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## Feature Article: Our Team Approach to the 2017 PO Measures

### Colleagues,

As [previously mentioned](#), HHP PCPs will not transition to HMSA's Payment Transformation program until later this year – with payment changes in July, followed by changes to the ambulatory quality measures in January 2018. However, January 2017 did bring the first wave of major changes, as we entered the program as a physician organization (PO).

### PO Engagement Measures

HHP is responsible for meeting the PO engagement measures, which include:

- Timely access for new members (PO).
- Timely access for existing members (survey).
- Timely access for members across in all lines of business (HMSA).
- Providing 24/7 coverage for members (PO).
- Participation in HMSA PO meetings (PO).

Meeting these measures translates to a per-member-per-month (PMPM) fee of:

- Commercial – \$0.90
- Akamai – \$0.60
- QUEST – \$0.50

### Performance Measures

While the performance measures are still PO measures, every physician plays a vital role in our success, as we are measured by our cumulative performance. These performance measures include:

- Hospitalization for potentially preventable complications – ambulatory care sensitive conditions (ACSCs)
  - Commercial and Akamai Advantage
  - Description: For attributed members 65 years of age and older, the rate of discharges for chronic ambulatory care sensitive conditions (ACSC) per 1,000 members. An ACSC is a chronic health condition that can be managed or treated in an outpatient setting.

- DM short/long-term complications, uncontrolled DM, COPD, asthma, bronchitis, HTN, CHF
- Min: 40/1,000, goal: 16/1,000

- Emergency department (ED) access and utilization
  - Description: For all attributed members, the rate of ED visits per 1,000 members.
  - Min: 193/1,000, goal: 113/1,000
- Children with Special Health Care Needs Screener (CSHCN)
  - Commercial and QUEST
  - Description: The percentage of members 3-17 years of age who were screened for special health care needs using the CSHCN Screener® during the measurement year or the two years prior.
  - Min: 40%, goal: 75%
- Controlling blood pressure
  - Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:
    - o Patients 18-59 years of age whose BP was <140/90 mm Hg
    - o Patients 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
    - o Patients 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg
  - Min: 65%, goal: 80%
- PO engagement with ecosystem
  - Description: The percentage of a PO's PCPs who report that their PO provided them with the information, training, resources and support necessary to understand how to effectively use ecosystem programs. Measured via annual provider survey.
  - Min: 50%, goal: 85%

- Accountability for PCP communication (collaboration)
  - Description: The percentage of a PO's PCPs who report that their PO provided them with the information, training and support necessary to understand how to succeed in HMSA's PT program. Measured via annual provider survey.
  - Min: 75%, goal: 90%

Meeting these measures translates to a per-member-per-month (PMPM) fee of:

- Commercial – \$0.60
- Akamai – \$0.40
- QUEST – \$0.20

## How to Appeal NIA Denials

If you receive a prior authorization denial from National Imaging Associates (NIA), you still have options. They include the following:

### Reconsideration/Reopen (via NIA only)

#### Commercial Plan (Reconsideration)

- One opportunity within 30 calendar days of NIA determination date.

#### QUEST Integration

- Med-QUEST does not allow for re-review by HMSA or NIA before the appeal timeframe of 30 days has passed.
- If it is within 30 days from the date of denial determination, follow the appeal process.
- If it is beyond 30 days from the date of denial determination, a new case CAN be submitted for the same procedure.

### HMSA Akamai Advantage Plan (Re-open)

- Centers for Medicare & Medicaid Services (CMS) mandates request to be in writing using the re-open letter.
  - Contact NIA Call Center or HMSA for a copy of a re-open letter.
- Timeframes are based on re-open reason:
  - Within one year of denial rate for any reason.
  - Within four years of denial rate for good cause.
  - At any time if the denial was due to a clerical error.

\* If the above criteria are not met, follow the appeal process with HMSA.

The image shows a form titled 'NIA' with the subtitle 'PLEASE FAX THIS FORM TO: 888-656-6765'. It includes fields for 'CCL TRACKING NUMBER' and 'FAXC'. Below these are sections for 'REASON FOR DENIAL', 'REASON FOR REOPEN', and 'REQUESTING PHYSICIAN'. There are also checkboxes for 'I am requesting reconsideration of the denial only' and 'I am requesting reconsideration of the denial and a REOPENING OCCURRING UNDER THE SAME PLAN'. At the bottom, there is a section for 'FAXC' with a note: 'FAXC is a service mark of the American Medical Association. The information on this form is for informational purposes only. It is not intended to be used as a substitute for professional medical advice. Always consult your physician for more information.' There is also a small table with columns for 'Requester', 'Date', and 'Status'.

## Total Cost of Care

We'll also be measured on our total cost of care, against our own past performance.

As a PO, we must first have an overall quality performance of at least 50%. If we hit that goal and decrease our total cost of care by at least 4%, we will be eligible for a bonus to be distributed to the PCPs – 40% of savings go to the PO for distribution.

While these are PO measures, we can't do it without you. "Physician-led" means each and every one of you. Together, we will create a healthier Hawai'i for our patients and each other.

