

# Provider Newsletter

Changing the way communities think about healthcare by connecting people  
to meaningful health and wellness experiences.

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## A Note from the CEO

**T**hank you for your continued support and patience as we upgrade our technology to better address your needs. I'm pleased to report that as of October 2021, more than 3,000 providers and provider groups have registered for our Provider Portal and accessed forms, viewed claims status, and updated account information, among other tasks.

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# A Note from the CEO

CONTINUED

In this issue, I'd like to introduce you to the outstanding Medical Director Team charged with overseeing our clinical staff – they are working hard to facilitate operations and administer changes and improvements for our providers to ensure that PCHP delivers comprehensive, high-quality healthcare to plan members.

Our Chief Medical Officer, **Dr. Mark Clanton**, is a pediatrician with more than 25 years of senior executive experience in leading, managing, and advising large, complex healthcare, managed care, and scientific organizations. In his current role, he oversees the development and implementation of Parkland Community Health Plan's clinical policy and operations, with the goal of producing optimal health outcomes and providing comprehensive, high-quality healthcare while incorporating population health and social determinants of health principles into PCHP's clinical affairs.

**Dr. Amrita Waingankar** serves as our Senior Medical Director and works closely with our Health Services team on prior authorization reviews. She's also serving as PCHP's interim Vice President of Quality, leading our NCQA accreditation process and overseeing

credentialing for providers and facilities.

Dr. Waingankar has strong experience in utilization management, clinical management, healthcare operations, and strategic planning; prior to joining PCHP, she led a team of Medical and Dental Directors and the Quality Improvement team with TMHP on the Texas Medicaid Project.

Our Associate Medical Director, **Dr. Kumar**, is board certified in family medicine and certified in healthcare quality and management. He has over 15 years of experience in performance improvement, utilization management, data analytics, and population health. In his current role, he is part of the Health Services team and is responsible for clinical reviews for PCHP.

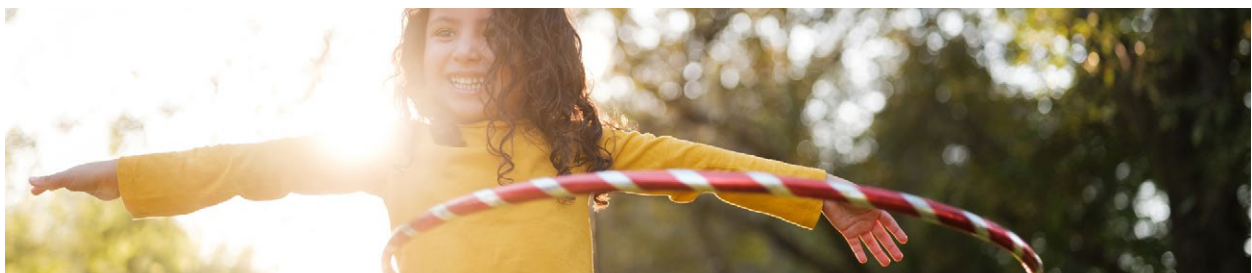
Again, thank you for being part of our network and helping provide quality care to those we serve.



A handwritten signature in black ink that reads "John W. Wendling".

**JOHN W. WENDLING**  
CEO

Parkland Community Health Plan



# 2021 Provider Town Halls



Have you missed any of this year's Provider Town Halls? If so, you can access them by logging in to the PCHP Provider Portal or clicking the links below:

- 3rd Quarter Provider Town Hall  
(Sept. 15, 2021):  
<https://youtu.be/xnu0ECoytJk>
- 2nd Quarter Provider Town Hall  
(June 16, 2021):  
<https://youtu.be/FEE2g4I34XY>
- 1st Quarter Provider Town Hall  
(March 17, 2021):  
<https://youtu.be/cW3C3A6GXL4>

Each Town Hall concludes with a Question & Answer session; our Provider team distributes a recap of the Q&A via email after the meeting. You can also access these Q&As on the PCHP Provider Portal under "Forms & Resources."



Our next Provider Town Hall is scheduled for **Wednesday, Dec. 15, at noon.** (Look for an invitation to register in early December.) You can also visit the [PCHP website](#) for a list of all upcoming provider meetings.



