



**Texas Children's
Health Plan**

The best decision a family can make.

Provider NEWS



July 2008

In this issue:

Fraud and abuse

Page 2

Migrant farm working families

Page 2

Medical Home Marathon

Page 3

Early Childhood Intervention

Page 4

Vaccines for Children Program

Page 5

From the Medical Director

Page 6

Provider concerns and complaints

Page 7

Incentives for pregnant TCHP members

Page 7

Membership lists

Page 7

Upcoming events

Page 8

Asthma study

Page 8

TCHP goes live with new TouCHPoint system

As Texas Children's Health Plan approached 200,000 members it was evident that a new claims processing system would be necessary to keep up with the increase in the volume of claims. Therefore, on May 1, 2008 Texas Children's Health Plan went live with a new claims processing system called TouCHPoint. In conjunction, Fax Recall was replaced with Telephone TouCHPoint and ePower was replaced with Provider TouCHPoint.

In addition, you will start to see a new explanation of payment (EOP) from TCHP. You will only receive the new EOP for claims with a date of service on or after May 1, 2008. Prior to May 1, 2008, you will see the old version of the EOP.

Provider TouCHPoint, which replaced ePower, is a Web portal designed to give you information such as:

- Eligibility
- Payment of claims
- Member panel information

Over the past couple of months, we have received valuable feedback from you and your office staff about the effectiveness of Provider TouCHPoint. From your feedback we will work to provide enhancements and greater functionality for our Web-based users. You may be contacted to ask for feedback on how we can create a better product for you.

Through Telephone TouCHPoint, our replacement for Fax Recall, you are able to check member eligibility and claim information through a secured email system. Telephone TouCHPoint also gives you EPSDT information on your patient.

In April, a TouCHPoint packet was sent to contracted providers. This packet detailed all the changes and enhancements through TouCHPoint. Also included was a registration packet for Provider TouCHPoint. If you have not registered your office, please contact your Network Manager or call Network Development at 832-828-1008 for assistance.

As always, thank you for your patience while we work through our new system. Your continued support is valuable to us throughout this process.



Texas Children's Health Plan
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Texas Children's Health Plan works to reduce and prevent fraud, abuse and waste

It seems that newspapers and industry publications always have an article about a health care provider committing some sort of fraud. Medicare's Office of Inspector General has estimated that more than 5% of total health care claims paid in the United States are the result of fraudulent or abusive practices.

The state of Texas has taken notice and made the identification and prevention of fraud a high priority. For several years, the state has operated a Medicaid fraud unit that investigates and corrects fraudulent actions. To expand this program, the state issued rules that require every CHIP and Medicaid HMO to implement a program to identify and prevent fraud, abuse and waste. Texas Children's Health Plan wants to let you know how our program works and your responsibilities as a provider.

The TCHP program

Texas Children's Health Plan is required by the state of Texas to maintain a program to identify and prevent fraud, abuse and waste. These terms are defined as follows:

- Fraud—Knowingly submitting false claims in order to receive payment.
- Abuse—Taking advantage of loopholes in the law to increase payments.
- Waste—Making excessive or erroneous payments due to poor training, education or monitoring.

The goal of this program is not only to identify and stop fraudulent activities, but also look for areas where policies should be revised to improve quality and efficiency. TCHP will review internal reports, perform random chart reviews and take information from our members to identify and prevent fraud, abuse and waste.

Review of internal reports

Through claims processing, Texas Children's Health Plan has a wealth of data available and we review this data for unusual trends. For example, we may find that some providers routinely bill for more acute services than similar providers. In this case, TCHP will review claim documentation to verify these higher payments.

Random chart reviews

TCHP also conducts a random chart audit process. Using a random selection process from a paid claims file, we review charts to:

- Verify demographic data in the chart to that shown on the paid claim and provider bill.
- Confirm that the provider documented as performing the service is correct on the claim form.
- Compare services documented in the chart to those included on the claim form.
- Determine if the documentation in the chart justifies the acuity level billed.

Chart selection for review does not indicate there's an error on a claim; rather, it is a random selection of charts. In order to receive payment for Medicaid or CHIP services, providers must submit charts for review when requested. TCHP is required to report failure to receive requested records to the Office of Inspector General of the Health and Human Services Commission (HHSC-OIG).

You will be sent more detailed guidance on this aspect of our Plan, including what must be sent to us and the expected response time, when a claim is selected for audit.

