

# Provider Connection

SUMMER 2021



## Quality Improvement Projects Updates

**What is a QIP? A Quality Improvement Project** is a project created by the Hometown Health quality team with the goal of addressing current challenges that our members and physicians face when it comes to completing or meeting health goals, such as ensuring that patients complete the recommended preventative screenings each year. These projects ultimately help to improve our quality metrics and CMS STAR ratings due to the cooperation and engagement from our providers.

In 2020, Hometown Health had 4 QIPs in progress, Breast Cancer Screening, Colorectal Cancer Screening, Osteoporosis Management in Women who had a fracture, and comprehensive Diabetes care. 2020 was a challenging year in health care. With utilization down and services slowed, it made it difficult to ensure members were getting the care they needed. Despite a challenging year, rates did not suffer dramatically. We applaud our providers for their success in ensuring that members received important health screenings. **THANK YOU for always providing our members with the highest quality of care.**

Project	Purpose	Barrier	Solution	Final Rates		Goals	
				2019	2020		
<b>Breast Cancer Screening (BCS)</b>	Increase the number of women completing their annual mammogram screening for breast cancer detection.	EDUCATION • When • Cost • Details of screening	WE EDUCATE • Preventative screenings are FREE • Does not require prior authorizations • Working with personal assistants to answer questions ahead of time	SCP	76.92%	73%	<b>83%</b>
				HMO	73.33%	71%	
				PPO	69.16%	67%	
<b>Colorectal Cancer Screening (COL)</b>	Increase the number of colon cancer screenings performed.	EDUCATION • Cost • Procedure details • Fear	WE EDUCATE • Free preventative screenings for SCP and HTH members • What to expect WE SCREEN • We offer at-home FIT tests as an alternative with a financial incentive	2019	2020	<b>80%</b>	
				SCP	74.50%		79%
				HMO	61.54%		66%
PPO	42.03%	65%					
<b>Osteoporosis Management in Women (OMW) who have had a fracture</b>	Improve management of women identified as high risk for osteoporosis due to a recent fracture.	EDUCATION • DEXA vs BMD scan • Treatment options • Members want direct guidance from PCP and not the plan	WE EDUCATE • Educate members on importance of screenings and the differences between the two • Educate and work closely with providers to make sure they are managing patients with a recent fracture within the required time frame WE SCREEN • We offer no cost BMD scans completed by SCP with a financial incentive for completing	2019	2020	<b>75%</b>	
				SCP	49.58%		28%
				HMO	NA		NA
PPO	NA	NA					
<b>Comprehensive Diabetes Care (CDC)</b>	Increase recommended screenings to prevent patients with diabetes from developing further complications due to their diagnosis.	EDUCATION • Disease progression and complications • Prevention • Costs • Recommended Screenings	WE EDUCATE • Diabetes disease management and complications • SCP coverage for recommended screenings and medications WE SCREEN • SCP provides retinal eye exams at no cost • SCP puts on annual health fairs with expert educators, free lab screenings and eye exams, and fun	2019	2020	<b>Retinal Eye exams: 78%</b> <b>A1c poor control: 85%</b> <b>Neph: 97%</b>	
				SCP	Eyes: 85% A1c poor control: 87% Neph: 97%		Eyes: 80% A1c poor control: 89% Neph: 94%
				HMO	Eyes: 66% A1c poor control: 75%		Eyes: 55% A1c poor control: 77%
PPO	Eyes: 54% A1c poor control: 72%	Eyes: 42% A1c poor control: 72%					

