Cook Children's Health Plan

Spring
May 2020

888-243-3312
CCHPProviderRelations@cookchildrens.org

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

What's Inside

Coronavirus (COVID-19) Resources for Providers:

HHSC Coronavirus Provider Information
Texas Medicaid & Healthcare Partnership
Department of Social and Health Services Novel Coronavirus
Center for Disease Control Novel Coronavirus
Center for Disease Control Information for Health Care Providers
World Health Organization Coronavirus

Cook Children's Health Plan Notifications regarding Coronavirus:
CHIP Copayment Waiver Provider Notification
90 Day Authorization Extension for Existing Prior Authorizations
Telehealth Update for Therapy Providers
Telehealth FAQ for Therapy Providers

Telecommunication Services Handbook

Telecommunication Services are covered services and are benefits of Texas Medicaid as provided in the Texas Medicaid Provider Procedures Manual (TMPPM). Providers may refer to the Telecommunication Services Handbook located at tmhp.com for more information.

Provider Relations

How can we help you? If you need assistance or would like to know who your Provider Relations Coordinator is please email CCHPProviderRelations@cookchildrens.org.

Provider Training Webinars

We'd love to have you or a member of your team attend our Provider Training Webinars. The most up to date schedule can always be found on the Education & Training page located at cookchp.org. Our upcoming webinars include:

- Electronic Visit Verification
- Primary Care Provider Orientation
- Specialty Care Provider Orientation
- Billing Guidelines

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Electronic Fund Transfer (EFT) & Electronic Remittance Advice (ERA)

Due to the COVID-19 Pandemic and the Federal and State recommendations that are impacting our day to day business activities, Providers must sign up for Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA). Complete and submit the Electronic Fund Transfer Form.

Following EFT enrollment, Providers must elect to receive Electronic Remittance Advice (ERA) through the Availity Health Information Network. Complete the ERA Enrollment form from the Electronic Submission Services webpage located at cookchp.org. For questions, call Availity Client Services at 800-282-4548.

Texas Health Steps (THSteps)

Texas Health Steps Medical Checkups during

HHSC is allowing remote delivery of certain components of medical checkups for children over 24 months of age.

- Providers must follow-up with their patients to ensure completion of any components within 6 months of the telemedicine visit
- Telemedicine or telephone-only delivery of THSteps checkups for children birth through 24 months is not permitted
- Providers should use their clinical judgement to determine what components of the checkup may be appropriate for telemedicine (audion + visual) or telephone only delivery
- Audio + visual delivery is preferred over telephone delivery
- Providers should bill using the appropriate THSteps checkup codes
- Modifier 95 must be on the claim form to indicate remote delivery
- Provider documentation in the medical record should include the components that were not completed
    - Providers should use COVID19 as the reason for an incomplete medical checkup
- When the patient is seen in 6 months to complete the outstanding components, the Provider should bill the THSteps follow-up visit code 99211
- Reimbursement will be identical to the current rates for THSteps checkup codes

For more information please visit the News about Coronavirus (COVID-19) webpage located at tmhp.com or the Medicaid and CHIP Services Information for Providers page located at hhs.texas.gov.

Periodicity Schedule

Cook Children's Health Plan follows the State of Texas Medicaid guidelines for Texas Health Steps medical checkups. Texas Health Steps Medical Checkups Periodicity Schedule for infants, children and adolescents (birth through 20 years of age) specifies screening procedures required at each stage of the client's life to ensure that health screenings occur at age appropriate times in a Member's life.

Download the schedule in various formats directly from the Texas Health Steps webpage located at HHS.gov.

Quick Reference Guide
Providers can utilize the Quick Reference Guide when perfoming THSteps medical checkups.

Human Papillomavirus
Human Papillomavirus (HPV) immunization is no longer available through the Texas Vaccines For Children Program. For further details visit the Texas Medicaid News Archive webpage located at tmhp.com.

ImmTrac2 - the Texas Immunization Registry

Keeping up with vaccine records is now easier than ever. Texas Department of State Health Services (DSHS) offers the Texas Immunization Registry at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system.The registry is part of a initiative to increase vaccine coverage across Texas. Users can access ImmTrac2 and additional training tools on the Texas Immunization Registry webpage.

CHIP Perinatal Postpartum Visit Policy

CHIP Perinatal covered services include:

- Prenatal care
- Labor with delivery
- Two postpartum visits within 60 days after delivery or end of pregnancy

The mother's CHIP Perinatal enrollment terminates at the end of the month of delivery. She is still entitled to receive two postpartum visits after her enrollment period ends.

It is crucial for the mother to receive a second comprehensive postpartum visit to include a full assessment of physical, social, and psychological well-being. You should see the Member for postpartum visits between 21-56 days after delivery. Postpartum visits are an important service that must be provided to detect any post-pregnancy complications.