# Availability and Accessibility Requirements

## Accessibility Standards

Primary Care Providers (PCPs) and Specialty Care Providers must be available to members 24 hours a day, seven days a week, either directly or through the provider's delegate.

## Appointment Standards

Each PCP shall provide covered services at their offices during normal business hours and be accessible to covered persons 24 hours a day, seven days a week. The PCP shall arrange for appropriate coverage with other participating providers if he/she is unavailable due to vacation, illness, or leave of absence. PCPs must be accessible to covered persons 24 hours a day, seven days a week via one of the following methods:

- Office phone answered by answering service, with calls returned by PCP within 30 minutes.

- Office phone answered by recording in each language of the major population groups served by the PCP, with a recording giving the PCP's or another participating provider's direct number, which must be answered. (Referring the Covered Person to another recording is not acceptable.)
- Office phone transferred to another location that answers and contacts the PCP or another designated participating provider, with the call to be returned within 30 minutes. PCPs may not have a phone message that directs the Covered Person to simply leave a message or to go to the emergency room for any service needed, although direction to go to the emergency room for emergency care is appropriate.

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# Availability and Accessibility Requirements

CONTINUED

Primary Care Providers (PCPs) must make appointments available to members as follows:	
Appointment Type	Standard
New Covered Person <ul style="list-style-type: none"> <li>Newborn</li> <li>Child</li> <li>Adult</li> </ul>	New Covered Persons should be offered appointments as soon as possible after enrollment, but in no case later than within: <ul style="list-style-type: none"> <li>14 calendar days of enrollment for newborns</li> <li>60 calendar days of enrollment for all other Covered Persons</li> </ul>
Preventive Care <ul style="list-style-type: none"> <li>Newborns</li> <li>Children &lt; 21</li> <li>Adults &gt; 21</li> </ul>	<p><b>For CHIP</b> - Physicals/Well-Child Checkups as soon as possible for Covered Persons who are due or overdue for services in accordance with the AAP guidelines</p> <p><b>For Medicaid</b> – Covered Persons under the age of 21, per THSteps Periodicity Schedule, but in no case later than 60 days from date of request</p> <p>For all newly enrolled Covered Persons (CHIP and Medicaid), appointments must be offered within</p> <ul style="list-style-type: none"> <li>14 days of enrollment for newborns</li> <li>60 days for all others</li> </ul>
Routine Primary Care	Within 14 calendar days of request
Urgent Care	Within 24 hours of request
Emergency Care	Upon presentation
Prenatal Care	Within 14 calendar days of request, except for high-risk pregnancies or new Covered Persons in the third trimester for whom an appointment must be offered within five calendar days, or immediately if an emergency exists
Initial Behavioral Health Care	Within 14 calendar days of request
After-Hours Care	For PCPs: practitioners must be accessible 24/7 directly or through an answering service <ul style="list-style-type: none"> <li>Answering service or recording assistance in English and Spanish</li> <li>Member reaches on-call physician or medical staff within 30 minutes</li> </ul>

Specialty Care Providers must make appointments available to members as follows:	
Appointment Type	Standard
Routine Medical Care	Within 14 calendar days of request
Urgent Medical Care	Within 24 hours of request
Emergency Care	Upon presentation
Prenatal Care	Within 14 calendar days of request, except for high-risk pregnancies or Covered Persons in the third trimester for whom an appointment must be offered within five calendar days, or immediately if an emergency exists
Prenatal Care: high-risk or third trimester – initial visit	Within five days or immediately, if an emergency exists
Behavioral Health: non-life-threatening emergency	Within six hours (NCQA)
Behavioral Health: urgent care	Within 24 hours
Post-Hospital Discharge (behavioral health)	Within seven days of discharge (for missed appointments, provider must contact member within 24 hours to reschedule)
Initial Behavioral Health Care – routine care	Within 14 calendar days of request
Behavioral Health: routine care – follow-up visits	Within three weeks

# Pharmacy Corner Vaccinations – Flu & COVID

## **Yes, you can have COVID-19 and the flu at the same time!**

Doctors all over the country worry about a coronavirus-and-flu "twin-demic" that could overwhelm the healthcare system, and Dallas County residents, as well as all Americans, must contend with the possibility of fighting both viruses at the same time.

