



CME Eligible Vaccine Hesitancy Training Now Available

In collaboration with Hawaii Med-QUEST (MQD) and the Centene Institute for Advanced Health Education®, all Med-QUEST Health Plans are pleased to offer providers with a new continuing medical education (CME) eligible training: “Vaccine Hesitancy: How to Identify and Approach the “Movable Middle”.

This course will provide education for primary care providers in addressing vaccine hesitancy in order to increase rates of COVID-19 and other vaccinations. Other practical topics discussed include COVID-19 misinformation (such as infertility/reproduction and myocarditis) and information on becoming a COVID-19 vaccine provider.

(continued on next page)

In This Issue

Quality

-  CME Vaccine Hesitancy Training
-  Getting Needed Care
-  Coordination of Care
-  Immunizations & Well-Child
-  CAHPS® Survey
-  Improve Patient Satisfaction
-  Achieve Better Outcomes
-  Referring Members to BH Serv.
-  Providers Love Our Live Chat
-  ER Utilization Initiative
-  Screening, Diagnostic & Treatment
-  Therapy for Patients with Diabetes

Operational

-  Live-Chat Offering
-  Updating Provider Directory
-  Electronic Funds Transfer
-  CDC Opioid Guidelines
-  Provider Formulary Updates
-  HI Medicaid Provider Manual
-  Provider Resources
-  Access to Staff



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.





CME Eligible Vaccine Hesitancy Training Now Available Continued

At the close of this activity, participants will be able to more comfortably discuss barriers to vaccine uptake and patient misconceptions and misinformation about vaccinations for COVID-19. Additionally, participants will learn multiple strategies to promote vaccinations for a variety of diseases and to implement motivational interviewing and other evidence-based communication tools to promote vaccinations. The program also addresses cultural considerations for special populations with whom you may work.

An overview of the course, including information on continuing education credit available for physicians and nurses, can be found at: <https://www.centeneinstitute.com/activities/618aded5ae0a950008002d34/overview>.

For any questions on the course or enrollment process, please contact the Centene Institute for Advanced Health Education® at Centene_Institute@centene.com.



Registration:

This course is accessible through www.centeneinstitute.com. Once you have registered as a new user, navigate to the Activity Catalog. In the Activity Catalog, search for the course title and register by clicking on *ENROLL NOW*.





Getting Needed Care

Access to medical care, including primary care, specialist appointments and appointment access, are key elements of quality care.

Each year, CAHPS® surveys patients and asks questions like:

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatments you needed through your health plan?
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?

To ensure your patients are satisfied with their ease of access:

- See members within access and availability standards
- Schedule appointments in a reasonable window for each request
- Follow up with members after referral to specialists to ensure care is coordinated
- Provide all information for specialists, tests and procedure authorizations and follow up as necessary
- Reduce time in the waiting room to no more than 15 minutes from appointment time

Remember to view the online Provider Bulletins regularly for important updates and notices.
 Provider bulletins are located at
<https://www.ohanahealthplan.com/providers/news-and-education/bulletins.html>



Coordination of Care

HERE ARE MORE TIPS TO PROVIDE THE NEEDED CARE FOR YOUR PATIENTS:

- ✓ Review medications with your patients.
- ✓ Remind your patients about annual flu shots and other immunizations.
- ✓ Call or contact your patients to remind them when it's time for preventive care services such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes
- ✓ Offer to schedule specialist and lab appointments while your patients are in the office.
- ✓ Make sure your patients know you also are working with specialists on their care. Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Tell your patient the results of all test and procedures. Share decision making with patients to help them manage care. And please follow up on all authorizations requested for your patient.



Immunizations & Well-Child Checkups

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, including providing educational materials and 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.

Here are two ways you can lead this discussion:

- 1** Educate parents on how to prevent the spread of disease.
- 2** 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.

Source: Recycled from 2018 Provider Newsletter Q2





Annual CAHPS® Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope you will encourage your patients to participate if selected.**

The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are addressed in the annual CAHPS survey:

- ✓ Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- ✓ Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS). <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3

WHAT IS THE CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to evaluate their health care experiences. 'Ohana conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As an 'Ohana provider, you can provide a positive experience on key aspects of their care; we've provided some examples of best practice tips to help with each section.

