Texas Children's Health Plan

The best decision a family can make.

Provider NEWS

July 2011

STAR expanding to additional counties

Starting September 2011, Texas Children's Health Plan (TCHP) will participate in 2 STAR/Medicaid service areas.

The first service area, Harris, will service the following counties:

- Brazoria
- Fort Bend
- Galveston
- Harris
- Montgomery
- Waller
- Austin
- Matagorda
- Wharton

The second service area, Jefferson, will service the following counties:

- Chambers
- Hardin
- Jasper
- Jefferson
- Liberty
- Newton
- Orange
- Polk
- San Jacinto
- Tyler
- Walker

To learn more about the STAR expansion, call Provider Relations and Care Coordination at 832-828-1008.

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Improving your medical home

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

The American Academy of Pediatrics (AAP) describes the medical home concept as a model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to all children and youth, including those with special health-care needs.

As a medical home, Texas Children's Health Plan understands you can face unique challenges serving our members. We want to help you make your practice a better medical home. Our members benefit greatly from having a high-quality medical home like yours.

According to the Center for Medical Home Improvement when care is delivered within a medical home, patient and family-centered care increases and family worry and burden are reduced. Care coordination and chronic condition management can lead to reduced emergency room and hospital use, reduced redundancy in testing, referrals, and procedures, and increased efficiency and effectiveness when people receive care in the medical home.

As a medical home, it is important that you evaluate your practice. The Medical Home Index is a measurement tool that allows you to use 6 domains: organization capacity, chronic condition management, care coordination, community outreach, data management, and quality improvement to rate your practice's level of care and evaluate how close to an ideal medical home you actually are.

There are several examples of best practices of providers that have improved their medical home. The Texas Pediatric Society highlights Su Clinica Familiar located in Rio Grande Valley as one example of a practice that has delivered the medical home exceptionally well. The clinic serves a primarily Hispanic population and most of its pediatric patients qualify for Medicaid or SCHIP. The clinic sees approximately 700 children per week. Eleven percent of these pediatric patients are Children with Special Health-Care Needs (CSHCN). Su Clinica designed its medical home by engaging parents as partners, creating a CSHCN office registry, facilitating preplanning of CSHCN office encounters, and developing practice tools for appropriate and rapid coding.

In closing, we are here to help you conquer any challenges you face that could prevent you from providing quality health care to our members. We can provide:

- Medical home coaching.
- Pertinent member or provider specific data.
- Best practices.
- Targeted member outreach on request.
- In-office health promotion support to targeted practices.
- Continuing medical education programs.
- Group and individual training on requested topics.
- Preferred practice guidelines.
- Regulatory updates.

If you need additional help building your medical home, visit the AAP's National Center for Medical Home Implementation at www.pediatricmedhome.org to download a medical home tool kit.

Are you using Provider TouCHPoint?

It's easy to register for Provider TouCHPoint. Provider TouCHPoint users get 24-hour access to member eligibility, payment of claims, electronic remittance advice, member panel information, and more. Starting in July, providers can only review electronic remittance advice through Provider TouCHPoint. To sign up, call Provider Relations and Care Coordination at 832-828-1008.

Help to make your patients smarter: screen for lead

By Harold Farber, MD, Associate Medical Director for Chronic Conditions, Texas Children's Health Plan

Developmental delays and behavioral problems can be a sign of lead poisoning. Very high lead levels can lead to dramatic toxicity causing a coma, seizure, or death. Low lead levels can also hurt a child's developing brain. It can also cause a child's school and sports performance to decrease.

The American Academy of Pediatrics' (AAP) policy statements recommend that children should have blood lead testing at 1 and 2 years old, unless lead exposure can be confidently excluded.

Areas of Houston with older housing have substantial problems with lead poisoning. If your practice serves a high-risk area, be sure that you routinely test your patients for lead at 1 and 2 years old. Outside of these zip codes, it is still a good idea to screen.

Houston high-risk zip codes: 77002, 77003, 77004, 77005, 77006, 77007, 77008, 77009, 77011, 77012, 77019, 77020, 77023, 77026, 77030, and 77098.

If you find a child with an elevated blood lead level, report the elevated blood lead level to the state of Texas. If the child lives within the city of Houston, you should call the Community & Children's Environmental Health Division of the Houston Department of Health and Human Services at 832-393-5154 or 832-393-5082. They can provide home investigations and resources for lead remediation where needed.

