



## A Note from Executive Director and CEO, John Wendling



In 2019, Parkland Community Health Plan (PCHP) celebrated our 20-year anniversary. While we celebrated, we had the opportunity to remember where we have been and to think strategically about where we are going. These conversations led to exciting and significant changes in our day to day operations and our strategy for the future. Over the next five years, these changes will allow PCHP to

grow into a leading community health plan in Texas and renew relationships across our community and our state. Today, as we look to the future, we find ourselves with renewed energy and purpose. After all, there is much work to do and limited time in which to do it. I'd like to take a few minutes to orient you to some of the future plans of PCHP with respect to provider and member relations specifically.

During 2019, PCHP developed and operationalized a new staffing model which allowed us to capitalize on the talent that existed within the health plan while paving the way for the recruitment of new talent to join the organization. This new team is currently leading PCHP in the

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implementation of a new service delivery model that includes improved provider relations, network development and member relations strategies. Work has already begun on several initiatives that will improve member and provider relationships as well as improving access for our members. Going forward, providers and members alike can expect a more proactive approach in these key areas.

In addition, PCHP will seek opportunities to collaborate to a greater degree with our partners in the communities we serve. As the organization grows and evolves, we will need the input of community leaders, providers, health systems and other stakeholders to ensure we are always aligned with the unique needs of our seven-county service delivery area. Effective communication

will be key to establishing strong relationships with our member, provider and community network. We will depend on our providers to play a major role in helping to ensure that we address the needs of our members in the best possible ways. This will be foundational to our success in 2020 and beyond.

It is indeed an exciting time at PCHP and we are grateful for your continued partnership. We look forward to sharing the year ahead with you and we are even more excited about what the next 20 years will bring for our members, our providers and the plan.



John W. Wendling

Executive Director, Parkland Community Health Plan

### NEWS YOU CAN USE

## Provider Relations

As we have shared throughout the year, each quarter, our Provider Relations department will focus on identifying top trends that we would like our provider community to be aware of to promote provider satisfaction and minimize pain points. Please share this information with your staff in an effort to ensure your claims are handled correctly.

### The following scenarios impact claim payment delays and/or denials:

- Offices submit claims/bills with different national provider identifier (NPI)/ Texas provider identifier (TPI) numbers vs. what is listed on the state's master file causing claim denials.
- Attestation is not updated or completed (please contact Texas Medicaid Health Plans (TMHP) if you receive any correspondence and remember to act immediately).
- Diagnosis/procedure codes do not support modifiers billed – see your manual for additional guidance.
- Provider's address is listed incorrectly in our system resulting in payments being distributed to the incorrect address. Please send any address changes or demographic changes to: [PCHP.CREDENTIALING@phhs.org](mailto:PCHP.CREDENTIALING@phhs.org).

Remember, we are here to help, so please stay connected with your Provider Relations Representative as we focus on improving our communication, education and outreach. Thanks for all you do and we are so glad you are a part of our network.

### Contact us:

Claim Inquiries/Claim Research: Customer service representatives and claim rework processors are available 8 AM-5 PM. (Monday-Friday) to assist in real-time. Our CICR department is knowledgeable and trained to assist with the following provider calls: claim status, pay denials/reconsiderations, billing and coding, check tracers, coordination of benefits (COB), voided claims, prior authorization, remittances, appeal status, etc.

**Healthfirst: 1-888-672-2277 | Kidsfirst:1-888-814-2352**

INTRODUCING

## Justin Skerbetz

VP, Chief Marketing and Communications Officer  
Parkland Community Health Plan (PCHP)



Justin joins us with over 15 years of progressive leadership experience in Medicare and Medicaid. Before joining PCHP, Justin ran acquisition strategy and implementation for a multi-state Blue Cross Blue Shield plan, as well as marketing and strategy for a top Medicaid plan. He has overseen successful

product launches and expansions in both Medicare and Medicaid with significant enrollment growth while achieving multiple government quality bonus improvements. In addition, Justin has managed multiple award-winning projects, such as websites, marketing automation programs, call centers, analytic platforms, and CRMs.

