



Quality

REMINDER: Closing Care Gap

At ‘Ohana, we value everything you do to deliver quality care to our members – your patients – and to make sure they have a positive healthcare experience. As we approach the end of the year, please remember to close all care gaps for your patients.

A Care Gap indicates the member needs a recommended wellness visit to their provider. This includes health services such as screenings, check-ups and patient counseling that help prevent illnesses, disease and other health problems. They are also used to detect illness at an early stage, when treatment is likely to work best. Preventative services and healthy lifestyle choices are key steps to good health and well-being for our members.

Proactively managing your patients’ care lets you effectively monitor your patients’ health, reduce healthcare costs, prevent further complications and identify issues that may arise with their care.

What can you do as a provider?

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members

If you have any questions about closing Care Gaps or need more information, please contact your local **Provider Relations representative** or your **Quality Practice Advisor (QPA)**.

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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.



Reminder of Policy: PCP Request of Transfer of Member

‘Ohana would like to remind our network of Providers about the procedures for transferring Members. We want to ensure our Providers are aware of the appropriate process for requesting members to be removed from their panel. We work with our providers to provide quality care for our Members – your patients. Our ultimate goal is for providers to work on quality with their patients by engaging them instead of reassignment.

When is it acceptable to request Transfer of Members?

- Member is non-compliant with treatment plan/plan of care.
- Evidence of abusive or inappropriate behavior
- PCP is unable to adequately address members needs
- Full list is available in the Provider Manual

When is it **NOT** acceptable to request Transfer of Members?

- PCP is unable to contact Member
- Members inhibiting quality scores and P4Q payments

How you can help improve quality care for your patients?

- Ensure Members understand their treatment plan, have them repeat it back.
- Make time to answer questions for your patients
- Be mindful of wait times and appointment availability
- Be sensitive to member’s needs and circumstances
- Provide proper care and follow-up
- Promote preventative care and the importance of it
- Speak to patients about Prescription Adherence and its importance

How to submit a request?

- PCPs can now request to transfer a member via the New Provider Portal www.portal.wellcare.com/login/provider.

(This new online submission option replaces the previous fax form process)

- Once on the home screen providers will select “My Patients” at the top; choose the member; then select the Action: “Request Member Transfer”. Supporting documentation such as office notes and/or clinicals are required for completion of each submission.
- Requesting providers will receive confirmation from Customer Service once the transfer is completed.

Thank you for partnering with us to provide quality care for all of our ‘Ohana Members.



What you need to know:

- ‘Ohana has established a uniform policy to ensure the proper evaluation and processing of requests to transfer/reassign members. This policy complies with specific State and/or Federal contractual requirements.
- Provider shall continue to provide medical care for the ‘Ohana Member until written notification is received from ‘Ohana confirming the Member has been transferred.
- The full detailed outline of this process can be located in the Provider Manual under the ‘Termination of a Member’ section.



Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association’s (AHA) evidence based recommendations to assist you in helping you choose the most appropriate statin-intensity for your patient.

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults	
Patient Risk Category	ACC/AHA Recommendation
Patients Ages 40–75 with diabetes and low density lipoprotein (LDL) from 70–189 mcg/dL	A statin medication (intensity dependent on patient’s risk factors)
Patients with a 10-year ASCVD risk < 7.5%	A moderate-intensity statin
Patients with a 10-year ASCVD risk > 7.5%	A high-intensity statin
Patients ≤ 75 years of age with established clinical ASCVD	A high-intensity statin

We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;00:000–000. Accessed 7/31/2018. <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>



Effective Communication with Patients

The ability to effectively and compassionately communicate information is key to successful patient/provider relationships. The current healthcare environment has increasing demands on productivity and affords less time with each patient, which can hinder effective communication.

