INITIAL HEALTH ASSESSMENT

Primary care providers (PCPs) or other professional providers should perform an Initial Health Assessment (IHA) with new members within 90 days of enrollment in BCBSTX. The IHA consists of:

1. A history and physical examination.
2. A developmental assessment.

An IHA is not necessary if the member is an existing patient of the PCP group (but new to us). Follow-up is not required if there is an established medical record that shows a baseline health status. This record must include sufficient information for the PCP to understand the member’s health history and to provide treatment recommendations as needed. Transferred medical records can meet the requirements for an IHA if a completed health history is included.

STAR children ages 0 through 21 must have a Texas Health Steps visit within 90 days of joining the Plan, even if they had a visit on another plan. The claim should be billed as an exception to periodicity with Modifier 32.
REDUCTION OF NON-EMERGENT VISITS TO THE EMERGENCY ROOM

Our nurses and other health management staff work in many ways to reduce non-emergent visits to the emergency room. The goal is to help members establish a medical home in a primary care setting. Our methods include the promotion of behavior change in how members seek health services and thus reduce inappropriate ER visits.

This initiative is designed to cut down on the number of emergency room visits for non-emergencies by expanding our members’ knowledge of medical resources and decision-making skills.

We have based our ER Initiative on three core components:

- Empowering members by providing education and a strong knowledge base to make informed decisions when seeking care for non-emergency events
- Collaborating with PCPs to actively provide access to care and treatment to their assigned members who are identified as frequent ER users
- Working with members and providers to identify and reduce barriers to access

The underlying purpose of this initiative is to promote behavior change in how members seek health services and reduce inappropriate ER visits. The effectiveness of the interventions and the ability of this initiative to produce successful outcomes are dependent on the members’ willingness to change, and support from network providers.

Ultimately, the goal of this program is to help members establish a medical home in a primary care setting. This program utilizes a multifaceted approach to educate members about the appropriate utilization of ‘first stop’ resources, including their primary care provider and 24 Hour Nurse Advice Line.

To promote continuity of care and access to a primary care provider, targeted member and physician interventions are based on the member’s frequency of emergency room (ER) visits within a 12-month rolling period.

**Member interventions include:**
- Dissemination of self-care books, letters and/or ER member packets
- Educational materials
- Outreach phone calls
- Case management (if appropriate)

**Provider interventions include:**
- Monthly mailed reports to PCPs. The mailed reports are member-specific with the dates, locations and the primary diagnosis of each member’s ER visits.
- Member-specific mailed sheets you can place in the member’s medical record.
- Following up with members regarding emergency room visits to help coordinate their care.
24 HOUR NURSE ADVICE LINE

How the 24-Hour Nurse Advice Line Assists Members

The 24-Hour Nurse Advice Line is a phone line staffed by registered nurses and is available to members 24 hours a day, seven days a week, to help with health-related questions. The 24-Hour Nurse Advice Line phone number for STAR and CHIP is 844-971-8906 (TTY: 711).

Members can contact the 24-Hour Nurse Advice Line for:

- Assistance with self-care information (symptoms, medications and side effects, reliable self-care home treatments, etc.).
- Information about more than 300 health topics through the Nurse Advice Line audio tape library.
- A specialized nurse who is trained to discuss health issues specific to our teenage members.

The nurses at the Nurse Advice Line have access to a telephone interpreter service for callers who do not speak English. All calls are confidential.

PREVENTIVE CARE PROGRAMS

BCBSTX has developed Preventive Care Programs to help promote and maintain good health for members, and to remind them about the importance of regular checkups. Physicians and other professional providers are an integral part of these programs.

Although the programs target different needs, they all share the same goal: Helping members’ live healthier lives. For additional information including a list of Preventive Care Programs, please go to http://bcbstx.com/provider/Medicaid/index.html.

TEXAS HEALTH STEPS PROGRAM

Texas Health Steps is the user-friendly name given to the state’s Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) program for members within the Texas Medicaid (STAR) program. It is one of the most comprehensive medical and dental screening, prevention and treatment programs for children of low-income families.

