



**Texas Children's  
Health Plan**

*The best decision a family can make.*

# Provider NEWS



April 2011

## Tips for implementing a compliance program

Under the new health-care reform law, providers and suppliers participating in Medicare and Medicaid are required to implement a compliance program with core elements as a condition of enrollment. The Office of the Inspector General has identified these 7 fundamental elements you should include when creating your compliance program. You should:

- Implement written policies, procedures, and standards of conduct.
- Design a compliance officer and compliance committee.
- Conduct effective training and education.
- Develop effective lines of communication.
- Conduct internal monitoring and auditing.

- Enforce standards through well-publicized disciplinary guidelines.
- Respond promptly to detected offenses and develop corrective action.

Start planning your compliance program now. Designate an individual or team responsible for compliance and know your risks. Educate your employees and carry the message of compliance from top to bottom in your organization. For more information in building an effective compliance program, see the Office of the Inspector General's Compliance Program Guidance at [www.oig.hhs.gov/fraud/complianceguidance.asp](http://www.oig.hhs.gov/fraud/complianceguidance.asp).



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### April is National Child Abuse Prevention Month

By Angelo P. Giardino, M.D., Ph.D., Medical Director, Texas Children's Health Plan

Texas Children's Health Plan (TCHP) wants to help you raise awareness this month and throughout the year. Child abuse and neglect can include abuse, neglect, sexual abuse/exploitation, emotional abuse, or abandonment. It is important for your patients and staff to understand the definition of child abuse and neglect. This will help them so they, along with you, will know how to detect and report child abuse or neglect.

Anyone can report child abuse by calling the Texas Abuse Hotline at the Texas Department of Family and Protective Services at 1-800-252-5400 or online at [www.txabusehotline.org](http://www.txabusehotline.org). The hotline is open 24 hours a day, 7 days a week. For more information about Child Abuse Prevention Month, visit [www.childwelfare.gov](http://www.childwelfare.gov) or you can visit Prevent Child Abuse America at [www.preventchildabuse.org](http://www.preventchildabuse.org).

You will receive a Pinwheels for Prevention lapel pin from your Provider Relations Manager. TCHP invites you to participate in Child Abuse Prevention Month by wearing your lapel pin through the month of April.



### Protect your patients against beta agonist overuse

By Harold J. Farber, M.D., Associate Medical Director for Chronic Conditions, Texas Children's Health Plan

Too many beta agonist refills can send your patients to the emergency room (ER).

Research has repeatedly demonstrated that beta agonist overuse actually increases your patients risk for ER visits, hospitalizations, and death from asthma. Substantially elevated risks for ER visits are seen with as few as 4 beta agonist refills per year. If your patients need to use more than 2 beta agonist inhalers (400 puffs) in a year, their asthma is probably not in good control.

Giving prescriptions for albuterol or levalbuterol with multiple refills can increase your patients' ER visits. Besides, if they were having frequent symptoms, you would want to see them back to evaluate their asthma control.

So what do you do when a parent tells you that their child needs an extra inhaler for school? Give them one. You can write a prescription for 1 inhaler for home and 1 inhaler for school. However, do not dispense refills. If those 400 puffs are not lasting at least 6 months to a year, you need to know about it.

My advice to you, be stingy with beta agonists. Put 0 refills on your patient's short acting beta agonist prescriptions. If they need more than 1 inhaler for home and school, you may dispense 2, but again, with 0 refills.

What if your patient is getting albuterol refilled by more than 1 provider and you are having trouble getting their asthma under control? You may call the TCHP disease management program at 832-828-1430. Our care managers, with your authorization, can help to close existing refills on a patient that was authorized by other providers. Our care managers can also work with you and your patient to help them achieve asthma control—so they can feel good and not need so much beta agonist.



## Physician helps shift patients away from the emergency room

As a recipient of the Texas Children's Health Plan (TCHP) Provider Incentive Program, Dr. John Jia is helping shift TCHP members away from the emergency room (ER). Dr. Jia started practicing at 21 years old. In his spare time he promotes his electronic medical records software called Affordable Medical Software that he wrote and developed for physicians.

### Q. What do you like most about your job?

A. It is not about the money. As I get older, I really feel that this is the only thing I know. This is the only job I feel comfortable doing. I really enjoy what I am doing.

