



AlohaCare

Provider Quick Tips



“Aloha is the difference”

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At AlohaCare, we value your time and are happy to provide you with this quick reference booklet as an extension to your provider manual.



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Please consult your provider manual or contact AlohaCare's Customer Service Department for more detailed information.

Phone & Fax Numbers

Customer Service



Call 24 hours a day, 7 days a week to check member eligibility, benefits and PCP assignment. Call 8am-5pm M-F for TPL and claim inquiries.

Oahu

Phone: 973-1650

Fax: 973-0726

Neighbor Islands

Phone: 1-800-434-1002

Fax: 1-800-830-7222

"I chose AlohaCare on the advice of my friend. She said it was the only plan that, if you should have a problem, would actually have a live assistant to help you."

-AlohaCare member, Lihue, Kauai

Provider Relations

Call 8am-5pm M-F.

Oahu

Phone: 973-1650

Fax: 973-0203

Neighbor Islands

Phone: 1-800-434-1002

Fax: 1-800-830-7222

Medical Management

Call 8am-5pm M-F. Fax requests for referrals, prior authorizations, notifications and pharmacy inquiries.

Oahu

Phone: 973-1657

Fax: 973-0676

Neighbor Islands

Phone: 1-800-434-1002

Fax: 1-888-667-0680

Behavioral Health

Call 8am-4pm M-F for behavioral health initial treatment plan/prior authorizations.

Oahu

Phone: 973-2475

Fax: 973-6324

Neighbor Islands

Phone: 1-888-875-4979

Fax: 1-800-830-7222

Essential Tips

Member Eligibility and PCP Assignment



Temporary AlohaCare ID Card



Permanent AlohaCare ID Card

Please check member ID cards and verify member eligibility and PCP assignment prior to each visit or procedure. Use our AlohaCare Online Service at www.alohacarehawaii.org or call us at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002.

This information is available 24 hours a day, 7 days a week.

** Occasionally the state will retroactively enroll or terminate a member and this may impact payment of your claims.

Provider Directory

When you use our online provider directory, please call us immediately if your contact information is incorrect. We will immediately revise your information to ensure that it is current. In this way, you will regularly receive your provider remittance, updated provider manual, provider quick tips, member handbook, newsletters and other communications that keep you informed.

Did you know?

19% of claim denials are because the member was not eligible on the date of service.

Find a Provider

Quick and Easy Look Up

Now you can look up our AlohaCare Provider Directory online. Simply go to www.alohacarehawaii.org and click on the provider section and then on “Find A Provider.” It’s easy and fast.

You may also call us at (Oahu) 973-1650 or (Neighbor Island) 1-800-434-1002 and one of our customer service representatives will be happy to help you find a provider.

You may also request to be mailed a provider directory.



The screenshot shows the AlohaCare website's "Find a Provider" search page. At the top, there is a navigation bar with links for Home, About, Members, Providers, Community, Press Releases, Careers, and AlohaCare Online. Below the navigation bar is a banner with the AlohaCare logo, the slogan "Aloha is the difference", and an illustration of two people. The main content area is titled "AlohaCare Primary Care Physician (PCP) Search" and includes a search form with the following fields and values:

- Provider Type: PRIMARY CARE PHYSICIAN (PCP)
- Last Name Or Clinic/Facility (optional): Smith
- Specialty: INTERNAL MEDICINE
- Language: HAWAIIAN
- Island (optional): OAHU
- Zip Code: 96814
- Results Per Page: 10 -- RECORDS --

There are "Reset" and "Submit" buttons at the bottom of the search form. On the left side of the page, there is a sidebar with links for "Frequently Asked Questions", "Member Handbook", "Member Newsletter", and "Find A Provider".

Check out our “Find a Provider” feature on our website.

AlohaCare Online

Get Quick Access to Member Information

Apply for AlohaCare Online--our HIPAA compliant web-based application that allows you quick access to check member eligibility, claim status and history, authorization/notification status, member's PCP and Third Party Liability (TPL) information--24 hours a day, 7 days a week.

1. To obtain the AlohaCare Online Registration Form, call our Customer Service Department at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002 or visit www.alohacarehawaii.org. Complete and submit form to AlohaCare.

2. Call our Provider Relations Department at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002 for a demonstration of AlohaCare Online.



