# COMMUNITY HEALTHCARE

Provider Newsletter | Winter 2023

## JOIN OUR STAR+PLUS PROVIDER NETWORK TODAY!

### COMMUNITY FIRST AWARDED STAR+PLUS CONTRACT FOR 2024

### NEW 2024 MEDICAID PROVIDER INCENTIVE PROGRAMS

### GUIDANCE FOR APP AND IET HEDIS® MEASURES

**COMMUNITY FIRST**

**MEDICAID**

**STAR+PLUS**

**MAIN OFFICE**
12238 Silicon Drive, Suite 100
San Antonio, Texas 78249

**COMMUNITY OFFICE AT AVENIDA GUADALUPE**
1410 Guadalupe Street, Suite 222
San Antonio, Texas 78207

**VISIT OUR WEBSITE OR CALL:**
CommunityFirstHealthPlans.com
210-227-2347 or toll-free 1-800-434-2347

SPBD | 12.01268 Ver. 1 04/20

# NEW CLINICAL PRACTICE GUIDELINES RELEASED

**Community First Health Plans has adopted new medical, behavioral health, and preventive health Clinical Guidelines for 2023.**

Community First's Clinical Guidelines are based on up-to-date scientific knowledge and are able to be followed in daily medical practice.

Read Community First's 2023 Clinical Practice Guidelines Matrix to review all guidelines adopted by Community First, including the scientific source upon which each guideline is based.

To request a paper copy of the Clinical Guidelines, Providers can fill out the Education Request Form and mail to:

**Community First Health Plans**
**Attn: Provider Relations Department**
**12238 Silicon Drive, Suite 100**
**San Antonio, Texas 78249**

You may also fax the Education Request Form to 210-358-6199 or call 210-358-6055 to speak with a Community First Health Educator.

## NEWLY ADOPTED CLINICAL PRACTICE GUIDELINES

- > Asthma
- > Cancer
- > Coronary Artery Disease
- > Diabetes
- > Hypertension
- > Immunizations
- > Preventive Health
- > Respiratory Syncytial Virus (RSV)

# 2024 MEDICAID & CHIP PROVIDER INCENTIVE PROGRAMS

Community First Health Plans is committed to improving the health of our Members by supporting access to high-quality, cost-effective health care. As such, Community First will continue to provide value-based performance incentives for Medicaid and CHIP Providers to improve quality and close care gaps for our Members.

## Medicaid/CHIP PCP Incentive Program

Below is a description of Community First's Incentive/Level 2 Alternative Payment Program beginning January 1, 2024 for primary care providers (PCPs).

**The CHIP, STAR, and STAR Kids Programs afford Providers/groups the potential to earn an additional $4.00, $5.00, and $15.00 per Member per month (pmpm), respectively.**

- Participation Eligibility
  Participation eligibility is evaluated on a quarterly basis:
  - CHIP Program: PCPs (or PCP Group) in good standing who have a CHIP panel size of 100 or more and Member satisfaction*
  - STAR Program: PCPs (or PCP Group) in good standing who have a STAR panel size of 100 or more and Member satisfaction*
  - STAR Kids Program: PCPs (or PCP Group) in good standing who have a STAR Kids panel size of 100 or more and Member satisfaction*
- Program Description
  In addition to the above-stated "Participation Eligibility," incentive rewards for each line of business are based on an accumulation of points on individual line of business metrics. There are four (4) metrics for CHIP, five (5) metrics for STAR, and four (4) metrics for STAR Kids. Financial rewards will be paid on a quarterly basis through this program. **Please note:** When calculating points earned for the Community First quality incentive, metrics with low volume will be marked as non-applicable for that quarter. Please refer to the following chart:

| Line of Business | Patient-Centered Medical Home (PCMH) | Potentially Preventable Admissions (PPA) | Potentially Preventable Visits (PPV) | Follow up on ADHD Medication - Initiation (ADD) | Childhood Immunization - Combo 10 (CIS) | BMI Percentile Documentation (WCC) | Use of First-Line Psychosocial Care (APP) |
|---|---|---|---|---|---|---|---|
| CHIP | ✓ | N/A | ✓ | N/A | ✓ | ✓ | N/A |
| STAR | ✓ | ✓ | ✓ | ✓ | ✓ | N/A | N/A |
| STAR Kids | ✓ | N/A | ✓ | ✓ | N/A | N/A | ✓ |

## Medicaid Prenatal and Postpartum Provider Incentive Program

Below is a description of Community First's Incentive/Level 2 Alternative Payment Program beginning January 1, 2024 for prenatal and postpartum care Providers based on HEDIS® 2023 technical specifications and the provision of services.

**Prenatal/postpartum care Providers can be awarded up to $80.00 per STAR Member in addition to regular fees for service reimbursement.****

- Notification of Pregnancy (NOP) - $25 per Notification
  The NOP online form must be completed through the secure Community First Provider Portal following the initial prenatal visit when a Member is first enrolled with Community First. You can access the NOP form by logging into the Provider Portal and clicking "Notice of Pregnancy Form" in the "Quick Access" section on the Portal home page. NOP forms must be accurately completed and submitted electronically (faxed submissions do not qualify for this program) through the Community First Provider Portal within 60 days from the date of the first prenatal visit for each Community First STAR Member. Only NOP forms submitted with complete accuracy through the Community First Provider Portal for STAR Members with corresponding claims will be considered eligible for this incentive program. Providers will receive $25.00 for each timely and accurate notification of pregnant Members on a quarterly basis.
- Timeliness of Prenatal Care - $25 per Initial Visit Only
  Providers that provide timely initial prenatal care visits as defined by HEDIS® (Iniital prenatal care visit as a member of this Health Plan in the first trimester, on the enrollment start date or within 42 days of enrollment in the Health Plan) to STAR Members will receive $25.00 in addition to the contracted fee for service payment for rendered services. A valid claim must include appropriate CPT/ICD-10 Codes and any necessary modifiers. In addition, the qualifying 10-digit provider NPI and taxonomy of the rendering provider must be on the claim.
- Postpartum Care - $30 per Community First Member
  Providers that provide postpartum care as defined by HEDIS® 2023 (postpartum visit on or between 7 and 84 days after delivery) will receive $30.00 for Community First STAR postpartum members with verified eligibility on the service date in addition to the contracted payment for services rendered. A valid claim must include appropriate CPT/ICD-10 Codes and any necessary modifiers. The rendering provider's qualifying taxonomy and 10-digit NPI must be on the claim.

2024 MEDICAID & CHIP PRO

## Medicaid Mental Health Care Providers Incentive Program

Below is a description of Community First's Incentive/Level 2 Alternative Payment Program beginning January 1, 2024 for mental health care providers based on HEDIS® 2023 technical specifications and the provision of services.

**Mental health care providers can be awarded up to $100.00 for each 7-day Follow-Up After Hospitalization for Mental Illness (FUH) for STAR and STAR Kids Members, in addition to regular fees for service reimbursement.**

- Follow-Up After Hospitalization for Mental Illness (FUH)
  Providers that provide 7-day Follow-Up After Hospitalization for Mental Illness (FUH) care as defined by HEDIS® (Follow-Up After Hospitalization for Mental Illness within 7 days after discharge but excluding on the date of discharge) will receive $100.00 for Community First Members with verified eligibility on the date of service in addition to the contracted payment for rendered services to Community First STAR and STAR Kids Members.** A valid claim must include appropriate CPT/ICD-10 Codes and any necessary modifiers. The rendering provider's qualifying taxonomy and 10-digit NPI must be on the claim.

