

# Therapy Handbook Provider Training

# Provider Relations

(888)-243-3312

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# Provider Education & Training

View our Education & Training page at [www.cookchp.org](http://www.cookchp.org) for a current schedule. Webinars are scheduled from 12:00 noon- 1:00 p.m. CT. Dates and times are subject to change.

## Webinar Login Instructions

**Step 1:** Go to: <http://cchp.webex.com>

**Step 2:** Click on WebEx Events on the left side bar

**Step 3:** Type in Event Number click Join, and you must click Register to sign up for the training.

You will receive an email that confirms registration is approved for Cook Children's Health Plan: Provider Training Webinar

**Step 4:** Follow the prompts within your email confirmation to join the meeting. If you experience technical difficulties or have questions, email [CCHPProviderRelations@cookchildrens.org](mailto:CCHPProviderRelations@cookchildrens.org)

# Provider Education & Training

2019 Provider Training Webinar Schedule			
<b>January 23, 2019</b>	<b>January 30, 2019</b>	<b>February 27, 2019</b>	<b>February 28, 2019</b>
Provider Orientation * Call line: 1-844-740-1264 Event Number: 928 399 274	Texas Health Steps Training & Education Call line: 1-844-740-1264 Event Number: 924 467 468	PCP Provider Orientation * Call line: 1-844-740-1264 Event Number: 921 364 613	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 928 737 770
<b>March 5, 2019</b>	<b>March 26, 2019</b>	<b>March 27, 2019</b>	<b>April 17, 2019</b>
Therapy Manual Call line: 1-844-740-1264 Event Number: 926 763 298	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 924 849 973	Provider Orientation * Call line: 1-844-740-1264 Event Number: 921 500 799	Provider Orientation * Call line: 1-844-740-1264 Event Number: 926 289 108
<b>April 23, 2019</b>	<b>April 25, 2019</b>	<b>May 1, 2019</b>	<b>May 22, 2019</b>
Provider Orientation * Call line: 1-844-740-1264 Event Number: 928 377 183	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 925 762 593	EVV Call line: 1-844-740-1264 Event Number: 926 330 076	Provider Orientation * Call line: 1-844-740-1264 Event Number: 929 560 968
<b>May 23, 2019</b>	<b>June 18, 2019</b>	<b>June 19, 2019</b>	<b>July 30, 2019</b>
SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 922 526 241	Provider Orientation * Call line: 1-844-740-1264 Event Number: 922 526 241	Provider Orientation * Call line: 1-844-740-1264 Event Number: 920 373 651	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 925 191 899
<b>July 31, 2019</b>	<b>August 14, 2019</b>	<b>August 21, 2019</b>	<b>August 28, 2019</b>
Provider Orientation * Call line: 1-844-740-1264 Event Number: 925 806 695	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 922 508 272	Provider Orientation * Call line: 1-844-740-1264 Event Number: 921 941 526	Provider Orientation * Call line: 1-844-740-1264 Event Number: 925 234 583
<b>August 29, 2019</b>	<b>September 18, 2019</b>	<b>September 25, 2019</b>	<b>September 26, 2019</b>
SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 920 154 991	Texas Health Steps Training & Education Call line: 1-844-740-1264 Event Number: 925 388 382	Provider Orientation * Call line: 1-844-740-1264 Event Number: 920 475 832	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 929 587 856
<b>October 9, 2019</b>	<b>October 17, 2019</b>	<b>October 30, 2019</b>	<b>October 31, 2019</b>
LTSS and/or EVV Call line: 1-844-740-1264 Event Number: 928 691 606	To Be Announced Call line: 1-844-740-1264 Event Number: 925 319 640	Provider Orientation * Call line: 1-844-740-1264 Event Number: 927 042 289	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 928 936 918
<b>November 13, 2019</b>	<b>November 20, 2019</b>	<b>December 18, 2019</b>	<b>December 19, 2019</b>
SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 926 477 669	Provider Orientation * Call line: 1-844-740-1264 Event Number: 927 683 071	Provider Orientation * Call line: 1-844-740-1264 Event Number: 929 280 639	SCP, Ancillary, Facility Provider Orientation * Call line: 1-844-740-1264 Event Number: 925 703 033

