Texas Children's Link

USER GUIDE

AUDIENCE: COMMUNITY PROVIDERS, PROVIDERS PARTICIPATING IN THE TEXAS CHILDREN'S CLINICALLY INTEGRATED NETWORK (CIN) AND ASSOCIATED STAFF, PROVIDERS PARTICIPATING IN THE TEXAS CHILDREN'S HEALTH PLAN AND ASSOCIATED STAFF

EPIC VERSION MAY 2025

LAST REVISION DATE: 1/20/26

Texas Children's Link

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GETTING STARTED

Texas Children's Link ("Link") is a web-based tool providing providers and their staff real-time access to Texas Children's clinical information and/or Texas Children's Health Plan ("TCHP") information (member eligibility, benefits, prior authorizations, claims, etc.) for their patient population. It also allows users to perform important functions like submitting clinical orders and referrals and submitting TCHP pre-authorization requests, claims and appeals.

Users may have access to clinical functionality and/or TCHP functionality based on the following criteria:

- **Clinical functionality** can typically be requested if the submitting user is part of a hospital or clinic that has a primary care or referring relationship with a patient being cared for at Texas Children's.
- **Health Plan functionality** can be requested by individual and group providers who are part of the Texas Children's Health Plan network, and their staff.

SYSTEM REQUIREMENTS

To access Texas Children's Link, the user must have an active internet connection and a web browser such as:

- Google Chrome version 88 or later.
- Microsoft Edge version 88 or later.
- Mozilla Firefox version 78 or later.
- Safari version 14 or later.

How to log in:

1. Open web browser and access the following URL:

   Texas Children's Link

2. Enter the user ID and password provided and press **Enter.**

Note: If this is the user's first time logging into Texas Children's Link, the user will be prompted to change their password. To use Texas Children's Link, the user must read and accept the Terms and Conditions. After the user agrees to the Terms and Conditions, they will be logged in to Texas Children's Link.

What's Next?

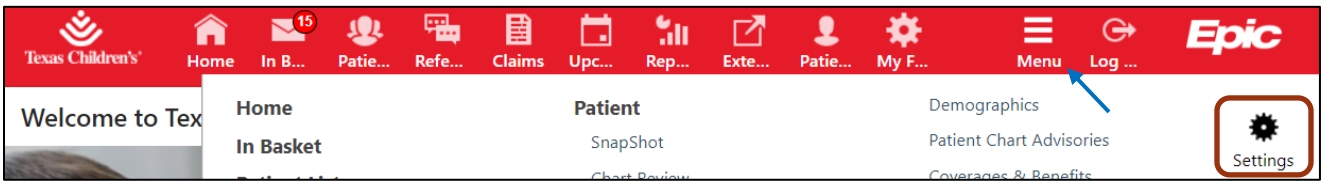
- ✓ **Change your password**
- ✓ **Set up personal challenge questions (accessible via Utils):** If the user forgets their password, they can reset it by correctly answering the challenge questions.
- ✓ Set up **Multi-factor Authentication**

SECURITY: CHANGE PERSONALIZED PASSWORD AND SET UP CHALLENGE QUESTIONS

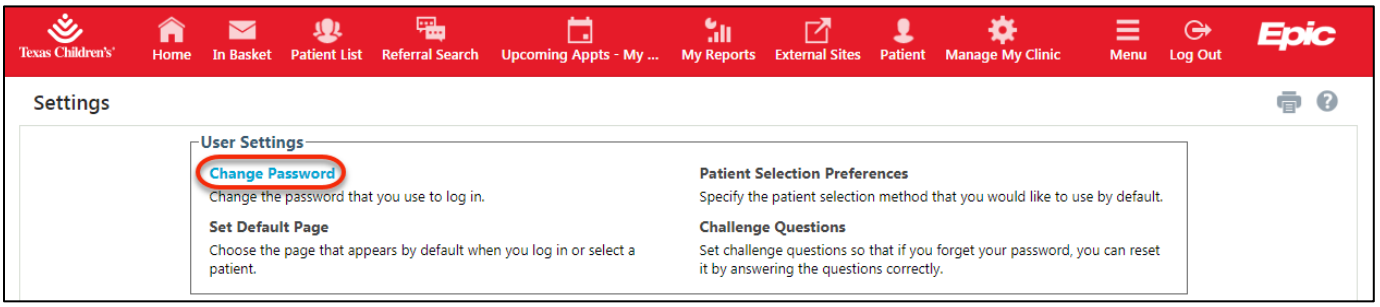
To change a personalized Texas Children's Link password or setup challenge questions, the user must follow the following steps.

TO CHANGE PASSWORD

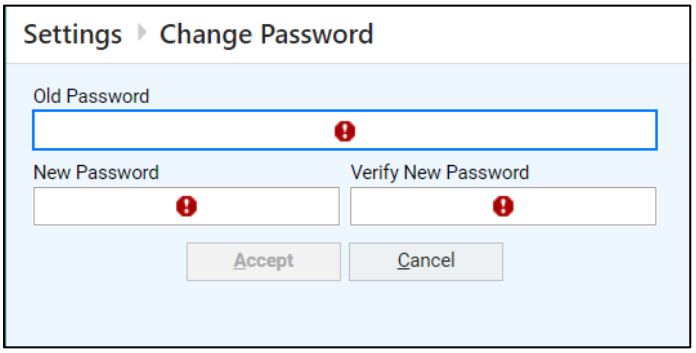
1. Click the **Menu** button then **Settings** located on the right of the header.



2. Click **Change Password**.



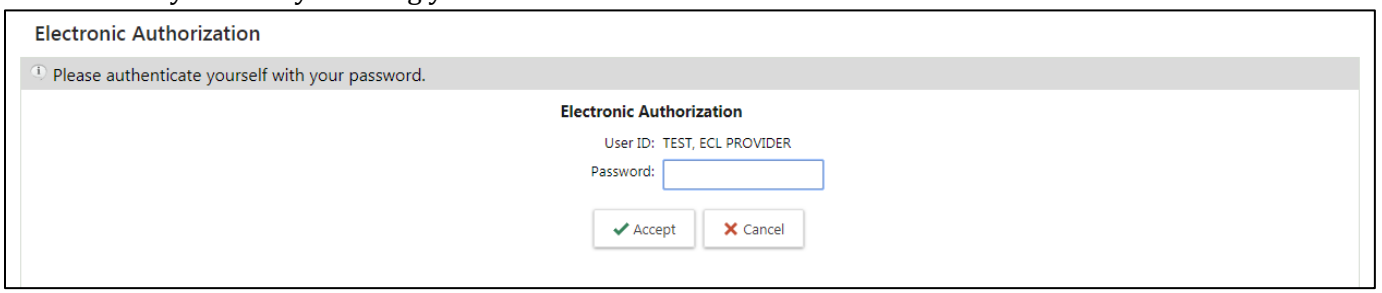
3. Fill in **Required Item** fields.



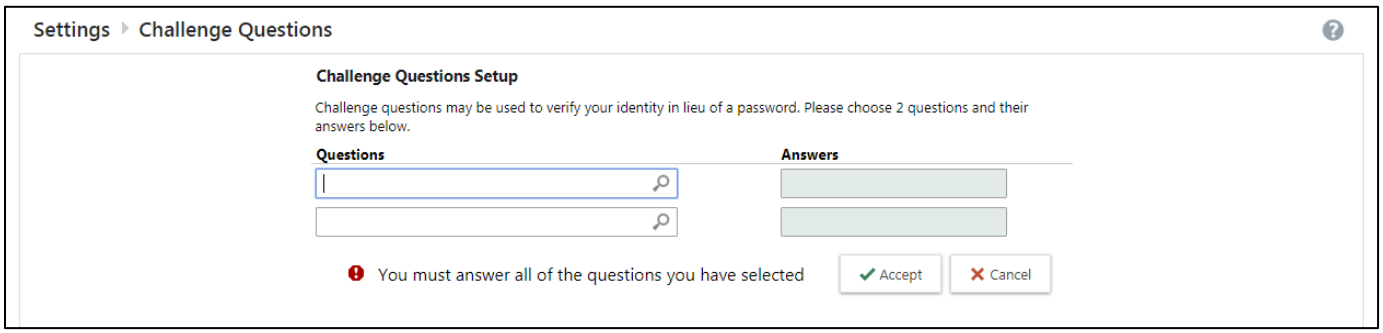
4. Click **Accept.**
5. The password has been changed.

TO SET UP CHALLENGE QUESTIONS

1. Click the **Menu** button then **Settings** located on the right of the header.
2. Click **Challenge Questions**.
3. Authenticate yourself by entering your **Password**.



4. Click **Accept**.
5. The Challenge Questions Set up will open.
6. The user will **choose the question**(s) they want to populate in the field and **enter the answers** used to authenticate themself.



7. Click **Accept.**

Note: ***Ninety (90) days of inactivity will cause user's login to be disabled.***

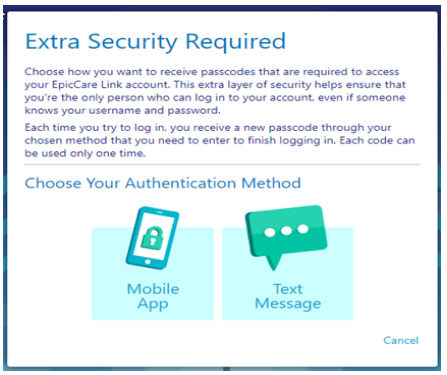
SECURITY: MULTI-FACTOR AUTHENTICATION (MFA)

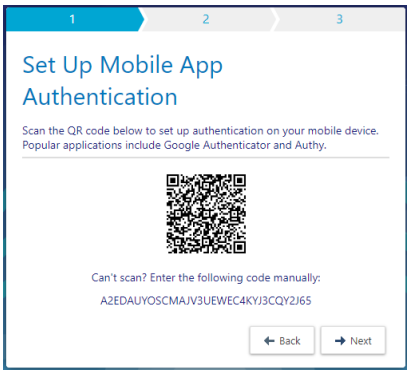
(Implemented 7/26/2021)
Texas Children's is aligning with current Information Security best practices to ensure appropriate protection of patient health information. MFA will add one additional step in the login process and ensure user accounts are accessed by the individual person assigned to the account.

TO CONFIGURE YOUR SETTINGS:

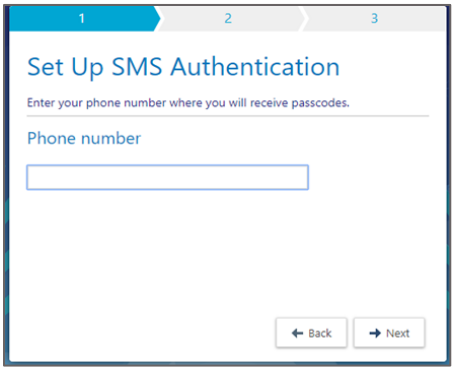
1. Upon login, you will be prompted to **configure your MFA settings**; available options include text messaging or a mobile MFA app of your choosing. Texas Children's recommends the TEXT MESSAGE workflow to ensure proper customer service should you require assistance with configuration.

   Please follow the instructions to either:
   - **scan the QR Code** in the mobile app for Mobile App authentication… ***or***
   - **enter your cell phone** number for SMS Authentication.





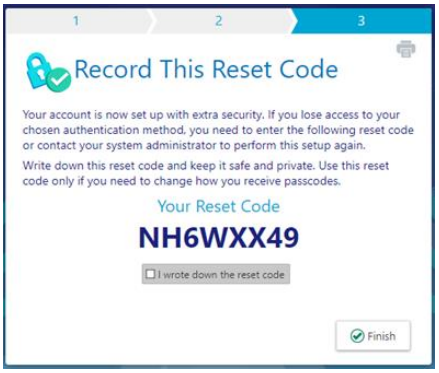
...or...



2. Click "Next" to receive a code via your selected authentication method. Enter the **code** to confirm authentication. Click "Verify."

3. After completing MFA configuration, you will be presented with a **RESET CODE**. Please save this code for your records as it can be used to reset your configuration preferences in the future.

   Note: This code will only be presented at the time of configuration and will not be accessible after selecting "Finish."



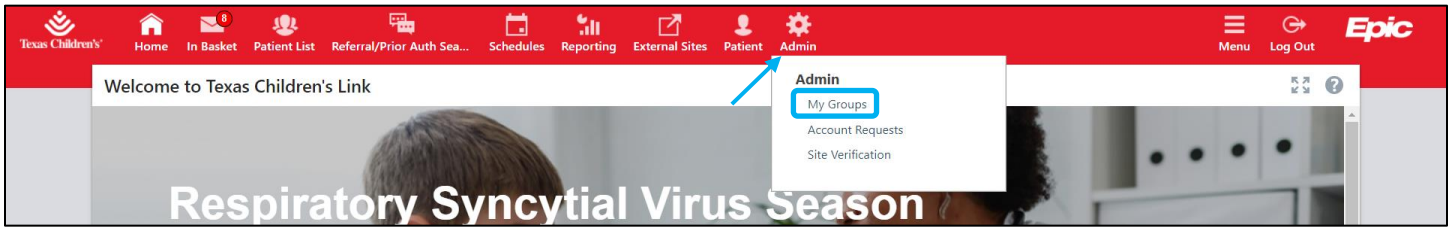
4. **Configuration is now complete**! The next time you log in to Texas Children's Link, a code will automatically be sent via your selected authentication method and must be used to complete the login process.

SITE ADMINISTRATOR – MANAGE MY CLINIC

Each site/clinic has one designated "Site Administrator." This person has the responsibility and access to:

- Terminate user(s)
- Perform Site Verification, when required

From the top navigation pane, hover over "**Admin**", the site manager selects **My Groups** to view and update his clinic's users.



Activities include:

- **My Groups** – List of clinic users and their demographics. Here you can:
  - View login IDs
  - View last login
  - View contact information (ex. name, phone number, email address, etc.)
  - *Deactivate users in real-time. It is the Site Administrator's responsibility to deactivate users who are no longer associated with the clinic or practice.*

SUBMITTING A NEW ACCOUNT REQUEST FROM WITHIN TEXAS CHILDREN'S LINK

With the implementation of Site Wizard for Texas Children's Link, the Link portal now features a functionality that allows Site Administrators to place new account requests directly within the portal.

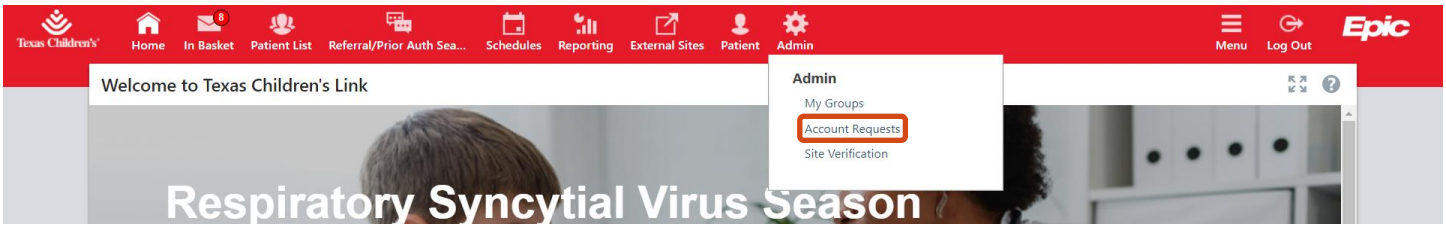
New account requests consist of requests for **new users** and **new sites**.

New User

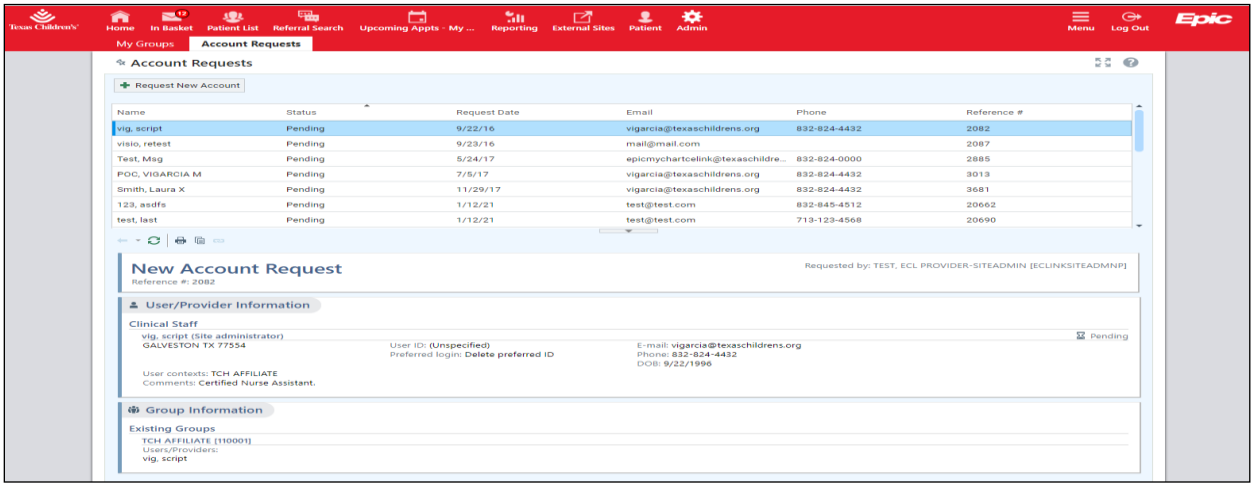
To add a new user to your clinic/site, the site administrator must:

1. Log in to Texas Children's Link

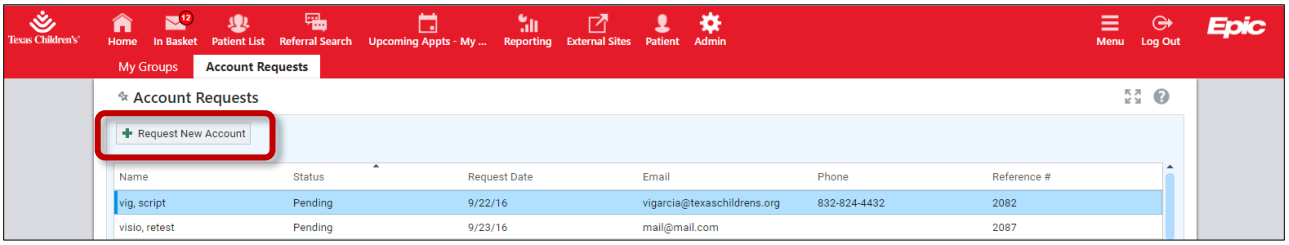
2. Hover over Admin and select Account Requests

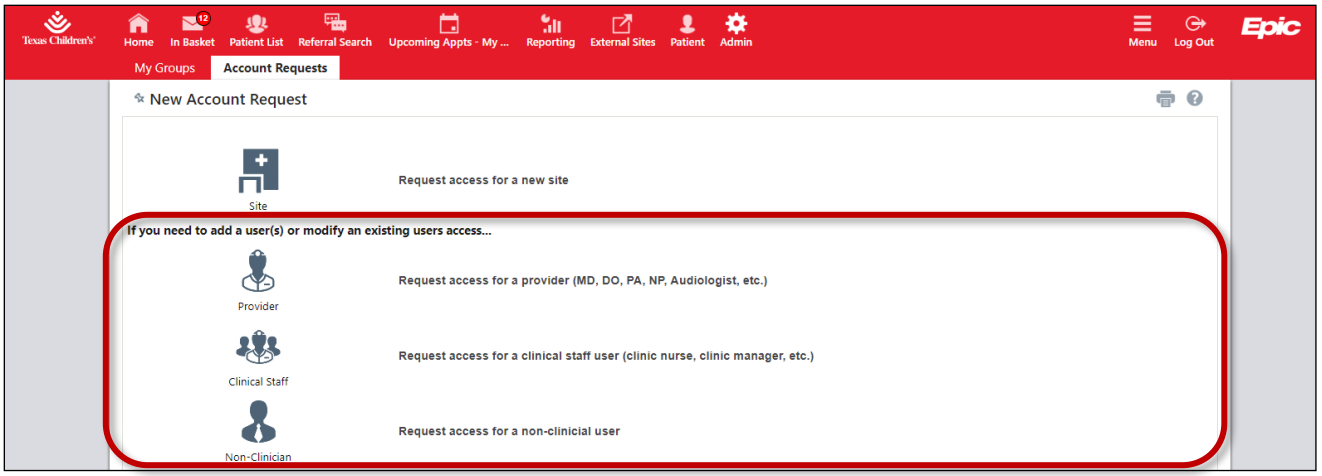


Note: *To view previous requests submitted for users in your practice, scroll through the available list to check the Name, Status, and Request Date.*

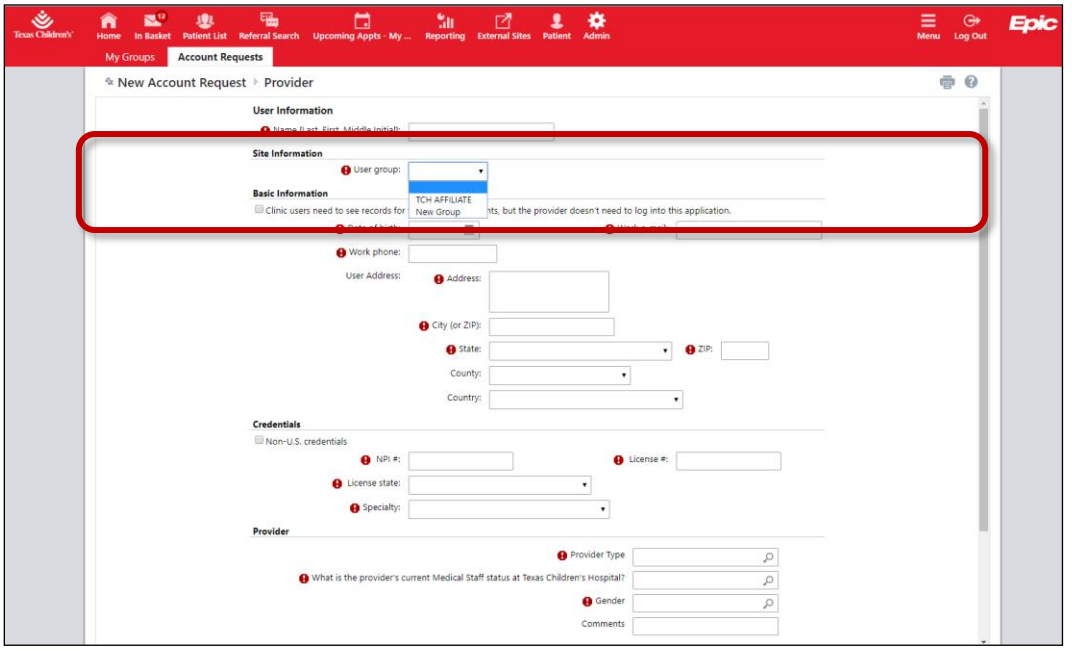


3. Select **Request New Account** and follow the prompts to complete the necessary information fields for each new user.





Note: *When completing a new account request from within Texas Children's Link, the Site Administrator will be able to select their Site Information from the available dropdown box instead of being required to fill in individual fields for site demographics. Any site for which you are the designated site administrator should be listed in the dropdown options. Select the correct site to which you are wanting to assign the new user.*



New Site

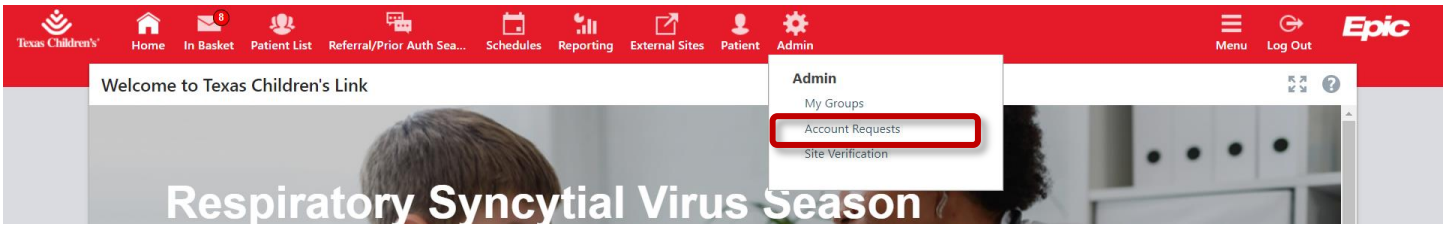
Site Administrators should only request a New Sites when purposefully choosing to do one of the following:

- **Split the existing clinic/site** into multiple physical locations with separately defined provider and user groups for each location (no viewing or sharing of patient information will be available between the split sites).
- **Create a secondary clinic/site** for which you are also the site administrator.
  This type of request

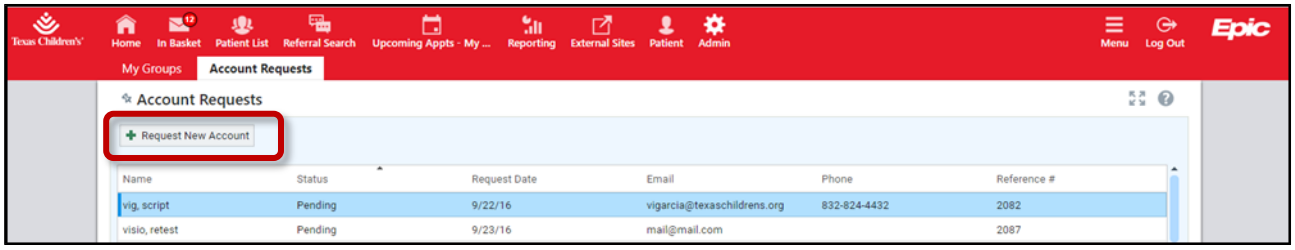
To create a new site, the site administrator must:

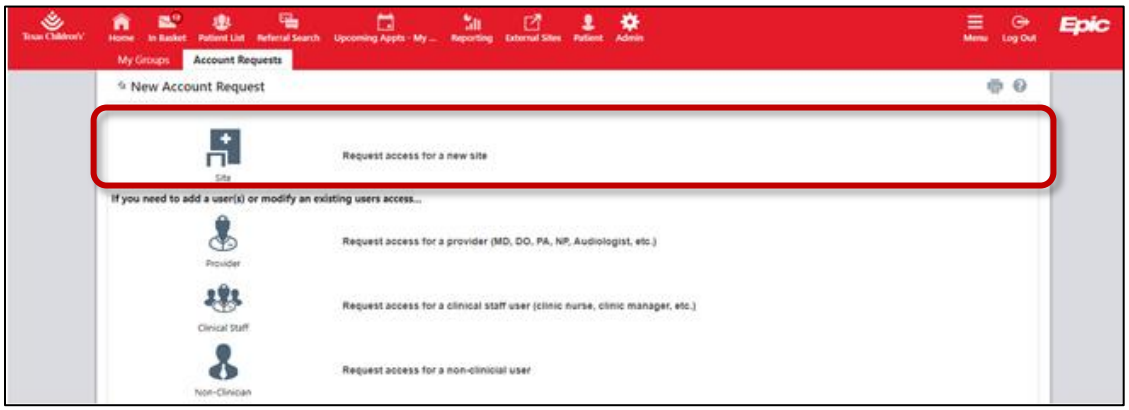
1. Log in to Texas Children's Link

2. Hover over Admin and select Account Requests



3. Select **Request New Account** and follow the prompts to complete the necessary information fields for a new site.





USER TYPES

Each user is assigned an access type by Texas Children's based on their job role and the information submitted with their Link access request form. When requesting access, site administrators should select the appropriate level of access needed for the user to perform their job functions. There are four primary access types:

- Provider, which requires licensing information (ex. NP, PA, MD, etc.)
- Clinical Staff (ex. RN, LVN, MA, etc.)
- Non-Clinician (ex. front desk, CBO)
- Payor (Ex. Payor Utilization Review, Case Management)

Each user type may have access to **clinical functionality** and/or **health plan** functionality based on the following criteria:

- **Clinical functionality** can be requested if the submitting user is part of a hospital or clinic that has a primary care or referring relationship with a patient being cared for at Texas Children's Hospital. Users who are part of our clinically integrated network may also be eligible to receive **CIN functionality**.
- Individual and group providers who are part of the Texas Children's Health Plan network may request access to **health plan functionality** for their providers and staff.

Based on review of the user's Link request, the access level deemed most appropriate will be granted; some users will have access to clinical functionality, health plan functionality, or both.

Available features by role are summarized below.

Texas Children's Link Access by Role				
Feature	**Provider**	**Clinical User**	**Non-Clinical User**	**Payor**
Features available to users with Health System functionality				
Place and cancel orders and referrals	X			
Search and access all Texas Children's patients *Payors able to search based on patient demographics and member ID	X			X*
Create a new Texas Children's patient record if needed to place order or referral	X			
View clinical information for patients on Patient List *Urgent Care Facility and Emergency Center providers must use the search functionality to view patient clinical information.	X*	X		X
View event dashboard to quickly view patient events	X	X	X	X
View demographics	X	X	X	X
View upcoming appointments	X	X	X	X
Use InBasket communication tool (limited functionality)	X	X	X	X
Features available to users with TCHP functionality				
Search and access all Texas Children's patients	X			
Submit, cancel and appeal pre-authorization requests to TCHP	X	X	X	
Search and access all TCHP members	X	X	X	
Submit, Review and Appeal Claims to TCHP	X	X	X	
View TCHP Remittance Advice	X	X	X	
View TCHP member eligibility and benefits	X	X	X	
View event dashboard to quickly view patient events	X	X	X	
View Demographics	X	X	X	
View upcoming TCH appointments	X	X	X	
Use InBasket communication tool	X	X	X	
Additional features available to users with CIN functionality				
Ability to schedule appointments	X	X		
Ability to create a new TCH patient record if needed to make an appointment	X	X		

PATIENT LISTS

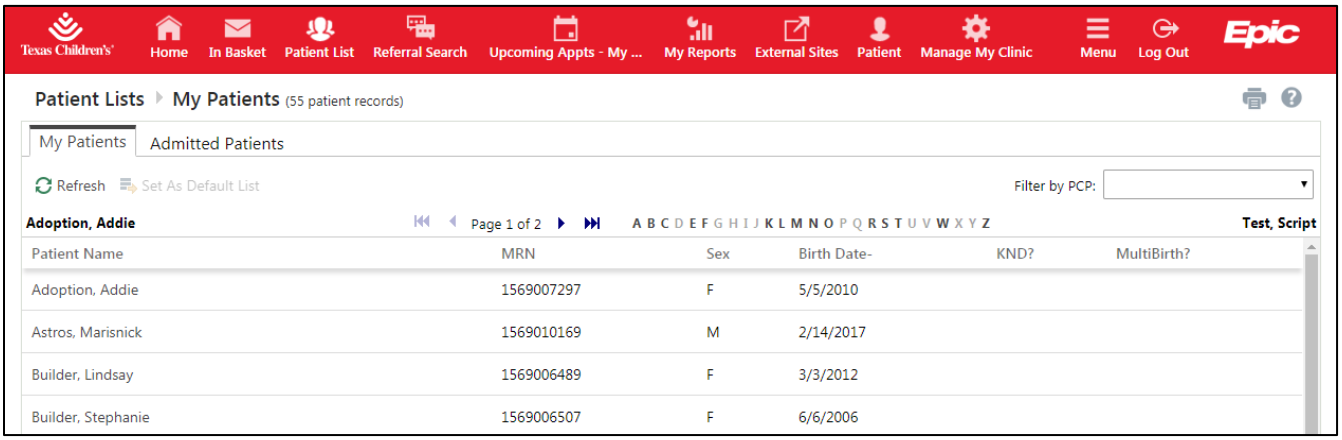
For providers and associated office staff that have access to the *clinical functionality* of Texas Children's Link, patient lists are system generated lists of patients associated with a provider – or other provider(s) in his practice. Patients are included on a provider's list if one of the following conditions are met:

1) Texas Children's has a documented relationship in the EMR between the patient and the provider. A Documented Relationship includes Primary Care Provider, Referring Provider or Authorizing Provider.
2) Texas Children's Health Plan has a documented relationship between a member and the provider. A documented relationship includes the member's assigned Health Plan PCP or the provider has submitted a claim for the member.

