



2023 Annual Provider Newsletter

Information and updates for Texas Children's Health Plan Providers



Provider Relations

Contact us Monday to Friday, 8:00 a.m. – 5:00 p.m. for:

- Updates to provider demographic information
- Requests for information on the following:
 - Texas Children's Health Plan's Provider Portal, Texas Children's® Link
 - Accessing Provider TouCHPoint
 - Provider education such as New Provider Orientation or Continued Medical Education (CME)
 - Texas Children's Health Plan's procedural information

Texas Children's Health Plan Phone Numbers

Texas Children's Health Plan

Provider Relations

Phone: 832-828-1004 | Fax: 832-825-8750

Toll-Free: 1-800-731-8527

Email: providerrelations@texaschildrens.org

Member Services

STAR: 832-828-1001 or 1-866-959-2555

CHIP: 832-828-1002 or 1-866-959-6555

STAR Kids: 832-828-1003 or 1-800-659-5764

- Information about STAR, CHIP, or STAR Kids
- Eligibility/benefits questions

Utilization Management

Phone: 1-800-731-8527

Login to Texas Children's® Link to submit an authorization request and to check real-time access to authorization status information:

<https://www.texaschildrenshealthplan.org/providers/link-provider-portal>

Prior Authorization Fax Lines

- **Medical Inpatient Admissions and Discharge Notifications** (Notification that a member discharged): 832-825-8462 or Toll-Free 844-663-7071
- **Medical Services Fax Line:** 832-825-8760 or Toll-Free 1-844-473-6860
- **Behavioral Health Services Fax Line:** 832-825-8767 or Toll-Free 1-844-291-7505
- **LTSS and Private Duty Nursing Fax Line:** 346-232-4757 or Toll-Free 1-844-248-1567
- **Discharge Authorization Fax Line** for members that are hospitalized and require authorization for a service at/before discharge. Examples include home health and private duty nursing: Toll-Free 866-839-9879

Hours of operation: 8 a.m. to 6 p.m., Monday through Friday

- Prior Authorization request
- Concurrent review
- Notification of Admissions

Care Coordination

Phone: 832-828-1430 | Fax: 832-825-8745

For referrals of members with chronic or complex conditions, pregnant members, and members with a behavioral health condition.

- Questions regarding emergency room/ inpatient visits and number of provider/ specialist visits
- Medication refill information

Dental Services

DentaQuest (STAR): 1-800-516-0165

DentaQuest (CHIP): 1-800-508-6775

MCNA Dental: 1-800-494-6262

<https://www.mcnatx.net/>

<https://dentaquest.com/texas>

<https://dentaltx.uhc.com/content/texas-Medicaid/en/find-a-dentist.html>

To report potential fraud directly to Texas Children's Health Plan:

The Texas Children's Health Plan Fraud Hotline:
832-828-1320

The Office of the Inspector General contact information:

OIG.GeneralInquiries@hsc.state.tx.us

Texas Children's Health Plan Nurse Help Line

Phone: 1-800-686-3831

Electronic Funds Transfer (EFT)

Change Healthcare: 1-800-956-5190

Pharmacy Hotline

Navitus: 1-877-908-6023

Behavioral Health Hotline and Referral Line

STAR: 1-800-731-8529

CHIP: 1-800-731-8528

STAR Kids: 1-844-818-0125



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Clinical Practice Guidelines

Texas Children's Health Plan, with the guidance of its Clinical & Administrative Advisory Committees, develops or adopts evidence-based Clinical Practice Guidelines. These practice guidelines: (1) Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field; and (2) Consider the needs of Texas Children's Health Plan enrollees. Texas Children's Health Plan has Clinical Practice Guidelines in place including, but not limited to the following:

Allergy Guidelines:

- Allergen Immunotherapy

Asthma Guidelines:

- Global Initiative for Asthma (GINA) Guide for Management and Prevention
- 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group | NHLBI, NIH
- 2020 Focused Updates to the Asthma Management Guidelines: Clinician's Guide | NHLBI, NIH
- 2020 Focused Updates to the Asthma Management Guidelines | NHLBI, NIH

Behavioral Health Guidelines

ADHD:

- Clinical Practice Guidelines: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder | Pediatrics | American Academy of Pediatrics (aap.org)

Addiction Medicine:

- Clinical Guidelines (asam.org)
- Texas Health and Human Services - Substance Abuse Outpatient Care

Depression:

- American Psychiatric Association Practice Guidelines
- APA - Practice Guideline Major Depressive Disorder
- Institute for Clinical Systems Improvement, Health Care Guideline: Major Depression in Adults in Primary Care

Anxiety

- American Academy of Child and Adolescent Psychiatry (AACAP)

State Guidelines – Screening and Drug Formulary:

- Texas Health and Human Services Child and Adolescent Needs and Strength Assessment (CANS)
- Texas Health and Human Services Adult Needs and Strength Assessment (ANSA)
- Texas Health and Human Services Psychiatric Drug Formulary

