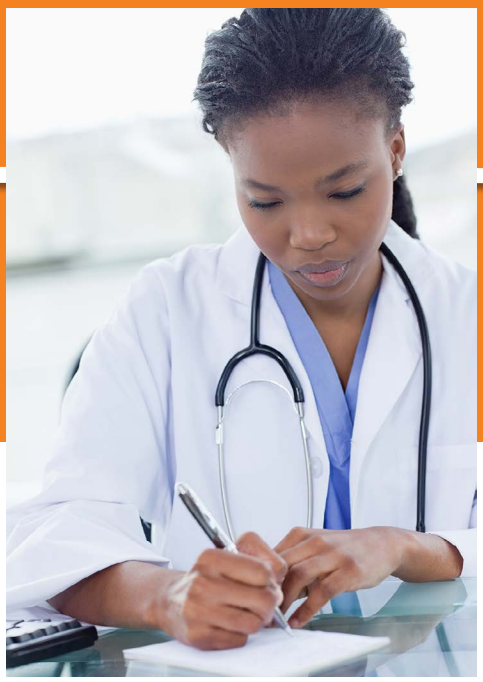


Partners in Health

Quarterly Provider Newsletter

IN THIS ISSUE

From the desk of
Todd Jacobs
Plan Chief Financial Officer

In my three years as CFO of Home State Health, I have seen challenges brought about by State directed changes and I continue to be inspired by the collaboration between our provider partners and Home State.

We are gearing up for another such event July 1st, when MO HealthNet switches from inpatient per diem to inpatient DRG payment methodology for the Medicaid population. Our priority continues to be the care provided to our members and we remain confident our provider partners share the same concern for patients under your care.

Home State values the partnerships with the provider community and we stand ready to continue to improve the health outcomes of our communities one member at a time.

Please reach out to Home State with any needs as we are committed to the mission.

Provider Announcements

Home State Health's Medicaid Pay-for-Performance (P4P) Program

Home State Health's Medicaid P4P Program is designed to enhance the quality of care by focusing on preventive and screening services while encouraging meaningful engagement with our members.

As a provider, you have the opportunity to earn additional compensation beyond what you receive through your Participating Primary Care Provider (PCP) Agreement. The P4P program is "upside only," meaning there is no financial risk to you.

This program rewards providers for closing care gaps based on quality performance standards established by the National Committee for Quality Assurance (NCQA®) and the Healthcare Effectiveness Data and Information Set (HEDIS®).

Measures included in the P4P Program:

- Prenatal Immunization Status – Influenza and Tdap
- Well Child Visits (First 30 Months of Life) – 0-15 months and 15-30 months
- Well Child Visits – Total
- Immunizations for Adolescents – Combo 2
- Controlling High Blood Pressure
- Breast Cancer Screening
- Colorectal Cancer Screening
- Follow-Up After Hospitalization for Mental Illness – 7 Day
- Childhood Immunization Status – Combo 10

If you'd like additional information about this program, our Medicare and Marketplace programs, or how to maximize your performance, please reach out to your designated Quality Practice Advisor. If you need assistance in reaching your assigned Quality Practice Advisor, please call our Provider Service Center at 1-855-694-4663.

Model of Care Training

The Centers for Medicare & Medicaid Services (CMS) requires health plans to provide annual education and training on our Special Need's Plans (SNP) Model of Care to providers who treat our SNP members. This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Condition Special Needs Plan (C-SNP) members.

As stated in the Provider Manual, all providers who care for our SNP members regardless of network participation status must complete Model of Care (MOC) training annually by December 31 of each year.

The training is designed to help you better understand our approach to the delivery of care for SNP members.

How to Access the Training

The SNP MOC training is available for download and self-study at:

- **For Wellcare:** wellcare.com/Providers/Model-of-Care-Training
- **For Wellcare by Allwell:** homestatehealth.com/providers/allwell

We appreciate the quality care you provide to our members and your support of our efforts to meet CMS regulations.

For additional information on how to work with our health plan to manage SNP members, please visit your state's provider Overview & Resources page at wellcare.com/providers or homestatehealth.com/providers/allwell. These sites have links to the Provider Manual, Quick Reference Guides, Clinical Practice Guidelines, and much more.

