OCTOBER 2025

the RightCare update

an annual publication for participating providers for RightCare

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH
RIGHTCARE

TEXAS Health and Human Services
TEXAS STAR Your Health Plan ★ Your Choice

RCSWHP 10203

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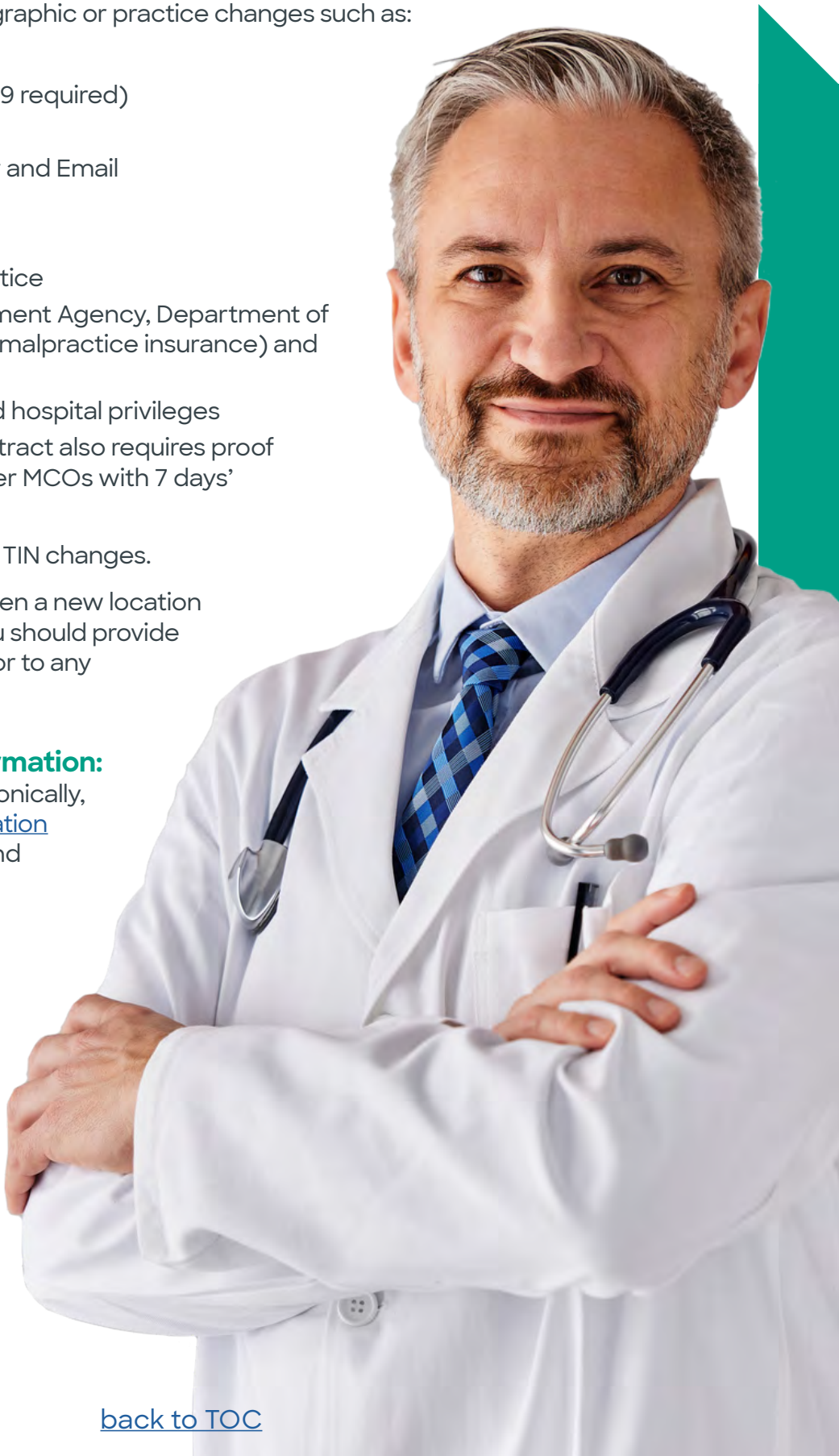
Updating Provider Information

A written notice must be sent to RightCare and Texas Medicaid & Healthcare Partnership (TMHP) of any demographic or practice changes such as:

- Tax Identification Number
- Practice and Billing address (W-9 required)
- Billing county
- Telephone number, Fax number and Email
- Group affiliation
- Specialty
- New physician additions to practice
- Current licenses (Drug Enforcement Agency, Department of Public Safety, state license, and malpractice insurance) and their expiration dates
- Status of board certification and hospital privileges
- Panel closures (RightCare's contract also requires proof in writing. Panel is closed to other MCOs with 7 days' advance notice.)

A W-9 is required for **all** name and TIN changes.

If you plan to move your office, open a new location or leave your current practice, you should provide written notice at least **90 days** prior to any planned change.



How to update Provider Information:

To update your information electronically, please fill out the Provider Information Change Form to make updates and track changes.

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Provider Advisory Group Meetings

Physician/Provider Advisory Group (PAG) Meetings for Medicaid providers are conducted quarterly. This is a time for the Health Plan to share information, and get feedback from our providers and their staff. Invitations are posted on our websites and provider portals, so check back often. You may also receive an invitation via fax or email. We welcome your attendance.

Click on the dates to register

2025

QUARTER 4
NOVEMBER 19, 2025
3-4 PM

2026

QUARTER 1
FEBRUARY 18, 2026
3-4 PM

QUARTER 2
MAY 20, 2026
3-4 PM

QUARTER 3
AUGUST 19, 2026
3-4 PM

QUARTER 4
NOVEMBER 18, 2026
3-4 PM

Mental Health Targeted Case Management (MHTCM) and Mental Health Rehabilitative Services (MHR)

In compliance with the Texas Health and Human Services Commission (HHSC) guidelines, RightCare from Scott and White Health Plan would like to remind all contracted providers of the mandatory training requirements under the Uniform Managed Care Manual Chapter 15.3.

All providers and supervising staff delivering Mental Health Targeted Case Management and Mental Health Rehabilitative Services must complete the applicable training prior to providing services.

Annual attestation of completed provider training is required to ensure compliance and subject to audit. Providers can access certification requirements by visiting Uniform Managed Care Manual Chapter 15.3.

Scan QR code for the Uniform Managed Care Manual Chapter 15.3.

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RightCare Value Added Services SFY 2026

24-Hour Nurse Helpline

- Talk to a Nurse-Nurse24™. Get answers 24 hours a day, 7 days a week.

Extra Help Getting A Ride

- One ride per month for groceries, WIC, fitness centers, vocational trainings, interviews, religious services, pregnancy/newborn/first aid classes, or RightCare Baby Showers.

Disease Management

- $20 gift card for members who participate in an asthma disease management program for not well-controlled or very poorly controlled asthma (Level 2 or 3).
- $20 gift card for members who participate in a diabetes disease management program for not well-controlled or very poorly controlled diabetes (Level 2 or 3).

Dental Services

- Pregnant members age 21 through 64 get up to $500/yr for dental checkups: cleaning every 6 months, annual X-rays, simple extractions, limited fillings, fluoride treatments.
- Postpartum members get up to $500/year for dental checkups which include cleaning every 6 months, annual X-rays, simple extractions, limited fillings, fluoride treatments.