### Q. How many of your patients are walk-ins versus appointments?

A. We used to take walk-ins only, but about 2 years ago, people started complaining because they had to wait. Now, we have about 80 percent appointments and 20 percent walk-in appointments. If people call for a walk-in appointment, we encourage them to come, but we let them know they have to wait.

### Q. How do you educate your patients and their families about the appropriate use of the ER?

A. I think in pediatric care the most common cause of ER visits come from fever. The most common questions my patients ask me is what temperature should they bring their baby to the ER. I spend a lot of time teaching my patients how to control a fever. It is very hard to tell them not to go to the ER because you don't want to be liable, so I spend a lot of time educating them. I also carry my on-call cell phone 24 hours a day, 7 days a week. I am very confident that I do a very good job educating my patients about the appropriate use of the ER.

### Q. How do you get parents to bring their child in for a well visit or Texas Health Steps visit?

A. Once I finish seeing my patients, I tell the parents when to come back for a checkup. I think the TCHP monthly list of kids who need the checkups really helps. We call our patients on the list, and some of the members show up and some don't show up due to phone number changes or provider changes.

### Q. How do you deal with no-shows?

A. We call 24 hours before the appointment to remind our patients. We have many people who make an appointment in the morning for the afternoon and do not show up for their appointment that afternoon. We are considering putting together a list of excessive no-show patients, so our front desk will know when they call to make an appointment.



**Dr. John Jia**

**Practice:** 9110 Bellaire Blvd., Ste. C  
Houston, 77036

**Years at current location:** 14 years

**Hours of operation:** M-F 9-6; S 9-2

**Staff:** 10 full time

## Community Fairs: Keeping Your Community Safe and Healthy

We are hosting community fairs at apartment complexes in the Houston area. Community fairs provide free food, giveaways and important information to help keep families safe and healthy.

Call Rhonda at 832-828-1303 to have a community fair in your community.



## Providers can submit corrected claims electronically

Providers can submit corrected HCFA 1500 claims electronically. Corrected claims are those previously received and paid/denied. First time submissions should not be labeled as replacement or corrected claims. Corrections should not require attachments for electronic resubmittals.

Electronic requirements:

- “Seven” should be entered in the loop 2300, segment CLM05-3. This indicates replacement and/or adjustment.
- Providers can continue to send corrected claims directly by mail.

For questions about corrected claims, call your Provider Relations Manager at 832-828-1008.

## Texas Health Steps attestation process helps to keep patients on track

New Texas Children’s Health Plan (TCHP) members should get their Texas Health Steps checkup within 90 days of enrollment.

Sometimes, the member has had a timely Texas Health Steps checkup prior to changing to the Health Plan. Since these records do not show in our system, we need primary care physicians (PCPs) to attest previous well visits.

To assist you in identifying members who need Texas Health Steps checkups as well as notifying us of those who don’t, you will receive a list of new members monthly from TCHP by mail or through Provider TouCHPoint. If a member is age 3 and older and listed as needing an exam but has received a timely checkup within the last year of his or her last birthday, please record that date. For example, an annual checkup occurs between the patient’s birthdays. Please list the date if it is within the last year.

You can fax a Texas Health Steps attestation to your Provider Relations Manager at 832-825-8750 or call your Provider Relations Manager at 832-828-1008 to pick up your attestation. Call your new patients to schedule a visit if they need a Texas Health Steps checkup.

## Mark your calendars for the TCHP CME Series

On Thursday, May 5 from 5 p.m. to 9 p.m., TCHP will host its quarterly CME *Health Literacy: Helping Your Patients Understand* at the Crowne Plaza, 8686 Kirby Drive. Health-care providers’ ability to convey information that is understandable for patients is essential for effective communication between patients and providers. The presentation will cover several factors that may affect the quality of patient-physician communication, leading to frustration and poor quality of care. Practical strategies for effective communication will be discussed; participants will have an opportunity to practice some of these strategies during the program. This FREE program is for TCHP-contracted physicians. Dinner and a \$100 honorarium will be provided to participating physicians.

To register for this CME, call Ronda Kelly at 832-828-1232 or email [rfkelly@tchp.us](mailto:rfkelly@tchp.us). Register early, space is limited.

