NewsFlash





Checkups keep kids healthy

Please remind parents that it is important for children to have a well-child visit every year. This annual checkup, including routine health screening, can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual checkup. At this time, in addition to an evaluation of physical and emotional development, teenagers should be provided with education and guidance about sexual activity, drug use and smoking.

If a teenager is still seeing a pediatrician, it may be time to change to an adult primary care provider. You can help ensure that there are no breaks in a child's care by discussing this with the child's parents or guardians. MHS Health Wisconsin will help members who are reaching adulthood choose an adult primary care provider. Members who need help selecting their provider or making appointments can call our Customer Service staff at **1-888-713-6180**.

Share the chart on page 2 to remind members what immunizations their child or adolescent needs.

Providing quality care

We're committed to providing access to high-quality and appropriate care to our members. Through HEDIS, NCOA holds MHS Health Wisconsin accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. MHS Health Wisconsin also reviews HEDIS rates on an ongoing basis and looks for ways to improve our rates. Please consider the HEDIS topics covered in this issue of our provider newsletter: wellchild and adolescent well-care visits, lead screening and immunizations. Also, review our preventive health and clinical practice guidelines at www.mhswi.com.

Providers play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

Vaccines are a path to better community health

All members under the age of 18 should receive recommended immunizations, unless there are medical contraindications, or unless immunizations are contrary to the member's parents' religious beliefs.

Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation for kids up to 18 years old can be found at www.cdc.gov/vaccines/schedules.

Lead screening

Lead exposure is a known risk for longterm learning and behavioral problems. For children enrolled in Medicaid, federal law requires a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 5 years of age must receive a blood lead test immediately if they have not been previously tested for lead poisoning.

VACCINE	BIDTL	1 MO	2 MOS	4 MOS	6 MOS	9 MOS	19 MOS	15 MOS	18 MOS	19-23 MOS	0-3 VDS	1-6 VPS	7-10 VPS	11-19 VPS	12-15 VDS	16-19 VPS
Hepatitis B1 (HepB)	1st dose		l dose	41103	01103		3rd dose		101103	13 23 1103	231113	7 0 1113	7 10 1113	11 12 1113	13 13 113	10 10 1113
	uose			0.1												
Rotavirus2 (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose												
Diphtheria, tetanus, & acellular pertussis3 (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th	dose			5th dose				
Haemophilus influenzae type b4 (Hib)			1st dose	2nd dose			3rd or 4	th dose								
Pneumococcal conjugate5 (PCV13)			1st dose	2nd dose	3rd dose		4th (dose								
Inactivated poliovirus6 (IPV: <18 yrs)			1st dose	2nd dose			3rd dose									
Influenza7 (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses					(LAIV	Annual vaccination (LAIV or IIV) 1 or 2 doses 1 dose only					
Measles, mumps, rubella8 (MMR)							1st dose					2nd dose				
Varicella9 (VAR)							1st d	dose				2nd dose				
Hepatitis A1 0 (HepA)							2-dose series					-	_	-	_	_
Meningococcal11 (Hib-MenCY > 6 weeks; MenACWY-D > 9 mos; MenACWY-CRM ≥ 2 mos)														1st dose		Booster
Tetanus, diphtheria, & acellular pertussis12 (Tdap: >7 yrs)														(Tdap)		
Human papillomavirus1 3 (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B1 1																
	_															
Pneumococcal polysaccharide5 (PPSV23)																
Range of recommended ages for all children		Range of recommended ages for catch-up immunization Range of recommended ages for certain high-risk groups Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making							ation							



Meeting appointment accessibility **standards**

Accessibility is defined as the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

MHS Health Wisconsin evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

APPOINTMENT TYPE ACCESS STANDARD						
PCPs - Routine visits	30 calendar days					
PCPs – Adult sick visit	7 calendar days					
PCPs - Pediatric sick visit	7 calendar days					
Specialist	60 calendar days					
Behavioral health non-life-threatening emergency	Within 24 hours					
Behavioral health urgent care	24 hours					
Behavioral health routine office visit	10 business days					
Urgent care providers	24 hours					
Emergency providers	Immediately, 24 hours a day, 7 days a week and without prior authorization					
Initial visit – pregnant women (high risk)	Within 2-3 weeks					

Ensuring appropriate, quality care

MHS Health Wisconsin has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. MHS Health Wisconsin uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management
Department at 1-800-222-9831.



Help members access behavioral health care

Drug overdoses now kill more Americans than car accidents; as *The New York Times* reported this spring, the ever-increasing rate of deaths due to overdoses is lowering the life expectancy of the white population as a whole.

Cenpatico Behavioral Health can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder. If you identify a patient who is struggling with a mental or behavioral health issue by noticing changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health, such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members that need behavioral health services, Cenpatico Behavioral Health case managers can assist you in finding the appropriate behavioral health provider to see the member. You can reach case management at **1-800-589-3186**.









1-800-222-9831 www.mhswi.com

MHS/NHP REFERS TO THE BADGERCARE PLUS AND MEDICAID SSI MEMBERS OF MHS Health Wisconsin AND NETWORK HEALTH PLAN.

Published by Manifest LLC. © 2016. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.