Extra Vision Services

- $150 allowance for select eyeglass frames, lenses, or contact lenses that aren't covered by Medicaid, once every 24 months.
- Eye checkup once a year for Members age 21 through 110.

Discount Pharmacy / Over-the-Counter Benefits

- Up to 20% discount at Baylor Scott & White Pharmacies for personal care items, first aid items, baby care items. Medicaid-covered benefits are not included.

Sports and School Physicals

- 1 sports physical each year for members age 4 through 19

Extra Help for Pregnant Women

- Baby Shower education program for pregnant members. Baby shower includes diaper bag and other small items.
- $20 gift card for Members attending a RightCare Baby Shower and completing one prenatal visit during the 1st trimester or within 42 days of enrollment with RightCare.
- $20 gift card for Members attending a RightCare Baby Shower and completing a timely post-partum visit between 21 to 56 days after delivery.

Home Visits

- In-home support for Pregnant RightCare Members in Care Management for high-risk conditions such as diabetes, hypertension, and severe nausea.

Health and Wellness Services

- RightCare Members will have access to quarterly wellness webinars from Scott and White Health Plan.
- Baby Safety education program for postpartum members.

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(Effective 9/1/2025)

Additional limitations may apply. See the RightCare Member Handbook, RightCare website or call RightCare Member Services at 1.855.897.4448 for additional information.

Gift Programs

- $50 gift card for members 15 months and younger who get all six Texas Health Steps checkup on-time.
- $25 annually for members 20 years of age and younger for getting a timely Texas Health Steps Checkup (well child visit).
- Up to $150 for Pregnant Members: $75 for prenatal visit within 42 days of enrollment or 1st trimester and $75 for postpartum visit within 21-56 days of delivery.

Inpatient Follow-up Incentive Program

- $20 gift card for members age 5 through 110 years old who go to a seven-day follow up visit after leaving the hospital.

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Potentially Preventable Admissions (PPA)

What is a PPA and why it is important

Potentially preventable admissions are admissions that occur, possibly due to lack of ambulatory care coordination or ineffective treatment in an outpatient or clinic setting. It is important to understand and identify PPAs because they reveal avoidable negative outcomes in healthcare treatment. Being able to avoid future PPAs can improve patients' quality and coordination of care.

Key components in preventing PPAs

- **Review of current diagnosis during outpatient and clinic visits.**
  Thorough review of patients' everyday routine and their current diagnosis or active problems during outpatient or clinic settings can help decrease the chances of a PPA occurring.
- **Utilizing a multidisciplinary team approach to care.**
  Utilizing multiple clinicians of different expertise provides a comprehensive understanding of patient needs and ensures all areas of the patient's health are addressed. This approach allows for collaboration between healthcare professionals and provides patients with timely and effective interventions to their health needs.
- **Effective patient education in outpatient and clinic visits.**
  Patient education encourages patients to engage in their healthcare and treatment plans. Using methods such as patient teach-back can reassure providers that patients understand their role in managing their health. When patients understand their role and can accurately adhere to their treatment plan, the possibility of admission to a facility decreases.

Utilizing best practices in developing patient treatment

For RightCare, asthma was the third leading diagnosis associated with potentially preventable admissions for 2023. Incorporate asthma action plans that outline clear directions for use of medications, offer guidance for how patients can navigate emergency situations, and help patients manage and understand symptoms.

Sources

Characterizing Potentially Preventable Admissions: A Mixed Methods Study of Rates, Associated Factors, Outcomes, and Physician Decision-Making - PMC

PPA MCO Reporting Technical Notes (Texas Healthcare Learning Collaborative)

The Multidisciplinary Team (MDT) Approach and Quality of Care - PMC

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EDUCATION

Potentially Preventable Complications (PPC)

What is a PPC and why it is important

PPCs are potentially preventable complications that are not present on admission and arise from inadequate treatment plans and procedures from the patient's care team. It is important to understand and identify PPCs because they reveal avoidable negative outcomes in healthcare treatment. Being able to recognize previous PPCs and avoid future PPCs can improve patients' safety and quality of care.

Key components in preventing PPCs

- **Completing comprehensive assessments on admission.**
  Thorough assessments of the patient's medical history, current diagnosis or active problems and their everyday routine, can help identify the likelihood of developing complications during their hospitalization. The primary diagnosis for admission can also determine possible complications a patient might experience. These factors can easily identify high-risk patients for complications.
- **Utilizing a multidisciplinary team approach to care.**
  Utilizing multiple clinicians with different expertise provides a comprehensive understanding of patient needs and ensures all areas of the patient's health are addressed. This approach allows for collaboration between healthcare professionals and provides patients with timely and effective interventions to their health needs.
- **Provide consistent patient education throughout inpatient stay.**
  Inpatient hospital stays can become lengthy, depending on the primary diagnosis, making it more difficult for patients to follow along with their care. This can lead to preventable complications; however, with consistent and effective patient education the chances of those complications occurring are decreased.

Utilizing best practices in developing patient treatment

The leading diagnosis in 2023 for PPCs in RightCare by Scott and White Health Plan was renal failure without dialysis. Dialysis is considered the primary treatment option for renal failure patients, because it increases quality and length of life. Ensuring patients adhere to a dialysis regimen during inpatient hospital stays could avoid complications in care.

Sources

PPC Technical Notes 2016 – PPC MCO Reporting Technical Notes (Texas Healthcare Learning Collaborative)
Dialysis - Types, effectiveness, side effects | National Kidney Foundation
Hospitalization for Potentially Preventable Complications - NCQA
The Multidisciplinary Team (MDT) Approach and Quality of Care - PMC

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Effective Immediately: Clinical Laboratory Improvement Amendments Information/Updates

The purpose of this notice is to educate and inform all providers on Clinical Laboratory Improvement Amendments (CLIA) certificate requirements, in order for your claims to be processed correctly.

CLIA is required for all facilities or providers that examine "materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings." If a facility or provider performs tests for these purposes, they are considered a laboratory and must obtain a CLIA certificate in accordance with CLIA laws and regulations.

Plan is requesting all laboratory providers to please submit your most current and updated CLIA certificate.

Facilities and Providers must follow guidelines below:

- Claim must contain a valid CLIA certificate ID
- Servicing provider demographic information must match specific location where the provider is performing on-site lab testing and as outlined on your CLIA certificate
- Claim payments can only be made for dates of service falling within the certification dates governing the approved services
- Provider must follow CLIA guidelines as outlined by CMS and HHSC
- For information about waived tests or to obtain a CLIA Certificate of Waiver, please refer to the CDC site for more information.

Laboratory servicing providers who do not meet the CLIA billing requirements will not be reimbursed.

You may submit these via email to hpcliaupdate@bswhealth.org. If you have any questions you can contact our Provider Services Center at 844-633-5325.

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Preeclampsia and Low-dose Aspirin

For some women, low-dose aspirin during pregnancy may help reduce the risk of preeclampsia and premature birth.

Preeclampsia—persistent high blood pressure during pregnancy—can happen after the 20th week of pregnancy or right after pregnancy. If not treated, it can cause serious problems, like premature birth (before 37 weeks of pregnancy). Babies born early may have more health problems than babies born on time.

If your patient is at risk for preeclampsia:

- Encourage them to go to all prenatal care checkups, even if they're feeling fine. They can have preeclampsia and not know it.
- Advise them if they have signs or symptoms of preeclampsia (like severe headaches, blurred vision or swelling in the hands or face) during or after pregnancy, to call their provider right way.

