

## Cook Children's Health Plan Membership now over 91,000 members:

Cook Children's Health Plan has a membership of 91,545 as of August 1, 2010. We now cover 58,857 Medicaid STAR members and 32,688 CHIP members. We appreciate your continued support.

## HCFA Forms

There are a few providers that continue to submit black HCFA forms to CCHP for processing.

While we have accepted this color form in the past, starting December 1, 2010 we will no longer be able to accept a black color HCFA form. Our new claims system will not recognize and load the black form. If you are not able to submit your claims through an EDI claims submission vendor and need to continue to submit via paper forms, you will need to use the Red HCFA form for your claim submission.

## HHSC Banner Message One Percent Provider Reimbursement Reduction

Information posted July 19, 2010.

Effective for dates of service on or after September 1, 2010, Medicaid fee-for-service, Medicaid managed care, family planning and the Children with Special Health Care Needs (CSHCN) services program, will institute a one percent reduction in the final payment amounts for inpatient, professional and outpatient services, as directed by the State of Texas.

The following services are excluded from the one percent reduction in reimbursements:

- School Health and Related Services (SHARS)
- Tax Equity and Fiscal Responsibility Act (TEFRA) - reimbursed hospitals (children's and state teaching hospitals)
- State hospital freestanding psychiatric facilities
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Department of State Health and Human Services (DSHS) clinical laboratories
- Indian Health Services
- Birthing Centers
- Case Management and Rehabilitative Services - Blind Children's Vocational Discovery and Development Program
- Case Management and Rehabilitative Services - Early Child Intervention
- Case Management and Rehabilitative Services - Mental Retardation
- Outpatient Behavioral Health - Chemical Dependency Treatment Facility
- For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-588-2413

# 2009 Quality Improvement Program Evaluation:

Each year we evaluate our Quality Improvement Program and share our results with participating providers and members. Most measures are based on standards for service and quality of care established by the National Committee for Quality Assurance (NCQA) which maintains accreditation standards for managed care organizations such as Cook Children's Health Plan (CCHP).

**Results.** In 2009, CCHP performance remained stable despite the addition of more stringent NCQA standards and increased membership. This included an overall Provider Satisfaction score of 94.4 percent for the measurement period! There were over 15 HEDIS studies, 30 non-HEDIS clinical measures and over 20 service related indicators and measures tracked during the year.

Significant improvements were made in the following areas:

- ADHD follow-up care
- Prenatal care
- Well child visits 0-15 months
- Well child visits 3-6 yrs
- Adolescent well care visits

Areas CCHP outperformed other health plans:

- Well child visits in the first 15 months of life
- Well child visits 3-6 yrs
- Adolescent well-care visits
- Prenatal care
- Post partum care
- ADHD follow-up care
- Appropriate asthma medication usage

**Areas to revise, modify, or add to the 2010 Quality Improvement Program:**

- Additional Performance Indicators, including the enhancements to the Key Performance Indicator Report
- Additional HEDIS measures to better evaluate our disease management populations (asthma, diabetes, prenatal)
- Expand QI work plan to meet NCQA standards

**Health Literacy** is a national topic. Three questions that each patient should ask, will hopefully improve understanding and compliance:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

To review our annual Quality Improvement Program Evaluation in its entirety, please go to our Web site, [www.cookchp.org](http://www.cookchp.org). To obtain a copy of the Quality Improvement (QI) program or evaluation, please contact our QI Department at 682-885-2692.

## Two Ways You Can Help Us Measure Quality of Care: CPT<sup>®1</sup> Category II Codes and Well-Visit Billing

We encourage you to bill for well-visit screenings conducted during a sick visit.

When you use Category II CPT and Category I CPT/HCPC codes for outpatient services and test results, your quality of care measures improve<sup>2</sup>.

Some patients only seek care when ill, but may have immunizations or screenings they are behind on. Coding the visit as a sick visit AND coding for preventative services conducted, will greatly decrease the need for chart reviews for HEDIS measures.

