

the checkup



OCTOBER 2016

A monthly publication of Texas Children's Health Plan

welcome

Over the past year and a half, the Texas Children's Health Plan has been preparing for STAR Kids. This program will offer families with medically complex children the advantage of increased care coordination as part of Medicaid Managed Care. Some of the incredible numbers:

- 250+ new care coordinators hired and trained by Texas Children's Health Plan
- 2,000 new providers added to our network
- 30,000 new members expected

STAR Kids will offer providers additional support and help to reduce the many hassles we run into when caring for patients with complicated medical needs. In the process of bringing the STAR Kids program on-line, we have had the privilege of visiting with many of the providers in the community who have always provided excellent care for our most vulnerable population. We are inspired by the great work completed in our community every day, and excited to strengthen our current relationship by adding assistance to you, the patients and their families. November 1 cannot come soon enough, and we look forward to providing better service to our provider network, members and their families.

*Lisa Hollier MD MPH and Heidi Schwarzwald MD MPH
Chief Medical Officers, Texas Children's Health Plan*

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Encourage your patients to follow antidepressants protocol

Major depressive disorder has a lifetime risk of 10-25% in women and 5-12% in men, based on community samples. Treatment options for depression can include psychotherapy, either in combination with pharmacotherapy or as monotherapy. When starting pharmacologic treatment, The American Psychiatric Association (APA) practice guideline for major depressive disorder (http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-guide.pdf) recommends starting with the safest, easiest to tolerate, and least expensive of the available antidepressants.

A major concern is the reluctance of patients to follow treatment guidelines. There are high rates of relapse when patients discontinue antidepressant therapy prematurely. Studies suggest one half of the patients will not be taking their antidepressant at 6 months. Furthermore, in one managed care study, 20% of patients never filled their initial prescription.¹

A 2010 study of chronic depression treatment in primary care practices showed that compared with regular care, aggressive monitoring of patient adherence and outcomes in 728 adults with depression resulted in better remission rates across 18 months of treatment. At 6 months, 43.4% of patients who had been contacted regularly by nursing and social worker staff were in remission, compared with 33.3% of the 78 who had received regular care ($P = .11$). At 12 months, the results were 52% vs. 33.9% ($P = .012$), and at 18 months, remission was reported in 49.2% vs. 27.3% ($P = .004$) (Ann Fam Med. 2010 Sep; 8[5]:387-96).

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Helping patients overcome their reluctance to follow treatment guidelines can be achieved with following best practices and establishing in-office protocols that:

1. Utilize evidence based depression rating scales to assess and monitor symptoms
 - a. Patients who rate 4 or less on the Patient Health Questionnaire-9 (PHQ-9) are considered in remission or not to have severe depression. Likewise, patients who score 5 or less on the Quick Inventory of Depressive Symptomatology (QIDS) are not considered in the danger zone.
2. Take the time to educate patients about their depression, their medication, and possible side effects.
 - a. An initial episode of depression requires one year of treatment and adhering to medication will help lead to recovery.
3. Conduct health literacy and cultural competency checks on all information provided to patients.
 - a. Ensure all educational materials are in an appropriate language and education level to be effective for the patient receiving it.
4. Assess barriers to obtaining medications.
 - a. Consider offering the patient the option to fill the prescription with retail pharmacy delivery. Contact your Provider Relations representative at 832-828-1008 if you need more information on participating retail pharmacies that can deliver your patient's medications.
5. Offer patients a telephone number they should call should if they experience a side effect or have questions about their treatment.
6. Schedule your patient for a two week follow up appointment after starting medications and ensure a protocol for planned follow up and medication check-ins.

¹Xing S., DiPaula BA, Lee HA, Cooke CE. Failure to Fill Electronically Prescribed Antidepressant Medications: A Retrospective Study. Primary Care Companion CNS Disc 2011(1)



Upcoming Texas Children's Health Plan
Provider TouCHPoint portal changes:

Provider Attestation required

The Texas Children's Health Plan Provider portal is changing. In order to be compliant with HHSC guidelines to confirm provider demographic information, the Texas Children's Health Plan Provider portal will require a quarterly attestation of information by NPI number.

