COMMUNITY HEALTHCARE

Provider Newsletter | Fall/Winter 2020

Effective Provider & Member Communication | **COVID-19: The Pandemic & Its Impact On Patient Mental Health** | **Always Learning, Growing, & Improving**

Since 1995, Community First Health Plans has been proud to provide high-quality health coverage for hundreds of thousands of families in South Texas. 2020 marks our 25th anniversary. Whether you're a new Provider or have been with us since the beginning, we thank you for going above and beyond for our Members. We are so honored that you have made the choice to partner with Community First.

2020 has been a challenging year. We are all still adjusting to the impact the COVID-19 pandemic has had on our lives. As a valued Community First Provider, we cannot thank you enough for the courage and resolve you have shown as you continue to care for our Members on the frontlines while facing enormous challenges with courage and resolve.

The best way we could think to celebrate our anniversary is by honoring the community that made it possible. As the only local, non-profit health plan in Bexar and the surrounding counties, Community First partners with multiple local organizations that help with needs beyond health care.

We are proud of the impact our contributions have made over the past 25 years, especially this year, when so many in our community are hurting. Here are just a few of the initiatives we've taken in 2020:

- Helped the San Antonio Food Bank feed over 2,000 families during the pandemic
- Donated over 10,000 masks to children and families in the community
- Provided learning supplies, internet access, and technology devices for students to learn from home

Although 2020 has tested our collective strength, our commitment to our Members, Providers, and the communities we serve has never been stronger. We know that as a Community First Provider, you share in our mission of creating a healthier South Texas. None of this would be possible if you hadn't chosen to join our Provider network! We are so grateful for your trust and ongoing partnership and we are looking forward to the next 25 years.

COMMUNITY FIRST HEALTH PLANS

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 AT:
www.cfhp.com
(210) 227-2347 or
toll-free (800) 434-2347

Follow Community First Health Plans on social media for all the latest updates!

@CommunityFirstHealthPlans
@CFHealthPlans
@CFHealthPlans

NM | 10.01270 Ver. 1 04/20

HEDIS TIP: APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

Definition: Percentage of children 3–18 years of age on the date of encounter (any outpatient, telephone, observation, or ED visit, e-visit, or virtual check-in) who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Clinical Goal: Members 3 years and older diagnosed with pharyngitis/tonsillitis must receive a group A streptococcus test prior to receiving a prescription for antibiotics.

Claims:

- Submit a claim for a rapid strep test done in your office or send specimen for culture.
- Submit a claim for all additional competing diagnoses that would require antibiotic therapy

Medical record documentation not applicable

CWP Value Set	Codes
ICD-10 CWP	J02 all codes - Pharyngitis
	J03 all codes - Tonsillitis
If you use one of the codes above, measure requires a strep test	
CPT strep test codes	87070, 87071, 87081, 87430

UPDATED CLINICAL PRACTICE GUIDELINES FOR PROVIDERS

Community First Health Plans has adopted the following Medical, Behavioral Health, and Preventive Health Clinical Guidelines for 2020:

- Alcohol Use Disorder
- Alzheimer's Disease
- Anxiety
- Bipolar Disorder
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- COPD
- Coronary Artery Disease
- Heart Failure
- Kidney Disease
- Liver Disease
- Schizophrenia
- Stroke

To view the clinical guidelines adopted by Community First in more detail, please visit https://www.cfhp.com/wp-content/uploads/2020/11/Clinical-Practice-Guidelines-Matrix-2020.pdf

To request a paper copy, Providers should fill out the Member Education Request Form. Complete and mail to:

Community First Health Plans, Inc.
Attn: Network Management
12238 Silicon Dr. Ste 100
San Antonio, TX 78249

You may also fax the Member Education Request form to: (210) 358-6199 or contact a Community First Health Educator at (210) 358-6055.

