

Texas Health Steps Seminar

Thursday September 30, 2010



Changes in the Timeliness of THSteps Medical Checkups

- Effective for dates of service on or after September 1, 2010, the definition of the “timeliness” of Texas Health Steps (THSteps) medical checkups will change for clients who are 3 years of age or older. Children who are birth through 2 years of age will still be due for medical checkups more frequently and will not be affected by this change.

Existing Medicaid Clients

- Currently a THSteps medical checkup is considered timely when it occurs within 60 days of the client's birthday. Effective for dates of service on or after September 1, 2010, the timeframe for a timely THSteps checkup will be extended to one year from the child's birthday. This means if the child gets a THSteps checkup anytime the child is a particular age, that checkup will be considered timely.
- With this change, clients who are three years of age or older will still be considered "due" for a THSteps medical checkup on their birthday and will still be encouraged to have a yearly checkup as soon as they become due. A THSteps checkup should occur on or as soon after a child's birthday as practical but will not be considered late unless the child does not have the checkup prior to their next birthday.

How does this change affect providers?

- Providers and families will have more flexibility in scheduling a client's yearly THSteps medical checkup requirements.
- Families with more than one child will be able to more easily schedule checkups at the same time.
- Providers and family can more easily avoid scheduling a checkup during flu season.
- Migrant worker can schedule a checkup prior to or after returning to their home communities.
- Exception-to-periodicity checkups will still be allowable when it has been less than one year since the last medical checkup if medically necessary, state-mandated (such as entry into foster care or adoption) or for general anesthesia prior to dental surgery.

Source: TMHP website

<http://www.tmhp.com/homepage%20File%20Library/07-09->

<10%20Changes%20in%20the%20Timeliness%20of%20THSteps%20Medical%20Checkups.pdf>

What does not change?

- Unless there is a specific reason to delay the checkup, all clients should be given the first available appointment. This will help ensure the family still has Medicaid coverage at the time the appointment is scheduled.
- The Medicaid ID cards will still show that the client is due for a checkup when they have a birthday until a checkup is completed and a claim submitted.
- Exception to periodicity checkups still exist when medically necessary, state-mandated (such as entry into foster care or adoption) or for general anesthesia prior to dental surgery and it has been less than one year since the last medical checkup. The increased flexibility may require fewer claims to be submitted as exceptions to periodicity if it has been a year since the child's last checkup.

What does not change?

- While the change in the definition of timeliness only applies to children 3 years of age and older, a claim for a medical checkup can be submitted based on the total number of checkups that can be provided in each age range below. This allows a provider to perform one THSteps checkup per year for a child 3 years and older and submit a claim and still receive reimbursement, even for a checkup performed prior to the birth date/due date.

Age Range	Number of Visits Allowed
Birth through 11 months (does not include 12 months)	7
1 through 4 years of age	7
5 through 11 years of age	7
12 through 17 years of age	6
18 through 20 years of age	3

Happy Birthday Reminder Card

Effective September 1, 2010 members birth to 30 months and 3 years and older that comply with obtaining a checkup while they remain of a particular age will receive the \$10 gift card as a Value Added Service from El Paso First.

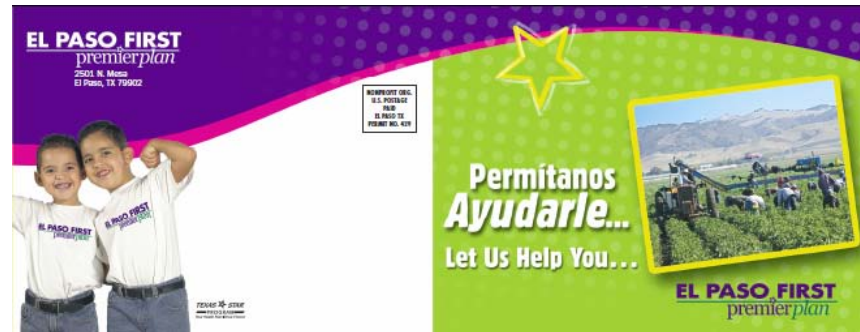


Provider Relations Department THSteps Tools

- **Monthly Members Due List**
 - **Effective September, the list will be mailed out to ALL PCPs that conduct THSteps checkups**
 - Existing
 - New Members
- **Missed Appointment Referral Sheet**
 - Reduce the number of missed appointments
 - Assist provider office staff with the issues missed appointments may create.
- You can access more tools when logging to our website at <http://www.epfirst.com/ProvidersEPSTD.html>

Accelerated Services for Children of Migrant Farm Workers

- Please help us spread the word about the services these members are entitled to receive
- Members can contact Lluvia Acuña at 915-532-3778 ext 1075.



Estimado miembro, permitanos ayudarle:	Dear member, let us help you:
<p>El Plan Premier de El Paso First tiene servicios especiales de Medical para niños de trabajadores temporales del campo, por eso nos gustaria saber lo siguiente:</p> <p>¿Es usted un trabajador temporal del campo? Si <input type="radio"/> No <input type="radio"/></p> <p>¿En la pizza de cebolla, chile, lechuga, tomate, uvas, nueces, etc...? Si <input type="radio"/> No <input type="radio"/></p> <p>¿Empacando o procesando vegetales, frutas, pescado, pollo, etc...? Si <input type="radio"/> No <input type="radio"/></p> <p>¿En lecherias, pesca, o matanza, etc...? Si <input type="radio"/> No <input type="radio"/></p> <p>Si contesto SI a alguna de las preguntas, por favor comuniquese con Lluvia Acuña, Coordinadora Migrante, al (915) 532-3778. Le ayudaremos a recibir servicios rápidos. ¡Gracias por su tiempo!</p> <p>Sinceramente, Plan Premier de El Paso First</p>	<p>El Paso First Premier Plan has special Medical services for the children of seasonal farm workers and we would like to know the following:</p> <p>Are you a seasonal worker? Yes <input type="radio"/> No <input type="radio"/></p> <p>Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...? Yes <input type="radio"/> No <input type="radio"/></p> <p>Packing or processing vegetables, fruits, fish, chicken, etc...? Yes <input type="radio"/> No <input type="radio"/></p> <p>In dairies, fisheries, or slaughtering, etc...? Yes <input type="radio"/> No <input type="radio"/></p> <p>If you answered YES to any of these questions, please contact Lluvia Acuña, Migrant Coordinator at (915) 532-3778. We will help you receive accelerated services. Thank you for your time!</p> <p>Sincerely, El Paso First Premier Plan</p>

Questions



Michelle Anguiano

E-mail: manguiano@epfirst.com

Phone: (915)298-7198 extension 1053

Health Services Department

Medical Records Review

Pauline Avitia, BSN, RN, CCRN
Quality Improvement Nurse Auditor



Medical Records Review Process



WHO: PCP network such as pediatrician, obstetrician, family practice, and internal medicine.

WHAT: 10 randomly selected medical records on members who are currently active with El Paso First.

WHEN: I will contact your office and schedule a meeting time that is accommodating to you and your office. At the time of scheduling, your office will be provided with the list of charts selected via fax. Each record will be reviewed by using our medical record review (MRR) tool for the specific PCP type.

Medical Records Review Process continued...



WHY: The MRR is conducted in compliance with the standards set forth by the Texas Health and Human Services Commission (HHSC) *Managed Care Contract Section 8.1.4.4, Texas Department of Insurance (TDI), TIC §843.102 (f) and 28 TAC §11.1902 (5) (b) and National Committee for Quality Assurance (NCQA) standard 12 elements A&B*. El Paso First performs these reviews as part of our credentialing/ re-credentialing process, for THSteps completion and “for cause”.

