



Quality

Ombudsman Program and Providers

The State of Hawaii has expanded the Ombudsman Program to also incorporate provider inquiries as well. It is an independent reviewer, to look into concerns against the QUEST Integration Health Plans. They can help:

- Make sure you have access to care for your members
- Promoting quality of care

It is available to all providers. You can learn more by contacting the Hilopa`a Family to Family health Center Information Center. You can visit their website at www.hilopaa.org. You can also call, fax or email them:

Island	
Oahu	1-808-791-3467
Hawai`i	1-808-333-3053
Mauai and Lana`i	1-808-270-1536
Moloka`i	1-808-660-0063
Kaua`i	1-808-240-0485



Email: ombudsman@hilopaa.org



Fax: 1-808-531-3595

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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.





Encourage Chlamydia Screenings

Chlamydia trachomatis (Chlamydia) is one of the most common sexually transmitted bacterial infections in the U.S. and causes numerous health problems in men and women.

Most women infected with Chlamydia have no symptoms of the disease, thereby minimizing the chances they will seek care. Because of the negative impact Chlamydia can have on members' health, it is imperative that the member obtains a Chlamydia test as recommended.

To help protect and improve members' health, 'Ohana encourages and recommends PCPs to screen annually for Chlamydia in all female members 16-24 years of age who indicate they are sexually active.

Immunizations And Well-Child Checkups

Providers play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates – from providing educational materials, to making themselves available to answer questions.

Parents who are confused or have misperceptions about disease risk and safety may delay or refuse immunizations for their children. A successful discussion about vaccines involves a two-way conversation with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.

Help educate parents on how to prevent the spread of disease. Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. Remember, you may complete a comprehensive well-child checkup during a sick child visit or sports physical if the member is due for a checkup.





Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that helps members with specific chronic conditions.



Members are assigned a Disease Nurse Manager who can help the member with:

- ✓ Education and understanding of their specific condition
- ✓ Identification of adherence barriers and ways to overcome them
- ✓ Individualized life modifications suggestions to improve daily life
- ✓ Self-management of their condition to improve their health outcomes
- ✓ Motivational coaching for encouragement with the struggles along the way
- ✓ Improved communication with their Primary Care Provider and healthcare team

Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Heart disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at 1-888-846-4262, (TTY 711) Monday–Friday, 7:45 a.m. to 4:30 p.m. HST.

Access to Service Coordination

How Service Coordination Can Help You

Service Coordination helps members with special needs. It pairs a member with a service coordinator.

The service coordinator is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

- Complex medical needs
- Solid organ and tissue transplants
- Children with special healthcare needs
- Lead poisoning

We're here to help you! For more information about Service Coordination, or to refer a member to the program, please call us at 1-888-846-4262. This no-cost program gives access to an RN or LCSW Monday–Friday from 7:45 a.m. to 4:30 p.m. HST.



Medication adherence and RxEffect™

To help with medication adherence, 'Ohana engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters. In addition, 'Ohana uses its network pharmacies to help counsel members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to 'Ohana Medicare provider groups to help improve members' medication use.

This web portal:

- Is sponsored by 'Ohana – so there is no cost to our provider partners
- Uses predictive modeling to target the patients who need it most
- Uses real-time monitoring of pharmacy claims and is updated daily
- Includes opportunity flags for 30-day conversions, diabetic patients not on statins, Appointment Agendas and high-risk medications

Talk to your 'Ohana associate today to get users from your office access to the RxEffect portal.

1139 DHS Contract Process Overview

Have you heard facilities/providers/prescribers/pharmacies/DME providers talking about the 1139 DHS Contract Process? If not, here is a brief overview of what is happening:

What is the 1139 process?

- Effective Jan. 1, 2018 all providers that service Hawaii Medicaid members need to be contracted with the State of Hawaii. To contract with the State, the provider must fill out the 1139 form and return it to the State as soon as possible. This was required to be completed by Dec. 31, 2017, and still needs to be completed if it hasn't been filled out yet.