Continued on page 5

TCHP needs to identify migrant farm working families

Texas Children's Health Plan is working hard to identify children of migrant farm workers. Due to their constant mobility, the children often go without their regular checkups. Annual checkups are crucial for this population who are exposed to pesticides on plants and dirt while children are present in the fields their parents work.

How can a provider help Texas Children's Health Plan?

- Upon identification of Texas Children's Health Plan members whose parents are migrant farm workers, please inform them that TCHP will provide health risk assessments and case management to their family to assist with their medical care.
- If possible, a provider can accelerate a child's visit so that the child can be seen before migrating with their parents.
- Communicate with patients that TCHP can assist families with transportation to their doctor's appointments.

If you would like to know more about the services TCHP has to offer, please contact your Network Manager.

**Help our babies
be STAR babies!**

TCHP offers our pregnant members **FREE** baby showers, prenatal classes, childbirth classes and much more!

For more information on class times and events please call 832-828-1131.

TCHP's Medical Home Marathon continues to provide valuable feedback

One year into TCHP's Medical Home Marathon we have learned so much from the physicians who care for TCHP members. During the visits to each office, the Quality Improvement Department assesses each practice from the viewpoint of the patient, as well as our viewpoint as clinicians. In doing so, we have observed some best practices:

- Calling parents on Saturday to remind them about appointments.
- Placing lab slips in charts of patients due for services.
- Providing patient satisfaction surveys in waiting area.
- Auditing chart for completeness after each EPSDT visit by the back office nurse.

For physicians participating in the Medical Home Marathon, it is too soon to have EPSDT visit results. However, we do have some, externally verified, member satisfaction results.

Members reported 5% higher satisfaction (averaged from all questions) with physicians participating in the Medical Home Marathon than with physicians not participating in the Medical Home Marathon.

Members reported that 74.5% of the time physicians participating in the Medical Home Marathon instructed them in what to do if they needed care after hours. This compares to 64% for physicians not participating in the Medical Home Marathon.

The results were obtained through random surveys during the year that the Medical Home Marathon has initiated. Analytica, Inc. conducted and analyzed the survey for TCHP. The findings of the survey validate the value of the services provided by TCHP's Quality Improvement and Network Development Departments. Their goal is to assist you in meeting regulatory requirements in a practical manner, while increasing customer satisfaction. Network Development and Quality Improvement staff are available to answer questions regarding preventive care requirements. If you would like to schedule a visit, and we have not conducted one with you, please call Chris Reynolds at 832-828-1285 to make arrangements.



Network Managers improve communication

Texas Children's Health Plan encourages positive communication with its participating providers. A Network Manager has been designated for each provider office. The Network Manager is available to assist with any issues that may arise regarding TCHP and has the ability to aid communication between a provider's office and any department within TCHP.

TCHP Network Managers	Phone number	Email address
Leslie Appleby	832-828-1044	laappleb@tchp.us
Shelley Chandler	832-828-1060	sxellie@tchp.us
Bertha Ford	832-828-1049	bmford@tchp.us
Tanya Jones	832-828-1053	tcjones@tchp.us
Chris Ombrog	832-828-1064	ciombrog@tchp.us
Rudy Perez	832-828-1059	grperez@tchp.us
Rebecca Richard	832-828-1058	rlrichar@tchp.us



Educate your patients on Early Childhood Intervention

Early Childhood Intervention (ECI) is a statewide program for families with children, birth to age three, with disabilities and developmental delays. Services are provided by a variety of local agencies and organizations across Texas in every county. ECI supports families through education to help children reach their potential. ECI determines eligibility for infants and toddlers based on developmental delays, atypical development or medically diagnosed conditions. Services include, but are not limited to, the following:

- Service coordination
- Screenings
- Assessments
- Developmental, physical, occupational, speech and language therapy
- Assistive technology
- Transition to school

Services are provided in the home and/or community settings to aid in daily routines. Families and professionals work as a team to plan appropriate services based on the unique needs of the child and family. Families of all income levels may receive ECI services, which are voluntary, and pay a cost share determined by a sliding fee scale. Families with children enrolled in Medicaid or CHIP, or whose income is below 250% of the Federal Poverty Level do not pay the Family Cost Share.

