



Texas Children's
Health Plan
A Subsidiary of Texas Children's Hospital

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Provider News

October 2003

Providers can expect appointment access survey

Texas Children's Health Plan conducts an annual phone survey of its provider network to ensure members are able to schedule appointments with providers in a timely manner. All TCHP providers should inform their staffs they will receive phone calls from the TCHP Provider Relations Department this month.

The brief survey measures each office's ability to comply with established appointment accessibility standards. See the chart on this page for the standards reviewed in the survey.

Appointment type	Accessibility standard
Emergency care	Immediate appointment or emergency room referral
Urgent complaint	Appointment within 24 hours
Routine sick care (non-urgent)	Appointment with primary care provider within three days Appointment with specialist within 14 days
Well-child or EPSDT	Appointment in under 14 days for child 0 to 6 months old Appointment in under 30 days for child 6 months or older
Prenatal visit	Appointment within 14 days
Average office-wait time	No more than 30 minutes

Provider Relations also will call primary care providers after normal business hours to ensure access to medical care is available 24 hours a day, seven days a week. TCHP guidelines require PCPs to have an answering service that is able to reach the physician, an answering machine indicating how to reach the physician or another provider accepting calls. Providers should return pages or messages within 30 minutes.

Immunize high-risk patients against influenza

Influenza season is approaching, and it is time to begin immunizing young and high-risk patients against influenza. For the 2003-2004 season, Texas Children's Health Plan will cover only the injectable vaccine, not FluMist. TCHP will reimburse providers for influenza immunizations for routine use in 6- to 23-month-olds and high-risk patients of other ages. This reimbursement applies to all TCHP products – CHIP, STAR and Individual Medical Coverage. It is anticipated that the Vaccines for Children program will be utilized when appropriate.

High-risk patients include:

- adults and children 6 months or older who have chronic heart or lung conditions, including asthma
- adults and children 6 months or older who need regular medical care or had to be in a

hospital because of diseases such as diabetes, chronic kidney disease, hemoglobinopathies or weakened immune system, including immune system problems caused by medicine or by infection with human immunodeficiency virus (HIV/AIDS)

- children and teenagers 6 months to 18 years old who are on long-term aspirin therapy and therefore could develop Reye's Syndrome after having the flu
- women who will be more than three months pregnant during the flu season
- persons 50 years old or older
- residents of nursing homes and other long-term care facilities that house persons of any age who have long-term illnesses
- household members, including children, of people in high-risk groups

Newborn Medicaid claims require newborn identification numbers

Understanding the process for assigning Medicaid identification numbers is essential in eliminating claims filing errors. To ensure payment of newborn claims, providers should include the Medicaid client newborn number and should not file claims using the mother's Medicaid identification number. Charges for newborn care should be filed separately from charges for the mother.

Hospitals initiate the Medicaid eligibility process by communicating information about births to the Texas Department of Health Bureau of Vital Statistics. Hospitals do this by submitting Texas Department of Health and Human Services Form 7484 electronically using the Texas Department of Health Certificate Manager or Texas Electronic Registrar software. For more information about this electronic process, hospitals can call 512-458-7367.

Once TDHS Data Control receives the completed Form 7484, it will verify the newborn's eligibility and send a notice with the child's Medicaid number and effective date of coverage to the mother and healthcare providers.

At this point the child will be added to the TDHS eligibility file, TDHS will issue a Medicaid identification card, Form 3087, and the child will be enrolled in a STAR plan. All newborns born to Medicaid managed care members are enrolled in the mother's health plan.

Except in cases of emergency, providers should verify eligibility of newborns prior to rendering care. Both the Form 3087 and the health plan identification card should be requested when determining eligibility.

When the eligibility process is complete and the newborn's identification number has been issued, claims can be

filed with TCHP. Claims can be submitted electronically to payor ID FTXCSM or via paper to:

Texas Children's Health Plan
P.O. Box 300286
Houston, TX 77230-0286

TCHP may assign a proxy identification number to newborns who have not yet received a Medicaid identification number. The proxy identification number will be the mother's Medicaid number followed by the suffix, "NB." Providers can use the proxy number when filing claims for such members.

For more information, providers can refer to the Benefits and Eligibility Section of the Provider Manual or contact a Provider Relations representative at 832-824-2695.

Providers should mail insurance claims to the correct address

Please refer to the chart below for the correct address for mailing Texas Children's Health Plan claims.

