

# Provider Newsletter

## Hawai'i

2021 • Issue 4 • Medicare



## Meet the Brand That's Taking a No-Nonsense Approach to Medicare



**Welcome to the new Wellcare By 'Ohana Health Plan. You are a valued Wellcare provider, and we want to share some exciting changes to our Medicare plans.**

We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.

In addition to our new look, we're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. You probably have questions, so we want to answer them for you.

*(continued on next page)*

### In This Issue

#### Quality

- Meet the New Brand
- Getting Needed Care
- Coordination of Care
- Member & Provider Survey Results
- Achieve Better Outcomes
- Providers Love Our Live Chat
- Continuity of Care Bonus Program
- Monitor Cholesterol
- Annual CAHPS® Survey
- Improve Patient Satisfaction
- Hospital Survey Outcomes
- Referring Members to BH Srv.

#### Operational

- New Live-Chat Offerings
- New Benefits 2021
- Updated Directory Info.
- Formulary Updates
- Electronic Funds Transfer
- Provider Formulary Info.
- Access to Staff
- Provider Resources



### 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.





## Meet the Brand That's Taking a No-Nonsense Approach to Medicare *(Continued)*

### Which Medicare brands will become Wellcare and will the logos be changing?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage. The new bridging logos are shown below.



### Does this involve all lines of business for these brands?

No, only Medicare. In a few states, some of these brands will continue to exist with Medicaid and Marketplace plans.

### When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. **We will officially transition to Wellcare on January 1, 2022.**

### As a current 'Ohana provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future, we will notify you immediately.



## 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 [www.ohanahealthplan.com/en/Hawaii/Providers/Bulletins](http://www.ohanahealthplan.com/en/Hawaii/Providers/Bulletins)**



## 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 tests and procedures. Share decision making with patients to help them manage care. And please follow up on all authorizations requested for your patient.



## Member and Provider Survey Results on Behavioral Health Services

WELLCARE APPRECIATES ALL THAT YOU DO IN PROVIDING QUALITY CARE AND SERVICES FOR OUR MEMBERS.

We conduct annual surveys to assess member experiences and perceptions with their provider and health plan using a survey program called CAHPS® (Medical focused survey for adults and children) and BH ECHO® (Behavioral Health service focused survey for adults). This feedback helps us improve our quality and member experience.

The BH Echo survey includes adults who briefly received a behavioral health screening or assessment at their Primary Care Provider (PCP) visits. This includes visits for their regular treatment.

**Here are some of the results of the BH ECHO® survey:**

### **Members were *Satisfied/Very Satisfied* (responded *Usually or Always*) in the following areas of the services you have provided:**



- ✓ Getting Treatment Quickly – Able to access treatment as soon as they wanted
- ✓ How Well Clinicians Communicate – Listened to them carefully and they were involved in their treatment and counseling as much as they wanted
- ✓ Informed about Treatment Options – Given information about different kinds of counseling or treatment that are available

### **Areas where patients felt that more attention was needed:**



- ✓ To provide more information about what they can do to manage their condition
- ✓ To improve overall rating of counseling and treatment
- ✓ To improve waiting time - from the time they check in until the time they see you has been longer than 30 minutes

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## Member and Provider Survey Results on Behavioral Health Services Continued

This year, Wellcare By 'Ohana Health Plan will focus on improving the survey participation rate, sharing the results and expanding access for behavioral health services further through telehealth service in our network.

Thanks to you, patients with better care experiences often have better health outcomes by adhering to treatment plans.<sup>[1]</sup> **We value your partnership and look forward to working together to provide the best care possible for your patients, our members.**

Resources:

Stewart M A. *Effective physician-patient communication and health outcomes: a review.* CMAJ. 1995. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/7728691/>



## Wellcare By '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 of our 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



## Providers Love Our Live Chat!

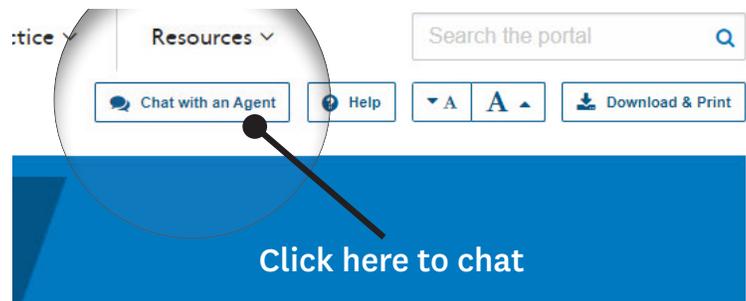
**INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.**

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

So far in 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!