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
Getting Needed Care	<ul style="list-style-type: none"> • Ease of getting care, tests, or treatment needed • Obtained appointment with specialist as soon as needed 	<ul style="list-style-type: none"> • Help patients by coordinating care for tests or treatments, and schedule specialists appointments, or advise when additional care is needed to allow time to obtain appointments.
Getting Care Quickly	<ul style="list-style-type: none"> • Obtained needed care right away • Obtained appointment for care as soon as needed • How often were you seen by the provider within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Educate your patients on how and where to get care after office hours. • Do you have on-call staff? Let your patients know who they are.
How Well Doctors Communicate	<ul style="list-style-type: none"> • Doctor explained things in an understandable way • Doctor listened carefully • Doctor showed respect • Child's doctor spent enough time with your child 	<ul style="list-style-type: none"> • The simple act of sitting down while talking to patients can have a profound effect. • Ask your patients what is important to them; this helps to increase their satisfaction with your care.
Shared Decision Making	<ul style="list-style-type: none"> • Doctor/health care provider talked about reasons you might want your child to take a medicine • Doctor/health care provider talked about reasons you might not want your child to take a medicine • Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine. 	<ul style="list-style-type: none"> • Use of office staff other than physicians to distribute decision aids could help more patients learn about the medical decisions they are facing or simply to address medications • Decision making tools and quick reference guide are available at: www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html • Ask your patients, "What should I know about you that may not be on your medical chart?"

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How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3 Continued

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
Coordination of Care	<ul style="list-style-type: none"> In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers? 	<ul style="list-style-type: none"> Your office staff should offer to help your patients schedule and coordinate care between providers.
Rating of Personal Doctor	<ul style="list-style-type: none"> Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? 	<ul style="list-style-type: none"> Studies have shown that patients feel better about their doctor when they ask their patients, “What’s important to you?”
Rating of Specialist	<ul style="list-style-type: none"> Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? 	<ul style="list-style-type: none"> Help your members value their visit to the specialists, be informed of their visit and their advice.

Knowledge is Power.



Make sure both you and your medical team know the questions your practice is being rated on. For more information and research on ways to improve patient satisfaction, see “*Flipping Health Care: From ‘What’s the Matter’ to ‘What Matters to You?’*” You can access the article and video at the websites below.

Sources and References:

www.ihl.org/Topics/WhatMatters/Pages/default.aspx Christina Gunther-Murphy-What Matters Office Practice Setting IHI
www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx
 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



‘Ohana Health Plan Members Achieve Better Outcomes When Primary Care and Behavioral Health Providers Collaborate

Clinicians sharing relevant clinical information in a timely, useful and confidential manner is an example of excellent quality care as defined by the National Committee for Quality Assurance (NCQA). Inter-provider collaboration fosters informed treatment decisions and compatible courses of treatment, which greatly increases the chances for positive health outcomes.

Many ‘Ohana Health Plan members have co-existing physical and behavioral health conditions.

As a general guide, Primary Care Providers and Behavioral Health Providers should exchange relevant clinical information at these times:

- ✓ At the point of PCP referral, and after the BH provider completes the initial evaluation
- ✓ Whenever there is a significant change in the patient’s health or treatment plan
- ✓ At the point that a patient discontinues care
- ✓ When a patient has an inpatient hospital admission
- ✓ Annually, if none of the above apply





Referring Members to Behavioral Health Services



A recent Surgeon General's report estimates that up to 15 percent of the U.S. population may need behavioral health (BH) care in any given year, and that a large percentage of these individuals will go undiagnosed or undertreated.

Many individuals identify their primary care physician (PCP) as the provider they would most likely consult for a mental health problem. While many BH conditions, including depression, anxiety, and attention deficit hyperactivity disorder can be effectively managed and treated in the primary care setting, more complicated BH conditions may require the involvement of a BH specialist.