HOW: A result letter will be mailed out to each provider after the MRR. A threshold of 85% has been established as an acceptable measurement for compliance by El Paso First’s Quality Improvement Committee (QIC). If it is determined the MRR obtained a score less than the threshold, we will notify you of areas that need improvement and a re-audit will be conducted within 6 months.

Medical Record Review Tool Elements

Elements that apply to **all** Provider types include:

- ✓ All entries signed and dated
- ✓ Each page contains member name or id number
- ✓ HIPAA privacy including acknowledgment receipt of notice of privacy practices



(Specific Provider)

Medical Record Review Tool Elements

PCP elements: Medical history, medication list and allergies prominently noted Preventative: such as immunizations recorded, health education provided and preventative screenings and services completed and documented for all ages.

OB/OB-GYN elements: Obstetrical history, prenatal care visits documented, obstetric panel documented and delivery information such as gestation at time of delivery, mode of delivery, and actual delivery date.

THSteps completion elements: Includes all components set forth by the periodicity schedule including developmental screenings, vision and hearing screenings and questionnaires, TB screenings/questionnaire, and anticipatory guidance for each visit.



Missed Opportunities for THSteps completion

Labs:

- Newborn Screening: Periodicity schedule states date and results of the second newborn screening are to be documented. <https://www.cch.dshs.state.tx.us>
- Hgb Type: Part of the newborn screening and does not need to be repeated if newborn screening is completed and documented.
- TB screenings: Questionnaire beginning at 1 yr of age.
- Lead and Hgb/Hct Screening: follow Periodicity schedule

Others:

- Anticipatory Guidance: Is specific to each age group and can be found on each **Child Health Clinical Record Form** or on El Paso First's clinical guidelines from the American Academy of Pediatrics. Must be documented on each visit.
- Dental Referrals: Providers must refer all clients to a dental home for dental checkups beginning at 6 months and every 6 months thereafter.
- Developmental and mental health screenings: include the standardized screening tools ASQ or PEDS



Questions



If you would like to a copy of the medical record review tool
please contact Pauline Avitia at 915-298-7198 ext 1170

CLAIMS DEPARTMENT

Sonia Lopez
Claims Director



CLAIMS DEPARTMENT

Important electronic and
paper claim submission
elements



Billing Provider –NPI Provider LOOP 2010AA

1500 Item Number	Paper Claim Field Description	ANSI 837 Loop & Segment	Electronic Claim Field Description
25	Federal Tax ID Type	2010AA NMI08	Provider Tax ID Type
25	Federal Tax ID Number	2010AA NMI09	Provider Tax ID Number

Billing Provider –NPI Provider LOOP 2010AA

1500 Item Number	Paper Claim Field Description	ANSI 837 Loop & Segment	Electronic Claim Field Description
33a	Billing Provider Info & PH #	2010AA NM109	Billing Provider - NPI
33b		2010AA REF02	Billing Provider Tax ID or TPI #

Submit Group NPI Only in Loop 2010AA

Place Group NPI ONLY in Box 33a

Rendering Provider LOOP 2310B

I 500 Item Number	Paper Claim Field Description	Ansi 837 Loop & Segment	Electronic Claim Field Description
24I	ID Qualifier	2310B NM108	ID Code Qualifier
	ID Qualifier (Other) ID Qualifier NPI	2310 REF 01 2310B NM108	ID Code Qualifier (Other ID No.) ID Code Qualifier (NPI)
24J	Rendering Provider ID #	2310B NM109 2310B REF02	Rendering Provider NPI Rendering Provider Secondary ID

Submit Rendering's INDIVIDUAL NPI Only in Loop 2310B

Place Rendering's INDIVIDUAL NPI ONLY in Box 24J

EL PASO FIRST

healthplans, inc.

1500
HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE MEDICAID TRICARE CHAMPVA OTHER HEALTH PLAN (ES) OTHER (ES)		1A. INSURED'S I.D. NUMBER	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE SEX		5. INSURED'S ADDRESS (Inc. - Street)	
6. PATIENT'S ALLERGY (See Sheet)		7. INSURED'S ADDRESS (Inc. - Street)	
7. CITY STATE ZIP CODE TELEPHONE (Include Area Code)		8. CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
8. PATIENT STATUS Single Married Other		9. INSURED'S DATE OF BIRTH SEX	
9. OTHER INSURANCE (Name, Policy No., Group No., Member No.)		10. EMPLOYER'S NAME OR SCHOOL NAME	
10. OTHER INSURANCE (Name, Policy No., Group No., Member No.)		11. INSURANCE PLAN NAME OR PROGRAM NAME	
11. PATIENT'S CONDITION RELATED TO EMPLOYMENT (Current or Previous)		12. IS THERE ANOTHER HEALTH BENEFIT PLAN	
12. OTHER INSURED'S DATE OF BIRTH SEX		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
13. EMPLOYER'S NAME OR SCHOOL NAME		14. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
14. INSURANCE PLAN NAME OR PROGRAM NAME		15. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
15. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE		16. OUTSIDE LAB CHARGES	
16. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17. MEDICAD RESUBMISSION	
17. DATE OF REFERRAL		18. PRIOR AUTHORIZATION	
18. NAME OF REFERRING PROVIDER OR OTHER SOURCE		19. ICD-9	
19. DATE OF REFERRAL		20. DX Pointer	
20. NAME OF REFERRING PROVIDER OR OTHER SOURCE		21. Unique ID	
21. DATE OF REFERRAL		22. NPI	
22. NAME OF REFERRING PROVIDER OR OTHER SOURCE		23. Practice TIN #	
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199. DATE OF REFERRAL		200. Practice TIN #	

If Box 10 = Yes Or Pregnancy Date Date Required

Referring Provider Name & NPI or Unique ID required

EPSDT Condition Indicator

EPSDT or Family Planning (Y or N)

Unique ID

NPI

If Box 11 d = Yes Pay Amount Required Attached EOB From Prime Ins Required

- Member Information
- Coordination of Benefits
- Provider Information
- Practice Information

- Code Rules
- Unique ID - (TPI or CH) Numbers
- Indicators and Date of Onset

NPI Unique ID

THSteps Medical Checkup Codes

Provider must bill with CPT code corresponding to age.

New	Established	Age Group	
99381	99391	Up to	One year
99382	99392	Age	1 – 4 Years
99383	99393	Age	5 – 11 Years
99384	99394	Age	12 – 17 Years
99385	99395	Age	18 – 39 Years

THSteps Medical Checkup Codes

Follow Up Visit

99211

All Ages

Follow Up visit is billable with V20.2 only when:

- Immunizations were not administered due to contraindications.
- Results of TB test.
- Repeat Lab Work.

CONDITION INDICATOR CODES

COD

E	Description Indicator	Condition
---	-----------------------	-----------

NU	Not used (no referral)	N
-----------	------------------------	---

ST	New services requested	Y
-----------	------------------------	---

S2	Under treatment	Y
-----------	-----------------	---

The following codes are used to indicate if a referral was made.

Vaccine Toxioids

- **U1** Vaccine Toxioid Private Purchase
- **U2** Administration of Vaccine Toxioid with (2) components
- **U3** Administration of Vaccine Toxioid with (3) components

Provider Care Unit (PCU)



Provider Care Unit and how it works

Contact us at 532-3778

When calling you will reach a Claims specialist who will:

- Give claim status calls.
- Resolve or answer claim questions.
- Answer Electronic claims submission rejections or questions.
- Assist with claims disputes.

