Hawai'i | 2017 | Issue I

PROVIDER NEWSLETTER

ANNUAL PROVIDER SATISFACTION SURVEY

Thank you all who participated in the annual survey process in 2016. 'Ohana continues to focus efforts on the experiences of our members and providers. The 2016 annual Provider Satisfaction Survey concentrated on a variety of subjects including call center staff, finance issues, utilization and quality management, network/coordination of care, pharmacy, provider relations and overall satisfaction and loyalty.

Extensive reviews of our 2016 survey results are underway to ensure that our focus is aligned with the needs of our providers. Current areas of focus include enhancing provider services at the local level, claim processing and issue resolution, enriching administrative tools/capabilities, and continued emphasis on quality. The organization is continuously engaged with several cross-functional teams working on these initiatives and others that are aimed at better serving our providers. We anticipate incremental gains on several initiatives in 2017 and continued improvement beyond.

In July/August of 2017, 'Ohana will conduct the annual Provider Satisfaction Survey to continue measuring progress, as well as better evaluate how we can become more effective and productive business partners.

Your participation is encouraged – and appreciated – as together we strive to positively impact our members' lives.

WE'RE IN THIS TOGETHER: QUALITY HEALTH CARE

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.

IN THIS ISSUE

FORMULARY SEARCH APP

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

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

Formulary Search quickly provides the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team.

NEW FORMULARY SEARCH APP EXTENDS THE TOOLS YOU USE TO PRESCRIBE WITH CONFIDENCE

We have expanded our relationship with Managed Markets Insight & Technology, LLC (MMIT) to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to 'Ohana's extensive support resources, Formulary Search is designed to be intuitive, simple and always available.

- Identify coverage and restriction criteria and alternative therapies by brand, region and plan.
- "Favorite" often-prescribed drugs for rapid access.
- No registration, no username, no passwords.

Search from your desktop at **www.FormularyLookup.com** or download the free app today.

Discover drugs by name, brand and policy.
Review restriction data and alternatives.
Understand coverage for any Payer and policy.
Go! Prescribe with confidence.

Q1 2017 PROVIDER FORMULARY UPDATE

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.

CCS:

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 select *Pharmacy* from the *Providers* drop-down menu.

You can also refer to the Provider Manual available at **www.ohanahealthplan.com/provider,** and select *Overview* from the *Providers* drop-down menu to view more information on 'Ohana's pharmacy UM policies and procedures.

2017 EDIT EXPANSION

'Ohana is expanding its claims edit library with additional policies. Periodic updates of our edits ensure claims are processed accurately and efficiently based on our medical coverage policies, reimbursement policies, benefit plans, and industry-standard coding practices, mainly Centers for Medicare & Medicaid Services (CMS). These are three examples of the upcoming policies.

ICD-10 LATERALITY AND EXCLUDES 1 NOTE POLICIES:

ICD-10 CM laterality codes indicate conditions that occur on the left, right, or bilaterally and an Excludes 1 Note indicates mutually exclusive diagnoses.

For example, ICD code M17.10 (Unilateral primary osteoarthritis, unspecified knee) should not be billed with M17.12 (Unilateral primary osteoarthritis, left knee). An Excludes 1 Note is used when two conditions cannot occur together (mutually exclusive), such as a congenital form versus an acquired form of the same condition.

CHANGE RECOMMENDATION POLICY:

Through our advanced processing edit logic, each claim will be assessed and a coding recommendation applied rather than a denial, when applicable based on 'Ohana Edit Policy. The change recommendation policy will assist to reduce provider disputes for incorrect coding claims scenarios.

For example, according to CMS policy, Ambulatory Surgical Center (ASC) facilities are no longer required to submit modifier SG (ASC facility service) to indicate that a service was rendered in an ASC. Therefore, modifier SG is unnecessary and may be removed from a claim and processed without a denial.

Please refer to the provider portal for the listing of the upcoming edits and implementation dates.

