



Well visits help keep **children healthy**

Home State Health encourages members to keep their children healthy with regular well-child checks. It is important for children to have these visits every year. The annual checkup can help ensure that children are healthy and developing normally and can provide any needed immunizations.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is Medicaid's preventive health program for members younger than 21. EPSDT includes periodic screening, vision, dental and hearing services.

The program aims to identify problems **early**, check in at **periodic**, age-appropriate intervals, provide **screening** to detect potential problems, perform **diagnostic** tests when a risk is identified and provide **treatment** for any health issues found.

Home State Health promotes adherence to the EPSDT periodicity schedule for members younger than 21. A comprehensive schedule of screenings is available from the American Academy of Pediatrics at aap.org/en-us/Documents/periodicity_schedule.pdf.

One of the screenings at well-child visits should be for lead poisoning. For children enrolled in Home State Health, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3-5 must receive a blood lead test if they have not previously been tested for lead poisoning.

Teens need special care

Adolescence is a time of dramatic physical, mental, social and emotional changes. In addition to routine health checks, regular well-care visits present an opportunity for providers to identify physical and mental health conditions, substance abuse disorders and high-risk behaviors.

The American Academy of Pediatrics offers tools to guide providers during well visits for young adults. You can find them online at brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx.

As teens mature, they will need to switch from a pediatrician to an adult primary care provider. You can help ensure there are no breaks in care by discussing this with the child's parents or guardians. Members can get help finding a provider or making appointments by calling our Customer Service staff at **1-855-694-HOME (4663)**.



Learn more about HEDIS

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA).

How often are HEDIS measures updated?

HEDIS measures are updated annually. You can find the latest measures online at ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018.

How are HEDIS numbers used?

Most health plans use HEDIS measures to evaluate their performance on important aspects of care and service. Home State Health reviews HEDIS data to identify opportunities to improve performance and ensure members are receiving appropriate care. In addition, NCQA uses the measures to hold Home State Health accountable for the timeliness and quality of healthcare services.

How can we improve our HEDIS scores?

We discuss key HEDIS measures in each issue of our newsletter. On this page, we review HEDIS measures for immunizations. Appropriate billing is also important. Providers should submit timely and accurate claim or encounter data for every service rendered and should consider using CPT II codes to reduce medical record requests.

Vaccines key to community health

Vaccines play an important role in keeping patients, and the community as a whole, healthy.

The Centers for Disease Control and Prevention (CDC) recommends administering vaccines for 17 different diseases. Yet many adult patients may not realize they still need immunizations, and parents may have questions about the safety of the immunizations recommended for their children.

Immunization schedules detailing when patients should receive vaccines are available online at cdc.gov/vaccines/schedules/hcp/index.html.

The CDC also offers clinical practice guidelines for vaccines on its website (cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf). The guidelines detail issues such as timing and spacing of doses, the educational needs of patients, and preventing and managing adverse reactions.

HEDIS for immunizations

Topic	Measure
<p>Childhood Immunization Status The National Committee for Quality Assurance reports that about 300 children die in the United States each year from vaccine-preventable diseases such as measles and whooping cough. Vaccines protect not only the child receiving the vaccine, but also prevent a resurgence of vaccine-preventable diseases.</p>	<p>This HEDIS measure assesses 2-year-old children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV) and two influenza (flu) vaccines.</p>
<p>Immunizations for Adolescents As with childhood immunizations, vaccines for adolescents can prevent diseases such as measles and meningitis. The human papillomavirus (HPV) vaccine, which can prevent the virus that may lead to cervical, anal, throat and other cancers, is the most recent addition.</p>	<p>This HEDIS measure assesses 13-year-old adolescents who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series.</p>
<p>Flu Vaccinations for Adults Ages 18-64 The CDC recommends that everyone 6 months and older receive a flu shot, unless they have a severe life-threatening allergy to the flu vaccine or any of its ingredients.</p>	<p>This measure assesses the percentage of adults ages 18-64 who report receiving an influenza vaccination between July 1 of the measurement year and the date when the survey was completed.</p>

Meeting appointment accessibility standards

Home State Health is committed to making sure members have timely access to healthcare. Accessibility requirements are set forth by regulatory and accrediting agencies. Home State Health monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. Please review the appointment availability standards below:

Type of appointment	Scheduling Time Frame for Appointment
Urgent care for illnesses and injuries that require immediate care but do not constitute emergencies, such as high temperature, persistent vomiting or symptoms with sudden or severe onset	Within 24 hours
Routine care with symptoms, such as a persistent rash or nonspecific pain or fever	Within one week or five business days, whichever is earlier
Routine care without symptoms, such as well child or routine physical exams	Within 30 calendar days
Behavioral Health and Substance Abuse Services	Aftercare appointments within seven calendar days of hospital discharge
Behavioral Health and Substance Abuse Emergent Services	Immediately (not life-threatening within six hours)
Maternity Care – Obstetric providers shall provide initial prenatal care appointments for enrolled pregnant members as follows:	
First Trimester appointments	Within seven calendar days of first request
Second Trimester appointments	Within seven calendar days of first request
Third Trimester appointments	Within three calendar days of first request
Appointments for High-Risk Pregnancies	Within three calendar days of identification of high risk to Home State or maternity care provider, or immediately if an emergency exists

To ensure appropriate care, we have adopted the following geographic availability standards:

- **Primary care practitioner:** Within 10 miles of a member ZIP code in an urban county, 20 miles of a member ZIP code in a basic county and 30 miles of a member ZIP code in a rural county
- **OB/GYN practitioners:** Within 15 miles of a member ZIP code in an urban county, 30 miles of a member ZIP code in a basic county and 60 miles of a member ZIP code in a rural county
- **Specialists:** Varies based on specialty; see department of insurance 20 CSR 400-7.095 for specific guidelines
- **Basic hospital:** Within 30 miles of a member ZIP code in an urban, basic or rural county
- **Secondary hospital:** Within 50 miles of a member ZIP code in an urban, basic or rural county
- **Tertiary services level I or level II trauma unit:** Within 100 miles of a member ZIP code in urban, basic and rural counties

The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with Home State Health so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at HomeStateHealth.com or calling us at **1-855-694-HOME (4663)**.

Ensuring appropriate, quality care

Home State Health has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. Home State Health does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. Home State Health uses nationally recognized criteria (such as InterQual) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Providers can help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment.

Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers can obtain a copy of Home State Health's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-855-694-HOME (4663)**.

Help for new moms

Perinatal depression has many of the same symptoms of regular depression, but it occurs in women who are pregnant or have recently given birth. Women who have previously suffered from depression, have challenging life events or interpersonal conflicts are at higher risk. The Agency for Healthcare Research and Quality recommends screening for all women who are pregnant or have recently given birth, utilizing the same tools used for the general population.

Home State Health offers pregnant members access to the Start Smart for Your Baby® program. The care management program offers support, advice and other help to keep women and their babies healthy.

To take part in Start Smart for Your Baby, women can contact Member Services at 1-855-694-HOME (4663). As soon as you confirm a member's pregnancy, submit a notification of pregnancy (NOP).



Be on the lookout for depression

According to the Agency for Healthcare Research and Quality (AHRQ), depression is among the leading causes of disability in those 15 years of age and older.

Screening tools vary, but AHRQ says providers may start with the PHQ-2, a two-question patient health questionnaire. If providers receive affirmative answers to the questions, they can follow up with the more detailed PHQ-9 questionnaire or a different diagnostic tool.

Several HEDIS measures examine the diagnosis and treatment of depression:

- **Depression Screening and Follow-up for Adolescents and Adults:** The percentage of members ages 12 and older who were screened for depression using a standardized tool and who, if screen positive, received follow-up care.
- **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis of depression who had an outpatient encounter that resulted in a PHQ-9 score in their record.
- **Depression Remission or Response for Adolescents and Adults:** The percentage of members ages 12 and older with a diagnosis for depression and an elevated PHQ-9 score who had evidence of response or remission within four to eight months after the initial elevated PHQ-9 score.

Additional HEDIS measures examine treatment standards, including care after a hospitalization for a mental health issue, and antidepressant medication management.

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, Home State Health has resources to help. You can learn more about our behavioral health services at HomeStateHealth.com. For help identifying a behavioral health provider, or for prior authorization for inpatient or outpatient services, call 1-855-694-HOME (4663).



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