



the checkup

JANUARY 2020

A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

Severe flu season is underway – encourage your patients to get the flu vaccine

The 2019-2020 flu season started early and will likely be severe. According to a preliminary estimate from the CDC, at least 1,300 people have died from the flu during the 2019-2020 season so far. Their analysis reports at least 2.6 million flu illnesses and 23,000 flu-related hospitalizations. Because influenza B/Victoria viruses are causing most flu activity, children are particularly vulnerable to the effects of the flu this season. Please remind each one of your patients and their families to get the influenza vaccine as soon as possible, if they haven't already.

The influenza vaccine is a covered benefit for Texas Children's Health Plan members. Members who are age 7 years and older can also receive the influenza vaccine at a participating pharmacy. For a list of pharmacies, please visit [texaschildrenshealthplan.org/for-members/star/pharmacy-directories](https://www.texaschildrenshealthplan.org/for-members/star/pharmacy-directories)



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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. The Centers for Disease Control and Prevention (CDC) recommends that **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.

Four antiviral medications are currently recommended by the U.S. Food and Drug Administration (FDA) for use during the 2019 to 2020 flu season:

- Oral formulations include Xofulza (baloxavir) and Tamiflu (oseltamivir)
- Inhaled formulation includes Relenza Diskhaler (zanamivir)
- Intravenous includes Rapivab (peramivir)

All four medications have activity against both influenza A and B viruses. Clinicians can find a helpful and easy-to-read summary on the CDC website: [cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#considerations](https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#considerations)

Three of these agents are on the Texas Medicaid formulary and are available through pharmacy drug benefits. Antiviral resistance and reduced susceptibility to these agents is currently very low. Osetlamivir and zanamavir are both preferred agents; baloxavir is non-preferred and only available after attempting the others. The Texas STAR and CHIP formularies are available on the Navitus website at txstarchip.navitus.com/pages/formulary.aspx or on the Texas Health and Human Services (HHS) Vendor Drug Program (VDP) website at txvendordrug.com/formulary/formulary-search

People at higher risk for influenza complications recommended for antiviral treatment include:

- Pregnant and postpartum women
- Children 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



Provider Alert:

DSHS Laboratory Web Portal unavailable

Effective Date: November 8, 2019

Call to action: On October 25, 2019, it was reported that the laboratory web portal application for public health experienced unexpected technical difficulties. It is currently not available and as a result, the provider report cards are unavailable at this time. While DSHS Laboratory is actively working on a solution, there is not a date for when the matter will be resolved.

How this impacts providers: Texas Health Step providers who normally receive results via the Laboratory Web Portal will have the reports mailed to them monthly while the issue is being addressed.

Next steps for providers: If an impacted provider would like to receive their laboratory results via fax instead of by mail, the provider should do the following:

- Complete a Submitter Identification Request Form
- Email the completed form to LabInfo@dshs.texas.gov or fax to 512-776-7533
- For questions or missing reports, providers should email LabInfo@dshs.texas.gov or fax to 512-776-7533



Provider Alert:

Syphilis testing laws updated effective 9/1/2019

Texas law now mandates three syphilis tests for all pregnant women: at the first prenatal exam, during the third trimester (no earlier than 28 weeks gestation), and at delivery. This new testing is required because congenital syphilis cases reported to the Texas Department of State Health Services (DSHS) more than doubled last year. There were 367 cases of congenital syphilis in Texas in 2018, up from 164 in 2017. The increase in reported cases is likely due to a combination of a higher incidence of disease among women and increased public health surveillance. A lack of or delayed prenatal care remains a significant factor in the growing number of congenital syphilis cases, and health officials encourage women to seek prenatal care as early in their pregnancy as possible.

The Department of State Health Services recently issued a Congenital Syphilis Health Advisory, which you can access at <https://dshs.texas.gov/news/releases/2019/HealthAdvisory-10032019.aspx>

The Advisory includes information on syphilis diagnosis and treatment. DSHS also reminds providers to notify your local or regional health department promptly of syphilis (any stage) at the time of diagnosis. It is important to include pregnancy status in the report.

It is important for prenatal providers to make syphilis testing results available to neonatal/pediatric providers and for neonatal/pediatric providers to evaluate thoroughly all newborns potentially exposed to syphilis in utero.

If you have any questions about these provider alerts, please email Provider Network Management at: providerrelations@texaschildrens.org

For access to all provider alerts, log onto: www.thecheckup.org or <https://www.texaschildrenshealthplan.org/for-providers>

Reminder:

Providers can email Texas Children's Health Plan departments via Provider Portal

As a reminder, providers can contact three Texas Children's Health Plan departments by email via the Provider Portal Message Center. This feature is available on the main menu of the Portal homepage.

Providers can contact the following departments by email via the Portal Message Center:

- **Provider Relations:** Provider offices should contact the Provider Relations email inbox for general questions, claims questions, and Portal-related questions.
- **Utilization Management:** Providers can email the Utilization Management inbox for questions related to authorization requests.
- **Member Services:** Providers can contact the Member Services inbox for questions regarding member eligibility.

The Portal Message Center response timeframe is 24-48 hours. Please direct any other questions or urgent matters to the provider's assigned Provider Relations Liaison. A list of Provider Relations Liaisons grouped by area can be found here:

<https://www.texaschildrenshealthplan.org/for-providers/meet-our-team>

