



Quality

Introducing ‘Ohana BabySteps

‘Ohana Health Plans is pleased to introduce ‘Ohana BabySteps, an important new program for both our providers and members! Pregnancy is a time of healthy beginnings. ‘Ohana BabySteps merges care coordination and care management services to improve birth and mental health outcomes for our members – your patients. We make this possible by using innovative engagement strategies to link members to vital in-network and community services.

Meaningful encouragement from our providers to our members is imperative to the long-term success of ‘Ohana BabySteps, so your support of the program is crucial.

Our long-term goals and objectives for ‘Ohana and Providers include:

- Improving the quality of maternity care
- Improving birth outcomes
- Reducing cost of care for mothers and infants
- Increasing member engagement
- Improving provider engagement



To refer a patient or learn more about the ‘Ohana BabySteps program, please contact your provider representative. Or visit your state’s provider portal anytime day or night at www.ohanahealthplan.com.

Thank you for your partnership and work to ensure that every ‘Ohana member receives quality healthcare!

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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 Strengthens Our Fight Against Epidemic of Opioid Misuse

‘Ohana has created a comprehensive program for Medicaid and Medicare members who overuse opioid medications or are at risk of doing so, and we invite all of our providers to join us in this crucial effort.

In 2017, the HHS declared opioid misuse a public health emergency. In 2018, 2 million people had an opioid use disorder and 47,600 people died from overdosing on opioids, according to the U.S. Department of Health and Human Services.

‘Ohana believes that vigilance by our providers can play a key role in fighting the epidemic that has spread throughout the United States.

The goals of our Opioid Program are to:

- Reduce the risk of opioid misuse, dependence and ultimately overdose, improving our Members’ health outcomes
- Support members who depend upon and/or abuse opioids by providing Care Management services, education and monitoring to improve health outcomes
- Promote the appropriate use of healthcare resources

Interventions using Care Management services are for Medicare and Medicaid Members:

- Who have shown outlier utilization of opioids and other services requiring access limitations controls,
- With low back pain and a high number of opioid prescriptions; and
- Who have been proactively identified as being at high risk of misuse of opioids

For our Medicare population, the Pharmacy Department administers CMS’s Opioid Drug Management Program (Opioid DMP). CMS requires Pharmacists to address the Opioid needs of members. ‘Ohana Pharmacists will refer members to Care Management as needed.

Also, we are seeking to expand the number of providers who are able to offer Medication Assisted Treatment (MAT services). MAT services use FDA-approved medications combined with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders.



To learn more about ‘Ohana’s Opioid Program, visit

Medicaid: <https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy/Opioid-Management>

Medicare: <https://www.wellcare.com/Hawaii/Providers/Medicare/Pharmacy/Opioid-Management>

For additional questions/information, please contact your Provider representative.

'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.

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.



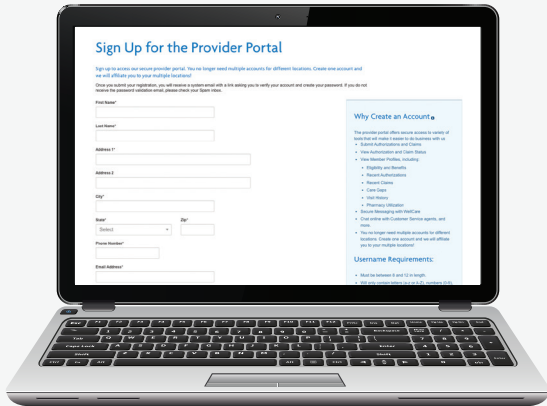
To ensure you are keeping your environment safe from the coronavirus, please refer to the CDC guidelines here:

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

NEW: Secure Portal Authorization Enhancements

‘Ohana has made several recent enhancements to our secure Provider Portal Authorization System. We’ve expanded your online capabilities, so you can accomplish more than ever before – without the need to call Provider Services for assistance.