I look forward to seeing you all soon.

Andy Lee, MD  
Medical Director, HHP

## Appeal

- Request at any time after adverse determination.
- Request via HMSA only.
- Phone: 948-5090 on O'ahu or 800-426-2085 toll-free.
- Email: [appeals@hmsa.com](mailto:appeals@hmsa.com).
- Available for ALL lines of business.
- Refer to denial letter for the appropriate appeal process and timeframe.

## Peer-to-peer (P2P) Reviews

- Clinician from ordering physician's office can discuss a request with NIA reviewer.
- Can be done at any time.
- Discuss clinical rationale for request prior to a determination.
- Can occur after a decision has been made. May result in overturn of denial without need for a formal appeal.

## Pre-determination P2P

- If ordering physician would like to discuss the request.
- If ordering physician feels submitted clinical information might not fully state the medical necessity of the patient's condition.

## Post-determination

### Commercial

- P2P can result in an overturn IF it is within 30 calendar days of denial.
- Clinical evidence from the patient's medical record may still be required to be faxed in. NIA reviewer will advise if needed.

### QUEST Integration

- P2P is consult only while the case is open.
- Advice can be given for HMSA formal appeal process if applicable.

## HMSA Akamai Advantage

- P2P is consult only.
- Advice for the HMSA formal appeal process if applicable.
- For administrative errors (wrong study originally requested, etc.), a new decision can be made but only with a completed and signed re-open letter.

## Notice of Determination

- Pre-certification validity period:
  - 90 days from the date of service.
  - If no date of service is given, 90 days from the date of request.

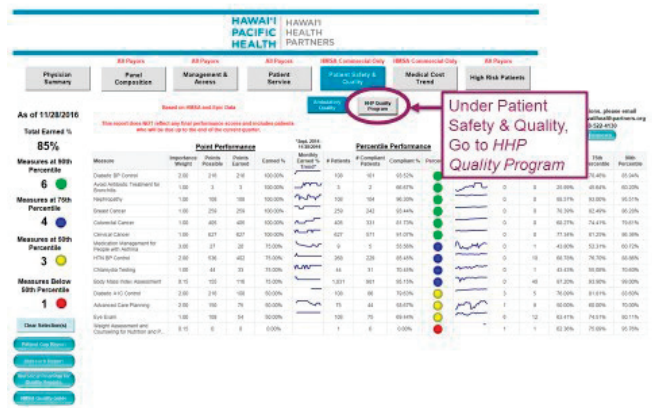
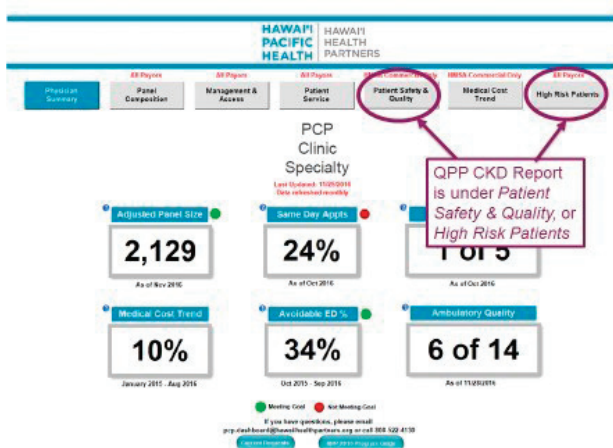
## CKD Attestation Form Now Available Online

PCPs can now submit their chronic kidney disease (CKD) attestation forms online, making it easier to meet the new 2017 Quality Performance Program (QPP) measure.

Aimed at improving the management of CKD patients, HHP's Ambulatory Management of CKD measure requires PCPs to review a list of attributed patients on the Chronic Disease Registry and at risk of CKD at least twice during the year, with four months or more in between reviews. The [attestation form](#), now available from the Dashboard, is required for each review. To meet the 2017 requirements, PCPs would need to conduct the first review no later than August 29, 2017.

Starting in February, the HHP Primary Care Dashboard began including an enhanced CKD heat map page to help PCPs meet the QPP measure. The CKD report, refreshed monthly, displays each patient sorted by CKD risk. Also displayed are the lab values, date of the lab and whether the lab was taken in an inpatient or outpatient setting. The medical record number for each patient also links to their Epic chart.

See below for further instructions on how to navigate the new CKD report:



For the [attestation form](#), Dashboard users should go to the top tab "High Risk Patients" and will then find a link on the bottom left side of the page. There are also links to the [2017 Program Guide for Physicians](#), as well as the [HHP CKD Guide](#) to help you manage these patients.

## Updated Referral Resource Available

HHP has updated our new [referral resource](#), designed to help improve network awareness and assist physician members and their staff with patient referrals.

For March, we have added both adult and pediatric psychiatrists and psychologists (please note that they do not require a health center referral). We have also added more information for accessing palliative/hospice consults.

In addition to HHP's [Physician Directory](#), the new [referral resource](#) can be used to search HHP members by specialty and features contact information, whether the physician is on Epic, and additional office details and notes.