# Provider Support Services Number

**888-243-3312**

- Dedicated exclusively to Providers
- Providers will have access to the same services
- Questions please call Monday – Friday, 8am-5pm

# Therapy Handbook Overview



CCHP Utilization Review

# Description

This course will provide an overview of the CCHP Therapy Handbook and details changes that better align with the Texas Medicaid Provider Manual (TMPPM) and more clearly define medical necessity and other areas that are subject to utilization review for therapy requests.

# Objectives

- Participants will examine changes in CCHP Therapy Policies since 2016
- Participants will identify areas are aligned with TMPPM
- Participants will delineate terms of medical necessity, hearing screenings, and functional goals relative to therapy authorizations





# Medical Necessity

CCHP follows the TMPPM definition for MN:

- Acceptable standards of practice
- Level of complexity comparable to patient's condition
- Functional goals relevant to his/her health, safety or independence



# Medical Necessity

Members 20 years and younger:

- Goals directed at improving, adapting, restoring, or maintaining functions which have been lost due to recent illness, injury loss of body part/congenital abnormality or developmental delay
- Testing must establish developmental delay as defined in the handbook



# Medical Necessity

Members 21 years or older:

- Goals directed at improving, adapting, restoring, or maintaining functions which have been lost due to recent illness, injury loss of body part and restore function relevant to normal activities of daily living
- Reasonable expectation for meaningful/practical improvement in client's ability to function in a reasonable and predictable time period



# Medical Necessity

- Treatment plans and plans of care (POC) developed must include not only the initial frequency (high, moderate or low) but the expected changes of frequency throughout the duration period requested based on the member's anticipated therapy treatment needs
- An example of a tapered down frequency request initiated with a high frequency is: 3 times a week for 2 weeks, 2 times a week for 2 weeks, 1 time a week for 2 weeks, 1 time every other week)

# Physical Therapy

Skilled treatment of members who have an acute disorder, acute exacerbation of a chronic disorder, or chronic medical condition of the musculoskeletal and/or neuromuscular systems. A physician, physical therapist, or physical therapist assistant within their licensed scope of practice may provide physical therapy.



# Occupational Therapy

Occupational therapy uses purposeful activities to obtain or regain skills needed for ADLs and/or functional skills needed for daily life lost through an acute medical condition, acute exacerbation of a medical condition or a chronic medical condition related to injury, disease, surgical intervention, or other medical causes.



# Speech Therapy



The practice of speech therapy includes: Evaluation and treatment of speech sound and motor speech disorders, stuttering, voice disorders, aphasia, and other language impairments, cognitive disorders, social communication disorders, and feeding and swallowing (dysphagia) deficits.

# Hearing Criteria

- CCHP will not withhold what might be necessary therapy for its members solely because of delays in the member's ability to schedule a hearing screening
- The member/LAR and servicing provider are notified via the authorization approval letter
- CCHP may deny subsequent ST treatment requests if the hearing screening is not completed and the member has at least one risk factor for hearing loss and/or demonstrates a lack of progress despite speech therapy intervention



# Hearing Criteria (Cont)

- Documentation of normal hearing in at least one ear by audiometric screening performed by PCP's office as part of the *THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents\** should be submitted along with the initial request for speech therapy treatment
- Testing by a pediatric audiologist will also be accepted

*\*Documentation of normal hearing should not exceed the date of the last THSteps Medical Checkup Periodicity Schedule or be greater than one year.*

# Hearing Criteria (Cont)

*When members are not required to have audiometric screening on the THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents, use age-appropriate objective hearing screening tools. (see chart).*