Ask your patient if they have **even one** of these risks for preeclampsia:

- They've had preeclampsia before.
- They're pregnant with multiple babies.
- They have high blood pressure, diabetes, kidney disease or an autoimmune disease like lupus.

Ask them if they have **more than one** of these risks:

- They've never had a baby before, or it's been more than 10 years since you had a baby.
- They're obese.
- Their sister or mother has had preeclampsia.
- They had complications in a previous pregnancy, like a baby that had low birthweight.
- They're 35 or older.
- They're African-American. African-American women are more likely than other women to have preeclampsia.

Certain stresses in a mother's life—like having low income or lack of healthcare—can increase their risk for preeclampsia. Talk to your patient about their risks to see if low-dose aspirin is right for them.

Resources: Preeclampsia | March of Dimes

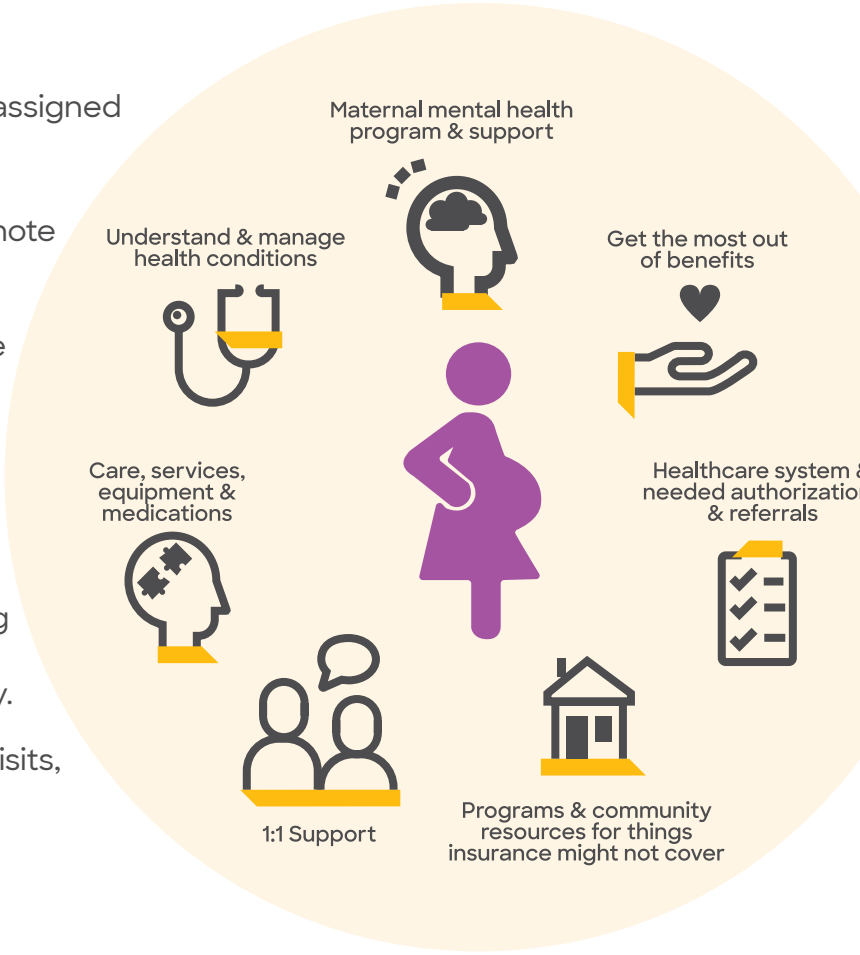
Expecting the Best®

Program Overview

Expecting the Best is our Maternity/Baby Service Coordination Program focused on helping and supporting mothers during their pregnancy. Members enrolled in the program receive helpful tips and help during pregnancy and for up to one year after birth for themselves and their baby.

Program Features

- Member receives direct phone number of assigned Expecting the Best team member.
- Additional help for high-risk pregnancy
- Coordination with health providers to promote full-term and healthy births.
- In-home support for high-risk conditions such as diabetes, hypertension, and severe nausea*
- Planning for future pregnancies
- Depression and mental health screening during pregnancy, and up to 1 year post-delivery, including postpartum resources and support
- Planning and educational tools for returning to work
- Service Coordination for member and baby. Help with baby needs and reminders and education on postpartum visits, well child visits, and developmental milestones
- And more



What to Expect

- Our team will call the member.
- We will provide a direct phone number to one of our Expecting the Best team members who will provide support throughout pregnancy and one year post-delivery, with baby support for a year.
- We will ask questions to better understand potential risks and to identify needs that we can assist with.

INITIAL RISK SCREENING | MID-PREGNANCY SCREENING | 3RD TRIMESTER SCREENING | 1:1 SUPPORT | POST DELIVERY SCREENING WITH EDUCATION ON POST-BIRTH WARNING SIGNS

SCHEDULED CALLS AND SCREENINGS FOR POSTPARTUM DEPRESSION/MATERNAL MENTAL HEALTH CONDITIONS TO 1 YEARAFTER BIRTH. SCHEDULED SCREENINGS FOR THE BABY.

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Maternal/Newborn Case Management

Maternal Mental Health: Sub-speciality Program

Significance: Risks When Left Untreated

- Children: Delayed speech, language, and social development issues
- Preterm birth, neonatal death, and long-term health conditions for infant
- Increased ER and Urgent Care Utilization
- Decreased well-child visit and immunization compliance
- Decreased attendance to prenatal and postpartum appointments
- Increased risk for substance and alcohol use
- Maternal child bonding issues
- Risk of suicide

Specialized Team

- Entire team trained in maternal mental health
- Specialized staff for high maternal mental health needs (including an RN who is also an LPC)
- Staff trained in motivational interviewing and trauma informed care
- Provides coordination with member and providers; assists with coordination for specialized BH services when needed.
- Scheduled evidence-based screening via 2-step method of PHQ2 and the Edinburgh Scale for perinatal/postpartum depression
- Knowledge of available resources

Maternal Behavioral Health: Provider Resources

Refer to our team to help us assist coordinate resources for the member such as:

- Help finding in-network therapist, counselors and psychiatrists
- Educate and connect with support groups, including some online groups.
- Provide scheduled screening and support

Resources Providers Can Utilize:

- No cost Perinatal Psychiatric Consult Line for Medical Providers: 1.800.944.4773, ext. 4 via PSI.
- Infant Risk for Healthcare Professionals application: InfantRisk.com and 1.806.352.2519 8:00AM - 5:00PM CST, Monday- Friday provides providers with evidence-based information about medications and their safety during pregnancy and breastfeeding)

How to Refer Members to Expecting the Best

Email our Team or Submit Referral Form to: **HPMaternityCaseManagement@BSWHealth.org**

Include:

- Member Name and Insurance ID Number
- Best Phone Number to contact member
- Significant information regarding pregnancy and/or conditions
- Identified need(s)
- Contact person and phone number in your office and if you would like us to contact to coordinate.

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The Fourth Trimester: The First 12 Weeks After Delivery

Life can get crazy after giving birth and it can be hard for mothers to remember to take care of themselves.

Remind your patients who have just given birth that risk and complications do not end after giving birth. Here are some quick things to tell mothers during their 4th trimester.