Texas Health Steps provides payment for comprehensive and periodic evaluations of a child’s health, development and nutritional status, as well as vision, dental and hearing services for STAR recipients from birth through age 20. The THSteps periodicity schedule was based on the American Academy of Pediatrics (AAP) recommendations for preventive health care, however may vary slightly to meet federal or state regulations. The THSteps periodicity schedule can be found online at www.dshs.state.tx.us/thsteps/providers.shtm. For CHIP members, the AAP periodicity schedule is recommended. Medical Policies with periodicity schedules can be found at http://bcbstx.com/provider/Medicaid/index.html under Medical Policies.
BCBSTX provider medical screening visits for children in the STAR program from birth through 20 years of age. In the CHIP Program, the age range is from birth through 18 years of age, following federally mandated Texas Health Steps program guidelines. For more information, see Provider Roles and Responsibilities.

Texas Health Steps primary care providers and other professional providers are an integral part of this program. PCPs will offer age-appropriate preventive care screening and test during each medical checkup and during an acute illness episode, if appropriate.

**TEXAS HEALTH STEPS PROGRAM –AUTHORIZED PROVIDERS**

The following provider types may provide Texas Health Steps preventive services within their individual scope of practice:

- Physician or physician group (MD or DO)
- Physician Assistant (PA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

Health-care provider or facility with physician supervision including but not limited to a:

- Community-based hospital and clinic
- Family planning clinic
- Home health agency
- Local or regional health department
- Maternity clinic
- Migrant health center
- School-based health center
In the case of a clinic, a physician is not required to be present at all times during the hours of operation unless otherwise required by federal regulations. A physician must assume responsibility for the clinic’s operation.

**Texas Health Steps Screening Requirements**

Physicians and other professional providers of Texas Health Steps services are required to follow these guidelines:
Compile a comprehensive health and developmental history, including both physical and behavioral health development.
Texas Health Steps is congruent with the Bright Futures/American Academy of Pediatrics (2014) recommendations for Pediatric Preventive Care.

As part of our Value-Added Service (VAS), BCBSTX will cover Sports and Camp Physicals provided by STAR and CHIP providers once a year to encourage children’s participation in physical fitness programs and sports activities.
AUTISM SCREENINGS

Texas Health Steps includes an autism screening, using specific, standardized screening tools. Developmental screening is already a part of the program exams. Autism screening is done at both the 18 and 24 month checkups. The screening is discussed on the CDC website at [http://www.cdc.gov/ncbddd/autism/hcp-screening.html](http://www.cdc.gov/ncbddd/autism/hcp-screening.html) and the tool, the Modified Checklist for Autism in Toddlers (M-CHAT or M-CHAT-R/F”), is available without charge at [http://mchatscreen.com/](http://mchatscreen.com/).

 Billing Instructions for Developmental and Autism Screenings

Billing for Developmental and Autism Screenings must be done separately. Providers are required to bill these two screenings separately from the checkup when performed on the same day. Reimbursements, however, will be combined.

CPT Codes

- The CPT code for developmental screening is 96110.
- The CPT code for autism screening is 96110 with a U6 modifier.
- These screenings are only reimbursable if the tools specified in the policy (those identified by the Texas Health and Human Services Commission) are administered. Other checkups which do not require a standardized tool, or in which the provider administers a different tool, do not meet the criteria for separate reimbursement.
- Conduct a comprehensive unclothed physical exam.
- Give appropriate immunizations according to age and health history.
- Offer health education, including anticipatory guidance. An evaluation of age appropriate risk factors should be performed at each visit. PCPs must provide counseling or guidance to members/parent/guardian as appropriate.
- Offer nutritional assessment.
- Document immunizations and help ensure that they are current.
- Perform sensory screening (vision and hearing).
- Perform a dental assessment.
- Run a tuberculosis screening
- Perform a lead screening.