Diabetes Guidelines:

- Professional Practice Committee: Standards of Medical Care in Diabetes—2021 | Diabetes Care | American Diabetes Association (<https://diabetes.org/>)
- Diabetes Standards of Care Change Summary
- Diabetes Care for Transition to Adult Diabetes Care Systems

Neuropsychology Guidelines:

- Neuropsychological Testing Guidelines

Otitis Guidelines:

- American Academy of Pediatrics (AAP) Otitis Media with Effusion

Obesity Guidelines:

- National Heart, Lung, and Blood Institute (NHLBI) Obesity Guidelines for Adults
- American Academy of Pediatrics
- Endocrine Society
- NIH Pediatric Obesity Algorithm

Pharyngitis:

- Group A Pharyngitis, IDSA

- Adult Preventative Services
- Developmental Screening – Texas Children's Health Plan

Preventative Care Guidelines:

- Texas Health Steps Periodicity Schedule
- Recommended Immunization Schedule Age 0-18
- Catch-up Immunization Schedule Age 0-18
- AAP Bright Futures Periodicity Schedule
- Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older – *United States, 2022 – PubMed (nih.gov)*

Tonsillectomy:

- Tonsillectomy in Children

The Clinical Practice Guidelines are updated at least once every two years. These guidelines are adapted from national guidelines for practice. All are reviewed, modified if appropriate and approved by participating providers and the Texas Children's Health Plan Medical Advisory Committees and Quality Committee, which are composed of primary care physicians and a variety of specialists. Clinical practice guidelines can be found as follows:

Website: <https://www.texaschildrenshealthplan.org/providers/provider-resources/practice-guidelines>

We will fax or mail the Clinical Practice Guidelines to providers without internet access upon request. Please contact Provider Relations at 832-828-1004 or toll free at 800-731-8527.

Introducing New Quality Resources to support our Provider Network

The TCHP Quality team is thrilled to announce the addition of two Clinical Practice Consultants, Ashley Davis and Audrey Voss. They will collaborate with our existing Quality Improvement Specialists and Nurse Auditors to empower providers with information on available incentives and alternative payment models. The team of Consultants assist providers with aligning processes with evidence-based research and clinical practice guidelines. Additionally, they help providers learn how to navigate quality initiatives, identify gaps in care, and surpass benchmarks (i.e. HEDIS, appointment availability, immunization, etc.). Their goal is to increase provider's access to metrics, emphasize wellness and prevention, and improve overall member and provider satisfaction.

Clinical Practice Consultants Credentials

Ashley Davis, RN, BSN

- 14 years of professional nursing experience
- Expertise in complex care coordination, nurse auditing, corporate compliance, and risk management

Audrey Voss, DNP, RN, PMH-BC, CPHQ, LSSYB

- 11 years of professional nursing experience
- Expertise in complex care coordination, Expertise in behavioral health integration, psychiatric mental health nursing, and risk/quality management

Please join us for one of the upcoming Provider Advisory Group (PAG) sessions scheduled for December to learn more about the new TCHP Quality Support Team. PAG event dates for the upcoming sessions are based on Service Delivery Area:

Tuesday, December 5, 2023 Northeast SDA

Thursday, December 7, 2023 Jefferson SDA

Tuesday, December 12, 2023 Harris SDA

All sessions will be from 12:00 p.m. (Noon) – 1:30 p.m. CST

Learn more about PAG at <http://www.thecheckup.org/2023/10/11/provider-alert-youre-invited-to-our-provider-advisory-group-4/>.

In the meantime, be on the lookout for news on the Quality Team available at www.thecheckup.org or www.texaschildrenshealthplan.org/for-providers.

We look forward to collaborating with our Providers to achieve remarkable outcomes in 2024!

Pharmacy

Texas Children's Health Plan is required to follow the formulary selected by the Texas Vendor Drug Program (VDP) at the Texas Health and Human Services (HHSC). The formulary contains brand and generic drugs. Only medications on the formulary are covered as a pharmacy benefit. This includes generic drugs, therapeutic interchange, and step therapy protocols as determined by HHSC. The Texas Medicaid and CHIP Formularies can be accessed multiple ways:

- The VDP website with a formulary search tool: <https://www.txvendordrug.com/formulary/formulary-search>
- The Navitus Medicaid website with a full list of covered products: <https://txstarchip.navitus.com/pages/formulary.aspx>
- The Epocrates mobile application

Preferred Drug List (PDL)

The STAR and STAR KIDS formulary also contains a PDL. In addition to potential clinical requirements, medications that are non-preferred will require a second "PDL" prior authorization. Preferred drugs are medications recommended by the Drug Utilization Review (DUR) Board for their effectiveness, clinical significance, cost effectiveness, safety among other factors. CHIP members are not held to

PDL requirements. The PDL is updated every January and July. Texas Children's Health Plan makes the best efforts to notify providers of PDL changes, and especially those that may negatively impact access to care. The Preferred Drug List (PDL) can be accessed on the VDP website <https://www.txvendordrug.com/formulary/preferred-drugs>.

