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TCHP will be withdrawing the Individual Medical Coverage product from the market

Texas Children's Health Plan has reached the decision to withdraw the Individual Medical Coverage (IMC) product from the market. We would like to thank you for your continued support of the IMC product with Texas Children's Health Plan. **This decision does not impact our STAR/Medicaid or CHIP members.**

The decision to withdraw the IMC product was not an easy one. Despite our best efforts, the product was no longer viable in today's market. We have raised premiums several times over the past few years due to maintaining the high-quality product for the small group of members we have. Our 2007 premiums are among the highest in the individual commercial market and this was never our intention. For this reason we have decided to stop offering the IMC product.

The Texas Department of Insurance has

given careful consideration to this decision and has consented to the product withdrawal. The product end date will be February 29, 2008. Coverage and provider contracts will continue through midnight February 29, 2008.

TCHP understands that some members may have difficulty finding other health coverage options as a result of a pre-existing condition. Therefore, we have established a Premium Assistance Fund for individuals who can only find health coverage through the Texas Health Insurance Risk Pool. TCHP will accept applications for this fund and award the assistance to members that meet certain financial criteria. If you would like more information on this fund, please call 832-828-1030.

If you have questions remaining, please feel free to contact your Network Manager at 832-828-1008.

August is National Immunization Awareness Month

According to statistics released by the US Centers for Disease Control and Prevention (CDC), the immunization rate for Texas children increased 11% in 2005, moving the state up the national rankings to number 24.

A growing number of parents are concerned that vaccines may actually be the cause of diseases such as autism, hyperactivity, developmental delay, attention deficit disorder, diabetes, multiple sclerosis and sudden infant death syndrome. These concerns have caused some parents to delay or withhold vaccines for their children.

The American Academy of Pediatrics suggests the role of the physician in these situations is to provide parents with the risk and benefit information necessary to make informed decisions and to attempt to correct any misinformation or mis-perceptions that may exist.

Listen carefully and respectfully to the parents' concerns, recognizing that some parents may not use the same decision-making criteria. Vaccines are very safe, but they are not risk free.

TCHP challenges providers to raise immunization and well visit rates

Each year Texas Children's Health Plan performs a study to determine how well members obtain preventive health services and immunizations by measuring the following:

- The percent of children, 15 months of age, who have had at least six well visits (prior to their 15th month birthday).
- The percent of children, ages 3 to 6 years of age, who have had at least one well visit during the past year.
- The percent of adolescents, ages 11 and older, who have had at least one well visit during the past year.
- The percent of children, 2 years of age, who have received the recommended immunizations.
- The percent of adolescents, 13 years of age, who have received the recommended immunizations.

Each year the study has shown that ample opportunities for improvement exist. Improving well visits and immunizations rates is a complex task, which often involves the elimination of existing barriers. Examples of potential barriers include:

- A complex immunization schedule, which can confuse both parents and providers.
- Parents who are not aware of the difference between a sick visit and a well visit.
- Office policies that limit when a well visit can be scheduled or when immunizations can be given.
- Parents who are confused by the frequency of recommended

well visits.

- Office policies that may not take advantage of every opportunity to check a child's immunization status and administer needed immunizations.
- Parents who refuse to allow their child to be vaccinated because their child has a mild illness.

What can providers do to help improve rates? One opportunity to consider is to assess well visit and immunization rates at your clinic. The American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and the Advisory Committee on Immunization Practices (ACIP) recommend such practice-based assessments. During an assessment of well visits and immunizations, potential barriers may be identified. A list of reasons why recommended well visits were not performed or immunizations were not given can be created to see if a trend exists.

What rate would you find if you randomly pulled 30, 50 or 100 records at your clinic? Would your patients be current (according to age) with all the recommended immunizations and well visits? Do the parents at your clinic need more education or reminders? Does your clinic need to modify some of its processes?

Raising immunization and well visit rates, while a complex task, can be rewarding. Is your clinic up to the challenge?