Getting both the flu and COVID-19 at the same time could be catastrophic to the immune system – and getting infected with one can make you more vulnerable to getting sick with the other. The immune system and body weaken once infected with the flu and some other respiratory viruses.

**Get a flu vaccine!** This may sound obvious, but about half of all Americans don't get vaccinated against the flu – including most children who die from the flu. Even if you get a flu shot and still catch the flu later, the symptoms are usually less severe than if you did not get the flu vaccine at all. And according to the CDC, **you can get both the flu vaccine and the COVID vaccine together** (one shot in each arm), with the goal being to get them as expeditiously as possible. The American Academy of Pediatrics (AAP) and the Texas Department of State Health Services (DSHS) recommend the flu vaccine for children 6 months and older, as well as for those who are caregivers, older adults, pregnant, or have chronic health conditions, ideally before the end of October.

According to the CDC, between 140,000 and 810,000 Americans are hospitalized with the flu each year. While the rate of COVID-19 hospitalizations has been decreasing in many

areas, getting a flu vaccine can help decrease any additional burdens on the healthcare system and ensure that those who need medical care are able to get it.

## **The flu vaccine is a covered benefit for Parkland Community Health Plan members.**

Members who are age 7 and older can also receive the vaccine at a participating pharmacy. For a list of pharmacies, [click here](#). The Texas STAR and CHIP formularies are available on the [Navitus website](#) or on the Texas Health and Human Services (HHS) [Vendor Drug Program \(VDP\) website](#).

## **Covered Benefits**

FLULAVAL QUA INJ 2021-22 PFS	19515081841
FLULAVAL QUA INJ 2021-22 PFS	19515081852
AFLURIA QUAD INJ 2021-22 VIAL	33332042110
AFLURIA QUAD INJ 2021-22 VIAL	33332042111
FLUZONE QUAD INJ 2021-22 VIAL	49281042110
FLUZONE QUAD INJ 2021-22 PFS	49281042150
FLUZONE QUAD INJ 2021-22 VIAL	49281042158
FLUZONE QUAD INJ 2021-22 PFS	49281042188
FLUZONE QUAD INJ 2021-22 VIAL	49281063515
FLUZONE QUAD INJ 2021-22 VIAL	49281063578
FLUBLOK QUAD INJ 2021-22 PFS	49281072110
FLUBLOK QUAD INJ 2021-22 PFS	49281072188
FLUARIX QUAD INJ 2021-22 PFS	58160088741
FLUARIX QUAD INJ 2021-22 PFS	58160088752
FLUAD QUADRI INJ 2021-22 PFS	70461012103
FLUAD QUADRI INJ 2021-22 PFS	70461012104
FLUCLVX QUAD INJ 2021-22 PFS	70461032103
FLUCLVX QUAD INJ 2021-22 PFS	70461032104

# Pharmacy Clinical Insights: Updates and Drug News



## **Naloxone Saves Lives!**

On July 23, 2020, the FDA issued updated recommendations regarding the use and availability of naloxone. The FDA recommends that healthcare professionals consider prescribing naloxone to patients taking prescribed opioid pain medicine who are at increased risk of opioid overdose and discuss the availability of naloxone both when beginning and renewing treatment. Furthermore, healthcare professionals should consider prescribing naloxone to at-risk patients who are not receiving a prescription for an opioid pain reliever or medicine to treat opioid use disorder (OUD).

Patients considered HIGH RISK include those prescribed opioids who:

- Receive a dosage of 50 morphine milligram equivalents (MME) per day or greater
- Receive opioids with concurrent benzodiazepine (regardless of opioid dose)
- Have a history of overdose
- Have a history of substance use disorder

If your patients are considered HIGH RISK, we at PCHP encourage you to send a prescription to their pharmacy for one of the preferred naloxone products listed below. This simple act could save lives.