AlohaCare Online Registration Form
Please copy and complete this information from Item 10 of Standard Information

Standard Information

Organization Name: _____
Organization Address: _____
Contact Name: _____ Phone Number: _____
E-mail Address: _____ Fax Number: _____
Technical Contact Person: _____ Phone Number: _____
E-mail Address: _____ Fax Number: _____
QUEST Provider ID: _____ Fax No. (if): _____

Technical Information

Type of Internet Connection: _____
Type of Internet Browser: _____ Version: _____
IP of Computer/Device: _____
Operating System: _____
Estimated Number of Users: _____

List All Persons in Your Office Who Will Access AlohaCare Online

Member Number (Last Name)	Organization (Last Name)	First Name	Employee/Contractor	Full Name (Last, First, Middle)	Member Number
1					
2					
3					
4					
5					
6					

I authorize the above users to access AlohaCare Online on my system.

Provider's Signature: _____ Date: _____

Please fax this form back to AlohaCare
The Office of Provider Support, Attention: AlohaCare Online
AlohaCare, P.O. Box 10000, Honolulu, HI 96810

"AlohaCare's online service is the easiest to use compared to all the other health plans."
-Community Clinic of Maui Billing Dept.



"AlohaCare sent me reminders to see my doctor for wellness checks."
- AlohaCare member, Honolulu

Claims

Get Your Claims Paid Fast

1. Be sure to use current and valid ICD-9 codes (including the 4th or 5th digits, if required) and CPT codes. Check off the “Y” column of field 24I on the CMS 1500 for emergency services. For EPSDT services include the “EP” modifier in 24D before submitting your claim.



Check member eligibility before each visit since 19% of claims are denied because patient was not an AlohaCare member.

2. Submit clean claims within 120 days of the date of service. Submit Third Party Liability (TPL) claims with the explanation of benefits from the primary payer within 150 days of the date of service. Our contract with Med-QUEST requires that we report claim encounters to them within this time frame.

Clean 1500 claims submitted to AlohaCare are paid within 7 business days.

Did you know?

13% of claim denials are from claims being submitted over 120 days after the date of service.

Referral Process

Primary Care Physicians (PCPs) use the AlohaCare Referral, Authorization and Notification (RAN) form to refer their patients to see a Specialist.

1. Fill in member, PCP and referral information. Be sure to note if you are requesting a consult, consult and treat, or a consult, treat and follow-up.

** Be sure to discuss the patient's history with the specialist.

2. Fax form to AlohaCare at (Oahu) 973-0676 or (Neighbor Islands) 1-888-667-0680.

3. Within 2 business days, AlohaCare will fax the referring PCP and the specialist a confirmation with the referral number on it.

A scan of the AlohaCare Referral, Authorization and Notification (RAN) form. The form is titled 'AlohaCare' at the top left and 'Referral, Authorization and Notification Form' at the top right. It contains various fields for patient information, provider information, and referral details. The form is divided into several sections, including 'Patient Information', 'Referring Physician Information', 'Specialist Information', and 'Referral Details'. There are checkboxes and dropdown menus throughout the form.

Copies of this RAN form can be found on our website or in your provider manual.

The specialist may render service once he/she has received the confirmation from AlohaCare.

** Specialists--you no longer need to attach the referral to the claim. Simply write the referral number in field 23 of the CMS 1500 claim form.

Did you know?

12% of claim denials are because a referral was not requested before a specialist visit.

Prior Authorization List

The following services require prior authorization:

- Ambulatory/outpatient surgical procedures in a surgery center
- Behavioral health services (all)
- DME (some purchased)
prosthetic and orthotic items
** Please see your provider manual or our website for a detailed list
- DME (all rentals)
- Home health services
- Home IV therapy/injectibles
- Hyperbaric oxygen therapy
- Lodging
- Meals
- MRI
- Non-emergent inpatient stays
** Including elective surgeries and all types of inpatient rehabilitation
- Non-formulary medications
- OB ultrasound (after 2nd)
- Occupational therapy
- Out of state referrals
- PET scans (brain only)
- Physical therapy
- PUVA therapy
- Sleep studies
- Speech therapy
- Sterilization/hysterectomy (Please see page 16)
- Telemedicine services
- Transportation - air and ground (non-emergent)



Three out of five AlohaCare members are children.

Prior Authorization Process

Providers use the AlohaCare Referral, Authorization and Notification (RAN) form when patients need a service on the prior authorization list.

1. Fill in member, PCP and prior authorization information.

** If urgent, please mark urgent and kindly give AlohaCare a call to expedite authorization.

2. Fax form to AlohaCare at
(Oahu) 973-0676 or
(Neighbor Islands) 1-888-667-0680.

3. Within 2 business days, AlohaCare will fax you a confirmation of receipt with further instructions.

The image shows a complex form titled 'AlohaCare' with various sections for patient information, provider details, and authorization requests. It includes fields for member ID, PCP name, and specific service codes. There are also checkboxes and a large section for provider notes and signatures.

