Cook Children's Health Plan

Annual
May 2021

888-243-3312
CCHPProviderRelations@cookchildrens.org

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

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Reminder to Providers

Cook Children's Health Plan will continue to expect all Providers to follow the instructions within the Texas Medicaid Provider Procedures Manual (TMPPM) when submitting claims. Be sure to reference the most recent publication located on the Texas Medicaid & Healthcare Partnership website at tmhp.com.

Providers should follow the Texas Medicaid Procedures Manual, Cook Children's Health Plan Provider Procedures Manual, Electronic Data Interchange Requirements, CPT/ICD-10/HCPC guidelines and Medicaid NCCI edits when billing for services.

Pharmaceutical Management Procedures

What is a Formulary and how do I use it?

A formulary is a list of covered pharmaceuticals, including preferences and limitations. Cook Children's Health Plan is required to adhere to the Medicaid and CHIP formularies. These formularies include all prescription and over-the-counter drugs. In addition, some vitamins, minerals and home health supply products are also available as a pharmacy benefit. This article will help you to better understand and utilize the formularies accessible through Cook Children's Health Plan.

To search the formulary or Texas Medicaid Preferred Drug List visit our Pharmacy Information Services page located at cookchp.org.

- You will be able to search the Formulary list by Texas Medicaid Plan
- You will be able to search the Texas Medicaid Preferred Drug Lis by NDC #, Drug Name, Drug Manufacturer or PDL Class

Understanding Formulary Preferences and Restrictions

What is a quantity limit? How is a quantity limit handled?

A quantity limit may lower the number (or amount) of drugs a patient can get during a certain time period. Quantity limits put a limit on the use of certain drugs for quality and safety reasons. The quantity limit for each drug is supported by the Food and Drug Administration (FDA) and by the instructions in the package insert. This program helps encourage the right drug use.

If a quantity limit is given to a drug, and the prescription is higher than this quantity limit, the local pharmacist will make sure the request is safe. If the higher amount or dose of the drug is considered safe, a supply of up to 15 days will be given. The provider will contact Navitus to get approval for any request of the larger quantity.

What is step therapy?

Step therapy is a program that ensures the most effective use of prescription drugs for patients. A step therapy plan starts with the most appropriate drug therapy based on national published guidelines. If those treatments do not work, other alternative treatments are considered.

What is Prior Authorization?

There are two types of prior authorizations, clinical and non-preferred. Each has its own rules, explained below:

- Clinical Prior Authorization
    - Clinical prior authorizations are based on evidence-based clinical criteria and nationally recognized peer-reviewed information.
    - They may apply to an individual drug or a drug class on the formulary, including some preferred and non-preferred drugs.
    - There are certain clinical prior authorizations all Medicaid managed care organizations (MCO) are required to perform.
    - Usage of all other clinical prior authorizations will vary between MCO at the discretion of each MCO.
- Non-preferred Prior Authorization
    - The Texas Medicaid Preferred Drug List is arranged by drug class and contains a subset of many, but not all, drugs included on the Medicaid formulary.
    - Drugs are identified as preferred or non-preferred on the list.
    - Drugs listed as preferred, or those not listed at all, are available without prior authorization.
    - Drugs identified as non-preferred require prior authorization. Managed care organizations are required to adhere to the preferred drug list. CHIP does not have a preferred drug list.

Prior Authorization Required

- Clinical Prior Authorization Required
    - If it states YES under FFS Clinical Prior Auth Required
- Non-preferred Prior Authorization Required
    - If it states YES under PDL Prior Auth Required

Some drugs on the Medicaid formulary are subject to both clinical and non-preferred prior authorizations. Yes would be indicated in both columns.

How do I submit a Prior Authorization?

Visit the Prior Authorization page on our website, cookchp.org, and select Pharmacy Authorizations-Navitus Health Solutions.

What if the medication I prescribed is not listed?

If you do not see your medicine listed in the formulary, you may ask for an exception to coverage. An exception is when a non-formulary drug is requested because a formulary drug has not been effective or there are no other alternatives currently available.

