



Quality

How Service Coordination Can Help You

Service Coordination helps members with special needs. It pairs a member with a care manager. The care manager is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

- Complex medical needs
- Solid organ and tissue transplants
- Children with special health care needs
- Lead poisoning



We are here to help you!

For more information about Service Coordination, or to refer a member to the program, please call us at **1-888-846-4262**. This no-cost program gives access to an RN or LCSW Monday–Friday from 7:45 a.m. to 4:30 p.m.

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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.



'Ohana Medicare Provider Manual Update

'Ohana's 2019 Medicare Provider Manual has been updated, effective April 30, 2019. The manual can be viewed online at <https://www.wellcare.com/Hawaii/Providers/Medicare>. If you have any questions, please contact your Provider Relations representative or call the Provider Services phone number that can be found in this newsletter.

New Medicare ID cards for 2020

'Ohana is changing our Medicare Member ID cards for the 2020 plan year. The new layout utilizes a larger font, making it easier for our members to read. Learn what else is changing. <http://www.wellcare.com/HICare2020ID>

Medication Adherence and RxEffect™

To help with medication adherence, 'Ohana engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters as well as utilizing our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to 'Ohana Medicare provider groups to help improve members' medication use.

Talk to your 'Ohana associate today to get users from your office access to the RxEffect™ portal.



This web portal:

- ✓ Is sponsored by 'Ohana – so there is no cost to our provider partners
- ✓ Uses predictive modeling to target the patients who need it most
- ✓ Uses real-time monitoring of pharmacy claims and is updated daily
- ✓ Includes opportunity flags for 30-day conversions, diabetic patients not on statins, appointment agendas and high-risk medications

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>



Your Role in Flu Prevention

It is important for you to talk to your patients about the flu vaccine. The 2017-2018 flu season was among the most active in recent history. Prevention and keeping your patients healthy is part of our quality focus at 'Ohana. As we enter the 2019-2020 flu season, here are some reminders from the Centers for Disease and Control Prevention (CDC) on how you can help to keep your patients safe from the flu.

- 1 All patients age 6 months and older should be immunized against the flu every year.
- 2 Encourage your patients to get the flu vaccine at your practice or at their local pharmacy as soon as it becomes available.
- 3 Discuss with your patients any concerns and barriers that may prevent them from getting the vaccine.
- 4 Remind patients the flu vaccine can protect them from getting the flu and spreading it to their family and friends.

We encourage you to visit the CDC website for the most up-to-date information and patient education materials about the upcoming flu season.

Reference

Centers for Disease and Control and Prevention

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

Primary Care First—Is It Right For Your Practice?

Application Deadline is January 22!

Primary Care First is an opportunity for primary care or multi-specialty practices to adopt a new and innovative value-based care model for their Medicare Fee-For-Service beneficiaries and have the opportunity to earn up to 50% more revenue.

What's Important?

The Centers for Medicare and Medicaid Services (CMS) has designed Primary Care First as an alternative payment model for practices with advanced primary care capabilities and experience in value-based payment arrangements. There are two Model Options--Advanced Primary Care (General) and Seriously Ill Population (SIP)—starting January 2021.

Your practice can benefit from:

- Per beneficiary per month (PBPM payments), a flat primary care visit fee, and performance-based adjustments
- Enhanced payments for practices which specialize in high-need, seriously ill populations
- Less administrative burden and more flexibility in patient care
- The Request for Applications (RFA) period is brief—deadline is January 22!

What capabilities will you need to apply for Primary Care First successfully? What Option is right for your practice and patients? What if your practice is in another CMS Program—are you eligible to enter? How will it affect your practice?

'Ohana can help. 'Ohana and Collaborative Health Systems, a WellCare company since 2012 has assisted providers in adopting value-based care models, can help guide you objectively through the complex application process for Primary Care First.



There's only a short time to explore whether this is right for your practice.

Contact us today for a free review.

Call us at **1-866-245-7043** • Email us at **CHSInquiry@wellcare.com**



Breast Cancer Screening

Here are some quick reminders for closing breast cancer screening care gaps:

Always Enter: Test performed and date. If the member self-reports, also include the result.

Description: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between Oct. 1 two years before the measurement year and Dec. 31 of the measurement year.