AVAILABILITY OF REVIEW CRITERIA

The determination of medical necessity review criteria and guidelines are available to providers upon request. You may request a copy of the criteria used for specific determination of medical necessity by calling Provider Services at the number listed on your *Quick Reference Guide* at **www.ohanahealthplan.com/provider.** Select *Overview* from the Providers drop-down menu for Medicaid, Medicare and Community Care Services (CCS).

Also, please remember that all Clinical Coverage Guidelines detailing medical necessity criteria for certain medical procedures, devices and tests are available on the 'Ohana website at **www.ohanahealthplan.com/provider.**

MEDICARE

RXEFFECT

ACCESS YOUR APPOINTMENT AGENDA THROUGH RXEFFECT!

We are pleased to announce that you are now able to access 'Ohana appointment agendas through RxEffect. The Appointment Agenda is a one-page guide to assist providers in reviewing gaps in a patient's care during an office visit. The document contains current open care gaps and dropped diagnoses. Following the office visit, the provider should include all diagnosis codes (Dx) and procedure codes (CPT/CPT II) on the claim they submit to 'Ohana.

RxEffect is a web portal available to our Medicare PCPs which provides near real-time member medication adherence status. As before, you can print out and return your appointment agenda replies via facsimile, but will also have the opportunity to electronically submit your responses directly through the RxEffect portal. RxEffect can be accessed directly at **portal.rxante.com/** or via a link within the Provider Portal. If you don't have access, speak with your 'Ohana representative to get started.

ANNUAL CAHPS® SURVEY – FEEDBACK ON WHAT MATTERS TO YOUR PATIENTS

The 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey will be mailed to select members of our health plan. The goal of this survey is to gather feedback from our members about their satisfaction levels with providers, the health plan and the quality of the care they receive. We hope you will encourage your patients to participate if selected.

The CAHPS questions directly tied to the care members receive from their personal doctor include:

- Did your doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen to you carefully?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
- Rate your personal doctor from 0–10 using 10 as the best possible doctor.
- How often did you get help from your personal doctor's office to manage your care among your different providers.

Your colleagues have offered the following best practices to improve your ratings:

- Slow down and actively listen. Encourage questions and notice if your patient has a puzzled look. It may be helpful to ask your patient to repeat back what they understand.
- Let patients and their caregiver(s) know your office hours and how to get after-hours care.
- Offer to schedule specialist appointments while your patients are in the office.
- If you are running late, instruct your staff to let your patients and their caregiver(s) know and apologize.
- Invite questions and encourage your patients or their caregiver(s) to take notes. Research shows most patients forget two out of three things you tell them when they walk out of the exam room.
- Remember, your patients and/or their caregiver(s) are "sitting on pins and needles" waiting for your call with their test results. It's better to apologize for calling late in the day than to anger a patient or their caregiver(s) by keeping them up all night waiting for your call.

Thank you for the excellent care you provide to our members.

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 Case Management 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:

MEDICAID:

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**
- Email: **HawaiiPR_Request@wellcare.com**
- Fax: **1-866-788-9910**
- Mail: **'Ohana Health Plan**
  Attention: Provider Operations
  949 Kamokila Blvd., Suite 350
  Kapolei, HI 96707

MEDICARE:

- Call: **1-888-505-1201**

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

DID YOU KNOW? AUTHORIZATION REQUESTS FOR MEDICAL NECESSITY

Did you know that 'Ohana can perform medical necessity reviews after a provider performs a service? With this process, 'Ohana can recoup payments to providers that may have been inappropriately paid.

Authorization only confirms whether a service meets 'Ohana's determination criteria at the time a provider makes an authorization request and does not guarantee payment. In addition, we retain the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

For more information, please contact your Provider Relations representative or call the Provider Services phone number on the back of this newsletter.

