

Electronic Funds Transfer (EFT) Solution

Prior Authorization Guide

Quick Reference Guide

## Need Assistance?



The Home State Health team wants to help you! Contact us for assistance through our secure provider portal, by email, or by calling a provider services representative.

### Use 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.

- Verify member eligibility
- Check claim status and benefits
- Submit claims
- Check claim status and benefits
- Submit authorizations
- View care gaps

**If you are new to Availity Essentials**, getting your Essentials account is the first step toward working with Home State Health on Availity. Resource page link: [www.availity.com/documents/learning/LP\\_AP\\_](http://www.availity.com/documents/learning/LP_AP_)

information

- Submit questions via secure email
- Retrieve Provider Analytics for PCPs (view care gaps, quality scorecards, etc.)
- Review Continuity of Care Program for PCPs (risk adjustment incentive)

### Assistance by Email

Providers may submit questions or send information to our credentialing, provider data management, and/or contracting teams:

- Credentialing and provider data information (i.e. updated rosters, individual practitioner or provider adds, terms, and changes): [CHHS\\_Provider\\_Roster@Centene.com](mailto:CHHS_Provider_Roster@Centene.com)

Contracting and provider data information status of contract: [Centene.com](mailto:Centene.com)

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## MEDICAID PROVIDER TOOLKIT



**Show Me Healthy Kids**  
MANAGED BY HOME STATE HEALTH

## After-Hours Telephone Accessibility Standards



The MO HealthNet Managed Care Contract and other applicable regulatory and accrediting agencies set accessibility standards that Primary Care Providers (PCPs), behavioral health providers, and specialty physicians must follow. Home State Health monitors compliance with these standards on an annual basis and will use the results of this monitoring to ensure adequate appointment availability and reduce unnecessary emergency room utilization. Below are the basic accessibility requirements to help you assess your current after-hours availability.

### What meets the standards?

- ▶ An answering service or triage service, which can connect the caller with their PCP, behavioral health provider, or specialist.
- ▶ A provider who returns calls within 30 minutes.
- ▶ A voice message that provides a second phone number that is answered (not another answering machine). Any recorded message must be provided in English and Spanish if the provider's practice includes a high population of Spanish speaking members.
- ▶ If a provider is using a telephone system that connects the caller to someone who can render a clinical decision or reach the PCP, behavioral health provider, or specialist for a clinical decision, the covering medical/behavioral professional must return the call within 30 minutes of the initial contact.
- ▶ After-hours coverage must be accessible using the medical office's daytime telephone number.

### What doesn't?

- x The office hours
- x The office hours

### CUSTOMER SERVICE ADVOCATES

Home State Health (Medicaid): **1-855-694-4663, TTY: 711**

Show Me Healthy Kids (Medicaid): **1-877-236-1020, TTY: 711**

Ambetter from Home State Health (Marketplace): **1-855-650-3789**

WellCare from Allwell (Medicare): **1-800-977-7522, TTY: 711**

Wellcare: **1-855-538-0454, TTY: 711**

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### Assistance via Secure Portal

Home State Health’s **Provider Portal** is available 24 hours a day / 7 days a week. Our easy-to-use portal helps with all of the following activities:

- Submit a claim
- View a claim
- Submit a claim reconsideration request
- Status of your reconsideration request
- Submit, view, and track authorization requests
- Verify member eligibility including other insurance

- information
- Submit questions via secure email
  - Retrieve Provider Analytics for PCPs (view care gaps, quality scorecards, etc.)
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### Assistance by Email

Providers may submit questions or send information to our credentialing, provider data management, and/or contracting teams:

- Credentialing and provider data information (i.e. updated rosters, individual practitioner or provider adds, terms, and changes): [CHHS\\_Provider\\_Roster@Centene.com](mailto:CHHS_Provider_Roster@Centene.com)
- Contracting inquiries including status of contract: [ManagedCareContracting@Centene.com](mailto:ManagedCareContracting@Centene.com)

### Claims

Timely filing guidelines: 180 days from date of service or per provider contract.

#### Submit claims:

Secure Provider Portal

#### Clearinghouses:

- EDI Medical Payor ID 68069
- Behavioral ID 68068

CONTINUED



# Quick Reference Guide: Need Assistance, continued

### Mail paper claims to:

Home State Health  
Attn: Claims  
PO Box 4050  
Farmington, MO 63640-3829

### For Behavioral Health Claims:

PO Box 7400  
Farmington, MO 63640-3827

### Prior Authorization

Use the Pre-Auth Needed Tool on our website ([hometatehealth.com/providers/pre-auth-needed.html](https://hometatehealth.com/providers/pre-auth-needed.html)) to determine if prior authorization is required.

