



Texas Children's
Health Plan

The best decision a family can make.

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Texas Children's Health Plan works to reduce and prevent fraud, abuse and waste

It seems that newspapers and industry publications always have an article about a health care provider committing some sort of fraud. Medicare's Office of Inspector General has estimated that more than 5 percent of total health care claims paid in the United States are the result of fraudulent or abusive practices.

The state of Texas has certainly taken notice and has made the identification and prevention of fraud a high priority. For several years, the state has operated a Medicaid fraud unit charged with investigating and correcting fraudulent actions. To expand this program, the state issued rules that require every CHIP and Medicaid HMO to implement a program to identify and prevent fraud, abuse and waste [Title 1, Part 15, Chapter 353, Subchapter F and Title 1, Part 15, Chapter 370, Subchapter F of the Texas Administrative Code].

Texas Children's Health Plan (TCHP) wants to let you know how our program works and your responsibilities as a provider.

The TCHP program

Texas Children's Health Plan is required by the state of Texas to maintain a program to identify and prevent fraud, abuse and waste. These terms are defined as follows:

Fraud—Knowingly submitting false claims in order to receive payment

Abuse—Taking advantage of loopholes in the law to increase payments

Waste—Making excessive or erroneous payments due to poor training, education or monitoring

It is important to note that the goal of this program is not only to identify and stop fraudulent activities. While that is an important pur-

TCHP announces ability to accept electronic claims through WebMD

Texas Children's Health Plan, Inc. (TCHP) is pleased to announce that effective immediately, it accepts professional claims (HCFA 1500) electronically for the Texas Children's STAR product, the CHIP product and the Individual Medical Coverage product through WebMD. TCHP also will continue to accept electronic, professional claims through THIN.

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

STAR product claims:	75228
CHIP product claims:	76048
Individual Medical Coverage product 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.

Your cooperation and participation in informing your staff about this important information is appreciated by TCHP. If you have any questions about this new initiative, do not hesitate to call your Provider Relations representative at (832) 828-1008.



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 Individual Medical Coverage, the claim must be resubmitted within 180 days of the claim processing date. For STAR, the claim must be resubmitted within 120 days of the claim processing date to be eligible for payment.

Each appeal and resubmission must be submitted using the Appeal or Resubmission cover sheets located in the "Compensation" section of 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 is dedicated to provider satisfaction

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 their Provider Relations representative for assistance.

Provider Relations, which is part of 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 Provider Relations representative, please 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.texaschildrenshospital.org/healthplan).

Filing a provider complaint with Texas Children's Health Plan

1. Print the "Provider Complaint Form" directly from the Web site or copy the form from the TCHP Provider Manual.
2. Complete the form.
3. Mail or fax it to:
Texas Children's Health Plan
Attention: Network Development Department
P.O. Box 301011, NB8301
Houston, TX 77230-1011
Fax: (832) 825-8750
4. The complaint will be investigated and the Network Development Department will send a response within forty-five (45) days of receipt of all necessary information needed to complete the resolution.

Claims 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.



Guidelines established for CHIP and Medicaid

Texas has established specific marketing guidelines and limitations for the Children's Health Insurance Program (CHIP) and Medicaid health maintenance organizations (HMO). These guidelines ensure consumers receive accurate and unbiased information about the programs.

Providers may engage in a variety of activities to encourage families to apply to TexCare for CHIP coverage. Examples of acceptable and unacceptable marketing practices include, but are not limited to, the following guidelines.

CHIP Marketing Guidelines

CHIP providers may:

- Display posters, brochures or other written materials.
- Distribute application booklets to families with uninsured children.
- Play videos that promote TexCare.
- Inform patients of the toll-free TexCare hotline.
- Educate patients about TexCare or CHIP.

CHIP providers may not:

- Promote the selection of specific health plans within the context of the CHIP enrollment process.
- Assist families in completing the health plan selection form.
- Distribute health plan marketing materials in offices.