With a distinct focus on customers, Justin credits much of his success to direct interaction with the membership early in his career, something that he has never stopped doing. “Talking with thousands of people with Medicare and Medicaid showed me the good, the bad and the ugly of insurance, as well as the unique circumstances that these special people are faced with every day. Because of these interactions, I do my best to always think of the impact on

the customer with each decision or recommendation that I make. Our customers have enough stress and challenges in their daily life – their insurance does not need to be another,” he said.

Justin combines his health insurance experience with an expertise in consumer behavior and a willingness to explore new marketing approaches with a goal of clear results and analytics to make sure he and his team consistently push for measurable improvement. He is looking forward to playing a key role in driving PHCP forward, saying “One of the things that excites me the most about this role is that we get to build something great. When you factor in the knowledge we have from Parkland Health & Hospital System, coupled with what we know and will expand for health insurance, we will be able to make a huge difference in the lives of our current and prospective customers, as well as their communities. I look forward to working with everyone to build a team that helps set that strong foundation.”

Justin has an MBA from Waynesburg University and a BSBA with a dual major in Marketing and Multimedia from Duquesne University. In joining Parkland Community Health Plan, Justin is relocating from Pittsburgh, Pennsylvania, with his wife, Dr. Mandi Skerbetz, an Ed.D. from the University of Pittsburgh in the Education of Students with Mental and Physical Disabilities and his Italian greyhound, Lily.

INTRODUCING

## Nicholas Smith

VP, Network Development & Provider Relations  
Parkland Community Health Plan (PCHP)



Leading PCHP’s Provider Network operations, Nick will execute our mission, vision and values by developing a robust clinically integrated delivery system that fulfills our Triple Aim for every member:

- Improving our patient’s healthcare experience
- Increasing our quality of care and our patient’s wellbeing

- Reducing costs and waste
- AND extending this focus to our Quadruple Aim of Provider Satisfaction and Prioritizing our Provider Relationships

Nick is a dedicated husband and father who enjoys family activities around travel, sports, music and community events. He is a servant leader with entrepreneurial spirit. And a healthcare professional with broad and diverse expertise throughout all areas of managed care, including network development, health economics, population health management, credentialing and other administrative operations.

DR. NNEKA COS-OKPALLA, PHARM.D, MBA

## Dr. Google vs. the Pharmacist Provider: How to Better Educate Your Patients

The education of proper medication use should be a top priority for pharmacists in their efforts to improve the quality of patient care. Since pharmacists are medication experts on the front lines of health, actively working to help their patients live healthy lives, they should also be ready to combat misinformation and disseminate accurate information to their patients.

### Where else are patients getting their information?

#### The Internet.

The internet is a wealth of information and potential misinformation for your patients. Yes, even your patient demographic of 65+ is actively online. Here are a few stats reported by Pew Research Center's Internet/Broadband Fact Sheet:

- Roughly nine-in-ten American adults use the internet.
- Roughly two-thirds of American adults have broadband internet service at home.
- Another chart from the same Pew Research Center report shows 66 percent of U.S. adults 65 and older are using the Internet.

### How does this relate to health education?

As internet users try to educate themselves on illness symptoms and seek out medication remedies and other health solutions, they might not be visiting reputable websites or gaining accurate information. They can also be influenced by over-the-counter brands that fight and pay for top spots in search engine optimization. They might also be influenced by online personalities, message boards and social media responses.

A 2017 dotHealth survey highlighted on pm360online explained: "When researching information about a specific health condition or question – specifically, 57 percent of consumers go online first vs. 32 percent that would go to their doctor or other healthcare professional first. When we break this down by gender, we find that women (63 percent) are more likely to research on the internet first than men (52 percent)."

