How texting interventions promote the success of Medicaid programs

A recent article from the *Journal of Medical Research* showed that 77 percent of studies on text messaging interventions led to improved outcomes across health issues such as diabetes, weight loss, smoking cessation and medication adherence for HIV/AIDS treatment, among others.

The following example highlights select Medicaid programs that successfully leveraged texting to improve outcomes. Interactive texting improves adherence and activation outcomes in a Medicaid care management program. Interactive texting helps patients make positive changes beyond those achieved in care management alone, as shown in a two-month clinical trial conducted with Montefiore Health System’s university behavioral associates using Sense Health technology.

The goal of the trial was to understand whether mobile technology would help care managers provide more consistent and efficient support and improve quality of care for the program’s Medicaid patients. The trial was conducted with 15 health providers and 67 high-needs Medicaid patients with multiple chronic conditions and resulted in significant improvement in key patient engagement metrics.

Fourth in the series: the primary care office of the future

The Connecticut Institute for Primary Care Innovation (CIPCI) is a collaborative enterprise between Saint Francis Care and the University of Connecticut School of Medicine.

Launched in November 2010, CIPCI’s commitment is to transform primary care in ways that are palpable and sustainable: transformation that works. More specifically, CIPCI serves as a resource for the region and state. It will become a national model for training and retaining primary care providers and will improve care through applied research on the patient-centered medical home and other strategies for coordination and communication.

This is the fourth in a series of articles we are featuring that are designed to help providers as they navigate the future of health care.

Virtual measurement works

Integrated monitoring systems are one key to effective and efficient patient care in the primary care office of the future. Scales, glucometers and blood pressure cuffs are examples of the instruments that can link – via Bluetooth or Wi-Fi – directly to the practice, yielding real-time information on the status of specific patients (Partner: UCONN School of Engineering).

Easy check-in

Self-service is ubiquitous in many industries. The primary care office of the future gives patients the option to self-register when they get to the office – and to pre-register online – which increases the accuracy of information and minimizes the burden on front-office staff. It also offers another channel for providing key messages to patients.

Better engagement = better data

The primary care office of the future eliminates wasted time by engaging patients in meaningful ways. Customizable health questionnaires automatically integrate with the electronic health record (EHR), and provide real-time feedback for clinicians. These health questionnaires are designed to be interactive and fun (Partner: Tonic).

Patient education 3.0

Patient education and engagement are keys to successful health promotion and disease management. The primary care office of the future focuses on engaging patients in meaningful learning. Practices can customize the education their patients receive and collect automatic documentation of completion, as well as any questions or concerns (Partners: Emmi Solutions, Healthwise).

Gather ‘round

The primary care office of the future depends on effective teamwork, so the physical layout is designed to foster tight collaboration. Tech-enabled, ergonomic spaces offer touchpoints for huddles, meetings and information sharing among physicians and staff (Partners: Steelcase, Red Thread, bkm Texas).

Right mix of providers and technology

The primary care office of the future ensures that all members of the team are working to the top of their license. Physicians lead teams that include health coaches and community health liaisons. This structure – and access to telehealth – allows the practice to dramatically expand the size of patient panels while providing excellent care. Below is a sample of a morning schedule for the primary care office of the future.

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<table>
<thead>
<tr>
<th>8:00 AM</th>
<th>9:00 AM</th>
<th>10:00 AM</th>
<th>11:00 AM</th>
<th>12:00 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Huddle</td>
<td>Patient Office Visits</td>
<td>MD/MA Nurse</td>
<td>Virtual Patient Visit</td>
<td>Virtual Consult</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Follow-Up Visit</td>
<td>Follow-Up Visit</td>
<td>E-mail with Patients</td>
<td>APN/MA Nurse</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Call Urgent Patients</td>
<td>Group Visit</td>
<td>Diabetes Meal Planning</td>
<td>Break</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Rooming/Vitals, Calls, Refill Management</td>
<td>MD/MA Nurse</td>
<td>APN/MA Nurse</td>
<td>Rooming/Vitals, Calls, Refill Management</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Follow-Up Phone Call</td>
<td>Consultation + Open Access</td>
<td>Scheduled Visit</td>
<td>Break</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Medication Management Visit</td>
<td>Consultation Time</td>
<td>Medication Management Visit</td>
<td>Break</td>
</tr>
<tr>
<td>Team Huddle</td>
<td>Video-Conference with Patients</td>
<td>New Patient</td>
<td>Smoking Cessation Class</td>
<td>Break</td>
</tr>
</tbody>
</table>
Sleep Study Management Program for in-home sleep testing

Patients outside of Greenville County suspected of having noncomplicated obstructive sleep apnea will have the option to be tested at home using the AccuSom wireless device. We will require preauthorization for all sleep studies and must verify that conducting an in-home sleep study is clinically appropriate for the member.

