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

Winter 2019

Cook Children's Health Plan

What's inside

What's New?

Provider Support

Dedicated Provider Services Phone Number

888-243-3312

We are excited to share a change with you! Our dedicated Provider Services telephone number launched on November 1st. Providers now have access to the same services as before by dialing 888-243-3312. Visit the **Provider News** page on our website to view the notification.

Provider Training Webinars

We'd love to have you or a member of your team attend one or more of our provider training webinars. The most up to date schedule can always be found under Education & Training on our website.

2019 Provider Training Webinar Schedule			
January 23, 2019	**January 30, 2019**	**February 27, 2019**	**February 28, 2019**
Provider Orientation Call line: 1-844-740-1264 Event Number: 928 399 274	**Texas Health Steps Training & Education** Call line: 1-844-740-1264 Event Number: 924 467 468	**PCP Provider Orientation** Call line: 1-844-740-1264 Event Number: 921 364 613	**SCP, Ancillary, Facility Provider Orientation** Call line: 1-844-740-1264 Event Number: 928 737 770
March 5, 2019	**March 26, 2019**	**March 27, 2019**	**April 17, 2019**
Therapy Manual Call line: 1-844-740-1264 Event Number: 926 763 298	**SCP, Ancillary, Facility Provider Orientation** Call line: 1-844-740-1264 Event Number: 924 849 973	**Provider Orientation** Call line: 1-844-740-1264 Event Number: 921 500 799	**LTSS Provider Training** Call line: 1-844-740-1264 Event Number: 926 289 108

Zika Benefits and Billing

Texas covers certain mosquito repellent products for the prevention of Zika virus as a **year-round benefit** in Medicaid and other state programs.

Who is covered?
Pregnant women of any age, women and girls ages 10-55, and men and boys 14 and older in the following programs:

- Medicaid
- Children's Health Insurance Program (CHIP)
- CHIP-Perinatal
- Healthy Texas Women
- Children with Special health Care Needs (CSHCN) Services Program
- Family Planning Program
- Title V Prenatal Medical Fee for Service Program

What will they receive?

- One can or bottle of mosquito repellent is permitted per pharmacy fill, with one refill allowed per month
- Mosquito repellent won't count against the monthly three-prescription limit for those clients with a monthly limit

What will it Cost?

- There is no cost to Medicaid or Healthy Texas Women clients
- CHIP members may pay the generic copay or less, if the cost of the repellent is less than the copay

How to get the Mosquito Repellent?
Many pharmacies can provide mosquito repellent without a prescription from the doctor. Contact the pharmacy to make sure they are participating in this benefit. To find a pharmacy, members can use the Pharmacy Search on the Navitus website. If you need help finding a pharmacy for the member you can call Member Services at 1-888-243-3312.

If the pharmacy recommends getting a prescription you can help the member by writing a prescription and sending it to their pharmacy of choice.

- As a provider, you can send a prescription to the pharmacy via phone, fax, or e-prescription
- Don't ask for an office visit only to get a prescription for mosquito repellent unless you require it as a healthcare provider
- The member will have the prescription filled at his/her pharmacy

If the member gets services from the Family Planning Program, and you as a healthcare provider offer this benefit, you can have the member pick up mosquito repellent at your participating Family Planning Program clinic.

Required Modifier for Zika Virus Testing Codes
Effective May 5, 2017, Texas Health and Human Services (HHS) requires lab providers to include modifier U4 with procedure code 86790, 87798, or 87799, when submitting a fee-for-service claim for Zika virus testing. The Medicaid provider notification can be found at: Zika Virus Testing TMPPM

Remember to use the U4 modifier when ordering a test for Zika, including the need for ordering providers to indicate the need for the U4 modifier to the laboratory provider.

Providers are expected to use clinical judgement and follow recommendations from the Department for State Health Services (DSHS) regarding testing. These guidelines can be found at TexasZika.org.

Important: To ensure laboratories are able to submit Zika virus testing claims correctly, the ordering provider must clearly indicate when a test is for Zika virus. Providers should utilize CCHP contracted laboratories when ordering laboratory tests.

Quality Improvement

Visit our new Quality Improvement page to learn more about Appointment Accessibility and Monitoring Access standards for Primary Care and Specialty Care providers.

Gain insight and understanding through training slides that detail the most current Healthcare Effectiveness Data and Information Set (HEDIS) information including data collection, hybrid measures, and measure details.

Links to helpful resources are also available.

Visit Quality Improvement on our Provider page at www.cookchp.org.

CookChildren's Health Plan

Transitioning From Pediatric To Adult Care

As patients reach their adolescent years, they should be working through the process of taking ownership of their own health care.

