



Specialty Care Providers

Appointment Accessibility

Cook Children's Health Plan must ensure that the following standards* for appointment accessibility are met. The standards are measured from the date of presentation or request, whichever occurs first.

LEVEL/TYPE OF CARE	TIME TO TREATMENT (CALENDAR DAYS)
Specialty Routine Care	Provided within 21 days
Long-Term Services and Supports (LTSS)	Must be initiated within 7 days from the start date on the Individual Service Plan (ISP) OR the eligibility effective date for non-waiver LTSS unless the referring provider, Member or Handbook says otherwise
Prenatal care	Must be provided within 14 days
High-risk pregnancies or new Members in the third trimester	Must be offered within 5 days, or immediately if an emergency exists

During regular business hours, Providers should make every effort to answer telephone calls within 0-5 rings, 0-30 seconds. Non-urgent voicemails should be responded to within four (4) hours. Provider offices should not exceed 3-5 minutes hold time unless the patient has been given the opportunity to continue holding or leave a message.

Monitoring Access

Cook Children's Health Plan is required to verify that Covered Services furnished by Network Providers are available and accessible to Members in compliance with the standards* established by the Texas Health and Human Services Commission. The health plan will conduct an annual Provider Directory Verification Survey to verify that provider enrollment and other practice information is up to date in our provider directories. If a provider has different information than what is listed in the provider directories, the health plan will work with the provider to make the necessary updates.

The survey includes verification of current provider directory information including the following elements:

- Provider Name
- Practice Physical Address
- Phone Number
- Office Hours
- Days of Operation
- Practice Limitations
- Languages Spoken
- Provider Type / Provider Specialty
- Length of time a Member must wait between scheduling an appointment and receiving treatment
- Whether the provider offers Telemedicine, Telehealth and Telemonitoring

Cook Children's Health Plan is required to enforce access and other network standards as required and take appropriate action with noncompliant providers.

Notification of Updates in Provider Information

Network Providers must inform both Cook Children's Health Plan and the Health and Human Services administrative services contractor of any changes to the provider's contact information including address, telephone and fax number, group affiliation, etc. Providers must also ensure that the health plan has current billing information on file to facilitate accurate payment delivery.

These changes may be reported using the Provider Demographic Information Change Request Form located on the Forms page at www.cookchp.org. The form can be faxed to Network Development 682-885-8403 or email cchpnetworkdevelopment@cookchildrens.org.

Notification of Updates to Panel Status and Restrictions

Network Providers must inform Cook Children's Health Plan of any changes to their panel status such as an update from a closed panel to an open panel. Providers must also notify of any changes to age restrictions. These changes are reflected in print and online directories to assist Member's in locating a provider. Please submit changes in writing to Network Development by fax 682-885-8403 or email cchpnetworkdevelopment@cookchildrens.org.

*Uniform Managed Care Contact Sections 8.1.3.1 and 8.1.3.2.