CHIP Patient Education Procedures

CHIP providers may:

- Inform patients regarding the plans in which they participate.
- Inform patients of the benefits, services and specialty care providers offer through the CHIP plans in which they participate.
- At the patients' request, give patients the information necessary to contact a particular health plan.
- Distribute or display written health educational materials or health related posters (no larger than 16" x 24") provided this is done for all plans in which the provider participates. (These materials may have the health plan's name, logo, and phone number.)

- Display plan stickers (no larger than 6" x 8") indicating participation with a particular health plan as long as the stickers do not indicate anything more than "health plan is accepted or welcomed here." In the case of CHIP-specific materials, stickers must feature the TexCare logo.

STAR or Medicaid Marketing Guidelines

Providers may:

- Display state-approved, health related materials provided it is done equally for all plans in which they participate. Providers cannot give out or display plan-specific marketing items or giveaways.
- Only directly contact potential members with whom they have an established relationship.
- Inform patients of special services offered by all health plans in which they participate.
- Inform patients of particular hospital services, specialists or specialty care available in all plans in which they participate.
- Assist a patient by contacting a plan to determine if a particular specialist or service is available if the patient requests this information.
- Provide the necessary information for the patient to contact a particular plan, but cannot promote any plan over another, if the patient requests this information.
- Display plan stickers (no larger than 5" X 7") indicating participation with a particular health plan as long as the stickers do not indicate anything more than "health plan is accepted or welcome here."

Providers may not:

- Stock, reproduce, or assist in filling out or otherwise handle the enrollment form. Information can be provided as outlined above and patients can be reminded that they can easily enroll over the phone with MAXIMUS. However, the patient, not the provider or a provider's agent, must make the call.
- Influence a patient to choose one health plan over another.
- Influence patients based on reimbursement rates or methodology used by a particular plan.

All providers must inform patients of all health plans in which the provider participates.

Specialty care requires referrals or prior authorization

Texas Children's Health Plan members should access medically necessary specialty through both the referral process and the prior authorization process.

Primary care providers can refer members for covered medical services from most in-network ancillary providers and specialty care physicians, with no intervention from TCHP. However, some services require the submission of a Prior Authorization Form to TCHP for prior approval.

A list of services requiring prior authorization can be found in the "Prior Authorization" section of the TCHP Provider Manual. The list includes:

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

- MRIs
- CT scans
- Durable medical equipment (DME) with a total cost of more than \$150, and all rented DME
- Referrals to non-participating providers

For assistance in obtaining prior authorizations from TCHP or for help selecting a participating provider, please contact your Provider Relations representative.

TCHP membership lists aid primary care providers

Texas Children's Health Plan sends primary care providers (PCPs) a listing of CHIP and Medicaid health maintenance organizations (HMO) members assigned to their panels by the 10th day of each month. These lists include demographic information such as the member identification number, member name, date of birth and plan effective dates.

The lists can be used to:

- Monitor PCP panel growth in each TCHP product.
- Confirm member demographic information as it appears in the TCHP eligibility files.
- Conduct member education.
- Encourage CHIP and Medicaid HMO

members to visit their 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, please contact your Provider Relations representative.



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://estep.cschcg.com/TCH_provider/doEntry.jsp



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Contact your Provider Relations representative for more information.

Fraud (continued from page 1)

suit, we will also be looking for areas where policies should be revised or providers should receive more education to improve quality and efficiency. Even though activities may be within the rules, that does not necessarily mean they cannot be done better or smarter.

We will use three primary tools in our program to identify and prevent fraud, abuse and waste.

Review of internal reports

Texas Children's Health Plan has a wealth of data available to us by virtue of the claims we process. Under our program, we mine this data for unusual trends. For example, we may find that some providers routinely bill for more acute services than similar providers.

In that case, we will want to verify that documentation for the claims supports these higher payments. We also may find examples where charges per encounter exceed the average for all claims, which could indicate excessive utilization. We will perform numerous other analytical tests on this data to help us find opportunities for improvement.

