

Joining the Network

Credentialing

Cook Children's Health Plan's credentialing process is designed to meet the National Committee for Quality Assurance (NCQA) and state requirements for the evaluation of Providers who apply for participation.

A Provider interested in joining our network must:

- Enroll as a Medicaid Provider via [Texas Medicaid and Healthcare Partnership](#)
- Complete and submit the [Letter of Interest Questionnaire](#)

Network Development will:

- Review the forms
- Submit the Provider's information to the Executive Board for approval to begin the credentialing process
- Send the Provider a Participating Provider Agreement

Credentialing

Submit the Provider's information to the Credentialing Verification office, Verisys

Verisys will:

- Contact the Provider to complete the credentialing process
- Complete the process within 90 days

Providers will:

- Sign and return all contract documents including a current W9 form

Upon complete credentialing Network Development will:

- Send the Provider a welcome letter with the effective date of participation along with the fully executed contract upon complete credentialing

Re-Credentialing

Re-Credentialing

Re-credentialing must be completed to continue participation in the network.

- Provider's are recredentialled every three (3) years or as determined by Verisys
- Verisys begins the recredentialing process six (6) months prior to the current credentialing date

Termination

Termination by Provider

Provider's choosing to leave the network are required to:

- Submit a ninety (90) day written notice to the health plan stating the effective date of termination
- Notify the health plan if Member's should be reassigned to another Provider in the office
 - Include this information in the termination request
- Notify their health plan Member's of their upcoming termination date

Termination by Cook Children's

Cook Children's Health Plan may terminate a Provider's participation in the health plan in accordance with its participation contract with the Provider and any applicable appeal procedures

The health plan must provide:

- A ninety (90) day written notice stating the effective date
- An explanation to the Provider with the reasons for termination

The health plan may immediately terminate a Provider in a case involving:

- Imminent harm to patient health
- An action by a state medical or dental board, licensing board or government agency that effectively impairs the Provider's ability to practice medicine, dentistry or another profession
- Fraud

Automatic Termination

- Loss, suspension, or probation of professional licensure, certification, or registration
- Loss of either state or federal or both controlled substances registration
- Loss of required professional liability insurance coverage
- Exclusion from the Medicare, Medicaid, or any other federal health care program
- Failure to meet the board certification requirement unless granted an exception as set forth in the criteria

Provider Demographic Updates

Provider Demographic Updates

Please submit a Customer Service Request via the [Secure Provider Portal](#), select the Topic: Provider Demographics Changes if a change needs to be made to one of the following:

- Licensure
- Address
- Phone Number
- Fax Number
- Office Hours
- Email Address
- Access and Availability
- Group Affiliation
- Add/deactivate TIN

Provider Demographic Updates

- Please allow 10 business days to process your request
- Tax ID updates cannot be processed without a properly completed current W-9 form

Providers pending access approval to the Secure Provider Portal can submit the Provider Information Change Form located at cookchp.org, click on Providers, Provider Manuals and Forms, scroll down to Provider Forms and select Provider Information Change Form.

For questions please contact CCHPNetworkDevelopment@cookchildrens.org.

Provider Demographic Updates

It is important to update your demographic information with [Texas Medicaid & Healthcare Partnership](#) (TMHP) through the [Provider Enrollment and Management System](#) (PEMS).

Providers can use PEMS to keep their Provider enrollment information up-to-date, including information covered on the Provider Information Change (PIC) Form, information about Electronic Funds Transfer (EFT), and more.

Contact Information

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