Another way to reduce the need for chart reviews is through the use of CPT Category II codes. CPT Category II codes are supplemental tracking codes that are meant to facilitate data collection about quality of care. For example, if your practice is trying to track the use of beta-blocker therapy and you don't have an electronic medical record system. Reporting Category II code 0007F, "Beta-blocker therapy, prescribed," will allow you to do this through your billing software rather than through chart reviews. In addition, these codes allow health plans to determine numerator compliance through analysis of claims submitted by your office, reducing the need for chart reviews for HEDIS measures.

### Claims-based reporting principles

- Well-visit CPT or ICD-9 diagnosis codes must be reported on the same 1500 as the payment codes.
- The CPT Category II code must be reported on the same 1500 as the payment codes.
- Submit CPT Category II codes with a line item charge of zero dollars (\$0.00)
  - √ CPT Category II line items are not used for payment
  - √ CPT Category II codes are used for HEDIS and P4P analysis.
- Multiple CPT Category II codes applicable to a visit can be reported on the same claim.

Table 1. Category II CPT Codes that affect HEDIS Quality of Care measures<sup>3</sup>.

Description	CPT Category II
HbA1c <7.0% & <8.0%	3044F
HbA1c >8.0%	3045F
HbA1c >9.0%	3046F
LDL-C <100 mg/dL	3048F
LDL-C 100 to 129mg/dL	3049F
LDL-C ≥ 130g/dL	3050F
Nephropathy Screening Tests	3060F, 3061F
BP <130/80 mm Hg	Systolic: 3074F    Diastolic: 3078F
BP ≥130/80 mm Hg	Systolic: 3075F    Diastolic: 3079F
BP <140/90 mm Hg	Systolic: 3074F    Diastolic: 3078F
BP ≥140/90 mm Hg	Systolic: 3077F    Diastolic: 3080F
Retinal eye exam performed by professional	2022F, 2024F, 2026F
Prenatal care visit	0500F, 0501F, 0502F
Postpartum visit	0503F

1. CPT<sup>®</sup> is a registered trademark of the American Medical Association.
2. Category II codes have their own section in the CPT code book and are cross-referenced to the measures associated with each in Appendix H.
3. The AMA publishes Category II codes twice a year: on Jan. 1 and July 1. (see: <http://www.ama-assn.org/go/cpt>).

## CCHP Clinical Guidelines Resource Guide

On June 23, 2010 our Medical Management Committee convened their quarterly meeting and approved a set of updated clinical practice guidelines. The resource guide has a new look and includes resources from our new behavioral health vendor, CompCare. Please visit our Web site, [www.cookchp.org](http://www.cookchp.org), to view the complete set of practice guidelines. If you wish to obtain a copy of any guideline listed, you can do so by going to the link provided or by contacting us directly at 682-885-2692. An excerpt from the resource guide is shown below.

Topic	Source	Link
<b>PREVENTION</b>		
Preventive Services for Children	National Immunization Program (CDC), the National Vaccine Advisory Committee, AAP Committee on Practice and Ambulatory Medicine, and Cook Children's Health Care System Clinical Excellence Committee	<p>Recommendations for Preventive Health Care (RE9535)  <a href="http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf">http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf</a>            Contains one page PDF</p> <p>Recommended Childhood and Adolescent Immunization Schedule  <a href="http://www.cdc.gov/vaccines/">http://www.cdc.gov/vaccines/</a>  <b>Also:</b>            Bright Futures website:  <a href="http://brightfutures.aap.org">http://brightfutures.aap.org</a></p> <p>3<sup>rd</sup> Edition Guidelines (<b>Free Download</b>)  <a href="http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html">http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html</a>  <b>or to purchase:</b>  <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> Set available for purchase at:  <a href="http://www.aap.org/bst/showdetl.cfm?&amp;DID=15&amp;Product_ID=3757&amp;CatID=132">http://www.aap.org/bst/showdetl.cfm?&amp;DID=15&amp;Product_ID=3757&amp;CatID=132</a></p>
Perinatal Care	American College of Obstetricians and Gynecologists	<p><i>Guidelines for Perinatal Care, Sixth Edition</i> available for purchase at  <a href="http://www.acog.org/bookstoreFiles/ComprehensiveOrderForm.pdf">http://www.acog.org/bookstoreFiles/ComprehensiveOrderForm.pdf</a>            Contains PDF files of:</p> <ul style="list-style-type: none"> <li>• Professional Publications Order Form</li> <li>• Multimedia Order Form</li> <li>• Patient Education Order Form</li> </ul>
<b>BEHAVIORAL HEALTH</b>		
Treatment of Patients with Major Depressive Disorder	American Psychiatric Association	<p>American Psychiatric Association guideline link:  <a href="http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx">http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx</a>  <b>Treatment of Patients With Major Depressive Disorder, Second Edition</b>  <a href="http://www.psychiatryonline.com/pracGuide/pracGuideHome.aspx">http://www.psychiatryonline.com/pracGuide/pracGuideHome.aspx</a></p>

