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## Changes in Provider Relations to support you

TCHP has always valued its relationships with our contracted providers. As the Health Plan surpassed the 200,000 membership mark, TCHP recognized the need for a closer working relationship with our providers to take care to our member's health care needs. In order to make this possible, Provider Relations has split Houston and surrounding counties into three regional territories—East, West and Central. Each region has a manager assigned to that region. The territories are split as follows:

East territory	West territory	Central territory
<b>Ninfa Cruz,</b> Regional Manager	<b>Candace Hebert,</b> Regional Manager	<b>Trish Malone,</b> Regional Manager
Rudy Perez	Erica Thomas	Juanita Alanis
Maria Perez	Tanya Jones	Monica Martinez
Rebecca Richard	Shelly Chandler	Issel Rivera
Lystra Bartholomew	Javier Valdez	Bertha Ford
Cyndi Hannah	Chris Ombrog	Colleen Carpenter
Leslie Appleby	Julie Merritt	

If your Provider Relations Manager has not stopped by and introduced himself or herself, please contact Provider Relations at 832-828-1008 and ask to be connected with your manager.

## CME program offers more options for credits in 2009

TCHP is currently working to restructure our CME program for 2009 to provide you with more options.

CME programs will now be offered regionally to make it easier for you to attend. Additionally, you qualify for an honorarium if you attend the post-graduate or Pri-Med courses hosted by Baylor College of Medicine for three or more hours.

The first regional CME program is scheduled for Spring 2009. The topics covered will include Asthma and EPSDT updates.

More information and registration information will follow from your Provider Relations Manager.

## Tympanometry and/or SGAR services

Effective May 2008 Texas Children's Health Plan (TCHP) aligned its policy regarding reimbursement for the use of Tympanometry and Spectral Gradient Acoustic Reflectometry (SGAR) with that of Texas Medicaid and Healthcare Partnership's (TMHP). Tympanometry and/or SGAR (CPT code: 92567) will be limited to **four services** per benefit year by the same provider, which are based on medical necessity that must be documented in the patient's medical record.

As you know, these procedures are most often utilized as quantitative diagnostic tools in the differential diagnosis of acute otitis media (AOM) versus middle ear effusion (MEE). Therefore, children should not routinely receive these tests as part of the check-in process as is done with initial vital signs. Instead, there must be a documented need for the procedure in the medical record and then the physician's note should address the results as well.

*The guidelines are available for review at [http://aappolicy.aappublications.org/practice\\_guidelines/index.dtl](http://aappolicy.aappublications.org/practice_guidelines/index.dtl)*

These procedures are not recommended as the sole clinical means to establish the presence or absence of acute or chronic middle ear effusion or infection. Nor are they recommended for use as screening tools in asymptomatic patients.

The American Academy of Pediatrics and the American Academy of Family Physicians have published a clinical practice guideline on the diagnosis and management of AOM. This guideline recommends that the clinician should initially confirm a history of acute onset, identify signs of MEE and evaluate for the presence of signs and symptoms of middle-ear inflammation. The guideline further explains that the presence of MEE is commonly confirmed with the use of pneumatic otoscopy but can be supplemented by tympanometry and/or acoustic reflectometry.

## TCHP offers Keep Fit Program to members

The Keep Fit Program is Texas Children's Health Plan's new, FREE healthy lifestyle and weight management program. The program will help our members and their families make healthy food choices and get moving. It promotes a balance between food intake and physical activity.

The Keep Fit Program includes parent and child classes, educational mailings (in English and Spanish), access to community programs that promote physical activity and giveaways. Some members may qualify for fitness sessions and health coaching.

The Keep Fit Program is for all Texas Children's Health Plan members of any age who are overweight or obese (have a documented BMI percentile of greater than the 85<sup>th</sup> percentile according to age and gender). In addition to the Keep Fit Program, TCHP offers the Keep Fit Club for overweight or obese Texas Children's Health Plan members between 10 and 18 years old.