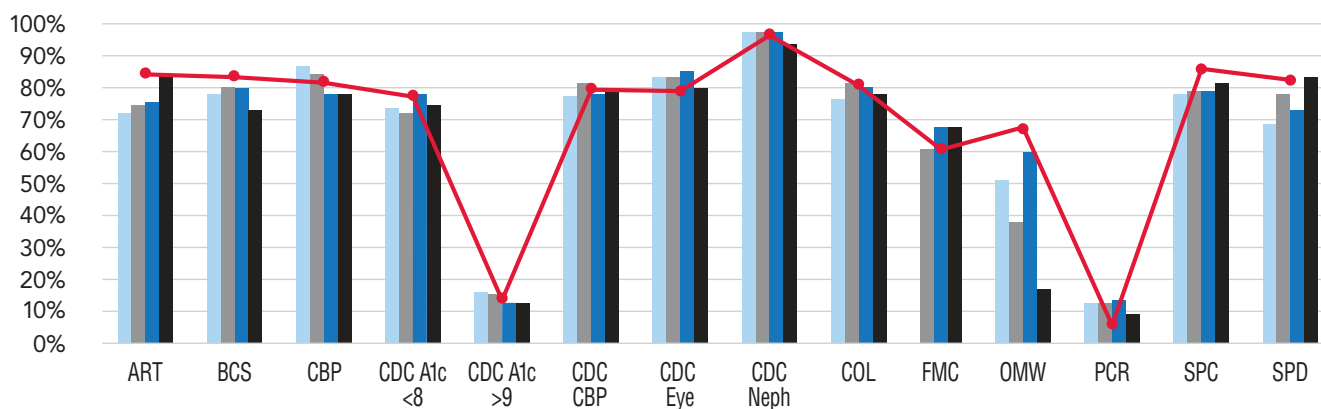
# What is HEDIS and Why is it Important?

## **HEDIS stands for Healthcare Effectiveness Data & Information Set**

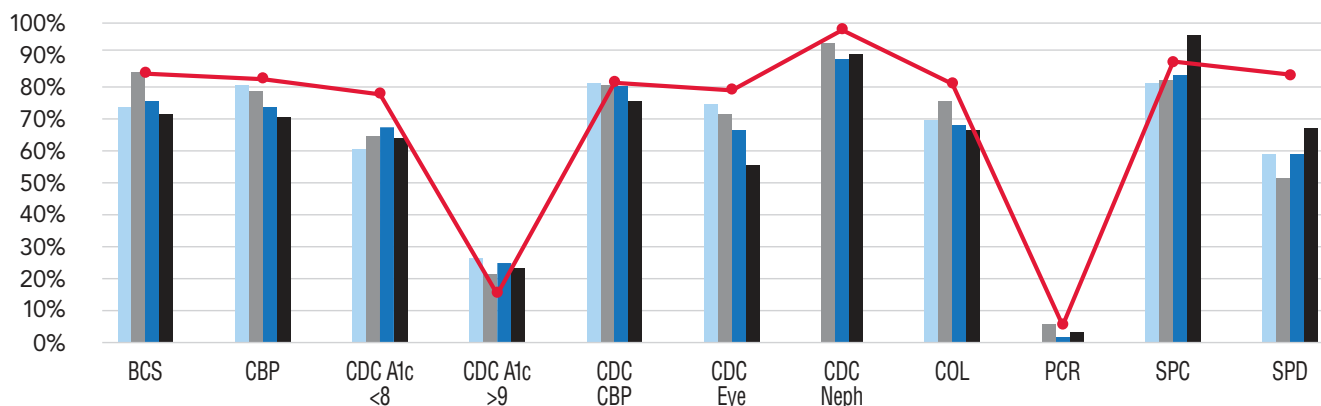
and consists of various performance measures determined by the National Committee for Quality Assurance, or NCQA, and is designed to improve the effectiveness and performance in the quality of health care. Every year the Hometown Health quality department participates in a HEDIS audit in which more than 90 measures, spanning six domains of care, are reported and then audited. These measures address preventative care and screenings, access to care, and various aspects of hospital utilization. Data is collected by claims, member surveys, medical office visits and other administrative data. Additionally, through our relationships with our providers we perform medical record retrieval and review. Every one of our providers serves a valuable role in the successful completion of Hometown Health's annual HEDIS audit. We'd like to thank our providers for providing us with the requested medical records once again this year.

**Impact from COVID in 2020:** Hometown Health has historically employed many outreach strategies for members and providers to improve care gap closures for our members. With the ongoing COVID-19 pandemic, many of our efforts were put on hold, such as health fairs and screening events. Hometown Health had to employ alternative strategies to engage members to close gaps in care. It was identified early in the year that rates were not trending as they had in years prior. We did see a decline in rates for many preventive measures, as shown in the charts below.