Product Lines: Medicare/Medicaid

Exclusions: Bilateral Mastectomy

‘Ohana prefers to capture data for BCS based on claims. Please make sure to document the mammogram properly with the following information:

Billing Codes: 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206

DO THIS!	NOT THAT!
Detailed information recorded on medical record	Not enough information recorded
Preventive Medicine Health Maintenance: MAMMOGRAM Date: 06/08/2017 BIRADS 1 Result: Normal	CHART 1 PATIENT SCREENING/HISTORY Female Screenings Last Mammogram – Considering Screening – Rx given (Insufficient Documentation: No date of service and No results/test not completed).

Quality care is a team effort. Thank you for playing a starring role!



Diabetes Care

According to the American Diabetes Association, diabetes causes more deaths per year than breast cancer and AIDS combined.

According to the Centers for Disease Control and Prevention, 9.4 percent of the U.S. population has diabetes. Another 84.1 million have prediabetes, a condition that can often lead to type 2 diabetes, within five years if not treated.

Comprehensive diabetes care includes:

- Annual diabetic/retinal eye exam
- Annual kidney disease monitoring
- Controlled blood sugar
- Medication adherence
- Statin use (if appropriate for your patient)
- Controlled blood pressure

Ask patients with diabetes how they are managing their condition. Make sure their blood sugar is under control (HbA1c<9), and they are following a care regimen that includes an appropriate diet, physical activity, medicines and observation of blood sugar as recommended.

Consider writing 90-day prescriptions to promote compliance with diabetes medications.

Diabetes Care Checklist		
Every appointment: <input checked="" type="checkbox"/> Blood pressure <input checked="" type="checkbox"/> Feet	Every 3 months: <input checked="" type="checkbox"/> A1c	Once a year: <input checked="" type="checkbox"/> Microalbumin <input checked="" type="checkbox"/> Dilated eye exam <input checked="" type="checkbox"/> Patient cholesterol

How can you help?

- Make sure regular, preventive appointments and screenings are up-to-date.
- Encourage patient education regarding services offered outside the Primary Care Provider office, such as diabetic eye exam services.
- Review your patients' medication lists, sign the reviews and make sure they understand how they need to take their medications.
- Reach out to noncompliant patients.
- Consider adding a moderate- or high-intensity statin.

Skilled Nursing and Home Health Billing Updates

Medicare Fee-for-Service (FFS) is introducing new payment methodologies for HH and SNF services. For FFS SNF and HH providers, the Skilled Nursing Facility Patient Driven Payment Model (PDPM) was effective October 1, 2019 and the Home Health Patient Driven Groupings Model (PDGM) will be effective January 1, 2020. These new payment models introduce new HIPPS code sets for HH and SNF services.

- SNF encounters with “from” dates on or after October 1, 2019 and HH encounters with “from” dates of service on or after January 1, 2020 may be submitted using the existing HIPPS codes or the new HIPPS codes.
- SNF encounters with “from” dates of service prior to October 1, 2019 should continue to be submitted with existing HIPPS codes.
- For SNF stays lasting 14 days or less in which an Admission assessment was not completed prior to discharge, MAOs may submit the HIPPS code from another assessment that took place during the stay or submit a default HIPPS code.

The default HIPPS code for encounters with a “from” date of service prior to October 1, 2019 is “AAA00.” The default HIPPS code for encounters with a “from” date of service on or after October 1, 2019 is “ZZZZZ.”

- HH encounters with “from” dates of service prior to January 1, 2020 should continue to be submitted with existing HIPPS codes.

Please ensure your billing offices are aware of the new billing requirements and have your systems updated accordingly.

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 choosing 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

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity	
atorvastatin 40, 80 mg	lovastatin 40mg	atorvastatin 10, 20 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	rosuvastatin 5, 10 mg
	simvastatin 20, 40 mg	

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 1/28/2018. <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>

'Ohana Self-Service Tools for Providers

'Ohana offers robust technology options to save Providers time using the secure web portal, Chat and our IVR (Interactive Voice Response System).



Self-Service Tools

These self-service tools help providers do business with 'Ohana. We want your interactions with us to be as easy, convenient and efficient as possible.

Giving providers and their staff access to self-service tools is a way for us to accomplish this goal. Click here to access the Portal Self Service Quick Reference Guide: <https://www.wellcare.com/Hawaii/Providers/Medicare>.



