



RxEffect Provider Tool

MEDICARE ONLY

RxAnte offers an innovative quality platform called RxEffect. The platform is free to Provider groups and offers targeted patient lists, daily claim updates, and a strong workflow support for your practice to support medication adherence. Active use of the RxEffect tool has been shown to improve adherence, quality measure outcomes, and enrollee outreaches.

Be on the lookout for exciting new RxEffect Enhancements including:

- ✓ New PCP Attribution – Helps Providers engage more effectively in RxEffect
- ✓ Appointment Agendas – Available after March to capture HCCs and proper risk-adjustment
- ✓ Improved dashboard reporting and the ability to save filters for improved efficiency

- ✓ Polypharmacy Measures – Improves the ability to manage and outreach medically complex enrollees
- ✓ Bonus Incentive Program – Offers additional incentives for Providers active within the RxEffect tool during the program period

Check out the RxEffect Video here:

<https://www.youtube.com/watch?v=loEKiM7veZQ>

For more information on RxEffect, visit the website at www.rxante.com and speak with your Provider Relations and/or Quality representative.

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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.





Getting Needed Care

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



Centene's New Provider Claims Menu Redesign in the IVR Underscores a Relentless Commitment to Superior Digital Solutions

PROVIDERS HAVE A NEW CLAIMS MENU TO HELP THEM QUICKLY ACCESS IMPORTANT CLAIMS INFORMATION IN CENTENE'S IVR (INTERACTIVE VOICE RECORDING).

The new provider menu requires less input from providers to get basic information on a claims status.

The 1st phase of the new Provider Claims Redesign includes the following key enhancements:

- ✓ New Claims Upfront Message informing callers of changes
- ✓ Ability to search by Claim ID
- ✓ Ability to search and list all of a Member's Claims within the last 90 days
- ✓ Ability to search by Claim DOS without having to enter Billed Amount or Members DOB
- ✓ Added playback control and skip functions to easily access claim information

For more information on training opportunities for you and your internal team, please contact your Provider Representative.



WellCare Provider Portal – iCarePath Appeal & Dispute Project

MEDICARE ONLY

Applies to claim appeals and disputes only

Medicare providers have the ability to view the status of claim appeals and disputes

Enhancements Include:

- ✓ A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
- ✓ Updated helpful content throughout the form to make the submission process easier for providers
- ✓ Prepopulated enrollee and servicing provider information
- ✓ Confirmation message with ticket number for applicable iCarePath lines of business
- ✓ New "Appeal" and "Dispute" tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.



New Phone Number, Office Address or Change in Panel Status:

Mail:

'Ohana Health Plan
ATTN: Provider Operations
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707

Fax:

1-866-788-9910

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



Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-888-846-4262**. TTY users call **711**. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio. There is no charge for this.



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 <https://www.payspanhealth.com/nps> or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions. We will only deposit into your account, **not** take payments out.



Provider Formulary Updates

Medicaid:

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

Visit www.ohanahealthplan.com/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.

Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at www.ohanahealthplan.com/provider, hover over *Provider* drop down and click *Pharmacy* under Medicare icon. You can also refer to the Provider

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



Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see Messages from ‘Ohana on the right. Provider Homepage – <https://www.wellcare.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 <https://www.wellcare.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 <https://www.wellcare.com/Hawaii/Providers>, click on *Tools*.

We're Just a Phone Call or Click Away



Medicare:
1-866-319-3554



Medicaid:
1-888-846-4262



www.wellcare.com/Hawaii/Providers
