



Partners in Health

Quarterly Provider Newsletter



From the desk of
Jeff Johnston
President and CEO of
Home State Health

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Hello! Welcome to our first Provider Newsletter.

We at Home State are working hard to make sure you are well informed on issues affecting our members and your patients.

Home State employees take great pride in ensuring that our members have access to high quality health care and that you as a provider have a more coordinated and frictionless experience working with us.

We appreciate the complexities of health care and the many issues that can arise providing health care services. Our team is devoted to ensuring we do our part to make the provider and member experience our highest priority.

Thank you for all you do and please feel free to reach out to us with any issues you may encounter. We look forward to serving you and our members.



Provider Announcements

Important Billing and Payment Reminders for 2024 ● ●

Billing and payment guidance included applies to both Home State Health and Show Me Healthy Kids (Health Plan). [HshMoSMHKImpbillingflier24.pdf](#)

Group Pre-Natal Care and Billing Instructions ●

Group prenatal care (GPC) is an alternative prenatal care model which emphasizes education and social support via 8 to 10 semi-structured, collaborative sessions conducted every 2 to 4 weeks throughout the prenatal period. The rate for group prenatal care visit is \$40 in addition to regular obstetric services. [GPC Billing flyer.pdf](#)

Working Together to Improve Accuracy in the Find A Provider Tool ● ● ● ● ●

We are committed to ensuring our members have access to quality care from valued providers such as yourself. A key component of ensuring access to care is maintaining and displaying accurate data in our Provider Directory, so that our members can find the right provider in the right location for their healthcare needs. To support that effort, Home State may periodically call your office and ask to validate our data. Please consider taking time to answer these calls and respond to the questions asked so that we can ensure our directory is as accurate as possible. Thank you for your partnership!



Provider Policy Updates

Policy Revision: Testing for Select Genitourinary Conditions Reference Number: CP.MP.97 ● ●

The purpose of this policy is to define medical necessity criteria for the diagnostic evaluation of vaginitis (excluding *Trichomonas vaginalis*, vaginal pH testing, and microscopic examination with saline and KOH) in members/enrollees ≥ 13 years of age. This policy also defines unspecified amplified DNA-probe testing for genitourinary conditions.

Revisions Include:

- Added 0330U and 0352U as not medically necessary for members 13 years and older.
- Updated requirements for ICD-10 B37.3 to apply to B37.31 and B37.32 which together now replace B37.3.
- Changed CPT 87481 from not medically necessary in any circumstance to not medically necessary when paired with certain diagnosis for members 13 and older.
- [Clinical & Payment Policies | Home State Health](#)





Focusing on Well Visits



As we start the new year, Home State is focused on helping our members attend at least one well visit in 2024 (ages 3 through adult).

Medicare

Complete an Annual Wellness Visit (AWV) annually.

REVIEW:

- **Assess:** functional status (activities of daily living and instrumental ADLs), cognitive ability, pain, level of safety, risks for disease, health status, psychosocial and behavioral health
- **Review:** all medications, family and medical history, preventative care needs, advanced care planning
- **Complete:** routine measurements including height/weight/BMI, blood pressure
- **Order:** recommended tests (screening for colorectal and breast cancer), immunizations
- **Conduct:** health risk assessment

Pediatrics – EPSDT (Early Periodic Screening, Diagnostics and Treatment)

Pediatric well visits follow the Bright Futures periodicity schedule (www.aap.org/periodicityschedule).

TIPS:

- Screen for physical, emotional, and social development. Include screening for depression starting at age 12.
- Provide anticipatory guidance at all stages and screen for safety including high risk activities for pre-teen and teens (smoking, alcohol and drugs, safe sex).

- Complete and document screening or counseling for physical activity and nutrition.
- Include physical assessments that include weight, height, and calculated BMI percentile appropriate for the child’s age.
- For newborn through toddler ages: complete at least 6 well child visits before 15 months of age.
- Childhood immunizations should be completed before age 2 to meet requirements for Pay-For-Performance. Schedule visits before the child turns two to complete all immunization series and receive credit. Immunizations included in this measure: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus, and 2 flu vaccines.

HEDIS® Measure Immunizations for Adolescents (IMA)

TO MEET THIS MEASURE:

Members need one Tdap, one Meningococcal conjugate and two HPV **before** they turn 13 years of age.

HPV: Start this series **at age 9** through 12 years of age as recommended by the American Academy of Pediatrics and the American Cancer Society.

In a 2-dose schedule of HPV vaccine, the recommended interval is 6–12 months, and the minimum interval is 5 months between the first and second dose. If the second dose is given earlier than 5 months after the first dose, your patient will need a third dose.



Claims Information

Disputing a Claim: Requesting a Claim Reconsideration Made Easy ●●

A **complaint** is a verbal or written expression by a provider that indicates dissatisfaction or disagreement with Home State Health’s policy, procedure, claims (including untimely payment of claims submitted for reimbursement), or any aspect of Home State Health’s functions. Providers may express complaint if they are aggrieved by any rule or regulation, policy or procedure, contractual agreement, or decision by the health plan. Home State Health logs and tracks all complaints whether received verbally or in writing. A provider has **30 days** from the date of the incident, such as the original remit date, to file a complaint. After the complete review of the complaint, Home State Health shall provide a written notice to the provider within 30 calendar days from the received date of the Plan’s decision.