## **Preferred Naloxone Products:**

- Naloxone Solution Prefilled Syringe for Injection 2MG/2ML
- Narcan Nasal Spray 4MG

For naloxone to be effective, members and their friends and family must learn how to use it, put it in an easily accessible place, and inform family and friends where it is located. To verify formulary coverage for any drugs listed on Preferred Drug List (PDL), search the [Medicaid Formulary](#).

# Pipeline Activities

Significant drug pipeline activity has happened in the past couple of months, with nearly 20 new drug entities receiving FDA approval.



In the women's health sector, two notable treatments were approved for uterine fibroids and contraception:

**Myfembree (relugolix, estradiol, norethindrone):** Approved as the first once-daily treatment for heavy menstrual bleeding associated with uterine fibroids. Oriahnn, a twice-daily regimen already on the market, is its direct competitor. As with Oriahnn, the FDA established a maximum treatment duration of 24 months, based on the risk of irreversible bone loss; therefore, coverage criteria should correspond to this limit.

**Nextstellis:** The first oral contraceptive made with a plant-derived estrogen, which is the first new estrogen introduced into the U.S. market in over 50 years. This estrogen component may have a more favorable safety profile, with fewer negative effects on triglycerides, cholesterol, and glucose levels, while simultaneously helping with hormone-related libido issues.

**ADHD Therapy:** There are two new FDA approvals in this category:

**Qelbree (viloxazine extended release):** A non-stimulant and specifically approved for treatment in patients 6 to 17 years of age. It will compete with another non-stimulant product, named Strattera, which also has generic equivalents on the market. We suggest payers only cover Qelbree in scenarios where a patient requires a non-stimulant ADHD option and has failed or cannot use generic Strattera.

**Azstarys (serdexmethylphenidate/dexmethylphenidate):** A stimulant that includes a combination of both an immediate-release component and a component with a more sustained effect over the course of the day. We recommend requiring use of several other lower-cost generic medications prior to allowing coverage for Azstarys.

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# Pipeline Activities

## CONTINUED

We are closely monitoring the following generics that have already lost patents or are expected to lose them in the next few months:

- **Restasis** (cyclosporine ophthalmic):  
Used for dry eye disease.
- **Lyrica CR** (pregabalin extended-release tabs):  
Used for diabetic neuropathic pain; already launched with expected limited generic competition due to its limited market share and lack of efficacy for an epilepsy indication approval.
- **Chantix** (varenicline):  
Used for smoking cessation.

Several drugs in the pipeline being monitored that are expecting an FDA decision shortly include:

- **Teplizumab (PRV-031):**  
A monoclonal antibody indicated to improve glycemic control in type 1 and/or type 2 diabetes. A single 14-day intravenous course of teplizumab significantly delayed the onset of insulin-dependent type 1 diabetes (T1D) in presymptomatic patients by a median of approximately three years.
- **Atogepant:**  
A once-daily oral calcitonin gene-related peptide (CGRP) for the prevention of migraine headaches. Atogepant will be a direct competitor to Nurtec ODT, which is also in line for a migraine prevention indication.

- **Finerenone:**

An oral mineralocorticoid receptor antagonist (MRA) seeking an indication for diabetic nephropathy. It is also currently being studied for use in diabetic neuropathy and heart failure. Finerenone offers a potential new strategy to delay chronic kidney disease (CKD) progression while reducing the risk of cardiovascular events.



# Know Your Dose – Insulin, that is ...

Insulin products are available in multiple doses, such as 100u/ml, 200u/ml, and even 500u/ml.

