

comments or suggestions may be emailed to:  
**Network Development**  
[CCHPNetworkDev@cookchildrens.org](mailto:CCHPNetworkDev@cookchildrens.org)  
or call 682-885-2247

# Provider newsletter

## Cook Children's Health Plan membership:

Cook Children's Health Plan membership as of January 1, 2012 is 100,594. We now cover **66,700** Medicaid STAR members and **33,894** CHIP members. We appreciate your continued support.

## THSteps training

As part of CCHP's effort to keep you and your members informed on the importance of THSteps, CCHP wanted to remind you of the on-line courses provided by Health and Human Services Commission (HHSC). The training consists of a number of self-paced, web-based modules on a variety of important topics. Continuing education (CE) credit can be awarded to eligible participants after the successful completion of each module. Many components of the modules qualify for FREW vs. Suehs provider training. The Web site address is:  
[www.txhealthsteps.com](http://www.txhealthsteps.com)

## Happy New Year!

Cook Children's Health Plan (CCHP) begins the New Year with a continuing growth in membership now totaling 100, 594. Thanks to all of our providers who have helped us in delivering health care services to so many members. A new year also brings new programs, new benefits, a new look for the CCHP Web site and more HIPPA rules and regulations.

**New program** – CCHP has a new contract with the Health and Human Services Commission (HHSC), effective March 1, 2012. As a result, any Managed Care Organization which participates with CHIP will also have the Perinate program as a benefit plan. This program is an extension of the existing CHIP program and is designed to provide prenatal care for the unborn child.

## New pharmacy administrator

Effective March 1, 2012, the Pharmacy benefit for CHIP and STAR members will be administered through the Managed Care Organizations. The State's Vendor Drug Program will no longer be the administrator. However, the formulary will continue to be developed by HHSC's Vendor Drug Program after March 1, 2012. STAR and CHIP have separate formularies and can be found using the following resources: HHSC Vendor Drug Web site – [www.txvendordrug.com](http://www.txvendordrug.com), or Epocrates: [www.epocrates.com](http://www.epocrates.com). CCHP has contracted with Navitus as the Vendor Drug administrator. Many of the same pharmacies will participate on the Navitus network as they did with the Vendor Drug Program. Look to CCHP's Web site at [www.cookchp.org](http://www.cookchp.org) for a listing of participating pharmacies.

## New look for the Web site

CCHP's current Web site is going through some modifications to give it a new look. An updated directory of all providers will include more robust searches not only by doctor name or city, but also other searches such as panel status, languages spoken and provider gender.

# Members' rights and responsibilities

Cook Children's Health Plan publishes members' right and responsibilities in the newsletter annually. This information can also be found the STAR Provider Manual online at CCHP's Web site at [www.cookchp.org](http://www.cookchp.org) in the Provider Responsibility section.

## Members' rights

The following is a list of member rights received upon enrollment with CCHP:

- You have the right to respect dignity, privacy, confidentiality and nondiscrimination that includes the right to:
  - Be treated fairly and with respect.
  - Know that your medical records and discussions with your provider will be kept private and confidential.
- You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. These include the right to:
  - Be told how to choose and change health plans and your primary care provider.
  - Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
  - Change your primary care provider.
  - Change your health plan without penalty.
  - Be told how to change your health plan or your primary care provider.
- You have the right to ask questions and get answers about anything you do not understand That includes the right to:
  - Work as part of a team with your provider in deciding what health care is best for you.
  - Say yes or no to the care recommended by your provider.
- You have the right to use each available complaint and appeal process through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
  - Make a complaint to your health plan or the state Medicaid program about your health care, your provider or your health plan.
  - Get a timely answer to your complaint.
  - Use the plan's appeal process and be told how to use it.
  - Ask for a fair hearing from the state Medicaid program and get information about how that process works.
- You have the right to timely access to care that does not have any communication or physical barriers. These include the right to:
  - Have telephone access to care to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
  - Get medical care in a timely manner.
  - Be able to get in and out of a health care provider's office. This includes barrier-free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
  - Have interpreters, if needed during appointments with your providers when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability or help you understand information.
  - Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.

## Members' rights continued

- You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
- You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care of treatment is not a covered service.
- covered You have the right to know that you are not responsible for paying for covered services. Doctors, hospitals and others cannot require you to pay copayments or other amounts for services.

