



Quality

'Ohana Taking Additional Steps to Protect Members' Health Amid COVID-19 Outbreak

As we continue to learn more and address the novel coronavirus and its resulting illness COVID-19, we want to update you on important coverage information around its testing, treatment and care.

'Ohana will be extending coverage for COVID-19. This important step is being taken in partnership with other major insurers and with the support of the White House Coronavirus Task Force.

We intend to cover COVID-19 testing and screening services for Medicaid, Medicare and Marketplace members and are waiving all associated member cost share amounts for COVID-19 testing and screening. To ensure that our members receive the care they need as quickly as possible, 'Ohana will not require prior authorization, prior certification, prior notification or step therapy protocols for these services.

This coverage extension follows the Centers for Medicare & Medicaid Services' (CMS) guidance that coronavirus tests will be fully covered without cost-sharing for Medicare and Medicaid plans, a decision that 'Ohana fully supports for our members covered under these programs. We also support the administration's guidance to provide more flexibility to Medicare Advantage and Part D plans.

(Continued on next page)

In This Issue

Quality

'Ohana Taking Additional Steps to Protect Members' Health Amid COVID-19 Outbreak	1
New Modifier Claims and Payment Policy (CPP)	2
Assessing for Suicide Risk Prior to Initiating Antidepressants.....	3
Coding Edit Guidelines Update.....	4
RxEffect Provider Tool.....	4
Diagnosis and Management of COPD (SPR/(PCE).....	5
Providers Role with Immunizations.....	6
Health Effects of E-Cigarettes.....	6

Operational

Updating Provider Directory Information.....	7
Electronic Funds Transfer (EFT) through PaySpan®	7
Access to Staff	7
Provider Formulary Updates.....	8
Provider Resources.....	8

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 Taking Additional Steps to Protect Members' Health Amid COVID-19 Outbreak *(Continued)*

The specific guidance includes:

- ✓ Waiving cost-sharing for COVID-19 tests
- ✓ Waiving cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth
- ✓ Removing prior authorizations requirements
- ✓ Waiving prescription refill limits
- ✓ Relaxing restrictions on home or mail delivery of prescription drugs
- ✓ Expanding access to certain telehealth services



'Ohana has been working in close partnership with state, local and federal authorities to serve and protect patients during the COVID-19 outbreak, including ensuring that its members and providers have the most up-to-date information to protect themselves and their families from the virus. We remain committed to protecting our communities during the outbreak.



To ensure you are keeping your environment safe from the coronavirus, please refer to the CDC guidelines here:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf>

New Modifier Claims and Payment Policy (CPP)

'Ohana has added a Claims and Payment Policy (CPP) for procedure-to-procedure associated modifiers. We made this CPP publicly available on our website. To view this updated policy, please visit <https://www.wellcare.com/Hawaii/Providers>, select Claims under *Medicaid* or *Medicare* drop down, then click on Payment Policy. Please share this notice with other members of your practice and office staff.



Beginning **May 1, 2020**, our clinical teams will use the Modifier CPP to ensure the extent and nature of the services rendered for a patient's condition, as well as verify the claim is coded correctly for the services billed. Therefore, providers may experience an increase in requests for medical record submissions when billing modifiers, including 24, 25, 59, XE, XP, XS or XU.

The intent of this change is to ensure appropriate use of modifiers upon claim submissions. Once the requested medical records are received and reviewed, 'Ohana will approve final payment if claims have appropriately used the referenced modifiers.

Assessing for Suicide Risk Prior to Initiating Antidepressants

According to the Centers for Disease Control and Prevention, mental illnesses are the third leading cause of hospitalizations in the United States among patients between 18-44 years old. Suicide can be associated with untreated mental illnesses like depression, and is the second leading cause of death among patients 15-34 years of age. The American Psychiatric Association recommends assessing your patients’ risk of suicide before initiating pharmacotherapy. For your convenience, below are some factors to consider when assessing suicide risk prior to initiating an antidepressant medication.

