



# Provider Newsletter

Spring 2018



## Medical Director's Corner

*Dr. Barry Lachman, MD, MPH*

### Vital Data Technology (VDT) — A free tool from PCHP to improve care

PCHP contracts with Vital Data Technology (VDT) to provide a tool to help improve care coordination, access clinically relevant data and manage patient needs. VDT gathers clinically relevant data from a variety of sources with little or no delay in a number of areas to allow providers, vendors and PCHP staff to manage care more effectively for PCHP members. The tool is provided free of charge by PCHP to providers. Some of the data available on VDT are:

- Pharmacy filled prescription data for all prescriptions filled and paid for by PCHP within 24 hours of fill
- ImmTrac and PCHP paid claims data with four to six week lag
- ER visit data within 24 hours of the ER visit on 70 percent of ER visits
- Well Child Care and THSteps due lists
- Asthma related data and risk scores
- HEDIS scores and gaps in care lists (VDT is HEDIS certified)
- ADHD coordination with behavioral health (in process of development)

VDT can deliver the data to a practice in virtually any format (list, individual fax, on line). The data can be integrated with an EHR without security risks. Using VDT data facilitates implementation and PCMH certification. Using the data for care clearly satisfies Meaningful Use requirements. PCHP has evaluated improvements in THSteps child and adolescent visits in practices using VDT to determine who is due for THSteps. The childhood measures in those registered and using VDT improved by 10 percent and adolescent measures improved by over 50 percent.

VDT is only a tool of value if it is accessed and used in a system of care coordination. It extends the practice beyond the practice medical record. If you are interested in learning more about VDT and how it can help provide more efficient and effective care contact.

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## Table of Contents

<b>Medical Director's Corner</b> .....	1
Vital Data Technology (VDT).....	1
<b>Pharmacy Corner</b> .....	2
What Is Health Coaching? .....	3

Texas Credentialing Alliance (TCA).....	4
Important Phone Numbers.....	6
Did you read our newsletter? .....	5

# Pharmacy Corner

Dr. Nneka Cos-Okpalla, PharmD, MBA

## Flu Vaccine Reminder

MCOs are not required to offer a flu vaccine benefit through a pharmacy, but if it chooses to, the MCO may allow network pharmacies to administer and bill for flu vaccine to Medicaid (age 18 and older) adults and CHIP Perinate mothers.

As included in the UMCM 2.2, Section F, requirements for Network Pharmacies:

- Pharmacists administering the flu vaccine do not have to be enrolled with TMHP, but must follow the Texas State Board of Pharmacy rules related to certification to immunize and vaccinate (Texas Administrative Code, Title 22, Part 15, §295.15).
- The pharmacy must bill using the pharmacy's National Provider Identifier (NPI).
- The pharmacy must be enrolled with VDP and your pharmacy benefits manager (PBM).
- The pharmacy must submit a claim that includes the "Professional Service Code" field (44Ø-E5) with the value "MA" (Medication Administration) in the DUR/PPS segment for the service as well as the appropriate national drug code (NDC) for the vaccine in "Product/Service ID field" (4Ø7-D7).
- It is recommended that the same billing method be used as has been defined for Medicare Part D vaccine administration billing.

Requirements for MCOs/PBMs:

- If a MCO/PBM chooses to allow pharmacies to provide and bill for adult flu vaccines, the entity is assuming the responsibility associated with ensuring pharmacists are certified to immunize.
- MCO/PBM must submit the pharmacy's NPI on the encounter.
- The MCO/PBM is encouraged to collect the administering pharmacist's NPI.
- Since the flu vaccine will not be on the VDP Medicaid Formulary, the MCO/PBM must include a "7" in the "Submission Clarification Code" field (42Ø-DK) and a "Q" is required in field 257 (Formulary Status) on encounter to designate the drug as non-formulary/medically necessary on the encounter.
- The MCO/PBM must submit the value of "MA" in the "Professional Service Code" field (44Ø-E5) to designate the service on the encounter.
- The MCO/PBM is not required to offer all Medicaid covered flu vaccines through a pharmacy. However, the member must have access to all flu vaccines that are a covered and billed as a Medicaid medical benefit (e.g. through a member's primary care physician). Similarly, the MCO/PBM must not allow NDCs that are not a Medicaid covered benefit to be payable through a pharmacy.