# 2021 Medicare Continuity of Care Bonus Program

(FORMERLY PARTNERSHIP FOR QUALITY)

## Quality Addendum

Program Started Jan. 2021 For Dates of Service Jan. 1, 2021 - Dec. 31, 2021

Wellcare By 'Ohana Health Plan understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because Wellcare recognizes these important partnerships, we are pleased to offer the 2021 Continuity of Care (CoC) Quality Bonus Program, which rewards PCPs for improving quality and closing gaps in care.

New in 2021, the CoC program includes an incentive enhancement to better align payment with quality.

Providers can now earn incentives at multiple levels based upon Star score achievement for each measure. We believe that our new incentive structure will better support you and your healthcare team in caring for our members.

Each measure will be calculated and rewarded individually. Star Rating is determined by comparing a CoC provider's compliance percentage for a given program measure to established benchmarks.

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$20	\$30	\$40
Care of Older Adult - Medication List and Review*	\$5	\$10	\$20	\$30
Care of Older Adult - Pain Screening*	\$5	\$10	\$20	\$30
Colorectal Cancer Screen	\$10	\$20	\$30	\$40
Diabetes - Dilated Eye Exam	\$10	\$20	\$30	\$40
Diabetes HbA1c $\leq$ 9	\$10	\$25	\$40	\$55
Diabetes Monitor Nephropathy	\$5	\$10	\$20	\$30
Hypertension	\$5	\$10	\$20	\$30
Mammogram	\$10	\$20	\$30	\$40
Medication Adherence – Blood Pressure Medications	\$10	\$25	\$40	\$55
Medication Adherence – Diabetes Medications	\$10	\$25	\$40	\$55
Medication Adherence – Statins	\$10	\$25	\$40	\$55
Medication Reconciliation Post-discharge	\$10	\$20	\$30	\$40
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$20	\$30	\$40
Statin Use in Persons With Diabetes	\$10	\$20	\$30	\$40

\*Dual Eligible Special Needs Plan (DSNP) members only



## 2021 Medicare Continuity of Care Bonus Program Continued



### Quality Bonus Instructions

- 1 The measurement period is Jan. 1 to Dec. 31, 2021. Wellcare must receive all claims/encounters by **Jan. 31, 2022**.
- 2 Schedule and conduct an exam with the eligible member using HEDIS® reports as guides to close care gaps and update diagnoses. Note: Additional Star measures may become applicable to eligible members as claims and data are received throughout 2021.
- 3 Provide appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
- 4 Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD-10, CPT and/or CPT II codes by Jan. 31, 2022.



### Payment Timeline

Payments will begin after processing claims/encounters for the first quarter of 2021. Payments will continue through 2022.



### Additional Conditions

Only one Quality Bonus Payment will be made for a specific HEDIS and Medication Adherence member-measure combination.



### Definitions

**Eligible Member** is a member who meets the age, sex, and/or disease-specific criteria, and the enrollment and other technical criteria, set forth in the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes document for the Program Measures.

**CoC Provider** means a primary care physician (PCP), vendor or independent practice association (IPA) who has a contract with Wellcare and receives this Program Information Guide.

**HEDIS** means Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

**HEDIS Technical Specifications** means the HEDIS 2021, Technical Specifications as published by the National Committee for Quality Assurance (NCQA) or any applicable successor specifications.

**Medication Adherence** Measures are the three Medication Adherence Measures published in the most recent CMS Medicare Part C&D Star Rating Technical Notes document:

- Medication Adherence – Diabetes Medications
- Medication Adherence – Blood Pressure Medications
- Medication Adherence – Statins

**Program Measures** are the HEDIS and Medication Adherence Measures that are included in the bonus amounts table. Program Measures are defined according to the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes document.



### Important Contact Information

If you have questions about our CoC Program, please contact your representative, or call Provider Services at 1-866-319-3554 (TTY 711). You can reach us Monday–Friday from 8 a.m. to 8 p.m.



## Help Patients Monitor Cholesterol to Lower Heart Disease Risk

**Patients with obesity, high blood pressure and high cholesterol are at an increased risk for heart disease and stroke.** Because elevated cholesterol and blood pressure often have no warning signs, patients must take proactive steps to improve their health and well-being.

