



HAWAII | 2010 | ISSUE II

MEMBER Focus



QUALITY PROGRAMS AND EVALUATION HELP US IMPROVE YOUR EXPERIENCE

We want to make your health care experience as smooth as it can be. Our Quality Improvement (QI) Program helps us do this. The program focuses on things such as:

- Making sure you have access to health care providers
- Assessing your satisfaction with our services
- Supporting you and your health care provider
- Helping you stay healthy
- Providing responsive customer service

We work with physicians, hospitals and other health care providers to support the care you receive. Our goal is to make services and processes better.

The Quality Management Program is overseen by the QI Committee. Program goals are to:

- Develop and maintain a system to measure, assess, and improve quality outcomes;
- Maintain regulatory compliance;
- Promote processes that reduce medical errors and improve patient safety;
- Promote high quality of care and service for all members;
- Promote effective use of services for all members;
- Identify the health education needs of members and health care professionals; and
- Seek and maintain accreditation from organizations that set quality and safety standards in health care.

For more information, please write to:

Director of Quality Management/Accreditation
'Ohana Health Plan
Plaza at Mill Town
94-450 Mokuola Street, Suite 106
Waipahu, HI 96797

**We work with physicians, hospitals and
other health care providers to support the
care you receive.**

HOW DOES QUALITY IMPROVEMENT (QI) “RATE” OUR SERVICE?

Our QI Program helps us rate our service to members and providers. We also track the care our members receive. Following are some highlights from the 2009 QI Program:

- Achieved full External Quality Review Organization (EQRO) compliance with an overall score of 97%
- Created educational handouts for EPSDT services
- Reviewed our provider network to make sure we have enough doctors to give care
- Exceeded standards as far as how quickly we answered calls, how long a caller was on the line and number of dropped calls
- Continue to improve our process for auditing providers to make sure they are giving timely appointments

Our goals for 2010:

- Get ready for a successful National Accreditation in 2011
- Increase our watch over patient safety concerns and issues reported to us
- Collect clinical data to improve the quality of care for our members
- Continue our efforts to decrease medication errors
- Become more aggressive in contacting members who need access to care
- Continue to improve the care for our diabetic members
- Develop a member panel to help us improve satisfaction with our health plan
- Develop a childhood obesity program to improve the overall health of our children

PRESCRIPTION DRUG BENEFITS FOR MEMBERS WITH BOTH MEDICARE AND MEDICAID



When you have both Medicare (federal program) and Medicaid (Hawai'i state program), many rules apply. One important rule is about Medicare Part D. This is the prescription drug benefit available to everyone with Medicare.

This has special importance to our Medicaid members who also have Medicare. That is because your Medicare Part D replaces 'Ohana Medicaid in paying for most of your prescription drugs. This means they will be covered under your Part D plan, not 'Ohana Medicaid.

QUICK FACTS ABOUT PART D PLANS

- Part D plans help cover the cost of prescription drugs.
- Enrollment is not required. But medications will not be covered by 'Ohana Medicaid if a person chooses not to enroll in a Part D plan.
- Help may be available based on need. But in general there is a cost associated with medication under Part D. This is called a "co-pay" or "co-payment." If you are not enrolled in the State Pharmacy Assistance Program (SPAP), you must pay these costs.
- Not all drugs are covered under Part D. 'Ohana Medicaid may cover the drugs not covered under Medicare Part D.
- Some Medicare Advantage (MA) plans include the Part D pharmacy benefit and take part in the SPAP.

Please contact your Medicare Part D plan when you need help with your prescription drug benefit. If you do not know who your Part D plan is, call **1-800-MEDICARE (1-800-633-4227)**. TTY users, call **1-877-486-2048**.

As noted, the SPAP helps with Medicare Part D costs for people who meet certain income guidelines. Here in Hawai'i, our SPAP is called "Smooth Transitions."