Texas Children's Health Plan Care Coordinators can help you with follow-up care on the member. Fax a case management referral with the child's name, date of birth, address, and phone number with elevated lead level as the reason to 832-825-8745 or call Disease Management at 832-828-1430 for assistance.

Children run better unleaded. By screening your patients for lead at 1 and 2 years old problems can be found when there is still a chance to help the child.

TCHP offers patient centered care coordination in the medical home

Texas Children's Health Plan (TCHP) launched a new pilot program, which deploys 7 disease management care coordinators at primary care physician offices throughout the Houston area. The care coordinators assist physicians with managing the patient's needs and providing health education.

"This allows us to be a liaison to TCHP members," said Felecia Peterson, care coordinator. "We are in the physician offices once a week for 4 hours a day."

Each week care coordinators provide face-to-face patient assessments, interventions, education, plans of care, and help linking patients to available resources.

If you are interested in having a care coordinator come to your office, call your Provider Relations and Care Coordination at 832-828-1008.

Felecia Peterson gives Maria Flores health education brochures for her daughter Karina.

HHSC releases new Medicaid card and health information system

In June 2011, HHSC released a new Medicaid identification (ID) system that uses digital technology to bring efficiency to the process of verifying a patient's Medicaid eligibility. The 2 main elements of the system are the Your Texas Benefits Medicaid card, which replaces the patient's monthly Medicaid ID letter, and a new online provider portal where providers can get up-to-date information on a patient's eligibility. Providers can also access history of services and treatments paid by Medicaid.

HHSC implemented the changes listed below.

- **Eligibility card.** The paper Medicaid ID form mailed to each Medicaid member each month was replaced by a permanent plastic card, the Your Texas Benefits Medicaid card. Besides printed information, this card has a magnetic stripe containing the person's Medicaid number (PCN) which can be used to access the patient's Medicaid-related information.
- **Eligibility verification.** Eligibility verification is automated at patient check-in.

Plans call for additional capabilities to be introduced within the next few months.

- **Health history.** Providers have access to claims-based electronic health history for Texas Medicaid clients. The health history is generated using multiple sources including Texas Medicaid fee-for-service claims, Medicaid managed care encounters, prescription drug claims, immunization data, and Texas Health Steps information and alerts. A patient will have the option to withdraw from sharing their health history.
- **E-prescribing.** Providers will be offered an e-prescribing tool for prescriptions.
- **Future exchanges**. The new system establishes a foundation for future electronic health information exchanges between providers and Texas Medicaid.

Advantage to providers

The following features are available to providers:

- **User portal**. Providers can access information through a secure Internet portal.
- **Interactive voice response (IVR).** Providers can access information through an IVR system or a live operator.
- **PC-tethered magnetic card reader.** Providers can swipe the patient's Your Texas Benefits Medicaid card to verify client eligibility reducing the potential for data entry errors.
- **Integrated point-of-sale terminal.** This terminal combines the functions of a magnetic card reader with the ability to process commercial financial transactions such as credit and debit cards.

At a later time, the following features will be added:

- **Embedded portlets**. Providers will be able to embed selected portal sub-components from the new Medicaid ID system into their existing practice management systems. For example, providers interested only in prescription drug history can import that widget into their web-based systems.
- **Transaction exchange.** Providers will be able to request specific information from the new Medicaid ID system through a transaction request. The resulting information can then be populated into systems, as desired. To facilitate data integration, HHSC will publish the transaction specifications.

Source: HHSC

Order your Texas Health Steps forms online

Updated versions of the child health records form are available on the Texas Health Steps website. The changes include some corrections and clarifications that should improve the quality of the existing forms. All new child health records forms will replace the current forms. The new forms will include a version for each age visit (3 to 5 days through 20 years) and clearly lay out the required components of Texas Health Steps medical checkups. You can order Texas Health Steps forms at www.dshs.state.tx.us/thsteps/forms.shtm.

TCHP Asthma High-Risk Report helps you identify undertreated asthma

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

Sometimes the most important information to help you manage your patient's asthma never gets to you. Hospitals and emergency rooms (ER) may not notify you when your patient has been there. The pharmacy may not call you when your patient's quick relief medicine is overused or his or her long-term control medicine is not picked up. Your patients may not call you until there is a crisis and by then it is too late.