Auditory Test	Developmental Age of Child
Otoacoustic Emissions (OAE)	All ages
Auditory Brainstem Response (ABR)	All ages
Visual Reinforcement Audiometry (VRA)	9 months to 2.5 years
Conditioned Play Audiometry (CPA)	2.5 years to 4 years
Conventional Audiometry	4 years to adolescence

*Based on APA Hearing recommendations: Buz Harlor, A.D. & Bower, C. (2009)*

# Hearing Criteria (Cont)

Children should be referred to a pediatric audiologist when the member is not able to participate in audiometric screening at their primary medical provider's office due to:

- developmental abnormalities
- level of functioning
- and/or behavioral problems

# Hearing Criteria (Cont)

- CCHP will issue a **90 day authorization** period when there is no valid hearing screen received by CCHP
- Not completed within the 3-month approval period, one additional 3-month, “grace period”—objective progress notes maybe requested
- Not completed following 6 months—only 3 month authorizations may be authorized until a passing HS is provided

# Failed Hearing Criteria

- CCHP will issue a **90 day authorization** period when there is a failed received by CCHP to allow time for a rescreening
- If the member fails a 2<sup>nd</sup> hearing screening, medical management should be initiated
- Speech services will not be delayed, but the Speech plan of care must take into consideration the status of the member's hearing

# Age- Related Hearing Criteria

Members under 3 or at risks highly associated with delayed-onset hearing loss:

- Yearly until 2, consecutive passing hearing screenings or audiological evaluations

Members over 3 years:

- One passing hearing screening or audiological evaluation

# Initial And Re-evaluations

Initial Evaluations do not require prior authorization for In-network providers, beginning **June 20<sup>th</sup>, 2018.**

Re-evaluations do not require prior authorization beginning **October 1<sup>st</sup>, 2018.**



# OON Initial And Re-evaluations

Out-of-Network (OON) providers should submit the following for acute and chronic requests:

- Authorizations form (or referral) with frequency, duration and therapy/medical provider signatures within 60 days
- Documentation of medical necessity for the requested service
  - Well-child check; developmental screening; clinical notes from PCP or specialist; hearing screening for ST requests





# Treatment Requests

Providers should submit the following for acute and chronic requests:

- Completed authorizations form with required information (see CCHP Prior Authorization (PA) form for instructions)
- If the referring provider's signature is not on the PA, then it must be present on the plan of care or referral (with frequency, duration) and dated within 60 days of the request
- Copy of the recent discipline-specific evaluation or re-evaluation

# Treatment Requests

Beginning *November 8<sup>th</sup>, 2018*, OT/PT/ST requests may be sent directly from the therapy provider to CCHP (via fax or secure portal) as long as the required documentation and signatures are provided.



# Initial Treatment Requests\*

- Baseline testing/measurements and goals
- Prognosis
- Safety risks
- OT—Occupational Profile
- ST—bilingual members—testing in primary language (see guidelines in Handbook)
- Expectation for home program and caregiver responsibilities

# Bilingual Testing

CCHP closely follows the American Speech-Language-Hearing Association's "Bilingual Service Delivery" when determining if there is an accurate differential diagnosis between a communication disorder and normal linguistic variations (including bilingual/multilingual backgrounds).

- Include a thorough language history
- Use culturally and linguistically adapted test equivalents in both languages (TMPPM)
- Criterion referenced tools may be used to identify strengths and weaknesses
- \*see Initial Evaluation and Treatment Plan for full list of criteria

# Functional Goals

*“Functional goals must be specific to the member, objectively measurable within a specified timeframe, attainable in relation to the member’s prognosis or developmental delay, relevant to member and family, and based on medical need.”*



TMPPM PT, OT, ST Feb, 2019

# Functional Goals

Short-term: achievable in 3 months

Long term: achievable in 6 months

Isolated test items/scores on an assessment tool *should not* be used as functional goals.