### Submit prior authorizations:

- Secure Provider Portal
- Medical: 1-855-286-1811
- Behavioral Health:
  - » Inpatient, PHP, Residential (General Plan): 1-833-405-3826
  - » Residential Requests, Treatment Foster Care, Aftercare, Transitional TFC (Show Me Healthy Kids): 1-833-966-0769
  - » IOP, Outpatient, ECT: 1-833-966-4342

### Customer Service Advocates

#### For assistance with:

- Member benefits and eligibility
- Our Find a Provider online directory
- Authorization requirements

- Claim inquiries and submission requirements
- Evidence of payment (EOP)/remittance advice support
- Payspan (EFT/ERA) assistance
- Provider data review
- Payment and clinical policy questions
- Website/portal questions, including rest password
- Appeal and claim reconsideration guidance

**Call Center: 1-855-694-HOME (4663), TTY: 711**

### Provider Engagement Account Managers

#### For assistance with:

- Provider orientations
- Provider education
- Provider training
- Core business functions
- Access and availability oversight
- Quality and credentialing site visits
- Support provider performance
- Provider portal support
- Dental & Vision Services

### Centene Dental Services

**Customer Support: 1-727-437-1719**

### Centene Vision Services

**Customer Solution/Network Management: 1-855-434-9240**

### Contact a Representative

Our local team is here to help you with any of your questions, Monday through Friday, 8am–5pm.



# How to Obtain Prior Authorization




## Pre-Auth Needed Tool


Use the Pre-Auth Needed Tool to quickly determine if a service or procedure requires prior authorization, by visiting [www.homestatehealth.com/providers/pre-auth-needed/medicaid-pre-auth.html](http://www.homestatehealth.com/providers/pre-auth-needed/medicaid-pre-auth.html)

## Submit a Prior Authorization Request


If a service requires prior authorization, submit through one of the following ways:



**SECURE PROVIDER PORTAL**  
**[Provider.HomeStateHealth.com](http://Provider.HomeStateHealth.com)**  
*This is the preferred and fastest method. The provider must be a registered user.*



**PHONE**  
**1-855-694-4663**  
**TTY: 711**  
  
After normal business hours and on holidays, calls are directed to Home State Health's 24-hour Nurse Advice Line.



**FAX**  
**Medical: 1-855-286-1811**  
**Behavioral Health:**

- ▶ Inpatient, PHP, and Residential Requests (General Plan): **1-833-405-3826**
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Visit our website for a list of services that require prior authorization.








**Please note:**

- All out-of-network services require prior authorization except emergency care, out-of-area urgent care and out-of-area dialysis.
- Failure to complete the required prior authorization or certification may result in a denied claim.
- More resources available at [HomeStateHealth.com/providers.html](http://HomeStateHealth.com/providers.html).

## Payspan Get Paid Faster



Home State Health offers Payspan, a free solution that helps providers simplify the payment tracking and transfer process.

-  **Improve cash flow**  
by getting payments faster.
-  **Settle claims electronically**  
through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs).
-  **Maintain control over bank accounts**  
by routing EFTs to the bank account(s) of your choice.
-  **Match payments to statements quickly**  
and easily re-associate payments with claims.
-  **Manage multiple payers,**  
including any payers that are using Payspan to settle claims.
-  **Eliminate re-keying of remittance data**  
by choosing how you want to receive remittance details.
-  **Create custom reports**  
including ACH summary reports, monthly summary reports, and payment reports sorted by date.

SET UP YOUR  
**PAYSPAN**  
**ACCOUNT**  
.....TODAY.....

Visit [PaySpanHealth.com](https://PaySpanHealth.com) and click Register.

[Providersupport@payspanhealth.com](mailto:Providersupport@payspanhealth.com) to access the enrollment form and instruction or call 1-877-331-7154.



# After-Hours Telephone Accessibility Standards

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## What doesn't meet the standards?

- ✗ The office telephone is not answered after office hours.
- ✗ The answering machine message tells patients to leave a message.
- ✗ The answering machine message is not bilingual (English and Spanish where applicable).
- ✗ The answering machine message only instructs patients to go to an Emergency Room for any services needed with no way to reach clinical staff.
- ✗ A provider who does not return after-hours calls within 30 minutes.



