



**Texas Children's
Health Plan**

The best decision a family can make.

In this issue

**Vaccine storage and
handling**

Coordination of benefits

**Prior-authorization
procedures**

ImmTrac

Summer swim lessons

**Providers to evaluate
TCHP**

**Verify TCHP member
eligibility**

Provider News

April 2006

Providers should consult product lists before referring

Texas Children's Health Plan offers three HMO products: the Children's Health Insurance Program (CHIP), Texas Children's Individual Medical Coverage and Texas Children's STAR Health Coverage®. Because contractual relationships may vary from one Texas Children's Health Plan provider group to the next, providers must know exactly which products are included in their TCHP contract.

When referring a member to a specialist for services, it is important to know if the physician to whom the member is being referred participates in the member's plan. This information can be found in the "Directory of Participating PCPs" and the "Directory of Participating

SCPs." TCHP distributes these lists to all participating providers on a quarterly basis.

Information regarding plan participation can be found immediately under each physician's name on the list. The list also indicates practice limitations, such as age limitations.

It is not necessary to issue a paper referral form to TCHP members. Instead, primary care providers can issue verbal orders for a referral to in-network specialists, subject to individual specialists' practice requirements.

Providers who have additional questions about referrals should contact a TCHP Provider Relations representative at 832-828-1008.

Obtaining prior authorization for SSI members

TCHP facilitates administration of the prior authorization process for voluntarily enrolled blind and disabled (SSI) Medicaid members on behalf of HHSC, the state's Medicaid agency, and in coordination with the Texas Medicaid and Healthcare Partnership (TMHP), the state's claims administrator. Providers arranging care for SSI members should consult the current "Texas Medicaid Provider Procedures Manual" to determine which services require prior authorization. A summary of services requiring authorization is listed below. Providers should request authorizations from TCHP for their SSI members using the TCHP Prior Authorization Request form, located in the Provider Manual.

Prior authorization requests for SSI members must include:

- The primary care provider's TPI number.
- The requesting provider's TPI number.

- The requested provider's TPI number.
- The diagnosis code(s) that will appear on the claim form.
- The CPT code(s) that will appear on the claim form.

In accordance with TMHP policy, prior authorization requests that do not include the information listed above will not be approved.

All claims for services provided to SSI members should be submitted to TMHP for payment. Claims submitted to TMHP that do not match the authorization request will be denied by TMHP.



Recommendations for vaccine storage and handling

- Your office should have written procedures for instructions/actions to be taken in the event of a power or mechanical failure. Office personnel should be aware of the location of the written procedures.
- Your office does not pre-draw vaccines. Pre-draw is defined as drawing up/reconstituting vaccines in advance (in such quantities) for a day's use.
- Vaccines are stored in a refrigerator, freezer or cooler as appropriate, as defined by the manufacturer.
- Your office should have at least one refrigerator for storing vaccines.
- Your office should have at least one freezer for storing live vaccines. "Dormitory style" freezer compartments are not considered acceptable for storing varicella vaccine because the freezer compartment cannot maintain a 5°F (-15°C) consistently.
- Warning signs should be posted on each unit and/or on the plug outlet warning people NOT TO DISCONNECT.
- Warning signs should be posted on each unit warning people not to store items other than MEDICATIONS and VACCINES ONLY.
- Each unit where vaccines are kept should be clean, free of frost build up, free of mildew, free of corrosion and damage. All door seals should be intact and provide an effective seal.
- Each unit (every refrigerator, every freezer) should have an appropriate thermometer that is in good working condition.
- Daily temperature logs should be maintained for each unit (every refrigerator, every freezer). Temperature logs should be kept a minimum of once daily, but twice a day is preferred. There should not be any missing days. Days the office is closed should be noted.
- Each unit should be maintained within the correct temperature range. Every refrigerator should be within 36-46°F/2-8°C. Every freezer should be 5°F or less/-15°C or colder. Varicella vaccines need to be kept cooler than freezing temperatures (32°F/0°C).
- Vaccines should not be stored in the inside door of any refrigerator or freezer. Door temperatures are not as stable as the body of the refrigerator or freezer. It is important that vaccines are stacked with enough room for the cold air to circulate.
- Storing ice packs along the walls, back and in the door of a freezer unit helps maintain the correct temperature during office hours when the unit may be opened and in the event of a power failure. Storing a couple of large water bottles in the refrigerator against the inside walls or in the door helps maintain the correct temperature of a refrigerator when the unit may be opened and in the event of a power failure.
- Unopened vaccines should be kept in their original containers, including boxes, with visible expiration dates.
- Vaccine stock should be rotated, with those having the shortest expiration dates to the front.
- Diluent should be stored at room temperature or in the refrigerator, but not in the freezer.
- Tuberculin multi dose vials expire within 30 days after opening. The date the vial was opened should be clearly written on the vial.

Source: Texas Children's Hospital, Immunization Project. VFC. TCH Pharmacy.

TCHP to respond to foster care initiative

Texas Children's Health Plan, in collaboration with the Children's Hospital Association of Texas and its participating hospitals, will respond to HHSC's request for proposal (RFP) later this year regarding the Comprehensive Health Care Program for Children in Foster Care.