Clinical Prior Authorization Edits

Clinical prior authorization criteria is determined by the DUR Board and VDP. Some medications may require both non-preferred prior authorization and clinical prior authorization. Clinical criteria may change throughout the year. TCHP makes best efforts to notify providers of changes. Updates can be found on the Checkup Blog: <http://www.thecheckup.org/category/provider-alert/>. The most recent clinical prior authorization criteria and forms can be found on the Navitus Medicaid website <https://txstarchip.navitus.com/pages/prior-authorization-forms.aspx>.

Requesting Exceptions

Providers can submit exception requests using the Navitus 'Exception to Coverage Request' form. This form is on the Prior Authorizations section of the Navitus Medicaid website. The form describes the supporting documentation

required and the fax information where to submit the request. Alternatively, providers may appeal initially denied prior authorization requests. A Texas Children's Health Plan pharmacist and Medical Director will review those appeals requesting an exception for medical necessity. This includes non-formulary or non-preferred requests.

Texas Drug Utilization Review (DUR) Board

Texas Children's Health Plan highly encourages our network practicing prescribing practitioners and pharmacists to provide expert commentary regarding the Texas Medicaid and CHIP formulary, PDL, or clinical prior authorization edits. Please submit comments or suggestions to: TCHPPharmacy@texaschildrens.org. Alternatively, providers can submit comments directly to the DUR Board.

Information about the DUR Board including instructions for submitting public comments can be found at the Vendor Drug Program website: <https://www.txvendordrug.com/resources/drug-utilization-review-board>.

Pharmacy Access

Texas Children's Health Plan partners with Navitus, a pharmacy benefits manager, to administer pharmacy benefits to our members. This includes managing the pharmacy network. Members and providers can find participating pharmacies by visiting the Texas Children's Health Plan website and selecting "Find a Pharmacy."

Providers may call Navitus at 1-866-333-2757 to inquire about or conduct telephonic prior authorizations. Providers can also ask about quantity limits or alternative choices on the PDL.

Authorization for Health Services

The following services require authorization:

Medical Authorizations

- Adaptive Aids
- Adult Day Care/Day Activity and Health Services (more than 1 unit per day)
- Augmentative Communication Device and accessories
- Autism Services
- Bariatric Surgery
- Case by Case Added Services (Codes not listed in the TMHP Fee Schedule)
- Cerebral Seizure Monitoring (EEG) – Inpatient ONLY
- Case Management for Children and Pregnant Women
- Circumcision (members one year of age and older)
- Clinician Administered Drugs that Require Authorization
- Continuous Glucose Monitoring
- Cosmetic Surgery
- Cranial Molding Orthosis
- DME/ Equipment/Supplies (In excess of benefit limitations for members 20 years of age and under)
- Electrical Bone Growth Stimulator
- Employment Services
- Emergency Response Services (Community First Choice)
- Fetal Magnetic Resonance Imaging
- Flexible Family Support Services
- Functional Endoscopic Sinus Surgery – Inpatient/Outpatient
- Financial Management Services
- General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under
- Genetic Testing
- Habilitation (Community First Choice)
- Home Health Care
- Home Modifications Maintenance
- Home Telemonitoring Services
- Hospital Beds and accessories

- Hospital Inpatient care
- Hearing Devices (excluding batteries)
- Incontinence Supplies
- Laser Interstitial Thermal Therapy (LITT)
- Minor Home Modifications
- Miscellaneous DME (E1399) for billed amount >\$500
- Mobility Aids
- Non-Emergency Ambulance Transport
- Nutritional Supplements for oral nutrition
- Oral Surgery and Medically Necessary Dental Procedures
- Orthotics (custom)
- Out of Network Services (excluding emergency services, family planning for STAR/STAR Kids only, and well child exams for all plans)
- Personal Care Services or Personal Assistance (Community First Choice)
- Positron Emission Tomography Scans
- Positive Airway Pressure Device (CPAP/ BiPAP)
- Prescribed Pediatric Extended Care Centers
- Private Duty Nursing
- Prosthetics
- Respite Care MDCP
- Secretion and Mucous Clearance Devices
- Sleep Studies
- Single Photon Emission Computed Tomography Scans
- Supported Employment
- Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations, and Initial Evaluations for network providers)

- Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Initial Evaluations for in network providers)
- Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Initial Evaluations for in network providers)
- Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)
- Transition Assistance Services
- Transplants including Solid Organ and Bone Marrow
- Wheelchairs and accessories

Behavioral Health Authorizations

- Psychological/Neuropsychological Testing
- Out of Network Services
- Mental Health
 - Inpatient Care
 - Residential Treatment
 - Partial Hospitalization Program
 - Intensive Outpatient Program (Chemical Dependency Treatment Facility)
 - Outpatient Psychotherapy Visits (Greater than 30 Visits per year)

Substance Abuse Disorder Treatment

- Inpatient Detoxification
- Residential Treatment
- Partial Hospitalization Program
- Intensive Outpatient Program

How to contact Utilization Management

Texas Children's Health Plan Utilization Management (UM) staff is available from 8 a.m. to 6 p.m. CST Monday through Friday, to address and respond to provider UM needs. Texas Children's Health Plan's UM staff are available to answer questions about the UM process and or to receive information about a UM transaction during normal office hours or they will call back the next working day.

