



Partners in Health

Quarterly Provider Newsletter

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From the desk of
Dr. Jennifer Wessels
Chief Medical Officer

I am so thankful to be starting my 5th year as the Chief Medical Officer for Home State Health. I work with our clinical, quality, and operations teams to provide new programs for our members, updated clinical information, and data and resources to our community.

I am a board-certified family medicine physician and have been an active part of the St. Louis community for over 20 years.

I completed my undergraduate and medical school training at St. Louis University, residency in Family Medicine at Mercy Hospital in St. Louis, and master's degree in health administration from Webster University.

I have always been passionate about aiding the community and currently serve as the site physician in Missouri's rural county jails.



Provider Announcements

Open Enrollment for 2025 is here and your patients may have questions ●●●



Open Enrollment is November 1 - January 15

- Enroll by December 15 for coverage that starts January 1
- Enroll by January 15 for coverage that starts February 1



Outside the yearly Open Enrollment, you can get coverage or change plans only if you:

- Have a life change or income that qualifies for a Special Enrollment Period.
- Qualify for Medicaid or the Children's Health Insurance Program (CHIP). You can enroll any time of year and coverage can start immediately. [Learn more about these programs.](#)



Where can I find more information?

[Tips about the Health Insurance Marketplace® | HealthCare.gov](#)

[Affordable Health Insurance in Missouri | Ambetter from Home State Health \(ambetterhealth.com\)](#)



Annual Enrollment is October 15 - December 7

- Enroll by December 7 for coverage that starts January 1
- Anyone with Medicare may make changes to their coverage



Open Enrollment is January 1 - March 31st

- Members can make a one-time change to their plan
- Coverage starts the 1st of the month following enrollment



How do people know if they need to change plans?

People in a Medicare health or prescription drug plan should always review the materials their plans send them, like the "Evidence of Coverage" (EOC) and "Annual Notice of Change" (ANOC). If their plans are changing, they should make sure their plans will still meet their needs for the following year. If they're satisfied that their current plans will meet their needs for next year and it's still being offered, they don't need to do anything.

Special Enrollment Periods

- You can make changes to your Medicare Advantage and Medicare drug coverage when certain events happen in your life, like if you move or you lose other coverage



Where can I find more information?

1-800-MEDICARE or [Medicare.gov](#)

[English \(homestatehealth.com\)](#)

Provider Announcements, con't

Maintaining an Accurate Provider Directory Improves Network Adequacy ●●●●●

Provider Directories are lists of in-network providers produced by all health care plans, including Home State Health. They are an invaluable resource for members seeking healthcare providers and for regulators that monitor the adequacy of our provider networks.

Inaccurate or incomplete provider directory data makes it difficult for members, particularly those seeking behavioral health-related and primary care, to locate and access healthcare. It may also result in Home State Health receiving penalties from monitoring agencies.

With this information in mind, Home State Health will be implementing a new policy that will better serve our members and assist in meeting regulatory requirements.

Effective immediately, contracted providers will not be able to opt out of inclusion in our provider directories at their primary location. In addition, if a secondary location has an impact on Home State Health's network adequacy, directory suppression will not be permitted. Panel status updates can continue with providers having the option to close panels or accept current patients only. Panel status is reflected in our directories.

If you have any questions or concerns regarding our Provider Directory Policy, please contact a Home State Health representative: (Phone) 1-855-694-HOME (4663) or (email) HomeStateProvider@centene.com.



Rx Effect Expansion to Include Ambetter beginning in July 2024 ●●●

Currently, RxEffect recommends Wellcare Medicare patients for medication adherence outreach and prescribing opportunities such as statin gap closures and medication overlap. As of July 2024, RxEffect will also include Ambetter Health patients for medication adherence and prescribing opportunity outreach. You will begin to see members on both Wellcare Medicare plans and Ambetter Health plans. Additionally, you may see references to Centene, which is the parent corporation for both Wellcare and Ambetter plans.

You will not need to modify your RxEffect workflow to view Ambetter patients as both Medicare and Ambetter patients will appear on your weekly priority list. If you would like to modify your workflow, RxEffect offers the flexibility to filter on Plan Type of Ambetter or Wellcare. This provides the ability to work the populations with different resources, or on different days, for example, whatever works best given your ideal workflow.

