

Membership & Contract Participation

Definitions, Policies and Procedures

Support Service Offerings by Contract

Updated December 2021

Membership in Hawaii IPA

Hawaii IPA is a membership association whose vision is to preserve independent practice by creating an engaged, connected health community that empowers our physicians and their patients. Hawaii IPA offers a number of contracts available to members and non-members alike. Please see below for membership criteria as well as who may participate in contracts as non-members.

Full Members in the IPA are defined as follows:

A MD, DO, DPM who is licensed to practice in the state of Hawai'i and is either:

1. An owner of a clinical practice owned by one or more physicians
2. Employed by a clinical practice owned by one or more physicians.

To be a member of Hawaii IPA, said physician must be actively participating in one or more of Hawaii IPA's contracts or programs (i.e. HMO, Payment Transformation, AlohaCare, etc.). For the avoidance of doubt, a physician employed by a hospital or employer group affiliated/owned practice, an FQHC, or otherwise owned practice will not qualify for full membership in Hawaii IPA but may qualify as an Associate Member or Non-Member Affiliate as defined below.

Associate Members in the IPA are defined as follows:

Any other physician (MD, DO, DPM) who does not meet the criteria for full membership above but who is contracted with HIPA for a plan or program will be designated as an **associate member** of the IPA. Associate Members receive a voice but not a vote in all IPA matters. *For example, a physician employed by a hospital or employer group affiliated/owned practice, FQHC, or otherwise owned practice who participates in Hawaii IPA HMO or another contracted program will be considered an Associate Member of the IPA.*

Non-Member Affiliates who may participate in contracts with the IPA are defined as follows:

Mid-level or other providers contracted with Hawaii IPA in a plan or program will be considered affiliates of the IPA only and their participation in any plan or program is contingent on them practicing under the supervision of a MD, DO, or DPM ("Supervising Provider") who is also contracted in the same plan or program with Hawaii IPA. The Supervising Provider must sign off on all of the provider's notes and is subject to audit by Hawaii IPA.

Please see contract specific policies and procedures for eligible provider types and requirements in

this category.

All members are subject to approval by the Hawaii IPA Membership Committee and must sign a membership agreement.

Contract Participation

In addition to being an Association providing education and advocating for independent private practice in the state of Hawai'i, Hawaii IPA also has the authority to bind providers under various contracting arrangements with private, state, and federal payers.

A provider can but need not be a member of the Hawaii IPA in order to be a participating provider under one or many of these contracts. Each contract has its own regulations with regards to allowable participating providers, benefits under the contract, and policies and procedures. All provider applications to participate in a specific contract with Hawaii IPA are subject to approval by HIPA's Membership Committee in its sole and absolute discretion.

The current contracting arrangements and participation guidelines are as follows:

(1) HMO/ Health Center

Purpose

Being a participating provider with Hawaii Independent Physicians Association (HIPA) in our HMO means the health care provider will be considered in-network and can see patients with HIPA HMO Insurance and have HIPA HMO patients referred to them. All health center participants agree to prioritize referrals to in-network providers. Participating providers in the HMO must sign an HMO attestation and keep practice information up to date with Hawaii IPA. Participating providers are paid at 87% of the fee schedule for all claims related to Hawaii IPA HMO patients. Participation the health center is at-will and can be terminated at any time.

Policy

HMSA Regulations: Must be credentialed with HMSA

Hawai'i IPA Regulations

Healthcare providers are welcome to join the Hawaii IPA health center as long as they practice and are credentialed in the State of Hawai'i, regardless of island.

Hawaii IPA allows the following credentials into our HMO without restrictions:

- Physicians (M.D., D.O., D.P.M.)

