



Reviewing the appropriate use of resources

Magnolia Health (Magnolia) 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. Magnolia 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. Magnolia 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 Magnolia's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-866-912-6285**.

HEDIS measures performance

Magnolia 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) that 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. To learn more, visit www.ncqa.org, or review the Quality Improvement information at www.MagnoliaHealthPlan.com.

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

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. Magnolia encourages members to keep their children healthy with regular well-child screenings 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 screenings for members younger than 21

Magnolia promotes adherence to the Bright Futures periodicity schedule for members younger than 21. A comprehensive schedule of screenings is available from Bright Futures at <https://brightfutures.aap.org>. Bright Futures is supported by the American Academy of Pediatrics. Magnolia supports members with following the periodicity schedule through reminder postcards, educational materials and outreach calls to members with missed appointments.

Please remember to use the EP modifier when filing a claim for an EPSDT screening:

SCREENING CODE		MODIFIER	AGE OF CHILD	UNIT
NEW PATIENT	ESTABLISHED PATIENT			
99381	99391	EP	3-5 days	1
99381	99391	EP	0-1 months	1
99381	99391	EP	2 months	1
99381	99391	EP	4 months	1
99381	99391	EP	6 months	1
99381	99391	EP	9 months	1
99382	99392	EP	12 months	1
99382	99392	EP	15 months	1
99382	99392	EP	18 months	1
99382	99392	EP	24 months	1
99382	99392	EP	30 months	1
99382	99392	EP	3-4 years*	1
99383	99393	EP	5-11 years*	1
99384	99394	EP	12-17 years*	1
99385	99395	EP	18-21 years*	1

*Beginning at age 3, EPSDT screenings must be done annually until age 21.

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:

Assess 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: Assess 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: Assess 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.

Screening for lead exposure

Magnolia informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. For children enrolled in Magnolia, 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.

Magnolia members are also educated regarding who may be at a higher risk of elevated blood lead levels. These include 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.



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 Magnolia 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. Magnolia 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. Magnolia 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.MagnoliaHealthPlan.com. Call **1-866-912-6285** for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.

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. Magnolia offers our members access to all covered, medically necessary behavioral health services. You can learn more about our behavioral health services at www.MagnoliaHealthPlan.com. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-866-912-6285**.



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 that 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.



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