Factors to Consider When Assessing Suicide Risk
<input checked="" type="checkbox"/> Presence of suicidal or homicidal ideation, intent, or plans
<input checked="" type="checkbox"/> History and seriousness of previous attempts
<input checked="" type="checkbox"/> Access to means for suicide and the lethality of those means
<input checked="" type="checkbox"/> Recent psychiatric hospitalization
<input checked="" type="checkbox"/> Presence of severe anxiety, panic attacks, agitation, and/or impulsivity
<input checked="" type="checkbox"/> Presence of psychotic symptoms, such as command hallucinations or poor reality testing
<input checked="" type="checkbox"/> Presence of alcohol or other substance use
<input checked="" type="checkbox"/> Family history of or recent exposure to suicide
<input checked="" type="checkbox"/> Absence of protective factors

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:

- Centers for Disease Control and Prevention, “Learn About Mental Health,” Available from: <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Gelenberg AJ, Freeman MP, Markowitz JC, Rosenbaum JF, Thase ME, Trivedi MH, Van Rhoads RS. Practice Guideline for Treatment of Patients with Major Depressive Disorder. November 2010. Available from: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf

Coding Edit Guidelines Update

'Ohana Health Plan, Inc. is committed to continually improving its claims review and payment processes. Effective **04/28/2020**, we will begin applying coding edit guidelines for the appropriate coding of Emergency Room Evaluation and Management (E&M) code levels based on 'Ohana's Emergency Room E&M Program.

Both the Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that Emergency Room E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG recommends that payers continue to help educate practitioners on coding and documentation for Emergency Room E&M services and develop programs to review E&M services billed for by high-coding practitioners.

Overview of 'Ohana Emergency Room E&M Program:

- Evaluates and reviews high-level Emergency Room E&M services for high-coding practitioners that appear to have been incorrectly coded based upon diagnostic information that appears on the claim, and peer comparison.
- Applies the relevant Emergency Room E&M policy and recoding of the claim line to the proper Emergency Room E&M level of service.
- Allows reimbursement at the highest Emergency Room E&M service code level for which the criteria is satisfied based on our risk adjustment process.

Providers should report Emergency Room E&M services in accordance with the American Medical Association's (AMA's) CPT Manual and CMS' guidelines for billing Emergency Room E&M service codes: Documentation Guidelines for Evaluation and Management. The proper reporting of Emergency Room E&M Services lets 'Ohana more precisely apply reimbursement-coding guidelines and ensure that an accurate record of patient care history is maintained.

Determinations as to whether services are reasonable and necessary for an individual patient should be made on the same basis as all other such determinations – with reference to accepted standards of medical practice and the medical circumstances of the individual case.

Thank you for your cooperation. If you have any questions or need more information, please contact your Provider Relations representative. Dispute rights provided.

CPT® is a registered trademark of the American Medical Association.

RxEffect Provider Tool

RxAnte offers an innovative quality platform called **RxEffect**. The platform is free to 'Ohana Provider groups and offers targeted patient lists, daily claim updates, and strong workflow support for your practice in improving medication adherence for your 'Ohana members. Active use of the RxEffect tool has been shown to improve quality measure outcomes and help streamline effective member outreaches to support adherence.

Be on the lookout for some exciting new RxEffect Enhancements being released in 2020, including:



- **New PCP Attribution** – allowing more groups to engage more effectively in RxEffect
- **Saving Filters Modification** – improving workflow efficiency by allowing practice-users to save more filters
- **Polypharmacy Measures** – added to improve a provider's ability to manage medication adherence and outreach members

Check out the RxEffect Video here: <https://www.youtube.com/watch?v=loEKiM7veZQ>

For more information on RxEffect, visit the website at www.rxante.com and speak with your 'Ohana Provider Relations and Quality Representative.

Diagnosis and Management of COPD (SPR/(PCE))

We value everything you do to deliver quality care to our members – your patients. We appreciate your commitment to their positive healthcare experience. That’s why we’re asking you to join us in efforts to help improve patient outcomes and quality!

Quality Measures

The health plan uses HEDIS® to measure network providers’ use of spirometry testing to diagnose COPD and the use of systemic corticosteroids and bronchodilators to manage COPD. NCQA uses this reporting to evaluate health plans.

Quality Measures Description

Quality Measure	Description
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Assesses the consistency of using appropriate spirometry testing to confirm the diagnosis of COPD or newly active COPD in adults 40 years of age and older.
Pharmacotherapy Management of COPD Exacerbation (PCE)	Assesses chronic obstructive pulmonary disease (COPD) exacerbations for adults 40 years of age and older who had appropriate medication therapy to manage a recent exacerbation. A COPD exacerbation is defined as an inpatient or ED visit with a primary discharge diagnosis of COPD.