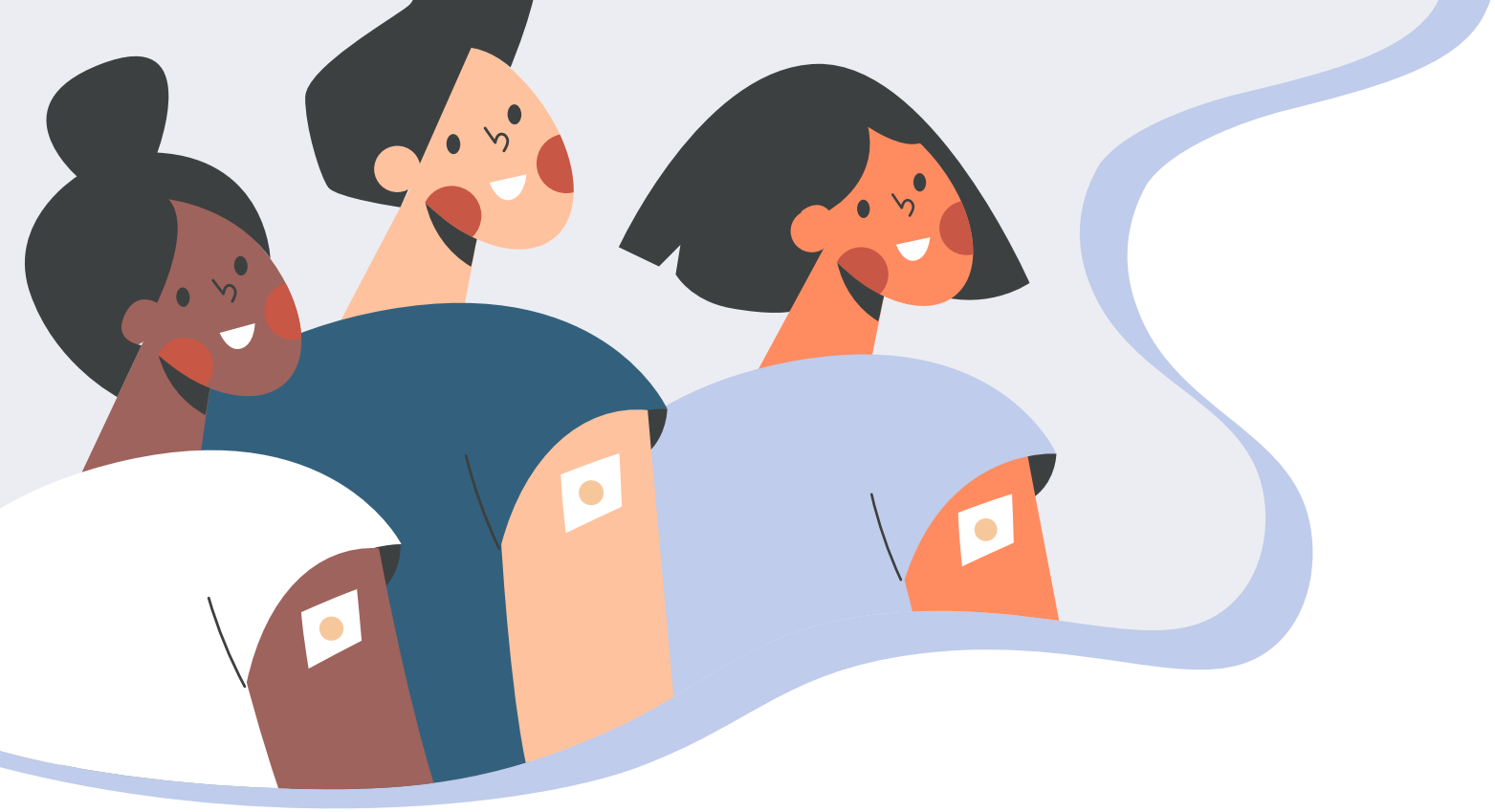
We encourage you to participate in the 2024 Community First Incentive Programs. If you have any questions about these programs, please contact **Narkunan Kesavaram** at nkesavaram@cfhp.com or 210-358-6268.

*Please note: The Community First Provider Incentive program is designed to align with the state's P4Q Metrics and quality metrics. If there is an extraordinary circumstance (i.e., pandemic, changes to the P4Q metrics by HHSC, etc.), Community First reserves the right to update the Provider Incentive Program.*

**Member satisfaction will be evaluated quarterly and assessed through the number of times a PCP switch occurs due to a Member's "dissatisfaction with the PCP and/or office staff." This rate will be no more than five (5) Members per 1,000 Member months during the previous rolling twelve (12) month period.*

*** Financial rewards will be paid on a quarterly basis through this program.*

VIDER INCENTIVE PROGRAMS



# IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Immunizations for Adolescents (IMA) is a HEDIS®* measure that assesses adolescents who have turned 13 years of age in the measurement year and have received the following vaccinations:

> One Meningococcal vaccine (MCV) given on or between 11th and 13th birthday.
  - Serogroup B (MenB) will not meet compliance.

> One tetanus, diphtheria, and pertussis (Tdap) on or between 10th and 13th birthday.

> HPV vaccines between 9th and 13th birthday.
  - Two-dose vaccination series with at least 146 days between the doses with different dates of service between 9th and 13th birthday (male and female), **or**
  - At least three HPV vaccines with different dates of service between 9th and 13th birthdays (male and female).

For more information to share with your patients regarding the importance of the HPV vaccine, please visit https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html.

| Description | CPT |
|---|---|
| MCV | 90734 |
| Tdap | 90715 |
| HPV | 90649, 90650, 90651 |

**Primary care providers, please note:** IMA 2 is a PCP Incentive program metric for STAR and CHIP lines of business. Eligible PCPs may earn incentive rewards for improvement in administrative rates (based on appropriate billing/claims) on a quarterly basis.

### Provider Tips to Improve Administrative Rates:

> Use each visit to review vaccine schedule and catch up on missing immunizations.

> Schedule 13-year-old well-visits before the patient's 13th birthday.
- Member will not be compliant for HEDIS® if final HPV dose is given after 13th birthday.

> Record date(s) and immunization(s) provided at other practices (including out-of-state) and the Health Department in the patient's medical record.

> Recommend the HPV vaccine the same way (and the same day) you recommend other adolescent vaccines.
- Discuss HPV in terms of cancer prevention and explain that the HPV vaccine is most effective before sexual activity begins.
- Administer first HPV at 9-10 years old instead of later to increase compliance.
- List HPV in between other vaccines being received as a preteen bundle. For example, Tdap, HPV then MCV. Behavioral psychology literature supports this.
- Hardwire scheduling of second (or third) HPV appointment and reminders.

> Record all immunizations in Texas' State Immunization Registry ImmTrac2.
- Community First receives records from the state as a part of routine HEDIS® reporting: https://dshs.texas.gov/immunize/immtrac/default.shtm

> Code/bill all immunizations given.
- Documentation of physician orders, CPT codes, or billing charges is not compliant.

> During HEDIS® medical record requests, provide all sources of immunizations from the medical record, including administration/vaccine log, school certificate, and state registry documentation.

***Source***

*https://www.dshs.texas.gov/immunization-unit/immtrac2-texas-immunization-registry*

**HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

# Electronic Visit Verification (EVV) Unlock Requests

## Updated Electronic Visit Verification Visit (EVV) Maintenance Unlock Request Forms

The EVV Visit Maintenance Unlock Request (VMUR) Form for Program Providers and Financial Management Services Agencies (FMSAs) and the EVV Visit Maintenance Unlock Request (VMUR) Form for Cosumer Directed Services (CDS) Employers have been updated.

Both forms can be accessed on the Community First Health Plans EVV website at Medicaid.CommunityFirstHealthPlans.com/Providers/EVV.

New unlock request job aids from TMHP have also been added to the website.

**Comumity First EVV Contacts**

Phone: 1-855-607-7827

EVV General Inquiries: cfhpevv@cfhp.com

EVV Unlock Requests: cfvmurevv@cfhp.com

# PAPER CLAIMS MAILING ADDRESS

Providers have the right to appeal the denial of a claim by Community First Health Plans. Providers are encouraged to fill out and submit a Claim Appeal Form electronically. To do so, log into the Community First Provider Portal, click on the "Office Management" tab, and complete the "Community First Claim Appeal Form."

