Provider Complaints and Appeals

Provider Complaints to Texas Children's Health Plan

Provider Complaints Process to MCO as a STAR Kids health plan, it is the policy of Texas Children's Health Plan to adhere to State Medicaid Provider Guidelines as defined in the current edition of the Texas Medicaid Provider Procedures Manual. A complaint includes any dissatisfaction with any aspect of Texas Children's Health Plan's operations, including plan administration, the appeal of an adverse determination, the denial, reduction, or termination of a service, the way a service is provided, or disenrollment decisions, may file a complaint or appeal with Texas Children's Health Plan. The following information will assist providers in filing.

How to Submit Complaints Online

Providers may submit complaints online through email link on the Texas Children's Health Plan provider portal http://www.texaschildrenshealthplan.org/for-providers or by using the Provider Concern email box at TCHPProviderConcerns@TCHP.us.

How to Submit Complaints via Paper

Complaint Issues Providers dissatisfied with any aspect of Texas Children's Health Plan's operations may file a written or verbal complaint with Texas Children's Health Plan at the following address:

Texas Children's Health Plan
Attention: Provider & Care Coordination
Provider and Care Coordination NB 8301
PO Box 301011
Houston, TX 77230-1011
832-828-1008

Texas Children's Health Plan will send a written acknowledgement of a complaint within 5 business days. Texas Children's Health Plan will investigate and issue a response to a provider complaint within 30 days from the date the complaint is received. All appeals of denied claims and requests for adjustments on paid claims must be received by Texas Children's Health Plan within 120 days from the last date of disposition; the date of the Explanation of Benefits on which that claim appears. Notification of receipt of the request for an appeal will be sent to the provider within 5 business days of receipt of the request.

Provider appeals will be responded to within 30 calendar days of receipt. If a provider appeal involves a presently occurring emergency, denial of a continued hospital stay, or life-threatening condition, Texas Children's Health Plan shall respond in accordance to the medical immediacy of the case but in no event, greater than 1 business day from the time Texas Children's Health Plan receives the appeal. Texas Children's Health Plan will provide an oral resolution decision within 1 business day of receipt of an expedited appeal and in writing within 3 business days.

All provider appeals involving medical necessity issues will be made by a physician. If an appeal is denied, the provider has 30 working days to set forth in writing good cause for having a particular type of specialty provider review the case, and the denial shall be reviewed by a provider in the same or related specialty as the appealing provider. An acknowledgement letter will be sent within five working days of receiving request for specialty review. Specialty review will be completed within 15 working days of receipt of request. Claims lacking the information necessary for processing are listed on the Explanation of Benefits requesting the missing information. Providers must resubmit a completed/corrected claim to Texas Children's Health Plan within 120 days from the date of the Explanation of Benefits to be considered for payment.

Documentation

Retention of fax cover pages, emails to and from Texas Children's Health Plan and maintain log of telephone communication.

- Both the provider and TCHP will retain all documentation including fax cover sheets, emails, telephone log of communication related to the expression of dissatisfaction.

Provider Complaints and Appeals

Provider Appeal to Texas Children's Health Plan

All appeals of denied claims and requests for adjustments on paid claims must be received by Texas Children's Health Plan within 120 days from the last date of disposition; the date of the Explanation of Benefits on which that claim appears. Notification of Receipt of the request for an appeal will be sent to the provider within 5 business days of receipt of the request. Provider appeals will be responded to within 30 calendar days of receipt. If a provider appeal involves a presently occurring emergency, denial of a continued Hospital stay, or life-threatening condition, Texas Children's Health Plan shall respond in accordance to the medical immediacy of the case but in no event, greater than 1 business day from the time Texas Children's Health Plan receives the appeal. Texas Children's Health Plan will provide an oral resolution decision within 1 business day of receipt of an expedited appeal and in writing within 3 business days. All provider appeals involving medical necessity issues will be made by a physician. If an appeal is denied, the provider has 30 working days to set forth in writing good cause for having a particular type of specialty provider review the case, and the denial shall be reviewed by a provider in the same or related specialty as the appealing provider. An acknowledgement letter will be sent within five working days of receiving request for specialty review. Specialty review will be completed within 15 working days of receipt of request.

Claims lacking the information necessary for processing are listed on the Explanation of Benefits requesting the missing Information. Providers must resubmit a completed/corrected claim to Texas Children's Health Plan within 120 days from the date of the Explanation of Benefits to be considered for payment.

Texas Children's Health Plan is prohibited from discriminating or taking punitive action against a Member or his or her representative for making an Appeal.

How to Submit Appeals via Paper

Texas Children's Health Plan claims appeals should be sent to:

Texas Children's Health Plan
Attention: Claims Administration Department
PO Box 300286
Houston, TX 77230-0286

Providers must utilize the Claims Appeal/Resubmission Form for all claims, resubmissions, and appeals.

How to Submit Appeals via Provider Portal

For Appeals: Submission of appeals for STAR Kids is available via the Texas Children's Health Plan portal. Please contact Texas Children's Health Plan Provider Relations department 1-800-731-8527.

Documentation

Retention of fax cover pages, emails to and from Texas Children's Health Plan and maintain log of telephone communication.

- Both the provider and Texas Children's Health Plan will retain all documentation including fax cover sheets, emails, telephone log of communication related to the expression of dissatisfaction.

Provider Complaints to Texas Health and Human Services Commission

Providers may file complaints to HHSC if they feel they did not receive full due process from Texas Children's Health Plan. The commission is only responsible for the management of complaints for managed care providers. Appeals/grievances, hearings, or dispute resolution are the responsibility of the Health Plan. Complaints must be in writing and mailed to:

Texas Health and Human Services Commission
Re: Provider Complaint Health Plan Operations, H-320
PO Box 85200
Austin, TX 78708
HPM_Complaints@hhsc.state.tx.us

Provider Complaints and Appeals

Provider Appeal Process to HHSC (related to claim recoupment due to Member disenrollment)

Provider may appeal claim recoupment by submitting the following information to HHSC:

- A letter indicating that the appeal is related to a managed care disenrollment/recoupment and that the provider is requesting an Exception Request.
- **The Explanation of Benefits (EOB) showing the original payment.** Note: This is also used when issuing the retro-authorization as HHSC will only authorize the Texas Medicaid and Healthcare Partnership (TMHP) to grant an authorization for the exact items that were approved by the plan.
- **The EOB showing the recoupment and/or the plan's "demand" letter for recoupment.** If sending the demand letter, it must identify the client name, identification number, DOS, and recoupment amount. The information should match the payment EOB.
- **Completed clean claim.** All paper claims must include both the valid NPI and TPI number. Note: In cases where issuance of a prior authorization (PA) is needed, the provider will be contacted with the authorization number and the provider will need to submit a corrected claim that contains the valid authorization number.

Mail appeal requests to:

Texas Health and Human Services Commission
HHSC Claims Administrator Contract Management
Mail Code-91X
PO Box 204077
Austin, Texas 78720-4077