

Provider

Winter 2017

Hometown
Health 

Senior Care
Plus 

A Medicare Advantage Plan from Hometown Health.

Connection from

Introducing...

HometownRx

The Pharmacy Benefit Manager from Hometown Health launches January 1, 2017!

Hometown Health has created Hometown Rx, a forward-thinking Pharmacy Benefit Manager (PBM) to better assist our clients and members with the rising costs of prescription drugs.

Please note, moving to Hometown Rx will not affect pharmacy benefits, pharmacy network or coverage amounts.

All Hometown Health commercial HMO and PPO benefit plans, including Renown employees will utilize the HometownRx PBM. Senior Care Plus members will continue to utilize MedImpact as their PBM.

In late December, members will receive new ID cards and a letter explaining this change (sample card below). Please note, HometownRx will utilize the same formulary and pharmacy network currently in use.

For members, this change will be seamless. They will receive a new Hometown Health ID card in late December with the Hometown Rx logo replacing the MedImpact logo.

Please note, beginning January 1, 2017 providers can call 844-373-0970 with prior authorization requests or other questions regarding HometownRx.

Member Number:

Member Name:

Subscriber Name:

PCP:
PCP Phone:
DEDUCTIBLE

OFFICE COPAYS:
Primary Care/Specialist
Rx:
Generic/Brand/Non-Formulary

Hometown
Health 
Plan

HometownRx 
RxBIN: 019059
RxPCN: 07570000
RxGrp: HTH

For routine or urgent care call the Primary Care Physician(PCP) listed on front of this card. The preferred provider network for members residing in **Northern Nevada**: Renown Health medical facilities for emergency and hospital care.

Submit claims to: EDI Payor ID #88023
Mail claims to: Hometown Health
P.O. Box 981703
El Paso, TX 79998-1703

For Emergencies
oneHealth
Southern Nevada 775-982-3232
Or Visit www.one-healthcare.com

 PHCS
Outside Nevada 800-678-7427
OR Visit www.multiplan.com

Eligibility, benefit or pre-certification information:
775-982-3232 or 800-336-0123 or www.hometownhealth.com.
Pharmacy services: 844-373-0970
Health Hotline (Registered Nurse Line):
775-982-5757 or 888-324-3243

Possession of this card does not guarantee eligibility.

New ID Cards like these will be mailed to members in late December and effective January 1, 2017.

New Pain Medication Rules Established by CMS for 2017

CMS is implementing an opioid utilization program to assist in preventing opioid overdose and overutilization for patient safety beginning in 2017. This program will affect all Senior Care Plus Medicare Advantage members who are prescribed opioids.

CMS will use a daily morphine equivalents dose (MED) as an indicator of potential dose-related risk for adverse drug reactions to opioids, including overdose. Since all opioids are not the same, a daily morphine equivalents calculation is used to compare opioid potency. The calculation includes drug strength, quantity, and day supply.

By converting the dose of an opioid to a MED, we can determine whether a cumulative daily dose of opioids approaches an amount associated with increased risk.



For safety and to prevent overdose or overuse, doses meeting a certain MED threshold set by CMS may result in a prescription rejection at the pharmacy, so it is important for providers to know what medications patients are taking.

Senior Care Plus is a Medicare Part D sponsor and must comply with the CMS rules.

Starting 01/01/2017 Senior Care Plus members with potential overutilization issues will be identified and the following CMS rules will apply:

- Members whose daily MED that is greater than 120 mg, will have a primary rejection of their prescription at the pharmacy.
 - Overriding this primary rejection will be at the discretion of the pharmacist dispensing the medication.
 - If the pharmacist refuses to override this rejection, a coverage determination will be sent to Senior Care Plus for review.
- Members whose daily MED is greater than or equal to 200 mg will have a secondary rejection of their prescription at the pharmacy.
 - This secondary rejection can only be overridden by Senior Care Plus based on review by a clinical pharmacist or physician for coverage determination.
- Members with cancer or receiving hospice care will be excluded from these safety edits.

Of course, the ultimate decision to prescribe an opioid above the recommended MED, irrespective of insurance coverage, is between the provider and the patient.

For more information on this CMS regulation please visit www.CMS.gov to reference the 2017 Call Letter. The start of this OMS regulation can be found on page 212.

Stanford Medicine Referral Process

This past summer, Renown Health and Hometown Health were pleased to announce a new partnership that made Stanford Medicine the preferred referral center.

This decision was made because of Stanford's superior reputation, high-quality facilities and talented faculty.

While this new affiliation with Stanford is exciting, the tertiary referral process, outlined below, remains unchanged. The referral process is as follows:

1. Primary Care Physician (PCP) or local Specialist Physician refers to a specialist outside of the local area when necessary (preferably to Stanford) for evaluation.
2. Referring physician requests an authorization from Hometown Health, with accompanying documentation of medical necessity, for out-of-area care.
3. Utilization management at Hometown authorizes referral if medically necessary.

As you can see, referring a patient to Stanford follows the same authorization process as any other out-of-area referral, but now, Stanford is preferred!

Provider Demographics & Information Changes

Keeping us up-to-date with your practice will ensure timely processing of claims!

Any time you change your billing or physical address, or you add a new provider to your practice, please let us know.



Submitting Demographic Changes or Corrections

Changes should be submitted 60-days in advance or as soon as possible, on your office letterhead and submitted by mail or fax to:

Hometown Health
ATTN: Provider Relations
830 Harvard Way
Reno, NV 89502
FAX: (775) 982-3751

NOTE: *Our Third Party Lease Network's requires a 60-day advanced notice for any changes. The effective date of all changes will vary by lease client.*

Please include your tax identification number on all correspondence to ensure timely processing of all changes.