Specialists, please submit this form directly to AlohaCare.

You may render service once you receive a confirmation approving the request from AlohaCare.

**Specialists-- Once you receive a referral with the treatment box checked, you initiate the prior authorization process if required.

Did you know?

11% of claim denials are because prior authorizations requirements were not met.

Notification List

The following services require that you notify AlohaCare within 24 hours of the encounter:

- Admissions (All)
 - **Facilities, please notify AlohaCare of all inpatient admissions by faxing an admission face sheet within 24 hours of admission.*
- Chemotherapy
- Emergency medical inpatient stays
- Hospice
- ITOP (Intentional Termination of Pregnancy)
- Observation stays
- Obstetrical services
 - (Global OB services include 2 Ultrasounds)
 - ** Please notify AlohaCare of the pregnancy within 24 hours of the first encounter for prenatal care.*
- Radiation therapy
- Translation services
 - (AlohaCare will make arrangements for you prior to the encounter.)



"Thanks, Doc! I couldn't have made it up this hill without you."

Notification Process

Providers use the AlohaCare Referral, Authorization and Notification (RAN) form to notify AlohaCare of services that require a notification.

1. Fill in member, PCP and prior authorization information. Then attach required consent forms and clinical notes to show medical need.

** For a pregnancy notification, please use the section located on the bottom of the form.

2. Fax form to AlohaCare at (Oahu) 973-0676 or (Neighbor Islands) 1-888-667-0680.

3. Within 2 business days, AlohaCare will fax you a confirmation acknowledging receipt of your notification.

The image shows a scan of the AlohaCare Referral, Authorization and Notification (RAN) form. The form is titled 'AlohaCare' at the top left and has a header section with a date field. Below the header, there are several sections for data entry, including 'Member Information', 'Physician Information', and 'Referral/Authorization Information'. The form contains numerous fields for text entry, checkboxes, and dropdown menus. The bottom section of the form is partially obscured by a grey box, but it appears to contain additional information related to the notification process.

OB physicians, please submit this OB notification directly to AlohaCare.

Did you know?

The DHS/Med-QUEST 1146/1145 consent form for sterilizations must be signed no less than 30 days and no more than 180 days prior to the procedure according to the state, in order for AlohaCare to be able to pay your claim.

Pharmacy Authorizations

Provider uses when a medication requires a prior authorization or is not on the formulary.

1. Fill in member, PCP and prior authorization information on the Non-Formulary Prior Authorization form.

** If urgent, please mark urgent and kindly give AlohaCare a follow-up call to expedite authorization.

** Please fill out the chronic pain evaluation form when requesting controlled substances.

2. Fax form to AlohaCare at (Oahu) 973-0676 or (Neighbor Islands) 1-888-667-0680.

3. Within 2 business days of the request, AlohaCare will fax you the authorization form, noting a determination.

**QUEST-NET members have a limited formulary. See your provider manual.

Did you know?

A copy of AlohaCare's formulary can be found on our website at www.alohacarehawaii.org.

The image shows a 'Non-Formulary Prior Authorization Form' from AlohaCare. It includes fields for Member's Name, Date, Insurance, Medication Name, Dose, and other details. There are checkboxes for 'Urgent' and 'Chronic Pain Evaluation Form'. At the bottom, there are fields for 'Member Pharmacy' and 'Call Back/Time'.

Call us if this is an urgent request after faxing this form.

The image shows a 'Chronic Pain Evaluation Form' from AlohaCare. It includes fields for Name, Address, Date, and Insurance. There are checkboxes for 'Urgent' and 'Chronic Pain Evaluation Form'. At the bottom, there are fields for 'Member Pharmacy' and 'Call Back/Time'.

You can find this Chronic Pain Evaluation form on our website or on your provider manual CD.

Behavioral Health Authorizations

Initial Chemical Dependency Treatment Request

1. Contact AlohaCare at (Oahu) 973-2475 or (Neighbor Islands) 1-888-875-4979 for a telephonic review using the patient's assessment information.



Big Island AlohaCare Children's Art Contest Winner 2003

2. AlohaCare will give you an authorization number over the phone along with the level of care and number of sessions authorized.

3. Within 2 business days, AlohaCare will mail you an authorization letter with the authorization number and the number of sessions authorized.

