Hawai`i Provider **Newsletter**

2019 • Issue I

Quality -

Starting the New Year with a Health Assessment

The beginning of a new year is a great time to reach out to patients who did not come in for their annual physical during 2018. According to the CDC, Americans use preventive services at about half the recommended rate. Chronic diseases, such as heart disease, cancer and diabetes, account for 7 of every 10 deaths and about 75% of the healthcare spending. Chronic diseases can be managed, prevented or detected through appropriate screenings.

Yet despite the benefits of preventive care, too many Americans go without needed screenings and care. WellCare would like to partner with you to help increase the number of our members getting preventive care. WellCare's Case and Disease Management Teams can help members overcome barriers to care and manage their chronic conditions. Our Quality Practice Advisors are available to answer your questions and provide you with educational materials.

We are available to help. Together, we can strive to help our members manage their health. Case and Disease Management: 1-888-846-4262 (TTY 711)

Source: Centers for Disease Control and Prevention. (2017). Preventive healthcare. Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/ entertainmented/tips/preventivehealth.html

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.

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Quality

New Guidelines for Screening and Testing

The Hawaii Department of Health (DOH) has new guidelines for screening and testing young children for lead exposure. They can be found on the DOH website at **https://health.hawaii.gov/cshcn/leadpp**.

Hawaii's updated guidelines are based on:

- Medicaid requires testing of all children with Medicaid coverage at specified well-child visits (Early Periodic Screening, Diagnosis and Treatment [EPSDT] requirement)
- American Academy of Pediatrics (AAP)/Bright Futures recommends lead testing/screening at specified well-child visits. AAP also recommends Blood lead level (BLL) testing for children in areas with higher proportions of elevated BLL and older homes
- Centers for Disease Control and Prevention (CDC) recommends blood lead testing as the best method to screen children for lead exposure
- Analysis and mapping of Hawaii data to identify high-risk ZIP codes in Hawaii

Hawaii's new guidelines include:

- Lead risk screening questionnaire:
- All children 6 months to 6 years of age
- Blood lead level testing:
- All children with Medicaid coverage (required)
- All children in high-risk ZIP codes
- All other children who may be at risk based on lead risk screening questions
- Follow-up of BLL >5 mcg/dL:
- Confirm/retest with venous samples
- Identify possible lead sources and counsel on ways to reduce lead exposure
- Refer children with BLL >15 mcg/dL to a Public Health Nurse for a home visit and further public health follow-up

The guidelines will be reviewed and updated annually based on Hawaii data. Healthcare Provider testing and screening contribute to updating the local guidelines.

Please screen young children in your practice for lead exposure to help support the efforts to assure that Hawaii's young children are healthy and lead-free. If you have questions, contact the Children with Special Health Needs Branch at **1-808-733-9058** or e-mail Dr. Patricia Heu, Chief, Children with Special Health Needs Branch, at **patricia.heu@doh.hawaii.gov**.

Medicaid





New Dental Benefit ('Ohana Health Plan – ZAB/ZMD)

Please be advised that effective January 1, 2019, 'Ohana Health Plan began offering Dental Benefits for members 21 and older.

Members get the following coverage:

• 1 annual exam

•1 X-ray per year

- 1 cleaning every 6 months
- Fluoride treatment 2 times a year
- A choice of either one filling or simple tooth extraction

Please call us with questions at **1-888-846-4262** (TTY **711**). We are here Monday–Friday from 7:45 a.m. to 4:30 p.m. Hawaii Standard Time.

Medicare



Welvie®: Improving Members' Health Care Experience

In 2015, WellCare began offering the Welvie online surgery shared-decision making program to its **Medicare Advantage members**.

Welvie's six-step program curriculum helps participants decide on, prepare for and recover from surgery. Through information, Q&As and videos, patients learn how to work with their doctors to explore treatment options – both surgical and non-surgical – when considering "preference-sensitive" surgeries like spine fusion, knee arthroscopy, prostatectomy and other elective procedures. Preference-sensitive surgeries are defined as those that have two or more viable alternatives for a presenting condition. If the patient, along with their doctor, decides surgery is right for them, Welvie then helps patients prepare for surgery and recovery with robust tools including checklists, calendars and other information and helpful tips to help them have error- and complication-free results.

