

Spring

# Provider Newsletter

April 2018



## Long Acting Reversible Contraception Updated

**Update to the TMPPM Gynecological, Obstetrics and Family Planning Handbook for LARC and Immediate Postpartum LARC Devices** [LARC TMPPM](#)

- Information posted Jan. 3, 2018 [LARC UPDATE](#)

**Note:** Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Beginning Feb. 1, 2018, the Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics and Family Planning Handbook will be updated to include language that specifically refers to intrauterine devices and implantable capsules as Long-acting reversible contraceptives. The following subsections will be updated to include this terminology:

- 2.2.5, "Contraceptive Devices and Related Procedures"
- 2.2.6, "Drugs and Supplies"

Reminder: Procedure codes for LARCs may be reimbursed in addition to the hospital diagnosis related group payment when insertion is performed immediately postpartum. Language in subsection 2.2.5.4, "Immediate Postpartum Insertion of IUDs and Implantable Contraceptive Capsules" will also be updated regarding immediate postpartum LARC insertion and claims processing procedures, as follows:

- Procedure codes for LARCs may be reimbursed in addition to the hospital diagnosis related group (DRG) payment when insertion is performed immediately postpartum. "Immediately postpartum" refers to the following:
  - ❖ Insertion within 10-15 minutes of placental delivery for IUDs
  - ❖ Insertion prior to discharge for implantable contraceptive capsules
- For claims submitted to the Texas Medicaid and Healthcare Partnership (TMHP) for processing, hospital and facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.
- For claims submitted to a Texas Medicaid managed care organization (MCO), providers must follow the MCO's claim processing procedures for reimbursement of immediate postpartum LARC devices in addition to the rate for delivery services.

**Important:** Medicaid MCOs must adopt claim processing procedures to reimburse hospital and facility providers for immediate postpartum LARC devices in addition to the rate for delivery services.

For more information, call the TMHP Contact Center at 1-800-925-9126.

[The Texas LARC Toolkit](#)

### What's inside

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# COOK CHILDREN'S WEBSITE

[PROVIDER PAGE](#)

Did you know that Cook Children's website is updated frequently? These pages are at your fingertips and might answer your questions. We also have the secure portal to verify eligibility, submit Prior Authorization requests and receive your Member listing.

**Effective Immediately-Please Read**

## Welcome Providers

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members.

It is our ongoing effort to improve our web-based services we have created a new Provider Portal. Included in this new secure site you will find:

- Eligibility
- Medical and Pharmacy Claim History
- Claim Status Check
- Claim Appeals
- Authorization Requests
- Review Current Authorizations
- Care Management Program Referral
- Additional Payor Available for selection
- Renewal Advice (20)

**To become a participating provider**

If you are interested in becoming a participating provider for Cook Children's Health Plan, please submit a completed [Letter of Interest & Network Development](#) form at 800-889-9422 or by email: [contractorhelp@cookchildrens.org](mailto:contractorhelp@cookchildrens.org). This information will help us in assessing your qualifications with the service network. Cook Children's Health Plan will respond to your request within 90 days.

**Current Children's Health Insurance Program (CHIP) Providers Must Complete Enrollment with TMHP by December 31, 2017 to Continue to Receive Reimbursement for CHIP Services**

Federal law and regulations require states to screen and enroll all new work providers into the Children's Health Insurance Program (CHIP) provided by December 31, 2017. To meet this requirement and continue receiving reimbursement for services, providers who currently receive services to CHIP members through managed care organizations (MCO) must complete enrollment with the Texas Medicaid & Healthcare Partnership (TMHP) by December 31, 2017.

While the enrollment process and application are the same for Medicaid and CHIP providers, CHIP-only providers are not required to participate in Texas Medicaid. CHIP-only providers must follow the instructions below to insure they limit to serve only CHIP members and to ensure that they do not appear on the Medicaid online provider lookup (CPL).

Note: CHIP providers actively enrolled with TMHP as a Medicaid provider do not need to re-enroll in workflow process to continue to receive reimbursement for CHIP services.

**Enrollment Information- Specific to CHIP Providers**

Beginning July 1, 2017, providers can indicate in the enrollment application that they intend to serve only CHIP members. Providers must document this accordingly to ensure they are not displayed as a Medicaid provider on CPL.

CHIP providers are encouraged to enroll using the Provider Enrollment on the Portal (PEOP). Additionally, the Provider Information Management System (PIMS) will be updated with options for providers to designate that they intend to serve only CHIP members.

Providers should begin the enrollment process as soon as possible. The PIMS update will allow providers who currently only enroll through TMHP to update their status to indicate themselves as CHIP-only providers on the CPL after they are enrolled.

For more information, providers should visit the upcoming CHIP website that will be located in TMHP form in the next few weeks.