## Members' responsibilities

The following is a list of members' responsibilities received upon enrollment with CCHP:

- You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
  - Learn and follow your health plan rules and medical program.
  - Ask questions if you do not understand your rights.
  - Learn what choices of health plans are available in your area.
- You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
  - Learn and follow your health plan rules and Medicaid rules.
  - Choose your health plans and primary care provider quickly.
  - Make any changes in your health plan and primary care provider in the ways established by Medicaid and the health plan.
  - Keep your scheduled appointments.
  - Cancel appointments made in advance when you cannot keep them.
  - Always contact your primary care provider first for your non-emergency medical needs.
  - Be sure you have approval from your primary care provider before going to a specialist.
  - Understand when you should and should not go to the emergency room.
- You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
  - Tell your primary care provider about your health.
  - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
  - Help your providers get your medical records.
- You must be involved in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:
  - Work as a team with your provider in deciding what health care is best for you.
  - Understand how the things you do can affect your health.
  - Do the best you can to stay healthy.
- Treat providers and staff with respect.

## **National Correct Coding Initiative (NCCI)**

In the CCHP May, 2011 newsletter, it was announced that federal legislation has mandated that all state Medicaid programs incorporate "NCCI-Methodologies" into their claims processing systems. Therefore, the State of Texas Health and Human Resources Commission is adopting the NCCI for claims payment. These edits will be used to prevent payments to a provider who submits incorrect code combinations or nonpayment of units in excess of what is medically necessary.

**Cook Children's Health Plan implemented this program for CHIP and STAR claims, effective January 1, 2011.**

## Notification to the state concerning demographic, tax ID changes or other information

Although your office may update the health plans with demographic changes, tax id numbers, etc., it is very important that you also notify the state. Records need to reflect the same information your office has provided to CCHP. Texas Medicaid Bulletins include a form and instructions to assist you in keeping the state updated. For Medicaid providers who are not receiving the bulletins, call Cook Children's Health Plan at 682-885-2247 and we can fax the form to you.

## Flu shot reminders

The flu season is still upon us and CCHP wants to remind you that the flu vaccine is part of the immunization program provided by the state. When billing this to the health plan, the state vaccine should be used and not the office's private stock. Therefore, the billing for this should be \$.01. If your office bills the whole dollar amount the Health Plan assumes you are out of flu vaccine from the immunization program and would pay what is submitted.

## What Provider practices can do now to prepare for 5010.

CCHP has compiled the following FAQ, with information obtained from [www.ama-assn.org](http://www.ama-assn.org).

**What is "5010?"** 5010 is the next version of the HIPAA electronic transmission standards. Because the 4010A1 Version of the transactions is named in a federal rule, the regulatory process must be followed to upgrade to 5010 version. In 2007, a request was made to the Secretary of Health and Human Services (HHS) to modify HIPAA to replace version 4010A with version 5010. The final rule was published on January 15, 2009 and makes the 5010 transactions mandatory on January 1, 2012.

**Do I have to upgrade to 5010?** Yes. Providers including physicians, are HIPAA "covered entities," which means that you must comply with the HIPAA requirements when conducting the named transactions electronically. If you currently send and receive HIPAA transactions and plan to continue doing so then you will be required to update to 5010.

**Who else has to upgrade to 5010?** Health care clearinghouses and payers are also HIPAA covered entities so they will need to upgrade to 5010 as well.

**When do I have to upgrade to 5010?** The compliance deadline for using only the 5010 transactions is January 1, 2012. The necessary software and system changes need to be in place by the compliance date in order for you to continue sending and receiving HIPAA electronic transactions.

### **Deadlines for other HIPAA requirements have been delayed. Will the compliance data for 5010 be delayed?**

Do not expect there to be a delay in the compliance deadline. The Centers for Medicare & Medicaid Services(CMS) is responsible for oversight of compliance with the HIPAA administrative transactions requirements. Work within CMS to upgrade to the 5010 transactions is on target and they expect to be ready on time.

## 5010 Continued:

**What do I need to do now?** There are several steps you need to take to prepare for the conversion to 5010. Talk to your practice management or software vendor. Verify they have your software update available and installed in your system. Your conversion to 5010 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.

- Talk to your clearinghouses, billing service and payers. Verify they have their upgrades completed and test with them.
- Identify any workflow changes that you need to make in your practice to accommodate the changes in 5010. You may need to collect new data or report date differently than you do in the current version.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate in 5010 the transactions you send.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive the 5010 transactions.

Additional information can be found at [www.cms.gov](http://www.cms.gov)

## Numbers, numbers and more numbers

For EDI transmissions remember that you must include the NPI#, taxonomy code and tax id# combination that you submitted to the State when you attested the NPI#. If these do not match, the claim will be **denied**.

