

# provider report



SUMMER 2013

## ICD-10 Codes

Providers must begin using ICD-10 codes as of October 1, 2014.

Home State Health Plan will adopt ICD-10 diagnosis codes, as prescribed by HIPAA, effective October 1, 2014 as determined by the Centers for Medicare & Medicaid Services (CMS). ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organization (WHO). Diagnosis codes are used to describe codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

Home State Health Plan is working diligently to prepare for implementation of ICD-10. Providers are asked to remain abreast of future outreach and communication from Home State Health Plan on this important initiative:

Learn more about ICD-10 from the following resources:

- ▶ Centers for Medicare & Medicaid Services ICD-10 website at: [www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/](http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/).
- ▶ Centers for Disease Control and Prevention ICD-10 website at: [www.cdc.gov/nchs/icd/icd10.htm](http://www.cdc.gov/nchs/icd/icd10.htm).

## Ensuring the Appropriate Use of Resources

**Utilization management** (UM) is the process of evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed assistance to the clinician or patient—in cooperation with other parties—to ensure appropriate use of resources.

Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances that may require deviation from the norm stated in the screening criteria. We make UM decisions based on appropriateness of care and existence of coverage. We do not:

- ▶ Reward practitioners or other individuals for issuing denials of coverage, services or care.
- ▶ Provide financial incentives for UM decision makers that encourage decisions that result in underutilization.

We have adopted utilization review criteria primarily developed by McKesson InterQual Products. Criteria are refined by specialists representing a national panel from community based and academic practice. They are updated with appropriate involvement from physician members of our Quality Improvement Committee.

Criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment.

Providers may obtain the criteria used to make a decision on a specific member by contacting Home State Health Plan at **1-855-694-HOME (4663)**.

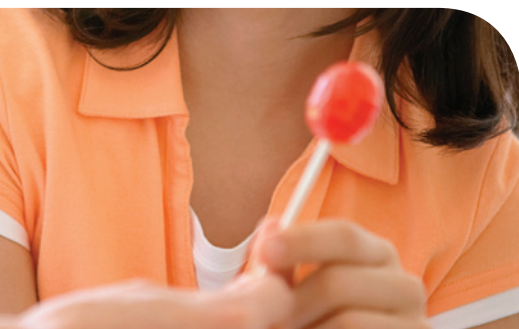
**HOW TO REACH UM:** Home State Health Plan's UM operates Monday through Friday, 8 a.m.–5 p.m. If needed, clinical staff are available after business hours to discuss urgent UM issues. Please call **1-855-694-HOME (4663)**.

## Save Time, Online

Our online provider portal can help you increase efficiency. Below is a sample of the many functions you may access on the online portal:

- ▶ View your member roster with Home State
- ▶ Check eligibility and gaps in care for the members assigned to you
- ▶ Obtain authorization status for members
- ▶ Submit a request for an authorization
- ▶ Check claim status
- ▶ Enter a UB claim
- ▶ Enter an HCFA claim
- ▶ View payments
- ▶ Print any forms available for members
- ▶ Take advantage of training and educational materials available to providers

To learn more about these online resources, contact your Provider Relations Representative directly or call Home State Health Plan at **1-855-694-HOME (4663)**.



## Compassionate Care

Every patient is entitled to dignified, appropriate and quality care.

The road to developing a culturally competent practice begins with the recognition and acceptance of the value of meeting the needs of your patients. We want to help you reach this goal. Take into consideration the following as you provide care:

- ▶ What are your own cultural values and identity?
- ▶ How do cultural differences impact your relationship with your patients?
- ▶ How much do you know about your patients' culture and language?
- ▶ Does your understanding of culture take into consideration values, communication styles, spirituality, language ability, literacy, home health remedies and family definitions?
- ▶ Do you embrace these differences as allies in your patients' healing process?



## Behavioral Health Resources

**What do you do** when you suspect one of your patients is struggling with a mental health problem such as depression, anxiety or an eating disorder?

According to the National Institute of Mental Health, in a given year approximately one quarter of adults in the United States are diagnosable with one or more mental health disorders. Of that population, less than half are receiving treatment. Of those receiving treatment, approximately one-third—13 percent of the affected population—are receiving only minimally adequate treatment.

The World Health Organization (WHO) suggests that primary care providers (PCPs) may be the key to closing the treatment gap for untreated mental illnesses. The WHO

recommends that PCPs incorporate behavioral screenings into standard checkups, and be able to assess and treat those with mild or moderate disorders. For complex cases where PCPs cannot address all needs, the WHO recommends that providers establish strong relationships with mental health specialists in order to make collaboration normal and efficient.

We have resources available to help these patients. You can refer Home State Health Plan members to these services by calling **1-855-694-HOME (4663)**. If you have additional questions about our coverage of behavioral health services, please contact our Provider Services Department at **1-855-694-HOME (4663)**.