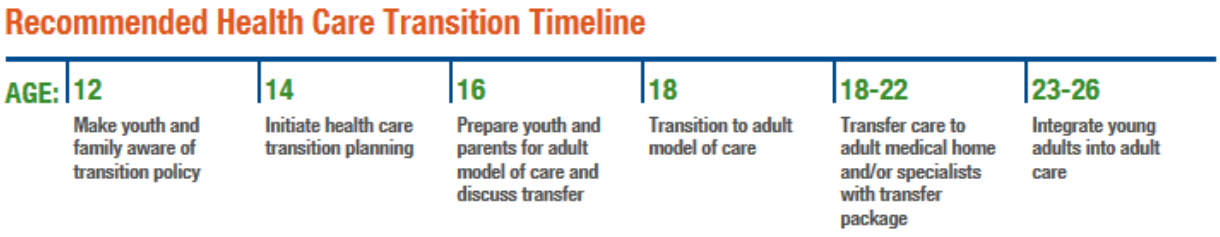
GOT TRANSITION™ is a wonderful source of information and tools to help health care professionals walk their patients through the emotional and practical steps of health care related transition to successfully transfer to adult providers.

Their Six Core Elements of Health Care Transition™ for providers to implement include:

1. Developing a transition policy
2. Tracking and monitoring transition activities and patients in the age range
3. Transition readiness assessment
4. Transition planning with the patient and receiving provider
5. Transfer of care to the new provider
6. Transfer completion and follow up

Details and sample tools can be found at Got Transition.

Healthcare transition conversations should begin earlier than a family or provider would typically expect. Take this opportunity to think back to your own move from your pediatrician (or your child's) to an adult provider. Many of us, even without special needs, were reluctant and/or fearful of switching to adult providers, not to mention new specialists like an OBGYN. Initiating such conversations by age 12 will give your patients and their family's time to become comfortable and confident with these changes. They may perceive adult health care as more independent, often less "warm and fuzzy" than their familiar and protected pediatric setting. A warm hand-off between providers goes a long way to providing peace of mind. Providing a patient's plan of care, medical summary and a snapshot of their diagnoses or conditions helps to assure a smooth transfer and opens the lines of communication between pediatric and adult providers.



While the focus of your services may be on their medical needs, your patients and their families are also working toward transitioning to adulthood in other areas of life as well. It's important to be mindful of a patient's transition in areas like education, career exploration, insurance/benefits changes, social or recreational outlets, legal and financial issues and general independent living skills. Incorporating these topics can help you know where to specify referrals to other community resources. Patients who are members of STAR Kids medicaid, have access to Service Coordinators and Transition Specialists at their health plan who can help find resources that fall outside the scope of a medical provider. Your member can locate their Service Coordinator or Transition Specialist by calling 682-303-0005.

For some wonderful websites to help with Transition, please explore and share the following with your patients and their families:

- Navigate Life Texas
- Texas Parent to Parent
- Texas Youth2Adult
- Got Transition

Secure Provider Portal

www.cookchp.org

Here are some features currently available to ***participating*** providers:

- Verify Patient Eligibility
- Verify Other Health Insurance Information
- Submit Claim Appeals
- Check Claim Status
- Submit and Review Online Authorizations
- Primary Care Providers have access to print and download their member list
- Verify STAR Kids Service Coordinator

For questions or assistance on creating a new account, contact Network Development at 1-888-243-3312 Monday-Friday from 8:00am to 5:00pm CST or by email at Network Development.

Long Acting Reversible Contraception (LARC)

Cook Children's Health Plan follows the Texas Medicaid Provider Procedure Manual guidelines in order to reimburse providers, including hospitals and FQHC's, appropriately for providing Medicaid covered LARC devices in the same amount, duration, and scope as the Medicaid benefit requires.

Certain LARCS are currently available through the Texas Medicaid pharmacy benefit using contracted pharmacies. For more information on how to prescribe a LARC using the pharmacy benefit, please view the Texas Medicaid CHIP Vendor Drug Programs LARC FAQ.

LARC Toolkit
The Texas Long-Acting Reversible Contraception Toolkit is a resource for Texas health care providers. The LARC Toolkit offers information and resources to help women's health care providers increase LARC availability to Texas women throughout their reproductive life cycle, including prior to the first pregnancy, during the postpartum period, and whenever family planning services are received. The Texas LARC Toolkit

LARC Quick Course for Providers
Texas Health and Human Services (HHS) and Texas Health Steps offer a web-based "quick course" for providers about LARC. This course explains why and how to integrate LARC into routine clinical practice.