Hawaii IPA allows the following credentials into our HMO under the condition they practice under a participating physician as defined above or participating group with physician oversight:

- Advanced Practice Registered Nurses (APRN, NP)

- Physician Assistants (PA)
- Naturopathic Doctor (ND)

Hawai'i IPA does not allow the following credentials into our HMO or PO:

- Other healthcare providers not listed above

Procedure

Provider Steps to Apply

- Provider submits application through HIPA website at www.hawaiiipa.com/apply
 - Provider should not apply until they are either (i) credentialed with HMSA or (ii) have completed all necessary paperwork for credentialing with HMSA and application has been confirmed in-process by HMSA
- Provider submits HIPA HMO Attestation via email to administration@hawaiiipa.com
- Provider reviews, signs, and retains HIPA Anti-Trust Policy

HIPA Process Upon Receipt of Complete Application

- Provider's application is processed within 1 week of receipt of both their application and HMO attestation. Processing includes:
 - researching the provider for a brief background check
 - checking to see if they are credentialed or are in the credentialing process with HMSA
- Administrative Team fills out "HMO Membership Addition form" on behalf of provider
- Administrative Team emails addition form to HMSA.
 - If provider is credentialed, effective date in HMO will be 2 weeks out from when Administrative Team submits the addition to HMSA.
 - If not credentialed, their effective date will be pending HMSA credentialing and determined by HMSA when credentialing goes through.
- Administrative Team adds provider to email listserv in Constant Contact and updates their profile in Salesforce
- HMSA will send a letter to provider once they have been processed in our HMO and Hawaii IPA will be listed under the provider on their website.
 - It can take 8+ weeks for HMSA to process new providers; their effective date will be back-dated as long as the Provider is credentialed as of the effective date HIPA has submitted. Otherwise, effective date will be the same as the credentialing date.

(2) Payment Transformation

Purpose

HMSA's quality program reimbursement model that moves away from fee-for-service (FFS) payment to a per-member-per-month (PMPM) capitated payment.

For providers enrolled in Payment Transformation with Hawaii IPA, HIPA is their designated primary PO. Participation is subject to HIPA's Membership Committee's approval in its sole and absolute discretion.

Policy

HMSA Regulations:

- a. Be a participating HMSA provider for HMSA's commercial, QUEST integration, or HMSA Akamai Advantage lines of business
- b. Be a PCP who is credentialed with HMSA as an internist, general practitioner, family physician, pediatrician, naturopathic physician*, advanced practice registered nurse (APRN) or physician assistant (PA) under the supervision of a PT program-eligible PCP
- c. Be a member of a PO contracted with HMSA to participate in the PT program
- d. PCPs may only be contracted with one PO for the purposes of PT program participation

Hawaii IPA Regulations:

*HIPA follows HMSA regulations with the exception that HIPA only allows Naturopathic Physicians in Payment Transformation if they are under the supervision of a HIPA PT participating physician (MD, DO).

Procedure

- a. Provider submits application online at www.hawaiiipa.com/apply and checks off "yes" for applying to Payment Transformation to answer supplemental questions (please fill this application even if you are already a member of Hawaii IPA)
- b. Provider emails a copy of their CV to administration@hawaiiipa.com
- c. If provider participated in Payment Transformation previously with Hawaii IPA and is re-applying, provider must submit a [Re-Application form](#), provided by HIPA's Administrative Team at administration@hawaiiipa.com
- d. If provider participated in Payment Transformation previously or is currently participating in Payment Transformation with another Provider Organization (PO), provider must submit a [Previously with Another PO form](#), provided by HIPA's Administrative Team at administration@hawaiiipa.com
- e. Administrative Team researches provider for further information gathering within one week of receiving application
 - If provider was previously with another PO, HIPA will contact HMSA and

- previous PO for information on quality performance and any
- f. Application, CV, Background Info compiled and sent to the Membership Committee
 - g. Membership Committee meets the second Monday of every odd numbered month to review and accept/deny or request additional info
 - h. If accepted, Administrative Team to route required paperwork to provider for signatures. Fully executed copies will be sent to provider
 - Payment Transformation Participating Provider Agreement
 - Master Services Agreement with Business Associate Agreement
 - i. Once all paperwork is complete, administrator submits the necessary paperwork to HMSA to add provider within 1 week of receipt
 - **Providers New to PT or Previous Participants who are Currently FFS:** Effective date will be the 1st of the month following submission (unless otherwise requested to delay to a future month), given the paperwork was submitted to HMSA by the 15th of the preceding month & HMSA credentialing is complete.
 - **Providers Currently with a Different PO:** Transferring POs is based on HMSA's policies and procedures and is currently only allowable at two points during the year. The chart below is as of the 2021 PT Guide and is subject to change based on HMSA program guide changes.