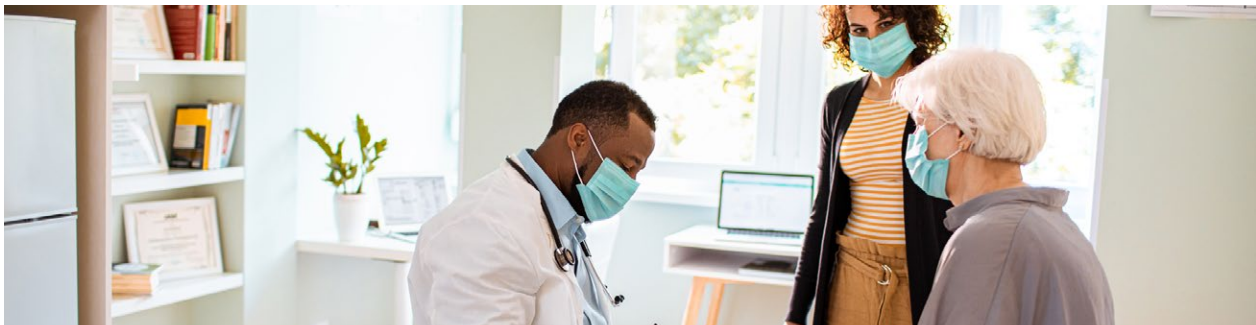
It is important to be aware of each insulin concentration and what is offered by the manufacturer (e.g., Tresiba 100unit and Tresiba 200unit). If a prescriber sends an order for an insulin product with multiple concentrations, it must be clarified with the prescriber before billing and dispensing. ***Pay close attention to the concentration when calculating the days' supply, as higher concentrations can double, triple, or even quintuple the days' supply.*** Members should be provided extra counseling when switching to higher-concentration insulins to ensure compliance and avoid overdosing.

***As a reminder, general directions, such as "inject as directed" or "per sliding scale," will not be accepted.*** Specific directions for use are required. Even for members who are using a pump, a "maximum" or "average" units per day must be stated on the order so that an accurate days' supply can be calculated. You may need to contact the prescriber to clarify the directions if no maximum or per-day amount was indicated on the original order.

Some insulin products are approved as substitutes for other products. For example, Semglee® is an injectable insulin product that was recently approved as the first biosimilar alternative to Lantus®. Insulins not approved as biosimilars require prescriber approval before being substituted for another product.

## Annotating Hard Copies

When in doubt, include a note! Whenever you are filling for a quantity, drug, days' supply, or refill other than what is stated on the original order, a note should be made on the hard copy. This note should include who authorized the change, a date, and a summary of the changes. This helps answer questions as to why the billing does not match. For example, when you are billing for an unbreakable package (e.g., inhaler) and the true days' supply is greater than the plan will allow, a note should be added before billing the allowed days' supply. In all cases, it is best to include a note rather than to try to piece together what happened later if the information is requested for an audit.



# FYI – For Pharmacy Providers and Owners

## Horizon Therapeutics Inflammation Drugs

Working with pharmaceutical sales representatives is part of the job for a pharmacist and/or pharmacy owner. The medical providers you work with also interact with pharmaceutical reps, possibly even more frequently. These relationships are important and can be beneficial to your business. Unfortunately, some sales pitches may be overzealous and may unknowingly expose a pharmacy to fraudulent schemes. It is important to be aware of where pharmacy reps are “making their rounds” and why. Have you ever looked at new drugs being pitched and, as a professional, questioned how they are different from drugs currently available at a potentially lower cost?

In June 2021, CMS, in collaboration with the NBI MEDIC, completed an analysis of medications manufactured by Horizon Therapeutics. CMS and NBI MEDIC reported alleged schemes involving Horizon inflammation medications, including Pennsaid®, Vimovo®, Duexis®, and Rayos®. Concerns identified by CMS include:

- Prescribing of these medications in a manner inconsistent with typical clinical practice
  - Sales reps allegedly informing **prescribers** incorrectly that the drugs are limited-distribution or specialty drugs
- Sales reps allegedly steering prescribers to a discrete number of pharmacies
- Falsification of prior authorization forms for these medications



It is important for pharmacies to be aware of these emerging potential schemes in order to avoid any risk of fraud, waste, or abuse (FWA). Any questions or concerns regarding FWA activity can be reported via the PCHP FWA hotline at 1-800-351-0093 or the Navitus FWA Hotline at 1-855-673-6503.

# Texas Medicaid Prior Authorization (PA) Process and Dispensing 72-Hour Emergency Fills

Navitus processes all Texas Medicaid pharmacy prior authorizations (PAs) for PCHP. Medications that require PA will undergo an automated review to determine if the PA criteria are met.