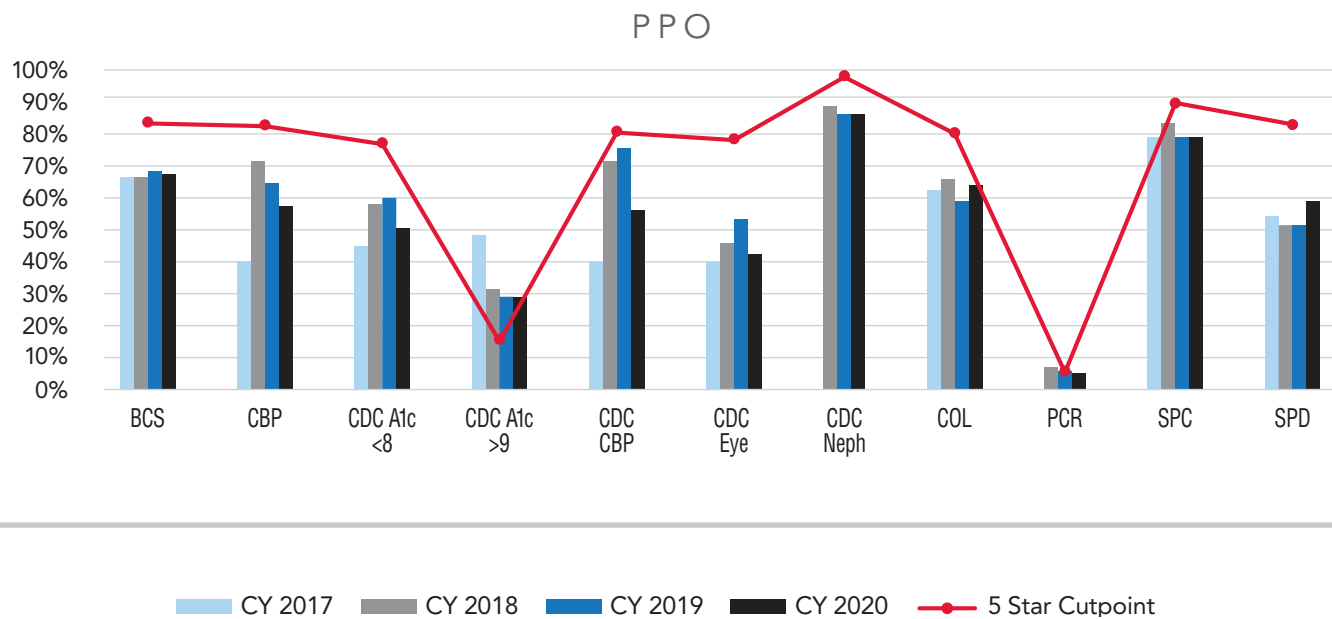
SCP HMO



HMO



■ CY 2017  
 ■ CY 2018  
 ■ CY 2019  
 ■ CY 2020  
 —●— 5 Star Cutpoint



Despite everything that happened in calendar year 2020 with the pandemic, restrictions in access to testing, and a general fear of seeking care, rates dropped in some measures, but not significantly. Measures that could be managed virtually showed great success, such as Statin Therapy and Colorectal (via FIT testing).

**In the Medicare population, Hometown Health met or exceeded 2019 in the following measures.**

- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Controlling High Blood Pressure
- A1c Poor Control
- Diabetic Blood Pressure
- Follow up after ED visit for those with Multiple Chronic Conditions
- All Cause Readmission
- Statin Therapy in Persons with Cardiovascular Disease
- Statin Therapy in Persons with Diabetes

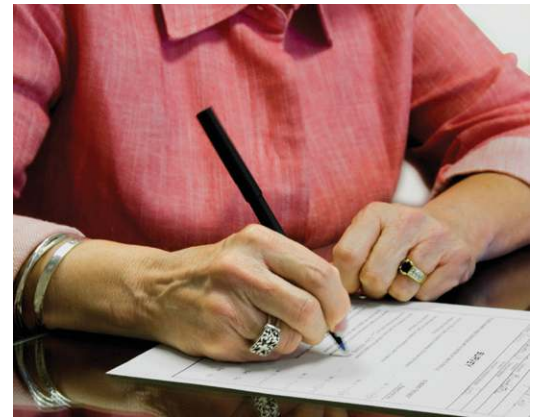
**In the Commercial population, Hometown Health met or exceeded 2019 in the following measures.**

- A1c Poor Control (HMO)
- Statin Therapy in Persons with Cardiovascular Disease (HMO, PPO)
- Statin Therapy in Persons with Diabetes (HMO, PPO)
- Colorectal Cancer Screening (PPO)
- All Cause Readmission (PPO)

Once again, Hometown Health would like to thank our provider network for their continued focus on quality.

