



## ALL ABOUT 'OHANA

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#### **An Introduction**

'Ohana Health Plan (the Plan), is a health plan offered by WellCare Health Insurance of Arizona, Inc. and a licensed health maintenance organization (HMO) based in Hawai'i. 'Ohana serves aged, blind or disabled (ABD) individuals and families who are eligible for QUEST Expanded Access (QExA). 'Ohana Health Plan is a subsidiary of WellCare Health Plans.

#### **'Ohana's Commitment to Providers**

- Superior service to our members, providers and hospitals;
- Designated staff to respond to your specific questions or inquiries;
- Your own provider relations representative to ensure responsiveness; and
- Local office to be near the provider community and act as liaison between 'Ohana and its providers, ensuring smooth operations.

This provider manual is presented to Plan providers to assist with the administration of the QExA products, services, policies and procedures and to supplement the provider agreement.

#### **About 'Ohana**

'Ohana is a member of the WellCare Group of Companies. WellCare is a leading provider of managed care services dedicated to government-sponsored health care programs, focusing on Medicaid and Medicare. We operate a variety of Medicaid and Medicare plan types, including health plans designed for families, children, aged, blind or disabled as well as prescription drug plans.

Founded in 1985, WellCare is headquartered in Tampa, Florida, and has a team of 3,800 associates that serves more than 2.3 million members nationwide.



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#### Help Us Build An Environment of CARE

WellCare understands that maintaining a healthy community starts with providing care to those who need it most. As one of the nation's largest Medicaid and Medicare contractors, we offer affordable health care plans to individuals eligible for government-sponsored programs.

Since 1985, it's been our mission to support the well-being of our members. In partnership with local health care professionals and government organizations, we build an environment of **CARE** to make it all possible:

**C** — **C**ustomer service through a well-established and financially-sound infrastructure;

**A** — **A**ffordable plans working to make the most of members' Medicaid or Medicare coverage;

**R** — **R**eliable and responsible partners, including a provider network of more than 50,000 physicians, 600 hospitals, 15,000 ancillary providers and skilled nursing facilities; and

**E** — **E**ducation and preventive care programs for members' ongoing good health.

#### **C — Customer Service**

Managing care for Medicaid and Medicare populations is a tremendous responsibility. Our success depends on our ability to provide superior service to both our members and our provider partners.

Our associates strive to maintain a high level of customer service for our growing membership base. As an organization, we continue to look at ways to improve the services we provide. We have offices in each of the states we serve to help us meet the unique needs of each market. In Hawai'i, 'Ohana has a dedicated local call center for providers and members.



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Exclusively focusing on government health care programs enables us to develop core skills and build efficiencies unique to government programs.

We pay claims promptly to support the provider's practice. We minimize administrative burdens through a variety of convenient, Web-based functions and supply providers with valuable risk management data.

#### **A — Affordable Plans — Making the Most of Medicaid**

For Medicaid recipients, our programs promote greater access to the entire continuum of care. By providing the coordinated, holistic approach that managed care originally was envisioned to offer, we strive to help keep our members healthy.

#### **R — Reliable and Responsible Partners**

Lack of good access to primary care can result in episodic, uncoordinated health care utilization. By forging strong relationships between our members and primary care providers, we ensure that beneficiaries enjoy better, more regular access to care.

#### **E — Education and Preventive Care for Members**

By promoting “well care” — from childhood immunizations to routine checkups, prenatal care, diabetes monitoring, asthma medication, mammograms and disease management programs — in addition to comprehensive medical services, we help to identify and address medical problems early. This, in turn, improves outcomes and promotes members' ongoing health.

### **Core Values**

#### **Partnership**

Members are the reason we are in business; providers are our partners in serving our members; and regulators are the stewards of the public's resources and trust. We will deliver excellent service to our partners.



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#### **Integrity**

Our actions must consistently demonstrate a high level of integrity that earns the trust of those we serve.

#### **Accountability**

All associates must be responsible for the commitments we make and the results we deliver.

#### **Teamwork**

With our fellow associates, we can expect – and are expected to demonstrate – a collaborative approach in the way we work.