The Keep Fit Program is FREE and you can refer patients to Keep Fit by:

- Faxing a referral form to TCHP
- Calling 832-828-1430
- Having the member's parent call 832-828-1430

A referral form is not mandatory. If you decide to fax one, you can download the referral form from [www.TexasChildrensHealthPlan.org/Providers](http://www.TexasChildrensHealthPlan.org/Providers). Click on Downloadable forms and select Case Management referral form.

In order to promote a medical home, we have asked all members that contact us directly to inform you as well.

## “Get off the Couch and Keep Fit Day” helps members stay healthy and active

On Saturday, November 1<sup>st</sup> Texas Children's Health Plan and Kicks Indoor Soccer held a fun fitness day for our members.

Members learned soccer skills from the Kicks staff and then played a practice game with them. Our members also attended a class on healthy eating taught by the trainer at Kicks. In the class, members and their families enjoyed activities that showed them the different food groups and how to make healthier food choices.

Our members also participated in games to show how exercising can be fun. Texas Children's Health Plan gave out information on asthma, nutrition and CHIP/Medicaid. All participants received a free t-shirt and a soccer ball.

The day was a great chance for our members to get off the couch and learn soccer skills, how to have fun exercising and how to make healthy food choices. Sixty-three members, ages 8-18, attended this event. Thanks to all the members and parents who participated!

If you are interested in the Keep Fit Program call 832-828-1430.

# Thank you for supporting the Medical Home Marathon

As the Medical Home Quality Improvement Marathon completes its second year we want to express our appreciation for your support. As of September 30, 2008, 315 individual PCPs had participated in this Quality Improvement Activity with more than 10,000 well child, THSteps or Early Periodic Screening, Diagnosis and Treatment (EPSDT) medical records audited. While the overall results are positive, they do show some areas in need of improvement such as required labs, developmental screens and anticipatory guidance.

EPSDT required component	Percent compliance
Health history	88.63%
Immunizations	88.80%*
Lab	54.49%*
Mental development	72.98%
Physical development	78.79%
Physical exam	96.44%
Anticipatory guidance/health education	78.94%
* Less than 10,000 medical records required this component	

The medical record audit findings are based on the number of charts for which a specific component of the well child visit should have been documented. For example, a lab was required in only 2,738 of the over 10,000 records reviewed and immunizations were due in only 5,367 of the over 10,000 records reviewed. If a service was not due based on the Texas Healthy Steps periodicity chart, it was not counted in the audit.

The state encourages, but does not mandate, the use of THSteps forms. However, we have observed, that when the form is utilized,

there is better compliance with ALL required components of an EPSDT visit. Texas requires that the medical record contain the following documentation for each EPSDT visit:

- Health and developmental history
    - Physical development
    - Mental health development
  - Comprehensive unclothed physical exam
  - Immunizations
  - Labs
  - Health education/anticipatory guidance
  - Vision, dental and hearing screening
- 42 U.S.C. §1396(r) (1), (2), (3), (4)

The TCHP Quality Nurses assess the EPSDT visits beginning with first contact with the member through claims processing. The state mandates that the EPSDT (Row 24, Column H) be marked when a HCFA 1500 is submitted for an EPSDT visit. Texas Children's Health Plan has identified a significant number of EPSDT visits that will not be accepted by the state auditors because this one box is not marked.

TCHP Quality Improvement and Provider Relations staff are here to assist you in meeting the regulatory requirements in a practical manner. They are available to answer questions regarding preventive care requirements and how they have been affected by the Frew lawsuit during their visits in your office. If you have any questions regarding EPSDT or THSteps, please call Chris Reynolds, Quality Department Secretary, at 832-828-1285 to make arrangements for a Quality Nurse to visit your office.

## TCHP releases updates for PT, OT and ST authorizations

On November 19, 2008, Provider Relations sent out a fax blast with an update to the PT, OT and ST guidelines effective December 1, 2008. The process is as follows:

For an initial authorization:

- The primary care physician (PCP) signed therapy plan of treatment must be presented with the results of standardized tool application to qualify for authorization evaluation.
- The therapy plan cannot be processed without the PCP signature; therefore, do not send it without the signature. In alignment with TMHP 2009 criteria, the grace period TCHP will allow to backdate an authorization is seven days.

