

Comments or suggestions may be emailed to:
Network Development
CCHPNetworkDev@cookchildrens.org
or call 682-885-2247

PROVIDER NEWSLETTER

COOK CHILDREN'S HEALTH PLAN MEMBERSHIP:

Cook Children's Health Plan membership as of October 1, 2012 is **104,651**. We now cover **69,915** Medicaid STAR members and **35,136** 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 Texas Health Steps, CCHP wanted to remind you of the on-line courses provided by the Department of State Health Services (DSHS). 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. Courses are designed to enhance your ability to provide preventive health and other services to Medicaid-eligible children and youth. The Web site address is:
www.txhealthsteps.com

WE WANT TO HEAR FROM YOU!

Provider Satisfaction Surveys for the Cook Children's Health Plan 2013 Fiscal Year will be distributed to a sampling of the Cook Children's Health Plan network providers beginning in October 2012, and extending through December 2012. Changes to this year's survey will include:

- Surveying performed through The Myers Group, an independent research firm
- Survey responses from providers to Cook Children's Health Plan will be anonymous
- Multiple methodologies for completing the survey (mail-in, online and by telephone)

Results from the survey may be used by Cook Children's Health Plan to help direct administrative and operational changes to our health plan and identify opportunities for improvement. If you receive the provider satisfaction survey, please find a moment to complete the survey in its entirety.

Thank you, we appreciate your input.

Make it Legible!

Recently, Cook Children's Health Plan (CCHP) has noticed an increase in records that are illegible. CCHP's audit department occasionally will request records to audit. If the records are illegible, this will result in an inability to verify the service was provided and potentially lead to recoupment of claims.

Please make every effort to keep your records tidy and easy to read.

DUPLICATE CLAIMS

Cook Children's Health Plan (CCHP) is required to adjudicate all clean claims within 30 days from the date the claim was received. CCHP receives numerous duplicate claims from providers that are filed prior to the 30-day time period CCHP is allowed to adjudicate claims.

As a result, valuable time being spent processing unnecessary duplicated claims rather than processing original claims. We ask that all providers speak with their billing staff or billing company and ask them to refrain from submitting duplicate claims until the allowable timeframe has passed.

TEXAS VACCINES FOR CHILDREN (TVFC)

As you may know, Sections 8.1.24 Immunizations and 8.2.10 Coordination with other State Health and Human Services (HHS) Programs of the contract requires the MCOs to notify Medicaid and CHIP Providers that they may enroll, as applicable, as Texas Vaccines for Children Providers. MCO's are also required to notify Providers of the availability of vaccines through the TVFC program.

- The only time a provider will be paid for use of private vaccine stock is when TVFC posts a message on its website that no stock is currently available. In that case, the Medicaid claim should include Modifier U1, which indicates private stock.

HHSC will be amending the MMC/CHIP Provider Manual to reflect this change.

Note: "Unavailable" is defined as a new vaccine approved by the Advisory Committee on Immunization Practices (ACIP) that has not been negotiated or added to a TVFC contract, funding for new vaccine that has not been established by TVFC, or national supply or distribution issues. Providers will be informed if a vaccine meets the definition of 'not available' from TVFC and when the provider's privately purchased vaccine may be billed with modifier U1.

OUTBREAK OF FUNGAL MENINGITIS

The Centers for Disease Control and Prevention (CDC), in collaboration with state and local health departments and the Food and Drug Administration (FDA), is investigating a multistate outbreak of fungal meningitis and other infections among patients who received contaminated Preservative-Free MPA steroid injections from NECC. Several patients suffered strokes that are believed to have resulted from their infections. The investigation also includes other infections from injections in a peripheral joint, such as a knee, shoulder, or ankle. Patients who received injections in peripheral joints only are not believed to be at risk for meningitis, but they could be at risk joint and other infections.

CDC and public health officials are referring any patients who have symptoms that suggest possible infections to their physicians, who can evaluate them further.

Thank you for your efforts to protect the health of Texans.

