

October 2015



PROVIDER NEWSLETTER



OTHER HEALTH INSURANCE (OHI) PROCESS USING CCHP PROVIDER PORTAL

Website: www.cookchp.org

1. Submit an Express Request Form on the OHI tab.
2. Complete all required fields and attach **supporting documentation** (see *examples on following page*) from the primary insurance carrier. Be sure to include termination date and/or EOB showing denial of claim.
3. Tracking numbers will be issued for each submitted Express request.

The Express Request form will be reviewed by Member Services to ensure that all supporting documentation is submitted legible and sufficient to remove the primary insurance flag.

REQUEST IS APPROVED:

- Provider will receive notification through the CCHP Provider Portal indicating that supporting documentation was sufficient for removal of OHI coverage flag.
- Removal of flag can take up to 3 business days.
- After the flag is removed from the Member's account the information is forwarded to the Claims Department for review/reprocess of all eligible claims within the dates of service after the primary carrier expiration date, regardless of provider submission status.

REQUEST IS REJECTED:

- Provider will receive notification through the CCHP Provider Portal indicating that the request was rejected.
- Provider will receive a message stating the reason for rejection. The reason will be specific to each submission and rejection.
- The provider may resubmit the original request with additional/missing supporting documentation at anytime during this process.

What's inside

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Reminders & Updates

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- THSteps Preventive Care Medical Checkups Benefit Criteria

How to Contact us?

OTHER HEALTH INSURANCE (OHI) PROCESS THROUGH FAX OR EMAIL

Providers may submit any supporting documentation regarding the termination of primary carrier benefits, making sure to include termination date and/or EOB showing denial of claim by:

- Fax: 682-885-8490
- Email: cchpmemberservices@cookchildrens.org
(Provider will receive a confirmation receipt by return email)

FAX/EMAIL IS APPROVED:

- Removal of flag can take up to 3 business days and the Member's account will be updated with the flag removal information.
- Providers are welcome to call Member Services at 1-800-964-2247 if they need status of removal of flag after 3 business days.
- After the flag is removed from the Member's account the information is forwarded to the Claims Department for review/reprocess of all eligible claims within the dates of service after the primary carrier expiration date, regardless of provider submission status.

FAX/EMAIL IS REJECTED:

- The Member's account will be updated with the reason for the rejection.
- Providers are welcome to call Member Services at 1-800-964-2247 for information regarding the rejection of submitted documentation after 3 business days.
- The provider may resubmit additional/missing supporting documentation at anytime during this process.

EXAMPLES OF SUPPORTING DOCUMENTATION CAN INCLUDE BUT ARE NOT LIMITED TO:

- Letter of Creditable Coverage from primary carrier.
- EOB showing denial of claim for Member not effective at the time of service.
- Legible printout from Primary Carrier inquiry received via their portal, by fax, or by email.

For more information please call our Member Services department toll free at 1(800)964-2247. Member Service representatives are available Monday through Friday from 8:00am to 5:00pm Central Standard Time.

THSTEPS PREVENTIVE CARE MEDICAL CHECKUP BENEFIT CRITERIA TO CHANGE FOR TEXAS MEDICAID EFFECTIVE NOVEMBER 1, 2015

Note: All new and updated procedure codes and their associated reimbursement rates are proposed benefits pending a rate hearing and approval of expenditures. Providers will be notified when the rates and expenditures are approved.

Effective for dates of service on or after November 1, 2015, benefit criteria for Texas Health Steps (THSteps) preventive care medical checkups will change for Texas Medicaid.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes Z0000 and Z0001 will be added as payable diagnosis codes for procedure codes 99385 and 99395.

THSteps preventive care medical checkups are not a benefit as a telemedicine or telehealth service.

SCREENINGS

The THSteps Medical Checkups Periodicity Schedule will be updated November 1, 2015, with changes to the following laboratory requirements:

- **Anemia Screening:** Removal of the mandatory screenings for all clients who are 18 months of age and for females who are 12 years of age. The only mandatory screening will be for clients who are 12 months of age.
- **Human Immunodeficiency Virus (HIV) screening:** Addition of one mandatory screening for clients who are 16 through 18 years of age, regardless of risk. This is in addition to the current risk-based screening for clients who are 11 through 20 years of age.
- **Dyslipidemia Screening (previously hyperlipidemia screening):** Addition of one mandatory screening for clients who are 9 through 11 years of age, and once again for clients who are 18 through 20 years of age, regardless of risk. These are in addition to the current risk-based screening for clients who are 24 months through 20 years of age.

Providers must refer to the current version of the THSteps Medical Checkups Periodicity Schedule available on the Department of State Health Services (DSHS) website at:

www.dshs.state.tx.us/thsteps.providers.shtm.

