

Provider Newsletter

HSCSN's Newsletter for Providers serving Children and Young Adults with Special Health Care Needs



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

Celebrating
30 *Years*
of
Service

Fall Issue, November 2024

President's Corner

A Message from the President

Health Services for Children with Special Needs (HSCSN) was founded in 1994, and we are excited to celebrate 30 years of serving the Washington, DC, community. We are proud of our long history of providing high-quality, coordinated care to children and young adults with complex special needs, helping them live fuller, healthier lives. It has been 5 years since HSCSN became a subsidiary of Children's National Hospital, giving us access to more resources and a more integrated healthcare system for our enrollees. We have recently achieved NCQA accreditation for both care management and as a health plan, and we are a fully licensed health plan. Additionally, we are implementing new technology, including integrated UM, CNM, and appeals modules, along with advanced analytics tools and provider and enrollee portals. These improvements bring greater rigor to our operations and make us a stronger partner to providers.



Thank you to our provider community for your continued dedication to serving HSCSN enrollees.

Please join us in celebrating HSCSN's 30th anniversary

A handwritten signature in black ink that reads "Anna Dunn".

Anna (Pilskaya) Dunn
President
Health Services for Children with Special Needs/Children's National

What's Inside:

- ◆ Provider Spotlight
- ◆ What's New at HSCSN
- ◆ Quality Performance Outcomes

Quality Performance Outcomes Measures

HSCSN utilizes the Healthcare Effectiveness and Data Information Set (HEDIS®) to assess quality performance outcomes. Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is a standardized performance measurement tool that encompasses more than 90 measures across six domains of care.

As part of our Quality Assurance and Performance Improvement program, HSCSN employs HEDIS® rates to track, monitor, and ensure timely and appropriate care for our enrollees. This tool also helps us identify potential quality performance improvement projects (PIPs) in alignment with the District of Columbia Department of Health Care Finance (DHCF) Managed Care Quality Strategy. This strategy aims to enhance health outcomes by ensuring access to quality care, improving population health and chronic condition management, and enhancing the clinical experience of enrollees. Currently, we have two active Performance Improvement Projects (PIPs):

- ♦ Behavioral Health PIP: Targets adults and children (ages six and older) diagnosed with mental illness or intentional self-harm. The goal is to improve follow-up visits for mental illness within 7 and 30 days post-hospital discharge or emergency department (ED) visit.
- ♦ Childhood Obesity Management and Prevention PIP: Focuses on children and adolescents aged 3 to 21 years, aiming to improve compliance with weight assessments and counseling for nutrition and physical activities, as well as well-care visits.

Why is HEDIS® Important to Providers?

The care you provide to your patients—our enrollees—is evaluated through HEDIS® quality measures. This assessment helps providers identify and close gaps in care for their assigned patients.

What is the Provider's Role in HEDIS®?

1. Deliver appropriate care within designated timeframes.
2. Document all care provided to our enrollees clearly and accurately in medical records.
3. Accurately code all claims.
4. Understand the documentation requirements for HEDIS® measures.
5. Ensure your office staff responds promptly to HSCSN requests for medical records.

If you or your office staff have any questions, please don't hesitate to contact us.

Contact Information:

Davina Y. Green

HEDIS Manager Quality

C: 202-308-4617

DDGreen@Hshealth.org | www.hshealth.org



PROVIDER SPOTLIGHT

In commemoration of HSCSN's 30th Anniversary, Deborah Wilson, Sr. Manager of Provider Relations at HSCSN, sat down with Dr. John Agwunobi, former CMO at HSCSN, for a conversation about his experience and insight 30 years ago

Deborah Wilson

Thank you, Dr. John, for joining me today to discuss Health Services for Children with Special Needs (HSCSN). As a former Chief Medical Officer and a founding employee from when HSCSN was established in 1994, how does that make you feel?

Dr. John Agwunobi

I'm incredibly proud of HSCSN and everything it has accomplished over the past 30 years. That longevity alone speaks volumes about the importance of its work and the need for it in our community.