The Flu Vaccine NDC/Procedure Code Crosswalk, enclosed, identifies which NDCs are covered and not covered per Medicaid covered benefit policy for flu vaccine during the 2017-18 season. This is for information use only, and was created by matching procedure codes in the Texas Medicaid Provider Procedures Manual with the NDCs for this season's flu vaccine products. The Flu Vaccine crosswalk is not meant to be used in conjunction with the NDC-to-HCPCS Crosswalk used for clinician-administered drug processing. Vaccines are not rebate-eligible and therefore are not included in the NDC-to-HCPCS crosswalk.

## PDL Status Change for Women's Choice Products

Certain products manufactured by Women's Choice will move to a non-preferred status on the Texas Medicaid Preferred Drug List effective Jan. 1, 2018, because of rebate contract changes.

NDC	Drug Name	PDL Status Effective Jan. 1, 2018
50967012630	IROSPAN 24/6 TABLET	Non-preferred
50967021990	NESTABS TABLET	Non-preferred
50967030930	NESTABS ABC PRENATAL COMBO PK	Non-preferred
50967031730	NESTABS DHA COMBO PACK	Non-preferred

## November 2017 Texas NDC-to-HCPCS Crosswalk

Notes and Clarifications:

- Kymriah (J9999) was added to the crosswalk effective Oct. 27.
- Brineura (J3590) was removed from the crosswalk effective Nov. 15. It will have to go through further HHSC analysis before being added back to the crosswalk.
- Besponsa (J9999) was on the version of the Nov. 2017 crosswalk initially posted to TexMedCentral. This new version has end dated the drug the day after the start date so that it can also go through further HHSC analysis before being added back to the crosswalk.
- Providers have notified HHSC that some of the MCOs are requiring NDCs on medical claims for the flu vaccine. Vaccines are not included on the NDC-to-HCPCS crosswalk because vaccines are not rebate-eligible. Medical claims for flu vaccines do not require an NDC.

## Pharmacy Corner *Continued from page 2*

The table below summarizes noteworthy changes from the July DUR meeting that are important to call out for the initial PDL implementation.

Drug Name	Current status	Feb 1, 2018 status
Exelon	Preferred	Non-preferred
Memantine tablet	Preferred	Non-preferred
Rivastigmine	Non-preferred	Preferred
Suprax	Preferred	Non-preferred
Emflaza suspension and tablet	Not previously reviewed	Non-preferred
Farxiga (oral)	Non-preferred	Preferred
Invokamet XR (oral)	Not previously reviewed	Non-preferred
Invokamet (oral)	Preferred	Non-preferred
Invokana (oral)	Preferred	Non-preferred
Jardiance (oral)	Non-preferred	Preferred
Synjardy (oral)	Non-preferred	Preferred
Synjardy XR (oral)	Not previously reviewed	Non-preferred
Makena MDV	Not previously reviewed	Preferred
Makena SDV	Not previously reviewed	Preferred

New therapeutic classes include:

- Progestational Agents

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## What Is Health Coaching?

A health coach is a specially trained, caring individual with clinical qualifications who helps guide and empower members with chronic conditions to feel better and live healthier lives. Health coaching is the major component of the Parkland Be In Control disease management program offered by Parkland Community Health Plan. Members with serious, long-term health conditions such as asthma or diabetes are paired with a health coach who will get to know the member and his or her individual health issues and concerns, and help the member learn more about their condition while setting and achieving health goals. The health coaches include registered nurses, diabetes educators, dietitians, exercise physiologists, respiratory therapists, behavioral health coaches and other specialists, with an average of 10 or more years of experience. They are people your patients can trust and rely on.

Most coaches talk on the phone with their members, but some make home visits for in-person, one-on-one coaching. Parkland Be In Control program was developed using evidence-based

guidelines and is designed to support your treatment plan and complement the care you provide. Of course, patients with chronic conditions who achieve optimal health also have a reduced need for costly healthcare services including hospitalization. It's a win-win: When patients remain healthy, their utilization costs go down.