Note: Patient lists are unavailable for Urgent Care Facility and Emergency Center providers and their associated office staff. Providers from these sites must utilize the search functionality to view patient records (see page 14 for more information).

There are two types of patient lists:

- **My Patients** – List of current patients and members.
- **Admitted Patients** – List of patients currently admitted to Texas Children's Hospital.



How long does a patient remain on my list?

- ✓ If the provider is the patient's Primary Care Physician, access will continue for 365 days after patient's last encounter at Texas Children's Hospital.
- ✓ If the provider is an Authorizing Provider or Referring Provider, access is granted for 120 days following the order or referral.
- ✓ Access will continue if the Provider has admitting privileges and the patient has a current "admitted" status for 120 days.

What if my patient list does not display properly?

Patient list → My Patients (### Patient Records) this count shows the total patients with whom the clinic has a Documented Relationship. If this list contains over 2,400 patients, users will receive the following message "There

are too many patients on your list to display. Search your list *here*." Clicking the *red* ***here*** hyperlink allows the provider to manually search his patient list. The user can also narrow down the list by selecting a specific provider's name from the Filter by PCP section. When the user clicks the drop-down list, provider names will appear. Selecting an individual name shows the patients who have a documented relationship with that individual.

What if my patient's PCP or contact information is incorrect?

If the patient's PCP or contact information needs to be updated, please do the following:

- If the clinical PCP is incorrect, ask the patient or their family to contact the Texas Children's Hospital Patient Contact Center at 832-824-2778.
- If the patient is a health plan member whose Health Plan PCP or contact information is incorrect, ask the patient or their family to contact the Texas Children's Health Plan Member's Services Center at one of the following per product:
  - CHIP: 1-866-959-6555
  - STAR: 1-866-959-2555
  - STAR KIDS: 1-800-659-5764

What if my patient has two MRNs?

If you note duplicate patient MRNs, please notify us by sending an email to: ProviderConnect@texaschildrens.org. Please include the MRN, Patient Name, and DOB for both MRNs.

What if I'm caring for a patient not on my list?

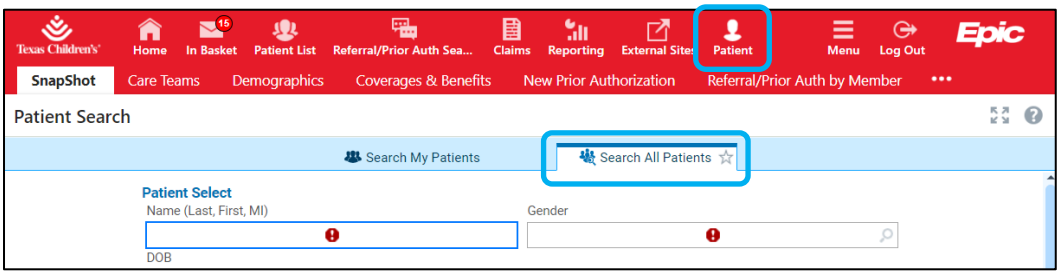
Within **My Patients** List, providers can search the Texas Children's patient population for patients with whom the provider does not yet have a Documented Relationship. The provider must document the reason for accessing the patient's chart and will have access to the chart for 72 hours.

Non-provider users with access to health plan features may also search for members not available on the Patient List. To use this feature, the search must be performed using demographic information and the TCHP member ID. The user must document the reason for accessing the patient's chart and will have access to the chart for 72 hours.

Note: This feature should only be used when required for continuity of care and should not be used to view or obtain the Protected Health Information of individuals not under the provider's care, including the provider's family. Texas Children's audits records that are accessed using this feature and will suspend access if used inappropriately. See Terms and Conditions for additional information.

SEARCH ALL PATIENTS:

1. Open the **Search All Patients** section.
2. Enter the patient's **Name**, **Gender** and **DOB**.
   - Non-provider users with access to Health Plan features will also be required to enter the **Member ID**.



3. Patient Selection Confirmation box populates.
4. Carefully check to ensure the results contain the correct patient.
5. Provider must enter **Reason** and **Comment** for entering a patient record. Click **Select.**
    - Note: You do not need to open the members profile to check eligibility. There will be a screen that shows this information before finalizing this step. If you only need eligibility information, please do not proceed with this process.

CREATING A NEW CHART:

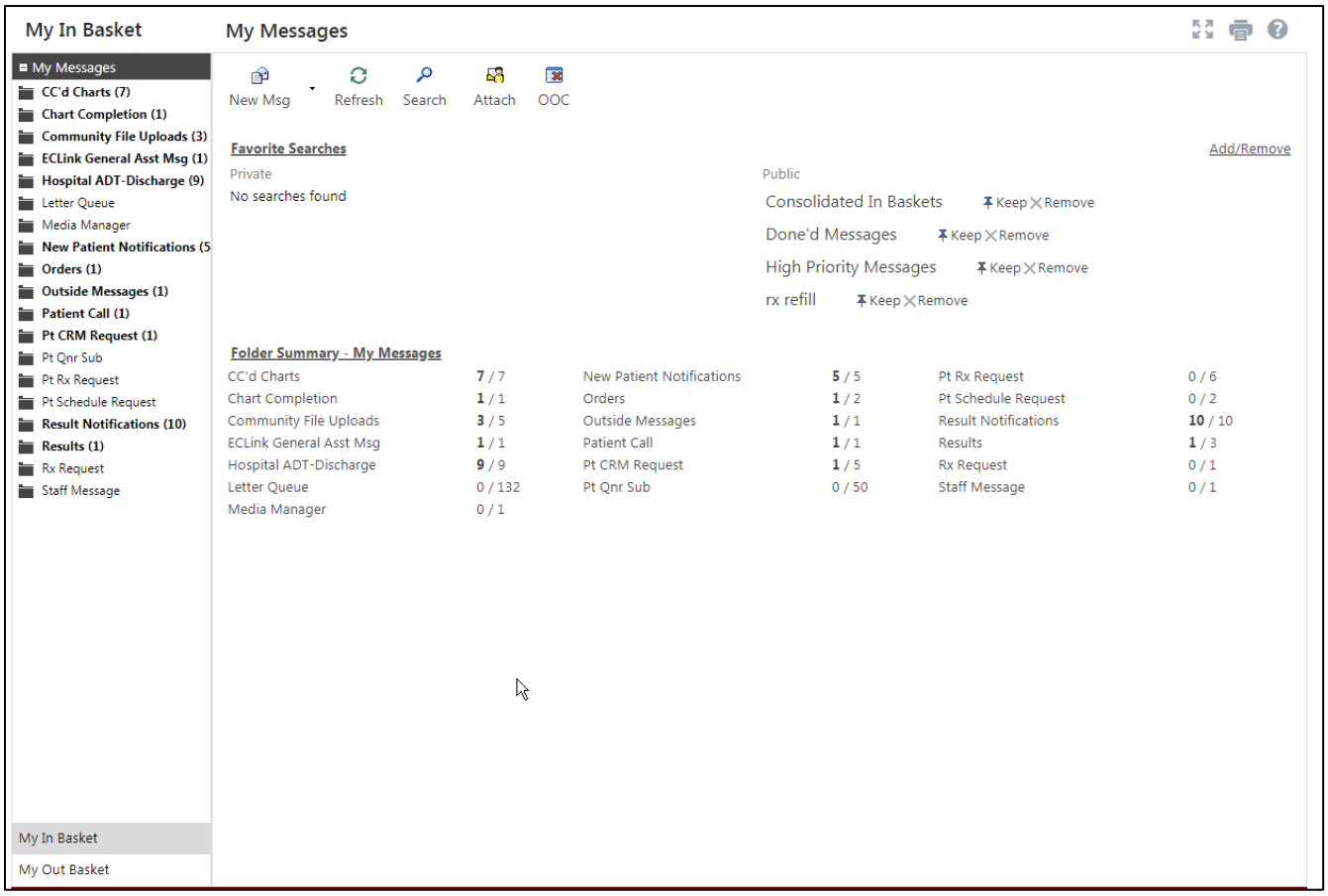
1. Click ***Create a New Chart*** and complete all required and recommended items.

Note: Creating a new patient will not show any records. It only allows the clinician to place an order for a patient.

IN BASKET

Having a Link In Basket allows users to receive communication from Texas Children's much more quickly. Many results and communications are sent to the users In Basket automatically, while other results and communications are sent based on the provider's communication preference documented in the Texas Children's Epic system (In Basket, fax, or mail).

The "*My In Basket*" folder on the left side of the screen displays all the message types for which the user currently has messages. The folders are categorized based on the type of message.



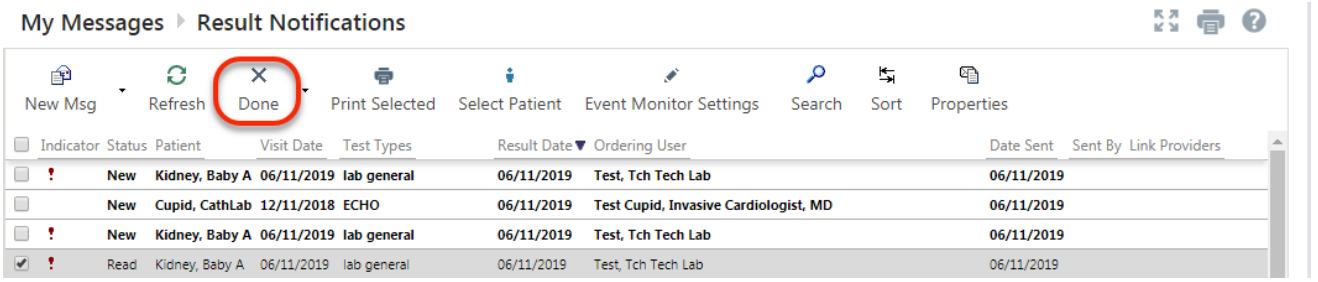
Under the My In Basket folder lists, users are provided with an additional navigator section allowing them to access additional information such as:

- **Results:** (*Clinical staff or Providers only*)
- **Event notifications**

If there are any new messages in a given folder, the title appears in bold font and the number of new messages appears in parentheses. To see the messages in a specific folder, click the folder title in this column or in the Folder Summary.

To read a message:

1. Click **Folder**.
2. Click **Message** to review results.
3. Click "**Done**" to delete the message.



The most common folders a user may have in their In Basket are:

- **Staff Messages:** Staff Messages are sent by staff members or providers of Texas Children's to members in your practice. They are commonly used to convey non-patient-related information—although you can associate specific patients with them—and basic administrative topics. It is important to note any patient information sent in a Staff Message is not saved as a part of the patient's record.
- **Inpatient Notifications:** These messages contain Event Monitor information for inpatient encounters.
- **New Patient Notifications:** These messages contain Event Monitor information for new patients added to your patient list.
- **Result Notifications:** These messages contain Event Monitor information for lab results.
- **ED Notifications:** These messages contain Event Monitor information for emergency department encounters.
- **Referral Notifications**: Referral Notification messages are sent to notify community physicians and staff of the status of referrals they have created and appointments associated with an approved referral.
- **Letters** - The letters folder contains correspondence from specialist to the primary care or referring provider regarding the patient's diagnosis and recommended treatment. These may also contain information concerning upcoming appointments and test results.
- **CC'd Charts:** These messages include patient charts that another provider has carbon-copied to him for his review. Providers can choose to send a CC'd Charts message to another provider when they are working in an encounter or reviewing a patient's chart. These messages are usually informational only.
- **Hospital ADT – Admission**: Hospital ADT messages notify you that a patient of yours has been admitted to the hospital. They are sent to patients' primary care providers and other members of the patient care team when hospital admissions are created in ADT. They are informational in nature, although you can review the patient's chart and related flowsheets directly from the message.
- **Hospital ADT – Discharge:** These messages notify the provider a patient of his has been discharged from the hospital. They are sent to patients' primary care providers and other members of the patient care team when a hospital discharge is created in ADT. They are informational in nature, although the provider can review the patient's chart and related flowsheets directly from the message.

The system allows Link users to send multiple types of messages:

- CRM
- Upload Document – this function should only be used to submit clinical documentation to the Texas Children's Health Information Management department to be uploaded to the patient's chart. **This function should not be used to submit documentation to the Texas Children's Health Plan. See Customer Relationship Management (CRM) section on page 57 to learn how to submit documentation to Texas Children's Health Plan.**

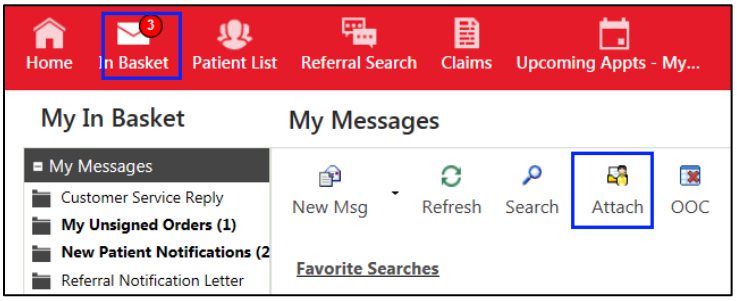
To send a message, click on the type of assistance needed, provide the information the system asks, give a brief description of the issue, and click "Send Message". A Texas Children's representative will receive the message, contact the person, and address your issue.

ALLOW OTHER USERS TO ACCESS YOUR IN BASKET

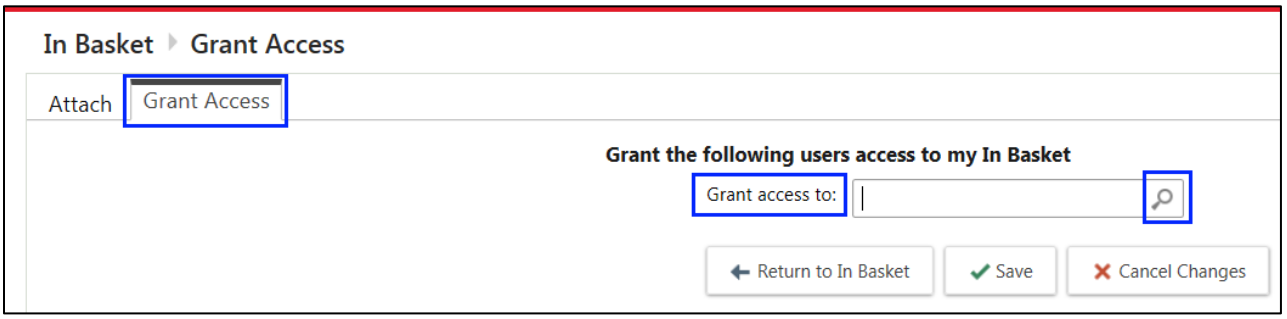
Provider users may want a staff member to have access to communications that are sent to their In Basket. In this case, you have the ability to "attach" an In Basket to another User. The Provider must first "grant" access to the User requesting access, then that User will be able to access the Provider's In Basket.

To "grant' access for another User to access your In Basket, follow the steps below.

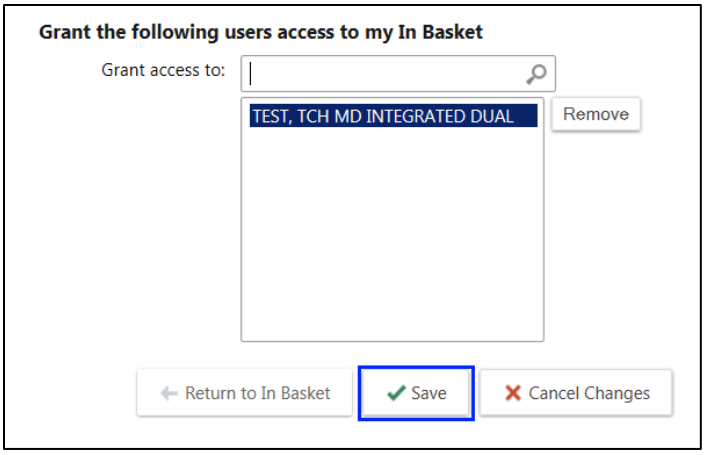
1. When you are logged in as the Provider, navigate to the **In Basket**.



2. Click on the **Attach** button.
3. Click the **Grant Access** tab.



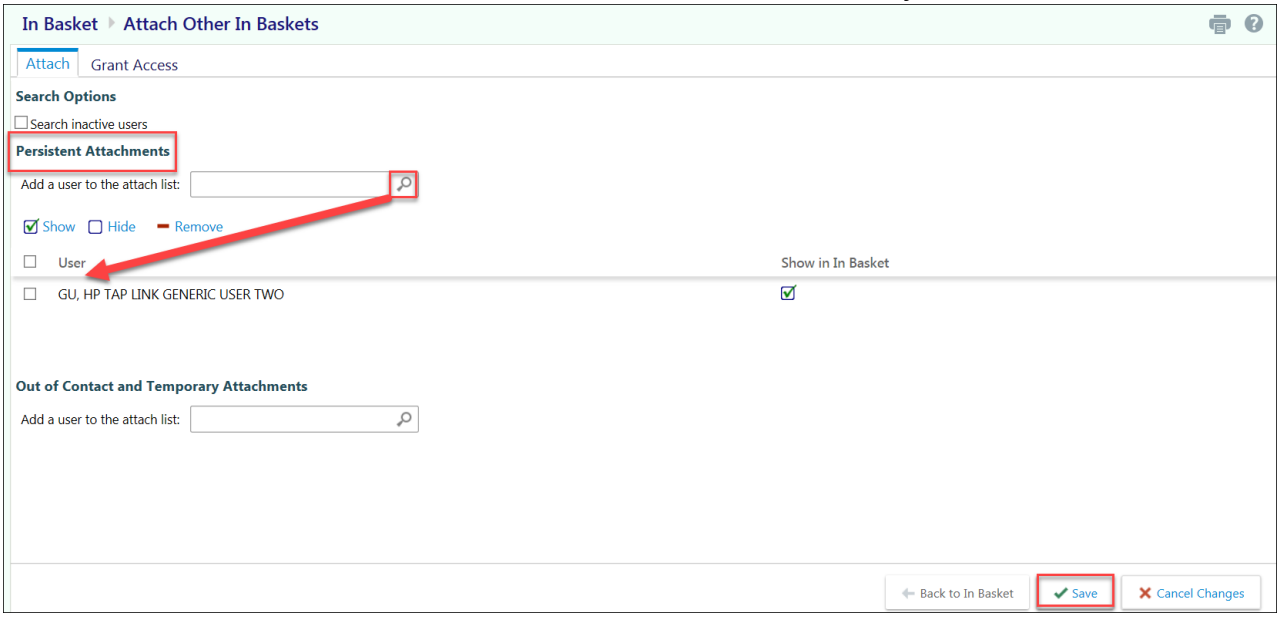
4. Choose the User(s) you would like to grant access for
5. To choose a User, start typing their name in the Grant Access to field or click the magnifying glass to select from a list of Users.
6. Once the User has been selected, click **Save**.



ATTACH ANOTHER USERS' IN BASKET TO YOUR ACCOUNT

Once the above steps are complete, follow the steps below to "attach" the Provider's **In Basket** to yours.

Log in with your own User, and navigate to the **In Basket**.
Click on the **Attach** button.
Under **Persistent Attachments**, find the Provider whose **In Basket** you would like to attach.



The selected Provider will populate the User field.
Click **Save**.
You can now view that Provider's In Basket within your In Basket.

GETTING HELP

Clinical Functionality

For assistance or questions with **site registration** or **clinical functionality** please contact the Provider Connect team at **832- TCH-LINK** (**832-824-5465**) Monday through Friday from 8:00 am to 5:00 pm excluding holidays.

You may also email us at ProviderConnect@texaschildrens.org

Health Plan Functionality

For assistance or questions with **site registration** or **health plan functionality** please contact your assigned Provider Relations Liaison/Account lead or the Texas Children's Health Plan Provider Relations team at **832- 828 –1004** Monday through Friday from 8:00 am to 5:00 pm excluding holidays.

You may also email us at ProviderRelations@texaschildrens.org

CLINICAL FUNCTIONALITY

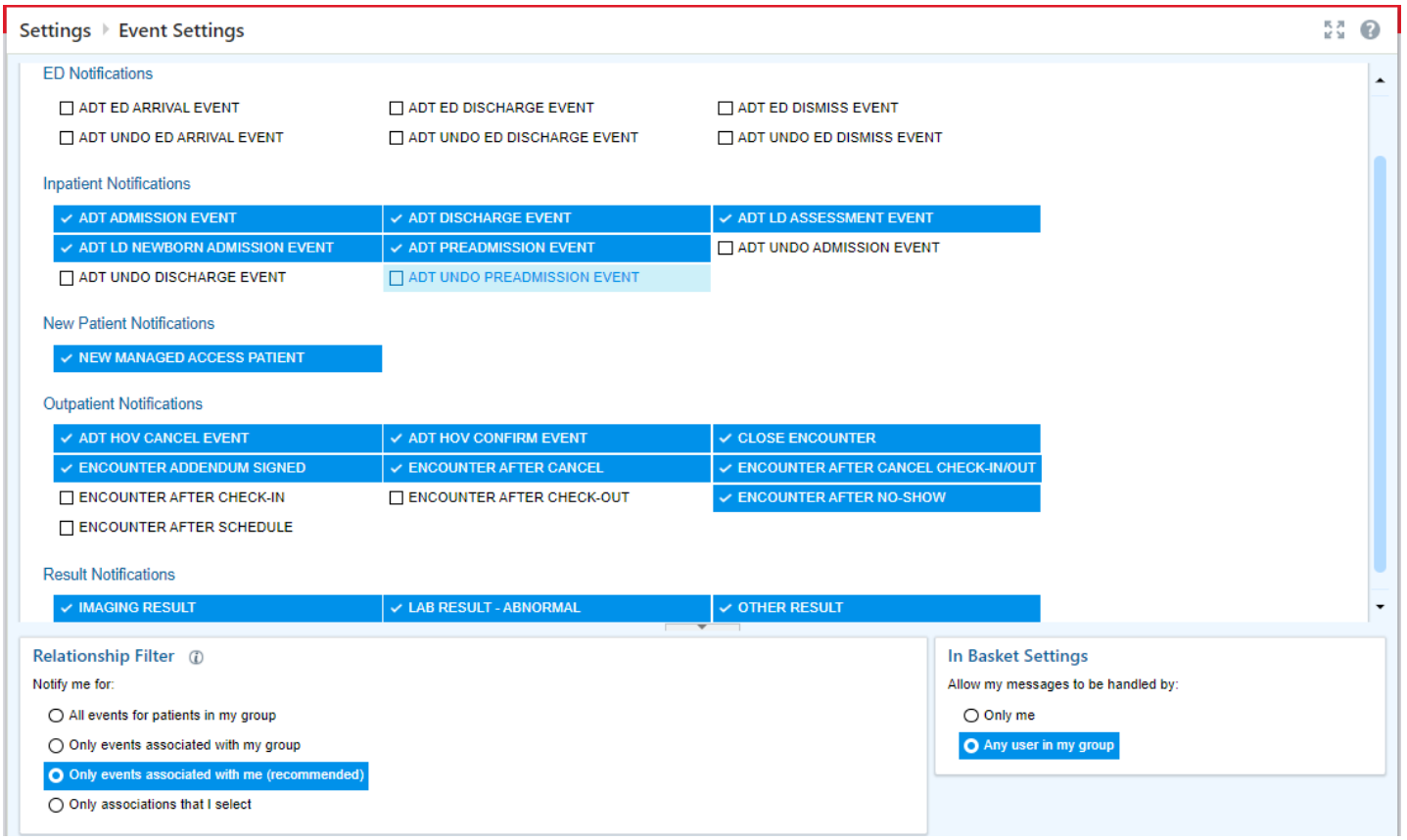
MONITORING YOUR PATIENTS

There are two types of notification settings that users can customize to determine how and what kind of messages they will receive. **Event Monitor Settings** allow users to monitor patient events such as inpatient admissions or discharges, outpatient visits, or new lab results. A clinician can view these events on the home screen or in his In Basket. **Notification Preferences** allows users to determine how they get notified of what messages are in their In Basket.

CUSTOMIZE YOUR EVENT MONITOR SETTINGS

To focus on the medical events which matter most to the clinician, use event and relationship filters in Event Monitor Settings. A clinician can tailor which types of events he receives notices and for which patients. For example, he can choose to only receive notices for events associated with his patients or with his group's patients. A provider is associated with events if he is the attending, admitting, or referring provider. He can also be associated if he is a treatment team member, a care team member, or the patient's PCP.

1. Go to **Menu > Settings > Event Monitor Settings**.
2. Providers can choose which types of events they will receive notifications for in the Event Filter section. To receive notifications for all the available event types, select the **Events I Will Receive** check box.
3. Providers will choose which events they will receive notifications for by selecting one of the options in the Relationship Filtering section:
   a. **All events for patients in my group**. This option includes events for any patient the clinician has access to. For example, if he chooses to receive referral notifications, he will be notified of any authorized referrals, even if the referral was not submitted by him or his group.
   b. **Only events associated with a provider, department, or vendor in my group (recommended).** For example, if a patient the provider has access to is admitted to the hospital, but none of the providers in his group is associated with the admission, they will not receive a notification.
   c. **Only events associated with me**. This option includes only events associated with the provider.
   d. **Only events associated with certain providers or departments**. This option includes only events associated with the providers or departments the user selects.
4. The clinician will choose who his notifications are sent to in the In Basket Settings section:
   a. **Any user in my group**. The clinician's notifications are sent to a group of users at his organization, and any of his peers can access the message and mark it as "Done", which removes it from the In Baskets of all the users in the group. This option helps reduce the risk of duplicate follow-up and can save time.
   b. **Only me**. The clinician is the only user who can mark the notifications as "Done". Other users might still see and act on the same notifications, but they can't mark the message as "Done". This option helps ensure the clinician sees every notification.



Definitions:

ED Notifications - ED Notification messages contain Event Monitor information for emergency department encounters. A message is automatically generated when a patient is arrived to the ED, discharged from the ED, dismissed from the ED, or when a discharge or dismissal from the ED is undone.

Inpatient Notifications – Inpatient Notification messages contain Event Monitor information for inpatient encounters. A message is automatically generated when a patient is admitted, a patient is discharged, a patient's Hospital Outpatient Department visit is confirmed, a patient is preadmitted, a patient arrives in the ED, a patient is dismissed from the ED, a patient is assessed for Labor & Delivery, a newborn is admitted, a patient's Hospital Outpatient Department visit is canceled, or a patient's preadmission is undone.

New Patient Notifications - New Patient Notifications messages contain Event Monitor information for new managed access patients. A message is automatically generated when a Managed Access user is granted access to a new patient.

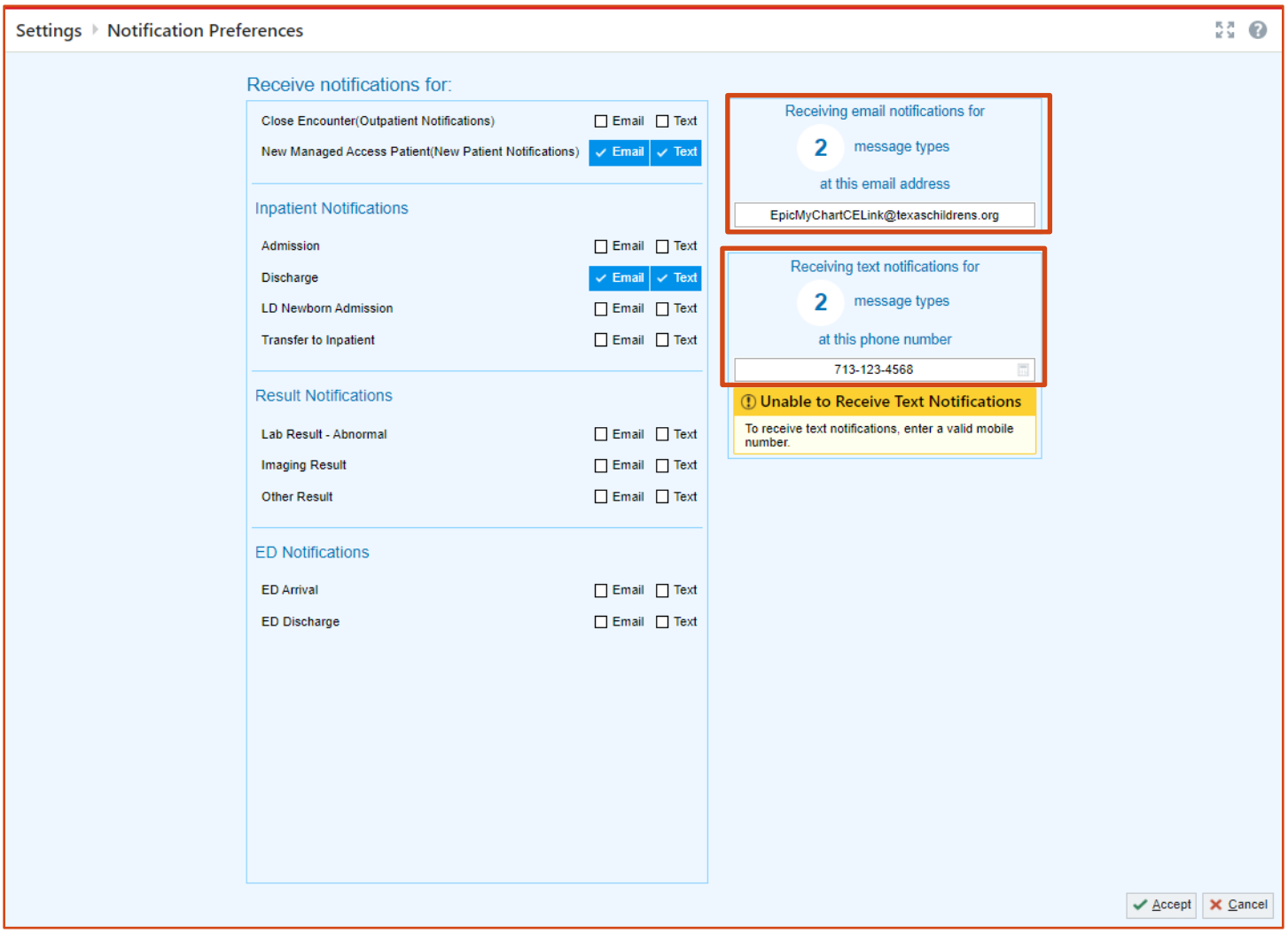
Outpatient Notifications - Outpatient Notification messages contain Event Monitor information for outpatient encounters. A message is automatically generated when an appointment is scheduled for a patient, a patient is checked in for an appointment, a patient is checked out for an appointment, a patient's appointment is canceled, or a patient's encounter is closed.