Effective Date with New PO	Notification given by both POs to HMSA	HIPA Deadlines	Current PO
July 1	May 1	All application materials received by end of February; Contract with HIPA signed by April 30 th	Check with your current PO for termination clauses and deadlines. Contract termination must be submitted to current PO, with a termination date of 6/30, prior to signing HIPA contract
January 1	Nov 1	All application materials received by end of August; Contract with HIPA signed by October 31 st	Check with your current PO for termination clauses and deadlines Contract termination must be submitted to current PO, with a termination date of 12/31, prior to signing HIPA contract

Provider is responsible to ensure they have met all notification deadlines with their current PO and have fully terminated their current PO contract prior to contract signing with Hawaii IPA. Provider will submit proof of contract termination to Hawaii IPA upon request.

(3) MDX Risk Adjusted Capitation Program (RACP)

Purpose

This joint partnership program between MDX and Hawaii IPA is a reimbursement model that moves away from fee-for-service (FFS) payment to a per-member-per-month (PMPM) capitated payment for United and Humana MA lives with upside shared savings.

Hawaii IPA is continuously developing and improving clinical integration with all its participating providers in capitated arrangements under Hawaii IPA. This includes integrated practice support teams to support participating provider's success in all capitated arrangements.

Participation is subject to HIPA's Membership Committee's approval in its sole and absolute discretion.

Policy

MDX and Hawaii IPA Regulations:

- a. Provider must be an MDX Hawaii provider for the Medicare Advantage line of business
- b. Provider must be a credentialed Primary Care Provider with MDX Hawaii
- c. Provider must be approved by Hawaii IPA for RACP Program participation

Procedure

- a. Provider must submit Hawaii IPA's supplemental RACP application form
- b. If provider is applying to both Payment Transformation and RACP at the same time, provider must follow the procedure for Payment Transformation above prior to submitting the supplemental RACP application form

Services Are Tailored to Meet Individual Office Needs

For Providers and Staff:

- **In Office Support:** Our aim is to decrease administrative burden on your office! Our liaison can help with: pre-visit planning (chart prep), supplemental data research & entry, call campaigns for quality measures, scheduling of annual exams, workflow support, office organization, and more.
- **Billing Support:** Let us work with you to establish the easiest reporting workflow. We can work to create superbills, billing templates, and research issues your office might have with claims displaying in Coreo or the MDX Core portal.
- **Quality Measure Support:** We want to support you meet your annual quality measure goals! This includes providing your office quality reports to track your progress on your measures, developing a plan with you and your staff to maximize your incentives, and working with delegated staff from HMSA and MDX with call campaigns or scheduling support to coordinate with your patients to close their gaps.
- **Documentation & EHR Training:** We work with your office to ensure that documentation will meet any potential audits, train on documentation best practices, and create visit templates tailored for your documentation preferences. Unsure that you are using your EHR to the most of its capability? Ask us! We can review your systems and let you know any potential areas of improvement.
- **Call and Email Triage Support:** Have an issue or question regarding the capitation program (PT or RACP), program portals (i.e. HMSA's Coreo, MDX's Core Portal, HIPA's data platform, etc.), attribution, your payments or more? Call and or email your physician liaison and we will track and document all issues through to resolution and keep you informed along the way.
- **Attribution Checks:** Hawaii IPA conducts attribution reviews on a monthly basis, checking the validity of anyone who drops off your panel, & adding back those who are eligible.
- **Payment Checks:** Hawaii IPA continually reviews payment calculations, attribution, and other determinations that come out from the payer to ensure things were calculated correctly. If we find any errors, we work with your office to appeal any decisions to ensure that there is no financial penalty passed down.
- **Quality News and Updates via Email:** Quality Bulletin providing you with timely Payment Transformation and/or RACP updates, upcoming event/webinar details, HIPA offerings, and more!
- **Hawaii IPA Directory:** For quick checks of in-network providers of HIPA's HMO network, Hawaii IPA maintains an online directory for patients and providers www.hawaiiipa.com/directories.