As the primary care provider and principal channel for patient contact, your support and input is essential in determining the services provided by the Parkland Be In Control clinical staff. Your office may periodically receive requests for information from the Healthy Solutions for Life team as we determine how best to help support your care plan. And you can always reach out to us with questions or for assistance.

For more information, or to refer a patient to the Parklands Be In Control Program, call **1-866-461-7227**.



## Texas Credentialing Alliance (TCA)

### Full Implementation of the CVO to Begin April 2018

The Texas Association of Health Plans (TAHP) in collaboration with the Texas Medical Association (TMA) and Medicaid Managed Care Organizations are excited to announce a joint effort to reduce credentialing burdens for all Texas providers including physicians, allied health practitioners, hospitals, facilities and all ancillary providers including LTSS (herein we will refer all of these types as providers). TAHP and TMA selected Aperture, LLC, for a statewide Credentialing Verification Organization (CVO) contract used by all 20 Medicaid health plans in Texas to streamline the provider credentialing process. Moving forward, this initiative will be referred to as the Texas Credentialing Alliance (TCA).

### What should providers expect in April 2018?

Beginning in April 2018, all new and providers currently contracted with a Medicaid MCO will begin to receive notifications from Aperture regarding initial credentialing events and information about the common recredentialing date.

The CVO will eliminate administrative burdens by adopting a single re-credentialing date (recredentialing must occur no less than every 3 years). For example, if you participated with 3 health plans you would have 3 different recredentialing dates. With a common date, you have one recredentialing date.

To achieve this simplification, you may need to be recredentialed for some MCOs before the 3-year period ends; however, once the common date is established, the recredentialing will reoccur on a 3-year cycle for all MCOs that you participate.

### How the CVO works

As done today, you will continue directly contacting the plan(s) you wish to contract with, but you do not need to submit a credentialing application to the plan(s). The MCO(s) will notify Aperture, the CVO, to begin the credentialing process with you.

Aperture will reach out to providers to start the credentialing process and will also accept the credentialing application and perform the primary source verification (PSV) that includes verification of your application, license and all applicable licenses/documents.

The Council for Affordable Quality Healthcare (CAQH) will remain available for practitioners and health professionals who currently use it and a new solution will be offered for ancillaries and facilities through Availity beginning April 2018. Paper applications will continue to be accepted by Aperture.

The credentialing process is separate from the contracting process. Providers will still need to engage with the MCO for contracting needs and provide any additional information to complete the credentialing process.

Providers enrolling in Texas Medicaid and CHIP through Texas Medicaid & Healthcare Partnership (TMHP) must still follow the processes as provided by TMHP/HHSC. Providers must complete the enrollment process through TMHP/HHSC prior to credentialing with the MCO(s).

### Benefits

- Saves time by eliminating duplicative efforts and processes for providers who credential and re-credential separately with multiple MCOs.
- Lowers administrative costs for providers and MCOs.
- Utilizes existing web-based portals (CAQH and Availity) to access provider credentialing application information, allowing providers who use those portals to easily update and maintain their application information for multiple product lines.

# Did you read our newsletter?

Can you answer three questions about our articles in the newsletter? If so, please answer the below questions and fax back to us @ 214-266-2150, Attn: Provider Relations Newsletter for a delivery of cookies to your office from PCHP staff.

All submissions must be by May 25, 2018.

PCHP will draw from the correct entries and one winner will receive cookies delivered by PCHP.

## Questions - True or False

- Vital Data Technology (VDT) - A Free Tool from PCHP to Improve Care  
 True  False
- To refer a patient to the Parklands Be in Control Program, they can't have diabetes  
 True  False
- Currently contracted provider with PCHP must re-credential every three years with PCHP CVO.  
 True  False

## 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.





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## 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** (HealthFirst)  
**1-800-357-6162** (KidsFirst)

### Report Fraud, Waste or Abuse

**1-800-436-6184**

### Behavioral Health Benefits

HealthFirst **1-888-800-6799**  
KidsFirst **1-800-945-4644**

### Fax Numbers

Prior Authorization Fax#  
**1-800-240-0410**

### 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**