Ambetter members are recommended for similar adherence interventions including diabetes, cholesterol, and blood pressure medications, as well as extended supply prescribing opportunities and medication overlap opportunities. Ambetter members are not identified for statin care gaps such as a statin recommendation for cardiovascular disease or diabetes.

Provider Announcements, con't

Secure Portal Account Manager ●●●●●

What is an Account Manager?

Account Manager is a role in the Secure Provider Portal assigned to Home State Health's primary contact within your practice. This role maintains the safety and integrity of both the member and the provider's data.

Each Provider's Account Manager is responsible for daily support of all Secure Portal user accounts registered under the same Tax Identification Number (TIN). These responsibilities include:

- Approving access for new Secure Portal users
- Assigning permissions for users based on their job responsibilities
- Regularly adjusting the permissions of users whose roles may have changed
- Terminating users who no longer work at the practice

Within the Update User Status and Permissions screen, the Account Manager has three tasks:

1. Enabling and Disabling Users
2. Sending email to verify user accounts and resetting passwords
3. Selecting/modifying access levels for users

Account Managers are responsible for selecting and managing the appropriate access for each user in their practice.

Access levels include:

Health Records: View a patient's health records for number and type of visits, medications, Immunizations and labs, care gaps, etc.

Claims: View and submit claims

Manage Account: Enable, disable, modify permissions for a specific TIN, and invite users to set up an account

Eligibility: View and check eligibility for a specific patient

Assessments: Complete or view a Health Risk Assessment (HRA) or Notification of Pregnancy (NOP) for a patient

Authorizations: View and submit authorizations



Availity Expansion in January 2025: New, Secure Provider Portal



Home State Health has chosen Availity Essentials as its new, secure provider portal. Starting January 20, 2025, you can validate eligibility and benefits, submit claims, check claim status, submit authorizations, and access Home State Health payer resources via Availity Essentials.

If you are already working in Essentials, you can [log in to your existing Essentials account](#) to enjoy these benefits for Home State Health members beginning January 20, 2025:

- Use Availity Essentials to verify member eligibility and benefits, submit claims, check claim status, submit authorizations, and more.
- Look for additional functionality in Home State Health's payer space on Essentials and use the heart icon to add apps to **My Favorites** in the top navigation bar. Our current secure portal will still be available for other functions you may use today.
- Access **Manage My Organization:** Providers to save provider information. You can then auto-populate that information repeatedly to eliminate repetitive data entry and reduce errors.



● Provider Announcements, con't

If you are new to Availity Essentials, getting your Essentials account is the first step toward working with Home State Health on Availity.



Getting started: Designate an Availity administrator for your provider organization.

Your provider organization’s designated Availity administrator is the person responsible for registering your organization in Essentials and managing user accounts. This person should have legal authority to sign agreements for your organization.

HOW DOES THIS IMPACT ME?	WHAT IS MY NEXT BEST STEP?
<p>I am the administrator. I am the designated Availity administrator for my organization.</p>	<p>Visit Register and Get Started with Availity Essentials to enroll for training and access other helpful resources.</p>
<p>I am not the administrator. I am NOT the designated Availity administrator for my organization.</p>	<p>Your designated Availity administrator will determine who needs access to Availity Essentials on behalf of your organization and will add user accounts in Essentials.</p>
<p>I am not sure. I am not sure who will be the designated Availity administrator for my organization.</p>	<p>Share this information with your manager to help determine who will be the designated Availity administrator for your organization.</p>

Check out some of the time-saving tools that come with an Availity Essentials account:

- Verify member eligibility and benefits, submit claims, check claim status, and submit authorizations.
- Look for additional functionality in Home State Health’s payer space and use the heart icon to add apps to **My Favorites** in the top navigation bar.
- Save provider information in Essentials and auto-populate it to save time and prevent errors.

Join one of our upcoming free webinars, Availity Essentials Overview for Home State Health, to learn additional tips for streamlining your workflow. We will show you how to verify eligibility and benefits, submit claims, check claim status, submit authorizations, and more.

We are excited to welcome you to Availity Essentials, helping you transform the way you impact patient care with Home State Health. If you need additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. – 8 p.m. ET. For general questions, please contact your Home State Health Provider Engagement Administrator.