View the training: Texas Heath Steps Quick Course on LARC

Claim Reconsideration vs Claim Appeal

A Claim Reconsideration will include documentation from the Provider asking for reconsideration of a claim. Here are example components that a Provider may send for Claim Reconsideration:

- Attached EOP from Primary insurance Payor
- Attached Pricing for MSRP claim

A Claim Appeal is defined as a written request by the Provider to request further consideration to our claim reimbursement decision based on the orginal claim information that was received.

A Claim Appeal will have one of the following components:

- A statement from the Provider explaining what they are appealing

- Additonal submitted information, such as a timely filing explanation including dates
- Medical charts or medical records that may not have been provided with the original claim

If you have additional claim or appeal questions please reach out to our Claims Department via phone, at 888-243-3312, or email for assistance.

Neonatal Level of Care Designation for Hospital Providers Rendering Neonatal Inpatient Services

The hospital address submitted to Department of State Health Services on the neonatal level of care designation application must match the address billed on the claim. Claims will be denied if the address submitted on the claim does not match the address on file. Providers can refer to your DSHS approval letter for the correct address. Click here for more information.

Oral Evaluation and Fluoride Varnish (OEFV)

Effective November 1, 2018, fluoride varnish is now a benefit for CHIP members. Oral Evaluation and Fluoride Varnish in the medical home offers limited services aimed at improving the oral health of children from 6 through 35 months of age.

What is included in this visit?

- Intermediate oral evaluation
- Fluoride varnish application
- Dental Anticipatory guidance
- Referral to a dental home

The services listed above must be performed in conjunction with a Texas Health Steps/Well Child medical checkup.

How is this billed to for Texas Health Steps/Well Child medical checkup?

- In conjunction with a Texas Health Steps/Well Child medical checkup, utilize CPT code 99429 with U5 modifier.
- Must be billed with one of the following medical checkup codes:
  - 99381
  - 99382
  - 99391
  - 99392
- Federally Qualified Health Centers and Rural Health Centers do not receive additional encounter reimbursement.

Online Training for Oral Evaluation and Fluoride Varnish

Training for certification to become a provider of intermediate oral evaluations with fluoride varnish application is available on the THSteps website. To access the online training, go to www.txhealthsteps.com and follow these steps and search courses for Oral Evaluation and Fluoride Varnish.

Texas Health Steps Referral Indicator

Beginning February 1, 2019, Referral indicators are no longer required but will be replaced with a referral status for checkups. The required condition indicators determine the results of the referral status during a THSteps medical checkup.

The following table includes the procedure codes, required condition indicators, and the resulting referral status for medical checkups.

A condition indicator must be submitted on the claim with the periodic medical checkup procedure code. Condition indicators are required whether a referral was made or not.

Procedure Codes	Condition Indicator	Referral Status
99381, 99382, 99383, 99384, and 99385 (new client preventive visit) -or- 99391, 99392, 99393, 99394, and 99395 (Established client preventive visit)	NU (not used)	N (no referral given)
99381, 99382, 99383, 99384, and 99385 (new client preventive visit) -or- 99391, 99392, 99393, 99394, and 99395 (established client preventive visit)	S2 (under treatment) or ST* (new services requested)	Y (yes THSteps or EPSDT referral was given to the client)
* The ST condition indicator should only be used when a referral is made to another provider or the client must be rescheduled for another appointment with the same provider. It does not include treatment initiated at the time of the checkup.		

Electronic Visit Verification Changes and Updates

Change to Access of Historical EVV Records Stored by Sandata
The process to access historical EVV records stored by Sandata is changing. Effective March 1, 2019 all requests to access Sandata historical EVV records must be emailed to Electronic Visit Verification. Please include "Sandata Request" in the subject line.

For questions regarding this alert, please contact HHSC EVV Operations.

Read-only Access to EVV Data for Providers Not Active with an Approved EVV Vendor
Medicaid providers who were required to use EVV and who are not active with a current HHSC state approved EVV Vendor can request 30 days of read-only access to their historical EVV visit data by completing the EVV Data Access Request Form.

Read-only access consists of the following and allows viewers to review their previous EVV visit data:

- Attendant or Nurse Providing Services
- Contract List
- EVV Compliance Plan Daily
- EVV Compliance Plan Summary
- EVV Compliance Snapshot Report
- EVV Visit Log
- Provider Agency/FMSA List
- Reason Code Free Text
- Reason Code Use
- Units of Service Summary

Providers will be contacted within three business days of submitting the EVV Data Access Request Form by a TMHP EVV specialist with information on next steps in the process.

Please contact TMHP for additional information or for assistance with completing the EVV Data Access Request Form.