Benefits of ECI

The first three years of life are critical and the potential for positive change is great. ECI programs provide a comprehensive, coordinated array of services and support. Team members work collaboratively with each other, the child's parents/caregivers, the child's physician and community partners. ECI programs can easily transfer children from one program to another with continuity of

services. ECI service coordination helps the family access needed services, both in ECI and outside of ECI. They also provide comprehensive developmental assessments (except STAR Health). Specialists include:

- Service coordinators
- Early intervention specialists
- Physical and occupational therapists
- Speech-language pathologists
- Nurses
- Dietitians
- Vision teachers
- Hearing specialists
- Counselors
- Social workers
- Psychological associates

How to make a referral

A referral can be made by a family member, physician, professional or other individuals. As early as birth, a child can be referred to ECI if a concern arises or delay is suspected. Individuals with Disabilities Education Act (IDEA) and state legislation requires professionals to refer a child under age three to ECI within two working days of identification of a suspected delay or disability. To refer a child, call the Department of Assistive and Rehabilitative Services (DARS) Inquiries Line at 1-800-628-5115 or send an email to careline@dars.state.tx.us.

Transition of Services

For children and young adults, ages three to 21 years of age, services are available through their local school district. IDEA requires the lead agency of ECI programs to notify the school district in which a child with a disability resides when the child is approaching three years of age. The ECI program must convene, with the family's approval, a transition planning conference at least 120 days prior to the eligible child's third birth date. The purpose of this meeting is to facilitate a

smooth and effective transition to the public school services. A referral for assessment may be made, which leads to individualized testing for children and young adults who may require specialized assistance and/or support.

What is SHARS?

School Health and Related Services (SHARS) is a Medicaid Program that is designed to reimburse school districts for providing direct services to their special education students. The child must be: Medicaid eligible, have a disability or chronic medical condition, enrolled in a public school's special education program and have an Individualized Education Program (IEP) documenting the medical necessity for services.

SHARS allows public school districts to obtain Medicaid reimbursement for ten health-related services:

- Assessment
- Audiology
- Counseling
- School health services
- Medical services
- Occupational therapy
- Speech therapy
- Physical therapy
- Psychological services
- Special transportation

These services must be provided by qualified professionals who are either contracted, or employed, by the school district or charter school.

SHARS is a program under the EPSDT program and there are no set limits on Medicaid services to clients under 21, as long as the service is medically necessary. The Medicaid services the child receives at school do not affect the type or amount of Medicaid services the child receives outside the school.

Vaccines offered through Vaccines for Children Program

The Texas Department of Health uses the Centers for Disease Control and Prevention federal contracts to purchase vaccines for CHIP and Medicaid HMO members at federal prices. When providers obtain serum for CHIP and Medicaid HMO members from the Vaccines for Children (VFC) Program, the state pays for the serum and TCHP pays for charges for administration of the immunizations. Texas Children's Health Plan encourages providers to take advantage of this beneficial program.

When administering immunizations to CHIP and Medicaid members, providers must continue to bill TCHP for both the serum and the administration components of immunizations. This ensures that TCHP maintains a record of preventive care services provided to its members. Upon receipt of the claim, TCHP will issue payment for the administration of immunizations

and deny the serum using the following description:

“Obtain serum from VFC Program”

Provider enrollment, provider profile, and provider listing forms are available in the Vaccines for Children section of the TCHP Provider Manual. These forms assist providers' offices with plan administrative requirements and must be completed prior to enrollment in the VFC program. Your Network Manager can assist your office with contacting local VFC program coordinators.

Providers not currently participating in the VFC program can enroll by contacting the Texas Department of Health's Texas Vaccine for Children Program (TVCP) Division at 1-800-252-9152.

Fraud, abuse and waste

Reports by members

Members receive information about how to identify and report potentially fraudulent, abusive or wasteful activities. TCHP is required by the state to educate members about health care fraud, abuse and waste and encourage them to help our prevention efforts.

Some examples of fraud, abuse and waste members have been told to watch for include:

- A provider billing for services the member does not believe they received.
- Billing for services different than those that were provided to the member.
- Being asked for a member number when they are not the members' provider or hospital, or being offered money for their member number.
- Being offered free services, prizes or payments to use a particular clinic or hospital.

TCHP has warned members that they are not exempt from this program. Some members may seek services that are not needed, or “doctor shop” in order to

support an addictive or abusive habit. If you are aware of any attempts by members to commit fraud, please notify our fraud department.



If you believe there are fraudulent, abusive or wasteful practices in the Health Plan, please call us at 832-828-1320, fax us at 832-825-8722 or e-mail your concerns to us at TCHPFraudandAbuse@tchp.us

You do not have to give your name, and we will keep your concerns confidential. We require that you describe the problem, why you think it may be fraudulent, abusive or wasteful and identify the provider or member.