Please note you have the right to appeal any disposition of a claim through a formal appeal. **Written request must be mailed to:**

El Paso First Health Plans, Inc
Attn: Complaints and Appeals Department
POBOX 971370, El Paso, Texas 79997-1370

Within 120 days from the date of your Provider Remittance Advice.

Questions



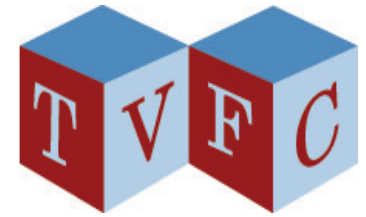
Sonia Lopez

915-298-7198 ext 1097

Video

http://www.soundsofpertussis.com/?utm_source=GoogleSearch&utm_medium=CPC&utm_term=children%20vaccines&utm_content=Text&utm_campaign=Sounds%20Of%20Pertussis&gclid=CNnYiL-5jKQCFQ5O2godYgwSlg#/homepage

Texas Vaccines
for Children




Alejandra Rodarte
Sept. 30, 2010

City of El Paso
Department of Public Health



Public Health
Prevent. Promote. Protect.

- 
- TVFC Program overview
 - TVFC Guidelines
 - Vaccine Management



Texas Vaccines For Children

The Texas Vaccines For Children Program (TVFC) makes required vaccines available to all of the children of Texas regardless of their financial status or their parents' ability to pay for the vaccinations. These free and low-cost vaccines are supplied to local private health providers, local health departments and Department of State Health Services (DSHS) Sub-offices to be administered to the eligible children of the State of Texas.

The TVC enables thousands of children to have access to affordable immunizations. This is accomplished through a network of support within DSHS and with support from private and public entities, such as the LHD's and private physicians

The TVFC Program is managed by DSHS-Immunization Branch with the assistance of the Local Health Department.



Vision and Mission of the Immunization Branch

Vision

A Texas free of vaccine-preventable diseases.

Mission

To provide leadership to increase vaccine coverage levels and reduce the burden of vaccine preventable diseases (VPDs).



Goals of the TVFC

To ensure that policy makers understand the effectiveness of preventive measures against vaccine-preventable diseases and continue to value and support disease prevention through vaccination.

To mobilize local, state, and national resources required to achieve and to sustain immunization levels sufficient to stop the threat of vaccine-preventable diseases.

To foster the development of appropriate knowledge, skills, and attitudes among both immunization providers and consumers to achieve and sustain a disease-free environment.



Benefits to Providers

- Free vaccines
- Free hands-on training and education
- Free annual consultations
- Patients remain in medical home
- Providers maintain control of client base
- Allowable administration fee for non-Medicaid/non-CHIP patients



Free access to ImmTrac the Texas Immunization Registry

- Consolidates patients immunization records in one centralized electronic system
- Provides fast, online access to patients' immunization histories
- Helps interpret complex immunization schedule
- Recommends vaccines due and overdue



TVFC Guidelines

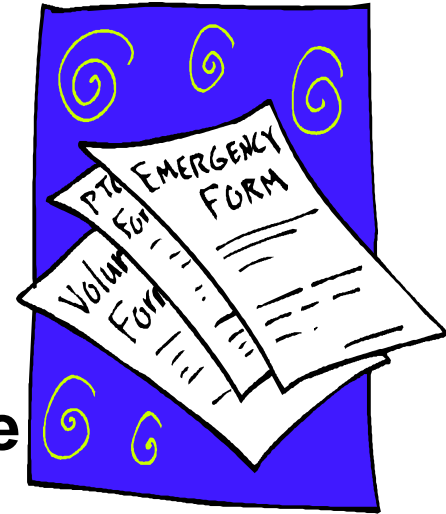


TVFC Provider Manual 2009

- Vaccine Management Plan
- TVFC Program Overview
- TVFC Eligibility
- Enrollment Process
- Vaccines
- Fraud and Abuse
- Billing/Administration fee
- Reporting Requirements
- Documentation Requirements
- Vaccine Information Statements (VIS)
- Program Evaluation
- Appendix

Vaccine Management Plan

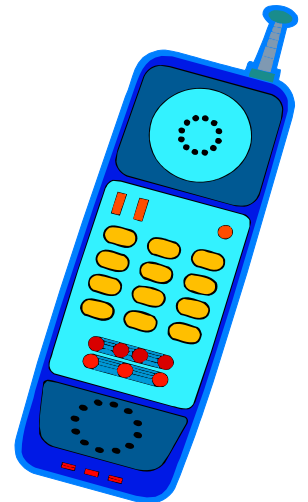
- All providers enrolled in the TVFC program are responsible for the proper management of their vaccine inventory. DSHS requires that all TVFC providers have **written procedures for vaccine management.**



- **Emergency Contingency Plan.** A written “Vaccine Storage Contingency Plan” that includes at least:

- name and phone number of emergency contact
- plan of how to move vaccine to ensure cold chain
- address of location where vaccines will be temporarily stored

- A copy of this plan should be posted on or near the refrigerator used to store vaccines.



Fraud and Abuse

- Providers enrolled in the TVFC program are responsible for following federal and state guidelines in the use of state-supplied vaccine, and to ensure that the vaccine is used only for children who are eligible.
- It is important that providers understand that the TVFC program is subject to all Federal fraud and abuse laws, and that unintentional abuse or error is nevertheless unacceptable



Examples of Abuse

- Providing TVFC vaccine to non-VFC eligible children
- Charging more than \$14.85 for administration of a TVFC vaccine to a vaccine eligible child
- Failing to fully account for the TVFC vaccine
- Failing to properly store and handle TVFC vaccine
- Wastage of TVFC vaccine
- Failing to maintain TVFC records and comply with other requirements of the VFC program

Examples of Fraud

- A provider discontinues purchasing vaccine for patient whose insurance covers immunizations, or for individuals who can afford vaccine, and gives every patient in the practice state-supplied vaccine whether they are eligible or not.
- A provider bills Medicaid or TX Health Steps for the immunization reimbursement fee when no vaccines were given.
- A provider administers state-supplied vaccine to a child, then bills the child's insurance for the cost of the vaccine.
- A provider charges the patient for the cost of the vaccine.
- A provider charges a Medicaid recipient any charges at all

Patient Eligibility Requirements

1. Enrolled in Medicaid
2. Does not have health insurance
3. Is an American Indian
4. Is an Alaskan Native
5. Underinsured/has health insurance that does not pay for vaccines, has a co-pay or deductible the family can not meet, or has insurance that provides limited wellness or prevention coverage
6. enrolled in CHIP

Patient Eligibility Screening Form

Providers must document the eligibility of each client receiving TVFC vaccine- It is a federal requirement.

- Patient Eligibility Screening Form (C-10)
- Patient's file
- Electronic Record

Reporting Requirements

Daily requirements

- Temperature must be recorded twice daily using the C-105 Temperature Recording Form

Monthly Requirements

- On a monthly basis the following documents should be submitted to the LHD in order for you to receive vaccines.
 - EC-33 Biological Report
 - C-105 Temperature Recording Form
 - EC-68 Order Form (according to ordering schedule)
 - Other associated forms as required by the LHD

Monthly report must be submitted not later than the 5th day of each month.