AUTISM SCREENING

The Medicaid Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT R/F) may also be used to complete the required autism screening at 18 and 24 months of age.

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

MENTAL HEALTH SCREENING

Mental health screening using one of the following validated, standardized mental health screening tools recognized by THSteps is required once for all clients who are 12 through 18 years of age:

- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)

Procedure code 99420 will be a benefit for clients who are 12 through 18 years of age when services are provided by THSteps medical and federally qualified health center providers once per lifetime. When claims with procedure code 99420 are submitted for mental health screenings, one of the validated, standardized mental health screening tools recognized by THSteps must be used.

Mental health screening at other checkups does not require the use of a validated, standardized mental health screening tool.

Procedure code 99420 must be submitted on the same date of service by the same provider as procedure code 99384, 99385, 99394, or 99395, and will be limited to once per lifetime.

The client's medical record must include documentation identifying the tool that was used, the screening results, and any referrals that are made.

PROVIDER DEMOGRAPHIC INFORMATION CHANGE REQUEST FORM

GREAT NEWS! Providers can now update their demographic information by completing an interactive form on the Cook Children's Health Plan website at <http://www.cookchp.org/English/Providers/Pages/Forms.aspx>.

The following types of changes can be submitted:

- Add TIN
- Deactivate TIN
- Change TIN
- Add Billing Address
- Add service address
- Change service address
- Change billing address
- Delete service address
- Change name (group or physician)
- Change or add hospital affiliation
- Add specialty:
- Other:

By completing this interactive form, the Provider Demographic Information Change Request form will automatically be routed to Network Development who will update your file to ensure the information on the record is current. Most updates will reflect in our Provider Directory and on our website when members are looking for a new provider.

For more information please call our Network Development department toll free at 1(800)964-2247. Network Development representatives are available Monday through Friday from 8:00am to 5:00pm Central Standard Time.

REMINDERS & UPDATES

PROVIDER RE-ENROLLMENT APPLICATION REQUIREMENT

All Texas Medicaid providers enrolled prior to January 1, 2013, who have not yet re-enrolled in the Medicaid program, must do so now. Providers must submit a separate re-enrollment application for each active Texas Provider Identifier (TPI) Suffix.

Failure to re-enroll may result in termination from the Medicaid program. Terminated providers will not be eligible to receive payment for services rendered to fee-for-service recipients or those enrolled with a Medicaid managed care organization (MCO) or dental maintenance organization (DMO).

TO LEARN MORE

- [TMHP Re-enrollment web page](http://www.tmhp.com/Pages/Topics/Reenrollment.aspx)
<http://www.tmhp.com/Pages/Topics/Reenrollment.aspx>
- [Re-enrollment FAQs:](http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf)
http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf
- [Provider Enrollment Tools Quick Reference Guide](http://www.tmhp.com/TMHP_File_Library/Enrollment%20and%20reenrollment/Provider%20Enrollment%20Tools%20QRG_0902215.pdf)
http://www.tmhp.com/TMHP_File_Library/Enrollment%20and%20reenrollment/Provider%20Enrollment%20Tools%20QRG_0902215.pdf

For more information, call the TMHP Contact Center at 1-800-925-9126, option 2.

THSTEPS CHECKUPS FOR IMMUNIZATIONS AND LABORATORY TESTING

IMMUNIZATIONS AND LABORATORY TESTING

- Age-appropriate and risk-based immunization and laboratory testing are considered part of a complete THSteps medical checkup.
- If a THSteps-enrolled provider does not perform the age-appropriate components during the appropriate THSteps checkup, a checkup would not be considered complete.
- Reimbursement for an incomplete THSteps checkup may be subject to recoupment and should not be submitted.
- Department of State Health Services (DSHS) laboratory services are available at no cost to all enrolled THSteps medical providers for THSteps medical checkups only.
- THSteps laboratory services provided by a private laboratory and a medical provider are not reimbursed.

EXAMPLE: *If a provider needs immediate results for the anemia screening, the specimen may be processed in the office/clinic, but will not be separately reimbursed. The test results must be documented in the client's medical record.*

EXCEPTION: For tests related to screening for type 2 diabetes, hyperlipidemia, HIV, and syphilis, the client or specimen may be sent to the laboratory of the provider's choice. Point-of-care testing that is performed in the provider's office to obtain the initial blood lead specimen may be reimbursed separately.

NOTE: To assist providers, laboratory services required for a THSteps medical checkup are available from the DSHS Laboratory at no cost to enrolled THSteps medical providers. Unauthorized use of services and supplies is a violation of federal regulations. For specimens sent to the DSHS Laboratory, the complete medical checkup includes the specimen collection and supplies, mailing and shipping supplies, and the review of the test results from the DSHS Laboratory. To obtain a THSteps Child Health Laboratory Supplies Order Form, providers may call 512-776-7661 or 1-888-963-7111, ext. 7661, or download the form online at www.dshs.state.tx.us/lab/MRS_forms.shtm.