Provider Announcements, con't

Member Rights And Responsibilities ●●●●●

Providers are expected to follow member rights. Members are informed of their rights and responsibilities in their member handbook.

Member rights include, but are not limited to:

- Be treated with dignity, respect, and privacy
- Receive needed medical services, including the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand
- Participate in decisions about their health care:
 - » Select their own PCP (Primary Care Provider)
 - » Participate in decisions regarding his or her health care
 - » Refuse treatment
- Be free from restraint or seclusion. Each member is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Obtain one copy of their medical records each year at no charge as specified in 45 CFR part 164

Member responsibilities include:

- Always carry their Home State member ID card and MO HealthNet ID card
- Provide to the extent possible information needed by providers in caring for the member.
- Contact their PCPs (Primary Care Provider) as their first point of contact when needing medical care.
- Follow appointment scheduling procedures. Make and keep appointments or call ahead to cancel.
- Follow instructions and guidelines given by providers.
- Only use the emergency room in an emergency

We encourage you to reference the Provider Manual to review the full list of Member Rights and Responsibilities.

New Mental Health Platform Launches for Medicare Members ●

Support Healthy Aging and Mental Health Journey for our Medicare Members with Twill



What Is Twill?

Twill is an online mental health platform that can help members reduce stress and anxiety so they can focus on what matters most to them.

Access a variety of tools and resources that can support members on their journey to better well-being. This includes helpful articles, fun activities, self-guided programs, and community groups. Twill is available to all Wellcare members at no cost and can be used 24 hours a day, seven days a week.

The platform has:

- Community Groups: Healthy aging groups that offer support from medical experts and peers. Plus, there's a library of educational articles and videos.
- Self-Guided Programs: Activities and games focused on self-care that work to create lasting behavior change.
- Mood Check-In: Ongoing assessments to track your progress over time and help keep you motivated — even when life gets in the way.
- Connected Services: Tools and plan-sponsored resources all in one place for ease of use.



Quality

Join the Fight Against the Flu: Encourage Vaccination for All Your Patients ●●●●●

You have the best interests of your patients at heart — and you have their trust, too.



We've Got Your Back

At Home State Health, we know that as a healthcare provider, you are committed to keeping your patients healthy. That's why we are here to support you in promoting flu vaccination to your patients.

Our comprehensive Flu Prevention Toolkit provides a range of resources and materials in multiple languages. It is specifically designed to reach different patient populations, including pregnant patients, new parents, individuals with chronic conditions, and older adults. These resources — including customizable fliers, posters, and educational materials — are available for your use and can help encourage your patients to get vaccinated against the flu.

We are committed to providing you with the tools you need to protect your patients and prevent the spread of the flu. Contact your Provider Rep to learn more about how our Flu Prevention Toolkit can support your efforts to keep your patients healthy.