PIN: _____
 Month & Year of Report: _____ / _____
 Name of Person Completing Form: _____

TEMPERATURE RECORDING FORM
 Refrigerator/Freezer Fahrenheit

Clinic Name: _____
 Address, City, Zip: _____
 Telephone Number: () _____


Date of Month	The internal temperature of the refrigerator should range between +36° to +46°F and the internal temperature of the freezer should not exceed +5°F.										Staff Initials							
	Fahrenheit Refrigerator Temperature - check twice daily in the A.M. and P.M.										Fahrenheit Freezer Temperature		AM.	PM.				
	To Cold (Record Actual Temperature)	+36°	+37°	+38°	+39°	+40° (Target Temp.)	+41°	+42°	+43°	+44°	+45°	+46°	To Warm (Record Actual Temperature)	+5° or colder (Record Actual Temperature)	Warmer than +5° (Record Actual Temperature)			
1																		
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Write date of month next to all values when within use of range. _____ Rejected or local health department notified. _____ Thermostat increased. _____ Thermostat decreased. _____ Vaccine received under refrigeration. _____ Maintenance called. _____ Monitor temperature with a different thermometer to check accuracy of reading. _____ Refrigerator replaced. _____ Freezer replaced. _____ Other

Instructions and vaccine warning on back of form! Destroy Prior Revisions.



VACCINE MANAGEMENT

- 
- ***Vaccine order***
 - ***Maximum Stock Level (MSL)***
 - ***Ordering frequency***
 - ***Vaccine Handling and Storage***
 - ***Vaccine Loss***

Vaccine Ordering

All TVFC providers must provide the following information to the Local Health Department (LHD), **not later than the 5th day of each month, in order to receive vaccine:**


- The Monthly Biological Report Form (EC-33)
 - Packing slips and transfer forms, if applicable
- The Temperature Recording Form (EC-105)
- Complete Biological Order Form (EC-68) when appropriate

Texas DSHS Monthly Biological Report (C-33) Month: _____ Year: 20____ PIN: _____

Agency: _____ Street Address: _____ City: _____ Zip: _____

Name of person completing report: _____ Phone number: (____) _____

Vaccine	A. Doses on hand at Beginning of Month Reporting Agency	B. Doses Received during Month After Inventory	C. Doses Transferred into Inventory from Another Provider After Inventory	D. Total Inventory At End of Month	E. Doses Administered During Month Subject from inventory			F. Expired Doses Returned to Distributor Subject from inventory	G. Doses Transferred out to Other Providers Subject from inventory	H. Doses on Hand at End of Month Physical Count	I. Net Doses Lost or Gained, Enter a "+" or "-"
					0-5 years	6-12 years	13 years +				
DT											
DTaP											
DTaP-HepB-IPV (Infanrix)											
DTaP-IPV (Perisorel)											
DTaP-IPV (Kinrix)											
Hep A ped/adol/escant											
Hep B ped/adol/escant											
HiB											
HiB (Infanrix booster only)											
HPV											
Influenza 25ml											
Influenza 5ml											
Influenza intranasal											
IPV											
MCV4											
MMR											
PCV7/PCV13											
Rotarivax RV5 (RotaTaq)											
Rotarivax RV1 (Rotarix)											

Immunization Branch  C-33 Rev. 02/2010

TEMPERATURE RECORDING FORM
Refrigerator/Freezer Fahrenheit

Client Name: _____
Address, C, City, Zip: _____
Telephone Number: (____) _____

Month & Year of Report: _____ / _____
Name of Person Completing Form: _____

Date of Month	Fahrenheit Refrigerator Temperature - check twice daily in the A.M. and P.M.										Fahrenheit Freezer Temperature		Staff Initials				
	Too Cold (Below Actual Temperature)	+30°	+37°	+38°	+39°	+40° (Target Temp)	+41°	+42°	+43°	+44°	+45°	+46°	Too Warm (Over Actual Temperature)	Warning of Over Actual Temperature	Warning of Over Actual Temperature	AM	PM
1																	
2																	
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Write date of each visit to all sites when while away was out of range. _____ Regional or local health department notified. _____ Thermostat repaired. _____ Thermostat disconnected. _____ Vaccine moved to another refrigerator/freezer. _____ Maintenance notified. _____ Hospital temperature with a different thermometer to check accuracy of reading. _____ Refrigerator replaced. _____ Freezer replaced. _____ Other _____

Instructions and vaccine warning on back of form! Destroy Prior Revisions.

TIMELINE FOR ORDER PROCESSING

Timeline for Order Processing

Sept/Oct	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4
Provider sends order	X																													
HSR/LHD receives order		X																												
HSR/LHD reviews and forwards								X																						
AO Receives										X																				
AO Places order														X																
Provider receives confirmation														X*																
CDC forwards to Distributor															X															
Distributor receives order																X														
Distributor ships order																											X			
Order arrives											X																			X

* After 5 PM

FRIDAY		to	to				
Holidays/closed:							
PROVIDER TIER: B-2				ORDERING SCHEDULE: Feb., April, June, Aug., Oct., Dec.			
VACCINE		MAXIMUM STOCK LEVEL		AMOUNT ON HAND "H" from C-33		ORDER AMOUNT multiple of 10 except *	
DT		0	minus		=		
DTaP		30	minus	13	=	20	
DTaP/HepB/IPV (Pediatrix)		20	minus		=		
DTaP-IPV/Hib (Pentacel)		20	minus		=		
DTaP-IPV (KINRIX)		0	minus		=		
Hep A Pedi/Adolescent		20	minus		=		

Tiered Ordering Frequency (TOF)

- Monthly (once a month)
- Bi-Monthly (once every other month)
- Quarterly (every three months)

Maximum Stock Level (MSL)

- Providers must order using their established MSL. For vaccine orders outside the MSL, an explanation should be added to the "comment" section on the EC-68.

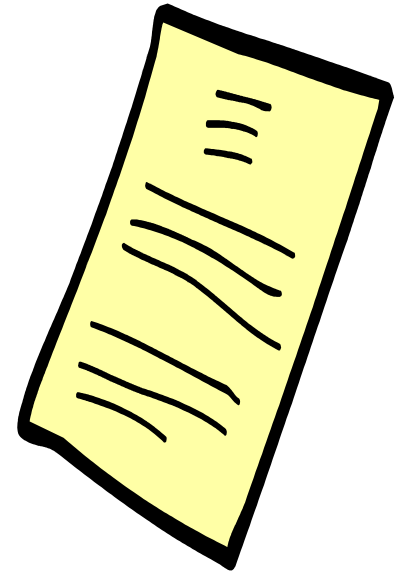
Expired Vaccine

- Notify TVFC staff **90 days prior to expiration date**
- DSHS requires that all unopened or unused vials of expired vaccine be returned to the third party distributor.
- Providers should **NOT** discard vaccines unless specifically directed by LHD or AO
- Expired vaccine should be kept together and labeled for return to distributor.



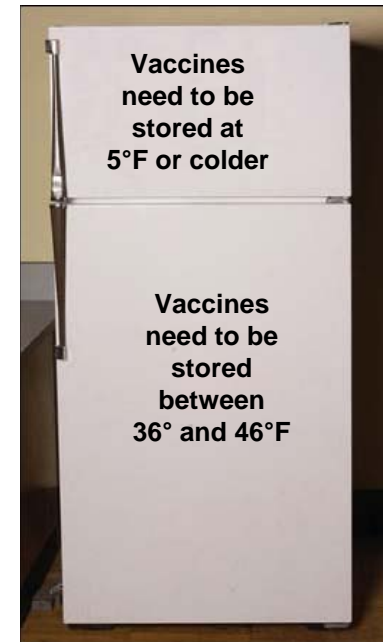
Storage and Handling

- DSHS requires that all TVFC providers have written procedures for vaccine storage and handling.
- Each clinic should have a designated “in-charge” person and a designated “back-up” person(s)
- ALL staff must be trained regarding proper storage and handling of vaccines. Vaccine viability depends on the knowledge and the habits of the clinic staff



Storage and Handling cont...