Vaccines offered through Vaccines for Children Program

The Texas Department of Health uses the Centers for Disease Control and Prevention federal contracts to purchase vaccines for CHIP and Medicaid HMO members at federal prices. When providers obtain serum for CHIP and Medicaid HMO members from the Vaccines for Children (VFC) Program, the state pays for the serum and TCHP pays charges for administration of the immunizations. TCHP encourages providers to take advantage of this beneficial program.

When administering immunizations to CHIP and Medicaid members, providers must continue to bill TCHP for both the serum and the administration components of immunizations. This ensures that TCHP maintains a record of preventive care services provided to its members. Upon receipt of the claim, TCHP will issue payment for the administration of immunizations and deny the serum using the "Obtain serum from VFC Program" description.

Occasionally a VFC provider must obtain the serum from a source other than the VFC, as is the case during a vaccine shortage. In these instances, TCHP will pay for the influenza and HPV

vaccines when the appropriate codes are accompanied by a U1 modifier and the appropriate administration code. The procedure codes for influenza vaccine are 1-90655, 1-90656, 1-90657 and 1-90658. The procedure code for HPV vaccine for clients ages 9 to 18 years of age is 1/S-90649. These are the only codes at TCHP that are set up to recognize the U1 modifier.

Provider enrollment, provider profile and provider listing forms are available in the Vaccines for Children section of the TCHP Provider Manual. These forms assist providers' offices with plan administrative requirements and must be completed prior to enrollment in the VFC program. Network Managers can assist offices to contact local VFC program coordinators.

Providers not currently participating in the VFC program can enroll by contacting the Texas Department of Health's Texas Vaccine for Children Program (TVCP) Division at 800-252-9152.

CA-MRSA and how it affects our population

Skin and soft tissue infections continue to be a significant problem among our patients and consistently appear among the top ten diagnoses seen in the emergency department or for admission to the hospital.

Of course, Community Associated–Methicillin-resistant Staphylococcus Aureus (CA-MRSA) causes a large number of these skin and soft tissue infections. Recently, Drs. Feigin, Kaplan and Baker summarized their thoughts on empirical therapy of various suspected *S. aureus* infections including the increasingly common CA-MRSA. These recommendations offer a useful guide in terms of how to categorize and begin empiric treatment of these infections pending final culture and sensitivity lab results.

Looking at TCH laboratory data, they found that over 70% of S. aureus isolates from inpatients and outpatients with community infections are resistant to oxacillin (MRSA).

Looking at TCH laboratory data, they found that over 70% of *S. aureus* isolates from inpatients and outpatients with community infections are resistant to oxacillin (MRSA).

While nearly 9% of *S. aureus* isolates from otherwise healthy children are resistant to clindamycin, approximately 15% of community *S. aureus* isolates recovered from children who had been hospitalized in the previous 12 months or with an underlying condition other than asthma or eczema are resistant to clindamycin. Thus, a hospitalization within the past year is a very important historical piece of information that may impact your antibiotic selection. Among these *S. aureus* isolates, they were uniformly susceptible to vancomycin, gentamicin,

trimethoprim-sulfamethoxazole and, almost always, doxycycline.

According to the current recommendations, when a child presents with signs of skin or soft tissue infection such as cellulitis, insect and/or spider bite, folliculitis/pustular lesions, furuncle/carbuncle or an abscess, if possible an incision and drainage (I & D) should be the first step along with specimen collection for culture and susceptibility testing.

Over the coming year, TCHP will be working to provide you with patient education materials.

The next step would be to classify the infection as either mild, moderate, severe or critically ill and then implement the appropriate therapy.

The mild and most moderate infections, if seen early, can be typically treated with I & D (where possible), oral antibiotics such as trimethoprim/sulfamethoxazole (TMP/SXT) (if group A streptococcus unlikely), clindamycin or doxycycline (if over 7 years old) with follow-up in the next two days.

Moderate cases with extensive involvement, clinically concerning systemic symptoms or where the physician has significant concerns about compliance and follow-up, as well as severe cases will require hospitalization, I & D where possible, and empiric vancomycin therapy until the culture and sensitivities are available. The critically ill children will require intensive care and their empiric vancomycin therapy should be broadened with nafcillin and possibly gentamicin.