Random chart reviews

We also conduct a random chart audit process. Using a random selection process from our paid claims file, we review charts to:

- Agree demographic data in the chart to that shown on the paid claim and provider bill
- Agree the provider documented as performing the service to that shown on the claim form
- Compare services documented in the chart to those included on the claim form
- Determine if the documentation in the chart justifies the acuity level billed

As stated above, claims are selected for this program randomly. It is very important to note that the selection of a chart does not indicate we think there may be an error on that claim.

Also, remember that this is a required program. In order to receive payment for Medicaid or CHIP services, you must submit charts for review when requested. We are required to report failure to receive requested records to the Office of Inspector General of the Health and Human Services Commission (HHSC-OIG).

We will send you more detailed guidance on this aspect of our plan, including what must be sent to us and the expected response time, when one of your claims is selected for audit.

Reports by members

Members have received information about how to identify and report potentially fraudulent, abusive or wasteful activities. The state requires us to educate our members about

health care fraud, abuse and waste and encourage them to help our prevention efforts.

Some examples of fraud, abuse and waste members have been told to watch for include:

- Providers billing for services the member does not believe they received
- Billing for services different than those that were provided to the member
- People asking for a member number when they are not the members' provider or hospital, or people offering money for their member number
- Individuals offering free services, prizes or payments for the member to use a particular clinic or hospital

We have also warned members that they are not exempt from this program. Some members may seek services that are not needed, or "doctor shop" in order to support an addictive or abusive habit. If you are aware of any attempts by members to commit fraud, please notify our fraud department.

If you believe there are fraudulent, abusive or wasteful practices in the health plan, please call us at 832-828-1320, fax us at 832-825-8722 or e-mail your concerns to us at TCHPFraudandAbuse@texaschildrenshospital.org. You do not have to give your name, and we will keep your concerns confidential. All we ask is that you describe the problem, why you think it may be fraudulent, abusive or wasteful and identify the provider or member.

It is not always fraud

We recognize that most billing errors are mistakes. We believe that the majority of the items we discover during the operation of our program will be easily corrected with better education. We also have no doubt that the vast majority of the physicians, hospitals and other providers working in our plan have nothing in mind but providing high-quality care and being paid only for the services they have provided.

Unfortunately, as the news headlines show, some people do try to get something for nothing. If we believe that a provider or member is committing some type of fraudulent behavior, we will refer our findings to the appropriate state agency for continued investigation and a determination as to what additional actions are needed.

Should you have any questions regarding this required program, please call your Provider Relations representative at 832-828-1008. We appreciate your commitment to provide quality services to our members and look forward to working with you to prevent fraud, abuse and waste in our plan.



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
Denise Allison	832-828-1052
Mike Banda	832-828-1054
Susie Fernandez	832-828-1056
Lucie Lara	832-828-1053
Belinda Matchett	832-828-1057
Roland Munguia	832-828-1055
Laressa Watts	832-828-1059

Vaccines offered through Vaccines for Children Program

The Texas Department of Health uses the Centers for Disease Control and Prevention's 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 Texas Children's Health Plan pays for charges for administration of the immunizations. TCHP encourages providers to take advantage of this beneficial program.

When administering immunizations to CHIP and Medicaid HMO members, providers should 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 following description: "Obtain serum from VFC Program."

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. Provider Relations representatives can assist offices with contacting 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 1-800-252-9152.

Referral Forms not required for TCHP members

Texas Children's Health Plan does not require the use of paper referral forms for payment of claims for Texas Children's Health Plan members. Members should see their primary care provider (PCP) initially to be directed for specialty care.

Primary care providers are the gatekeepers for all care provided to TCHP members. Primary care providers and specialists should 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: outpatient procedures, inpatient admissions, therapy treatments, MRIs, CT scans and out-of-network referrals.

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.