COMMUNITY FIRST HEALTH PLANS

QUALITY INCENTIVE FOR PROVIDERS TO IMPROVE IMMUNIZATION RATES

At Community First Health Plans, we want to help our community stay healthy during this pandemic. Our goal is to have **100% of our Members** up-to-date with all of their vaccinations in addition to receiving their flu shot for the year.

To help us achieve this quality goal, we have created the following incentives:

- Receive an additional **$50** for administration of wellness vaccine(s) to each eligible Community First Member.*
- Receive an additional **$25** for administration of flu vaccine in the same visit ** to each eligible Community First Member.*

Providers can receive a total of $75 per Community First Member!
(Incentive paid in April 2021)

** Eligible Community First Member is defined as a Member, age 0–21, that requires an updated vaccine.*

*** Incentive is in addition to current reimbursement for these services.*

NM|10.01298 Ver. 1 11/20

Eligiblity:

- Vaccinations must be administered between **December 1, 2020–January 31, 2021**. Incentive will be given to the rendering Provider in outpatient setting only.
- Vaccines must follow CDC recommended child and adult immunization periodicity schedule.
- All immunizations must be administered during the same visit to qualify. Flu shot compensation is only applicable as an add-on to wellness vaccinations.
- Claims for vaccines must be submitted no later than **March 31, 2021** in order to receive incentive.
- Qualifying Community First Members **DO NOT** include University Family Care Plan (UFCP) and Employee Retirement System (ERS) Members.

Questions? Contact Network Management at

Phone: 210-358-6294
Email: nmcfhp@cfhp.com

HEALTHY TEXAS WOMEN PLUS

Healthy Texas Women Needs New Providers

Healthy Texas Women Now Offers Postpartum Services

Healthy Texas Women (HTW) is a core women's health and family planning program for low-income women without health insurance. Eligible women are auto-enrolled into HTW when their Medicaid for Pregnant Women coverage ends.

HHSC has introduced a new postpartum services package for HTW clients called **HTW Plus**. Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including postpartum depression, cardiovascular conditions, and substance use disorders.

New Covered Services

- Individual, family and group psychotherapy services
- Peer specialist services
- Imaging studies, blood pressure monitoring, and anticoagulant, antiplatelet, and antihypertensive medications
- Screening, brief intervention, and referral for treatment (SBIRT)
- Outpatient substance use counseling
- Smoking cessation services
- Medication-assisted treatment (MAT)

New Types of Providers Needed

- Chemical dependency treatment facilities
- Opioid treatment programs
- Licensed professional counselors
- Licensed clinical social workers
- Psychologists and Psychology groups
- Psychiatrists
- Cardiologists

Where Can I Enroll?

To become an HTW provider (including HTW Plus providers), you must be enrolled with Texas Medicaid and complete the HTW certification available through the Texas Medicaid & Healthcare Partnership (TMHP). Visit www.tmhp.com/programs/htw for more information.

For updates about the program, visit www.healthytexaswomen.org.
If you have questions, email HealthyTexasWomen@hhsc.state.tx.us.

Healthy Texas Women

TEXAS Health and Human Services

STAR KIDS PROGRAM

WORKING TOGETHER TO PROTECT OUR YOUNGEST MEMBERS' HEALTH

First and most importantly, Community First Health Plans would like to extend our gratitude to our Providers for working together with us through these unprecedented times. Now more than ever, we need to continue to work collectively to ensure the health and safety of our most vulnerable Members in the STAR Kids program.

Health Care Visits

Understandably, many parents are concerned about taking their child into a health care setting where he or she could be exposed to COVID-19. Community First is doing our part to assure our Members and their families that Providers are taking the necessary precautions to mitigate risk while continuing to provide services, both in-person and via telehealth. Specifically, we are encouraging our Members to schedule their Texas Health Steps and continue to receive age appropriate vaccinations to protect themselves and the community at large.