Result Notifications - Result Notifications messages contain Event Monitor information for lab results. A message is automatically generated when a lab result is recorded for a patient.

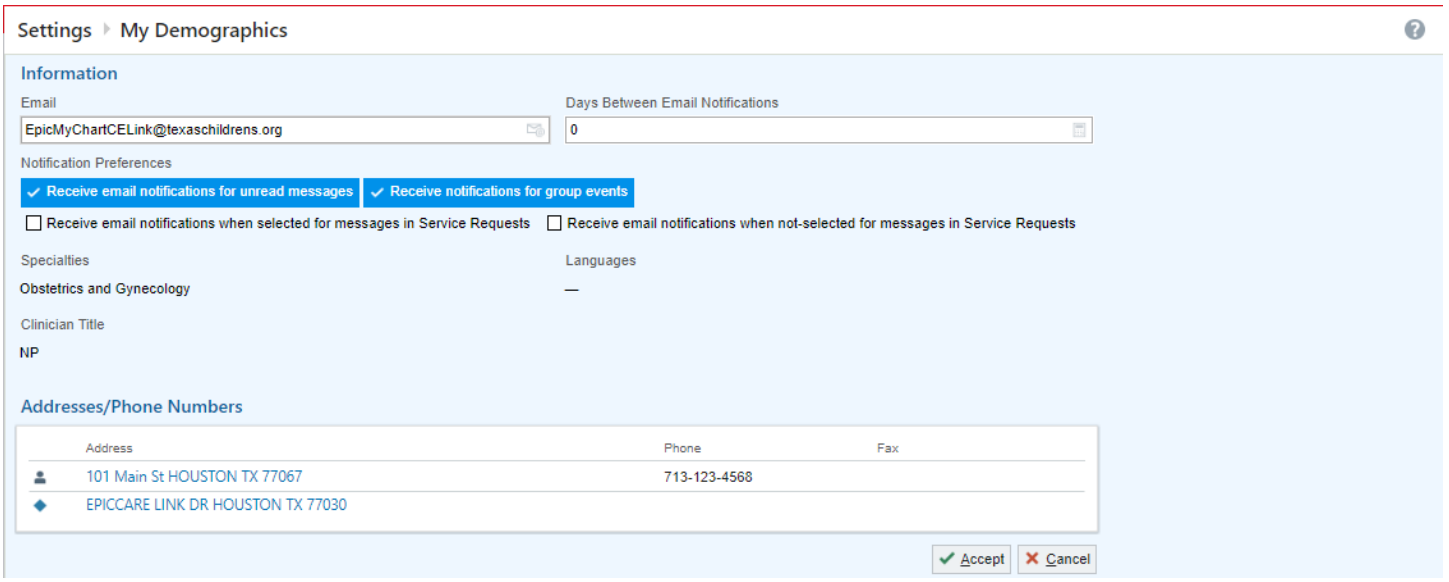
UPDATING EMAIL AND TEXT NOTIFICATION PREFERENCES

1. A clinician can tailor which types of In Basket messages he receives real-time notifications for. For example, he can choose to receive e-mail or text notifications for his selected event notifications. Please note: To receive an email or text notification for a particular type of clinical event, the user must ensure that the desired event type is selected in the user's **Event Monitor Settings** and **Notification Preferences** screens.

2. Go to **Menu > Settings > Notification Preferences**.
3. Providers can choose which types of messages they will receive e-mail or text notifications for in the 'Receive notifications for' section. User can select the type of notification they want to receive (email or text) for each of the message types.
4. Users can update their email and phone number by clicking the white box containing the current email and phone number associated with the account (as seen in the Notification Preferences screen below).



To update the amount of days between email notifications go to **Menu > Settings > My Demographics**.



TEXAS CHILDRENS LINK FEATURES

Texas Children's Link is a collection of different web pages, or activities, corresponding to different tasks. Listed below are some of the features currently available through Texas Children's Link.

1. **Home** - Provides access to the Texas Children's Link welcome page.
2. **In Basket** - A messaging tool, similar to email, which allows users to receive notifications and other communication from Texas Children's.
3. **Patient Lists** - A list of a provider's patients which is compiled based on documentation within our EMR.
4. **My Patients** - A list of patients with whom the provider has a documented relationship.
5. **Admitted Patients** - A list of provider's patients who are currently admitted at any of the Texas Children's Hospital locations.
6. **Referral Search –** Allows users to search for incoming and outgoing referrals for patients in the provider group.
7. **Clinicals** - Allows users to review patient information, such as allergies or medications.
8. **Patient** - A search option to locate a patient using specific criteria (ex. name, medical record number).
9. **Menu** – Allow a user to perform many administrative activities, such as changing his password or setting up challenge questions.
10. **Event Monitor –** Helps provider groups track clinically important events, such as inpatient admissions or appointment cancellations. Users can customize their preferences to include patients of specific providers or monitor for specific events.
11. **Manage My Clinic (Limited to Site Admin) –** Used to remove users.
12. **Secure** – Allows user to temporarily lock his Texas Children's Link screen/session.
13. **Log Out** – Allows user to log out of Texas Children's Link.

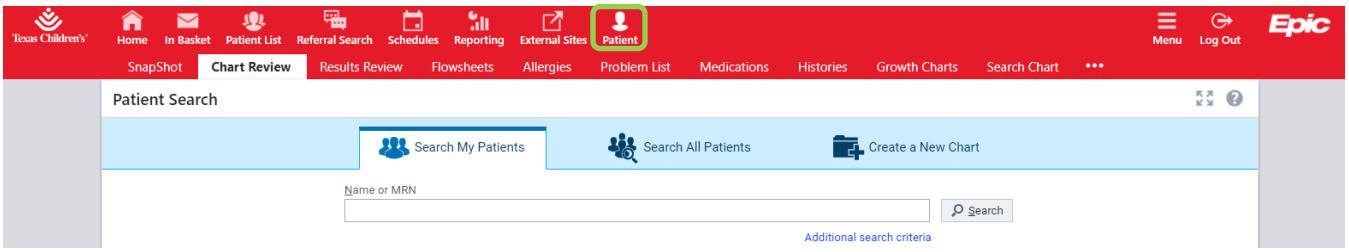
HOME SCREEN

- **I want to…**
  - *Select a Patient* – Used to access a specific patient

  - *Open Chart Review* – Used to access a patient's chart
  - *Place an order* – Used by providers to place orders electronically within Texas Children's Link (providers only).
- **In the News…**
  - Information for or about Texas Children's Hospital
- **Quick Links**
  - Helpful links to Texas Children's websites
- **Unread Messages –** Allows users to quickly view notices about specific patient events and customize when and how he receives such notices. Events may include the following:
  - Inpatient Notifications
  - Outpatient Notifications
  - New Patient Notifications
  - Result Notification
- **My Reports Summary**: This feature is not currently being utilized.

CLINICALS

The Clinicals feature tab is located on the menu bar.



From this tab, the clinician has access to the following activities:

Clinical Review –Within this navigator, the clinician can access a patient's record to review clinical information for a specific patient and activities.

The first step to using Chart Review is selecting the type of information the user wants to view (for example, encounters, medications, or imaging orders). To search patient information, click desired tab or search the entire list of the patient's encounters from the Encounters tab.

Note: *No Confidential Departments (Psychiatry, Psychology, and Genetics), Encounters, Sensitive Notes, or Sensitive Encounters will display in Texas Children's Link.*

- *Snapshot* – The Snapshot activity provides several high-level reports (ex. active orders, general summary)
- *Chart Review* – The Chart Review activity allows the clinician to view a vast amount of information about a patient, from reports about past encounters to prescribed medications.
- *Results Review* – The Results Review activity allows clinicians the opportunity to review results over a period of time.
- *Flowsheets* – The Flowsheets activity allows clinicians to view a customizable collection of data that can be compared numerically or graphed to help determine trends over time.
- *Allergies* – When verifying a patient's allergies, the clinician can review the allergies in the Allergies/Contraindications activity.
- *Problem List* – Clinicians can use the Problem List activity to review a patient's medical problems and review the most updated problem list report.
- *Medications* – The Medications activity provides clinical users with a complete list of documented medications in Texas Children's EMR.
- *Histories* – Histories provides clinical users with a report of a patient's history including medical, surgical, social, family and birth history.
- *Growth Charts* – Several growth chart datasets and corresponding curves are available in the Growth Chart activity depending on the patient's age, sex, and diagnoses.

- **Patient Profile** – Contains general patient information such as Patient Demographics and Patient Chart Advisories.
  - *Demographics* – The Demographics activity allows users to view information about a patient, including basic patient demographics information including address, PCP and emergency contacts.
  - *Patient Chart Advisories* – Provides notification of changes in patient chart (i.e. if a patient's chart is in the process of being merged by Texas Children's HIM department, a notice will appear).

- **Orders** -
  - *Order Entry* – Activity used by a provider to place an order for a patient
  - *Order Review* – Activity used to review placed orders for the patient. Clinicians can print the order for the patient to bring to the visit.

- **Referrals** -
  - *Referral by Patient* – A summary of referrals for a specific patient.
  - *Referral by Provider* – A summary of referrals for all patients by a specific provider.

- **Scheduling –** View past and upcoming appointments for patients associated with a provider or provider group.
  - *Upcoming Appointments – My Patients* – A list of upcoming appointments by patient for the next 90 days which include canceled/rescheduled appointments.

- *Upcoming Appointments – Patient* – A list of appointments for specific patients for the next 90 days.

SURGEON DAILY SCHEDULE

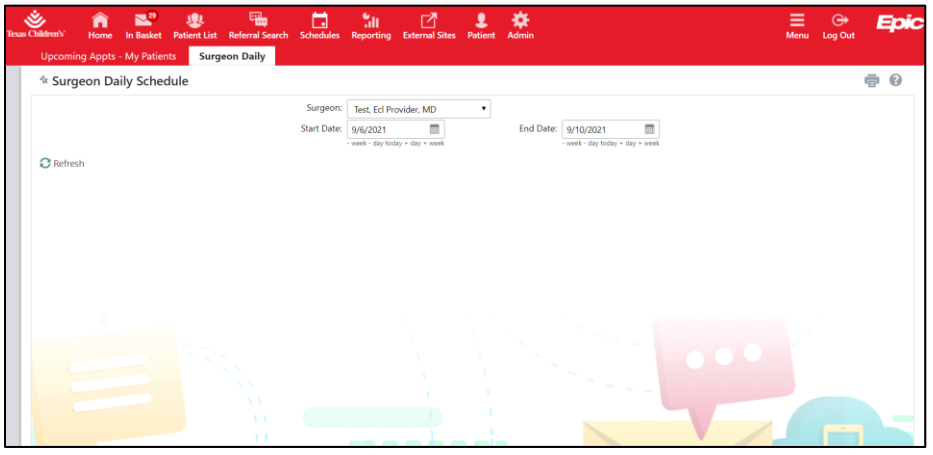
(Implemented Fall 2021)
The Surgeon Daily Schedule in EpicCare Link allows users to view the Surgeon Daily Schedule for providers assigned within their associated clinic's provider group. **This schedule reveals the surgeon's upcoming, scheduled procedures within the Texas Children's Operating Rooms (OR)** and is only applicable for surgeon's performing procedures within the Texas Children's OR.

To access the Surgeon Daily Schedule:

1. Navigate to the "**Schedules**" tab at the top navigation pane

2. Click on "**Surgeon Daily**" to view the Surgeon Daily Schedule.

3. **Select the appropriate surgeon** from the Surgeon dropdown box and enter the **desired date range** to view surgeon's upcoming schedule. Only surgeon's from the user's provider group will be accessible in the dropdown box.



Note: If the provider does not perform procedures in the Texas Children's Operating Room and/or there are no scheduled procedures within the selected date range, the schedule will be empty.

TEXAS CHILDREN'S LINK WORKFLOWS – PROVIDER ORDERS

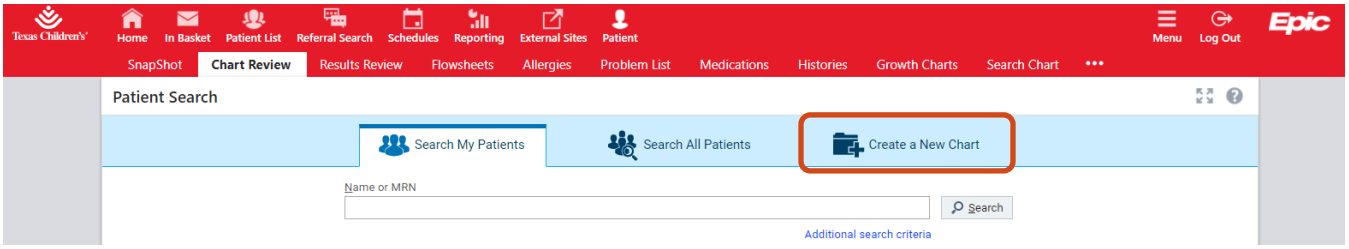
HOW TO SELECT A PATIENT

Before a provider can place an order, he must select a patient. See "Patient List" Section for information on selecting a patient.

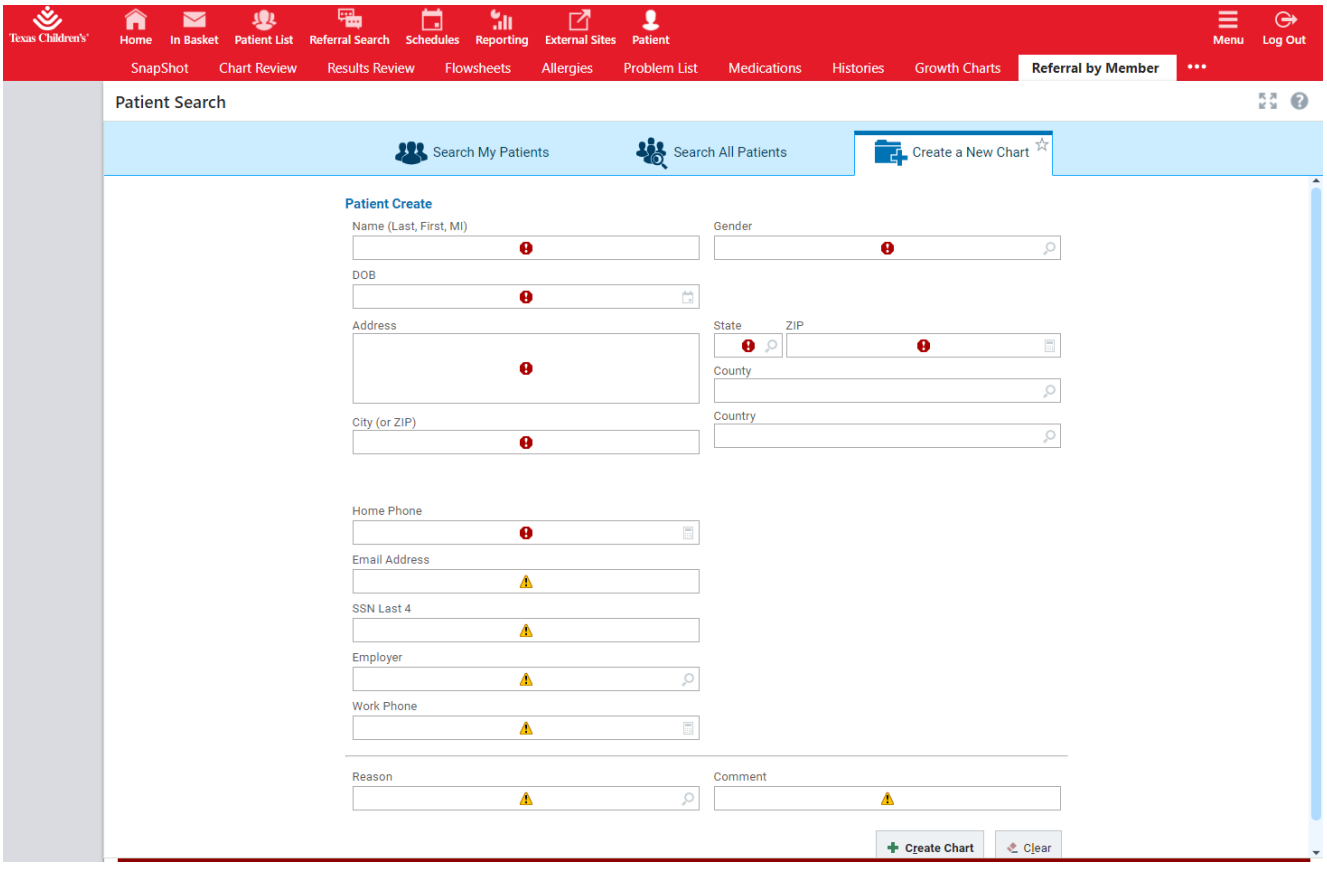
HOW TO CREATE A NEW PATIENT

If the patient for whom the provider is placing an order has never been to Texas Children's Hospital, he will need to create a new patient prior to placing an order. To create a new patient:

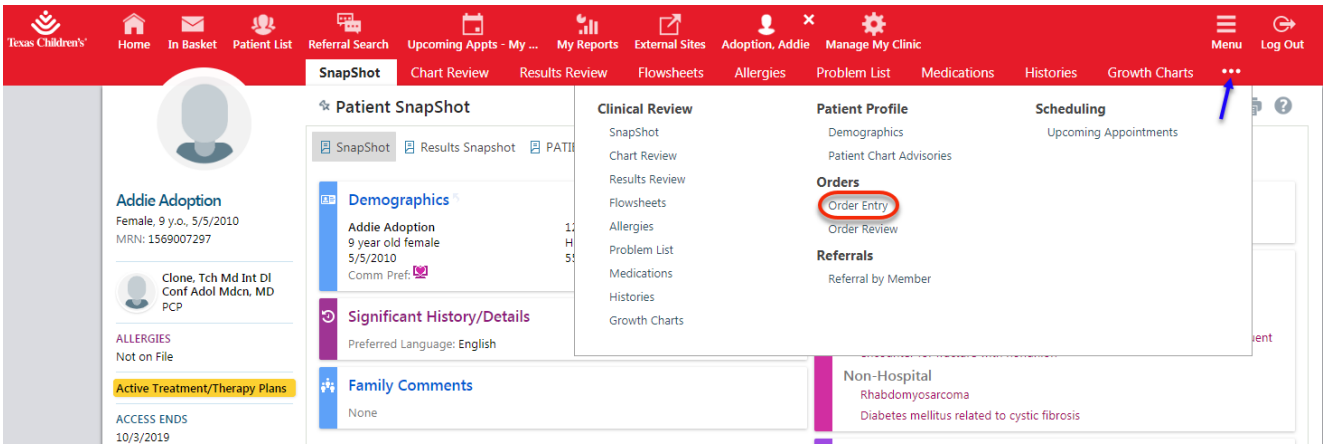
1. Click **Patient**. (Get a new screenshot)
2. Click **Create a New Chart**.



3. Fill in the **required fields**.



4. The patient is created.



5. Click on the **3 Dots** then **Order Entry** to proceed with the order or referral process.

HOW TO PLACE AN ORDER IN TEXAS CHILDRENS LINK

Both **providers** and **clinical staff** users have the ability to place orders within Link. The workflow for each user type is slightly different as providers can *enter* and *sign* orders whilst clinical staff users have the ability to *enter* and *pend* orders for provider signature. Please review the workflow below specific to your user type.

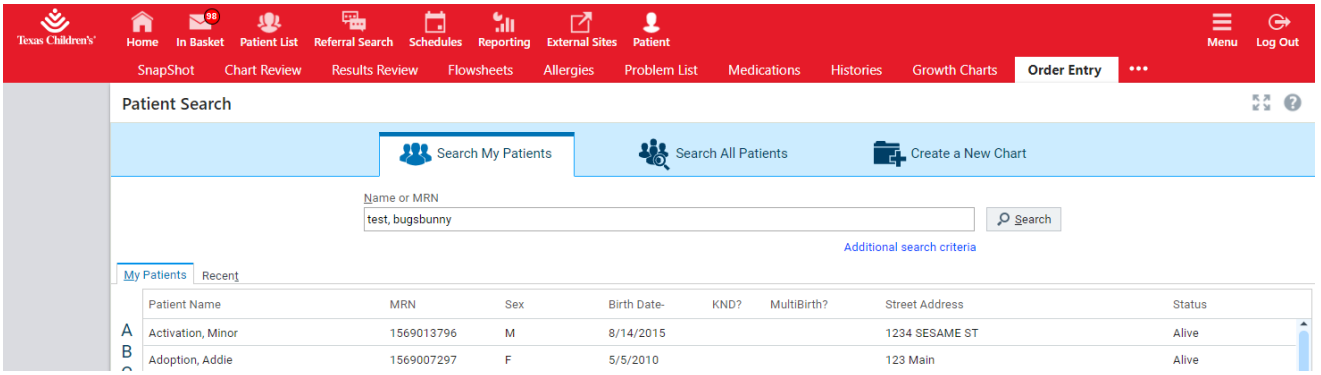
When placing an order in Link the user may begin the process by either finding the patient first and clicking on Orders from the Activities section, or by clicking "Place order" from the Home Page.

For training purposes an order will be placed from the Home Page.

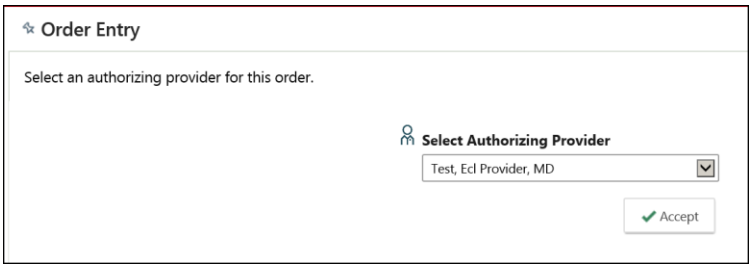
Entering and Signing Orders (Provider)

1. Click **Place order**.

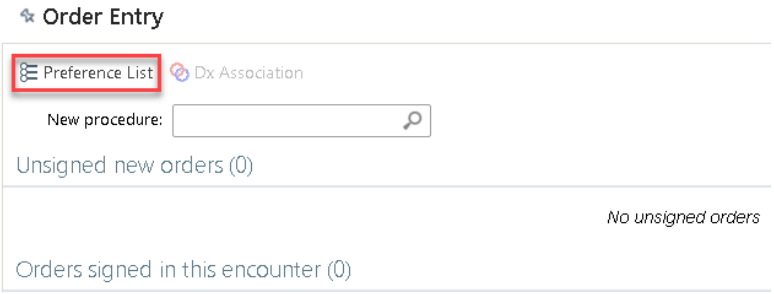
2. If your patient is located in the **My Patients** list, you can click his name. If not, type the patient's name in the Search box, and click **Search**.



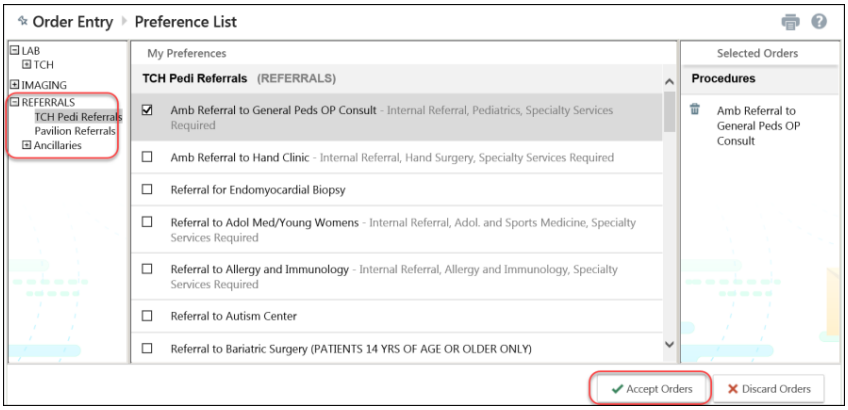
3. Ensure the documented **Authorizing Provider** is correct; if not document correct information.
4. If correct, click **Accept**.



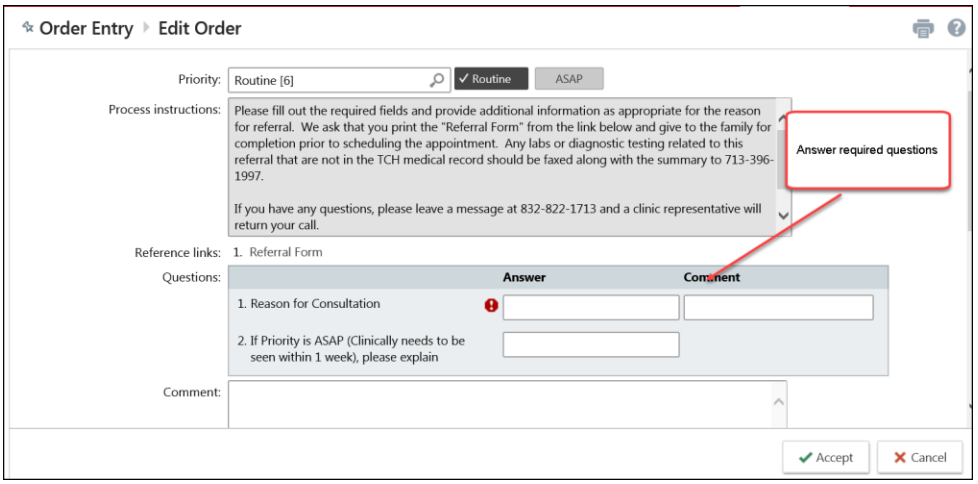
5. Open the **Preference List**.



6. Click the **category** of the desired order and find the specific order you want to place. **Note:** *More than one order may be entered from more than one Order Category. For example, you may place a referral to a specialty clinic as well as an order for Diagnostic Imaging or Lab procedures. For training purposes, the steps and images below are for a referral to Gen Peds Outpatient Consult.*
7. Click on the **selected order**.
8. Once the order(s) has been selected, click **Accept**.

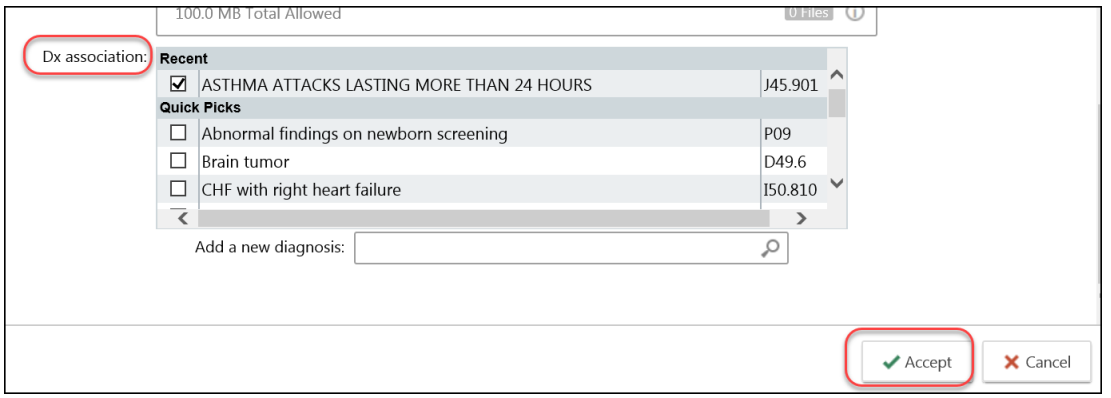


9. Fill in the required fields and click **Accept**.



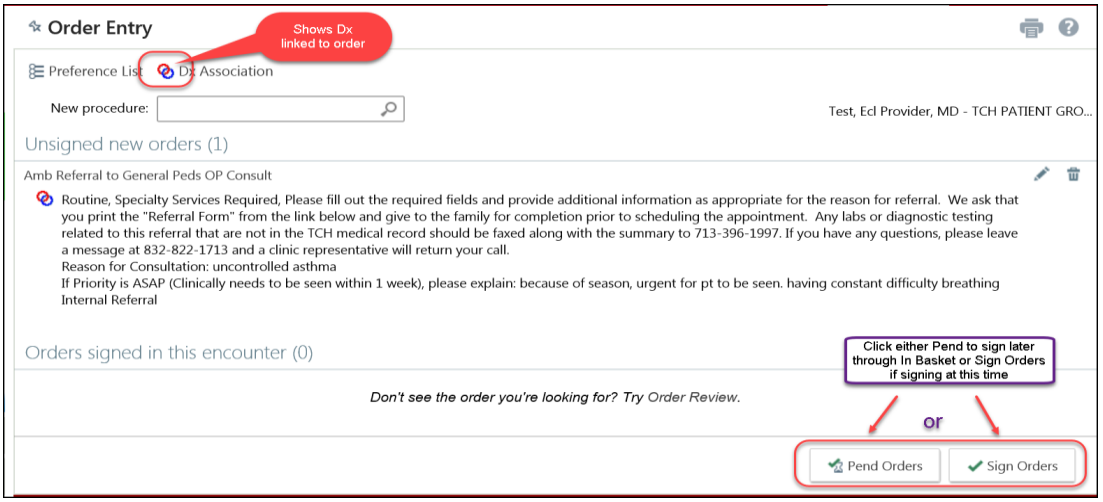
Note: *Some orders, such as referral orders to specialty clinics, allow you to attach supporting clinical documentation directly to the referral. To do so, select the* ***Add files*** *button within the referral fields and follow prompts.*

10. Click Dx Association to associate a diagnosis to the order.
11. Once diagnosis is added click **Accept**.



12. The order will show the diagnosis linked to the encounter with the two rings.

13. Click **Pend** if you want to Pend the order and sign later, or **Sign** if you want to sign at this time.



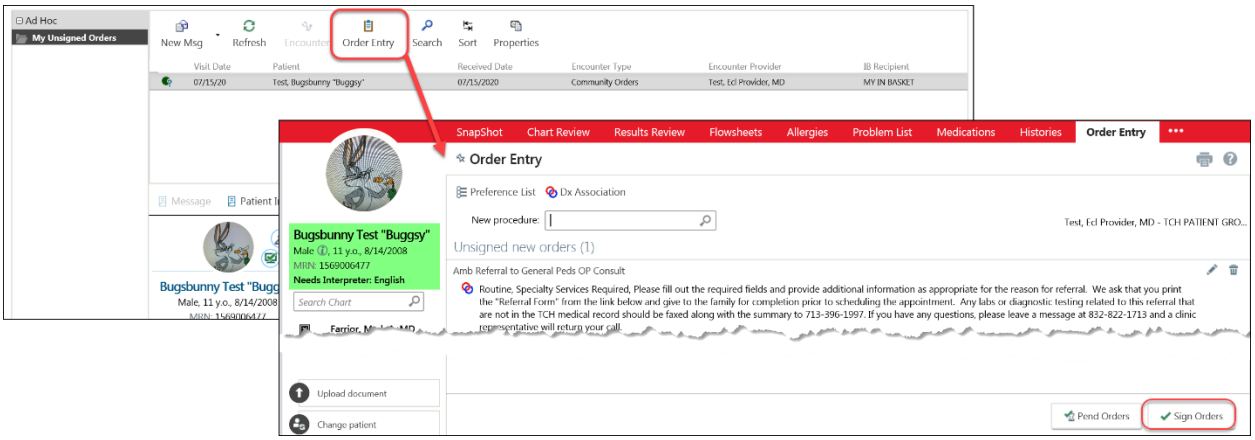
14. If Pended, the order is automatically routed to the provider's In Basket for signature.