	PCP claims	Specialist claims	Facility/Ancillary claims
Texas Children's STAR Health Coverage	Texas Children's Health Plan P.O. Box 300286 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300286 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300286 Houston, TX 77230
Texas Children's Individual Medical Coverage	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230
Children's Health Insurance Program (CHIP)	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230	Texas Children's Health Plan P.O. Box 300125 Houston, TX 77230



Texas Children's Health Plan welcomes new doctors

Please welcome the most recent addition of physicians to Texas Children's Health Plan's network of providers:

<i>PCPs:</i>	<i>Specialty:</i>	<i>PCPs:</i>	<i>Specialty:</i>
Keith A. Aldinger, M.D.	Internal Medicine	Hal E. Montgomery, M.D.	Family Practice
Raymond T. Alexander, M.D.	Internal Medicine	Baskaran C. Nair, M.D.	Pediatrics
Cesar A. Andino, M.D.	Family Practice	Huyen T. Nguyen, M.D.	Internal Medicine
Lorenzo Bortolotti, M.D.	Internal Medicine	Teresia M. O'Connor, M.D.	Pediatrics
Rachel R. Bray, M.D.	Pediatrics	Alvin C. Paproski, M.D.	Family Practice
Donald A. Briscoe, M.D.	Family Practice	Douglas K. Peters, M.D.	Family Practice
Suklesh Dandona, M.D.	Family Practice	Ramon A. Pineda, M.D.	Internal Medicine
Michael K. Davidson, M.D.	Family Practice	F. Elena Ramirez, M.D.	Family Practice
Isidro G. deLeon, D.O.	Family Practice	Felipe Rios, M.D.	Internal Medicine
Hunaid Dollar, M.D.	Internal Medicine	Fatima Sayeed, M.D.	Family Practice
Joan V. Domingo, M.D.	Internal Medicine	Suzanne M. Schafer, D.O.	Family Practice
Ben H. Echols, M.D.	Internal Medicine	Larry G. Schneider, M.D.	Family Practice
Esperanza Fernandez, M.D.	Family Practice	M. Sandra Scurria, M.D.	Family Practice
Jody E. Gilstrap, M.D.	Family Practice	Anusuya N. Sendos, M.D.	Family Practice
Ganesh P. Gupta, M.D.	Family Practice	Sohail R. Siddiqui, M.D.	Internal Medicine
Gregg M. Hallbauer, D.O.	Family Practice	Howard M. Sussman, M.D.	Internal Medicine
Bassam A. Hamid, M.D.	Internal Medicine	John O. Taxis, D.O.	General Medicine
Daniel P. Hunt, M.D.	Internal Medicine	Huda I. Tsihira-Sengal, M.D.	Pediatrics
Daniel B. Kalb, M.D.	Family Practice	Sylvester G. Vaughns, M.D.	General Medicine
Laeq A. Khan, M.D.	Pediatrics	Rafael Verduzco, M.D.	Family Practice
Bharat B. Latthe, M.D.	Family Practice	Dennis S. Wales, M.D.	Family Practice
David D. Le, M.D.	Family Practice	Jerry C. Wasserstein, D.O.	Family Practice
Mary J. Lyman, M.D.	Pediatrics	Ulysses W. Watkins, M.D.	Family Practice
Donald G. MacDonald, M.D.	Family Practice	Winston E. Watkins, M.D.	Internal Medicine
Xun Mao, M.D.	Pediatrics	Belinda M. Yeh, M.D.	Pediatrics
Anant N. Mauskar, M.D.	Family Practice	Shaukath Zahiruddin, M.D.	Family Practice
Caroline N. Mbogua, M.D.	Internal Medicine	Maria-Isabel Zapata, M.D.	Family Practice
Melanie L. Mencer, M.D.	Family Practice		

Claims management made easier with convenient Web-based system

Texas Children's Health Plan offers a Web-based eligibility and claims status system, called eSTEPP, which allows providers to view claims status and verify member eligibility in real time. eSTEPP allows providers the ability to view the same information as that available on TCHP computer systems. By logging onto the Internet and eSTEPP, provider offices can access this information without speaking to a Member Services representative.

Provider computers must have Explorer 5.0 or higher, with 128-bit encryption installed on a Windows-based computer system. Providers interested in obtaining an application to install eSTEPP should contact their TCHP Provider Relations representatives.

Use Fax Recall for information after hours

Texas Children's Health Plan's automated Fax Recall system allows TCHP providers to check eligibility, benefits and claims status after hours.

The service is available 24 hours a day, Monday through Saturday.

Providers may call 832-825-7921 and enter the member's identification number and the provider's fax number. The requested information will be faxed to the provider's office within three minutes.

For additional information about Fax Recall, contact a TCHP Provider Relations representative at 832-824-2695.