- If you cannot obtain a signed treatment plan from a PCP office within the seven day period, upon written request (containing reason for the delay), an extension up to a maximum of 15 days may be granted.

For a reauthorization process:

- Continuation requests must include BOTH the PCP signed therapy treatment plan for the next planned period and the results of the current standardized assessment tool.
- The therapy plan cannot be processed without the PCP signature. In alignment with TMHP 2009 criteria, the grace period TCHP will allow to backdate an authorization is seven days.

- If you cannot obtain a signed treatment plan from a PCP office within the seven day period, upon written request (containing reason for the delay), an extension up to a maximum of 15 days may be granted.

The Medicaid Manual requires a physician to examine a child receiving therapy services every six months. By signing the therapy treatment plan, the physician is attesting that the child has been evaluated in the last six months for the condition for which they are receiving therapy.

For additional questions, please contact your Provider Relations Manager at 832-828-1008 or toll free at 1-800-731-8527.

## TCHP members enjoyed several events in 2008

Texas Children's Health Plan members were treated to several events over the past year. In 2008, members were invited to private screenings of new movie releases at local theaters. Our member movie days continue to be one of our most popular events. In most cases, our members got to watch these brand new movies the morning after their worldwide release.

Throughout the year they had the opportunity to see movies such as, *Wall-E*, *Dr. Seuss's Horton Hears a Who*, *Space Chimps*, *High School Musical 3*, *Madagascar: Escape 2 Africa*, *Bolt* and much more. We provided our members four tickets to the movie along with popcorn and drinks to make the experience complete. Also, at the theater, we had information on our STAR Babies and Health Promotion programs. This allows parents to learn more about Texas Children's Health Plan.

Another event enjoyed this past year was our soccer clinics with the trainers and coaches of the Houston Dynamo. During the season, before 10 of the Dynamo home games TCHP hosted a soccer clinic for members where they learned soccer skills and were put through a series of drills to improve their skills. Following participation in these clinics, our members were treated to a ticket for themselves and a parent to attend the home

game later that day.

Both the movie days and the Dynamo clinics have become increasingly popular and were enjoyed by more than 4,000 of our members in 2008. TCHP plans to continue these events in 2009 to give even more of our members the opportunity to enjoy these outings. For more information about these events, please call 832-828-1303.



*A Dynamo coach teaches his team some fancy footwork. Photo courtesy of Paul Pollard.*

## Texas Children's Health Plan members win big when they get their THSteps checkups

All Texas Children's Health Plan STAR members should get a well child checkup (THSteps visit) within 60 days of their birthday. New members to the Health Plan should get their THSteps visit within 90 days of becoming a new member.

To help members remember this important checkup, Texas Children's Health Plan is sending all STAR members a birthday card. The birthday card has a section to be filled out by the doctor after the THSteps exam is complete. After you or your nurse signs the card the member can send it in for a chance to win a great prize that month.

When someone becomes a TCHP new member we send them a welcome card. The welcome card explains the importance of THSteps visits and offers the same prizes as the birthday card.

The prizes are an Apple iPod Nano, a \$75 Nike gift card, a portrait session at Wal-mart and a Hannah Montana DVD. Each month we will draw one winner for each of the four prizes.

Encourage your patients to get their THSteps checkups and if one of our members presents you a new welcome or birthday card to sign, please sign or stamp it for the member. If you need more information about THSteps contact your Provider Relations Manager.