Provider Announcements, con't

Helping you care for your patients

Helping You Care for your patients is our top priority

Strong communication and trust between you and your patients will help ensure they're satisfied and have good outcomes. You can rely on Home State Health, Show Me Healthy Kids, Ambetter, and Wellcare for information and support to help you keep those patient relationships strong.

Annual CAHPS Survey – Happening February through May

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey is an opportunity for your patients to share their healthcare experiences with you as their provider and with their health plan. Your patients are asked specific questions, which include how well their doctor communicates, if they felt their doctor listened to them, and if their doctor explained things in a way that was easy to understand. Also included are questions on how well different healthcare providers are communicating about care coordination and a (0-10) rating of the patient's overall satisfaction with their healthcare, personal doctor, and specialists.

Health Outcomes Survey (HOS) for Medicare Members

You CAN help improve your patient's health and HOS measures.

- **Use a patient's annual wellness visit to discuss the following:**
  - Balance problems, falls, difficulty walking and other risk factors for falls
  - Suggest the use of a cane or walker
  - Check blood pressure with patient standing, sitting, and reclining
  - Suggest an exercise or physical therapy program
  - Suggest a vision or hearing test
  - Perform bone density screening, especially for high-risk members
  - Screen for UTIs and review medications for interactions that increase fall risk
- **The need for physical activity and ways to increase physical activity**
  - Talk to the patient bout the importance of exercise and physical activity
  - Discuss with the patient how to start, increase, or maintain activity
- **Bladder control and potential treatments for bladder control issues**
  - Ask the patient if bladder control is a problem
  - If so, ask if it interferes with sleep or daily activities
  - Talk to the patient about treatment options
- **Physical and mental health**
  - Ask the patient about physical and mental health compared to two years ago
  - Discuss ways to improve status of both mental and physical health
  - Suggest patient begin exercise programs or physical therapy if warranted

CONTINUED

Provider Announcements, con't

Helping you care for your patients, con't

These topics can be discussed by the office or nursing staff while patients are waiting to be seen. The provider can then address these topics during the visit.

Annual Provider Satisfaction Survey

You are essential to providing the highest quality healthcare possible for our members, and your satisfaction is very important to us, too. We assess your experience with us through an annual Provider Satisfaction Survey. These survey results are reviewed by the health plan and are key to helping us improve your experience, so please be sure to complete the survey if you receive one.

Our Support Doesn't Stop There

Our provider website contains essential information, including member surveys, health equity resources, language services and resources, provider credentialing rights, the utilization management process, how to access care management services and other sources of support for you.

Read more on Providing Quality Care Home State Health, Providing Quality Care Ambetter from Home State Health, or Providing Quality Care Wellcare.

Strengthening provider partnerships for improved outcomes

At Home State Health, we are committed to building strong partnerships with healthcare providers and specialty groups to improve the quality, efficiency, and outcomes of care. By fostering open communication, enhancing support, and leveraging data-driven insights, we aim to align provider incentives with patient-centered care objectives.

Key Strategies for Provider Engagement and Improvement:

- **Provider Program Execution:** We are enhancing our provider engagement strategy by integrating a member-centered approach, ensuring providers are equipped with the tools and resources necessary to deliver high-quality care.
- **Collaboration with Market Performance and Provider Strategy Leads:** We actively work across Home State Health teams to implement member-centered engagement strategies that address care gaps and improve overall outcomes.
- **Incentive Program Collaboration:** Through collaboration with our Quality, Provider Engagement, Care Management and other health plan teams, as well as our provider partners, we focus on developing and implementing targeted incentives that drive performance improvement and reward quality care delivery.
- **CAHPS Member Experience Improvements:** To improve patient and member satisfaction, we implement provider-identified opportunities that enhance the patient experience.
- **Provider Action Plans:** We partner with our providers to create and implement tailored action plans based on Annual Preventive Visit performance and prioritized HEDIS measures. These targeted strategies are designed to improve key health outcomes while aligning with our broader quality improvement goals.By strengthening provider relationships, we aim to create a collaborative environment that drives improved health outcomes, better member experiences, and enhanced provider performance.

