Texas Children's Health Plan

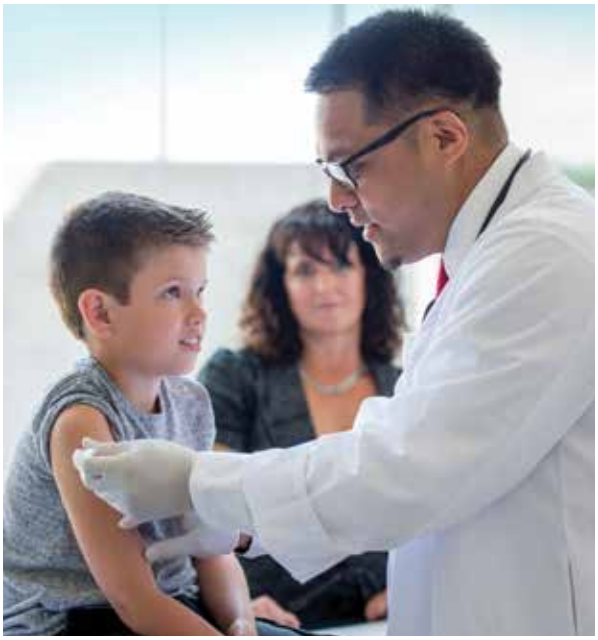
the checkup

OCTOBER 2019

A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

Flu protection starts now

Influenza vaccines are available free-of-charge to enrolled providers through the Texas Vaccines for Children (TVFC) program for STAR, STAR Kids, and CHIP members birth through 18 years of age. **Remind your Texas Children's Health Plan patients that the influenza vaccine is a covered benefit.** Texas Children's Health Plan members who are age 7 years and older can also receive the influenza vaccine at a participating pharmacy. For a list of pharmacies, please visit **texaschildrenshealthplan.org** and select *Find a Pharmacy* under the *For Members* section.



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Take a look inside!

PCPs, OB/GYNs, and Office Managers:

Texas Children's Health Plan

P.O. Box 301011
Houston, TX 77230-1011

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Provider Alert:

Amended: Initial specialty therapy evaluations no longer require an authorization but do require current Texas Health Steps checkup or attestation

Effective September 1, 2019

Call to action: Initial specialty therapy (occupational, physical, speech therapy) evaluations do not require prior authorization effective September 1, 2019. However, a current Texas Health Steps checkup performed in the last 12 months or a current well checkup attestation is required for ongoing specialty therapy lasting for greater than 60 days.

How this impacts providers: In an effort to ensure our in-network providers can provide specialty therapy evaluations within 21 days of submission of a signed referral, Texas Children's Health Plan will no longer require prior authorization for in-network specialty therapy evaluations billed within the guidance of the current Texas Medicaid Provider Procedure Manual (TMPPM).

Effective September 18, 2019, providers will need to have a copy of a Texas Health Steps checkup performed in the last 12 months or a well checkup attestation

Next steps for providers: The provider will be responsible for maintaining the following documentation in the member record, which must be made available when requested:

- A signed and dated prescribing provider's order for the evaluation
- Clinical documentation that identifies and supports the medical need for the therapy evaluation

All therapy treatment will continue to require prior authorization and must meet criteria in the Texas Children's Health Plan Guidelines for Speech Therapy, Occupational Therapy, and Physical Therapy. Guidelines are available in our provider portal and upon request.

Providers should submit a copy of current Texas Health Steps checkup or attestation of current Texas Health Steps check up with all initial and ongoing therapy requests.

Acute physical, occupational and speech therapy treatment (60 days or less) requests will not require current well checkup or attestation.

- Until 12/31/19, therapy treatment requests received without current Texas Health Steps checkup or attestation will be approved for a maximum of 90 days if all other therapy criteria are met.
- Continued therapy treatment will require current Texas Health Steps checkup or attestation.
- As of 1/1/20, initial and ongoing therapy treatment authorization will require current Texas Health Steps checkup or attestation for approval.

Initial speech therapy treatment will continue to require submission of the results of objective hearing screening for approval. For children with chronic underlying medical condition associated with developmental delay (e.g. Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.), the request for a hearing screen may be waived if the initial evaluation request is due to a change in provider, a referral after service interruption or if there is a medical barrier to obtaining a hearing screen.

