Parkland
Community Health Plan, Inc.

The Pulse

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Provider Newsletter

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Pharmacy Corner

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A "Perfect" Storm ... The Triple Threat

The Triple Threat – those words always illicit some kind of reaction when heard or spoken. Take for example, on the basketball court; the player that can dribble, pass and shoot is a triple threat. And in the entertainment industry, a triple threat is coveted -- that rare combination of someone that acts, dances and sings. In the pharmacy and medical space, however, the triple threat is not at all coveted or revered. It's quite the opposite. It is a potentially deadly combination of an opioid, a benzodiazepine or hypnotic sedative, and a central acting muscle relaxant. The combination of these three classes of medications significantly increases the risk of a fatal overdose. In 2016, in the face of a growing national opioid epidemic, the Center for Disease Control (CDC) came out with guidelines for prescribing opioids for acute and chronic pain not related to cancer. The guideline stresses a preference for non-opiate treatment options, assessing patients for potential risk of abuse, and routine monitoring of prescriptions. The guidelines also suggest that clinicians, whenever possible, should avoid co-prescribing opioids and benzodiazepines.

The U.S. accounts for 4.27 percent of the world's population but consumes 80 percent of all opioids consumed worldwide. Let that sink in for a minute... There is no question that the US is facing an epidemic of unparalleled significance. For the first time in history, Americans are more likely to die from an opioid overdose than from a motor vehicle accident. According to the CDC, 130 Americans die every day from an opioid overdose. Opioid overdose is now the leading cause of death under the age of 50 in the US.

Based on epidemiologic studies, the recommendation suggests that 30-60 percent of people who died of opioid overdose also have evidence of benzodiazepine use. While cause and effect cannot be determined from this type of epidemiologic data, the trend is certainly concerning. Deaths related to prescribed opioids, heroin, and synthetic opiates such as fentanyls are on the rise. Short-term prescriptions for acute pain can easily turn into long-term prescriptions for chronic pain. What starts as appropriate use of prescription medications can evolve to inappropriate use and may lead to addiction and illicit use. Opiate medications are known to suppress respiratory drive, which can be compounded by sedating medications such as benzodiazepines or hypnotic sedatives (zolpidem or zaleplon) and commonly prescribed central acting muscle relaxants like cyclobenzaprine, methocarbamol, or baclofen.

Other medication classes with sedating effects which may contribute to central nervous depression and decreased respiratory drive are tricyclic antidepressants and anticonvulsants (gabapentin). Clinicians who prescribe opioids have a responsibility to be educated on the risks of opiate medications, and strategies to mitigate the risk, such as avoiding prescribing opiates in conjunction with other sedating medications. Providing patients at risk with intramuscular naloxone, to be administered by a loved one in the face of an overdose, is also a potential strategy. Pharmacists also play an important role in oversight. While the clinician should be monitoring prescribing databases for controlled substances and checking random urine toxicology samples, the pharmacist may be able to raise awareness, especially when it comes to medications not reported to such databases. Pharmacists play a vital role in monitoring patient safety, from checking for drug interactions, to monitoring for concerning or divergent patient behavior, to catching signs of overprescribing or doctor shopping.

Although Pharmacy Benefit Managers (PBMs) have caught some slack lately regarding their practices, they, in addition to health plans can also play a role in oversight through drug utilization review. The PBM will have access to immediate, point of sale actionable patient-level claims data that will capture all sites of care; such information is not always available to the provider. Retrospective review of such prescribing practices may identify concerning patterns that need to be addressed with the prescriber. There are clinical situations where co-prescribing these classes of medications may be appropriate for an individual patient. However, in such situations, it is vital that the provider documents discussion with the patient the risks, benefits, and alternatives of combining multiple classes of sedating medications. Providers may want to consider the concept of informed consent when embarking or continuing such therapies. It does not matter if one provider is prescribing the opioid and another provider is prescribing the benzodiazepine. It is imperative on the provider to know what medications the patient is taking when prescribing any new medications. As clinicians, we all have a role to play in helping curb the opioid epidemic and save lives.

Opioid deaths are largely preventable and disproportionately affect young people. As a health care practitioner, i.e. pharmacist, who have seen the effects of this crisis on patients as well as the scope of the problem, I believe we have all been charged, and with tools to begin to tackle this challenge.

