



## Getting Needed Care

**ACCESS TO MEDICAL CARE – INCLUDING PRIMARY CARE, SPECIALIST APPOINTMENTS, AND APPOINTMENT ACCESS – ARE KEY ELEMENTS OF QUALITY CARE.**









**Each year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients questions like:**

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








*(continued)*

### In This Issue

#### Quality

-  Getting Needed Care
-  Coordination of Care
-  Mental Health Med Adh.
-  Achieve Better Outcomes
-  Referring Members to BH Serv.
-  Lipid/Glu Testing for Antipsychotics
-  Providers Love Our Live Chat
-  ER Utilization Initiative

#### Operational

-  Live-Chat Offering
-  Updating Provider Directory
-  Electronic Funds Transfer
-  Provider Formulary Updates
-  HI Medicaid Provider Manual
-  Provider Resources
-  Access to Staff



### 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.



## Getting Needed Care *(continued)*

To ensure your patients are satisfied with their ease of access and to increase the possibility of a higher CAHPS score:

- ✓ See members within the set access and availability standards.
- ✓ Schedule appointments in a reasonable window for each request.
- ✓ Follow up with members after referring them to specialists to ensure that care is being 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 the 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 are also working with specialists on their care.**

Ensure you receive notes from specialists about patients' care, and reach out to specialists directly 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.**



**Follow up on all authorizations requested for your patient.**



# Mental Health Medication Adherence



An estimated **18.1% (43.6 million)** of U.S. adults ages 18 years or older suffer from mental illness in any given year. Mental health disorders can be debilitating for patients and can also be linked with physical health and other chronic conditions such as asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity.

The importance of promoting mental health medication adherence can help improve and maintain other disease states. Here are some strategies for improving medication adherence for mental health patients:

- ✓ **Psychoeducation:** May involve an individual or group counseling session with or without the use of written or audiovisual materials on diagnoses, medications, and potential side effects.
- ✓ **Cognitive Behavioral Therapy (CBT):** Helps the patient link medication adherence to symptom reduction and improving personal health.
- ✓ **Symptom and side effect monitoring:** Side effects can discourage patients from taking their medication. Ongoing monitoring of both symptom relief and side effects may help address concerns early on, before a patient stops taking their medication(s).
- ✓ **Utilizing long-acting medications:** May be more effective for extended periods of time and may reduce the risk of relapse.
- ✓ **General medication adherence:** Promoting general medical adherence techniques helps patients remember to take their medications on time every day.

#### Sources:

Substance Abuse and Mental Health Services Administration, "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health", retrieved from:

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm>

Mental Health Clinician, "How to increase medication adherence: What works?", retrieved from:

<https://meridian.allenpress.com/mhc/article/2/8/230/36971/How-to-increase-medication-adherence-What-works>



## ‘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





## 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.



# Lipid and Glucose Testing for Atypical Antipsychotics

## ARE YOU TREATING A CHILD OR AN ADOLESCENT WHO IS PRESCRIBED ATYPICAL ANTIPSYCHOTICS?

Promoting good health care outcomes, 'Ohana Health Plan asks that you provide our members with regular diagnostic testing as recommended by the National Committee for Quality Assurance (NCQA). Atypical antipsychotics are known to develop side effects which include metabolic complications such as weight gain, hyperglycemia, and hyperlipidemia.



**Current NCQA guidelines recommend that patients age 1 to 17 years old who had two or more antipsychotic prescriptions are tested for blood glucose and cholesterol (lipid) once a year.**



We ask that you follow safe protocols prescribing atypical antipsychotics – which include assessing health status, recording screening measurements, and monitoring certain diagnostic test levels at regular frequencies in accordance with nationally recognized guidelines.



## Providers Love Our Live Chat!

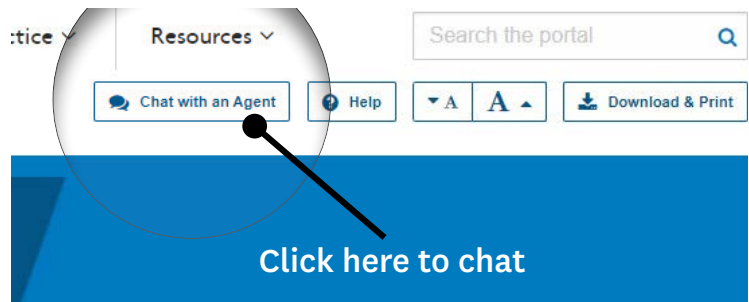
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

### 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](mailto:AWSEscalations@WellCare.com). We're here to answer any questions you have about live chat and more!



## ER Utilization Initiative

‘OHANA HEALTH PLAN IS ROLLING OUT A NEW INITIATIVE TO EDUCATE MEMBERS ABOUT APPROPRIATE AND INAPPROPRIATE EMERGENCY ROOM UTILIZATION.

**This ongoing educational campaign will help members gain a better understanding of getting the right care at the right place.**

Our members received an informational flyer in the mail with steps and examples to recognize when to seek care, where to go for care and how to obtain care. Some examples include:

 <p><b>Scheduling non-emergent visits with a PCP or FQHC</b></p>	 <p><b>Going to an urgent care center for after-hours care</b></p>
 <p><b>Making an appointment for telehealth services</b></p>	 <p><b>Calling the 24-hour Nurse Line with questions or if they're unsure where to start</b></p>

**Our health coordination team is also identifying and performing outreach to:**

- ✓ Members with high numbers of ER visits, with poor PCP engagement
- ✓ Members who end up in the ER

As our valued provider partners, we want to streamline the process and work together with you and your staff. If you need any assistance with our members, we're here to help. In addition to high ER utilization, our provider relations and health coordination teams can identify members with post-discharge services and outstanding care gaps.

Our providers will receive an incentive for our Medicare members who fall into the Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) as part of our 2022 Partnership for Quality (P4Q) program.

Through our combined efforts we ensure that our members continue to trust us to help them in their quest to lead longer and more satisfying lives





## '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 relations 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**

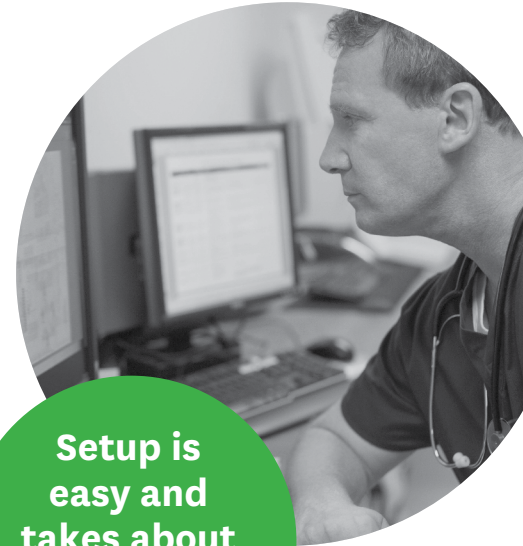
Thank you for helping us maintain up-to-date directory information for your practice.



## 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

### Medicaid:

There have been updates to the QUEST Integration Preferred Drug List (PDL).

Visit [www.ohanahealthplan.com/providers/medicaid/pharmacy.html](https://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](https://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.



## HI Medicaid Provider Manual

The HI Medicaid Provider Manual is located at [www.ohanahealthplan.com/provider/medicaid/resources](https://www.ohanahealthplan.com/provider/medicaid/resources)





## 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*.



## 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.

---

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

---



**1-888-846-4262**



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