For more information, call the TMHP Contact Center at 1-800-805-9121.

**If you have any questions please call 1-800-564-2247 Monday through Friday from 8 a.m. to 5 p.m. or [Contact Us here](#).**

# IMPORTANT ANNOUNCEMENTS

EFFECTIVE IMMEDIATELY

- Cook Children's Health Plan (CCHP) would like to remind providers that effective immediately we will expect all to follow the instructions within the Texas Medicaid Provider Procedures Manual (TMPPM) when submitting claims for payment. In the event these instructions are not followed, those claims may be rejected for payment until all necessary corrections are made. A link to the TMPPM is provided below as a resource.

Please be sure to reference the most recent publication on the Texas Medicaid & Healthcare Partnership (TMHP) website for claims submission. Refer to [TMPPM](#) for the most current information. Additional links that may be valuable to you, are the 837I (Institutional) and 837P (Professional) Electronic Claims Submission guidelines refer to **Electronic Claims Submission guidelines**.

- Effective immediately, if you have an authorization related question requiring supervisor or management assistance, please direct inquiries to: [CCHPPriorAuthorizations@cookchildrens.org](mailto:CCHPPriorAuthorizations@cookchildrens.org). This mailbox is monitored by Therapy Supervisor, Inpatient/Outpatient Supervisor, and UM Manager.

- In your subject line, please use the following naming convention:

**Therapy Inquiries**

Subject: Therapy Inquiry—Change of provider status (or any other relative topic not containing PHI)

**Inpatient/Outpatient Inquiry**

Subject: Inpatient Inquiry—NICU Discharge Needs (or any other relative topic not containing PHI)

Subject: Outpatient/Pharmacy Inquiry—Spinraza Administration (or any other relative topic not containing PHI)

For more information regarding Authorization requests please [click here](#).

# UPCOMING WEBINARS & EDUCATION

Cook Children's Health Plan (CCHP) would like to introduce Webinars to our education platforms. The webinars will be open to all of our providers' offices and anyone who wants to learn about the latest advancements in managed care. Some webinars will feature guest speakers while others will share details about hot topics in managed care.

During the webinar presentation, participating viewers can submit questions and comments to our presenters. The webinar will be presented to a targeted audience which will ensure that the subject and topics are relevant to your office and staff. CCHP will also give you access to view the webinar if you are not able to attend the live session.

CCHP will also conduct surveys and polls at the end of the webinar. Our audience will have the ability to make suggestions on upcoming hot topics!

## CALL CENTER SPECIFIC E-MAILS

Cook Children's Health Plan (CCHP) Call Center has created this list of helpful emails. Call Center Supervisors automatically get copied on emails so they can monitor response timelines since some of these requests are time sensitive.

Each request you send to these emails should be followed by an acknowledgement email letting you know your request was received and is being worked on. If it is an urgent email, please make sure to include that in the subject line so that it can be expedited (Please do not include any PHI in the subject line).

\*Please note that we have combined both customer service emails to make it easier to send your requests for all *Lines of business* (LOB) to one email (see below).

Distribution Group	Type of Issue/Request	Email Address
<b>Cordination Of Benefits/Other Health Insurance</b> (all LOB)	Other Health Insurance research request, notifications and Third Party Resources/Cost Avoidance Verification Reports,	<a href="mailto:CCHPCOB@cookchildrens.org">CCHPCOB@cookchildrens.org</a>
<b>Interpreter/Translations</b> (all LOB)	Linguistic Services, Interpreter Requests, ISP translation Requests, Interpreter complaints	<a href="mailto:CCHPInterpreterRequest@cookchildrens.org">CCHPInterpreterRequest@cookchildrens.org</a>
<b>*Customer Service</b> (all LOB)	Any member demographic updates, PCP changes, ID Card requests, Value Added Services forms, legal documentation	<a href="mailto:CCHPCustomerSvc@cookchildrens.org">CCHPCustomerSvc@cookchildrens.org</a>
<b>Member Advocates</b> (all LOB)	Access to Care requests from HHSC and Maximus, complaints/appeals assistance for Members, request for member call backs from a Member Advocate	<a href="mailto:CCHPMemberAdvocate@cookchildrens.org">CCHPMemberAdvocate@cookchildrens.org</a>
<b>Call Center Right Fax</b>	682-885-8401	

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (W-9)

This is a reminder from the Department of the Treasury Internal Revenue Service that a revised W-9 (Rev. 11-2017) is available. The revised W-9 supersedes any other version of the form.

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return.

You can download the [W-9 Form](#) and if you need further information, you can go to [IRS.gov](https://www.irs.gov) to include instructions on how to complete the form. Once you have completed the form please fax to 682-885-8403 or [E-mail](#)



## REMINDER FOR FQHC PROVIDERS

[FQHC Billing Guidelines](#)

Reminder: Federally Qualified Health Centers (FQHCs) are paid an all-inclusive rate per visit for certain services. All other services are processed as informational. Some services require modifiers to be processed appropriately.