Inbound messages may be left at any time. Providers may contact Texas Children's Health Plan Utilization Management Services at 1-800-731-8527.

Texas Children's Health Plan offers TDD.TTY services for deaf, hard of hearing, or speech impaired members and providers. For TDD assistance, please call 1-800-735-2989 or 7-1-1. Language line assistance is available to UM staff, if needed, in discussion with members or practitioners for any UM issue.

Authorization Process

Providers are encouraged to submit authorization requests on Texas Children's® Link since this is the most efficient way for our team to process authorizations. Important benefits of using the portal to submit authorizations include:

- **Faster Authorization Processing** – Prior Authorization requests received in the portal are assessed by the UM team faster than any other method.
- **Real-time Access to Authorization Status Information** – Authorization Status Update and Status History are immediately available and determinations can be reviewed on the portal in real-time.
- **Auto Authorizations for Certain Services** – Certain services and supplies such as medically necessary nutritional supplements, general anesthesia for dental procedures and targeted case management can be submitted for auto authorizations.
- **Easy Access for Providers and Staff** – In addition to providers, both clinical staff and non-clinical staff may submit and review authorization requests on the portal on behalf of a requesting provider. For

more information on the ease of using our new portal, watch the how-to videos on the portal linked at the bottom of the homepage under "Quick Links".

Non-clinical Users can submit Prior Authorizations requests and/or claims. This functionality can be accessed by all non-clinical portal users.

When Utilization Management staff is unable to approve the requested service based on Texas Children's Health Plan criteria, the Medical Director/Associate Medical Director/Physician Reviewer will review the authorization request and any available clinical information, prior to issuance of any denial based on lack of medical necessity.

Before a denial is issued by Texas Children's Health Plan regarding the medical necessity or appropriateness, or the experimental or investigational nature, of a healthcare service, Texas Children's Health Plan provides the requesting provider a reasonable opportunity to discuss with a physician the patient's treatment plan and the clinical basis prior to the adverse determination. A decision to deny a service authorization based on medical necessity can only be made by a physician.

Provider Line for questions: 1-800-731-8527

Provider Portal:

<https://www.texaschildrenshealthplan.org/providers/link-provider-portal>

Prior Authorization Fax Lines

- Medical Inpatient Admissions and Discharge Notifications (Notification that a member discharged): 832-825-8462 or Toll-Free 844-663-7071

- Medical Outpatient Services Fax Line: 832-825-8760 or Toll-Free 1-844-473-6860
- Behavioral Health Services Fax Line: 832-825-8767 or Toll-Free 1-844-291-7505
- LTSS and Private Duty Nursing Fax Line: 346-232-4757 or Toll-Free 1-844-248-1567
- Discharge Authorization Fax Line: Toll-Free 866-839-9879

Hours of Operation: 8 a.m. to 6 p.m., Monday - Friday

Availability of Criteria to Practitioners

Texas Children's Health Plan uses written criteria (Utilization Management Guidelines) based on clinical evidence in addition to a review of individual circumstances and local health system structure when determining medical appropriateness of health care services that require prior authorization. The goal of our UM Guidelines is to encourage the highest quality care from the right provider in the right setting.

Providers may access the guidelines and medical necessity criteria in any of the following methods:

- Texas Children's® Link Provider Portal: [texaschildrenshealthplan.org/for-providers](https://www.texaschildrenshealthplan.org/for-providers)
- Website: <https://www.texaschildrenshealthplan.org/for-providers/prior-authorization-information>
- Contact Texas Children's Health Plan Provider Relations Department at 832-828-1004 or Toll-Free at 1-800-731-8527.

Information on Appeals

If a request for services is denied by Texas Children's Health Plan, the ordering provider, rendering provider, and member will receive a letter indicating the reason why services are being denied. The member, member designee, practitioner, or provider has the right to appeal a denial of services. Members may represent themselves or be represented by the health care provider, a friend, a relative, legal counsel, or another spokesperson. Texas Children's Health Plan will make a decision within 30 days of receiving the request for appeal. An expedited appeal may be placed when Texas Children's Health Plan determines or the provider indicates to Texas Children's Health Plan that routine appeal time frames could jeopardize the member's life, health, or ability to recover a function. Texas Children's Health Plan will make a decision within 72 hours of receiving the request.

