



## Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates — providing educational materials, to being available to answer questions. Confused parents may delay or refuse immunizations for their child due to misperception of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communications principles can help you connect with patients and their caretakers by encouraging open, honest, and productive dialogue.






Well-Child Checkups also apply to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program, Medicaid’s federally mandated comprehensive and preventive health program for individuals younger than 21 years of age. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. Requirements include periodic screening, immunizations, and vision, dental and hearing services.

 Refer to the **EPSDT Toolkit** for more details.






**The intent of the EPSDT program is to focus on early prevention and treatment.**

### In This Issue

#### Quality

-  Immun. and Well-Child Checkups
-  Assess and Treat Depression
-  Monitoring Within the SMI
-  TurningPoint MSK Updates
-  BH Screenings – CCS

#### Operational

-  Updating Provider Directory
-  Electronic Funds Transfer
-  Provider Formulary Updates
-  Provider Resources
-  Contact Us

*‘Ohana Health Plan and Wellcare By ‘Ohana Health Plan are affiliated products serving Medicaid and Medicare plan members in the State of Hawaii, respectively. The information here is representative of our network of products. If you have any questions, please contact Provider Engagement and Relations.*





# Assess, Educate and Treat Patients with Depression

MANAGE DEPRESSION IN YOUR PATIENTS WITH A SYSTEMATIC APPROACH FOR ACCURATE ASSESSMENT AND DIAGNOSIS.

Begin with a nationally recognized tool such as the Patient Health Questionnaire (PHQ-9).

## ► PHQ-9 Score and Interpretation (Billing Code-CPT 96127)

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
5-9	<p><b>Mild Symptoms</b></p> <p>Few, if any, symptoms (minimal) in excess of those required for the diagnosis with only minor impairment in occupational functioning or social/relationship functioning.</p>	<ul style="list-style-type: none"> <li>• Support and educate your patient, and watch for change in symptoms.</li> </ul>
10-14	<p><b>Moderate Symptoms</b></p> <p>Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.</p>	<ul style="list-style-type: none"> <li>• Support and educate your patient.</li> <li>• Consider antidepressant and/or cognitive behavioral therapy.</li> <li>• Watch for changes in symptoms.</li> <li>• Follow-up visit within four weeks.</li> <li>• Keep the patient on medication for six months to a year.</li> </ul>
15-19	<p><b>Moderately Severe Depression</b></p> <p>Displays most symptoms for Major Depressive Disorder (MDD) impacting several areas of functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p><b>ICD-10 Dx Codes:</b> F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p><b>CPT Codes:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> <li>• Perform a safety risk assessment and triage appropriately.</li> <li>• Support and educate patient.</li> <li>• Prescribe antidepressant and refer to psychotherapy.</li> <li>• Requires care coordination and monitoring for medication adherence.</li> <li>• Follow-up visit within four weeks of initial prescription with continued follow-up thereafter.</li> <li>• Keep the patient on medication for at least one year.</li> </ul>

(continued)

# Assess, Educate and Treat Patients with Depression *(continued)*

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	<p><b>Severe Depression</b> Nearly all symptoms present for Major Depressive Disorder (MDD), which markedly interfere with daily functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p><b>ICD-10 Dx Codes:</b> F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p><b>CPT Codes:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> <li>• Perform safety risk assessment and triage appropriately.</li> <li>• Support and educate patient.</li> <li>• Prescribe antidepressant and refer to psychotherapy.</li> <li>• Consider potential need for psychiatric referral.</li> <li>• Requires care coordination and close monitoring for medication adherence.</li> <li>• Follow-up visit within four weeks of initial prescription with continued follow-up thereafter.</li> <li>• Keep the patient on medication for at least one year.</li> </ul>

## Remember BEFORE Diagnosing

- ✓ Rule out medical or mental disorders that can produce symptoms similar to depression:
  - Substance abuse or dependency.
  - Mood disorders due to medical conditions.
  - Anxiety disorders.
  - Adjustment disorders.
  - PTSD.
  - Eating disorders.
  - Hypothyroidism.
  - Diabetes.
  - Chronic fatigue syndrome.
- ✓ Complete a comprehensive medical exam, when clinically appropriate, which may identify metabolic causes of depression.
- ✓ Accurate diagnosis drives appropriate treatment and interventions.