If you have questions, reach out to Dr. Nneka Cos-Okpalla at **nneka.cos-okpalla@phhs.org** or **214-266-2100**.

References

- MMWR, 65(1):1-49. Mar 2016
- www.cdc.gov/drugoverdose/epidemic/index.html

Texas Medicaid Coverage of Influenza Vaccine for the 2019-2020 Season

Effective September 1, 2019, the managed care organizations listed below will cover the influenza vaccine at participating Navitus Texas Network Pharmacies for their members.

Pharmacies participating in the vaccine service network may process the influenza vaccine at the point of service for STAR, STAR Kids, CHIP, and CHIP Perinate members ages 7 and older.

Important items:

- Pharmacies must be enrolled with VDP and Navitus.
- Pharmacies must submit a claim that includes the following information:
  - Submit the value "7" in the "Submission Clarification Code" field (42Ø-DK) to designate the drug as non-formulary/ medically necessary on the encounter
  - Submit the value "MA" in the "Professional Service Code" field (44Ø-E5) to designate the service on the encounter
- Pharmacies are encouraged to collect the administering pharmacist's NPI.

Covered Benefits	
Product Name	**NDC**
Afluria® Quadrivalent	33332-0219-20
Afluria® Quadrivalent	33332-0319-01
Afluria® Quadrivalent	33332-0419-10
Fluarix® Quadrivalent	58160-0896-52
Flucelvax Quadrivalent	70461-0419-10
Flucelvax® Quadrivalent	70461-0319-03
FluLaval Quadrivalent	19515-0897-11
FluLaval Quadrivalent	19515-0906-52
FluMist®Quadrivalent	66019-0306-10
Fluzone® Quadrivalent	49281-0419-50
Fluzone® Quadrivalent	49281-0631-15
Fluzone® Quadrivalent Pediatric Dose	49281-0519-25
Fluzone®Quadrivalent	49281-0419-10
Covered Health Plans	
Community First Health Plan	Cook Children's Health Plan
Community Health Choice	Driscoll Children's Health Plan
Children's Medical Center Health Plan	El Paso Health
FirstCare Health Plan	Dell Children's Health Plan
Parkland Community Health Plan	Scott & White Health Plan
Texas Children's Health Plan	

For questions regarding your pharmacy's contract status, please contact Navitus Provider Relations at **providerrelations@navitus.com**. If your pharmacy is affiliated with a Pharmacy Services Administration Organization (PSAO), please contact your representative at the PSAO regarding your participation status for this vaccine service.

Patient/Provider Info Breach? Keep PCHP in the Know

In healthcare, we understand breaches of patient information can and do happen. There are many types of incidents that can occur within pharmacy–claims' software hacking, phishing emails, credit card system breaches, and other data losses, to name a few. Should your pharmacy experience such an event, you are obligated to share this information with PCHP, as set forth in the contract and/or pharmacy handbook.

Why does PCHP need this information? We need to understand if our members were impacted. We benefit greatly from understanding the nature and impact of the incident, to be prepared for questions and member requests. Our clients may want our assistance to understand the risks and severity of the incident. When members receive notification of a breach from your pharmacy, they may call PCHP with a request to "lock in" their benefits to a single pharmacy to prevent identity theft or pose questions about the security of their member IDs. This information enables us to help members and clients understand and respond to such incidents.

For more information about breach notification and your obligations, refer to PCHP's Pharmacy Provider Manual or the Quick Links on the PCHP Vendor Resource site.

Disaster Awareness

Pharmacies need to be careful when filling patient medications that are the result of a Disaster Declaration. Be sure to communicate with the patient the need for his or her prescription and when it was last filled. This practice will help avoid patients trying to take advantage of the disaster situation. Pharmacies should follow the state guidelines and processes set up for their states regarding Disaster Declarations.

Medical Director Corner

Flu Season Is Coming! Are You Ready?

Influenza is a major cause of morbidity and mortality. Much of the risk of influenza is avoidable by proper management and PCP intervention. Certain populations are at higher risk but there are deaths and major complications even in younger healthy populations. Providers have a key role in addressing Influenza as an issue.

