

# Provider Newsletter

Hawai'i | 2017 | Issue II

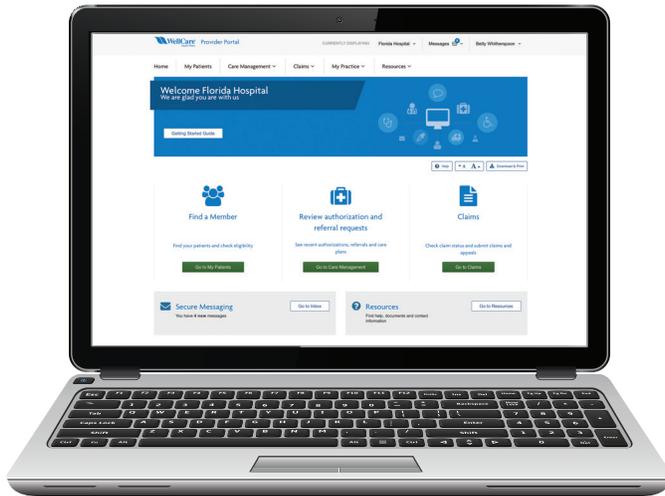


## New Provider Portal

Our portal is getting 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
- Visit Checklist for printing prior to patient appointments
- 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.



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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.



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



# Important Patient Questions for the Health Outcomes Survey

## Quality care starts with a conversation!

### How Active Are You?

- 7 out of 10 adults age 20 and over are overweight.
- If you want your patients healthy and happy – physical activity is key! Even doing daily household chores can help them burn more than 2,000 calories a week.
- Take a minute to tell your patients about ways they can get moving, shed pounds and feel better!

### Is Your Bladder Controlling Your Life?

- Let them know they're not alone. More than half of all American seniors suffer from bladder conditions.
- Ask if your patient's bladder is affecting daily routine or sleep.
- Your patients may be shy – remind them that this is common!

### How Are You Feeling Compared to a Year Ago?

- More than 70% of Americans are under constant stress and anxiety!
- 7 out of 10 adults in the U.S. are diagnosed with a chronic disease.
- If your patients do not feel better than they did a year ago, it could indicate that they need your help. Ask how they're feeling – it could be the key to better health outcomes.

### Losing Balance? Have You Fallen Recently?

- Falls are the leading cause of death from injury among people 65 and older.
- 1 in 4 seniors fall each year, but less than half tell their doctor! Ask if your patient has fallen and let him/her know how to prevent it.
- Let your patients know they can reduce their risk by taking supplements, doing strength and balance exercises, having their eyes checked and making their homes safer. Perform the 30-second chair stand test on patients who are at risk of falling.

#### Sources:

[www.cdc.gov/nchs/fastats/obesity-overweight.htm](http://www.cdc.gov/nchs/fastats/obesity-overweight.htm)

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[shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/](http://shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/)

[www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html](http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html)



## Appointment Access and Availability Audits

'Ohana is required by the Centers for Medicare & Medicaid Services (CMS) and state regulations to administer appointment access and availability audits. The audits are conducted by a third-party vendor, SPH Analytics, and keep us compliant with NCQA and other accreditation entities. Auditors identify themselves when calling providers' offices and provide appointment examples for existing members.

If an audit of your office reveals areas for improvement, you will receive a notification letter and an outline of the appointment types and standards. You will be provided an opportunity to respond, and will be re-audited in 90 days.

Appointment access and availability standards can be in your Provider Manual posted on our website at [www.ohanahealthplan.com/provider/medicaid/resources](http://www.ohanahealthplan.com/provider/medicaid/resources) or [www.ohanahealthplan.com/provider/medicare/resources](http://www.ohanahealthplan.com/provider/medicare/resources).

For more information on appointment access and availability audits, please contact your Provider Relations representative or call one of the Provider Services phone numbers at the end of this newsletter.

## Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that assists members with specific chronic conditions. Members are assigned a Disease Nurse Manager who can help the member with:

- Education and understanding of their specific condition
- Identification of adherence barriers and ways to overcome them
- Individualized life modifications suggestions to improve daily life
- Self-management of their condition to improve their health outcomes
- Motivational coaching for encouragement with the struggles along the way
- Improved communication with their Primary Care Provider and health care team



Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Heart disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at 1-888-846-4262, (TTY 1-877-247-6272) Monday–Friday, 7:45 a.m. to 4:30 p.m.