# It's CAHPS Survey Season!

Every year Senior Care Plus sends a survey to randomly selected Senior Care Plus members. This survey is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Senior Care Plus uses this survey to continuously improve the care our members receive and their overall experience with Hometown Health as their health plan. It addresses many areas of patient care including whether they were able to get appointments and care that they needed quickly, whether that care was high-quality-care, as well as their impression of overall care coordination among their doctors and specialists.



We actively use the results and feedback provided by this survey to better serve our community in the following year, therefore we strongly encourage our members to complete this survey if they are selected to take it. Whether the feedback is positive or negative, *we want to hear from them!*

CAHPS 2017 – 2020



■ CY 2017  
 ■ CY 2018  
 ■ CY 2019  
 ■ CY 2020  
 —●— 5 Star Cutpoint

Last year's CAHPS survey results show us that our hard work to improve in many areas of care is paying off. However, we would love the opportunity to continue improving for all of our members.

If our members ever express that they did not receive quality care or quality service, please encourage them to contact Senior Care Plus at **775-982-3112** so we can ensure they always get the care and service they deserve.

# Provider Administrative Guidelines Updates

Please be advised the most up-to-date Provider Administrative Guidelines can be found on our provider webpage here: [HometownHealth.com/provider-partners](https://www.hometownhealth.com/provider-partners)

The guidelines have been updated as of May 1, 2021 and include important changes related to **Timely Inpatient Admission Notifications** as well the new **Large Volume Underpayment Request** process. Please be sure to review the guidelines and reach out to your Provider Services Representative with any questions on these new processes.

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**Welcome!** Christine Crosby is our new Provider Services Representative II. She will be joining Brenda Stafford in providing education, support, and assistance to our provider community. Christine grew up in Alaska and loves to kayak. She is looking forward to building strong and lasting relationships with our provider network.



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## Third Parties with Access to Hometown Health Network Discounts Identification

In accordance with SB 365, please be advised that all clients accessing our network discounts are updated regularly and can be viewed in HealthConnect under the Forms tab.

## Public Employees' Benefit Program (PEBP) Transition to Aetna

The Public Employees' Benefits Program's (PEBP's) PPO network contract with Hometown Health will terminate effective June 30, 2021. On July 1, 2021, PEBP will transition to the Aetna Signature Administrators (ASA) network. Claims will continue to be handled through HealthSCOPE Benefits.

To ensure PEBP members are not unexpectedly billed for out-of-network coverage, PEBP is requesting all providers who do not participate in the ASA network to inform their PEBP (HealthSCOPE) patients of this change prior to providing any services on or after July 1, 2021.

**IMPORTANT: Claims for dates of service prior to July 1, 2021 must be submitted to HealthSCOPE Benefits for processing no later than September 30, 2021.**

## Remember! It is All Contracted Providers Responsibility to Refer to Participating Providers

It is the provider's responsibility to refer members to participating providers in the Hometown Health network as outlined in the provider agreement. This keeps the member from being balanced billed by a non-contracted provider. If Hometown Health identifies a member has been referred to an out of network provider, Hometown will require the referring provider to coordinate the resolution of the member's out of pocket cost with the out of network provider within ten (10) business days of notice from Hometown Health or the member.

## Important Resources At Your Finger Tips!

Visit the Hometown Health Provider Website: [HometownHealth.com/provider-partners](https://www.hometownhealth.com/provider-partners) is a great place to familiarize yourself with all things related to providers and Hometown Health! Find the Hometown Health Administrative Guidelines, Provider Announcements, important forms, and a link to send us your opinions and suggestions for how Hometown can improve to better partner together!

# Let Your Voice **Be Heard!**

Hometown Health is now recruiting providers of ALL specialties to join our committees. If you are interested in joining any of the committees listed below, please reach out to [quality@hometownhealth.com](mailto:quality@hometownhealth.com).

## **Medical Affairs Credentialing Committee**

The Hometown Health Medical Affairs Committee is a statewide physician committee consisting of providers across a variety of specialty types. The committee meets virtually on a monthly basis for one hour. The committee has responsibility to oversee the Credentialing Program and policies for Hometown Health in accordance with state, federal and URAC accreditation standards. The primary role of the committee is to review physician applicants to the Hometown Health network to determine participation based on the Hometown Health Standards of Participation.

