Provider Pulse - October 30, 2024

What's New:

Pharmacy Update-IMPORTANT!

We want to inform you about upcoming changes to the medical drug benefit coverage provided by Hometown Health and Senior Care Plus, effective January 1, 2025. These changes may impact some of your patients.

Starting on this date, the medications detailed in the Advanced Biosimilars - Medical Preferred Drug List(s) Jan 2025 will no longer be considered preferred within our medical benefit plan. We encourage you to consider prescribing one of the preferred medications listed on the Medical Preferred Drug List(s).

Please visit our website Authorization Matrices | Hometown Health for the NEW Medical Preferred Drug Lists effective January 2025.

Next Steps:

1. **Patient Communication:** Please inform your patients about the preferred medication options and the potential impact of this change on their current medications. If patients choose to continue their non-preferred medications without prior authorization, they will be responsible for 100% of the cost.
2. **Prior Authorization:** If a patient's current medication is deemed medically necessary, you may request prior authorization for an exception. We have an exception process in place for specific situations. To submit an exception request, please use EpicCare Link: Login (renown.org).

For questions related to this change, contact Hometown Health Customer Service at 775-982-3232 or the Hometown Health Pharmacy Team at Pharmacy-hometownhealth@renown.org.

Exciting Changes to the Hometown Health Provider Directory

Hometown Health has made important enhancements to our online Provider Directory to ensure our members can efficiently search for providers that meet their specific needs. Please see a few of the additional search criteria added below:

- Provider's Race & Ethnicity
- Additional languages spoken at the office
- Hospital Quality Scores
- Cultural Training Completion

Please go check out the additional enhancements to our online Provider Directory at hometownhealth.com and be sure you are providing complete and accurate information when

submitting Provider Add Forms and Credentialing Applications so the information displayed is accurate and up to date.

Important Reminders:

Appointment Accessibility Standards for Contracted Providers with Hometown Health and Senior Care Plus

Hometown Health annually monitors the appointment accessibility of its providers for its plan members to ensure members have access to the healthcare providers they need and can receive appropriate services promptly. Thank you for taking the time to complete the Provider Accessibility Survey so we can ensure our network is meeting the needs of our members. As a reminder, below are the standards for appointment accessibility for Primary Care, Behavioral Healthcare, and Specialty Care.

Primary Care and Specialty Care:

- New Patients: 90% of appointments can be scheduled within 14 days
- Routine and follow up visits: 90% of appointments can be scheduled within 14 days
- Urgent Care: 90% of appointments can be seen within 24 hours or direct patient to an urgent care
- After-hours care: patients are provided with information, such as through an after-hours answering service, on how to obtain care during non-office hours.
- Emergent Care: providers will direct patients to call 911 or go to the nearest emergency room

Specifically for Behavioral Health Providers:

- New Patients: 90% of initial visits for routine care can be scheduled within 10 days
- Routine and follow up visits: 90% of appointments can be scheduled within 30 days from the date of call for prescribers and 20 days from date of call for non-prescribers
- Urgent Care: 90% of appointments can be seen within 48 hours or direct member to an urgent care
- Non-life-threatening emergency: patient will be seen within 6 hours, or directed to the nearest ER or Behavioral Health Crisis Unit
- Emergency: providers will direct patients to call 911 or go to the nearest emergency room

Effective 6/1/2025: Attestation within the last 365 days is now required for all providers and facilities appearing on the directory!

Hometown Health has been required by the No Surprises Act since 1/1/2022 to have providers and facilities attest to the demographic information displayed in the directory every 90 days. Effective 6/1/2025, Hometown Health will now require providers or facilities to have attested within the last 365 days for inclusion in the directory. Attest today to avoid removal from the directory!

To avoid removal from the directory and make this as easy as possible for you, Hometown Health has partnered with Quest Analytics' BetterDoctor to collect your quarterly provider data attestations. There are two options to attest:

- Attest via the BetterDoctor portal using the secure access code you receive from Quest Analytics' BetterDoctor via email, fax, and/or direct mail each quarter.OR
- Attest via roster if your organization includes 20 or more practitioners at multiple service locations. Please send your quarterly roster to rosters@questanalytics.com.

