HEDIS Measurements: Children’s Health

**HEDIS measurements** are an important part of measuring and reporting on health care quality. They give consumers and employers a way to make informed decisions as they choose care.

Below is a summary of key HEDIS measurements related to children’s health.

**WELL-CHILD EXAMS**

- **Ages 0 to 15 months:** Six well-care visits (at least two weeks apart) with a PCP, to include health and development history, physical exam, and health education/anticipatory guidance.

- **Ages 3 to 6 years:** Annual well-care visit with a PCP each year, to include health and development history, physical exam and health education/anticipatory guidance.

- **Ages 12 to 21 years:** Annual well-care visit with a PCP or ob/gyn, to include health and development history, physical exam and health education/anticipatory guidance.

**LEAD SCREENING**

For children in the Medicaid population, at least one capillary or venous lead screening test on or before their second birthday.

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**We Are Here to Help**

Call 1-866-769-3085 to:

- Learn more about provider services and processes
- Reach our Provider Services, Medical Management and Utilization Management teams
- To request a paper copy of anything found on our website

You can also access information about our provider services and processes in the Provider Manual available at [www.NHHealthyFamilies.com](http://www.NHHealthyFamilies.com).
Cultural Considerations: Interpreters

Do you have a patient who needs or would like an interpreter? New Hampshire Healthy Families provides interpretation services.

It’s good to note to your patients that family members and friends are not the same as a professional interpreter. They are more likely to modify what the patient has actually said in their effort to be helpful.

A professional interpreter does more than interpret for the patient. Their job is to help facilitate communication between you and your patient.

When working with interpreters:
- Allow enough time for the interpreted sessions.
- Avoid jargon and technical terms.
- Keep your statements short, pausing to allow for the interpretation. Say one longer sentence or three or four short ones, and then stop in a natural place to let the interpreter pass your message along. The interpreter may need to hear the whole sentence before she can even start to interpret it.
- Ask only one question at a time.
- Be prepared to repeat yourself in different words if your message is not understood. If a response doesn’t seem to fit with what you said, go back and repeat what you said in different words.

New Hampshire Healthy Families and its delegated partners have utilization and claims management systems in place to identify, track and monitor care provided and to ensure appropriate care is provided to members.

New Hampshire Healthy Families does not reward practitioners, providers or employees who perform utilization reviews, including those of the delegated entities for issuing 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. Utilization 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. Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the New Hampshire Healthy Families UM Committee. A link to New Hampshire Healthy Families Medical Policies can be found by going to Provider Resources in the “For Providers” section of www.nhhealthyfamilies.com.

Practitioners have the opportunity to discuss any medical or behavioral health UM denial decisions with a physician or other appropriate reviewer at the time of notification to the requesting practitioner/facility of an adverse determination.

For questions or to obtain the criteria used to make a specific decision: Our UM staff is available Monday through Friday, 8 a.m. through 5 p.m., at 1-866-769-3085.

New Hampshire Healthy Families offers our members access to all covered, medically necessary behavioral health services.

For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call 1-866-769-3085.
Sign Up for E-mail Notifications

Visit our website, and look for the e-mail icon on our home page to sign up to receive this newsletter in your e-mail box! You will also receive other important news and information!

The Right Care, at the Right Time and in the Right Place

New Hampshire Healthy Families is committed to supporting its network providers in achieving recognition as Patient Centered Medical Homes (PCMH). The PCMH model promotes and facilitates a medical home model of care to provide better healthcare quality, improve member’s self-management, while reducing avoidable costs over time. These objectives are achieved through systematic, patient-centered and coordinated care management processes. As well as through the active partnerships with you, and community organizations that represent our members.

New Hampshire Healthy Families has dedicated resources to ensure its providers can obtain PCMH recognition* at the highest level with a technical support model that will include:

- Readiness survey of contracted providers
- Education on the process of becoming certified
- Resource tools and best practices.

New Hampshire Healthy Families offers several Health Information Technology applications for our network providers, in our secure Provider Portal, who are either recognized PCMH’s or are committed to becoming accredited medical homes. These tools include:

- Online Care Gap Notification
- Member Panel Roster including member detail information
- Trucare Service Plan
- Health Record
- Provider Overview Report

For more information about New Hampshire Healthy Families’ PCMH program, contact Provider Services at 1-866-769-3085.

* National Committee of Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home (PPC®-PCMH) Recognition or the Joint Commission’s Primary Care Medical Home Certification.
**REMEMBER**

To help us process authorization requests accurately and efficiently, please be sure to submit sufficient medical information to justify the request. If you have questions or concerns about the type of medical information required, contact our Medical Management Department at 1-866-769-3085.

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**When to Request a Prior Authorization**

**The services listed** do not require prior authorization:

- Emergency services, including emergency ambulance transportation
- Ob/gyn services, including those of a certified nurse midwife
- Gynecological services, including those of a certified nurse midwife

- Women’s health specialist covered services provided by a Federally Qualified Health Center (FQHC) or certified nurse practitioner
- Mental health services
- Family planning services and supplies from a qualified family planning provider
- Non-surgical routine vision care with optometrists and ophthalmologists

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