



## Quality

### Med-QUEST Electronic Visit Verification System Update

Med-QUEST expects to implement its statewide Electronic Visit Verification (EVV) system this winter. All HHSC and PCS providers must participate in training for the new EVV system. Training is expected to start in fall.

These individuals must take EVV training:

- QI-MCO, DDD and Med-QUEST (MQD) staff whose duties include HHCS and PCS
- Personal Care and Home Health providers
- Medicaid beneficiaries receiving HHCS and PCS services, including Self-Directed/ Consumer-Directed beneficiaries



Sandata, the statewide EVV vendor, will provide training. MQD anticipates that training will be delivered in several modes including face-to-face, webinar and self-paced learning. MQD will provide more details about training in August.

*(Continued on page 2)*

## In This Issue

### Quality

Med-QUEST Electronic Visit Verification System Update.....	1
EVV Implementation Timeline.....	2
How Service Coordination Can Help You.....	2
‘Ohana Medicare Provider Manual Update.....	3
Benefits Of Providing Services In An ASC Setting .....	3
Medication Adherence and RxEffect™ .....	3
Effective Communication with Patients .....	4
Disease Management – Improving Members Health!.....	4
CPTII Codes and HCPCS Billing for Medicare and Medicaid.....	5

### Operational

Updating Provider Directory Information.....	7
Provider Formulary Updates.....	7
Electronic Funds Transfer (EFT) through PaySpan® .....	8
Coming Soon – Our New Program Combatting Opioid Misuse.....	8
Provider Resources.....	8

## 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.



## Med-QUEST Electronic Visit Verification System Update *(Continued)*

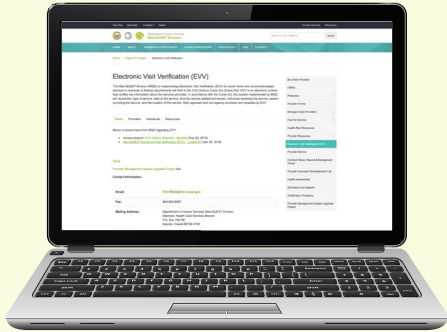
### EVV Overview

The 21st Century Cures Act of December 2016 requires states to implement EVV for certain home and community-based services: PCS by Jan. 1, 2020, and HHCS by Jan. 1, 2023. Hawaii will implement PCS and HHCS at the same time.

#### The EVV system must electronically verify:

- ✓ Type of service performed
- ✓ Individual receiving the services
- ✓ Date of service
- ✓ Individual providing the service
- ✓ Location of service delivery at beginning and ending of service
- ✓ Time the service begins and ends

The “Open Vendor” model was selected as the EVV system model. The Open Vendor model uses a single EVV vendor, but lets HHCS/PCS providers, MCOs & DDD use other EVV vendors at their own cost. Stakeholders using an alternate system will incur any and all related costs, including costs related to system requirements necessary to transmit data to the statewide EVV vendor data aggregator.



### EVV Implementation Timeline

(projected, subject to change)

- Summer 2019 – EVV Design/Configuration/Testing
- Fall 2019 – Mandatory EVV training
- Winter 2019 – Full implementation


### EVV Resources

Additional MQD EVV information can be found at [www.medquest.hawaii.gov/EVV](http://www.medquest.hawaii.gov/EVV).

## How Service Coordination Can Help You

Service Coordination helps members with special needs. It pairs a member with a care manager. The care manager is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

- Complex medical needs
- Solid organ and tissue transplants
- Children with special health care needs
- Lead poisoning



**We are here to help you!**

For more information about Service Coordination, or to refer a member to the program, please call us at **1-888-846-4262**. This no-cost program gives access to an RN or LCSW Monday–Friday from 7:45 a.m. to 4:30 p.m.

## 'Ohana Medicare Provider Manual Update

'Ohana's 2019 Medicare Provider Manual has been updated, effective December 19, 2018. The manual can be viewed online at <https://www.wellcare.com/Hawaii/Providers/Medicare>. If you have any questions, please contact your Provider Relations representative or call the Provider Services phone number that can be found in this newsletter.

