



East Hawaii IPA www.ehiipa.com

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January 29, 2019

TO: HMSA Payment Transformation Providers

FROM: East Hawaii IPA

RE: ACCEPTING **NEW** HMSA PATIENTS + DEMOGRAPHICS (QUARTERLY REVIEW)

Please indicate below whether you are accepting new HMSA patients by checking:

- **YES** if you are accepting new patients (PCPs must have appointment availability **within 30 days** to be considered as accepting new patients)
- **NO** if you **will not** accept new patients
- **CONDITIONAL ACCEPTANCE** if you are accepting new patients on certain conditions (i.e., only accepting at one location, newborns, etc.) – please clarify next to answer.

PROVIDER NAME: _____ is accepting new patients for the following HMSA lines of business:

HMSA HMO (COMMERCIAL)

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

HMSA PPO (COMMERCIAL)

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

HMSA QUEST INTEGRATION (MEDICAID)

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

HMSA AKAMAI ADVANTAGE (MEDICARE)

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

(Continued on next page)

HMSA also asks that PCPs verify their demographic information quarterly. For those with more than one practice location, please fill in information for all locations.

PCP EMAIL ADDRESS: _____

APPOINTMENT PHONE NUMBER: _____

PHYSICAL ADDRESS: _____

CONTACT INFO FOR SECOND LOCATION (IF APPLICABLE):

OTHER INSURANCES ACCEPTING NEW PATIENTS:

For East Hawaii IPA to update its PCPs Accepting New Patients website page, we ask that you check off the other insurances you are accepting new patients for, along with criteria, if any.

AARP

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

AETNA

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

ALOHACARE

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

BLUE CROSS BLUE SHIELD (BCBS) ASSOCIATION)

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

CIGNA

- ☐ YES
- ☐ NO
- ☐ CONDITIONAL ACCEPTANCE (criteria: _____)

HAWAII-MAINLAND ADMINISTRATORS (HMA)

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

HAWAII MEDICAL ASSURANCE ASSOCIATION (HMAA)

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

MEDICARE

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

‘OHANA HEALTH PLAN

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

TRICARE

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

UNIVERSITY HEALTH ALLIANCE (UHA)

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

UNITEDHEALTHCARE (UHC)

- ☐ YES
☐ NO
☐ CONDITIONAL ACCEPTANCE (criteria: _____)

PLEASE SUBMIT BY TUESDAY, FEBRUARY 5, 2019.

FAX TO 808-935-4472.

If your office decides to accept/not accept new patients for any of the HMSA lines of business after this form is submitted, please let Joyce Vitales know ASAP at jvital@ehiipa.com or call 808-797-3113.