Extension of Authorizations

In addition, to maintain continuity, Community First is following the Texas Health and Human Services (HHSC) guidelines regarding the extension of authorizations for 90-day increments beginning in March 2020 through December 31, 2020 for authorizations set to expire within that timeframe. The intention is to allow flexibility so that both Providers and Members can continue to provide and receive medically necessary services. This, in addition to the extension of Medicaid eligibility, is helping to ensure that there is minimal disruption to care until the end of this public health emergency.

SAI Participation and LTSS Eligibility

We also request your support in encouraging STAR Kids Members to participate in the Texas Screening and Assessment Instrument (SAI) which provides eligibility for Long Term Services and Supports (LTSS). It also helps Community First ensure that necessary services are in place so that we can prevent gaps in care, help prevent unplanned hospitalizations, and reinforce Provider care plans. Currently, these visits are being conducted either telephonically or via telehealth and will return to in-person support once restrictions are lifted.

As always, we value your participation, ideas, and input into the STAR Kids program and look forward to continuing our work together in order to ensure the health of our Members.

THE PANDEMIC
& ITS IMPACT ON PATIENT MENTAL HEALTH

As the COVID-19 pandemic continues, individuals of all ages are being impacted by tremendous stress and fear of the unknown. The novel coronavirus has generated overwhelming levels of worry and anxiety in many, causing strong, emotional reactions.

Recommended and mandated precautions meant to protect individuals during the pandemic can also impact mental health. For example, social distancing, which can help slow the spread, can also cause one to feel isolated and lonely, exacerbating already existing anxiety and depression. Some individuals who have never experienced anxiety and depression before are now struggling with symptoms for the first time in their lives.

A poll conducted in March 2020, at the very beginning of the pandemic, found that 47 percent of those sheltering in place reported negative mental health effects resulting from the stress of the coronavirus. There is reason to believe that this number is going to continue to increase as the months go by.

Stress during this infectious disease outbreak can cause the following:

- Fear/anxiety about one's own health and health of loved ones; job security; financial situation; or loss of support services
- Changes in eating and sleeping patterns
- Difficulty with concentration, focusing, or completing tasks
- Chronic health or mental health conditions becoming worse
- Increased use/abuse of both legal and illegal substances such as tobacco, alcohol, and prescription and nonprescription drugs.

Community First Health Plans' network of Behavioral Health Providers can assist your patients who may be experiencing any of the symptoms listed above. Our Behavioral Health Providers are also able to provide their services through telehealth.

If you would like a list of Behavioral Health Providers in our network, please call (210) 358-6030. You can also reach our Behavioral Health Hotline at 1-844-541-2347 (STAR Kids Members) and 1-877-221-2226 (all other Members) available 24 hours a day, 7 days a week.

We appreciate all that you do for your patients and our Members. We are here to assist you in any way possible.

Reference:

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

EFFECTIVE PROVIDER AND MEMBER COMMUNICATION

Community First Health Plans and its Providers have a commitment to Members. This commitment includes the assurance that our Providers can effectively communicate with patients. As our world changes, the means of communication must also change and adapt.

According to the PatientEngagementHIT article "4 Best Practices for Improving Patient-Provider Communication," when a Provider communicates well with a patient, it can help to make the patient feel like a valued member of the care team, thus improving patient satisfaction. As technology pays a more prominent role in health care, creating more meaningful relationships can be a challenge. The four (4) best practices listed below are recommended to help improve patient satisfaction and improve clinical outcomes:

1. **Patient Portals:** The most successful patient portals are those endorsed by the Provider. Ensure that patients are able to use the portal before leaving your office.
2. **Open Lines of Communication:** Patient portals are a good means of patient interaction, but telehealth can further open the lines of communication. Telehealth is a growing technology that allows patients to reach out to their Provider when experiencing minor ailments, helping to avoid a larger issue.
3. **Care Coordination:** By including the patient in the coordination of their care, you are allowing the patient to take ownership of their health. Sharing health rationale for procedures and treatments puts patients at ease and helps the patient feel included in the decision-making process.
4. **Empathy:** In a 2016 study, Providers at Massachusetts General Hospital department for orthopedic surgery who were perceived as more empathetic tended to receive higher patient satisfaction ratings. The researchers also found that 65 percent of patient satisfaction was correlated to Provider empathy. Providers should approach each exchange between themselves and their patients with sensitivity and compassion to boost patient satisfaction.

