



6330 West Loop South, Suite 800  
Houston, Texas 77401  
Attn: Provider Relations  
Tel. 832-828-1008

11/8/2017

Dear Provider:

We are writing in reference to the waiver of CHIP co-payments for members with a permanent address in one of the Hurricane Harvey Federal Emergency Management Agency declared disaster counties. FEMA-declared disaster counties for Hurricane Harvey can be found online at <https://www.fema.gov/disaster/4332>.

Co-payments are waived for services provided August 25, 2017 through November 30, 2017. Therefore, providers must not require or collect co-payments for CHIP members living in or displaced from a Hurricane Harvey FEMA-declared disaster county during this time frame.

Texas Children's Health Plan (TCHP) will compensate providers for waived CHIP co-payments for its members. Providers must complete and submit the attached template invoice and attestation form to receive reimbursement in one lump sum. To ensure timely processing, invoices should be submitted after February 1, 2018 but not later than May 1, 2018. Please file all claims with service dates during the waiver period to TCHP before sending the lump sum invoice to assist TCHP with reconciling the invoice against claims data.

Please send the completed template invoice and signed attestation form, electronically, to the following e-mail address:

tchpfinance@tchp.us

If you need any further assistance, please contact Provider Relations at 832-828-1008 regarding this matter.

Sincerely,

Texas Children's Health Plan, Inc.

# Invoice



**Texas Children's  
Health Plan**

Date:  
Invoice #:

TO: Texas Children's Health Plan  
6330 West Loop South Suite 800  
Bellaire, Texas 77401  
Phone 832-828-1008  
tchpfinance@tchp.us

FROM:

Service Period	Description	# of Waived Co-payments	\$ Total
8/25/17 – 11/30/17	CHIP Co-payment Reimbursement		
		Total	

**Note:** To ensure timely processing, please file all claims with service dates during this waiver period to TCHP before sending this lump sum invoice.

Please send completed invoice and signed attestation form to tchpfinance@tchp.us.



I, \_\_\_\_\_, certify that the attached invoiced amounts represent co-pays that my practice did not collect for dates of service on August 25, 2017, through November 30, 2017, for CHIP members with a permanent address in one of the Hurricane Harvey FEMA-declared disaster counties,<sup>1</sup> in accordance with direction from Texas Health and Human Services.

The above and the attached are true and correct to the best of my knowledge and belief. I know that I may be subject to penalties if I provide false or untrue information. All original documents will be retained and preserved as required by law, and such documents will be submitted, or access to such documents permitted, as required by HHSC or any agency of the state or federal government, or their representative(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> A list of FEMA-declared disaster counties is available at: [www.fema.gov/disaster/4332](http://www.fema.gov/disaster/4332)