TCHP reminds providers of guidelines for preventive RSV care

Texas Children's Health Plan has guidelines for the administration of Synagis and Respigam, two immunizations that can prevent the serious respiratory disease caused by respiratory syncytial virus. All providers should be aware of and adhere to the guidelines in this article. The American Academy of Pediatrics is in the process of issuing an update to the guidelines, and TCHP will follow it once it has been issued. The guidelines will be available upon request on AAP's public Web site.

Synagis is a monoclonal antibody that is given intramuscularly. A primary care physician or specialist may administer Synagis in the office. However, primary care physicians should not refer patients to a specialist for the sole purpose of having a Synagis injection administered. RespiGam also is adminis-

tered for the prevention of RSV; however, it is administered in an outpatient setting or at an infusion facility.

Both Synagis and Respigam require authorization from TCHP prior to administration of medications. To obtain authorization, fax a "Prior Authorization Request Form" to TCHP Medical Management three to five days prior to the scheduled date of service. Requests for authorization will be reviewed in accordance with the guidelines established by the AAP and TCHP. In addition, the following clinical information is required for a request for authorization to be considered:

- Birth date and gestational age at birth
- Current clinical information (i.e. lung problems and other risk factors such as smoking or attending day care)
- Siblings at home

The CPT codes for commercial Synagis and Respigam are as follows:

- Synagis Injection – 90378 (per 50mg)
- RespiGam – 90379
- Administration – 90782

Providers who elect to subcontract administration of Synagis, or any other medical service, should take special care to educate subcontractors about TCHP's authorization requirements and to ensure that billing is submitted under the appropriate vendor names and tax identification numbers. Services that are not properly authorized or billed by a subcontracted provider will not be eligible for payment.

Early Childhood Intervention helps children, families thrive

The Early Childhood Intervention (ECI) program is a statewide system of services available to children with disabilities or developmental delays. The program teaches families how to help children reach their maximum potential through education and therapy services. ECI provides services to children from birth to 3 years old. These services consist of:

- screenings and assessments
- physical, occupational and speech therapy
- activities to develop cognitive and self-help skills
- activities to enhance social and emotional development
- assistive technology

- transportation
- transition to school or other services
- nutritional services
- family education and counseling
- coordination of social and health services
- access to support groups
- vision care

Federal law requires providers to refer children to ECI within two working days of identifying a developmental disability or delay. Providers should contact the ECI Care Line at 1-800-250-2246 to identify an ECI program in the member's area.

TCHP Nurse Help Line is available for STAR members

Please help promote the Texas Children's Health Plan Nurse Help Line to TCHP STAR members.

Texas Children's Health Plan Nurse Help Line is available around the clock for STAR member questions. Registered nurses can help members make informed decisions about their families' health.

Whenever STAR members need answers, the Texas Children's Health Plan Nurse Help Line is there. Registered nurses can answer questions, such as:

- My child has a cough and a cold. What can I do to help her feel better? Does she need to see a doctor and if so, how soon?

- My child has a fever. What can I do to bring the fever down? Can I wait and call my doctor in the morning?

For non-life-threatening emergencies, STAR members can call the Nurse Help Line to find out if they have options besides going to the emergency room. Some situations might be treated at home, saving members long waits in the emergency room.

The Texas Children's Health Plan Nurse Help Line is not a substitute for medical attention. The registered nurses cannot provide diagnoses or treatment. If members have life-threatening emergencies, they should call 911 or their local emergency medical services number.

TCHP offers important guidelines for treatment of pharyngitis

Differentiating between acute viral pharyngitis and bacterial pharyngitis can be a challenge since the signs and symptoms of both overlap.

Group A streptococcus is the most common bacterial cause of acute pharyngitis, but it only accounts for a small percentage of the cases. Empiric treatment with antibiotics of all cases of acute pharyngitis can lead to substantial over treatment of the illness, which can compound the growing problem of drug resistant organisms.

A few years ago, Texas Children's Health Plan developed the Treating

Pharyngitis practice guideline outlining recommendations from the American Academy of Pediatrics. Our guidelines recommend that when antibiotics are contemplated, an appropriate test for streptococcal sore throat, such as a rapid strep test and/or a throat culture, should be performed.

Each year TCHP has performed a study to assess the degree to which the Treating Pharyngitis practice guideline recommendations have been followed. TCHP providers have shown steady improvement each year the study has been conducted. The 2003 study shows

that at an office visit, 66 percent of members had been tested for strep, as recommended in the guidelines, when there was a single diagnosis of pharyngitis and an antibiotic prescription was filled.