If you prefer to submit your appeal by mail, send the completed form, a copy of the EOP, along with any information related to the appeal to our paper claims mailing address at:

**Community First Health Plans**
**P.O. Box 240969**
**Apple Valley, MN 55124**

**Please note:** Appeals submitted without the Claim Appeal Form or with inaccurate or incomplete information will be rejected. The Provider will receive a rejection notification from our Provider Relations Department. If you have any questions, please contact Provider Relations at **210-358-6294** or ProviderRelations@cfhp.com.

# DENIALS OF COVERAGE

Community First Health Plans does not provide financial incentives (rewards) to physicians or employees who conduct Utilization Management (UM) for issuing denials of coverage that results in underutilization or creating barriers to care or service. Denials are based on the lack of medical necessity or the lack of a covered benefit.

Information on UM criteria utilized to make a decision can be obtained upon request by contacting Population Health Management (PHM) at 210-358-6050, Monday through Friday, from 8 a.m. to 5 p.m. and press "3," when prompted, for authorization to request this information.

Community First's UM staff is also available Monday through Friday, from 8 a.m. to 5 p.m. at 1-800-434-2347 to assist you with any questions you may have regarding the processing of a request for services. Calls received after hours are handled by an on-call nurse through our 24/7 Nurse Advice Line.

Should a Community First staff member attempt to contact you regarding any issues for services, they will provide you with their full name and title.

Members who need language assistance or TTY services to discuss concerns regarding UM or any concern involving medical and or behavioral health services should call 1-800-434-2347 (TTY 711) and we will be happy to provide assistance.

# Your Flu Vaccine Recommendation MAKES A DIFFERENCE

**As a health care professional, your strong recommendation is a critical factor in whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated.**

The CDC suggests using the **SHARE method** to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations.

**SHARE** the reasons why an influenza vaccine is right for the patient given their age, health status, lifestyle, occupation, or other risk factors.

**HIGHLIGHT** positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

**ADDRESS** patient questions and any concerns about influenza vaccines, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies that show that illness may be less severe.

**REMIND** patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

**EXPLAIN** the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.

After making your recommendation, follow up with each patient during subsequent appointments to ensure they received their vaccine. If a patient still is unvaccinated, repeat the recommendation and try to identify and address any questions or concerns.

**#HowIRecommend**

Watch the **CDC's #HowIRecommend YouTube video series** to see how different clinicians use unique conversational styles and approaches to answering patients' questions or concerns about flu vaccination, with a common goal to ensure their patient's well-being.

**Vaccines.gov**

Enroll your practice on **Vaccines.gov** to ensure that your community has the most up-to-date information on available vaccine services. Throughout the flu season, you can share the amount of vaccine you have available. Register today to put your practice on the map.

**Other Helpful Resources**

> Use these resources from Texas Department of State Health Services to educate parents and caregivers about the flu and the importance of getting their child vaccinated.

> Use these patient education materials from the CDC to guide a seasonal flu campaign, including social media and print resources.

# COMMUNITY FIRST STAR KIDS

## CLINICAL AND ADMINISTRATIVE ADVISORY COMMITTEE

Community First Health Plans is dedicated to providing our most vulnerable Members with the highest quality of care and support. The STAR Kids Clinical and Administrative Advisory Committee (SKCAC) plays a crucial role in achieving this goal.

SKCAC meetings serve as a bridge between Community First and our network of Providers. We value the input of our Providers on the front lines of care delivery and use their feedback to improve the health, safety, and overall well-being of STAR Kids Members. The SKCAC focuses on:

- Developing, reviewing, and revising clinical practice guidelines based on clinical best practices and community standards
- Reviewing general clinical practice patterns and assessing Provider compliance with clinical guidelines
- Assisting Community First, Texas Health and Human Services Commission (HHSC), and the state's External Quality Review Organization (EQRO) in the development of Quality Improvement strategies and studies
- Assisting in the development of improved administrative procedures
- Providing Community First with recommendations on how to improve care based on Member feedback
- Connecting network Providers and Community First clinical experts for purposes of peer support and best practice information sharing

SKCAC is open to Community First providers and other physical health and Behavioral Health experts that serve Community First STAR Kids Members.

SKCAC meets quarterly throughout the year. Please check the Provider Portal for 2024 meeting dates.

To join the SKCAC or to attend a meeting, please contact Stephanie Wagers, VP of Population Health Management, at swagers@cfhp.com or 210-358-6443. SKCAC Membership is appointed and approved by the Community First Board of Directors.

## JOIN US TO SHAPE BETTER HEALTH CARE.

# Case Management Services

Case Management is a key component of Community First Health Plan's Population Health Management strategy. The Case Management (CM) Program provides comprehensive, personalized Case Management services and goal setting for Members who require a wide variety of resources to manage their health and improve their quality of life.

Community First embraces a holistic approach to managing quality of life by treating every Member as a whole. Using this approach, our interdisciplinary Case Management team relies on experienced professionals from diverse backgrounds including social work, nursing, mental health, home care, and home health. The team provides the Member with resources that can help them get the best care possible utilizing the right providers, in the right setting, and in the right time frame.

Community First Case Managers serve as the Member's primary point of contact. The relationship between the Member and Case Manager must be built on trust to foster mutual respect, and to establish a rapport that facilitates communication among the family, caregivers, and other health care team members.

Our Case Management teams are committed to working with Members, their family members, doctors, and other providers on their health care team, to improve the Member's overall health and wellness and to obtain all needed services.

**Case Management is free, voluntary, and available to any Community First Member.**

If you would like to refer a patient who may benefit from Case Management, please email the Community First Case Management referral form to chelp@cfhp.com. A Case Manager will contact the Member to discuss their individual health care needs.

If you would like to learn more about Case Management, please call Community First Population Health Management at 210-358-6050.

Holistic Approach

# USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)

Community First Health Plans is committed to working with our Providers to improve the quality of care for our Members. This Provider Tip Sheet provides information about a Healthcare Effectiveness Data and Information Set (HEDIS®) measure concerning the importance of utilizing psychosocial interventions for children and adolescents (1-17 years of age) before considering antipsychotic medications.

Our goal is to ensure that safer first-line psychosocial interventions are utilized, and that children and adolescents do not unnecessarily incur the risks associated with antipsychotic medications.

### HEDIS® Measure Description

The percentage of children and adolescents ages 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as their first-line treatment.

### HEDIS® Best Practices

Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training – among others – is the recommended first-line treatment option for children and adolescents diagnosed with non-psychotic conditions such as attention-deficit disorder and disruptive behaviors.

When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.

Best practices for this population include the following actions:

- Schedule telehealth appointments for patients who have a new prescription for an antipsychotic medication and document psychosocial care as first-line treatment.
- Regularly review the ongoing need for continued therapy with antipsychotic medication.
- Monitor the patient closely for side effects.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side effects.
- Educate and inform parents/guardians of the increased side effect burden of multiple concurrent antipsychotics on children's health and the implications for future physical health concerns, including obesity and diabetes.

## PSYCHOSOCIAL CARE MEASURE CODES

### HCPCS

| | | | | | | |
|---|---|---|---|---|---|---|
| G0176 | G0411 | H0037 | H2000 | H2013 | H2019 | S9484 |
| G0177 | H0004 | H0038 | H2001 | H2014 | H2020 | S9485 |
| G0409 | H0035 | H0039 | H2011 | H2017 | S0201 | |
| G0410 | H0036 | H0040 | H2011 | H2018 | S9480 | |

## Exclusions

Exclude patients for whom first-line antipsychotic medications may be clinically appropriate, including those with at least one acute inpatient encounter or two outpatient encounters during the measurement year with a diagnosis of:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Psychotic disorder
- Autism
- Other developmental disorders
- Patients in hospice or using hospice services anytime during the measurement year

**CPT**

| | | | |
|---|---|---|---|
| 90832 | 90837 | 90845 | 90853 |
| 90833 | 90838 | 90846 | 90875 |
| 90834 | 90839 | 90847 | 90876 |
| 90836 | 90840 | 90849 | 90880 |

# PEMS Address Attestation/ Non-Compliance

The Texas Medicaid & Healthcare Partnership (TMHP) is requesting Providers review and update practice addresses within the Provider Enrollment and Management System (PEMS).

