



Texas Children's
Health Plan
A Subsidiary of Texas Children's Hospital

Provider NEWS

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Provider relations helpful in resolving concerns

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 provider relations representative for assistance. Provider relations representatives are part of the Network Development department, and are an excellent first resource for resolving concerns.

By definition, a provider concern is administrative in nature, dealing with claims payment, accessibility, contract administration, TCHP staff members, plan administration, member services, or any TCHP process, and not placed on behalf of a member. 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 832-824-2695.

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

placed on behalf of a member. Provider complaints do not include a provider's dissatisfaction or disagreement with an adverse determination. Provider complaints must be submitted in writing to TCHP using the "Provider Complaint Form," located in the TCHP Provider manual and on the TCHP Web site.

How to file 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:
Network Development Dept.
Texas Children's Health Plan
P.O. Box 301011
Houston, TX 77230-1011
(832) 825-2194
4. The complaint will be investigated and a response will be sent by the Network Development department within 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 the complaint. Please keep in mind that claims are subject to a 180-day appeal and resubmission deadline.

Filing claims appeals and resubmissions

If a claim has been processed incorrectly, a physician's office may file a claims appeal or resubmission within 180 days of the claim processing date to be eligible for payment.

Each appeal and resubmission should be submitted using the Appeal or Resubmission Cover Sheet located in the "Compensation" section of the TCHP Provider Manual and be accompanied by proof of timely filing.

A health plan Explanation of Benefits (EOB) or other health plan correspondence will be accepted as proof of timely filing. For claims filed after May 1, electronic data interchange acceptance reports will be accepted as proof of timely filing.

A rejection report from an electronic-claims vendor is not acceptable proof of timely filing if filing claims electronically.



Marketing guidelines for CHIP and Medicaid products

Texas has established specific marketing guidelines and limitations for the Children's Health Insurance Program and Medicaid health maintenance organizations.

These guidelines ensure consumers receive accurate and unbiased information.

Providers may engage in a variety of activities to encourage families to apply to TexCare Partnership for CHIP coverage.

Examples of acceptable and unacceptable marketing practices include, but are not limited to, the following:

CHIP marketing guidelines

CHIP providers may:

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

CHIP patient-education procedures

CHIP providers may:

- Inform patients of the plans in which they participate
- Inform patients of the benefits, services and specialty-care providers offered through the CHIP plans in which they participate
- At the patient's request, give the patient necessary information to contact a particular health plan
- Distribute or display written health-educational materials or health-related posters (no larger than 16 x 24 inches), provided this is done for all plans in which the provider participates (These materials may list the health plan's name, logo and phone number.)
- Providers may display plan stickers (no larger than 6 x 8 inches) indicating participation with a particular health plan, as long as the sticker does not indicate anything more than "_____health plan is accepted or welcomed

here." In the case of CHIP-specific materials, stickers must feature the TexCare Partnership logo.

Medicaid marketing guidelines

Providers may:

- Display state-approved, health-related marketing materials, provided this is done equally for all plans in which they participate
- 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
- Display plan stickers indicating they participate with a particular health plan as long as they do not indicate anything more than "_____health plan is accepted or welcome here"
- Provide the necessary information for the patient to contact a particular plan at the patient's request, but cannot promote any plan over another

Providers may not:

- Give out or display plan-specific marketing items or giveaways
- Influence a patient to choose one health plan over another
- Influence patients based on reimbursement rates or methodology used by a particular plan
- Stock, reproduce or assist in completing or otherwise handle the enrollment form. (Information can be provided as outlined above and patients can be reminded they can enroll easily over the phone with MAXIMUS by calling 1-800-964-2777. However, the call must be made by the patient, not by the provider or a provider's agent.)

Providers must:

- Inform patients of all health plans in which the provider participates



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Complete information key to filing electronic claims

Texas Children's Health Plan accepts electronic claims for all commercial and Medicaid HMO products it offers. To ensure a claim is processed accurately, the contents of the claim must pass the edits of the claims clearinghouse.

TCHP uses two claims clearinghouse vendors: Envoy and Texas Health Information Network. If a claim does not meet the clearinghouse's requirements, a rejection report will be submitted to the provider's electronic-claims vendor.

To ensure accurate payment by TCHP, it is imperative that providers review these reports in a timely manner and make corrections for resubmission.

Corrections made within 95 days of the date of service can be resubmitted electronically. Corrections made after the filing deadline must be submitted in paper format, along with proof of timely filing and a "Claim Resubmission Form," which can be

found in the "Compensation" section of the TCHP Provider Manual.

Although acceptance reports from an electronic-claims vendor are proof of timely filing, rejection reports are not.

For claims rejected by Envoy, providers will receive a cover letter and electronic data interchange claim copy from TCHP. The EDI-claim copy documents the date of receipt and can document proof of timely filing.