All medical necessity appeals regarding services that have not been rendered or have already been delivered should be directed to the addresses below:

For STAR Kids Plan:

Texas Children's Health Plan
 Attn: Appeals Department
 P.O. Box 301011, WLS 8390
 Houston, Texas 77230-1011
 1-800-659-5764 or
 832-828-1003
 Fax: 832-825-8796

For CHIP Plan:

Texas Children's Health Plan
 Attn: Appeals Department
 P.O. Box 301011, WLS 8390
 Houston, Texas 77230-1011
 1-866-959-6555 or
 832-828-1002
 Fax: 832-825-8796

For STAR Plan:

Texas Children's Health Plan
 Attn: Appeals Department
 P.O. Box 301011, WLS 8390
 Houston, Texas 77230-1011
 1-866-959-2555 or
 832-828-1001
 Fax: 832-825-8796

Find out a Member's Rights and Responsibilities

It's important that members know and understand their rights and responsibilities. You can see the full text of them under the "Members Rights and Responsibilities" section in the member handbook, which was mailed to each member when they joined. They can be accessed using the links below:

- CHIP: [https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-221%20CHIP%20Member%20Handbook_FY24_ENG%20\(1\).pdf#page=16](https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-221%20CHIP%20Member%20Handbook_FY24_ENG%20(1).pdf#page=16)
- CHIP PERINATE: [https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-221%20CHIP%20Member%20Handbook_FY24_ENG%20\(1\).pdf#page=23](https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-221%20CHIP%20Member%20Handbook_FY24_ENG%20(1).pdf#page=23)
- STAR: [https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-220%20STAR%20Member%20Handbook_FY24_ENG%20\(1\)_1.pdf#page=20](https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-220%20STAR%20Member%20Handbook_FY24_ENG%20(1)_1.pdf#page=20)
- STAR Kids: [https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-222%20STAR%20Kids%20Member%20Handbook_FY24_ENG%20\(1\).pdf#page=24](https://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-222%20STAR%20Kids%20Member%20Handbook_FY24_ENG%20(1).pdf#page=24)

The Member's Rights and Responsibilities documentation is available in printed form. Please send a request to your Provider Relations Liaison, or Account Lead, or to providerrelations@texaschildrens.org.

Preventive Health Service Responsibilities

Primary care providers have the responsibility to provide preventive health services in accordance with the STAR/CHIP programs and related medical policies. The preventive health services will include, but are not limited to, the following:

- Adherence to Texas Health Steps periodicity schedule for STAR and American Academy of Pediatrics (AAP) Guidelines for CHIP for timely wellness visits, screenings, and immunizations.
- Annual well checkups and routine immunizations for all adult members age 21 and older.
- Education of members about their right

to self-refer to any in-network OB/GYN provider for OB/GYN health-related care.

- Immunizations, TB screenings, and other measures for the prevention and detection of disease, including instructions in personal health care practices and information on the appropriate use of medical resources.
- Referral to case management services as appropriate to navigate needed preventive health services.
- Referral to a dentist for routine preventative dental services.

Source: Texas Health Steps | Texas Health and Human Services

Texas Health Steps Resources

- [Quick Reference Guide](#)
- [Checkup Periodicity Schedule](#)

Health And Human Services' Healthy Texas Women Program

The Healthy Texas Women program offers women's health and family planning services to eligible, low-income women as a transition from the Medicaid for Pregnant Women program coverage. To apply online go to [YourTexasBenefits.com](https://www.YourTexasBenefits.com) to submit an application online from a desktop computer. If you have questions about a member's enrollment visit <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>.

The services help women plan their families, whether they want to achieve, postpone or prevent pregnancy. These services may also have a positive effect on future pregnancy planning and general health. Healthy Texas Women provides a wide variety of women's health and core family planning services, including:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

Resources: HTW Benefits:

<https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>

HTW Eligibility Information:

<https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-who-can-apply>

HTW Provider Resources:

<https://www.healthytexaswomen.org/provider-resources/healthy-texas-women-provider-resources>

The Texas Long-Acting Reversible Contraception Toolkit:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf>

Healthy Texas Women Plus Program features enhanced Postpartum Care Services

To qualify for Healthy Texas Women Plus benefits, HTW clients must have been pregnant within the last 12 months. Other qualifications include:

- are age 18 through 44;
- are U.S. citizens or qualified immigrants;
- reside in Texas;
- do not have private health insurance, Medicaid, or CHIP coverage; and
- are not currently pregnant.
- Meet the income requirements available here: <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-who-can-apply>.

Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including the following:

- Postpartum depression and other mental health conditions
 - Services include individual, family and group psychotherapy services; and peer specialist services.
- Cardiovascular and coronary conditions
 - Services include imaging studies; blood pressure monitoring; and anticoagulant, antiplatelet, and antihypertensive medications.
- Substance use disorders, including drug, alcohol and tobacco use
 - Services include screening, brief intervention, and referral for treatment (SBIRT), outpatient substance use counseling, smoking cessation services, medication-assisted treatment (MAT), and peer specialist services.

Resource:

<https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>

Cultural Competency

What is Cultural Competency in health care?

