

Provider Connection

DECEMBER 2021

Hometown
Health 

Senior Care
Plus 

Coordinating Care for Seniors **Are you covering all 5?**

By Marie McCormack, *Division Chief Primary Care, Renown Health*

Each year the Centers for Medicare & Medicaid Services (CMS) conducts the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey along with the Health Outcomes Survey (HOS) to determine if we are delivering high-quality care to Medicare recipients.

The results of these surveys determine, in part, our health plan STAR rating. I would like to congratulate and thank all our provider partners on helping Senior Care Plus achieve a 4 STAR rating for 2022.

While we are proud to share this achievement, we also need to share an important detail about results. In the Care Coordination domain (a measure which reflects how often provider's discuss the 5 points of Coordination) we have dropped from 3 STARS to 2 STARS, putting our 2023 rating at risk.

We need your continued support to maintain and improve on our 4 STAR rating through 2023 and beyond. While you are treating senior members we, along with CMS, ask that you discuss five important topics.

Continues on the inside front cover



New for 2022!

Senior Care Plus Extensive Duals Plan

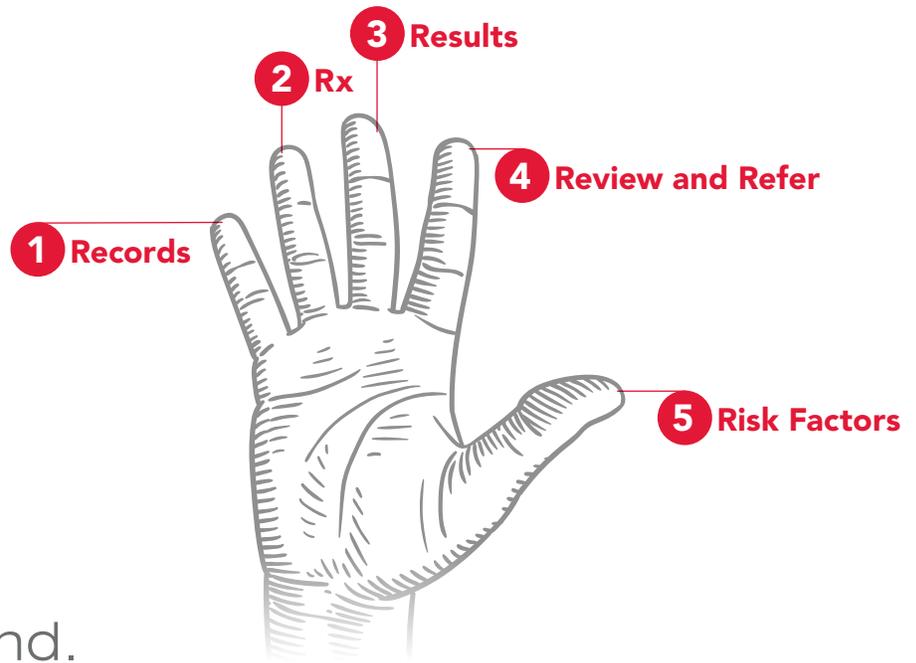
The plan for Senior Care Plus Medicare members with Medicaid!

Hometown Health has a new Senior Care Plus plan for members with both Medicare and Medicaid called the Extensive Duals Plan. Members on this plan will have Medicaid and Senior Care Plus. Extensive Duals Plan members must use a Renown primary care provider or Geriatric Specialty Care provider and live in Carson City or Washoe County.

IMPORTANT: Covered individuals on this plan are dual eligible for Medicare and Medicaid, and providers cannot bill the covered individual for cost sharing that is not the covered individual's responsibility. Covered individuals will not be held liable for Medicare Parts A and B cost sharing when the Medicaid Plan is liable for the cost sharing.

Continued from the front cover

You can count the five topics CMS wants to make sure providers are discussing with their Medicare patients on one hand.



In the CAHPS and HOS Surveys, Medicare asks specific questions of Medicare members to determine if providers are discussing these topics with their Medicare patients. Below are some examples of the questions Medicare asks and some things you might say to your patients to ensure they understand and remember you discussed each of the five topics. For example:

MEDICARE ASKS: *When you visited your doctor, how often did they have your medical records or other information about your care?*

YOU MIGHT SAY: "I reviewed your medical records before I came in..."

MEDICARE ASKS: *How often did you and your doctor talk about all the prescription medicines (Rx) you were taking?*

YOU MIGHT SAY: "The Medical Assistant reviewed your medications with you already, but do you have any questions for me?"