To initiate an exception to coverage request:

1. Contact Cook Children's Health Plan Provider Support Services at 888-243-3312 to begin the exception to coverage process.
2. Provider Support Services will obtain all the information required for consideration.
3. Provider must submit a letter of medical necessity in addition for consideration.
4. All information will be forwarded to the health plan Medical Director for review.

When a determination has been made, notification will go to the Member and Practitioner.

How can I stay informed about updates to the formulary and pharmaceutical management procedures?

The Texas Health and Human Services Vendor Drug Program (VDP) makes changes to the formulary twice a year, during the months of January and July. When these updates occur, Cook Children's Health Plan informs both Members and Providers by displaying the date of the most recent revision beside the formulary link on our website, cookchp.org.

To stay informed of changes to the formulary, visit the Pharmacy Information Services page located on cookchp.org and review the Texas Health and Human Services Vendor Drug and view the Program Preferred Drug List and Medicaid Formulary.

Prior Authorization Updates

Effective November 1, 2020, Cook Children's Health Plan will post a summary of new/revised/terminated prior authorization requirements on our website at cookchp.org. The updates will be located on the Prior Authorization webpage under the section titled Prior Authorization Updates.

Determining Medical Necessity

Cook Children's Health Plan uses the following criteria resources for determining Medical Necessity:

- Texas Medicaid Provider Procedures Manual
- CCHP Therapy Program Guidelines
- Inter Qual 2019
- Hayes Technology, Inc.
- Up to Date
- CCHP Developed Criteria

These criteria are available to Members, physicians and other professional providers upon request. For practitioners who do not have internet or fax access, a copy of the criteria is available by mail. Ask to speak with Utilization Management at one of the following numbers to initiate a request:

- STAR Kids Members: 800-843-0004
- CHIP and STAR Members: 800-964-2247
- Providers: 888-243-331

Updating Provider Information

Providers must inform the health plan of any changes to their contact information including address, telephone and fax number, group affiliation, etc. It is also important to submit any updates to panel status such as an update from a closed panel to an open panel as well as any changes to age restrictions. Providers must also ensure that the health plan has current billing information on file to facilitate accurate payment delivery.

Providers may submit demographic changes via our Secure Provider Portal or by completing the Provider Information Change Form located on our Provider Forms webpage. Email the change form to our Network Development team at cchpnetworkdevelopment@cookchildrens.org.

- Providers must also communicate changes to Texas Medicaid & Healthcare Partnership (TMHP)
- The TMHP Provider Information Management System (PIMS) User Guide (PDF) provides guidance on submitting demographic updates to TMHP
- Providers can locate more information about TMHP Provider Information Management System (PIMS) on tmhp.com

Provider News

Visit our Provider News page located on our website cookchp.org to review our Provider Newsletter as well as updates from Cook Children's Health Plan, Texas Medicaid & Healthcare Partnership and Health and Human Services Commission.

Provider Resources

We have updated our Value Added Services and Member Rights and Responsibilities documents. Visit our Provider Resources page located on our website at cookchp.org to view this information and other helpful resource tools. If you have questions, please contact Provider Services at 888-243-3312 Monday through Friday from 8:00 a.m. to 5:00 p.m.

Interpreter Services

- Cook Children's Health Plan provides Sign Language and Face-to-Face interpreter services or phone interpretation services for most of the commonly spoken languages around the world.
- Contact Provider Support Services at 888-243-3312 or CCHPInterpreterRequest@cookchildrens.org in order to request interpreter services.
    - A 3 - 4 day advance notice is required
    - Providers must notify the health plan as soon as possible in the event of a cancellation
- Providers may also request the service via the Secure Provider Portal
    - Submit a Customer Service Request, select Topic: Request Interpreter

Texas Health Steps

Texas Health Steps Medical Checkup

Texas Health Steps is Medicaid's comprehensive preventive child health services (medical checkups and preventive services) for individuals from birth through twenty (20) years of age.