Once the microbiology tests come back and the infection etiology is established, therapy should be modified as appropriate. Consultation with an infectious disease

specialist is always an option to guide your care decisions since this is an evolving field.

It should be noted however that for those patients with oxacillin-susceptible *S. aureus* (MSSA) infections, nafcillin or cefazolin is recommended and that clindamycin should not be used for therapy of MSSA infections unless there has been a life-threatening reaction to penicillin or cephalosporins.

Over the coming year, TCHP will be working to provide you with patient education materials directed at helping parents and other caregivers recognize the signs and symptoms of skin and soft tissue infections early and alerting them to good first aid, wound cleansing and when to seek your help in assessing a possible skin infection.

Our goal is to either prevent these infections or to get them treated as early as possible in the mild to moderate categories and hopefully avoid the progression to the severe and critically ill situations.

The current skin infection classifications are briefly summarized below:

- Mild—Afebrile and previously healthy with no hospitalizations within the past 12 months.
- Moderate—Febrile, appearing ill and previously healthy with no hospitalizations within the past 12 months.
- Severe—Toxic appearance, or presence of any chronic illness except asthma or eczema, or limb-threatening infection.
- Critically ill—Toxic appearance and physiologic instability (clinical scenario might be seen with children suffering from septic shock, endocarditis, necrotizing pneumonia +/- pleural empyema, or osteomyelitis, septic arthritis or pyomyositis).

Provider concerns and complaints process

Texas Children's Health Plan is committed to providing excellent customer service to its providers. Any provider who feels TCHP is not meeting this goal, should contact a Network Manager for assistance. The Network Development Department is the first resource for resolving concerns. By definition, a provider concern is a provider's administrative concern or inquiry, not placed on behalf of a member, regarding claims payment, accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process.

A provider concern is resolved by clearing up a misunderstanding or supplying appropriate information to the satisfaction of the provider. Provider concerns do not include a provider's dissatisfaction or disagreement with an adverse determination. To review a provider concern with your Network Manager, contact the representative directly or call the Network Development Department at 832-828-1008.

On occasion, a provider concern may evolve into a provider complaint. A provider complaint is defined as a provider's dissatisfaction, not placed on behalf of a member, regarding continued claims disagreement following an appeal. Provider complaints also include accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process. Provider complaints do not include a provider's dissatisfaction or disagreement with an adverse determination.

Provider complaints can be submitted in writing to TCHP using the Provider Complaint Form, located in the TCHP Provider Manual and on the TCHP Web site, www.TexasChildrensHealthPlan.org.

The complaint will be investigated and Network Development will send a response within forty-five (45) days of receipt of all information needed to complete the resolution.

How to file a provider complaint

- Contact your Network Manager for help first.
- Print the "Provider Complaint Form" directly from the Web site or copy the form from the TCHP Provider Manual.
- Complete this form and mail or fax to:

Texas Children's Health Plan
Attention: Network Development
P.O. Box 301011, NB8301
Houston, TX 77230-1011
Fax: 832-825-8750

Claim issues must be appealed prior to filing a provider complaint. Documentation related to the appeal must accompany your complaint form. Please keep in mind that claims are subject to an appeal and resubmission deadline.

Provider marketing guidelines for CHIP and STAR

Texas has established specific marketing guidelines and limitations for CHIP and Medicaid/STAR health maintenance organizations. These guidelines ensure consumers receive accurate and unbiased information about the programs. The following CHIP and Medicaid provider marketing policies are consistent with Texas Department of Insurance standards.

CHIP/Medicaid provider marketing policy

1. Health care providers may undertake a variety of activities designed to encourage families to apply through the CHIP/Medicaid Help Line. Examples include, but are not limited to:
 - Displaying posters, brochures, or other written material
 - Distributing application booklets to families with uninsured children
 - Playing a video that promotes the CHIP Help Line
 - Informing their patients of the toll-free CHIP Help Line
2. Providers may educate their patients about the CHIP/Medicaid Help Line or CHIP and Medicaid specifically.
3. Providers may not promote the selection of specific health plans within the context of the CHIP or Medicaid enrollment process.