Influenza Prevalence

Prevalence, severity and occurrence vary greatly from year to year. Usually there are separate Influenza A and B peak periods. There is higher risk of severe consequences of influenza infection including pregnant women, children under 2, asthma and other chronic chest diseases, immunocompromised patients and the elderly. While the concept of herd immunity and ring vaccination have evidence in improving outcomes for some vaccines, evidence supporting effectiveness of these strategies for influenza vaccine is not available.

Influenza Vaccine

Influenza vaccine is specific to the strains prevalent is a particular year. Development of a vaccine that delivers high rates of protection is a challenge. The vaccine has separate efficacies for Influenza A and Influenza B. That means that efficacy may vary greatly from year to year. However, even years where the vaccine does not do well in preventing symptomatic infection, illness severity is lessened. Vaccine development is a complex process that is still in evolution but the science is improving. Both killed injectable and oral attenuated live vaccine are available. For a couple of years oral attenuated live vaccine was not recommended but the latest data shows the live attenuated vaccine is efficacious in prevention and attenuation of severity. For children on Medicaid and CHIP the vaccine is supplied by the Vaccines Children program. For children over four and adults, influenza vaccine is offered in community pharmacies through Navitus, the PCHP Pharmacy benefit manager. For children the pharmacies are required to report vaccine administration to ImmTrac. In some areas public health departments take a role in making vaccine available.

AntiVirals

The efficacy of anti-virals is at best equivocal. It is clear that anti-virals are only effective if initiated with the first 48 hours of illness. Generic oseltamivir is available and on the VDP.

Supply Issues

There are a number of supply issues. Since vaccines are unique to the year, it takes time to develop and produce the vaccine supply in a timely manner for the season each year. VFC vaccine supply is also in limited supply in the early part of the season. In the Statewide Asthma Clinical Quality Network project through the Texas Pediatric Society, influenza vaccine was one outcome measure. The 30 practices involved statewide all achieved 90% adherence by the end of the intervention period. However, most practices that implemented proactive strategies ran into problems getting adequate supplies to do innovative interventions to increase vaccine rates. The lesson for practices is to anticipate demand and appropriately preorder adequate supplies.

What Practices Can Do – Best Practices

- Use objective testing in suspected flu cases during the flu season
- Use anti-virals only for those with less than 48 hours of symptoms
- Use generic anti-virals
- Do flu vaccine sessions during the early season
- Use data available from PCHP through VDT and Envolve to identify high risk populations for outreach and intervention
- Consider working with Community Based Organizations on community immunization events (in many areas PCHP can assist in finding suitable community-based partners)
- Anticipate supply needs and order more than enough to assure adequate supplies.

If you have questions, reach out to Dr. Barry Lachman at **barry.lachman@phhs.org** or **214-266-2100**.

Synagis Season 2019-2020

Human Respiratory Syncytial Virus (RSV) causes respiratory tract infections and serious lung disease in infants and children. Palivizumab (Synagis®) is available with prior authorization for high-risk patients.

For patients enrolled in Medicaid managed care, the treating provider must contact the appropriate health plan to obtain instructions for Synagis prior authorization processes. The provider may utilize the Prescriber MCO Assistance Chart at **www.txvendordrug.com/resources/managed-care** to obtain plan contact information. Using this form for patients not enrolled in FFS will cause unnecessary delays in access to treatment. Forms received outside the RSV season will not be processed (refer to the RSV season schedule at **www.txvendordrug.com/formulary/prior-authorization/synagis**).

Texas Medicaid and Chip Patients:
Please utilize the formulary and PDL on the VDP website for Texas Medicaid. For CHIP patients, please utilize the formulary on the VDP website **www.txvendordrug.com/**.

Availability and Accessibility Requirements

Help us ensure your patients have timely and appropriate access to care. We want to remind providers of the required availability and accessibility standards and ask that you review the standards listed below.

The following can be found in the primary care physician (PCP) contract: "PCPs provide covered services in their offices during normal business hours and are available and accessible to members, including telephone access, 24 hours a day, 7 days per week, to advise members requiring urgent or emergency services. If the PCP is unavailable after hours or due to vacation, illness, or leave of absence, appropriate coverage with other participating physicians must be arranged."