When HSCSN was created, it was essentially an experiment—a way to test a new model for providing care. We weren't sure if we'd be around from one year to the next, as it was never guaranteed beyond the duration of our contract. I'm proud that the team has remained cohesive and continues to serve the people of the district. Many of us began our journey at the HSC Hospital for Sick Children and ended up at HSCSN.

In the early days, because we were experimenting, we were constantly innovating. Everything we did was new to us.

Deborah Wilson

Yes, we are still innovating. What did you learn during your time at HSCSN?

Dr. John Agwunobi

Although my time there was relatively short, I dedicated myself as a pediatrician to children with special health care needs, including those who were ventilator-dependent, had developmental disabilities, heart disease, chronic illnesses, or HIV. One key lesson I learned at HSCSN was the importance of understanding the social context of a patient.

In a hospital setting, you primarily interact with the patient and provide information to their family. The family typically plays a supporting role in decision-making, but it's a very controlled environment. It was only when I joined HSCSN that I truly grasped the significance of helping children in their community.

Our goal is to support them in living healthy lives, even with chronic diseases. Achieving this requires recognizing that it's not just about the individual patient; it's about their living situation, their siblings, and other environmental factors. For instance, you can't place a noisy ventilator in a bedroom shared with other children—it disrupts everyone's sleep.

We also need to consider logistics. How will a parent get from work to the hospital? When a child has a chronic illness, it's essential to coordinate their doctor's appointments and school schedule effectively.

I learned that no person is an island; they exist within their community context. Understanding a family's weekly routine—what they do on Sundays and Mondays, whether they are single-parent households, and how many siblings they have—becomes crucial. The social context can be even more significant than the illness itself and certainly more important than the providers involved.

While HSCSN is a managed care entity focused on organizing healthcare, the real impact on outcomes comes from the community aspects surrounding the child. This was a vital lesson I learned during my time at HSCSN.

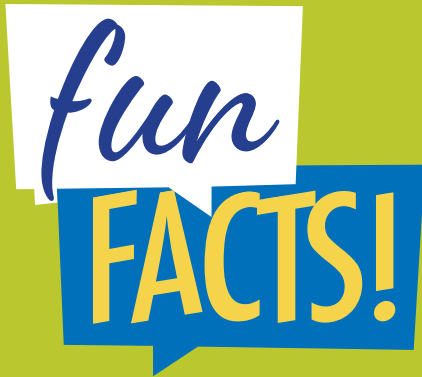
Yes, the impact on the family is profound. Health insurance doesn't cover the time, energy, and effort families invest, nor does it address the challenges that arise, such as a father needing to forgo a second job to be available for their child. Hospital care is often the straightforward part; the real challenge lies in community care.

To view the full interview please visit: <https://hscsnhealthplan.org/health-providers/news-updates>



John Agwunobi, MD, MBA, MHP

Founding Employee of HSCSN
Former CMO at Hospital for Sick Children
Former CMO at HSCSN
Former Deputy Secretary of Children's Medical Services for the State of Florida
Currently Semi-Retired



Fun Facts you didn't know about HSCSN

- ◆ HSCSN was established in 1994 and enrolled its first member in 1996.
- ◆ HSCSN Wellness Center opened in Ward 8 in 2020 at 3400 Martin Luther King Jr. Avenue SE, Washington D.C. 20032
- ◆ HSCSN offers health and family support programs for both caregivers and enrollees. Programs like Parent Advocate Leaders, Male Caregivers, and Young Adult Support Group provide resources and guidance while helping participants gain valuable skills to navigate their unique challenges.

Behavioral Health Updates Applied Behavior Analysis (ABA)

HSCSN is grateful for the dedication our ABA providers show to our enrollees! We are excited to share two important updates to how HSCSN will work with our ABA providers.

Effective August 17, 2024, Board Certified Assistant Behavior Analysts (BCaBA) can deliver direct services to HSCSN enrollees! ABA provider groups that employ BCaBAs, should work with the HSCSN Credentialing Department to update their list of practitioners. ABA providers should email their staffing modifications to the Credentialing staff at C6@hschealth.org.

