

the checkUP



by
Texas
Children's
Health Plan
Medical
Directors

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Texas Children's
Health Plan

Grand Rounds CME Series

Hanging in the Balance

Ethics Perspective on Hospice Care
& Provider Burn Out

Thursday, February 8, 2018

5:30 p.m. Registration & Breakfast

6:00 p.m. - 8:00 p.m. Scientific Session

Event will be broadcasted.

Hub Locations listed at

www.TexasChildrensHealthPlan.org/CME

Save the date

Register online now at TexasChildrensHealthPlan.org/CME
Free registration for Texas Children's Health Plan Contracted Providers

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Newborn Hearing Screening Requirement

A newborn hearing screening **must be completed at the birthing facility**. Automated auditory brainstem response (AABR) or transient evoke or distortion product otoacoustic emissions (OAE) may be performed.

Newborns who do not pass the initial screen must be rescreened a second time in the birthing facility before discharge.

Screening Results

PCPs or medical homes (Texas Health Steps providers) must obtain a copy of the newborn hearing screening. The PCP or medical home must review all newborn hearing screening results with the parent or caregiver at the first checkup and determine if any additional follow-up is necessary.

Outpatient Rescreening

Newborns who do not pass the second screen in the birthing facility must be referred to a Medicaid-enrolled provider for an outpatient follow-up rescreen when the infant is between 10 and 30 days of age.

Diagnostic Audiological Evaluation

Newborns who do not pass the outpatient rescreen must be referred to a Medicaid-enrolled audiologist for a diagnostic audiological evaluation. Unless the newborn or infant has been hospitalized since birth, the diagnostic audiological evaluation must be completed no later than the third month after birth.

Evaluation Results

Audiologists must report all diagnostic results to DSHS TEHDI MIS, and provide written hearing screening results to the PCP or medical home.

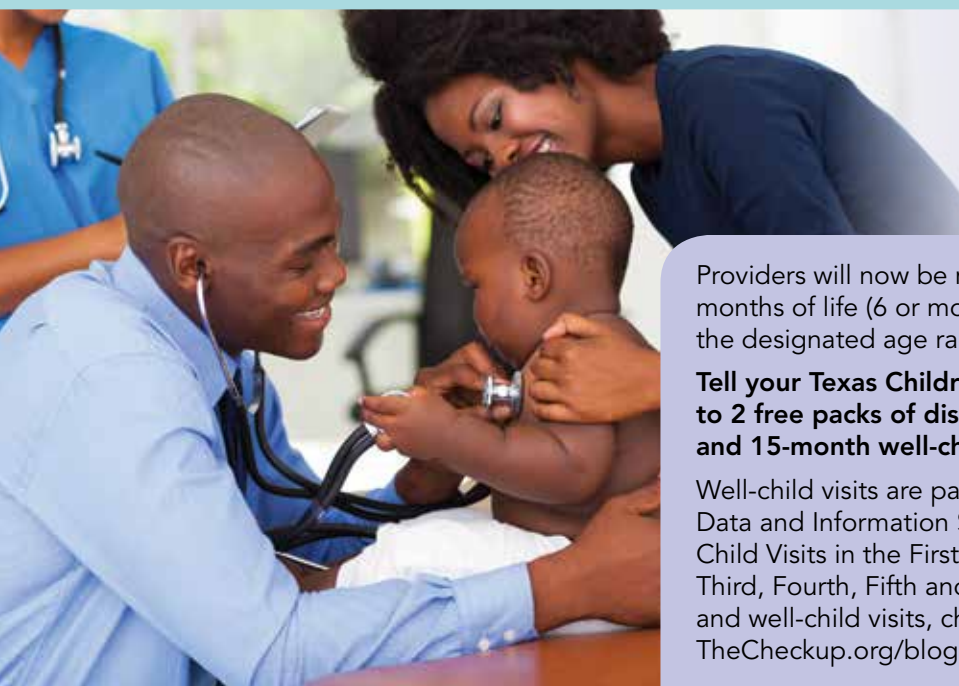
ECI Referrals

Newborns or infants not passing the outpatient rescreen must also be referred by the PCP or medical home to ECI for provision of services.

