



Partners in Health

Quarterly Provider Newsletter



From the desk of
Bradley Reiter

Vice President, Network Development
& Contracting

IN THIS ISSUE

- 1 From the desk of Bradley Reiter
- 2 Provider Announcements
- 6 Quality
- 12 Claims

Nearing two years in the role of Network lead for Home State Health, I want to say thank you to our provider community for the strong partnerships we've maintained through the many changes. I'm particularly proud of the recent work on the State's conversion to DRG for inpatient Medicaid reimbursement. With a short implementation timeline and evolving guidance we were able to implement the switchover on 9/1. We appreciate the patience of our impacted providers while we work to ensure a smooth transition. Our configuration teams have completed the work. You should start seeing updated payments on discharges from 7/1/2025 and later as well as new claims submissions paying out under DRG.

One of the things we're working on in 2026 is updating our product naming attachments in our contracts. To help us differentiate our new Ambetter Health Solutions ICHRA product in our contracts, we're updating the naming conventions of both our Health Insurance Marketplace Ambetter product and our new ICHRA product. We'll be sending notice next year, and you'll start to see the changes in any new agreements or amendments.

Brand Name: Old → New
Ambetter Premier: Commercial Exchange → Individual Marketplace
Ambetter Health Solutions: Commercial-Individual → Direct Individual

If you have any questions about these changes, please reach out to your contracting representative.

We're glad to have you in our provider community and appreciate your work to help us improve the health outcomes of our members and your patients.



Provider Announcements

(Ambetter, Wellcare by Allwell, Wellcare) Open Enrollment for 2026 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



By **allwell.**



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

Appointment Accessibility Standards ● ● ● ● ●

Home State Health, Ambetter, Wellcare, and Wellcare by Allwell network providers are required to meet and/or exceed the following Appointment Accessibility Standards in accordance with the appointment standards outlined in the contract and in the provider manual:

Wait Times: Home State shall ensure that waiting times (defined as time spent both in the lobby and in the examination room prior to being seen by a provider) for appointments do not exceed one hour from the scheduled appointment for Home State and Ambetter. In-office wait time for Allwell is less than 45 minutes, except when the provider is unavailable due to an emergency.

Appointment Accessibility Standards: All provider types shall adhere to appointment standards. The time elapsed between the request for an appointment and the scheduled appointment should not exceed the following:

Medicaid Standards

	Type of Appointment	Access Standard
PCP	Urgent Care	≤ 24 Hours
	Routine Care (Without Symptoms)	≤ 30 Calendar Days
	Routine Care (With Symptoms)	≤ 5 Business Days
	Post Inpatient Discharge	≤ 7 Calendar Days
	Wait Time	≤ 1 Hour
OB/GYN	Urgent Care	≤ 24 Hours
	Routine Care (Without Symptoms)	≤ 30 Business Days
	Routine Care (Without Symptoms)	≤ 5 Business Days
	Post Inpatient Discharge	≤ 7 Calendar Days
	Wait Time	≤ 1 Hour
	First Trimester	≤ 7 Calendar Days
	Second Trimester	≤ 7 Calendar Days
	Third Trimester	≤ 3 Calendar Days
	High Risk	≤ 3 Calendar Days
Spec	Urgent Care	≤ 24 Hours
	Routine Care (Without Symptoms)	≤ 30 Calendar Days
	Routine Care (With Symptoms)	≤ 5 Business Days
	Post Inpatient Discharge	≤ 7 Calendar Days
	Wait Time	≤ 1 Hour

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Provider Announcements, con't

BH	Urgent Care	≤ 24 Hours
	Non-Life-Threatening Psychiatric Emergency	≤ 6 Hours
	Post Inpatient Discharge	≤ 7 Calendar Days
	Routine Care (Initial Assessment)	10 Business days (NCQA)
	Routine Care (Follow Up)	10 Business days (CMS)
	Routine Care (Without symptoms)	≤ 30 Calendar Days (State)
	Routine Care (With Symptoms)	≤ 5 Business Days (State)

Show Me Healthy Kids Standards

In addition to the above, Show Me Healthy Kids Members must also be able to obtain the following from their PCP:

Type of Appointment	Scheduling Time Frame
Initial health examination to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases	24 hours of child coming into care, or 72 hours if provider not readily accessible
Full HCY examination including eye, hearing, and dental examinations	30 days of child coming into care
Developmental, mental health, and drug and alcohol screening	30 days of child coming into care

