Providing CHIP and Medicaid services to Tarrant, Denton, Parker, Wise, Hood and Johnson counties.

Winter 2017

Cook Children's Health Plan

Provider Newsletter

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Texas Health Steps (THSteps)

Additional Mental Health Screening Tool for THSteps Checkups

Effective for dates of service on or after February 1, 2017, the Pediatric Symptom Checklist-17 (PSC-17) may be used during a Texas Health Steps (THSteps) checkup, when performing the required mental health screening for clients who are 12 through 18 years of age.

As a reminder, mental health screening for behavioral, social, and emotional development is required at each THSteps checkup. Mental health screening using one of the following validated, standardized mental health screening tools recognized by THSteps is required once per lifetime for all clients who are 12 through 18 years of age.

- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist-17 (PSC-17)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)

The client's medical record must include documentation that a mental health screening was completed at each THSteps checkup. For screenings using one of the validated, standardized mental health screening tools, the documentation must identify the tool that was used, the screening results, and any referrals that were made.

Providers may be reimbursed separately when using one of the required screening tools during a THSteps checkup. Procedure code 96160 or 96161 must be submitted on the same date of service by the same provider as procedure code 99384, 99385, 99394, or 99395, and reimbursement is limited to once per lifetime per client. Procedure codes 96160 and 96161 will not be reimbursed for the same client for any date of service.

Providers may refer to the current Texas Medicaid Providers Procedure Manual, Children's Services Handbook, subsection 5.3.11.1.3, "Mental Health Screening," for additional information about mental health screening requirements.

STAR Kids Reminders

Billing Matrix

Long-Term Services and Supports (LTSS) are home and community based services and supports, used by individuals with functional limitations and chronic illnesses, who need assistance to support living in a community setting versus a facility or institute.

Effective November 1, 2016, LTSS providers must bill and report LTSS in compliance with the STAR Kids Billing Matrix.

Please make note of changes that were made regarding claims submission. Below are a few examples:

- Separate line items must be billed for each date of service.
- Appropriate modifiers must be billed in their "designated position" as indicated on the Matrix.
- There have been time increment changes for units.

If you have additional questions, please refer our website www.cookchp.org under Provider/Provider News where a link to the Billing Matrix can be found.

CONTINUITY OF CARE

Please be assured that CCHP is honoring and extending all TMHP authorizations for STAR Kids with ongoing services to include the standard re-evaluations. This process will continue until CCHP service coordinators complete the SAI and work with all parties to develop and implement the member's service plan and provide new authorizations to service providers.

Therapy providers do not need to send STAR Kids related requests to the member's PCP/attending specialist if the therapy is related to ongoing services as prior approved by TMHP. CCHP sent communications to all providers about this continuity of care provision for STAR Kids.

ELECTRONIC VISIT VERIFICATION (EVV)

Anyone providing covered services to a health plan member must use the selected Electronic Visit Verification (EVV) system to record visit arrival and departure times. The provider agency will use the time recorded in the EVV system to determine billable units/hours before requesting payment.

Services in the STAR Kids Program that require EVV include:

- Personal Assistant Services (PAS)
- Personal Care Services (PCS)
- In-Home Respite Services
- Community First Choice (CFC) – basic assistant and habilitation

Each provider is responsible for ensuring their attendants are trained on the use of EVV and that accurate data is being submitted to CCHP. There is additional information on our website at www.cookchp.org under the Providers tab.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND RURAL HEALTH CENTERS (RHC)

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) are reimbursed their assigned encounter rate for services. FQHCs and RHCs must bill a T1015 procedure code and the applicable modifier for general medical services.

Exception claims (e.g. Texas Health Steps and Family Planning) must be billed as described in Texas Medicaid Provider Procedure Manual with the most appropriate procedure code(s) using the required modifier(s) when appropriate and must follow program-specific rules.

Please Note: To ensure Cook Children's Health Plan has the correct encounter rate, Providers must forward new encounter rate letter to the Cook Children's Health Plan Network Development Department.

- Fax Number: 682-885-8403
- Email Address: CCHPNetworkDev@cookchildrens.org

Providers may use the following table to submit claims to Cook Children's Health Plan:

Service	FQHC	RHC	Codes to Bill
Texas Health Steps	CMS-1500	CMS-1500	CPT
Well Child Visits	CMS-1500	CMS-1500	CPT
Family Planning	CMS-1500	CMS-1500	CPT
Acute Care Visits	CMS-1450 (UB-04)	CMS-1450 (UB-04)	T1015

For more information, Providers should refer to the Texas Medicaid Provider Procedure Manual at tmhp.com.

WEBSITE

As a reminder, CCHP's website, www.cookchp.com is a valuable resource for providers and members. Below is an example of current topics under the Provider / Provider News tab.