Late Onset Hearing Loss

When one or more risk factors for late onset hearing loss has been identified and the newborn or infant passed their hearing screen, the outcome will not be "normal hearing" but will be "in process." Noting the infant as "in process" allows all health-care providers in the care of the infant to be aware of the presence of risk factors to determine the frequency of risk monitoring to identify audiological issues as soon as possible.

To read the full article, go to TheCheckup.org/blog



Well-Child Visits

Provider Incentive Program
 HEDIS measure has changed

Providers will now be measured on W156, well-child visits in the first 15 months of life (6 or more visits). Members assigned to your panel within the designated age range are eligible in January.

Tell your Texas Children's Health Plan patients that they can get up to 2 free packs of disposable diapers for completing their 12-month and 15-month well-child checks! Limit 1 pack of diapers per visit.

Well-child visits are part of important HEDIS (Healthcare Effectiveness Data and Information Set) metrics. These measures include Well-Child Visits in the First 15 Months of Life and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life. To learn more about HEDIS and well-child visits, check out our August 2017 HEDIS Spotlight at TheCheckup.org/blog.

Flu season is still here

– it's not too late to vaccinate!

Flu season is still going strong and the flu vaccine continues to be the best way to protect ourselves and our patients against serious complications from the flu. The more people who get vaccinated, the more we can prevent influenza from impacting those who are most vulnerable to complications. In 2017, a study in *Pediatrics* was the first of its kind to show that flu vaccination also significantly reduced a child's risk of dying from influenza. Let your patients know that **it's not too late to vaccinate!**

What's new for flu in 2017-2018?

- Recommendation to **not** use the nasal spray flu vaccine (LAIV) was renewed for the 2017-2018 season. Only injectable flu shots are recommended for use again this season.
- Flu vaccines have been updated to better match circulating viruses (the influenza A(H1N1) component was updated).
- Pregnant women may receive any licensed, recommended, and age-appropriate flu vaccine.
- Two new quadrivalent (four-component) flu vaccines have been licensed: one inactivated influenza vaccine ("Afluria Quadrivalent" IIV) and one recombinant influenza vaccine ("Flublok Quadrivalent" RIV).
- Age recommendation for "Flulaval Quadrivalent" has been changed from 3 years old and older to 6 months and older to be consistent with FDA-approved labeling.
- Trivalent formulation of Afluria is recommended for people 5 years and older (formerly 9 years and older) in order to match the Food and Drug Administration package insert.

References:

1. Flannery B, Reynolds SB, Blanton L, Santibanez TA, O'Halloran A, Lu PJ, Chen J, Foppa IM, Gargiullo P, Bresee J, Singleton JA, Fry AM. Influenza Vaccine Effectiveness Against Pediatric Deaths: 2010-2014. *Pediatrics*. 2017 May;139(5).
2. CDC 2017-2018 Influenza information <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>

ADHD Provider Tool Kit

What is it?

Texas Children's Health Plan is pleased to announce the unveiling of the ADHD Provider Toolkit. The ADHD Provider Toolkit is a go-to site for a wide range of relevant material to assist clinicians in the diagnosis, treatment, and management of patients with ADHD and their families. The goal is to provide information sources for the primary care provider who frequently sees patients with this diagnosis, thereby making evidence-based practices and tools available on the desktops of busy practitioners.

How Do I Find It?

The ADHD Provider Toolkit is available, in its most up-to-date version, online to participating providers through the Texas Children's Health Plan Provider Portal. It can also be made available by contacting Texas Children's Health Plan Provider Relations at 832-828-1008 or toll-free at 1-800-731-8527. In an effort to make the ADHD Provider Toolkit a clinically useful resource for our providers and members, Texas Children's Health Plan welcomes provider feedback and comments.