## Promote Antidepressant Medication Adherence

Educating your patients is the key to medication adherence.

- Discuss how to take antidepressants, how they work, the benefits and how long to take them.
- Tell your patients how long they can expect to be on the antidepressant before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.



**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.**



# Monitoring Within the Severely Mentally Ill (SMI)

## POPULATION 1-7 ASSESSMENT FRAMEWORK FOR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS

	Smoking	Lifestyle/ Life Skills	Body Mass Index (BMI) Weight	Blood Pressure	Glucose Regulation (Assess by fasting plasma glucose; random plasma glucose HbA1C)	Blood Lipids	
RED ZONE	Current Smoker	Poor Diet <i>and/or</i> sedentary lifestyle	BMI 25 kg/m <sup>2</sup> <i>and/or</i> weight gain >5% over initial weight	>140 mm HG systolic <i>and/or</i> >90 mm HG diastolic	HbA1C or glucose threshold: HbA1C (>7%) <i>and/or</i> FPG ≥126 mg/dl	<ul style="list-style-type: none"> <li>LDL-chol levels ≥190 mg/dl</li> <li>DM with LDL-chol levels 70-189 mg/dl</li> <li>ASCD with LDL-chol levels 70-189-mg/dl</li> </ul>	
INTERVENTIONS	<ul style="list-style-type: none"> <li>Introduce smoking cessation intervention</li> <li>Consider referral to smoking cessation program – call WellCare Customer Service for assistance <b>(1-877-389-9457)</b></li> <li>Consider nicotine replacement therapy</li> </ul>	<b>Lifestyle advice to include diet and physical activity</b>		<b>Medication review</b>			
		↓					
		<b>Refer for assessment, diagnosis and treatment by appropriate clinician, if necessary</b>					
			↓	↓	↓	↓	
			Follow weight and obesity guidelines in Hert, et al	Follow ADA, ACC, AHA or NHLBI guidelines summarized in Hert, et al	At risk of Diabetes • HbA1C 5.7-6.4% • FPG 100-125 mg/dL	Diabetes • HbA1C ≥6.5% • FPG ≥126 mg/dL	Follow ADA, ACC, AHA or NHLBI2 guidelines in summarized in Hert, et al
TARGET	Smoking cessation	<ul style="list-style-type: none"> <li>Improve quality of diet</li> <li>Daily exercise of 30 min/day</li> </ul>	BMI 18.5-24.9kg/m <sup>2</sup>	<140/80 If ≥130/85 mm HG, consider anti-hypertensive therapy diet: limit salt intake	<ul style="list-style-type: none"> <li>Prevention of diabetes</li> <li>Offer lifestyle change education</li> </ul>	Endocrine review HbA1C <7.0%	Consider lipid modification for patients with CVD or DM LDL-C <100 mg/dL

FPG = Fasting Plasma Glucose | BMI – Body Mass Index | Total Chol = Total Cholesterol  
 LDL = Low Density Lipoprotein | HDL = High Density Lipoprotein



## POPULATION HEALTH

# TurningPoint MSK Program Updates

Utilization management of musculoskeletal surgical (MSK) procedures will be transitioning from TurningPoint to NIA, effective dates are the following (please see grids below for applicable markets):

▶ 1/1/2024      ▶ 2/1/2024      ▶ 3/1/2024      ▶ 4/1/2024

TurningPoint will support management of MSK services through the transition date.

Under terms of the agreement between Centene and NIA, Health Plans will oversee the MSK program and continue to be responsible for claims adjudication and medical policies. NIA will manage inpatient and outpatient MSK surgeries through the existing contractual relationships with Health Plans.

## Program Term Date: Jan. 1, 2024

Market	LOB	Platform	Terming Program
Florida	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare WLR and WMR	WCG	MSK
Georgia	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare GAP, GLR, GMR	WCG	MSK
Indiana	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
New York	Medicaid	FID	MSK
	Marketplace	FID	MSK
	Medicare	FID	MSK
	Medicare	WCG	MSK
Ohio	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK
	*Medicare MIR	WCG	MSK
Texas	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK

We are terming the MSK program on **Jan. 1, 2024** with TurningPoint for FL Medicare WLR/WMR, GA GAP/GLR/GMR. We need to stop sending eligibility files for these LOB's to TurningPoint two weeks post-term on **Jan. 15, 2024**.