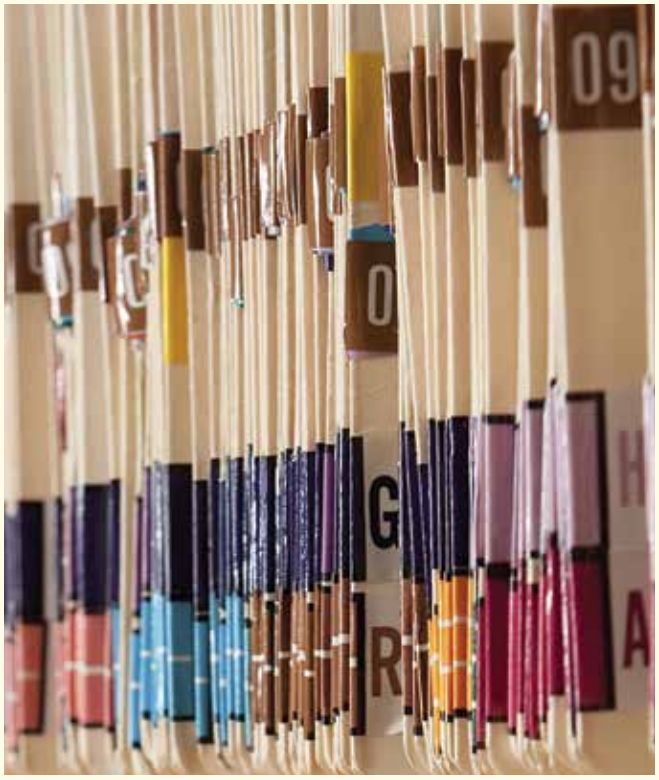
AMBULATORY MEDICAL RECORD REVIEW RESULTS

Consistent and complete documentation in the medical record is an essential component of delivering quality patient care. In accordance with our contract with DHS and requirements from federal and state regulatory agencies, ʻOhana is required to periodically audit the medical records of our members to assess the quality of care delivered and to ensure compliance with documentation standards and clinical care guidelines.

An average score of 80 percent or greater is considered a passing score. Results of total annual reviews were forwarded to the Utilization Medical Advisory Committee for evaluation. Providers who took part in last year's medical record review received feedback on areas needing improvement.

Medicare Providers: 65 providers were reviewed and all passed the audit.

Medicaid Providers: 62 providers for adult members were reviewed and 96 percent passed. 36 providers for child members were reviewed and all passed the audit.



Area for improvement for all adult member records reviewed:

The documentation standards and preventive health care guidelines that did not meet a passing score of 80 percent or greater were:

- Documentation that members age 66 and older were provided written information regarding advance directives
- Hearing screening for members age 65 and older
- Documentation that members received Notice of Privacy Practices
- If not English, primary language spoken by the member and, if applicable, any translation/ communication needs are documented
- Mammogram screening – every 1 to 2 years for females ages 50–74
- Colorectal cancer screening for members ages 50–75
- Nutritional assessment for members with BMIs of 30 or greater and 18 or lower
- Vision screening for members age 65 and older

Area for improvement for all child member records reviewed:

The documentation standards and preventive health care guidelines that did not meet a passing score of 80 percent or greater were:

- TB risk assessment for children ages 1 month, 6, 12 and 18 months, and annually for children and adolescents 2–21 years of age. TB test required initially for all attending day care or school who are age 12 months or older or for any positive risk assessment.
- Sexually transmitted disease screening for sexually active females ages 11–21
- Lead screening at 12 and 24 months
- Depression screening for ages 11 and older
- Documentation that member, parent, or guardian received Notice of Privacy Practices
- Screening for tobacco, alcohol or substance abuse with appropriate counseling or referrals, if applicable, for ages 11–21
- Patient demographics including marital status and employment, if applicable
- Serum cholesterol – at least once between the ages of 18 and 21 years
- Dental assessment from age 6 months to 30 months

Mahalo to all providers who participated in ʻOhana Health Plan's Ambulatory Medical Record Review, and for providing great care to our members. Your assistance in this process helps to make our entire network stronger.