## Benefits Of Providing Services In An ASC Setting

Operating in an Ambulatory Surgery Center (ASC) setting (Place of Service 24), rather than an outpatient hospital setting (Place of Service 22), may be beneficial to patients, providers and payers. Benefits of providing services in an ASC setting may include:

- ✓ A more relaxed, less stressful and lower cost environment
- ✓ Provider autonomy over work environment and quality of care
- ✓ Increased provider control over surgical practices
- ✓ Provider specialties tailored to the specific needs of patients
- ✓ Raised standards in patient satisfaction, safety, quality, and cost management
- ✓ Additional hospital operating room time reserved for more complex procedures
- ✓ Comparable patient satisfaction
- ✓ Quality of care as the hallmark of the ASC model

Providers are encouraged to provide services in an ASC setting (Place of Service 24) when deemed appropriate. Please contact your local Provider Relations representative for more information on ASCs in your area.

## Medication Adherence and RxEffect™

To help with medication adherence, WellCare engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters as well as utilizing our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to WellCare Medicare provider groups to help improve members' medication use.

Talk to your WellCare associate today to get users from your office access to the RxEffect™ portal.



### This web portal:

- ✓ Is sponsored by WellCare – so there is no cost to our provider partners
- ✓ Uses predictive modeling to target the patients who need it most
- ✓ Uses real-time monitoring of pharmacy claims and is updated daily
- ✓ Includes opportunity flags for 30-day conversions, diabetic patients not on statins, Appointment Agendas and high-risk medications

## Effective Communication with Patients

The ability to effectively and compassionately communicate information is key to successful patient/provider relationships. The current healthcare environment has increasing demands on productivity and affords less time with each patient, which can hinder effective communication.

### Here are some things providers can do to communicate more effectively with patients:

- Listen carefully to the patient and respect their point of view.
- Remember that the patient has come to you for help. Be empathetic and acknowledge their feelings.
- Reassure the patient that you are available to help them.
- Check often for patients' understanding.
- Respect the patient's culture and beliefs.
- Explain medication in simple, easy to understand language. Tell them why they may want to take the medication and why they may not want to take the medication.

Successful communication can affect patient outcomes. Open communication leads to more complete information, which enhances the prospect of a more complete diagnosis and can potentially improve adherence to treatment plans.

**Source:**

ACOG, "Effective Patient-Physician Communication", retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Effective-Patient-Physician-Communication>

## Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that helps members with specific chronic conditions.



### Members are assigned a Disease Nurse Manager who can help the member with:

- Education and understanding of their specific condition
- Identification of adherence barriers and ways to overcome them
- Individualized life modifications suggestions to improve daily life
- Self-management of their condition to improve their health outcomes
- Motivational coaching for encouragement with the struggles along the way
- Improved communication with their Primary Care Provider and healthcare team

### Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- COPD
- Diabetes
- Hypertension
- Heart Disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at **1-888-846-4262**, (TTY 711) Monday–Friday, 7:45 a.m. to 4:30 p.m.

## CPTII Codes and HCPCS Billing for Medicare and Medicaid

### Important Information on CPT II and HCPCS Codes

We are asking our providers to make sure to use accurate CPT Category II codes and HCPCS codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you are confirming that you are giving the best of quality care to our members.

'Ohana has made a change to CPTII code payment to assist in that pursuit of Quality.

On January 1, 2019, 'Ohana added CPTII and HCPCS codes to the fee schedule at a price of \$0.01. This will allow billing of these important codes without a denial of "non-payable code".



#### How does this help you, our Providers?

- Fewer dropped codes by Billing Companies due to non-payable codes
- Better reporting of open and closed care needs for your assigned members
- Increase in Payment for Quality (P4Q) due to submission of additional codes
- Collection of HEDIS® (Healthcare Effectiveness Data and Information Set) measure data year round, resulting in fewer chart requests during chart collection season



#### What measures do these codes apply to?

- Controlling Blood Pressure
  - Blood pressure results
- Comprehensive Diabetes Care
  - HbA1C levels
  - Nephropathy – urine protein tests or treatment
  - Diabetic Retinal Eye Exams, DRE
- Care of Older Adults
  - Pain Assessment
  - Medication List and Review
  - Functional Status Assessment
- Medication Reconciliation Post Discharge
  - Medication List and Review after hospital discharge

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

Please use the following documents to alert your Billers and Billing Companies.