Ambetter Standards

Primary Care and Pediatric	Urgent Care	≤ 24 Hours
	Routine Care (Without Symptoms)	≤ 15 Business Days (Regular and Routine care appointments. With or without symptoms is not specified)
	Post Inpatient Discharge	≤ 7 Calendar Days
OB/GYN	Urgent Care	≤ 24 hours
	Routine Care	≤ 30 Business Days (Regular and Routine care appointments. With or without symptoms is not specified)
	Post Inpatient Discharge	≤ 7 Calendar Days
Spec	Urgent Care	≤ 24 Hours
	Routine Care	≤ 30 Business Days (Regular and Routine care appointments. With or without symptoms is not specified)
	Post Inpatient Discharge	≤ 7 Calendar Days

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Provider Announcements, con't

BH	Urgent Care	≤ 48 Hours
	Non-Life Threatening Psychiatric Emergency	≤ 6 Hours
	Post Inpatient Discharge	≤ 7 Calendar Days
	Initial Routine Care	Initial visit for routine care within - 10 business days Follow-up routine - 10 business days
	Follow Up Routine Care	10 business days

Wellcare and Wellcare by Allwell Standards

Type of Appointment	Access Standard
PCP – Adult Urgent Visit	≤ 24 hours
PCP – Adult Sick Visit	≤ 7 business days
PCP – Adult Routine Visit	≤ 30 business days
PCP – Wait Time	≤ 30 minutes
Oncology	≤ 30 business days
Oncology – Wait Times	≤ 30 minutes
Gynecology	≤ 30 business days
Gynecology – Wait Times	≤ 30 minutes
All Other Specialists	≤ 30 business days
All Other Specialists – Wait Times	≤ 30 minutes
Non-Prescriber BH – Urgent Care	≤ 48 hours
Non-Prescriber BH – Non-Life-Threatening Emergency Care	≤ 6 hours
Prescriber BH Sick Visit	≤ 7 business days
Prescriber BH Routine Well Care	≤ 10 business days
Prescriber BH Routine Follow-Up Visit	≤ 30 business days
After-Hours Care	≤ 24 hours per day, 7 days per week

Important Notice Regarding Roster Changes ●●●●●

It is very important to promptly notify us of any changes to your provider roster for practitioners (adds, terminations, updates) as soon as they occur. This will result in smoother claims payment for you and a more accurate online directory experience for members. All adds, terminations and changes should be sent to chhs_provider_roster@centene.com. Provider Data Management Roster Templates can be located at [Missouri Provider Resources | Home State Health](#).

New Group NPI or TIN additions must be added to your contract via amendment. Request contract updates at CHHS Managed Care Contracting managedcarecontracting@centene.com.



Quality

Power of Partnership: Bringing Nutrition Education to Families ● ●

MU Extension, in collaboration with WIC and the 3 MCOs, will be offering a Nutrition Education Program designed to make healthy eating more accessible for members and families over the next 2 years. This program offers a series of six online, interactive cooking and nutrition classes. The program focuses on menu planning and cooking using WIC package foods and aims to reduce disparities in access to nutrition education for pregnant members and families - while eliminating common barriers like transportation and childcare.

What Members Can Expect:

- Weekly Groceries Provided: Members will receive a bag of groceries before each class with all the ingredients needed to follow along at home and prepare that week's recipe.
- Hands-On Cooking Instruction: Each class includes a live cooking demo, featuring easy, quick, and healthy meals.
- Topics That Matter: Lessons cover healthy eating habits, increasing fruit and vegetable intake, food budgeting, and positive mealtime routines for families.
- Flexible Access: Classes are available online, with class series offered at different days/time for maximum convenience.

Members who qualify for the program must be pregnant and meet the following criteria:

- Be fewer than 20 weeks pregnant
- Identify as being food insecure
- Live in an eligible zip code or county where home grocery delivery is possible.

No Cost. Big Impact.

Both the classes and groceries are completely free to members. Members who complete at least 80% of the program will also receive incentives like cooking tools and utensils to support healthy habits at home.

This collaborative effort is designed to empower families with practical skills and resources to prepare healthy meals, improve health outcomes, increase participation in WIC, and create lasting positive change. A key goal of the program is to help reduce poor perinatal outcomes, including maternal anemia, preterm birth, and low birth weight babies.

If you have any Home State Health or Show Me Healthy Kid Members that meet this criteria and would benefit from this program, please reach out to our Care Management team by calling 855-694-4663 and we can help get the member connected to this free program.