MEDICARE ASKS: *Did your personal doctor order a blood test, x-ray or other test for you? If so, how often did you get those results as soon as you needed them? How often did someone from your doctor's office follow up to give you those results?*

YOU MIGHT SAY: "It's important that we get those results to you as soon as you need them, so we will call you on Monday."

MEDICARE ASKS: *How often did your doctor seem informed and up-to-date about the care you got from specialists?*

YOU MIGHT SAY: "I see here you saw your Endocrinologist about two months ago. I had a chance to review those notes, and..."

MEDICARE ASKS: *Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?*

YOU MIGHT SAY: "Is there anything else me or my staff can help you with?"

REGARDING RISK FACTORS LIKE: *Incontinence, Fall Risk, Physical Activity*

YOU MIGHT SAY: "Do you experience any urinary incontinence? There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Would you like to discuss any of these approaches?"

Do you exercise regularly? In order to improve your health, I recommend you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

A fall is when your body goes to the ground without being pushed. In the past 12 months, I'd like to perform a fall risk assessment, and talk about ways to avoid falls or any problems with balance or walking."

Hometown Health asks for your help to provide the best of care to our members and provide them with an excellent health care experience. CMS continues to emphasize priority on the member's healthcare experience as well as care coordination. We are here to support you! Please reach out to the quality team at quality@hometown.com for resources, tools and best practices.

Provider Survey

Your Opinion Matters to Us!

Be on the lookout for the next Hometown Health Provider Experience Survey **coming in January 2022!**

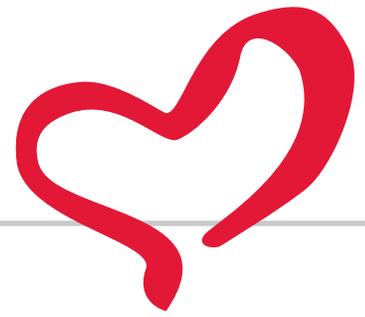
This quick survey helps us keep a pulse on how we are partnering with you to care for our members and will include questions related to claims turnaround times, authorizations, and customer service. We truly appreciate your feedback and look forward to improving your experience!

One of the trending responses in our last survey was an easy way to identify who your Provider Relations Representatives are and how to reach them. Based on that feedback, we created a new web page introducing our Provider Relations team, the specialty types they serve, and their contract information. Visit HometownHealth.com and from the **Providers** page, click on **Meet the Provider Relations Team** to learn more.

The screenshot shows the Hometown Health website navigation bar with links for PHARMACY, INDIVIDUALS, MEDICARE, EMPLOYERS, BROKERS, and MEMBER LOGIN. The main heading is "Meet the Provider Relations Team". Below this, there is a brief introduction: "The Hometown Health Provider Relations Team serves as your provider liaison to the health plan. The team will orient you to Hometown Health policies and procedures, assist in getting your office set up and trained in the Hometown Health provider portal, and are available to ensure our partnership in serving our members together is successful." Three team members are listed:

- Brenda Stafford**, Provider Services Representative (775-982-3131, Brenda.Stafford@hometownhealth.com). Bio: "I have been in the healthcare industry for over 30 years and was previously the Lead Trainer for Hometown Health's Customer Engagement Center. I also have years of experience in medical billing and claims resolution. In my current role as a Provider Services Representative, developing and managing provider relationships is something I love to do. I offer education and training, knowledge of benefit structure for all product lines, and identify and resolve issues while maintaining good working relationships with our provider community. I am passionate and dedicated to this role and strive to take a difficult situation and turn it into a positive outcome. I agree for excellence in everything I do and love being part of this amazing team. I am a proud native Nevada born in raised in Reno. When I'm not at work I love to explore the great outdoors with my husband and two beautiful Golden Retrievers."
- Christine Bible Crosby**, Provider Services Representative (775-982-3088, Christine.Crosby@hometownhealth.com). Bio: "I have been in the healthcare industry for over 20 years. In my current role as a Provider Services Representative I am excited to offer guidance, education and training to our provider network, as well as timely and thorough resolution of inquiries. I have a passion for helping people feel comfortable, confident and cared for. I am energized by the enthusiastic and supportive culture of Hometown Health and am blessed to work with an amazing and caring team of professionals who prioritize our members and providers above all else. I currently live in beautiful Lake Tahoe. Over the past several years, I have built wonderful, lasting relationships with our Community Resource Network to streamline access to care for many residents in Nevada. This makes me so happy doing what I do."
- Kimberley Gustafson Capule**, Provider Services Specialist (775-982-3023, Kimberley.Gustafson@hometownhealth.com). Bio: "I have been in the healthcare industry for 25 years and have extensive experience in provider network management. I have enjoyed partnering with physicians to provide high-quality health care. As a Provider Services Specialist I am responsible for coordinating internal and external resources to resolve issues and provide education to providers. My experience working in contracting and underwriting gives me the expertise needed to resolve issues timely and accurately. My passion is to improve processes to enhance the quality of care for patients. Being a Reno native, I enjoy skiing and hiking when I'm not at work. Traveling is also a passion of mine and one I would love to visit each of the continents."