4. Providers may not assist families in filling out the health plan selection form.
5. Providers may not distribute health plan marketing materials in their offices.

Patient education procedures

1. Providers may inform their patients regarding the plans in which they participate.
2. Providers may inform their patients of the benefits, services, and specialty care providers offered through the CHIP and Medicaid plans in which they participate.
3. At the patients' request, providers may give patients the information necessary to contact a particular health plan.
4. Providers may distribute or display written health educational materials or health related posters (no larger than 16" x 24") provided it is done for all plans in which the providers participate; these materials may have the health plan's name, logo, and phone number.
5. Providers may display plan stickers (no larger than 5" x 7") indicating they participate with a particular Health Plan as long as they do not indicate anything more than "health plan is accepted or welcomed here."

TCHP offers guidelines for when to refer to a behavioral health specialist

After an external review, TCHP's Behavioral Health Advisory Committee has adopted psychological and neuropsychological testing guidelines. These offer minimal time for ADHD/ADD psychological testing. This condition is diagnosed clinically with adjunctive use of parent/ teacher rating scales (for example, Connors, Vanderbilt). No psychological test can make the diagnosis. If you would like a copy of TCHP's behavioral health guidelines, please contact Andrea Milson at 832-828-1236.

Providers tell TCHP how they are doing

In March, Texas Children's Health Plan conducted a provider satisfaction survey of network primary care providers and specialists. Providers assessed TCHP's performance in each area of the organization. The consultant group, Analytica Inc., performed the survey and it showed that, overall, providers are more than satisfied with the service they are getting from TCHP. Here are some of the things providers had to say:

"They're wonderful at bringing material when we ask them, like educational pamphlets for the patients."

"TCHP has very open lines of communication. Our Provider Relations Rep is in the clinic at least once a month. She's just absolutely fantastic."

"We get the eligibility checked every time with no problem."

"I like the CME activities that they provide."

While TCHP is pleased with the overall outcome of the survey, we realize there are still some areas that need improvement. This year we are working to improve the lines of communication between provider offices and our organization, decrease claim adjudication time and develop our Web site to make it more user friendly for both providers and members. We appreciate the feedback from all who participated in the survey.

MARK YOUR CALENDARS!

Join TCHP for CME in September

On September 6, 2007, Texas Children's Health Plan will jointly sponsor a Grand Rounds CME program with Baylor College of Medicine at the Hornberger Conference Center. Featured speakers will be Ralph Feigin, M.D. and Judith Feigin, Ed.D. TCHP-contracted primary care providers practicing in the areas of pediatrics, family medicine, internal medicine and general practice are invited to attend this FREE CME program.

Medical ethics will be one of the credits received during this session. In addition, contracted physicians who attend will be given a \$100 honorarium for participating in TCHP's quality initiative. Registration begins at 5:15 and the session begins at 6:00 p.m. For more information about the event, call TCHP Network Development at 832-828-1008.

Upcoming events for TCHP members

Now Showing: *Harry Potter and the Order of the Phoenix*

We will be hosting a movie day for our members on July 14th at the Cinemark Tinseltown USA, 11450 East Freeway in Jacinto City and at the Cinemark Tinseltown 290 at 12920 NW Freeway. This will be a free, private screening of the new movie *Harry Potter* for members and their families. Members must reserve tickets to attend. Movie day is just another way of letting our members know that Texas Children's Health Plan values their membership.

Houston Dynamo—Come Play Soccer!

Texas Children's Health Plan has partnered with the Houston Dynamo to provide members ages 8 to 15 years old the opportunity to attend a free soccer clinic coached by Dynamo coaches and attend a Dynamo game after the clinic! Eligible members will receive an invitation and choose one of the dates listed.



Community Fairs— Keeping Your Community Safe and Healthy

We are hosting community fairs at apartment complexes in the Houston area. Community fairs provide food, fun and important information to help keep families safe and healthy. Call 832-828-1030 for more information.