## HHSC increases some CHIP copays

On March 1, 2011, the Health and Human Services Commission (HHSC) implemented some benefit changes for Children’s Health Insurance Program (CHIP) members.

### Mental health

There will be no limits to any mental health services for CHIP members. This is for hospital and outpatient treatment. This includes substance use treatment.

### Copayment for some members

There will also be an increase in copays for some CHIP members. The copay for a doctor visit will go from \$7 to \$12 if the family’s income is 150 to 185 percent of the federal poverty level. The copay for a doctor visit will go from \$10 to \$16 if the family’s income is over 185 percent of the federal poverty level. There are still no copays for well-child checkups.

The copay for prescription drugs will change if the family’s income is above 150 percent of the federal poverty level. The copay for generic prescription drugs will go from \$5 to \$8. The copay for brand-name prescription drugs will go from \$20 to \$25.

If you have questions about these changes, call your Provider Relations Manager at 832-828-1008.

# Diagnosing appendicitis in the pediatric population

By David E. Wesson, M.D., Chief, Pediatric General Surgical Service, Texas Children's Hospital

Dr. David E. Wesson, Chief, Pediatric General Surgical Service, Texas Children's Hospital, presented *Acute Abdominal Pain: Is it Appendicitis or Not?* at the TCHP Grand Rounds CME Series.

Appendicitis is the most common condition in children requiring emergency abdominal surgery. Each year in the United States, there are 77,000 pediatric discharges for appendicitis. The lifetime risk for boys is 9 percent and 7 percent for girls. In 2009 there were 270 cases of appendicitis among TCHP members. Forty-one percent were simple (no bacterial contamination of the peritoneal cavity) cases with an average length of stay of 1.9 days; however, 59 percent were advanced (bacterial peritonitis) cases with an average length of stay of 7 days. The key to a successful outcome is early diagnosis followed by appendectomy before gangrene or perforation develops.

Older children and adolescents develop appendicitis more often than younger children and have clinical features that are similar to those seen in adults. Younger children can be particularly difficult to diagnose because the presentation may be non-specific, and the child is often apprehensive and uncomfortable, making the evaluation challenging.

The goal of the evaluation of children with suspected appendicitis is to accurately establish the diagnosis and to exclude other causes of abdominal pain. You can accomplish this through a history and physical examination with laboratory testing and diagnostic imaging used as adjuncts to confirm clinical impression. Although clinical assessment does not establish a diagnosis of appendicitis with certainty, it is useful in determining which patients need immediate surgical evaluation and which children may warrant further diagnostic tests.

Initial assessment includes history, physical examination, CBC with differential, and urinalysis.

Classically the history may include fever, anorexia, nausea and vomiting, and pain migrating from mid-abdomen to the right lower quadrant. Physical examination may reveal right lower quadrant tenderness and rebound and referred tenderness. However, in children these classic symptoms are neither sensitive nor specific.

Symptoms for clinical diagnosis in children can include:

- Pain before vomiting.
- Pain made worse with movement.
- Diarrhea.
- The child may be in no distress but prefers to lie still.

The Pediatric Appendicitis Score (PAS) is a tool that utilizes history, physical examination, and laboratory results to categorize the risk of appendicitis in children with abdominal pain on a 10-point scale.

The PAS is easy to apply and separates patients into 3 categories:

- Low risk (PAS  $\leq$  2): Patient should be followed on outpatient basis.
- Intermediate risk (PAS 3 to 6): Ultrasound or CT scan.
- High risk (PAS  $\geq$  7): Obtain surgical consult.

Appendicitis is a clinical, not a radiologic diagnosis; therefore, refer to diagnostic imaging when it will change what you do. A patient with a "classic" presentation needs surgery, and if there is a negative presentation, there is no need for ultrasound or CT scan. These imaging studies should be used for equivocal cases.

## Tips for billing appropriately

TCHP providers cannot require a down payment before providing Medicaid-allowable services to eligible TCHP members, bill, nor take recourse against eligible clients for denied or reduced claims for services that are within the amount, duration, and scope of benefits for Texas Medicaid.

Providers are responsible for the correct and timely filing of claims to TCHP to ensure that prompt payment is received. Providers may not bill TCHP members due to failing to bill TCHP in a timely manner. For more information on billing STAR members please refer to section 1.4.9 of the 2010 TMHP Provider Manual.

