



the **checkup**

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A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

We asked.

You answered!

Provider Portal changes are coming!

Launching April 2019, the new and improved Texas Children's Health Plan Provider Portal will bring a revamped user experience to our entire provider network. Our goal is to empower our providers with the tools to access accurate, timely data, so that they are able to deliver the best possible care to our members and their families.

Be sure to check out the new Provider Portal, coming soon!



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PCPs, OB/GYNs, and Office Managers:

Take a look inside!

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Texas Children's Health Plan partners with Baylor College of Medicine to address and prevent opioid abuse in perinatal populations

Women of childbearing age have been disproportionately impacted by the opioid epidemic. Consequently, the rates of in utero drug exposure and Neonatal Abstinence Syndrome have increased dramatically over the last decade. In Texas, overdose is the leading cause of maternal death in the first postpartum year.

To prevent and respond to these issues, faculty from Baylor College of Medicine and Texas Children's Health Plan were recently awarded funding from the Office of National Drug Control Policy's grant program entitled Combating Opioid Overdose through Community-Level Intervention (COOCLI). The project aims include efforts to:

- Identify high-risk pregnant/postpartum women through the Texas Children's Health Plan medical and prescription claims data and engage these women with care coordination services to assist them in connecting to treatment, finding alternatives for pain management, and accessing services for themselves and their infants.
- Adapt Screening, Brief Intervention, and Referral to Treatment (SBIRT) training materials for obstetrics and gynecology (OB/GYN) providers through online and in-person modules. Training materials will incorporate nationally recognized best practices as well as local data and resources.
- Train OB/GYN providers in the Texas Children's Health Plan network using the adapted modules.



This project builds on previous COOCLI work at Baylor College of Medicine to better understand the policies and practices that dictate how multiple systems (law enforcement, justice, treatment, child welfare, and health care) interact directly with women and infants impacted by perinatal opioid misuse/abuse and interact with one another to form a network of support for these vulnerable families. Dr. Bethanie Van Horne, PhD, Assistant Professor and Director of Research for the Section of Public Health Pediatrics at Baylor College of Medicine, is the project director.

Prior Authorization Reference Information

The Texas Children's Health Plan website now has an additional resource for information related to prior authorization requirements. The Prior Authorization Reference Information documents the codes that require authorization for payment based on authorization category. This list is not yet all-inclusive. It can be found at texaschildrenshealthplan.org/sites/default/files/pdf/PA%20Code%20List%20December%202018.pdf

In addition, providers can submit an authorization request online for the codes listed on the Prior Authorization Reference Information document via Clear Coverage. For access to or training on the use of Clear Coverage, contact your Provider Relations representative at **832-828-1004**.

A list of all services that require authorization can be found at texaschildrenshealthplan.org/sites/default/files/pdf/Prior%20Auth%20Requirements_NOV%202018.pdf

Update to Children’s Services Handbook: THSteps Medical Checkups

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client’s specific MCO for details.

Beginning February 1, 2019, TMHP will update the Texas Medicaid Provider Procedures Manual, Volume 2,

Children’s Services Handbook, subsection 5.3.6 “Texas Health Steps Medical Checkups,” to remove the referral indicator requirement and replace it with a referral status for checkups.

The required condition indicators determine the results of the referral status during a THSteps medical checkup. Referral indicators are no longer required.



The following statement and table heading will be updated in the handbook section:

The following table includes the procedure codes, required condition indicators, and the resulting referral status for medical checkups. A condition indicator must be submitted on the claim with the periodic medical checkup procedure code. Condition indicators are required whether a referral was made or not.

Procedure Codes	Condition Indicator	Referral Status
99381, 99382, 99383, 99384, and 99385 (New client preventive visit) -or- 99391, 99392, 99393, 99394, and 99395 (Established client preventive visit)	NU (not used)	N (no referral given)
99381, 99382, 99383, 99384, and 99385 (New client preventive visit) -or- 99391, 99392, 99393, 99394, and 99395 (Established client preventive visit)	S2 (under treatment) or ST* (new services requested)	Y (yes THSteps or EPSDT referral was given to the client)

* The ST condition indicator should only be used when a referral is made to another provider or the client must be rescheduled for another appointment with the same provider. It does not include treatment initiated at the time of the checkup.

For more information, call the TMHP Contact Center at **1-800-925-9126**.

Appointment availability standards

What are appointment availability standards? How do you as a provider with Texas Children's Health Plan play a role?

In 2015 Senate Bill 760 passed, requiring Texas Health and Human Services Commission (HHSC) to monitor the provider networks of managed care organizations. Texas Children's Health Plan would like to ensure members are able to schedule appointments with providers in accordance with the HHSC's appointment accessibility guidelines.



Provider Type	Level/Type Of Care	Appointment Availability Standards
OB/GYN	<ul style="list-style-type: none"> • Emergency services • Urgent condition • Prenatal care for initial appointments • Prenatal care for initial appointments for high-risk pregnancies or new members in third trimester • Appointments for ongoing OB care must be available in accordance to treatment plan as developed by the provider 	<ul style="list-style-type: none"> • Immediately • Within 24 hours • 14 days • Initial appointment must be offered within 5 days, or immediately, if emergency exists • Must be available in accordance to the treatment plan as developed by the provider

Provider Type	Level/Type Of Care	Appointment Availability Standards
Primary Care Physicians	<ul style="list-style-type: none"> • Emergency services • Urgent condition • Primary routine care • Preventive health services for Members 21 years of age or older • Preventive health services for members less than 6 months of age • Preventive health services for members 6 months through age 20 • New members 20 years of age or younger to receive a Texas Health Steps checkup • CHIP Members should receive preventive care in accordance with AAP 	<ul style="list-style-type: none"> • Immediately • Provided within 24 hours • Within 14 days • Within 90 calendar days • Offered as soon as possible but no later than 14 days of enrollment for newborns • Must be provided within 60 days • Within 90 days of enrollment • American Academy of Pediatrics(AAP) Periodicity Schedule

AFTER HOURS: Primary Care Physicians who are accessible 24 hours a day, seven days a week, must return a member's call within 30 minutes.

Acceptable: Telephone is answered after-hours by answering service and meets the language requirement of the major population groups which can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.

The office telephone is answered after normal business hours by a recording in the language of each of the major population groups served, directing the patient to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone. Any other recording is not acceptable.

The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.