



Parkland
Community Health Plan

Parkland Community Health Plan

Provider Toolkit



As a result of this training, you will be able to:

- Understand Parkland Community Health Plan (PCHP) and its programs
- Describe features and benefits of Parkland HEALTH*first*, KIDS*first* and CHIP Perinate
- Identify Parkland HEALTH*first* and KIDS*first* members
- Awareness of PCHP Community Involvement
- Describe the prior authorization, eligibility and claims submission processes
- List the Behavioral Health, OB/GYN, Vision, Dental and Texas Health Steps services
- Find additional resources about Medicaid and CHIP
- Aware of helpful Provider Resources & Tools



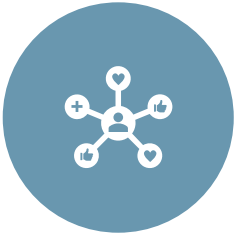
Overview



PCHP Contracts with Texas Health and Human Services Commission (HHSC) to provide Medicaid managed care and CHIP in the Dallas service area



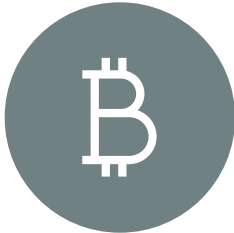
Medicaid managed care includes member assignment to an in-network PCP to establish a medical home. The PCP coordinates the member's Medicaid care, and the health plan works with the PCP, specialist, etc. to ensure appropriate care



HHSC determines and provides member eligibility for the Medicaid program and CHIP to PCHP



PCHP does not sell or market this program directly



All enrollment and disenrollment is handled through HHSC's CHIP and Medicaid enrollment broker (Maximus)



Our Mission

It is our mission to be the Health Plan of choice for providers, members and all of Texas through our Triple Aim approach.

- ✓ **Patient Experience:** Improve our individual patients' healthcare experience
- ✓ **Better Outcomes:** Increasing our quality of care and our patients' wellbeing – *across our entire member population*
- ✓ **Efficiency:** Reducing costs and waste
- ✓ *AND extending this focus to our Quadruple Aim of Provider Satisfaction and Prioritizing our Provider Relationships*



Texas Provider Marketing Guidelines

- The purpose of the Texas Provider Marketing Guidelines is to provide guidance to the State of Texas Medicaid fee-for-service, Medicaid Managed Care, Children's Health Insurance Program (CHIP), Children's Medicaid Dental, and CHIP Dental Providers, referral to as Medicaid, on permissible and prohibited provider marketing.
- The information provided is not intended to be comprehensive, or to identify all applicable state and federal laws and regulations. Providers remain responsible for and must comply with all applicable requirements of state and federal laws and regulations.



Texas Provider Marketing Guidelines

Permissible	Prohibited
Sending marketing materials to every person within a specific zip code, without specifically targeting Medicaid clients	Unsolicited personal contact such as direct mail, telephone, and door-to-door solicitation
Sending an appointment reminder to a Medicaid client	Offering gifts or other inducements designed to influence a client's choice of provider
Participation at a health awareness education event and making available branded giveaways valued of no more than \$10, individually	Providing giveaways or incentives valued at over \$10 , individually, or passing out materials
General dissemination of marketing materials via television, radio, newspaper, internet, or billboard advertisement.	Dissemination of material or any other attempts to communicate intended to influence the client's choice of provider
Provider marketing conducted at: <ul style="list-style-type: none"> ▪ Community sponsored educational event ▪ Health fair ▪ Outreach activity or ▪ Other similar community or nonprofit event, which does not involve unsolicited personal contact or promotion of the provider's practice that is not intended as health education 	Sending marketing materials to a client to offer inducements or incentives
Provider marketing for the purpose of: <ul style="list-style-type: none"> ▪ Providing appointment reminder ▪ Distributing promotional health materials ▪ Providing information about the types of services offered by the provider ▪ Coordination of care 	Unsolicited personal contact at a child-care facility or any other type of facility; or targeting clients solely because the client receives Medicaid/CHIP benefits.



Bringing Awareness to our Community

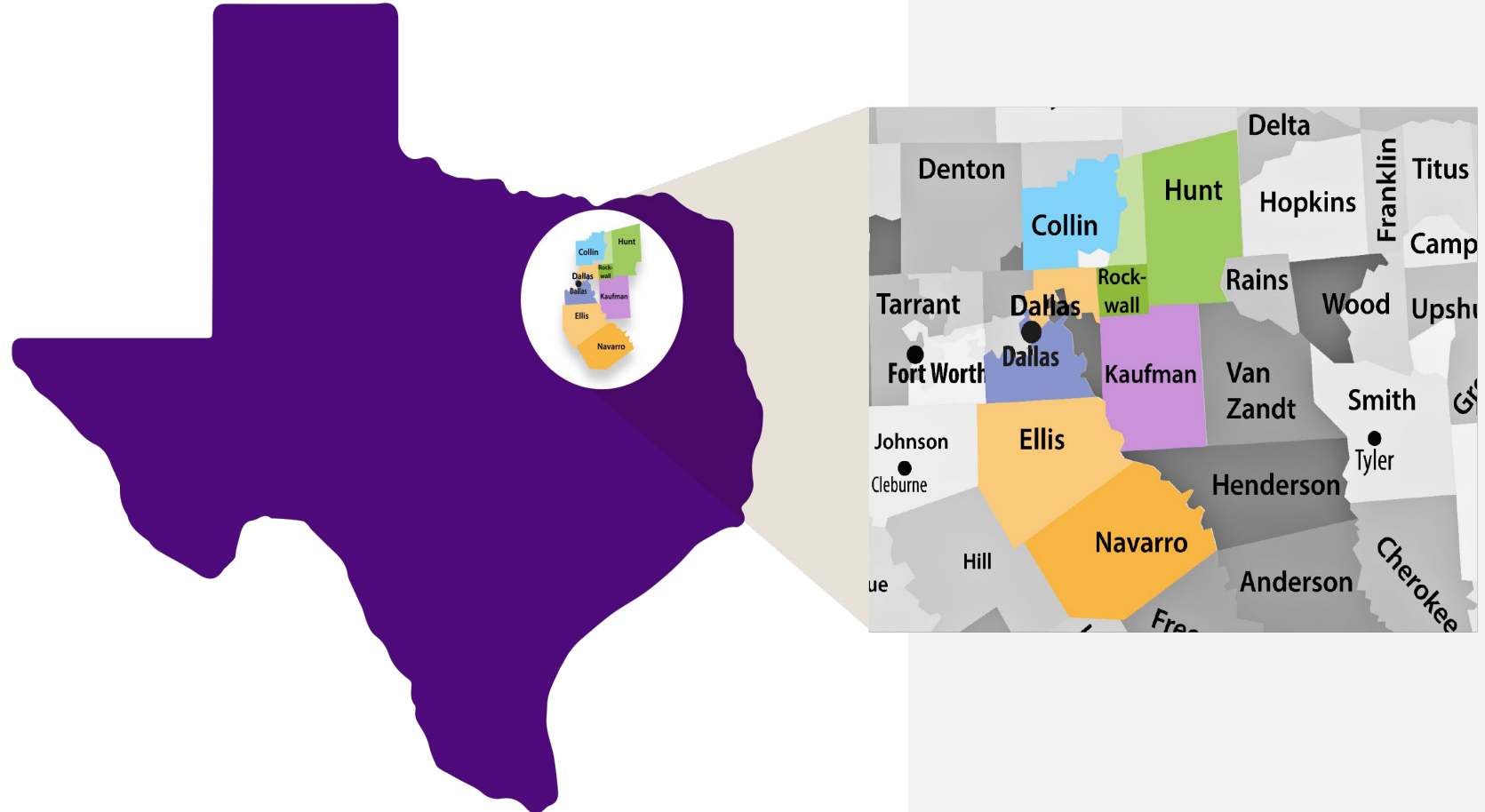
Community Involvement & Activities Include:

- Participate in health fairs, community education events, coalition meetings to increase awareness of PCHP and its products.
- Member advisory group meetings that include PCHP members from all counties. Education provided on many topics including infection control during the pandemic and what to do after delivery.
- Certified health education coordinators arrange for speakers to visit provider offices and educate members on various topics such as: asthma, diabetes, cardiovascular disease prevention, and nutrition.
- Provide health education materials to provider offices and agencies on a variety of topics upon request.
- Contact local businesses to provide Medicaid & Children Health Insurance Program (CHIP) information to their employees.



Dallas Service Areas – 7 Counties

1. Collin
2. Dallas
3. Ellis
4. Hunt
5. Kaufman
6. Navarro
7. Rockwall



PCHP Programs

- Parkland HEALTH*first*
 - Medicaid STAR
- Parkland KIDS*first*
 - Parkland CHIP
 - Parkland CHIP Perinate
 - Parkland CHIP Perinate Newborn



Parkland Community Health Plan

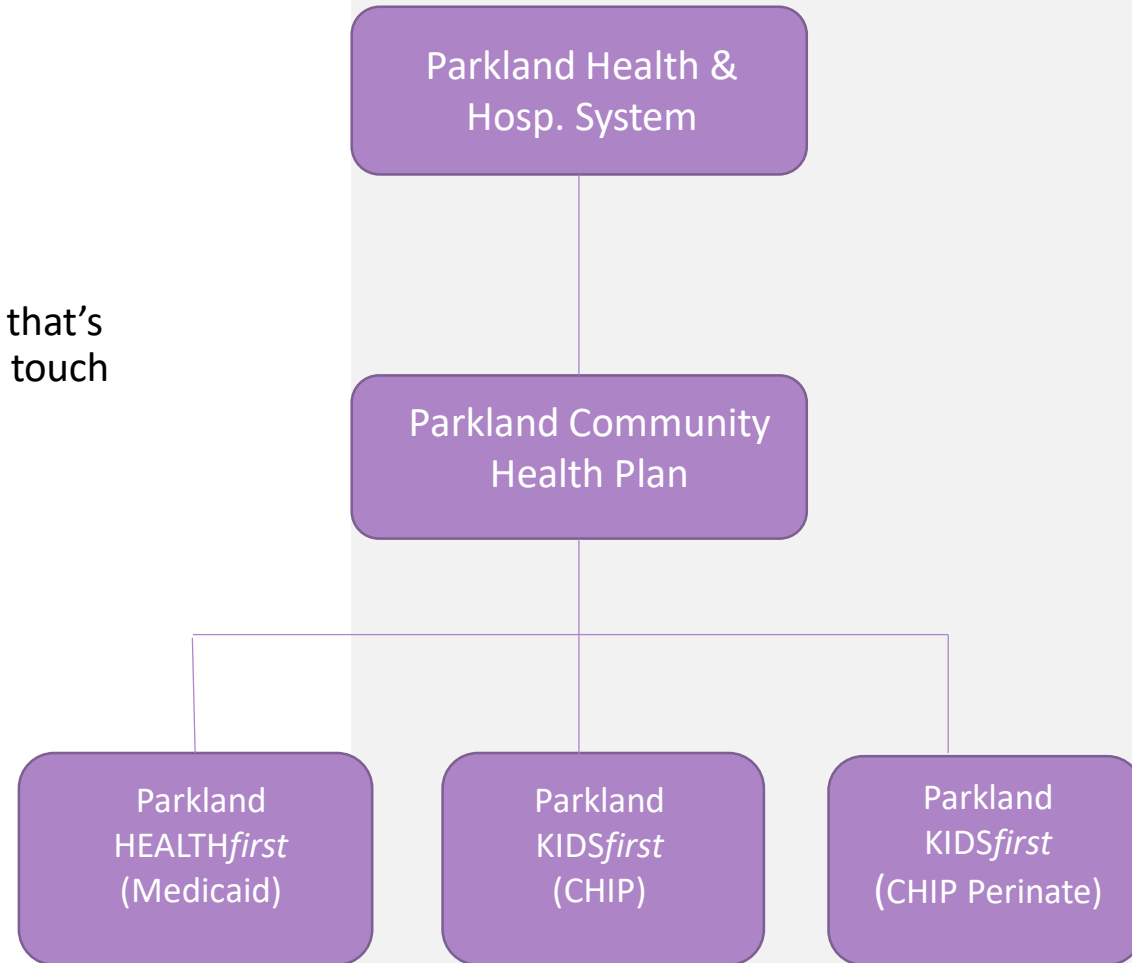
Is your locally owned and locally operated Medicaid & CHIP health plan that's been around since 1999. At PCHP, we believe in improving every life we touch as good stewards to those we serve!



State of Texas Access Reform (STAR) is no-cost health care insurance for low-income families.



The Children's Health Insurance Program (CHIP) is health care for children 0-18 years. CHIP is designed for families who earn too much money to qualify for Medicaid but cannot afford to buy private health coverage.