Hometown Health 2022 Network Plan Changes



Senior Care Plus 2022 Network and Plan Changes

- New plan called, “Extensive Duals Plan” Dual Special Needs Plan (D-SNP) must have Medicaid to be eligible.
- Extensive Duals Plan member must use a Renown primary care provider or Geriatric Specialty Care provider and live in Carson City or Washoe County.
- Senior savings select insulin added on all Senior Care Plus plans.
- Formulary changes include MANY tier 3 brand drugs at a tier 2 generic copay.
- Vision goes to every other year, starts 2022. All members will still be able to get a set of glasses in 2022.
- Preferred inpatient copay increased on some plans to \$25 per day.
- Five diagnostic scans are now \$0 copay for the member:
 - Dexa (Bone Density)
 - Retinal (Medical Eye Exam)
 - Spirometry (Pulmonary Function)
 - DPN (Diabetic Peripheral Neuropathy)
 - QuantaFlo (Peripheral Arterial Disease)

Commercial Employer Group HMO 2022 Network and Plan Changes

- New large group plans and new and existing small group plans must use a Renown primary care provider or Geriatric Specialty Care provider* (community pediatricians may be used).
- Providers/facilities limited to Washoe, Carson, Lyon, Douglas and Storey County (ancillary providers such as DME and diabetic suppliers outside of the above counties can still be used, benefit authorizations as required by each plan still apply).
- All services with the exception of urgent, emergent and prior authorized higher level of care must be done within the counties specified above.

***The list below are employer groups who are grandfathered and excluded from the above limitations. At their next renewal they can opt for our new EPO plan which includes community primary care providers.**

- Bully’s Sports Bar & Grill
- CGI, Inc.
- Clasen Quality Chocolate
- Community Health Alliance
- Donor Network West
- Fallon Paiute Shoshone Tribe
- High Voltage Electric
- Reno-Sparks Indian Colony
- Selco Products
- Sheet Metal Workers Health
- Sierra Neurosurgery Group
- Signature Landscapes, LLC
- Tripp Enterprises, Inc.
- University of Nevada, Reno School of Medicine
- Western Surgical Group
- Zazzle, Inc.

Individual & Family HMO 2022 Network Changes

- Must use a Renown primary care provider or Geriatric Specialty Care provider (community pediatricians may be used).
- Providers/facilities limited to Washoe, Carson, Lyon, Douglas and Storey County (ancillary providers out of state are referred only upon prior authorization. Diabetic and other medical suppliers are excluded from this prior authorization.
- All services with the exception of urgent, emergent and prior authorized higher level of care must be done within these counties

Exclusive Provider Organization (EPO) New 2022 Plans

- New plan for 2022
- Can use Renown and non-Renown primary care providers
- Providers limited to the state of Nevada excluding ancillary specialty types (ancillary providers such as DME and diabetic suppliers outside of the state of Nevada can still be used, benefit authorizations as required by each plan still apply).
- No out-of-state benefits except emergent, urgent and prior authorized higher level of care.

Preferred Provider Organization (PPO) 2022 Plans

- No changes

Nevada Health Link

- Hometown Health is on the exchange in northern Nevada for individual and family HMO plans only.
- Plan names are: Renown Gold HMO, Renown Silver HMO, Renown Bronze HMO
- Must use a Renown or Geriatric Specialty Care primary care provider.

Individual & Family Plan (IFP) 2022 Plan

- Offering HMO, EPO and PPO plans off the exchange

**January 1, 2022, ID card images will be available in the
2022 Administrative Guidelines on [hometownhealth.com](https://www.hometownhealth.com).**

NOTE: The only Hometown Health plans offered in southern Nevada are Small Group EPO, Association Health Plan EPO, and Senior Care Plus.

Hometown Health **New Provider Portal – LINK**

Hometown Health is pleased to announce that on January 1, 2022 we will launch LINK, a new, improved provider communication portal.