Below are some clinical situations that might warrant BH specialist consultation:

- ▶ Your patient is having suicidal or homicidal thoughts.
- ▶ Your patient is displaying psychotic symptoms.
- ▶ Your patient has a history of multiple BH related inpatient admissions or emergency department visits.
- ▶ Your patient has received multiple BH diagnoses, or has a co-existing substance use or personality disorder.
- ▶ Your patient is unresponsive to first-line BH therapeutic interventions.



Please contact our Customer Service team at **1-888-846-4262** if you would like assistance with referring your patient to a BH provider.



Providers Love Our Live Chat!

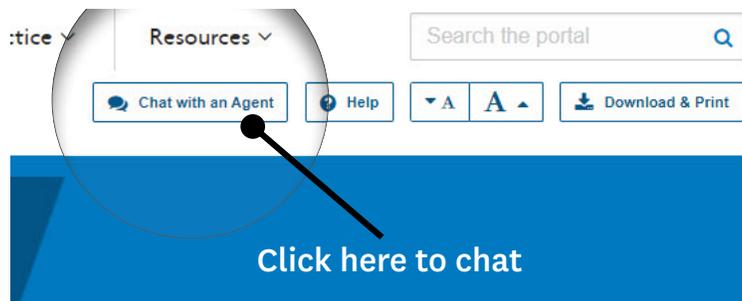
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

Throughout 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:



Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email **AWSEscalations@WellCare.com**. We're here to answer any questions you have about live chat and more!



ER Utilization Initiative

‘OHANA HEALTH PLAN IS ROLLING OUT A NEW INITIATIVE TO EDUCATE MEMBERS ABOUT APPROPRIATE AND INAPPROPRIATE EMERGENCY ROOM UTILIZATION.

This ongoing educational campaign will help members gain a better understanding of getting the right care at the right place.

Our members received an informational flyer in the mail with steps and examples to recognize when to seek care, where to go for care and how to obtain care. Some examples include:

 Scheduling non-emergent visits with a PCP or FQHC	 Going to an urgent care center for after-hours care
 Making an appointment for telehealth services	 Calling the 24-hour Nurse Line with questions or if they're unsure where to start

Our health coordination team is also identifying and performing outreach to:

- ✓ Members with high numbers of ER visits, with poor PCP engagement
- ✓ Members who end up in the ER

As our valued provider partners, we want to streamline the process and work together with you and your staff. If you need any assistance with our members, we're here to help. In addition to high ER utilization, our provider relations and health coordination teams can identify members with post-discharge services and outstanding care gaps.

Our providers will receive an incentive for our Medicare members who fall into the Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) as part of our 2022 Partnership for Quality (P4Q) program.

Through our combined efforts we ensure that our members continue to trust us to help them in their quest to lead longer and more satisfying lives



Early and Periodic Screening, Diagnostic and Treatment Program

We want to remind you about changes to the Early and Periodic Screening, Diagnostic and Treatment program **effective January 1, 2022**. You can find Med-QUEST announcements, forms, and simple submission instructions on their website, <https://medquest.hawaii.gov/EPSTD>.

- ✓ Access the new DHS 8015 and 8016 Forms online.
- ✓ Submit forms online or enter visit data into the fillable DHS 8015/8016 PDF, then print and mail with the visit claim to the health plan.
- ✓ Get paid faster by going paperless with electronic claims for EPSDT visits.



When submitting online and paper 8015/8016 forms, please remember to:

- ✓ Use the member's Medicaid ID number. Providers should no longer be using the 'Ohana subscriber ID.
- ✓ Double-check that you are checking off the correct Health Plan.



Therapy for Patients with Diabetes and Medicaid

The American Diabetes Association's (ADA) annual *Standards of Medical Care in Diabetes* has released a 2022 updated version of guidelines. Based on scientific evidence and clinical trials, it includes new and updated guidance for managing patients with diabetes and prediabetes.

For your convenience we have provided a **summary of notable changes** from the Standards of Care document.