General Program Overview

- PCP selection is required, or else member is “defaulted” to a PCP upon enrollment into a plan
- Most specialty care is coordinated through PCP
- Members do not need a referral from PCPs to get behavioral health care services
- Members access PCHIP in-network Medicaid & CHIP providers
- Members may see any Texas Health Steps provider for Texas Health Steps covered services
- Copayments
 - Medicaid – copayments do not apply
 - CHIP – copayments apply based on the federal poverty level (FPL)
 - CHIP Perinate – copayments do not apply
 - CHIP Perinate Newborn – copayments do not apply



General Program Overview (continued)

- Lab services through LabCorp
- Use of contracted radiology facilities
- Prior authorization required for all inpatient hospitalizations and selected outpatient services
- Prescription drugs
- Direct access (self-referral)
 - Ob/Gyn
 - Vision services – coordinated through Superior Vision
 - Therapeutic optometry – in-network providers only; excludes surgery
 - Behavioral health – coordinated through Beacon Health Strategies
 - Texas Health Steps exams (Medicaid benefit only)
 - Family planning (Medicaid benefit only)



General Program Overview (continued)

Additional Medicaid Programs and Covered Services

- The Early Childhood Intervention Program offers services in the home or in the community for children, birth to three years old who are developmentally delayed. Some of the services for children include screenings, physical, occupational, speech and language therapy, and activities to help children with barriers to effective learning.
- All health-care professionals are required by federal and state regulations to refer children who are 35 months of age and younger (i.e., before their third birthday) to the Texas HHS ECI program as soon as possible, but no longer than 7 days after identifying a disability or suspected delay in development. Referrals can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not required for referrals.
- To refer families for services, providers can call their local ECI program, or they can call the HHS Inquiry Line at 1-877-787-8999. For additional ECI information, providers can visit the Early Childhood Intervention Services page of the HHS website at <https://hhs.texas.gov>. Persons who are deaf or hard of hearing may use the relay option of their choice or dial 7-1-1 to connect with Relay Texas
- Medicaid members are eligible to obtain DME/Medical Supplies when ordered by a network provider.
 - For equipment/supplies costing < \$1000 the provider must complete the appropriate Home Health DME/Medical Supplies Physician Order Form.
 - Prior authorization is required where the cost of the medical equipment and/or supplies is over \$1000.



General Program Overview (continued)

Additional Medicaid Programs and Covered Services

- LogistiCare provides transportation services to Medicaid eligible clients that have no transportation by the most cost-effective means.
 - LogistiCare provides a variety of transportation services for demonstrated medical necessity including via bus, taxi, van service, or airplane.
 - LogistiCare may pay for an attendant with a documented request demonstrating medical need, for a minor, or to accommodate a language barrier.
 - LogistiCare will reimburse gas costs if the member has an automobile but no fuel funds.
 - To arrange for transportation services, please contact LogistiCare at 1-877-633-8747.



General Program Overview (continued)

- Some Medicaid benefits have cost or service limits.
- Some of these benefits include:
 - Home health, DME and medical supplies including, but not limited to, diabetic supplies, glucose strips, etc.
 - Therapies including occupational, speech and physical therapy.
 - Psychological and neuropsychological testing.
 - Outpatient mental and behavioral health services including group and individual therapy sessions.
- For a full listing of Medicaid benefit limitations, please refer to the current Texas Medicaid Provider Procedures Manual, found at www.tmhp.com.



Texas Agency Administered Programs and Case Management Services (additional resources)

- Texas Department of Family and Protective Services (TDFPS) – Medicaid only
- Essential Public Health Services
- School Health and Related Services (SHARS) –Medicaid only
- Early Childhood Intervention (ECI) Case Management/Service Coordination
- Department of State Health Services (DSHS) Targeted Case Management
- DSHS Mental Health Rehabilitation (Behavioral Health)
- DSHS Case Management for Children and Pregnant Women
- THSteps Medical Case Management – Medicaid only
- THSteps Dental including Orthodontia – Medicaid Only
- THSteps Environmental Lead Investigation (ELI) –Medicaid Only
- Women, Infants, and Children (WIC) Program
- Department of Assistive and Rehabilitative Services (DARS) Case Management for the Visually Impaired
- Tuberculosis Services Provided by DSHS-Approved Providers
- Medical Transportation – Medicaid only (Transportation Services)
- Department of Aging and Disability (DADS) Hospice Services



Value-Added Services

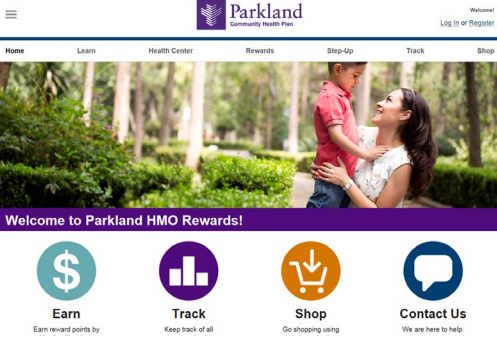
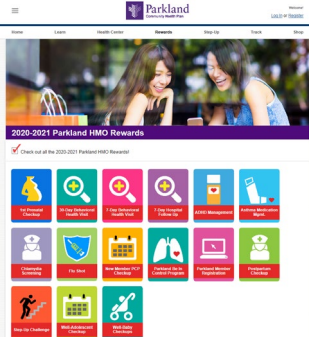
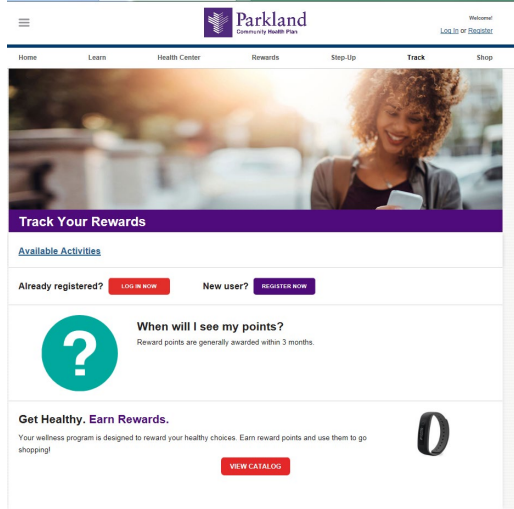
- www.ParklandHealthPlan.com – PCHP’s website is where members can sign up for Member Portal access, gym membership, Lifeline Mobile Program and more.
- www.ParklandHMORewards.com – PCHP’s rewards portal is where members can sign up to redeem their points for rewards.

