

the checkup



by
Texas
Children's
Health Plan
Medical
Directors

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Texas Children's
Health Plan

Grand Rounds CME Series

Application of Brief Behavioral Intervention

Evidence-based Therapy for Behavior Difficulties

Saturday, November 18, 2017

8:30 a.m. Registration & Breakfast

9:00 a.m. - 12:00 p.m. Workshop

UT Health Cooley Center

7440 Cambridge St., Houston, TX 77030

Save the date

Register online now at TexasChildrensHealthPlan.org/CME

Free registration for Texas Children's Health Plan Contracted Providers

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Flu is back- vaccinate now

Flu season is back 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.

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>



Provider Alert

Zika Care Connect

Providers are encouraged to enroll in Zika Care Connect (ZCC), a voluntary program to connect pregnant women and infants affected by Zika to recommended healthcare services. This program establishes a network of specialty healthcare professionals, called the ZCC Healthcare Professional Network. **To read the full article, go to TheCheckup.org**

Antivirals and the flu: know when the time is right

Antiviral medications play a role in treating influenza, but they are not a substitute for vaccination. According to CDC recommendations, all patients at high risk for complications who appear to have influenza should be considered for early antiviral treatment, independent of laboratory confirmation or influenza vaccine status. This approach can help reduce morbidity and mortality, particularly in young children and those who have underlying co-morbidities. Clinical trials and observational data show that early antiviral treatment can shorten the duration of fever and illness symptoms and reduce the risk of complications such as otitis media, pneumonia, and respiratory failure.

Although clinical benefit is greatest when treatment is started within 48 hours of influenza illness onset, antiviral treatment may still be beneficial in patients with severe, complicated or progressive illness, hospitalized patients, and pregnant women when initiated after 48 hours of illness onset.

Oseltamivir is the only oral formulation currently recommended by the U.S. FDA with activity against both influenza A and B viruses. It can be used for treatment of influenza illness at any age and for chemoprophylaxis in anyone 3 months and older. It is also safe for use in pregnant women. The most common side effects for oseltamivir are nausea and vomiting.

Persons at high risk for complications who should receive oseltamivir in the outpatient setting include:

- Pregnant and postpartum women
- Children aged younger than 2 years
- Persons with chronic illness such as asthma, diabetes, sickle cell disease, seizure disorders, etc.
- Persons with neurodevelopmental disorders such as cerebral palsy and intellectual disability
- Persons with immunosuppression
- Children on long-term aspirin therapy

To read the full article, go to TheCheckup.com

HEDIS Spotlight: Chlamydia and cervical cancer screenings

HEDIS stands for **Healthcare Effectiveness Data and Information Set**. It is a widely used set of performance measures by the nation's health plans, and an essential tool in ensuring that our members are getting the best healthcare possible. It is extremely important that our providers understand the HEDIS® specifications and guidelines. In this section of *The Checkup* we will highlight different HEDIS metrics. We will provide a description of the measures, the correct billing codes to support services rendered, and tips that include specific resources and tools available to you that correspond with that measure.

MEASURE

Chlamydia Screening

MEASURE DESCRIPTION:

Measures the percentage of women 16-24 years of age who were identified as sexually active and who had at least one chlamydia test during the measurement year. "Sexually active" women are identified by those members who were dispensed prescription contraceptives, and/or members who had at least one related encounter with a physician or clinic that may have included pregnancy testing, STD diagnosis, contraceptive services, or history of sexual assault or abuse.

CODING

Codes to identify chlamydia screening: 87110, 87270, 87320, 87490-87492, 87810

TIPS

- Remember that chlamydia screening can be performed through a urine test. Offer this as a non-invasive option for your patients.
- Add chlamydia screening as a standard lab for women 16-24 years old. Use well child exams and well women exams for this purpose.
- Perform chlamydia screening every year on every 16-24-year-old female identified as sexually active (use any visit opportunity).
- Perform chlamydia screening on every patient requesting or obtaining contraceptives.
- Ensure that you have an opportunity to speak with your adolescent female patients without her parent.
- Place chlamydia swab next to Pap test or pregnancy detection materials.

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

MEASURE

Cervical Cancer Screening

MEASURE DESCRIPTION:

Measures the percentage of women 21-64 years of age with one or more cervical cytology tests (Pap tests) within the last 3 years or for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing within the last 5 years.

EXCLUDES:

- Women who have had a "total", "complete," or "radical" vaginal or abdominal hysterectomy or "no residual cervix," or cervical agenesis or acquired absence of cervix
- Women in hospice
- Female Adolescents ages 16-20 years are not recommended to have a cervical cancer screening unless they have a history of cervical cancer, HIV, or immunodeficiency

CODING

Cervical cytology codes to document cervical cancer screening: CPT- 88141-88143,88147, 88148,88150, 88152- 88154, 88164-88167, 88174, 88175

HCPCS- G0123,G0124,G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **ICD-10-** Z12.4

LOINC- 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

HPV tests codes: CPT- 87620,87621,87622, 87624, 87625 **HCPCS-** G0476

LOINC- 21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0

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

Upcoming Electronic Visit Verification (EVV) training sessions

Houston

Date: November 7 & 8, 2017

The same information will be covered on both days, so providers only need to attend one session.

Time: 9:00 a.m. – 4:00 p.m.

Location: Texas Children's Hospital, Woodlands Campus, 17580 Interstate 45 South, The Woodlands, TX 77384

Irving

Date: December 5 & 6, 2017

The same information will be covered on both days, so providers only need to attend one session.

Time: 9:00 a.m. – 4:00 p.m.

Location: The Innovator's Auditorium, 1660 N Westridge Drive Irving, TX 75038



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 for more articles like these.

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

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