Postpartum Appointment: Patients who have just given birth should attend a postpartum appointment between 7 and 84 days after delivery. Talk to your patients about birth control and advise them not have sex until medically cleared. Tell them It is recommended to wait at least 18 months after delivery to get pregnant again to help reduce the chance of complications such as pre-term delivery and poor birth outcomes.

Postpartum Depression: Can happen up to 1 year after birth. Below are some support and crisis lines you can share with patients who may be experiencing postpartum depression:

- **Postpartum Support International (PSI):** 1.800.944.4773 (4PPD).
- **National Crisis Text Line:** Text HOME to 741741 from anywhere in the USA.
- **National Suicide and Crisis Lifeline** (available 24/7): Dial 9-8-8

Post-Birth Warning Signs: Mothers who have just given birth should seek medical attention immediately	
Go to the ER or **Call 9-1-1**	▪ Trouble breathing or shortness of breath ▪ A seizure ▪ Trouble speaking or slurred speech ▪ Fainting ▪ Chest pain ▪ Thoughts of hurting yourself or someone else
They should call their doctor to be seen same day. If they are unable to do so, they should go to the closest Labor and Delivery.	▪ Headache that does not go away with over-the counter medications ▪ Changes in vision, like blurriness, flashing lights, seeing spots, or light sensitivity ▪ Pain in their belly on the right side under the ribs ▪ Mental confusion ▪ Bleeding, soaking through one pad per hour or blood clots the size of an egg or bigger ▪ Incision that is not healing ▪ Red or swollen leg, which is painful or warm to touch ▪ Temperature of 100.4 F or higher

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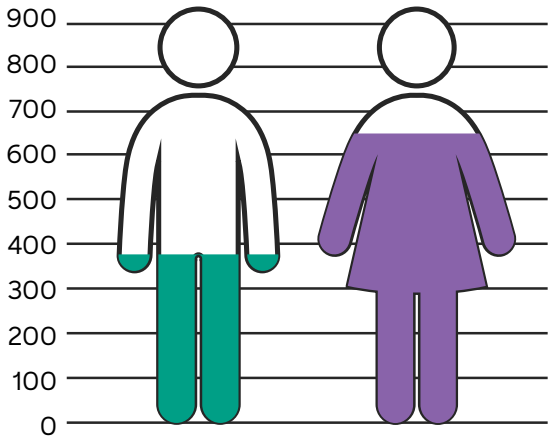
Chlamydia Screening

An Implementation Guide for Healthcare Providers

Texas reported chlamydia cases 2023



Source: cdc.gov/sti-statistics/data-vis/table-ct-state-ranked.html
*Rate per 100,000 people

Introduction to chlamydia screening

Chlamydia rates in Texas have become a key public health measure, with the state reporting 150,056 cases per 100,000 population in 2023. Understanding these figures helps pinpoint areas where prevention efforts can make the most impact in reducing this preventable infection.

Chlamydia screening is considered a core measure in healthcare, particularly in the context of preventive health services for sexually active women, especially those under the age of 25. These core measures are part of the broader set of guidelines used by organizations like HEDIS (Healthcare Effectiveness Data and Information Set) and NCQA (National Committee for Quality Assurance) to assess the quality of care provided by health plans and providers.

Chlamydia screening is a core measure because it is a fundamental preventive health service aimed at reducing the spread of STIs and preventing long-term health issues. It is a critical part of healthcare quality assessment, especially within managed care and public health systems, and is recommended by organizations such as HEDIS, which emphasize its role in improving sexual health outcomes.

Why screen women for chlamydia?

- Screening women for chlamydia is a critical public health measure for several reasons, particularly because chlamydia is one of the most common sexually transmitted infections (STIs), and many women do not show symptoms. Regular screening helps detect and treat the infection early, preventing serious health complications.
- A study published in 2024 estimated the average lifetime productivity costs per chlamydia infection to be $28 for men and $205 for women.
- Globally, more than 100 million new cases of chlamydia occur each year, with higher rates in developed countries where screening and reporting are more widespread.
- In the U.S., approximately 1.6 million cases were reported in 2023, though the true number of infections is likely higher due to underreporting and asymptomatic cases.

Over the years, Baylor Scott & White Health Plan (BSWHP) has seen significant shifts in chlamydia screening rates reflecting challenges in our ongoing efforts to improve STI prevention. Understanding these rate changes is crucial, not just for measuring success, but for refining our approach and ensuring that every member/patient has access to the care they need to prevent long-term health consequences from undiagnosed chlamydia. For rates regarding chlamydia screening specific to your clinic please contact BSWHP Quality Improvement Department at QualityImprovementRegulatory@BSWHealth.org

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Testing and treating chlamydia infection

Chlamydia is a treatable STI, and prompt diagnosis and appropriate treatment are crucial in preventing complications. As a healthcare provider, it is important to educate patients on the need for regular screening, partner treatment, and follow-up. By treating chlamydia effectively and encouraging prevention, you can help reduce the burden of this infection on both individual and public health.

Testing methods

Nucleic Acid Amplification Tests (NAATs) is the gold standard for chlamydia diagnosis. NAATs are the most sensitive and preferred method for detecting chlamydia. These can be done using urine samples or swabs from the cervix, urethra, or throat, depending on the individual's sexual practices.

Treatment of chlamydia for adolescents and adults

First-Line Treatment:

- **Doxycycline:** 100 mg orally twice daily for 7 days (Recommended treatment).

Alternative Treatment:

- **Azithromycin:** 1 gram orally once (Single-dose). Advantages: Single-dose regimen is convenient, promoting better adherence.
- **Levofloxacin:** 500 mg orally once daily for 7 days.

Considerations for Treatment:

- **Azithromycin:** is preferred in pregnant individuals; 1 gram orally once (Single-dose), due to safety concerns with doxycycline.
- **Doxycycline Postexposure Prophylaxis:** (DoxyPEP) 200 mg of doxycycline within 72 hours after exposure. The Centers for Disease Control and Prevention (CDC) endorses DoxyPEP because it offers an effective, proactive way to prevent the spread of bacteria STIs, like Chlamydia and Gonorrhea, after a potential exposure. The Texas Department of State Health Services (DSHS) supports this endorsement. By providing this preventive option, Texas DSHS aims to reduce the incidence of these infections, protect public health, and empower providers to give patients a valuable tool in STI prevention.
- **Amoxicillin:** 500 mg orally three times daily for 7 days (Alternative option).

Partner management

- **Partner Notification:** To reduce the risk of reinfection patients with chlamydia should inform their sexual partners from the past 60 days, or from their last unprotected sexual encounter.
- **Expedited Partner Therapy (EPT)** is recommended for treating the sexual partners of patients diagnosed with chlamydia, even if the partner is asymptomatic. It's essential to treat both the patient and their sexual partners to prevent reinfection and further transmission.

Post-treatment follow-up and retesting

- **Retest in 3 months**, especially if the patient is at ongoing risk of reinfection (e.g., multiple sexual partners).
- **Pregnant Individuals:** Pregnant patients with chlamydia should have a test of cure 4 weeks after treatment, to ensure eradication of the infection, and be retested within 3 months.

Sources: Centers for Disease Control and Prevention. CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024
Texas Health and Human Services. (2025). HIV/STD Program.