- Services are provided based on the Texas Health Steps Medical Checkup Periodicity Schedule located on tmhp.com
- Medical checkups must include examinations and screening of physical and mental health, growth, developmental and nutritional status
    - A medical checkup is only complete if it includes all required checkup components as indicated on the periodicity schedule
- Providers can perform and bill a Texas Health Steps medical checkup and an acute visit on the same day
    - Services must be billed on a separate claim for STAR, and STAR Kids Members

Developmental and Mental Health Screening Tools added for Texas Health Steps Medical Checkups

Effective for dates of service on or after June 1, 2021, new screening tools, one for developmental screenings for children and another for mental health screenings for adolescents, will be added for Texas Health Steps Preventive care medical checkups.

- The Survey of Well-being of Young Children (SWYC) will be added as a recognized developmental screening tool for children.
- The Rapid Assessment for Adolescent Preventive Services (RAAPS) will be added as a recognized mental health screening tool for adolescents who are 12 through 18 years of age.

For more information on Texas Health Steps, visit the following links:

- TMHP.com
- DSHS.com
- Texas Health Steps

Children of Migrant Farm Workers

Special Medicaid Services exists for children of Migrant Farm Workers. A migrant farm worker is a person who works on farms in fields or as a food packer during certain times of the year.

Texas migrant children face higher proportions of dental, nutritional and chronic health problems than non-migrant children.

We can assist with:

- Scheduling appointments
- Finding a primary care provider or after-hours clinic
- Finding affordable insurance for members of their household without coverage
- Locating free transportation
- Information regarding government programs

How can you help? Notify us of a Migrant Farm Worker family. Call Provider Support Services at 888-243-3312.

Early Childhood Intervention (ECI)

For Members birth to 36 months of age with a development delay or disability, Early Childhood Intervention (ECI) services may be able to help. Services can be provided in the home and other places your child goes regularly, for example, a childcare center, park, library or other community setting.

ECI Services feature:

- Individualized planning process
- Family-centered services
- Case Management
- Familiar settings
- Professional Providers
- Plans for continuing services

The following services are provided at no cost to the family regardless of income:

- Evaluation/assessment
- Development of the Individual Family Service Plan (IFSP)
- Case Management
- Translation and interpreter Services

A referral to ECI happens when a parent or someone else, such as a child's doctor contacts ECI to recommend that a child have an evaluation. The evaluation determines if a child is eligible for ECI services. Within a few days of receiving a referral, someone from the local ECI program nearest your home will contact the Member to set up the first visit.

The visit must occur within 45 days of the time ECI received the referral. This is a time for ECI to learn about the Member and family, as well as to give you information about ECI. ECI is here to help and can become an important resource for all families.

Healthy Texas Women

Healthy Texas Women is a program dedicated to offering women's health and family planning at no cost to eligible women in Texas.

These services help women:

- Plan their families
- Future pregnancy planning
- General health

Women can receive these benefits if:

- They are between the ages of 18 to 44 years old
- They are between the ages of 15 to 17 years old and have a parent or legal guardian apply, renew, and report changes to their case on their behalf
- Are a U.S. citizen or legal immigrant
- Are a resident of Texas
- Don't have health insurance
- Are not pregnant
- Meet the income requirements

Women currently enrolled in Medicaid for Pregnant Women, may be automatically enrolled in the Healthy Texas Women program when their coverage ends. If the woman is eligible, she will receive a letter from Texas Health and Human Services confirming she has been enrolled in the Healthy Texas Women program. For more information visit Healthy Texas Women or call 877-541-7905.

You can help promote women's health programs in Texas by downloading or ordering copies of applications, facts sheets, posters and other materials. To order these materials at no cost to you, fill out the online order form.