On the other side of this insert is a copy of TCHP's Treating Pharyngitis practice guideline recommendations that have been recently reviewed and approved by TCHP's Medical Advisory Committee. Please take a few moments to review them and consider how they could be implemented into your practice.

Provider Relations representatives improve communication

Texas Children's Health Plan encourages positive communication with its participating providers. Each provider office has been designated a Provider Relations representative.

The Provider Relations representative is available to assist with any issues that may arise regarding TCHP and has the ability to mediate between a provider's office and any department within TCHP.

TCHP Provider Relations representative	Geographic territory	Phone number
Mike Banda	North, northwest	832-824-6974
Denise Blakeslee	North, northeast	832-824-6979
Denise Evans-Turner	South, southwest	832-824-2963
Lucie Lara	East	832-824-6890
Susie Mancias	West	832-824-6903
Roland Munguia	South	832-824-6855
Lily Bain	Provider Relations Supervisor	832-824-6876

TCHP extends claims-filing deadlines for CHIP, IMC

In recent months, Texas Children's Health Plan has received feedback from participating providers voicing concern regarding TCHP's claims-filing deadline. We are pleased to announce an extension of the current filing deadline for the Children's Health Insurance Program and Individual Medical Coverage product claims. Effective Aug. 4, 2003, CHIP and Texas Children's Individual Medical Coverage claims must be filed within 365 days from the date of service in order to be considered for payment.

Although current TCHP provider contracts require that claims be filed

within 95 days from the date of service, the contracts allow TCHP to use discretion to pay or deny claims not filed within this period. Due to the administrative burdens to both providers and TCHP, resulting from compliance with a 95 day filing deadline, TCHP will begin considering claims for payment if they are filed within 365 days from the date of service.

TCHP recognizes the value of extending the claim-filing deadline for all products. However, we want to emphasize that this change does not apply to the filing deadline for Texas Children's STAR claims. Claims for Texas Children's

STAR members continue to be subject to the 95 day filing deadline.

Consistent with current TCHP policies and procedures and contractual requirements, TCHP continues to require that claim appeals and resubmissions be filed within 180 days of the initial claim disposition date. There is no change in the filing deadline for claim appeals and resubmissions.

Please do not hesitate to call your Provider Relations representative at 832-824-2695 if you have any questions regarding this change in the filing deadlines for TCHP claims.

Texas Children's Health Plan, Inc.

Practice Guideline Recommendations

Title: Treating Pharyngitis

Recommendations:

1. Pharyngitis is diagnosed during an examination of the patient.
2. If the need for antibiotics is contemplated, an appropriate test for streptococcal sore throat is performed. This can be a rapid strep test and/or a throat culture. The AAPRed Book Committee on Infectious Diseases currently recommends that negative rapid streptococcal test results have a back-up throat culture done when group A streptococcal disease is suspected on clinical grounds. While the specificities of rapid strep tests are high, the reported sensitivities vary. "Physicians who use any of these rapid tests without culture backup may wish to compare their results with those of culture to validate adequate sensitivity in their practice." Some experts feel the use of the optical immunoassay test may be used without backup culture once a physician has validated adequate sensitivity of the results of his/her practice with that of culture.
3. If the test is negative, the child is treated symptomatically and followed as necessary. Antibiotics may be used pending the results of throat culture, but discontinued if results are negative.
4. If the streptococcal throat test or culture is positive for group A streptococcus, the child is treated with an antibiotic of choice. The AAP prefers penicillin, but amoxicillin may be substituted. Erythromycin is recommended for those patients who are allergic to penicillin.

Resources:

American Academy of Pediatrics. *2003 Red Book: Report of the Committee on Infectious Diseases*. 2003

American Academy of Pediatrics. "Your Child and Antibiotics. Unnecessary Antibiotics Can Be Harmful." 1997

Dowell, SF, et al. "Principles of Judicious Use of Antimicrobial Agents for Pediatric Upper Respiratory Infections." *Pediatrics (Supplement)* 1998; 101: 163-165

Dowell, SF, et al. "Pharyngitis-Principles of Judicious Use of Antimicrobial Agents." *Pediatrics (Supplement)* 1998; 101: 171-174

Dowell, SF, et al. "Acute Otitis Media: Management and Surveillance in an Era of Pneumococcal Resistance – a Report from the Drug Resistant Streptococcus Pneumoniae Therapeutic Working Group." *Pediatric Infectious Disease Journal* 1999; 18: 109

The information contained in these practice guideline recommendations is not intended to be a substitute for the medical judgement of the practitioner. There may be variations in treatment based on individual facts and circumstances.