Keystroke internet health knowledge has been available since the 90's, but in the last 10 years, the internet has amplified consumer reach through mobile and wireless computer devices that utilize virtual assistants to answer life's many questions. That includes health questions.

A 2016 JAMA study on smartphone-based conversational agent reported, "When asked simple questions about

mental health, interpersonal violence, and physical health, Siri, Google Now, Cortana, and S Voice responded inconsistently and incompletely."

### As providers, what can be done to intervene?

- Strategize with your team. Designate someone on your staff to keep an eye out for patients who may have questions.
- Ask your patients/members how they are doing, about their health, and if they have questions concerning their medications at check out every time.
- Research and review the internet on your own. MedlinePlus.gov and Healthfinder.gov are government health sources offering health topic information online. You can decide what articles and links you wish to add to your education resources.
- Promote consultations and medication reviews to your customers.
- Keep brochures, posters, and info cards up to date in your educational resource center.

By promoting your educational knowledge, you can help patients make better health decisions, help them understand their medication, and provide quality advice that solidifies your position as the medication expert.

### References

- Pew Research Center Internet/Broadband fact sheet [www.pewinternet.org/fact-sheet/internet-broadband/](http://www.pewinternet.org/fact-sheet/internet-broadband/)
- How Consumers Find and Use Online Health-Related Content in 2017 [www.pm360online.com/how-consumers-find-and-use-online-health-related-content-in-2017/](http://www.pm360online.com/how-consumers-find-and-use-online-health-related-content-in-2017/)
- Adam S. Miner, PsyD; Arnold Milstein, MD; Stephen Schueller, PhD; Roshini Hegde; Christina Mangurian, MD, MAS; Eleni Linos, MD, DrPH. Smartphone-Based Conversational Agents and Responses to Questions About Mental Health, Interpersonal Violence, and Physical Health JAMA Internal Medicine May 2016 p 620-625 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2500043>

## Policy/Legislative Updates

- **H.B. 1584**
  - Creates exception criteria allowing for use of NPD for conditions associated with stage 4 cancer – provider will need to attest member has stage 4 cancer to receive drugs – call will be sufficient
    - PA will still apply but not step therapy
  - Policy guidance on exception criteria has been developed
    - Time will be allotted for member notification
  - Business as usual until go live
- **H.B. 2174, S.B. 1564, S.B. 3285**
  - Removes PDL PA from MAT drugs to treat opioid and substance use disorders (OUD/SUD)
    - PDL PA criteria disclosed at Oct. DUR board meeting
    - PDL changes to be implemented Jan 2020
    - Will not affect clinical edits
    - 10-day limits on acute fills for naïve members will be part of Support Act
- **S.B. 1096**
  - Provides continued access to drugs prescribed to children enrolled in STAR Kids, regardless of whether the drug is on the VDP formulary
  - Prohibits NPD PA and ST protocols for this populations
    - HHSC is seeking clarification from CMS
    - VDP is hoping for final guidance from CMS before the end of the year
- **S.B. 1207**
  - Vendor Drug Program (VDP) is not leading this initiative
  - Provides operational and administrative changes to Medicaid, Managed and Medically Dependent Child Waiver Program
  - Involves notice requirements regarding Medicaid coverage and PA denial and incomplete requests
    - HHSC is seeking clarification from CMS
- **S.B. 1780**
  - Allows VDP to enter into value/outcome-based rebate agreement with pharma
  - State plan amendment required
  - Information for pharma and intake form to be available online by end of 2019
  - Must be approved by CMS
  - VDP still developing form to submit to CMS; will probably take a few more months before they are ready to submit to CMS
- **Rider 29**
  - Requires HHSC allocate funds to create an automated database for the Texas Drug Code Index Certification of Information
    - Automation will streamline functions
    - Reduce time to add drugs to the formulary
  - VDP is finalizing vendor agreement to implement the automated solution
- **Rider 30**
  - Requires VDP to evaluate strategies to achieve cost savings for Medicaid prescription drugs, including dispensing of prescription drugs by physicians
  - HHSC reviewing cost containment suggestions
  - Findings and recommendations due by Sept. 1, 2020
- **Rider 34**
  - Requires HHSC to evaluate Medicaid prescribing practices of opioid drugs and the extent those practices align with the guidelines for prescribing opioid drugs adopted by CDC
  - CMS approval required to implement outpatient drug opioid policy
  - Findings and recommendations due by Sept. 1, 2020
- **Rider 40**
  - Policy analysts leading this initiative
  - Directs HHSC to explore the feasibility of implementing a subscription model to treat patients with chronic Hep C virus
  - In partnership with Texas Department of Criminal Justice, Employee Retirement System and Teacher Retirement System
  - Due by July 1, 2020
- **Rider 77**
  - Requires HHSC to coordinate with Texas Board of Pharmacy (TSBP) to determine feasibility of implementing a process where unused long-acting reversible contraceptive devices can be transferred to another client
  - HHSC may implement process depending on feasibility and cost effectiveness
  - HHSC in discussions with Texas State Board of Pharmacy (TSBP)