Texas Children's Health Plan would like to help ease some of these problems by providing you with an asthma high-risk report. The high-risk report compiles this information from health plan claims data and gives it back to you in an easy to use format. Prioritization by risk score helps you decide which patient to start on first. A summary sheet lets you see your patients and shows you what events put them at risk. It even shows when you last saw them. A patient-level data sheet shows their respiratory health-care utilization, dates, locations, and diagnoses of respiratory-related hospitalizations, ER visits, and physician visits. Pharmacy claims for asthma medications are listed by date, name of medication, and amount dispensed. By placing a note about high-risk status on the front of the patient's chart or electronic medical record, you are reminded to address it when you see the patient.

When you review the high-risk summary sheet, you can quickly determine who needs to come in for an office visit, who needs a TCHP care management referral, and who needs to see an asthma specialist. Our care coordinators can help members learn skills to become adherent, provide telephone follow up to reinforce self-care skills, and arrange for home visits to help members improve their indoor environment.

When you see your patients for follow up you can review their asthma control (use the Asthma Control Test, available at www.asthmacontrol.com or the Asthma Therapy Assessment Questionnaire, available at www.asthmacontrolcheck.com), asthma triggers, and medication adherence. You can determine their asthma education needs, review goals of therapy, address non-adherence, and provide a written asthma action plan.

Ask your provider relations manager for your practice's asthma high-risk report. Then you can start moving your patients from asthma crisis to asthma control.

Prove strep before prescribing your patients antibiotics

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

Overuse of antibiotics can hurt your patients making it harder to treat bacterial infections. Overuse of antibiotics can also cause diarrhea and rashes. It will cause a child to have an allergic reaction to antibiotics when they really need them.

Only about 1/3 of children who have a sore throat will have strep—which means 2/3 do not. For children under 5 years old, the rate of strep throat is much lower. The presence of erythema and exudate does not differentiate viral pharyngitis from strep. The only way to differentiate strep from viral pharyngitis is with a rapid antigen detection test or throat culture.

The American Heart Association and the American Academy of Pediatrics emphasize that microbiological confirmation, with either a throat culture or a rapid antigen detection test (RADT), is required for the diagnosis of Group A Streptococcal pharyngitis. If your patient looks like he or she might have a strep throat—fever, pharyngeal erythema, edema, and/or exudates, and absence of other signs of a viral respiratory infection—prove strep before giving antibiotics.

Within TCHP, 40 percent of patients with pharyngitis receive antibiotics without confirmation of strep infection. It is important that you prove your patient has strep before you prescribe antibiotics.

Focus on decreasing elective inductions of labor

By Carla Ortique, MD

According to recent statistics, the United States rate of labor induction has doubled since 1990 reaching 22.5 percent of all pregnancies in 2006.

The American Congress of Obstetricians and Gynecologists (ACOG) clearly stipulates that unless a medical indication exists, labor induction or scheduled elective delivery should not be performed prior to 39 weeks gestational age documented by one of the following methods:

- U/S measurement at < 20 weeks.
- FHT documented by Doppler for 30 weeks.
- 36 weeks since positive serum or urine BHCG.

Along with labor inductions, 31.1 percent of pregnancies in 2006 were C-sections, which suggest some correlation. While the causes of increasing C-section rates are myriad including but not limited to obesity epidemic, advancing maternal age, increasing multiple gestations, medical liability concerns, and decline in resident training in operative vaginal delivery, several studies indicate that induction of labor is associated with increased odds of C-section.

Other potential complications attributable to labor induction include uterine tachysystole, abruption, uterine rupture, which is rare, and Category II or III FHR tracings.

Early term deliveries defined as deliveries between 37 to 38 6/7 weeks gestation are associated with higher incidence of respiratory distress syndrome, transient tachypnea, and NICU admissions.

Finally, failed labor inductions are associated with increased maternal morbidity including infection, uterine atony, and hemorrhage.

Can we predict success of induction of labor?

Review of the literature reveals that if Bishops Score is > 8, the probability of vaginal delivery after induction of labor is similar to the probability after spontaneous onset of labor.