- All provider must have refrigerators with two exterior doors or separate refrigerators and freezers.
- Refrigerators with a freezer unit inside should NEVER be used to store varicella/zoster
- The refrigerator must maintain temperatures between **36°F and 46°F**
- The freezer should maintain temperatures at or **below 5°F**
- Temperature must be checked twice daily and documented on the EC-105 form.
if temp out of range, take immediate action to ensure vaccine viability



Storage and Handling cont...

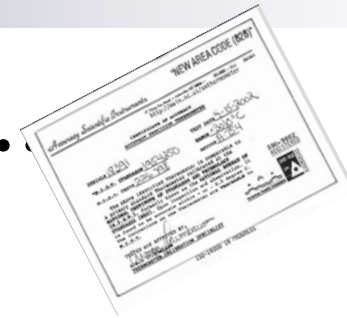
- Refrigerator/ freezer unit must be large enough to hold the year's largest inventory
- Diluent might be stored in the door of the refrigerator; it will provide extra insulation much like bottles of water.
- All vaccine should be stored on the shelves, not in the vegetable bins, meat drawers, or in the door
- Storing food or drinks in the same refrigerator as vaccine is NOT acceptable
- Stack vaccines with enough room for cold air to circulate freely around vaccine



Storage and Handling cont.

Proper equipment

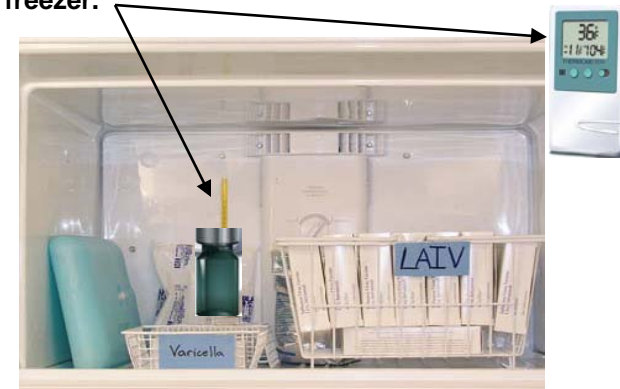
- Providers are required to have certified, calibrated thermometers in all refrigerators and freezers used for vaccine storage
- Providers should retain the accompanying certificate as proof of certification
- The certification must not be more than one year past the due date. If more than one year past due, must be replaced with a new certified thermometer or recertified at the provider's expense.
- The refrigerator or freezer should never be without a certified thermometer, even during the certification



Minimum/maximum thermometer in freezer.

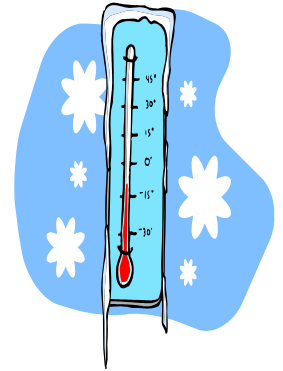


Fluid-filled biosafe liquid thermometer in freezer.



Storage and Handling cont...

- TVFC providers should identify sufficient alternative space to store vaccine and maintain the “cold chain” during any period when the refrigerator is out of service



- “Do Not Unplug” sign must be posted on all outlets or all refrigerators units used to store vaccine

- “Do Not Unplug” sign must be posted by each circuit breaker



Vaccine Loss

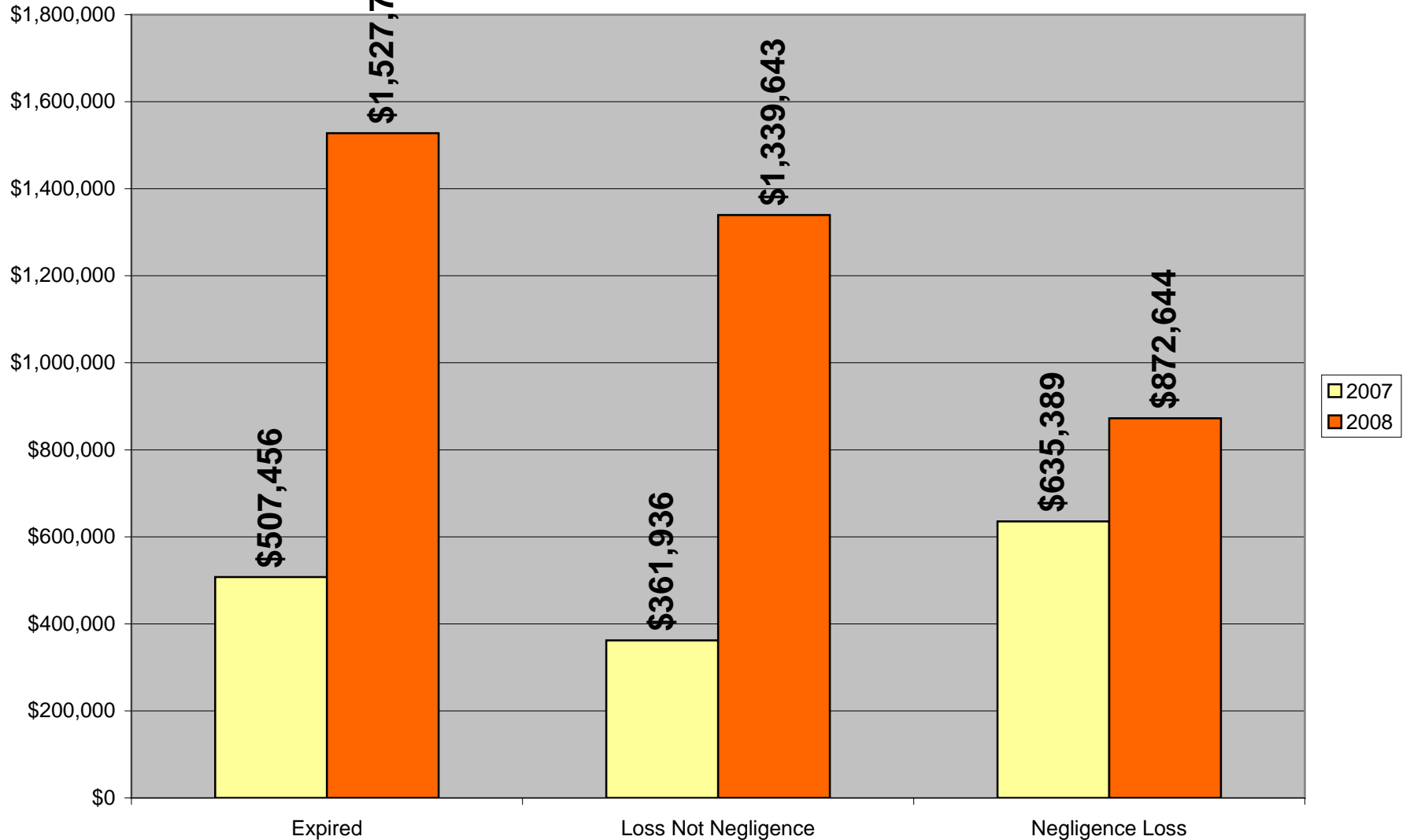
- Notify the TVFC staff immediately If a loss of 5 doses or more (expired or ruined) has occurred; TVFC staff will notify DSHS
- Separate expired or ruined vaccine from other viable vaccines
- Submit the Loss Report (EC-69) explaining the cause of the vaccine loss and outlining the steps taken to ensure the vaccines will be protected in the future
- The Loss Report must be submitted to DSHS within **4 business days** of the loss
- Report must be signed by any licensed healthcare provider listed on the enrollment form
- Report vaccine loss on column “F” of the EC-33 at the end of the month