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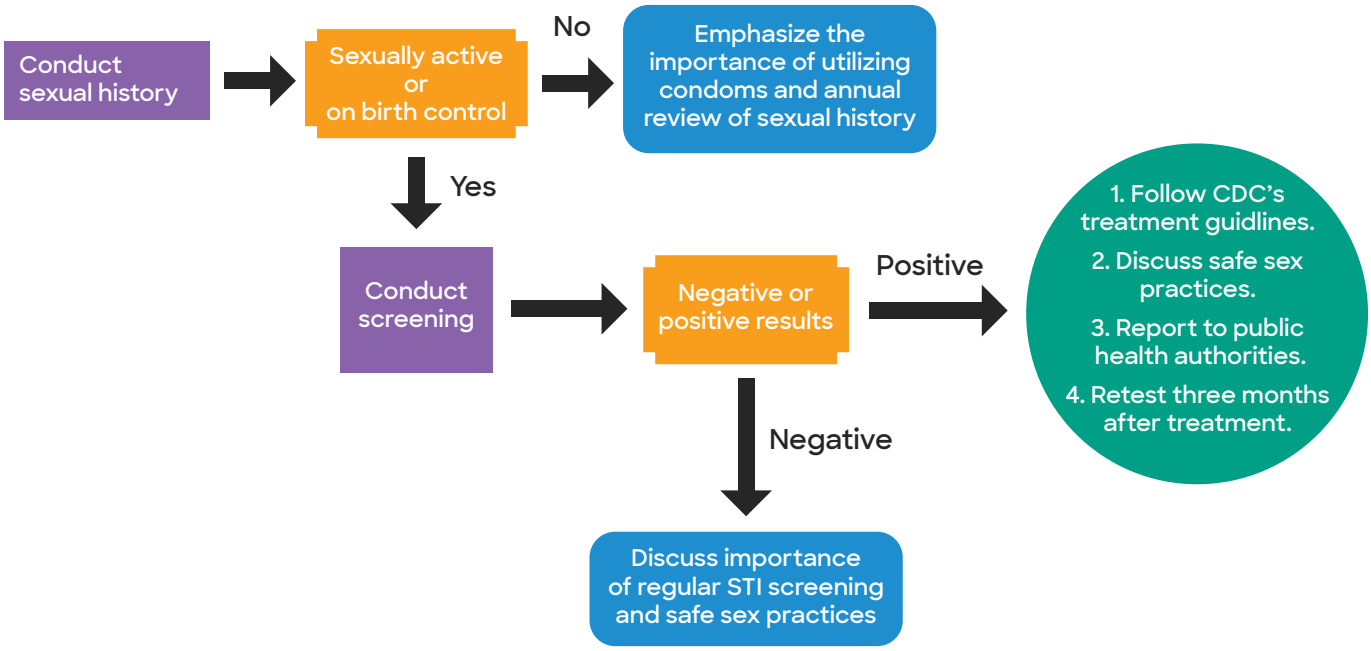
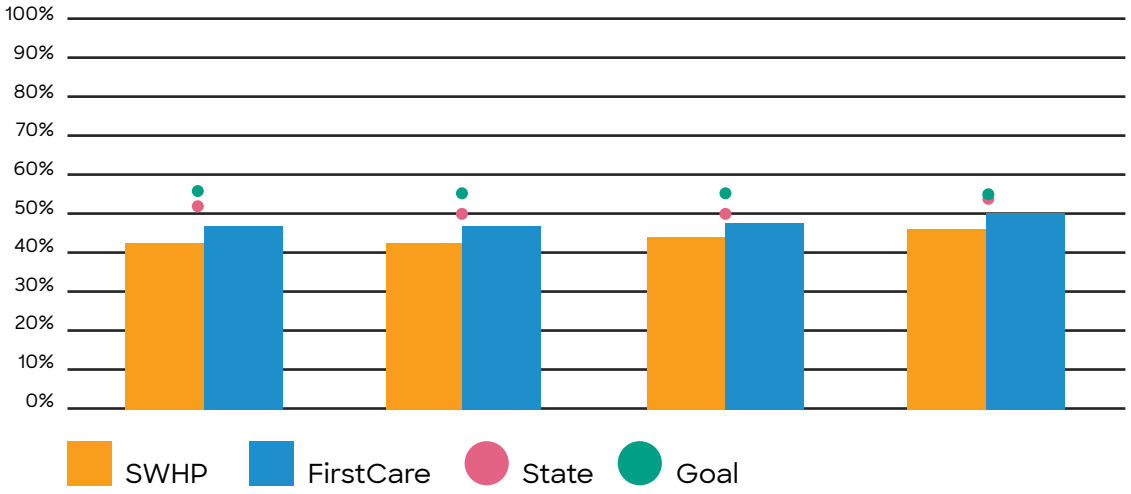
Screening pathway

Patients 16-24 years as of December 31st of the measurement year



BSWHP Medicaid Star Rates



	2020	2021	2022	2023
State	50.77%	49.99%	50.69%	53.82%
SWHP	42.81%	42.24%	43.66%	46.37%
FirstCare	47.08%	47.20%	47.33%	51.04%
Goal	55.00%	55.00%	55.00%	55.00%

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Tips for healthcare providers when discussing chlamydia screening and sexual health

Talking about chlamydia screening and sexual health can be a sensitive topic, but it's an important part of preventive care. Approaching sexual health with care, respect, and understanding can make a significant difference in patient engagement and overall health outcomes.

Normalize the conversation

- **Use non-judgmental language:** Frame the conversation as a routine part of healthcare. For example, "We recommend chlamydia screening as part of regular sexual health checks."
- **Be inclusive:** Acknowledge diverse sexual orientations and practices. Let patients know screenings are for everyone, not just those in specific groups.

Educate about the importance of screening

- **Discuss risks of untreated chlamydia:** Explain that untreated chlamydia can lead to serious complications, including infertility, pelvic inflammatory disease (PID), blindness in babies, and an increased risk of HIV.
- **Emphasize the benefits of early detection:** Let patients know that chlamydia is easily treated with antibiotics, and early detection can prevent more severe health issues.

Ask open-ended questions

- **Create a comfortable environment:** Start by asking broad questions like, "What concerns do you have about your sexual health" This can help open the door to a more detailed conversation.
- **Tailor to individual risk:** For example, "Are you currently sexually active? If so, would you be comfortable with getting screened for chlamydia?

Be honest about privacy and confidentiality

- **Reassure confidentiality:** Make sure the patient knows that their privacy is a priority and their results will be kept confidential.
- **Ensure anonymity for minors:** If discussing sexual health with minors, emphasize that they have the right to confidential care and testing.

Provide clear and simple information

- **Clarify the testing process:** Explain how the screening is done (urine test, swab, etc.), what to expect, and how long it will take for results.
- **Describe what a positive result means:** If necessary, explain what happens if a patient tests positive and the importance of treatment, which is generally easy with antibiotics.

Address common concerns and myths

- **Combat stigma:** Acknowledge that many people may feel embarrassed or worried about STIs, but reassure them that chlamydia is common and treatable.
- **Correct misconceptions:** For example, explain that you can have chlamydia without symptoms, so it's important to get tested regularly.

Promote ongoing conversations

- **Revisit the topic regularly:** Make sexual health and STI screening a regular part of follow-up visits. Ongoing discussions reduce stigma and encourage proactive care.
- **Encourage partners to get tested:** If a patient tests positive, encourage them to notify their sexual partners so everyone can be treated, preventing reinfection.

