

# the checkup



by  
Texas  
Children's  
Health Plan  
Medical  
Directors

MAY 2017

A monthly publication of Texas Children's Health Plan

## Zika prevention

### Mosquito repellent benefit now available

Texas Children's Health Plan now covers select mosquito repellents for eligible members to help prevent contraction of the Zika virus. This benefit is covered through our prescription benefits at no cost to eligible members. Eligible members include females ages 10-55 years of age, pregnant women of any age and males ages 14 years and older. A prescription is not required as the Texas Medicaid Medical Director has issued a *Texas Medicaid Standing Order for Mosquito Repellent* for use by pharmacies. Texas Children's Health Plan members who use pharmacies that dispense mosquito repellent under this standing order will not require a prescription from their healthcare provider. For complete article and more details, go to [TheCheckup.org](http://TheCheckup.org).



### In this ISSUE

- 2 Attention STAR Kids Providers: Prior authorization required
- 3 Telemedicine and Telehealth benefits to change
- 4 No prior authorizations required for in-network observations
- Inpatient authorization requests through Clear Coverage

### Specialists and Facilities

PO Box 301011  
Houston, Texas 77230



NONPROFIT ORG.  
U.S. POSTAGE  
PAID  
PERMIT NO. 1167  
N. HOUSTON, TX



# Prior authorization required

### All Services

Texas Children’s Health Plan requires prior authorization (PA) for all services on the Prior Authorization Requirements list. To obtain the list, go to <http://tinyurl.com/muss5we>

Additionally, in order to improve efficiency of authorization requests, Texas Children’s Health Plan prefers submission of authorizations with the “Texas Standard Prior Authorization Request Form for Health Care Services.” To obtain the Texas Standard Prior Authorization Request Form for Health Care Services, go to <http://tinyurl.com/mh9vk7l>

**Prior authorizations need to be submitted to Texas Children’s Health Plan by faxing the request form and associated attachments to 844-473-6860.**

If the PA request is denied, providers may request an appeal by faxing the request to 832-825-8796. To assist Texas Children’s Health Plan in your request, please include the following in your submission:

- The reason for your appeal
- A copy of the denial letter
- Clinical documentation

You can also contact Texas Children’s Health Plan’s Utilization Management department at 877-213-5508, option 5 for further information.

### Pharmacy

Texas Children’s Health Plan began enforcing pharmacy prior authorization (PA) requirements for STAR Kids members April 15.

STAR Kids members who received a prescription between 11/1/16 and 4/15/17 were not subject to normal PA requirements. PA requirements were temporarily lifted during this period to help facilitate the transition to STAR Kids.

After 4/15/17, all prescriptions for STAR Kids members are subject to normal PA documentation, including non-preferred drugs and drugs that require clinical edits. Some of your patients may have active prescriptions that require a prior authorization in order to be refilled after 4/15/17.

Texas Children’s Health Plan has mailed you a list of patients and medications that require PA documentation. You should have received this mailing by 3/23/17. Please contact your Texas Children’s Health Plan Provider Relations Manager for questions.

PA forms can be found here: <https://www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx>.

Fax completed PA forms to 855-668-8553.

**Please call Navitus with any questions on PAs: 877-908- 6023.**



## How to find a STAR Kids Coordinator

STAR Kids providers can now see who the assigned service coordinator is in the Texas Children’s Health Plan Provider Portal. When an eligibility verification is done, the named coordinator and phone number will appear at the bottom of the form.

Service Coordinators are member-centric. While Providers have access to this information, many of our providers will need to contact multiple Service Coordinators when they treat multiple STAR Kids.

The Service Coordinator should not handle questions about billing, claims, how to join the network, Texas Children’s Health Plan policies/guidelines, etc. For these types of questions, providers should contact the provider services numbers **877-213-5508 for claims and 800-731-8527 for all other inquiries.**



JUNE 2017  
SUN MON TUE WED THU



## Telemedicine and Telehealth benefits to change for Texas Medicaid as of June 1

*Information posted April 14, 2017*

**Note:** Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details. Effective for dates of service on or after June 1, 2017, Telemedicine and Telehealth benefits will change for Texas Medicaid.

The Overview of Benefit Changes and other details can be found at [TheCheckup.org](http://TheCheckup.org).



  
Texas Children's  
Health Plan

## Notify Texas Children's Health Plan if you change or update your software

Please be sure to notify Texas Children's Health Plan in writing prior to any system software change or update. Providers need to do this to allow Texas Children's Health Plan to waive any filing deadline issues that are related to the installation of the new software/system during the system transition period requested by the provider. Texas Children's Health Plan staff are also available to assist in the testing of new claims software to ensure the correct transfer of information. If you are interested in using this service, please contact Texas Children's Health Plan Provider Relations at 800-731-8527.



# Inpatient authorization requests through Clear Coverage

For further reading, you can go to our website and log-in to **Provider TouCHPoint** to learn more about important topics.

Texas Children's Health Plan is excited to announce the upcoming implementation of Clear Coverage for inpatient authorization requests beginning May 1, 2017. Clear Coverage is a web-based system that provides an automated method for providers and health plans to manage authorizations for inpatient services at the point of decision. Clear Coverage enables automated authorization, notification, eligibility and direction of members to in-network service providers. Clear Coverage provides the following benefits:

- Providers have immediate access to coverage, medical appropriateness and network rules, driving the consistent application of evidence based medicine.
- Providers have transparency into the evidence based medical necessity.
- Allows for Health Plans to do exception based UM and only touch those requests that do not meet medical necessity.
- Secured PHI transmission
  - Scanning and attaching only required elements from the medical record, reducing the need to print and fax.
- Faster turnaround around times
  - Due to an instant decision based on medical necessity, when applicable.
  - Eliminates need for numerous call backs when clinical is attached to the request.

©2017 McKesson Corporation. All Rights Reserved. PROPRIETARY AND CONFIDENTIAL.  
Produced in Cork, Ireland

the **checkup**

is published monthly by Texas Children's Health Plan.

Manager, Marketing  
**Parker Amis**

Editor  
**Christina Brennan**

Designer  
**Scott Redding**

@2017

Texas Children's Health Plan.  
All rights reserved.

PO Box 301011  
Houston, Texas 77230-1011  
05/2017

## No prior authorizations required...

### for Texas Children's Health Plan in-network observations



1. In-network Observation stays do not require prior-authorization.
2. Hospital stays that include less than two bed days (less than "two midnights") at the time of submission will be categorized as Observation Level of Care with some exceptions.
3. All requests for prior authorization for inpatient admissions are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
4. Texas Children's Health Plan requires clinical documentation to be provided to support the medical necessity of the inpatient care, including but not limited to: emergency room note, admission and clinical notes, pertinent labs, consults, and treatment plans.
5. Texas Children's Health Plan covers medically-necessary acute inpatient level of care when the services meet accepted standards of InterQual® Acute Level of Care Criteria.
6. An outpatient observation patient may be advanced to inpatient status after 48 hours when it is determined the patient's condition and intensity of service meet inpatient criteria as defined by InterQual® Day 1 criteria.
7. All requests for Inpatient admissions that do not meet the guidelines referenced here will be referred to a Texas Children's Health Plan Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
8. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility.

*Note: This is an abbreviated article. Please go to [TheCheckup.org](http://TheCheckup.org) for complete article and a more detailed description of our observation requirements.*