CLINICAL PRACTICE GUIDELINES – SEE UPDATES

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. 'Ohana CPGs 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. The CPGs are available on the 'Ohana website at **www.ohanahealthplan.com/provider.** CPGs on the Provider Portal include, but are not limited to:

GENERAL CLINICAL PRACTICE GUIDELINES

- Alzheimer's disease and other dementias
- Asthma
- Cancer
- Cholesterol management
- Chronic heart failure
- Chronic kidney disease*
- Congestive heart failure
- COPD
- Coronary artery disease
- Diabetes in adults*
- Diabetes in children
- Fall risk assessment in older adults
- HIV antiretroviral treatment
- HIV screening*
- Hypertension
- Imaging for low back pain
- Lead exposure
- Motivational interviewing and health behavior change
- Obesity in adults
- Obesity in children
- Osteoporosis
- Palliative care
- Pharyngitis
- Rheumatoid arthritis
- Sickle cell disease
- Smoking cessation
- Transitions of care

PREVENTIVE HEALTH GUIDELINES

- Adult preventive health*
- Postpartum*
- Preconception and inter-pregnancy*
- Pregnancy*
- Preventive health pediatric*

BEHAVIORAL HEALTH CPGS

- ADHD
- Antipsychotic drug use in children and adolescents
- Behavioral health and sexual offenders in adults
- Behavioral health conditions in high-risk pregnancy
- Behavioral health screening in primary care settings*
- Bipolar disorder
- Depressive disorders in children and adolescents
- Eating disorders
- Major depressive disorders in adults
- Persons with serious mental illness and medical comorbidities*
- Psychotropic drug use in children*
- Schizophrenia*
- Screening, Brief Intervention and Referral to Treatment (SBIRT) *
- Substance use disorders
- Substance use disorders in high-risk pregnancy
- Suicidal behaviors

*CPGs noted have been updated and published to the Provider Portal.

COMING SOON: NEW PROVIDER PORTAL

'OHANA'S NEW PROVIDER PORTAL ARRIVES IN SUMMER 2017!

The portal will have a whole new look and streamlined tools, including:

- Comprehensive Member Profile with Eligibility, Benefits & Co-Pays, Care Gaps, Pharmacy Utilization, and more
- Improved Authorization & Claim Submission
- More ways to communicate with us electronically (Secure Messages & Online Chat)
- Practice Management – Update Demographic Information, Select Communication Preferences, Manage Users, etc.
- More Robust Data & Reports

Stay tuned for more information.

ACCESS TO UTILIZATION STAFF

The Utilization Management (UM) section of your Provider Manual contains detailed information related to the UM program. Your patient, our member, can request materials in a different format including other languages, large print and audiotapes. There is no charge for this service.

If you have questions about the UM Program, please call Provider Services at the number listed on your *Quick Reference Guide* located at **www.ohanahealthplan.com/provider** select *Overview* from the Providers drop-down menu for Medicaid, Medicare and Community Care Services (CCS).

PROVIDER RESOURCES

WEB RESOURCES

Visit **www.ohanahealthplan.com** to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Pharmacy Guidelines, key forms and other helpful resources. You may also request hard copies of any of the above documents by contacting your Provider Relations Representative. For additional information, please refer to your *Quick Reference Guide* at **www.ohanahealthplan.com/provider**, select *Overview* from the Providers drop-down menu for Medicaid, Medicare and Community Care Services (CCS).

PROVIDER NEWS

Remember to check messages regularly to receive new and updated information. Visit the secure area of **www.ohanahealthplan.com/provider** to find copies of the latest correspondence. Access the secure portal using the *Provider Secure Login* area in the provider drop-down menu on the top of the page. You will see *Messages from 'Ohana* located in the column on the right.

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

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