Interested in more information for one or more of our services and offerings, contact your HIPA Liaison, Stephanie: stephanie@hawaiiipa.com | 808-773-2480 or Kyleigh: kyleigh@hawaiiipa.com | 808-349-0554

Additional Services & Offerings- HMSA's PT Program Only

- **Diabetic Eye Exam Screening:** In-office diabetic eye exams at the point of care to increase patient satisfaction & compliance. Hosted as clinics or after PCP appt, tailored to your needs.
- **Pap Clinic:** We now offer limited Pap Clinics on an as needed basis to provide expanded access for patients who have yet to establish care or cannot find an appointment with an OBGYN. We work with your office to host pap clinics on select Saturdays during the year.
- **IHMS Coordination:** HMSA offers free services to your patients via various health programs such as: Comprehensive Case Management (CCM), Condition Care Program (CCP), ER Diversion via Event Driven (EDC).

Additional Services & Offerings- MDX's RACP Only

For Providers and Staff:

- **New Member Coordination:** Hawaii IPA will work with delegated staff from MDX to assist outreaching and/or scheduling newly assigned patients ensuring that they establish care with your practice.
- **APRN Support:** We have APRNs available for you to complete AWWs/AHAs based on the support level that works for you. You can choose full delegation or partial delegation and the APRNs will coordinate with you and your office to complete these visits and send you the completed notes. This support will help you with meeting the gainshare requirements and increase your reassessment and suspect condition performance.
- **Scheduling Support: Managed by HIPA, performed by MDX:** Hawaii IPA will work with delegated staff from MDX to assist outreaching and/or scheduling AHA/AWWs via EMR or an approved scheduling template.
- **Case Management/Care Coordination:** Give your patient the additional support they may need by referring them to HIPA/MDX Case Management Program; more information below.

Case Management Support (Performed by MDX, Managed by HIPA):

- **Level 1—Service Coordination:** this level of support is for short term assistance, referral management, specialist assignment, and coordination of transportation/other benefit needs
- **Level 2—Care Coordination:** this level of case management is provided to patients with one or more chronic conditions that need service coordination, further assessment (SDoH/health risk assessments), self-management support, and health education.
- **Level 3—Complex Case Management:** this level of case management is provided to members who have multiple chronic conditions, significant SDoH factors, 2+ hospital admission or 4+ ED visits in the last 12 months; or 2+ ED visits in the last 6 months
- **Level 4—Ala O Hoola:** this level of case management is for members who have multiple uncontrolled chronic conditions, 2+ hospital admission or 4+ ED visits in the last 12 months; or 2+ ED visits in the last 6 months, or recent discharge from acute inpatient or SNF.
- **TOC:** this service is offered to all members recently discharged from acute or SNF facility

Additional Services & Offerings- Maui Only

Due to physician shortages and additional program needs for our Maui providers, we offer the following additional services on Maui

- **Referral Hub:** Created to provide you a one stop shop to refer your patients to various services offered by us or payors and have Hawaii IPA ensure end-to-end coordination. See below for service details of the programs coordinated through the hub.
- **Medical Nutrition Therapy (MNT):** Hawaii IPA has contracted two dual certified nutritionist and CDEs to provide nutritional intervention for your patients with chronic conditions. Dietitians host clinics 2-3 times a month on Maui (telehealth also available during the Public Health Emergency).
- **Maui Specialty Clinic:** coming soon

Referral Hub (Referral Form Needed)

- **Medical Nutritional Therapy (MNT):** See explanation above.
- ***Beacon Behavioral Health:** Beacon provides behavioral health services to members and physicians by coordinating support, therapy, and medication management.
- ***Comprehensive Case Management:** HMSA's IHMS team works to stabilize the most complex patients with the highest resource use. For late-stage patients, they facilitate advanced life care planning. For high-risk patients with multiple or complex medical needs.
- ***Condition Care Program:** HMSA's IHMS promotes self-management of conditions to slow progression of disease. Targets specific conditions such as Diabetes, CHF, COPD. For patients 18+ at high risk of declining health and potential hospitalization.
- ***ER Diversion via Event Driven Care Program:** Ensure safe transition to home/community. Reduce avoidable hospital readmissions and ED visits. Perfect for patients with high ER util.
- ****Care Coordination:** For QUEST patients, an assigned service coordinator provides support with both physical and mental behavioral health, including transportation assistance to appointments.

*HMSA patients only, **HMSA & AlohaCare

Interested in more information for one or more of our services and offerings, contact your HIPA Liaison, Stephanie: stephanie@hawaiiipa.com | 808-773-2480