**Please note that the new PEMS go-live date is set for September 30, 2024.**

## KEY DETAILS

Collaborative testing between Texas Health and Human Services Commission (HHSC) and Managed Care Organizations (MCOs) has identified Provider address differences between the MCOs ecosystem and the Master Provider File (MPF) extracted from PEMS.

Providers should update their practice addresses within PEMS by September 30, 2024.

For additional guidance on updating your address in PEMS, please visit the PEMS Instructional Site.

## RESOURCES

- "How to update the Provider address in PEMS" YouTube video
- TMHP Contact Center: 800-925-9126 (Select option 3 for questions about updating Provider address)
- Community First Provider Relations: 210-358-6294 | ProviderRelations@cfhp.com

# A PRESCRIPTION FOR WELLNESS

**Community First Health Plans Health & Wellness programs were designed to provide guidance to our Members so that they can achieve better health outcomes. A referral to our programs helps us complement your efforts as a caring, engaged Provider. Please review our family of programs.**

COMMUNITY FIRST HEALTH PLANS

HEALTH & WELLNESS PROGRAMS

## Asthma Matters

### Asthma Management Program

> Education about the causes or triggers of asthma
> Tips to achieve normal or near-normal lung function
> Advice on how to participate in physical activity without symptoms
> Ways to decrease the frequency and severity of flare-ups

*Asthma kit, pillow cover, $10 for getting a flu shot, $35 for first visit with San Antonio Kids BREATHE, $10 for second visit, $35 for third visit. For qualifying Members who participate in Asthma Matters and complete required education.**

## Diabetes in Control

### Diabetes Management Program

> Diabetes education classes
> Information on how to control blood sugar
> Tips for talking to Providers
> Blood sugar testing and supplies
> One-on-one access to a Health Educator
> Referral to YMCA Diabetes Prevention Program including a complimentary four-month YMCA membership*

*Up to $50 in gift cards for Members who participate in Diabetes in Control and complete required education and screenings.**

## Healthy Expectations Maternity Program

> One-on-one access to a Health Educator
> Prenatal and postpartum education
> Home visits for high-risk pregnancies
> Mommy & Me baby shower with gifts

*Up to $90 in gift cards for completing prenatal services, up to $30 reimbursement for birthing classes or toward a pregnancy-related item for qualifying Members.**

## Healthy Mind

### Behavioral Health Program

> Help determining the type of behavioral health assistance needed
> Information to help choose the right professional counselor or doctor
> Care Management for high-risk Members

## Healthy Living

### Lifestyle Management Program

> One-on-one contact with a Health Educator
> Referral to YMCA Weight Loss Program, including a complimentary 4-month YMCA membership*
> Care Management for high-risk Members
> Access to Zumba and other fitness classes at no-cost

## Healthy Heart

### Blood Pressure Management Program

> One-on-one contact with a Health Educator
> Referral to YMCA High Blood Pressure Self-Monitoring Program, including a free blood pressure cuff (while supplies last)
> Care Management for high-risk Members

## Refer a Patient

If you have a patient who could benefit from participating in one or more of our Health & Wellness Programs, we encourage you to contact Population Health Management at 210-358-6055 or email healthyhelp@cfhp.com.

You can also advise the patient to:

> Take our online Health Assessment available on our website at CommunityFirstHealthPlans.com/Health-and-Wellness-Programs, or
> Email healthyhelp@cfhp.com, or
> Call 210-358-6055 to speak with a Health Educator.

All Health & Wellness Programs are provided at no cost, and Members can opt out of a program at any time.

Community First strives to provide the best quality services to our Members. A referral to our family of Health & Wellness programs helps us complement your efforts as a caring, engaged Provider.

**Limits and restrictions apply.*

# INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

### Why is the IET measure important?

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving alcohol or other drugs (AOD). Less than 20 percent of individuals with substance use disorders receive treatment.

## INTRODUCTION

Treatment, including medication-assisted treatment (MAT), in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes, and reduce health care spending.

## HEDIS MEASURE

### What does the IET measure look at?

The IET HEDIS measure looks at the percentage of adolescent and adult members with a new episode of AOD abuse or dependence who received the following:

- **Initiation of AOD Treatment:** Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.
- **Engagement of AOD Treatment:** Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

### What populations are included in the measure?

- Members with new substance use disorder episode
- Members ages 13 and older covered under Commercial or Medicaid lines of business

### Which services qualify to meet this measure?

**Initiation of AOD Treatment:** Any of the following qualifies for initiation of AOD treatment (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- Inpatient/Residential
- Outpatient office-based care
- Behavioral health outpatient office-based care
- Medication assisted treatment (only applies to Members with an Alcohol or Opioid abuse or dependence diagnosis)
- Intensive outpatient
- Partial hospitalization
- Telehealth
- Telephone
- Online assessment (e-visit or virtual check in)
- Observation bed

**Engagement of AOD Treatment:** Any of the following qualifies for engagement services (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- **Treatment visits, including:**
  - » Inpatient/Residential
  - » Outpatient office-based care
  - » Behavioral health outpatient office-based care
  - » Intensive outpatient
  - » Partial hospitalization
  - » Telehealth
  - » Telephone
  - » Online assessment (e-visit or virtual check-in)
  - » Observation bed
  - » Opioid Weekly Non-Drug Service with an Opioid abuse or dependence diagnosis

- **Medication treatment event**
  - » Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder is only administered or dispensed by federally certified opioid treatment programs and does not show up in pharmacy claims data. A pharmacy claim for methadone would be more indicative of treatment for pain than for an opioid use disorder; therefore, they are not included on medication lists. (Only applies to Members with an Alcohol or Opioid abuse or dependence diagnosis)

### Best Practice Recommendations for Providers

Try to schedule follow-up appointments before the patient leaves the hospital. Same-day outpatient visits do not count. Before scheduling an appointment, verify with the patient that it is a good fit considering things like childcare, location, time of the appointment, and transportation. **Community First Health Plans can help arrange no-cost transportation for Medicaid Members.**

- Make sure that the patient has at least three follow-up appointments scheduled before they leave their visit.
  - » One within 14 days of diagnosis
  - » One within the 34 days following the initial appointment

- Utilize reminder calls to confirm appointments.
- Reach out within 24 hours if the patient does not keep a scheduled appointment to help them reschedule
- Maintain appointment availability for patients with recent AOD diagnosis.

If the Provider will not be caring for the patient after discharge from the facility or following the visit, ensure the following:

- Referral process is secured
- Treatment plan has been transitioned to the behavioral health provider
- The primary care provider who will care for the patient has been established

If the patient is an adolescent, ensure parents/caregivers are aware of the treatment plan at the time of discharge.

- Advise the patient and/or parent/caregiver about the importance of follow-up appointments.
- Provide education on the diagnosis and treatment options and encourage them to voice any concerns.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Inform the patient of the diagnosis and treatment options and provide educational materials as well as community resources available in their area, such as Narcotics Anonymous or Alcoholics Anonymous
- Identify and address any barriers that may prevent the patient from making their appointment.
- Instruct on crisis intervention options, including:
  - » Specific contact information
  - » Specific facilities

Finally, use correct diagnosis and procedure codes and submit claims and encounter data in a timely manner.

## Best Practices Recommendations for Inpatient Facilities

Inpatient facilities should refer the patient to a behavioral health provider for psychosocial support and skill building.

