



## Attention Deficit and Hyperactivity Disorder Medication Management

**ARE YOU TREATING A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) OR ATTENTION DEFICIT DISORDER (ADD)?**

To promote good healthcare outcomes, 'Ohana Health Plan asks that you provide our members with follow-up care as recommended by the National Committee for Quality Assurance (NCQA).

NCQA guidelines recommend that patients 6-12 years old have at least three follow-up care visits within 10 months after ADHD medication is first dispensed. The first follow-up visit should occur within the first 30 days.



**For further details about NCQA recommendations, please call customer service at 1-888-846-4262.**

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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.





## 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*



**MEDICARE ONLY**

## WellCare Provider Portal – iCarePath Appeal & Dispute Project

**Applies to claim appeals and disputes only**

**Medicare providers have the ability to view the status of claim appeals and disputes**

### Enhancements Include:

- ✓ A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
- ✓ Updated helpful content throughout the form to make the submission process easier for providers
- ✓ Prepopulated enrollee and servicing provider information
- ✓ Confirmation message with ticket number for applicable iCarePath lines of business
- ✓ New “Appeal” and “Dispute” tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



## 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 [www.ohanahealthplan.com/en/Hawaii/Providers/Bulletins](http://www.ohanahealthplan.com/en/Hawaii/Providers/Bulletins)



## 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.



## Simple Intervention Promotes Patient Safety and Medication Management

TO PROMOTE GOOD HEALTHCARE OUTCOMES, 'OHANA 'HEALTH PLAN ASKS YOU TO GO OVER THE LIST OF MEDICATIONS THAT OUR MEMBERS ARE TAKING TO ASSESS APPROPRIATE DOSAGES AND HELP PATIENTS AVOID HARMFUL DRUG INTERACTIONS.

When members go to an emergency room, are discharged from a hospital, or see a specialist, new medications may be prescribed.

Current NCQA guidelines recommend patients age 18 and older have medication reconciliation completed within 30 calendar days of inpatient discharge.

### Reconciliation includes:

- ✓ The date that the medical reconciliation was completed;
- ✓ The notation that references the list of medication(s) at discharge; and
- ✓ The list of current medication(s) by the appropriate provider type.

An appropriate provider type includes prescribing practitioner, clinical pharmacist, physician assistant, RN or nurse practitioner.

**A phone call or face-to-face interaction or an outpatient visit with the member is not required to complete medication reconciliation. Just document in the member's medical record to reflect patient safety and care coordination efforts.**



**For further details about NCQA recommendations, please call customer service 1-888-846-4262.**



## 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. WellCare conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As a WellCare 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:
<b>Getting Needed Care</b>	<ul style="list-style-type: none"> <li>• Ease of getting care, tests, or treatment needed</li> <li>• Obtained appointment with specialist as soon as needed</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Getting Care Quickly</b>	<ul style="list-style-type: none"> <li>• Obtained needed care right away</li> <li>• Obtained appointment for care as soon as needed</li> <li>• How often were you seen by the provider within 15 minutes of your appointment time?</li> </ul>	<ul style="list-style-type: none"> <li>• Educate your patients on how and where to get care after office hours.</li> <li>• Do you have on-call staff? Let your patients know who they are.</li> </ul>
<b>How Well Doctors Communicate</b>	<ul style="list-style-type: none"> <li>• Doctor explained things in an understandable way</li> <li>• Doctor listened carefully</li> <li>• Doctor showed respect</li> <li>• Child's doctor spent enough time with your child</li> </ul>	<ul style="list-style-type: none"> <li>• The simple act of sitting down while talking to patients can have a profound effect.</li> <li>• Ask your patients what is important to them; this helps to increase their satisfaction with your care.</li> </ul>
<b>Shared Decision Making</b>	<ul style="list-style-type: none"> <li>• Doctor/health care provider talked about reasons you might want your child to take a medicine</li> <li>• Doctor/health care provider talked about reasons you might not want your child to take a medicine</li> <li>• Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine.</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Decision making tools and quick reference guide are available at: <a href="http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html">www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html</a></li> <li>• Ask your patients, "What should I know about you that may not be on your medical chart?"</li> </ul>

(Continued on next page)



## 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:
<b>Coordination of Care</b>	<ul style="list-style-type: none"> <li>In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers?</li> </ul>	<ul style="list-style-type: none"> <li>Your office staff should offer to help your patients schedule and coordinate care between providers.</li> </ul>
<b>Rating of Personal Doctor</b>	<ul style="list-style-type: none"> <li>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?</li> </ul>	<ul style="list-style-type: none"> <li>Studies have shown that patients feel better about their doctor when they ask their patients, “<i>What’s important to you?</i>”</li> </ul>
<b>Rating of Specialist</b>	<ul style="list-style-type: none"> <li>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?</li> </ul>	<ul style="list-style-type: none"> <li>Help your members value their visit to the specialists, be informed of their visit and their advice.</li> </ul>

### 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](http://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](http://www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx)  
 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



## 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.



## Provider Formulary Updates

### Medicaid:

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

Visit [www.ohanahealthplan.com/provider/pharmacy](http://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](http://www.ohanahealthplan.com/provider/medicaid/resources) to view more information on 'Ohana's pharmacy Utilization Management (UM) policies/procedures.

### Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at [www.ohanahealthplan.com/Hawaii/Providers/Medicare](http://www.ohanahealthplan.com/Hawaii/Providers/Medicare), hover over *Provider* drop down and click

*Pharmacy* under Medicare icon. You can also refer to the *Provider Manual* available at [www.ohanahealthplan.com/Hawaii/Providers/Medicare](http://www.ohanahealthplan.com/Hawaii/Providers/Medicare), hover over *Provider* drop down and click *Overview* under Medicare icon. You can also view more information on 'Ohana's pharmacy UM policies and procedures.

### Community Care Services:

Visit [www.ohanaccs.com/provider/pharmacy](http://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](http://www.ohanaccs.com/provider) to view more information on 'Ohana's pharmacy UM policies and procedures.



## 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 five minutes to complete. Please visit [www.payspanhealth.com/nps](http://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.



MEDICARE ONLY

## Point of Care Formulary Information for Providers

PRESCRIBE WITH CONFIDENCE – EVERY DRUG. EVERY PLAN. EVERY TIME.

**Are you and your team spending valuable time processing prior authorizations?**

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to 'Ohana's extensive support resources, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just download the free app or search from your desktop with epocrates® web at [www.epocrates.com](http://www.epocrates.com).

MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com).

Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.



## 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.



## 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/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers).

**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 [www.ohanahealthplan.com/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers), 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/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers), click on *Tools*.

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## We're Just a Phone Call or Click Away

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**Medicare:**  
1-888-505-1201



**Medicaid:**  
1-888-846-4262



[www.ohanahealthplan.com](http://www.ohanahealthplan.com)