## Prior Authorization (PA) Process and Dispensing 72-Hour Emergency Fill

Navitus processes Texas Medicaid pharmacy prior authorizations (PAs) for PCHP. Medications that require PA for these groups will undergo an automated review to determine if the PA criteria are met.

- If all criteria are met, the claim will be approved and paid, and the pharmacy will continue with the dispensing process.
- If the automated review determines that not all criteria are met, the claim will be rejected and the pharmacy will receive a message indicating that the drug requires prior authorization.

The pharmacy should then contact the prescriber to initiate the PA process. HHSC requires a 72-hour emergency supply of a prescribed drug be provided only in cases where:

- A PA is required
- The provider is not available to submit the PA request, and
- The medication is needed immediately.

This requirement applies to non-preferred drugs on the Preferred Drug List (PDL) and/or any drugs subject to a clinical PA. This procedure should not be used for routine and continuous overrides, to circumvent step therapy requirements or for nonemergency medications. This

override can be used more than once only if the provider remains unavailable to submit the PA request and reasonable good faith efforts have been made to contact the prescribing prescriber. Pharmacists should assist their patients by notifying and following up with the prescriber for such PA requests. Pharmacists should use their clinical discretion in determining when an emergency supply should be dispensed prior to the PA request. A 72-hour emergency supply is warranted when a medication is needed immediately, without delay (e.g., antibiotics, asthma, etc.). Medications that do not meet the 72-hour emergency supply may include those that do not have an immediate impact (e.g., acne, hepatitis C, cholesterol treatments).

Pharmacies may download the 72-hour Emergency Override instructions from the “download” page at [www.txvendordrug.com/resources/downloads](http://www.txvendordrug.com/resources/downloads).

**Texas Medicaid and CHIP Patients:**\* Please utilize the formulary and PDL on the VDP website for Texas Medicaid. For CHIP patients, please utilize the formulary on the VDP website, [www.txvendordrug.com](http://www.txvendordrug.com).

## Clinical Pharmacy Policy & Program Operations (CPCO) Update

Quarterly, we review our internal systems to ensure that claims are being processed quickly, consistently, and in alignment with industry standards and guidelines. The American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare & Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

As a result, we have developed recommendations to enhance the processing and reimbursement of drug-related medical claims. The current industry standard is to include the National Drug Code (NDC), NDC units, and NDC unit qualifier on all drug-related medical claims. NDC information helps differentiate and identify medications that share the same Healthcare Common Procedure Coding System (HCPCS) code, which allows us to identify drug preferences, detect billing errors, and improve reimbursement processes.