For more information on the attestation process and the No Surprises Act, please visit: PRACTITIONER DATA VERIFICATION

P3 Term

Senior Care Plus has ended our agreement with P3 Nevada. Senior Care Plus is continuing operations on our provider network for the 2025 plan year. Please ensure that you are billing Hometown Health directly for any Senior Care Plus member services with a date of service 1/1/2025 forward. For any admissions to a facility, please ensure that you notify Senior Care Plus per our Administrative Guidelines in the specified time frames for any admissions 1/1/2025 forward. If you have any questions or concerns, please feel free to contact our team at 775-982-3232. We look forward to providing great care for our Senior Care Plus members together.

Important Reminder for Authorizations

Specialist office visits for Individual Family HMO Plans (Except OB/GYN, Pediatrician and contracted walk-in clinics) must have an office visit authorization on file for ALL SERVICES provided in the office.

The authorization will link to the claim if the service codes listed in the authorization are within the first 3 digits for Medical and first 4 digits for DME.

Providers are responsible for submitting a prior authorization within 7 days of the date of service for services requiring an authorization and not included on the original authorization. A new authorization request can be submitted through EpicCare Link or by fax.

For the most up to date authorization requirements, please visit https://www.hometownhealth.com/authorization-matrices/

Tips and Tricks for Timely Turn Arounds

Important Reminder when disputing a Reconsideration

If a provider disagrees with the outcome of the provider reconsideration, another reconsideration may be submitted with **additional supporting documentation** for review which must include new and material evidence to support a re-opening of the initial reconsideration.

If there is no new material evidence, the reconsideration will be dismissed as a duplicate submission.

All claim reconsiderations and disputes must be submitted within 90 days from the date of explanation of payment unless otherwise outlined in the provider agreement.

Electronic Claims submissions

To reduce overall turn-around-times for claims processing, Hometown Health is requesting contracted providers submit claims electronically. This is the most cost-effective way of filing claims as it can reduce your administrative time, as well as improve accuracy and expedite claim payment turnaround time.

Hometown Health's alternative claim submission solution, Optum Intelligent EDI, also called Optum iEDI, went live as of March 2024. Providers are encouraged to work with their practice management system or vendor to establish the necessary connections for claims submission using Payer ID 88023.

For assistance, providers can call the Optum Support Team at 1-866-OptumGo or email them at NTW@optum.com.

Submitting Paper Claims

Paper claim submission is not the preferred method of claim receipt and should not be used unless the provider is unable to submit electronically.

When necessary, completed claim form(s) and pertinent documentation may be mailed to:

Hometown Health
10315 Professional Circle
Reno, NV 89521

EpicCare Link Updates

Important! EpicCare Link Update

Hometown Health will be implementing a recurring site verification process starting **11/1/2024**. This process will need to be completed by a Site Administrator assigned to your site for all users to maintain access to a site. Once the initial verification is completed, we will be requiring a bi-annual verification moving forward.

The site verification process helps ensure that users who are no longer associated with your organization don't have access to your Link websites. During site verification, an administrator of the Link organization reviews the list of users and either confirms that each user should still have access to Link or deactivates their account. The process is straightforward and will require

you to verify the users currently assigned to your site as well as your sites demographics I.E. address, phone number, etc.

Site Administrators – once the verification process is enabled, you will be automatically prompted to complete your site verification once you log into EpicCare Link.

NOTE: Site Verification must be completed within 30 days of initiation for your users to maintain access to EpicCare Link. If you don't complete the sit verification your account will be locked until verification can be completed.

Building Partnerships with Hometown:

The Hometown Health Medical Affairs Committee is still looking for new members! The statewide physician committee consists of providers across a variety of specialty types who review physician applicants to the Hometown Health network to determine participation based on the Hometown Health Standards of Participation. For more information or to get involved, please visit: Medical Affairs Committee | Hometown Health