The ability of systems to provide effective care to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of the individuals.

Texas Children's Health Plan's Cultural Competency Plan

We invite you to review our Cultural Competency Plan detailing the Culturally and Linguistically Appropriate Services (CLAS) that are provided for Texas Children's Health Plan staff, members and providers. Link to Texas Children's Health Plan's Cultural Competency Plan:

<https://www.texaschildrenshealthplan.org/providers/provider-resources/cultural-competency>

Provider Training

To support TCHP's Cultural Competency Plan, we strongly encourage providers to complete the Health and Human Services, Texas Health Steps, Culturally Effective Health Care online course.

https://www.txhealthsteps.com/674-culturally-effective-health-care?utm_source=cm-steps-other&utm_medium=email&utm_campaign=course-announcement_cehc-ce

Healthy Rewards Program

At Texas Children's Health Plan, we go beyond our members basic medical needs. We offer extra benefits for our members and families to enjoy, and we also provide rewards to our members for keeping track of their health! Please visit our Healthy Rewards website for full details.

URL: <https://www.texaschildrenshealthplan.org/benefits/healthy-rewards>

Healthy Pregnancy

- Basic baby care and birth classes
- Blood pressure monitors (CHIP-Perinate only)
- Portable crib/playpen
- Rewards for completing prenatal and postpartum visits

Health and Wellness

- Health education special events
- Rewards for completing specific medical visits
- Rewards for completing health tests and surveys
- Vision benefits

Healthy Play and Exercise

- Extracurricular activity fee assistance (members 5-21 years old)
- Fitness center membership fee assistance (STAR members age 21 and up)
- Sports and school physicals
- Sports clinics

Extra Help for Families

- 24-hour nurse line
- Dental services (STAR members)
- Transportation services

Restrictions and limitations may apply. Age range may vary by plan. Extra benefits valid from September 1, 2023 to August 31, 2024.

Complex Case and Disease Management Program

Services offered to Texas Children's Health Plan providers include case management for chronic, complex conditions and pregnant women. Specific disease management programs designed to assist primary care providers with effective management of sickle cell, asthma and diabetes are available.

Health Plan care managers enroll members into both disease management and/or

case management programs. Members can be identified for disease and/or case management programs through multiple avenues, including provider referrals. An assessment and care plan are completed on the patient and referrals are provided to the parent/member. The primary care provider or member may request the provider be given a copy of the care plan for members enrolled in case/disease management programs. With

the member's permission, the providers can also access the care plan through the provider portal. Providers should include the care plans in the patient's medical record. Follow-up calls with phone coaching are done based on the assessment level of care to monitor the patient/parent progress with the plan of care. The care manager collaborates closely with the member's primary care provider to share relevant health information. The objective is to positively impact the member's adherence to the treatment plan.

The goal of the care management team is to partner with families to achieve a better level

of care. The provider can contact the care management team for questions regarding emergency room/inpatient visits, number of provider and specialist visits, and medication refill information.

Providers may request these services by calling the Care Management Department at 832-828-1430. Referral forms are available for download at texaschildrenshealthplan.org/for-providers and on the homepage of the Texas Children's® Link, provider portal under TCHP Provider Resources/Physician forms. Once completed, the forms may be faxed to 832-825-8745.

Quality Care Coordination

Care coordination addresses potential gaps in meeting our members' interrelated medical, social, behavioral, and educational needs to achieve the best health and wellness outcomes.

The goal is to ensure that individualized needs and preferences are recognized, and that high quality and efficient care is delivered for best outcomes. Case managers, social service professionals, and trained health care workers all play a key role in managing care of the individual by providing guidance through the health care system either telephonically, virtually or in a face-to-face visit with the member.

Individuals who have multiple ongoing needs that cannot be met by a single practitioner or by a single clinical organization benefit from care coordination the most.

Care coordination has 3 primary focus areas:

1. Support of self-management through education, advocacy (specialist access, school nurse), shared decision-making, and flexibility with individuals and families by connecting members with prevention and wellness services.
2. Coordination of assessment data and health information.
3. Promoting connections to care delivery and transition support from pediatrics into adult care. Comprehensive care coordination develops a plan of care including clinical (medical and behavioral) and social service needs and wellness goals.

Comprehensive care coordination:

1. Establishes a connection to supports and services at home, school, and community, and;
2. Provides access to family support services to enhance the success and strength of the family in navigation and advocacy.

Care coordination includes the process of developing an informed and motivated member/family, in partnership with a proactive practice team. Techniques are based on Wagner's Chronic Care Model (informed activated patient with prepared proactive practice team).

You can find a referral form for case management on the Texas Children's Health Plan website.