**How to redeem rewards: Contact Parkland Rewards Program online at <https://memberwell.com/parklandhmo> or by Phone at 1-855-651-5093.
TTY: 1-844-488-9731**



Member Rewards

- www.ParklandHMORewards.com
- Learn about the Value-Added Services available and how to redeem them.
- Parents/Head of Households/Members will create an account, keep track of reward points and complete point redemption requests.



Value Added Services to PCHP members

- 24 Hour Nurse Line
- Asthma and Diabetes Educational Material
- Adult Dental Services
- Vision Services
- Sports Physical
- Free Cell Phone
- Rewards for Asthmatics
- Rewards for Diabetics
- Gym membership/ Get Active Challenges
- Annual Flu Shot
- Pregnancy classes
- Rewards for follow up visit after a Hospital Discharge
- New 1st time Member Rewards
- Member Portal Sign Up
- Texas Health Steps and Well Child Checkups
- Behavioral Health Checkups
- STD screenings



Member Eligibility & Enrollment



Get Verified!

Member Eligibility Verification



- Use the Parkland Community Health Plan Provider Portal to verify a members eligibility
 - www.parklandhealthplan.com
- Parkland HEALTHfirst
 - 1-888-672-2277
- Parkland KIDSfirst, Parkland CHIP Perinate, Parkland CHIP Perinate Newborn
 - 1-888-814-2352
 - Option #5 to speak with a representative

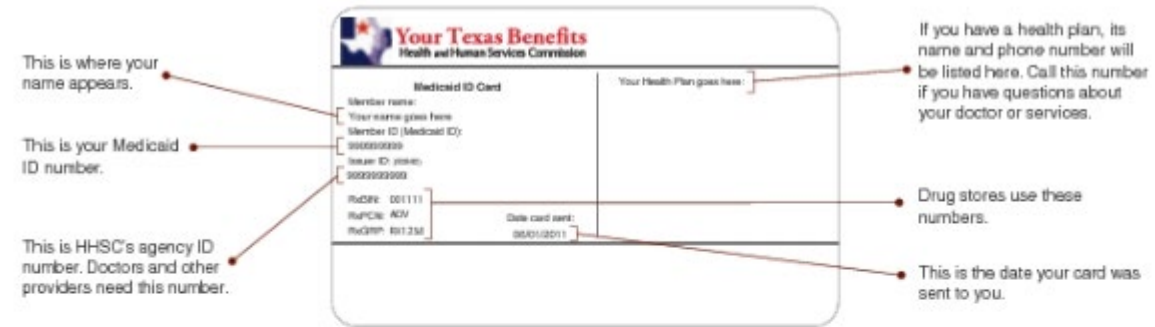
The screenshot shows the 'Eligibility' page of the Parkland Health Plan Provider Portal. The navigation bar includes links for HOME, ELIGIBILITY (highlighted), CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. The main heading is 'Eligibility'. Below it, there is a 'Select Provider:' dropdown menu with '111111111' selected. A section titled 'To search for a patient:' provides instructions: 'Enter the Last Name and Date of Birth (MM/DD/YYYY) or Enter Member ID' and 'Multiple Member IDs can be entered. Press the 'enter' key after each Member ID'. There is a 'Show/Hide Search' link. The search form includes fields for 'First Name', 'Last Name', 'Member ID(s)', 'Date of Birth', and 'Group'. A purple 'Search' button and a 'View All Patients' link are at the bottom. A table header at the very bottom lists columns: Name, MemberID, Date of Birth, Gender, Primary Care Provider, Group Number, Benefit Plan, and Status.



Your Texas Benefits Medicaid Card

The Texas Health and Human Services Commission now uses digital technology to streamline verifying eligibility and accessing a member's Medicaid health history. The two main elements of the system are:

- The Your Texas Benefits Medicaid card, which replaces the Medicaid ID letter (Form 3087) clients have been getting in the mail every month.
- An online website where Medicaid providers can get up-to-date information on a patient's eligibility and history of services and treatments paid by Medicaid.
- To confirm member eligibility Providers may:
 1. Contact PCHP at 1-888-814-2352 or
 2. Utilize the PCHP Provider Portal via our website at www.parklandhealthplan.com or
 3. Use TexMedConnect on the TMHP website at www.tmhp.com



Parkland HEALTHfirst ID Card

Parkland HEALTHfirst members should present:





- Your Texas Benefit Card* AND
- Parkland HEALTHfirst ID Card

** A member may have a temporary Medicaid identification form (Form 1027-A), which will include the plan indicator*



Member ID Cards: *HEALTH*first

Example: Parkland *HEALTH*first Member ID Card

   	<p>Always carry this ID card with you and show it when you get care. Siempre lleve consigo esta tarjeta de identificación y preséntesela a su proveedor siempre que reciba atención.</p>
<p>Member / miembro Member ID / número de identificación DOB / fecha de nacimiento Effective date / fecha de vigencia</p> <p>PCP PCP phone / teléfono del PCP PCP effective date / fecha de vigencia del PCP</p>	
<p>Navitus RxBIN: 610602 RxPCN: MCD RxGRP: PCH Pharmacist use only 1-877-908-6023 TX-16-04-06 Rev 9-19 093MS-ID-01-040116</p>	<p>Attention provider You must call 1-888-672-2277 for precertification or case management Parkland Community Health Plan, Dallas Service Area</p>
<p>In case of an emergency, please call 911 En caso de una emergencia, por favor llama al 911</p> <p>Directions for what to do in an emergency In case of emergency call 911 or go to the closest emergency room. After treatment, call your primary care provider (PCP) within 24 hours or as soon as possible.</p> <p>Instrucciones para lo que debe hacer en caso de una emergencia En caso de emergencia llama al 911 ó vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame a su proveedor de cuidado primario (PCP) dentro de 24 horas ó tan pronto como sea posible.</p>	<p>Member Services & Pharmacy / Servicios al Miembro y Farmacia 1-888-672-2277 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana</p> <p>Beacon Behavioral Health 1-800-945-4644 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana</p> <p>Nurse Line / Línea de Enfermería 1-888-667-7890 / 214-266-8773 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana</p> <p>Superior Vision of Texas, Inc. 1-800-879-6901</p> <p>Relay Texas TT/TDD / Relevo TT/TDD de Texas 1-800-735-2989 / 711 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana</p> <p>Mail claims to this address / envíe reclamaciones a este domicilio: Parkland Community Health Plan Claims Processing Center PO Box 560327 Dallas, TX 75356 Payer ID: 66917</p>

IMPORTANT: Providers should request and keep hard copies of any Medicaid Eligibility Verification (Form H1027) submitted by clients. A copy is required during the appeal process if the client's eligibility becomes an issue.