For more information on the family events TCHP offers to members call 1-800-990-8247.

FOR YOUR OFFICE STAFF

Providers may file an appeal and resubmission of claims

If a provider feels that a claim has been processed incorrectly, the provider may file a claims appeal or resubmission. In order to be eligible for payment on CHIP and STAR coverage, the claim must be resubmitted within 120 days of the claim processing date.

Each appeal and resubmission should be submitted using the appeal or resubmission cover sheets located in the TCHP Provider Manual along with proof of timely filing. Acceptable proof of timely filing may be in the form of a health plan explanation of benefits (EOB) statement or other health plan correspondence. If filing claims electronically, please remember that a rejection report from an electronic claims vendor is not acceptable proof of timely filing.

If TCHP's vendor rejects a claim, providers will receive a cover letter and EDI claim copy from TCHP. The EDI claim copy documents the date of receipt and can be used to document proof of timely filing.

TCHP can now accept professional claims electronically

Texas Children's Health Plan (TCHP) is pleased to announce that effective immediately, we are able to accept professional (HCFA 1500) claims electronically for STAR/Medicaid, CHIP and the Individual Medical Coverage (IMC) product through WebMD. As we have done in the past we will continue to accept electronic, professional claims through THIN.

TCHP's payor identification number for WebMD is as follows:

STAR claims:	75228
CHIP claims:	76048
IMC claims:	76048

Historically, TCHP adjudicates electronic claims in an average of seven days. Paper claims are adjudicated in an average of 14 days. TCHP encourages its providers to participate in its electronic claims submission program to ensure that claims are adjudicated within the shortest time possible.

TCHP appreciates you sharing this important information with your office staff. If you have any questions about this initiative, please do not hesitate to call your Network Manager at 832-828-1008.



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

Contact your Network Manager for more information.



Texas Children's Health Plan
The best decision a family can make.

CHIP re-enrollment clinics for Texas Children's Health Plan members

Texas Children's Health Plan's Member Services Department holds CHIP re-enrollment clinics at libraries around the Houston area to help our members continue their coverage. Member Services Representatives are available to help members fill out applications and answer their questions. Assistance is for TCHP members only; however, we will hand out applications to everyone. Dates and locations are as follows:

- Friday, July 20 at Walter Library, 7660 Clarewood, from 2 to 5 p.m.
- Thursday, July 26 at Park Place Library, 607 Park Place Blvd., from 2 to 5 p.m.
- Thursday, August 23 at Park Place Library, 607 Park Place Blvd., from 2 to 5 p.m.

FOR YOUR OFFICE STAFF

Providers will receive a list of their membership

By the 10th day of each month, TCHP sends PCPs a list of CHIP and Medicaid HMO members assigned to their panels. The list includes the member ID number, member name, date of birth, plan effective dates and other member demographic information. These lists can be used for a variety of purposes such as:

- A guide to monitor PCP panel growth in each TCHP product.
- Confirm member demographic information as it appears in the TCHP eligibility files.
- Conduct member education or encourage CHIP and Medicaid/STAR members to visit the PCP office for preventive care services.

The PCP membership lists should not be used to verify eligibility. A more reliable resource for verifying eligibility is TCHP's fax recall system or TCHP's Web based system, ePower. For more information on fax recall or ePower, contact your Network Manager.

Referral forms are not required for Texas Children's Health Plan members

Texas Children's Health Plan does not require the use of paper referral forms for visits to specialty physicians. Members must see their primary care provider initially and be directed for specialty care.

Primary care providers are the gatekeepers for all care provided to TCHP members. PCPs and specialists must continue to communicate clinical information about TCHP members in the traditional manner. However, it is not

necessary for specialists to submit a completed referral form to TCHP in order to receive payment on claims for TCHP members.

Certain services continue to require prior authorization from TCHP. These include, but are not limited to: outpatient procedures, inpatient admissions, therapy treatments, MRIs, CT scans and out-of-network referrals.

Services requiring prior authorization

TCHP members should access medically necessary services through both the referral process and the prior authorization process.