Score	Dilation	Position	Effacement	Station	Consistency
0	closed	posterior	0-30%	-3	firm
1	1-2 cm	mid	40-50%	-2	medium
2	3-4 cm	anterior	60-70%	-1, 0	soft
3	5-6 cm	–	-80%	+1, +2	–

Examples of conditions that may be indicators for labor induction or medical indications include but are not limited to:

- Abruptio placentae.
- Isoimmunization.
- Chorioamnionitis.
- GHTN.
- Preeclampsia, eclampsia.
- Post-term pregnancy (defined as > or = 41 weeks).
- Maternal medical conditions (DM, renal, chronic pulmonary, or cardiovascular disease.
- Fetal compromise (IUGR, oligohydramnios).
- Fetal demise.

There are some "non-medical" situations in which labor induction may be prudent if gestational age of at least 39 weeks or fetal lung maturity is documented. These include:

- A patient with a mental health condition.
- A patient with a history of rapid labor.
- A patient living in an unsafe distance from hospital.

In closing, you should evaluate the benefits of labor induction against the potential maternal and fetal risks. You should institute the 2 guidelines below to determine labor induction.

- Eliminate elective induction of labor in women with unfavorable cervix (defined as Bishops score < or = 8).
- Eliminate elective induction in women< 39 weeks gestation.

The goal of Texas Children's Health Plan (TCHP) in supporting these guidelines is not to disrupt the physician-patient relationship, nor to diminish physician autonomy. Instead, we hope that fostering evidence-based guidelines, which focus on patient safety and quality improvement, will result in the best clinical outcomes.

Electronic Funds Transfer services available for TCHP providers

As changing market, dynamics continue to increase the pressure to maximize revenue and profit, providers and health-care systems are searching for ways to reduce costs while increasing efficiency across the billing cycle. Texas Children's Health Plan (TCHP) offers electronic funds transfer (EFT) services through Emdeon.

Providers can sign up for EFT enrollment using any of the options below.

- Option 1: Sign up online by visiting www.emdeon.com/eft.
- Option 2: Go to www.emdeon.com/epayment. Select your provider type. Click on the "Enroll Now!" link to download your EFT enrollment and authorization form. Complete the form, and fax or mail in your completed form to start realizing the benefits of electronic payments and remittance advices!.
- Option 3: Contact an Emdeon EFT representative to start your enrollment process by dialing 1-866-506-2830 and selecting option 1.

Below are some helpful hints for a smooth EFT enrollment.

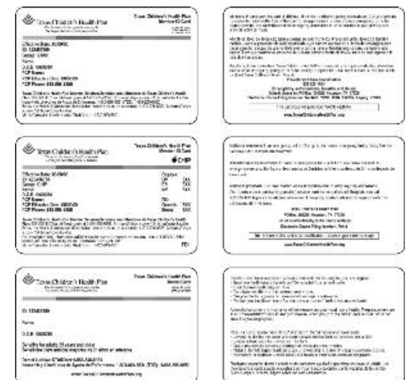
- Ensure that you are an authorized representative of the designated provider.
- Have your contact, organization, and financial account information available.
- Review all terms and authorization forms prior to submitting them to Emdeon.
- Review the EFT Frequently Asked Questions on www.emdeonepayment.com.

For existing EFT customers:

If you are an existing EFT customer with Emdeon and wish to add TCHP to your service, please call 1-866-506-2830 and select option 1 to speak with an Enrollment Representative.

New look for TCHP member ID cards

TCHP member ID cards have a fun, fresh new look! Just like the old card, the new card includes the member's eligibility information, primary care physician, type of health coverage, and co-pay amounts. Members should carry their ID card with them to every doctor or dentist visit.



Electronic Health Records provide a wide array of benefits

The benefits of an Electronic Health Record (EHR) system are enormous– linking patients, physicians, hospitals, and health plans. Medicaid and Medicare eligible professionals and hospitals may take advantage of the EHR Incentive Program implemented by Texas Medicaid this year by adopting an EHR system that meets meaningful use criteria and reports clinical quality measures.

For providers that have not yet implemented an EHR system, listed below are impartial organizations that may support you through the decision-making process of finding a vendor that matches your unique needs.

- The Gulf Coast Regional Extension Center: www.uthouston.edu/gcrec/. The organization has a federal grant (about $4million) to help primary care physicians adopt and implement EHRs. The cost is $300 per provider, per year; estimated to be about a 90 percent discount on services.
- TMF Quality Health Institute: www.tmf.org
- Harris County Medical Society: www.hcms.org/Template.aspx?id=4

For providers that already have an EHR system in place, these sites will help you apply for the EHR Incentive Program.