### Recommendations

In alignment with Centers for Medicare & Medicaid Services (CMS) requirements, we recommend that the following

information be included in the designated fields on drug-related medical claims:

- Applicable HCPCS or Current Procedural Terminology (CPT®) codes
- Number of HCPCS or CPT code units
- 11-digit NDC, including the N4 qualifier
- Dosage unit of measurement (F2, GR, ML, UN)
- Number of NDC units administered/dispensed (must be greater than 0)

NDC coding applies to claims for outpatient services billed with:

- Form CMS-1500 for providers
- Form UB-04 for hospitals and facilities
- Electronic data interchange (EDI) 837

Please note that this does not affect hospital or facility inpatient claims.

You can find all non-risk drug lists on the VDP website: [www.txvendordrug.com/resources/managed-care/non-risk-drugs](http://www.txvendordrug.com/resources/managed-care/non-risk-drugs).

Exondys-51 home infusion – non-risk effective Dec. 1, 2019  
Zolgensma – intent is to cover all NDCs

## Access To Care Guidelines

### OBGYN/prenatal care – STAR program thresholds

Level/type of care	Time to treatment (calendar days)	Threshold
Low-risk pregnancies	Within 14 calendar days	85%
High-risk pregnancies	Within 5 calendar days	51%
New members in the third trimester	Within 5 calendar days	51%

### Vision care threshold

Level/type of care	Standard	Threshold
Specialist physician access: ophthalmology, therapeutic optometry	Members must be allowed to have access without a PCP referral to eye health care services from a network specialist who is an ophthalmologist or therapeutic optometrist for non-surgical services.	99.0%

### Primary care provider thresholds

Standard	STAR child	STAR adult	CHIP	STAR+PLUS
Preventive health services – within 90 calendar days	99.0%	99.0%	99.0%	99.0%
Routine primary care – within 14 calendar days	99.0%	95.8%	90.7%	87.2%
Urgent care – within 24 hours	99.0%	99.0%	99.0%	99.0%

### Behavioral health thresholds

Standard	STAR child	STAR adult	CHIP	STAR+PLUS
Initial outpatient behavioral health visit (child and adult) within 14 calendar days	75%	79%	83%	89%

## Helpful Reminders

### Have you moved recently? Did your phone numbers change?

We want to be sure that PCHP customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Notify us also if your email address changes so that you will not miss any important communications, such as *The Pulse* alerts, and other emails.

### Urgent care for non-emergencies

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go. You can provide your patients other, often better, options. Consider providing them with same-day appointments when it's an urgent problem. And when your office is closed, consider redirecting them to a participating urgent care center rather than the emergency room, when appropriate. For a list of participating PCHP urgent care centers, view our provider search at [www.parklandhmo.com/find-provider](http://www.parklandhmo.com/find-provider).



P.O. Box 569005  
Dallas, TX 7536-9005

## Important Phone Numbers

### Provider Relation and Member Services

HEALTH*first* 1-888-672-2277  
KIDS*first* 1-888-814-2352

### Extensions

Member Services 5428 | 5432 (Spanish)  
Pre-Certification 4021  
Provider Relations 5430  
Claims 5191  
Nurse 4120

### Nurse Line

HEALTH*first* 1-888-667-7890  
KIDS*first* 1-800-357-6162

### Pharmacy

Navitus 1-877-908-6023  
Prior Authorization Fax 1-920-735-5312  
BIN# 610591 | PCN ADV | GROUP# RX8801

Behavioral Health Benefits 1-888-800-6799

### Dental

MCNA Dental 1-855-691-6262  
Denta Quest 1-800-516-0165 (Medicaid)  
1-800-508-6775 (CHIP)

Prior Authorization Fax 1-866-835-9589

### LogistiCare-Medical Transportation

*For Medicaid Members Only*

1-877-633-8747 (24/7) | 1-855-687-3255 (M-F 8-5)

Superior Vision 1-800-879-6901

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