(continued)

# TurningPoint MSK Program Updates *(continued)*

**Program Term Date: Feb. 1, 2024**

Market	LOB	Platform	Termining Program
<b>Illinois</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare ILL	WCG	MSK
	Medicare QIR	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Kentucky</b>	Medicaid KAB, KHK, KMD	WCG	MSK
	Medicare KMR, KYL	WCG	MSK
<b>New Hampshire</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare NHL, NHR	WCG	MSK
<b>Oregon</b>	Medicaid	CNC	MSK
	Commercial	CNC	MSK
	Medicare	CNC	MSK
<b>South Carolina</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare SLR	WCG	MSK
	Medicare SOR	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Tennessee</b>	Medicare TER	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Washington</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare QLR, QMR	WCG	MSK

We are termining the MSK program on **Feb. 1, 2024** with TurningPoint for IL Medicare ILL/QIR, KY Medicaid KAB/KHK/KMD, KY Medicare KMR/KYL, NH NHL/ NHR, SC SLR/SOR, TN TER, and WA QLR/QMR. We need to stop sending provider files for these LOB's to TurningPoint two weeks post-term on **Feb. 15, 2024**.

*(continued)*

# TurningPoint MSK Program Updates *(continued)*

**Term Date: Mar. 1, 2024**

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	Alabama	Medicare ABL, ABR	WCG	MSK	–
	Connecticut	Medicare CMR, CTR	WCG	MSK	–
	Louisiana	Medicare (Louisiana HC Connections)	CNC	MSK	–
		Medicare LLR, LMR	WCG	MSK	–
	Missouri	Medicaid	CNC	MSK	Cardiac, ENT, Sleep
		Marketplace	CNC	MSK	Cardiac
		Medicare (Home State Health)	CNC	MSK	Cardiac
		Medicare MLR, MOH	WCG	MSK	–
	Mississippi	Marketplace	CNC	MSK	–
		Medicare Magnolia Health Plan	CNC	MSK	–
		Medicare MSL, IMR	WCG	MSK	–
	Pennsylvania	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
Medicare (Celtic, PA H&W)		CNC	MSK	–	

**Term Date: Apr. 1, 2024**

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	Hawaii	Medicare HIL, ZMR	WCG	MSK	–
	Kansas	Medicaid	CNC	MSK	
		Medicare	CNC	MSK	–
	Massachusetts	Medicare (MAL, MAR)	WCG	MSK	–
	Michigan	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		MMP	CNC	MSK	–
		Medicare (MIL, MIR)	WCG	MSK	–
	Mississippi <i>(Pending Provider Notification Approval)</i>	Medicaid	CNC	MSK	–
	North Carolina	Medicaid (NCD)	WCG	MSK	–
		Medicare (CMR, NAR, NSR)	WCG	MSK	–
	Rhode Island	Medicare (RIL, RIR)	WCG	MSK	–
	Maine	Medicare (MER, UPR, UFR)	WCG	MSK	Cardiac
Vermont	Medicare	WCG	MSK	–	



## BH Screenings – Community Care Services

Every new member enrolled in the MedQUEST Community Care Services (CCS) program will receive a comprehensive Behavioral Health Assessment (BHA) within 21 days of enrollment, and every 12 months thereafter at a minimum. The BHA may also be done more frequently with the member if there is a significant change in health status such as a hospital inpatient admission, or changes to social determinants of health such as loss of housing.



**Community based case managers assigned to each CCS member conduct the BHA with members, which includes 2 screenings:**

- ▶ The **PHQ-9** allows the case manager conducting the BHA to screen for the presence of depression and determine if referrals to specialized programs are needed.
- ▶ The **CAGE AID** screening tool within the BHA allows for case managers to determine if referrals to specialized programs are needed to address alcohol and other Substance Use Disorders.

Based on the result of the screening, scores will be tiered to enable case managers to connect CCS beneficiaries with the appropriate level of care needed to address their individual needs. Using a stepped care approach, the member's CCS case manager will match the member with the best clinically indicated evidence-based treatment in the CCS benefit array which may include connection with a specialty behavioral health provider, medication management, or a combination of both. These screenings coupled with clinical care navigation help us to maximize benefits and treatment available for our CCS members towards optimal health outcomes.