Use resources and tools

- **Provide educational materials:** Offer pamphlets, websites, or phone apps that can further educate about STIs, testing, and prevention.
- **Utilize health screenings during routine visits:** Make chlamydia screening a routine part of exams, especially for young people or those with multiple sexual partners.

Click here or scan the QR code to access resources created for patients/members. These flyers also include a QR code with an informational video link in both Spanish and English.

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Opt-out chlamydia screening guidelines (CDC)

CDC's 2021 Sexually Transmitted Infections Guidelines references to opt-out screening for chlamydia that focuses on improving the identification and treatment of chlamydia infections, particularly in settings where routine testing is offered to at-risk populations. The opt-out approach ensures that screening is done unless a patient actively declines, which can improve overall detection rates, especially in individuals who may not be aware they are at risk.

General overview of opt-out screening:

- "Opt-out Model" refers to the practice where chlamydia testing is automatically offered as part of routine care (e.g., during annual check-ups, STI screenings, or pregnancy care). Patients are informed that the test will be performed unless they choose to decline it.
- This approach is designed to increase testing uptake and reduce barriers to diagnosis, especially in populations at higher risk for STIs, such as young women, sexually active individuals with multiple partners, and pregnant women.

Key features of opt-out screening:

- **Informed Consent:** Patients must be informed that chlamydia screening will be performed unless they specifically decline (opt out). Informed consent for testing ensures that the patient understands the screening process.
- **Patient Education:** Healthcare providers should educate patients about the benefits of screening, the asymptomatic nature of many chlamydia infections, and the potential consequences of untreated chlamydia, such as pelvic inflammatory disease (PID), infertility, and increased risk of HIV transmission.
- **Confidentiality and Privacy:** Providers must ensure that patient confidentiality is maintained, and that the patient understands that their personal health information will be kept secure.

Benefits of opt-out screening:

- **Improved Detection:** Opt-out screening increases the likelihood of identifying infections in asymptomatic individuals who might not seek testing on their own.
- **Prevention of Complications:** Early detection and treatment of chlamydia reduce the risk of long-term health consequences, such as infertility, chronic pelvic pain and ectopic pregnancy.
- **Reduced STI Transmission:** By identifying and treating infections promptly, opt-out screening helps reduce the transmission of chlamydia and other STIs within the community.

Talking with patients and parents about opt-out chlamydia screening requires clear communication, reassurance, and education about the benefits of testing. It's important to address potential concerns while also emphasizing the importance of early detection and prevention.

Explain what chlamydia is and the screening process:

"As part of your visit today, we automatically offer chlamydia screening as a routine part of care. You'll be informed before the test, but we'll perform it unless you choose not to." Reason: Let them know that this is part of the standard protocol, and they can choose to decline it if they feel uncomfortable.

Clarify the Opt-out Model:

"This means the test is automatically offered to you, and you have the option to decline if you choose. It's designed to make sure we're identifying infections early and treating them before they cause any harm."

The opt-out screening recommended by the CDC is a key public health strategy to improve chlamydia testing rates, especially among young women, pregnant women, and MSM. By offering testing as part of routine care and providing patients with the option to decline, this approach helps identify infections early, preventing complications and further transmission of the infection. For additional details on the CDC guidelines, including full clinical recommendations, visit the CDC's official page on STI Treatment Guidelines.

Sources:
Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021

Other Resources:
1. Joint Commission Journal on Quality and Safety https://www.jointcommissionjournal.com/article/S1553-7250(21)00099-4/abstract
2. Develop a Site-Level Improvement Plan Training Guide | Reproductive Health National Training Center

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Behavioral Changes Essential to Achieving and Maintaining a Healthy Weight

Texas providers rank among the lowest in meeting state and national benchmarks for the Childhood Obesity epidemic. The HEDIS (Health Effectiveness Data and Information Set) measure specific to weight is referred to as WCC (Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents) and focuses on members between the ages of 3 and 17.

Billing and Documentation

Providers are diligently working to address the childhood obesity epidemic, but documentation and billing omissions can prevent these efforts from being reflected in the WCC score results. The score is not about achieving the goal of a healthy weight, but rather measuring BMI and providing counseling on nutrition and activity for every patient seen at least once a year.

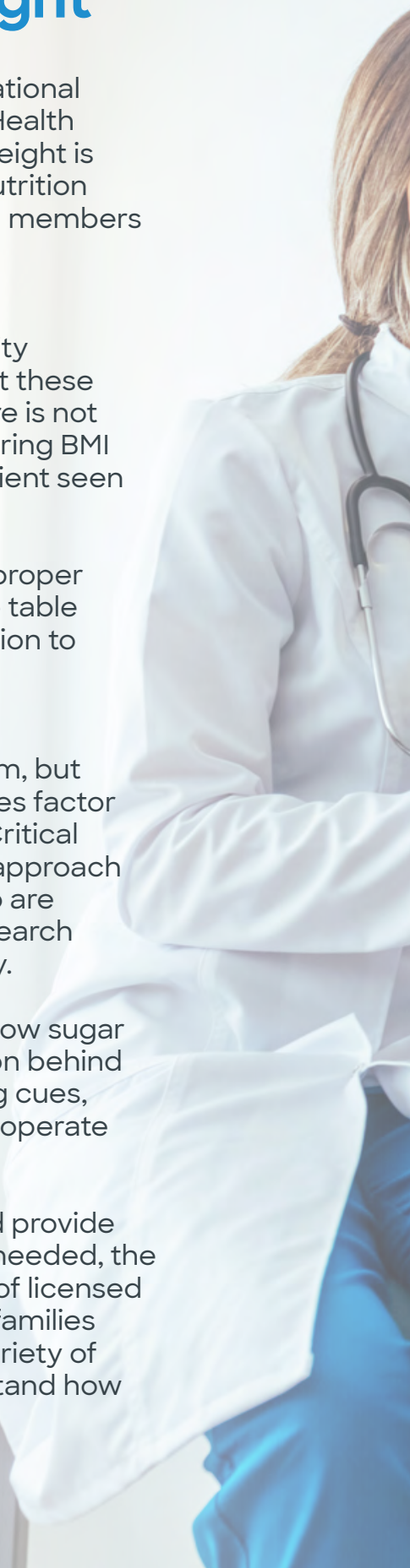
Claims data is used to determine ranking, so it is vital to follow proper documentation and billing practices. Use the information in the table below to ensure claims are submitted with the proper information to obtain credit for the WCC measure.

Behavioral Change

Behavioral change occurs within the member and family system, but healthcare providers are instrumental in educating how changes factor into achieving and maintaining a healthy weight for a lifetime. Critical behavioral components that widely contribute to how people approach and maintain weight goals are often overlooked. Members who are experiencing obesity are also often the targets of bullying. Research shows that this is a major contributor to depression and anxiety.

It is easy to suggest limiting electronic screen time or eating a low sugar diet, but those recommendations do not address the motivation behind the behavior. The tougher challenge comes in managing eating cues, stress responses and restructuring internal narratives that can operate unconsciously.

A primary care provider can conduct a dietary assessment and provide behavioral counseling and therapy. If additional intervention is needed, the Behavioral Health Department at BSWHP can assist. Our team of licensed clinical social workers engage with our members and/or their families to help identify a plan of action. They can connect them to a variety of behavioral health services, including psychotherapy, to understand how their thinking impacts their behavior.