Secure Web Portal

Registering for the secure Web Portal gives providers and their staff access to improved search tools, claims and authorization status, member information, and convenient ways to connect with us.

Below are some of the helpful functions available through the Provider Portal:

- **Eligibility and Benefits** – Providers can submit and view authorization requests, claims and eligibility.
- **View Member Information** – Patient profiles give providers access to medical records, demographic information, care gaps, health care conditions, pharmacy utilization and benefits.
- **Contact Us** – Resolve issues quickly by communicating with customer service agents through secure messages and online chat.
- **Access Useful Guides** – View guides, FAQs, educational newsletters and provider manuals.
- **Download Key Forms** – Forms for authorizations, behavioral health, pharmacy, grievance, and more.
- **Claims Status and Submissions** – Providers can submit claims online and review the status of previously submitted claims.
- **Chat** – Providers can get real-time claim adjustments and more without having to wait on hold.
- **Claims Appeals, Claims Disputes and Corrected Claims** – Can also be processed and performed on-line as well. Claims tips and resources can help providers accurately submit their requests for quicker processing.
- **Portal Training Materials** – For more information concerning our secure portal and to view our portal training materials, go to the appropriate link below and select *Available Training*, under *Highlights of the New Portal*.

Click here to register for the secure portal: <https://provider.wellcare.com>



Using Chat: Get to Know the Benefits of Chat

Faster than email and easier than phone calls, Chat is a convenient way to ask simple questions and receive real-time support.

Providers have the ability to use our Chat application instead of calling and speaking with agents.

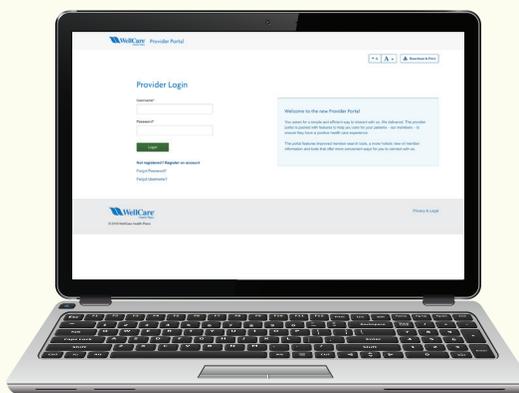
Explore the benefits you will experience by using live Chat!

- **Convenience** – Live Chat offers the convenience of getting help and answers without having to have a phone call.
- **No Waiting On Hold**
- **Documentation of Interaction** – Chat logs provide transparency and proof of contact. Live Chat software gives you the option of receiving a transcription of the conversation afterward.

You can access Chat through the portal.

The *Chat Support* Icon is located on our secure provider portal. From there:

- 1 Log on to the provider portal at <https://provider.wellcare.com/>;
- 2 Access the “Help” section;
- 3 Submit a chat inquiry. The receiving chat agent can assist with numerous complex issues;
- 4 If the chat agent is unable to resolve the issue, the issue will be routed to the right team for further assistance.



Interactive Voice Response (IVR) System

- Technology to expedite provider verification and authentication within the IVR
- Provider/Member account information is sent directly to the agent’s desktop from the IVR validation process, so providers do not have to re-enter information
- Full speech capability, allowing providers to speak their information or use the touch-tone keypad
- Receive status for multiple lines of claim denials
- Automatic routing to the PCS claims adjustment team to dispute a denied claim
- Rejected claims information

TIPS for using our new IVR

Providers should have the following information available with each call:

Self-Service Features

- Ability to receive Member co-pay benefits
- Ability to receive Member eligibility information
- Ability to request authorization and/or status information
- Unlimited claims information on full or partial payments
- ‘Ohana provider ID number
- NPI or Tax ID number for validation (if you do not have your ‘Ohana provider ID)
- For claims inquiries: the member’s ID number, date of birth, date of service and dollar amount
- For authorization and eligibility inquiries: the member’s ID number and date of birth



Secure Web Portal

For the fastest, most effective way to manage your inquiries, please use our Secure Web Portal. Our portal represents the fastest and most effective ways to manage your inquiries and get what you need.

Which channel is best?