BH Continued Chemical Dependency Treatment Request

1. Complete the AlohaCare Treatment Plan Form after using the last authorized unit from the previous authorization.

AlohaCare Treatment Plan Form. The form includes fields for Patient Name, Date of Birth, and Address. It also has a section for "Current Evaluation/Assessment" and a table for "Treatment Plan" with columns for "Date", "Type", "Frequency", and "Duration". The form is a standard document used for tracking patient treatment.

After faxing this form, please call AlohaCare.

2. Fax form to the AlohaCare Behavioral Health Department at (Oahu) 973-6324 or (Neighbor Islands) 1-800-293-4580.

3. Please call AlohaCare at (Oahu) 973-2475 or (Neighbor Islands) 1-888-875-4979 on the next business day for a telephonic review. You will be given an authorization number over the phone along with the level of care and number of sessions authorized.

Behavioral Health Authorizations

BH Initial Outpatient Request

1. Contact us at (Oahu) 973-2475 or (Neighbor Islands) 1-800-434-1002 to check member eligibility and to see if patient is seeing another provider for the same services.
2. Fill out the Initial Authorization Request Form and fax to the AlohaCare Behavioral Health Department at (Oahu) 973-6324 or (Neighbor Islands) 1-800-293-4580.
3. Within 2 business days, AlohaCare will render a decision. You may call us for the authorization number and number of sessions or wait for the confirmation letter sent within three business days after your request.

ALOHA CARE
BEHAVIORAL HEALTH
INITIAL AUTHORIZATION REQUEST

1111 KALANANĪHUI DRIVE, SUITE 1100
HONOLULU, HI 96813

Phone: (973) 6324
Fax: (973) 6324
Toll-free: 1-800-293-4580

Please use this form for initial authorization requests only. Do not use for re-authorization.

Request may be for a new or existing member. Please note: All requests must be received at least 10 business days before the start of the requested service.

Member Name	Member ID Number
DOB	Sex
Member Address	
City	State
Specialty / Referral	
Request for service (check all that apply):	
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Other (Specify):
Request for service (check all that apply):	
<input type="checkbox"/> Initial Authorization	<input type="checkbox"/> Re-authorization
Request for service (check all that apply):	
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Other (Specify):
Request for service (check all that apply):	
<input type="checkbox"/> Initial Authorization	<input type="checkbox"/> Re-authorization

Before completing this form, call to check member eligibility.

BH Continued Outpatient Request

1. Complete the AlohaCare Treatment Plan Form after using the last authorized unit from the previous authorization.
2. Fax form to the AlohaCare Behavioral Health Department at (Oahu) 973-6324 or (Neighbor Islands) 1-800-293-4580.
3. Within 2 business days, AlohaCare will render a decision. You may call us for the authorization number and number of sessions or wait for the confirmation letter sent within three business days after your request.

** If you have our AlohaCare Online service, you can check for your authorization online. (See page 5.)

Did you know?
Adults 21 years and older are limited to 24 hours of outpatient Behavioral Healthcare per year.

Behavioral Health Authorizations

BH Emergency Inpatient Admission

1. Please fax over the admission face sheets within 24 hours of admission to AlohaCare's Behavioral Health Department at (Oahu) 973-6324 or (Neighbor Islands) 1-800-293-4580.
2. Upon receipt of emergency inpatient admission face sheet, AlohaCare will authorize 3 days of acute psychiatric care. (*post-stabilization days subject to retrospective medical necessity review*)
3. AlohaCare will conduct a telephonic review regarding the patient's condition by the 3rd day of admission.
4. Before the patient is to be released, please fax over a copy of the discharge sheet.

BH Continued Inpatient Authorization Request

1. AlohaCare will contact the facility by the 3rd day of admission, or 24 hours prior to the last covered day for a telephonic review to discuss the patient's condition.
2. AlohaCare will authorize additional days for acute inpatient care and provide the facility with the date of the next concurrent over the phone.
3. Before the patient is to be released, please fax over the discharge summary.



"AlohaCare wants us to care about our health."

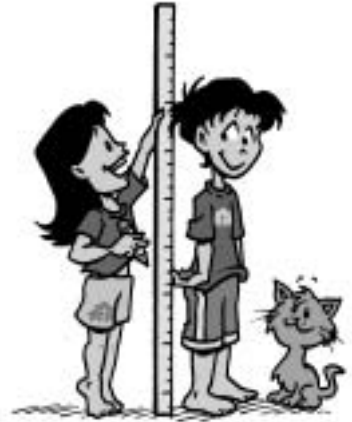
Essential Reminders

Availability of Emergency Equipment

All provider offices need to have basic emergency equipment available in the unlikely event that a patient requires emergency care.

