



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.

2018 AHA/ACC Cholesterol Guideline: Primary Prevention

Patient Risk Category	ACC/AHA Recommendation
Patients ages 20-75 years and LDL-C \geq 190 mg/dl	A high intensity statin
T2DM and age 40-75 years	Moderate-intensity statin and risk estimate to consider high-intensity statins
Age >75 years	Clinical assessment and risk discussion

(continued)

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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.



Statins Therapy for Patients with Diabetes and Cardiovascular Disease *(continued)*

2018 AHA/ACC Cholesterol Guideline: Primary Prevention

Patient Risk Category	ACC/AHA Recommendation
Age 40-75 years and LDL-C \geq 70 mg/dl and $<$ 190 mg/dl without diabetes <ul style="list-style-type: none"> • Risk 5% to $<$7.5% (borderline risk) • Risk \geq7.5-20% (intermediate risk) • Risk \geq20% (high risk) 	Risk Estimator <ul style="list-style-type: none"> • Moderate-intensity statin • Moderate-intensity statins and increase to high-intensity with risk enhancers • High-intensity statin

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity
<ul style="list-style-type: none"> • atorvastatin 40, 80 mg • rosuvastatin 20, 40 mg 	<ul style="list-style-type: none"> • lovastatin 40, 80 mg • atorvastatin 10, 20 mg • Pitavastatin 1, 4 mg • pravastatin 40, 80 mg • Fluvastatin 80 mg • simvastatin 20, 40 mg • rosuvastatin 5, 10 mg

References: 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019; March 17. Accessed 6/23/2022; www.acc.org.

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 1/28/2018. www.circ.ahajournals.org.



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.



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.



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).



‘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.



Lipid and Glucose Testing for Atypical Antipsychotics

ARE YOU TREATING A CHILD OR AN ADOLESCENT WHO IS PRESCRIBED ATYPICAL ANTIPSYCHOTICS?

Promoting good health care outcomes, 'Ohana Health Plan asks that you provide our members with regular diagnostic testing as recommended by the National Committee for Quality Assurance (NCQA). Atypical antipsychotics are known to develop side effects which include metabolic complications such as weight gain, hyperglycemia, and hyperlipidemia.



Current NCQA guidelines recommend that patients age 1 to 17 years old who had two or more antipsychotic prescriptions are tested for blood glucose and cholesterol (lipid) once a year.



We ask that you follow safe protocols prescribing atypical antipsychotics – which include assessing health status, recording screening measurements, and monitoring certain diagnostic test levels at regular frequencies in accordance with nationally recognized guidelines.



Providers Love Our Live Chat!

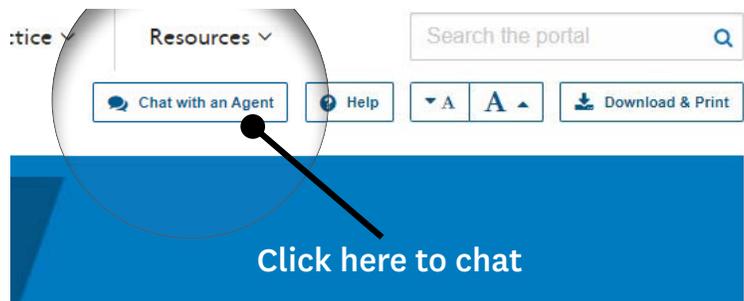
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

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:

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

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



Reminder! Early and Periodic Screening, Diagnostic and Treatment Program Changes

We want to remind you about changes to the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT), **effective January 1, 2022**. You can find Med-QUEST announcements and forms on their website, www.medquest.hawaii.gov.

- ✓ Access the new DHS 8015 and 8016 Forms online.
- ✓ Submit forms online or enter visit data into the fillable DHS 8015/8016 PDF, print, and mail to the health plan with the claim for the visit.
- ✓ 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>



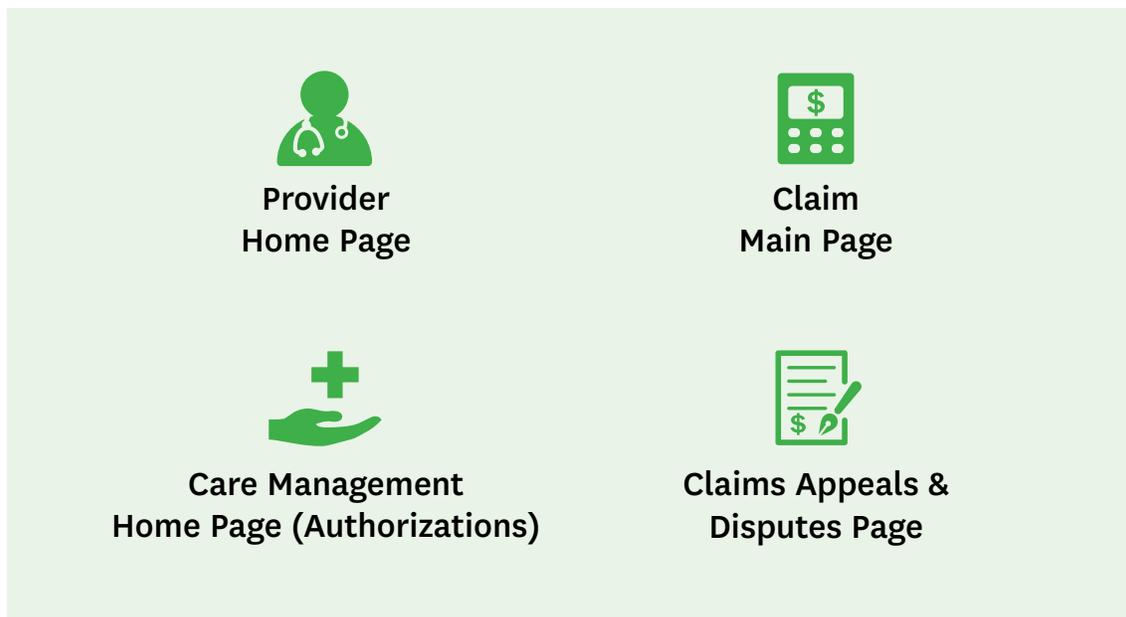
'Ohana's Provider Portal Has New Live-Chat Offerings

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:



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

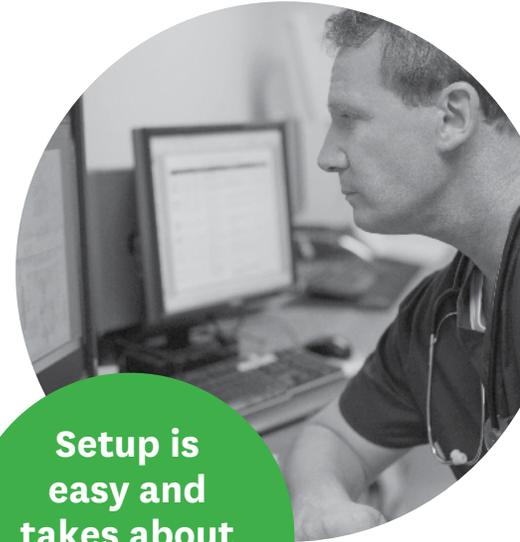
Thank you for helping us maintain up-to-date directory information for your practice.



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.



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/>