## Attention Billers:

On January 1, 2019, 'Ohana Health Plans paid \$0.01 for **CPTII** and **HCPCS** codes associated with Quality Measures. The following codes **must** be billed on all claims and encounters when applicable:

Category of Codes	CPTII Codes	HCPCS Codes
<b>HbA1C Results</b>	<ul style="list-style-type: none"> <li>• 3044F Most recent hemoglobin A1c (HbA1C) &lt;7%</li> <li>• 3045F Most recent hemoglobin A1c (HbA1C) 7% – 9%</li> <li>• 3046F Most recent hemoglobin A1c (HbA1C) &gt;9%</li> </ul>	
<b>Eye Exams</b>	<ul style="list-style-type: none"> <li>• 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed</li> <li>• 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed</li> <li>• 2026F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed</li> <li>• 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)</li> </ul>	<ul style="list-style-type: none"> <li>• S0621 Diabetic Retinal Screening</li> <li>• S0620 Diabetic Retinal Screening</li> <li>• S3000 Diabetic Retinal Screening</li> </ul>
<b>Nephropathy</b>	<ul style="list-style-type: none"> <li>• 3061F Negative microalbuminuria test result documented and reviewed</li> <li>• 3062F Positive microalbuminuria test result documented and reviewed</li> <li>• 3066F Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)</li> <li>• 4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken</li> <li>• 3060F Positive microalbuminuria test result documented and reviewed</li> </ul>	
<b>Blood Pressure Control</b>	<ul style="list-style-type: none"> <li>• 3074F Most recent Systolic &lt;130mm Hg</li> <li>• 3075F Most recent Systolic 130–139mm Hg</li> <li>• 3077F Most recent Systolic ≥140mm Hg</li> <li>• 3078F Most recent Diastolic &lt;80mm Hg</li> <li>• 3079F Most recent Diastolic 80–89mm Hg</li> <li>• 3080F Most recent Diastolic ≥90mm Hg</li> </ul>	
<b>Medication Review (2 codes: Review and List)</b>	<p><b>Medication Review</b></p> <ul style="list-style-type: none"> <li>• 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record</li> </ul> <p><b>Medication List</b></p> <ul style="list-style-type: none"> <li>• 1159F Bill with 1160F Medication list in the medical record</li> </ul>	<ul style="list-style-type: none"> <li>• G8427 Medication List</li> </ul>
<b>Medication Reconciliation</b>	<ul style="list-style-type: none"> <li>• 1111F Discharge medications reconciled with the current medication list in the outpatient record.</li> </ul>	
<b>Functional Status Assessment</b>	<ul style="list-style-type: none"> <li>• 1170F Functional status assessed</li> </ul>	
<b>Pain Assessment</b>	<ul style="list-style-type: none"> <li>• 1125F pain present</li> <li>• 1126F no pain present</li> </ul>	



## 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](http://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](http://www.ohanahealthplan.com/provider/medicaid/resources) to view more information on 'Ohana's pharmacy Utilization Management (UM) policies/procedures.

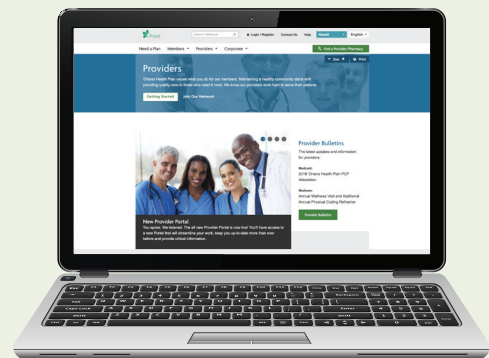
### Community Care Services:

Visit [www.ohanaccs.com/provider/pharmacy](http://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](http://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](http://www.ohanahealthplan.com/provider), and click *Pharmacy* under Medicare icon.

You can also refer to the *Provider Manual* available at [www.ohanahealthplan.com/provider](http://www.ohanahealthplan.com/provider), and click *Overview* under Medicare icon. You can also 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:

- ✓ 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](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.



## Coming Soon – Our New Program Combatting Opioid Misuse

'Ohana Health Plan's new program for opioid misuse is designed to partner with you to offer your patients non-judgemental education, benefits, services and support. The goal is to help them choose a confident, "better you," from prevention all the way through recovery.

The cornerstone of this new program is our comprehensive, specialized care management. We'll help members, their families and caregivers navigate information, options, support and services on the path to achieving and maintaining sobriety. We'll also support you and your practice by keeping you up-to-date on evidence-based treatment options and make it easy for you to ensure your patients get the comprehensive treatments they need.

We are excited to partner with you in providing quality care to your patients – our members. Look for detailed information coming soon!

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



[www.ohanahealthplan.com/provider](http://www.ohanahealthplan.com/provider)



Medicare: 1-800-505-1201



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](http://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](http://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](http://www.ohanahealthplan.com/provider), click on Tools.