Vaccine Loss due to Negligence

vaccine negligence may include but it is not limited to:

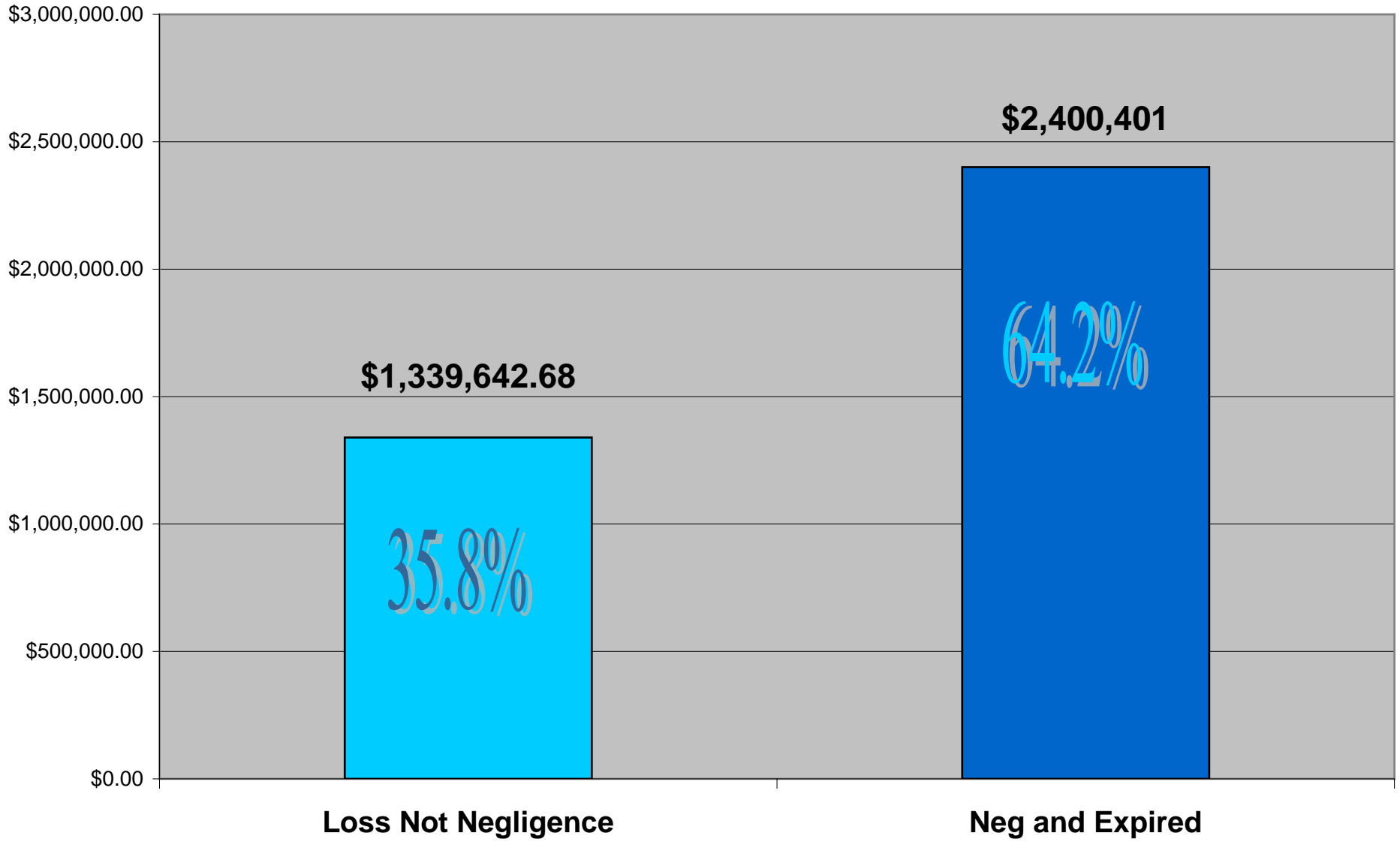
- Vaccine stored improperly
- Vaccine left unrefrigerated or out of the freezer
- Refrigerator or freezer unplugged
- Transporting vaccine inappropriately
- Improper maintenance of storage unit
- Storage unit door left open
- **Improper monitoring of temperatures in freezer or refrigerator**
- Allowing vaccine to expire
- **Failure to notify LHD 90 days prior to exp. date**
- Refusal of vaccine shipment

2007-2008 Vaccine Losses



27% Increase

2008 TVFC Vaccine Losses





Questions



Source:

- TVFC Provider Manual 2009
- Department of State Health Services (DSHS)
Vaccine Management Guidelines
http://www.dshs.state.tx.us/immunize/vac_manage.shtm
- Karen Hess, Manager Vaccine Services DSHS



Thank You!!!

TEXAS VACCINES FOR CHILDREN (TVFC)

6292 Trowbridge

El Paso TX. 79905

(915) 778-9815

Texas Health Steps HSR 9/10



Daniel Ben



THSteps Program

- Also known as: Early Periodic, Screening, Diagnosis and Treatment (EPSDT)
- Find children with actual or potential health problems, screen, diagnose and treatment
- Offer preventive health services to Medicaid eligibles under 21



PROGRAM BENEFITS

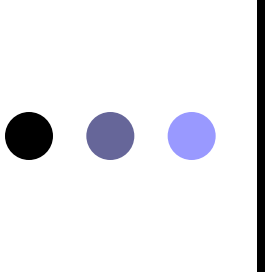
Allows For:

- Identification and treatment of problems early on
- Expansion of services to treat identified conditions
- Education of families on the benefits of preventive health



THSteps Eligibility

- Medicaid Form 3087 indicates THSteps medical/dental checkup due
- Medicaid form 1027 – limited information
- THSteps Eligibility – age driven
- Medicaid Managed Care
- Primary Care Case Management – PCP



PERIODIC (THSteps Checkups)

Performed at Scheduled Intervals:

3-5 days

4 months

12 months

2 weeks

6 months

15 months

2 months

9 months

18 months

24 months

30 months

Then annually after 3rd birthday (through age 20)



● ● ● | Exceptions to Periodicity

- **Medically necessary – SC**
- **Required to meet state or federal exam requirements – 32**
- **Immediately before a dental procedure requiring general anesthesia – 23**
- **Client will not be available when next checkup is due – SC**
- **Provider is aware the recipient is up-to-date – SC**

Comprehensive Health Screening* - THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents (Birth through 10 Years of Age)

*Comprehensive Health Screening is defined as: both an objective screening with the use of standardized procedures or screening tools and a subjective screening of those components when a standardized procedure or screening tool is not required (e.g., visits when audiometric hearing screening is not required). The screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines that an objective screen or test is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