## ‘Ohana Covers Telehealth Services

As of Jan. 1, 2017, Telehealth Services will be a covered plan benefit for ‘Ohana Health Plan, subject to limitations and administrative guidelines. Telehealth services will provide members with enhanced health care services and information when meeting face-to-face is unavailable. This provides members with the flexibility to interact with providers while improving health outcomes in the state.

**Telehealth methods may include, but are not limited to:**

- Real-time video conferencing
- Secure interactive and non-interactive web communication, and
- Secure transfer of medical records. Providers can use high-quality images and lab reports for patient care.

**Non-covered services include:**

- Standard phone calls, faxes, or email – in combination or individually – are not considered Telehealth Services.
- Issuing a prescription based solely on an online questionnaire does not constitute a telehealth service and is not covered.

If services normally require prior authorization with in-person care, prior authorization is required to get the same care through telehealth.

For more information, please contact your Provider Relations representative.

# 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:
Getting Needed Care	<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>
Getting Care Quickly	<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>
How Well Doctors Communicate	<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>
Shared Decision Making	<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>
Coordination of Care	<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>
Rating of Personal Doctor	<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, "What's important to you?"</li> </ul>
Rating of Specialist	<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>

Make sure both you and your medical team know the questions your practice is being rated on. Knowledge is power. 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

## How Service Coordination Can Help You

Service coordination helps members with special needs. It pairs a member with a service coordinator. QUEST Integration members are not automatically assigned a service coordinator and may need your help to refer appropriate members for service coordination. Our service coordinators are registered nurses (RNs), behavioral health specialists or licensed clinical social workers (LCSWs) who can help the member with issues such as:

- Complex medical and behavioral needs
- Referrals to state agencies and services
- Children with special health care needs
- Follow-up after hospitalization to ensure transition to a home with services
- Chronic illnesses such as asthma, diabetes, hypertension and heart disease
- Members requiring home based and community services

We're 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 a service coordinator Monday–Friday from 7:45 a.m. to 4:30 p.m. You may also visit [www.ohanahealthplan.com/provider/medicaid/resources](http://www.ohanahealthplan.com/provider/medicaid/resources) and select *Forms* under *Medicaid* to complete an online referral form.



## 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.



## 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.

### 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.

### Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at [www.ohanahealthplan.com/provider](http://www.ohanahealthplan.com/provider), and select *Pharmacy*.

You can also refer to the *Provider Manual* available at [www.ohanahealthplan.com/provider](http://www.ohanahealthplan.com/provider), and click *Resources* under Medicare icon. You can also view more information on 'Ohana's pharmacy UM policies and procedures.

## 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 Kidney Injury: HS-1069\*
- Adult Preventive Health: HS-1018
- Asthma: HS-1001
- Behavioral Health Screening in Primary Care Settings: HS-1036\*
- Bipolar Disorder: HS-1017
- Cardiovascular Disease: HS-1002
- Chronic Kidney Disease: HS-1006
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Diabetes in Adults: HS-1009
- Diabetes in Children: HS-1004
- Epilepsy: HS-1070\*
- HIV Screening: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037\*
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062\*
- Post-Partum: HS-1030
- Preconception and Inter-pregnancy: HS-1028
- Pregnancy: HS-1029
- Psychotropic Drug Use in Children: HS-1047\*
- Schizophrenia: HS-1026
- Sickle Cell Anemia: HS-1038
- Substance Use Disorders: HS-1031
- Substance Use Disorders in High Risk Pregnancy: HS-1041
- Tobacco Cessation: HS-1035

\* New

To access other CPGs related to Behavioral, Chronic, and Preventive Health, visit [www.wellcare.com/Hawaii/Providers](http://www.wellcare.com/Hawaii/Providers).

## Benefits of Providing Services in an ASC Setting

Operating in an Ambulatory Surgery Center (ASC) setting (Place of Service 24), rather than an outpatient hospital setting (Place of Service 22), may be beneficial to patients, providers and payers.

Benefits of providing services in an ASC setting may include:

- A more relaxed, less stressful and lower cost environment
- Provider autonomy over work environment and quality of care
- Increased provider control over surgical practices
- Provider specialties tailored to the specific needs of patients
- Raised standards in patient satisfaction, safety, quality and cost management
- Additional hospital operating room time reserved for more complex procedures
- Comparable patient satisfaction
- Quality of care as the hallmark of the ASC model

Providers are encouraged to provide services in an ASC setting (Place of Service 24) when deemed appropriate. Please contact your local Provider Relations representative for more information on ASCs in your area.

## 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](http://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](http://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](http://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](http://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](http://www.ohanahealthplan.com/provider)