Signing a Pended Order (Providers)

Orders entered and pended by providers and/or clinical staff users will route to the provider for signature before processing to Texas Children's Hospital for intake. **All pended orders must receive a provider's signature to be completed.**

The provider will find pended orders in his In Basket folder labeled "My Unsigned Orders". To sign the order the provider will:

1. Open **In Basket**.
2. Open **My Unsigned Orders** folder.
3. Click on the **selected order**.
4. Click **Order Entry**.
5. Click **Sign Orders**.



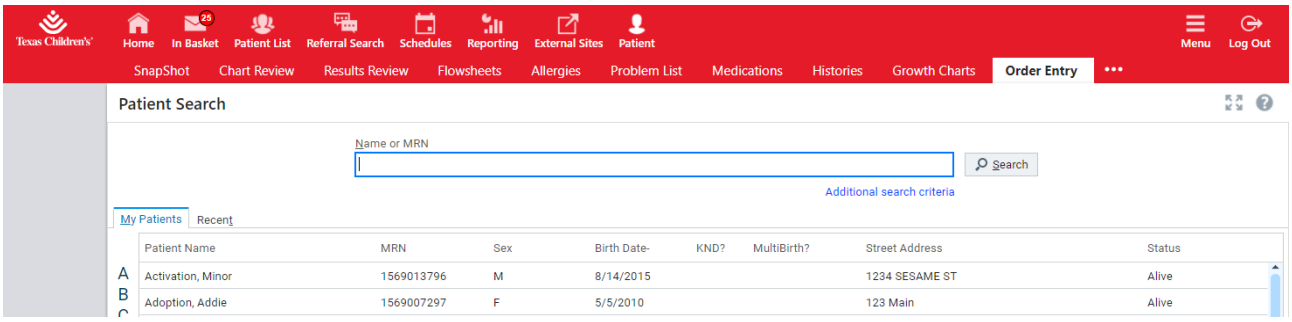
Entering and Pending Orders (Clinical Staff – Non Providers)

Clinical staff users have the ability to *enter and pend* orders for patients as long as the specific patient's records are on the Patient List for your clinic.

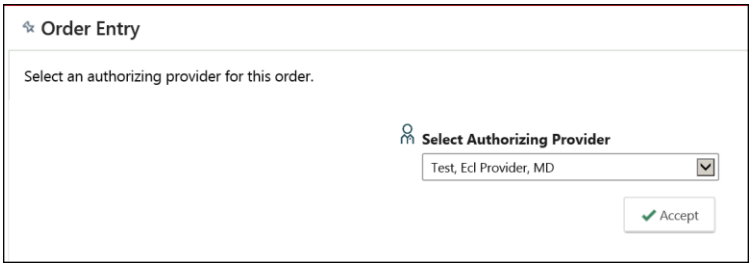
> **Note:** *If a patient is not on the clinic's Patient List, the **Provider** has the ability to search for the patient by name and date-of-birth or create a new MRN.*

1. Click **Place Order**.

2. If your patient is located in the **My Patients** list, you can click his name. If not, type the patient's name in the Search box, and click **Search**.

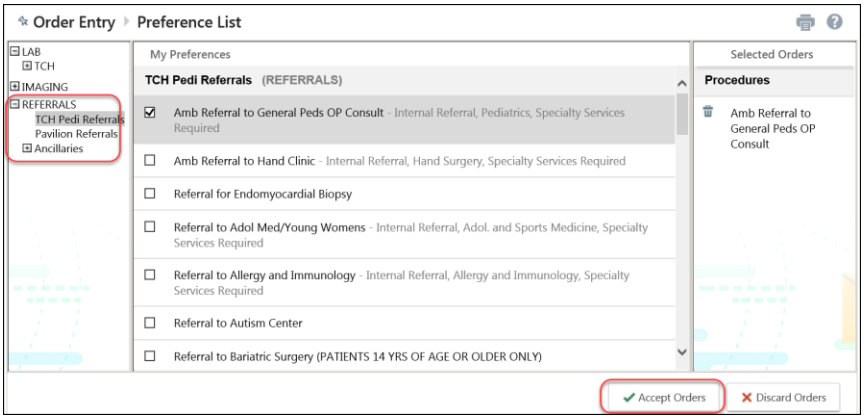


3. Enter **Authorizing Provider** and click **Accept**.

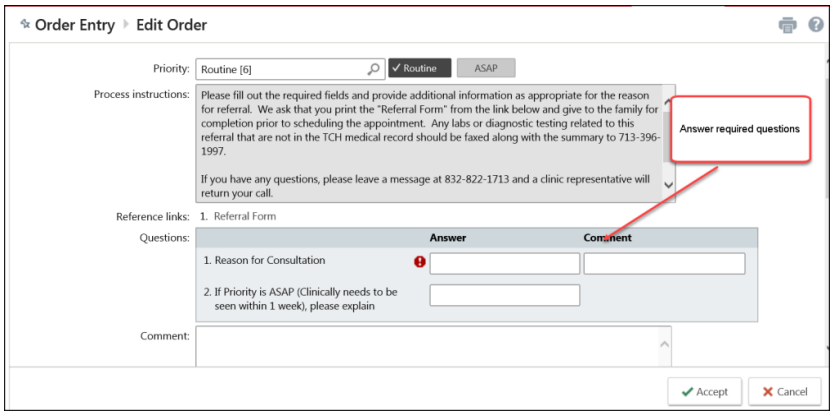


4. Open the **Preference List**.

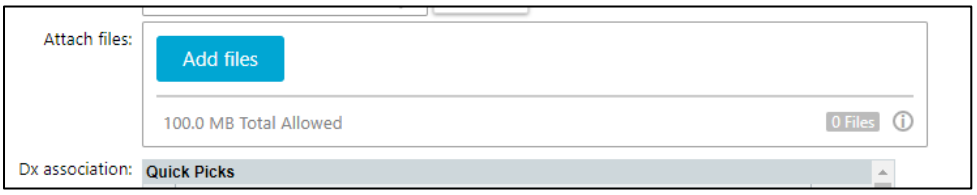
5. Click the **category** of the desired order and find the specific order you want to place. **Note:** *More than one order may be entered from more than one Order Category. For example, you may place a referral to a specialty clinic as well as an order for Diagnostic Imaging or Lab procedures. For training purposes, the steps and images below are for a referral to Gen Peds Outpatient Consult.*
6. Click on the **selected order**.
7. Once the order(s) has been selected, click **Accept**.



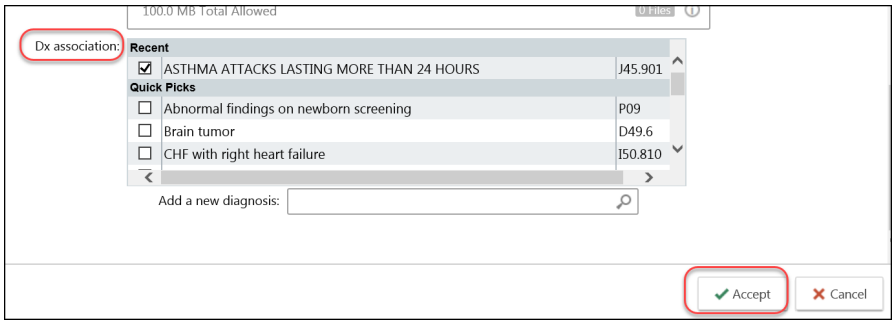
8. Fill in the required fields and click **Accept**.



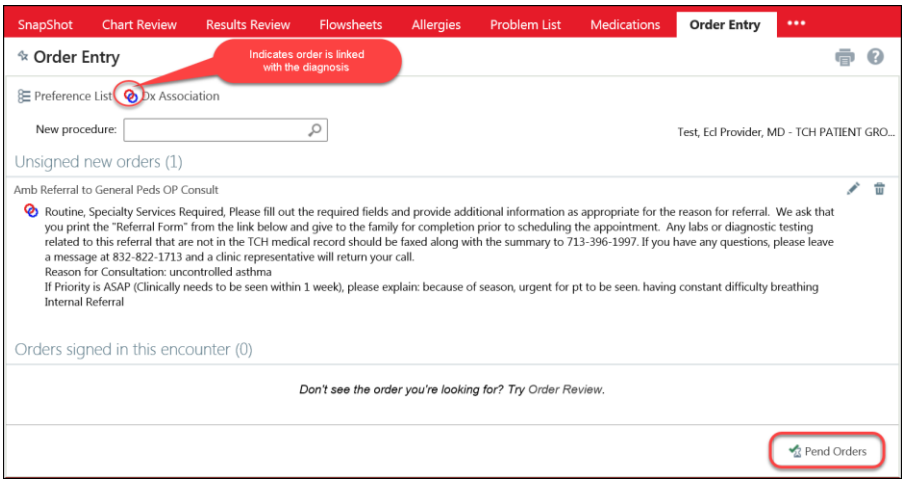
Note: *Some orders, such as referral orders to specialty clinics, allow you to attach supporting clinical documentation directly to the referral. To do so, select the* ***Add files*** *button within the referral fields and follow prompts.*



9. Click Dx Association to associate a diagnosis to the order.
10. Once diagnosis is added click **Accept**.



11. The order will show the diagnosis linked to the order with the two rings.
12. Click **Pend**.



13. The order is automatically routed to the provider's In Basket for signature. **Clinical staff are not authorized to sign orders, and all pended orders must receive a provider's signature to be completed.** Please see instructions for provider signature on page 16.

WHAT TO EXPECT AFTER THE ORDER IS PLACED

- **Labs** – Once the patient arrives at Texas Children's, the Lab Tech will collect the lab, process the specimen and enter the results. This will trigger an In Basket message to the ordering provider which can be accessed from the *Result Notification folder*.

- **Imaging** – Once the order is placed, the Texas Children's Imaging Department will receive the order, coordinate scheduling of appointment and provide pre-procedure instructions to the patient if necessary. After the test has been completed and the results are available, the ordering provider will receive an In Basket Message in the *Result Notification folder* with the patient's results. You will also be able to see non-diagnostic quality images by clicking the link in chart review under the imaging tab.

- **Referrals** – If additional documentation is required and was not attached to the clinical referral order via Texas Children's Link, print the order report from Chart Review, attach additional documentation and fax to 832-824-7333. Once the order is placed, Texas Children's will contact the patient to set up an appointment, or the patient may call the clinic directly. Check In Basket in the **RFL Notif Ltr folder** for further communication, possible denials, or issues. Providers can also review status of Referrals by going to their In Baskets under the Referrals folder or in Chart Review under the Referrals tab.

Notes:

- ✓ Only ***Providers*** can place orders.
- ✓ *Do not change the **Status** when placing lab orders!*

WHAT TO EXPECT WHEN THE ORDER HAS A RESULT

Results and communication are sent to the providers In Basket and/or sent based on the providers' communication preference (In Basket, fax or mail). To update your communication preference go to ProviderConnect@texaschildrens.org.

CLINICALLY INTEGRATED NETWORK (CIN) FUNCTIONALITY

Features described in this section are only applicable to users with access to Texas Children's Clinically Integrated Network (CIN) functionality within the Link portal.

TEXAS CHILDREN'S LINK WORKFLOWS – APPOINTMENT SCHEDULING

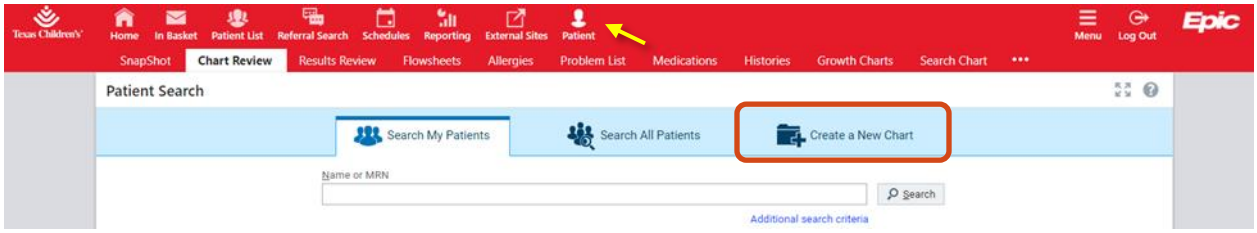
HOW TO SELECT A PATIENT

Before a user can schedule an appointment, they must select a patient. See "Patient List" section for information on selecting a patient.

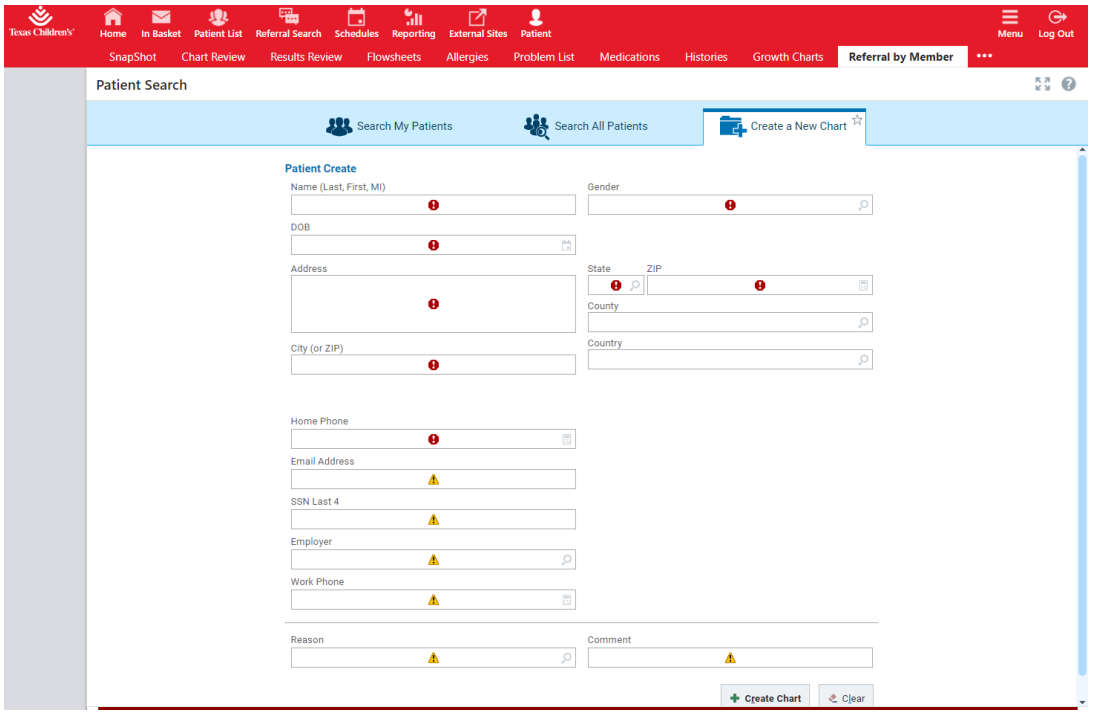
HOW TO CREATE A NEW PATIENT

If the patient for whom the user is scheduling an appointment has never been to Texas Children's Hospital or is not visible on the TCH Link patient list, the user will need to create a new patient chart prior to scheduling an appointment. To create a new patient chart:

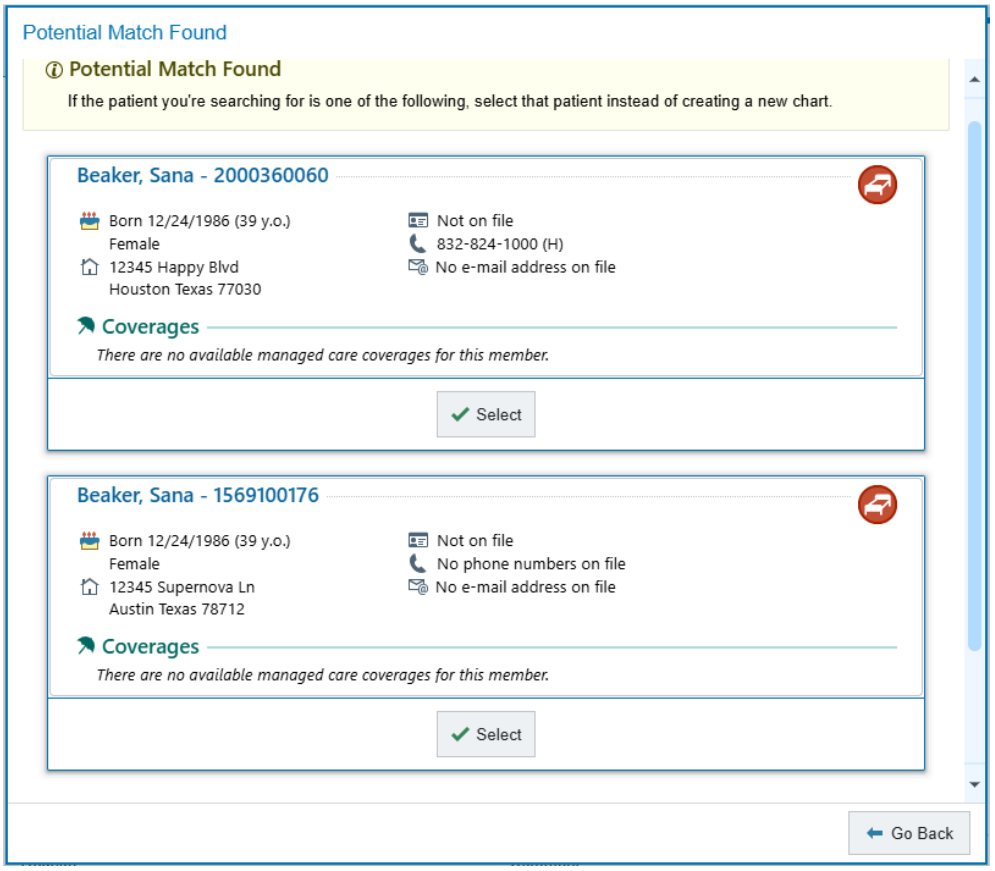
1. Click **Patient**.
2. Click **Create a New Chart**.



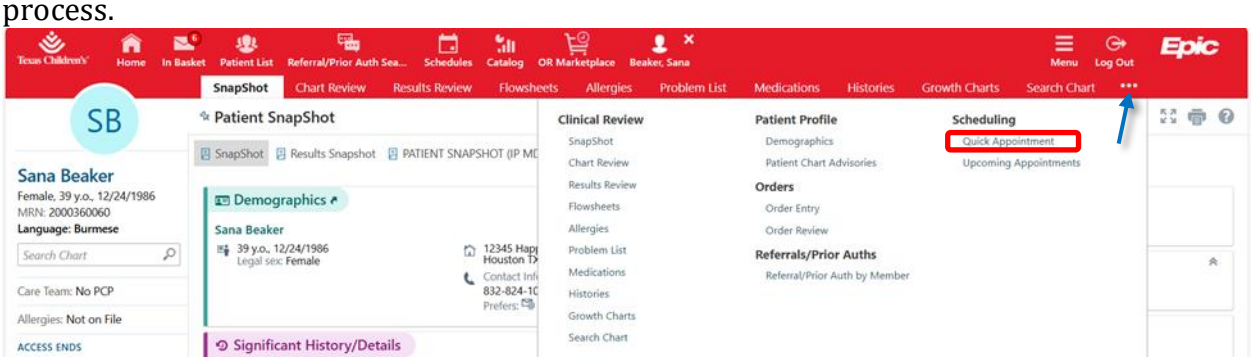
3. Fill in the **required fields**.



4. Select **Create Chart**
5. If a patient already exists in Texas Children's EMR, a pop-up will occur outlining potential patient matches. The user must carefully review the patient information from the list of potential matches and select the matching patient if appropriate. If the patient is not found within the potential matches, proceed with creating a new patient chart.



6. The patient is created.
7. Click on the **3 dots** then **Quick appointment** to proceed with the appointment scheduling process.

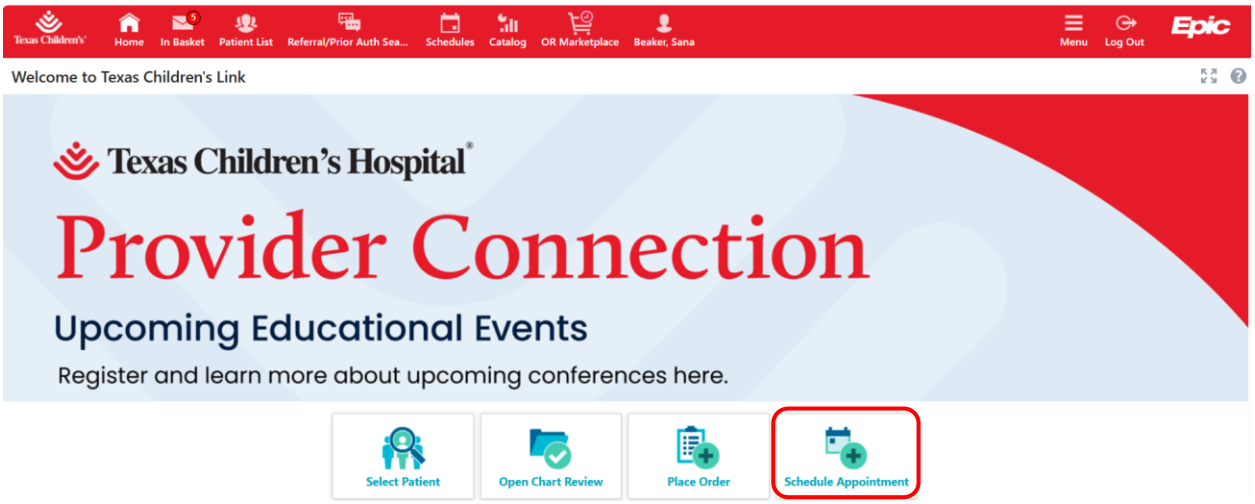


HOW TO SCHEDULE AN APPOINTMENT

Both CIN **providers** and CIN **clinical staff** users have the ability to make an appointment within TCH Link.

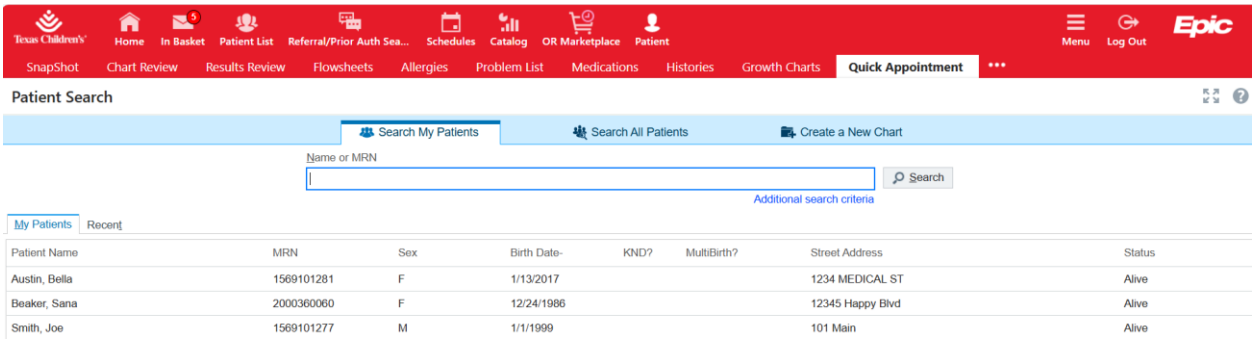
When scheduling an appointment in Link, the user may begin the process by either finding the patient first and clicking on Quick Appointment from the Activities section, or by clicking "Schedule Appointment" from the Home Page.

For training purposes, an appointment will be scheduled from the Home Page.

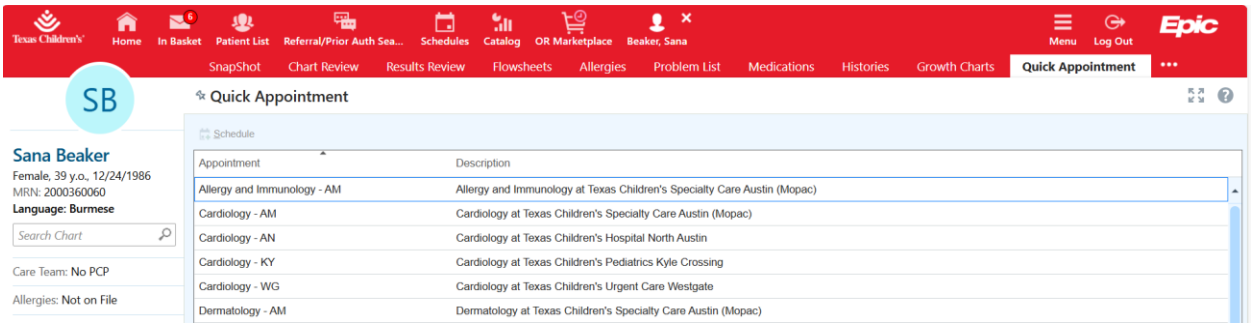


Scheduling an Appointment

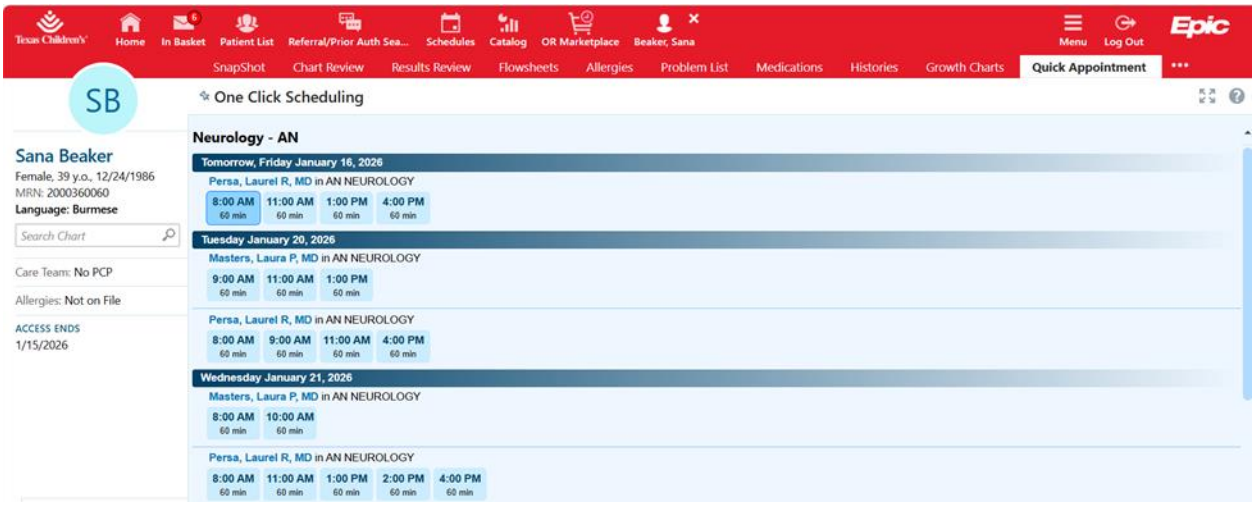
1. Click **Schedule Appointment**
2. If your patient is located in the **My Patients** list, you can click their name. If not, see instructions on "How to Create a Patient" in the section above.



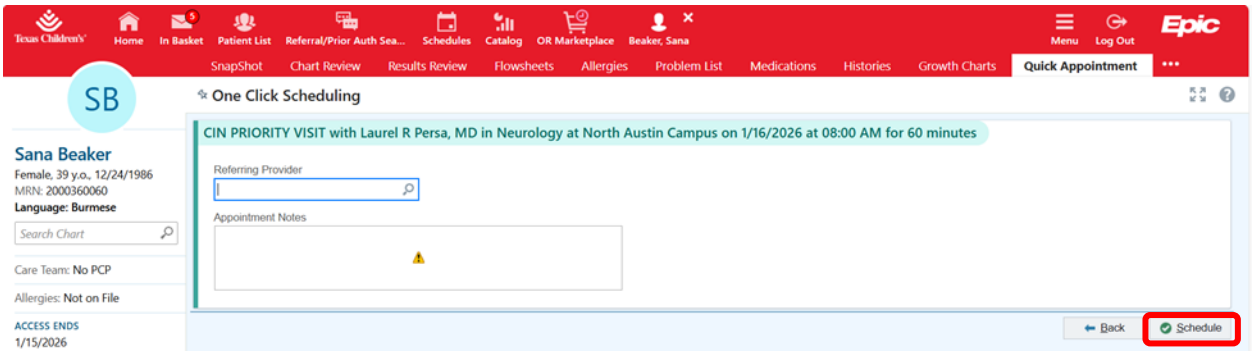
3. Select the patient you want to schedule an appointment for.
4. In the Quick Appointment tab, select from a list of available appointments, by specialty.



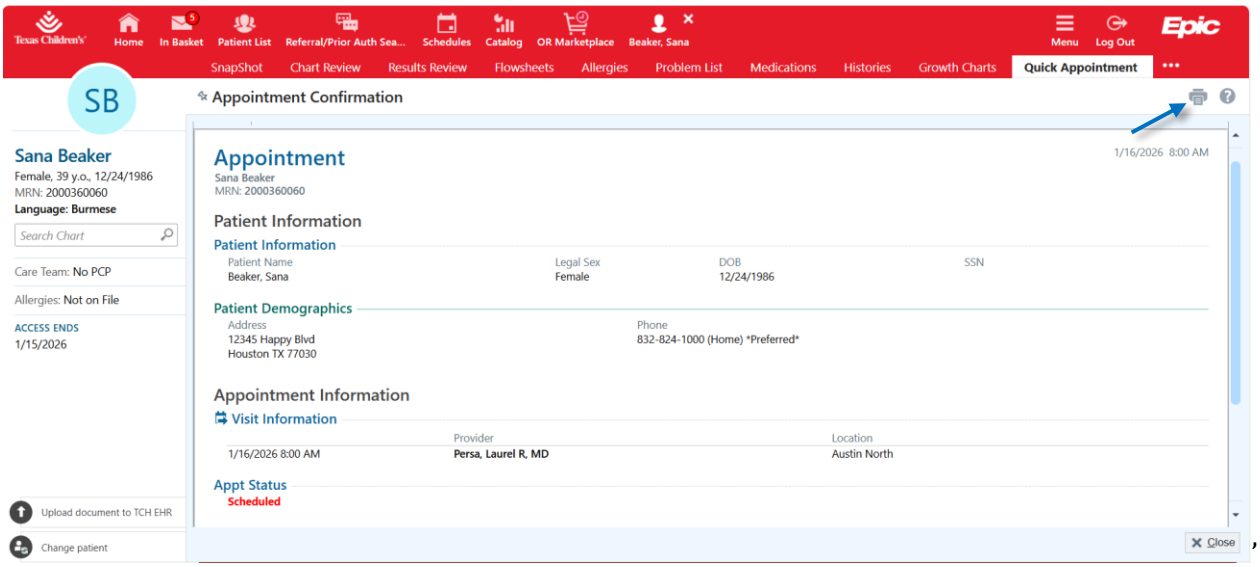
5. Once an appointment specialty and location are selected, select an appointment from the available priority visit blocks.