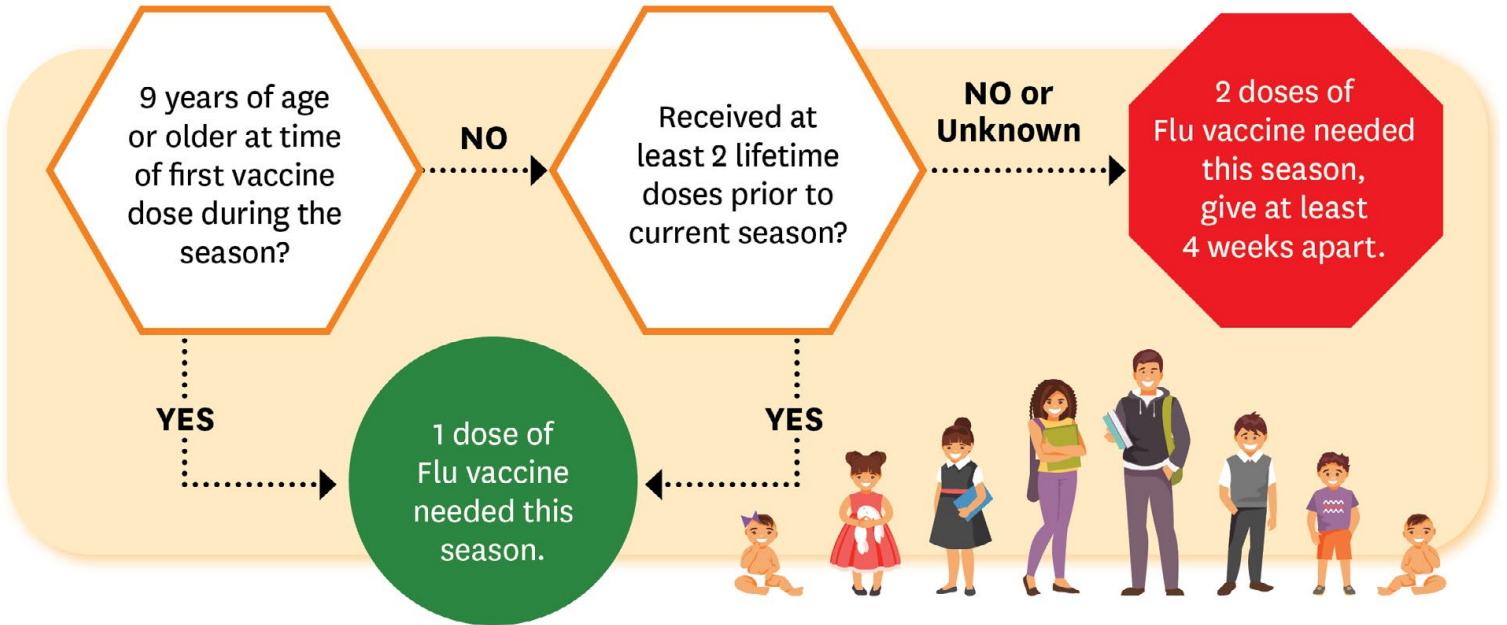
Here is a link to the Reference Materials for Providers, including the flyers for “Flu Vaccine Information” and “Pediatric Flu Vaccine Information”: [Flu Prevention \(homestatehealth.com\)](https://www.homestatehealth.com)

Take these steps to help protect them from the flu:

1. Make a strong recommendation to your patients to get their flu vaccine using a declarative statement. For example, say, “You are due for your flu vaccine. We will do that at the end of your visit.”
2. Let your patients know that they can receive a flu vaccine at no cost through their doctor or a nearby pharmacy if they are a Home State Health member.
3. Consider creating standing orders so that others can vaccinate patients without your direct order.
4. Follow-up with your patients to ensure they get vaccinated.
5. Address any questions or concerns your patients have using the Ask-Tell-Ask model.
6. Add a check-in about your patients' vaccine status after a routine event during each appointment.



Flu Vaccination Recommendations for Pediatric Members ● ●



Now is the time to start planning for Flu season and Flu vaccine administration. The CDC and the AAP recommends that nearly everyone 6 months and up should get flu vaccine.

As flu season is approaching things to remember for your pediatric patients:

1. Children under 9 years old who have not previously received ≥ 2 doses of influenza vaccine ≥ 4 weeks or whose previous influenza vaccination history is unknown, require 2 doses for the 2024–25 season.
2. Flu vaccination has been shown to reduce severity of illness in people who get vaccinated.
3. A strong recommendation by you as their provider can make all the difference in their acceptance of a yearly flu vaccine.
4. Flu vaccine can be given at the same time as other needed vaccines.
5. To meet the HEDIS for influenza vaccine, children need 2 doses of flu vaccine BEFORE they turn 24 months old.

Helpful hints for Flu vaccine success:

- a. For children under 2 years old or anyone needing 2 doses of Flu vaccine, start flu vaccine series as soon as August or September to give these younger patients the time to get both doses.
- b. Complete Flu vaccine series even after the peak of the season. This prepares the child for the following Flu season as they would need one in the next season. A bonus, for your patients under 2, you will meet that HEDIS measure.
- c. Order your flu vaccine early and monitor your stock on hand to order more if needed.
- d. Flu clinics, standing orders, reminder calls and reminder messages are just some ideas to boost vaccine rates.



Check out this video from the AAP for more great information! [The Flu: What Parents Need to Know - HealthyChildren.org](https://www.healthychildren.org/parenting/flu-vaccine/)



Food as Medicine Pilot Program ●

To support food security amongst our Home State Health membership and to reduce the likelihood of complications for members with chronic conditions and/or pregnant members, the health plan is offering **Moms Meals** to support a Food as Medicine model.