Depending on the child’s blood test results, a physician or other professional provider may need to submit a request for Environmental Lead Investigation (ELI) services. An ELI may be considered medically necessary if the blood test results indicate any of the following:

- One venous blood lead test at 20 micrograms per deciliter (mcg/dL) or higher, or
- Persistent: two venous blood lead tests at least 12 weeks apart at 10-19 mcg/dL.

If the eligibility criteria are met, the provider can request an ELI by completing and submitting Form Pb-101, ‘Environmental Lead Investigation Request,’ to the Texas Childhood Lead Poisoning Prevention Program (TX CLPPP). The form is available at [www.dshs.state.tx.us](http://www.dshs.state.tx.us). If an ELI request meets the criteria, a referral for an ELI will be sent to a state or local health department for follow up.

For more information, contact the TX CLPPP at: **800-588-1248** or [www.dshs.state.tx.us/lead](http://www.dshs.state.tx.us/lead).
MEDICAL CHECKUP AND IMMUNIZATION PROGRAM

Texas Vaccines for Children Program

BCBSTX provides immunization information to improve childhood immunization rates. All PCPs who administer childhood immunizations to STAR members must be enrolled in the Texas Vaccines for Children program, administered by the Texas Health and Human Services Commission (HHSC).

The Texas Vaccines for Children (TVFC) Program is a federally-funded, state-operated vaccine distribution program. It provides vaccines free of charge to enrolled providers for administration to individuals from birth through 18 years of age.

Qualified Medicaid STAR and CHIP providers can enroll in the TVFC Program by completing the TVFC Provider Enrollment Application form from the DSHS TVFC web page www.dshs.state.tx.us/immunize/tvfc/default.shtm.

BCBSTX will pay for TVFC Program provider’s private stock of vaccines, but only when the TVFC posts a message on its website that no stock is available. In that case, providers should submit claims for vaccines with the ‘U1’ modifier, which indicates private stock. Providers should only submit claims for private stock until the vaccine is available from TVFC again. BCBSTX will no longer reimburse providers for private stock when the TVFC stock is replenished.

To participate in the Texas Vaccines for Children program, PCPs must be enrolled as a state Medicaid physician or other professional provider and must register in the Texas Vaccines for Children program to receive free vaccines.

BCBSTX maintains an intervention strategy to keep children current with the immunization schedule. Physicians and other professional providers are to follow the Advisory Committee on Immunization (ACIP) schedule, the American Academy of Pediatrics (AAP) periodicity schedule for CHIP members and the Texas Department of Health Services (TDHS) periodicity schedule for STAR members. Screening providers are responsible for administering immunizations and should not refer children to local health departments to receive immunizations.

Physicians and other professional providers are to:

• Obtain current immunization records.
• Give immunizations at each appointment as indicated and document them in the member’s medical record.
• Request parental consent for participation in the Texas Immunization Registry (ImmTrac) and report immunization information to ImmTrac as appropriate.

Billing

Vaccines will be provided by the TVFC program and are not billed to BCBSTX. Physicians and other professional providers may only bill BCBSTX for the administration of the vaccine.
WELL MEMBER PROGRAM

The Well Member Program was designed to encourage members to have regular cervical and breast cancer screenings. The program reminds and encourages members to call their PCP to make an appointment to schedule screenings.

Physician and other Professional Providers Care for Women

PCP responsibilities for the care of female members include:

- Informing and referring members for cervical and breast cancer screenings.
- Educating members on the Preventive Care Guidelines for women.
- Scheduling screening exams for members.

Physicians and other professional providers can access our Preventive Health Care Guidelines in this manual. These guidelines also are on our website at http://bcbstx.com/provider/medicaid/index.html.

HEALTH MANAGEMENT PROGRAMS

BCBSTX seeks to improve the health of our members by offering disease management programs that educate and encourage self-care. BCBSTX has designed the following programs to help members learn to follow self-care regimens and treatment therapies for existing medical conditions and chronic diseases.