Here are some things providers can do to communicate more effectively with patients:

- Listen carefully to the patient and respect their point of view
- Remember that the patient has come to you for help. Be empathetic and acknowledge their feelings.
- Reassure the patient that you are available to help them
- Check often for patients' understanding
- Respect the patient's culture and beliefs
- Explain medication in simple, easy to understand language. Tell them why they may want to take the medication and why they may not want to take the medication.

Successful communication can affect patient outcomes. Open communication leads to more complete information, which enhances the prospect of a more complete diagnosis and can potentially improve adherence to treatment plans.

Source:

ACOG, "Effective Patient-Physician Communication", retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Effective-Patient-Physician-Communication>

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.

CPGs on the following topics have been updated and published to the Provider website:

- Acute and Chronic Kidney Disease: HS-1006
- ADHD: HS-1020
- Adolescent Preventive Health: HS-1051 **NEW**
- Adult Preventive Health: HS-1018
- Anxiety Disorders: HS-1057 **NEW**
- Asthma: HS-1001
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Bipolar Disorder: HS-1017
- Cancer: HS-1034
- Cardiovascular Disease: HS-1002
- Child and Adolescent Behavioral Health: HS-1049 **NEW**
- Cholesterol Management: HS-1005
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Dental and Oral Health: HS-1065
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes: HS-1009
- Eating Disorders: HS-1046
- Fall Risk Assessment: HS-1033
- Frailty and Special Populations: HS-1052 **NEW**
- Hepatitis: HS-1050 **NEW**
- HIV Screening & Antiretroviral Treatment: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037
- Neonatal and Infant Health: HS-1072 **NEW**
- Neurodegenerative Disease: HS-1032 (previously Alzheimer's Disease)
- Obesity in Children and Adults: HS-1014
- Older Adult Preventive Health: HS-1063
- Osteoporosis: HS-1015
- Palliative Care: HS-1043
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062
- Post-Traumatic Stress Disorder: HS-1048 **NEW**
- Rheumatoid Arthritis: HS-1025
- Sickle Cell Anemia: HS-1038
- Schizophrenia: HS-1026
- Substance Use Disorders: HS-1031
- Suicidal Behavior: HS-1027
- Traumatic Brain Injury (TBI): HS-1065 **NEW**

Clinical Policy Guiding Documents

- CPG Hierarchy
- Health Equity, Literacy, and Cultural Competency **NEW**

The following CPGs have been retired and removed from the Provider website:

- Acute Kidney Injury: HS-1069
- Antipsychotic Drug Use in Children: HS-1045
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Psychotropic Use in Children: HS 1047
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Transitions of Care: HS-1054
- Major Depressive Disorder in Adults: HS-1008
- Substance Use Disorders in High Risk Pregnancy: HS-1041*

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit www.wellcare.com/Hawaii/Providers/.

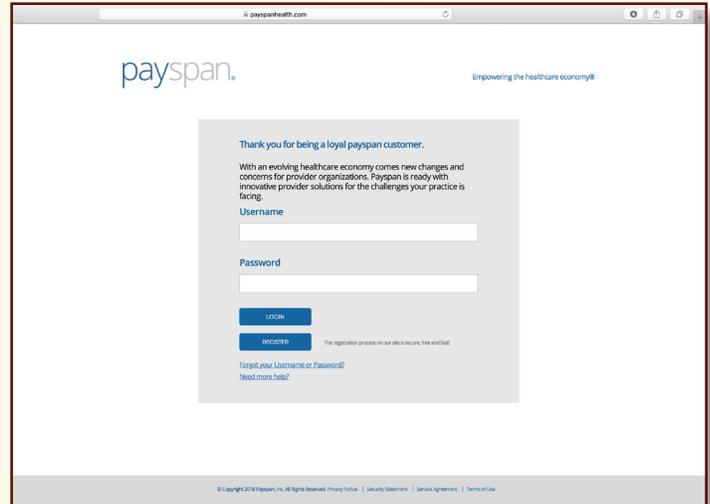
Electronic Funds Transfer (EFT) through PaySpan®

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
ATTN: 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 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.