- For assistance identifying a behavioral health practitioner to whom you can refer a Community First patient, call the number listed on the back of the patient's Member ID card.

It's also important to recognize that collaboration between the facility, Community First, and the patient. This can bolster the patient's commitment to the discharge plan in the following ways:

- By increasing patient engagement in treatment.
- Through problem-solving together on potential barriers prior to discharge.

## Best Practices Recommendations for Primary Care Providers

- Consider the use of a screening tool during your assessment, such as the CAGE-AID Substance Abuse Screening Tool.
- Refer the patient to a behavioral health provider for psychosocial support and skill building.
  - » For assistance identifying a behavioral health practitioner to whom you can refer your patients, please call the number listed on the back of the patient's Member ID card.
- Work with Community First discharge planners to optimize discharge plan after detoxification, emergency department visit, or any other inpatient or outpatient episode where the AOD diagnosis is determined.
- Reach out to Community First if your patient visits an area emergency department for co-morbid conditions related to an AOD issue and is discharged following the emergency department visit.
- Coordinate care by sharing progress notes and updates with the patient's behavioral health provider(s).
- Use complete and accurate value Set Codes.
- Submit claims in a timely manner.

## Eligible CPT IET Codes

The codes listed on the following page do not represent a complete list. Please refer to the Mental Health Diagnosis Value Set and Mental Illness Value Set. Refer to the current year ICD-10 CM manual for additional codes and guidelines.

| VISIT TYPE | CPT | HCPCS | POS | UBREV |
|---|---|---|---|---|
| Unspecified Visits | 90791 90792 90832 90833 90834 90836 90837 90838 90839 9084090845 90847 90849 90853 9087590876 99221 99222 99223 9923199232 99233 99238 99239 9925199252 99253 99254 99255 | N/A | N/A | N/A |
| BH Outpatient | 98960 98961 98962 99078 9920199202 99203 99204 99205 9921199212 99213 99214 99215 9924199242 99243 99244 99245 9934199342 99343 99344 99345 9934799348 99349 99350 99381 9938299383 99384 99385 99386 9938799391 99392 99393 99394 9939599396 99397 99401 99402 9940399404 99411 99412 99483 9949299493 99494 99510 | G0155 G0176 G0177 G0409 G0463 G0512 H0002 H0004 H0031 H0034 H0036 H0037 H0039 H0040 H2000 H2010 H2011 H2013 H2014 H2015 H2016 H2017 H2018 H2019 H2020 T1015 | 03 05 07 09 11 12 13 14 15 16 17 18 19 20 22 33 49 50 71 72 | 0510 0513 05150516 0517 05190520 0521 05220523 0526 05270528 0529 09000902 0903 09040911 0914 09150916 0917 09190982 0983 |
| Partial Hospitalization or Intensive Outpatient | N/A | G0410 G0411 H0035 H2001 H2012 S0201 S9480 S9484 S9485 | 52 | 0905 0907 0912 0913 |
| Substance Use Disorder Services | 99408 99409 | G0396 G0397 G0443 H0001 H0005 H0007 H0015 H0016 H0022 H0047 H0050 H2035 H2036 T1006 T1012 | N/A | 0906 0944 0945 |
| Observation with a Mental Health / Community Mental Health Center | 99217 99218 99219 99220 | N/A | 53 | N/A |
| Telephone Visits | 98966 98967 98968 99441 99442 99443 | N/A | 02 10 | N/A |
| Online Assessments | 98969 98970 98971 98972 99421 99422 99423 99444 99457 99458 | G0071 G2010 G2012 G2061 G2062 G2063 G2250 G2251 G2252 | N/A | N/A |
| Non-residential Substance Abuse Treatment Facility | N/A | N/A | 57 58 | N/A |
| Weekly or Monthly OUD treatment service | N/A | G2067 G2068 G2069 G2070 G2071 G2072 G2073 G2074 G2075 G2076 G2077 G2080 G2086 G2087 | N/A | N/A |

# The Results Are In! Community First Puts Our Members First

**Each January, Community First Health Plans, Inc. and Community First Insurance Plans (Community First) develop an annual Quality Improvement Plan (QIP) to improve our services. Then, at the end of each year, we evaluate the results to help identify our successes, opportunities for improvement, and develop quality activities and programs for the following year.**

**This year's annual evaluation revealed improvement in key areas. These results help Community First move toward our goal of continuous improvement, problem resolution, and delivery of the highest quality health care and services in a safe manner.**

### Highlights of this year's QIP evaluation include:

- Community First's re-entrance to the Health Insurance Marketplace® in January 2022, providing Exclusive Provider Organization (EPO) plans through Community First Insurance Plans (CFIP) for Bexar County residents.
- The deployment of enhanced Member and Provider Portals.
- Improved content strategy leading Members and Providers to relevant digital communication platforms leading to the significant increase in Member and Provider monthly e-newsletter clicks and open rates, website traffic, and portal account creation.
- Annual satisfaction survey results revealed that Members are satisfied with Community First; rated in the top 75th percentile nationally, for Medicaid Children and Commercial Adults.
- Providers surveyed indicated satisfaction with Community First above the 50th percentile in:
  - Overall Satisfaction
  - Rating of Community First compared to all other contracted health plans
  - Overall satisfaction with health plan's call center service
  - Ease of reaching health plan call center staff over the phone
  - Would you recommend Community First to other physicians' practices
  - Quality of provider orientation process
  - Accuracy of claims processing

### Opportunities identified and key goals for the future include:

- Pursue NCQA Health Plan Accreditation for Health Insurance Exchange®, Health Equity, and Health Equity Plus Accreditation.
- Successful re-procurement of the STAR and CHIP contracts and procurement of STAR+PLUS contract.

You can learn more details about Community First's performance on measures of clinical care and Member satisfaction by viewing the Measurement Year 2022 HEDIS® and 2023 CAHPS summary below.

### Healthcare Effectiveness Data and Information Set®

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of Americans' health plans to assess performance on a comprehensive set of standardized performance measures of important health care interventions

and outcomes. The measures are designed to assist purchasers and consumers in comparing the performance of different health plans.

The current HEDIS® set addresses preventive services, chronic disease management (i.e., diabetes, asthma, heart disease), behavioral health care (i.e., depression), appropriateness/overuse of services, and value (i.e., patient satisfaction).

HEDIS® measures include, but are not limited to:

- Children & adolescent access to primary care practitioners
- Childhood and adolescent immunizations
- Prenatal and postpartum care
- Medication management for people with asthma
- Comprehensive diabetes care
- Controlling high blood pressure
- Breast and cervical cancer screening
- Antidepressant medication management

Physicians are increasingly participating in performance measurement activities, especially in the context of pay-for-performance initiatives taking shape across the country. As such, Community First focused on quality of care metrics for the STAR, CHIP, and STAR Kids programs, which were closely aligned to the state quality metrics for Immunizations for Children and Adolescents, Prenatal and Postpartum Care, and Appropriate Treatment for Children with Upper Respiratory Tract Infection.

**There are two types of measures in HEDIS:**

1. Effectiveness of Care
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

**Effectiveness of Care** measures focus on the quality of care Members received in the previous year. Measures are compiled using claims and medical record information. The chart below lists key areas where Community First scored in the 50th to 90th percentile of the National Committee of Quality Assurance (NCQA) when compared to all the health plans in the United States that submitted HEDIS data in Measurement Year 2022. Quality measures for the Medicaid and CHIP membership focused on well child and adolescent visits and prenatal care. Some of these HEDIS measures were also used in the administration of the physician incentive program.