Action

- Please complete a ***spirometry test*** within 6 months of ***diagnosing*** patients with COPD
- Please contact members who have had a recent hospitalization for COPD exacerbation to ensure a follow-up visit within 7 days of discharge
 - Patients should be dispensed a ***systemic corticosteroid within 14 days of discharge*** or at least have an active prescription on file
 - Patients should be dispensed a ***bronchodilator within 30 days of discharge*** or at least have an active prescription on file
- Please educate your patients with COPD on recognizing the signs and symptoms of an acute exacerbation and what steps to take based on the severity
- Please ensure that your patients have access to and an adequate supply of their rescue medication (short acting B-2 agonist) available
- Please ensure that your patients have access to and an adequate supply of their corticosteroid medication available
- Please monitor and follow up with your patients regarding their prescription refills.



Other Considerations

- ✓ Review the COPD Action Plan with your patients
- ✓ Ensure that your patients utilizes proper inhaler technique
- ✓ Prescribe a spacer if necessary
- ✓ Educate your patients on breathing techniques for exacerbations
- ✓ Talk about common side effects, how long they may last and how to manage them
- ✓ Let your patients know what to do if they have questions or concerns
- ✓ Monitor with scheduled follow-up appointments

We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients. We’re here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact your Provider Relations Representative if you have questions or need assistance.

References

<https://www.ncqa.org/hedis/measures/pharmacotherapy-management-of-copd-exacerbation/>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Providers Role with Immunizations

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates - from providing educational materials, to being available to answer questions.

Most parents/guardians are open to immunizations and therefore, they just need to be informed what immunizations are due for the child. Confused parents may choose to delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. During a two-way discussion with a parent/guardian about vaccinations, it is essential to make a strong recommendation for immunization. As a trusted professional, your advice is meaningful for final acceptance.

Source:

<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>



Help educate parents on the prevention and spread of disease. It will be important to remind them of the value of comprehensive well-child checkups. If a vaccine is declined, parents/guardians should be reminded of immunization recommendations at future visits.

Health Effects of E-Cigarettes

E-cigarettes are the most commonly used tobacco product among youth in the US. More than 2 million middle and high school students are using e-cigarettes (“vaping”). This is an increase from 2017 to 2018 of 75% and 50% for high-school and middle-school age children respectively.



The surgeon general has reported that tobacco use at any age is not safe. E-cigarette use among youth may lead to addiction and harm to the developing brain. In addition, researchers have found that e-cigarette aerosol contains a complex mixture of chemicals, some of which are still unknown. The aerosol particles can be inhaled deep into the lungs, affecting lung tissue and promoting such conditions as chronic bronchitis.

Scientists at Huntington Medical Research Institutes are hoping to determine both short-term and long-term effects on the structure and function of the heart and cardiovascular system (using rodent models). This is an effort to determine the comparative safety of e-cigarettes to regular combustible cigarettes.

It is important for healthcare providers to educate youth and parents/caregivers on the potential health effects of these products and to encourage parents and caregivers to know the facts about vaping. They should know what e-cigarettes are, what the risks are for youth, what e-cigarettes look like, and what they can do as parents and caregivers.



<https://www.hhs.gov/blog/2018/11/6/researchers-explore-health-effects-of-ecigarettes.html>

https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/OSH-E-Cigarettes-and-Youth-What-Parents-Need-to-Know-20190327-508.pdf

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.

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.

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 Formulary Updates

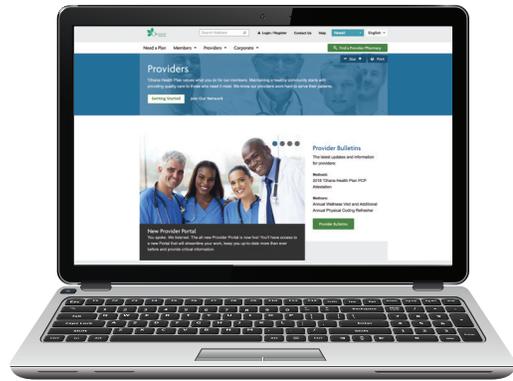
Medicaid:

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, hover over *Provider* drop down and click *Pharmacy* under Medicare icon.

You can also refer to the *Provider Manual* available at www.ohanahealthplan.com/provider, 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.

We're Just a Click or Phone Call Away



<https://www.wellcare.com/Hawaii/Providers>



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 – <https://www.wellcare.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 <https://www.wellcare.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 <https://www.wellcare.com/Hawaii/Providers>, click on Tools.