Please continue to submit your requests for preauthorization through 866-902-1689 (phone) or 800-823-5520 (fax).

Key points about this procedure

- We have selected NovaSom, Inc. as our preferred vendor of home sleep tests and services. You can test members suspected of having noncomplicated obstructive sleep apnea at home, when clinically appropriate.

- Preauthorizations for all sleep tests are required for these codes: 95782, 95783, 95800, 95801, 95806, 95807, 95808, 95810 and 95811.

- Once a home sleep test is preauthorized, we will contact NovaSom to set up the home testing. NovaSom will send the needed equipment to the patient.

- Members found to have obstructive sleep apnea may not require continuous positive airway pressure (CPAP) therapy. In many cases, they may benefit from automatic positive airway pressure (APAP) therapy. Preauthorization for CPAP/APAP is required. Please use code E0601.

Benefits

- Sleep studies are delivered to the patient’s home and are self-administered. This may be more comfortable and may better reflect the patient’s typical sleep behaviors. NovaSom provides daily clinical support by phone to coach patients through the testing process.

- The AccuSom sleep testing device wirelessly transmits data to the NovaSom secure portal during the test process. Sleep technologists review the data to ensure quality testing.

- Once the study is complete, a board-certified sleep physician will interpret the results. The doctor will provide a report with treatment recommendations to the ordering physician within 48 hours.

- APAP treatment may allow patients with obstructive sleep apnea to continue their treatments at home without traditional CPAP treatment.

Provider manual now available

The BlueChoice HealthPlan Medicaid 2016 provider manual is now available on our website at www.BlueChoiceSCMedicaid.com and select Providers > Resources > Manuals & Guides.

The manual includes updates to the following areas:

- Claims and billing
- Utilization management (UM)
- Grievance and appeals
- Fraud and abuse
- Disease management (DM)
- Member rights and more

If you would like to request a printed copy of the provider manual, please contact our BlueChoice HealthPlan Medicaid Provider Customer Care Center at 866-757-8286.
We’re in Your Community

BlueChoice HealthPlan Medicaid supported Broadway at the Beach Kids Fest in Myrtle Beach, SC. Viticus Thomas and Letitia Lindsay, BlueChoice HealthPlan Medicaid Community Outreach Representatives, provided helpful health tips, BlueChoice HealthPlan Medicaid benefits information and fresh hot popcorn to attendees. More than 3,000 people traveled near and far to enjoy this fun-filled family event.

Event Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 13</td>
<td>4 p.m.</td>
<td>7 p.m.</td>
<td>Children’s Museum of Charleston - Play Day/Interactive Kid Zone</td>
<td>Children’s Museum  25 Ann Street  Charleston, SC 29403</td>
</tr>
<tr>
<td>May 21</td>
<td>10 a.m.</td>
<td>1 p.m.</td>
<td>Asthma and Allergy Awareness Day</td>
<td>Wal-Mart Supercenter  2377 Dave Lyle Blvd  Rock Hill, SC 29730</td>
</tr>
</tbody>
</table>

Half Tablet Program

Effective May 2016, the Half Tablet Program will be implemented for BlueChoice HealthPlan Medicaid. Three drugs will be included in the program: Abilify (aripiprazole), Latuda and Crestor.

The Half Tablet Program is a simple way to lower the cost of prescription drug claims. You save when you write prescriptions for medications on the Half Tablet Program drug list at double the strength, with directions to cut the tablets in half to achieve the original dose. This saves money because pharmacies dispense fewer tablets while maintaining the same days’ supply. Drugs that are included in the Half Tablet Program are taken once a day and have been clinically reviewed to confirm that pill splitting will not reduce patient compliance or efficacy of the medication.