Member ID Cards: KIDSfirst

Example: Parkland KIDSfirst Member ID card

Member / miembro
 Member ID / número de identificación
 DOB / fecha de nacimiento
 Effective date / fecha de vigencia

PCP
 PCP phone / teléfono del PCP
 PCP effective date / fecha de vigencia del PCP

Navitus
 RxBIN: 610602 | RxPCN: MCD | RxGRP: PCH
 Pharmacist use only 1-877-908-6023

TX-16-04-07 REV 9-19 009MS-ID-01-040116 TDI

No copays for well-child, well-baby or immunization visits.
 No aplican copagos para visitas de vacunas de bienestar infantil o de bebés.

Doctor's office visit / visita al consultorio del doctor:
 Emergency room / sala de emergencias
 Hospital inpatient / paciente interno en el hospital:
 Prescription generic drugs / medicamentos genéricos de prescripción:
 Prescription brand drugs / medicamentos de marca de prescripción:

Attention provider
 You must call 1-888-814-2352 for precertification or case management

Parkland Community Health Plan, Dallas Service Area

In case of an emergency, please call 911
En caso de una emergencia, por favor llama al 911

Directions for what to do in an emergency
 In case of emergency call 911 or go to the closest emergency room. After treatment, call your primary care provider (PCP) within 24 hours or as soon as possible.

Instrucciones para lo que debe hacer en caso de una emergencia
 En caso de emergencia llama al 911 ó vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame a su proveedor de cuidado primario (PCP) dentro de 24 horas ó tan pronto como sea posible.

Member Services & Pharmacy / Servicios al Miembro y Farmacia 1-888-814-2352
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Beacon Behavioral Health 1-800-945-4644
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Nurse Line / Línea de Enfermería 1-800-357-3162 / 214-266-8766
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Superior Vision of Texas, Inc. 1-800-879-6901

Relay Texas TT/TDD / Relevo TT/TDD de Texas 1-800-735-2989 / 711
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Mail claims to this address / envíe reclamaciones a este domicilio:
 Parkland Community Health Plan
 Claims Processing Center
 PO Box 560327
 Dallas, TX 75356
 Payer ID: 66917

Example: Parkland CHIP Perinate Member ID Card

Member / miembro
 Member ID / número de identificación
 DOB / fecha de nacimiento
 Effective date / fecha de vigencia

Navitus
 RxBIN: 610602 | RxPCN: MCD | RxGRP: PCH
 Pharmacist use only 1-877-908-6023

TX-16-04-07 REV 9-19 009MS-ID-01-040116 TDI

No copays for covered benefits.
 No aplican copagos en los beneficios cubiertos.

CHIP Perinate is a service under the Children's Health Insurance Program.
 CHIP Perinate es un servicio bajo el programa de seguros Children's Health Insurance Program.

Member Services & Pharmacy / Servicios al Miembro y Farmacia 1-888-814-2352
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Nurse Line / Línea de Enfermería 1-800-357-3162 / 214-266-8766
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Relay Texas TT/TDD / Relevo TT/TDD de Texas 1-800-735-2989 / 711
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Hospital facility billing: Facturación de la instalación de hospital:
 TMHP-Attn: Claim Administrator
 12365-A Riata Trace Pkwy
 Austin, TX 78727

Professional/other services billing: Facturación de servicios profesionales/otros:
 Parkland Community Health Plan
 Claims Processing Center
 PO Box 560327
 Dallas, TX 75356
 Payer ID: 66917

Parkland CHIP Perinate Newborn Member ID Card

Member / miembro
 Member ID / número de identificación
 DOB / fecha de nacimiento
 Effective date / fecha de vigencia

Navitus
 RxBIN: 610602 | RxPCN: MCD | RxGRP: PCH
 Pharmacist use only 1-877-908-6023

TX-16-04-07 REV 9-19 009MS-ID-01-040116 TDI

No copays for well-child, well-baby or immunization visits.
 No aplican copagos para visitas de vacunas de bienestar infantil o de bebés.

CHIP Perinate Newborn is a service under the Children's Health Insurance Program.

Member Services & Pharmacy / Servicios al Miembro y Farmacia 1-888-814-2352
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

Beacon Behavioral Health 1-800-945-4644
 24 hours a day, 7 days a week / 24 horas al día, 7 días de la semana

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Mail claims to this address / envíe reclamaciones a este domicilio:
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 Claims Processing Center
 PO Box 560327
 Dallas, TX 75356
 Payer ID: 66917



Claims and Billing Overview



Claim Submission



Electronic submission (EDI – preferred)	TexMedConnect	Paper or hard copy
<p>Parkland Community Health Plan’s Payer ID for electronic claims is Payer ID # 66917.</p> <p>TriZetto Provider Solutions (TPS) is PCHP’s preferred EDI source.</p> <p>For more information, please email TTPSSupport@cognizant.com</p> <p>To submit EDI through TPS, you will need to register as a new user if you have not done so yet</p> <p>Registration Link: https://www.trizettoprovider.com/parkland-community-health-plan-new-user-request</p>	<p>Claims may be submitted electronically to TMHP through TexMedConnect on the TMHP website at www.tmhp.com</p>	<p>Providers may submit medical claims on CMS-approved paper forms (CMS-1500 or CMS-1450) to:</p> <p>Parkland Community Health Plan ATTN: CLAIMS P.O. Box 560327 Dallas, TX 75356</p>



PCHP Claims Submission for Medical

Electronic submissions:

- TriZetto Provider Solutions (TPS) is PCHP's preferred EDI source.
- PCHP accepts CMS 1500 and UB-04 formats
- Claims must be filed within 95 days from the date of service
- Payer ID# 66917
- **Providers may not bill or require payment from Members for Medicaid covered services.**
- Providers may not bill or take recourse against Members for denied or reduced claims for services that are within the amount, duration, and scope of benefits of the STAR Program. For more information, please refer to the current Texas Medicaid Provider Procedure's Manual found on the TMHP website at www.tmhp.com



Claims Dispute, Appeals and Complaints

Claims Resubmissions / Disputes Address

For corrected claim, COB
information, proof
of timely filing:

P.O. Box 560327
Dallas, TX 75356

Complaints and Appeals Address:

P.O. Box 560347
Dallas, TX 75356

Complaints and Appeals Fax

For Member and Provider
complaints and appeals:

1-844-310-1823

Provider Complaint and Claims Appeals only:

Email Address:
[PCHPComplaintsandAppeals
@phhs.org](mailto:PCHPComplaintsandAppeals@phhs.org)

**Submit any service inquiries to our Call Center and
someone will be happy to help you.**

- *HEALTHfirst* – 1-888-672-2277
- *KIDSfirst* – 1-888-814-2352

Inquiries should include:

- Provider's name
- Date of the incident
- Description of the incident
- Timeframes
- An acknowledgement letter is sent within five business days of receipt of the complaint
- A resolution letter is sent within 30 calendar days of receipt of the complaint



Electronic Payment Methods

Parkland Community Health Plan has partnered with Change Healthcare and ECHO Health, Inc. to provide electronic methods. Outlined below are the payment options and any action items needed by your office:

Virtual Card Services: NO ACTION IS NECESSARY to start receiving Virtual Credit Card payments.

If you are not currently registered to receive payments electronically, you will receive Virtual Credit Card payments with your Explanation of Payment (EOP). If you have a HIPAA certified fax number on file, your office will receive fax notifications; if not, your virtual card will be mailed.

Medical Payments Exchange (MPX)

If you are not enrolled to receive payments via electronic funds transfer (EFT) and you opt out of virtual card and have enrolled for Medical Payment Exchange (MPX) with another payer, you will continue to receive your payments in your MPX portal account. Otherwise, you will receive a paper check via print and mail.

EFT Payments: If you are interested in receiving payment via electronic funds transfer (EFT), setting up EFT is fast and a reliable method.

To sign up to receive EFT from all payers processing payments on the ECHO platform, visit <https://enrollments.echohealthinc.com/EFTERAinvitation.aspx>. A fee for this service may be required.

To sign up for EFT through Settlement Advocate for Parkland Community Health Plan only, visit <https://enrollments.echohealthinc.com/EFTERAdirect/ParklandCommunityHealthPlan>

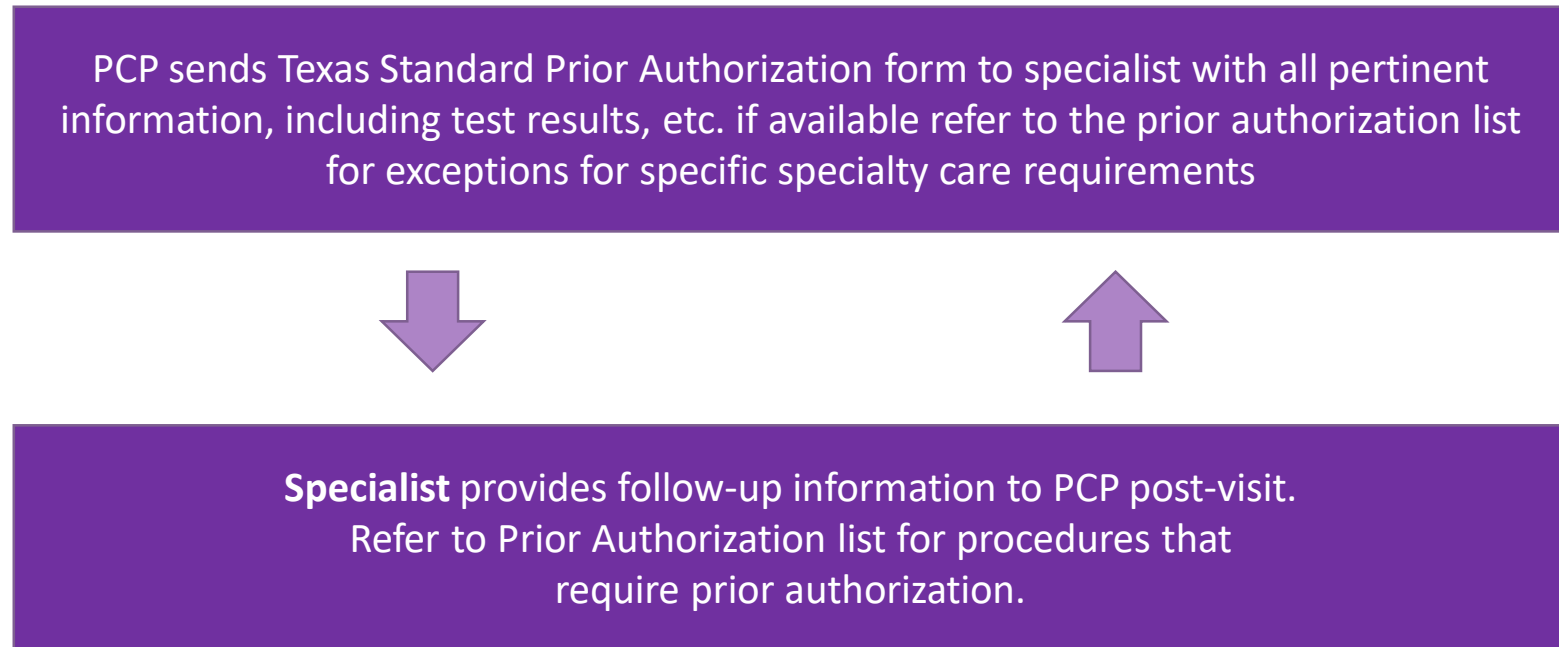
Paper Check

To receive paper checks and paper explanation of payments (EOPs), you must opt out of the Virtual Card Services by contacting ECHO Health at 888.927.6260 after your initial virtual card payment is received.



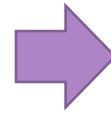
Initiating a Prior Authorization

Prior authorization for in-network referrals are not required for most specialties. Exceptions are dermatology, and any PCP other than PCP of record (or designated covering provider).



Prior Authorization Process

Participating provider submits TX Universal Authorization Form or other appropriate form to request services on Prior Auth list



PCHP Patient Management receives information and reviews eligibility, benefits and medical necessity and returns authorization to requesting provider



PCP may request a Prior Authorization via: Fax (referral form) or PCHP Provider Portal

Rendering provider sends information to PCP post-visit



Ancillary Services



Behavioral Health Services

- Parkland Community Health Plan has contracted with, and will work in partnership with, Beacon Health Strategies LLC (Beacon), a Beacon Health Options company, to manage the delivery of mental health and substance use disorder services for the Children's Health Insurance Program (CHIP) and the Medicaid State of Texas Access Reform (STAR) program.
- Website: www.beaconhealthoptions.com
- Phone: 1-800-888-3944.