As authorized by the Omnibus Budget Reconciliation Act, Section 1928 of the Social Security Act, the Texas Vaccines for Children (TVFC) program provides thousands of Texas children with access to immunizations through their TVFC enrolled provider at no cost to eligible patients or TVFC enrolled providers. Providers are allowed to submit a claim for an administration fee. More information regarding becoming a TVFC provider can be found at the Texas DSHS Immunizations Homepage: <http://immunizetexas.com> and at TVFC Homepage: www.dshs.state.tx.us/immunize/tvfc/.

More specifically, §1905(r) of the Social Security Act and Texas Administrative Code §33.60 requires the services listed below be provided during the appropriate checkup for the THSteps checkup to be considered complete.

Providers may reference the following sections of the *Texas Medicaid Provider Procedures Manual, Children's Services Handbook* for additional information.

5.3.6 THSTEPS MEDICAL CHECKUPS

REMINDER: Incomplete medical checkups are subject to recoupment unless there is documentation supporting why a component was not completed.

5.3.11.3 IMMUNIZATIONS

Providers must not refer clients to the local health department or other entity for immunization administration. Vaccines and toxoids must be obtained from TVFC for clients who are birth through 18 years of age. Vaccines that are identified as being distributed through TVFC are not reimbursed separately.

5.3.11.6 LABORATORY TEST

The DSHS Laboratory provides supplies for specimen collection and mailing and shipping; and reporting of test results to enrolled THSteps medical providers that submit specimens to the DSHS Laboratory. These services and supplies are limited to THSteps medical checkup laboratory services provided in the course of a medical checkup to THSteps clients. Unauthorized use of services and supplies is a violation of federal regulations.

5.3.11.6.3 LABORATORY SUBMISSION

All required laboratory testing for THSteps clients must be performed by the DSHS Laboratory in Austin, with the following exceptions:

- Specimens collected for type 2 diabetes, hyperlipidemia, HIV, and syphilis screening may be sent to the laboratory of a provider's choice or to the DSHS Laboratory in Austin if submission requirements can be met.
- Initial blood lead testing using point-of-care testing.

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

THSTEPS PREVENTIVE CARE MEDICAL CHECKUPS BENEFIT CRITERIA TO CHANGE FOR TEXAS MEDICAID EFFECTIVE APRIL 1, 2015

Effective for dates of service on or after April 1, 2015, benefit criteria for Texas Health Steps (THSteps) preventive care medical checkup criteria will change for Texas Medicaid.

ADDITIONAL AGE REQUIREMENT ADDED FOR AUTISM SCREENING

Providers will be required to perform an autism screening on clients at 18 months of age and again at 24 months of age using the Modified Checklist for Autism for Toddlers (M-CHAT).

GROWTH CHART USAGE FOR COMPREHENSIVE UNCLOTHED PHYSICAL EXAMINATIONS

Growth charts are used for recording of measurements and percentiles as appropriate to age to document a client's growth and development. The following growth charts are recommended to record client length, height, weight, and fronto-occipital circumference:

- The World Health Organization (WHO) growth charts (www.cdc.gov/growthcharts/who_charts.htm#) are recommended for clients from birth to two years of age.
- The Centers for Disease Control and Prevention (CDC) growth charts (www.cdc.gov/growthcharts/clinical_charts.htm) are recommended for clients from two years of age and older.

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

HOW TO CONTACT US

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

You can visit our website at: www.cookchp.org

COOK CHILDREN'S HEALTH PLAN

MAIN NUMBER:

(682)885-2247 OR (800)964-2247 TOLL FREE

Department	Fax Number	Service Provided
Member Services	682-885-8401 Email Address: cchpmemberservices@cookchildrens.org	Eligibility, Benefits, or General Inquiries
Care Management	682-885-8402 844-346-8402 Toll Free Fax	Pre-Authorizations, Case Management, Referrals, Disease Management
Claims Department	682-885-2148	Claims Status, Payments, Appeals or Questions
Network Development	682-885-8403 Email Address: CCHPNetworkDev@cookchildrens.org	Credentialing, Provider contracts, Name change, Address Change, NPI/TPI update, Phone & Fax update, Billing Company Change
Outreach	682-885-8436	Questions about Migrant Farm Workers, THSteps/Well Child Appointments

Department	Phone Number	Fax Number	Service Provided
National Vision Administrators (NVA)	(888)830-5630 Email Address: providers@e-nva.com	(888)830-5560	Vision Services
Beacon Health Services	(855)481-7045 Email Address: ProviderRelations@beaconhs.com	(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