Tablet splitting is a well-established medical practice in clinical settings, especially within the geriatric and psychiatric communities, as a means of reducing medication dose and/or cost. Many prescription drugs are available at increased dosages for the same or similar costs as lower dosages. Tablet splitting can be a cost-saving practice when implemented judiciously using drug and patient-specific criteria aimed at clinical safety. (JMCP, January 2015 Vol. 21, No.1  www.amcp.org)

If you need assistance with any other item, contact our BlueChoice HealthPlan Medicaid Provider Care Center at 866-757-8286.
SCDHHS now requires use of the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS)

On April 1, 2016, the South Carolina Department of Health and Human Services (SCDHHS) began requiring providers verify Medicaid members’ controlled substance prescription history through the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) before issuing a prescription for any Schedule II through IV controlled substance. Providers must maintain documentation that the SCRIPTS database was verified prior to the issuance of a controlled substance prescription. Failure to perform an evaluation of the SCRIPTS database may result in recoupment of Medicaid funds for the office visit during which the prescription was issued.

BlueChoice HealthPlan Medicaid is not currently using SCRIPTS.

For Medicaid members who are chronically treated with controlled substances, SCDHHS will require that SCRIPTS be consulted at the initiation of therapy and at least every 90 days thereafter.

The following instances are exempt from this requirement:
• Issuance of less than a five-day supply of a controlled substance
• Issuance of a controlled substance prescription to a Medicaid member who is enrolled in hospice
• Instances where a controlled substance is administered by a licensed health care provider

For frequently asked questions (FAQ), please visit www.scdhhs.gov/scriptsfaqs. Please contact the SCDHHS Medicaid Provider Service Center at 888-289-0700 for additional information.

May is Asthma and Allergy Awareness Month

Did you know?
BlueChoice HealthPlan Medicaid has a care management program for asthma. This program helps your patients understand and manage their asthma better. We can help them set health goals and create a care plan that fits their lifestyle. They do not have to join the program. We enroll them as a member of BlueChoice HealthPlan Medicaid.

In your community
May is National Asthma and Allergy Awareness Month. Join us as we team up with community partners to host asthma and allergy-awareness community events. It’s a peak season for asthma and allergy sufferers, and a perfect time to educate your patients, family, friends, co-workers and others about these diseases. Participants enjoy games, prizes, health screenings and more.

For information about our events, visit www.BlueChoiceSCMedicaid.com and select In Your Community > Events.
HEDIS® Measure of the Month: Lead screening in children

This HEDIS measure looks at members who turned two during the year and had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

- Children must receive a lead screening blood test at 12 and 24 months of age.
- If you obtain the specimen and analyze the test in your office, you should report results to your state’s Childhood Lead Poisoning Prevention Program.

Anticipatory guidance is required as part of a routine health check visit. You should cover:

- Effects of lead poisoning on children
- Sources of lead poisoning
- Pathways of exposure
- How to prevent child exposure to lead hazards
- Appropriate testing schedules for children

Reminder: Completing a lead risk assessment questionnaire does not count as a lead screening. Completing a blood screening test meets compliance.

Get your efforts on record

When documenting lead screening, include:

- Date the test was performed
- Results or findings

Code your services correctly

Use the following diagnosis and procedure codes to document lead screening:

<table>
<thead>
<tr>
<th>Codes to identify lead tests</th>
<th>Description</th>
<th>CPT</th>
<th>Mod</th>
<th>Medical Record Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead screening</td>
<td>83655</td>
<td>EP, 90 or EP, 91</td>
<td>Results, findings and date of screening</td>
<td></td>
</tr>
<tr>
<td>Capillary or venous</td>
<td>36415 or 36416</td>
<td>EP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

- Draw patient’s blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when patients are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.
Eating healthy just got easier! Every quarter, BlueChoice HealthPlan Medicaid teams up with our local community partners to bring you the freshest produce the season has to offer.

Enjoy fruits and vegetables on us; learn how to make healthier choices for your family and more.

Be one of the first 100 to get produce at no cost to you!

**Plus:**
- Health screenings, resource information
- Health and nutrition sessions
- Fitness challenges
- Games, prizes and more

**Date:** Saturday, May 21, 2016

**Time:** 9:00 a.m. to 1:00 p.m.

**Address:** Parking Lot
369 West Cheves Street
Florence, SC 29501

**RSVP Line:** (803) 382-5817
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