

# Provider Update



## Look Inside for Important Updates from Sendero!



### CDC Recommendations For Antibiotic Prescribing

Attention Sendero prescribers: The Centers for Disease Control and Prevention offers printable materials that focus on when it is and is not appropriate to prescribe antibiotics and explain why antibiotic resistance is one of the world's most pressing public health problems. For more information please visit

<http://www.cdc.gov/getsmart/community/materials-references/print-materials/hcp/index.html#pediatric>

Source: Centers for Disease Control and Prevention

### Reminder: All Providers Must Re-enroll In Texas Medicaid To Comply With Federal Regulations

Texas Medicaid must comply with federal regulations requiring all providers to re-enroll in the Medicaid program every three to five years. Application processing times will vary based on accuracy and complexity of the application. To allow sufficient time for application processing and to avoid a lapse in enrollment status, providers are encouraged to begin this process immediately.

Any Medicaid provider enrolled before January 1, 2013, must be fully re-enrolled by March 24, 2016. To be considered fully re-enrolled, providers must submit a completed re-enrollment application and receive notification from TMHP that their application has been approved.

### Medicaid Providers Who Are Not Fully Re-Enrolled By March 24, 2016 May Experience:

- ★ Interruption in reimbursement for Medicaid services provided in fee-for-service and managed care.
- ★ Denial of claims for Medicaid services indicating that the provider is not actively enrolled.
- ★ Difficulties with or removal from managed care organization (MCO) or dental maintenance organization (DMO) networks. Providers must be enrolled in Texas Medicaid before they can be contracted and credentialed by an MCO or DMO. Providers must be re-enrolled to maintain credentialing with their plans. In addition, Medicaid providers who are not re-enrolled prior to the March 24, 2016 deadline will have to complete a new enrollment application to return to the program.

Providers can find more information about the federal re-enrollment requirement on the TMHP web page at <http://www.tmhp.com/Pages/Topics/ACA.aspx>. For help with enrollment, providers can contact the TMHP Contact Center (1-800-925-9126, option 2) or the TMHP CSHCN Services Program Contact Center (1-800-568-2413). Providers can also email TMHP at [PE-Email@tmhp.com](mailto:PE-Email@tmhp.com) to request assistance with enrollment questions.

Source: TMHP - <http://www.tmhp.com/Pages/Topics/ACA.aspx>

### Road to 10: The Small Physician Practice's Route to ICD10

The International Classification of Diseases, or ICD, is used to standardize codes for medical conditions and procedures. The medical codes America uses for diagnosis and billing have not been updated in more than 35 years and contain outdated, obsolete terms. With only months remaining until the nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures, The Centers for Medicare & Medicaid Services (CMS) offers free help aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help with implementation.

To ensure your practice is ready for the October 1, 2015 implementation date please visit <http://www.roadto10.org/>

Source: Centers for Medicare and Medicaid Services

### ICD-10 Resources for Providers

Need information about ICD-10? Check out the following resources:

- ★ CMS  
<http://www.cms.gov/ICD10>
- ★ American Academy of Professional Coders (AAPC)  
<http://www.aapc.com/ICD-10/>
- ★ American Health Information Management (AHIMA)  
<http://www.ahima.org/icd10/>
- ★ Healthcare Information and Management Systems Society (HIMSS)  
<http://www.himss.org/library/icd-10/playbook>
- ★ American Hospital Association  
<http://www.ahacentraloffice.org/ahacentraloffice/shtml/ICDlatestnews.shtml>
- ★ HCPro ICD-10 Medical Coding Articles  
<http://www.justcoding.com/icd-10>
- ★ ICD-10 Watch  
<http://www.icd10watch.com/>

For additional guidance on how to complete ICD-10 testing with Sendero, please visit the "Provider News" section of our website at <http://www.senderohealth.com/chipstareng/pnews.html> to reference the following guides:

- ★ 08/19/15 ICD-10 Testing Guidance – Professional
- ★ 08/19/15 ICD-10 Testing Guidance – Facility



## After Hours Coverage

Sendero Health Plans requires that Primary Care Providers (PCPs) must ensure that access to medical care is accessible to Sendero Members 24 hours a day, seven days a week. Sendero guidelines require PCPs to have an answering service that is able to reach the physician or an answering machine message indicating how to reach the physician or other provider(s) accepting calls. All calls to providers must be returned within 30 minutes. The following are unacceptable telephone arrangements for your office after normal business hours:

- ★ The office telephone is only answered during office hours.
- ★ The office telephone is answered after hours by a recording that tells patients to leave a message.