For more information on our provider engagement strategies or to discuss partnership opportunities, please reach out to your designated Quality Practice Advisor.

Provider Announcements, con't

Supporting health equity through our Social Determinants of Health (SDoH) program

At Home State Health, we are committed to improving not only the health of our members but also the economic and social factors that can create barriers to proper care. Social determinants such as education, social support, and poverty can significantly impact a person's health outcomes, including their risk for premature death and overall life expectancy.

Why Focus on SDoH?

Assessing the impacts of Social Determinants of Health (SDoH) is essential to achieving greater health equity. The first step in improving health equity is effectively measuring it.

Our SDoH Incentive Program

To promote the submission of applicable SDoH diagnosis codes on claims, Home State Health invites all participating Home State Health and Show Me Healthy Kids primary care, OB/GYN, and behavioral health providers to participate in our SDoH Program.

No action is required to participate.

We will automatically calculate and pay the SDoH incentive on a quarterly basis for paid claims processed during the most recent quarter.

Incentive Details:

First targeted SDoH diagnosis code on a claim: $1.00

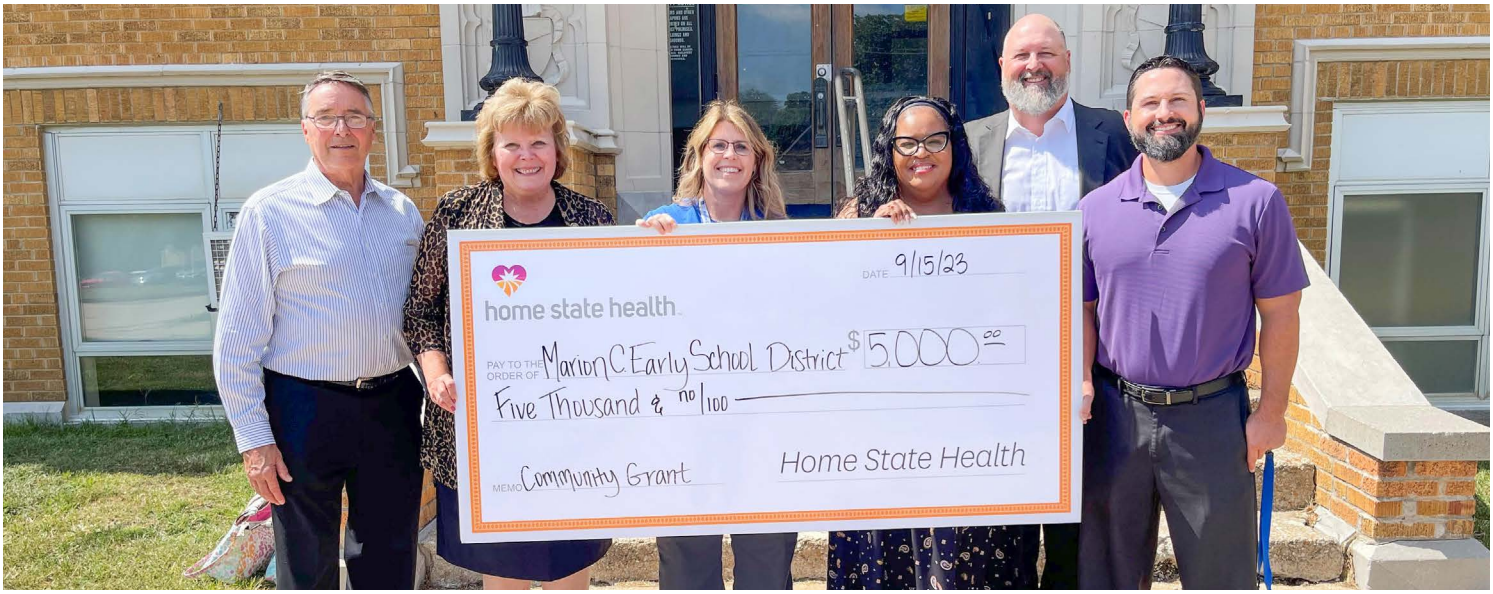
Subsequent SDoH diagnosis codes on the same claim: $0.50