- Healthy Texas Women Client Fact Sheet - English
- Healthy Texas Women Client Fact Sheet - Spanish

Timely Filing Reminder

- Initial claims must be received by Cook Children's Health Plan within 95 days of the date of service
- Corrected claims must be received by Cook Children's Health Plan within 95 days of the date of service
- Claim Appeals must be received by Cook Children's Health Plan within 120 days of the date on the Explanation of Payment
- The Filing Deadline Calendar can be located on tmhp.com

Population Health Management Programs

Cook Children's Health Plan offers Population Health Management programs to meet the needs of every Member. Members are identified through continuous case finding methods, including but not limited to:

- State enrollment files
- Medical management program referral (i.e., utilization review)
- Discharge planner referral
- Member or caregiver referral
- Practitioner referral
- Health needs assessments and health appraisals
- Claims data (medical, behavioral and pharmacy)

As a Member's needs evolve over time, they may transition to a higher level of intervention in a program or to another Population Health Management program (i.e., complex case management) that offers more intensive interventions to address the Member's needs.

Upon identification of a Member for enrollment in a Population Health Management program, program staff inform the Member by interactive contact on how they became eligible for the program/service, how to use program services and how to opt-out. Interactive contact with the Member occurs through one of the following methods:

- Telephone
- In-person contact
- Online contact
    - Interactive web-based module
    - Secure email
    - Video conference

Contact information for Referrals

To refer a Member who may qualify for a Population Health Management program or speak to program staff, call 800-964-2247, Monday through Friday from 8:00 am to 5:00 pm. Confidential voicemail is available 24 hours a day.

Health Promotion

(CHIP & STAR)

To help our Members achieve optimal health and improve health related behaviors and quality of life, we offer comprehensive care management programs that meet the needs of all Members of our health plan. Educational materials are available to our Members in multiple formats.

Cook Children's Health Care System offers community courses for the parents of our child Members as well as their family members. Regularly scheduled classes include cardiopulmonary resuscitation, asthma management and classes for parents of children with special needs. The Matustik Family Health Library, a family health library, is an excellent resource for our Members and their families. Librarians are available to assist with research.

For our adult Members (18 years and older), we provide a web-based wellness platform which includes interactive self-management tools that provide information on the following topics:

- Healthy weight (BMI) maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying depressive symptoms

Case Management / Complex Case Management

(CHIP & STAR)

Our case management programs offer a continuum of services. We enroll our Members with the highest health complexity in our Complex Case Management Program which provides the most intensive interventions. These programs reduce barriers to Members' access to care and treatment plan adherence through assessments to identify their unmet needs and assisting them in getting needed services. Assistance may include care coordination, providing disease/condition specific self-management education, assisting with accessing community resources or other services to address their unmet needs. Member participation in case management programs are voluntary. Program staff must obtain Member consent prior to enrollment.

Program Scope

- Member identification for program enrollment
- Initial comprehensive needs assessment and ongoing assessment
- Person-centered, problem-based comprehensive care plan development, including measurable, prioritized goals and interventions
- Care coordination with the Member's health care team
- Monitoring of the effectiveness of the care plan through ongoing communication with a Member and their Providers
- Satisfaction and quality of life measurement
- Program evaluation using quantitative and qualitative data on at least an annual basis

Comprehensive Case Management Assessment

(CHIP & STAR)

A Member who is eligible for case management services is assigned a personal case manager, either a licensed nurse or social worker. The case manager contacts the Member to conduct a comprehensive needs assessment, including but not limited to:

- Medical condition
- Cognitive status
- Functional status
- Social determinants of health (SDOH)
- Caregiver support and health
- Mental health conditions and substance use disorders
- Current services
- Unmet service needs
- Member strengths and goals
- Depression screening
- Quality of life

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The case manager obtains information from other sources, including the Member's Primary Care Provider and other members of their healthcare team, to develop an individualized, comprehensive care plan.

Members with Special Health Care Needs (MSHCN) and Service Management

(CHIP & STAR)

Members with Special Health Care Needs means a Member who:

1) Has a serious ongoing illness, a Chronic or Complex Condition, or a Disability that has lasted or anticipated to last for a significant period of time, and
2) Requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel of Members with Special Health Care Needs are:

    - Members diagnosed with asthma, diabetes, congestive heart failure, sickle cell disease, chronic renal failure, HIV/AIDS, neuromuscular degenerative diseases (e.g., multiple sclerosis, muscular dystrophy) and cancer.
    - Members receiving ongoing therapy services, including physical therapy, occupational therapy and speech therapy for longer than six months.
    - Members receiving long-term support services through Personal Care Services, Private Duty Nursing, Community First Choice or Prescribed Pediatric Extended Care Center.