Patients will ask, “How can I monitor my cholesterol, blood pressure and weight?” It is very important for physicians to provide ways to reduce cholesterol, BP and weight to lower their heart disease risk.

### **Make a Diet Change**

One way to lower cholesterol and blood pressure is for patients to eat a heart healthy diet that is low in added sugars, sodium, and saturated and trans-fat. A healthy diet will also include a variety of fruits, vegetables, whole grains, low-fat dairy products, poultry, fish, legumes, nontropical vegetable oils and nuts.

Patients should try to eat oily fish, such as salmon, twice a week, while limiting red meats. If a patient chooses to eat red meats, advise them to select lean cuts of meat. It is also important for patients to trim any visible fat. When eating poultry, patients should remove the skin before eating.

For additional information on how to help patients with dietary improvements, visit “Nutrition Science for Health and Longevity: What Every Physician Needs to Know,” which can help you begin an effective nutrition conversation with patients. The four-hour, self-paced course is developed and hosted by the Gaples Institute for Integrative Cardiology, a nonprofit focused on enhancing the role of nutrition and lifestyle in health care, and distributed in collaboration with the AMA Ed Hub™.

The AMA Ed Hub is an online platform that consolidates all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

### **Get Active**

When patients live sedentary lifestyles, it can lower their high-density lipoprotein (HDL), sometimes called “good cholesterol.” To improve HDL and reduce low-density lipoproteins, encourage patients to increase the amount of physical activity they are getting each day.

Performing 150 minutes of moderate-intensity aerobic exercise a week is enough to lower both cholesterol and high blood pressure. Encourage patients to go on a brisk walk, swim, ride a bicycle or even attend a dance class. These activities are easy to accomplish and may significantly improve their health.

### **Lose Weight**

Making key lifestyle changes can help patients lose 3–5% of their body weight, which can result in meaningful health benefits. Larger weight losses of about 5–10% can produce even greater benefits for patients.

To help patients lose weight, it is important to consume fewer calories than used through normal metabolism and physical activity each day. Patients should reduce the number of calories they eat,

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## Help Patients Monitor Cholesterol to Lower Heart Disease Risk Continued

while increasing physical activity. However, to maintain weight lost or to minimize the amount regained, some people might need to increase the amount of physical activity performed each week to about 200 or 300 minutes.



### Quit Smoking

HDL cholesterol is lowered when a person smokes. But what is worse is when a person with unhealthy cholesterol levels also smokes, their risk of coronary heart disease significantly increases. Smoking also compounds the risk presented by other risk factors for heart disease, such as high blood pressure and diabetes.

By quitting, patients can improve their cholesterol levels and help protect their arteries. For patients who do not smoke, it is also important that they avoid exposure to secondhand smoke.



### Take medications as prescribed

For some patients, lifestyle changes may prevent or treat unhealthy cholesterol levels. However, for those with high cholesterol, medication may also be needed. Work with your patients to develop a treatment plan that meets their individual needs.

If medication is required, be sure your patients understand the importance of taking their medications correctly. The benefit to your patient's health is worth making medications part of their normal routine to lower cholesterol and prevent heart disease.



**The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients' high BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association.**



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

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

### 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.ihl.org/Topics/WhatMatters/Pages/default.aspx](http://www.ihl.org/Topics/WhatMatters/Pages/default.aspx) Christina Gunther-Murphy-What Matters Office Practice Setting IHI

[www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx](http://www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx)

2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



## 2020 Hospital Survey Outcomes:

### IMPORTANCE OF PATIENT CARE IN OUR FACILITIES AND CARE AFTER DISCHARGE

Sharing clinical information in timely, useful and confidential manner across healthcare network when patients transition between different levels of care is an example of excellent quality care as defined by National Committee for Quality Assurance (NCQA). Inter-provider and facility collaborations foster informed treatment decisions and compatible courses of treatment, which greatly increases the chances for positive outcomes.

We have administered a hospital safety survey to explore ways of improving coordination and continuity of care when patients discharge from the facilities within our network.



**Out of 24 facilities, we have received 20 responses (83% response rate)**



#### Here are the things that most of our facilities are excellent at:

- Almost all of the facilities who responded to the survey in our network identify patient's PCP prior to discharge.
- Most of the facilities notify PCP of admissions within 24 hours or during patient/member stay.
- All facilities require handoff communication between ICU and regular units for continuity of care.



