

the **checkup**



DECEMBER 2016

A monthly publication of **Texas Children's Health Plan**

Welcome from our CMOs to our STAR Kids Providers

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
- **More than 23,000 new members** added

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 online, 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 was an exciting day for us! 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

- 2 Following antidepressants protocol
- 2 Texas Health Steps
- 3 EDI Claims Submissions
- 3 Utilization Management guidelines
- 4 Provider TouchPoint Portal changes
- 4 Provider Demographics

Office Manager's
OB/GYN's
PCP's

In this ISSUE

PO Box 301011
Houston, Texas 77230



NONPROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 1167
N. HOUSTON, TX



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

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.

*Dr. J. P. Alonzo, ME, PharmD
Associate Director of Pharmacy,
Behavioral Medicine*

*Dr. Robert Hunter, MD
Board Certified: Psychiatry
Board Certified: Addiction
Psychiatry*

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)

Texas Health Steps Checkup Documentation: Essential to Medical Records

As a Texas Health Steps (THSteps) provider you affect the lives of many young Texans. The care you provide helps prevent serious or chronic health-care problems and often helps young patients begin to develop positive lifelong health-care habits. Being a THSteps provider can be very rewarding. It can also be very challenging, especially when it comes to medical checkup documentation. Independent studies of THSteps medical checkups indicate that records were most commonly missing documentation of appropriate laboratory tests and immunizations.

THSteps checkups are made up of six primary components, many including individual components. These are outlined on the Texas Health Steps Periodicity Schedule based on age and include:

1. **Comprehensive health and developmental history** which includes nutrition screening, developmental and mental health screening and TB screening;
2. **Comprehensive unclothed physical examination** which includes measurements; height or length, weight, fronto-occipital circumference, BMI, blood pressure, and vision and hearing screening;
3. **Appropriate immunizations**, as established by the Advisory Committee on Immunization Practices, according to age and health history, including influenza, pneumococcal, and HPV;
4. **Appropriate laboratory tests** which include newborn screening blood lead level assessment appropriate for age and risk factors, and anemia;
5. **Health education** (including anticipatory guidance); and
6. **Dental referral every 6 months** until the parent or caregiver reports a dental home is established.

For the complete article, go to thecheckup.org



EDI Claims Submissions

For information on EDI Claims submissions go to:

http://www.tchp.us/sites/default/files/pdf/5010_X12_837I_Institutional_CompGuide.pdf or

http://www.tchp.us/sites/default/files/pdf/5010_X12_837P_Professional_CompGuide.pdf

We have great value-added benefits for our members

At Texas Children's Health Plan, we go the extra mile for our members. So, besides access to top-notch health care, we have value-added benefits that our members enjoy. **Go to texaschildrenshealthplan.org/members.**

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

NEW UM Guidelines

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 were effective 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.



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.

Providers allowed 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 Texas Children's Health Plan Provider TouCHPoint.

Are you meeting access standards?

Primary care providers **must be accessible** to Texas Children's Health Plan members **24 hours a day, 7 days a week**. Go to thecheckup.org for complete coverage details.

Provider Demographics

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

There are multiple ways to notify Texas Children's Health Plan of these changes. Providers can email Texas Children's Health Plan at tchpprovel@tchp.us, they can send a message to 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 tmhp.com/Provider_Forms/Provider%20Enrollment/Provider-Information-Change-Form.pdf

the **checkup**

is published monthly by Texas Children's Health Plan.

Manager, Marketing
Parker Amis

Editor
Christina Brennan

Layout designer
Scott Redding

©2016

Texas Children's Health Plan.
All rights reserved.

PO Box 301011
Houston, Texas 77230-1011
12/2016