Age	History	Measurements					Comprehensive Unclothed Physical Examination	Vision Screening (objective)	Parent Hearing Checklist	Hearing Screening (objective)	Nutritional Screening	Developmental Screening		Mental Health Screening	Screen for/Administer Immunizations Using ACIP Guidelines	Laboratory Tests							TB Screening		Dental Referral	Health Education and Anticipatory Guidance
		Length	Height	Weight	BMI	Front-Occipital Circumference						Blood Pressure	Developmental Screening: ASQ, PEDS, or other standardized tool			Autism Screening: MCHAT or other standardized tool	Newborn Hereditary/Metabolic Testing	Hemoglobin Type	Lead Questionnaire	Blood Lead Screening	Anemia	Hyperlipidemia (as indicated)	Type II Diabetes (as indicated)	TB Risk Screening Tool		
Newborn	*	*	*	*	*	*	*	*	*	*				*	*	*									*	
3-5 days	*	*	*	*	*	*	*	*	*	*				*	*	*									*	
2 weeks	*	*	*	*	*	*	*	*	*	*				*	*	*									*	
MONTHS	2	*	*	*	*	*	*	*	*	*				*	*	*									*	
	4	*	*	*	*	*	*	*	*	*				*	*	*									*	
	6	*	*	*	*	*	*	*	*	*				*	*	*									*	
	9	*	*	*	*	*	*	*	*	*				*	*	*									*	
	12	*	*	*	*	*	*	*	*	*				*	*	*									*	
	15	*	*	*	*	*	*	*	*	*				*	*	*									*	
	18	*	*	*	*	*	*	*	*	*				*	*	*									*	
YEARS	24	*	*	*	*	*	*	*	*				*	*	*										*	
	30	*	*	*	*	*	*	*	*				*	*	*										*	
	3	*	*	*	*	*	*	*	*	*				*	*	*									*	
	4	*	*	*	*	*	*	*	*	*				*	*	*									*	
	5	*	*	*	*	*	*	*	*	*				*	*	*									*	
	6	*	*	*	*	*	*	*	*	*				*	*	*									*	
	7	*	*	*	*	*	*	*	*	*				*	*	*									*	
8	*	*	*	*	*	*	*	*	*				*	*	*									*		
9	*	*	*	*	*	*	*	*	*				*	*	*									*		
10	*	*	*	*	*	*	*	*	*				*	*	*									*		

Legend of Symbols

- Indicates that a component is mandatory and must be completed during the checkup. If a component is not completed at the required age, then the provider must complete it at the next checkup, if it is age-appropriate, or whenever it is medically necessary.
- Δ TB screening: In counties that have been designated as having a high incidence of TB, administer an intradermal skin test at 1 and 4 years of age and the DSHS-approved questionnaire annually beginning at 2 years of age. In all other counties, administer the DSHS-approved questionnaire annually beginning at 1 year of age.

Comprehensive Health Screening* - THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents (11 through 20 Years of Age)

*Comprehensive Health Screening is defined as: both an objective screening with the use of standardized procedures or screening tools and a subjective screening of those components when a standardized procedure or screening tool is not required (e.g., visits when audiometric hearing screening is not required). The screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines that an objective screen or test is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

Age	History	Measurements				Comprehensive Unclothed Physical Examination	Vision Screening (objective)	Hearing Screening (objective)	Nutritional Screening	Mental Health Screening	Screen for/Administer Immunizations Using ACIP Guidelines	Laboratory Tests (as Indicated)						TB Screening		Dental Referral	Health Education and Anticipatory Guidance
		Height	Weight	BMI	Blood Pressure							Hemoglobin Type	Anemia	Hyperlipidemia	Diabetes Type II	STD Screening	HIV test	<input type="checkbox"/> PAP Smear	TB Risk Screening Tool		
YEARS	11	•	•	•	•	•					•							Δ	Δ	•	•
	12	•	•	•	•	•	•				•							Δ		•	•
	13	•	•	•	•	•	•				•							Δ		•	•
	14	•	•	•	•	•	•				•							Δ		•	•
	15	•	•	•	•	•	•	•			•							Δ		•	•
	16	•	•	•	•	•	•				•	•						Δ		•	•
	17	•	•	•	•	•	•				•							Δ		•	•
	18	•	•	•	•	•	•	•			•							Δ		•	•
	19	•	•	•	•	•	•				•							Δ		•	•
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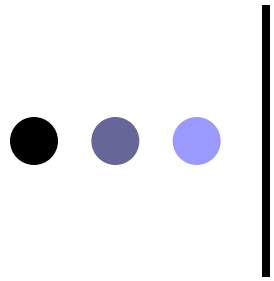
Legend of Symbols

- Indicates that a component is mandatory and must be completed during the checkup. If a component is not completed at the required age, then the provider must complete it at the next checkup, if it is age-appropriate, or whenever it is medically necessary.
- Δ TB screening: In counties that have been designated as having a high incidence of TB, administer an intradermal skin test at 1 and 4 years of age and the DSHS-approved questionnaire annually beginning at 2 years of age. In all other counties, administer the DSHS-approved questionnaire annually beginning at 1 year of age.
- PAP smear screenings should be performed 3 years after the onset of sexual activity or at 21 years of age.



Subjective vs Objective Screening

- Blank spaces = **subjective** screening or use of **objective** screening tools
- Dots = **objective** screening = use of standardized screenings tools, questionnaires or procedures



Checkup Components

1. History
2. Measurements
3. Unclothed Physical
4. Sensory
5. Nutritional
6. Developmental
7. Autism
8. Mental Health
9. Immunization
10. Lab
11. TB
12. Dental
13. Anticipatory
Guidance



Child Health History Form and Child Health Record

- Child Health History Form
- Child Health Record:
 - Birth-1 Month
 - 2-6 Months
 - 7-12 Months
 - 13 Months – 2 Years
 - 3-5 Years
 - 6-10 Years



Adolescent Health History Form and Record

- 11-21 Years

- Adolescent Health History Form

Validated tools should be used such as:

- GAPS

- Bright Futures

- HEADSS



What components may be delegated to ancillary staff?

Most of the exam/forms may be delegated to and completed by the ancillary staff performing the rest of the components.



Measurements

- **Length/Stature and Weight**
- **Head circumference** - up until 24 months
- **Body Mass Index** - beginning at 24 months
- **Blood Pressure** - beginning at 3yrs (use appropriate cuff size)

Plotting sheets are free through DSHS



Unclothed Physical Exam

- Unclothed
- Suitably draped

The unclothed physical examination must be completed by one of the following: Physician, NP, PA or RN



● ● ● | Sensory Screening

Vision

- birth to 2 years: includes history of high risk conditions, observations and physical exam
- ages 3,4,5,6,8,10,12,15,and 18 years: screening includes administration of an age appropriate vision chart



Sensory Screening - continued

Hearing

- birth to 3 years: includes history, observation and screening by Parent Hearing Questionnaire
- ages 4,5,6,8,and 10 years: a pure tone audiometer must be used to screen hearing check ups



Nutritional Screening

Ask questions about dietary practices to identify unusual eating habits.

- Determine quality and quantity of individual diets.
- Conduct a complete physical examination, including an oral screening, paying special attention to general features such as pallor, apathy and irritability.
- Obtain accurate height and weight measurements and calculation of BMI as important indices of nutritional status.
- Perform laboratory screenings for anemia.



- ● ●

Developmental and Autism

Required Screening Ages and Tools		
Screening Ages	Developmental Screening Tools	Autism Screening Tools
9 months	Ages and Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS)	
1 year	ASQ or PEDS (if not completed at 9 months or with provider/parental concern)	
18 months	ASQ or PEDS	Modified Checklist for Autism for Toddlers (MCHAT)
24 months	ASQ or PEDS	
30 months	ASQ or PEDS (if not completed at 24 months or with provider/parental concern)	
3 years	ASQ, Ages and Stages Questionnaire-SE (ASQ-SE), or PEDS	
4 years	ASQ, ASQ-SE, or PEDS	



Mental Health Assessment

- Mental Health Interview Tool
- 0 - 2 years
- 3 - 9 years
- 10 - 12 years
- 13 - 20 years



THSteps/Immunizations

- All providers must assess the immunization status of the client at every encounter and administer any medically indicated immunizations according to the Advisory Committee on Immunization Practices (ACIP) schedule, unless medically contraindicated or because of a parent's or guardian's reason of conscience, including a religious belief.