Need more information on accessibility standards?  
Review Home State Health's provider manual at  
[www.homestatehealth.com/providers/tools-resources.html](http://www.homestatehealth.com/providers/tools-resources.html)



# Sign Up for Home State Health's Provider News

Take a moment to subscribe to Home State Health's provider email news today and start receiving news relevant to your area, specialty and/or Home State products.

## Stay up-to-date with the latest news!

Customized news may include, but is not limited to:



Mandatory trainings



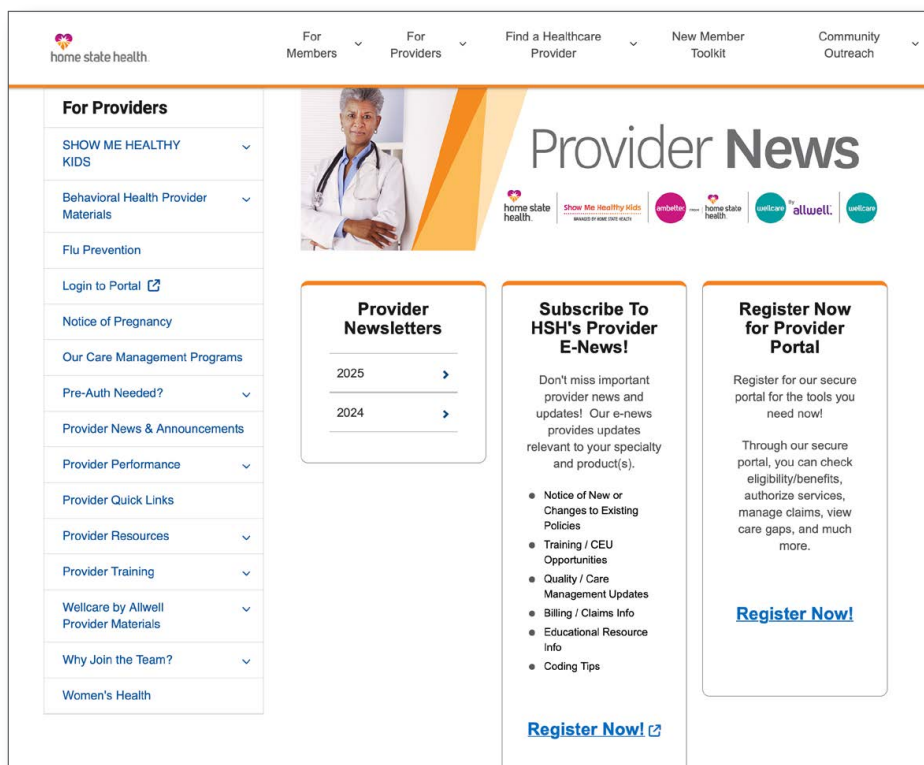
Billing and claims information



MO Healthnet requirements



Home State Health policy updates



To sign up for Home State Health's Provider News, update your information or view current news, please visit [www.homestatehealth.com/providers/provider-news.html](http://www.homestatehealth.com/providers/provider-news.html)





## Submitting Complaints

### Mail

The complaint form can be printed, completed and mailed or faxed to:

Home State Health Plan  
Complaint and Grievances  
Coordinator (CGC) Home State  
Health

PO Box 10287  
Van Nuys, CA 91410  
1-855-694-4663

### Call

Providers may also file a verbal complaint by calling Home State Health's Customer Service Advocates at 1-855-694-4663.

**Home State Health will answer complaints within thirty 30 days of the date the complaint is received.**

Most of the time, Home State Health can assist right away. A provider has 30 days from the date of the incident to submit a complaint.

For additional information and instructions, visit: [HomeStateHealth.com](https://www.HomeStateHealth.com)

## Submitting Reconsiderations and Claim Appeals

*Home State Health has an online complaint submission form available through the Home State Health website. The online form allows providers to file reconsiderations and claim appeals for resolution.*

### Online

Providers can access and submit the Online Claim Dispute Form by visiting: [homestatehealth.com/providers/tools-resources.html](https://homestatehealth.com/providers/tools-resources.html) (scroll to the bottom of the web page to begin).

### Mail or Fax

The Reconsideration and Appeal Request form can be printed, completed and mailed or **faxed to 1-833-641-0887**.

Mail: Home State Health  
Attn: Claim Reconsideration/Claim Appeal  
P.O. Box 4050  
Farmington, MO 63640-3829

**Please Note:** The online feature and written reconsideration and claim appeal process does not replace or include inquiries or appeals related to Medical Necessity Appeals.