How many providers are contracted with the State of Hawaii?

- According to the most recent meeting only a few hundred providers have actually gone through the entire process from start to finish so there is much more work to be done

What happens if a provider is not contracted on January 1st

- According to the Federal regulations, the provider may not be able to service Medicaid members after this date unless contracted with the State.

What is 'Ohana and the State doing about it?

- Our Senior Leadership has been working with the State as well as the other Health Plans to make sure our messaging is the same
- The State is working with CMS to ensure all Providers are able to continue to serve Medicaid members, and that these members have access to services even after Jan. 1, 2018
- The State has sent a letter with the 1139 form to all providers

What can you do to help?

- Please encourage the provider to complete the process as soon as possible
- The 1139 form is located on the med-quest.us site if the provider needs another copy
- <https://medquest.hawaii.gov/en/plans-providers/provider-forms.html>
- Please direct them back to the State if they have any questions on finding the form or how to complete the form. If they have any questions, they should contact Department of Human Services, Med-QUEST Division via email at hcsbinquiries@dhs.hawaii.gov or telephone at 808-692-8099.





Updated Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. They also reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. CPGs are also used to guide efforts to improve the quality of care in our membership.

Clinical Policy Guiding Documents (CPGDs) are also available; these are companions to the CPGs on a variety of topics. Currently there are three CPGDs:

- CPG Hierarchy
- Health equity, literacy, and cultural competency
- Quality Improvement

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit www.ohanahealthplan.com

Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- ✓ You control your banking information.
- ✓ No waiting in line at the bank.
- ✓ No lost, stolen, or stale-dated checks.
- ✓ Immediate availability of funds – no bank holds!
- ✓ No interrupting your busy schedule to deposit a check.

Setup is easy and takes about five minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at 1-877-331-7154 with any questions.

We will only deposit into your account, not take payments out.





Updating Provider Directory Information

We rely on our provider network to advise us of demographic changes so we can keep our information current.

To ensure our members and Service Coordination staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

New Phone Number, Office Address or Change in Panel Status:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up with you.

Please send the letter by any of these methods:



Fax:
1-866-788-9910



Mail:
'Ohana Health Plan
Attention: Provider Operations
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707

Thank you for helping us maintain up-to-date directory information for your practice.



Provider Formulary Updates

Medicaid:

There have been updates to the QUEST Integration Preferred Drug List (PDL). Visit www.ohanahealthplan.com/provider/pharmacy to view the current PDL and pharmacy updates.

You can also refer to the *Provider Manual* available at <http://www.ohanahealthplan.com/provider/medicaid/resources> to view more information on 'Ohana's pharmacy Utilization Management (UM) policies/procedures.

Community Care Services:

Visit www.ohanaccs.com/provider/pharmacy to view the current PDL and pharmacy updates. You can also refer to the *Provider Manual* available at www.ohanaccs.com/provider to view more information on 'Ohana's pharmacy UM policies and procedures.

Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at www.ohanahealthplan.com/provider, and click *Pharmacy* under Medicare icon.

You can also refer to the *Provider Manual* available at www.ohanahealthplan.com/provider, and click *Overview* under Medicare icon. You can also view more information on 'Ohana's pharmacy UM policies and procedures.





We're Just a Phone Call or Click Away



Medicare: 1-888-505-1201



Medicaid: 1-888-846-4262



www.ohanahealthplan.com/provider

Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see Messages from 'Ohana on the right. Provider Homepage – www.ohanahealthplan.com/provider

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our *Quick Reference Guide* for detailed information on areas including Claims, Appeals and Pharmacy. These are located at www.ohanahealthplan.com/provider, select *Overview* from the Providers drop-down menu for Medicaid, Medicare and Community Care Services (CCS).

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at www.ohanahealthplan.com/provider, click on Tools.