- For Medicaid clients birth through 18 years of age, the Texas Vaccine for Children program provides free vaccines that are recommended according to the Recommended Childhood and Adolescent Immunization Schedule.

Texas law requires all medical providers and payers to report all immunizations administered to children under 18 years of age to ImmTrac, the Texas immunization registry operated by DSHS.



Laboratory

- All blood specimens with the exception of specimens related to hyperlipidemia, type 2 diabetes and HIV screening are to be submitted to DSHS Lab for analysis.
- The reimbursement for the complete medical check-up includes specimen collection supplies, mailing and shipping supplies, and receiving test results from the DSHS laboratory.
- Lab specimens submitted to DSHS MUST include
 - client's name
 - Medicaid Number
 - on a DSHS laboratory Request Forms: Newborn Screening NBS-3 and G-THSteps

Providers must write “pending” in the Medicaid number space (when number is pending), located in the payer source section of the laboratory requisition form.



Newborn Screening

- The second mandated newborn screen at 1 to 2 weeks of age is a required component of the THSteps medical check up
- If there is any doubt that a child younger than 12 months of age was properly tested, the provider should submit the blood sample on a NBS-3 form and mail to the DSHS Laboratory in Austin.



Hemoglobin (Hgb) or Hematocrit

- Required to indicate anemia resulting from poor diet or diseases.
- 6 months, 12 months, 24 months, 6 years, 12 years, 16 years
- At 12 and 24 months of age, hemoglobin should be quantitated in conjunction with the lead screen.



● ● ● | Lead Screening

- Risk Assessment for Lead Exposure: Parent Questionnaire
- 6-9 months; 15-18 months; 3-6 years
- “Yes” or “Don’t Know” answers warrant a blood lead test
- Blood lead test required at 12 and 24 months



Hemoglobin Type


- part of the newborn screening
- Need not be repeated if previously performed and results are documented
- Specimens submitted for hemoglobin types testing must be collected on the DSHS Snap-Apart filter paper collection card provided by the DSHS laboratory
- Specimen collected on filter paper should be dry before mailing.
- Mail specimens daily.



High Risk Lab Collection

It is critical to maintain confidentiality when caring for clients, as well as their specimens. Discussions with clients about their risk factors should be confidential. Testing should be performed only after informed consent is obtained from the adolescent.

- STD's - DSHS Austin lab
- HIV - DSHS Provider lab of choice, red top tube
- Cervical Cancer Screening - 3 years after the initiation of sexual activity, mail specimens to the Women's Health Lab in San Antonio, TX.
- Cholesterol – provider lab of choice, red top tube
- Lipid profile - provider lab of choice, red top tube
- Glucose - provider lab of choice, gray top tube



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-
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Tuberculosis Screening



- Administer the TB Questionnaire annually beginning at 1 year of age
- Any “Yes” or “Don’t Know” responses warrant a PPD Mantoux Skin Test
- Patients with negative skin test may not need to have the skin test repeated
- BCG vaccinated clients should also have the screening tool administered annually
- High and low prevalence areas differ



Oral Evaluation and Fluoride Varnish Program

- For ages 6 months to 35 months
- Component includes:
 - Oral evaluation
 - Fluoride varnish application
 - Dental anticipatory guidance
- Limited to medical providers who have completed the required education and are certified by DSHS Oral Health Program

Note: Physician must complete the oral evaluation, but can delegate all other components



Dental Referral

- (●) Refer all clients to a Dental Home beginning at 6 months of age or 12 months if referring to a non-First Dental Home provider
- (●) Then every 6 months thereafter
- (●) Dental Screening is part of the medical checkup and includes:
 - Inspection of teeth
 - Oral soft tissue
 - Anticipatory guidance



Anticipatory Guidance

- Required integral part of each checkup
- Health Education
- Counseling
- Face-to-face with the child's parent/caretaker or with the adolescent



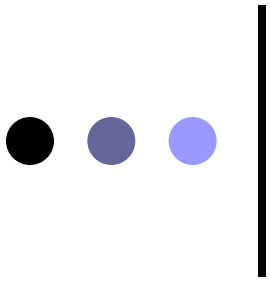
Statutory Laws

- **Parent Accompaniment** – Children younger than 15 years of age must be accompanied by the child’s parent or legal guardian, or other adult authorized by the parent or guardian to THSteps dental appointments unless the services are provided by an exempt entity as required in the Human Resources Code.
- **Anticipatory Guidance** – Health education is a federally mandated component of the THSteps medical check up.
- **Consent for Medical and Mental Health Care of a minor** – In Texas, your patient is considered a “minor” if he or she is under age 18, has never married, and has not been declared a legally emancipated minor.
- **Rider 23** - Requires Department of State Health Services to ensure all Medicaid providers comply with the provisions of reporting abuse and neglect.



Abuse and Neglect

- **Requirements for reporting** – If a professional has cause to believe that a child has been abused or neglected or may be abused and neglected.
- **Policy for reporting** – Reimbursement shall only be made to providers who have demonstrated a good faith effort to comply with child abuse reporting guidelines and requirements.
- **Procedures for reporting** – The professional shall make a report no later than the 48th hour after the hour the professional first suspects that the child has been, or may be abused or neglected.
- **Reporting Abuse or Neglect** – Texas Department of Protective and Regulatory Services (DFPS) 1-800-252-5400 (24 hours a day seven days a week).



Resource Lines

THSteps	1.877.847.8377
Medicaid	1.800.252.8263 (Clients)
TMHP	1.800.925.9126 (Providers)
CHIP	1.877.543.7669
Transportation	1.877.633.8747
Child Abuse	1.800.252.5400



Contact Information

Contact your DSHS El Paso Area
Provider Relations Representative

Daniel Ben

@ 915.834.7693

Danny.ben@dshs.state.tx.us



Texas Health Steps

New THSteps Record Forms

Arturo Diaz, DSHS /

THSteps Program

Team Lead



Checkup Forms

- THSteps checkup forms are being revised.
- Adolescent Health forms are included in the revised forms.



Checkup Form Pilot Project

- Forms under revision as a result of the Checkup Completeness Study.
- Will be tested with THSteps providers throughout Texas in October.
 - Face to face initial and final interviews performed by HHSC Office of Community Collaboration



Checkup Form Pilot Project

- Used by pilot providers exclusively for THSteps medical checkups during the pilot project.
 - 12 specific practices
 - Approximately 20 individual doctors
- Further revisions will be made if needed prior to distribution.



Checkup Form Pilot Project

- Forms focus on the 5 federal requirements
 - Comprehensive health and developmental history
 - Developmental Screening
 - Mental Health Screening
 - Nutritional Screening
 - Tuberculosis Screening



Checkup Form Pilot Project (con't)

- Unclothed physical examination
 - Measurements
 - Vision Screening
 - Hearing Screening
- Immunizations
 - ACIP Guidelines



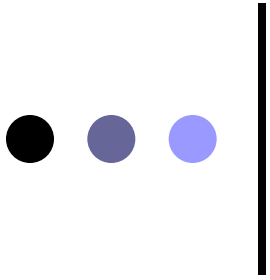
Checkup Form Pilot Project (con't)

- Laboratory Tests (as indicated)
- Health Education and Anticipatory Guidance
- Additional state requirement:
 - Dental Referral beginning at 6 months of age



THSteps QA

- Forms created to allow all components for QA review to be included.
- QA review form to be developed following the study



Questions