New features include:



- Authorization Edits:**
 Providers can now edit previously submitted authorizations online. You can also return and upload additional attachments (such as requested medical records) and review previously submitted documentation.
- Real-time Authorization Status:**
 Quickly and easily look up status of any authorization request at any time.
- New Status:**
 We’ve added a new “Partially Approved” status to more accurately depict the current status of requests that are not fully through the approval process.

Not registered on our secure Provider Portal yet? It only takes a few moments to **sign up for an account** and start benefitting from the many useful features provided.

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.

Coordination of Care

What is Coordination of Care and who provides it? Coordination of Care requires proactively identifying the patient’s needs, organizing care and communicating vital information at the right time to the right people. Coordination can occur among various parties but often includes:

- The Primary Care Provider
- Specialty Providers
- Behavioral Health Practitioners
- Inpatient Hospitals
- Skilled Nursing Facilities
- Home Care Agencies
- Labs and other Diagnostic Services
- Family and Caregivers
- Health Plan Care Managers
- Other Care Managers

Why is Coordination of Care important? Appropriate Care Coordination and the availability of pertinent and up-to-date information leads to many positive benefits, including:

- Safer and more effective care
- Increased efficiency and reduced costs
- Lower admission and readmission rates
- Improved health and satisfaction for the patient
- Fewer care complications and delays patient
- Smoother care transitions

How is Coordination of Care measured? ‘Ohana continually monitors and evaluates measures that reflect appropriate coordination of care practices such as:

- Member (CAHPS®) Experience Surveys
- Emergency service usage
- Provider surveys
- Timeliness of follow-up care
- Hospital admission and readmission
- HEDIS® clinical performance measures rates

The Provider’s Role: ‘Ohana Health Plans, Inc., expects that providers follow these practice guidelines in coordinating care for our members. Our health plan and associated providers are rated and evaluated based on the ability to successfully carry out these practices. Please note that the care coordination measures are specifically evaluated in our annual Member Experience Surveys (CAHPS®)*.

Important Provider Coordination of Care Practices

Tell your patient when to expect lab, X-ray and other test results and deliver the results on time (CAHPS®)*	Ensure appropriate follow-up care is in place after your patient’s hospitalization or emergency care
Assist your patient in arranging care with other practitioners and services (CAHPS®)*	Ensure that your patient knows how to receive care when your office is closed
Follow up on referrals and discuss your patient’s current specialist care (CAHPS®)*	Encourage your patients to ask questions and to express their needs and priorities
Obtain relevant medical records prior to appointments and review with your patients (CAHPS®)*	Encourage your patient to remain current with preventive screenings
Regularly discuss and update your patient’s current prescription medications (CAHPS®)*	Discuss and monitor your patient’s perception of their physical and emotional health on a yearly basis
Remind your patients about important prevention measures, such as regular flu shots (CAHPS®)*	Collaborate with ‘Ohana’s Care Management Programs** for patients with coordination needs or educational needs
Discuss the risk and prevention of falling with your patient	Refer patients with community assistance needs to ‘Ohana’s Community Connections Help Line***

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

*CAHPS® Related Measure

**General Care Management Referral Line: 1-866-635-7045

*** ‘Ohana Community Connections Help Line (CCHL): 1-866-775-2192 (Assistance with food banks, meals, housing, financial and transportation)

Additional information on the topic Care Coordination can be found at www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/.



2020 Medicaid OB/GYN Incentive Program Announcement

At `Ohana we understand that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because `Ohana recognizes these important partnerships, we have developed the 2020 OB/GYN Incentive Program to reward eligible OB/GYN practitioners for providing specific services listed in the table below.