TCHP members who receive CHIP benefits may only be billed for their co-payment amount listed on the TCHP Explanation of Payment (EOP) and/or the member's ID card.

Providers cannot bill CHIP or STAR members for any amount above Medicaid allowable.

### Encourage your patients to get postpartum care

By Carla Ortique, M.D.

Care for your obstetric patients does not end at delivery for you, but continues through the postpartum period, generally defined as 6 to 8 weeks after delivery. While all obstetricians recognize the importance of post-delivery follow up, many of our patients do not return after delivery unless they experience significant physical problems. Therefore, during the antepartum and immediate postpartum periods, it is necessary for us to emphasize and explain to our patients the need for postpartum care.

During your patient's visit:

- Assess physical and emotional health.
- Ask your patients about breastfeeding, bladder and bowel habits, appetite, fever, bleeding, discharge, odor, pain status, energy, and general health. Women are often symptomatic, but they do not mention symptoms unless specifically asked, as they often believe that these symptoms are to be expected post delivery.

Your patient's 1 to 2 weeks postpartum visit should include but is not limited to, breast, abdomen, and perineum if episiotomy or laceration repair was performed.

At 6 to 8 weeks postpartum, the physical components of a well woman exam should be included.

Finally, specific inquiries regarding mood lability, sadness, anger, suicidal or homicidal ideation, etc., are critical.

#### Counsel

You should counsel your patients on:

- Family planning options and spacing of pregnancies.
- Breast care and importance of breastfeeding.
- Any medication or treatment regimens for problems identified during assessment.
- Resumption of physical activity and exercise.
- Sexuality and sexual activity.



#### Encourage

The postpartum period is a roller coaster of physical and emotional change for many women. Concerns regarding care of the newborn, lack of sleep, and hormonal fluctuations often result in feelings of inadequacy and depression. Words of support and encouragement from delivering doctors go a long way toward restoring a woman's confidence in her ability to succeed.

### Online pregnancy notification is an easy way to earn a bonus

Early pregnancy notification is an important way to identify Texas Children's Health Plan (TCHP) members who are high risk and/or eligible for additional community services. We can also enroll the member into our STAR Babies program.

In order to qualify for the pregnancy notification bonus, you must notify us of new pregnant members using the online pregnancy notification form, located on the TCHP Web site. Doctors should submit online notifications as early in a pregnancy as possible.

The bonuses are paid as follows:

- First trimester notification—\$40 per member
- Second trimester notification—\$30 per member
- Third trimester notification—\$20 per member

Start notifying us today! Visit [www.TexasChildrensHealthPlan.org/Providers](http://www.TexasChildrensHealthPlan.org/Providers) and click on the *Pregnancy Notification Form Link* on the left side of the page.



# TCHP CME highlights the struggles kids face growing up in Houston

The children of Texas and particularly the greater Houston area face substantial obstacles said Dr. Bob Sanborn, president and CEO of CHILDREN AT RISK, during the Texas Children's Health Plan (TCHP) fall Grand Rounds CME. Dr. Sanborn revealed sobering data in the area of children's health and health care in Texas and particularly the greater Houston area.

According to Dr. Sanborn:

- Forty-five percent of Harris County children live at or near the federal poverty level.
- Forty-one percent of Harris County ninth graders do not finish high school.
- Six hundred and eighty Harris County children are at risk of exposure to domestic human trafficking each day.

The number of children living at or near the poverty level is of great consequence to the city of Houston, and most notably, to health practitioners.

Children are:

- Twice as likely to have stunted growth.
- Three times as likely to become pregnant as teens.
- Fifty-two percent more likely to quit school.
- Seven times more likely to be a victim of child abuse or neglect.

Houston has also become a major hub for human trafficking. The United States Department of Justice estimates:

- There are 14,500 to 17,500 persons trafficked annually into the United States.
- Seventy percent of these are female and 50 percent are children.
- The average age of entry into pornography and prostitution is 13.
- Of calls to the National Human Trafficking Hotline in 2008 and 2009, the majority came from Texas and more than 30 percent of these were from Houston.

Dr. Sanborn encouraged policymakers and physicians to be cognizant of these issues in their daily work lives, and speak out for these children.