For the full article, go to TheCheckup.org.

ADHD medication management is part of important HEDIS (Healthcare Effectiveness Data and Information Set) metrics. These measures include Follow-up Care for Children Prescribed ADHD Medication. **To learn more about HEDIS and ADHD medication management, check out our September 2017 HEDIS Spotlight at TheCheckup.org/blog.**





A suitable timeline for prenatal and postpartum care

Timely prenatal and postpartum care is an important component of successful health outcomes for women and their babies, as well as a measure of quality care.

Prenatal visit timeline

The first prenatal visit must be rendered in the **first trimester or during the first 42 days of enrollment** into the health plan to meet the standards set forth by Healthcare Effectiveness Data and Information Set (HEDIS).



Training for Providers on Child Development Screening and Surveillance

The Child Developmental Screening and Surveillance web training is available on the Texas Health Steps Online Provider Education website:

<http://www.txhealthsteps.com/>.

The goal of this module is to equip Texas Health Steps providers and others with the skills to conduct developmental surveillance and screening during preventive medical checkups for children birth through 6 years; use approved screening tools; make appropriate referrals; and coordinate care in the primary care setting.

Continuing education units are available for physicians, nurses, social workers, and Certified Health Education Specialists.



Reminder on obtaining an authorization for genetic testing

Quest Diagnostics is the exclusive contracted lab for Texas Children's Health Plan. For OB providers, all genetic testing requires prior authorization.

Link to all services that require prior authorization:

<http://www.texaschildrenshealthplan.org/sites/default/files/pdf/Pre-Certification%20Requirements%20JULY%202017.pdf>

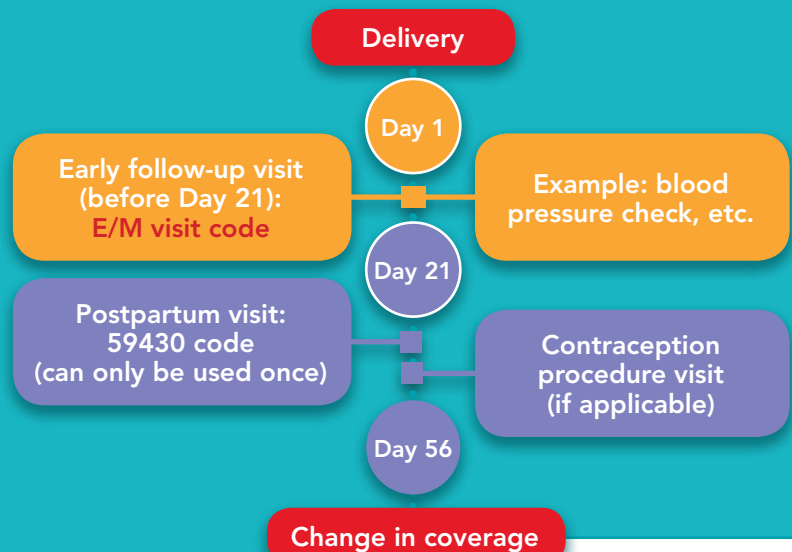
Visit www.TheCheckup.org for more articles like these.

For provider manuals, pharmacy directories, and other resources, visit www.TexasChildrensHealthPlan.org/for-providers/provider-resources

Postpartum visit timeline

The postpartum visit must be rendered within the specified HEDIS timeline of 21 to 56 days after delivery.

- Only one postpartum visit is required during the 21 to 56 days after delivery (using the 59430 code).
- Any additional visits that may be needed from Day 1 to Day 56 should be billed with E/M visit codes. This includes visits that occur 1 to 20 days after delivery, which should be billed utilizing E/M codes on the claim form (e.g. C-section incision, episiotomy, blood pressure check, mastitis, etc.).



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