## Background on Medicaid Substance Use Disorder Treatment Benefits for Adults

The Texas Health and Human Services Commission (HHSC) is implementing a new Substance Use Disorder (SUD) treatment benefit for adults in Medicaid, as directed by the Texas Legislature (2010-11 General Appropriations Act, Article IX, Section 17.15, S.B. 1, 81<sup>st</sup> Legislature, Regular Session, 2009). Although the SUD treatment benefit targets adults, HHSC will also clarify existing SUD treatment coverage for children. The anticipated effective date for the adult substance abuse benefits is **September 2010**. The proposed comprehensive Medicaid substance abuse treatment services include detoxification, limited residential treatment, outpatient detoxification, medication assisted treatment, specialized residential services for women and outpatient chemical dependency counseling.

HHSC originally planned to implement the entire substance abuse benefits on September 1, 2010. However, due to federal limitations that may impact the federal approval of the residential components of the substance abuse benefits, HHSC now plans to implement the benefits in two phases. Outpatient benefits (assessment, ambulatory detoxification, counseling and medication assisted therapy) will be available on September 1, 2010. Residential benefits (detoxification and treatment) will be implemented in January 2011, pending approval from the Centers for Medicare & Medicaid Services (CMS).

In order to provide equal benefits to all Medicaid clients, HHSC will also delay the implementation of the residential component for clients in managed care. The cost of room and board will be included in HHSC's payments to the managed care health plans and claims for these services would be paid by the health plans, pending approval from CMS.

\*\*\*The anticipated effective date for the adult substance abuse benefits is September 1, 2010, for the outpatient benefits (assessment, ambulatory detoxification, counseling and medication assisted therapy), and January 2011 for the residential benefits (detoxification and treatment) pending approval from the federal government. The Legislature directed HHSC to analyze and provide data to the Legislative Budget Board (LBB) about the provision of substance abuse treatment services before the 2013 legislative session. It is assumed that the comprehensive Medicaid substance abuse benefit will result in Medicaid savings that will offset the cost of the benefits. The legislation states that HHSC may not continue to cover treatment services if the LBB determines that the services resulted in an increase in overall Medicaid spending. The development of the substance abuse benefits summary document is a first step in the process of establishing these benefits. HHSC will be seeking input in the future on proposed rules for this benefit.

More information on substance abuse benefits can be found in the LBB report.

["Texas State Government Effectiveness and Efficiency."](#)

# Members Rights and Responsibilities

## Member rights:

Upon enrollment with Cook Children's Health Plan, members receive the following rights:

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 providers will be kept private and confidential.

To a reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:

- Be informed of how to choose and change your health plan 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 educated about how to change your health plan or your primary care provider.

To ask questions and get answers about anything you don't understand. That includes the right to:

- Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
- Be told why care or services were denied and not given.

To consent to, or refuse treatment, and actively participate in treatment decisions. 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.

To utilize each available complaint and appeal process through the managed care organization and through Medicaid, and receive a timely response to complaints, appeals and fair hearings.

That includes the right to:

- Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
- Get a timely answer to your complaint.
- Access the plan's appeal process and the procedures for doing so.
- Request a fair hearing from the state Medicaid program and request information about the process for doing so.