Texas Healthy Steps (THSteps) claims, submitted with type of service, "S," are not accepted electronically.

These claims are accepted only if the type of service is removed from the claim. Otherwise, THSteps claims must be submitted in hard copy.

TCHP's payor identification number through Envoy is 76048. For more information about Envoy, visit its Web site at www.envoy.com.

For assistance with claims processing, contact a TCHP provider relations representative at 832-824-2695.

Tips for filing a claim

1. Claims should be filed using the correct member identification number, including suffix for the child, not parent. The member identification number, birth date and sex must match the identification card. If the card is incorrect, members should contact TCHP's Member Services department to correct the information.
2. Include the dates of service.
3. Claim must have a valid CPT and diagnosis code.
4. Claim must include the name of the rendering physician, tax identification number and address.



The newest additions

Please welcome the following physicians to Texas Children's Health Plan's network of providers:

Primary care physicians

Ho Quang Bui, MD
 Minerva Campos, MD
 Tracy Carter, MD
 Stuart Cohan, MD
 Quentin Collard, MD
 Carlos Duque, MD
 Karen Garibaldi, MD
 Erika Gentry, MD
 Jennifer Harris, MD
 Sheri Mitchell, MD
 Rakesh Patel, MD
 Nomita Pothuluri, MD
 Christina Propst, MD
 Jilly Vidyasagan, MD

Specialty

Family Practice
 Family Practice
 Pediatrics
 Pediatrics
 Pediatrics
 Family Practice
 General Medicine
 Family Practice
 Pediatrics
 Pediatrics
 Family Practice
 Family Practice
 Pediatrics
 Pediatrics

Xanthi Couroucli, MD
 Jerald De La Garza, MD
 Rodrigo Erana, MD
 Peter Holland, MD
 Peter Jones, MD
 Mark Kalish, MD
 Philip Matorin, MD
 Julie McManemy, MD
 Robert Moore, MD
 Cuong Nguyen, DO
 Stephen Patrick, MD
 Ruben Quiros, MD
 Mildred Ramirez, MD
 Seymour Reuter, MD
 John Riggs, MD
 Karen Schneider, MD
 Rajashree Srinivasan, MD
 James Stafford, MD
 John Trautwein, MD
 John Wolf, Jr., MD

Neonatology
 General Pediatric Medicine
 Hematology
 Ophthalmology
 Internal Medicine
 Urology
 Otolaryngology
 General Pediatric Medicine
 Urology
 Otolaryngology
 OB/GYN
 Gastroenterology
 Maternal-Fetal Medicine
 Otolaryngology
 OB/GYN
 OB/GYN
 Physical Medicine & Rehab
 Plastic Surgery
 General Pediatric Medicine
 Dermatology

Specialists

Timothy Bohan, MD
 Elizabeth Bonefas, MD
 Anthony Chang, MD

Specialty

Developmental Medicine
 Surgery
 Cardiology

Vaccines for Children program offers free serum

The Texas Department of Health's Vaccines for Children program purchases and distributes vaccines for Children's Health Insurance Program and Medicaid health maintenance organization members.

When providers obtain serum for CHIP and Medicaid HMO members from the VFC program, the state pays for the serum, and TCHP pays the charges associated with administering immunizations.

Texas Children's Health Plan encourages providers to take advantage of this beneficial program.

To ensure accurate claims processing, providers administering immunizations to CHIP and Medicaid-HMO members should continue to bill TCHP

for both the serum and the administration components of immunizations.

This ensures 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 payment for serum charges with 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 physicians' 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 VFC program division at 1-800-252-9152.

More information on Vaccines for Children can be found on the Center for Disease Control's Web site at www.cdc.gov/nip/vfc. TCHP provider relations representatives also are available to answer questions pertaining to the VFC program.

Health Plan membership lists aid primary-care physicians

Texas Children's Health Plan sends primary-care physicians a listing of Children's Health Insurance Program and Medicaid health maintenance organizations members assigned to their panels by the 10th day of each month.

"Health maintenance organizations are required by the Texas Department of Insurance to send physicians a monthly membership listing," said **Pat Smith**, director of network development. "The listings also provide physicians with a key to the next month's membership, which helps them project future patient volume."

These lists include demographic information, such as member-identification number, 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 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 (formerly MDPortal). For more information on Fax Recall or ePOWER, please contact your provider relations representative.

Specialty care requires referral or authorization

Texas Children's Health Plan members may access medically necessary specialty care through the referral process or prior authorization process.

Primary-care physicians may refer patients to in-network specialists for most specialty care, without 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, which can be found in the "Prior Authorization" section of the TCHP Provider Manual, include:

- All inpatient admissions
- Outpatient ambulatory/surgical procedures
- Hospice
- Home health services
- Rehabilitation therapy (includes physical, speech and occupational therapy)

- Podiatry referrals
- MRIs and CT scans
- Durable medical equipment 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.