6. The user will then be prompted to enter the referring provider's name and can add appointment notes if necessary.
    a. **Referring Provider**. The user will select the patient's PCP or other provider that is sending the patient to the desired specialty. Including the referring provider will help ensure that visit notes are sent back to the appropriate provider.
    b. **Appointment notes**. The user will enter a brief description of the clinical reason that the patient is being sent to the desired specialty. Including this information will provide insight to the specialist regarding the reason for the specialty visit.
7. Select **Schedule**



8. The user will then be taken to an appointment confirmation page where they can review the patient and appointment information.
9. Select the printer icon to print the appointment confirmation sheet to share with the patient.

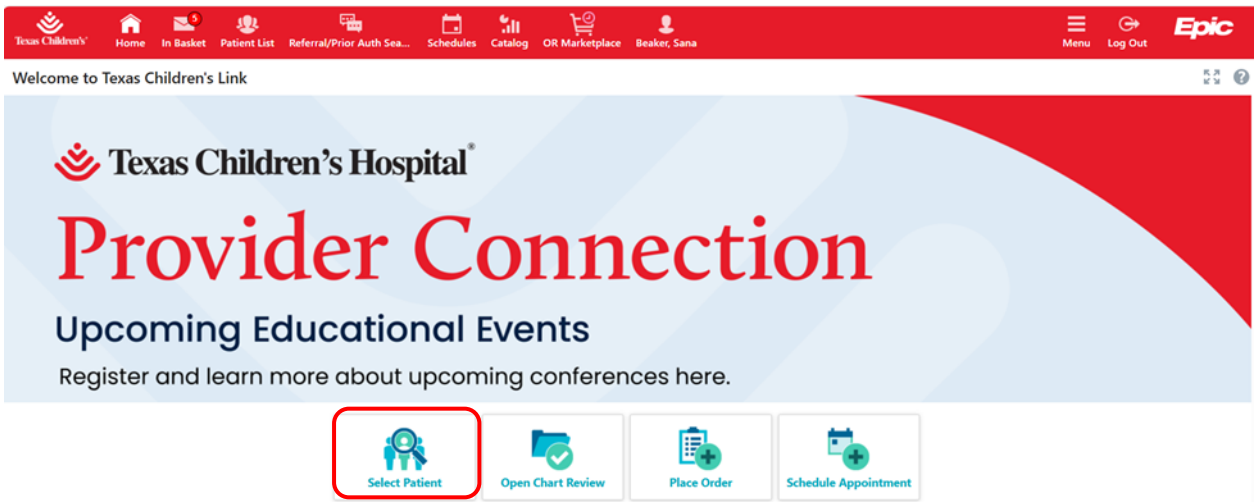


10. After making the appointment, upload the patient's insurance card and clinical documentation.

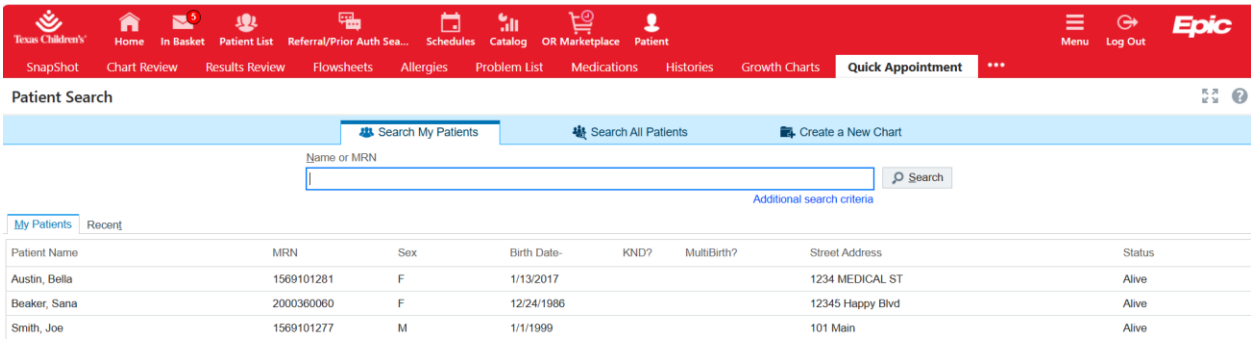
HOW TO UPLOAD CLINICAL DOCUMENTATION

CIN **providers** and CIN **clinical staff** users can upload clinical documentation from within the Link portal. Uploaded documents will then be uploaded into the patient's chart following documentation review by Health Information Management (HIM).

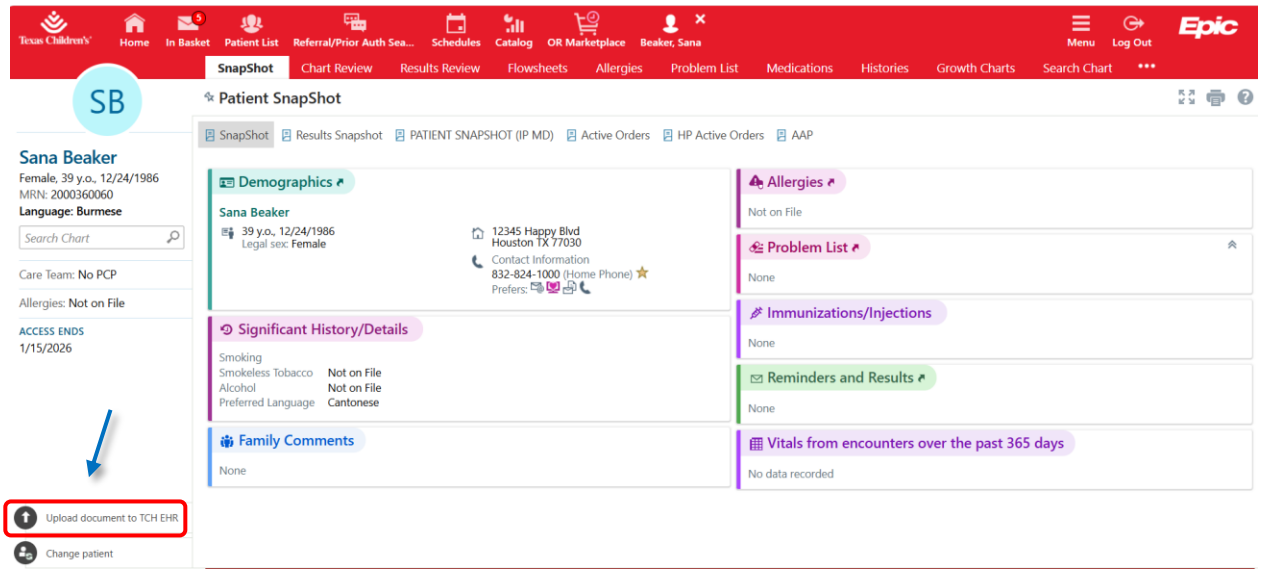
1. From the homepage, click **Select Patient**



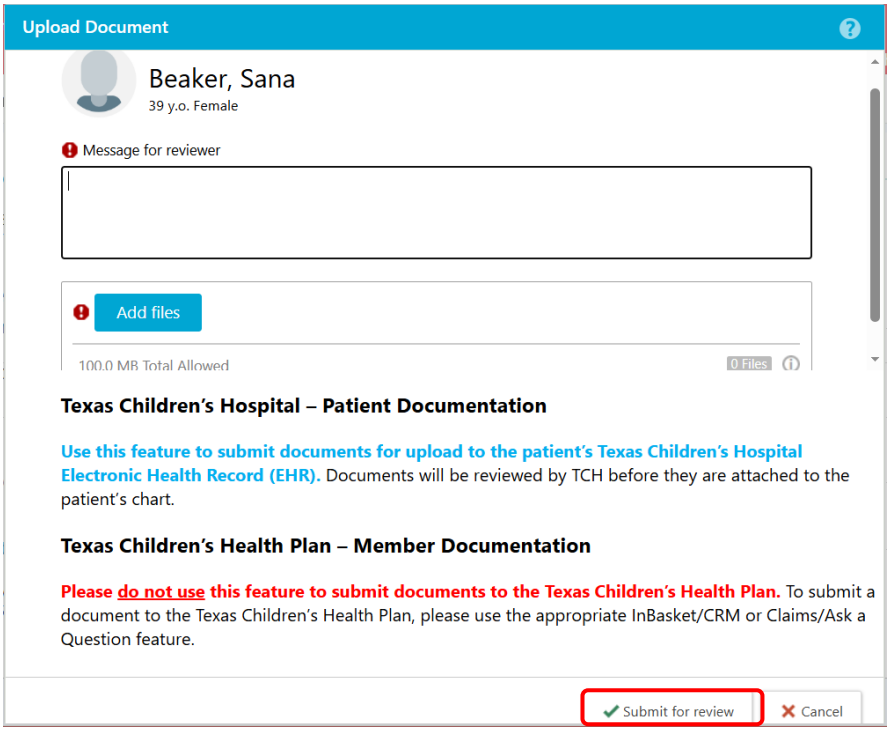
2. If your patient is located in the **My Patients** list, you can click their name. If not, see instructions on "How to Create a Patient" in the section above.



3. In the patient's chart, click **Upload document to TCH EHR**.



4. A pop up will appear where the user can upload patient documentation. The user must leave a brief description of the document for review.



5. Click **Submit for review**.

HOW TO UPLOAD INSURANCE

Users should upload a copy of the patient's insurance card using the upload documentation functionality. See the "How to upload clinical documentation" section above for detailed instructions.

If the user is unable to obtain the patient's insurance card, the TCH scheduling department will contact the patient to obtain their insurance information during the registration process.

WHAT TO EXPECT AFTER THE APPOINTMENT IS MADE

When an appointment is made, the patient will be contacted by a representative from the TCH scheduling department to complete the registration/pre-service process. During this time, the patient will be signed up for SMS communication for appointment reminders and MyChart access.

If the representative is unable to reach the patient after 2 call attempts, additional information will be obtained from the patient during check-in.

HOW TO CANCEL OR RESCHEDULE AN APPOINTMENT

The ability to cancel or reschedule a patient appointment that was initially scheduled using Texas Children's Link is not currently available. To cancel or reschedule an appointment, the user or patient must call the TCH Scheduling department.

- For **Austin**-based appointments please call: 737-229-3550
- For **Houston**-based appointments please call: 832-824-9322

HEALTH PLAN FUNCTIONALITY

Features described in this section are only applicable to users with access to Texas Children's Health Plan functionality within the Link portal.

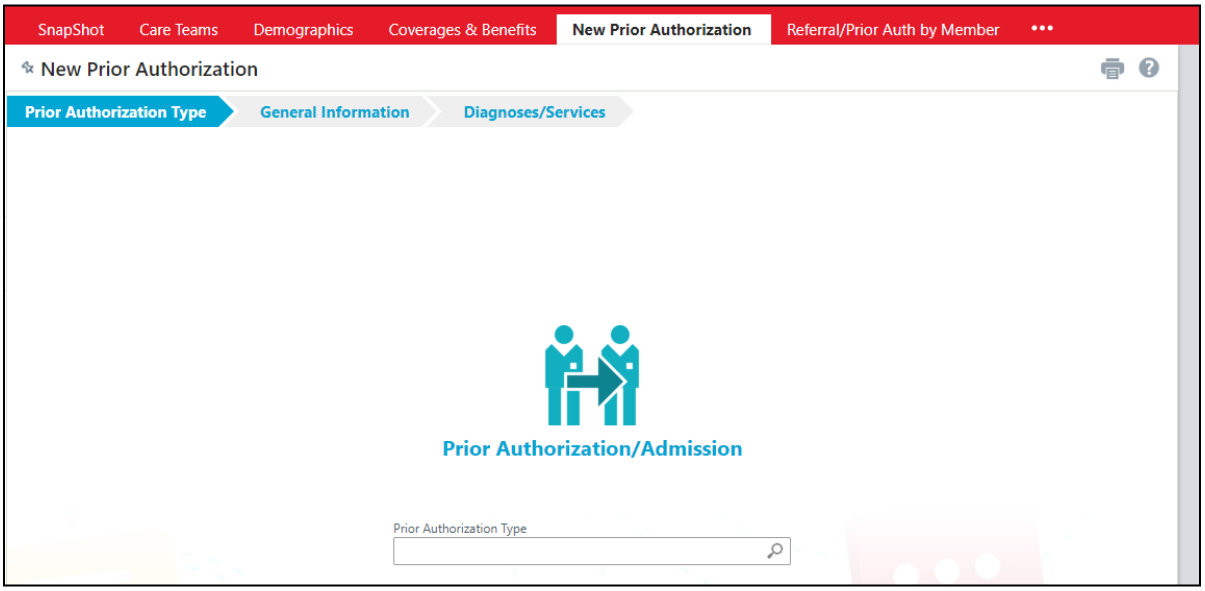
WORKING WITH HEALTH PLAN AUTHORIZATIONS

Users who have access to Link have the ability to enter authorizations electronically. Effective August 1, 2022 requests for Prior Authorization can be submitted via Link. You can only create Authorizations for members that have an active Managed Care coverage through Texas Children's Health Plan.

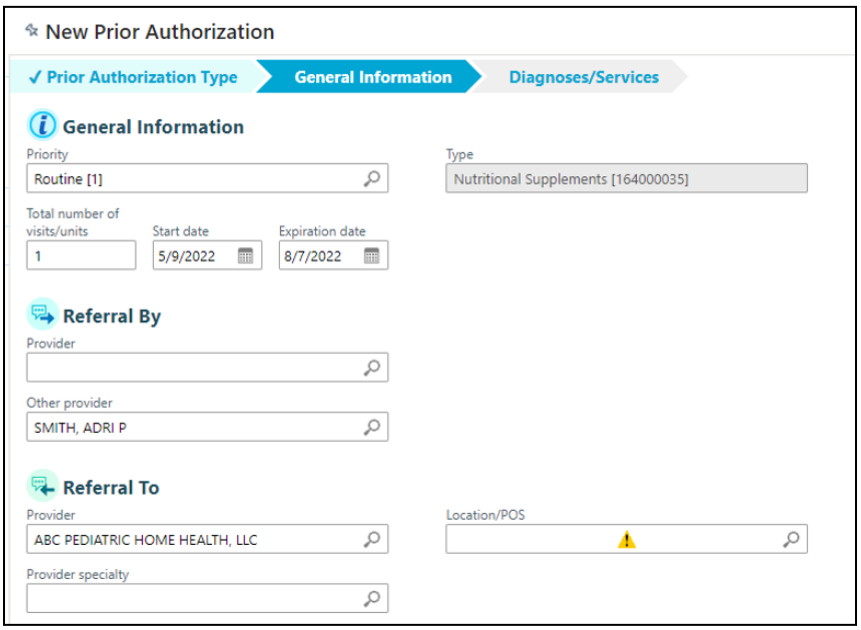
Note: *Within Link, the word "Referral" and "Authorization" is used interchangably for health plan features..*

CREATE A NEW AUTHORIZATION

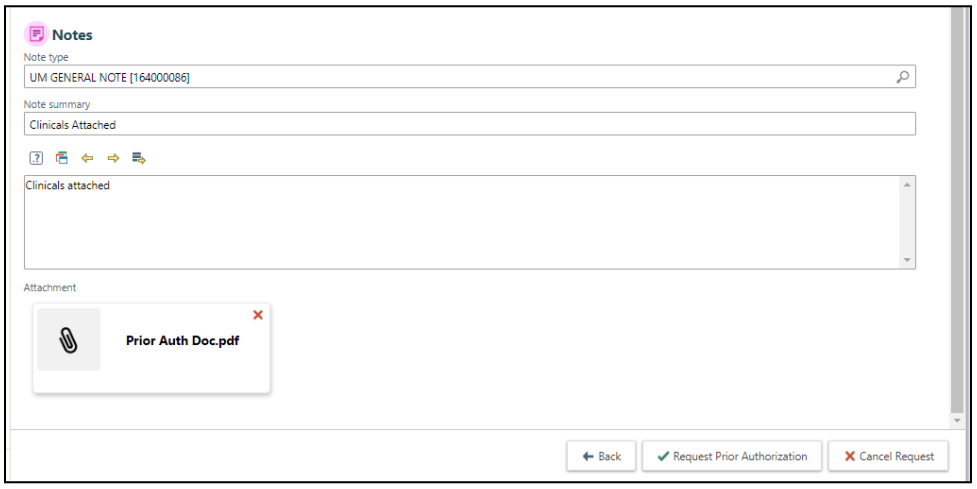
1. Click the **Create Prior Authorization** from the Home screen.
    - You can also access this activity by clicking the Menu button and selecting New Prior Authorization.
2. Search and select the name of the patient requiring an authorization.
    - You can also create an authorization from inside a patient's record that you already have open by clicking **New Prior Authorization**.
3. Enter the **Prior Authorization type**, click **Next**.



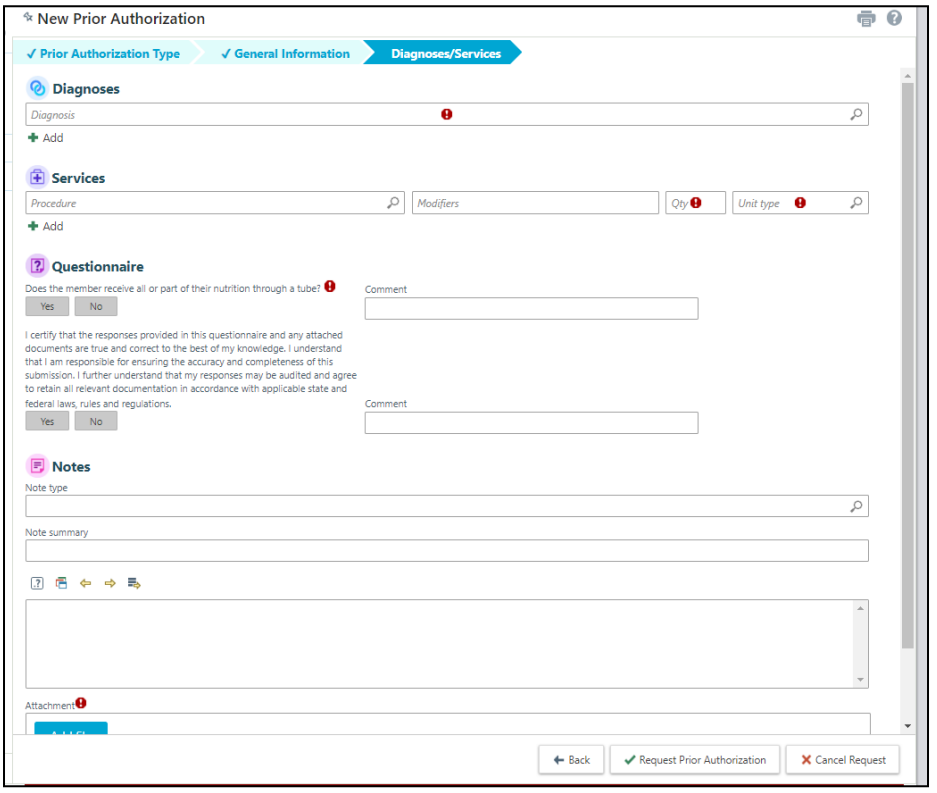
4. Complete the **General Information** form (reference page 16 for explanation of fields), click **Next**.
    - After the primary prior authorization is requested, the Authorization then prompts users to collect basic information about the type of service being requested, where the request came from, where it is going and the Authorization's priority.
    - All of the fields with red stop signs are required and must have a value entered before the Authorization can be submitted.
        - If the authorization is for an admission, select an Admission type.



5. Fill in the **Diagnoses/Services** form.
6. Type in a **note** and **Add attachments**.

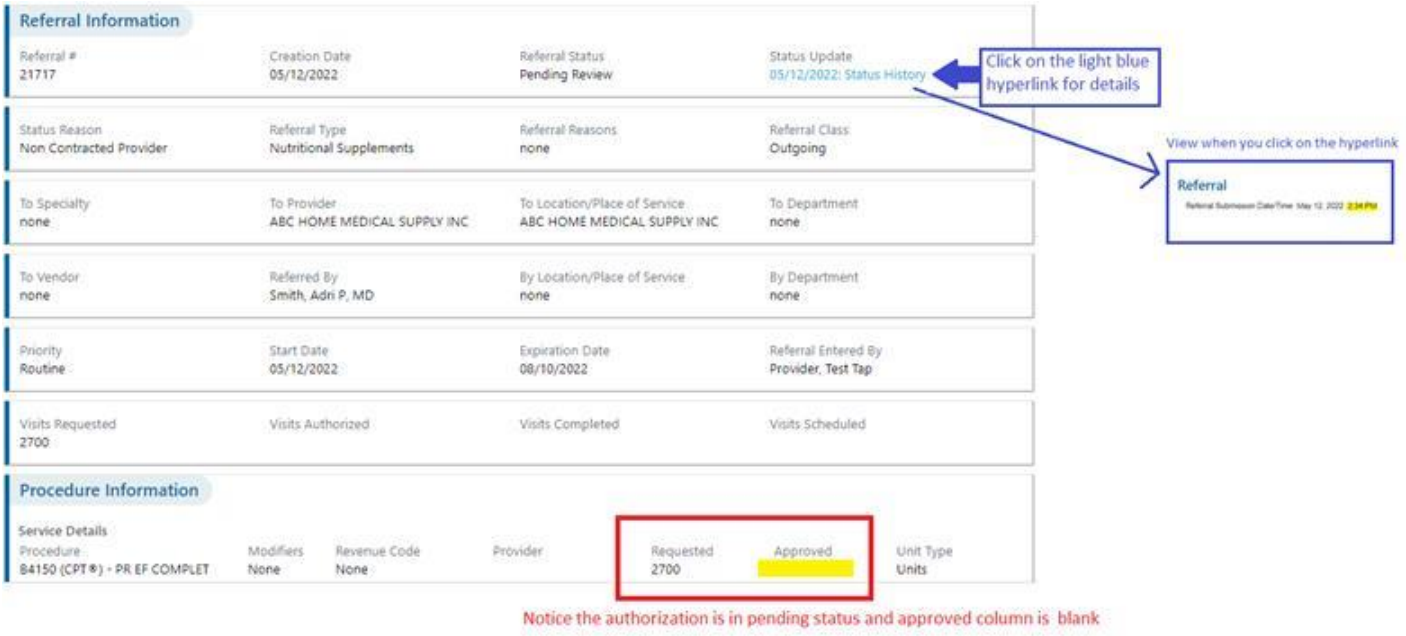


7. Click **Request Prior Authorization**.

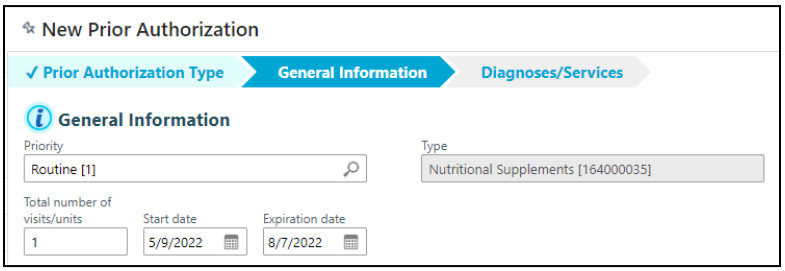


The **Referral Details** will display. If you would like to see the date and time the prior authorization was submitted, hover over the BLUE **Status History**.

NOTE: The authorization is in pending status and approved column is blank.



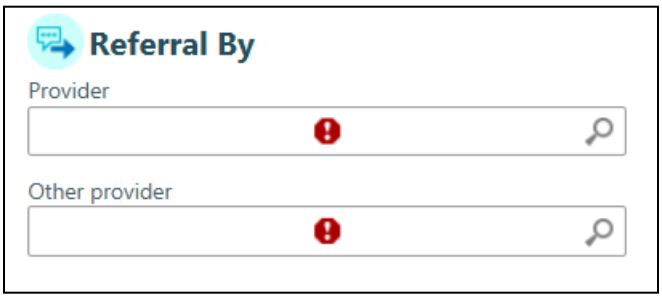
GENERAL INFORMATION SECTION



- The **Priority** field defaults to Routine, but can be modified by clicking the magnifying glass and selecting the appropriate priority.
    - Routine authorization requests will be processed within three business days.
    - Urgent authorization requests will be processed within one business day.
        - Requests submitted as urgent that are not urgent in nature, but rather submitted as urgent based on the delay in provider submission will be processed as a routine authorization request.
- The **Type** field is used to identify the type of service being requested.
    - Example: Private Duty Nursing, Acute Physical Therapy (<120 days from onset of injury), Physical Therapy (>120 days from onset of injury)
- Enter the **Total number of visits/units**
- Enter the requested **Start date** and **Expiration date**.

REFERRAL BY SECTION

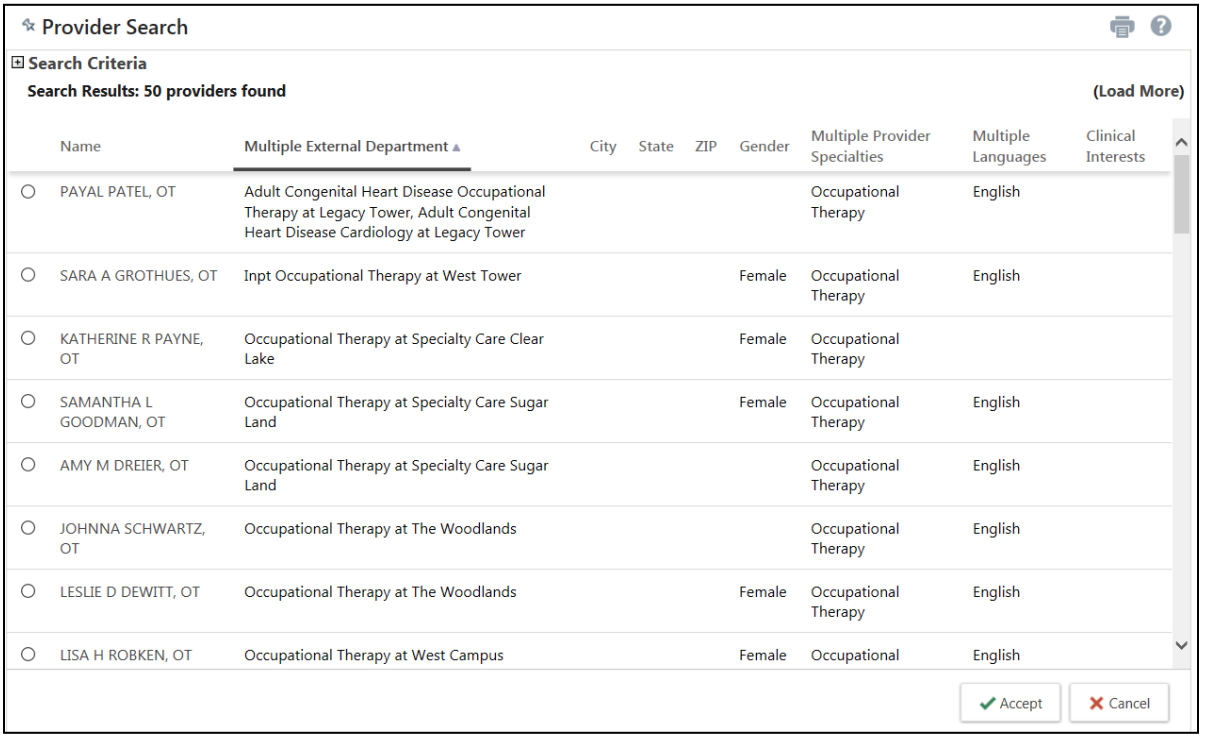
- Enter the name of the Requesting Provider in the **Provider** field.
    - Click the magnify glass to select the **Provider.**
    - If the Provider is not listed utilize the **Other Provider** field.



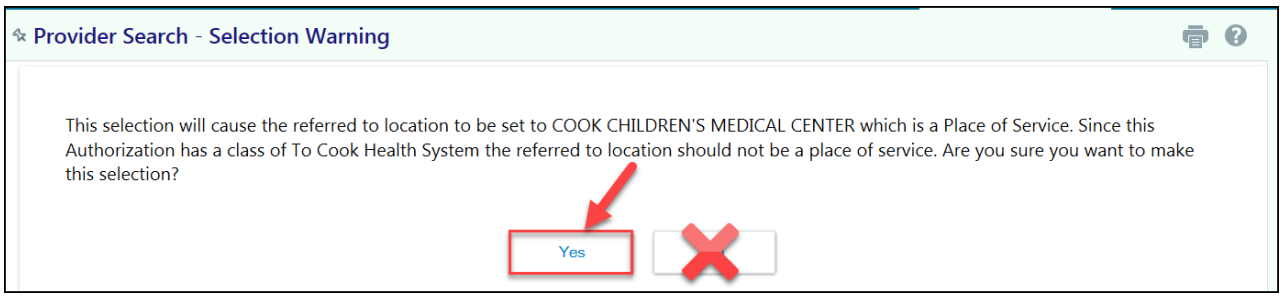
REFERRAL TO SECTION

1. Enter the name of the **Service Provider** in the **Provider** field.

- When entering the name of the Provider, the system may prompt you to select the Provider from a search list.
- Select the appropriate Provider along with the associated location, then click **Accept**.



Note: You may receive a pop-up message; this is an internal system warning. To bypass the Place of Service warning, click Yes.

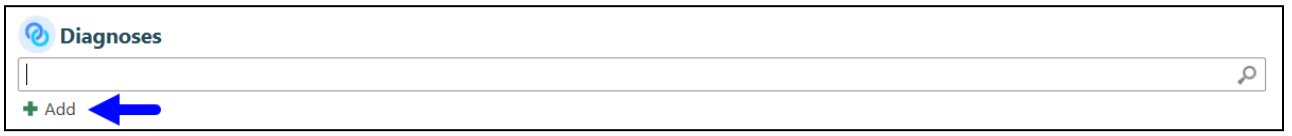


- If the **Location/POS** did not populate from the previous step, then enter the associated location.

- If the location is known, you can type a partial name and click enter for a list of locations meeting your search criteria.
- You can also click the magnifying glass to search for a location. Enter your search criteria, then click **Search**. Click the name of the location to select it.
- If the **Provider specialty** did not populate from one of the steps above then enter the Provider specialty, then click **Next**.