Continued from page 2

It is not always fraud

We recognize that most billing errors are mistakes and believe the majority of the items we discover during the operation of our program will be easily corrected with better education. The vast majority of the physicians, hospitals and other providers working in our Plan provide high-quality care and are being paid only for the services they have provided.

Unfortunately, as the news headlines show, some individuals try to get something for nothing. If we believe a provider or member is committing fraudulent behavior, we will refer our findings to the appropriate state agency for continued investigation and determination as to what additional actions are needed.

For questions regarding this required program, call your Network Manager at 832-828-1008. We appreciate your commitment to provide quality services to our members and look forward to working with you and prevent fraud, abuse and waste in our Plan.

From the Medical Director: CA-MRSA and how it affects our population

Skin and soft tissue infections continue to be a significant problem among our patients and consistently appearing among the top ten diagnoses seen in the emergency department or accounting for admission to the hospital. Of course, Community Associated-Methicillin resistant *S. aureus* (CA-MRSA) causes a large number of these skin and soft tissue infections. Drs. Feigin, Kaplan and Baker have summarized their thoughts on empirical therapy of various suspected *S. aureus* infections including the increasingly common CA-MRSA and these recommendations offer a useful guide in terms of how to categorize and begin empiric treatment of these infections pending final culture and sensitivity lab results.

Looking at TCH laboratory data, they found that over 70% of *S. aureus* isolates from inpatients and outpatients with community infections are resistant to oxacillin (MRSA). While nearly, 9% of *S. aureus* isolates from otherwise healthy children are resistant to clindamycin, approximately 15% of community *S. aureus* isolates recovered from children who had been hospitalized in the previous 12 months or with an underlying condition other than asthma or eczema are resistant to clindamycin. Thus, a hospitalization within the past year is a very important historical piece of information that may impact your antibiotic selection. Among these *S. aureus* isolates, they were uniformly susceptible to vancomycin, gentamicin, trimethoprim-sulfamethoxazole and, almost always, doxycycline.

According to the current recommendations, when a child presents with signs of skin or soft tissue infection

such as cellulitis, insect and/or spider bite, folliculitis/pustular lesions, furuncle/carbuncle or an abscess, if possible an incision and drainage (I & D) should be the first step along with specimen collection for culture and susceptibility testing. The next step would be to classify the infection as mild, moderate, severe or critically ill and then implement the appropriate therapy.

The current classifications are briefly summarized below:

- Mild—Afebrile and previously healthy with no hospitalizations within the past 12 months.
- Moderate—Febrile, appearing ill and previously healthy with no hospitalizations within the past 12 months.
- Severe—Toxic appearance, or presence of any chronic illness except asthma or eczema, or limb-threatening infection
- Critically ill—Toxic appearance and physiologic instability (clinical scenario such as might be seen with children suffering from septic shock, endocarditis, necrotizing pneumonia, pleural empyema, or osteomyelitis, septic arthritis or pyomyositis).

The mild and most moderate infections, if seen early can be typically treated with I & D (where possible), oral antibiotics such as trimethoprim/sulfamethoxazole (TMP/SXT) (if group A streptococcus unlikely), clindamycin, or doxycycline (if over 7 years old) with follow-up in the next two days. Cases with extensive involvement, clinically concerning systemic symptoms, or where the physician has significant concerns about compliance and follow-up as well as

severe cases will require hospitalization, I & D where possible, and empiric vancomycin therapy until the culture and sensitivities are available. The critically ill children will require intensive care and their empiric vancomycin therapy should be broadened with nafcillin and possibly gentamicin.

Once the microbiology tests come back the infection etiology is established, therapy should be modified as appropriate. Consultation with an infectious diseases specialist is always an option to guide your care decisions since this is an evolving field. It should be noted however that for those patients with oxacillin-susceptible *S. aureus* (MSSA) infections, nafcillin or cefazolin is recommended and that clindamycin should not be used for therapy of MSSA infections unless there has been a life-threatening reaction to penicillin or cephalosporins,

Over the summer, TCHP will be working to provide you with patient education materials directed at helping parents and other care-givers recognize the signs and symptoms of skin and soft tissue infections early and alerting them to good first aid, wound cleansing and when to seek your help in assessing a possible skin infection. TCHP Quality Improvement nurses will also be a visiting a number of physicians in certain targeted areas to provide additional materials and academic detailing. Our goal is to either prevent these infections or to get them treated as early as possible in the mild to moderate categories and hopefully avoid the progression to the severe and critically ill situations.

Provider concerns and complaints are addressed

Texas Children's Health Plan is committed to providing excellent customer service to its providers. Any provider who feels TCHP is not meeting this goal, should contact their Network Manager for assistance.