Benefit Exhaustion

QUEST- Net, vision and behavioral health services have limited benefits. Ask your patients if these services have been rendered by another provider. Also verify that their benefits have not yet been exhausted. If benefits are exhausted, the patient is responsible for payment.



EPSDT or well child visits are covered benefits for all AlohaCare members 21 years old and younger.

Inventory and Storage of Drugs

To ensure patient safety, please inventory all drugs regularly to detect and dispose of expired drugs. All drugs need to be stored in a secure and appropriate place in your office. If drugs require refrigeration, then a designated unit needs to be used.

Sterilizations

Please be aware that DHS/Med-QUEST will not allow QUEST plans to pay claims unless the consent form (1146/1145) is signed no less than 30 days and no more than 180 days prior to the procedure. This pertains to vasectomies as well.

Feedback

Tell Us What You Think

You meet our AlohaCare members face to face. You know best how we can help our health plan members. You can help us identify ways that we can improve.

We value what you think and want to improve as a health plan to our AlohaCare members and as partners with you in their care.



"I like my AlohaCare doctor."

Please give us your suggestions. Join us for a Lunch and Talk Story session or simply contact us and tell us what you think by emailing us at marketing@alohacarehawaii.org or calling us at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002.

When you receive our Physician Assessment Survey, please complete and return it. This survey is another way for you to help us identify ways that we can improve for both our member's and your benefit.

Did you know?

This Provider Quick Tips booklet is the result of feedback we received from you--our providers.

Complaints, Grievance & Appeals

Definitions and Directions

Complaint: the first oral or written communication made by a provider expressing dissatisfaction.

To file a complaint:

You may call our Customer Service Department at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002. You may also write a letter to the Customer Service Department describing your complaint.

Grievance: the second request to reconsider an adverse action or decision made by AlohaCare that was not resolved at the complaint level and is filed by the provider in writing.

** Issues involving dissatisfaction with an AlohaCare provider go immediately to the grievance level.

Appeal: the final request to reconsider an adverse action or decision made by AlohaCare that has not been resolved at the grievance level and is filed by the provider in writing.

To file a grievance or appeal:

Please write a letter and mail it attention to the Grievance Coordinator. We must receive your letter within 30 days of AlohaCare's decision that dissatisfies you. Please include any documentation to support your claim.

** AlohaCare will notify you in writing within 10 days that we have received your grievance or appeal. We will render a decision and notify you within 30 days of receipt of your grievance or appeal.

Please contact our Grievance Coordinator at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002 if you have any questions.



"Thanks, Doc, for keeping our family healthy."

Keep Us Informed

Provider Changes and Updates

We need your help keeping us informed about any changes that affect our members. Please call us at (Oahu) 973-1650 or (Neighbor Islands) 1-800-434-1002 with the following:

Address Changes

Telephone/Fax/Email Changes

Providers Joining/Leaving Practice

Vacation/Holiday Coverage Plans



Please call or fax us before you leave for vacation and let us know who will be seeing your patients while you are out of the office.

Thanks, Doc!

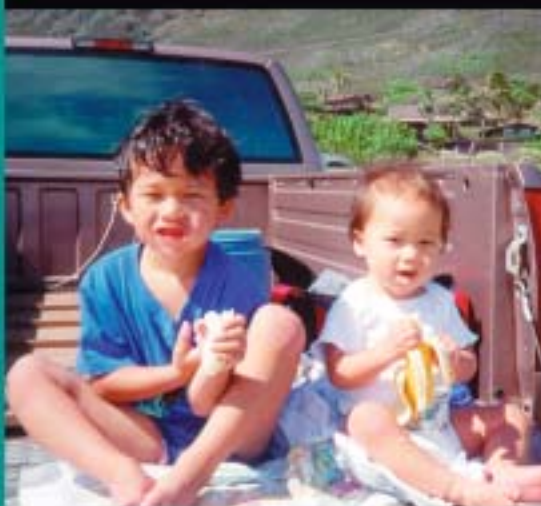


“To all of our AlohaCare physicians, from Hilo to Kekaha, Kauai, thank you for making all the difference in the lives of our health plan members.”

- Rio Banner, MD , AlohaCare Medical Director

We hope this Provider Quick Tips 2004 edition makes things easier for you and saves you time. Please feel free to call our Customer Service Department with your feedback and suggestions for next year’s edition.

“To all of our AlohaCare physicians, thank you for improving the health of our AlohaCare members.”



AlohaCare

Aloha is the difference

1357 Kapiolani Blvd. Ste 1250

Honolulu, Hawaii 96814

Oahu 973-1650

Neighbor Islands 1-800-434-1002

www.alohacarehawaii.org