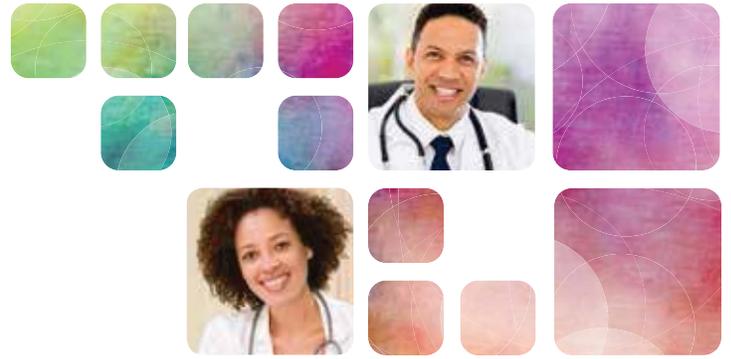


Provider Newsletter

Hawai'i | 2017 | Issue IV



Register Now! 'Ohana's New Provider Portal

You wanted a simpler, more efficient way to interact with us. We delivered.

The new portal is now live and packed with features to help you care for your patients – our members – to ensure they have a positive health care experience. Login or register now at <https://provider.wellcare.com>

The portal features improved claims and authorizations tools, a more holistic view of member information and some new tools that offer more convenient ways for you to connect with us.

Features such as the My Practice area allow provider administrators to manage their users, permissions and access requests. The Visit Checklist feature will enable you to quickly create, print and submit an appointment agenda.

For information on how to use the new Provider Portal and more, watch this video: www.wellcare.com/providers/video

Or access video training here: <https://www.wellcare.com/Providers/New-Provider-Portal-Overview-Training>

If you have questions, please contact your local Provider Relations representative, or call Provider Services.

In This Issue

Register Now! 'Ohana's New Provider Portal.....	1
Availability of Criteria	2
Updating Provider Directory Information.....	2
Reducing Warfarin Adverse Drug Events	2
Quality Star Measures Corner	3
Updated Clinical Practice Guidelines	4
Access to Staff	4
90-day Prescriptions	5
Provider Formulary Updates.....	5
Provider Resources	6
EFT through PaySpan.....	6

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.



We're in this together: *Quality Health Care*



Availability of Criteria

The review criteria and guidelines are available to the providers upon request. Providers may request a copy of the criteria by calling our Customer Service department at the number listed at the end of this newsletter.

Please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at: www.ohanahealthplan.com.

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 on the update with you.

Please send the letter by any of these methods:

- Call: 1-888-846-4262
- 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.

Reducing Warfarin Adverse Drug Events

Members put on anticoagulant medication are known to be at high risk for adverse events, specifically, bleeding. A study of emergency department (ED) visits for adverse events estimated that anticoagulants were associated with 17.6 percent of the visits, with 48.8 percent of cases resulting in hospitalization.¹

Prescriber Tips:

- Before prescribing anticoagulants, providers should weigh the risk of thrombosis against the risk of bleeding.
- Record indication for warfarin therapy; target International Normalized Ratio (INR) range and duration of treatment for every patient.
- With each visit: Assess for significant drug and dietary interactions, evaluate patient's warfarin therapy understanding, and incorporate patient education as necessary. Communicate INR results and dosing decisions.
 - Monitoring is influenced by INR results, patient compliance, changes in health status, addition/discontinuation of medications, changes in diet, and/or dose adjustment decisions. Don't forget to consider a patient's OTC medication.
- With each visit: Patients should be given a written dosing schedule for their anticoagulation therapy that takes into account:
 - Drug name, dose, tablet strength and color, INR results, next appointment date, as well as a telephone number to call with questions or problems.

Patient Education

- Explain the reason for starting warfarin, how warfarin works and duration of therapy.
- Explain the need for routine INR testing and discuss INR target range.
- Discuss side effects of warfarin, drug and food interactions, signs/symptoms of bleeding or clotting, and any necessary lifestyle changes.
- Explain when to take warfarin and what to do if a dose is missed.
- Discuss when to contact provider or when to go to the emergency department.