Understanding Personal Care Services: What Providers Need to Know ●●

Personal Care Services (PCS) are a vital Medicaid-covered benefit that supports individuals with medically oriented tasks in their own homes. As a provider, it's important to understand the scope, limitations, and requirements of PCS to ensure participants receive the right level of care – and what services are appropriately authorized and delivered.

✓ What Are Personal Care Services?

PCS are **medically necessary, non-skilled services** provided in the home to assist individuals with daily living needs. These tasks must be:

- Approved by the state or reviewed and certified by the health plan
- Certified by a physician as necessary to meet the participant's physical needs

PCS are designed to meet **personal, physical care needs**, not general housekeeping tasks, and should supplement, not replace, the support of existing resources.

⚕ Who Can Provide PCS?

To ensure compliance with Medicaid regulations, PCS **must be delivered by a qualified caregiver who is not a family member**. For PCS purposes, family member is defined as:

- Spouse
- Parent
- Sibling
- Child (biological, adopted, or step)
- Grandparent
- Grandchild

! PCS Cannot Be Used For:

- Services provided in hospitals or nursing facilities (Use **Place of Service code 12 – Home**)
- Care delivered by family members
- Tasks performed outside the home or during transportation
- Skilled nursing services (those appropriate for RNs, LPNs, or aides under Title XVIII/XIX)
- General household chores (e.g., vacuuming, shopping, shared family tasks)
- Respite care, babysitting, or purely homemaking functions

✓ Covered PCS Tasks Include:

- Meal preparation and assistance with eating
- Dressing, grooming, and personal hygiene
- Bathing
- Toileting and linen changes
- Non-lifting mobility/transfer assistance
- Help with self-administering medication
- Light housekeeping only when there is a **documented medical need**

📌 Note: Homemaking should be a **minor** portion of a child's care plan. If a parent or caregiver has a disability preventing them from performing homemaking tasks, a referral to DSDS may be appropriate.



Special Considerations for Pediatric PCS

- Services must be **medically necessary**, not based on level of care
- Care must be provided by a **non-family member**
- Parents must explain if they are unable to meet their child's care needs; refusal to help may require a report to the Child Abuse/Neglect Hotline at **1-800-392-3738**
- A **prior authorization** must include:
 - » An RN-developed plan of care
 - » Physician approval (via order, signed plan, or written certification)

Final Thoughts for Providers

Personal Care Services play a critical role in helping participants live safely and independently in their homes. Clear documentation, adherence to coverage criteria, and proper authorization help ensure quality care and compliance with state and federal guidelines.

Reminder, MO HealthNet requires providers of all Home Health Services, including PCS, to document services in their electronic visit verification (EVV) system. For more information on setting up your EVV account and submitting required information, please refer to MO HealthNet's latest EVV [Provider Bulletin](#) and [Electronic Visit Verification | Rise 360](#) resources.

For questions about PCS referrals, documentation, or training needs, please reach out to your care coordination contact or health plan representative.



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 fliers for "Flu Vaccine Information" and "Pediatric Flu Vaccine Information:" [Flu Prevention](#)



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 ● ● ●

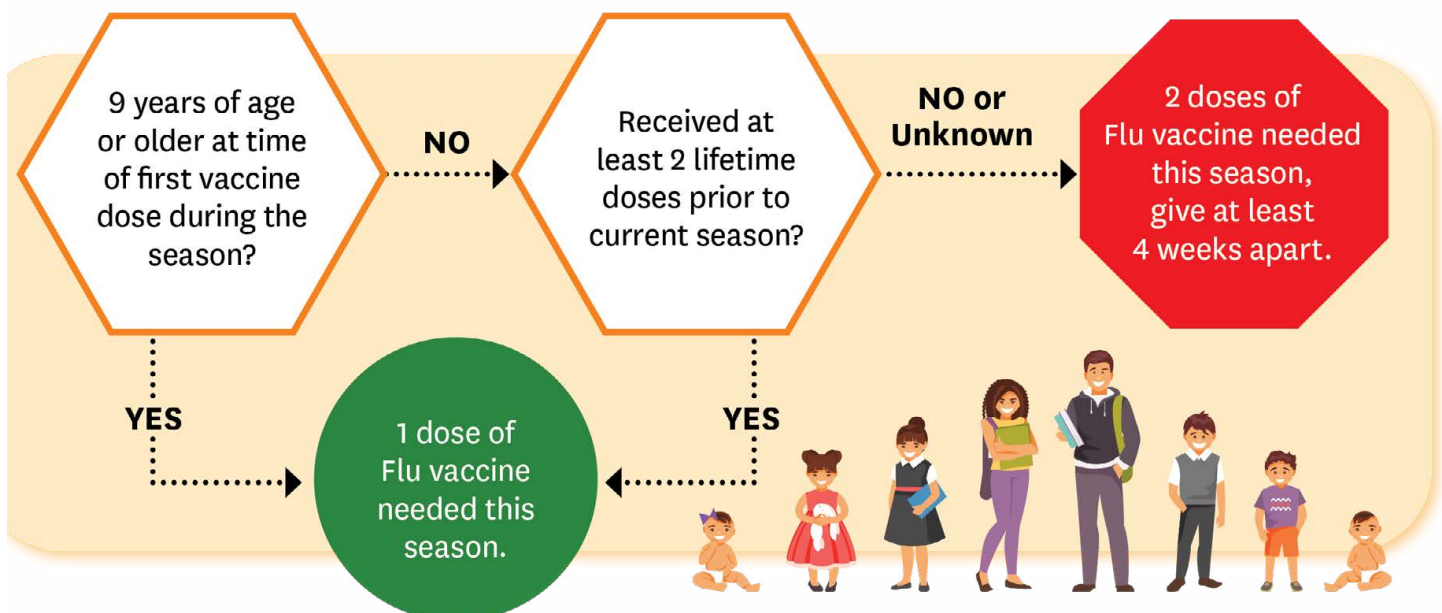
Flu season is nearly here! Some information to help you prepare for this year's Flu season:

According to the CDC, as of July 19, 2025, there have been 266 influenza associated pediatric deaths this 2024-2025 influenza season. This is the highest number of pediatric deaths outside of a non-pandemic flu season since such reporting started in 2004.

In June 2025, The Advisory committee on Immunization Practices (ACIP) voted to ban thimerosal from all vaccines.

According to leading experts, thimerosal has been extensively studied and found to be safe and not a cause of autism or other neuropsychological problems.

The American Academy of Pediatrics supports the World Health Organization recommendation to use thimerosal as a preservative in the multidose vials in the global vaccine supply.





The American Academy of Pediatrics continues to recommend Influenza vaccine for all children without medical contraindication starting at age 6 months and up. They recommend using any licensed product appropriate for the age and health status of the recipient regardless of the presence of thimerosal.

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 2025–26 season.
2. 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, ideally before the end of October.
3. Check Flu vaccine status at every visit and offer at the same time as other needed vaccines.
4. Egg allergy is not a contraindication to getting flu vaccine.
5. A strong recommendation by you as their provider can make all the difference in their acceptance of a yearly flu vaccine.

Helpful hints for Flu vaccine success:

1. To meet the HEDIS for influenza vaccine, children need 2 doses of flu vaccine BEFORE they turn 24 months old.
2. 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.
3. Order your flu vaccine early and monitor your stock on hand to order more if needed.
4. Flu clinics, standing orders, reminder calls and reminder messages are just some ideas to boost vaccine rates.

References:

Recommendations for Prevention and Control of Influenza in Children, 2025–2026

<https://www.aap.org/en/news-room/fact-checked/fact-checked-extensive-research-shows-thimerosal-is-safe/>

Resources for Providers and Their Patients:

The Flu: What Parents Need to Know:
[HealthyChildren.org](https://www.aap.org/vaccinecommunication)

<https://www.aap.org/vaccinecommunication>

Clinical & Payment Policies ● ● ● ● ●

As part of our commitment to providing high-quality care, Home State Health routinely reviews and updates our clinical and administrative policies. We encourage providers to stay informed by reviewing the latest updates regularly.

You can access our current policies here: [Clinical & Payment Policies](#)



Statin Medication Refills: A Key to Better Outcomes ●●●

Timely medication refills are not only best practice in clinical care but are essential to achieving better member outcomes. Consistent access to prescribed medications supports adherence, enhances clinical results and improves patient satisfaction.

This is particularly important for individuals with cardiovascular disease and diabetes, for whom statin therapy plays a key role in reducing the risk of heart attack and stroke.

A considerable number of members discontinue statin therapy due to missed refills, gaps in adherence or concerns about side effects. Optimizing medication refill practices is a powerful approach to improving long-term adherence and member health outcomes.

Key quality measures that focus on appropriate statin therapy and consistent use:

- **Statin therapy for members with cardiovascular disease (SPC)**
 - » Evaluates adults aged 21–75 with atherosclerotic cardiovascular disease (ASCVD) who received at least one high- or moderate-intensity statin and remained on therapy for at least 80% of the measurement year.
- **Statin therapy for members with diabetes (SPD)**
 - » Assesses adults aged 40–75 with diabetes who were dispensed at least one statin medication and maintained therapy for at least 80% of the measurement year.