Texas Children's Health Plan Guidelines for Speech Therapy, Occupational Therapy, and Physical Therapy are available in our provider portal and upon request.

Providers should continue to bill for therapy services in accordance with guidance in the current TMPPM Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook Section 5.5.

Provider Alert:

Physician services provided in outpatient hospital settings

Effective October 1, 2019, physician services furnished in outpatient hospital settings that are ordinarily provided in a physician office will be reimbursed at a rate of 60% of the Texas Medicaid rate as outlined in Section 9.5.3 Reimbursement of the Texas Medicaid Provider Procedures Manual (TMPPM).

Providers should verify impacted procedures and Place of Service (POS) codes to determine appropriate payment for covered services. The applicable procedure codes for those services include, but are not limited to:

99201-99205

99211-99215

99281-99283

Next steps for providers

Providers should reference **tmhp.com/pages/topics/rates.aspx** for more information on the Texas Medicaid mandated rate reductions.

Provider Alert:

Correction for new claim requirement

Effective October 1, 2019, all claims submitted to Texas Children's Health Plan must be submitted with the member's state provided Medicaid Identification Number and date of birth on the claim.

Providers should confirm the Medicaid Identification Number is submitted in block {1a} for CMS-1500 forms and block {60} of a CMS 1450 (UB-04). For electronic claims, the member Medicaid Identification Number should be submitted in Loop 2010BA for either the 837P or 837I. The member's date of birth must also be included.

Claims missing the Member ID number on or after October 1st will be denied. This applies to all claims regardless of the method of submission (electronic or paper submissions).

Next steps for providers
Providers should coordinate this change with their contracted clearinghouse and billing staff.

Additional information regarding electronic submissions can be found on the Texas Children's Health Plan's Provider Portal.

Texas Children's Health Plan Professional Companion Guide
texaschildrenshealthplan.org/sites/default/files/pdf/5010_X12_837P_Professional_CompGuide_V1.pdf

Texas Children's Health Plan Institutional Companion Guide
texaschildrenshealthplan.org/sites/default/files/pdf/5010_X12_837I_Institutional_CompGuide_V1.pdf.

If you have any questions about these provider alerts, please email Provider Network Management at:
providerrelations@texaschildrens.org

For access to all provider alerts, log onto:
www.thecheckup.org or https://www.texaschildrenshealthplan.org/for-providers

Appointment availability standards

What are appointment availability standards?
How do you as a provider with Texas Children's Health Plan play a role?

In 2015 Senate Bill 760 passed, requiring Texas Health and Human Services Commission (HHSC) to monitor the provider networks of managed care organizations. Texas Children's Health Plan would like to ensure members are able to schedule appointments with providers in accordance with the HHSC's appointment accessibility guidelines.

Provider Type	Level / Type Of Care	Appointment Availability Standards
OB/GYN	Emergency services	Immediately
	Urgent condition	Within 24 hours
	Prenatal care for initial appointments	14 days
	Prenatal care for initial appointments for high-risk pregnancies or new members in third trimester	Initial appointment must be offered within 5 days, or immediately, if emergency exists
	Appointments for ongoing OB care must be available in accordance to treatment plan as developed by the provider	Must be available in accordance to the treatment plan as developed by the provider
Primary Care Physicians	Emergency services	Immediately
	Urgent condition	Within 24 hours
	Primary routine care	Within 14 days
	Preventive health services for members 21 years of age or older	Within 90 calendar days
	Preventive health services for members less than 6 months of age	Offered as soon as possible but no later than 14 days of enrollment for newborns
	Preventive health services for members 6 months through age 20	Must be provided within 60 days
	New members 20 years of age or younger to receive a Texas Health Steps checkup	Within 90 days of enrollment
	CHIP Members should receive preventive care in accordance with AAP	American Academy of Pediatrics (AAP) Periodicity Schedule

After Hours: Primary Care Physicians who are accessible 24 hours a day, seven days a week, must return a member's call within 30 minutes.

Acceptable: Telephone is answered after-hours by answering service and meets the language requirement of the major population groups which can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.

The office telephone is answered after normal business hours by a recording in the language of each of the major population groups served, directing the patient to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone. Any other recording is not acceptable.

The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.