



The Importance of Timely Outpatient Follow Ups for Behavioral Health Inpatient Encounters

POST-DISCHARGE OUTPATIENT FOLLOW UP IS CRITICAL TO REDUCING READMISSIONS.











This may be even more important, and perhaps more problematic, for patients who have been hospitalized for behavioral health issues.

NCQA recommends that follow-up visits with a patient’s behavioral health provider and primary care provider occur within seven days post-discharge. This can help ensure that the treatment a patient receives at the hospital is maintained during the care transition from inpatient to outpatient. Behavioral health patients who adhere to their treatment plans have increased odds of positive outcomes. You can play a role in ensuring this happens.







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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.





The Importance of Timely Outpatient Follow ups for Behavioral Health Inpatient Encounters Continued

However, several factors can make it difficult for behavioral health patients to keep and maintain their follow-up appointments. In addition to mobility and transportation issues, there is also the basic nature of behavioral health conditions, many of which (anxiety, depression, etc.) drive reluctance for a patient to continue treatment. Finally, some behavioral health medications take four to eight weeks to begin working, which can be discouraging for patients with a behavioral health issue who have been prescribed a drug therapy.

Important topics to discuss at a behavioral health follow-up visit include medication reconciliation, management of co-morbidities, step-action treatment plans, and co-management of mixed illness diseases.



If your patient misses their follow-up appointment, it is imperative that the visit be rescheduled and completed as soon as possible — certainly within 30 days of discharge. Have your office staff ask if there are any barriers that patients are facing in getting to their appointments. Remember that telehealth options can be leveraged in some cases as well.





Getting Needed Care

Access to medical care, including primary care, specialist appointments and appointment access, are key elements of quality care.

Each year, CAHPS® surveys patients and asks questions like:

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatments you needed through your health plan?
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?

To ensure your patients are satisfied with their ease of access:

- See members within access and availability standards
- Schedule appointments in a reasonable window for each request
- Follow up with members after referral to specialists to ensure care is coordinated
- Provide all information for specialists, tests and procedure authorizations and follow up as necessary
- Reduce time in the waiting room to no more than 15 minutes from appointment time

Remember to view the online Provider Bulletins regularly for important updates and notices.
 Provider bulletins are located at
<https://www.ohanahealthplan.com/providers/news-and-education/bulletins.html>



Coordination of Care

HERE ARE MORE TIPS TO PROVIDE THE NEEDED CARE FOR YOUR PATIENTS:

- ✓ Review medications with your patients.
- ✓ Remind your patients about annual flu shots and other immunizations.
- ✓ Call or contact your patients to remind them when it's time for preventive care services such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes
- ✓ Offer to schedule specialist and lab appointments while your patients are in the office.
- ✓ Make sure your patients know you also are working with specialists on their care. Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Tell your patient the results of all test and procedures. Share decision making with patients to help them manage care. And please follow up on all authorizations requested for your patient.



Immunizations & Well-Child Checkups

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, including providing educational materials and making themselves available to answer questions.

Parents who are confused or have misperceptions about disease risk and safety may delay or refuse immunizations for their children.

A successful discussion about vaccines involves a two-way conversation with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.

Here are two ways you can lead this discussion:

- 1** Educate parents on how to prevent the spread of disease.
- 2** Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations.



Remember, you may complete a comprehensive well-child checkup during a sick child visit or sports physical if the member is due for a checkup.

Source: Recycled from 2018 Provider Newsletter Q2





Annual CAHPS® Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope you will encourage your patients to participate if selected.**

The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are addressed in the annual CAHPS survey:

- ✓ Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- ✓ Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS). <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



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. 'Ohana conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As an 'Ohana 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"> • Ease of getting care, tests, or treatment needed • Obtained appointment with specialist as soon as needed 	<ul style="list-style-type: none"> • 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.
Getting Care Quickly	<ul style="list-style-type: none"> • Obtained needed care right away • Obtained appointment for care as soon as needed • How often were you seen by the provider within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Educate your patients on how and where to get care after office hours. • Do you have on-call staff? Let your patients know who they are.
How Well Doctors Communicate	<ul style="list-style-type: none"> • Doctor explained things in an understandable way • Doctor listened carefully • Doctor showed respect • Child's doctor spent enough time with your child 	<ul style="list-style-type: none"> • The simple act of sitting down while talking to patients can have a profound effect. • Ask your patients what is important to them; this helps to increase their satisfaction with your care.
Shared Decision Making	<ul style="list-style-type: none"> • Doctor/health care provider talked about reasons you might want your child to take a medicine • Doctor/health care provider talked about reasons you might not want your child to take a medicine • Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine. 	<ul style="list-style-type: none"> • 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 • Decision making tools and quick reference guide are available at: www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html • Ask your patients, "What should I know about you that may not be on your medical chart?"

