Hawai`i

Provider Newsletter

2020 • Issue IV

Quality

Shared Decision-Making

Shared decision-making occurs when you and your patient work together to make healthcare decisions that are best for the patient. These decisions take into account the patient's values and preferences, your knowledge and experience, and evidence-based information about available options.

Benefits of shared decision-making:

- Improves quality of care delivered
- Increases patient satisfaction
- Improves patient experience of care
- Improves patient adherence to treatment recommendations

Here are some tips for effective shared decision-making:

- Invite your patient to be involved in his/her healthcare decisions.
- Discuss the benefits and harms of each option.
- Consider what matters most to your patient.
- Decide together on the best option for your patient.
- Support your patient so the treatment decision has a positive impact on health outcomes.

Source: The SHARE Approach — Essential Steps of Shared Decisionmaking: Quick Reference Guide. Content last reviewed July 2014. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/resource-1.html

In This Issue

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.

BLOG

'Ohana Health Plan

2020 Medicaid OB/GYN Incentive Program Announcement Update

At ʻOhana we understand that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because ʻOhana 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, to be used in calculating the final payment
- Bonus payments are paid at the end of the HEDIS® measurement period in summer 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

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

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.

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 ʻOhana, 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 ʻOhana.
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 ʻOhana incentive program in which you may participate. At ʻOhana's discretion, Providers who have a contractual or other quality incentive arrangement with ʻOhana either directly or through an IPA/Vendor may be excluded from participation in this Program.

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2020 Medicaid OB/GYN Incentive Program Announcement Update

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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.
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, and 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.

2020 Medicaid Behavioral Health Bonus Program Announcement Update

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 Behavioral Health Bonus Program to reward eligible Behavioral Health practitioners for providing specific services listed in the table below.

- Behavioral Health 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, to be used in calculating the final payment
- Bonus payments are paid at the end of the HEDIS® measurement period in Summer 2021
- 'Ohana may request medical records if unable to verify care using claim/encounter data.

Measure and Bonus Amounts

Measure	Amount
Follow-up After Hospitalization for Mental Illness – 7 Day	$30

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 appointment, 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.

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2020 Medicaid Behavioral Health Bonus Program Announcement Update

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If you have questions about Behavioral Health Bonus 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.

Additional Conditions

To be eligible to receive a bonus payment under this Program, Behavioral Health 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 Behavioral Health 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 bonus program in which you may participate. At 'Ohana's discretion, Providers who have a contractual or other quality bonus 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.
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‘Ohana Health Plan Members Achieve Better Outcomes When Primary Care and Behavioral Health Providers Collaborate

Clinicians sharing relevant clinical information in a timely, useful and confidential manner is an example of excellent quality care as defined by the National Committee for Quality Assurance (NCQA). Interprovider collaboration fosters informed treatment decisions and compatible courses of treatment, which greatly increases the chances for positive health outcomes.

Many ‘Ohana Health Plan members have co-existing physical and behavioral health conditions. As a general guide, Primary Care Providers and Behavioral Health Providers should exchange relevant clinical information at these times:

- At the point of PCP referral, and after the BH provider completes the initial evaluation
- Whenever there is a significant change in the patient’s health or treatment plan
- At the point that a patient discontinues care
- When a patient has an inpatient hospital admission
- Annually, if none of the above apply

Quality

Referring Members to Behavioral Health Services

A recent Surgeon General’s report estimates that up to 15% of the U.S. population may need behavioral health (BH) care in any given year, and that a large percentage of these individuals will go undiagnosed or undertreated.

Many individuals identify their primary care physician (PCP) as the provider they would most likely consult for a mental health problem. While many BH conditions, including depression, anxiety and attention deficit hyperactivity disorder can be effectively managed and treated in the primary care setting, more complicated BH conditions may require the involvement of a BH specialist.

Below are some clinical situations that might warrant BH specialist consultation:

- Your patient is having suicidal or homicidal thoughts.
- Your patient is displaying psychotic symptoms
- Your patient has a history of multiple BH related inpatient admissions or emergency department visits
- Your patient has received multiple BH diagnoses, or has a co-existing substance use or personality disorder
- Your patient is unresponsive to first-line BH therapeutic interventions.

Please contact our customer service team at **1-888-846-4262** if you would like assistance with referring your patient to a BH provider

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:	Every 3 months:	Once a year:
☑ Blood pressure	☑ A1c	☑ Microalbumin
☑ Feet		☑ Dilated eye exam
		☑ Patient cholesterol

How can you help?

- Make sure regular, preventative 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 patient' 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.

Attention Deficit and Hyperactivity Disorder Medication Management

Are you treating a child with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? To promote good healthcare outcomes, 'Ohana Health Plan asks that you provide our members with follow-up care as recommended by the National Committee for Quality Assurance (NCQA).

Current NCQA guidelines recommend that patients 6–12 years of age have at least three follow-up care visits within a 10-month period after ADHD medication is first dispensed. The first of the follow-up visits should occur within the first 30 days.

If you would like more details about NCQA recommendations, please call our customer service team at **1-888-846-4262.**

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.

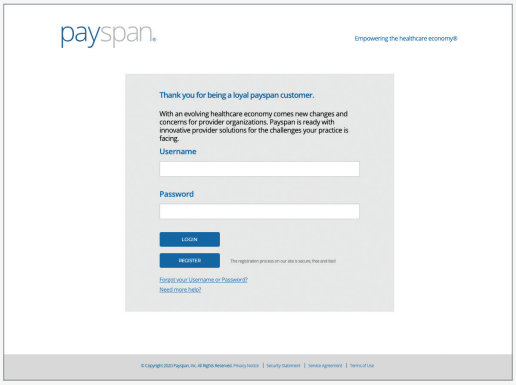
Electronic Funds Transfer (EFT) through PaySpan®

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

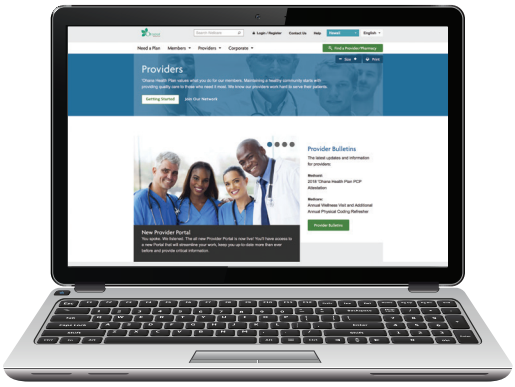
Medicaid:

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.