Please see above FQHC Billing Guidelines for more information.

## PROVIDERS WHO SERVE STAR KIDS MEMBERS REQUIRED BILLING CODES

[LTSS BILLING MATRIX AND CROSSWALK](#)

Long Term Services and Supports (LTSS) providers must utilize the Texas Health and Human Services (HHS) STAR Kids LTSS Billing Matrix when billing for STAR kids. Providers must ensure they reference and use HHS STAR Kids LTSS billing codes when submitting claims to Cook Children's Health Plan.

If you need any other further information on Star Kids and LTSS including provider resources please click [here](#).

HHS has also done a STAR Kids Provider FAQ document which can be found [here](#).

## COMPARE LONG-TERM SERVICES AND SUPPORTS (LTSS) WAIVER PROGRAMS [SOURCE](#)

These home and community-based waiver program comparisons describe the similarities and differences among the Texas Health and Human Services Commission (HHSC) waiver program services and eligibility criteria.

They are intended to be used by local IDD authority (LIDDA) staff, HHSC regional office staff and other people who help applicants or their families choose between more than 1 waiver program understand the similarities and differences among those programs so they may choose the program that best fits their needs.

For more information [TEXAS LONG-TERM SERVICES AND SUPPORTS WAIVER PROGRAMS](#) [TEXAS MEDICAID STATE PLAN SERVICES AND SUPPORTS](#)

**COOK CHILDREN'S HEALTH PLAN MAIN NUMBER:****682-885-2247 OR 800-964-2247 TOLL FREE**

Hours of Operation: Monday – Friday 8:00am – 5:00pm

Visit our website at [www.cookchp.org](http://www.cookchp.org)

Department	Fax Number	Service Provided
Member Services	682-885-8401 STAR Kids 844-843-0004 <a href="mailto:cchpmemberservices@cookchildrens.org">cchpmemberservices@cookchildrens.org</a>	Eligibility, Benefits, or General Inquiries
Claims Department	682-885-8404 <a href="mailto:CCHPClaimAppeals@cookchildrens.org">CCHPClaimAppeals@cookchildrens.org</a> <a href="mailto:CCHPClaims@cookchildrens.org">CCHPClaims@cookchildrens.org</a>	Claims Status, Payments, Appeals or Questions
Care Management	682-885-8402 844-346-8402 Toll Free Fax <a href="mailto:CCHPStarKidsServiceCoordination@cookchildrens.org">CCHPStarKidsServiceCoordination@cookchildrens.org</a> 682-303-0005 STAR Kids LTSS 844-843-0005 Toll Free Fax	Prior-Authorizations, Case Management, Referrals, Disease Management, Member Education Requests
Compliance	682-303-0276 <a href="mailto:CCHPCompliance@cookchildrens.org">CCHPCompliance@cookchildrens.org</a>	Member & Provider Complaints, Fraud, Waste, and Abuse
Network Development	682-885-8403 <a href="mailto:CCHPNetworkDev@cookchildrens.org">CCHPNetworkDev@cookchildrens.org</a>	Credentialing, Contracting, Demographic Changes, NPI/TPI update, Billing Updates
Finance	<a href="mailto:CCHPFinance@cookchildrens.org">CCHPFinance@cookchildrens.org</a>	Electronic Fund Transfer, Electronic Remittance Advice
Quality	<a href="mailto:CCHPQualityImprovement@cookchildrens.org">CCHPQualityImprovement@cookchildrens.org</a>	Quality of care concerns, HEDIS, Access and Availability
Provider Relations	682-885-8436 <a href="mailto:CCHPProviderRelations@cookchildrens.org">CCHPProviderRelations@cookchildrens.org</a>	Provider Education & Training

Department	Phone Number	Fax Number	Service Provided
National Vision Administrators (NVA)	888-830-5630 <a href="mailto:providers@e-nva.com">providers@e-nva.com</a>	888-830-5560	Vision Services
Beacon Health Services	855-481-7045 <a href="mailto:ProviderRelations@beaconhs.com">ProviderRelations@beaconhs.com</a>	855-371-9227	Mental Health Services

**Paper Claims Address:**

Cook Children's Health Plan  
P.O. Box 961295  
Fort Worth, TX 76161-1295

**Appeals, COB, and General Mailing Address:**

Cook Children's Health Plan  
P.O. Box 2488  
Fort Worth, TX 76113-2488

**CHIP Payor ID**

CCHP1

**STAR/STAR Kids Payor ID**

CCHP9

**AVAILITY 1-800 282-4548**