



the **checkup**

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A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

Texas Children's Health Plan increases yearly gastrostomy button (G-button) limits

Texas Children's Health Plan is pleased to announce an increase in gastrostomy button (G-button) limits per year. As of February 26, 2019, we now allow 6 G-buttons to be dispensed per year.

Families who have children with G-buttons can have a hard time getting the supply of replacement G-buttons needed when they break. An active child may need to replace broken G-buttons often, but Texas Medicaid only allows 2 buttons to be given out per year. This limit placed a burden on families, who often have no choice but to go to the emergency room for a new button after using up their yearly supply.

Now that Texas Children's Health Plan has increased the G-button limit to 6 per year, families can always have an emergency backup button ready to use at home. Tell your patients' parents or caretakers to call your office after replacing a G-button to order a new one as a backup. We hope this change will help make life easier for your patients and their families.



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Take a look inside!

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Texas Children's Health Plan Claims Editing System (CES) update

Texas Children's Health Plan recently sent a Provider Alert updating our plan to transition to a new Claims Editing System (CES) by Optum on May 31, 2019. Please be advised this transition will now include edits specific to Texas and National Medicaid and the transition will occur in June 2019. This was initially scheduled to be done later in the year as another phase of the project, however we decided it would be less disruptive to complete the transition at the same time.

Texas Children's Health Plan is required by Texas Health and Human Services to ensure required claims edits are consistently applied. Migrating to Optum CES will enable Texas Children's Health Plan to efficiently apply required coding edits and to increase the accuracy and timeliness of claims payment resulting in a net reduction in claims resubmissions.

How does this change impact you as a Texas Children's Health Plan network provider? You will experience increased accuracy and consistency regarding claims processing according to Centers for Medicare and Medicaid (CMS) and Texas Health and Human Services guidelines.

Providers are required to bill following the guidance of the CMS and Texas Health and Human Services guidelines. Texas Children's Health Plan will ensure compliance with these guidelines by utilizing the Optum CES coding compliance system. All providers should stay current with these guidelines by visiting tmhp.com/Pages/Medicaid/Medicaid_home.aspx which includes all applicable compliance guidelines. Medicaid National Correct Coding Initiative (NCCI) edits may be found at medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html.

If you have any questions regarding our new system, please contact our Texas Children's Health Plan provider hotline at **832-828-1004** or toll-free at **1-800-731-8527**.



UPDATE: Provider Portal/Health Effectiveness Data and Information Set (HEDIS)

We are still working on this portion of the Provider Portal project to bring you accurate, timely data so you can best manage your patients' health. Please check our Provider Portal homepage for updates. Contact your provider relations manager to obtain your current HEDIS performance. Their contact information is available on our website, texaschildrenshealthplan.org on the For Providers page titled Meet our Team. It is also available on the Provider Portal at healthtrioconnect.com.

For STAR Kids providers: Updated ANE reporting process

This requirement is effective September 1, 2018, and the updates have now been made in the UMCM – see Resources below.

As of September 1, 2018, all Texas Children’s Health Plan-contracted providers of Medically Dependent Children Program (MDCP) services are required to report all critical incidents, including Abuse, Neglect, and Exploitation (ANE), to the health plan. This action is to meet federal requirements regarding critical incident reporting (see links to federal requirements for incident reporting in below Resources section).

MDCP providers contracted with Texas Children’s Health Plan are also required to submit to the health

plan all Adult Protective Services (APS) investigation reports resulting in a confirmed case of ANE, along with a summary of any remediation taken in response. APS reports must be submitted to Texas Children’s Health Plan within one business day of receipt from APS.

Texas Health and Human Services Commission (HHSC) has updated the UMCM with reporting instructions and the reporting template (see Resources below), but the provider manual has not yet been updated within the UMCM. HHSC is in the process of updating the UMCM to include these requirements in the future.

Log on to thecheckup.org/blog to find a version of this article with clickable links to the *Resources* section.



Resources:

- Uniform Managed Care Manual – 5.18 Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report: texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/5-18.xls
 - 5.18.1 STAR Kids MDCP ANE Technical Specifications: texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/5-18-1.pdf
- CMS Modifications to Quality Measures and Reporting in Home and Community Based Waivers: medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/3-CMCS-quality-memo-narrative.pdf
- CMCS Information Bulletin regarding Health and Welfare of Home and Community Based Services Waiver Recipients: medicaid.gov/federal-policy-guidance/downloads/cib062818.pdf

Contact:

CPIPerformanceMeasures@hhsc.state.tx.us

HEDIS Spotlight

HEDIS® (Healthcare Effectiveness Data and Information Set) is a widely used set of performance measures that ensures our members are getting the best health care possible. It is extremely important that our providers understand HEDIS® specifications and guidelines. This section highlights different HEDIS metrics in addition to providing descriptions of the measures, correct billing codes to support services rendered, and tips to direct you to corresponding resources and tools.

Measure:

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Measure Description: Members 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 and 30 days of discharge.

Coding:

Codes to identify follow-up visits

(must be with a mental health practitioner)

CPT®: 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350

UB Rev (Visit in a behavioral health setting):
0513, 0900-0905, 0907, 0911-0919

UB Rev (Visit in a non-behavioral health setting):
0510, 0515-0523, 0526-0529, 0982, 0983

Tips:

- The literature indicates that the patient is at greater risk for hospitalization within the first 7 days post-discharge, and that the risk of patient self-harm is high within the first 3 weeks post-discharge
- Ensure that the follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge
- Assist the patient with navigation of barriers, such as using their transportation benefit to get to their follow-up appointment
- Review medications with patients to ensure they understand the purpose and appropriate frequency and method of administration
- Ensure accurate discharge dates and document not just the appointments scheduled, but appointments kept. Visits must be with a mental health practitioner.
- Follow-up visits must be supported by a claim, encounter, or note from the mental health practitioner's medical chart
- Patients with chronic mental illness who are receiving care in multiple care settings may benefit from the Texas Children's Health Plan Case Management Program – please contact Case Management at **832-828-1430**

For the full article, go to TheCheckup.org/blog.