Effective September 2, 2024, HSCSN enrollees have access to twelve (12) units of ABA Evaluations with a rolling 12-month period as a covered benefit! Primary Care Providers (PCP) can refer directly to HSCSN in-network ABA providers for an ABA Evaluation. HSCSN in-network providers can be found in the online Provider Directory at <https://hscsnhealthplan.org/enrollees/search-health-providers>.

Information about utilization of this benefit can be obtained by contacting Customer Care at 202-467-2737. If a provider finds that the benefit has been met, but a clinical need for an ABA Evaluation remains, they should follow the standard HSCSN prior authorization request process using the "HSCSN Provider Request for ABA Evaluation" form. The form is available on the HSCSN website - <https://hscsnhealthplan.org/health-providers/current-providers/forms>. The form should be emailed to the UM Department for medical necessity review at UM@hschealth.org.

Neuropsychological/ Psychological Testing Effective September 2, 2024, HSCSN enrollees have access to Neuropsychological/ Psychological Testing within a rolling 36-month period as a covered benefit! Primary Care Providers (PCP) will submit a referral for testing directly to an HSCSN in-network neuropsychologist/psychologist. HSCSN in-network providers can be found in the online



Provider Directory at <https://hscsnhealthplan.org/enrollees/search-health-providers>.

Information about utilization of this benefit can be obtained by contacting Customer Care at 202-467-2737. If a provider finds that the benefit has been met but a clinical need for a Neuropsychological/ Psychological testing remains, they should follow the standard HSCSN prior authorization request process. The Neuropsychological Testing Request Forms or Psychological Testing Request Forms are available on the HSCSN website - <https://hscsnhealthplan.org/health-providers/current-providers/forms>. The forms should be emailed to the UM Department for medical necessity review at UM@hschealth.org.



Provider Satisfaction Survey

Coming November 2024

HSCSN administers a Provider Satisfaction Survey annually by contacting a sample size of our providers in the network. This survey is designed to gather information about our providers' experience with HSCSN overall, general telephone contact, the Care Management process, the Utilization Management (Authorization) process, HSCSN's website, the credentialing/recredentialing process, and the claims reimbursement process. The survey also is designed to understand the level of communication and education between HSCSN and the provider offices, and to find out how provider staff rate HSCSN in comparison to other managed care organizations on similar attributes.

Survey results, along with data from complaints and appeals, help us measure compliance with National Committee for Quality Assurance (NCQA) standards. Survey results also help us identify areas for improvement.

Please be on the lookout for the upcoming survey in November 2024. We highly encourage your office to complete the survey, if contacted.



Home Health Agency Virtual Fall Forum

**Thursday, November 21, 2024
12:00–2:00 P.M.**

What's New at HSCSN

National Committee on Quality Assurance (NCQA)

HSCSN is now accredited as a high-quality health plan by the National Committee on Quality Assurance (NCQA). The organization earned the top accreditation status for both Health Plan Accreditation and Case Management Accreditation this summer, highlighting our commitment to continuous quality improvement in care delivery, network management, and member experience.



HEALTH PLAN



CASE MANAGEMENT

3 YEARS



INTEGRATED CARE DC

A learning community for District of Columbia Medicaid providers

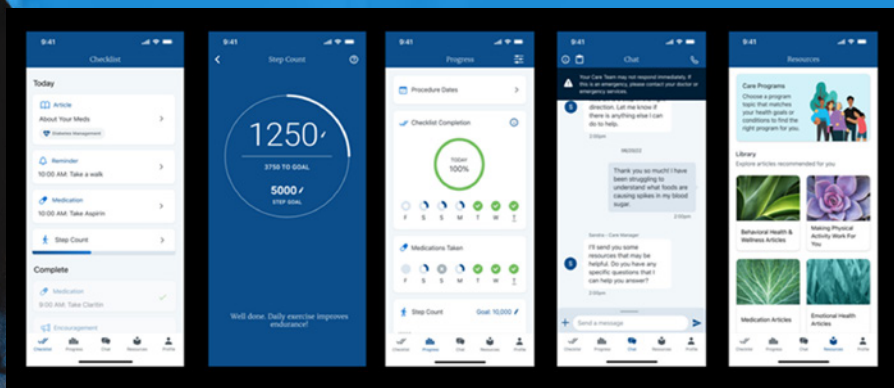
HSCSN Health Plan is excited about collaborating with Health Management Associates (HMA), an organization engaged by the District of Columbia to support providers in preparing for an important shift in healthcare delivery, Value-Based Care.

