



the **checkup**

JUNE 2019

A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

The new and improved Provider Portal is here!

The upgraded Texas Children's Health Plan Provider Portal is now live! We have worked to 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.

The redesigned portal features:

- Improved functionality for the claims, appeals, and messaging center
- Health Management Tools menu
- Access to Healthcare Effectiveness Data and Information Set (HEDIS®) data through Inovalon Population management software, offering insights to quality performance
- Provider ability to update panel demographics
- Reports with improved descriptions and instructions

Visit the new Provider Portal at healthtrioconnect.com



- 4 OB appointment availability standards
- 3 Updated ANE reporting process
- 2 Claims editing system update

PCPs, OB/GYNs, and Office Managers:

Take a look inside!

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Texas Children's Health Plan claims editing system update

Texas Children's Health Plan previously sent a Provider Alert notifying providers that an intended transition to a new Claims Editing System (CES) by Optum was to occur in December 2018. Please be advised that this transition will now be occurring May 31, 2019. Any claims submitted May 31, 2019 and after, including corrected and adjusted claims, will be processed with the Optum CES edits.

Texas Children's Health Plan is required by Texas Health and Human Services to ensure all required claims edits are consistently applied. Migrating to Optum CES will enable Texas Children's Health Plan to efficiently apply all required coding edits and to increase the accuracy and timeliness of claims payment resulting in a net reduction in claims resubmissions. Please note the transition on May 31 is Phase 1, which includes edits that are applied by the current claims editing system. Phase 2 will include additional edits specific to Texas and national Medicaid. We will send notice of Phase 2 implementation once we have a specific timeframe.

How does this change impact you as a Texas Children's Health Plan network provider?

- **Increased accuracy and consistency regarding claims processing according to Centers for Medicare and Medicaid (CMS) and Texas Health and Human Services guidelines.**

Providers are required to bill following the guidance of the CMS and Texas Health and Human Services guidelines. Texas Children's Health Plan will ensure compliance with these guidelines by utilizing the Optum CES coding compliance system. All providers should stay current with these guidelines by visiting tmhp.com/Pages/Medicaid/Medicaid_home.aspx which includes all applicable compliance guidelines. Medicaid National Correct Coding Initiative (NCCI) edits may be found at medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html.

If you have any questions regarding our new system, please contact our Texas Children's Health Plan Provider hotline at **832-828-1004** or toll-free at **1-800-731-8527**.



For STAR Kids providers: Updated ANE reporting process

As of September 1, 2018, all Texas Children's Health Plan-contracted providers of Medically Dependent Children Program (MDCP) services are required to report all critical incidents, including Abuse, Neglect, and Exploitation (ANE), to the health plan. This action is to meet federal requirements regarding critical incident reporting (see links to federal requirements for incident reporting in below Resources section).

MDCP providers contracted with Texas Children's Health Plan are also required to submit to the health plan all Adult Protective Services (APS) investigation reports resulting in a confirmed case of ANE, along with a summary of any remediation taken in response. APS

reports must be submitted to Texas Children's Health Plan within one business day of receipt from APS.

Texas Health and Human Services Commission (HHSC) has updated the UMCM with reporting instructions and the reporting template (see Resources below), but the provider manual has not yet been updated within the UMCM. HHSC is in the process of updating the UMCM to include these requirements in the future.

Log on to thecheckup.org/blog to find a version of this article with clickable links to the *Resources* section.



Resources:

- Uniform Managed Care Manual – 5.18 Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report: texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/5-18.xls
 - 5.18.1 STAR Kids MDCP ANE Technical Specifications: texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/5-18-1.pdf
- CMS Modifications to Quality Measures and Reporting in Home and Community Based Waivers: medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/3-CMCS-quality-memo-narrative.pdf
- CMCS Information Bulletin regarding Health and Welfare of Home and Community Based Services Waiver Recipients: medicaid.gov/federal-policy-guidance/downloads/cib062818.pdf

Contact:

CPIPerformanceMeasures@hhsc.state.tx.us

OB/GYN 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">• Low risk pregnancies• High risk pregnancies• New members in the third trimester• Urgent care• Emergency care visit | <ul style="list-style-type: none">• Provided within 14 calendar days• Offered within 5 days• Offered within 5 days• Within 24 hours• Immediately or refer to ER |

**Texas Children's Health Plan periodically surveys each participating provider to ensure that members are able to access medical care within the provider network.

If you have further questions regarding your ability to meet the standards, please contact your Provider Relations Manager (PRM). For a list of PRMs by service area, visit tchp.us. Click on *For Providers* to meet the PRM team by service area. Phone numbers and email addresses can be found here.