QUICK FACTS ABOUT HAWAII'S SPAP

- Not all Medicare plans are able to take part in SPAP. The Department of Human Services (DHS) sends out a letter every fall to let members know what plans are eligible for the coming year.
- Members must be enrolled in one of the Medicare Prescription Drug Plans (PDPs), MA plans or Special Needs Plans that take part in SPAP.
- Members may not decline coverage by Part D and use their Medicaid benefit.
- If a member does not choose a Part D plan or an MA plan, Medicaid will NOT pay for medications.

WHAT DOES SPAP DO?

- SPAP will pay for Medicare Part D co-pays.
- If you qualify, you may not have to pay the co-pay for each drug when you get your prescription drugs from your Medicare PDP pharmacy.

To learn more about SPAP, please call:

Smooth Transitions

Oahu: **692-7999**

Neighbor islands (toll-free): **1-866-878-9769**

SEE THE VALUE OF ANNUAL EYE EXAMS



It is our goal that every member has an eye exam each year. If you have not yet had one, please make an appointment. This is especially important if you are diabetic.

If you have this condition, you should have a diabetic retinopathy exam each year. This exam should be given by an ophthalmologist or optometrist.

You can locate a vision provider on our Web site. Go to www.ohanahealthplan.com. Or call Customer Service for help. The toll-free number is **1-888-846-4262**. TTY/TDD users, call **1-877-247-6272**.

GET THE MOST FROM YOUR TRANSPORTATION BENEFIT

When you need to get to a medical appointment, the first option is to use your own vehicle or to have a family member or friend bring you. If these options are not available, we will look at the most cost-effective way to meet your NET (non-emergency transportation) needs. There are two options. These are bus and Handi-Van services.

Bus service (passes) will be used if:

- Your physical condition allows it (you are able to walk on your own or use a wheelchair);
- You live less than a half mile from a bus stop; and
- Your destination is no more than a half mile from a bus stop.

Handi-Van service (para-transit service provided by TheBus for persons with disabilities unable to ride the bus) will be used if:

- Your physical condition does not allow you to ride a bus; and
- You are certified for this service.

If you are unable to ride the Handi-Van based on your medical condition, please work with your Service Coordinator. He or she will help you make suitable NET arrangements for you.

Here are some things to remember about NET services:

- You need to set up your transportation at least 48 hours (two days) before your appointment.
- If you request NET less than 48 hours before your appointment, we will decide if it is an urgent need. (We will use the State's definition of urgent to make the decision.) If we decide it is urgent, we will make the appointment. We may ask you to reschedule if you frequently request NET less than 48 hours in advance.
- To schedule your NET appointment, call TMS. The number is **1-866-790-8858**.
- NET services are for medical appointments. Non-medical transportation (for example, trips to the pharmacy, support groups or community events) is not a covered benefit.

When calling to set up the transportation, here is a list of things you should have ready:

- Rider's home address, phone number and date of birth
- Date, time, address, phone number and doctor's name for the appointment

Once the ride has been scheduled, the operator will read back the trip information. Please make sure it is correct.

Our job is to make sure that you get to your medical appointment safely and on time.



DAY OF THE TRIP

If the driver is running late, call TMS at **1-866-790-8858**. TMS will find out where your driver is.

If you are going to another island, any flight transportation requests must be:

- Submitted by your PCP or medical provider.
- Received at least five business days before the scheduled appointment.

Our job is to make sure that you get to your medical appointment safely and on time. If you ever have any concerns about this benefit, please call Customer Service at **1-888-846-4262**. TTY/TDD users should call **1-877-247-6272**.

‘OHANA’S UTILIZATION MANAGEMENT PROGRAM

‘Ohana Health Plan has a utilization management program. The program has different parts. These are:

- Prior authorization
- Prospective reviews
- Concurrent reviews
- Retrospective reviews

We conduct these reviews in order to evaluate the health care and services our members receive. We measure based on members’ coverage. We check to see if the care and services are appropriate. Then we determine how much coverage we can provide. In addition, we decide how to pay those who provide the care.