This program will require the development of a statewide provider network that delivers physical and behavioral health care services to children in foster care within the state of Texas. As you know, these children have very special physical and behavioral health care

needs and we believe Texas Children's Health Plan is uniquely qualified to partner with you in managing their care.

As a provider-sponsored, member-centric health plan, TCHP is committed to maintaining a reputation as "the health plan of choice" among providers and members by being responsive to our customers, receptive to provider feedback and innovative in our approach to problem solving and strategic planning. Additionally, as a mission-driven, local Texas organization, we are committed to serving the needs of the vulnerable and special-needs children of Texas. It's this

mission that makes us different from other managed care organizations who will be asking to partner with you.

If you have any questions about Texas Children's Health Plan or the pending RFP response, please call us at (832) 828-1042.

STAR members' benefits coordination require special attention

Texas Children's Health Plan, Inc receives a Third Party Resources file from the Health and Human Services Commission (HHSC) on a monthly basis. The file contains a listing of STAR members who are believed to have other insurance coverage that is the primary payor. In these cases, STAR Medicaid is the payor of last resort.

On a monthly basis, TCHP loads HHSC's Third Party Resources file into the claims payment system. Claims for members who have other insurance must be submitted to TCHP with an Explanation of Benefits (EOB) statement from the primary insurance carrier to be considered for payment. Claims

submitted without an EOB from the primary insurance carrier will be denied for payment by TCHP with the message, "OC—Submit Primary EOB."

After reviewing insurance information with their patients, providers occasionally identify members whose coordination of benefits (COB) information is incorrect in the State's files. In order to initiate a correction, the following actions must be taken:

- The member must notify Maximus (now called TAA) that they do not have other insurance coverage by calling the STAR Link hotline at 1-800-846-7307.
- The member also must notify TCHP

Member Services at 832-828-1001 that they do not have other insurance coverage.

- Providers must resubmit outstanding claims to TCHP for payment once the correction has been made to TCHP's claims payment system.

If a member notifies TCHP that they do not have other insurance coverage, but fails to notify the State, claims denials will persist the following month. This is because TCHP COB records are overwritten monthly by the State's file, which is assumed to be the most current information available. For further assistance with coordinating STAR members' benefits, contact your Provider Relations representative.

Texas Children's Health Plan vision statement

Texas Children's Health Plan is committed to a community of healthy children by promoting the highest quality pediatric care, education, and research through efficient administration and care coordination.



ePower

A Web-based system

With the click of a mouse, log on to ePower and view claims status, view authorization status, and verify member eligibility...in real time.

https://estepp.cschcg.com/TCH_provider/doEntry.jsp



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Helpful hints for obtaining prior authorizations

Providers often find it difficult to remember whether the primary care provider or the specialist should initiate a prior authorization for services. Listed below are some helpful hints about initiating a prior authorization.

1. The TCHP provider with the most current medical information about the member should initiate the prior authorization request. If the treating physician is an out-of-network provider, then the primary care physician will be responsible for obtaining the authorization.
2. Give TCHP Medical Management three to five business days notice of the scheduled date of a service requiring prior authorization. For prior authorization requests for medically urgent services, call 832-824-7635.
3. TCHP providers can initiate a Prior Authorization request by faxing the Prior Authorization Request form to TCHP at 832-825-8760.
4. When submitting a prior authorization request, supply all information pertaining to the patient's care (i.e., member name and ID, admitting diagnosis, type of admission or procedure, treatment plan and date of injury/illness).
5. Refer to the "Prior Authorization" section of the TCHP Provider Manual for a detailed list of services that require prior authorization.
6. The Medical Management department will review all requests for services. Requests failing to meet clinical criteria will be referred to the TCHP Medical Director for review.
7. When submitting claims, the authorization number should be indicated clearly on the provider's claim form.

Services requiring prior authorization

Providers should request prior authorization by faxing a Prior Authorization form to TCHP Medical Management at least three to five business days prior to the scheduled date of service. The following services must be authorized by TCHP:

- All out-of-network services
- Abortion
- Ambulance services (non-emergent transport)
- Circumcisions for children older than 1 year
- Contact lenses with disease
- Durable medical equipment with a total cost of more than \$1500
- Home health care (excluding physical therapy, speech therapy and occupational therapy)
- Hospital inpatient care
- Injectable drugs with a total cost of more than \$500 (excluding chemotherapy)
- The Learning Support Center at Texas Children's Hospital (neuro/psych testing)
- Obesity surgery
- Observation notification
- Orthotics with a total cost of more than \$500
- PET / SPECT
- Pevnar for children older than 5 years old without high risks
- Private duty nursing at home
- Prosthetics
- Skilled nursing facility
- TMJ diagnosis
- Transplant evaluation
- Medically necessary vision care

ImmTrac allows statewide access to immunization records

ImmTrac, a statewide immunization registry developed jointly between the Texas Department of Health and Electronic Data Systems, provides access to a statewide immunization database.