This program is designed to provide short-term assistance to members in need of a meal program, aiming to support better health outcomes. These outcomes include a reduction in NICU births and low birth weight babies, decrease in preventable costs including ED visits and inpatient stays, and increase adherence with prenatal and postpartum visits.

Home State Health is launching the Food as Medicine program as 2 different pilots, one focused on our pregnant population and the other focused on supporting adults with chronic disease.

Pilot #1: Members who are pregnant residing in St. Louis County or St. Louis City, who identify as having a food insecurity, enrolled in WIC, with a history of hypertension or diabetes may qualify for up to 20 weeks of meals.

Pilot #2: Adult members with a diagnosis of hypertension, diabetes, or obesity and who report having food insecurity may qualify for up to 12 weeks of meals.

The pilots went live on July 1, 2024. If you have members that meet the criteria for either pilot, contact our care management team to sign up at 1-855-694-4663 extension 6075125.



Nutrition Resources in Pregnancy and Postpartum ●●

Addressing nutrition and healthy choices during pregnancy and lactation is one of the cornerstones of prenatal and postnatal care.

As the provider, you have an in-depth understanding of the individual needs of your patients while keeping their cultural food choices and access to food barriers in mind. This knowledge is crucial when making recommendations for healthy eating habits during pregnancy and beyond.

We understand you are busy. Addressing everything that needs to be covered during a visit and answering your patient's questions can take a lot of your time.

Sometimes a picture can say a thousand words. Simplified hand-outs can help you quickly share answers to many questions your patients may have. Below you will find some resources to have at your fingertips to help answer frequently asked questions from your patients:

What should I eat during my pregnancy?

https://health.gov/sites/default/files/2021-12/DGA_Pregnancy_FactSheet-508.pdf

Which foods do I eat are in the recommended food categories?

https://www.dietaryguidelines.gov/sites/default/files/2020-12/DGA_2020-2025_CustomizingTheDietaryGuidelines.pdf

There are foods that aren't safe?! What isn't safe for me to eat?

https://www.cdc.gov/food-safety/media/pdfs/341884-Series_NCEZID_SafeFoodTables_E.pdf

<https://www.foodsafety.gov/sites/default/files/2019-05/food-safety-infographic-pregnant-women.jpg>

I am told to eat fish. Which fish are safe for me to eat?

<https://www.fda.gov/media/102331/download?attachment>



Infant and Maternal Health: Start Smart for Your Baby Program Enhancements ●●

In 2022, infant mortality rates increased for the first time in two decades, and adverse maternal outcomes continue to disproportionately affect Black, American Indian and rural birthing parents. In response, Home State Health has rolled out an enhancement to the Start Smart for Your Baby program that includes:

- Development of trimester-based assessments to support identification and care of evolving needs throughout prenatal and postpartum periods.
- Updated risk stratification to support identifying our highest risk pregnant members.
- A new website [Start Smart for Your Baby® | Home State Health](#) giving members access to various educational materials tailored to their pregnancy and postpartum needs. Examples of information that can be found include information about staying healthy during your pregnancy, the importance of managing depression and anxiety during pregnancy, feeding your baby, and caring for your body after delivery.



- New member incentives include rewards for completion of a Member Notification of Pregnancy with a care manager and Edinburgh Depression Screening and for attending a postpartum visit within 7-84 days after delivery.
- Enhanced Provider Notification of Pregnancy (NOP) that makes filling out the form more efficient for our providers and refocusing of questions to help identify risk factors and barriers that may be impacting the member's health.

With these enhancements we anticipate improved health outcomes by identifying at-risk members early in the pregnancy and making targeted outreach efforts to get members connected to necessary services and programs available. Our providers play a role in these efforts. By submitting a NOP at the member's first prenatal visit, it allows us an opportunity to connect with our members during the first trimester and offer support as needed throughout the member's entire pregnancy.

If you have a pregnant member in need of additional support, please contact our Care Management Team by calling 1-855-694-HOME (4663) (TTY: 711) for Home State Health and 1-877-236-1020 for Show Me Healthy Kid members or email us at HSHPCareManagement@Centene.com.