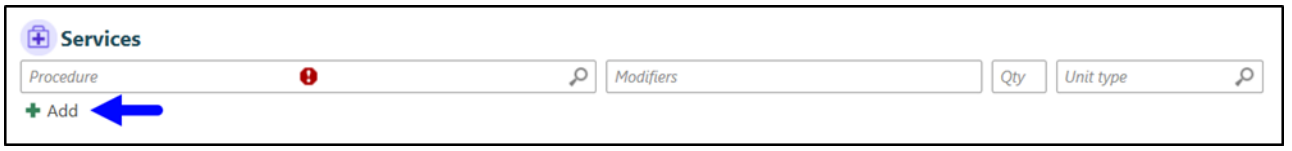
DIAGNOSES SECTION

- Enter the coded diagnoses.
2. You can type text in the coded diagnosis field to search for a list of related coded diagnoses.
3. Click Add to add additional diagnosis codes.
4. Code to the highest specificity.
5. Avoid using unspecified diagnoses
   - Especially R69, Illness Unspecified

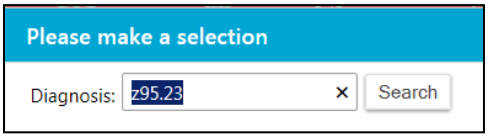


SERVICES SECTION

- Enter in the procedure code in the **Procedure** field.
  - To add additional services click Add .



6. Note: Please make sure the codes you select in the Services section are valid CPT or HCPCS codes.
7. If you enter an invalid code you will receive the following error message.



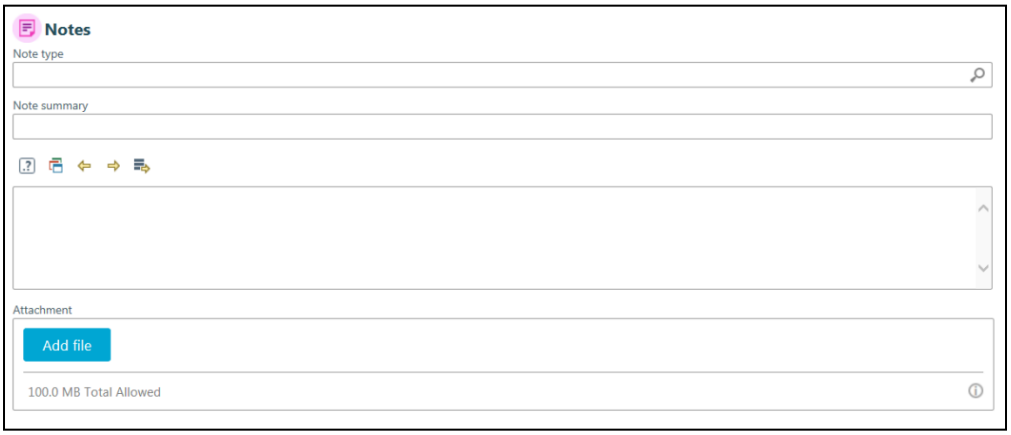
- If modifiers are needed, enter all appropriate modifiers in the Modifiers field. Separate multiple modifiers using a comma. (Ex: 59, 25, 91).
8. Indicate the number of visits, units or procedures needed for these services.
9. Select the appropriate type (visit, unit).

NOTES SECTION

The notes section is used to send additional communication regarding the authorization such as orders, notes, etc. You can add any supporting clinical documentation by clicking **Add File**.

This section will allow you to attach one document/file up to 100 MB.

You can add additional documentation after the authorization is submitted by using the **Add Note/Attachments** feature from the summary form.

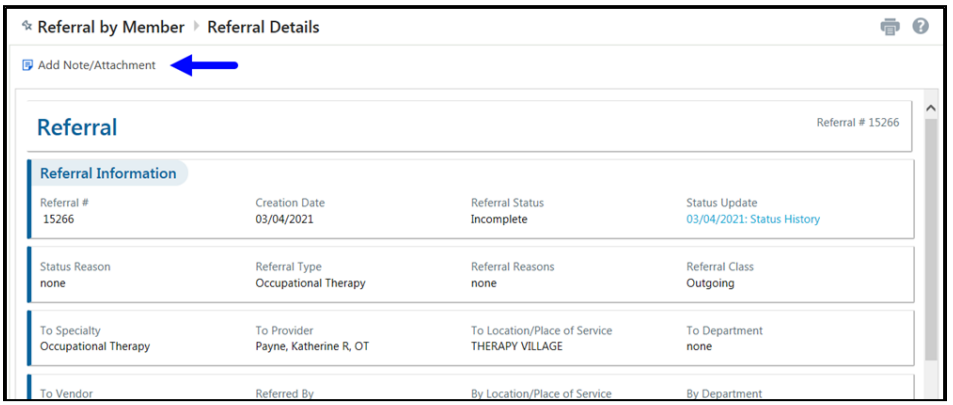


AUTHORIZATION SUMMARY

- Click Request Prior Authorization to submit.
- You are now viewing a summary of the submitted authorization.
- If additional notes or attachments are needed after the authorization is submitted click **Add Note/Attachments** to add the information.

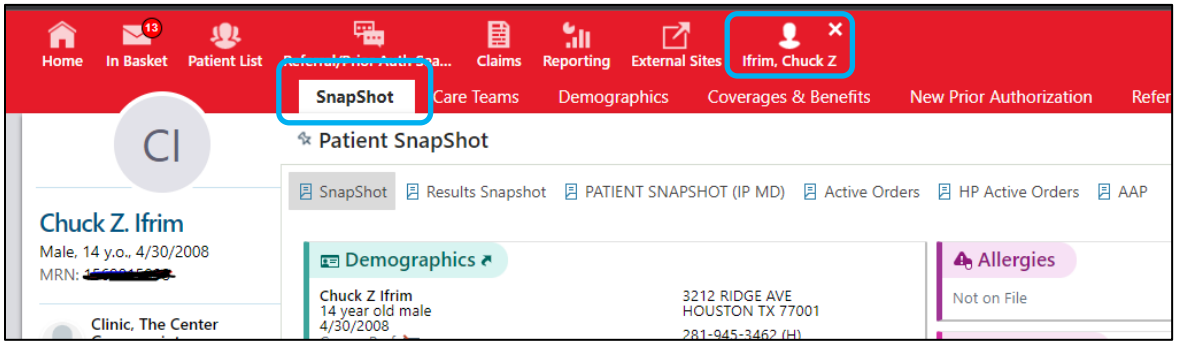
⚠	*When attaching a document to an authorization the User must enter a Note in the Note Summary. If not, the User will receive an error.*

- If you make a mistake or need to make changes to an authorization you submitted you will need to add a note to the original authorization.

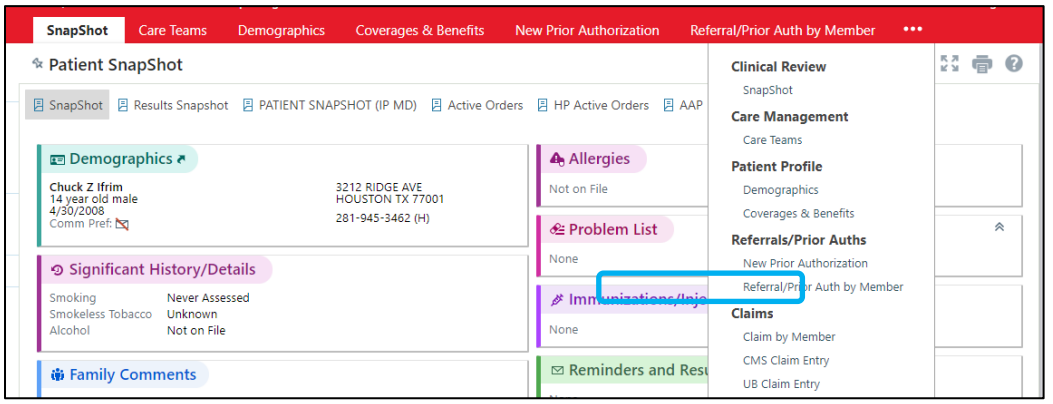


REVIEWING AUTHORIZATIONS

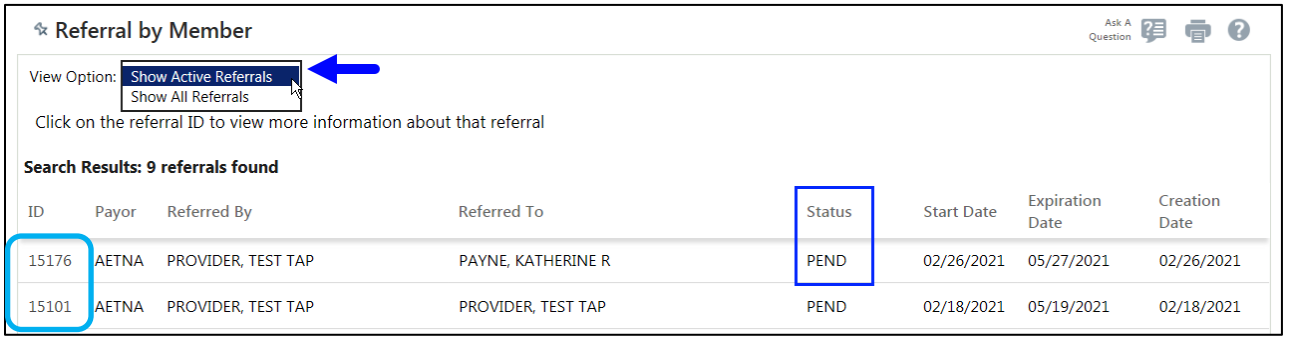
1. Navigate to the patient's snapshot by searching patient.



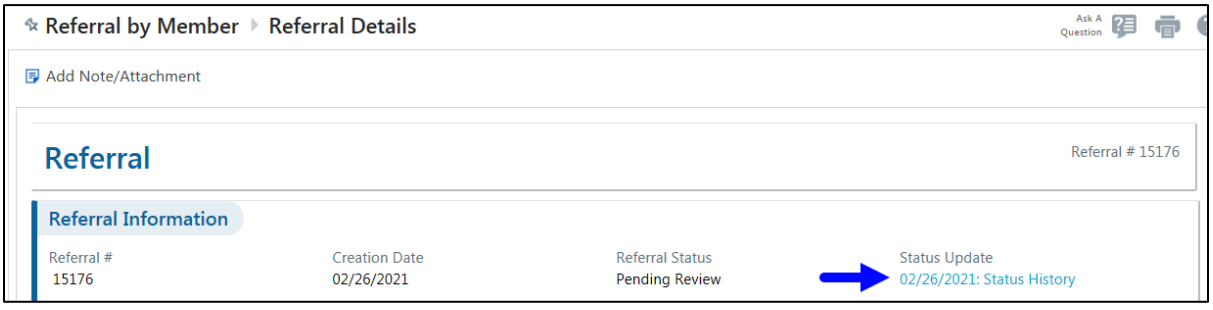
2. Click the ellipses and select **Referral/Prior Auth by Member**.



3. A list of the member's active Prior Authorizations is displayed.
4. To see all of the member's Prior Authorizations, select **Show All Referrals** in the **View Options** field.
5. The status of the Prior Authorization can be viewed from this screen.
6. To get additional information regarding, click on the ID number link.

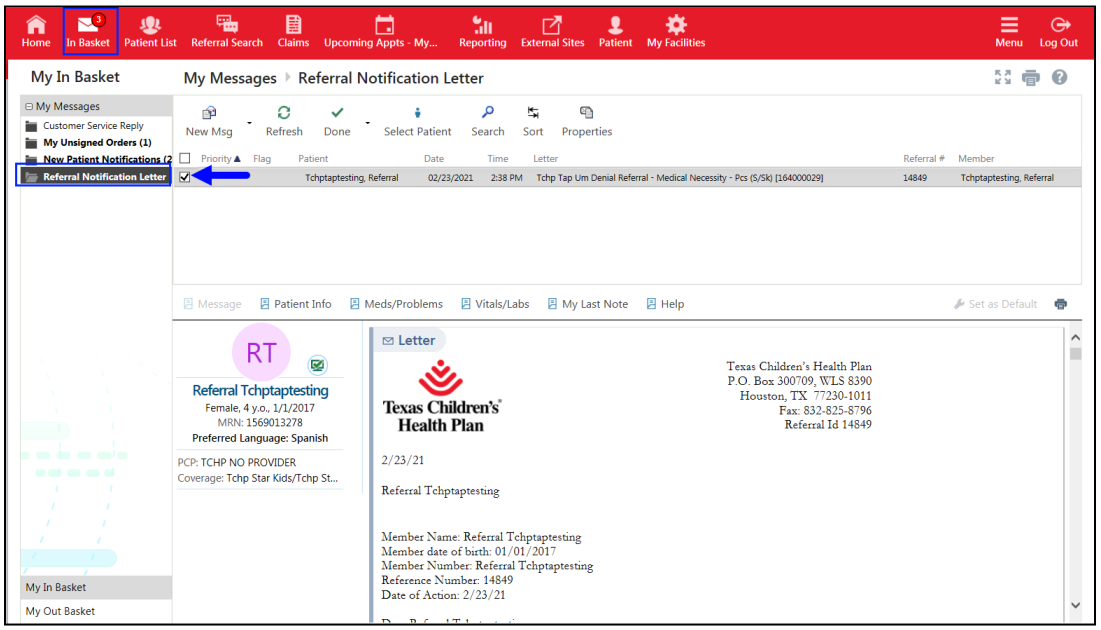


7. Click the Status History link to see an audit trail for this Prior Authorization.



REVIEWING AUTHORIZATION LETTERS

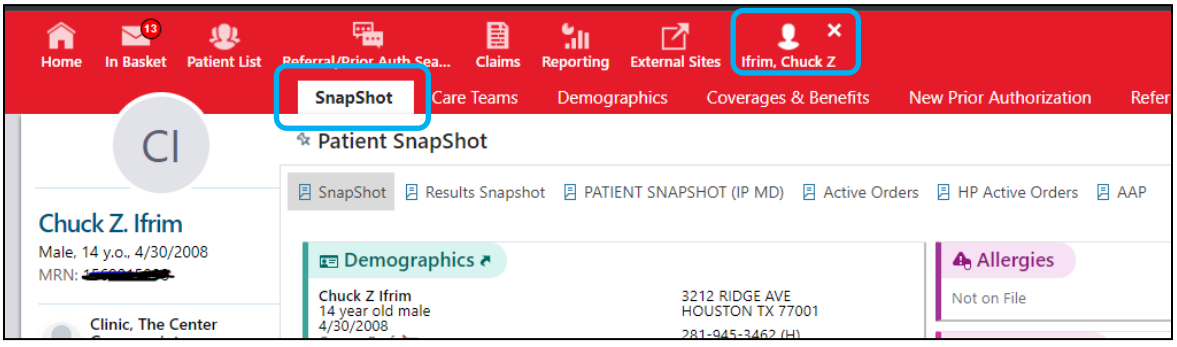
1. Navigate to the **In Basket**.
2. Only the Referred By and the Referred to Providers (Physicians, Therapists, etc.) within the Prior Authorization will receive the notification letter in their **In Basket**.



3. Click the **Referral Notification Letter** folder to review Referral Notification Letters associated with your Prior Authorization.
4. This will display letters where you (as the Provider) are listed as the Referred To Provider on the Prior Authorization.

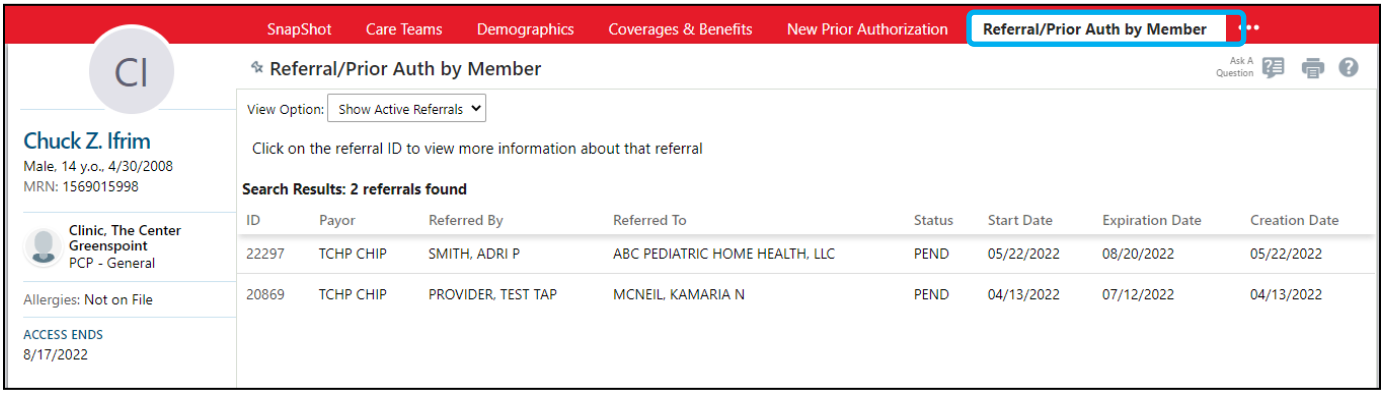
APPEALING AUTHORIZATIONS

1. Navigate to the patient's snapshot by searching patient.

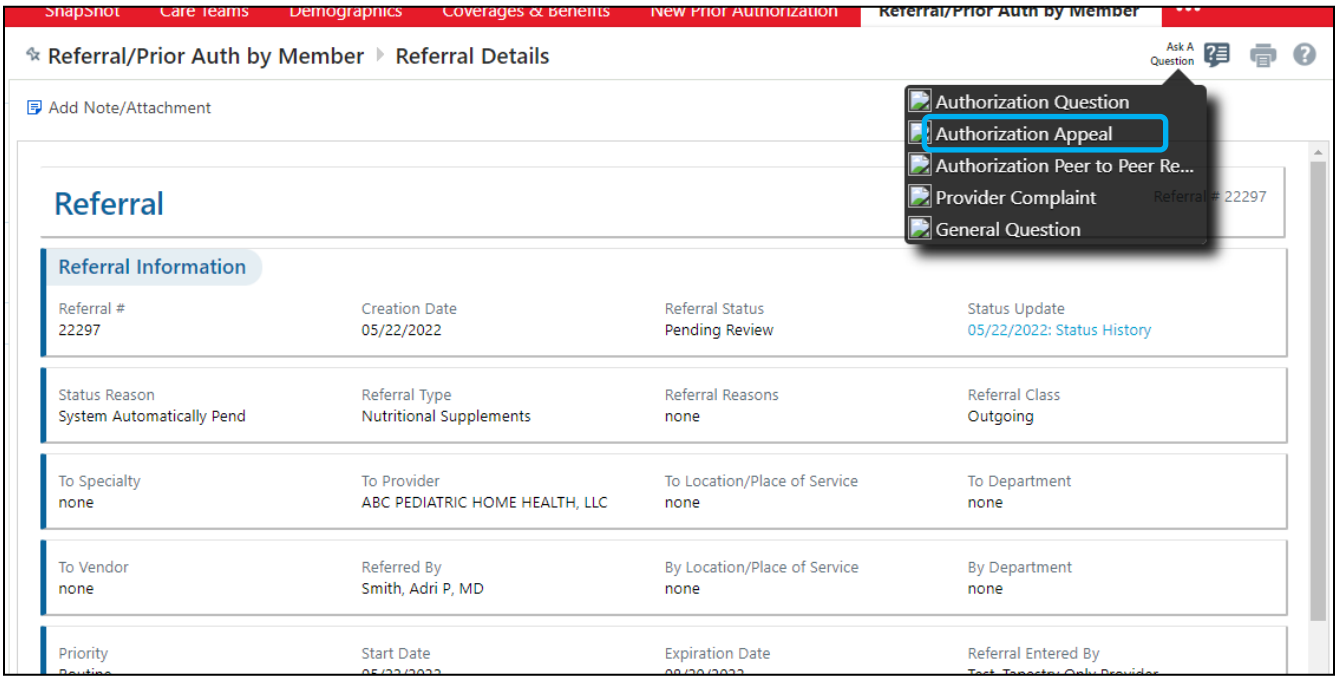


2. Navigate to Referral/Prior Auth by Member tab.

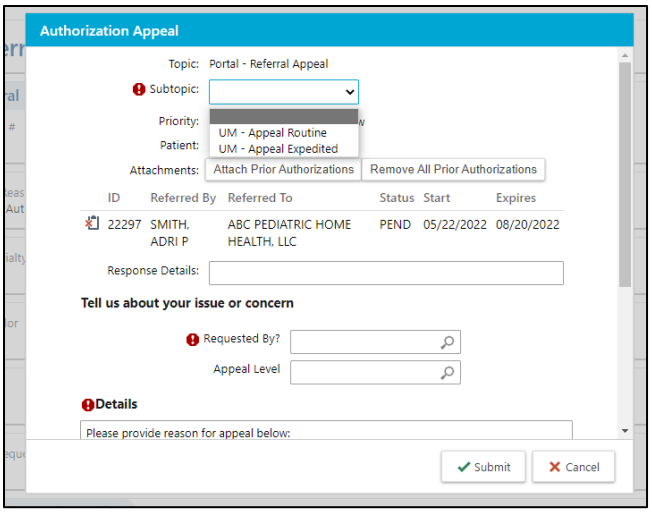
3. You may need to click the ellipses to see it.



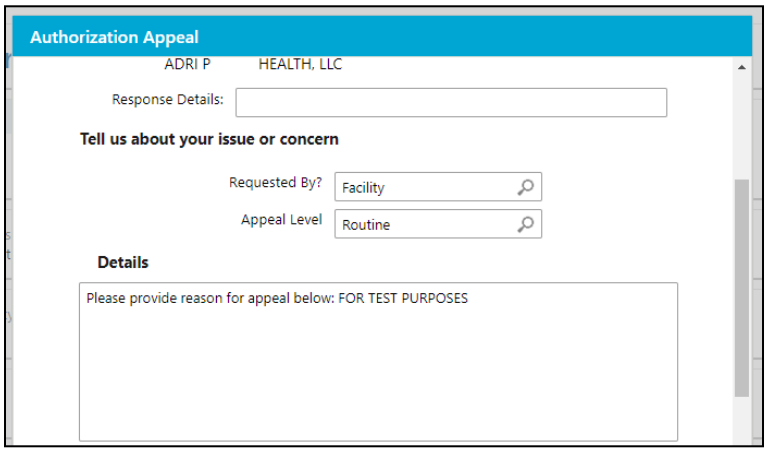
4. Click on the appropriate ID.
5. Navigate over to the "**Ask A Question**" dropdown.
6. Select Authorization Appeal.



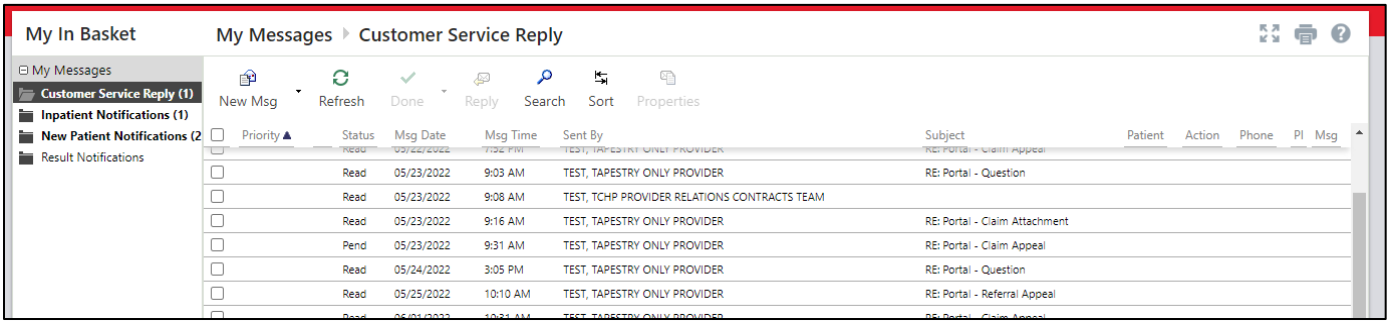
7. Select a subtopic designating if it is "**UM – Appeal Routine**" or "**UM – Appeal Expedited**".



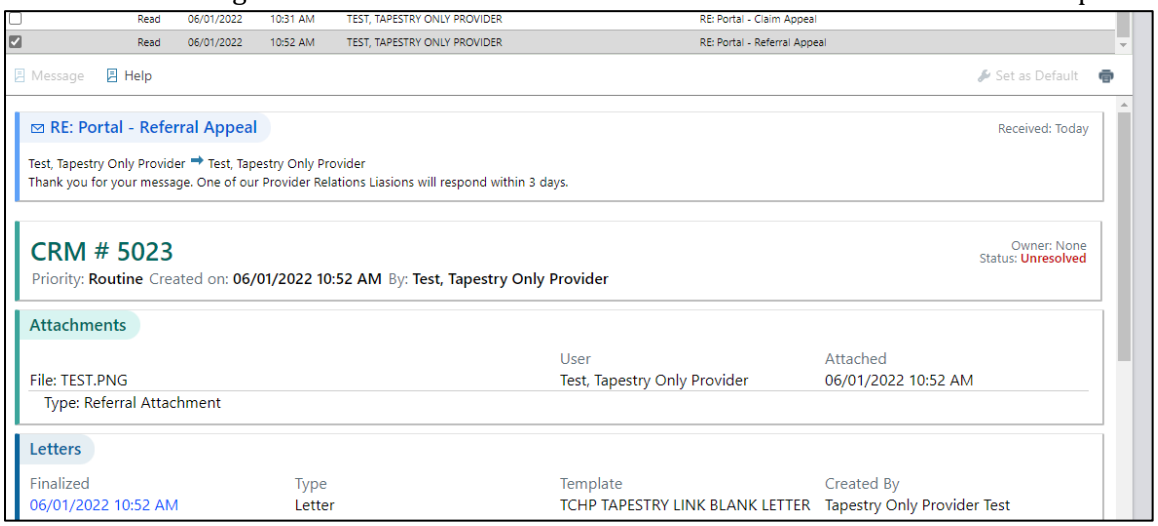
8. Change the priority if necessary.
9. Ensure that the patient populated and the attached prior authorization is the one intended for the appeal.
10. Enter who is requesting the appeal and the level of the appeal using the magnifying glasses.
11. Enter the reason for the appeal in the Details box.



12. Add any attachments if necessary.
13. Select the type of attachment.
14. Click **Submit**.
15. Navigate to the **In Basket**.
16. Select Customer Service Reply.



17. Select the newest message to review the details submitted and check this folder for follow-up.

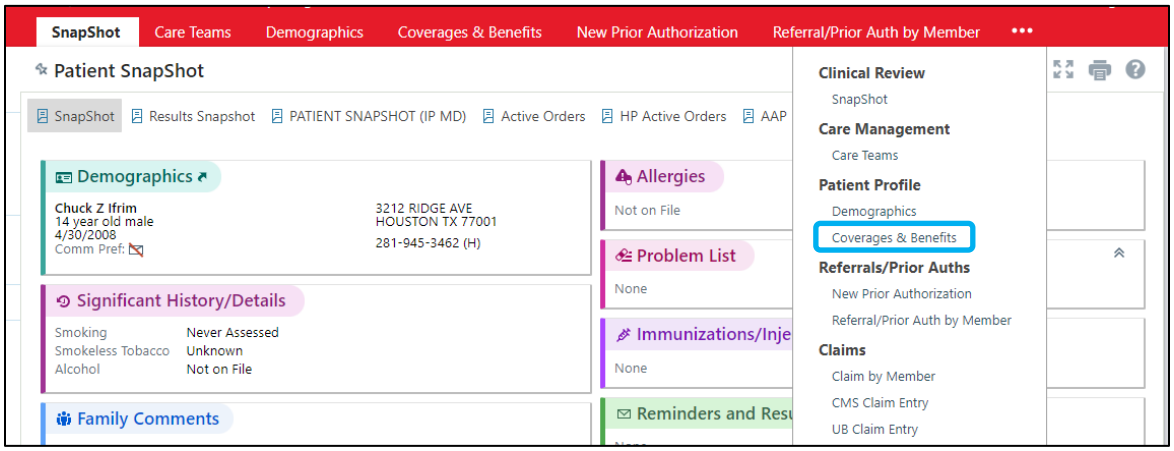


ELIGIBILITY REVIEW IN TEXAS CHILDREN'S LINK

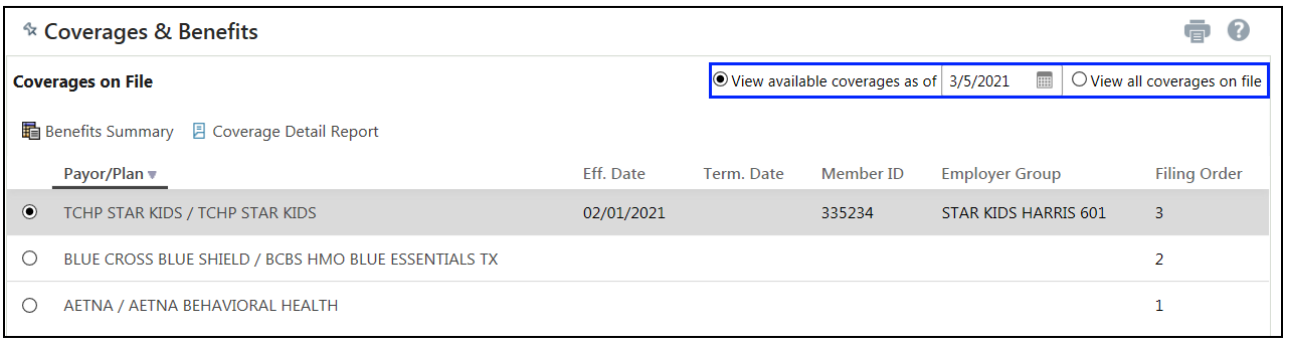
REVIEW COVERAGE AND BENEFITS

Link can be used to review a TCHP Member's coverages and benefits.

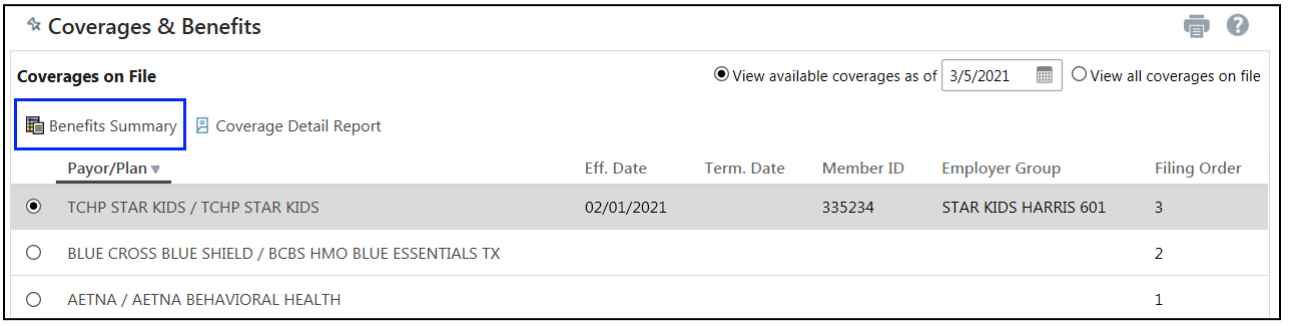
1. Click Select Patient.
2. Locate the Patient / Member.
3. Navigate to the Coverages and Benefits tab.
4. You may need to click the ellipses to see it.