Stress the importance of notifying all health care providers of warfarin treatment.

If the patient has extended travel plans, ensure a sufficient supply of warfarin is available and arrangements have been made for ongoing INR monitoring.

Reference:

¹Shehab N, Lovegrove MC, Geller AI, et al. US Emergency Department Visits for Outpatient Adverse Drug Events, 2013-2014. *JAMA*. 2016;316(20):2115-2125.



Medicare

Quality Star Measures Corner

At 'Ohana, we value everything you do to deliver quality care to our members – your patients – to make sure they have a positive health care experience.

That's why we're asking you to join us in giving your patients optimal care to help improve quality scores! The Stars Score is an overall summary of many of these measures, and Pay-for-Performance (P4P) provider incentives may be affected.

You can help us improve scores for the measures below by taking action.

- Improving or maintaining Mental Health
- Breast cancer screening
- Diabetes care (Eye exam; kidney disease and blood sugar monitoring; medication adherence; controlling blood pressure)
- Annual flu vaccine

How can you help?

- Provide appropriate and timely care within the designated time frames of the measure
- Clearly document all care in the patient's medical record
- Make sure preventive appointments and screenings are up-to-date
- Encourage and educate patients regarding services offered outside of the PCP office, such as diabetic eye exam services
- Reach out to noncompliant patients
- Remind patients about their annual flu shots and make sure they know when they have received the shot

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
- Autism Spectrum Disorder: HS-1016
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Cancer: HS-1034
- Cholesterol Management: HS-1005
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes in Adults: HS-1009
- Gender Reassignment: HS-1059
- Hepatitis: HS-1050*
- HIV Screening & Antiretroviral Treatment: HS-1024
- Opioid Use Disorder and Treatment: HS-1053
- Pain Management: HS-1064
- Palliative Care: HS-1043
- Post-Traumatic Stress Disorder: HS-1048*
- Preconception and Inter-Pregnancy: HS-1028
- Pregnancy and Post-Partum Care: HS-1029
- Suicidal Behavior: HS-1027

* New

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

- Acute Kidney Injury: HS-1069^
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Major Depressive Disorder in Adults: HS-1008^
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Postpartum: HS-1030
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Substance Use Disorders in High Risk Pregnancy: HS-1041^
- Transitions of Care: HS-1054

^ Merged with another CPG.

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

Access to Staff

If you have questions about the utilization management program, please call Customer Service at 1-888-846-4262. TTY/TDD 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 tapes. There is no charge for this.



90-day Prescriptions

90-day prescriptions are a simple way to manage medication adherence, and they also provide added convenience for your patients. Standard 30-day fills of maintenance medications require patients to make a trip to the pharmacy every single month, year after year. However, utilizing a 90-day prescription, pharmacy trips are cut down from 12 annual trips to only four.

- Members are able to fill their 90-day prescriptions at any willing network pharmacy, but there may be a financial benefit for the member if they utilize 'Ohana's preferred mail-order (CVS Caremark Mail Service Pharmacy). This includes \$0 co-pays for tier 1 medications, and copay reduction for medications in tiers 2 and 3.
- CVS Caremark is currently our only preferred mail order pharmacy, and prescribers can fax or e-prescribe member prescriptions. A prescription form and contact information is listed below
 - https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf
 - Fax: 1-800-378-0323
 - E-prescribe to CVS Caremark Mail Order Electronic, NCPDP ID 322038
- Members will need to create an account with CVS Caremark either online or telephonically
 - www.caremark.com
 - 1-866-808-7471



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.



EFT through PaySpan

Five reasons to sign up today for EFT:

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

Setup is easy and takes about 5 minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan (1-877-331-7154) with any questions.

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

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 homepage. 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 many areas such as Claims, Appeals, Pharmacy, etc. 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 on our website at www.ohanahealthplan.com/provider, click on *Tools*.

We're just a phone call or click away!

'Ohana Health Plan, Inc.
Medicare: 1-888-505-1201

'Ohana Health Plan, Inc.
Medicaid: 1-888-846-4262

www.ohanahealthplan.com/provider