If access to the secure portal has been blocked because of needed attestation, users will not be able to access the portal until an office administrator for the account attests the information on file. Only staff with office administrator-level access can provide attestation.

Information requiring verification includes but is not limited to: Primary physical address, telephone number, office hours, panel status, languages, and ages served.

Upcoming Texas Children's
Health Plan Provider TouCHPoint
portal changes

allows providers to submit claims electronically

In the coming weeks, Texas Children's Health Plan will make available batch claims submission via the Texas Children's Health Plan Provider TouCHPoint portal. **This will be a free service to providers and will accept batch claims as well as appeals with supporting documentation.** Please watch for more information posted on TCHP Provider TouCHPoint.

Prior authorization required for Synagis®

RSV season is here. The start and end of RSV season in Texas is based on the county of residence. The RSV season schedule for the upcoming season has been established at the recommendation of the Texas Pediatric Society's RSV Task Force group. The season for Harris and Jefferson county service area will run from October 1, 2016 to February 28, 2017. The season in the Northeast service area will run from November 1, 2016 to March 31, 2017.

Prior authorization for Synagis (Palivizumab) is processed through Navitus. Clinical criteria are based on AAP recommendations.

Based on the 2014 American Academy of Pediatrics guidance, prophylactic Synagis injections should not continue if the patient is hospitalized for RSV, therefore patients who are hospitalized for RSV while being treated with Synagis may not be approved for subsequent doses. Patients are allowed up to 5 monthly doses. Depending on the date of the initial dose, a patient may not receive all 5 monthly injections before the end of season.

Request forms for Synagis will be made available at www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx.

For the 2016-2017 Synagis season, Navitus will continue to use the following 2 preferred pharmacies:

Maxor Specialty Pharmacy

216 South Polk Street
Amarillo, TX 79101
Synagis Phone: 866-629-6779
Synagis Fax: 866-217-8034

Avella Specialty Pharmacy

3016 Guadalupe St., Ste. A
Austin, TX 78705
Synagis Phone: 877-470-7608
Synagis Fax: 877-480-1746



We need you to update your Provider Demographics

Texas Children Health Plan is required to provide members with online access to updated provider information. To do this, Texas Children Health Plan requires providers update their demographics whenever there is a change in hours, address, days of week, and languages provided.

There are multiple ways for providers to notify Texas Children's Health Plan of changes in demographics. You can email us at tchpprovel@tchp.us, you can send a message to www.thecheckup.org/contact-us/, fax the change information to 832-725-8750, or call the Provider Relations department at 800-731-8527. Providers will also need to update their information with TMHP using the Provider Change Form located at www.tmhp.com/Provider_Forms/Provider%20Enrollment/Provider-Information-Change-Form.pdf.

For further reading

You can go to our website and log-in to **Provider TouCHPoint** to learn more on topics like:

- Quality program goals, processes, and outcomes
- Referrals to case management
- Pharmaceutical management procedures
- Disease Management Programs
- Formulary
- How practitioners can access authorization criteria
- Limits/quotas
- Availability of staff to discuss authorization process
- Supporting an exception process
- Availability of TDD/TTY services
- Member rights and responsibilities
- Availability of language assistance for members
- Generic substitution, therapeutic interchange, and step therapy protocol
- Prohibiting financial incentives for utilization management decision makers
- Clinical practice guidelines and preventive health guidelines

ATTENTION!

All Texas Children's Health Plan providers and facilities Utilization Management Guidelines effective November 1, 2016

Texas Children's Health Plan has developed Utilization Management guidelines that serve as criteria for the determination of medical necessity for services that require prior authorization. **These guidelines will be effective on November 1, 2016.**

The goal of Texas Children's Health Plan's Utilization Management guidelines is to encourage the highest quality care from the right provider in the right setting. Utilization Management guidelines are available for you to review.

Please contact Texas Children's Health Plan's Provider Relations department at 832-828-1008 or toll-free at 1-800-731-8527 if you would like to request a copy.

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