Welvie participants receive a \$25 amazon.com gift card for completing the first three steps of the program (reward is available once per member per 365 days).

The program's goal is to support member/physician interaction and preparation for surgery, as well as to promote improved health literacy.

After three years, the program has received high satisfaction marks from members. 95% of WellCare members have reported they felt the Welvie program helped them speak with their doctor about their treatment options and 97% said the Welvie program better prepared them for surgery.

To refer your **WellCare Medicare Advantage** patients to Welvie, just send them to **www.welvie.com** to register and engage in the program.

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Reducing Diabetic Agents Adverse Drug Events

Patients receiving diabetic agents are known to be at a higher risk of adverse drug events (ADEs), specifically, hypoglycemia. A study of emergency department (ED) visits for ADEs estimated that diabetic agents were associated with 13.3 percent of the visits, with 38.5 percent resulting in hospitalization.

Prescriber Tips:

- Patient's adherence should be addressed. Barriers may include patient factors (e.g., remembering to obtain or how to appropriately take medications), medication factors (e.g., complexity, multiple daily dosing, cost or side effects) and system factors (e.g., inadequate follow-up or support system).
- Carefully evaluate hypoglycemia risk. Less stringent glycemic goals may be appropriate for individual patients.
- Ask patient to document frequency of hypoglycemic episodes and circumstances surrounding it.
- Patients on any hypoglycemia-inducing medication should be taught to carry carbohydrates to treat hypoglycemia.

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Patient Education:

- Self-monitoring of blood glucose (SMBG): allows patients to evaluate their individual response to therapy and assess if glycemic targets are being achieved. Provide education, evaluate, and review patient's technique, testing frequency, BG target range, and recording of daily results.
- Hypoglycemia awareness: allows patients to understand the signs and symptoms of hypoglycemia and how to treat and prevent it.

Insulin Safety:

• Whenever possible, simplify insulin regimens.



- Provide insulin administration education (e.g., supplies, dose preparation, injection procedures, selection and rotation of site, needle disposal, storage). Observe patient's insulin injection technique to identify errors and to improve technique.
- Encourage patients who use multiple types of insulin to verify each product prior to administration to prevent mixing up insulin products.
- Confirm patient's knowledge through teach-back regarding appropriate insulin/meal timing, as well as insulin adjustment in the presence of reduced caloric intake to prevent meal-related problems.

SOURCE: Shehab N, Lovegrove M, Gellar A, et al. U.S. Emergency Department Visits for Outpatient Adverse Drug Events. JAMA. 2016: 2115-2125.

Quality

Quality Quick Tip

Remember to document the second blood pressure reading when you perform the recheck of a member's initial high blood pressure reading.



Affirmative Statement

WellCare's Utilization Management Program decision-making is based only on appropriateness of care, service and existence of coverage. WellCare does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

If you have questions about this program, please call Provider Services at the number at the end of this newsletter.

Operational

Updated Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. They also reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. CPGs are also used to guide efforts to improve the quality of care in our membership.

CPGs on the following topics have been updated and will be published to the Provider website in Q1:

- Adolescent Preventive Health
- Adult Preventive Health
- Older Adult Preventive Health

Clinical Policy Guiding Documents (CPGDs) are also available on the CPG page. These are companions to the CPGs on a variety of topics. The following CPGDs were updated and will also be published in Q1:

- CPG Hierarchy
- Health Equity, Literacy, and Cultural Competency

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit **https://www.wellcare.com/Hawaii/Providers/**.

Operational

Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- You control your banking information.
- \checkmark 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.

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Operational



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.



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**, and click *Pharmacy* under Medicare icon.

You can also refer to the Provider Manual available at **www.ohanahealthplan.com/provider**, and click *Overview* under Medicare icon. You can also view more information on 'Ohana's pharmacy UM policies and procedures.



Operational



We're Just a Click or Phone Call Away,

🔲 www.ohanahealthplan.com/provider 🜔 Medicare: 1-888-505-1201 🜔 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 – **www.ohanahealthplan.com/provider**. **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 **www.ohanahealthplan.com/provider**, 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 **www.ohanahealthplan.com/provider**, click on Tools.