#### Here are the areas with opportunity for growth:

- To notify the member's PCP when patients are discharged to another level of care.
- To notify both PCPs and BH Specialists when member is discharged from behavioral
- To schedule patient's follow up appointment with the patient's BH provider prior to discharge.



**Thanks to you, patients with better discharge planning minimize readmissions and often have better health outcomes by adhering to treatment plans. We value your partnership and look forward to working together to provide the best care possible for your patients, our members.**

#### Sources and References:

Prusaczyk B., Kripalani S., and Dhand A. Networks of hospital discharge planning teams and readmissions. *Epub. 2018. Retrieved from: Networks of hospital discharge planning teams and readmissions - PubMed (nih.gov)*



## 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 1-888-505-1201 if you would like assistance with referring your patient to a BH provider.**



## Wellcare'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.



## New Benefits 2021

### Asthma Program

- **Hypoallergenic Bedding** - Eligible members with asthma can get hypoallergenic bedding Mattress casings and Pillow casings).
- **Carpet Cleaning** - Covers the cost of 2 carpet cleanings per calendar year, for qualified members with a diagnosis of asthma.
- **HEPA Filter Vacuum Cleaner** - Provides a HEPA vacuum cleaner at no cost to qualified members with a diagnosis of asthma.
- **Allergy Mask** - Provides an allergy mask to protect against air pollution.



### Pain Management Program

This program is to help qualified members manage chronic pain; an alternative to opioids. Prior authorization is required by a Health Coordinator or a referral from a PCP or treating physician. Limitations apply.

- **Chiropractic** - For manipulation of the spine by a licensed chiropractor to treat pain. Limitations apply.
- **Acupuncture** - For pain management. For stimulating certain points on the body, most often with a needle penetrating the skin, to alleviate pain or to help treat various health conditions. Limitations apply
- **Massage Therapy** - Manual manipulation of soft body tissues (muscle, connective tissue, tendons and ligaments) to help manage pain. Limitations apply.



### Traditional Healer

This benefit covers all traditional healing (Native American and Spanish/Mexican healers). Members will receive up to \$250.00 per calendar year **(this benefit is reimbursement only)**.



### Ambulatory Blood Pressure Monitoring

This benefit is for qualified members at-risk with hypertension. They can receive a blood pressure cuff to self-monitor.



### Cell Phone ConnectionsPlus Program

Providing eligible members with free smart phones and data through our ConnectionsPlus Program.



### Caregiver Package

Provides package to caregivers with phone numbers, keepsake bag, caregiver educational materials, caregiver journal, and information regarding support groups.

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## New Benefits 2021 Continued

### **Social Call Program**

This program links local community-based volunteers to qualified members that are able to facilitate ongoing calls with those who would like more social contact, creating meaningful connections.

### **Weight Watchers**

Offering a 6-month membership benefit to qualified members. The program's goal is to support healthy lifestyles and improve health outcomes.



## Community Care Services (CCS)

### **Cell Phone ConnectionsPlus Program**

Providing eligible members with free smart phones and data through our ConnectionsPlus Program.

### **Transportation**

Covers transportation to the pharmacy. When they are unable to access needed medications due to transportation and no viable alternative is available.



## 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:

**Wellcare By '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

### Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at <https://www.wellcare.com/Hawaii/Providers/Medicare/Pharmacy>.

You can also refer to the Provider Manual available at [www.ohanahealthplan.com/Hawaii/Providers/Medicare](http://www.ohanahealthplan.com/Hawaii/Providers/Medicare), hover over *Provider* drop down and click *Overview* under Medicare icon. You can also view more information on our pharmacy UM policies and 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 <https://www.wellcare.com/Hawaii/Providers/Community-Care-Services/> to view more information on our 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 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.



## Point of Care Formulary Information for Providers

PRESCRIBE WITH CONFIDENCE – EVERY DRUG. EVERY PLAN. EVERY TIME.

**Are you and your team spending valuable time processing prior authorizations?**

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to our extensive support resources, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just download the free app or search from your desktop with epocrates® web at [www.epocrates.com](http://www.epocrates.com).

MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com).

Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.



## Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-888-505-1201**. 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 on the right. Provider Homepage – **[www.ohanahealthplan.com/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers)**.

**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/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers)**, 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/Hawaii/Providers](http://www.ohanahealthplan.com/Hawaii/Providers)**, click on *Tools*.

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

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**Medicare:  
1-888-505-1201**



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