5. Select View all coverages on file.
6. From here, you can view a Member's current and past coverages.

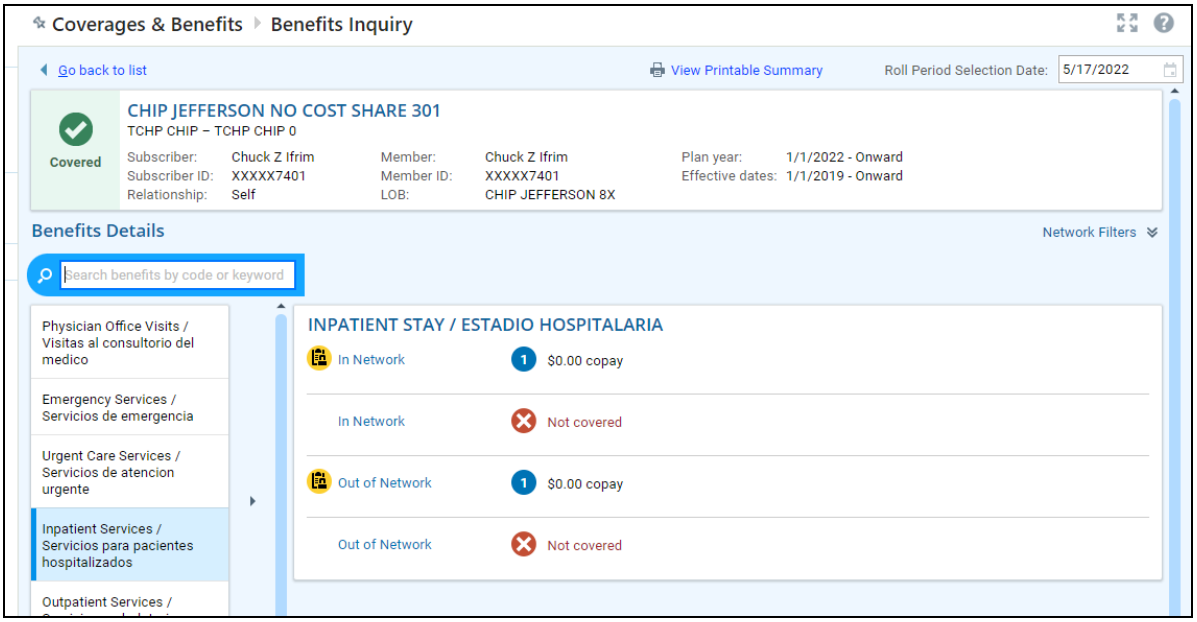


7. Click **Benefits Summary** to see the benefits for the selected coverage.

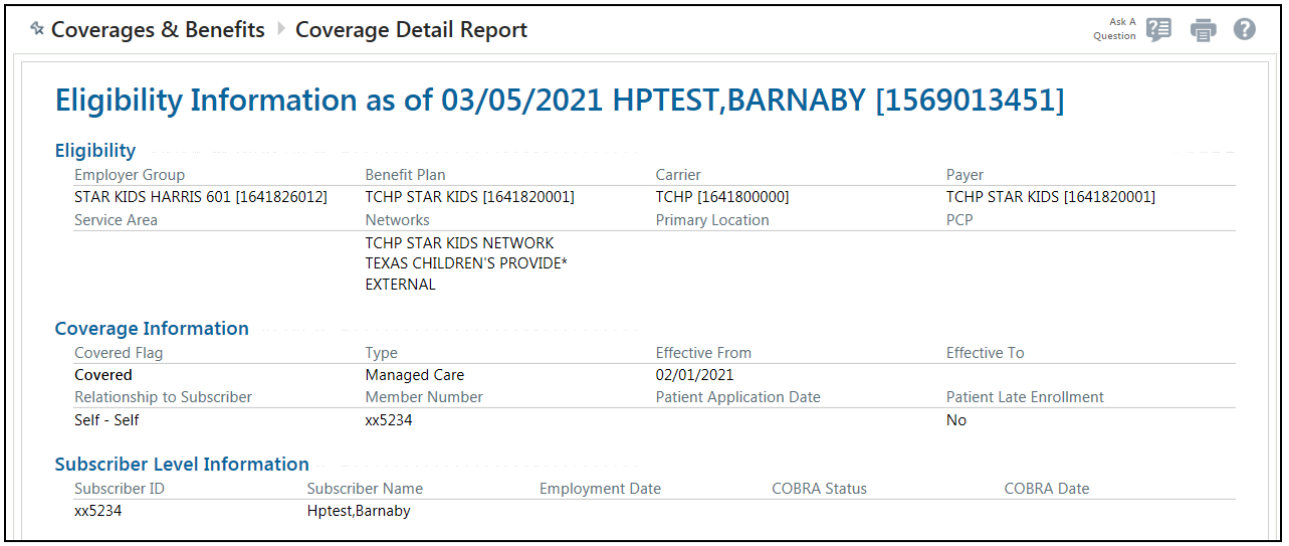


8. Review the benefit categories, then click the plus sign to expand that section of the benefits list.
9. You can also enter a partial topic in the **Search** field to see the benefits.

NOTE: If out of network states that it is covered for a certain benefit, it will be covered with an approved prior authorization.



10. Click "Go back to list" to exit "Benefits Inquiry".
11. Click the **Coverage Detail Report** to view more information about the coverage and the subscriber.

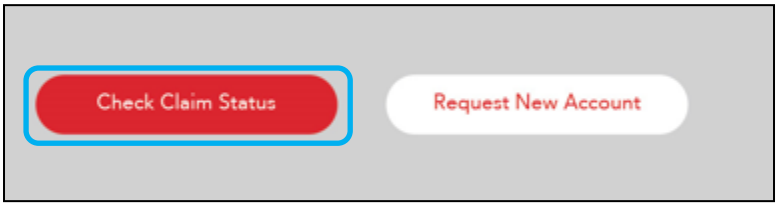


CLAIMS REVIEW IN TEXAS CHILDREN'S LINK

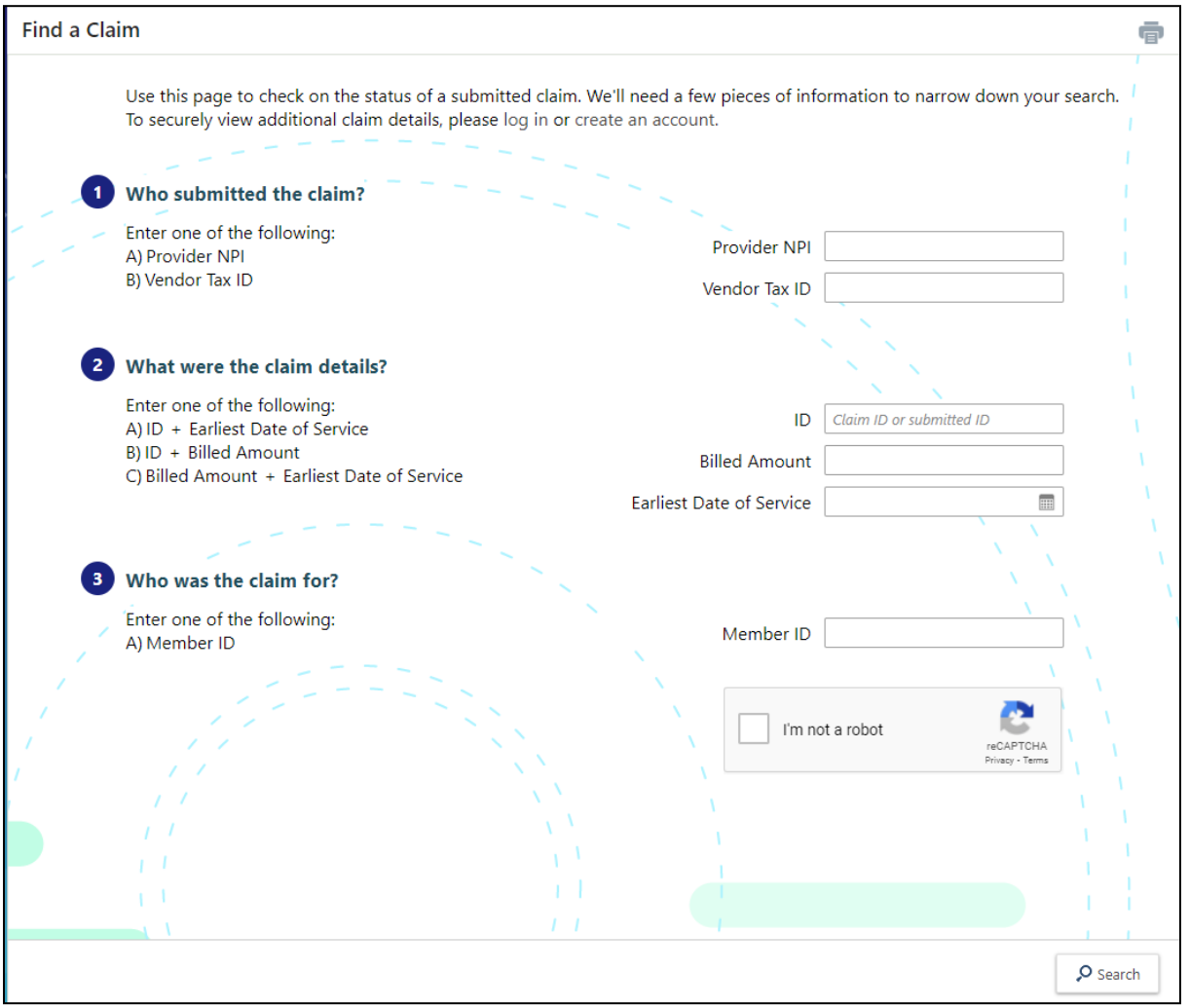
REVIEW CLAIMS

Texas Children's Link log in page has a URL that lets you review/search a claim that was submitted. **Note:** You do not have to log into the provider portal or be a par provider to utilize this resource.

Link to Check Claim Status: Find A Claim Link

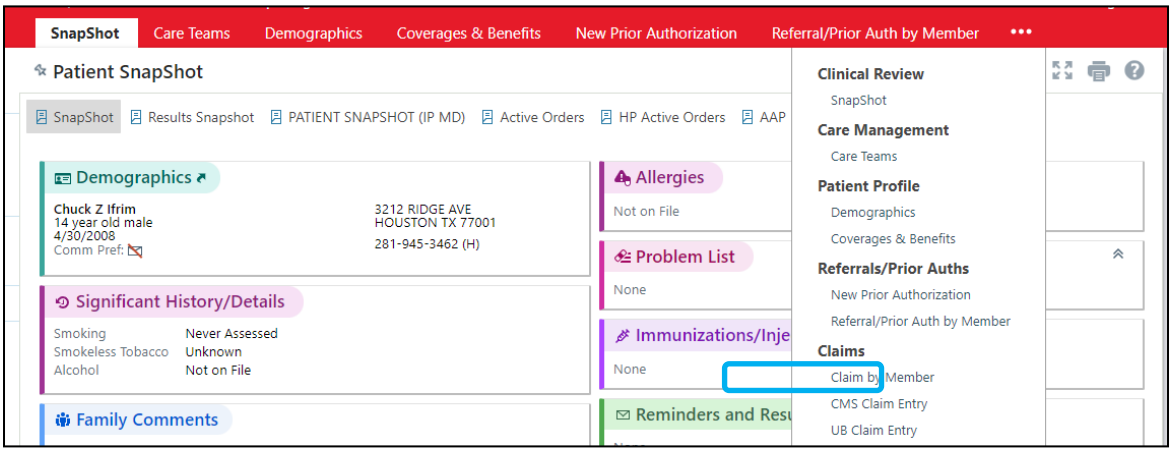


All you have to do is fill out the information requested below.



Link can be used to review claims submitted by your organization.

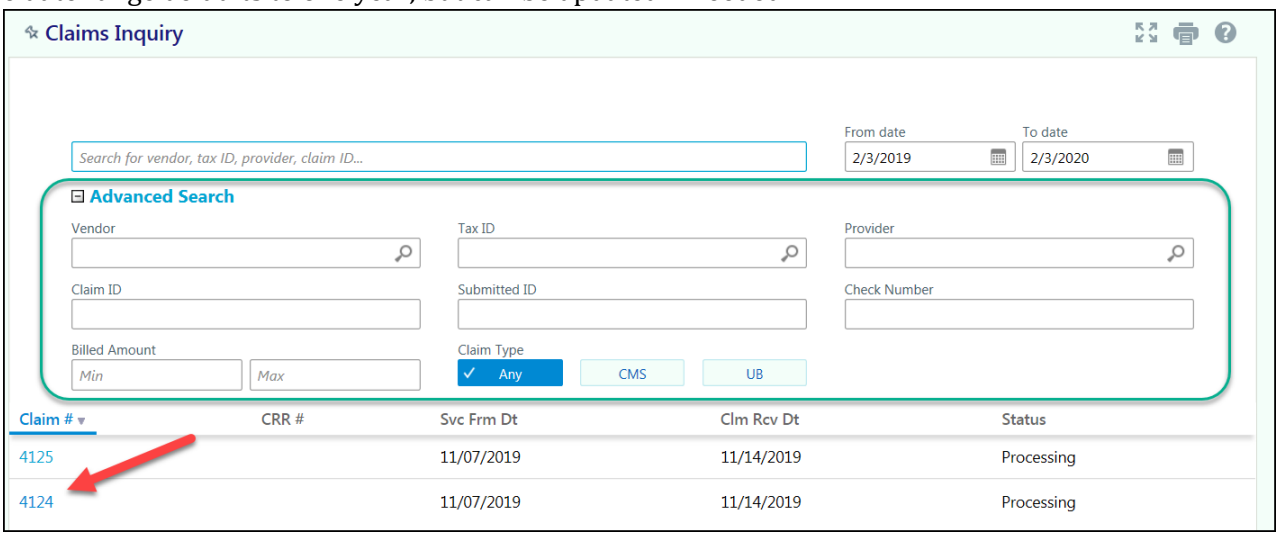
1. Click Select Patient.
2. Locate your patient.
3. Click the **Claim by Member** tab.
4. You may need to click the ellipses to see it.



5. Select the appropriate **Claim #**.

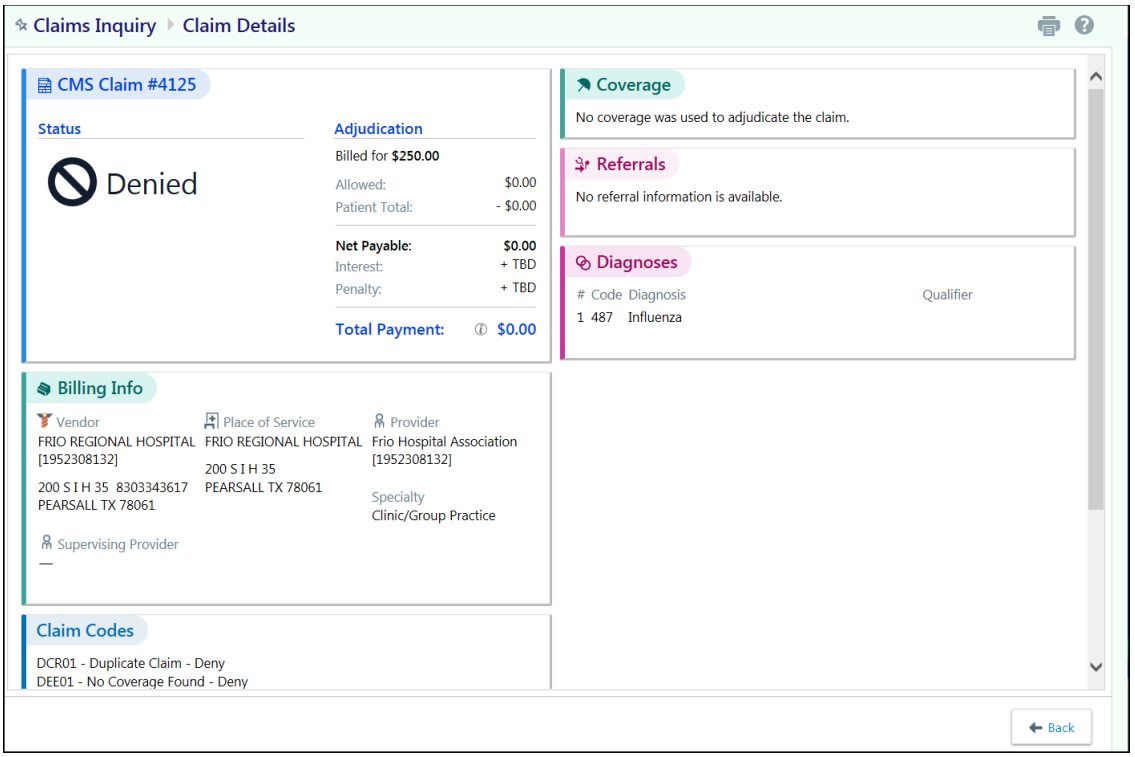
Claim #	CRR #	Svc Frm Dt	Clm Rcv Dt	Status
99865		09/11/2020	09/14/2020	Processing
99864		09/06/2020	09/14/2020	Processed
99863		09/13/2020	09/14/2020	Processed

6. The **Advanced Search** option can be used to drilldown your search by specific claim details including billed amount, claim type and check number.
7. The date range defaults to one year, but can be updated if needed.



8. To review the details of the claim, click the Claim # link.

9. This will display the details related to the status such as:
    - payment amount
    - associated coverages
    - authorizations
    - applicable claim codes



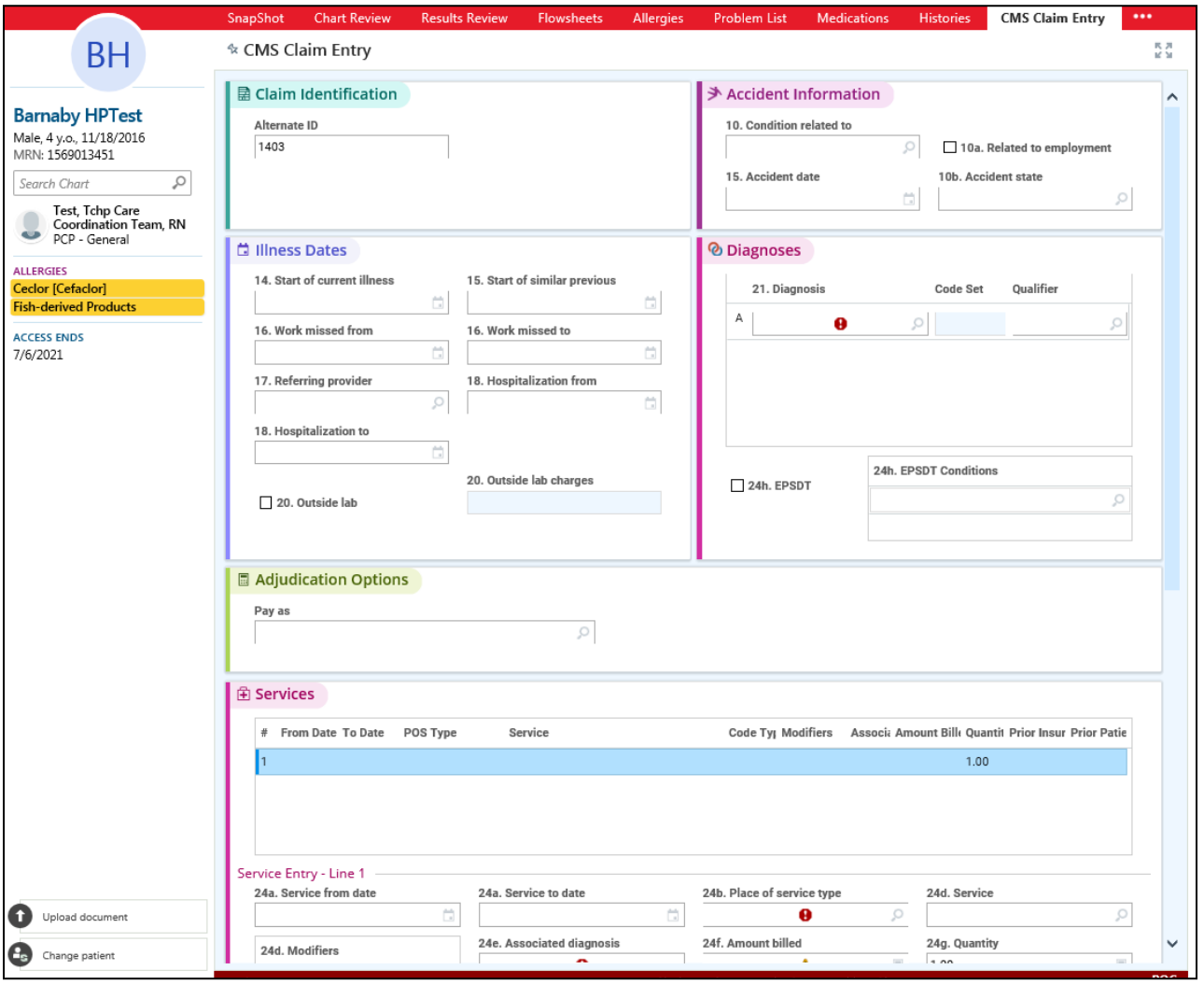
SUBMIT CLAIMS

Texas Children' Link providers can submit single claims and batch claims through the Link portal.

Single Claim Submission for CMS 1500 and UB-04 Claim Types

1. Navigate to the patient's chart
2. Click the ellipses and select **CMS Claim Entry** or **UB Claim Entry**
3. The Claim Entry screen will open for data entry.

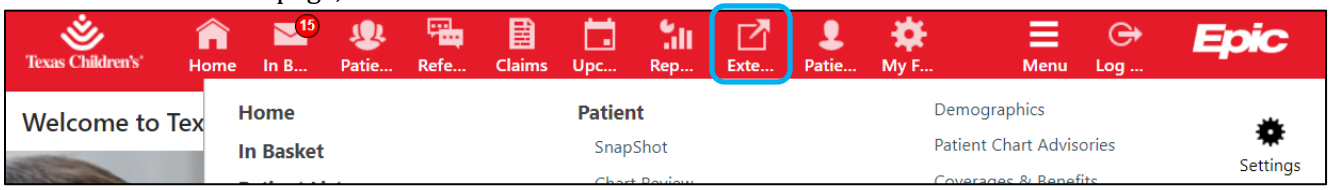
Note: You must enter all required claim information for clean claim adjudication. This guidance can be found in the Texas Medicaid Provider Handbook as well as the Texas Children's Health Plan Provider Handbook.



4. Once all claim data has been placed on the claim, click **Accept**
5. You will then the taken to the **Claims Inquiry** screen which will show your recent claim submission along with the current adjudication status

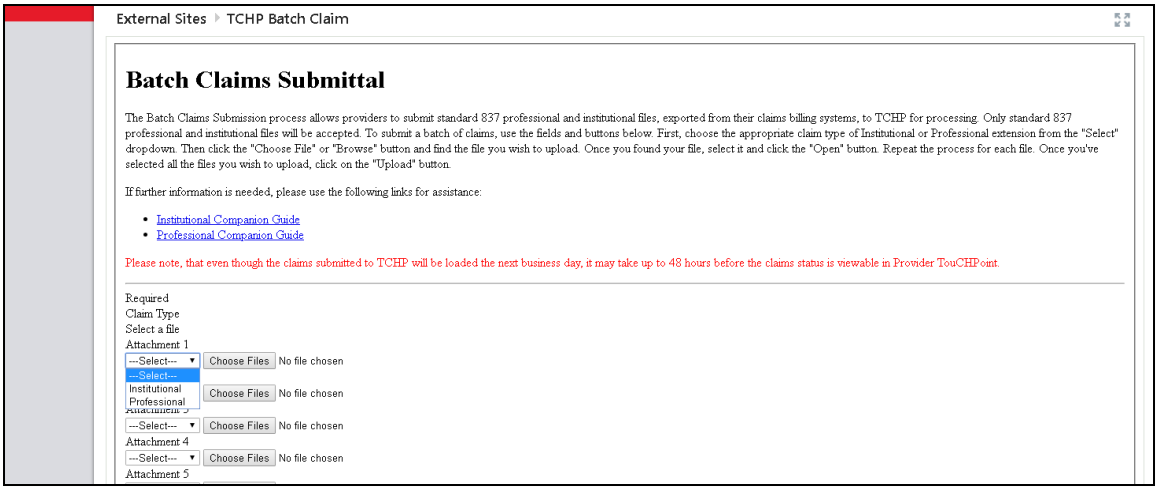
Batch Claim Submittal Proces

1. From the Link Homepage, click on the **External Sites** link

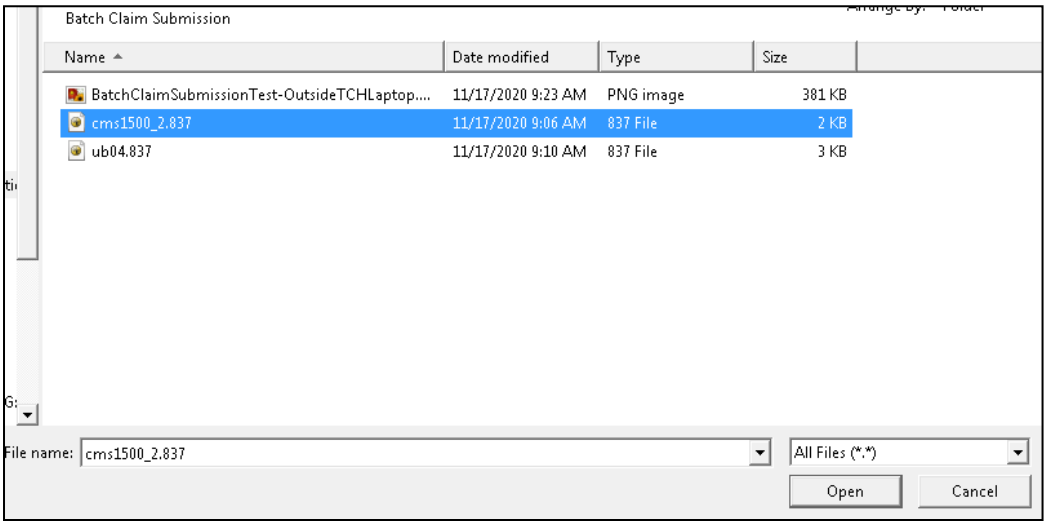


2. Click on the **TCHP Batch Claim** link

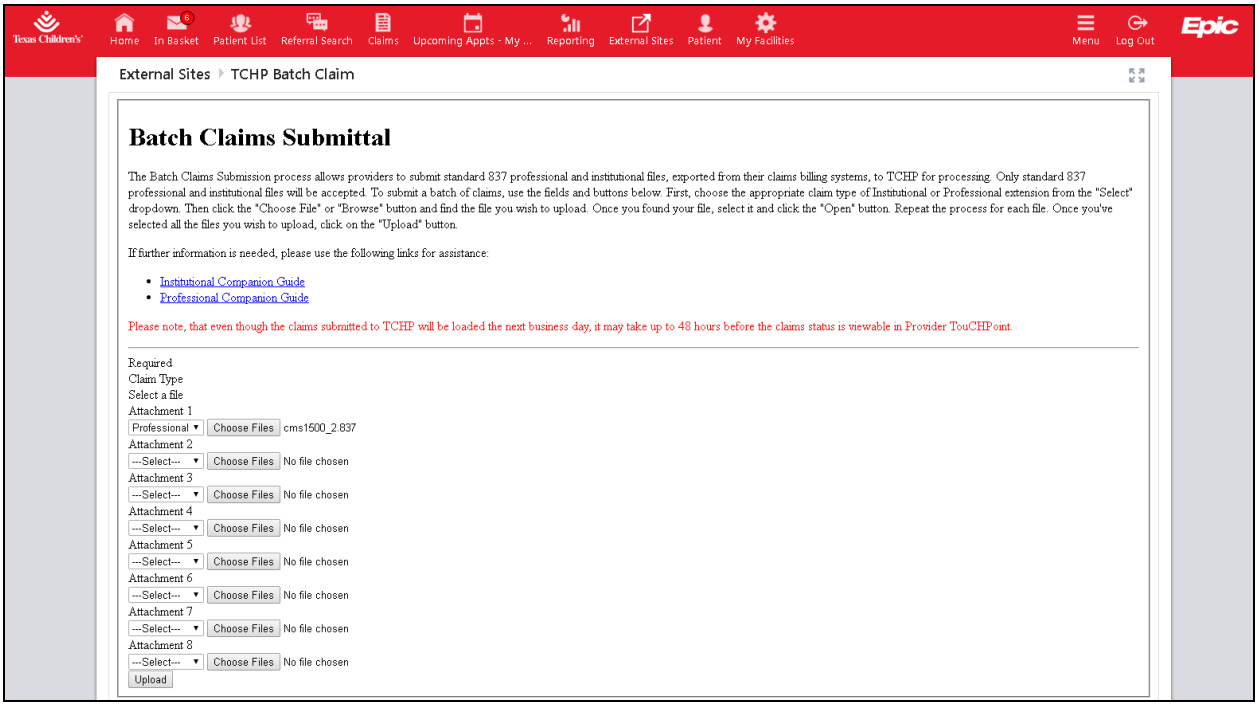
3. Select **Institutional** or **Professional** as the Claim Type for each attachment



4. Click **Choose Files** to select the appropriate file for each attachment

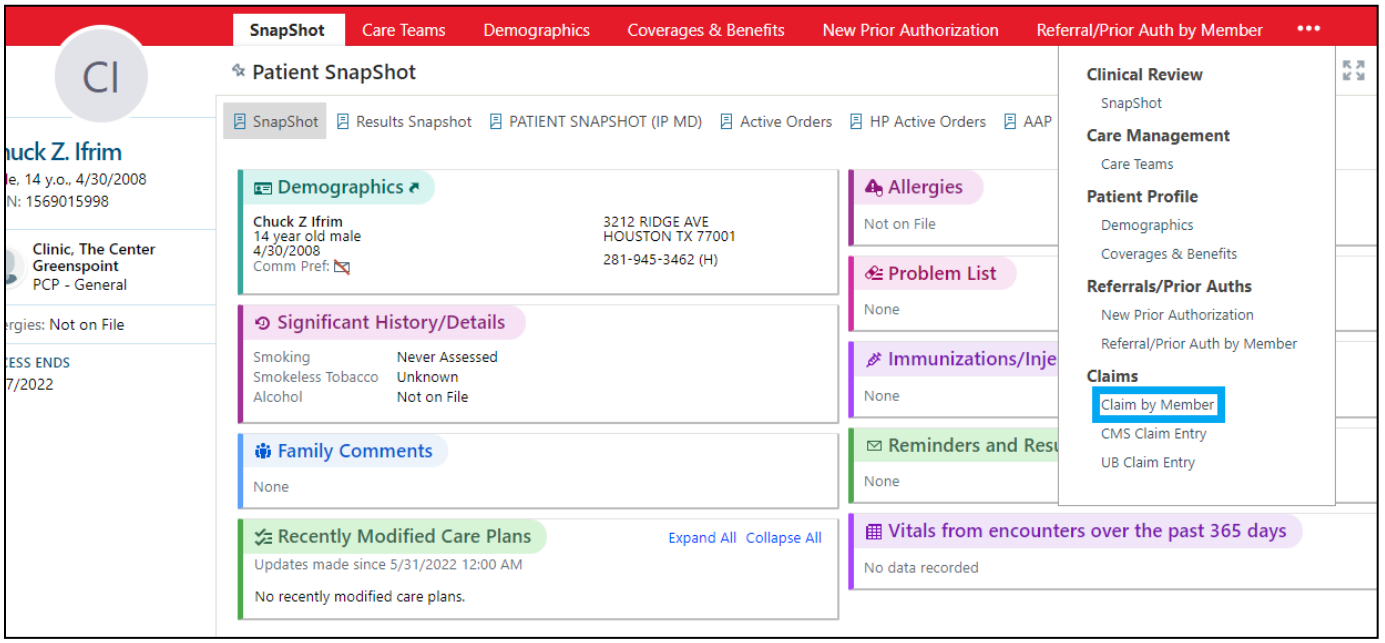


5. Click **Upload**



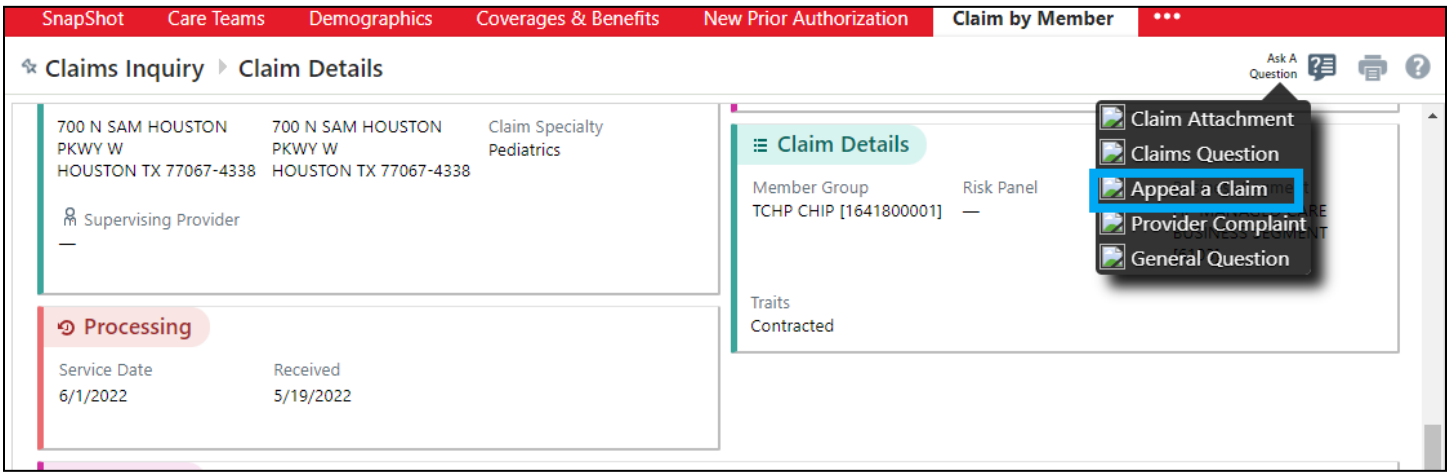
APPEAL CLAIMS

1. Click Select Patient.
2. Locate your patient using Name or MRN (or scroll down to find the member).
3. Select the patient by double clicking on their name.
4. Navigate to **Claims by Member** tab.
5. You may need to click the ellipses to see it.

