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# the Right *Care* update

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# THSteps Checkup Documentation

## Essential to Medical Records

As a Texas Health Steps (THSteps) provider, you affect the lives of many young Texans. The care you provide helps prevent serious or chronic health care problems and often helps young patients begin to develop positive lifelong health care habits. Being a THSteps provider can be very rewarding. It can also be very challenging, especially when it comes to medical checkup documentation. Independent studies of Texas Health Steps medical checkups indicate that records were most commonly missing documentation of appropriate laboratory tests and immunizations.

THSteps checkups are made up of six primary components, many including individual components. These are outlined on the Texas Health Steps Periodicity Schedule, based on age and include:

1. Comprehensive health and developmental history, which includes nutrition screening, developmental and mental health screening and TB screening;
2. Comprehensive unclothed physical examination, which includes measurements; height or length, weight, fronto-occipital circumference, BMI, blood pressure, and vision and hearing screening;
3. Appropriate immunizations, as established by the Advisory Committee on Immunization Practices, according to age and health history, including influenza, pneumococcal, and HPV;
4. Appropriate laboratory tests, which include newborn screening blood lead level assessment appropriate for age and risk factors, and anemia;
5. Health education (including anticipatory guidance); and
6. Dental referral every 6 months until the parent or caregiver reports a dental home is established.

To be reimbursed for THSteps checkups, each of the six components and their individual elements must be completed and documented in the medical record. Any component or element not completed must be noted in the medical record, along with the reason it was not completed and the plan to complete the component or element. The medical record must contain documentation on all screening tools used for TB, growth and development, autism, and mental health screenings. The results of these screenings and any necessary referrals must be documented in the medical record. THSteps checkups are subject to retrospective review and recoupment if the medical record does not include all required documentation.

In support of successful checkup documentation and to assist in documenting each of the components and elements of the checkups, the THSteps program recommends use of the THSteps Child Health Record Forms, which are available for download on the THSteps provider information webpage. Each checkup form is age-specific and can assist you with documenting all required checkup components and elements, including developmental and mental health screenings, laboratory screenings, immunizations, and the dental referral as required until the caregiver reports a dental home is established. The components and elements outlined in the forms can be integrated into electronic health records.

To stay current on THSteps policy and available resources, visit the frequently updated THSteps website for information and policy updates. Information on checkup documentation is also available within THSteps Online Provider Education modules. These modules are free and offer continuing education for healthcare professionals. They are available at [www.txhealthsteps.com](http://www.txhealthsteps.com).

Qualified and caring THSteps providers are vital to keeping young Texans healthy. The preventive health care you provide to young Texans is valued. It is important to reflect this care in the completeness of your medical documentation.

## Duplicate Payments Received by Some ACA Providers

This article applies only to claims submitted to TMHP for processing. Refer to the Medicaid managed care organizations (MCOs) for information about MCO benefits, limitations, prior authorization, reimbursement, and MCO-specific claim processing procedures.

The Remittance and Status (R&S) Report, dated October 21, 2016, contains duplicate payouts and accounts receivable for Affordable Care Act (ACA) supplemental payments that were originally reported on the April 22, 2016, R&S Report. Note: This only affects providers that received ACA supplemental payments or recoupments on April 22, 2016. This does not affect any transactions outside of that date. No action is necessary on the part of the provider.



Corrections to reverse the duplicate payouts and accounts receivable will be completed by the second week of November. The ACA Primary Care Physician (PCP) Fee-for-Service (FFS) Supplemental Payment Report was not created for the October 2016 payments. For more information, call the TMHP Contact Center at 1-800-925-9126.

# SWHP Provider Relations Representative Territory Map

Who is your Scott & White Health Plan (SWHP) Provider Relations Representative (“PR Rep”)? To identify who your PR Rep is, please use the following map, which lists the name and cell phone number of each PR Rep along with a color-coded legend that shows the counties that each PR Rep covers. The PR Reps serve as your liaison with SWHP. They are available to assist you with information regarding SWHP’s policies, procedures, questions, and issues or concerns.