These practices are just the beginning into opening communication between Providers and their patients. This is an ongoing process that will need to evolve as the demands of the health care industry continue to change.

References:

Heath, S. (2016, March 18). *4 Best Practices for Improving Patient-Provider Communication*. Retrieved from patientengagementhit.com: https://patientengagementhit.com/news/4-best-practices-for-improving-patient-provider-communication

WELL CHILD MEASURE UPDATES

The Healthcare Effectiveness Data and Information Set (HEDIS®) Technical Specifications have been updated for the Child and Adolescent Well-Care Visits (WCV) and Well-Child Visits in the First 30 Months of Life (W30).

The following information meets the updated criteria:

Measures	Coding Tips	
Child and Adolescent Well-Care Visits (WCV): 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	ICD10 Codes: CPT Codes: HCPCS Code:	Z00.121-Z00.129, Z00.2, Z00.3, Z02.5, Z76.1-Z76.2. 99381-99385, 99391-99395, 99461 G90438, G0439
Well-Child Visits in the First 30 Months of Life (W30): **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: six or more well-child visits. **Well-Child Visits for Ages 15 Months–30 Months.** Children who turned 30 months old during the measurement year: two or more well-child visits.	ICD10 Codes: CPT Codes: HCPCS Code:	Z00.110, Z00.111, Z00.121, Z00.129, Z76.1-Z76.2. 99381-99385, 99391-99395,99461 G90438, G0439

Telehealth: Helpful Tips For Clinicians

Well-Child Visits may also be conducted through telehealth. A telehealth comprehensive physical exam must be consistent with Bright Futures Guidelines and include, at a minimum, the following elements:

- Health history: assessment of Member's history of disease or illness and family health history
- Physical development history: assessment of specific age appropriate physical development milestones
- Mental development history: assessment of specific age appropriate mental development milestones
- Physical exam
- Health education/anticipatory guidance: guidance given in anticipation of emerging issues that a child/family may face

Some elements of the well exam should be completed in-person in a clinic setting once community circumstances allow, including:

- Office testing, including laboratory testing
- Hearing, vision, and oral health screening
- Fluoride varnish
- Immunizations

In areas where community circumstances require pediatricians to limit in-person well visits, clinicians are encouraged to prioritize in-person newborn care and well visits and immunization of infants and young children (through 24 months of age), whenever possible.

Clinicians should also take advantage of each office visit (including sick visits) to provide well-care services and immunizations. **Add both Modifier -25 to the sick visit and billing for the appropriate preventative visit to bill both components on the same day.**

Don't forget to schedule the patient's next visit at the end of each appointment.

NEW QUALITY INCENTIVE PROGRAM FOR PCPS

Community First Health Plans is committed to improving the health of our Members by supporting access to high quality, cost-effective health care. To that end, Community First will continue to provide value-based performance incentives for PCPs for improving quality and closing gaps in care for Members.

In 2021, the PCP Quality Incentive Level 2 Alternative Payment Model (APM) Program will include STAR, CHIP, and STAR Kids lines of business. The performance-based incentives will focus on the following:

- Closing gaps in well childcare
- Nutrition counseling for children and adolescents
- Immunizations for adolescents
- Appropriate treatment of upper respiratory infection
- Follow-up after hospitalization for mental illness (for STAR Kids Members)
- Reduced ED utilization

Incentive Program Description & Eligibility

Participation eligibility is evaluated quarterly and based on the following:

- STAR – PCPs (or PCP group) who have a STAR panel size of 100 or more and Member satisfaction*
- CHIP – PCPs (or PCP group) who have a CHIP panel size of 100 or more and Member satisfaction*
- STAR Kids – PCPs (or PCP group) who have a STAR Kids panel size of 100 or more and Member satisfaction*

Incentive rewards for each line of business are also based on an accumulation of points on individual metrics. There are five (5) metrics each for STAR and CHIP, with a total of **twelve and one-half (12.5)** possible points per product. In each program, **0.5 points** will be deducted for each Provider/group with less than 100% compliance with the appropriate treatment for Pediatric Upper Respiratory Infection (URI). The STAR Kids program also includes five (5) metrics with a potential total of **sixteen and one-half (16.5)** points.

The calculated final points equate to a per Member per month (pmpm) dollar value that will be awarded to each eligible Provider/group on a quarterly basis.

	STAR	STAR Kids	CHIP
Primary Care Medical Home (PCMH)	X	X	X
Well Child Measure	Well Child 30 (W30)	Child and Adolescent Well Care (WCV)	N/A
Appropriate Treatment for Upper Respiratory Infection (URI)	X	N/A	X
ER Utilization *(ER Visits per 1000 Member months)*	X	X	X
Immunizations for Children and Adolescents (IMA-Combo2)	X	N/A	X
Other	N/A	Counseling for Nutrition for Children and Adolescents (WCC-N)	Counseling for Nutrition for Children and Adolescents (WCC-N)
	N/A	Follow Up after Hospitalization for Behavioral Health (FUH)	N/A

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

NEW QUALITY INCENTIVE PROGAM FOR PRENATAL & POSTPARTUM CARE PROVIDERS

Community First Health Plans would like to recognize the efforts our Providers are making toward meeting our quality standards for our pregnant Medicaid Members. Below is a description of our Incentive/Level 2 Alternative Payment Model (APM) for Medicaid Prenatal and Postpartum Care Providers that will begin January 1, 2021.

1. **Notification of Pregnancy (NOP): $25 per notification**
   - **a.** NOP online form must be completed through the Community First Secure Provider Portal and submitted within 60 days from the date of the first prenatal visit and prior to delivery.
   - **b.** Paid once per Member, per pregnancy.

2. **Timeliness of Prenatal Care: $25 per initial visit only**
   - **a.** Providers that provide timely initial prenatal care visits as defined by HEDIS® 2021 (initial 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 Medicaid Members will receive $25, in addition to the contracted fee for service payment for rendered services.
   - **b.** A valid claim must include appropriate CPT/ICD-10 codes and any necessary modifiers.
   - **c.** In addition, the qualifying 10-digit Provider NPI and taxonomy of the rendering Provider must be on the claim.

3. **Postpartum Care: $30 per Member**
   - **a.** Providers that provide postpartum care as defined by HEDIS® 2021 (postpartum visit on or between 7 and 84 days after delivery) will receive $30 for Members with verified eligibility on the date of service, in addition to the contracted payment for rendered services to STAR Medicaid postpartum Members.
   - **b.** A valid claim must include appropriate CPT/ICD-10 codes and any necessary modifiers.
   - **c.** The qualifying taxonomy and 10-digit NPI for the rendering Provider must be on the claim.

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

ALWAYS LEARNING, GROWING, AND IMPROVING

Every year, Community First Health Plans develops a Quality Improvement Plan (QIP). Then, at the end of each year, Community First evaluates the results of the plan. This evaluation helps us identify our successes while looking for additional areas of improvement. It also helps Community First develop quality activities for the following year.