Sometimes we must deny coverage for services or care. These decisions may be made by our employees. They also may be made by a doctor or another reviewer. When this happens, we don’t give a reward to those who make these decisions. Also, if there are any financial rewards, they do not encourage or impose use of fewer services.

If you have questions about these programs, please call Customer Service at 1-888-846-4262 (TTY/TDD: 1-877-247-6272).



We conduct these reviews in order to evaluate the health care and services our members receive.



HELPFUL HINTS WHEN CALLING CUSTOMER SERVICE

As your health plan, we care about keeping your personal health information (PHI) private. Federal privacy laws say we must verify who you are before we can talk to you about personal information. These laws do not let us talk to your family members about you unless you tell us that we can.

When you call Customer Service, please keep these things in mind:

- We will ask you for your member ID number, first and last name, date of birth, complete address with ZIP code and/or your telephone number with area code.
- If you are calling for an adult family member, we will need permission to talk to you about his/her PHI.
- If a family member or friend is calling for you, we will need your permission to discuss your PHI.
- We can talk to a court-appointed guardian or Power of Attorney if we have the information on file. You must provide a copy of the court document if we do not have it.

If you would like to give us permission to discuss your PHI, you may complete and sign an Authorized Representative Form. You can find this form on our Web site. Go to www.ohanahealthplan.com.

You may also contact Customer Service for help. Call toll-free at 1-888-846-4262 Monday through Friday, 7:45am to 5:30pm HST. TTY/TDD users, call 1-877-247-6272.

Federal privacy laws do not let us talk to your family members about you unless you tell us that we can.

This document contains important information. To request this information in an alternate language or to have it orally translated, please contact Customer Service at 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

在这文件中包含重要资讯。若想获取该资讯的其它语言版本或对其进行口头翻译，请联系我们的客户服务部 1-888-846-4262 (文本电话/听障人士电话：1-877-247-6272)。

이 서류는 중요한 정보를 담고 있습니다. 이 정보를 다른 언어로 번역된 것을 원하시거나 이 내용에 대한 구두 통역을 원하시면, 고객 서비스 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

Daytoy a dokumento ket naglaon iti napateg nga impormasyon. Tapno dawaten daytoy nga impormasyon iti sabali a lengguwahe wenna tapno maipatarus bayat pannakaibasana, makiuman koma iti Serbisyo iti Kliyente (Customer Service) iti 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

Ang dokumentong ito ay naglalaman ng mahalagang impormasyon. Upang hingin ito sa ibang lengguwahe o maisalin ito nang pasalita, mangyaring makipag-ugnayan sa Serbisyo sa Kostumer (Customer Service) sa 1-888-846-4262 (TTY/TDD: 1-877-247-6272).



WHERE TO GET THE HEALTH CARE YOU NEED

As an 'Ohana member, you were asked to choose a primary care provider (PCP). Your PCP is your personal doctor. Since your PCP knows your health history, he or she will treat you for most of your health care needs and work to direct your health care.

Going to the emergency room for routine, sick or urgent care is not the best thing to do. If it is not an emergency, you should call your PCP to schedule an appointment. Your PCP is listed on your 'Ohana ID card. If you do not have your ID card and you don't know who your PCP is, call Customer Service toll-free at 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

- **For routine and wellness visits** (for example, a checkup or an EPSDT well-child visit)—your PCP will see you within three weeks.
- **For adult sick care** (for example, when you have a cough or the flu)—your PCP will see you within three days.
- **For children sick visits** (i.e., when your child has a cough or the flu)—your child's PCP will see him or her within 24 hours.
- **For urgent care** (i.e., when you have a high fever or bad earache)—your PCP will see you within 24 hours. (Urgent care is for a problem that is not life-threatening but could cause sickness or harm with no care.)
- **If you have a true emergency (a life-threatening problem or severe injury), go to the nearest emergency room or call 911.** Contact your PCP once you are stable. He or she will make sure you get the proper follow-up care.

