

SPRING 2013

A Good Start for Pregnant Members

With your help, Home State Health Plan can identify pregnant members early on, and direct them to the services they need in order to have the healthiest possible pregnancy, birth and baby.

The best way to notify us about a pregnant member is by submitting a Notification of Pregnancy (NOP) form. When you send in an NOP, you're helping us reach women early in their pregnancy so that those who are considered high risk

can be referred to our case managers, as needed.

We also offer members the Start Smart for Your Baby® program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at startsmartforyourbaby.com or by calling Home State at **1-855-694-HOME (4663)**.



Changes to Claims Submission

We have implemented new technology to improve the optical character recognition (OCR) of claims forms.

Beginning April 1, 2013, we no longer accept hand-written red forms or black or copied claims forms. From now on, the only acceptable claim forms will be those printed in Flint OCR Red, J6983, (or exact match) ink.

Paper claims received by the plan are scanned using OCR technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and are no longer accepted.

Although a copy of the CMS-1500 and CMS-1450 form can be downloaded, copies of the form cannot be used for submission of claims, since a copy may not accurately replicate the scale and OCR color of the form.

This change will improve quality and service, while also reducing cost and the potential for fraud and abuse. If you have any questions or concerns, call **1-855-694-HOME (4663)**.

Electronic Fund Transfers and Remittance Advices

Home State is pleased to partner with PaySpan to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment. Providers are able to enroll with PaySpan after they have received their completed contract or submitted a claim.

Benefits include:

- Elimination of paper checks—all deposits transmitted via EFT to the designated bank account.
- Convenient payments and retrieval of remittance information.
- Electronic remittance advices presented online.
- HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System.
- Reduction in accounting expenses—Electronic remittance advices can be imported directly into practice

management or patient accounting systems, eliminating the need for manual re-keying.

- Improved cash flow—Electronic payments can mean faster payments, leading to improvements in cash flow.
- Control over bank accounts—You keep **total** control over the destination of claim payment funds. Multiple practices and accounts are supported.
- Easily match payments to advices—You can associate electronic payments with electronic remittance advices quickly and easily.
- Multiple payer management—Reuse enrollment information to connect with multiple Payers Assign different Payers to different bank accounts, as desired.

For more information visit PaySpan's website: www.payspanhealth.com. You can also call **1-877-331-7154** or email providersupport@payspanhealth.com.

Help Us Improve HEDIS Rates

HEDIS is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is designed to give purchasers and consumers the information they need to reliably compare the performance of healthcare plans.

Final HEDIS rates are reported to NCQA and state agencies once a year. However, Home State Health Plan reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates, as part of our commitment to providing access to high-quality and appropriate care to our members.

You can learn more about HEDIS on our website, **HomeStateHealth.com**, where we offer the HEDIS Quick Reference Guides and other materials.

➔ Here, we refer to the HEDIS measures for asthma and ADHD and explore how to improve the patients' understanding of the conditions.



Ongoing Support for Asthma Patients

As part of Home State Health Plan's effort to continuously provide our members access to high quality and effective care, we track the HEDIS measures related to asthma. Namely, we monitor whether members ages 5 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

If your patients are having problems managing their asthma, the stumbling block may be that they don't truly understand the nature of their condition and what's required to keep it under control. You may be able to ramp up patient-education and compliance efforts by focusing on individualizing patient action plans.

The American Academy of Allergy, Asthma and Immunology recommends

the asthma action plan as a way to help patients manage the condition. Guide your patients through the asthma action plan, teaching them how to determine if they're in the green zone, yellow zone, or red zone—as well as which medication to take and when to call for help. Please review our site for our clinical practice guidelines, **HomeStateHealth.com**.

Ask your patients to bring in their medications to appointments, and confirm that they know when and how to use it properly.

Suggest creative resources that may help your patients. The American Academy of Allergy, Asthma and Immunology offers a library of tips and information, as well as a virtual Toybox of games created just for kids with asthma. Visit aaaai.org/conditions-and-treatments/asthma.aspx.