Condition Care Program

The Condition Care program is designed to help participants improve their health and enhance their well-being. The program is based on nationally recognized clinical guidelines and serves as an excellent adjunct to physician care.

The Condition Care program helps members better understand and control certain medical conditions, such as:

- Diabetes (Type 1 and 2)
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart failure
- Asthma (pediatric and adult)
- Coronary Artery Disease

A team of nurses with added support from other health professionals, such as dietitians, pharmacists and health educators work with members to help them understand their condition(s), their doctor’s orders and how to become a better self-manager of their condition. Members are stratified into three different risk levels.
Engagement methods vary by risk level, but can include:
• **Education** about their condition through mailings, telephonic outreach, and/or online tools and resources
• **Round-the-clock phone access** to registered nurses
• **Guidance and support** from nurse coaches and other health professionals

**Physician benefits:**
• **Saves time** for the physician and staff by answering patient questions and responding to concerns, freeing up valuable time for the physician and staff
• **Supports the doctor-patient relationship** by encouraging participants to follow their doctor’s treatment plan and recommendations
• **Informs** the physician with updates and reports on the patient’s progress in the program

Nurse coaches encourage participants to follow physicians’ plan of care and do not offer medical advice. To help ensure that our service complements physicians’ instructions, we collaborate with treating physicians to understand the members’ plan of care and educate members on options for treatment plans. Providers are given a quarterly report for members currently enrolled in the program. The report includes the members’ current educational goals.

If you have any questions or comments about the program, call **877-560-8055**. Nurses are available Monday through Friday from 8 a.m. to 5 p.m. Central Time.

**Physicians and other Professional Providers Care for Asthmatic Members**
Primary care providers and other professional providers are to provide each asthmatic member with ongoing treatment and prescribe medication following the NIH/NHLBI Guidelines for the diagnosis and management of asthma. PCPs should:
• **Assess members for asthma using the NIH risk categories**
• **Provide each diagnosed member with a written Asthma Action Plan** that describes medication dosage and level of care needed, based on peak-flow readings
• **Refer members to asthma education classes** by calling our Health Services department at **877-560-8055**
• **Coordinate care with Case Management, pharmacy and specialists** as needed
• **Document all referrals and treatments related to asthma** in the member’s medical record
• **File the member-specific report with the member’s risk stratification** in the medical record
• **Participate in our Condition Care program**
• **Request asthma educational materials** by calling **877-560-8055**
Physicians and other Professional Providers Care for Diabetic Members

PCPs are to provide each diabetic member with ongoing treatment and perform the appropriate physical and laboratory examinations following the Diabetes Care Guidelines from the American Diabetes Association.

Physicians and other professional providers are required to:
- Assess and treat members according to the Diabetes Care Guidelines
- Refer members for appropriate laboratory and screening tests
- Refer adult and child members to the Condition Care program. File the member’s risk stratification and the date of the last diabetic screening in the medical record
- Coordinate Case Management, pharmacy and specialists as needed
- Document all referrals and treatments related to diabetes in the member’s medical record
- Request diabetes educational materials by calling 877-560-8055

Physicians and other Professional Providers Care for Members with Cardiovascular Conditions

PCPs are encouraged to provide each member with a cardiovascular condition ongoing treatment and perform the appropriate physical and laboratory examinations following guidelines from the American Heart Association (AHA) and the National Institutes of Health (NIH).

Physicians and other Professional Providers are encouraged to:
- Improve quality of care in accordance with the AHA clinical practice guidelines for congestive heart failure (CHF) and coronary artery disease (CAD).
- Improve quality of life for members with CHF or CAD.
- Promote an interactive approach toward cardiovascular care by using action/goal plans, facilitating patient/professional provider communication and encouraging members to take a more active role in managing their condition.
- Urge member adherence to physician or other professional provider-prescribed treatment plans.
- Increase member self-management and knowledge of cardiovascular disease, including early detection and management of symptoms.
- Reduce exacerbation of the conditions and secondary complications.
- Request cardiovascular educational materials by calling 877-560-8055