





## On-call provider agreement


Texas Children's Health Plan requires all primary care physicians to maintain 24 hour per day, seven day per week access to care. Such access may be provided by the physician or by a covering physician who agrees to accept the terms of the TCHP Provider Agreement. Covering physicians can charge members for copayments, coinsurance, and deductibles, but must not bill members for covered services. Additionally, providers must follow all procedural requirements of the plan, including referral and authorization requirements.

Call coverage arrangements should be designated by completing an On-call Provider Agreement form. A copy of this form is included in the "Provider Responsibilities" section of the TCHP Provider Manual. If you have any questions on how to complete this form, please contact your provider relations representative at (832) 824-2695.

### TCHP Provider Relations Representatives

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## Closing a patient panel

At times it may be necessary for a primary care physician to close his or her patient panel to new members in order to facilitate timely patient care. TCHP's policy and procedure for closing a patient panel is as follows:

The PCP must send a written request to Texas Children's Health Plan's Network Development department, providing 60 days advance notice of the panel closure.

The PCP must continue to accept new patients during this 60-day time period. A PCP may not select an open or closed panel by product. Instead, a closed panel can be selected for all products within a business line (i.e., commercial products or Medicaid products).

TCHP will note a physician's closed panel in the provider directory distributed to new members.

A PCP may reopen the patient panel to new members by submitting a written request to TCHP providing 60 days advance notice.

## Dismissing a member

On occasion it may be necessary for a PCP to discharge a member from his or her panel. Reasons for dismissing a patient may include:

- Inappropriate use of services or benefits
- Threats of physical harm to a provider or his/her office staff
- Non-payment of required copayment for services rendered
- Receipt of prescription medications or health services in a quantity or manner which is not medically beneficial or medically necessary
- Refusal to accept a treatment or procedure recommended by the provider if such refusal is incompatible with the continuation of the patient-physician relationship

- Repeated refusal to comply with office procedures essential to the functioning of the provider's practice or to accessing benefits under the managed care plan
- Other behavior that has resulted in serious disruption of the patient-physician relationship

Prior to dismissing a patient, the primary care physician must counsel the patient regarding the patient/physician relationship. Such counseling must be documented appropriately. Acceptable documentation could include notes in the medical record, an incident report, documentation of missed appointments, documentation of recommended treatment plan, or documentation of appointment reminders. Any other reasons for discharging a patient must be individually considered by TCHP's medical director.

Following unsuccessful attempts to improve the patient/physician relationship,

the primary care physician may proceed with dismissing the patient from his or her panel. To do so, the primary care physician must complete the "Physician Request for Removal of Member From Panel" form, which can be found in the "Provider Rights and Responsibilities" section of the TCHP Provider Manual. This form, along with the supporting documentation described above, must be submitted to the TCHP Network Development department for coordination of discharging the member with the Member Services department.

Upon receipt of a "Physician Request for Removal of Member From Panel" form, the Member Services department will send written notification to the member advising that a PCP reselection is necessary. The requesting PCP will be copied on this correspondence. The requesting PCP should continue to treat the member for 30 days following TCHP's member correspondence.



Texas Children's  
Health Plan  
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# Provider NEWS

January 2002

## Prevnar vaccine in short supply

The present vaccine shortage pediatricians are facing has been the subject of many questions to TCHP Provider Relations staff over the last several weeks. Prevnar, in particular, is in short supply and about 1.5 million doses are needed nationwide to meet current demand. In recent months, less than half the necessary doses were available.

A recent article in *AAP News* by Carla Kemp, M.D., cites numerous reasons for the short supply of all vaccinations, including strict enforcement of the FDA's Good Manufacturing Practices. Some manufacturers have been forced to drop out of the marketplace or required to build new plants. Production issues, decreased yields of biologic materials, insufficient stockpiles of vaccinations, and the elimination of vaccines containing thimerosal are also contributing factors to the present vaccine shortage, according to Kemp.

As manufacturers struggle to meet demand for vaccinations, the AAP and ACIP have issued

recommendations for managing the Prevnar shortage, in particular. According to a recent article in *AAP News* by Gary D. Overturf, M.D., these recommendations include decreasing the number of doses administered to healthy infants, changing current ordering practices, vaccinating high-risk children under five years of age, reducing the number of doses administered to healthy infants under 24 months of age, and deferring all booster doses. When Prevnar supplies have normalized, highest priority should be given to infants who only received two doses. Second priority should be given to infants who received three doses.

When deferring doses of Prevnar, it will be important for pediatricians to maintain a system for identifying patients who require vaccinations. One suggestion is to maintain a list of children who require vaccines and call them when supplies have normalized. Parents also could be asked to call the pediatrician's office on a certain date to check the availability of vaccines.

Physicians can get current information on the availability of vaccines on the AAP's website, [www.aap.org](http://www.aap.org). Information also can be obtained from the CDC website at [www.cdc.gov/nip](http://www.cdc.gov/nip).

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## Outpatient diagnostic service referrals

Texas Children's Health Plan offers a wide selection of providers for outpatient laboratory and imaging services. It is not necessary to complete a TCHP referral form for these services. Providers are asked only to issue a requisition form as specified by the lab or imaging center.

When referring a patient for outpatient laboratory or radiology services, please remember to refer patients to in-network providers.

### In-network providers:

- Laboratory:
- Clinical Pathology Laboratories, Inc.
  - Dynacare Memorial Hermann Laboratory Services
  - Quest Laboratories

Members also can be referred to any in-network hospital for laboratory services.

### Radiology:

- In-network hospitals
- Gulf Coast Open MRI & Diagnostic Center
- Open MRI of Wharton

For additional details regarding in-network providers, please refer to the "Network of Providers" section of the TCHP Provider Manual.