- Texas Medicaid Claim Submission Guideline – Effective March 20, 2017
- STAR Kids – Billing Matrix and Crosswalk
- THSteps Checkup Documentation
- Disenrollment from Texas Medicaid

If Providers have had any changes to their demographic information, a Provider Data Information Change Request Form can be accessed and submitted under the Provider / Providers Form tab. For example, changes to:

- group or individual practice name
- hospital affiliation
- specialty
- service or billing address
- tax Identification number (TIN) - W9 form must be submitted with all Tax ID updates

PROVIDER SECURE PORTAL

In addition, Cook Children's Health Plan offers some of the following features under the Provider / Provider Secure Portal tab.

- verify patient eligibility
- submit and review online authorizations
- check claim status
- submit and check claim appeals

MEDICAL RECORDS REQUESTS

As a Medicaid and CHIP managed care organization (MCO) that contracts with the Texas Health and Human Services Commission (HHSC) to provide services to beneficiaries, Cook Children's Health Plan (CCHP) is charged with monitoring service patterns for providers and beneficiaries using nationally recognized guidelines and standards for like providers.

CCHP contracts with a third party vendor for medical record review pertaining to compliance. This is a friendly reminder to adhere to the timeframe given by the contractor who is reaching out on Cook Children's behalf.

- *Timeframes:*
  If a provider office is unable to submit medical records by the deadline given by the contractor, Cook Children's Health Plan will allow one extension of up to 30 days for documentation submission.

TEXAS MEDICAID PROVIDER PROCEDURES MANUAL (TMPPM) - REMINDERS

NEW AND ESTABLISHED PATIENT SERVICES

Please review the TMPPM manual to ensure that you are adhering to coding guidelines regarding new and established patient services enabling you to receive appropriate reimbursement.

- A new patient is one who has not received any professional services from a physician or from another physician of the same specialty who belongs to the same group practice, within the past three years. Providers must use procedure codes 99201, 99202, 99203, 99204, and 99205 when billing for new patient services provided in the office or an outpatient or other ambulatory facility. New patient visits are limited to one every three years, per client, per provider.

- An established patient is one who has received professional services from a physician or from another physician of the same specialty within the same group practice, within the last three years. Providers must use procedure codes 99211, 99212, 99213, 99214, and 99215 when billing for established patient services provided in the office or an outpatient or other ambulatory facility

CRITERIA FOR REMOVAL OF CERUMEN ESTABLISHED

According to THMP, 69210 Removal impacted cerumen requiring instrumentation, unilateral is not reimbursed separately from the E/M visit unless they meet specific criteria. Please refer to your TMPPM for details.

INSTITUTIONAL CLAIMS

- **RENDERING NPI OF PROVIDER**
  Effective July 15, 2016, providers submitting claims for services on the institutional claim format (CMS-1450/UB-04) must include the National Provider Identifier (NPI) of the rendering provider on the claim.
    - The rendering provider is the health-care professional who performed, delivered, or completed a particular medical service or nonsurgical procedure. There is no requirement that the rendering physician be enrolled in Medicaid.

- **ATTENDING PROVIDER**
  CMS-1450/UB-04 claims must also contain the attending physician name and corresponding NPI. The attending provider is the individual who has overall responsibility for the patients' medical care and treatment reporting in the claim. Please refer to your TMPPM for details.

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

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

Department	Fax Number	Service Provided
Member Services	682-885-8401 STAR Kids 800-964-2247 cchpmemberservices@cookchildrens.org	Eligibility, Benefits, or General Inquiries
Claims Department	682-885-8404 CCHPClaims@cookchildrens.org	Claims Status, Payments, Appeals or Questions
Care Management	682-885-8402 844-346-8402 Toll Free Fax 682-303-0005 STAR Kids LTSS 844-843-0005 Toll Free Fax	Prior-Authorizations, Case Management, Referrals, Disease Management
Compliance	682-303-0276 CCHPCompliance@cookchildrens.org	Member & Provider Complaints, Fraud, Waste, and Abuse
Network Development	682-885-8403 CCHPNetworkDev@cookchildrens.org	Credentialing, Contracting, Demographic Changes, NPI/TPI update, Billing Updates
Provider Relations	682-885-8436 CCHPAccess&Delivery@cookchildrens.org	Provider Education & Training
Outreach	682-303-2245 CCHPOutreach2@cookchildrens.org	Questions about Migrant Farm Workers, THSteps/Well Child Appointments
Outbound	682-303-2244 CCHPOutbound@cookchildrens.org	Health Risk Assessments (HRA)

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

CHIP Payor ID
CCHP1

STAR/STAR Kids Payor ID
CCHP9