Eligible SDoH Diagnosis Codes:

- **Z596** – Low Income
- **Z560** – Unemployment, unspecified
- **Z5900** – Homelessness, unspecified
- **Z5901** – Sheltered homelessness
- **Z5902** – Unsheltered homelessness
- **Z595** – Extreme poverty
- **Z553** – Underachievement in school
- **Z5910** – Inadequate housing, unspecified
- **Z5911** – Inadequate housing due to environmental temperature
- **Z5912** – Inadequate housing due to utilities
- **Z5919** – Other inadequate housing
- **Z9119** – Patient's noncompliance with medical treatment and regimen
- **Z5941** – Food insecurity
- **Z5948** – Other specified lack of adequate food

While the SDoH Program focuses on targeted diagnosis codes, we encourage providers to submit **all applicable SDoH codes** with each service they bill to ensure comprehensive documentation of patient needs. For additional information, please contact your designated Quality Practice Advisor. **If you need assistance in reaching your assigned Quality Practice Advisor, please call our Provider Service Center at 1-855-694-4663.**

Provider Announcements, con't



Provider community grant program

Home State Health and Ambetter Health award two grants up to $5,000 twice a year (see schedule) and are available to participating Home State Health providers and community organizations focused on promoting the health and well-being of the communities we serve.

Home State Health and Ambetter Health share a common transformational goal in our commitment to support the improvement of health and wellness through community investments. We collectively believe that partnering and investing in like-minded organizations that are committed to positively transforming communities by addressing and responding to Social Determinants of Health, will positively transform and contribute to the improvement of health and wellness outcomes in the communities in which they serve.

Grants will be aligned with the U.S. Department of Health and Human Services' Health People 2030.

Deadlines and applicable SDoH domains for submissions are as follows:

- **Q1 & Q2 - January 1 – June 30, 2025**
  - Neighborhood and Built Environment (i.e. Access to Quality and Affordable Housing)
  - Education Access and Quality
- **Q3 & Q4 - July 1 – December 31, 2025**
  - Health Care Access and Quality
  - Social and Community Context (i.e. Health Literacy and/or Nutrition and Healthy Eating)

Applications must be completed in full and submitted online to be considered. All applications are reviewed by Home State Health and Ambetter leadership teams and will be awarded on a bi-annual basis. Applicants will be notified of the committee's decision by the end of the month following quarter end.

Please note that submitting an online application does not guarantee funding. Please contact nicole.lowrey@homestatehealth.com with any additional questions.

Provider Announcements, con't

2025 CMS changes and updates for risk adjustment

As we enter 2025, providers need to be aware of important CMS updates that impact risk adjustment coding:

1. *Risk Adjustment Model Updates*

- **New HCC Codes:** CMS has introduced additional categories that may affect risk scores.
- **Risk Score Adjustments:** Certain chronic conditions will have a more significant impact on risk scores, requiring thorough documentation.

2. *Documentation & Coding Guidelines*

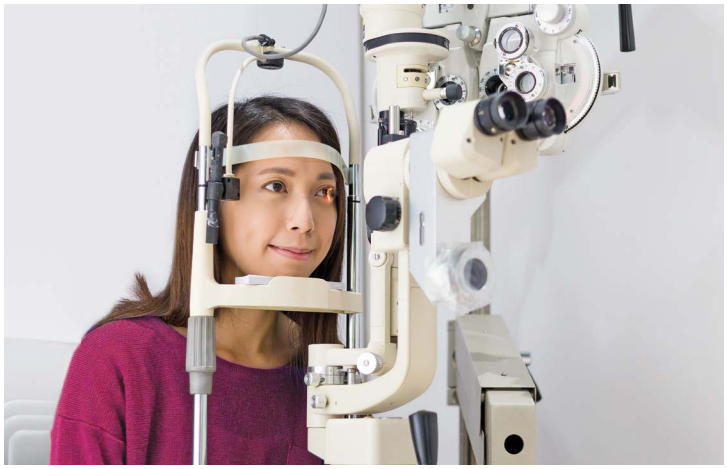
- **Specificity:** Ensure diagnoses are documented with greater detail, avoiding vague terms like "unspecified."
- **Chronic Conditions:** Accurately document all comorbidities and complications for conditions like diabetes and hypertension.