After hours access
The following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable:
- Office phone is answered after hours by an answering service, which meet the languages need of the major population groups served, that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes.
- Office phone is answered after normal business hours by a recording in which meet the languages need of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider's phone. Another recording is not acceptable.
- Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.

Unacceptable:
- Office phone is only answered during office hours.
- Office phone is answered after hours by a recording, which tells the patients to leave a message.
- Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.
- Returning after hour calls outside of 30 minutes.

ENVOLVE Survey

The purpose of this survey is to gather feedback from physicians with Parkland Community Health Plan members enrolled in the Be In Control Program. This program provides additional support to help members manage their Asthma or Diabetes. We would appreciate direct feedback from the providers to understand what is perceived as successful and opportunities for improvement.

Suggested survey link title - "Be In Control Program Provider Satisfaction Survey"

The link to Parkland physician satisfaction survey is **www.surveymonkey.com/r/TXG8DLH**.

Claim Filing Instructions Change Notice – Provider Taxonomy

We are still seeing where claims are being rejected due to incomplete information. As a reminder — please touch base with your billing single point of contact and/or (2) Clearinghouse and request a copy of the rejection codes for your respective office(s). This will assist in identifying if your office has been impacted. We appreciate your prompt attention in this matter.

Effective 7/1/2019, Parkland Community Health Plan will require rendering and billing taxonomies on the claims submitted electronically or via paper.

Required Data Element	Paper CMS 1500	Electronic – CMS 1500
Billing Provider Taxonomy	Box 33b with qualifier ZZ	Loop ID – 2000A Segment – PRV03
Rendering Provider Taxonomy	Box 24j - shaded area with qualifier ZZ in 24i	Loop ID – 2310B Segment – PRV03 Loop ID – 2420A Segment – PRV03

Required Data Element	CMS 1450 (UB-04)	Electronic – CMS 1450 (UB-04)
Billing Provider Taxonomy	Box 81CC with qualifier B3	Loop ID – 2000A Segment – PRV03
Rendering Provider Taxonomy	Not Applicable (n/a)	Not Applicable (n/a)

If these data elements are missing or invalid, claim will be rejected with a remit message of:

- N255 – if billing taxonomy is invalid or missing
- N288 – if rendering taxonomy is invalid or missing

Provider taxonomy (rendering and billing) will be considered invalid if the submitted taxonomy is not one of the taxonomies with which the provider record is enrolled with Texas Medicaid & Healthcare partnership (TMHP). It is critical that the taxonomy code selected as the primary or secondary taxonomy code during a provider's enrollment with TMHP is included on all electronic and paper transactions. Note that rejected claims do not count as clean claims; please ensure that claim is submitted within 95 days from the date of service.

Per the HHSC contract requirements, a clean claim must have all the necessary data for the claim processor to adjudicate and accurately report the claim. Clean Claim must meet all requirements for accurate and complete data as defined in the appropriate claim type encounter guides.

For any questions please reach out to Provider Relations at:

Medicaid STAR **1-888-672-2277**

CHIP **1-888-814-2352**

Parkland Community Health Plan, Inc.
P.O. Box 569005
Dallas, TX 7536-9005

Important Phone Numbers

Provider Relation and Member Services Lines:
HEALTH*first*..... **1-888-672-2277**
KIDS*first*..... **1-888-814-2352**

Extensions Numbers
Member Service 5428
Member Service (Spanish) 5432
Pre-Certification 4021
Provider Relations 5430
Claims.....5191
Nurse 4120

Superior Vision..... **1-800-879-6901**

LogistiCare-Medical Transportation
(For Medicaid Members Only)
1-877-633-8747 (24/7)
1-855-687-3255 (M-F 8-5)

Nurse Line
1-888-667-7890 (HEALTH*first*)
1-800-357-6162 (KIDS*first*)

Report Fraud, Waste or Abuse
1-800-436-6184

Behavioral Health Benefits
1-888-800-6799

Prior Authorization Fax#
1-866-835-9589

Dental
MCNA Dental
1-855-691-6262

Denta Quest
1-800-516-0165 (Medicaid)
1-800-508-6775 (CHIP)

Navitus (Pharmacy)
1-877-908-6023
BIN# 610591
PCN: ADV
GROUP# RX8801
Prior Auth Fax - **1-920-735-5312**