This year's review revealed improvement in key areas, indicating that we are moving toward our goal of continuous and comprehensive pursuit of opportunities for 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:

- Completed transition to the core administration system to TriZetto QNXT allowing for configuration of complex payment programs, enhanced automation, and claims processing rules
- Implemented a new Long Term Services and Supports (LTSS) module which, for Community First, facilitated consolidation of two medical management systems. The new module includes assessments and services specific for the STAR Kids program (i.e. respite care).
- Outreach programs were implemented to address discharge planning, facility site visits
- Data showed increased communication between behavioral and medical Providers
- Member surveys revealed satisfaction with service coordination, health promotion and wellness, and case management
- Enhanced telephone system functionalities and reporting capabilities
- Improved website navigation and search capabilities
- Added non-traditional work hours during the week and on weekends
- Expanded avenues to raise awareness regarding access standards
- The annual satisfaction survey revealed Members rated Community First in the top 75th percentile nationally for Medicaid Children and Commercial Adults, and in the 90th percentile for Medicaid Adults
- 90.1% of doctors and other providers surveyed indicated they were satisfied with Community First (up from 89.2% in 2019), and 92.2% view their relationship with Community First to be long term

Opportunities identified & key goals for the future include:

- Explore opportunities to expand the Provider network
- Enhance functionality of the Community First website and expand information available through the secure Member and Provider portals
- Successful renewal of the STAR and CHIP contract
- Procure a Medicare Advantage contract with a Dual Special Needs Program (D-SNP) plan

You can learn more details about Community First performance on measures of clinical care and Member satisfaction by viewing the 2020 HEDIS and CAHPS summary in this newsletter and more detailed findings on our secure web portal.

CAHPS MEMBER SATISFACTION SURVEY

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. Satisfaction with the Member's personal doctor
4. Satisfaction with the Member's specialist care

These measures capture information which cannot be gathered through claims and medical record reviews.

Community First Health Plan's goal for the 2020 CAHPS Survey was to meet or exceed the Healthcare Effectiveness Data and Information Set (HEDIS®) standard: 50th percentile in comparison to other health plans across the country. HEDIS® is one of health care's most widely used performance improvement tools.

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

	Medicaid Child	Medicaid Adult	Commercial Adult
Rating of Health Plan	75th percentile	90th percentile	75th percentile
Rating of Health Care	66th percentile	75th percentile	75th percentile
Areas of opportunity for improvement include: Getting Needed Care			

As we begin a new year, Community First is excited to continue to improve our delivery of quality care and service, in a safe manner. We always welcome input and recommendations from our Members, Providers, and other physicians. Contact us with questions and concerns at our Provider Services Hotline at (210) 358-6030.

HEDIS® EFFECTIVENESS OF CARE AND CAHPS RESULTS ARE IN!

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of American's 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, behavioral health care, appropriateness/overuse of services and value (i.e., diabetes, asthma, heart disease, depression and 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 that are taking shape across the country. As such, Community First Health Plans has focused on quality of care metrics for both the STAR and CHIP programs which were closely aligned to the state quality metrics including well child and adolescent well visits, prenatal and postpartum care, and appropriate treatment for children with upper respiratory tract infection.

There are two types of measures in HEDIS®: Effectiveness of Care, and the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

EFFECTIVENESS OF CARE: STAR, CHIP, & COMMERCIAL

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 95th percentile of the National Committee of Quality Assurance (NCQA) when compared to all other health plans in the United States that submitted HEDIS data in 2020. 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 2020 HEDIS®
Effectiveness of Care Strengths (STAR & CHIP)

QUALITY OF CARE MEASURES	STAR	CHIP
Well Child First 15 Months of Life	67th	90th
Treatment for Upper Respiratory Infections	50th	50th
Childhood Immunizations, Combo #10	50th	75th
Timely Prenatal Care	95th	N/A
Postpartum Care	95th	N/A

Areas of opportunity for improvement include: Getting Needed Care

STAR

> Childhood Immunizations, Combo #2
> Comprehensive Diabetes Care (A1C testing, eye exam, blood pressure control)

CHIP

> Follow-Up After Hospitalization for Mental Illness (within 7 days)
> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Nutrition

Community First 2020 HEDIS®
Effectiveness of Care Strengths (STAR Kids & Commercial)