- If all criteria are met, the claim will be approved and paid, and the pharmacy will continue with the dispensing process.
- If the automated review determines that not all criteria are met, the claim will reject, and the pharmacy will receive a message indicating that the drug requires prior authorization. The pharmacy should then contact the prescriber to initiate the PA process. HHSC requires that a 72-hour emergency supply of a prescribed drug be provided only in cases where the following criteria are all met:
  - PA is required
  - The provider is not available to submit the PA request
  - The medication is needed immediately

This requirement applies to non-preferred drugs on the Preferred Drug List (PDL) and/or any drugs subject to a clinical PA. This procedure should not be used for routine and continuous overrides, to circumvent step therapy requirements, or for nonemergency medications.

This override can be used more than once only if the provider remains unavailable to submit the PA request and reasonably good-faith efforts have been made to contact the prescribing provider. Pharmacists should assist their patients by notifying and following up with the prescriber for such PA requests. Pharmacists should use their clinical discretion in determining when an emergency supply should be dispensed prior to the PA request. A 72-hour emergency supply is warranted when a medication is needed immediately, without delay (e.g., antibiotics, asthma, etc.). Medications that do not meet the 72-hour emergency supply criteria may include those that do not have an immediate impact (e.g., acne, hepatitis C, and cholesterol treatments).



Pharmacies may download 72-hour emergency override instructions from the “download” page at [www.txvendordrug.com/resources/downloads](http://www.txvendordrug.com/resources/downloads).



# Drug Formulary and Pharmaceutical Procedures



At PCHP, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the Pharmacy and Therapeutics (P&T) Committee. This committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians (both primary care providers and specialists) and pharmacists from the PCHP/ Dallas service areas. The committee's goal is to provide a safe, effective, and comprehensive Drug Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the committee reviews prior authorization procedures to ensure that medications are used safely and in accordance with the manufacturer's guidelines and FDA-approved indications. The committee also evaluates and addresses new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for PCHP members must be listed in the Drug Formulary/PDL. The Drug Formulary/PDL also includes an explanation of limits or quotas, any restrictions and medication preferences, and the process for generic substitution, therapeutic interchange, and step-therapy protocols. Select medications listed on the Drug Formulary/PDL may require prior authorization, as well as any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form or by calling the Pharmacy Prior Authorization Department for the plan. The Drug Formulary/PDL is available [online](#), and printed copies may be obtained by contacting the Provider Relations Department at [PCHP.ProviderRelations@phhs.org](mailto:PCHP.ProviderRelations@phhs.org).

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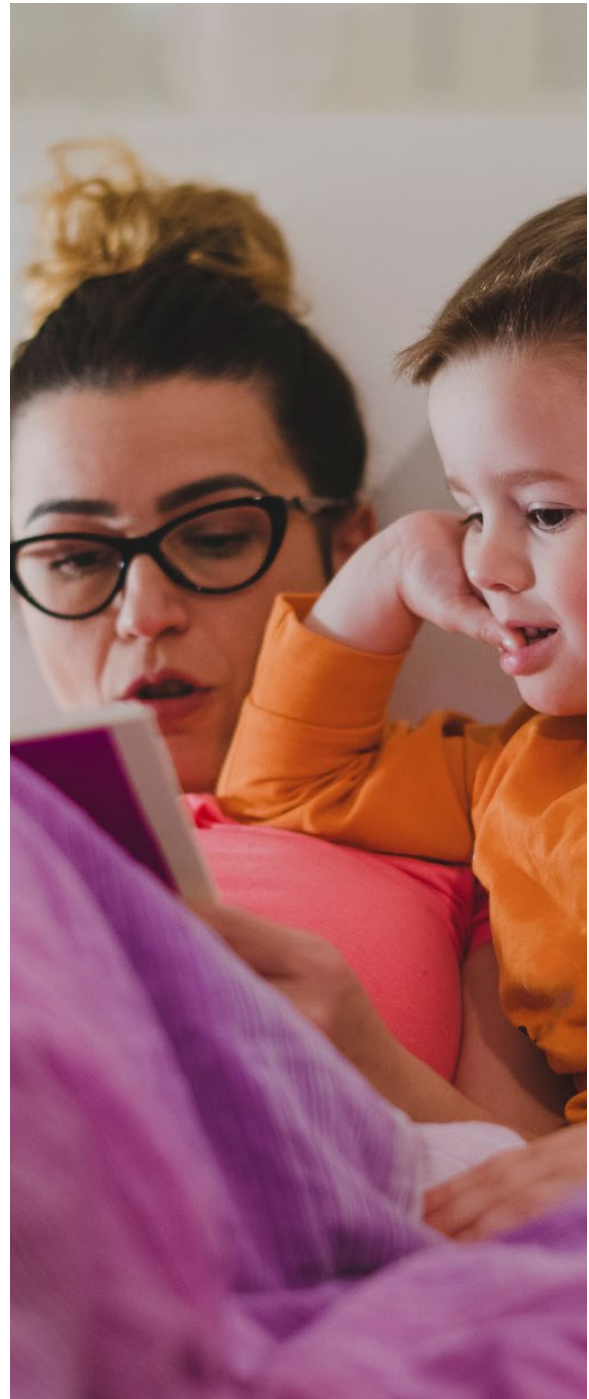
# Drug Formulary and Pharmaceutical Procedures