## Adolescent Health Guide

The Department of State Health Services has developed an Adolescent Health Guide that can be found at [www.dshs.state.tx.us/thsteps/providers.shtm](http://www.dshs.state.tx.us/thsteps/providers.shtm). It is a tool designed for health care providers and other professionals who provide services, information and support to young people. It offers guidelines on health and health-related issues pertinent to the adolescent years.

## New providers

The following providers were approved in November and December for participation with CCHP.

### **CHIP and STAR:**

**PCPS: Arlington:** Victor Peralta, M.D., Family Practice; **Bridgeport:** John Higginbotham, D.O., Family Practice; **Decatur:** Bradley Faglie, M.D., Family Practice; **Fort Worth:** Linda Ball, D.O., Family Practice, Hector Grajeda-Acosta, M.D., Family Practice; **Frisco:** Urmila Gupta, M.D., Pediatrics, Yaratha Reddy, M.D., Pediatrics; **Ob-Gyns: Fort Worth:** Manhan Vu, D.O.; **Irving:** Kevin O'Neil, M.D., **Specialists: Dallas:** William Spencer, M.D., Ophthalmology Pediatric, Andrew Lashus, M.D., Cardiology Pediatric; **Fort Worth:** Ralph Brooks, M.D.; Dermatology, Dung Khuat, O.D., Optometry, John Birbari, M.D., General Surgery, Lee Bloemendal, M.D., General Surgery, Franklin Gluck, M.D., Endocrinology, Kyriacos Panayides, M.D., General Surgery; **Lewisville:** Heather Todd-Casey, OTR, Occupational Therapy.

## New providers continued

### CHIP only:

**PCP: Fort Worth:** Anagha Agarwal, M.D., Family Practice; **Ob-Gyns: Fort Worth:** Danielle Burkett, D.O.; **Specialists: Arlington:** Jason Butler, M.D., Sports Medicine, Benjamin Dudycha, M.D., Sports Medicine; **Fort Worth:** Renita Butler, M.D., Radiology, Deane Crim, P.A., Orthopedic Surgery, Geeta Manthena, M.D., Infectious Disease, Linda Pham, M.D., Sports Medicine, Everett Wilkinson, D.O., Orthopedic Surgery; **Hurst:** Brenda McNeil, Aud, Audiologist; **Southlake:** Amy Mettman, M.D, Otolaryngology; **Springtown:** Amy Welch, P.T., Physical Therapy

**Note on STAR participation: Providers are activated on STAR once they receive their Texas Provider Identification number (TP I#). Providers may already be active on CHIP when they receive their TP I# and are now being activated for STAR.**

### STAR only:

**PCP: Arlington:** Karen Pilgrim-King, M.D., Pediatrics; **Benbrook:** Katrina Willie, M.D., Pediatrics; **Fort Worth:** Navgot Bajwa, M.D., Pediatrics, Vinu Alexander, M.D., Family Practice; **Ob-Gyn: Fort Worth:** Alicia Larsen, M.D.; **Weatherford:** John Parker, M.D.; **Specialists: Bedford:** Vincent Smith, P.T., Physical Therapy; **Denton:** John Uffman, M.D., General Surgery Pediatric, Adrian Lacy, M.D., Neurology Pediatric; **Fort Worth:** Kyriacos Panayides, M.D, General Surgery, Adrian Lacy, M.D., Neurology Pediatric; Charles Coppinger, P.A., Orthopedic Surgery Pediatric, Maria Perez, M.D., Rheumatology, Amy Zahn, Aud, Audiologist, Angela Hanna, M.D., General Surgery, Vassilis Dimas, M.D., Cardiology, Shawnta Pittman-Hobbs, M.D., Rheumatology; Ryan Brown, M.D., Otolaryngology **Granbury:** Keith Loudon, Orthopedic Surgery, M.D., **Lewisville:** Heather Todd-Casey, OTR Occupational Therapy; **Mineral Wells:** Donal Rose, M.D., Orthopedic Surgery

### Important phone numbers:

Cook Children's Health Plan	8 a.m. – 5 p.m., Monday – Friday
Member services	800-964-2247 or 682-885-2247 <a href="http://www.cookchp.org">www.cookchp.org</a> 682-885-2148 fax
Care management	800-860-2247 or 682-885-2252 <a href="http://www.cookchp.org">www.cookchp.org</a> 682-885-8402 fax
Mental health services -LifeSynch	CHIP – 866-258-0942 STAR – 866-331-1577
Vision services – Total Vision Health Plan	800-465-6853
Network Development/Provider Relations	682-885-2247 or <a href="mailto:CCHPNetworkDev@cookchildrens.org">CCHPNetworkDev@cookchildrens.org</a>