QUALITY OF CARE MEASURES	STAR Kids	Commercial
Adolescent Well Child	50th	N/A
Treatment for Upper Respiratory Infections	50th	N/A
Well Child Visits for 3-6 Years Old	50th	N/A
Diabetes - Eye Exam	N/A	50th
Diabetes - Blood Pressure Control (<140/90 mm Hg)	N/A	75th
Timely Prenatal Care	N/A	50th
Postpartum Care	N/A	67th

Areas of opportunity for improvement include: Getting Needed Care

STAR Kids

> Childhood Immunizations, Combo #2, #4, #10
> Follow-Up After Hospitalization for Mental Illness (within 7 days)

Commercial

> Follow-Up After Hospitalization for Mental Illness (within 7 days and again within 30 days)
> Adolescent Well-Care Visits

ARE YOU READY FOR THE 2021 E/M CHANGES?

January 1, 2021 is quickly approaching and with it comes the first major change to E/M coding since 1997.

- **99201 will be deleted**
- **99211 description will be revised to remove the time component**

How will these changes affect the documentation? Good question! The biggest change will be in the driving force of code selection. Currently, a code is selected on 3 elements: History of Present Illness (HPI); Examination (Exam); and Medical Decision Making (MDM). Under the new guidelines, MDM will serve as the driving force in code selection. Time may also be used as the selection criteria, if documented.

MDM

Providers should still document a complete note including the HPI, Exam, and MDM. However, MDM will now be the determining factor in code selection. There are still four levels of MDM: (1) straightforward, (2) low, (3) moderate, and (4) high. The new guidelines also include an expanded description of the elements for each level. These are not all-inclusive but provide examples and clearer descriptions of what is applicable for each level.

TIME

Providers may also base code selection on time. Each CPT code (with the exception of 99211) has a total time component regardless whether or not counseling and/or coordination of care dominates the service. The time base for code selection does not apply to ER visits. The new guidelines now allow any activity on the day of the visit – pertaining to the patient – to be counted, provided the total time is documented. It does not count time spent with clinical staff, i.e. Medical Assistant, taking vitals or giving injections.

Additional information can be found at https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

Questions?

Community First Health Plans SIU Manager can help. Call (210) 510-2455, Monday – Friday from 8:30 am – 5:00 pm.

DENIALS OF COVERAGE

Please note that 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 result 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 the Utilization Management (UM) criteria utilized to reach a decision can be obtained upon request by contacting Population Health Management (PHM). Please call the Community First PHM Department at (210) 358-6050 and press "3," or call (800) 434-2347 for authorization to request this information between the hours of 8 am-5 pm.

Community First UM staff is available from 8 am–5 pm at (800) 434-2347 to assist you with any questions you may have regarding the processing of a request for services. Calls or communications received after hours are handled by our Nurse Advice Line and our on-call nurse. Should a Community First staff member attempt to contact you regarding any issues for services, he/she will provide you with his/her full name and title at Community First Health Plans.

For Members who may need language assistance, TDD/TTY services are available to discuss concerns regarding Utilization Management or any concern involving medical and or behavioral health services. Please feel free to call us toll-free at 1-800-434-2347; or TTY (for the hearing impaired) at either (210) 358-6080 or toll-free at 1-800-390-1175 and we will be happy to assist you.