The LINK portal facilitates secure communication between Hometown Health and the external entities we have established relationships with, such as providers and employers.

It's a secure web portal used to grant provider partners access to referrals, claims, and enrollment information for their managed care members. With the appropriate access, provider partners can use the LINK portal to review both clinical and insurance information for their members.

For Providers and Their Support Staff

Providers partners and their staff use Tapestry LINK to communicate, review information, and manage referrals for your health plan members. Security in Tapestry LINK limits affiliate provider and staff access to only the members who have a defined relationship with the affiliate provider, and users can request access to other members.

Securely communicate and reduce call volume. Tapestry LINK users can reach out to your staff about members and resolve reimbursement questions by sending In Basket and customer service messages.

Review insurance information. Members' coverage information, metered benefits, and submitted claims are available on demand for providers and their support staffs' reference.

✦ Coverages & Benefits > Coverage Detail Report				
② Eligibility				
Employer Group FORTUNAM STUDIOS PPO3 [4570103]	Benefit Plan HTH 20 SG PPO 25-CO 1600 A D0500X2 [164020169]	Carrier HTH PROVIDERS [4]	Payer HOMETOWN HEALTH PROVIDERS [16402]	
Service Area	Networks RENOWN PPO WESTERN CLINICAL ALLIANC*	Primary Location	PCP	
② Coverage Information				
Covered Flag Covered	Type Managed Care	Effective From 01/01/2021	Effective To	
Relationship to Subscriber Self - Self	Member Number 1000015801	Patient Application Date	Patient Late Enrollment	
② Subscriber Level Information				
Subscriber ID 1000015801	Subscriber Name Eight,Integrated	Employment Date	COBRA Status	COBRA Date

Manage referrals. Providers' staff submit and review authorizations and notification letters electronically, which simplifies processing for utilization management staff and reduces the number of incomplete requests you receive.

After an appointment has been scheduled, authorization requests are automatically updated and affiliate users are notified in real time.

Referral Search ▸ Referral Details

[Add Note/Attachment](#)
[Referral Message](#)
[Update Scheduling Info](#)

General Information

Authorized From	Expires	Type	Class	Status	Priority
5/4/2021	5/4/2022	Consultation	Outgoing	Authorized	Routine

Referred to

Provider: Mike Miescier, M.D.
Location: SPINE NEVADA - CARSON CITY

Referred by

Provider: Shruti Basha, M.D.
Location: VISTA

Procedure Information

Service Details	Modifiers	Provider	Requested	Approved
AMB66207 - REFERRAL FOR FAMILY THERAPY	None		1	1

Diagnosis Information

Diagnosis
Z09 (ICD-10-CM) - Follow up

Review and track claims. Provider partners can review claims they've submitted for your members and see claim statuses, even before claims have been fully processed. After claims are processed, the remittance advice appears in Tapestry LINK with details about payment and covered services, giving providers self-service access to remittance details without intervention from your staff.

Claim Search | Remittance Advice Search

Claim Search

Search for vendor, tax ID, provider, member ID, claim ID...

From date: 5/3/2021 | To date: 5/17/2021

Advanced Search

Vendor:

Tax ID:

Provider:

Member ID:

Claim ID:

Submitted ID:

Check Number:

Billed Amount: Min Max

Claim Type: Any CMS UB

Manage your population. Provider partners can also access care management tools, scorecards, and analytics that help to coordinate the care of your patient populations.

10315 Professional Cir. | Reno, NV 89521

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What's inside this issue:

- New Provider Portal Coming in 2022: [LINK](#)
- Coordinating Care for Seniors
- Hometown Health 2022 Network and Plan Changes
- Extensive Duals Plan Billing
- Provider Survey Coming In January

Effective January 1, 2022
Hometown Health will be utilizing LINK,
a new secure web portal that will provide our provider partners access to referrals, claims, and enrollment information.

LINK will be our new provider portal for providers and their office staff. LINK will be available beginning January 1, 2022. If you don't already have an account with EpicCare LINK, Site Administrators can register now to be ready for this exciting transition. Once the site is active on January 1, 2022, Site Administrators will be able to grant access to other employees within their office.

We will be holding training sessions to help you understand and navigate LINK easier. To sign up for training or find more information on LINK please visit hometownhealth.com/LINK.

See inside pages 4-5 for more information about all you can do with LINK!

IMPORTANT: New Claims Payment Requirement

Due to the transition to Tapestry LINK, beginning January 1, 2022, providers must submit their taxonomy for claims payment.