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WCC Quick Reference Guide Coding For Credit			
Measure demonstrates the percentage of members ages **3 to 17** who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following completed at least **annually**: 1) BMI percentile documentation 2) Counseling for nutrition 3) Counseling for physical activity.			
Description	**ICD-10**	**CPT**	**HCPS**
BMI Percentile	Z68.51-Z68.54		
Nutritional Counseling	Z71.3	97802-97804	G0447, G0270, G0271, S9449, S9470
Physical Activity Counseling	Z02.5, Z71.82		G0447, S9451
*BMI Percentile – the percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the patients BMI number among others of the same gender and age.			
Telehealth, virtual check-up (modifiers 95 & GT) & other visits even sick visits*			

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Flu Prevention and Treatment

The Centers for Disease Control and Prevention (CDC) estimates that during the 2024-2025 flu season over 600,000 people were hospitalized and over 27,000 people died. Providers can significantly boost their patients' chances of flu protection by discussing the vaccination before flu season arrives. Pre-planning, emphasizing the vaccine's importance and addressing patient concerns all contribute to higher vaccination rates.

Prevention:
The most effective defense against the flu is receiving the flu vaccine. The CDC recommends everyone 6 months and older get vaccinated. The CDC guidelines aim to protect vulnerable populations from severe flu complications.

The following high-risk patients are encouraged to receive the vaccine as soon as possible:

- Pregnant women
- Adults 65 and older
- Patients with chronic medical conditions (asthma/chronic heart disease/diabetes)
- Children younger than five years old

Treatments:
For most people with the flu, no medical care is needed, and self-isolation from others is advised. However, if medical treatment becomes necessary, the CDC recommends antiviral medication that can reduce complications and shorten the duration of illness. These medications are crucial for hospitalized patients, those experiencing severe complications or individuals at high risk.

Where to get Treatment:
Appointments can be scheduled through the MyBSWHealth website, the MyBSWHealth app or by calling the contact center at 833.466.3020. Patients can also visit a participating Baylor Scott & White Pharmacy. Find a location near you.

Stay Informed:
Want to track the flu this season? Stay informed about flu activity with the CDC's FLUVIEW, a weekly surveillance report on data collected to monitor the flu nationally.

Healthcare Transition

Health Care Transition is a structured process that supports youth with disabilities or special healthcare needs as they prepare to move from pediatric to adult healthcare systems. Through collaboration between families and health care providers, the goal is to ensure young individuals maintain their well-being and grow toward greater independence.

Got Transition® prepares youths for adult healthcare and helps them with:

- Learning how to effectively communicate with pediatric providers
- Tracking personal health information
- Building independence in managing care
- Transitioning to an adult healthcare team
- Ensuring the youth's voice is heard throughout the proces
- Understanding HIPAA privacy rights upon turning 18

This planning should reflect the youth's needs and preferences, as well as the family's values. Physicians generally recommend beginning transition planning by age 12.

Transition Resources for Autism offers a wide array of toolkits to guide youth with disabilities and their families through this important stage of life. These resources support self-determination, future planning and soft skill development. They are particularly useful for youth development professionals working with young adults on the autism spectrum.

Moving Into Adulthood Resource Center focuses on youths moving from adolescence into young adulthood. This stage of life often involves significant milestones, such as establishing independence, managing relationships, and pursuing higher education or employment.

For young people with mental health challenges, these transitions can increase vulnerability. Support and treatment are critical, yet barriers such as stigma, lack of information or limited access to health coverage can complicate timely care.

Formulary Information and Pharmaceutical Management Procedures

RightCare's Pharmacy Benefit Manager (PBM) is Navitus Health Solutions. Navitus administers prescription benefits for RightCare Medicaid STAR members. RightCare members can access prescriptions through any pharmacy contracted with Navitus Health Solutions. STAR members are eligible to receive an unlimited number of prescriptions per month and may receive a one-month supply.

Formulary

Pharmacy Benefit Drugs

- RightCare is state mandated to adhere to the Texas Medicaid Formularies, Preferred Drug List, and Preferred Drug List Criteria Guide developed and maintained by the Texas Drug Utilization Review (DUR) Board and Texas HHSC Vendor Drug Program (VDP).
- The VDP Formulary Drug and Provisional Formulary searches identify Temporary Non-Preferred (TNP) drugs.
- Additional information regarding VDP including formularies, preferred drug list and Texas DUR Board meeting minutes and updates can be found on the Texas Vendor Drug Program webpage.
- The Texas Medicaid formularies and Preferred Drug List are available on the Epocrates drug information system. The service is free and provides instant access to information about the Texas Medicaid formularies through the internet or a handheld device.
- The Texas STAR Formulary is available in paper form without charge. To request a copy, call RightCare Customer Service at 855-897-4448.

Pharmaceutical management procedures are used by the Texas Drug Utilization Board to help manage the drug formularies/PDL. To provide the most clinically safe and cost-effective therapy options, restrictions may be applied to certain drugs on the formularies/PDL. The Medicaid formularies/PDL identifies pharmaceutical management procedures, including, but not limited to, prior authorization, quantity limits, step therapy and covered generic substitution.

Obtaining Prior Authorization

Navitus processes pharmacy prior authorizations for RightCare STAR.

Prior authorizations are available through:

- **Phone Requests:** Prescribers can also call Navitus Customer Care at 877.908.6023 (prescriber option) and speak with the Prior Authorization department.
- **Written Requests:** Prescribers can access prior authorization forms online. Completed forms can be faxed 24/7 to Navitus at 855.668.8553 (toll free).
    - Using drug-specific PA forms from the Navitus website may assist your team with submitting the complete clinical information requested and avoiding denials.

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- **Electronic Automation:** This is performed at the Point of Sale (POS). Upon submitting the prescription claims for payment, Navitus's electronic system will review the member's medical and pharmacy historical claims to determine whether criteria have been met.
  - **Where criteria have been met**, claims will adjudicate and no further action is needed.
  - **Where criteria have not been met,** claims will reject with a POS message, notifying the pharmacists a prior authorization is required. A pharmacist (or personnel) is instructed to notify the prescriber of this information.

Decisions regarding prior authorizations will be made within 24 hours from the time Navitus receives the PA request. The provider will be notified of the outcome by fax or verbally if an approval can be established during a phone request.

Exception to Coverage Request: When a medication is not on the RightCare formulary, you can request a PA exception by completing the request form and submitting it to the Navitus PA team for review. View or download PA forms.

Medical Benefit Drugs

For more information regarding medical policies and prior authorizations for medical drugs and services, please refer to the SWHP Provider Reference Guide.

For drugs covered under the medical benefit, please refer to the Texas Health and Human Services Vendor Drug Program Formulary – Clinician-Administered Drug found here: Data Files | Vendor Drug Program.

If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact RightCare at 855.897.4448.

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OIG Lock-In Program helps fight prescription drug abuse

The Texas healthcare community plays a critical role in stemming the tide of prescription misuse through participation in the Texas Prescription Monitoring Program (PMP) and the Medicaid Lock-In Program (MLIP). The PMP equips pharmacists and prescribers with information to help prevent the overprescribing and potential misuse of controlled substances.