## Sendero Health Plans Offers VALUE-ADDED SERVICES To Its Star And Chip Members.

### Children & Teens:

- ★ A Youth Sports Session per season with the City of Austin Recreation Center for members ages 2 ½ to 18 years of age
- ★ A year membership to the Boys and Girls Clubs in Bastrop, Hays, Travis or Williamson counties
- ★ A swim session at the YMCA of Austin for members ages 6 weeks to 18 years old
- ★ \$50 H-E-B gift card after Well-Child exam (CHIP Members)/ Texas Health Steps medical checkup (STAR members) is done within 90 days from member's start date with Sendero Health Plans. This benefit is for CHIP members 2 weeks old to 18 years of age and STAR members 2 weeks old to 20 years of age.
- ★ \$25 H-E-B gift card after Well-Child exam (CHIP Members)/ Texas Health Steps medical checkup (STAR members) is done 60 days from member's birthday. This benefit is for CHIP members' 3 to 18 years of age and STAR members 3 to 20 years of age.
- ★ One sports/school physical each year for members 18 years old and younger
- ★ One Back to School Backpack with school supplies for members in grade Pre-K to 12th grade
- ★ Monthly Student Bus Pass with Capital Metro while enrolled in school

### Pregnant Moms & Babies:

- ★ Home baby monitor for pregnant women that go to their first OB visit within 42 days from their start date with Sendero Health Plans
- ★ Up to \$250 of dental services for pregnant women
- ★ One home visit for new moms
- ★ First aid kit and child thermometer after post-partum visit between 21 to 56 days from child birth
- ★ Rides to birthing classes for pregnant members

### Other Services:

- ★ 24-hour Nurse Advice line
- ★ Help finding a ride to doctor appointments
- ★ \$25 H-E-B gift card for filling out the New Member Health Assessment form within 45 days from their start date with Sendero Health Plans
- ★ Up to \$50 towards products that can help you to stop smoking for CHIP members
- ★ Extra \$100 towards eye glasses for members 2 years of age and older
- ★ CHIP once per year and STAR once every two years \*

LIMITATIONS AND RESTRICTIONS APPLY.  
PLEASE CALL SENDERO CUSTOMER SERVICE HELPLINE FOR DETAILS.



## Clinical And Preventive Health Guidelines

Sendero has adopted evidence based clinical practice guidelines for the prevention, diagnosis and management of many common medical and behavioral health conditions.

These guidelines can be accessed via the Sendero website at

<http://www.senderohealth.com/chipstareng/clinical-and-preventive-practice-guidelines.html>



## Behavioral Health Toolkit for PCPs

Dear Primary Care Provider,

Sendero Health Plans works with Beacon Health Strategies (Beacon) to provide mental health and substance abuse services to Sendero Medicaid, CHIP, and IdealCare members.

As a collaborative healthcare partner, Beacon Health Strategies works with Primary Care Providers (PCPs) through information sharing and support to ensure they have accurate tools and resources to successfully treat patients with behavioral health conditions.

### Sharing of Information between Medical and Behavioral Health Providers:

One of the key barriers to sharing information between medical and behavioral health providers continues to be the ability of a provider to obtain the necessary permission that allows them to share information with other providers.

It is important for all the health care providers that are involved in managing patient care to be able to share information so they can provide better care to the patient. Sharing information helps practitioners coordinate care for the patient. Coordination of care is a key determinant of overall health outcomes, improves patient safety, avoids duplicate assessments, procedures or testing, and results in better treatment outcomes.

It is important to educate patients on the benefits of signing the necessary consent forms. It is also important to educate patients on what kinds of information can be shared with their consent and their ability to restrict providers from sharing information related to sensitive services. The patients need to understand that their overall health is determined by their ability to manage their medical and behavioral conditions. In order to accomplish this, the medical and behavioral health providers need to have the ability to communicate freely with each other.

The health plan distributed the Beacon Health PCP toolkit in June which included information regarding obtaining permission. A release of information form is available in the PCP tool kit that you can use to get consent from your patients.

### The PCP toolkit is accessible on the web at:

[http://www.beaconhealthstrategies.com/pcp\\_toolkit/pcp\\_toolkit.aspx](http://www.beaconhealthstrategies.com/pcp_toolkit/pcp_toolkit.aspx).

Please discuss this with your patient at their next visit.

### Diabetes Screening for Patients on Long Term Antipsychotics Therapy:

Patients that are on atypical antipsychotics agents and mood stabilizers for a prolonged period of time are more prone to problems related to metabolic syndrome, such as weight gain, elevated sugars and/or lipids. Such problems can start within 3 months.

Therefore, it may be recommended that patients on atypicals or conventional antipsychotics should have an Hgb A1c, CMP, CBC and lipid panel done 2 times a year. Patients treated with Depakote should have CMP, CBC, PLTs every 4-6 months (every 6 months, if stable after one (1) year) and an Hgb A1c and lipids 2 times a year. Patients treated with Lithium should have a CMP, CBC and TSH every 3-4 months in beginning of treatment and every 6 months if stable after one (1) year.

### Please refer to Beacon Health Options website at:

<http://beaconhealthstrategies.com/Healthwise/content/Special/aa46937.html#aa47186>

Sincerely,

*Sendero Health Plans & Beacon Health Strategies*

### Online Authorization Portal

The Provider Relations Department would like to offer refresher training to all practitioners regarding the online authorization system. Sendero's online tools reduce paperwork, save valuable time, and improve communication—and they're available at no cost to you!

### Please visit Sendero's 'Online Tools' link at the below addresses for more information:

- ★ STAR/CHIP ONLINE TOOLS - <http://www.senderohealth.com/chipstareng/tool.html>
- ★ Check Eligibility and Claims Status for Medicaid STAR and CHIP - <https://senderosc.alderaplatform.com/>
- ★ Online Access to EOPS and Authorizations - <https://sendero.valencehealth.com/Login.aspx?ReturnUrl=%2fdefault.aspx>