21st Century Cures Act: Texas EVV Implementation

To prepare and help guide contract providers and consumer directed services employers in the use of EVV, Health and Human Services Commission is providing an EVV Tool Kit throughout the 2019 calendar year. The EVV Tool Kit contains resources such as:

- Informational web alerts posted on the first and 15th of each month, beginning Jan. 1, 2019
- Registration for live webinar Q&A sessions held on the 22nd of each month, beginning Jan. 22, 2019
- If the 22nd is a weekend or holiday, the live webinar will be held on the next normal business day

Subscribe to GovDelivery to receive email alerts when new resources are added to the EVV Tool Kit.

Learn more about the federal requirements of the 21st Century Cures Act.

For questions regarding this alert, please contact HHSC EVV Operations.

Telemedicine

Telemedicine medical services are defined as health-care services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas within the scope of the health professional's license to a patient at a different physical location using telecommunications or information technology.

Procedure codes that indicate remote (telehealth service) delivery in the description do not need to be billed with modifier 95.

Preventive health visits under Texas Health Steps (THSteps) are not benefits if performed using telehealth medical services.

Medical records must be maintained for all telehealth services. Documentation for a telehealth service must be the same as a comparable in-person service.

Prior authorization is not required for telemedicine or telehealth services; however, it may be required for the individual procedure codes billed.

For more information please review Telecommunication Services Handbook.

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 on the Provider Demographic Information Change Request Form located under Forms on our website cookchp.org. The form can be faxed to Network Development 682-885-8403 or email cchpnetworkdev@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 Members in locating a provider.

Please submit changes in writing to Network Development by fax 682-885-8403 or email cchpnetworkdev@cookchildrens.org.

CookChildren's Health Plan

Quick Reference Guide

888-243-3312
Monday – Friday 8am to 5pm
www.cookchp.org

Department	Type of Issue or Request	Email Address	Fax Number
Care Management	Prior-Authorizations, Case Management, Referrals, Disease Management, Member Education	CCHPSTARKidsCCC@cookchildrens.org CCHPPriorauthorizations@cookchildrens.org CCHPDenialandAppeal@cookchildrens.org	682-885-8402 844-346-8402 682-303-0005 STAR Kids LTSS 844-843-0005
Claims Department	Claim Status, Payments, Appeals or Questions	CCHPClaims@cookchildrens.org CCHPClaimAppeals@cookchildrens.org	
Compliance	Member and Provider Complaints, Fraud, Waste and Abuse	CCHPCompliance@cookchildrens.org	682-303-0276
Coordination of Benefits	Other Health Insurance, Third Party Resources, Cost Avoidance Verification Reports	CCHPCOB@cookchildrens.org	
Customer Service	Member Demographic Updates, PCP Changes, ID Card Requests, Value Added Services, Legal Documentation	CCHPCustomerSVC@cookchildrens.org	682-885-8401 STAR Kids 844-843-0004
Finance	Electronic Funds Transfer, Electronic Remittance Advice	CCHPFinance@cookchildrens.org	
Interpreter Services	Interpreter Requests, Translation Requests, Interpreter Complaints	CCHPInterpreterRequest@cookchildrens.org	
Member Advocates	STAR Kids Member Assistance for Access to Care, Complaints and Appeals	CCHPMemberAdvocate@cookchildrens.org	

Department	Type of Issue or Request	Email Address	Fax Number
Network Development	Credentialing, Contracting, Demographic Changes (TPI, NPI, Billing Updates)	CCHPNetworkDev@cookchildrens.org	682-885-8403
Provider Relations	Provider Education and Training	CCHPProviderRelations@cookchildrens.org	682-885-8436
Quality	Quality of Care Concerns, HEDIS, Access and Availability	CCHPQualityImprovement@cookchildrens.org	

Vendor	Service	Email Address Website	Number
Availity	Claims Clearinghouse CHIP Payor ID: CCHP1 STAR/STAR Kids Payor ID: CCHP9	Website: www.availity.com	Ph.: 800-282-4548
Beacon Health Services	Mental Health Services	Email: TexasProviderRelations@beaconhealthoptions.com Website: www.beaconhealthoptions.com/providers/login/	Ph.: 855-481-7045 Fax: 855-371-9227
National Vision Administrators (NVA)	Vision Services	Email: Providers@e-nva.com	Ph.: 888-830-5630 Fax: 888-830-5560
Navitus Pharmacy	Prescription Services	Email: Providerrelations@navitus.com Website: www.navitus.com	Ph.: 866-333-2757 Hotline: 877-908-6023 Fax: 866-808-4649

Paper Claims Mailing 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