<span style="display: inline-block; width: 15px; height: 15px; background-color: #f08080; border: 1px solid black; margin-right: 5px;"></span> Sandi Janacek	254-541-9680	<span style="display: inline-block; width: 15px; height: 15px; background-color: #228b22; border: 1px solid black; margin-right: 5px;"></span> Liz Mullenax	254-541-8057
<span style="display: inline-block; width: 15px; height: 15px; background-color: #ffff00; border: 1px solid black; margin-right: 5px;"></span> Crystal Cochran	254-541-1280	<span style="display: inline-block; width: 15px; height: 15px; background-color: #cd5c5c; border: 1px solid black; margin-right: 5px;"></span> Stacey Byrd	254-913-8978
<span style="display: inline-block; width: 15px; height: 15px; background-color: #800080; border: 1px solid black; margin-right: 5px;"></span> Lisa Mannick	254-780-5139	<span style="display: inline-block; width: 15px; height: 15px; background-color: #90ee90; border: 1px solid black; margin-right: 5px;"></span> Louis Limas	254-228-7173
<span style="display: inline-block; width: 15px; height: 15px; background-color: #ffa500; border: 1px solid black; margin-right: 5px;"></span> Lereca Venable	254-231-6438	<span style="display: inline-block; width: 15px; height: 15px; background-color: #1e90ff; border: 1px solid black; margin-right: 5px;"></span> Neha Patel	469-401-8280
<span style="display: inline-block; width: 15px; height: 15px; background-color: #ff0000; border: 1px solid black; margin-right: 5px;"></span> Bobbie Weakly	254-780-7834	<span style="display: inline-block; width: 15px; height: 15px; background-color: #000000; border: 1px solid black; margin-right: 5px;"></span> Stacey Byrd (Statewide)	254-913-8978

# Diabetes Self-Management:

## Does your patient have the knowledge to make informed decisions?

Risks are all around us and knowing the risks helps us avoid problems. However, when it comes to diabetes, it is not enough to simply know the risks. Our members must understand the health risk, including potential harms and benefits if they are to make smart decisions based on facts. “Diabetes is a chronic disease that requires a person to make a multitude of daily self-management decisions and to perform complex care activities,” according to Powers et al., 2015. Do our members have the knowledge and understanding necessary to make the best decisions for their self-care?

State Bill 796 (2011) requires the Texas Diabetic Council (TDC) to conduct biennial statewide assessments of HHSC administered programs for the prevention and treatment of diabetes. TDC’s assessments matched the same conclusions as that of the research sponsored by the CDC, the NIH, and the ADA--comprehensive diabetic education works. Unfortunately, according to statistics presented by the TDC, only 50.3 percent of adults with diabetes in Texas have ever taken a course on how to manage it. Even worse, we know that family support is essential to member compliance, and yet the CDC reports that only 23 percent of family members participate in any diabetes educational programs/activities. The key barriers identified are cost, time, and travel.



Because of these barriers, Texas Medicaid is one of seven states addressing diabetes prevention and management in their state Medicaid programs. Right Care covers the following:

- Nutritional counseling and instructions on proper use of diabetes equipment and supplies. (NCSL, 2016)
- Diabetes self-management training. (NCSL, 2016)

Despite Medicaid’s coverage of diabetic education classes, many patients still rely solely on the information they receive in the doctor’s office to make their decisions. Unfortunately, the NIH recently published a newsletter suggesting that many do not understand the information they are given. NIH states that “studies show that the way we hear and understand health statistics can be influenced by how the numbers are described, or how they’re framed.” The example they use is that of a disease affecting two in 100 people. If a new drug is developed and it cures one of the two individuals with the disease, how effective is that medication? Some may say that it was effective for one in 100 people (1%). Others may say it cured one of two (50%). A similar argument exists regarding A1C control. When patients hear their A1C is 8.1 percent do they hear a number that is not well controlled or one that seems relatively small (8.1 in 100)? After all, their LDL is less than less than a 100 and it is good. Total cholesterol is less than 200 and that is good too.