# Acute conditions

- Short term due to acute\* condition/ exacerbation of a chronic condition (2 auth periods of 60 days. 120 days max)
- Treatments are expected to significantly improve, restore, or develop the physical functions diminished or lost as a result of recent\*\* trauma, illness, injury, disease, surgery, or change in medical condition, in a reasonable amount of time (generally 60 days)

*\*Acute is defined as an illness or trauma with a rapid onset and short duration.*

*\*\*Recent is defined as occurring within the past 90 days of the treating provider's evaluation of the condition.*



# Chronic Conditions

Maintaining, improving, adapting, or restoring function:

- Applies to children under 21 years old only
- Norm-referenced, standardized tests or criterion-referenced testing with a functional description of child's abilities/deficits





# Continuity Of Care

For members transitioning from another MCO to CCHP, the following should be sent:

- Copy of the prior therapy approval from the previous MCO

***For subsequent approvals must provide:***

- Copy of initial therapy evaluation and most recent re-evaluation
- Hearing Screening following the previously stated requirements



# Frequency

**Frequency** is determined by specific guidelines set in place by CCHP and TMPPM guidelines

- High frequency (HF)
- Moderate frequency (MF)
- Low frequency (LF)
- Maintenance level (MF)



# High Frequency

3x/week

Achievable goals in a short period (apprx. *4 weeks or less*)

- Medical condition that is rapidly changing
- Potential for rapid progress or loss of function
- Plan of care and Home Program (HP) require frequent modification
- Documentation: Purpose of HF; specific measurable goals for HF; Letter of Medical Necessity (LMN) from prescribing provider documenting rehab potential



# Moderate Frequency

2x/week

- Member making very good progress toward goals
- Member is in a critical period to gain new skills or restore function or is at risk of regression
- The licensed therapist needs to adjust the member's therapy plan and home program weekly or more often than weekly based on the member's progress and medical needs
- The member has complex needs requiring ongoing education of the responsible adult



# Low Frequency

1x/week or 1x/2 weeks

- Member is making progress toward goals, but progress is slow
- Licensed therapist needed to adjust home program weekly/every other week based on member's progress
- Making slow to little progress who are medically stable – not expected to regress at these frequencies



# Maintenance Frequency

1x/2 weeks; 1x/month; or 1x/3 months

Members 20 years of age and younger only

Used when the therapy POC changes very slowly, the HP is at a level that may be managed by the member or the responsible adult, or the therapy plan requires infrequent updates by the skilled therapist.

- Progress slowed or stopped, but documentation supports skilled therapy needed to maintain gains prevent deterioration



# Maintenance Frequency (Cont.)

1x/2 weeks; 1x/month; or 1x/3 months

- Making limited progress, or goal attainment is extremely slow
- Identified factors that inhibit ability to achieve goals, such as behaviors, adjustment of HP or occasional modification of equipment
- Documentation shows the member & responsible adult have continuing need for education, periodic adjustment of the HP, or regular modification of equipment to meet the member's needs

# Questions



STAR/CHIP 682-885-8402/1-844-643-8402  
STAR Kids 682-303-0005/1-844-843-0005



[www.cookchp.org](http://www.cookchp.org)



# Provider Relations

# Provider Support

888-243-3312  
 Monday – Friday 8am to 5pm  
[www.cookchp.org](http://www.cookchp.org)

