

Behavioral Health 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)
Non-Life Threatening Behavioral Health Emergency	Provided within 6 hours
Urgent Care	Provided within 24 hours
Routine Care	Provided within 14 days
Follow-up Routine Care	Provided within 30 days
Initial Outpatient Behavioral Health	Must be provided within the shorter of 10 business days or 14 calendar days
Initial Outpatient Behavioral Health	Must be provided within 7 days upon discharge from an inpatient psychiatric setting

During regular business hours:

- Providers should make every effort to answer telephone calls within five (5) rings, thirty (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 via our Secure Provider Portal by submitting a Customer Service Request using the topic: Provider Demographic Changes or by completing the Provider Information Change Form located on the [Manual and Forms page](#) of our website cookchp.org. The form can be faxed 682-885-8403 or emailed to Network Development 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.