3. *Quality Payment Program (QPP) Changes*

- **MIPS Performance Measures:** Adjustments to performance measures in 2025 affect risk-adjusted scoring.
- **Focus on Value-Based Care:** Risk adjustment coding will be more important in demonstrating quality care management.

4. *Telehealth and Risk Adjustment*

- **Telehealth Services Count:** Diagnoses from virtual visits now impact risk adjustment calculations, so they must be documented as thoroughly as in-person visits.



Envolve doing business as Centene Vision & Dental Services

As previously shared last year, Envolve Vision and Envolve Dental began a rebranding initiative to allow us to better align with our parent company, Centene Corporation. The rebranding resulted in Envolve Vision and Envolve Dental now being able to do business as Centene Vision Services and Centene Dental Services. This is a name change only and will not impact our operations.

Moving forward you will begin seeing communications from Centene Vision and Dental Services; however, all other terms and conditions contained in your agreements with Envolve remain unchanged and in full and effect.

Thank you for your continued partnership with Centene Vision and Dental Services to provide quality vision care to our members. Should you ever have any questions or concerns, please visit www.centenevision.com and www.centenedental.com and select your state to find contact information for your market.

There are also no changes necessary for obtaining authorizations or submitting claims.

Quality

Annual Preventative Visits: A time to focus on disease prevention

Focus on Blood Pressure

Hypertension affects half of adults in the US. Only half of those adults are on medications and less than that have their blood pressure under control.

As one of the highest contributors to morbidity in adults, by monitoring and managing your patients' blood pressure, you have a key role in improving your patients' health.

HEDIS Measurement for Blood Pressure Control

What does it measure? The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90) in the measurement year.

Keys about this measure:

- If you have a patient that you diagnose with hypertension, they must be seen for at least two visits on different dates of service with a diagnosis of hypertension in the measurement year. This can be any visit type (examples: annual preventative, follow-up, telehealth).
- The **controlled Blood pressure reading** must occur on or after the date of the second visit for the diagnosis of hypertension.

Documentation for success:

- BP readings should be reported at each office visit.
- The blood pressure that will count for your HEDIS measure will be the LAST blood pressure done on or after the second hypertension visit.
- You can do multiple blood pressures during a visit. Document them all, code the lowest one.

How do you code it to get credit for what you do?

Essential Hypertension ICD 10 code: **I10**

Add CPT Category II codes depending on your patient's blood pressure readings:

*Most recent **systolic** blood pressure*

3074F < 130 mm Hg	3075F 130–139 mm Hg	3077F ≥ 140 mm Hg

*Most recent **diastolic** blood pressure*

3078F < 80 mm Hg	3079F 80–89 mm Hg	3080F ≥ 90 mm Hg

American Medical Association's Tips for Successful Blood Pressure Reading

A list of common mistakes that may worsen a patient's blood pressure reading: ***Tips to share with your support staff and patients.***

1. **Use correct cuff size:** a cuff too small adds 2-10 mm Hg
2. **Put cuff on bare arm if possible:** a cuff over clothing adds 5-50 mm hg
3. **Suport arm at heart level:** an unsupported arm adds 10 mm Hg
4. **Keep legs uncrossed:** Crossed legs add 2-8 mm Hg
5. **Support back and feet:** Unsupported back and feet adds 6 mm Hg
6. **Empty bladder first:** a full bladder adds 10 mm Hg
7. **Don't have a conversation:** Talking or active listening adds 10 mm Hg
8. **Retake a high blood pressure:** If the blood pressure is high, take a blood pressure later in the visit.

Quality, con't

Well Visits in Pediatrics: Tips and tricks to catch up on needed well visits and vaccines

HEDIS measure Well-Child Visits in the First 15 Months

Infants: six is the magic number.

How to get the **six** well visits in for your patients BEFORE they turn 15 months?

We all know that people's lives get busy, and your patient's parents can sometimes forget to schedule or reschedule a wellness visit.

Did you know that moving the 15 months well to 14 months can be the difference between meeting and NOT meeting this measure?