Contact information:

Fax: 832-825-8745, call 832-828-1430 or email: casemanagementphysicianreferral@texaschildrens.org

Understanding Fraud, Waste and Abuse

The Office of Inspector General (OIG) is continuously monitoring the populations served by the Health and Human Services Program, for instances of fraud, waste and abuse. In order to provide a better understanding of the OIG's efforts in detecting, deterring and correcting incidents of fraud, waste and abuse, please refer to their website: <https://oig.hhs.texas.gov/>. Incidences of fraud, waste and abuse can also be reported through the OIG's website.

If there is a particular topic you would like to have addressed, please contact the OIG at <https://oig.hhs.texas.gov/engage-us>.

To report potential fraud directly to Texas Children's Health Plan:

**The Texas Children's Health Plan
Fraud Hotline: 832-828-1320**

Fax number: 832-825-8722

Email: TCHPSIU@texaschildrens.org

Mail:

**Texas Children's Health Plan
Fraud and Abuse Investigations**

PO Box 301011, WLS 8360
Houston, TX 77230-1011

New Contracting Platform / How to Report Changes to the Health Plan

Providers must notify Texas Children's Health Plan no less than 30 business days prior to the effective date of the changes to the provider data listed below. Changes not received in writing are not valid. If Texas Children's Health Plan is not informed with the timeframe, Texas Children's Health Plan and its designated claims administrator are not responsible for the potential claims processing and payment errors.

Texas Children's Health Plan recently adopted a new Contracting Platform, Cobblestone Gateway. Here is the link to the provider communication: <http://www.thecheckup.org/2023/11/02/provider-alert-new-contracting-platform-cobblestone-gateway/>.

Providers may update their demographic information with Texas Children's Health Plan by following the instructions in the Cobblestone Gateway user guide available on this webpage:

<https://www.texaschildrenshealthplan.org/providers/becoming-a-participating-provider>. The user guide is titled Cobblestone Gateway User Guide. The instructions for reporting changes begin on page 10, step 8.

The following demographic information must be maintained:

- Name
- Address (both physical and billing)
- Telephone number
- Office hours
- Coverage procedures

- Corporate Number (if applicable)
- Specialty change
- Tax ID Number
- Medicaid Provider Number
- National Provider Identifier Number
- Permit to Practice
- Professional liability
- Insurance coverage
- Change in hospital affiliation
- Contract status change
- Open or closure of panel
- Patient age limitations
- Practice limitations
- Whether the following is offered with the practice:
 - Telehealth
 - Telemedicine
- Languages spoken by the provider and/or office staff
- PCP Providers: Texas Health Steps Provider distinction
- Other information that may affect current contracting relationship

*Hours of operation that practitioners offer to Medicaid members should be no less than those offered to commercial members.

Network providers must also maintain their enrollment and demographic information with Texas Medicaid Healthcare Partnership (TMHP). Provider Medicaid enrollment functions are available through Provider Enrollment and Management System (PEMS). Updates to providers current enrollment, new practice locations or change of ownership updates, can be made on this site titled "Provider Enrollment and Management System (PEMS)", accessible here:

<https://www.tmhp.com/topics/provider-enrollment>

For instructions on how to make other demographic updates to your current enrollment, access the site titled "Provider Enrollment Help", accessible here:

<https://www.tmhp.com/topics/provider-enrollment>

Please contact Provider Relations with questions regarding reported changes at 832-828-1004 or Toll-Free at 1-800-731-8527.

Provider Portal; Texas Children's® Link Reminders

Texas Children's® Link is a single, robust and powerful system that consolidates communications between Texas Children's Health Plan staff, members and providers. From the portal, providers have access to evidence-based Shared Decision-Making aids, such as clinical practice guidelines.

Our provider portal is available at:

<https://www.texaschildrenshealthplan.org/providers/link-provider-portal>

As Texas Children's® Link users, providers and staff can:

Verify Eligibility and Benefits

- View Texas Children's® Health Plan member eligibility and benefits

Manage Claims

- Submit, review, and appeal claims
- Ability to check claim status by individual or batch claims
- Claims appeal report
- Claims processing for both batch claims and single claim submission

Manage Prior Authorization

- Submit prior authorization requests, referrals, and orders
- Authorization criteria and utilization management guidelines

Improve Quality of Care

- Access up to date clinical practice guidelines

- Tools to manage your population
- For Primary Care Physicians and OB/GYNs, access to Healthcare Effectiveness Data and Information Set (HEDIS®) data through Inovalon Population Management software
- Access reports, including member rosters with improved descriptions and instructions

in the portal training guide, and the Asthma High Risk Reports

Communicate with us

- Update demographic information by accessing the necessary forms
- Access patient clinical activity provided at Texas Children's

Credentialing

Credentialing with Texas Children's Health Plan begins after the provider or group has started the contracting process with Texas Children's Health Plan. Visit this web page for more information, <https://www.texaschildrenshealthplan.org/providers/becoming-a-participating-provider>.

During the credentialing process TCHP follows the HHSC UMCC requirement and utilizes the Texas Association of Health Plans' (TAHP) contracted Credentialing Verification Organization (CVO), Verisys as a part of credentialing and re-credentialing. The CVO is responsible for receiving completed applications, attestations, and primary source verification document.

