ProviderReport

home state health

Reviewing the appropriate use of resources

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)**.

HEDIS measures performance

Home State Health strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting, as well as accurate, objective side-by-side comparisons. Learn more at **www.ncqa.org** or review the Quality Improvement information at **www.HomeStateHealth.com**.

Please take note of the HEDIS measures highlighted on the next page regarding child and adolescent health visits.

HEDIS for child and adolescent well visits

In addition to HEDIS immunization measures that assess whether children and adolescents receive recommended immunizations on schedule, several HEDIS topics cover issues related to child and adolescent well visits:

Well-Child Visits in the First 15 Months of Life: Assesses children who turned 15 months old during the measurement year and had up to six well-child visits with a primary care physician during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life: Assesses children ages 3–6 who received one or more well-child visits with a primary care practitioner during the measurement year.

Adolescent Well-Care Visits: Assesses adolescents and young adults ages 12–21 who had at least one comprehensive well-care visit with a primary care practitioner or an OB-GYN practitioner during the measurement year.

Keeping kids healthy with well-child checks

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's preventive health program for members younger than 21. EPSDT services include periodic screening, vision, dental and hearing services. Home State Health encourages members to keep their children healthy with regular well-child checks and informs members that these visits are a good time to assess their child's health and receive anticipatory guidance.

A periodic health screening assessment should include:

- Comprehensive health and development history (for both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations
- Assessment of nutritional status
- Laboratory tests
- Developmental assessment
- Vision screening and services
- Dental screening and services
- Hearing screening and services
- Health education and anticipatory guidance
- Annual well-child visits for members younger than 21

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 **www.aap.org/en-us/documents/periodicity_schedule.pdf**. Home State Health supports members with following the periodicity schedule through reminder postcards, educational materials and outreach calls to members with missed appointments.

Screening for lead exposure

Home State Health informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. 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.

Home State Health members are also educated regarding who may be at a higher risk of elevated blood lead levels; i.e., children who meet any of the following criteria identified by the Centers for Disease Control and Prevention:

- Child has a sibling or frequent playmate with elevated blood lead levels.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- Child lives with someone who uses traditional, folk or ethnic remedies or cosmetics or who routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk of lead exposure by the health department because the family has local risk factors for lead exposure.

Behavioral health services for your patients

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, we have resources to help. Home State Health offers our members access to all covered, medically necessary behavioral health services through Cenpatico. You can learn more about our behavioral health services at **www.cenpatico.com/providers-states/missouri/?state=missouri**.

For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-866-864-1459**.

Supporting **healthy adolescents**

Parents are reminded that adolescence is a time of great change, and as children become more mature and independent, their health needs will change. Parents of Home State Health adolescent members are encouraged to schedule preventive visits as health checks are a good time to address preventive care and offer anticipatory guidance.

Our members are advised that adolescents require many of the same services provided to younger children during well-child visits, such as hearing and vision screenings, and that the American Academy of Pediatrics recommends the following assessments and screenings:

Developmental and behavioral health:

- Tobacco, alcohol or drug use assessment: Risk assessment to be performed annually beginning at age 11
- Depression screening: To be performed annually beginning at age 12

Physical examination procedures:

- Testing for sexually transmitted diseases: Risk assessment to be performed annually beginning at age 11
- Testing for HIV: Risk assessment to be performed annually beginning at age 11. Test to be performed at least once between ages 15–18. Those at increased risk should be tested and reassessed annually.
- Testing for cervical dysplasia: To be performed on female patients at age 21

Preventive guidelines are available to help you care for your adolescent members. Home State Health adopts guidelines based on the health needs of the membership and opportunities for improvement identified as part of the Quality Improvement program. When possible, we adopt guidelines established by nationally recognized organizations, government institutions, statewide collaboratives or a consensus of healthcare professionals in the applicable field. Home State Health providers are expected to follow these guidelines, and adherence is evaluated at least annually.

You can find adolescent preventive care guidelines, as well as guidelines for adult and child preventive care and for chronic diseases, online at **www.HomeStateHealth.com**. Call **1-855-694-HOME (4663)** for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.

After-hours requirements

After business hours, providers are required to offer access to a covering physician or have an answering service, a triage service or a voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare.

Members must be able to access their provider after normal business hours and on weekends. The requirements below ensure that our members have adequate access to needed healthcare services:

Offices using an answering machine must:

- Provide a message directing the member to contact **911** or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide instructions on how to page the doctor if the situation is urgent.
- If the provider's practice serves a high percentage of foreign-language speakers, the message should be recorded in both English and that language.

Offices using an answering service must:

- Direct the member to call **911** or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide an option to page or otherwise contact the provider on call with the member's contact information. When possible, the provider must return the call within 30 minutes.
- If the provider's practice serves a high percentage of foreign-language speakers, the service should meet the language requirements.

Do you meet appointment availability standards?

Home State Health follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Home State Health monitors compliance with these standards quarterly and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. 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 **www.HomeStateHealth.com** or calling us at **1-855-694-HOME (4663)**. Please review the appointment availability standards below:

Type of appointment	Scheduling time frame
Urgent care appointments for physical or behavioral illness injuries that require care immediately but do not constitute emergencies (e.g., high temperature, persistent vomiting or diarrhea, symptoms that are of sudden or severe onset but that do not require emergency room services)	Within 24 hours
Routine care with physical or behavioral symptoms (e.g., persistent rash, recurring high-grade temperature, nonspecific pain, fever)	Within one week or five business days, whichever is earlier.
Routine care without physical or behavioral symptoms (e.g., well-child exams, routine physical exams)	Within 30 calendar days
Aftercare appointments	Within seven calendar days after hospital discharge
Prenatal first-trimester appointments	Within seven calendar days of first request
Prenatal second-trimester appointments	Within seven calendar days of first request
Prenatal third-trimester appointments	Within three calendar days of first request
Appointments for high-risk pregnancies	Must be available within three calendar days of identification of high risk to the health plan 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 vary 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

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