With a parent's consent, the ImmTrac database can receive vaccination information for a child from anywhere in Texas. This information includes input from the Bureau of Vital Statistics, Women, Infant and Children clinics, Medicaid, the Integrated Client Encounter System and private health care providers. With ImmTrac, authorized providers can view an electronic record

of a child's immunizations. This will help ensure that when it is time for an immunization, the child will receive only the shots needed.

It is important that authorized providers comply with the requirements of ImmTrac as stated in Chapter 161 of the Health and Safety Code. Providers should:

1. Protect the confidentiality of patients in accordance with section 159.002, Occupations Code.
2. Inform a parent, managing conservator or guardian of a patient about the registry.
3. Require the written consent of a parent, managing conservator or guardian of a patient before any information relating to the patient is included in the registry.
4. Permit a parent, managing conservator or guardian to withdraw consent for the patient to be included in the registry.

For further information regarding ImmTrac, contact the Texas Department of Health at 1-800-252-9152 or email ImmTrac@tdh.state.tx.us.

Adapted from the Texas Department of Health Web site.



Provider Relations representatives improve communication

Texas Children's Health Plan encourages positive communication with its participating providers. Each provider office has been designated a Provider Relations representative. The Provider Relations representative is available to assist with any issues that may arise regarding TCHP and has the ability to advocate between a provider's office and any department within TCHP.

TCHP Provider Relations representatives	Phone number
Mike Banda	832-828-1054
Shelley Elie	832-828-1060
Susie Fernandez	832-828-1056
Roland Munguia	832-828-1055
Belinda Matchett	832-828-1057
Eric Wilson	832-828-1059

Provider Relations plans to conduct after-hours survey

Texas Children's Health Plan primary care providers will receive an after-hours survey phone call from Provider Relations in April. The annual survey is part of an effort to ensure TCHP members are able to access care on an after-hours basis. The brief survey measures each office's ability to comply with established after-hours accessibility standards.

TCHP Provider Relations will call each PCP after normal business hours to ensure that access to medical care is avail-

able 24 hours per day, seven days per week. TCHP guidelines require PCPs to have an answering service that is able to reach the physician, an answering machine indicating how to reach the physician or another provider accepting calls. Providers should return pages or messages within 30 minutes.

Results of the April survey will be reported to the Medical Advisory Committee and distributed to participating providers within two months.

Parents urged to sign up their children for swim lessons

Parents with children four years and older should be urged to sign up their children for swimming lessons this summer. Children can begin to learn the essential swimming strokes at this age. The YMCA or American Red Cross offers classes that do not use the "sink or swim" philosophy.

At the age of three, parents can attend a "mommy-and-me" class to have fun playing with their child in a pool.

However, remind parents this is not a way to prevent drowning.

Since more than half the submersions in Houston involve children 1 to 4 years old, Texas Children's Center for Childhood Injury Prevention recommends parents put life jackets on these children while spending time around the pool. Jackets help protect young children if parents look away for a moment. At other times, keep back doors locked—

and make sure the pool is fenced on all sides and has an operable self-latching gate.

To download educational materials for families in English or Spanish on 15 safety topics, visit the Your Child's Health section under the Parent's Resource Center on the Texas Children's Hospital Web site, www.texaschildrenshospital.org.

Providers asked to evaluate Texas Children's Health Plan

Each March, Texas Children's Health Plan conducts provider satisfaction surveys of all network primary care providers and specialists. Providers have the opportunity to assess TCHP's performance in each area of the organization, including Claims Operations, Medical Management, Member Services and Network Development.

The survey this year will be done by telephone by a consultant hired by Texas Children's Health Plan. Please take a moment to participate in the survey. Providers' candid answers will help TCHP improve service.

Verify TCHP member eligibility prior to treatment

Providers are responsible for verifying Texas Children's Health Plan member eligibility prior to providing care. Tools that can help include member identification cards, telephone verification, Fax Recall and ePower.

Member identification cards

Both commercial and Medicaid HMO members should present an identification card at the time of service. Commercial HMO members who have not yet received an identification card may present an enrollment form as proof of eligibility. Medicaid HMO members may also present Form 3087 or Form 1027 from the Texas Department of Health and Human Services (HHSC) as proof of identification, in addition to the HMO identification card.

Form 3087 is the monthly Medical Care Identification that HHSC mails to all Medicaid-eligible members. Form 1027 is

the initial Medicaid Verification Letter. The form or letter will indicate the month of eligibility and whether the member is a STAR or traditional Medicaid member.

Telephone verification

HMO identification cards identify members; they do not confirm eligibility. Member eligibility can change on a monthly basis without notice. In addition to asking members to show a member identification card, providers should call TCHP's Member Services department to verify eligibility. Providers also can use the Fax Recall or ePower systems to collect eligibility information.

TCHP recommends that providers verify eligibility through all available means prior to providing care to members.



Fax Recall

An automated system

With a simple phone call, check eligibility, benefits and claims status . . . 24 hours a day, Monday through Saturday.

- Call 832-828-1007
- Enter member's identification number
- Enter provider's fax number
- Information sent to provider within three minutes



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