ADA Standards of Medical Care in Diabetes Guideline — 2022 **Notable 2022 Updates**

- ✓ Guidance on first-line therapy determined by co-morbidities includes goals to prevent complications of diabetes (such as heart or kidney disease), cost, access to care, and individual management needs.
- ✓ Prediabetes and type 2 screening should start at age 35.
- ✓ SGLT-2 inhibitors are now recommended to treat heart failure and can be started at the time of diagnosis.
- ✓ Changes to gestational diabetes mellitus (GDM) recommendations include when to test and in whom testing should be done.

Medication Adherence:

Please use the updated guidelines information for recommendations on the diagnosis and treatment of youth and adults with type 1, type 2, or gestational diabetes. It also includes strategies for the prevention or delay of type 2 diabetes, and recommends therapeutic approaches that can reduce complications and improve health outcomes.

Reference

American Diabetes Association; Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers. Clin Diabetes 1 January 2022; 40 (1): 10–38. <https://doi.org/10.2337/cd22-as01>



'Ohana's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

New Live-Chat Offers on the Provider Portal:



**Provider
Home Page**



**Claim
Main Page**



**Care Management
Home Page (Authorizations)**



**Claims Appeals &
Disputes Page**



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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 Provider Relations 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:

 **Mail:**

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

 **Fax:**

1-866-788-9910

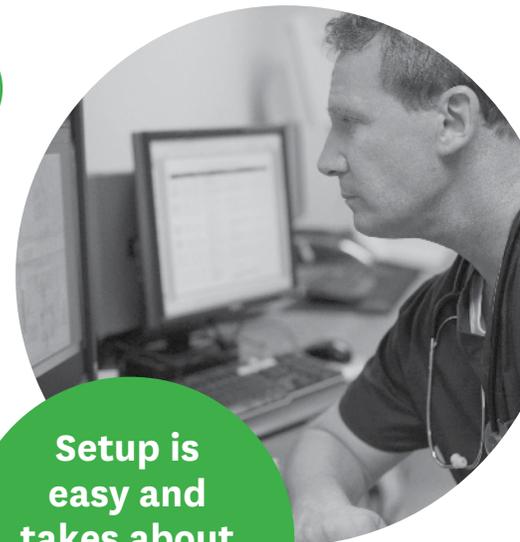
Thank you for helping us maintain up-to-date directory information for your practice.



Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

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



**Setup is
easy and
takes about
5 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.



CDC Opioid Guidelines

In 2016, 11.5 million Americans reported misusing opioid drugs. In response to the ongoing opioid overdose epidemic, The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends avoiding a threshold of > 90 MME/day.

For those members \geq 90 MME/day, the following are helpful tips and reminders:

- ✓ Baseline and ongoing assessment of pain and function (e.g., Pain Intensity and Interference, PEG (Pain, Enjoyment, General Activity) Scale)
- ✓ Evaluate risk of harm or misuse
- ✓ Assess for optimization of non-opioid therapies
- ✓ Determine whether to continue, adjust, taper, or discontinue opioid therapy during each visit
- ✓ Consideration of non-pharmacological therapeutic measures as an adjunct to opioids for long-term pain management

Reference

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>



Provider Formulary Updates

Medicaid:

There have been updates to the QUEST Integration Preferred Drug List (PDL).

Visit **www.ohanahealthplan.com/providers/medicaid/pharmacy.html** 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 **<https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html>**

to view the current PDL and pharmacy updates. You can also refer to the *Provider Manual* available at **<https://www.ohanahealthplan.com/providers/medicaid/community-care-services.html>** to view more information on 'Ohana's pharmacy UM policies and procedures.



HI Medicaid Provider Manual

The HI Medicaid Provider Manual is located at **www.ohanahealthplan.com/provider/medicaid/resources**





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 – <https://www.ohanahealthplan.com/providers.html>.

Remember, you can check the status of authorizations and/or submit them online. You can also chat with us online instead of calling.

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

<https://www.ohanahealthplan.com/providers.html>, select *Medicaid Resources*.

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at <https://www.ohanahealthplan.com/providers.html>, click on *Tools*.



Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-888-846-4262**. TTY users call **711**. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio. There is no charge for this.

We're Just a Phone Call or Click Away



1-888-846-4262



<https://www.ohanahealthplan.com/>