Please share this [referral resource](#) with your staff and don't hesitate to send suggestions for improving the tool to [info@hawaiihealthpartners.org](mailto:info@hawaiihealthpartners.org). However, please note that this is a work in progress and will not have all the information right away for everyone.

We hope you find this new resource useful in your efforts to provide the right care to your patients.

## Member Spotlight: Jenny Welham, MD

**Jenny H. Welham, MD**, is a practicing pediatrician in Honolulu. She graduated from the University of Hawai'i John A. Burns School of Medicine (JABSOM) in 1998 and has been practicing for 19 years. Dr. Welham completed her residency at JABSOM and currently practices at Jenny Welham MD LLC. She is affiliated with Kapi'olani Medical Center for Women & Children (KMCWC) and is board certified in pediatrics.



### **HHP: How long have you been an HHP member?**

**Welham:** I've been a member since 2015. I moved to Virginia after my residency because my husband got a job there as a pilot. I worked in private practice for 12 years, but moved back to Hawai'i three years ago.

I took over Dr. Jeremy Lam's practice when I moved back, partly because the office is at KMCWC, which is nationally recognized and is the premiere maternity, newborn and pediatric specialty center in Hawai'i and the Pacific Region. That's where I completed my residency and it has always been like a second home to me.

### **HHP: As an independent physician, what made you want to join HHP?**

**Welham:** I saw that HHP members had a lot of support getting to PCMH Level 3 and recognized the level of expertise and support HHP staff had.

Eleanor Naone (the PCMH coordinator) did so much! She helped me achieve Level 3 within 6 months. She also provided support with the transition when I took over Dr. Lam's patients. She really helped a lot.

Epic optimization and training were another reason I became an HHP member, and HHP was able to support related PCMH and P4Q requirements.

### **HHP: What's different about practicing medicine in Hawai'i vs. the mainland?**

**Welham:** Physicians are more collaborative in Hawai'i. Everyone is working in the best interest of the keiki.

It's all about relationships, and that benefits the patients. Specialists listen and take feedback from the PCP to coordinate and optimize care..

### **HHP: How will the changing health care environment change the way you practice medicine?**

**Welham:** It doesn't change the way I practice, but doctors are faced with a lot of new requirements related to coding and documentation. They're a burden, and it's where a majority of my time is spent.

Another challenge for me is keeping up with requirements for both pediatric and adult patients – I have quite a few patients over 18.

In general, I would like more administrative support, so I can focus on patient care. Online scheduling, screening and registration would be one example of the kind of support that would significantly free up time.

## HHP Welcomes New Members

HHP would like to welcome the following individual who was recently appointed by the HHP Board of Managers as a new member of the organization:

- **[Brent K. Tamamoto, MD](#)**, Pediatrics, Independent

# HHP Clinical Forum: Reminder to Register Now!

## Aloha, HHP Colleagues!

As Chair of the upcoming HHP Clinical Forum, I wanted to take this opportunity to share some more details and tell you how much I support this event.

Our mission with this inaugural forum is to introduce HHP members to one another and discuss ways we can work together, across the system, to improve the quality and efficiency of care. We are truly “better together” and will need each other as we move forward in today’s changing health care environment.

I believe there’s a lot we can learn from each other and am grateful to Drs. Balfour, Saelinger and Young for sharing their stories. I know these stories will inspire all of us and serve as a good starting point for some very meaningful discussion.

I’ve included below the agenda for the April 19 meeting. If you click on the agenda, you will be taken to the online registration form.

This first meeting is a step on our path to becoming one group, working together. I hope to see you all there.

Mahalo!

Ken

Kenneth Nakamura, MD  
CMO, Kapi’olani Medical Specialists



### HHP Clinical Forum

*Better Together: Working Across the Network  
to Create a Healthier Hawai‘i*  
April 19, 2017  
Hawaii Prince Hotel Waikiki

### PROGRAM

- 5:30 p.m. **Registration/Networking**
- 6:15 p.m. **Opening Remarks**  
*Kenneth Nakamura, MD, Chief Medical Officer,  
Kapi’olani Medical Specialists*
- 6:25 p.m. **How it Took Two Hurricanes for Pediatricians on Kaua’i to Work Together**  
*Geri Young, MD, Chief Medical Officer, Kaua’i Medical Clinic*
- 6:30 p.m. **Roundtable Discussion**
- 6:45 p.m. **Transition**
- 6:50 p.m. **Creating Collaboration Among Competitors to Develop Best Practice Guidelines**  
*Donald Saelinger, MD, Gastroenterology,  
Straub Medical Center*
- 6:55 p.m. **Roundtable Discussion**
- 7:10 p.m. **Break/Transition**
- 7:25 p.m. **From Doubter to Champion: Leadership Creating Improvements in Surgical Safety**  
*John F. Balfour, MD, General Surgery,  
Straub Medical Center*
- 7:30 p.m. **Roundtable Discussion**
- 7:50 p.m. **Closing Remarks**  
*Kenneth Nakamura, MD*
- 8:00 p.m. **Program Adjourns**

Questions? Contact us at [info@hawaiihealthpartners.org](mailto:info@hawaiihealthpartners.org)

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