On a quarterly basis, 'Ohana Health Plan obtains appropriate provider input on the screening program design and implementation from the network Community-Based Case Management Providers and shares feedback with the BHO Clinical team including the Behavioral Health Medical Director. If it is determined that program modification is needed, 'Ohana Health Plan CCS program leadership will implement any appropriate changes. These changes will be communicated back with our Community-Based Case Management Providers in quarterly meetings hosted by 'Ohana Health Plan. Our screening programs are reviewed and updated at least every two years or more often if new evidence is available.



**Screening Programs will be reviewed by the Behavioral Health Medical Director and 'Ohana Health Plan's Chief Medical Officer, along with other BH clinicians in a leadership role every 2 years. The screening programs will be updated based upon new information obtained through the formal review process.**





## 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 Provider Relations 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:**

 **Mail:**

**‘Ohana Health Plan  
ATTN: Provider Operations  
820 Mililani Street, Suite 200  
Honolulu, HI 96813**

 **Fax:**

**1-866-788-9910**

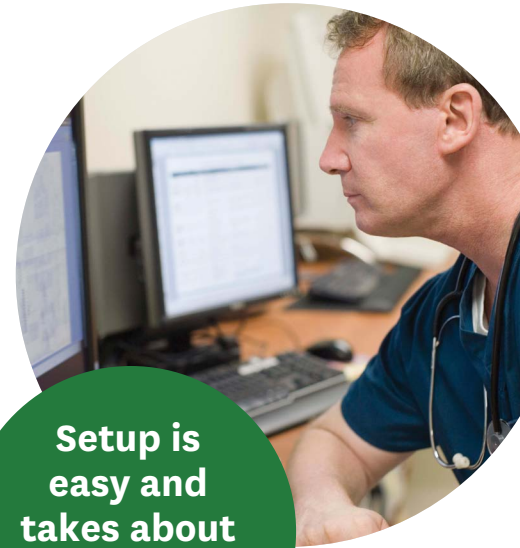
Thank you for helping us maintain up-to-date directory information for your practice.



## Electronic Funds Transfer (EFT) Through PaySpan®

### FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1** You control your banking information.
- 2** No waiting in line at the bank.
- 3** No lost, stolen, or stale-dated checks.
- 4** Immediate availability of funds – **no** bank holds!
- 5** No interrupting your busy schedule to deposit a check.



**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 at **1-877-331-7154** with any questions. We will only deposit into your account, **not** take payments out.



## Provider Formulary Updates

**There have been updates to the Preferred Drug List (PDL) and Formulary.**

Visit the plan's website to view the current PDL, Formulary and pharmacy updates. You can also refer to the *Provider Manual*, also available on the website, to view more information on the plan's pharmacy Utilization Management (UM) policies/procedures.



# 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 the plan on the right side of the home page.



**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 *Provider Manual* and *Quick Reference Guide* for detailed information on areas including Claims, Appeals and Pharmacy. These are located at the websites listed below, under *Resources*.

- ▶ 'Ohana Health Plan: [ohanahealthplan.com/providers.html](https://ohanahealthplan.com/providers.html)
- ▶ Wellcare By 'Ohana Health Plan: [wellcare.com/Hawaii/Providers](https://wellcare.com/Hawaii/Providers)
- ▶ Community Care Services: [ohanahealthplan.com/providers/medicaid/community-care-services.html](https://ohanahealthplan.com/providers/medicaid/community-care-services.html)

## Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on the website, click on *Tools*.





## Contact Us

If you have questions about the utilization management program, please call Customer Service at one of the numbers listed below. 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.

---

### We're Just a Phone Call or Click Away

---



‘Ohana Health Plan (Medicaid):

**1-888-846-4262**

Wellcare By ‘Ohana (Medicare):

**1-888-505-1201**



‘Ohana Health Plan:

**[ohanahealthplan.com/providers.html](https://ohanahealthplan.com/providers.html)**

Wellcare By ‘Ohana:

**[wellcare.com/Hawaii/Providers](https://wellcare.com/Hawaii/Providers)**