#### **QUEST Expanded Access (QExA)**

The goals of the QUEST Expanded Access (QExA) program are to:

- Improve the health status of the member population;
- Establish a “provider home” for members through the use of assigned primary care providers (PCPs);
- Establish contractual accountability among the state, the health plan and health care providers;
- Expand and strengthen a sense of member responsibility and promote independence and choice among members;
- Assure access to high-quality, cost-effective care that is provided, whenever possible, in a member’s home and/or community;
- Coordinate care for the members across the benefit continuum, including primary, acute and long-term care benefits;
- Provide home- and community-based services (HCBS) to persons who qualify;



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- Develop a program that is fiscally predictable, stable and sustainable over time; and
- Develop a program that places maximum emphasis on the efficacy of services and offers health plans both incentives for quality and sanctions for failure to meet measurable performance goals.

#### **'Ohana's Member Population**

QExA is a mandatory managed care program that provides for a comprehensive package of medical, dental, long-term care and behavioral health benefits to the following individuals if they meet the Medicaid financial and non-financial eligibility requirements:

- ABD individuals living in the community including:
  - SSI recipients;
  - ABD individuals whose countable household income is less than or equal to 100 percent of federal poverty line (FPL); and
  - ABD individuals receiving state supplemental payments (SSP).
- ABD individuals residing in long-term care institutions (e.g., nursing facilities or long-term care hospitals), including those who are subject to post-eligibility treatment of income (or patient share-of-cost or "pay ability" provisions). This category of ABD individuals includes the Medically Needy with Spend-down eligibility group in long-term care institutions (i.e., those who have countable incomes greater than 100 percent of FPL but who incur substantial long-term care and other medical expenses).
- ABD individuals enrolled in one of the following existing home- and community-based services (HCBS) 1915 (c) waiver programs:



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- Nursing Homes Without Walls (NHWW) for aged and disabled individuals of all ages who meet a nursing facility level of care (NF LOC);
  - Residential Alternatives Community Care Program (RACCP) for aged and disabled individuals 18 years and older who are ABD and meet an NF LOC;
  - Medically Fragile Community Care Program (MFCCP) for medically fragile children younger than 21 who are ABD and are in foster care or have an adoption subsidy agreement and meet a sub-acute or NF LOC;
  - HIV Community Care Program (HCCP) for ABD individuals of all ages who meet an NF LOC and have a diagnosis of AIDS, a condition associated with HIV; and
  - Developmental Disabilities and/or Mental Retardation (DD/MR) for ABD individuals of all ages who meet an ICF/MR LOC. The DHS will provide case management services and oversee 1915(c) HCBS and ICF/MR services for individuals with DD/MR.
- Other relatively small, specialized ABD populations who previously received SSI cash payments, including:
    - Enrollees deemed to be receiving SSI for purposes of Medicaid but who may not receive actual SSI cash benefits because of earnings (including those eligible under §1619(a) and (b), the PASS program, etc.);
    - “Pickle” enrollees who lost SSI cash benefits because of the cost-of-living adjustment (COLA) increase in their OASDI benefits;



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- Disabled adult children (DACs) who lost SSI cash benefits because they became eligible for old age, survivor and disability insurance (OASDI) payments or an increase in benefits; and
  - Disabled widow/widower beneficiaries (DWBs) who lost SSI cash benefits because they became eligible for OASDI payments.
- Other populations who meet QExA eligibility criteria, including:
  - Children 18 or younger who are wards of the State (including but not limited to those who the State has placed in foster care) and meet QExA eligibility criteria;
  - Children 21 or younger who have a subsidized adoption agreement and meet QExA eligibility criteria;
  - Women eligible for Medicaid only by virtue of their need for treatment of breast and cervical cancer;
  - Terminally ill individuals of any age eligible for Medicaid by virtue of their need for hospice services (and who would be eligible for Medicaid if in a medical institution);
  - Individuals not in receipt of Retirement, Survivors and Disability Insurance (RSDI) and Social Security Insurance (SSI) disability benefits who have been determined disabled by the State's Aid to Disabled Review Committee (ADRC);
  - Disabled children younger than 21 who meet the criteria in this section; and

Disabled and aged parents (and caretakers) of minor children who meet the criteria in this section.



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#### **Provider Services**

'Ohana offers an array of provider services that includes initial orientation and education, either one-on-one or in a group setting, for all providers. These sessions are hosted by our Provider Relations representatives. Ongoing education sessions are provided every six months or as necessary.

Such materials as provider manuals, quick-reference guides, forms and provider case-management (Service Coordination) education materials are available via the Plan's Web site, [www.ohanahealthplan.com](http://www.ohanahealthplan.com), and a Provider Hotline is available to answer providers' questions. Contact information may be found on the **Quick Reference Guide**.