Behavioral Health Services

- Direct Access
 - Members may access BH benefits, without a referral from their PCP.
 - Beacon Behavioral Healthline Services available 24/7
- PCP involvement
 - Provide screening, evaluation, treatment and/or referrals (as medically appropriate) for any behavioral health problem/disorder
 - Treat for mental health and/or substance abuse disorders with their scope of practice
 - Inform members how and where to obtain behavioral health services



Behavioral Health Services

- Members have direct access to behavioral health providers.
- Beacon Health Strategies providers must send initial and quarterly (or more frequently if clinically indicated) summary reports to the PCP, with the member or member's legal guardian's consent.
- Beacon Health Strategies providers must refer members with known or suspected and untreated physical health problems to their PCP for examination and treatment.
- Beacon Health Strategies providers must be licensed to provide physical health care services.
- PCHP DSM Multi Axial Classification is used when assessing a member Behavior Health Services. Contact Beacon Hotline for the 24/7 assistance.
- Routine care must be offered within 14 days of request, urgent care within 24 hours and emergency situations must be responded to immediately
- Following an inpatient stay, members should be offered an outpatient follow up appointment within 7 days of discharge. Behavioral Health Service Providers must contact Members who have missed appointments within 24 hours to reschedule appointments. Reference: UMCC 8.1.15.5 Follow-up after hospitalization for BH Services
- Screening, brief intervention, and referral to treatment (SBIRT) for substance use related issues is a benefit of Texas Medicaid. See Provider Handbook for further detail.



Behavioral Health Services

- Prior authorization is not required for routine outpatient therapy.
- The following services require Beacon's prior authorization:
 - Inpatient services
 - Diversionary services
 - Extended outpatient sessions
 - Day treatment
 - SB58 Related Services
 - Psychological and neuropsychological testing
 - Out-of-network services

For detailed information about working with Beacon, frequently asked questions, client articles, clinical practice guidelines, and links to additional resources:

<https://www.beaconhealthoptions.com/providers/beacon/>



Vision Services

- Vision Services coordinated through Superior Vision
 - Website: <https://superiorvision.com>
 - Phone: 1-800-879-6901
- Direct access
 - Members may access routine vision services, without a referral from their PCP, provided they are coordinated through Superior Vision
- Non-routine vision services
 - PCP can refer directly to a participating ophthalmologist for non-routine vision services
 - In-network ophthalmologists and optometrists may perform non-surgical services within the scope of their licenses without a referral from the member's PCP or an authorization from PCHP



Pharmacy Coverage

- PCHP covers prescription medications
- PCHP Pharmacy plan is administered by Navitus
- Our members can get their prescriptions at no cost (Medicaid) or at low co-pays (CHIP) when:
 - They get their prescriptions filled at a network pharmacy
 - Their prescriptions are on the preferred drug list (PDL) or formulary.
- It is important that you as the provider know about other prescriptions your patient is already taking. Also, ask them about non-prescription medicine or vitamin or herbal supplements they may be taking.
- Members should contact our Member Services for Pharmacy questions
 - Parkland HEALTHfirst 1-888-672-2277
 - Parkland KIDSfirst, Parkland CHIP Perinate, Parkland CHIP Perinate Newborn 1-888-814-2352



Pharmacy Coverage

- Navitus Texas Provider Hotline (Pharmacy) 1-877-908-6023
 - We strive to resolve each call correctly, completely, and professionally the first time. Our relentless pursuit of superior customer service is what sets us apart.
- ***Our Customer Care Commitment to our Network Pharmacies:***
 - We will be **responsive** to our customer's needs.
 - We will be **respectful** of our customers at all times.
 - We will be **realistic** about what we can or cannot do.
 - We will **resolve** our customer's issues in a timely fashion.
 - We will take personal **responsibility** for our customer relationships.



Pharmacy Coverage

- **Preferred drug list**

- You can find out if a medication is on the preferred drug list. Many preferred drugs are available without prior authorization (PA). Check the list of covered drugs on our website.
- The Texas Medicaid preferred drug list is now available on the **Epocrates drug information system** at <https://online.epocrates.com/home>
- The service is free and provides instant access to information on the drugs covered by the Texas formulary on a Palm, Pocket PC handheld device or smart phone.



Pharmacy Coverage

- **Formulary drug list**

- The Texas Drug Code Formulary <http://www.txvendordrug.com/formulary/formulary-information.shtml> covers more than 32,000 line items of drugs including single source and multi source (generic) products. You can check to see if a medication is on the state's formulary list. Remember before prescribing these medications to your patient that it may require prior authorization.
- If you want to request a drug to be added to the formulary, please contact PCHP. We will then forward the information to the Formulary department of the Vendor Drug Program.



Pharmacy Coverage

- **Over the counter drugs**

- PCHP also covers certain over-the-counter drugs if they are on the list. Some of these may have rules about whether they will be covered. If the rules for that drug are met, PCHP will cover the drug. Check the list of covered drugs at www.txvendordrug.com/pdl/
- All prescriptions must be filled at a network pharmacy. Prescriptions filled at other pharmacies will not be covered.

- **Mail order form for your members**

- You can assist your member in completing the MOD form on www.ParklandHealthpPlan.com if you are prescribing a maintenance medication.
- Mail order is optional

HEB Pharmacy
Prescription Mail Order Enrollment Form

Please fill out one enrollment form for each family member. Mail this completed form to the address below.

Patient Information						Optional Pharmacy Services	
Medicaid ID	Group Number					Drug Allergies <input type="checkbox"/> None <input type="checkbox"/> Aspirin <input type="checkbox"/> Cephalosporin <input type="checkbox"/> Codeine <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfu drugs <input type="checkbox"/> Tetracycline	
First Name	Middle Initial	Last Name	Date of Birth	Gender			90-Day Supply Conversion (Recommended) We can make your prescriptions less longer by converting them to 90-day supplies. I, _____ give permission to H-E-B Pharmacy to convert my remaining prescription refills to 90-day supplies and to contact my physician for additional prescription refills as necessary.
Home Address		City	State	Zip Code			EZ-Open Caps (Caution: Not Child Resistant) We can make your prescription bottles easier to open by using EZ-open caps. I, _____ give permission to H-E-B Pharmacy to use EZ-open caps on my prescription bottles. I understand that EZ-open caps are not child-resistant closures and that I must keep my medications out of the reach of children.
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work						
Email Address	Preferred Method of Communication <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Call						

Transfer Your Current Prescriptions to H-E-B Mail Order Pharmacy					
Medication Rx Number	Medication Name	Medication Strength	Pharmacy Name	Pharmacy Phone	Pharmacy Address
1					
2					
3					
4					

If you have more prescriptions that you would like to transfer to HEB Mail Order Pharmacy, please write the prescription information on another sheet of paper and include it with this form.