Long-Acting Reversible Contraception (LARC) Utilization

In an effort to promote women's health we wanted to raise awareness regarding long-acting reversible contraceptive. LARCs have been identified as the most effective reversible method of contraceptive. LARCs have a high rate of user satisfaction and require no action by the user once in place. Improving women's access to LARCs is a priority.

Available LARC resources for Providers and Women include:
What You Should Know About Long-Acting Reversible Contraceptive (Spanish)Long-Acting Reversible Contraceptive Toolkit for Providers
Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning

In addition, the American College of Obstetricians and Gynecologists (ACOG) has compiled a variety of LARC clinical and training resources.

Taxonomy Codes & National Provider Identifier

Taxonomy Codes

Providers must verify and bill the Taxonomy code associated with their Provider Type and Specialty as enrolled and attested with Texas Medicaid when billing for services.

When applicable, the Rendering Provider, Service Facility Location and Billing Provider Taxonomy must be on the claim and must:

- Match how you are enrolled with Texas Medicaid
- Match the services you provided

National Provider Identifier

The Provider must use the NPI as enrolled and attested with Texas Medicaid. Submit claims with the following Provider NPI's when applicable:

- Rendering Provider
- Service Facility Locations
- Billing Provider
- Supervising, Referring and Ordering Provider NPI

Claims may be rejected or denied if submitted with a Taxonomy code and NPI that do not match the state file.

Electronic Visit Verification

Cures Act Program

Effective Jan 1, 2020, the HHSC EVV Vendor Selection for Cures Act EVV Expansion Policy (PDF) requires program Providers and FMSAs included in the EVV expansion to complete EVV vendor training before gaining access to the EVV system. EVV Portal training and EVV policy training must also be completed before Dec. 31, 2020, and then annually. More information about the Cures Act EVV Expansion is available on the HHSC Cures Act webpage.

Program Providers Required Training Checklist

Program Providers and FMSAs please utilize this document to ensure you complete the required EVV training. For more information about training requirements, refer to the HHSC EVV Training Policy.

Programs, Services and Service Delivery Option
Program Providers can utilize the Programs, Services, and Service Delivery Options Required to Use EVV to identify services required to use EVV.

For more information visit the Electronic Visit Verification webpage located at cookchp.org.

Access and Availability

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.

Please visit the Quality Improvement webpage located at cookchp.org to learn more about the Access Standards for Primary Care Providers and Specialty Care Providers.

Monitoring Access
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 to 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, panel status, 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 webpage located at cookchp.org. The form can be faxed to Network Development 682-885-8403 or email cchpnetworkdevelopment@cookchildrens.org.

STAR Kids Handbook Revisions and Updates

Health and Human Services updates STAR Kids Handbook Quarterly if needed. The revision for this quarter was effective March 16, 2020.

Revised	Title	Change
2030	Managed Care Organization Coordination	Updates time limits for activities, clarifies the process for obtaining the physician signature on Form 2601, Physician Certification, and completing Form 2603, Individual Service Plan, and clarifies how to proceed when the managed care organization experiences a delay in the completion of activities within the specified timeline.
5000	Service Delivery Options	Updates service delivery options for Consumer Directed Services, the Service Responsibility Option and agency option.
Form 2601, Form 2601-S and Instructions	Physician Certification	Adds two questions for the physician to answer to certify a need for ongoing services.

Please make sure you are following the following guidelines as outlined in the revision especially the one below.

5320 Ongoing CDS Requirements and Process
Revision 20-1; Effective March 16, 2020

The Financial Management Services agency (FMSA) must send a quarterly expenditure report to the Consumer Directed Services (CDS) employer and service coordinator and document and notify the Managed Care Organization (MCO) of issues or concerns, including:

- Allegations of abuse, neglect, exploitation or fraud
- Concerns about the Member's health, safety or welfare
- Non-delivery or extended breaks in services
- Noncompliance with CDS employer responsibilities
- Noncompliance with service back-up plans
- Over or under utilization of services or funds allocated in the Member's service plan for delivery of services to the Member through the CDS option and in accordance with the requirements of the STAR Kids program or Medically Dependent Children Program (MDCP).

The CDS employer is required to participate in the service planning meetings and provide requested documentation related to services and service delivery. The Member or Legally Authorized Representative (LAR) must provide documentation to support any requests for a revision to the Individual Service Plan.

The FMSA may also participate in the Member's service planning, if requested by the Member, LAR or Designated Representative (DR), and if agreed to by the FMSA. The MCO and service planning team members, as appropriate, participate in approving back-up plans, developing corrective action plans, if necessary, and recommending suspension or termination of the CDS option. Refer to Section 5323, Service Back-Up Plans.