HMA specializes in helping healthcare providers navigate the complexities of value-based care (VBC) and develop the necessary capabilities to succeed in administering value-based payment arrangements. Their team of experts is committed to providing comprehensive support and guidance to ensure that providers are well-equipped to deliver high-quality, cost-effective care while improving patient outcomes.

We strongly encourage you to consider connecting with HMA to take advantage of their valuable resources and expertise. By partnering with HMA, you can:

1. Receive tailored support and guidance to prepare your practice for value-based care payment arrangements.
2. Improve your understanding of how to evaluate and track related VBC measures.
3. Enhanced your practice's operational efficiency and quality of care delivery.
4. Access educational resources and training materials to help your staff understand the requirements and benefits of value-based payment arrangements.

If you are interested in the Learning Collaborative and/or learning more about Integrated Care DC VBC, please email Mary Kate Brousseau at mbrousseau@healthmanagement.com



EasyConnect Health App

EasyConnect Health App is a free app for enrollees to connect with their HSCSN Care Coordination team. HSCSN will host this app through Wellframe's digital health management platform to support the comprehensive needs of our enrollees outside the walls of traditional care delivery.

Enrollees interact with functions through the app which allow care coordinators to gain additional insight about enrollee health, which helps to enable earlier intervention. The app offers:

- ◆ Convenience and Accessibility—This simple phone application allows your health plan to be with you all the time, right at your fingertips.
- ◆ User-Friendly Interface: Easy navigation and intuitive design.
- ◆ Health Tracking: Monitor your health metrics, medication schedules, and appointments.
- ◆ Health Resources: Access to articles, videos, and other materials to help manage your health.

Value to Enrollees

- ◆ We need to meet the enrollee and caregivers where and how they want to be worked with.
 - Assign care goals with supporting materials and encouragement through the application.
 - Ability to communicate with the enrollee and

caregivers after hours and respond in kind.

- ◆ Vetted material to provide and support the enrollee and the caregiver with many of the causes that our enrollees deal with. All written at the fifth grade level.
 - Chronic and Complex Care
 - Kidney Disease
 - Behavioral Health
 - Maternal Health
 - Lifestyles and Comorbidities
 - Pediatric Caregiver
 - Care Transitions
- ◆ Expanded Educational Content—Short, goal-oriented health education designed to deliver information relevant to the member's conditions. A link to the Chat tab enables members to follow up on clinical inquiries.
- ◆ Health Plan Navigation
- ◆ Lifestyle and Wellness
- ◆ Women's Health
- ◆ Behavioral Health and Wellness

EasyConnect Health will be available for our Enrollees Fall 2024! Please reach out to Tasha Stewart, MSN, RN—director of care management—at tstewart1@hschealth.org.



DC Prior Authorization Reform Act

Effective October 1, 2024, HSCSN will change the turnaround times for nonurgent requests from 14 calendar days to 5 business days and urgent health care service requests from 72 hours to 24 hours. Prior authorization guidelines and limitations will be published on HSCSN's publicly accessible website at <https://hscsnhealthplan.org>.