Total Health for Women

As a part of your office visits with female patients, consider adding a question to determine how recently they received routine cancer screenings and other necessary screening tests and immunizations.

Office visits provide a good opportunity to discuss the importance of these tests, explore the patient's concerns or misunderstandings related to screenings, and ensure

patients are following the correct screening guidelines based on their family and medical history.

The U.S. Preventive Services Task Force (USPSTF) recommends that women be screened for cervical cancer using a Pap smear (cytology) every three years starting at age 21. The USPSTF recommends against screening women under 21. For women ages 30 to 65 years who wish to extend the screening interval, the

USPSTF suggests screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. However, based on medical history, screening needs may differ.

The USPSTF suggests that women of average breast cancer risk should have a mammogram every two years beginning at 50 through 74. The decision to begin screening before 50 should be an individual one and take patient's individual history into account.



What Else Will You Find Online?

Home State Health Plan offers a variety of member and provider resources online. Spend a few moments to take advantage of the following online information—and be sure to share this information with your patients:

- ➔ Health Risk Screening form
- ➔ Care management forms
- ➔ Disease management program information
- ➔ Member-care gaps can be accessed through our secure provider portal.

NOTE: Providers can submit and check status of claims and verify eligibility through Home State's secure provider portal.

A printed copy of any materials found on our website is always available. Just call **1-855-694-HOME (4663)** to request.



Following Up: Behavioral Health

We can help your patients schedule appropriate after-care appointments.

Home State Health Plan has been working aggressively to improve the follow-up rates for members who have been hospitalized for a behavioral health condition. Outpatient follow-up within seven days of discharge is vital to members' recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

Please contact Home State if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We have staff who will work with your staff or facility staff to make these arrangements.

If you're an outpatient provider, and you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your Provider Relations Specialist or Network Manager to let them know.

Home State will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- ➔ Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- ➔ Appointment reminder calls to members.
- ➔ Member transportation assistance.

Access to You Is Key to Care

Geographic proximity is one of our performance standards.

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate providers working with us to accommodate our members' clinical needs. In order

to ensure appropriate care, we have adopted the geographic accessibility standards below.

Home State offers a network of primary care providers to ensure every member has access to a medical home within the required travel distance standards

(30 miles in the rural regions, 20 miles in basic county areas, and 10 miles in the urban regions). Physicians who may serve as PCPs include Internists, Pediatricians, Obstetrician/Gynecologists, Family and General Practitioners and Nurse Practitioners.



A Connection to Care

Case managers are useful links to members' healthcare team.

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our case management program is a valuable resource available to members that supports our providers' treatment plans.

ON THE JOB

Case managers are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, case managers work with chronically or catastrophically ill and injured patients. They are assigned by the health plan to a member when it's recognized the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the member with the healthcare team by providing a link between the member, his or her primary care physician, the member's family or other support system and additional healthcare providers such as physical therapists and specialty physicians.

Case managers also collaborate to develop a plan for following treatment regimens including medication, diet and exercise recommendations.

ON YOUR TEAM

Case managers do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team—the member as well as the member's family.

Our case management team is here to support your team for such events as:

- Non-adherence
- New diagnosis
- Complex multiple comorbidities

Providers can directly refer members to our case management program at any time. Providers may call **1-855-694-HOME (4663)** for additional information about the case management services offered by Home State Health Plan, or to initiate a referral.

A Shared Agreement

What our members can expect and what is expected of them.

Home State Health Plan's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider manual to review them. You can find the complete provider manual online at **HomeStateHealth.com** or get a printed copy by calling **1-855-694-HOME (4663)**.

As Home State members, your patients have the following rights:

- To be treated with respect and dignity.
- To receive needed medical services.
- To expect privacy and confidentiality (including minors) subject to state and federal laws.
- To select their own Primary Care Physician.
- To receive information about their health care and treatment options.

Member responsibilities include:

- Providing, to the extent possible, information needed by providers for their care.
- Making their primary care provider their first point of contact when needing non-emergency medical care.
- Following appointment scheduling processes.
- Following instructions and guidelines given by providers.