For those services, please continue to contact Home State Health's applicable departments by visiting [HomeStateHealth.com](https://www.HomeStateHealth.com).

**Reconsiderations and claim appeals** must be received within 180 calendar days from the original notification of payment or denial. For additional information and instructions, visit: [HomeStateHealth.com](https://www.HomeStateHealth.com).





# Cultural Competency Requirement for Providers

## BRIDGING THE COMMUNICATION GAP

### What Is Cultural Competency?

Cultural competency within Home State Health is developmental, community focused and family oriented. In particular, it is the promotion of quality services to understand, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods and throughout the system to support the delivery of culturally relevant and competent care.

When working with members it's crucial to recognize and address the diverse health experiences that may be present. Members are entitled to dignified, appropriate, and quality care and are more willing to communicate their needs in a sensitive, respectful, and inclusive environment, enhancing the effectiveness of the entire healthcare process.

### Network providers must ensure that:

- ▶ Members understand that they have access to medical interpreters, signers, and TDD/TTY services to facilitate communication without cost to them.
- ▶ Care and treatment plans are developed and provided with consideration of the members race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual orientation, and other characteristics that may influence the member's perspective on healthcare.
- ▶ Office staff that routinely interact with members have access to cultural competency training and development.
- ▶ Office staff that are responsible for data collection make reasonable attempts to collect race and language specific member information. Staff will also explain race/ethnicity categories to a member so that the member is able to identify the race/ethnicity of themselves and their children.
- ▶ Office sites have posted and printed materials in English and Spanish, and if required by Missouri Department of Social Services, any other required non-English language.

### What Is Health Literacy?

Health literacy is the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions. Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a healthcare environment.

A patient's level of health literacy can impact how and when they take their medications, their understanding of their health conditions, attendance at their appointments and the choices they make regarding treatment. Low health literacy has been linked to poor health outcomes, such as higher rates of hospitalization and less frequent use of preventive services.

### SIGNS OF LOW HEALTH LITERACY:

- ▶ Noncompliance with medication regimens, lab tests or appointment attendance.
- ▶ An incomplete or inaccurately completed registration form.
- ▶ Inability to explain the functions, timing and names of their medications.
- ▶ Saying they "forgot their glasses" if they cannot read something.
- ▶ Requiring several calls between appointments to clarify instructions.



## WHAT CAN YOU DO?

To address health equity in a meaningful way, we must change the lens through which we view healthcare and the whole individual. Cultural health encompasses a broad spectrum of factors that influence an individual's health beliefs, behaviors and outcomes. It goes beyond language barriers and ethnic stereotypes to encompass elements such as religious practices, family dynamics, socioeconomic status and acculturation experiences. Understanding and embracing cultural health allows us to bridge the gap between healthcare providers and members, fostering trust, communication and mutual respect.

### Tips to Enhance Inclusive Communication

- ▶ Use simple words avoiding jargon and acronyms
- ▶ Give information in small chunks and repeat important information.
- ▶ Use medically trained interpreters familiar with cultural nuances.
- ▶ Read written instructions out loud.
- ▶ Use body language to support what you are saying.
- ▶ Draw pictures, use posters, models or physical demonstrations.

### Language, Interpretation, & Translation Services

Home State Health provides language assistance and interpreter resources in all threshold languages including American Sign Language at no cost to members. We provide support services for hearing impaired members through Telecommunications Device for the Deaf (TDD).

Home State responds to requests for telephonic interpreters immediately, and within 2-3 business days for requests at provider offices. For in-person interpreter services please complete the [Interpreter Services Request](#) and fax it to 1-866-390-4429.

Review Home State Health's [Provider Webpage](#) for more information about our language services and additional provider resources.

### Education and Resources

Providing culturally responsive care requires a commitment to continuous learning and development. Home State Health is here to support you on this journey! We provide access to training and tool kits designed to enhance knowledge, skills, and performance of healthcare professionals as they develop proficiency in cultural responsiveness.

Visit Home State Health's Provider Website for these resources and more including the links below:

- ▶ [Home State Health Equity Toolkit](#)
- ▶ [Culturally Appropriate Care & Health Equity Training](#)

### Social Determinants of Health

Social determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that have a major impact on people's health, well-being, and quality of life. After discussing needs with your patient, providers are encouraged to document their findings in their medical records and include applicable SDoH diagnoses (Z) codes on their claims.

For help addressing member SDoH needs, providers are encouraged to submit a referral to Care Management through the provider portal or sending a secure email to [HSHPCareManagement@centene.com](mailto:HSHPCareManagement@centene.com).