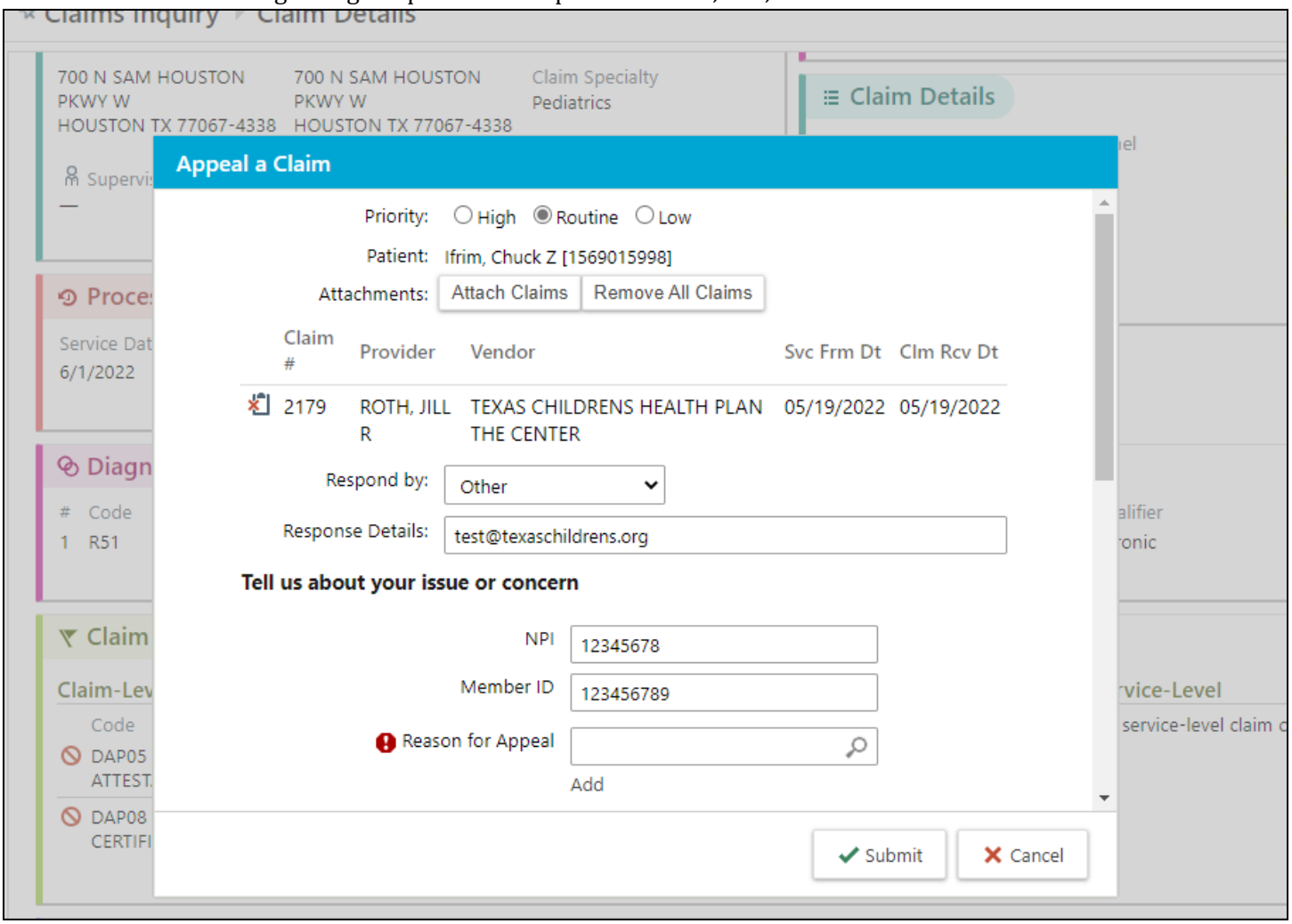


6. Click on the appropriate Claim # for the claim intended to appeal.
7. Navigate over to the "**Ask A Question**" dropdown.

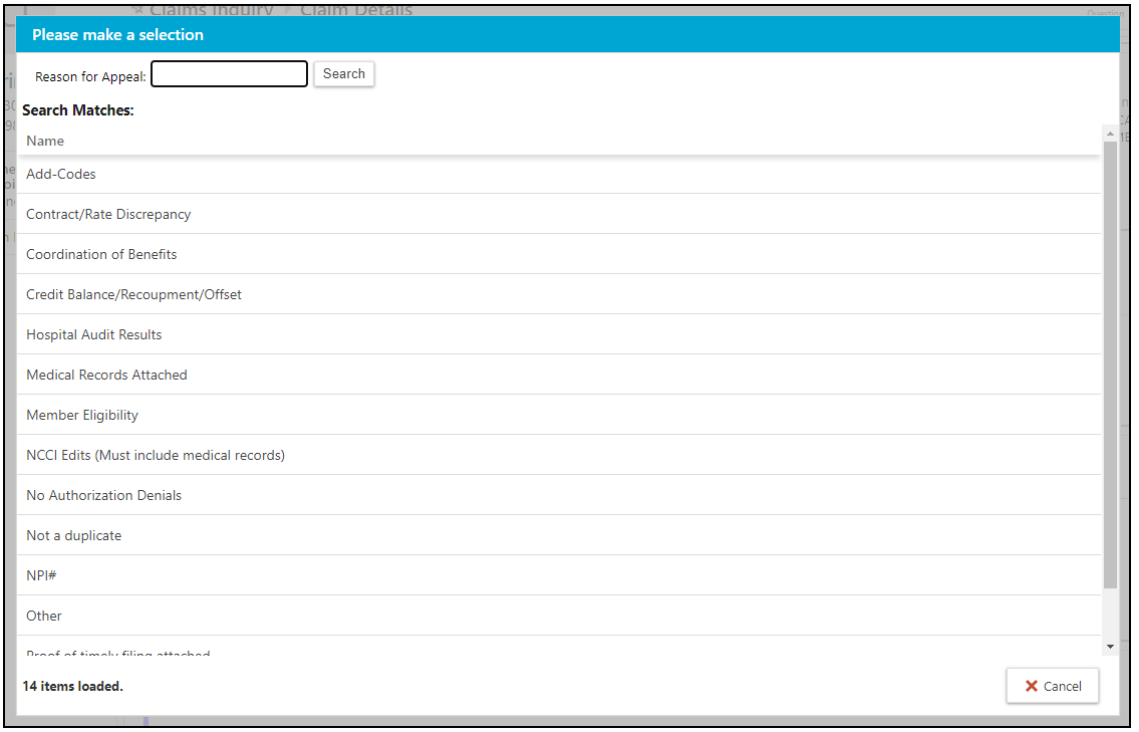
8. Select Appeal a Claim.



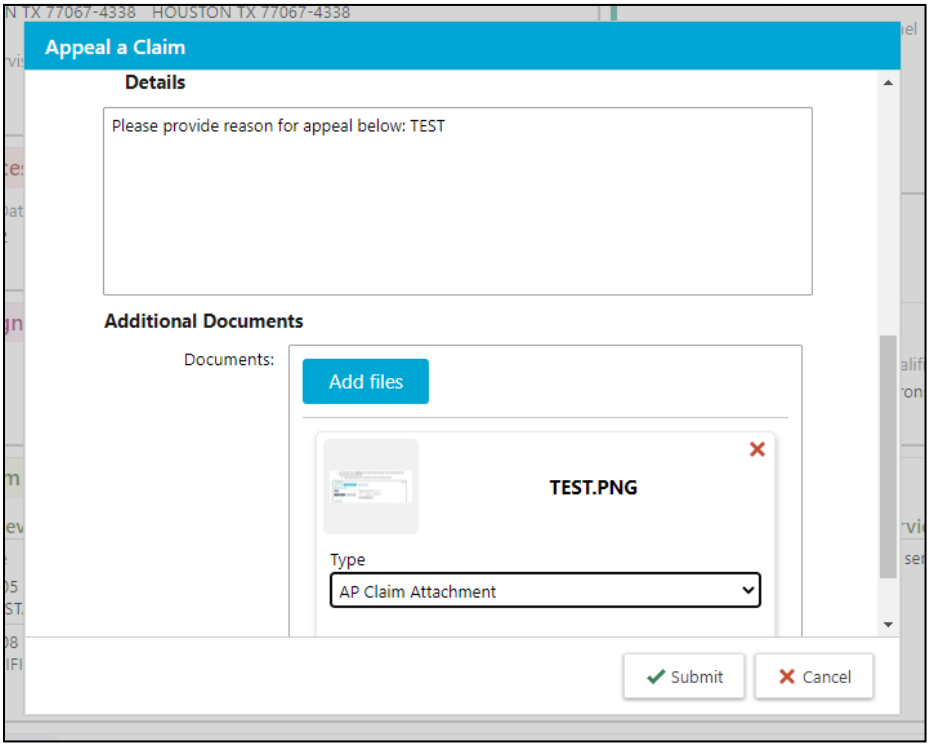
9. Adjust the priority if needed.
10. Enter information regarding the preferred response method, NPI, and member ID.



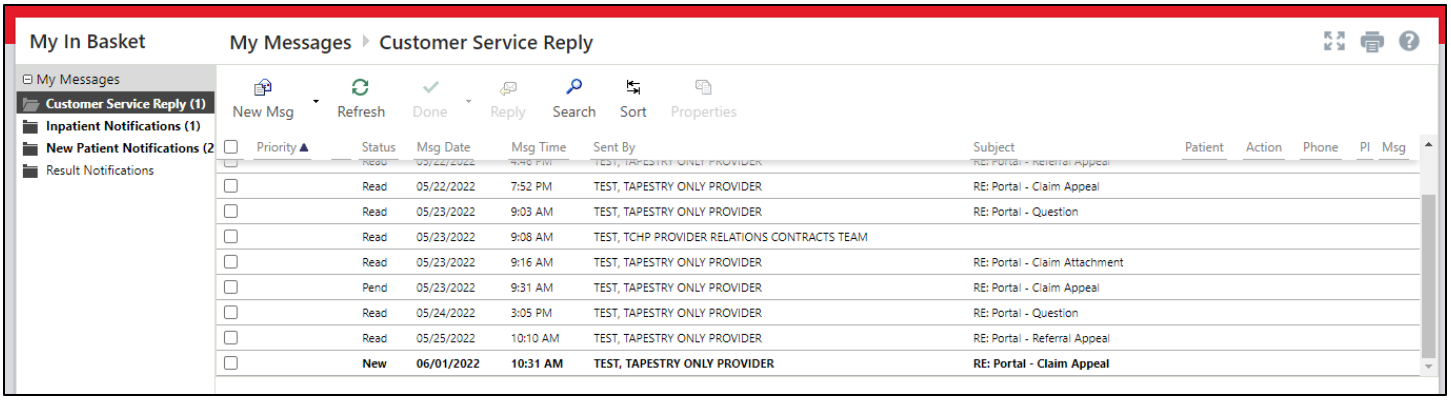
11. Select a reason for Appeal using the magnifying glass.



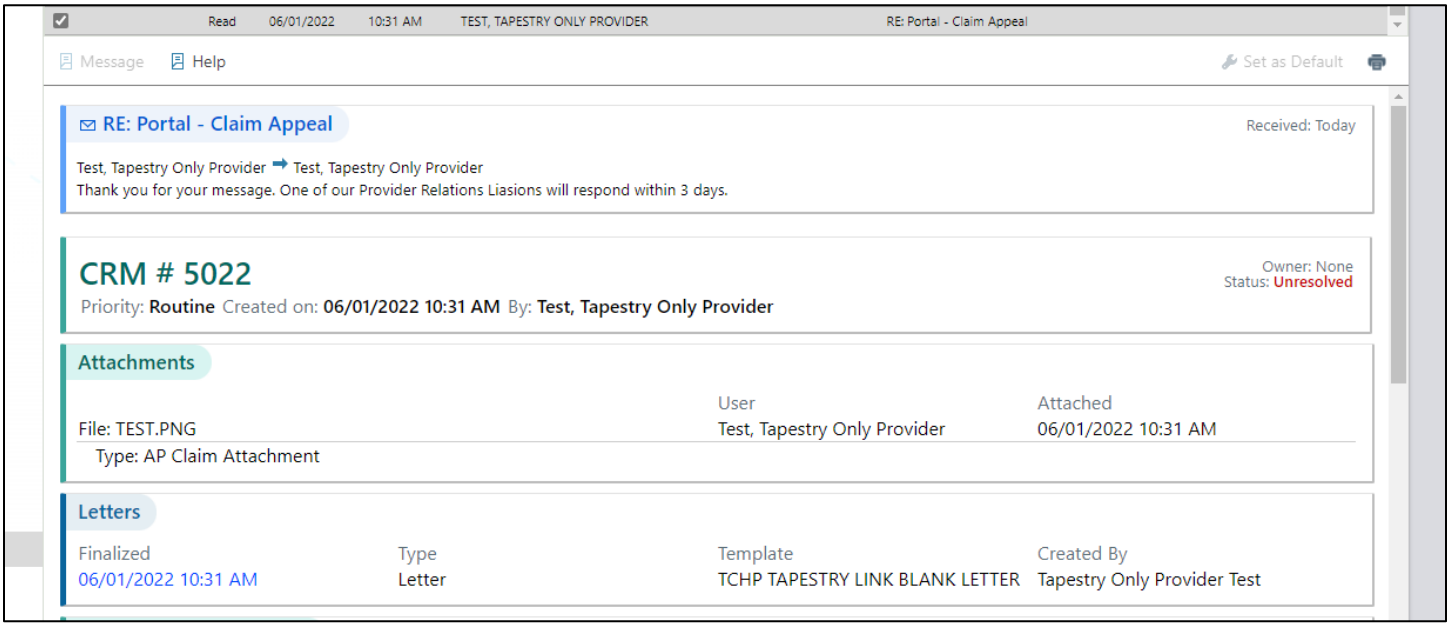
12. Provide details for the Appeal.
13. Attach documents related to the Appeal.
14. Select the type of document attached.



15. Review all information enterted.
16. Click **Submit**.
17. Navigate to the **In Basket.**
18. Select Customer Service Reply.



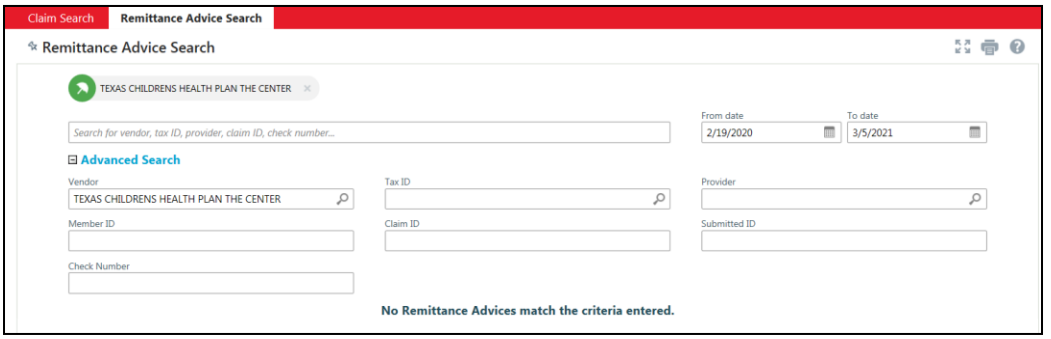
19. Select the newest message to review the details submitted and check this folder for follow-up.



REVIEWING AND PRINTING REMITTANCE ADVICES

Link Providers can review and print TCHP Remittance Advices from the portal.

1. Hover over **Claims** on the main toolbar.
2. Select Remittance Advice Search.
3. Click Advanced Search.
4. Enter your preferred search criteria, then press **Enter**.
5. Be sure enter the appropriate date range for your search.



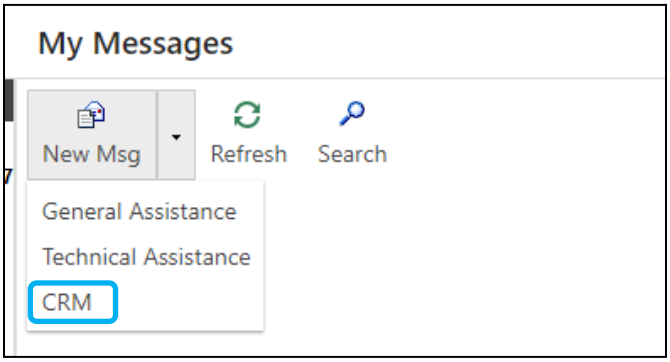
6. Click the link in the Check Number field for the Remittance Advice you want to review.
7. Once the Remittance Advice displays, Users can save it, print it, enlarge or decrease the screen size and view/save it as a PDF.

CUSTOMER RELATIONSHIP MANAGEMENT (CRM)

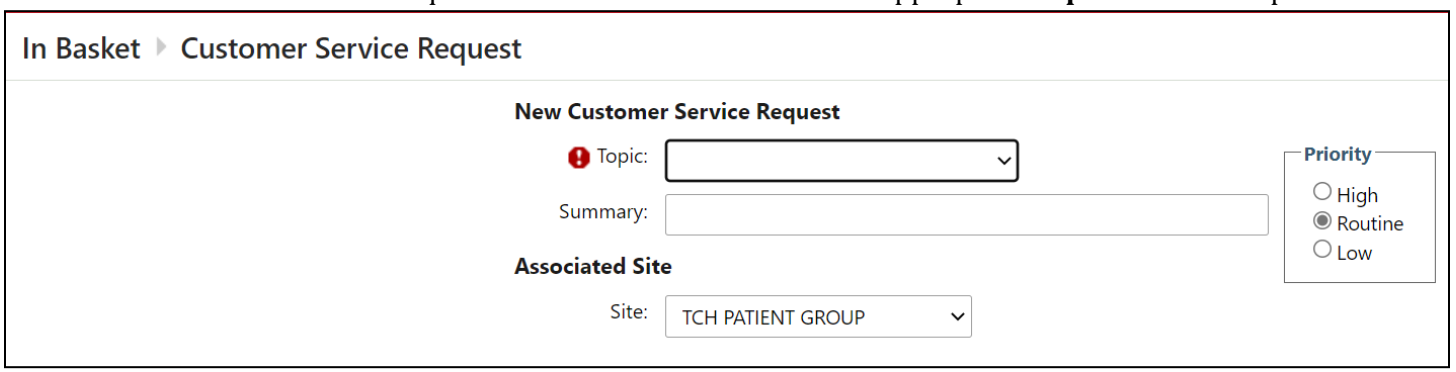
Customer Relationship Management (CRM) is a communication tool between you and the Texas Children's Health Plan's Customer Service team. CRMs are created to provide or request information regarding various topics such as appeals, other health insurance and claim status.

CREATING A CRM – CUSTOMER SERVICE REQUEST

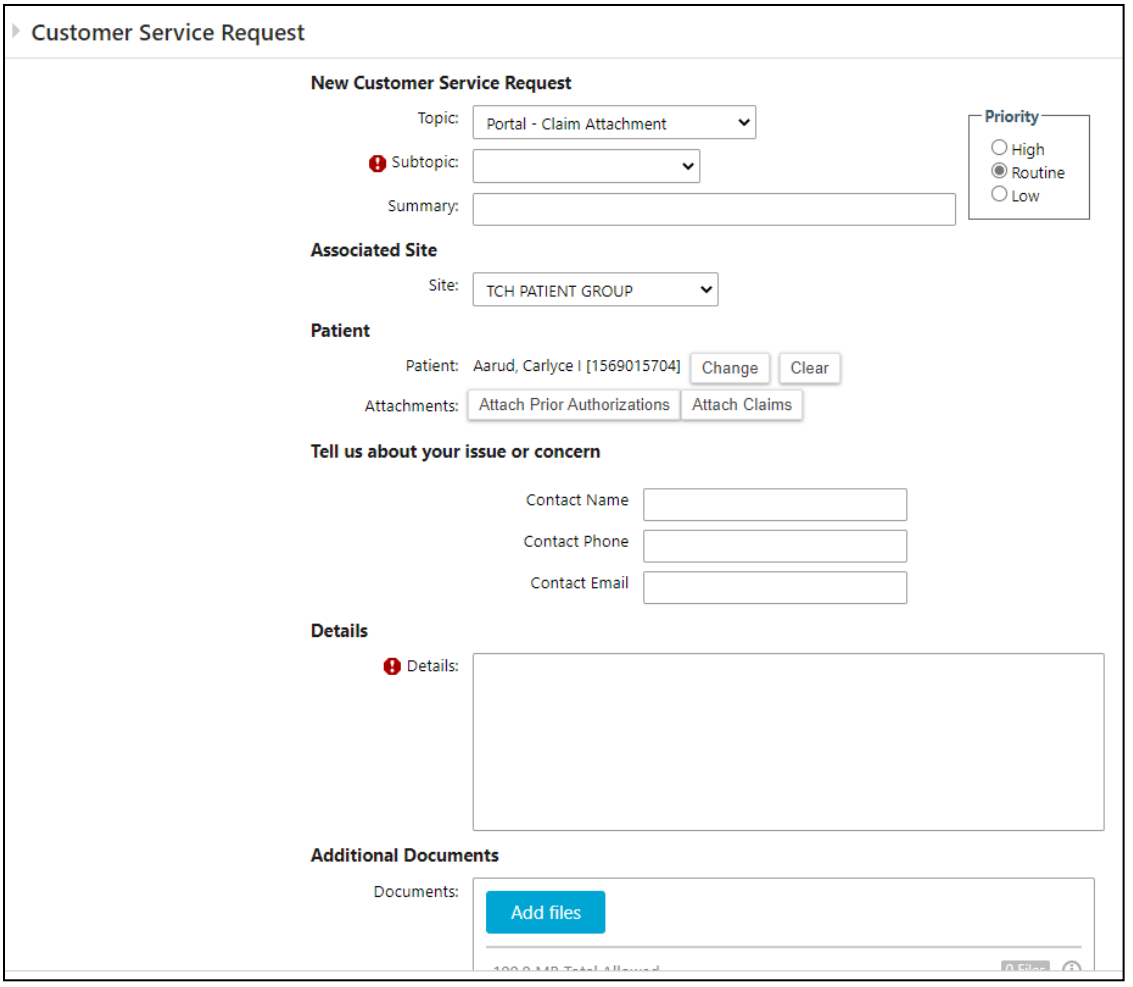
1. Navigate to **In Basket**
2. Select drop down for **New Message**
3. Select **CRM** from the dropdown



4. New Customer Service Request will become visible. Select the appropriate **topic** from the dropdown.



5. Fill in the required fields. (Screenshot on next page)

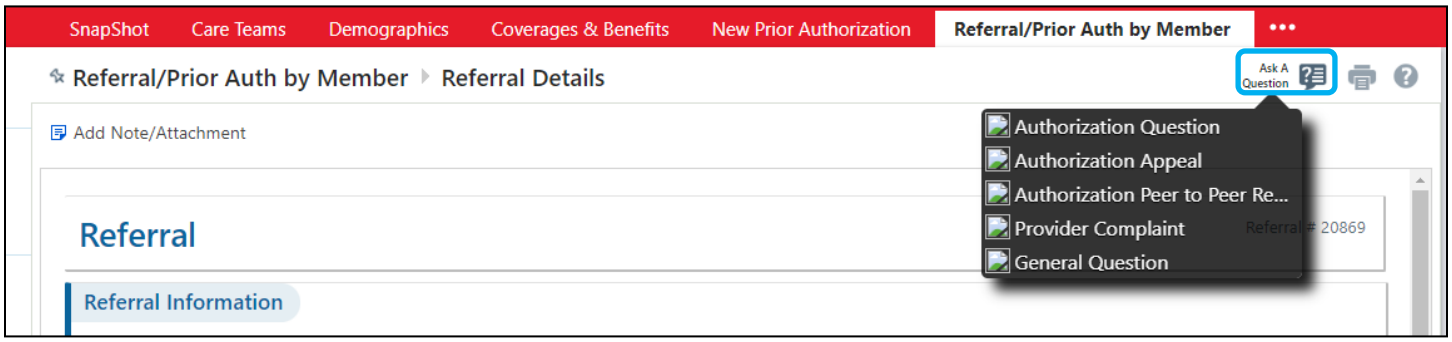


6. Attach any accompanying documentation (if applicable).
7. Click **Submit**.
8. Your message has been sent.

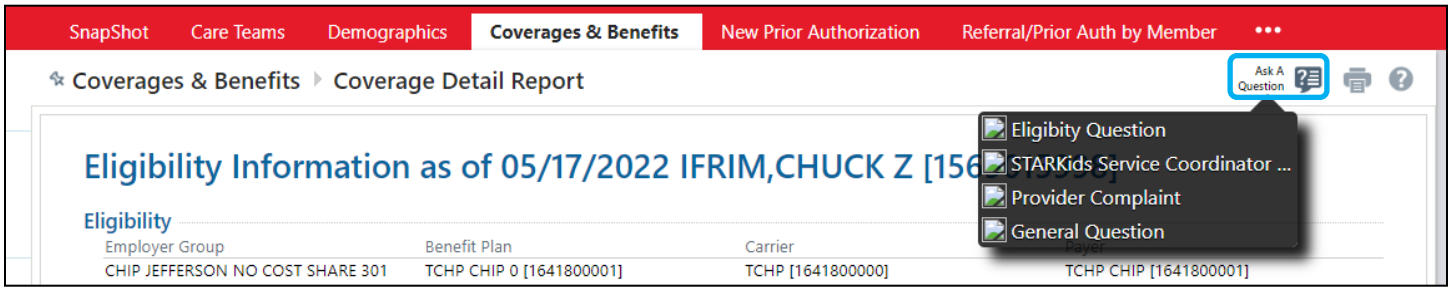
CREATING A CRM FROM PATIENT PROFILE

A CRM can also be submitted directly from the area where you have a question. These areas could be within a claim, benefit review, or prior authorization.

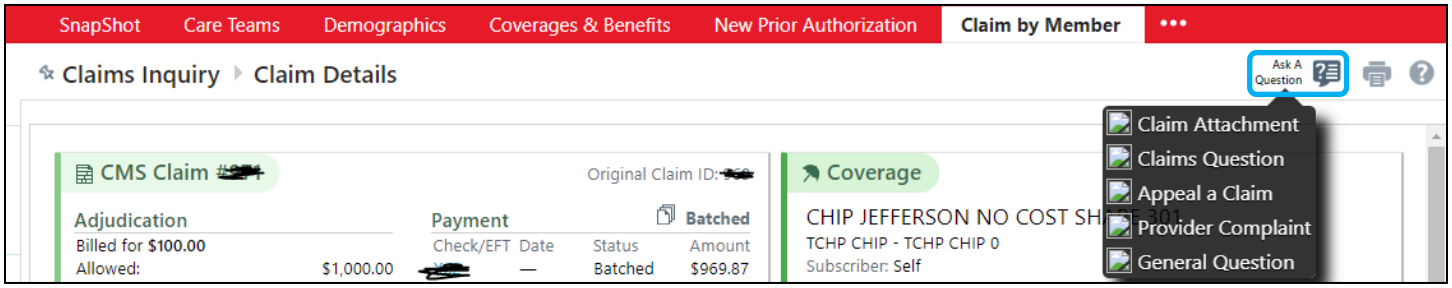
1. Select your patient and navigate to the claim/benefit/prior authorization in question.
2. Click on the "Ask a Question" button and select what type of question you have.
3. From Prior Auth



4. From Coverage Detail Report



5. From Claim



6. Fill in the required fields.
7. Attach any accompanying documentation (if applicable).
8. Click **Submit**.
9. Your message has been sent.

REVIEWING CRM RESPONSES

When the Health Plan replies to a CRM submitted via Link, the reply shows up in the User's In Basket. In Basket is a quick and easy way to review and respond to messages from the Health Plan's Customer Service team.

1. Click **In Basket** on the main toolbar.
2. Navigate to the **Customer Service Reply** folder to review your received messages.
3. Click the message you want to review.
4. Important components of the CRM
5. CRM #: This reference number is how TCHP keeps track of the CRM.
6. Status: Lets you know the status of the CRM.
7. Notes: Any notes that TCHP has created within the CRM.
8. Scroll down to the Notes section to review the response.