HSCSN will utilize the following new authorization standards when all required information is submitted to make an approval or adverse determination:

- ◆ Decisions for urgent health care services are made within 24 hours.
- ◆ Decisions for long-term care services and supports (LTSS) are made within 30 days. The enrollee must be deemed eligible for LTSS benefits under Medicaid.
- ◆ Decisions for nonurgent (standard) pre-service healthcare services are made within 5 business days of receiving a request via mail, telephone, or fax.
- ◆ The following standard applies when a request for authorization is missing required information:
 - ◆ The Utilization Review Nurse will notify the healthcare provider that medical necessity is not met and request additional information or clarification of the healthcare service.
 - ◆ For urgent requests, the provider will have 24 hours to submit the requested information prior to issuing an adverse determination.
 - ◆ For standard requests, the provider will have until the close of the next business day to submit the requested information prior to issuing an adverse determination.

For all services requiring authorization, providers must send requests to the UM Department email at UM@hschealth.org or fax at (202) 721-7190.

Just a Reminder



CASSIP Referral Program

Health care providers may assist patients they believe may benefit from the CASSIP program by referring patients for more information about their enrollment options. Patients or authorized caregivers interested in learning more about CASSIP eligibility, may contact HSCSN Customer Care Service at 202-467-2737. CASSIP enrollment is voluntary, and eligibility is determined by the Department of Health Care Finance (DHCF). Providers who submit CASSIP referrals directly to Comagine Health, the provider and DHCF will be notified of any updates or determinations by Comagine Health. HSCSN will be notified by DHCF if the enrollee is approved and their assigned effective date.

Electronic Claims and Payment Process



Optum Relay Exchange Clearinghouse

HSCSN accepts electronic claim submissions through Optum Relay Exchange.

Providers are not required to change their clearinghouse to Optum Relay Exchange, just submit your electronic claims using the HSCSN Payer ID 37290.

Providers without a clearinghouse may enroll with Optum Relay Exchange or select another clearinghouse of their choice.

Clearinghouse Support:

Optum Relay Exchange: 1-800-543-4997
iEDI: 1-866-678-8646

Optum Pay

Outlined below are the payment options and action items needed by your office:

ACH Payments: Setting up ACH is fast and reliable. Go to www.optum.com/enroll, provide your Tax Identification Number, your banking account information, a voided check, and a W9 or bank letter as part of enrollment authentication.

If you have previously enrolled for ACH with Optum Pay, no action is required.

Paper Check: If you do not enroll with Optum Financial for ACH, you will automatically receive a paper check and paper explanation of payment.

For questions on enrolling in ACH, please call Optum Support Center at 877-620-6194.

Website Access: Providers can access Optum Pay payment information and remittances (835/ERA) via <https://www.optum.com/OptumPay>.

Optum Insight Electronic Remittance Advice (ERA)

Optum Insight is the vendor for Electronic Remittance Advice (ERA) delivery. (835) Enrollment is encouraged. Please enroll through your clearinghouse with HSCSN's Payer ID 37290.

If your practice is not enrolled for ERA, you will continue to receive separate, weekly paper remittances.



HSCSN CONTACTS

Health Services for Children with Special Needs

Authorizations

(Utilization Management)

202-467-2737

202-721-7190 (Direct)

UM@hschealth.org

Care Management

202-467-2737

202-636-5382 (Direct)

hscsn-caremanagement@hschealth.org

Claims Inquiry/Claims Appeals

202-467-2737

P.O. Box 29055

Washington, DC 20017

Contracting

202-467-2737

contractingdepartment@hschealth.org

Credentialing

202-467-2737

C6@Hschealth.org

Customer Services

202-467-2737

Electronic Payment Enrollment

Optum Relay Exchange

1-800-543-4997

Member Inquiry

202-467-2737

Provider Relations

202-467-2737

hscsn-provideraffairs@hschealth.org

24-Hours DME/DMS Delivery Notification; 24-Hours Newborn Delivery Notification; 24-Hours Inpatient Admission Delivery Notification

202-467-2737

202-721-7190 (Direct)



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



HSCSN Wellness Center provides a community of creating opportunities to take control of your health and well-being. Through our care coordination services, our new center offers the very best health and wellness resources. Located at 3400 Martin Luther King, Jr. Ave. SE, Washington, DC 20032.

For more information, visit our website at <https://hscsnhealthplan.org/enrollees/hscsn-wellness-center>