## CONTINUED

The Drug Formulary/PDL processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are distributed to our network providers through fax and/or mail once updates are made. These changes and all current documents are posted on the [PCHP website](#).

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by PCHP within 30 calendar days of FDA notification.

An expedited process is in place to ensure notification of Class I recalls to affected members and prescribing practitioners as quickly as possible. These notifications will be conducted by fax, mail, and/or phone.



# Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any treatment based solely on cost considerations. The recommendations for care are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

PCHP has adopted the following Clinical Practice Guidelines, which include but are not limited to:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Asthma
- Depression
- Diabetes
- Hypertension
- Chronic Obstructive Pulmonary Disease (COPD)

## Vendor Drug Program Continuing Education (CE) for Prescribing Providers

As a Medicaid-prescribing provider, you can help Medicaid clients get their medications quickly and conveniently with a few simple steps. By prescribing a preferred product or obtaining a prior authorization before the client leaves the office, the prescription can be filled without delay. This eliminates the need for the pharmacy to contact the prescribing provider's office for a therapeutic substitution, as well as the need to initiate the prior authorization process.

For a list of Medicaid Drug Formulary and free CE credits, please visit [www.txvendordrug.com/Providers/prescriber-education](http://www.txvendordrug.com/Providers/prescriber-education).

# Value-Added Services

Value-added services (VAS) are added benefits or extra services offered by PCHP at no additional cost to members or providers, with the goal of promoting healthy lifestyles and improving health outcomes among all members. While Medicaid/CHIP health plans have similarities in their VAS offerings, each plan looks at the specific services its members are using and makes adjustments to better address member preferences and distinguish the plan from its competitors.

For the 2021-2022 program year, which began on Sept. 1, we were able to add new services for members with diabetes and asthma, as well as extra services for pregnant women. In making these updates, we took HEDIS measures into consideration and eliminated programs with low participation. Currently, PCHP offers 26 VAS for STAR members, 21 VAS for CHIP members, and 9 VAS for CHIP Perinate members.

For the new program year, PCHP's point system was replaced with a reward value to simplify the process for members; as with the points, reward values can be used on gift cards or items from the rewards catalog.

VAS rewards are incentives created to encourage members to participate in healthy activities and behaviors that will not only improve their overall health but prevent future disease. While members are taking care of their health, the rewards can alleviate some of their extra medical expenses.

Members can use rewards to order gift cards or catalog items when they complete:

- A yearly HRA
- An eye exam
- An HB/A1c blood test exam
- Their follow-up visits after hospital discharge
- Their annual flu shot
- Well-baby checkups
- Well-adolescent checkups
- ADHD and asthma medication refills

As a PCHP provider, we ask that you:

- Familiarize yourself with the value-added services PCHP offers
- Promote them among your patients
- Encourage patients to participate in the program

To see a full list of these extra benefits, visit <https://parklandhealthplan.com/members/benefits/>.