


# the **checkup**



by  
Texas  
Children's  
Health Plan  
Medical  
Directors

MARCH 2018

A monthly publication of Texas Children's Health Plan



**Texas Children's Health Plan** Grand Rounds CME Series

## A Healthier Tomorrow

### Innovations in Well Child Care

Panel presentation by: Cesar Ortega, MD, Stephanie Marton, MD and Carl Tapia, MD



**Thursday, May 10, 2018**  
**5:30 p.m.** Registration & Dinner  
**6:00 p.m.** Presentations  
**Event will be broadcasted.**  
 Online registration, site locations, and more information at:  
[www.TexasChildrensHealthPlan.org/CME](http://www.TexasChildrensHealthPlan.org/CME)

**Save the date**

**Register online now at [TexasChildrensHealthPlan.org/CME](http://TexasChildrensHealthPlan.org/CME)**  
**Free registration for Texas Children's Health Plan Contracted Providers**

### In this ISSUE

- PCPs
- OB/GYNs
- Office Managers
- 2 Be a HEDIS HERO
- 2 5 steps to a successful authorization
- 3 Prenatal depression screening
- 3 Substance use and pregnancy
- 4 Appointment Availability Standards

PO Box 301011  
Houston, Texas 77230



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

# Be a HEDIS HERO for childhood wellness

The National Committee for Quality Assurance (NCQA) is a non-profit organization that measures the quality of health care across large populations. NCQA does this through its Health Effectiveness and Data Set, also known as HEDIS.

**HEDIS measures** are a set of evidence based standards that Texas Children's Health Plan is committed to improving upon in order to provide the best care for our members.

**Making changes across your patient population is easier than you think!** In fact, you can become a HEDIS HERO by simply providing preventative care that addresses healthy habits to children and teens.

The HEDIS "WCC" measure—**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**—was developed to address the ever-growing epidemic of childhood obesity. The health care provider plays a key role in guiding children and adolescents toward healthy behaviors. Use correct medical record documentation to ensure that your efforts are acknowledged.

Completing the following elements annually for all patients ages 3 to 17 will enable you to meet the WCC measure and improve your young patients' chances at a healthier life:

## **MEASUREMENT OF BMI**

- For children ages 3 to 17 years, this should be documented as a percentile or plotted on a growth chart.
- Ranges and thresholds such as 85-95% or >95% are not HEDIS-acceptable.

## **DISCUSSIONS OF CURRENT NUTRITION AND PHYSICAL ACTIVITY BEHAVIORS**

- At a minimum, discuss eating habits, exercise/sports routines, and daily screen time.
- Document your own counseling, anticipatory guidance, and/or referrals to a nutritionist or a Texas Children's Health Plan program such as "Keep Fit." A weight or obesity counseling referral will satisfy both the nutrition and physical activity components.
- Have educational handouts available and document how your offices uses them. Materials can be obtained at [BrightFutures.AAP.org](http://BrightFutures.AAP.org), [AgesAndStages.com](http://AgesAndStages.com), and [CDC.gov](http://CDC.gov).

## **TIPS FOR BEING A WCC MEASURE HEDIS HERO**

- Implement a checklist or health maintenance flow-sheet (EMR) to capture the dates of service upon which you addressed these topics.
- If you have patients who are challenged to arrange an annual well-visit, use sick visits as an opportunity to provide wellness-focused advice. To fulfill criteria, these counseling sessions cannot be geared toward the presenting complaint for which the visit was intended, and must occur each measurement year.



## 5 steps to a successful authorization

### **1. Know what requires a prior authorization.**

Go to [TexasChildrensHealthPlan.org](http://TexasChildrensHealthPlan.org) or [Navitus.com](http://Navitus.com) to check prior authorization requirements for Medical/Behavioral Health services before providing services or sending prescriptions to the pharmacy.

### **2. Become familiar with the authorization guidelines.**

Guidelines are available upon request and on the Texas Children's Health Plan Provider TouCHPoint portal at [TexasChildrensHealthPlan.org/for-providers](http://TexasChildrensHealthPlan.org/for-providers).

### **3. Submit requests in advance of the scheduled service.**

Authorizations for outpatient services can take 3 business days to process. Ensuring that submissions are done in advance will avoid potential claim denials.

### **4. Be comprehensive in clinical documentation.**

Establish a protocol to consistently document data required for prior authorization in the medical record, which can help avoid delays in patient therapy, prevent potential follow-ups with patients for additional information, and minimize time spent on authorization.

### **5. Submit all required information.**

Incomplete documentation can delay the authorization process. Know what documentation is required and submit it with the authorization request.