**Community First Measurement Year 2022**
**HEDIS® Effectiveness of Care Strengths**
**STAR, CHIP, STAR Kids**

| Quality of Care Measure | STAR | CHIP | STAR Kids |
|---|---|---|---|
| Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase | 75th | 75th | 90th |
| Well Child Visits First 30 Months of Life | 67th | 95th | 90th |
| Child and Adolescent Well-Child Visits | 50th | 90th | 67th |
| Treatment for Upper Respiratory Infections | 75th | 90th | 75th |

**Community First Measurement Year 2022**
**HEDIS® Effectiveness of Care Strengths**
**Commercial**

| Quality of Care Measure | Commercial |
|---|---|
| Postpartum Care | 50th |
| Timely Prenatal Care | 67th |
| Blood Pressure Control | 90th |

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** is a survey of Member experience. It measures Member satisfaction with their care through a rating of four main categories:

1. Overall health plan
2. Overall health care provided
3. Overall experience with the Member's doctor
4. Overall satisfaction with care given by the Member's specialist

These measures are intended to capture information that cannot be gathered through claims and medical record reviews.

Community First's goal for the 2022 CAHPS survey was to score in the 90th percentile in each survey category or incrementally increase a survey category's rating to the next percentile level each year until the goal is reached (e.g., move from the 25th percentile to the 33rd percentile).*

The table below provides a summary of the areas of strength in Member satisfaction:

| CAHPS Survey Categories | Medicaid Child | Commercial Adult |
|---|---|---|
| **Rating of Health Plan** | 90th percentile | 90th percentile |
| **Rating of Health Care** | 66th percentile | 66th percentile |
| **How Well Doctors Communicate** | 90th percentile | 66th percentile |

**Areas of opportunity for improvement:** *Getting Care Quickly and Coordination of Care*

**As we prepare to begin a new year, Community First is motivated to continue to improve our delivery of high-quality care and in service in a safe manner. We always welcome recommendations from our Members, Providers, and other physicians. Contact us with questions, concerns, or comments by contacting the Provider Relations team at 210-358-6294 or emailing ProviderRelations@cfhp.com.**

COMMUNITY FIRST HEALTH PLANS

PROVIDER TIP SHEET

# PULSE OXIMETRY

Per the Texas Medicaid Provider Procedures Manual: Medical and Nursing Specialists, Physicians and Physician Assistants' Handbook, Section 9.2.4, **pulse oximetry** (CPT code 94760) and **evaluation of the client's use of an aerosol generator, nebulizer, or metered-dose inhaler** (CPT code 94664) are considered part of an evaluation and management (E/M) visit and will not be reimbursed separately.
Effective for claims received on and after April 1, 2024.

E/M services include the following:

| E/M Service | CPT/HPCPS Code |
|---|---|
| Office or Other Outpatient Services | 99202-99215 |
| Hospital Observation Services | 99217-99226 |
| Hospital Inpatient Services | 99221-99239 |
| Consultation Services | 99241-99255 |
| Emergency Department Services | 99281-99288 |
| Critical Care Services | 99291-99292 |
| Nursing Facility Services | 99304-99318 |
| Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services | 99324-99337 |
| Domiciliary, Rest Home (e.g., Assisted Living Facility), or Home Care Plan Oversight Services | 99339-99340 |
| Home Services | 99341-99350 |
| Prolonged Services | 99354-99417 |
| Case Management Services | 99366-99368 |
| Care Plan Oversight Services | 99374-99380 |
| Preventive Medicine Services | 99381-99429 |
| Non-Face-to-Face Evaluation and Management Services | 99437-99458 |
| Special Evaluation and Management Services | 99450-99458 |
| Newborn Care Services | 99460-99463 |
| Delivery/Birthing Room Attendance and Resuscitation Services | 99464-99465 |
| Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services | 99466-99480 |
| Cognitive Assessment and Care Plan Services | 99483-99486 |
| General Behavioral Health Integration Care Management | 99484-99484 |
| Care Management Evaluation and Management Services | 99487-99491 |
| Psychiatric Collaborative Care Management Services | 99492-99494 |
| Transitional Care Evaluation and Management Services | 99495-99496 |
| Advance Care Planning Evaluation and Management Services | 99497-99498 |
| Other Evaluation and Management Services | 99499-99499 |

# ALLERGY TESTING

Per the Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, Section 9.2.5.2, evaluation and management (E/M) services will not be reimbursed on the same date of service as allergy testing. Allergy testing will be paid by Community First Health Plans and the E/M service will be denied as part of another procedure on the same date of service. Effective for claims received on and after April 1, 2024.

**E/M codes include 99242, 99245, 99202-99205, and 99211-99215.**

When billed with any of the following CPT allergy testing codes, the E/M service will be denied.

| CPT Code | Allergy Test Description |
|---|---|
| 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of test |
| 95017 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests |
| 95018 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests |
| 95024 | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests |
| 95027 | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests |
| 95028 | Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests |
| 95044 | Patch testing |
| 95052 | Photo patch test(s) (specify number of tests) |
| 95056 | Photo tests |
| 95060 | Ophthalmic mucous membrane tests |
| 95065 | Direct nasal mucous membrane tests |
| 95070 | Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds |
| 95199 | Unlisted allergy/clinical immunologic service or procedures |

# INTRAUTERINE DEVICE (IUD) REMOVAL TESTING

Per the Texas Medicaid Provider Procedures Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook, Section 2.2.5.2.1, procedure code 58301 may be reimbursed when a long-acting reversible contraception intrauterine device (LARC IUD) is extracted from the uterine cavity. Effective for claims received on and after April 1, 2024.

An office visit **will not** be reimbursed when billed on the same date of service as procedure code 58301.

When a vaginal, cervical, or uterine surgery procedure code is submitted with the same date of service as the IUD removal procedure code or the IUD replacement procedure code, the following reimbursement may apply:

> The other vaginal, cervical, or uterine surgical procedure may be reimbursed at full allowance.

> The removal or the replacement of the IUD will be denied by Community First Health Plans.

# SUPPLIES, TRAYS, & DRUGS

Per the Texas Medicaid Provider Procedures Manual: Medical and Nursing Specialists, Physicians and Physician Assistants' Handbook, Section 9.2.71, payment to physicians for supplies is **not allowed** under Texas Medicaid. Effective for claims received on and after April 1, 2024.

The cost of all supplies is included in the reimbursement for office visits and/or surgical payment on the day of surgery when the surgery is performed in the office or home setting. This includes:

> Anesthetizing agents, such as Xylocaine

> Inhalants

> Surgical trays

> Dressings

| Type of Supplies | CPT/HPCPS Code |
|---|---|
| Anesthetizing Agents | J2001 |
| Inhalants | J7604–J7686 |
| Medical & Surgical Supplies. Surgical Trays, Dressings | A4206–A8004 |

# COMMUNITY FIRST MEDICAID STAR+PLUS

**Community First Health Plans is proud to announce that effective September 1, 2024, we will officially offer the STAR+PLUS program.**

**We encourage current Community First network Providers to add the STAR+PLUS product to their existing contract TODAY! We also welcome non-contracted Providers to participate in our network. We are currently accepting inquiries for STAR+PLUS network participation for PCPs, behavioral health, specialty care, long-term services and supports, and more.**

## ABOUT STAR+PLUS

STAR+PLUS is a Texas Medicaid-managed care program for adults who have disabilities or are age 65 or older. Adults in STAR+PLUS get Medicaid health care and long-term services and support through a health plan that they choose.

Long-term services and supports includes things like:

> Help in the home with basic daily activities.

> Help making changes to the home so the patient can safely move around.

> Short-term care to provide a break for caregivers.

Another feature of STAR+PLUS is service coordination. A STAR+PLUS staff member works with the Member, the Member's family and the Member's doctors and other providers to help the Member get the medical and long-term services and support they need.

## COMMUNITY FIRST WILL OFFER STAR+PLUS IN BEXAR COUNTY AND THE SURROUNDING COUNTIES:


## HOW TO JOIN

Please complete our Letter of Interest (LOI) available on our website at CommunityFirstHealthPlans.com/Providers and allow up to 30 days for evaluation and response to your inquiry.