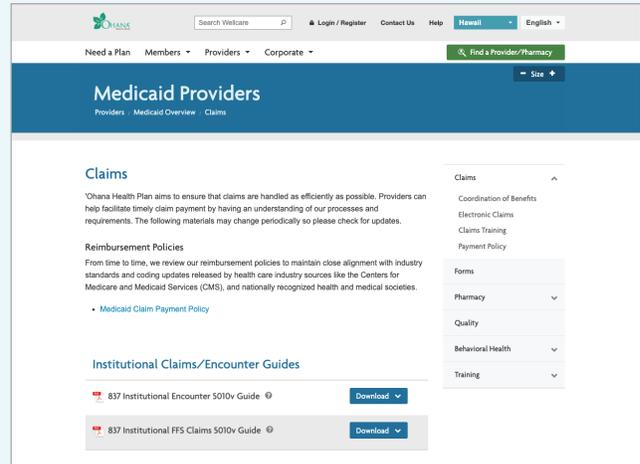
Service Types	Web Portal	Chat	IVR
Appeal Requests / Status (Rx)	✓ Fastest Results		
Appeals & Disputes	✓ Fastest Results		
Authorization Requests	✓ Fastest Results	✓	
Authorization Requirements	✓ Fastest Results	✓	✓
Authorization Status	✓ Fastest Results	✓	✓
Benefits & Eligibility	✓ Fastest Results	✓	✓
Claim Status	✓ Fastest Results	✓	✓
Claim Submission (and Corrections)	✓ Fastest Results	✓	
Co-payment Information	✓ Fastest Results	✓	✓
Coverage Determination Requests/Status (Rx)	✓ Fastest Results		✓
Form Requests	✓ Fastest Results	✓	✓
Provider Resources	✓ Fastest Results		

Click here to register for the secure portal: <https://provider.wellcare.com>

Dialysis Claims Payment Policy

As part of our continued efforts to ensure evidence-based guidelines are used when making medical decisions, 'Ohana implemented a new Dialysis Claims Payment Policy.

To review the Policy, please visit <https://www.wellcare.com/Providers>, and select your state. Under Provider, click *Claims* then select the *Payment Policy* link in the column to the right.



WellCare reimburses providers for dialysis treatments according to the methodology below:



Criteria for CAPD/CCPD

In accordance with CMS Guidelines Chapter 8 Section 80.4 of the Medicare Claims Processing Manual updated 01/18/2019, Rev. 4202, CAPD/CCPD will be allowed to be paid on a weekly or daily basis, not on a per treatment basis. Billing instructions require providers to report the number of days in the unit's field. A facilities daily payment rate is 1/7 of three times the composite rate for a single hemodialysis treatment.



Criteria for Hemodialysis

To facilitate for a more standardized billing practice, 'Ohana will move to a 6 day billing cycle versus CMS 7 day billing cycle for Hemodialysis treatments.



Additional Information

Additional Dialysis: If additional dialysis beyond the usual weekly maintenance dialysis is needed due to the Member's underlying condition, the ESRD facility's claim for these extra services must be accompanied by a medical justification for payment to be made.



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.

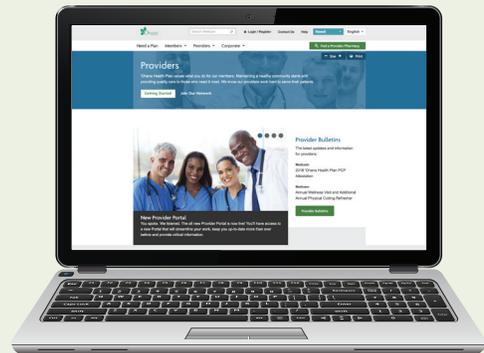
Community Care Services:

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.



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.



Our New Program Combatting Opioid Misuse

'Ohana Health Plan's new program for opioid misuse is designed to partner with you to offer your patients non-judgemental education, benefits, services and support. The goal is to help them choose a confident, "better you," from prevention all the way through recovery.

The cornerstone of this new program is our comprehensive, specialized care management. We'll help members, their families and caregivers navigate information, options, support and services on the path to achieving and maintaining sobriety. We'll also support you and your practice by keeping you up-to-date on evidence-based treatment options and make it easy for you to ensure your patients get the comprehensive treatments they need.

We are excited to partner with you in providing quality care to your patients – our members. Look for detailed information coming soon!

We're Just a Click or Phone Call Away



www.ohanahealthplan.com/provider



Medicare: 1-866-319-3554



Medicaid: 1-888-846-4262

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. **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/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.