VISIT OUR WEB SITE TO STAY INFORMED

Remember to visit our Web site often. You can get updated information on:

- Clinical practice guidelines
- Member rights and responsibilities
- Medical record documentation
- How to get utilization management guidelines
- Criteria and reviewer availability
- Quality Improvement (QI) Program evaluation
- And much more

Plus, you can change your PCP and update your address and phone number on our Web site. Visit www.ohanahealthplan.com today!



COULD YOU BENEFIT FROM DISEASE MANAGEMENT?

Do you have any of these conditions? If so, you might benefit from our Disease Management Program.

- Diabetes
- Coronary artery disease
- Hypertension (high blood pressure)
- Obesity
- Depression

The goals of the program are to:

- Provide you with disease-specific education and coaching
- Identify barriers to care and develop solutions to those barriers
- Help you better manage your condition and care needs

The program is not meant to replace or interrupt the services you are already receiving. It is meant to complement them through education and support.

If you would like to enroll, please call Customer Service. Call 1-888-846-4262 (TTY/TDD: 1-877-247-6272), Monday through Friday, 7:45am to 5:30pm HST.



'OHANA FORMULARY 2010 UPDATE

GENERIC NEWS

The generic drugs listed below are now available to 'Ohana Medicaid members at the lowest co-payment. The brand-name drugs denoted with an asterisk have been removed from the 'Ohana Medicaid Preferred Drug List.

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Arimidex® 1mg Tablet*	Anastrozole 1mg Tablet (PA)	Aromatase Inhibitor
Astelin® Nasal Spray*	Azelastine HCl 137mcg Spray	Antihistamine
Cleocin Pediatric® 75mg/mL Granules*	Clindamycin 75mg/mL Solution (QL: 300mL/31 days)	Anti-Infective Agent
Cosmegen® 0.5mg Powder for Injection*	Dactinomycin 0.5mg Vial (PA)	Antineoplastic Agent
Diastat® AcuDial™ 5-7.5-10mg and 12.5mg-15mg-20mg Kits	Diazepam 2.5mg, 10mg and 20mg Rectal Gel	Benzodiazepines
Effexor XR® 37.5mg, 75mg, 150mg Extended-Release Capsules*	Venlafaxine HCl 37.5mg, 75mg, 150mg Extended-Release Capsules	Serotonin-Norepinephrine Reuptake Inhibitors
Exelon® 1.5mg, 3mg, 4.5mg and 6mg Capsules*	Rivastigmine 1.5mg, 3mg, 4.5mg and 6mg Capsules	Cholinesterase Inhibitors
Keppra® 500mg/5mL Solution for Injection	Levetiracetam 500mg/5mL Solution for Injection	Anticonvulsant
Lovenox® 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL and 150mg/mL Syringes (QL varies per strength)*	Enoxaparin 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL and 150mg/mL Syringes (QL varies per strength)	Anticoagulants
Prenatal-U Capsule*	Triveen-U Capsule	Multivitamin
Zegerid® 20mg Capsule*	Omeprazole/Sodium Bicarbonate 20mg Capsule	Proton Pump Inhibitor
Zegerid® 40mg Capsule*	Omeprazole/Sodium Bicarbonate 40mg Capsule	Proton Pump Inhibitor

*Removed from the 'Ohana Medicaid Preferred Drug List

PA = Prior Authorization QL = Quantity Limit

The following changes have been made to the 'Ohana Medicaid Preferred Drug List:

ADDITIONS	REMOVALS
Astech® Peak Flow Meter (QL: 2 meters per 365 days)	A-200® Lice Control Spray
Bromhist-NR Drops	Acetasol HC 2%-1% Otic Solution
Cavan-Alpha Kit® Combo Pack	Adderall XR® 5mg, 10mg, 15mg, 20mg, 25mg and 30mg Capsules
Centratex Capsules	Benicar® 5mg, 20mg, 40mg Tablets and Benicar HCT® 20mg-12.5mg, 40mg-12.5mg, 40mg-25mg Tablets
Dihydro-CP Syrup	Carbidopa/Levodopa ODT 10/100mg, 25/250mg Tablets
Donatussin DM Syrup	Desoximetasone 0.05% Cream
Epinephrine 0.15mg and 0.3mg Auto-Injectors	Eloxatin® 100mg/20mL, 50mg/10mL and 200mg/40mL Vials
Fanatrex™ 25mg/mL Oral Suspension	Hemocyte Plus Capsules