Department	Type of Issue or Request	Email Address	Fax Number
Care Management	Prior-Authorizations, Case Management, Referrals, Disease Management, Member Education	<a href="mailto:CCHPSTARKidsCCC@cookchildrens.org">CCHPSTARKidsCCC@cookchildrens.org</a> <a href="mailto:CCHPPriorauthorizations@cookchildrens.org">CCHPPriorauthorizations@cookchildrens.org</a>	682-885-8402 844-346-8402 682-303-0005 STAR Kids LTSS 844-843-0005
Claims Department	Claim Status, Payments, Appeals or Questions	<a href="mailto:CCHPClaims@cookchildrens.org">CCHPClaims@cookchildrens.org</a> <a href="mailto:CCHPClaimAppeals@cookchildrens.org">CCHPClaimAppeals@cookchildrens.org</a>	
Compliance	Member and Provider Complaints, Fraud, Waste and Abuse	<a href="mailto:CCHPCompliance@cookchildrens.org">CCHPCompliance@cookchildrens.org</a>	682-303-0276
Coordination of Benefits	Other Health Insurance, Third Party Resources, Cost Avoidance Verification Reports	<a href="mailto:CCHPCOB@cookchildrens.org">CCHPCOB@cookchildrens.org</a>	
Customer Service	Member Demographic Updates, PCP Changes, ID Card Requests, Value Added Services, Legal Documentation	<a href="mailto:CCHPCustomerSVC@cookchildrens.org">CCHPCustomerSVC@cookchildrens.org</a>	682-885-8401 STAR Kids 844-843-0004
Finance	Electronic Funds Transfer, Electronic Remittance Advice	<a href="mailto:CCHPFinance@cookchildrens.org">CCHPFinance@cookchildrens.org</a>	
Interpreter Services	Interpreter Requests, Translation Requests, Interpreter Complaints	<a href="mailto:CCHPInterpreterRequest@cookchildrens.org">CCHPInterpreterRequest@cookchildrens.org</a>	
Member Advocates	STAR Kids Member Assistance for Access to Care, Complaints and Appeals	<a href="mailto:CCHPMemberAdvocate@cookchildrens.org">CCHPMemberAdvocate@cookchildrens.org</a>	

# Provider Support

Vendor	Service	Email Address Website	Number
<b>Availity</b>	Claims Clearinghouse CHIP Payor ID: CCHP1 STAR/STAR Kids Payor ID: CCHP9	Website: <a href="http://www.availity.com">www.availity.com</a>	Ph.: 800-282-4548
<b>Beacon Health Services</b>	Mental Health Services	Email: <a href="mailto:Provider.Relations@becaonhs.com">Provider.Relations@becaonhs.com</a> Website: <a href="http://www.beaconhealthoptions.com">www.beaconhealthoptions.com</a>	Ph.: 855-481-7045 Fax: 855-371-9227
<b>National Vision Administrators (NVA)</b>	Vision Services	Email: <a href="mailto:Providers@e-nva.com">Providers@e-nva.com</a>	Ph.: 888-830-5630 Fax: 888-830-5560
<b>Navitus Pharmacy</b>	Prescription Services	Email: <a href="mailto:Providerrelations@navitus.com">Providerrelations@navitus.com</a> Website: <a href="http://www.navitus.com">www.navitus.com</a>	Ph.: 866-333-2757 Hotline: 877-908-6023 Fax: 866-808-4649

Paper Claims Mailing 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

# Reference Page

**Website** - [www.cookchp.org](http://www.cookchp.org)

**Network Development** - Letter of Interest, Joining our Network information <http://www.cookchp.org/English/Providers/Pages/Joining%20the%20Network.aspx>

**Provider Forms** - Prior Authorization Request Form, <http://www.cookchp.org/English/Providers/Pages/Forms.aspx>

**Provider Manuals** - <http://www.cookchp.org/English/Providers/Pages/Manuals.aspx>

**TMHP Website** - <http://www.tmhp.com/Pages/Topics/Marketing.aspx>

## **Secure Provider Portal**

<https://secure.healthx.com/v3app/publicservice/loginv1/login.aspx?bc=1162b50a-b532-4113-b93a-502f9536588c&serviceid=b4d4dc83-3778-40b0-a52d-e9f1713774cb>

## **Long Term Services and Supports**

<http://www.cookchp.org/English/Providers/Pages/Long-Term-Services-and-Supports.aspx>

# Post-Webinar Survey

Thank you for attending our Therapy Manual Provider Training Webinar.  
Please take a moment to let us know how we did!

**Do you have any further questions that were not answered on the topic presented today?**

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**Lines of business for which you're contracted**

STAR  
 STAR Kids  
 CHIP

**What topics would you like to see presented at future meetings?**

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**Please rate the information presented?**

None

**Attendee Name:**

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**Email address:**