**We encourage all interested Providers to begin the STAR+PLUS credentialing process as soon as possible in anticipation of unavoidable delays throughout the credentialing process.**

You will need the following information to complete the LOI:

> Federal Tax ID #

> NPI #

> TPI #

> TH Steps TPI # (PCPs only)

> API # (LTSS only)

This information will be used to determine contract eligibility and draft legal documents for signatures as needed.

If you have questions about STAR+PLUS, our Letter of Interest, or the credentialing process, please email networkmanagement@cfhp.com.

This initiative represents a significant expansion of our services and demonstrates our commitment to delivering high-quality care to our valued and most vulnerable Members. By integrating medical, behavioral, and long-term care services under one umbrella, we aim to streamline and improve our Members' overall health care experience.

Community First is proud of our diverse network of exceptional health care professionals who help to ensure our Members have access to the health care they need. **Thank you for your interest in joining the STAR+PLUS network.**

## COMMUNITY FIRST OFFERS THE FOLLOWING PRODUCTS

- STAR Medicaid
- STAR Kids
- STAR+PLUS (Effective September 1, 2024)
- CHIP/CHIP Perinate
- Medicare Advantage (HMO)
- Medicare Advantage D-SNP (HMO)
- Health Insurance Exchange (Marketplace)
- Commercial HMO

## PROVIDER INCENTIVES

Community First also offers incentives to our Medicaid network providers.

To see what incentives are currently available, log in to the secure Community First Provider Portal or turn to page 3.

# PROVIDER TRAINING SESSIONS

**As a contracted Provider with Community First Health Plans, we encourage you to attend our virtual training sessions. These opportunities are accessible year-round and provide Providers and their staff with insight into our health plans, processes and procedures, and important updates.**

Each session is live and conducted via WebEx by our Provider Experience Department. The following sessions are currently available:

**Provider Onboarding**
A required training for Providers new to the Community First network covering Community First history, service area, membership, authorizations/claims, and more.

**Provider Forum**
A monthly overview of important news and updates relevant to Community First Providers.

**Provider Portal Overview**
Information on how to register for, access, navigate, and utilize the tools on the Community First Provider Portal, including claim status search, claim and eligibility look-up, and claim appeal submissions.

**LTSS/EVV Overview**
An overview of the STAR Kids program, LTSS, EVV, and more.

**Prior Authorization**
Instruction on how to use the Provider Portal to submit authorization requests and review request status.

Visit CommunityFirstHealthPlans.com/Provider-Educational-Sessions to register for the session of your choice.

# PEDIATRIC OUTPATIENT TREATMENT RECOMMENDATIONS

## For Common Upper Respiratory Infections & Other Illnesses

Antibiotic prescribing guidelines establish standards of care, focus quality improvement efforts, and improve patient outcomes. The table on the following page summarizes the most recent principles of appropriate antibiotic prescribing for children obtaining care in an outpatient setting for the following six diagnoses: **acute rhinosinusitis, acute otitis media, bronchiolitis, pharyngitis, common cold, and urinary tract infection**.

| Condition | Epidemiology | Diagnosis | Management |
|---|---|---|---|
| Acute sinusitis [1, 2] | Sinusitis may be caused by viruses or bacteria, and antibiotics are not guaranteed to help, even if the causative agent is bacterial. | Halitosis, fatigue, headache, decreased appetite, but most physical exam findings are non-specific and do not distinguish bacterial from viral causes.<br><br>A bacterial diagnosis may be established based on the presence of one of the following criteria:<br>• Persistent symptoms without improvement: nasal discharge or daytime cough > 10 days.<br>• Worsening symptoms: worsening or new onset fever, daytime cough, or nasal discharge after initial improvement of a viral URI.<br>• Severe symptoms: fever ≥39°C, purulent nasal discharge for at least 3 consecutive days.<br><br>Imaging tests are no longer recommended for uncomplicated cases. | If a bacterial infection is established:<br>• Watchful waiting for up to 3 days may be offered for children with acute bacterial sinusitis with persistent symptoms. Antibiotic therapy should be prescribed for children with acute bacterial sinusitis with severe or worsening disease.<br>• Amoxicillin or amoxicillin/clavulanate remain first-line therapy.<br>• Recommendations for treatment of children with a history of type I hypersensitivity to penicillin vary.<br>• In children who are vomiting or who cannot tolerate oral medication, a single dose of ceftriaxone can be used and then can be switched to oral antibiotics if improving.<br>• For further recommendations on alternative antibiotic regimens, consult the American Academy of Pediatrics or the Infectious Diseases Society of America guidelines. |
| Acute otitis media (AOM) [3-5] | • AOM is the most common childhood infection for which antibiotics are prescribed.<br>• 4-10% of children with AOM treated with antibiotics experience adverse effects.[4] | Definitive diagnosis requires either<br>• Moderate or severe bulging of tympanic membrane (TM) or new onset otorrhea not due to otitis externa.<br>• Mild bulging of the TM AND recent (< 48h) onset of otalgia (holding, tugging, rubbing of the ear in a nonverbal child) or intense erythema of the TM.<br><br>AOM should not be diagnosed in children without middle ear effusion (based on pneumatic otoscopy and/or tympanometry). | • Mild cases with unilateral symptoms in children 6-23 months of age or unilateral or bilateral symptoms in children > 2 years may be appropriate for watchful waiting based on shared decision-making.<br>• Amoxicillin remains first line therapy for children who have not received amoxicillin within the past 30 days.<br>• Amoxicillin/clavulanate is recommended if amoxicillin has been taken within the past 30 days, if concurrent purulent conjunctivitis is present, or if the child has a history of recurrent AOM unresponsive to amoxicillin.<br>• For children with a non-type I hypersensitivity to penicillin: cefdinir, cefuroxime, cefpodoxime, or ceftriaxone may be appropriate choices.<br>• Prophylactic antibiotics are not recommended to reduce the frequency of recurrent AOM.<br>• For further recommendations on alternative antibiotic regimens, consult the American Academy of Pediatrics guidelines.[3] |

| Condition | Epidemiology | Diagnosis | Management |
|---|---|---|---|
| Pharyngitis [4, 6] | • Recent guidelines aim to minimize unnecessary antibiotic exposure by emphasizing appropriate use of rapid antigen detection test (RADT) testing and subsequent treatment<br>• During the winter and spring, up to 20% of asymptomatic children can be colonized with group A beta- hemolytic streptococci (GAS), leading to more false positives from RADT-testing and increases in unnecessary antibiotic exposure.<br>• Streptococcal pharyngitis is primarily a disease of children 5- 15 years old and is rare in children < 3 years. | • Clinical features alone do not distinguish between GAS and viral pharyngitis.<br>• Children with sore throat plus 2 or more of the following features should undergo a RADT test:<br>» absence of cough<br>» presence of tonsillar exudates or swelling<br>» history of fever<br>» presence of swollen and tender anterior cervical lymph nodes<br>» age < 15 years<br>• Testing should generally not be performed in children < 3 years in whom GAS rarely causes pharyngitis and rheumatic fever is uncommon.<br>• In children and adolescents, negative RADT tests should be backed up by a throat culture; positive RADTs do not require a back- up culture. | • Amoxicillin and penicillin remain first-line therapy.<br>• For children with a non-type I hypersensitivity to penicillin: cephalexin, cefadroxil, clindamycin, clarithromycin, or azithromycin are recommended.<br>• For children with an immediate type I hypersensitivity to penicillin: clindamycin, clarithromycin, or azithromycin are recommended.<br>• GAS antibiotic resistance to azithromycin and clindamycin are increasingly common.<br>• Recommended treatment course for all oral beta lactams is 10 days.<br>• For specific treatment recommendations and dosing, visit the Pharyngitis (Strep Throat) page for clinicians. |
| Common cold or non-specific upper respiratory tract infection (URI) [4,7] | • The course of most uncomplicated viral URIs is 5 – 7 days.<br>• Colds usually last around 10 days.<br>• At least 200 viruses can cause the common cold. | • Viral URIs are often characterized by nasal discharge and congestion or cough. Usually nasal discharge begins as clear and changes throughout the course of the illness.<br>• Fever, if present, occurs early in the illness. | • Management of the common cold, nonspecific URI, and acute cough illness should focus on symptomatic relief. Antibiotics should not be prescribed for these conditions.<br>• There is potential for harm and no proven benefit from over-the- counter cough and cold medications in children < 6 years. These substances are among the top 20 substances leading to<br>• death in children <5 years.<br>• Low-dose inhaled corticosteroids and oral prednisolone do not improve outcomes in children without asthma. |