PROVIDER MUST KNOWS

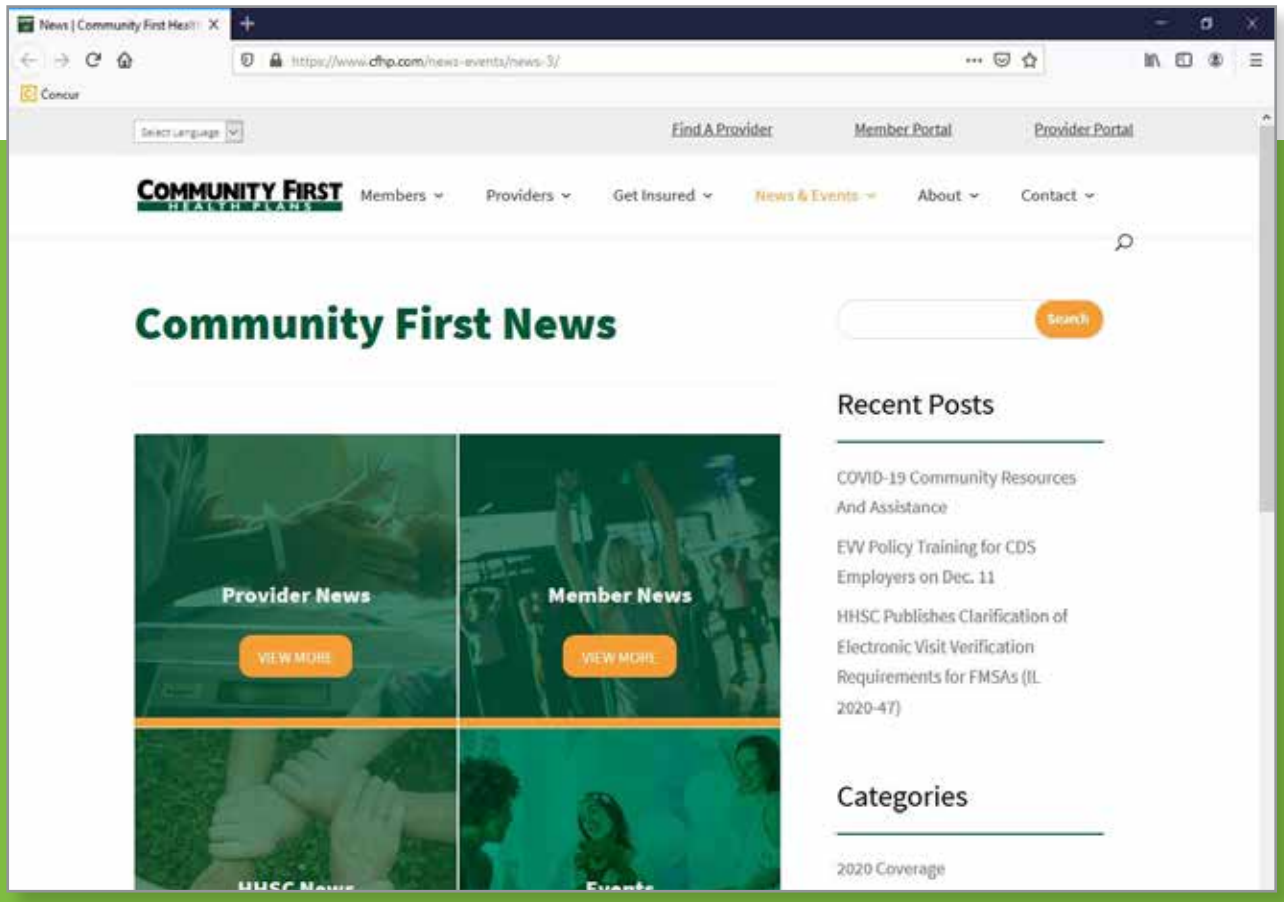
Here are a few "Provider Must Knows" that will help us, help you.

1. Verify that all your financial information is correct and up to date in payspan.
2. Update your contact and organization information with Community First by logging into your Provider Portal.
3. Keep up to date with the latest Provider News.
   - Visit CFHP.com
   - Hover over "News & Events"
   - Click on "News" and then "Provider News"

Here you can access timely information including:

- EVV Communications, New Method Policies, and WebEx Training Schedule
- New Billing Guidelines
- COVID-19 Procedure Codes

Questions?
Call the Provider Services Hotline at (210) 358-6294 or (210) 358-6030.



COMMUNITY FIRST
HEALTH PLANS

12238 Silicon Drive, Suite 100
San Antonio, Texas 78249
www.cfhp.com