Strategies to Enhancing Statin Adherence

To support continuous statin use and optimize outcomes, consider incorporating the following strategies into clinical workflows:

- **Implement refill alerts**
 - » **With electronic health record (EHR):**
Set up automated alerts within your EHR to flag approaching refill dates and identify missed pick-ups.
 - » **Without EHR:**
Develop a checklist system to monitor medication adherence.
- **Partner with pharmacies**
 - » Collaborate with community.
 - » Mail-order pharmacies monitor for refill gaps and proactively re-engage members.
- **Engage members proactively and ask members to repeat:**
 - » How and when to take their statin medication.
 - » Why they are taking the medication.
 - » Side effects to monitor and when to seek help.

Beyond individual outcomes, ensuring uninterrupted statin therapy offers significant system-wide benefits. Sustained adherence reduces adverse cardiovascular events as well as contributes to lower healthcare costs and more efficient resource use. By working collaboratively across clinical teams and pharmacy systems, we can create a more reliable medication experience that supports long-term health and enhances overall care delivery.



Claims Information

Doula Billing Tips ●●

Home State Health identified the following billing opportunities Doulas can take to enhance the accuracy of claims submitted for the **Services** they provide. By focusing on these key areas, participating Doulas can improve billing accuracy and reduce the likelihood of claim delays or denials.

- **Service Dates:** Ensure that claims are submitted only for dates of service on or after the Doula benefit coverage date of **October 1, 2024**. **Services** rendered prior to this date are considered non-covered and will not be reimbursed.
- **Provider contract effective date:** Services provided prior to a provider's contract effective date are considered non-covered and will not be reimbursed.
- **Modifiers:** For procedure codes **S9445** and **T1032**, a modifier is required. Claims may be denied if modifiers are missing or do not align with **MO HealthNet's** guidance. Ensuring correct modifier usage is essential for claim payment.
- **Units:** Claims that exceed the maximum allowable units on the **MO HealthNet** fee schedule will be denied. Refer to the unit calculation table below to confirm that billed units are within the allowed daily or pregnancy limits.



Procedure Code	Units	Limits Per Pregnancy
S9443	1 unit per session	2
S9445 TH and S9445 TS	1 unit per session	6
S9482	1 unit per session	10
T1033	1 unit per day	1
T1032 and T1032 52	1 unit every 15 minutes	Up to 95 units (12 hours and 45 minutes)

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The image shows a CMS-1500 claim form with two specific fields highlighted by arrows and text boxes:

- Rendering clinician's NPI:** An arrow points to box 24J, "RENDERING PROVIDER ID, #", which is located in the "PHYSICIAN OR SUPPLIER INFORMATION" section.
- Group's NPI:** An arrow points to box 33, "BILLING PROVIDER INFO & PH #", which is located in the bottom right section of the form.

- Group Practice Billing:** When billing under a group practice, it's important to include the **rendering Doula's NPI in box 24J** of the CMS-1500 claim form. The **group's NPI should be listed in box 33**. Omitting the rendering clinician's NPI may result in claim denials.

If providers receive claim denials due to billing issues, we encourage them to submit a corrected claim in accordance with the guidance provided in the **Home State Health Provider Manual**, beginning on **page 88**.

As a reminder, to participate in the **Home State Health Doula Program**, Doulas must be enrolled as a **MO HealthNet provider**, be **at least 18 years of age**, and have a **fully executed health plan contract**.

We appreciate your continued partnership in supporting maternal and infant health. If you have any questions or need assistance, please contact our **Provider Services team** at **1-855-694-4663**.

Additional References:

[REVISED Doula Services | mydss.mo.gov](https://mydss.mo.gov)

[MHD Doula Guide | mydss.mo.gov](https://mydss.mo.gov)

[Physicians Provider Manual | mydss.mo.gov](https://mydss.mo.gov)

[Missouri Provider Resources | Home State Health](https://homestatehealth.com)



Need assistance? ● ● ● ● ●

The Availity portal [Availity Essentials](#) and Home State Health’s legacy portal [Home State Health](#) are available 24/7 for your convenience. These user-friendly platforms allow you to:

- Verify member eligibility
- Submit and track claims
- Submit and check prior authorization requests



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: 1-800-977-7522 / TTY: 711
Wellcare.com	Wellcare: 1-855-538-0454 / TTY: 711

Provider Services Department
 1-855-694-HOME (4663) TTY 711
 7711 Carondelet Ave.
 St. Louis, MO 63105