| Condition | Epidemiology | Diagnosis | Management |
|---|---|---|---|
| Bronchiolitis [8] | • Bronchiolitis is the most common lower respiratory tract infection in infants.<br>• It is most often caused by respiratory syncytial virus but can be caused by many other respiratory viruses. | • Bronchiolitis occurs in children<24 months and is characterized by rhinorrhea, cough, wheezing, tachypnea, and/or increased respiratory effort.<br>• Routine laboratory tests and radiologic studies are not recommended, but a chest x-ray may be warranted in atypical disease (absence of viral symptoms, severe distress, frequent recurrences, lack of improvement). | • Usually patients worsen between 3-5 days, followed by improvement.<br>• Antibiotics are not helpful and should not be used.<br>• Nasal suctioning is mainstay of therapy.<br>• Neither albuterol nor nebulized racemic epinephrine should be administered to infants and children with bronchiolitis who are not hospitalized.<br>• There is no evidence to support routine suctioning of the lower pharynx or larynx (deep suctioning).<br>• There is no role for corticosteroids, ribavirin, or chest physiotherapy in the management of bronchiolitis. |
| Urinary tract infections (UTIs) [8, 9] | • UTIs are common in children, affecting 8% of girls and 2% of boys by age 7.<br>• The most common causative pathogen is E. coli, accounting for approximately 85% of cases. | • In infants, fever and or strong-smelling urine are common.<br>• In school-aged children, dysuria, frequency, or urgency are common.<br>• A definitive diagnosis requires both a urinalysis suggestive of infection and at least 50,000 CFUs/mL of a single uropathogen from urine obtained through catheterization or suprapubic aspiration (NOT urine collected in a bag) for children 2–24 months.<br>• Urinalysis is suggestive of infection with the presence of pyuria (leukocyte esterase or ≥5 WBCs per high powered field), bacteriuria, or nitrites.<br>• Nitrites are not a sensitive measure for UTI in children and cannot be used to rule out UTIs.<br>• The decision to assess for UTI by urine testing for all children 2-–24 months with unexplained fever is no longer recommended and should be based on the child's likelihood of UTI.<br>• Please see the American Academy of Pediatrics guidelines for further details of establishing the likelihood of UTI. [9] | • Initial antibiotic treatment should be based on local antimicrobial susceptibility patterns. Suggested agents include TMP/SMX, amoxicillin/clavulanate, cefixime, cefpodoxime, cefprozil, or cephalexin in children 2-24 months.<br>• Duration of therapy should be 7- 14 days in children 2-24 months.<br>• Antibiotic treatment of asymptomatic bacteriuria in children is not recommended.<br>• Febrile infants with UTIs should undergo renal and bladder ultrasonography during or following their first UTI. Abnormal imaging results require further testing.<br>• The decision to assess for UTI by urine testing for all children 2-–24 months with unexplained fever is no longer recommended and should be based on the child's likelihood of UTI. Please see the American Academy of Pediatrics guidelines for further details of establishing the likelihood of UTI. [9] |

COMMUNITY FIRST
HEALTH PLANS

# Non-Discrimination Notice

Community First Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Community First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Community First Health Plans provides free auxiliary aids and services to people with disabilities to communicate effectively with our organization, such as:

Qualified sign language interpreters
Written information in other formats (large print, audio, accessible electronic formats, and other written formats)

Community First Health Plans also provides free language services to people whose primary language is not English, such as:

Qualified interpreters
Information written in other languages

If you need these auxiliary services, please contact Community First Member Services at 1-800-434-2347. TTY (for hearing impaired) at 210-358-6080 or toll free 1-800-390-1175.

If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

If you feel that Community First Health Plans failed to provide free language services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can contact the Chief Compliance & Quality Officer by phone, fax, or email at:

Susan Lomba
Chief Compliance & Quality Officer
Phone: 210-510-2463, TTY number: 1-800-390-1175
Fax: 210-358-6014
Email: slomba@cfhp.com

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

You may also file a complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD number: 1-800-537-7697

Complaint forms are available at:
http://www.hhs.gov/ocr/office/file/index.html

# Aviso de no discriminación

Community First Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual. Community First Health Plans no excluye o trata de manera diferente a las personas debido a raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual.

Community First Health Plans proporciona asistencia y servicios gratuitos a personas con discapacidades para comunicarse efectivamente con nuestra organización, como:

Intérpretes calificados de lenguaje de señas
Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Community First Health Plans también ofrece servicios gratuitos lingüísticos a personas cuyo idioma principal no es el inglés, como:

Intérpretes calificados
Información escrita en otros idiomas

Si necesita recibir estos servicios auxiliares, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 210-358-6080 o al número gratuito 1-800-390-1175.

Si desea presentar una queja sobre reclamos, elegibilidad, o autorización, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347.

Si cree que Community First Health Plans no proporcionó servicios lingüísticos gratuitos o fue discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, puede comunicarse con la directora del calidad y cumplimiento por teléfono, fax, o correo electrónico al:

Susan Lomba
Directora de calidad y cumplimiento
Teléfono: 210-510-2463, línea de TTY gratuita: 1-800-390-1175
Fax: 210-358-6014
Correo electrónico: slomba@cfhp.com

También puede presentar un queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

También puede presentar una queja por correo o por teléfono al:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 1-800-368-1019, línea de TDD gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:
http://www.hhs.gov/ocr/office/file/index.html.

COMMUNITY FIRST
HEALTH PLANS

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 1-800-390-1175).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-434-2347 (TTY: 1-800-390-1175).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務. 請致電 1-800-434-2347 (TTY:1-800-434-2347)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-434-2347 (TTY: 1-800-390-1175)번으로 전화해 주십시오.

ر ق م 1-800-434-2347 ق م ب ر ا ت ص ل باﻟ مجا ن . ل ك ف ت وت ى ة الل غ وع دة الل م اس خدمات ف إ ن الل غ ة،اذا ك ر ت تحدث ك نت إ اذا م لحوظة : 1-800-390-1175 :واﻟ الل مص هات

ک ال ۔ ہ ی ں د س ت ای ب م ی ں م فت خدمات ک ی ددم ک ی زب ان ک و آپ ت و ہ ی ں،ل تے ب و دو ار آپ ا گ ر دار : خ بر 1-800-434-2347 (TTY: 1-800-390-1175).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 1-800-390-1175).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-434-2347 (ATS: 1-800-390-1175).

ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल कर।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما تامین گردیده. 1-800-434-2347 (TTY: 1-800-390-1175) فراهم می باشد. با

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347 (TTY: 1-800-390-1175).

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 1-800-390-1175).

注意事項：日本語を話される場合，無料の言語支援をご利用いただけます. 1-800-434-2347 (TTY:1-800-390-1175)まで、お電話にてご連絡ください.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສຽ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-434-2347 (TTY: 1-800-390-1175).

# NOTES/NOTAS:

# NOTES/NOTAS:

# 28 YEARS

# 3 MILLION

## *lives impacted*

COMMUNITY FIRST
HEALTH PLANS

PROUD TO BE LOCAL
PROUD TO BE YOUR PLAN.

FACEBOOK **@COMMUNITYFIRSTHEALTHPLANS** • TWITTER **@CFHEALTHPLANS** • INSTAGRAM **@CFHEALTHPLANS**