*Maddison Jones, age 11, won an iPod Nano.*



## THSteps Medical Checkups Periodicity Schedule for Infants, Children, and Adolescents (Birth Through 20 Years of Age)

### Footnotes

1. If a child comes under care for the first time at any point on the schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up-to-date with required procedures as soon as possible.
2. Screening for adolescent lifestyle risk factors is to include eating disorders, sexual activity, alcohol (and other drug use), tobacco use, school performance, depression, and risk of suicide.
3. An age-appropriate complete unclothed physical exam is required at each checkup. Older children are to be appropriately draped. For adolescents who are sexually active, a pelvic exam should be part of the examination.
4. Developmental screening:
  - a. Medical checkups completed by physicians, PAs, and APNs (pediatric nurse practitioners and family nurse practitioners) conducting THSteps checkups for children birth up to and including the 6-year medical checkup must include:
    - A standardized developmental screen (the provider's choice of observational or parent questionnaire) for a child between 9 through 12 months of age, 18 through 24 months of age, and every other year thereafter.
    - Standardized screening should also be conducted if a parent expresses concern about the child's developmental progress.
    - Developmental screening at all other visits to include a review of milestones (gross and fine motor skills; communication skills, speech-language development; self help/care skills; social, emotional, and cognitive development) and mental health.
  - b. RNs conducting THSteps medical checkups for children birth up to and including the 6-year medical checkup are required to conduct:
    - A standardized observational screen for children in the following age groups: 9 through 12 months of age; 18 through 24 months of age; and if the child does not have a record of a standardized observational developmental screen, again between 24 months up to and including the 6-year medical checkup.
    - A standardized parent questionnaire at all other periodic visits birth through the 6-year medical checkup or when a parent expresses concern about the child's developmental progress.
5. Sensory screening:
  - a. Vision:
    - Birth through 2 years of age—Screening includes history of high-risk conditions, observation, and physical examination.
    - Ages 3 through 10, 12, 15, and 18 years of age—Screening includes administration of an age-appropriate vision chart. Documentation of test results from a school vision screening program may be used if conducted within 12 months of the checkup.
  - b. Hearing:
    - Birth through 3 years of age—Screening includes history, observation, and screening by use of the Parent Hearing Questionnaire.
    - Ages 4 through 10, 12, 15, and 18 years of age—A puretone audiometer should be used to screen hearing at checkups. Subjective screening may be completed at all other checkups. Documentation of results from a school audiometric screening program may be used if conducted within 12 months of the checkup.
6. In areas of low prevalence, administer the Tuberculosis (TB) Questionnaire annually beginning at 1 year of age. In areas of high prevalence, administer the TB skin test at 1 year of age, once between 4 through 6 years of age, and once between 11 through 17 years of age. Administer the TB Questionnaire annually beginning at 2 years of age and thereafter at other checkups. All clients should return for the provider to read the skin test. The TB Questionnaire is available in the *Texas Medicaid Provider Procedures Manual (TMPPM)*.
7. All blood specimens are to be submitted to the DSHS Laboratory for analysis.
8. Newborn screening (hereditary/metabolic testing for disorders recommended by the American College of Medical Genetics [ACMG]) is required by Texas law before hospital discharge and again between 1 and 2 weeks of age. Date and results of the second newborn screening are to be documented.
9. Hemoglobin (Hgb) and hematocrit (Hct) testing conducted at a Women, Infants, and Children (WIC) clinic or in a provider's office are acceptable within one month if date and value are documented.
10. Mandatory blood lead screening at 12 and 24 months of age. The Lead Exposure Questionnaire (available in the TMPPM) is acceptable at other visits.
11. If Hgb type has been performed previously and results are documented in the client's chart, it does not need to be repeated. Hgb type also is part of the newborn screening.
12. Hyperlipidemia screening should be completed for those at risk of increased levels of cholesterol (THSteps does not provide a formal questionnaire).
13. Children should be screened for risk of Type II diabetes. Fasting glucose screening should be obtained for those at risk of Type II diabetes.
14. For sexually active or high-risk adolescents, screening is to include evaluation for genital warts, cultures for gonorrhea and chlamydia, and blood test for syphilis.
15. While all adolescents should be screened for the risk of human immunodeficiency virus (HIV) infection, actual testing is voluntary.
16. The first Pap smear should be obtained at 21 years of age, 3 years from the onset of sexual activity, or at another age based on provider discretion.
17. Clients are not to be referred to the local health department for immunizations. Vaccines must be obtained from the Texas Vaccines for Children Program at DSHS and administered at the time of the checkup, unless medically contraindicated or because of parent's reasons of conscience including a religious belief.
18. Dental referrals are required for all patients beginning at 6 months of age. Patients are eligible for preventive dental checkups every 6 months thereafter, as well as emergency dental treatment at any time. Certified oral evaluation and fluoride varnish (OEEV) providers may provide the limited oral evaluation and fluoride varnish application beginning at 6 months of age.
19. Counseling/anticipatory guidance is a required integral part of each checkup and must be face-to-face with the child's parent/caretaker and face-to-face with adolescents.