## REMINDER: Submit Medical Records

Submission of insufficient medical records can cause delays in timely processing of authorization requests and increases the risk of potential denials. To help us process authorization requests accurately and efficiently, please be sure to submit

sufficient medical information to justify the request. If you have questions or concerns about the type of medical information required, contact the Home State Health Plan's Medical Management Department at **1-855-694-HOME (4663)**.



## Open Wide, Please

Dental care is part of primary health.

While your patients should visit a dental hygienist to make sure their teeth stay healthy, taking a moment in your wellness appointments to inspect a patient's mouth can help catch dental issues and prevent unnecessary emergency room visits.

The American Dental Hygienists Association recommends that PCPs ask patients whether they've experienced any issues related to their teeth or gums and check when they last visited a dentist for a cleaning.

Some older adults are prescribed medications that can result in salivary hypofunction, which can lead to caries, periodontitis and other complications, so review elderly patients' medications and refer them to dental care if they are experiencing oral side effects such as dry mouth. Additionally, remind patients with dentures to submerge them in water or a denture-cleaning solution when not in use.

Finally, when discussing a patient's lifestyle and diet, be sure to note habits that may result in severe dental issues.

## Help Us Improve Our HEDIS Scores

HEDIS—the Healthcare Effectiveness Data and Information Set—is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA).

HEDIS provides purchasers and consumers with reliable information to compare the performance of health-care plans. It's used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

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

In this issue, you can review the HEDIS measures related to well-child health checks (EPSDT) and immunizations, lead screening and dental care.



## Prevention First, Screening Always

**Lead testing** by age 2 is part of the HEDIS measures for Medicaid recipients.

Patients living in low-income communities, particularly in some urban areas or around highways, may find it nearly impossible to avoid lead exposure, but keeping your patients informed about potential lead sources can help minimize the risk of poisoning.

Lead-based paints, though banned, can still be found on the walls of older buildings all across the country, and the majority of lead poisoning incidents in children are the result of eating lead-based paint chips. Older buildings are also often outfitted with lead piping, which can release particles into tap water. Patients should consult their local public health department for ways to identify and reduce lead in their homes.

More easily avoided sources are certain traditional remedies, including azarcon, litargiro, ba-baw-san, ghasard and daw tway. Additionally, some substances traditionally used as cosmetics, for instance kohl, may contain lead.

The good news? Public awareness and screening initiatives are working. According to the CDC, since lead testing became common and public efforts to reduce lead exposure increased, confirmed cases of elevated blood lead levels have dwindled to fewer than 500,000 in 2011, down from more than 4 million in 1999. You can help continue this downward trend in cases by screening patients under 2 for increased blood lead levels.

# Recommended Childhood and Adolescent Immunization Schedule

**Well-child visits** are a perfect time to remind parents and caregivers about the importance of keeping up on immunizations. Below is the recommended vaccine schedule to help keep children healthy and prevent serious disease.

VACCINE	BIRTH	1 MO.	2 MOS.	4 MOS.	6 MOS.	9 MOS.	12 MOS.	15 MOS.	18 MOS.	19–23 MOS.	2–3 YRS.	4–6 YRS.	7–10 YRS.	11–12 YRS.	13–14 YRS.	15 YRS.	16–18 YRS.	
HEPATITIS A							Hep A (2 dose series)				Hep A Series							
											Hep A Series							
HEPATITIS B	Hep B	Hep B		Hep B	Hep B					Hep B								
ROTAVIRUS			RV	RV	RV													
DIPHTHERIA, TETANUS, PERTUSSIS			DTaP	DTaP	DTaP	DTaP		DTaP		DTaP		DTaP	Tdap	Tdap	Tdap			
HAEMOPHILUS INFLUENZAE TYPE B			Hib	Hib	Hib	Hib	Hib		Hib									
HPV														HPV Series	HPV Series			
PNEUMOCOCCAL			PCV	PCV	PCV	PCV	PCV		PCV			PCV						
INACTIVATED POLIOVIRUS			IPV	IPV	IPV					IPV		IPV	IPV					
INFLUENZA					Influenza (yearly)													
MEASLES, MUMPS, RUBELLA							MMR		MMR			MMR	MMR					
VARICELLA							Var		Var			Var	Var					
MENINGOCOCCAL			MCV								MCV			MCV	MCV		MCV	MCV
PNEUMOCOCCAL POLYSACCHARIDE (PPSV23)											PPSV23							
<div><div></div> Range of recommended ages</div> <div><div></div> Catch-up immunization</div> <div><div></div> Certain high-risk groups</div>																		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

## Tell Us What You Think

To ensure that our providers are receiving the best service from our plan, we work with The Myers Group to conduct a confidential Provider Satisfaction Survey.

The survey asks you, the provider, to rate us on areas like how well we process claims and answer questions. It also asks about specific items such

as our medical review policies and communication with you. Your feedback is reviewed closely and it helps us develop action plans.

We want to ensure that we continue to meet your service expectations and improve where needed. We want you to know that when you talk, we listen.

The 2013 survey will be distributed via mail, phone and Internet during the third quarter of 2013. We will remind you that the survey is coming in another newsletter, along with a reminder on the provider portal. Please watch for the survey and let us know how we are doing.