## **Provider Advisory Committee**

Coming soon to Hometown Health is our Provider Advisory Committee. How can we better serve you? As a provider in this committee, we want your feedback on how to improve the services and operations as it relates to provider management. In this committee you will provide direct feedback on service and the quality strategy through meaningful engagement with the goal of driving actionable improvements to our delivery mode. This committee provides a collaborative forum for providers and Hometown Health to share successes, identify opportunities, collaborate on community outreach, discuss legislative and regulatory updates, provide feedback on new or future initiatives and review how these programs fulfill our mission.

## **Quality Improvement/Utilization Management Committee**

This committee meets on the third Thursday of each month at noon virtually. As a provider on this committee, you are tasked with oversight of the Quality and Utilization Management Programs for Hometown Health and Senior Care Plus including Quality Improvement Projects, Authorization and UM criteria, Member Engagement Strategies and more. You will review trends, evaluate barriers, and develop interventions and strategies that will improve the success of the QI and UM programs.

## **Medicare Joint Operating Committee (JOC)**

Coming soon to Hometown Health is our Medicare Advantage JOC! We are looking for providers with a high volume of Medicare and Medicare Advantage members to collaborate with us on how we can better serve this population. In this working committee we will collaborate on best practices and performance improvement projects, build strategies to improve care and lower costs, and develop policies, programs and process that will improve patient care.

## **Benefits of being a part of a Hometown Health Committee**

- **Insight into the state, federal, and accreditation monitoring systems, such as NPDB, and how to stay compliant**
- **Resume building**
- **Contribution to the community to ensure high quality care across the Hometown Health network**
- **Leadership networking with community providers as well as providers across the state**
- **Regulatory and accreditation oversight process education**
- **Contribution to Hometown Health policies and processes**



# Formulary Reminder for Healthcare Providers

*Hometown Health and Senior Care Plus members enjoy outstanding prescription drug benefits because we work hard to provide the most up-to-date, cost-effective drug formulary. Provider partners are reminded that writing prescriptions to the formulary results in a positive patient/member experience. It is easy to check to see if a particular medication is in one of our two formularies.*



*HometownRx*<sup>®</sup>

Hometown Health members receive pharmacy benefits through HometownRx. To quickly see if a particular medication is included in the Hometown Rx formulary, visit [HometownHealth.com](http://HometownHealth.com) and click "Pharmacy" and select "Drug Formularies." Once on that page, you will find a link to our online Formulary Search which is easy, quick and accurate.

Senior Care  
Plus

To check to see if a particular medication is included in the Senior Care Plus formulary, visit [SeniorCarePlus.com](http://SeniorCarePlus.com) and hover over "Prescriptions" and then click "Formulary Search." Once on that page, you will find a link to the Senior Care Plus online formulary search tool.

Remember, both Hometown Health and Senior Care Plus are constantly making changes to the formularies to better serve our members. Confirming a medication is in the either of these two formularies is just a couple of mouse-clicks away. Ensuring a medication is in the member's formulary prior to writing the prescription goes a long way toward providing an outstanding healthcare experience.

If you have any questions about either of these formularies, contact our Pharmacy Benefit Team at [Pharmacy-HometownHealth@hometownhealth.com](mailto:Pharmacy-HometownHealth@hometownhealth.com)



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## Meet **Dr. Derek Beenfeldt**, *Hometown Health Chief Medical Officer*

Last December, Hometown Health introduced Dr. Derek Beenfeldt as its new Chief Medical Officer. In this role, Dr. Beenfeldt works closely with our Nevada physician community to improve the overall health and wellness of Hometown Health and Senior Care Plus members.

Prior to his role as Chief Medical Officer of Hometown Health, Dr. Beenfeldt served as Chair of Primary and Urgent Care for Renown Medical Group, where he led the clinical and operational aspects of 20 Medical Group locations and 140 providers. Prior to that, he served as Division Chief of Primary Care and Area Medical Director. He began his career with Renown as a primary care provider in 2014.

Dr. Beenfeldt has an MD degree from the University of Nevada School of Medicine, where he also did his residency. He is board-certified in Family Medicine, and holds a JD from the

University of the Pacific, McGeorge School of Law and a BS in Civil Engineering from the University of Nevada, Reno, where he was also the Student Body President.

With his extensive clinical and administrative experience, Dr. Beenfeldt intends to accelerate the transition to value-based care delivery models and enhance clinical care for our members. He is also working hard to ensure Hometown Health's customer service and utilization management teams are responsive to physician's needs when it comes to providing care to our members. Dr. Beenfeldt can be reached directly at **775-982-6280**.