- Pregnant women who have a high risk pregnancy including:
    - Age 16 and younger, or age 35 and older
    - Diagnosed with preeclampsia, high blood pressure or diabetes
    - Diagnosed with mental health or substance use disorders
    - Previous history of pre-term birth
- Members with mental illness and substance use disorder
- Members with behavioral health issues, including substance use disorder or serious emotional disturbance or serious and persistent mental illness (SPMI) that may affect physical health or treatment plan adherence
- Members with high-cost catastrophic cases or high service utilization (e.g., high volume of emergency department visits or inpatient admissions)
- STAR Kids Members

Members also may request to be assessed to determine if they meet the criteria for Members with Special Health Care Needs. For Members identified as Members with Special Health Care Needs, we provide service management, including the development of a service plan, to ensure they receive covered services as well as other support services to meet their needs. Members with Special Health Care Needs have access to treatment by a multidisciplinary team when needed. Members with higher health complexity receive case management services that includes a comprehensive care plan to address their more complex needs.

Participation in service management is voluntary, and a Member may opt-out at any time. A Member must consent to receiving service management prior to enrollment in the program. A Member who consents to service management is assigned a personal service manager to assist them.

Disease Management

(CHIP, STAR & STAR Kids)

Disease Management services are designed to assist physicians and other health care providers in managing members with chronic conditions. Disease Management services utilize a member-centric, holistic approach. We tailor our Disease Management interventions based on a Member's risk factors, including social determinants of health impacting a Member's ability to access care or adhere to their treatment plan.

Currently we offer Disease Management programs for our Members with asthma and diabetes. Our Disease Management program model includes:

- Proactive identification of Members for enrollment in a Disease Management program
- Evidence-based national guidelines as the foundation of each program's design
- Utilization of the Patient Activation Measure® (PAM®), a validated tool which assesses whether a Member has the knowledge, skills and confidence to manage their health and health care
- Interventions tailored to individual Member needs
- Self-management education tailored to the Member's activation level
- Ongoing communication and collaboration with a Member's physician and service providers in treatment planning for a Member
- Individual and program outcomes measurement
- Registered Nurse Disease Management case managers and Certified Community Health Workers

Members have the right to opt-out of a Disease Management program at any time. If a Member elects to opt-out of a Disease Management program, their other benefits are not affected. Before enrolling a Member into a Disease Management case management level of intervention, the Member must consent to receiving case management services.

Baby Steps Program

(CHIP, STAR & STAR Kids)

Our Baby Steps is a proactive care management program for all expectant mothers and their newborns. It identifies pregnant women as early in their pregnancies as possible through the following methods:

- Review of state enrollment files
- New Member initial health needs screenings
- Medical management program referral (e.g., utilization review)
- Discharge planner referral
- Member or caregiver referral
- Practitioner referral

Once Members are identified, we initiate telephonic outreach within 5 business days to assess obstetrical (OB) risk and ensure the Member's enrollment in the appropriate intervention level of the Baby Steps program. All Members enrolled in the Baby Steps program receive written information about Baby Steps program services, how to use the services, a copy of the Baby Basics Book (available in English and Spanish) from the What to Expect Foundation, information about Text4Baby (free text messages on their cell phones through their pregnancy and the baby's first year of life), and Helpful Resources for Women Resource List.

Experienced nurse case managers enroll Members with the highest risk in case management with Member consent. Case managers work with Members and their OB providers to develop a care plan to ensure they have access to necessary services. Our high risk OB case management program offers:

- Individualized, one-on-one case management support
- Care coordination support
- Educational materials and information on community resources
- Incentives to keep prenatal and postpartum checkups and well-child visits after the baby is born
- Depression screening (Edinburgh Postnatal Depression Scale) and referral to Beacon Health Options, our behavioral health organization