram: [AlohaCareHawaii](#)

YouTube: [AlohaCareHawaii](#)



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

Kauai Office Blessing

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the News*



AlohaCare hosted a grand opening and blessing for our Kauai office on May 29th. We hosted legislative representatives including Mayor Bernard Carvalho who provided opening remarks. Select providers were also invited to attend. Members and providers are encouraged to stop by with any questions or just to say hi. The Kauai office has Customer Service, Service Coordination and Provider Relations staff.

Address and Office Hours

4473 Pahe'e St., Suite N, Lihue, HI 96766
7:45 a.m. to 5 p.m., Monday through Friday