Verisys shall collect applications and/or documentation from the practitioner/provider via the Council for Affordable Quality Healthcare ("CAQH") ProView as is necessary to perform primary source verifications. Verisys will also accept applications, which should be consistent with the Texas Standardized Credentialing Application (TSCA). Practitioner applications received on forms other than the described above will be rejected by Verisys and the provider will be redirected to apply with the TSCA application forms.

During the credentialing process Texas Children's Health Plan verifies the TSCA is complete.

To submit your credentialing application via the CAQH ProView™ Web-based solution,

please visit: <https://proview.caqh.org/> If you are a first-time user or to learn more about CAQH and the ProView™ program, visit the CAQH Web site at <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

We are pleased to participate in an innovative Web-based credentialing application tool that streamlines the credentialing process for health care professionals. The Council for Affordable Quality Healthcare's (CAQH) ProView™ is a Web-based solution (<https://proview.caqh.org/>) that enables health care providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to Texas Children's Health Plan (TCHP) and any other MCO.

Texas Legislature passed SB 200 mandating a consolidated credentialing process for all Medicaid providers in Texas.

Most commonly asked questions are:

What is CAQH ProView?

CAQH ProView is more than a credentialing database. Available at no cost to you. CAQH ProView eliminated duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

What is the CAQH Provider ID for Texas Children's Health Plan?

Individual Professionals CAQH Provider ID is 1340.

How long does the credentialing process take?

On average, once the application is complete requests are processed within 90 days.

To request, provide or correct any information in your credentialing file, send an email to TCHPCredentialing@texaschildrens.org. If a practitioner inquires about the status of their credentialing application, the credentialing staff will review the practitioner's Texas Standard Credentialing Application and the status of the credentialing file, including pending and/or completed primary source verifications with Verisys. Once the staff determines the completeness and anticipation of credentialing committee review timeframe, the provider will be notified of their credentialing status via email.

Verisys/Aperture, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Verisys/Aperture for additional information.

If you are unable to access the online options, you may return your completed paper application with supporting documents to Verisys/Aperture via the following methods:

- Upload application to <https://outreach.aperturecvo.com>. Use Access Code: **aperture**
- Fax with letter, which includes the TCID to **866-293-0421**
- Mail to: Aperture Health PO Box 221049 Louisville, KY 40252
- Facilities Only – Secure email to TAHPapps@verisys.com include the letter with the TCID code

If you have any questions regarding the primary source verification process, you may contact Verisys/Aperture's Customer Service at 1-855-743-6161 and select option 3.

What can cause a delay in the credentialing process?

When an application is not complete, this will cause a delay in the credentialing process. If you intend to become a provider, please be sure to:

- Review your application in CAQH ProView™.
- Check for expiring documents.
- Sign and date the Attestation.
- Update or replace material as needed.

Can I become credentialed before I have a contract with Texas Children's Health Plan?

No. You must obtain a contract before being credentialed.

What are my rights as a Practitioner?

When the credentialing process is initiated, the practitioner is entitled to:

1. Review information submitted to support the credentialing application.
2. Correct erroneous information.
3. Receive the status of their credentialing or re-credentialing upon request.

The following are a list of common mistakes made on the CAQH application:

- Name changes not updated.
- Expired attestation.
- Provider NPI number is missing.
- Provider NPI is not enrolled with PEMS.
- Gaps in the last 5 years of work history: an explanation of gaps over five months not provided.
- Incomplete group practice and service location(s) on application.
- Liability coverage policy must be 1 million occurrences and 3 million in aggregate.
- If the liability is under the group's insurance policy (attach a letterhead or roster stating

that the provider is covered under the group's insurance policy).

- Required documents must be successfully uploaded and approved by CAQH before the CAQH ProView profile is considered complete and accessible to TCHP. Documents typically take 2-5 days for CAQH's approval.
- Complete application status is indicated as Initial Profile Complete and Re-Attestation.

Any other status indicates the application is incomplete.

- View the Provider Documentation page for any required documents missing.

If I do not have a complete CAQH application, will my credentialing start?

No. Primary source verification and/or data collection will not start until a complete application is completed by the provider via Verisys/Aperture.

Re-Credentialing Information:

Verisys will notify providers due for re-credentialing via letter the timeframe in which the provider must submit its re-credentialing application for processing. Notification letters will be sent to providers six (6) months prior to the end of the provider's thirty-six (36) month re-credentialing cycle.

When a practitioner's prepared credentialing file is incomplete or missing information that the practitioner is required to submit, the Credentialing staff will, under the direction of the CMO, Designated Medical Director, or Associate Medical Director, notify the practitioner in writing via letter regarding the incomplete application. The notice will also inform the practitioner of his/her right to correct or explain, in writing, within five (5) business days of receipt of the notice, of missing primary source information to the Credentialing Manager. The Credentialing Manager notifies the practitioner via letter when the correction has been received.