

Provider Newsletter

Hawai'i

2022 • Issue 3 • Medicare



CDC Opioid Guidelines

In 2016, 11.5 million Americans reported misusing opioid drugs. In response to the ongoing opioid overdose epidemic, The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends avoiding a threshold of > 90 MME/day.

For those members \geq 90 MME/day, the following are helpful tips and reminders:

- ✓ Baseline and ongoing assessment of pain and function (e.g., Pain Intensity and Interference, PEG (Pain, Enjoyment, General Activity) Scale)
- ✓ Evaluate risk of harm or misuse
- ✓ Assess for optimization of non-opioid therapies
- ✓ Determine whether to continue, adjust, taper, or discontinue opioid therapy during each visit
- ✓ Consideration of non-pharmacological therapeutic measures as an adjunct to opioids for long-term pain management

Reference

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

In This Issue

Quality

- CDC Opioid Guidelines
- Continuing Medication Education
- ER Utilization Initiative
- Getting Needed Care
- Coordination of Care
- Providers Love Our Live Chat
- Medical Record
- Annual CAHPS® Survey
- Improve Patient Satisfaction
- Referring Members to BH Srv.
- Patients with Diabetes

Operational

- New Benefits 2022
- Electronic Funds Transfer
- Updated Directory Info.
- Formulary Updates
- Access to Staff
- HI Medicare Provider Manual
- 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.





Continuing Medication Education (CME) Eligible Vaccine Hesitancy Training Now Available

In collaboration with Hawaii Med-QUEST Division (MQD) and the Centene Institute for Advanced Health Education®, all Med-QUEST Health Plans are pleased to offer providers a new continuing medical education (CME) eligible training: “Vaccine Hesitancy: How to Identify and Approach the ‘Movable Middle’.”

This course will provide education for primary care providers in addressing vaccine hesitancy, in order to increase rates of COVID-19 vaccines and others. Other practical topics discussed include COVID-19 misinformation (such as infertility/reproduction and myocarditis). It will also offer information on becoming a COVID-19 vaccine provider.

At the close of this activity, participants will be able to discuss barriers to vaccine uptake and patient misconceptions more comfortably, as well as misinformation about vaccinations for COVID-19. Additionally, participants will learn multiple strategies to promote vaccinations for a variety of diseases and to implement motivational interviewing and other evidence-based communication tools to promote vaccinations. The program also addresses cultural considerations for special populations with whom you may work.

Registration:



This course is accessible through www.centeneinstitute.com. Once you have registered as a new user, navigate to the Activity Catalog. In the Activity Catalog, search for the course title and register by clicking on *ENROLL NOW*.

An overview of the course, including information on continuing education credit available for physicians and nurses, can be found at: <https://www.centeneinstitute.com/activities/618aded5ae0a950008002d34/overview>.



For any questions on the course or enrollment process, please contact the Centene Institute for Advanced Health Education® at Centene_Institute@centene.com.



ER Utilization Initiative

WELLCARE BY '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:

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

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.



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.wellcare.com/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.



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. We're here to answer any questions you have about live chat and more!



Optum CPI AWV Medical Record Review Guidelines

BELOW ARE THE REQUIREMENTS FOR A MEDICARE ANNUAL WELLNESS VISIT:

- 1 Review and update Health Risk Assessment (HRA)
- 2 Update patient's medical and family history
- 3 Update list of current providers and suppliers
- 4 Perform routine measurements as deemed appropriate based on medical and family history, such as height, weight, bp, etc.
- 5 Detect any cognitive impairment patients may have
- 6 Update patient's written screening schedule
- 7 Update patient's list of risk factors and conditions where primary, secondary, or tertiary interventions are recommended or underway
- 8 As necessary, provide and update patient's PPS, which includes personalized patient health advice and referral(s) to health education or preventative counseling services or programs when needed
- 9 Provider Advance Care Planning (ACP) services at patient's discretion

There is more detailed information of what is required for each number in this link. We need to see something from each of these numbers to support an AWV.



For more information, please visit: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>



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:
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, “What’s important to you?”
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.ihl.org/Topics/WhatMatters/Pages/default.aspx Christina Gunther-Murphy-What Matters Office Practice Setting IHI

www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx

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



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.



Therapy for Patients with Diabetes

The American Diabetes Association's (ADA) annual *Standards of Medical Care in Diabetes* has released a 2022 updated version of guidelines. Based on scientific evidence and clinical trials, it includes new and updated guidance for managing patients with diabetes and prediabetes.

For your convenience we have provided a summary of notable changes from the Standards of Care document.



ADA Standards of Medical Care in Diabetes Guideline — 2022

Notable 2022 Updates

- ✓ Guidance on first-line therapy determined by co-morbidities includes goals to prevent complications of diabetes (such as heart or kidney disease), cost, access to care, and individual management needs.
- ✓ Prediabetes and type 2 screening should start at age 35.
- ✓ SGLT-2 inhibitors are now recommended to treat heart failure, and can be started at the time of diagnosis.
- ✓ Changes to gestational diabetes mellitus (GDM) recommendations include when to test and with whom testing should be done.



Medication Adherence:

Please use the updated guidelines information for recommendations on the diagnosis and treatment of youth and adults with type 1, type 2, or gestational diabetes. It also includes strategies for the prevention or delay of type 2 diabetes, and recommends therapeutic approaches that can reduce complications and improve health outcomes.



New Benefits 2022

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.



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 2022 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.



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 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.



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 <https://www.wellcare.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 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.



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.



HI Medicare Provider Manual



The HI Medicare Provider Manual is located at <https://www.wellcare.com/Hawaii/Providers/Medicare> under the Overview and Resources section. Click on the Resources drop-down menu to view the document.



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.

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, 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 click on *Tools*.

We're Just a Phone Call or Click Away

 Medicare: 1-888-505-1201

 www.ohanahealthplan.com