REIMBURSEMENT METHODOLOGY FOR ANESTHESIA (TMHP PROVIDER MANUAL 8.2.6.8)

- Flat Fee
- Time-based fees, which require documentation of the exact amount of face-to-face time with the client

The anesthesiologist's reimbursement for medical direction of CRNAs and non-CRNA qualified professionals is 100 percent of the maximum allowable fee.

If multiple CRNAs or anesthesiologists are providing anesthesia services for a client, only one CRNA and one anesthesiologist may be reimbursed.

Both the flat-fee and time-based-fee procedure codes must be submitted with modifiers and are subject to medical direction/supervision reimbursement adjustments.

ACUTE CARE VISITS WITH THSTEPS CHECKUPS (TMHP PROVIDER MANUAL 5.3.4)

If a new patient checkup has been billed within the preceding three years, subsequent checkups and acute care visits billed as new patient services will be denied when billed by the same provider or provider group.

However, for a client that is a new patient, both the acute care visit and checkup may be reimbursed on the same date of service by the same provider or provider group as new patient visits.

Providers must use modifier 25 to describe circumstances in which an acute care E/M visit was provided at the same time as a checkup. Providers must submit modifier 25 with the E/M procedure code when the rendered services are distinct and provided for a different diagnosis. Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit. The medical record must contain documentation that supports the medical necessity and the level of service of the E/M procedure code that is submitted for reimbursement.

An acute care E/M visit for an insignificant or trivial problem or abnormality billed on the same date of service as a checkup or exception-to-periodicity checkup is subject to recoupment.

Providers must bill an acute care visit with their acute care provider identifier on a separate claim.

FREW VS. JANEK OVERVIEW

This is the lawsuit filed against the Texas Health & Human Services Commission t TA05-1112 Medicaid members under 21 years of age receive the services they are due. Some important points include:

- Ensure all age appropriate STAR members receive their THSteps check-ups (well child exam) within 90 days of enrollment.
- Identify children of Migrant Farm Workers and assist in getting them accelerated services.
- 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) 8-5, Monday through Friday for further assistance.
- Provide 72 hour emergency supply prescription when prescription is denied because lack of prior authorization and the prescriber cannot be reached.
- Case Management for Children and Pregnant Women is for those who have an unmet need, meet eligibility requirements and want case management services. This is a State service That provides:
 - ✓ Access to medical, social, education and other needed services
 - ✓ Transportation
 - ✓ Overcoming barriers to services
 - ✓ Coordination of Care
 - ✓ Housing
 - ✓ Financial assistance (rent, utilities, clothing)
 - ✓ Other community resource

Referrals can be made through 877-THSteps (877-847-8377) or for a list of providers go to:

<http://www.dshs.state.tx.us/caseman>

COOK CHILDREN'S HEALTH PLAN OUTREACH DEPARTMENT

Just in case you didn't know - Cook Children's Health Plan (CCHP) Outreach team makes outbound calls to inform Medicaid and CHIP members about Plan benefits and services to educate members on how to access services, Texas Health Steps medical checkups, screen for the need for CCHP disease management/case management services, periodic surveys, and other calls.

You have my have been contacted by a CCHP Outreach representative about scheduling a Texas Health Steps appointment for a member or to confirm whether a new member received a Texas Health Steps checkup while covered by another Medicaid health plan.

Each health plan is required by HHSC to ensure that Medicaid members under the age of 21 receive timely Texas Health Steps checkups. HHSC imposes financial penalties to health plans if they do not meet Texas Health Steps targeted rates for their members. HHSC's definition of timely for NEW members is that they receive a Texas Health Steps checkup within 90 days of enrollment with our health plan unless we can verify that they received it prior to joining this health plan and the definition of timely for EXISTING members is based on the Texas Health Steps periodicity schedule. A checkup is not considered overdue as long as it occurs within 364 days of the birthday of children 3 years and older (children under age 3 are due for checkups more frequently). This flexibility allows children of migrant farm workers to receive Texas Health Steps services prior to traveling for seasonal work. CCHP's Outreach helps the families schedule this too.