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How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3 Continued

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
Coordination of Care	<ul style="list-style-type: none"> In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers? 	<ul style="list-style-type: none"> Your office staff should offer to help your patients schedule and coordinate care between providers.
Rating of Personal Doctor	<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> Studies have shown that patients feel better about their doctor when they ask their patients, “<i>What’s important to you?</i>”
Rating of Specialist	<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> Help your members value their visit to the specialists, be informed of their visit and their advice.

Knowledge is Power.



Make sure both you and your medical team know the questions your practice is being rated on. 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.ih.org/Topics/WhatMatters/Pages/default.aspx Christina Gunther-Murphy-What Matters Office Practice Setting IHI
www.ih.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx
 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



‘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). Inter-provider 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



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 health care 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 further details regarding NCQA recommendations, please do not hesitate to contact our Customer Service team at **1-888-846-4262**.



Referring Members to Behavioral Health Services



A recent Surgeon General's report estimates that up to 15 percent 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.



Providers Love Our Live Chat!

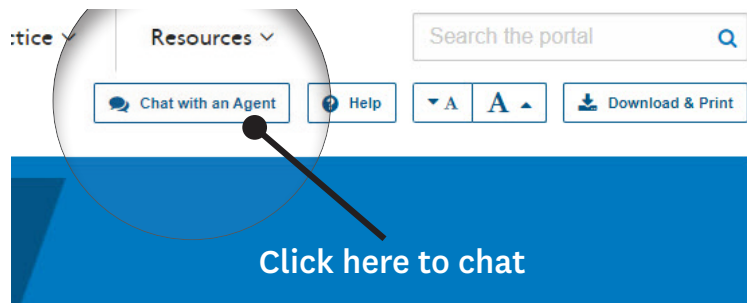
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

Throughout 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:



Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email AWSEscalations@WellCare.com. We're here to answer any questions you have about live chat and more!



'Ohana's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

New Live-Chat Offers on the Provider Portal:



Provider Home Page



Claim Main Page



Care Management
Home Page
(Authorizations)



Claims Appeals &
Disputes Page



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707



Fax:

1-866-788-9910

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/providers/medicaid/pharmacy.html 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:

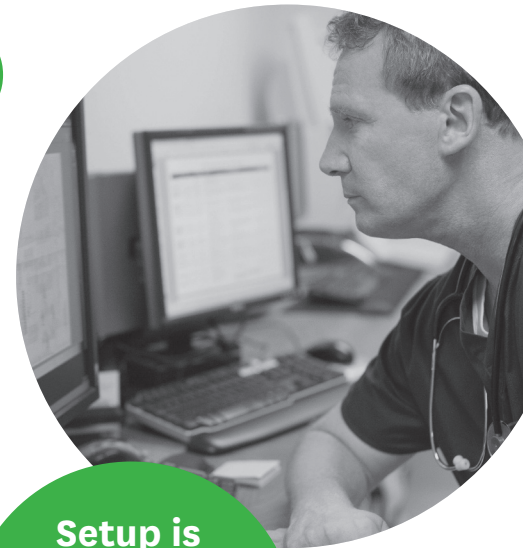
Visit <https://www.ohanahealthplan.com/providers/medicaid/community-care-services/pharmacy.html> to view the current PDL and pharmacy updates. You can also refer to the *Provider Manual* available at <https://www.ohanahealthplan.com/providers/medicaid/community-care-services.html> to view more information on 'Ohana's pharmacy UM policies and procedures.



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 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 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.ohanahealthplan.com/providers.html>.

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.ohanahealthplan.com/providers.html>, select *Medicaid Resources*.

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.ohanahealthplan.com/providers.html>, click on *Tools*.

We're Just a Phone Call or Click Away



1-888-846-4262



<https://www.ohanahealthplan.com/>