For more information on CHILDREN AT RISK visit [www.childrenatrisk.org](http://www.childrenatrisk.org) or e-mail [info@childrenatrisk.org](mailto:info@childrenatrisk.org) to get involved.

SPEAKING OUT AND DRIVING CHANGE FOR CHILDREN

children  
at Risk

## CHILDREN AT RISK has identified a number of policy solutions in these areas:

**Health:** Provide greater access to CHIP and Medicaid, provide age-appropriate health education classes in school, set up immunization record transfer, and encourage greater access to food programs.

**Juvenile justice:** Provide access to mental health services outside of the juvenile justice system, and divert those diagnosed with mental illness into treatment programs.

**Child trafficking:** Create safe houses for trafficking victims, eliminate the prosecutorial burden of proving force, fraud, or coercion in cases involving minors, decriminalize minors under 18 from prostitution, create third-party liability, and implement measures to decrease the demand side.

**Education:** Require transparent graduation rates, extend the school day and/or year, increase early education, and insist upon high teacher quality.

## Report potential fraud and abuse

Please report any suspicious or potential fraud and abuse activity within 24 hours of identification in one of the following ways:

1. Letter to: Texas Children's Health Plan  
Attention: Fraud, Waste and Abuse Department  
PO Box 301011  
Houston, TX 77230-1011
2. Hotline number: 832-828-1320
3. Fax number: 832-825-8722
4. E-mail: [TCHPFraudandAbuse@tchp.us](mailto:TCHPFraudandAbuse@tchp.us)

## TCHP receives \$13,000 Active Healthy Living Grant from The Coca-Cola Foundation

Texas Children's Health Plan (TCHP) received a \$13,000 grant from The Coca-Cola Foundation's Active Healthy Living Program to support the Health Plan's Keep Fit Program.

The Keep Fit Program is a free weight management and healthy lifestyle program. The Keep Fit Program is a fun, exciting way for TCHP members and their families to learn how to eat better and get in shape.

"The Coca-Cola Foundation's Healthy Living Grant helps us offer education and support services to members in our Keep Fit Program to include case management, telephonic health coaching, educational mailings in both Spanish and English, and risk screening to our members throughout Houston and surrounding areas," said Dr. Angelo Giardino, Medical Director, Texas Children's Health Plan.

"At The Coca-Cola Company, we have a longstanding commitment to improving access to community programs that foster physical activity, exercise, and nutritional education," said Ingrid Saunders Jones, senior vice president, Global Community Connections, The Coca-Cola Company and



Mark Kehr, Houston Market VP, Coca-Cola Refresh, left, presents a check to Chris Born, president and CEO, Texas Children's Health Plan, center, and Texas state representative Carol Alvarado.

chair of The Coca-Cola Foundation. "Our goal with these grants is to make a positive difference in communities by strengthening and creating healthy active lifestyle habits for families.

## TCHP applies additional 1 percent reduction to all providers' reimbursements

As you may have seen in recent news articles, the state continues to face a budget shortfall. On December 6, 2010, Gov. Rick Perry asked all state agencies to implement strategies to obtain an additional 2.5 percent in savings. To meet this request, HHSC implemented an additional 1 percent rate reduction on February 1 for all Medicaid and CHIP providers yielding an effective 2 percent since September 2010. This reduction is intended to save an extra \$42 million.

This additional reduction applies to the premium rates paid to all Managed Care Organizations participating in the STAR Medicaid and CHIP programs. TCHP strives to maintain adequate reimbursement rates for our provider community. As a provider-sponsored

health plan, we are sensitive to the growing burden placed on our provider network due to low funded government programs like Medicaid and CHIP. However, based on the state's reductions made to our premium, our only source for paying medical claims, we have made the hard choice to pass this reduction through to our network.

Your provider rates paid by TCHP for STAR and CHIP members will reflect this same 1 percent reduction for all claims with dates of service beginning February 1, 2011. The state's budget is currently having a negative impact on all participants in governmental programs. We are all working to meet the health-care needs of our members and patients while balancing economic factors.

As always, we are grateful to your commitment in providing excellent medical care for our members and working in partnership with our Health Plan to fulfill this mission. If you have any questions regarding this matter, please call your Provider Relations Manager at 832-828-1008.

### PROVIDER NEWS

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