Visit TMHP's Health IT Reference site, at www.tmhp.com/Pages/HealthIT/HIT_Ref.aspx. The site includes an Electronic Health Records Incentive Payment Program FAQ that reviews meaningful use criteria and instructions for obtaining the CMS HER Certification Number. You can register at ww.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage. You will need an active NPI, Tax ID, and email address.

Texas Children's Health Plan does not endorse any particular product.

Providers recognized for quality achievements

In April 2011, the 2nd Annual Texas Children's Health Plan Quality Awards were presented to providers for their excellence in documentation of Early Periodic Screening Diagnosis and Treatment (EPSDT) visits, excellence in evaluation and management of members receiving treatment for asthma, excellence in treatment of skin and soft tissue infections, and excellence in treatment of ambulatory care sensitive conditions.

These well deserving providers have shown excellence in the care they give to our members. We would like to thank all of the award recipients for their hard work and dedication. We salute you and your staff for everything that you do to keep our members healthy.

EPSDT

Sangeeta Agerawala, MD
Ambreen Aslam, MD
Arturo Bautista, MD
Alberto Bernardoni, MD
Mariano Caceres, MD
Harminder Chana, MD
Anna Chen, MD
Thrity Desai, MD
Sriranjini Eachempati, MD
Joyce Egbe, MD
Ricardo Grillo-Paris, MD
Shehnaz Jacob, MD
Kimberly Lazarus, MD
Haiyen Le, MD
Grace Leonardo, MD
Mark Lorenzen, MD
Farah Mamedov, MD
Sheri Mitchell, MD
Francisco Moreno, MD
D. Cade Nelms, MD
Hanh Nguyen, MD
Nicole-Nhan Nguyen, MD
Pamela Nguyen, MD
Silen Pahlavan, MD
Shefali Patel, MD
Asaf Qadeer, MD
Mythili Rangan, MD
Nathan Roesler, MD
Natalia Sanchez, MD
M. Haroon Siddiqui, MD
Nathan Simons, MD
Emily Todd, MD
Lora Torres, MD
Eliza Trevino-Beene, MD
Cuong Trinh, MD
Nema Uwaydah, MD
Vaccine Clinic—Braeswood
Vaccine Clinic—Wiggins
Vaccine Clinic—High Star
Vaccine Clinic—Airline
Jamie Waldrep, MD
Kimberly Williams-Watson, MD
Peggy Wongsa, MD

Asthma

Kimberly Lazarus, MD
Maryam Taghadosi, MD
Vinona Vohra, MD
Ying-Ying Wood, MD

Skin and Soft Tissue Infections

Harminder Chana, MD
Thrity Desai, MD
Saifuddin Tahir, MD

Ambulatory Care Sensitive Conditions

Marise Kelly, MD
Nazmudin Keshwani, MD
Maria Nikolaidis, MD
Guillermo Padilla, MD

TCHP implements NCCI guidelines

TCHP implemented the CMS National Correct Coding Initiative (NCCI) guidelines on April 1 for dates of service on or after October 1, 2010. This change puts TCHP in compliance with the Texas Medicaid Healthcare Partnership (TMHP) and Centers for Medicare & Medicaid Services (CMS) guidelines.

These coding guidelines will affect all provider types and may have an impact on how your claim is paid. Providers who are currently billing NCCI compliant claims for Medicare and/or TMHP will see no difference in how their TCHP claim is processed. Claims filed with service codes that are defined by NCCI edits as "incidental to," another billed service code, or "mutually exclusive" to another billed service code will appear as a line item denial on the EOP.

If a provider appeals or otherwise requests a reprocessing of a claim for a date of service prior to April 1, 2011 and the request for appeal/reprocess is after April 1, 2011 it will be processed under the new NCCI guidelines. This will also be the case when or if TMHP modifies the Medicaid fee schedule.

Providers who are not familiar with the NCCI coding guidelines can find additional information at the TMHP NCCI Compliance web page at www.tmhp.com/Pages/CodeUpdates/NCCI.aspx. Providers should visit the Compliance web page for regular updates on coding specific information.

If you have additional questions on NCCI guidelines please call Provider Relations and Care Coordination at 832-828-1008.

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