Provider Relations, which is part of the Network Development Department, is the first resource for resolving concerns. By definition, a provider concern is a provider's administrative concern or inquiry, not placed on behalf of a member, regarding claims payment, accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process.

A provider concern is resolved by clearing up a misunderstanding or supplying appropriate information to the satisfaction of the provider. Provider concerns do not include a provider's dissatisfaction or disagreement with an adverse determination. To review a provider concern with your Network Manager, please contact the manager directly or call the Network Development Department at 832-828-1008.

On occasion, a provider concern may evolve into a provider complaint. A provider complaint is defined as a provider's dissatisfaction, not placed on behalf of a member, regarding continued claims disagreement following an appeal. Provider complaints also include accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process. Provider complaints do not include a provider's dissatisfaction or disagreement with an adverse determination.

Provider complaints can be submitted in writing to TCHP using the Provider Complaint Form, located in the TCHP Provider Manual and on the TCHP Web site, www.TexasChildrensHealthPlan.org.

Providers will receive a membership list

By the 10th day of each month, TCHP sends PCPs a listing of CHIP and Medicaid/STAR members assigned to their panels. The list includes the member ID number, member name, date of birth, plan effective dates, and other member demographic information. These lists can be used for a variety of purposes such as:

- A guide used to monitor PCP panel growth in each TCHP product.
- Confirm member demographic information as it appears in the TCHP eligibility files.
- Conduct member education or encourage CHIP and Medicaid members to visit the PCP office for preventive care services.

The PCP membership lists should not be used to verify eligibility. A more reliable resource for verifying eligibility is Provider or Telephone TouCHPoint. For more information on these systems, please contact your Network Manager.

How to file a provider complaint with Texas Children's Health Plan

1. Print the Provider Complaint Form directly from the Web site or copy the form from the TCHP Provider Manual.
2. Complete the form.
3. Mail or fax it to:
Texas Children's Health Plan
Attn: Network Development Dept.
P.O. Box 301011, NB8301
Houston, TX 77230-1011
Fax: 832-825-8750

The complaint will be investigated and the Network Development Department will send a response.



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TCHP's pregnant members receive incentives for appointments

Support your TCHP pregnant patients by supplying them with a copy of their prenatal and postpartum office visits. In turn, the patients will mail the copy of the office visit, in a postage paid envelope, back to TCHP. We use this information to track their prenatal and post-partum visits.

TCHP also asks that pregnant members fill out a health risk assessment, so encourage the pregnant patients to send them back. These assessments help us identify potentially high risk patients. Once returned, members receive a \$5 movie gift card.

Texas Children's Health Plan gives pregnant members, who confirm trimester and postpartum visits, a \$20 drug store gift card. The gift cards can only be used to purchase items related to health care. Members can also receive incentives for attending a TCHP sponsored parenting class and baby shower.

Let your patients know about TCHP's new member incentive program today. For more information call, 832-828-1004.

Upcoming events for TCHP members

Back-to-School Fair is Saturday, July 26 at Aldine High School

Bring the whole family to Aldine High School for free immunizations, screenings, entertainment and school supplies while they last. You do not have to attend Aldine High School or a school in Aldine School District to get free school supplies, screenings or immunizations. Texas Children's Health Plan members will receive more information in the mail.

Saturday, July 26
9 a.m. to 1 p.m.
Aldine High School
11101 Airline Drive
Houston 77037



Houston Dynamo—Come Play Soccer!

Texas Children's Health Plan has partnered again with the Houston Dynamo to provide members ages 8 to 15 years old the opportunity to attend a free soccer clinic coached by Dynamo coaches and attend a Dynamo game after the clinic! Eligible members will receive an invitation in the mail.

For more information on the family events TCHP offers to members call 1-800-990-8247.



Asthma study participants wanted

The Asthma Clinical Research Center at Baylor College of Medicine and Texas Children's Hospital is currently recruiting volunteers for an asthma study. Eligible participants must be between 6 and 17 years of age and have asthma that is being treated with an inhaled corticosteroid.

Study participants will receive free lung function testing and will be compensated for time and parking. For more information contact Luz Giraldo at 713-798-2682 or by email at asthma@bcm.edu.

Thank you for choosing Texas Children's Health Plan!



PROVIDER NEWS

Provider News is published quarterly by Texas Children's Health Plan.

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P.O. Box 301011, NB 8360
Houston, Texas 77230-1011. v1:07/08