**Note:** Additional information is available in the TMPPM. To quickly reference the subjects listed above, refer to the manual's Index or use the Search tool available in the electronic edition.



**Texas Children's  
Health Plan**

*The best decision a family can make.*

# Referral for case management

Contact: 832-828-1430

Fax: 832-825-8745

**Referring physician:**

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Office contact information:**

\_\_\_\_\_

\_\_\_\_\_

**Demographics**

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

TCHP ID: \_\_\_\_\_

**Contact information**

Parent/guardian: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary language:  English  Spanish  Other

**Reason for referral:** \_\_\_\_\_

\_\_\_\_\_

**Disease management**

- ADHD
- Asthma
- Complex case management
- Diabetes
- Weight management (Keep Fit Program)

**Disease specific**

- Coordinate follow-up appointments
- Health promotion program
- Missed appointment to \_\_\_\_\_
- Noncompliance with \_\_\_\_\_

**General**

Find specialist \_\_\_\_\_

Basic needs \_\_\_\_\_

Help coordinate care with \_\_\_\_\_

Community resources referral \_\_\_\_\_

Needs services \_\_\_\_\_

Social issues \_\_\_\_\_

Other \_\_\_\_\_

**Please contact me**

- Routine contact
- Call office after family contact
- Immediately for clarification

**When completed, please FAX TO 832-825-8745.**

## Tips for filing timely claims

When filing a claim, for STAR and CHIP, you have 95 days from the date of service to file a claim for services rendered within the state of Texas. If you feel that a claim has been processed incorrectly, you may file a claims appeal or resubmission. In order to be eligible for payment on CHIP and STAR coverage, the claim must be resubmitted within 120 days of the claim processing date.

Each appeal and resubmission must be submitted using the Claim Appeal/Resubmission Form along with proof of timely filing. Acceptable proof of timely filing may be in the form of:

- A Health Plan Explanation of Payment (EOP) statement
- Proof of submission to clearing house (actual documentation must be from clearinghouse not office software)
- A Medicaid provider letter from the state (that is, you had been waiting on receiving the TPI/NPI number from Medicaid)
- TCHP rejection letter (paper claims returned for invalid information)

If filing claims electronically, please remember that a rejection report from an electronic claims vendor is acceptable proof of timely filing.

## Helpful hints for claim submissions

Only submit a claim once within a 30 day billing cycle. This will allow adequate time for the claim to be processed and the payment to be received from Emdeon. Duplicate claim submissions sent prior to the 30 day time frame creates a delay in the processing of new clean claims submitted during the same time period.

When filing a two-page claim, the first page of the total column (Total Charge, Box 28), should read "con't" or left blank, the second page should have the grand total of charges from page one and page two. Page one should never have an amount in Box 28 of a two-page claim. This method will prevent the claims from being sorted as two single claims and the services subsequently denying as duplicate because of the administration codes.

## Thank you for choosing Texas Children's Health Plan!



## Asthma study participants wanted

The Asthma Clinical Research Center at Baylor College of Medicine and Texas Children's Hospital is currently recruiting volunteers for an asthma study. Eligible participants must be between 6 and 17 years of age and have asthma that is being treated with an inhaled corticosteroid.

Study participants will receive free lung function testing and will be compensated for time and parking. For more information, contact Luz Giraldo at 713-798-2682 or by email at [asthma@bcm.edu](mailto:asthma@bcm.edu).

## Community Fairs: Keeping Your Community Safe and Healthy

We are hosting community fairs at apartment complexes in the Houston area. Community fairs provide free food, giveaways and important information to help keep families safe and healthy.

Call Rhonda at 832-828-1303 to have a community fair in your community.



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