A recent change in law requires prescribers to check a patient's PMP history before prescribing opioids, benzodiazepines, barbiturates, and carisoprodol. The Texas Medical Board notes exceptions for patients with cancer or in hospice care. According to the Texas State Board of Pharmacy, pharmacies must report all dispensed controlled substances (Schedule II, III, IV and V) to the PMP within one business day of filling the prescription.

The PMP and the MLIP are resources for medical professionals to identify patients who may need help with substance-use issues. The patient prescription histories collected into a database and monitored by the PMP can identify patients receiving multiple prescriptions from multiple doctors, pointing to evidence of potential doctor-shopping or a misuse of prescription drugs.

Through the MLIP, the Texas Health and Human Services Office of Inspector General (OIG) reviews referrals and data to determine if a person who receives Medicaid benefits meets the criteria for lock-in to a single designated pharmacy and/or prescriber. The patient data reviewed includes diagnoses, acute care services and prescription drug history.

Lock-in determinations are based on several factors, including:

- The number of overlapping or duplicative controlled substance prescriptions
- Using multiple unaffiliated pharmacies and prescribers
- The number of emergency room visits resulting in opioid prescriptions
- Treatment that exceeds the daily therapeutic morphine equivalent dose
- Prescription combinations with abuse potential

An average of 2,734 Medicaid clients were part of the Lock-In Program in fiscal year 2024, resulting in approximately $7 million in cost savings to Texas taxpayers. The OIG calculates estimated cost savings by comparing each member's pharmacy, hospital and emergency room claims before and after lock-in.

If you suspect any misuse of prescriptions, the OIG would like to hear from you. Referrals may come from pharmacists, prescribers, medical providers, managed care organizations, state agencies, law enforcement officials or members of the general public. Candidates for new or continued lock-in may be referred by calling the OIG's fraud hotline at 800.436.6184 or by clicking "Report Fraud" on the OIG's website.

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Reimbursement of Certain Inpatient High-Cost Drug and Biologics (HCCADs)

Effective June 2, 2025, Right*Care* from Scott and White Health Plan will implement separate reimbursement of certain inpatient HCCADs listed below.

Key components in preventing PPCs

- **Elevidys**
- **Skysona**
- **Lyfgenia**
- **Zynteglo**
- **Roctavian**
- **Zolgensma**
- **Casgevy**
- **Kymriah**
- **Carvykti**
- **Abecma**
- **Breyanzi**
- **Tecartus**
- **Yescarta**

Requirements for transmitting claims for HCCAD

1	The hospital must claim separate payment for the HCCAD on an outpatient claim. Payment for the HCCAD must not be bundled with any other service.
2	The claim for the HCCAD must be separate from any facility/institutional claim the hospital submits for all other hospital services delivered to the member during the same visit. The associated inpatient or outpatient charges with the same date(s) of service are billed separately and remain part of the APR-DRG.
3	The date of administration of the drug should be used on the HCCAD outpatient claim.
4	Along with the members name, date(s) of service, and other required information, the HCCAD claim must include: 1. The NDC qualifier of N4 2. The appropriate 11-digit National Drug Code (NDC) and corresponding HCPCS code for the drug; and 3. The number of units of the drug administered to the member that is covered by the claim; and 4. The NDC unit of measurement. There are five allowed values: F2, GR, ML, UN or ME.
5	Submit an invoice of the actual acquisition cost of the drug.

Prior Authorization

Separate Prior Authorizations are required for both the inpatient admission and the HCCAD. The admission authorizations cover the hospital stay, while the HCCAD needs its own authorization for appropriate use and coverage.

For additional details please see TMHP.com.

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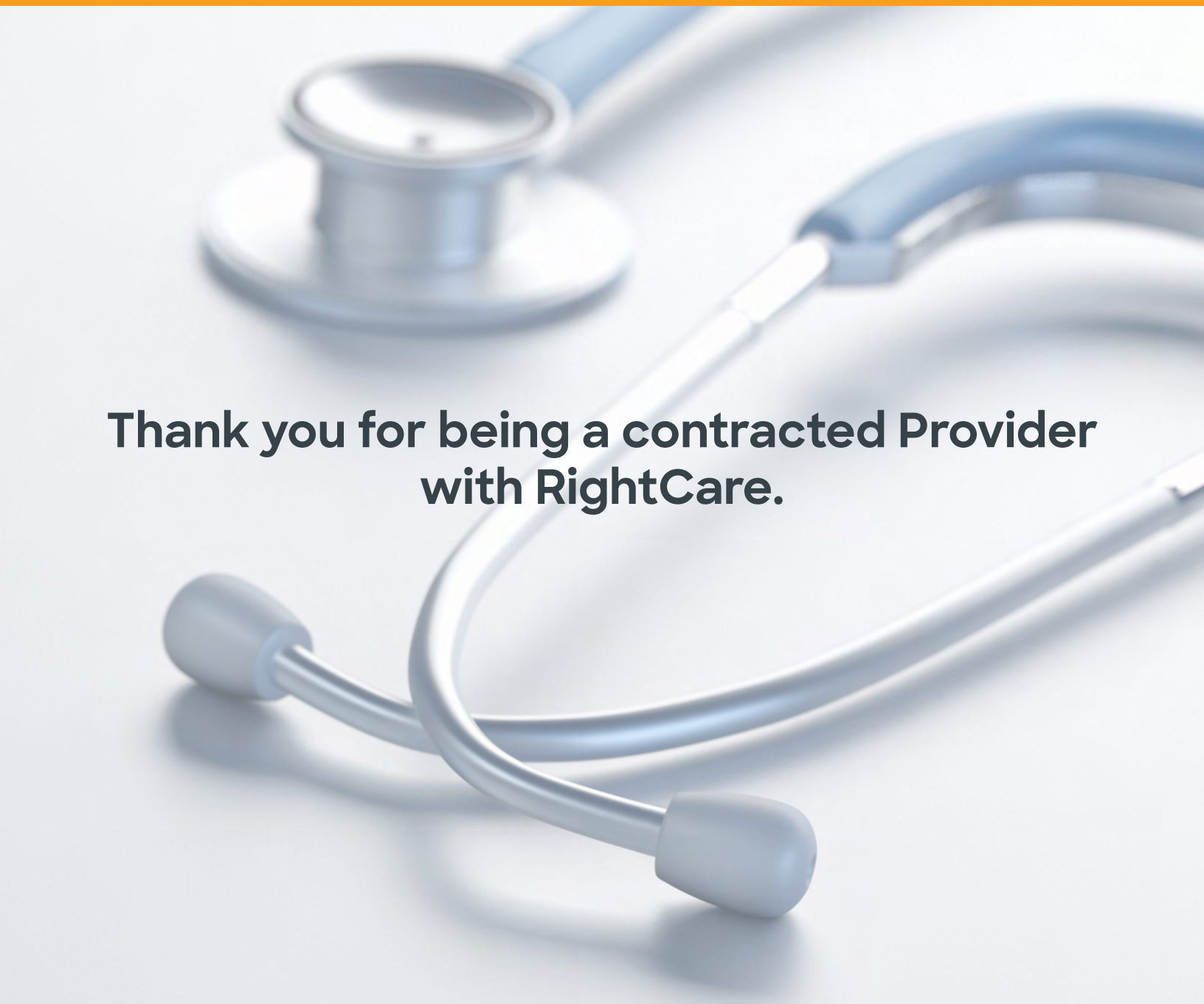

Thank you for being a contracted Provider with RightCare.

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH
RIGHTCARE