- OB/GYN providers must submit a claim/encounter containing the requisite diagnosis and/or procedure codes to receive the bonus payment for eligible members
- Services must be rendered to eligible members between Jan. 1, 2020-Dec. 31, 2020
- All claims/encounters must be submitted by Jan. 31, 2021. They will be used in calculating the final payment
- Quarterly payments begin after the first quarter of 2020 is completed and processed and will continue throughout 2021.
- `Ohana may request medical records if unable to verify care using claim/encounter data.

Measures and Bonus Amounts	
Measure	Amount
Postpartum Visit	\$40
Prenatal Visit (Timeliness)	\$40

Instructions

- 1 Schedule and conduct an exam with the member by Dec. 31, 2020, to address the program measure(s).
- 2 Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD 10, CPT and/or CPT II codes by Jan. 31, 2021.



If you have questions about OB/GYN Incentive Program, please contact your Provider Relations Representative, Quality Practice Advisor or call Provider Services at **1-888-846-4262 (TTY 711)**. You can reach us Monday–Friday from 7:45 a.m. to 4:30 p.m.

(continued on next page)

2020 Medicaid OB/GYN Incentive Program Announcement *(continued)*

Additional Conditions

To be eligible to receive a bonus payment under this Program, OB/GYN providers must meet the following requirements and/or conditions:

- 1 All providers must: (a) be in a participation Agreement with `Ohana, either directly or indirectly through a Vendor, from the Effective Date and continually through the dates the bonus payments are made, and (b) be in compliance with their participation Agreement including the timely completion of required training or education as requested or required by `Ohana.
- 2 Bonus payments are paid to the Eligible Member's OB/GYN provider of record at the end of the applicable measurement periods as defined by the HEDIS® specifications.
- 3 Any bonus payments earned through this Program will be in addition to the compensation arrangement set forth in your participation Agreement, as well as any other `Ohana incentive program in which you may participate. At `Ohana's discretion, providers who have a contractual or other quality incentive arrangement with `Ohana either directly or through an IPA/Vendor may be excluded from participation in this Program.
- 4 The terms and conditions of the participation Agreement, except for appeal and dispute rights and processes, are incorporated into this Program, including without limitation, all audit rights of `Ohana, and the Provider agrees that `Ohana or any state or federal agency may audit his/her/its records and information.
- 5 The Program is discretionary and subject to modification due to changes in government healthcare program requirements, or otherwise. `Ohana will determine if the requirements are satisfied and payments will be made solely at `Ohana's discretion. There is no right to appeal any decision made in connection with the Program. If the Program is revised, `Ohana will send a notice to Provider by email or other means of notice permitted under the participation Agreement.
- 6 `Ohana reserves the right to withhold the payment of any bonus that may have otherwise been paid to a Provider to the extent that such Provider has received or retained an overpayment (any money to which the Provider is not entitled, including, but not limited to, Fraud, Waste or Abuse) from `Ohana, or `Ohana's eligible Member. In the event `Ohana determines a Provider has been overpaid, `Ohana may offset any bonus payment that may have otherwise been paid to the Provider against overpayment.
- 7 Only one bonus payment will be made for a specific HEDIS® member-measure combination. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
- 8 `Ohana shall make no specific payment, directly or indirectly under a provider incentive program, to a Provider as an inducement to reduce or limit medically necessary services to an enrollee. This Program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.

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.

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.

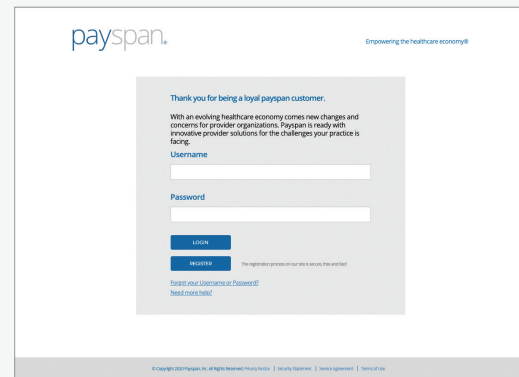
Electronic Funds Transfer (EFT) through PaySpan®

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.