HEDIS measures Well-Child Visits for Age 15 Months to 30 Months and Childhood Immunization Status

ALL pediatric primary series vaccines must be completed BEFORE your patient turns **TWO**.

Did you know that you can do a missed 18-month well visit late? If it is completed BEFORE your patient turns two, it would still count as the 18 month well visit. It is important for your scheduling staff to know that even those patients near 24 months, if they missed their 18 month well visit and their needed vaccines, try to get them scheduled BEFORE they turn TWO.

If you catch up on all the missed vaccines at this time, you will still meet this measure for immunizations. You even still have time to get that second well visit in before your patient turns 30 months.

Our friendly customer service team can help your Home State Health or Show Me Healthy Kids families with transportation barriers to achieving adequate preventative health services. When members call customer service at the number listed on the back of their ID cards, we can assist them in making arrangements for transportation to their healthcare appointments.

A special note about flu vaccine. This is one of the most challenging measures to meet: getting two flu vaccines before your patient turns two.

Giving your younger patients their first flu vaccine in September if the vaccine is available, or their second flu vaccine later in the season if needed (March through June) will set you up for success and your infant and toddler patients will only need one flu vaccine the following season.

Compliance

Electronic Visit Verification (EVV)

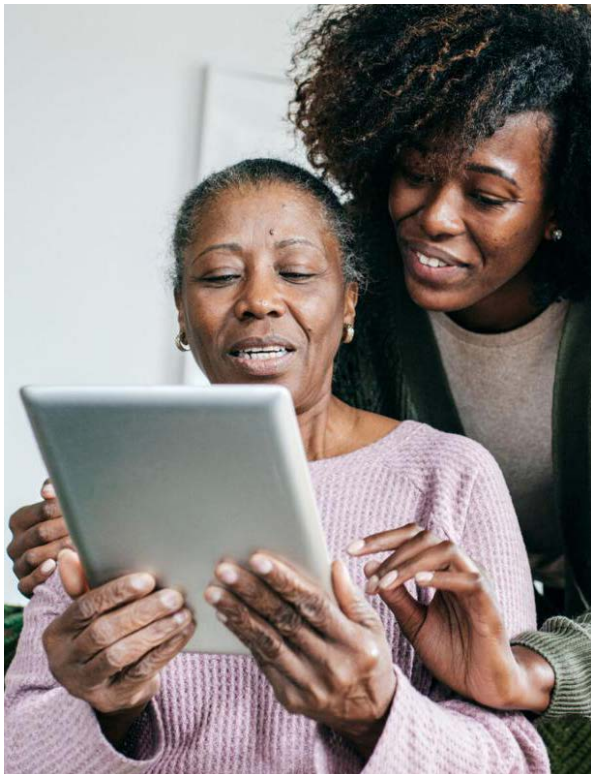
Missouri Code of State Regulations 13 CSR 70-3.320, which outlines the Electronic Visit Verification (EVV) requirements for Medicaid funded in-home services, was amended last quarter.

HSH encourages all in-home service providers to review the updated requirements set out in this regulation.

In part, this regulation has been adjusted to include the following requirements:

- Visit data must be sent to the EVV Aggregator Solution (EAS) at a minimum of once daily for all dates that the data is captured;
- All provider agencies must log in to the EAS upon initial connection and at a minimum of once weekly thereafter; and
- Any manual entry or adjustment related to call in or call out times must be made by a provider agency supervisor or administrator.

For questions or concerns around these updated regulations, please contact Ask.EVV@dss.mo.gov.



Contact Provider Partnership:

HomeStateHealth.com	Home State: 1-855-694-4663 / TTY: 711
HomeStateHealth.com	Show Me Healthy Kids: 1-877-236-1020 / TTY: 711
Ambetter.HomeStateHealth.com	Ambetter: 1-855-650-3789 / TTY: 711
Wellcare.com/AllwellMO	Wellcare By Allwell: MAPD 1-855-766-1452 / D-SNP: 1-833-298-3361 / TTY:711
Wellcare.com	Wellcare: MAPD1-833-444-9088 / D-SNP:1-833-444-9089 / TTY: 711

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