To timely access to care that does not have any communication or physical access barriers. That includes the right to:

- Have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care.
- Get medical care in a timely manner.
- Be able to get in and out of a health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act.

## **Member Rights Continued:**

- Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information.
- Be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.
- To not be restrained or secluded when doing so is for someone else's convenience, or is meant to force you to do something you don't want to do, or to punish you.

## **Member Responsibilities:**

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

To learn and understand each right you have under the Medicaid program. That includes the responsibility to:

- Learn and understand your rights under the Medicaid program.
- Ask questions if you don't understand your rights.
- Learn what choices of health plans are available in your area.

To abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:

- Learn and follow your health plan rules and Medicaid rules.
- Choose your health plan and a primary care provider quickly.
- Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
- Keep your scheduled appointments.
- Cancel appointments in advance when you can't 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 shouldn't go to the emergency room.

To share information relating to your health status with your primary care provider and become fully informed 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.

To actively participate 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.

## TMHP Website Redesign

A new, easier-to-navigate TMHP website at [www.tmhp.com](http://www.tmhp.com) was unveiled in July. The redesigned website provides all of the information currently found on the website in a clean and simple layout. Some of the important changes include: an improved search function; direct navigation to all documents without the need to search through the file library; articles that have been updated will be linked to the revised information; and a new client section of the website, which makes it easier to locate client-directed information.



## FREW Corner

Here are some reminders concerning STAR members:

- ✓ Ensure all age appropriate STAR members receive their THSteps (well child exam) within 60 days of becoming a CCHP member.
- ✓ All seven elements that constitute a complete THSteps must be included.
- ✓ Any offices identifying children of migrant farm workers that are a STAR CCHP member should notify the Health Plan at 1-800-964-2247.
- ✓ The Medical Transportation Program (MTP) provides transportation to appointments for covered medical and dental services. MTP can also reimburse gas money if the client has an automobile, but no funds for gas. Call MTP toll free at 1-877-MEDTRIP (1-877-633-8747) 8 a.m.-5 p.m., Monday through Friday for further assistance.

For more information on any of the FREW information, please contact CCHP toll-free at 1-800-964-2224 or locally at 682-885-2247.

## Claims Address

We continue to receive claims which have been submitted to our old address. Over the next few months, we will no longer be receiving mail from this old PO Box. This can create issues for each of us, such as:

1. Claims not received in a timely manner.
2. Payment delays since the claim was sent to the incorrect address.

As of October 1, 2009, all paper claims must be sent to:

**Cook Children's Health Plan  
PO Box 961295  
Fort Worth, TX 76161**

All appeals and other correspondence should be sent to:

**Cook Children's Health Plan  
PO Box 2488  
Ft. Worth, TX 76113**

## Fraud and Abuse

In compliance with the Office of Inspector General regulations, and as part of Cook Children's Health Plan's contract with the Texas Health and Human Services Commission, CCHP is required to monitor our physicians, providers and members for possible acts of fraud, waste and abuse. All Medicaid managed care organizations are required to have an internal special investigations unit or they must contract with an organization to identify, investigate and report potential fraud and abuse. CCHP has chosen to contract with Allied Management Group Special Investigation Unit (AMGSIU) to assist us with this monitoring. From time to time, AMG provides us with information regarding potential issues with a provider. As a courtesy to you, if any issues are identified, we will provide you with a copy of our Preliminary Investigation Report in order for you to correct any potential problems that have been identified.

If overpayments have been identified, CCHP is also required to recoup those overpayments. If a recoupment is warranted, CCHP will notify you of that recoupment or potential recoupment as soon as possible. If any investigation results in a finding that leads CCHP to believe that a physician, provider or member is possibly committing an intentional fraudulent act, CCHP is required to report that information to the Office of Inspector General. CCHP does not determine if fraud, waste or abuse is occurring. The Office of Inspector General will make that determination based on their own investigation.