Senior Care Plus Is Shooting for Five Star Quality



Knowing the CAHPS® Survey Questions Helps Providers Contribute To Star Ratings

Two of the important categories in the five star quality rating system are Member Satisfaction and Customer Service. The Centers for Medicare & Medicaid Services (CMS) collect that information through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey that is completed by the member in the spring of every year.

The next CAHPS® survey is schedule to be mailed to Senior Care Plus members in February 2017. Some of the questions in this survey relate to the members experience with their healthcare provider. For example,

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for your, how often did you get those results as soon as you needed them?
- In the last 6 months, how often did you and your personal doctor talk about all the prescriptions medicines you were taking?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialist?

Other questions have to do with the ease of getting an appointment. For example,

- In the last 6 months, how often was it easy to get appointments with a specialist?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

When your patients complete the CAHPS® survey by answering "Always" to these questions, it confirms the quality service and care that you and your team are providing.

If you have any questions regarding the CAHPS® survey, please contact your Provider Relations representative.

Understanding The Rating System Categories Will Help You Help Our Members!

Senior Care Plus is committed to providing high-quality care and service to our Senior Care Plus members and providers.

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plan and the quality of care they receive. The star rating system applies to all members enrolled in the Senior Care Plus Medicare Advantage HMO and PPO plans.

The star rating system looks the following categories:

1. Staying Healthy
 - Preventative Screenings
 - Check-ups
 - Vaccines
2. Managing Chronic Conditions
 - Long-term medical conditions with a focus on Diabetes
 - Medications management and adherence
3. Member Satisfaction
 - Health Plan customer service
 - Quality of care with the health plan
 - Quality of care with their provider
4. Customer Service
 - Responsiveness and helpfulness from the health plan
 - Accuracy of information provided by the health plan



Diabetes Glucose Meters & Test Strips

New Partnership To Benefit Members With Diabetes

Hometown Health is pleased to announce we have partnered with Abbott Diabetes Care (ADC) and Ascensia to bring the highest quality diabetes self-maintenance products to our members.

The decision to move forward with this partnership was based on an extensive product review that focused on quality, usability and price.

Effective January 1, 2017, please help our members to maximize their benefits and minimize their costs by prescribing the glucose meters and test strips listed below.

Subsequent prescriptions and prescriptions for newly diagnosed members obtaining test strips for the first time must have a prescription for a glucometer and related test strips.



Product Name
FreeStyle Lite meter
FreeStyle Freedom Lite meter
Precision Xtra meter
FreeStyle test strips 50 ct.
FreeStyle test strips 100 ct.
FreeStyle Lite test strips 50 ct.
FreeStyle Lite test strips 100 ct.
Precision Xtra test strips 50 ct.
Precision Xtra test strips 100 ct.
Precision Xtra Beta Ketone test strips 10 ct.
Contour Next meter
Contour Next EZ meter
Contour Next USB meter
Contour Next test strips 50 ct.
Contour Next test strips 100 ct.

The Pharmacy will reject prescriptions for glucose meters and test strips for Senior Care Plus members that are not on this list.



Health Screening Reminder!

Please Take The Time To Make Sure Your Patients Are Up-To-Date On ALL Their Health Screenings!

Anytime is a great time to make sure every patient that comes into the office has had their annual preventive health screenings.

Annual Wellness Visit – This benefit is 100% covered every year for Senior Care Plus members.

Breast Cancer Screening (Mammograms) – Women through age 74 or high risk should be screened every year. This is a covered benefit and a PCP referral is not required.

Colorectal Cancer Screening – Adults 50-75 are recommended to be screened for colorectal cancer each year.

Diabetic Screenings: When possible, please schedule diabetic members for the following screenings:

- **Eye Exam** – Members with diabetes have a Medical Eye Exam with their benefits at a \$20 co-pay.
- **Kidney Screening** – This helps to determine whether or not nephropathy is developing in our members that have diabetes. This is a simple urinalysis test that can be collected in the office.
- **A1c** – Our goal is to ensure those diabetic members have their A1c in control. For the vast majority, this should not be above 7.0. It should be tested at least every six months.

Health providers are on the front lines when it comes to health screenings and Hometown Health and Senior Care Plus very much appreciate your efforts to ensure all our members are taking advantage of the health screenings offered.



Senior Care Plus Has Some New Partners For 2017!

Delta Dental and TruHearing Plans Are Now Available!

This year, Senior Care Plus has partnered with **TruHearing** to provide hearing benefits and **Delta Dental** to provide dental benefits.

Both partnerships were formed with members in mind. **Delta Dental** will offer low premium preventative and comprehensive dental plans as well as provide customer service and process claims. **TruHearing's** plan offers hearing exams and up to two hearing aids per year at very reasonable copayments.

TruHearing™

DELTA DENTAL®

Winter 2017

Provider Connection

Hometown
Health

INDIVIDUAL | FAMILY | GROUP | MEDICARE

There's a plan for everyone. Find yours.

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Reno, NV 89502

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Get Connected – With HealthConnect!

It's Easy to Communicate with Hometown Health when you Connect via HealthConnect!

HealthConnect is a powerful back office tool that allows your team to rapidly accomplish tasks that previously took hours.

HealthConnect offers the ability to:



- Submit and manage requests for referral authorization electronically
- Manage all your Hometown Health claim EOPs
- Online access to the Provider Directory, containing all providers contracted with Hometown Health
- Inquire on eligibility status for all Hometown Health members
- Determine correct copayments

If you are not utilizing all the power of HealthConnect, you just are not connected!

Please contact Provider Relations at 775-982-3232 and we will come to your office demonstrate how you can put HealthConnect to work for you!

HealthConnect

<https://healthconnect.com/>