Continued

ADDITIONS	REMOVALS
FazaClo® 25mg, 100mg and 150mg ODT (orally disintegrating tablets)	Lamotrigine Tablet Start Kit
Ferrocite Plus Capsules	Levoxyl® 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg and 200mcg Tablets
Haldol® Decanoate 50 Ampule	Migranal® Nasal Spray
Gianvi™ 3mg-0.02mg Tablet	Mirapex® 0.75mg Tablets
Methamphetamine 5mg Tablet	Mirena® IUD System
Methylphenidate 5mg/5mL and 10mg/5mL Oral Solutions	Nitroglycerin 0.3mg, 0.4mg, 0.6mg SL Tablets
Midodrine 2.5mg, 5mg, 10mg Tablets	Sarafem® 15mg and 20mg Tablets
Nitrostat® 0.3mg, 0.4mg, 0.6mg SL Tablets	Trimipramine 25mg and 50mg Capsules
Nohist Capsules	Veetids® 125mg/5mL Oral Suspension and 500mg Tablet
Pfizerpen® 5,000,000u and 20,000,000u Vials	
Reocyte Plus Capsules	
Tasigna® 150mg Capsule (PA)	
Trelstar® 22.5mg Syringe (PA)	
Vimpat® 200mg/20mL Vial	
Vimpat® 50mg, 100mg, 150mg and 200mg Tablets	
Vivitrol® Injectable Suspension	
Zenpep® DR 5,000u, 10,000u, 15,000u and 20,000u Capsules	

PA = Prior Authorization QL = Quantity Limit

The Utilization Management criteria have changed for the following medications, as noted below, for the 'Ohana Preferred Drug List:

DRUG NAME	CHANGE
Revlimid® 5mg, 10mg, 15mg and 25mg Capsules	PA added
Thalomid® 50mg, 100mg, 150mg and 200mg Capsules	PA added
Arixtra® 2.5mg/0.5mL, 5mg/0.4mL, 7.5mg/0.6mL, 10mg/0.8mL Solution for Injection	PA requirement removed; QL remains (varies per strength)
Eliphos™ 667mg Tablets	QL added (360 tablets per 31 days)
Lumigan® 0.3% Ophthalmic Solution	QL changed to 2.5mL per 31 days
Valacyclovir 500mg and 1gm Tablets	QL removed

PA = Prior Authorization QL = Quantity Limit

PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	ADDITIONAL INFORMATION
Endo Pharmaceuticals, Inc.	Moban 5mg, 10mg, 25mg, 50mg Tablets	June 30, 2010	Moban tablets will remain covered on your 'Ohana Medicaid Preferred Drug List until they are no longer available at your retail pharmacy.



Plaza at Mill Town
94-450 Mokuola Street, Suite 106
Waipahu, HI 96797

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HAVE YOU MOVED? DO YOU HAVE A NEW TELEPHONE NUMBER?

If your address or telephone number has changed, please let us know. Call Customer Service toll-free at 1-888-846-4262 (TTY/TDD: 1-877-247-6272), Monday through Friday, 7:45am to 5:30pm HST. You may also update your information on our Web site. Go to www.ohanahealthplan.com and click on *Contact Us*.

It's important that we have your correct address and phone number so we can keep you up to date on your health care coverage.



CHECK YOUR ID CARD

Is the name of the primary care provider (PCP) listed on your ID card correct? If not, call Customer Service.

We will have it corrected and send you a new ID card. Once you receive your new ID card, please destroy the old one.