## New Providers

We added 60 new providers in June. There are 31 new providers for both CHIP and STAR, 17 CHIP only providers and 12 new providers to STAR. They include:

### CHIP and STAR:

**PCP: Arlington** – Ana Valdes-Roque, M.D., Pediatrics; **Carrollton** – Astrid Chabert, M.D., Pediatrics, Jennifer Kim, M.D., Pediatrics; **Fort Worth** – Cheow Tee, M.D., Family Practice; **Little Elm** - Yeheskel Zebaida, M.D., Pediatrics; **North Richland Hills** – Autumn Morris, PNP, Pediatrics.

**Specialists: Arlington** – Samir Wahby, M.D., Psychiatry, Matthew Bashover, OD, Optometry; **Bedford** – Helene Alphonso, D.O., Psychiatry; **Carrollton**- Stephanie Cone, PT, Physical Therapist, Stacey Taylor, PT, Physical Therapist; **Cleburne** – Marvin Burns, LPC, Bobbie Lilly, Ph.D., Constance Rafailedes, LPC; **Fort Worth** – Carol Doss, Ph.D., Kanwani Haider, M.D., Psychiatry, Kit Jones, LPC, Laura Greuner, LCSW, Debra McSherry, LPC, Diana Mummert, M.D., Psychiatry, Ella Williams, M.D., Psychiatry, Delwin Williams, M.D., Psychiatry, A. Scott Winter, M.D., Psychiatry, Bo Wu, M.D., Psychiatry, Gary Etter, M.D., Psychiatry, Amy Henderson, NP, Oncology, Jaun Jasso-Magdaleno, M.D., Pediatrics, Vinay Nair, M.D., Internal Medicine, Mario Salazar, M.D., General Surgery, Nahn Ta, M.D., Family Practice; **Hurst** - Jordan Pierce, OD, Optometry.

### CHIP Only:

**PCP: Arlington** – Paula Peterson, FNP Nurse Practitioner; **Fort Worth** - Mary Ann Barnhill, M.D., Family Practice, Grace Grajales, FNP, Family Practice, Durga Vedati, M.D., Family Practice; **Grapevine** – Angela Miller, PNP, Pediatric Nurse Practitioner; **Plano** – Valerie Ward, NP, Pediatrics.

**Specialists: Arlington** – Cesar Duclair, M.D., Physical Medicine and Rehabilitation; **Fort Worth** - Linda Bernstein, M.D., Ob/Gyn, Scott Greenberg, M.D., Cardiovascular Disease, Cheryl Hurd, M.D., Psychiatry, Carlos Ricotti, M.D., Dermatopathology, Stephanie Sun, D.O., Palliative Care, Kristin Thompson, CRNA, Anesthesiology-Pediatric; **Southlake** – Allen Castell, M.D., Anesthesiology; **Weatherford** – Maria Angeles, PA, Pain Management, Stacy Carr, PA, Pain Management.

**Ancillaries: Dallas** – ProPath Laboratory Inc.

### STAR Only:

**Specialist: Arlington** – Judy Walker, NP, Family Practice; **Dallas** – Clay Cockerell, M.D., Dermatopathology, Diane Mosbacher, OD, Optometry; **Fort Worth** – Karen Albritton, M.D., Hematology/Oncology – Pediatric, Cheryl Hurd, M.D., Psychiatry, Kirk Barron, PA, Cardiology, Kiranmai Yalamanchilli, M.D., Internal Medicine, Lori Yielding, CRNA, Anesthesiology-Pediatric; **Mineral Wells** – James Brasier, CRNA, Anesthesiology, Christopher Evans, M.D., Internal Medicine, Stacy McFaul, D.O., Radiology.

### Important phone numbers:

Cook Children's Health Plan Member Services	8 a.m. – 5 p.m., Monday – Friday 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 - CompCare	CHIP - 877-710-8333 STAR - 877-710-8444
Vision Services – Total Vision Health Plan Network Development/Provider Relations	800-465-6853 682-885-2247 or <a href="mailto:CCHPNetworkDev@cookchildrens.org">CCHPNetworkDev@cookchildrens.org</a>