SUBMITTING A CLAIM FOR RECONSIDERATION CAN BE DONE IN THESE SIMPLE STEPS:

- 1** A Claim Review is an informal request from a provider (via phone, meeting or email) to evaluate how claims processed. A Claim Reconsideration is a formal request for additional payment submitted using the Plan’s secure portal or by mail.
- 2** Claim Reconsiderations submitted via the secure portal or mail must include sufficient identifying information which includes, at a minimum, the patient’s name, patient ID number, date of service, total charges, and provider name.
- 3** Claim Reconsideration documentation must also include a detailed description of the reason for the request. (coding denials will require medical records)

- 4** Visit our [Secure Portal](#) or mail to:

MEDICAID
<p>Home State Health Plan Attn: Claim Reconsideration P.O. Box 4050 Farmington, MO 63640-3829</p>

Ambetter from Home State Health Plan
<p>Attn: Claim Appeal PO Box 5010 Farmington, MO 63640-5010</p>

Refer to Home State Health provider manual in your Provider Toolkit:
[Provider Quick Links | Home State Health](#)



Provider Incentives

Social Determinants of Health (SDoH) Incentive Rewards Providers for Submitting Medicaid Claims with Qualifying Z-Codes



To improve 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 Provider Incentive.

Home State Health appreciates the care support you provide our members. We recognize that in addition to access to the quality health care you provide, Social Determinants of Health (SDoH) impact patient outcomes. By including SDoH diagnoses on your claims, you are providing our care management team with information that allows them to identify members for additional outreach and assistance.

For additional information please contact your Network Performance Advisor at **1-855-694-4663**.



Member Resources

Gateway To Hope Offers More Than Just Emotional Support to Members Facing a Breast Cancer Diagnosis ● ● ●

Partnering with the Missouri Department of Health and Senior Services, Gateway To Hope has expanded their breast health support services in 2024 to cover the entire state of Missouri! Their site includes a referral page for providers and offers services for patients that cover the spectrum from education and early intervention to screening and diagnostics, even breast cancer treatment. For qualified patients, their unique program also offers SDoH assistance for things like transportation, food, and housing, financial help for those meeting their requirements, and psychosocial support throughout treatment.

[Initiate a Referral - Gateway To Hope : Gateway To Hope \(gthstl.org\)](https://gthstl.org)

Home State Health Vendors By Lines of Business

Medicaid	Ambetter	Medicare
Pharmacy	Pharmacy	Pharmacy
Pharmacy Administration at: MHD.PharmacyAdmin@dss.mo.gov or call 1-573-751-6963. Fax in drug prior authorization (PA) requests to 1-573-636-6470.	Centene Pharmacy Services (Express Scripts) 1-866-399-0928(phone) or 1-866-3969-0929 (Fax)	Centene Pharmacy Services (Express Scripts) 1-866-399-0928(phone) or 1-866-3969-0929 (Fax)
Dental Vendor	Dental Vendor	Dental Vendor
Involve Dental: www.involvedental.com	Involve Dental: www.involvedental.com	Involve Dental: www.involvedental.com
Vision Vendor	Vision Vendor	Vision Vendor
Involve Vision: www.involvevision.com	Involve Vision: www.involvevision.com	Involve Vision: www.involvevision.com
High Tech Imaging Servicesm - Authorizations	High Tech Imaging Services - Authorizations	High Tech Imaging Services - Authorizations
Evolut (formerly NIA) 1-844-265-1278	Evolut (formerly NIA) 1-844-265-1278	Evolut (formerly NIA) 1-844-265-1278
Specialty Therapy and Rehabilitative Services	Specialty Therapy and Rehabilitative Services	Specialty Therapy and Rehabilitative Services
Evolut (formerly NIA) 1-800-308-2615	Evolut (formerly NIA) 1-800-424-4794	Evolut (formerly NIA) Wellcare by Allwell 1-800-424-4825/Wellcare 1-800-424-5388
Hematology/Oncology Medication Mgt.	Hematology/Oncology Medication Mgt.	Hematology/Oncology Medication Mgt.
Not Applicable	Evolut (formerly New Century Health) 1-888-999-7713	Evolut (formerly New Century Health) 1-888-999-7713
Turning Point Healthcare	Turning Point Healthcare	Turning Point Healthcare
Ear, Nose and Throat, Sleep Studies and Cardiac procedures. www.turningpoint- healthcare.com/providers	Ear, Nose and Throat, Sleep Studies and Cardiac procedures. <a href="http://www.turningpoint-
healthcare.com/providers">www.turningpoint- healthcare.com/providers	Ear, Nose and Throat, Sleep Studies and Cardiac procedures. <a href="http://www.turningpoint-
healthcare.com/providers">www.turningpoint- healthcare.com/providers
Evolut-Musculoskeletal Management Program-Authorization Program	Evolut-Musculoskeletal Management Program-Authorization Program	Evolut-Musculoskeletal Management Program-Authorization Program
Evolut (formerly NIA) www.RadMD.com or for Medicaid members call: 1-800-308-2615	Evolut (formerly NIA) www.RadMD.com or for Ambetter members call: 1-800-424-4794	Evolut (formerly NIA) www.RadMD.com or for Wellcare by Allwell call: 1-800-424-4825 and for Wellcare call: 1-800-424-5388



Provider Services Department
 1-855-694-HOME (4663)
 TDD/TTY 711

7711 Carondelet Ave.
 St. Louis, MO 63105

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	Wellcare: MAPD 1-833-444-9088 / D-SNP: 1-833-444-9089 / TTY: 711
Wellcare.com/AllwellMO	Wellcare By Allwell: MAPD 1-855-766-1452 / D-SNP: 1-833-298-3361 / TTY:711