



the checkup

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A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

No-cost sports and school physicals for CHIP and Medicaid patients

It's back-to-school season, which means your patients will need to complete their annual sports and school physicals. As a value added service through our Healthy Rewards Program, CHIP and STAR patients ages 5 to 19 years and STAR Kids patients under 21 years can receive a no-cost sports and school physical if they have completed a Texas Health Steps or well-child visit within the last 12 months. Providers will be reimbursed for the cost of the sports and school physical.

For reimbursement of the sports and school physical, please use code 97169 – Athletic Training Evaluation, low complexity. Use of any other Athletic Training Evaluation code (such as 97170-97172) will be denied. If you need further clarification on this value added service, please contact your Provider Relations Manager or call the Provider Relations hotline at 1-800-731-8527.

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Prenatal and postpartum care: best practices and professional guidelines for CHIP providers

Texas Children's Health Plan encourages providers to follow best practices and professional guidelines. To assist in this, refer to the following reminders about covered benefits under Children's Health Insurance Program (CHIP) and CHIP-Perinatal (CHIP-P):

Prenatal Care

The Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG), and American Academy of Pediatrics (AAP) all concur that immunization against Tetanus, Diphtheria, and Acellular Pertussis (Tdap) protects the perinate from morbidity and mortality attributable to pertussis infection¹. Based on this guidance, the Tdap vaccine is a covered benefit for all CHIP-P members as part of their routine prenatal care.

¹ [texas.gov/about-hhs/communications-events/news/2017/12/reminder-chip-p-coverage-tdap-vaccine](https://www.texas.gov/about-hhs/communications-events/news/2017/12/reminder-chip-p-coverage-tdap-vaccine)

² [texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/tx-clinicians-ppd-toolkit.pdf](https://www.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/tx-clinicians-ppd-toolkit.pdf)

³ [texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf](https://www.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf)

Postpartum Care

Postpartum care is vital for the health and safety of mothers and their newborns. CHIP-P covers two postpartum visits. It is recommended that at least one of these visits occur on or between 21 and 56 days after delivery.

CHIP covers postpartum depression screening at infant well checks before the infant's first birthday. A single reimbursement covers all postpartum depression screenings provided and is not dependent on the mother's eligibility or coverage².

In accordance with state law, CHIP does not cover contraceptive services, including sterilization and Long Acting Reversible Contraception (LARC)³.

Flu protection for two: the importance of the flu vaccine during pregnancy

Influenza vaccination is an essential element of pre-pregnancy, prenatal, and postpartum care because influenza can result in serious illness, including a higher chance of progressing to pneumonia, when it occurs during the antepartum or postpartum period. In addition to hospitalization, pregnant women with influenza are at increased risk of intensive care unit admission and adverse perinatal and neonatal outcomes.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists recommend that all adults receive an annual influenza vaccine and that women who are or will be pregnant during influenza season receive an inactivated influenza vaccine as soon as it is available.

In the United States, the influenza season typically occurs from October to May. Ideally, an influenza

vaccination should be given before the end of October, but vaccination throughout the influenza season is encouraged to ensure protection during the period of circulation. Any of the licensed, recommended, age-appropriate, inactivated influenza vaccines can be given safely during any trimester. Therefore, it is critically important that obstetrician-gynecologists and other obstetric care providers recommend and advocate for the influenza vaccine. Obstetrician-gynecologists are encouraged to stock and administer the influenza vaccine to their pregnant patients in their offices, and should get the influenza vaccine themselves every season. If the influenza vaccine cannot be offered in a practice, obstetrician-gynecologists and obstetric care providers should refer patients to another health care provider, pharmacy, or community vaccination center.

Excerpt from ACOG Committee Opinion from April 2018 (<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Influenza-Vaccination-During-Pregnancy>)

Influenza vaccines are available free-of-charge to enrolled providers through the Texas Vaccines for Children (TVFC) program for STAR, STAR Kids, and CHIP members birth through 18 years of age. Members who are 18 years or older can 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).

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.



Improving access to Screening, Brief Intervention, and Referral to Treatment in Primary Care for Adolescents: A Resource Center

Adolescence is often a period for risky behavior and experimentation with alcohol and drugs. An estimated 70 percent of high school students have tried alcohol and 49 percent of high school seniors have used an illegal drug at least once. As a population, adolescents are more vulnerable than adults are to addiction. Early identification of risky substance use is critical to prevent addiction and long-term health and social issues. Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based strategy for addressing substance use disorder in adults, is a promising integrated approach to identify adolescents at-risk for substance use disorder or treating youth already suffering from its effects.

This resource center provides practical tools and strategies for health plans and providers interested in using SBIRT for adolescents in a primary care setting. It is a product of Improving Access to SBIRT Services for Adolescents, a three-year learning collaborative that supported safety net health plans to increase access to SBIRT among adolescents in the primary care setting. The project was led by the Center for Health Care Strategies in partnership with the Association for Community Affiliated Plans, with funding from the Conrad N. Hilton Foundation.

To access the resource center, visit thecheckup.org/blog.

From the Center for Health Care Strategies, Inc. (CHCS)



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 Availability 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 | Within 24 hours |
| | Primary routine care | Within 14 days |
| | Preventive health services for members 21 years of age or older | 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 |
| | CHIP Members should receive preventive care in accordance with AAP | American Academy of Pediatrics (AAP) Periodicity Schedule |



After Hours: Primary Care Physicians who are accessible 24 hours a day, seven days a week, must return a member's 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.