Coming Soon! In addition to this updated NOP form, MO HealthNet and all three Managed Care Organizations (MCO's) have partnered to develop a more streamlined process for submitting NOPs. Soon, all MCOs and the fee-for-service program will use the same NOP form. This update will likely go into effect Q4 2024. We will provide more information and training opportunities about the new NOP and submission process soon.



Wellness Visits ●

As the weather gets cooler and we enter the holiday season, it is a great time to revisit with members (adults, teenagers, and children) and encourage them to complete their wellness checks before the end of the year.

Members are more inclined to receive preventive services and vaccinations when it is recommended by their provider. Healthcare providers serve as a central health information source by assessing member screening, negotiating a course of action, and helping to coordinate screening tests and follow-up care.

Some of the annual screening services include:

- Cancer screenings (e.g., mammogram, cervical cancer, colorectal cancer)
- Blood pressure checks
- Vaccinations (e.g., HPV, flu, hepatitis B)
- Eye exams for diabetic members

When Home State Health Medicaid members complete health activities such as wellness exams and annual screenings, they can earn rewards through our My Health Pays® program. Members have an option to use their rewards at Walmart for everyday items. Each activity has a dollar amount assigned to it. When an activity is completed, the reward is added to the member’s balance on their card. To learn more on how members can earn more, visit homestatehealth.com/MyHealthPays.

Improving access to preventive care is our goal. We appreciate our providers’ partnerships in improving health of our members, helping us transform the health of the community we service, one member at a time

We appreciate your partnership to improve and maintain the health of our community members.



Billing & Claims

Multiple Procedure Discounting – Outpatient Services (Hospitals and Ambulatory Surgery Centers) ●

Effective for dates of service on or after July 1, 2024, Home State will apply multiple procedure discounting for those procedure codes identified as “Procedure or Service, Multiple Procedure Reduction Applies” under Medicare OPPS (Outpatient Prospective Payment System) Addendum D1.

These procedures are paid for separately but are discounted when two or more services are billed on the same date of service. Procedure codes considered for the multiple procedure reduction under the Outpatient Fee Schedule exclude dental procedures. The multiple procedure claim line with the highest allowed amount is priced at one hundred percent (100%) of the maximum allowed amount. The second and subsequent covered procedures are priced at fifty percent (50%) of the maximum allowed amount.

The state published a provider bulletin on July 3, 2024, regarding the multiple procedure discounts: <https://mydss.mo.gov/media/pdf/annual-outpatient-hospital-simplified-fee-schedule-bulletin>

Ambulatory Surgery Centers – Multiple Surgery Reductions

Multiple surgery reductions will continue to be applied to ASC services listed in the **Medicare Addendum AA for ASC Services** document. Dental services are exempt from discounting for MO Medicaid.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>



Compliance/Contracting

Reporting Fraud, Waste, and Abuse ●●●●●

Fraud and abuse in the Medicaid program are not limited only to the provider side of the service equation. Unfortunately, participants have also engaged in behavior that results in the program’s defrauding. Participant forms of fraud, waste, and abuse (FWA) include:

- Signing documentation (i.e. timesheets) indicating services were provided when not provided
- Selling prescription medications obtained through the Medicaid program
- Forging prescriptions to obtain medications
- Allowing someone other than the card holder to utilize a Medicaid card
- Falsifying information to qualify for Medicaid services

Suspect or witness to potential FWA?

Please call Home State Health’s anonymous and confidential FWA hotline at 1-866-685-8664 to report your concerns. Providers may also report FWA concerns to the following state and federal entities:

- Missouri Department of Social Services
 - » Division of Legal Services, Investigation Unit: 1-573-751-3285 or MMAC.reportfraud@dss.mo.gov
 - » MO HealthNet Division Constituent Services: 1-800-392-2161
- Missouri Attorney General Office Medicaid Fraud Control Unit (MFCU): 1-800-286-3932
- Health and Human Services - Office of Inspector General (OIG) Hotline: 1-800-HHS-TIPS (447-8477)

LINKS:

<https://mmac.mo.gov/fraud/medicaid-fraud/>

<https://www.homestatehealth.com/providers/tools-resources/reportfraudwasteandabuse.html>

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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