# Prenatal depression screening

Depression is very common, especially in women of reproductive age. Perinatal depression affects as many as one in seven women. It includes major and minor depression episodes that occur during pregnancy and the postpartum period. The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be screened at least once during the perinatal period. Identification of perinatal depression is important because untreated perinatal depression and other mood disorders can have devastating effects on women, infants, and families. Women with current depression or anxiety, a history of perinatal mood disorders, or risk factors for perinatal mood disorders warrant particularly close monitoring, evaluation, and assessment.

Screening alone is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment when indicated. Clinical staff caring for pregnant and postpartum women should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both. Maternal depression screening is also recommended at well-child visits. The Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire-9 (PHQ-9) are feasible and effective measures (Hodgkinson, Beers, Southammakosane, & Lewin, 2014).

If you need assistance with linking women with perinatal depression to services, please make a referral to Women's Health Case Management by calling 832-828-1430.

**Reference:** <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>



## Substance use and pregnancy

According to a 2017 report by Texas Health and Human Services, the most commonly used substances by Texas women include stimulants, hallucinogens, opioids and synthetics, and alcohol. While use and misuse are an area of clinical concern when seen in any patient, it is of particular concern when seen in the context of pregnancy. Prevention is a key intervention; for patients already using, intervention can occur on many levels including residential and ambulatory detoxification, outpatient and residential treatment settings, and medication-assisted treatment including office-based opioid treatment. After treatment, many benefit from ongoing recovery support services which can include community-based recovery support groups. Pregnant patients and pregnant and injecting patients are a particular priority for intervention. Use the links below for additional resources and to identify resources for patients and families:

- <https://dshs.texas.gov/mhsa-sa-help/>
- <https://dshs.texas.gov/sa/OSAR/>

*Credits: Leah Gonzalez, MSSW, Texas Women's Healthcare Coalition*

*Julie Steed, LPC, LCDC, HHSC Program Specialist*



# Appointment Availability Standards

- What are appointment availability standards?
- How do you as a provider with Texas Children's Health Plan play a role?

In 2015 Senate Bill 760 passed, requiring Texas Health and Human Services Commission (HHSC) to monitor the provider networks of managed care organizations. Texas Children's Health Plan would like to ensure members are able to schedule appointments with providers in accordance with the HHSC's appointment accessibility guidelines.

Provider Type	Level/Type of Care	Appointment Accessibility Standards
OB/GYN	• Emergency services	Immediately
	• Urgent condition	Within 24 hours
	• Prenatal care for initial appointments	14 days
	• Prenatal care for initial appointments for high-risk pregnancies or new members in third trimester	Initial appointment must be offered within 5 days, or immediately, if emergency exists
	• Appointments for ongoing OB care must be available in accordance to treatment plan as developed by the provider	Must be available in accordance to the treatment plan as developed by the provider
Primary Care Physicians	• Emergency services	Immediately
	• Urgent condition	Must be provided within 24 hours
	• Primary routine care	Within 14 days
	• Preventive health services for adult members	Within 90 calendar days
	• Preventive health services for members less than 6 months of age	Offered as soon as possible but no later than 14 days of enrollment for newborns
	• Preventive health services for members 6 months through age 20	Must be provided within 60 days
	• New members 20 years of age or younger to receive a Texas Health Steps checkup	Within 90 days of enrollment
Specialty Care	• Emergency services	Immediately
	• Urgent condition	Must be provided within 24 hours
	• Specialty routine care	Must be provided within 21 days

## Primary Care Physicians AFTER HOURS:

**Accessible 24 hours a day, seven days a week, must return call within 30 minutes.**

### Acceptable:

- Telephone is answered after-hours by answering service and meets the language requirement of the major population groups which can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.
- The office telephone is answered after normal business hours by a recording in the language of each of the major population groups served, directing the patient to call another number to reach the PCP or another Provider designated by the PCP. Someone must be available to answer the Designated Provider's telephone. Any other recording is not acceptable.
- The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.

Visit [www.TheCheckup.org](http://www.TheCheckup.org) for more articles like these.

For provider manuals, pharmacy directories, and other resources, visit [www.TexasChildrensHealthPlan.org/for-providers/provider-resources](http://www.TexasChildrensHealthPlan.org/for-providers/provider-resources)

the **checkup**

is published monthly by  
Texas Children's Health Plan.

Director, Marketing  
**Cristina Garcia Gamboa**

Editor  
**Kate Andropoulos**

Designer  
**Scott Redding**

@2018

Texas Children's Health Plan.  
All rights reserved.

PO Box 301011  
Houston, Texas 77230-1011  
03/2018