Many members have multiple or complex needs and limited communication skills. Representatives follow guidelines for each type of call and must be able to respond to a wide variety of questions from Members and act as a member advocate. Each call is documented for required HHSC/Frew Reporting.

Thank you for your support of CCHP's efforts to assist our members in receiving timely Texas Health Steps appointments. TA05-1112

NEW PROVIDERS:

CHIP and STAR:

PCPs: **Cedar Hill:** Pat Arnett, NP, Pediatrics; Mona Bagrodia, MD, Pediatrics; **Dallas:** Yohanna Andrade-Fegali, MD, Pediatrics; **Fort Worth:** Aisha Khan, MD, Family Practice; Francis Mascarenhas, MD, Family

Practice; Wei Yu, PA; Dionna Dalzell, NP, Pediatrics; Monica Lee, NP, Family Practice; **OB-GYNS: Haltom City: Lewisville:** Thomas Fliedner, MD; **Specialists: Fort Worth:** Ray Anish, MD, Hematology/Oncology-Pediatric; Andrea Owens, CPNP, Pediatrics; Irasema Garcia, PA; Douglas Dickson, MD, Orthopedic Surgery; Jeffrey Barker, MD, Anesthesiology-Pediatric; Francis Wiser, DO, Internal Medicine; Michelle Doyle-Griffith, CRNA, Anesthesiology-Pediatric; Karthik Srinivasan, MD, Pediatric In-House Program; Marie Woerner, PT; Masoud Romezi, MD, Internal Medicine; Denis Beaudoin, MD, Dermatology; Michelle Craven, MD, Anesthesiology-Pediatric; **Lewisville:** Cheryl Lawrence, RD, Dietician; **North Richland Hills:** Dorothy Goddard, FNP, Otolaryngology; **Plano:** Charles Black, MD, General Surgery-Pediatric; **Tyler:** Goods Medicine Chest #114, DME; **Weatherford:** Jennifer Dickerson, OT; Trudi Gilhooly, SLP, Speech Pathology; Stephanie Sudderth, PT; **Vision: Arlington:** Daniel Price, OD, Optometry;

CHIP only:

PCPs: Bridgeport: Alissa Sobieraj, PA, Family Practice; **Decatur:** McLean Sanborn, MD, Family Practice; **Fort Worth:** Eriel Hayes, MD, Pediatrics; Catherine Nicholas, MD, Pediatrics; **Frisco:** Prem Gupta, MD, Pediatrics; Karen Evans, MD, Pediatrics; Irma Betty, MD, Pediatrics; Robert Marshall, MD, Rheumatology; Julie Mystic, AuD, Audiologist; **OB-GYNS: Fort Worth:** Shanna Combs, MD; Emily Maas, MD; **Haltom City:** Jamie Erwin, MD; **Specialists: Arlington:** Richard Wikoff, MD, General Surgery; **Fort Worth:** Shailendra Das, DO, Pulmonary Disease-Pediatric; Natalie Weeks, PT; Bryan Harris, MD, Anesthesiology-Pediatric; Dora Bradford, NP, Women's Health; Dennis Doan, MD, Cardiology; Sandeep Kamath, MD, Cardiac Electrophysiology; Siobhan Lynch, MD, Hematology/Oncology; Salam Jarrah, DO, Pulmonary Medicine; **Grapevine:** John Thorne, MD, Anesthesiology; **North Richland Hills:** Arlene Schwartz, OD, Therapeutic Optometry;

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

STAR only:

Specialist: Fort Worth: Sharon Jones, MD, Anesthesiology-Pediatrics; Daniel Clearfield, DO, Sports Medicine; Charles O'Toole, DO, Internal Medicine; **Ancillaries: Fort Worth:** Envision Imaging of Hulen, Diagnostic Imaging

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 www.cookchp.org 682-885-2148 fax
Care management	800-862-2247 or 682-885-2247 www.cookchp.org 682-885-8402 fax
Mental Health Services -LifeSynch	866-331-1577
Vision Services – OptiCare	800-465-6853
Network Development/Provider Relations	682-885-2247 or CCHPNetworkDev@cookchildrens.org

TA05-1112