In response to the diabetic educational barriers, the ADA created two comprehensive diabetes programs that are completely free.

1. Living Well with Diabetes: Available in both print and online, this program is comprised of seven different diabetic care modules, ranging from understanding what diabetes is, to taking medications for diabetes, to preparing your meals. The online version incorporates animations, videos, and each section ends with a short check for understanding.

2. Where Do I Begin: Living with Type 2 Diabetes: Every quarter, this program provides patients with a series of educational booklets, covering a wide range of topics developed using formal ADA Center of Excellence training. Providers and patients alike simply need to request the materials.

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## Diabetes Self-Management cont'd

As part of my site visits to clinics throughout the BSWH network, I spoke with providers, nurses, and other staff members about how the ADA, CDC, and NIH all concur that these programs and material facilitate both patient engagement in self-care and communication between the member and the provider. I also had the chance to speak with many patients throughout the network and get their feedback. Although all the feedback I received was positive, there is one discussion that stands out. A patient noticed me providing the materials and pulled me to the side, asking me to please share her story. She has been a BSWH patient for over 40 years and touted how she always received great care and a how her PCP's office was genuinely interested in her. For 40 years her doctor's office has educated her about her diabetes and "it was just fragments until now...finally, after 40 years it makes sense!" While this is just one member's experience, I heard similar responses from more members than I care to count. The simple truth is this: Referring to and providing your member with comprehensive diabetes education really does work.

## You Can Breathe Easier By Controlling Your Asthma

Asthma is a chronic inflammatory disorder of the airway characterized by recurring symptoms, airflow obstruction, and bronchial hyper-responsiveness. A significant health problem in the United States, the Center for Disease Control estimates that more than seven million children are affected (CDC, 2016). With certain environmental factors triggering asthma exacerbation (pollen, dust mites, mold, pets, etc.), asthmatics find themselves being hospitalized or utilizing emergency services. By working together, physicians and caretakers can develop asthma action plan that could decrease the frequency of these visits.

Most people are well aware that certain environmental triggers can lead to asthma exacerbation. In the spring, pollens in the air may generate asthma

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## You Can Breathe Easier cont'd

symptoms, while in the summer, hot temperature can cause frequent asthma attacks. However, fall seems to be the worst season for asthma exacerbation due to triggers such as ragweed, mold, cold air, campfire, and viral infection. To prevent asthma exacerbation, providers and caretakers should work together to come up with an action plan.



### The following tips will aid in management of asthma symptoms:

**1. Carry a rescue inhaler:** Carrying and properly using a rescue inhaler such as albuterol can be extremely effective in treating and preventing asthma exacerbation. Poor technique results in minimal benefit due to airways not receiving the proper amount of medicine. In fact several studies have shown that up to 94% of the children are using their rescue inhalers incorrectly (Respir Med, 2008).

**2. Use a controller medication:** Even though, rescue inhalers are effective in treating asthma exacerbation, regular use of albuterol over time can cause many children to develop resistance to the medication. By using an effective controller medication such as inhaled glucocorticoids, parents can preserve the effectiveness of albuterol and prevent asthma exacerbation.

**3. Avoid common triggers:** To minimize the occurrence of asthma-related symptoms, common asthma related triggers should be avoided. Personal triggers can be very different from those of another person, so you should know your triggers and learn how to avoid them. Common triggers include: tobacco smoke, dust mites, air pollution, cockroach allergen, pets, mold, and infections. Physical exercise, some medicines, breathing in cold dry air, fragrances, or hyperventilation can also cause asthma attacks.