A complete list of services requiring prior authorization can be found in the *Prior Authorization* section of the TCHP Provider Manual.

The list includes, but is not limited to:

- All inpatient admissions
- Outpatient ambulatory/surgical procedures
- Hospice
- Home health services
- Rehabilitation therapy (PT, OT, ST)

- MRIs
- CT scans
- DME with a total cost of more than \$500
- Referrals to non-participating providers

For assistance in obtaining prior authorizations from TCHP or for assistance selecting a participating provider, contact your Network Manager.

MARK YOUR CALENDARS!

TEXAS CHILDREN'S HEALTH PLAN PROVIDER STAFF LUNCHEON

When: Thursday, July 26, 2007
from 10:30 a.m. to 1:30 p.m.

Where: Edwin Hornberger
Conference Center located
at 2151 West Holcombe
Blvd., Houston, 77030

LUNCH WILL BE PROVIDED

How: E-mail your registration to
fxalvare@tchp.us or call
832-828-1008

More information to follow...

Network Managers improve communication

Texas Children's Health Plan encourages positive communication with its participating providers. Each provider office has been designated a Network Manager (previously known as Provider Relations Representative) who 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 Network Managers	Phone number
Shelley Chandler	832-828-1060
Susie Fernandez	832-828-1056
Tanya Jones	832-828-1053
Belinda Matchett	832-828-1057
Rudy Perez	832-828-1059
Rebecca Richard	832-828-1058

Providers must submit attested NPI number with taxonomy codes

Providers must fax the official confirmation report of their NPI number and taxonomy codes to the TCHP Network Development Department at 832-825-8750. In addition, providers must attest their NPI number and taxonomy codes through Texas Medicaid & Healthcare Partnership's (TMHP) Web site, www.tmhp.com.

HHSC and TMHP have implemented a phased contingency approach to NPI. An enhanced dual strategy will be implemented May 21, 2007, that will allow providers to submit NPI and legacy identifiers through July 29, 2007.

Beginning July 30, 2007, HHSC will implement the NPI-only or prior submission options phase. During this period, providers can submit EDI claims that:

- Are NPI-compliant
- Use the current legacy identifier, Texas Provider Identifier (TPI)
- Follow the dual strategy approach (both an NPI and TPI)

Only submit claims with NPI numbers after submitting proof of attestation to TCHP and TMHP.

All of the claims in a batch transaction (multiple claims submitted in a single electronic file) must use the same type of provider identifier format or the batch will be denied. Batches must contain claims that are all NPI-only or all TPI-only, or that all have both an NPI and TPI for the enhanced dual strategy.

Effective July 30, 2007, providers must continue submitting paper claims with a TPI. The NPI will be optional, as indicated in the National Provider Identifier (NPI) Special Bulletin, No. 202, until further notice from TCHP.

While HHSC does not plan to extend the contingency period through May 2008, the end date for this period has not yet been determined and will be communicated at a later date.

Please contact your Network Manager at 832-828-1008 or 800-731-8527 if you have any questions.

Advise parents this summer on how to avoid bug bites

Mosquito bites are a summertime hazard for Houston children. Advise parents to prevent mosquito bites during the evening and early morning by:

- Dressing children in long sleeves and long pants.
- Using mosquito netting over strollers.
- Using insect repellent.
- Getting rid of places around the home for mosquitoes to breed by removing items that hold water.

For children at least 2 months old, the American Academy of Pediatrics (AAP) recommends using insect repellents containing DEET in a 30% solution or less. The AAP does not recommend insect repellents combined with sunscreen.

Let parents know what creams they can use to soothe bites and keep children from scratching them. Give them guidelines on how to treat broken skin and to call your office with any concerns about infection.

Remember, staph bacteria can enter the body through a cut or other wound and, in those with weakened immune systems, can cause a serious illness called methicillin-resistant staphylococcus aureus or MRSA.

Remind parents to seek treatment if their child has an infection that began as small red bumps resembling pimples, boils or spider bites that turn into deep wounds or have streaking.

PROVIDER NEWS

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The best decision a family can make.