Asthma poses a significant health challenge to physicians, parents and caretakers. With the coming of the fall season, many children with asthma are at high risk for developing asthma exacerbation. However, by adhering to an action plan, properly using a rescue inhaler, working with your PCP to prescribe a controller medication, and avoiding environmental triggers, physicians and parents can have a tremendous impact on reducing emergency room visits and hospitalizations.

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# Comprehensive Hypertension Control: The Home Field Advantage

Accounting for 34 million physician visits annually, hypertension remains the #1 reason for office visits in the U.S. (CDC, 2016). Unfortunately, only about half, 52 percent of patients diagnosed with HTN are considered to be well controlled (CDC, 2015). In response to this continued epidemic, the U.S. Preventative Task Force (USPSTF) issued a “Grade A” recommendation for the use of home blood pressure monitoring in both the diagnosis and treatment of HTN (USPSTF, 2015).

In 2013, the agency for Healthcare Research and Quality published their findings showing how home blood pressure monitoring, when used in conjunction with provider support, was “more effective than usual care in lowering blood pressure among patients with hypertension” (Million Hearts, 2013, p. 3). Additionally, The Center for Medicare & Medicaid Services (CMS) published a statement directly linking home blood pressure monitoring with increased member adherence to both lifestyle modifications and medication adherence rates, thereby significantly reducing both all-cause hospitalizations and total all-cause health care costs (CMS, 2013).

In line with these recommendations, Chapter 11.2 of the Texas Medicaid Healthcare Partnership (TMHP) provides Texas Medicaid recipients with home blood pressure monitors at no cost. Listing all required program documentation, ICD-10 codes, and procedure codes, this article seeks to help our patients more effectively engage their providers in the management of their hypertension (TMHP, 2015).

In conjunction with home blood pressure monitoring, the CMS Center for Medicare & Medicaid Innovation (CMMI) Comprehensive Primary Care initiative recommends clinicians and health care systems align their HTN control measures with that of Million Hearts’ campaign. Providing clinical programming suggestions, patient and provider education, and easy-to-use tools, CMS encourages providers to embed these resources into their daily work flow. To help providers implement these changes, the American Medical Association (AMA) as part of their StepsForward, published a free 1.0 CME training entitled, Improving Blood Pressure Control (AMA, 2016).

While we appreciate the good job you are doing at treating patients with hypertension, there are still many patients that are not at goal. With teamwork and patient-centered care, we can take the steps necessary to get our members proactively engaged in their hypertension control.

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## Addressing Fraud, Waste and Abuse

As part of our effort to improve the overall healthcare system, RightCare from Scott & White Health Plan is committed to detecting, correcting, and preventing fraud, waste, and abuse. SWHP operates a proactive fraud and abuse program that complies with state and federal regulations. Our program targets areas of health care-related fraud and abuse to include internal fraud, electronic data processing fraud, and external fraud.

The SWHP Special Investigations Unit (SIU) is a key element of this program. The SIU will detect, investigate, and report any suspected or confirmed case of fraud, abuse, or waste to the Office of Inspector General (OIG). During any investigation process, the confidentiality of the patient and/or people referring the potential fraud and abuse is maintained.

SWHP uses a variety of mechanisms to detect potential fraud, waste, or abuse. All key departments, including Claims, Provider Relations, Member Services, Medical Management, as well as providers and members, share the responsibility to detect and report fraud. Review mechanisms include audits, review of provider service patterns, hotline reporting, claims review, data validation, and data analysis. Claims and data reviews may involve requesting and reviewing provider medical records, and interviews with members, based on the nature of the investigation. Should the SWHP SIU team identify overpayments as a result of an investigation, providers will be notified of their appeal rights prior to the identified recovery taking place.

If you have any concerns about potential fraud, waste, and abuse, please report your concerns. You can reach out directly to SWHP through the Compliance Officer at 254-298-3494, or you may call the Baylor, Scott and White Health Compliance Hotline at 866-245-0815. All calls to the hotline may remain anonymous. You can also reach out to the Health and Human Services Commission OIG Integrity Line at 800-436-6184.