Send Your Future Prescriptions to H-E-B Mail Order Pharmacy		Questions?	Sign and Date
You or your doctor can send new prescriptions to HEB Mail Order Pharmacy. You can mail your prescriptions to: HEB Pharmacy M&RC, 8300 Floyd Curl Dr, San Antonio, TX 78229-3031 Your doctor can electronically submit prescriptions to: HEB Pharmacy M&RC, 8300 Floyd Curl Dr, San Antonio, TX 78229-3031, NABP: 5925055 NPI: 1821185004 or call in prescriptions toll-free to 1-833-432-7928		Please call us at our toll-free number (available 24/7) if you have any questions or if you would like to enroll by phone. 1-833-432-7928	Signature of Patient or Parent/Guardian Printed Name of Patient/Guardian (if applicable) Date

NOTE: Prescriptions submitted by prescribers directly to pharmacy will not be filled until directed by member. Please allow up to 14 days to receive your order from the day you mail your prescription.

Thank you for choosing **HEB Pharmacy**



Pharmacy Coverage

Generics

- Generic bioequivalent medications represent a considerable cost savings to health care. Those products available generically will be covered with the generic equivalent only **(if the generic equivalent is on the preferred drug list)**, unless the brand has been specifically authorized or as otherwise noted. Generic forms of medications will be substituted as they become available unless otherwise designated. Parkland Community Health Plan may grant an exception to the generic substitution.
- **Obtaining Pharmacy Prior Authorization**
 - Navitus receives and processes pharmacy prior authorizations for our contracted Texas Managed Medicaid MCO members.
 - The formulary, prior authorization criteria, and the length of the prior authorization approval are determined by HHSC.
 - Information regarding the formulary and the specific prior authorization criteria can be found at the Vendor Drug Website, Epocrates, and SureScripts certified vendors for e-Prescribing.



Pharmacy Coverage

- Prescribers can access prior authorization forms online via www.navitus.com under the “Providers” section or have them faxed by Customer Care to the prescribers office.
- Prescribers will need their NPI and State to access the portal.
- Completed forms can be faxed 24/7 to Navitus at 920-735-5312. Prescribers can also call Navitus Customer Care at 877-908-6023 > prescriber option and speak with the Prior Authorization department between 8a-5p M-F Central Time to submit a PA request over the phone.
- Decisions regarding prior authorizations will be made within 24 hours from the time Navitus receives the PA request
- The provider will be notified by fax of the outcome or verbally if an approval can be established during a phone request.



Pharmacy Coverage

- Medications that require prior authorization will be undergo an automated review to determine if the criteria are met.
- If the automated review determines that all the criteria are not met, the claim will be rejected, and the pharmacy will receive a message indicating that the drug requires prior authorization.
- When a Prior Authorization is required and the provider is not available to submit the PA request, pharmacies are to dispense a 72-hour supply subject to pharmacist professional judgment
- The following message will be returned to pharmacies on all electronically submitted claims that rejects because the prior authorization criteria have not been met:

“Prescriber should call our Member Services or pharmacist should submit 72-hour Emergency Rx if prescriber not available.”



Pharmacy Coverage

Obtaining a 72 Hour Emergency Fill

- Federal and Texas law require pharmacies to dispense a 72-hour emergency supply of a prescribed drug when the medication is needed without delay and the prescriber is not available to complete the prior authorization
- Applies to non-preferred drugs on the Preferred Drug List and any drug that is affected by a clinical PA needing prescriber's prior approval
- The pharmacy will submit an emergency 72-hour prescription when warranted; this procedure will not be used for routine and continuous overrides
- For further details on the 72-hour emergency supply requests, please use this link to the State VDP website:
http://www.txvendordrug.com/downloads/72_hr_emergency_prescriptions.pdf



Pharmacy Coverage & DME

- Certain Disposable Medical Supplies (DMS) will be payable under the pharmacy benefit
- Some examples include Compression Stockings, Ketostix, Aerochambers, Peak Flow Meters and Diabetes Testing Supplies.
- Navitus will respond with a paid claim response if the DMS product is covered
- Submit claims for DMS in same manner as a traditional pharmaceutical drug claim
- Many Durable Medical Equipment (DME) are covered under the medical benefit
- Pharmacies are encouraged to enter into a contract directly with MCO plans for DME covered benefits
- Pharmacies may be required to be accredited for DME services to participate



Pharmacy Coverage

- NAVITUS SUPPORTS E-PRESCRIBING FOR MEDICAID
- Navitus provides point of care information available through Surescripts
 - Eligibility confirmation
- Daily updates to eligibility facilitator
 - Medication history
 - Formulary and PDL benefit confirmation
 - Formulary “alternative” drug list
 - Formulary lists will be updated no less frequently than weekly
- Navitus expects pharmacies to have ability to accept e-prescriptions and facilitate refills with prescribers



Ob/Gyn Services

- Female patients have direct access to in-network Ob/Gyn specialists
- If an Ob/Gyn needs to refer for out-of-network specialty care for related services, the physician must initiate the referral through PCHP patient management unit
- PCHP allows Pregnant Members past the 24th week of pregnancy to remain under the care of their current Ob/Gyn through the Member's postpartum checkup, even if the provider is Out-of-Network. She may select an Ob/Gyn within the network if she chooses to do so and if the provider to whom she wishes to transfer agrees to accept her in the last trimester of pregnancy.



Dental Member Services



- To obtain a list of participating dental providers, members may contact:
 - Texas Health Steps at 1-877-THSTEPS (1-877-847-8377)
 - PCHP Member Services
 - 1-888-672-2277
- State-wide dental health organizations for Medicaid and CHIP

	Medicaid STAR	CHIP
DentaQuest	1-800-516-0165	1-800-508-6775
MCNA Dental	1-800-494-6262	1-800-494-6262



Preventive Health Care

- Medicaid members
 - Texas Health Steps –use periodicity schedule in provider manual for members ages 0 –21
 - Medicaid members age 21 and older –use the U.S. Preventive Services Task Force, American Cancer Society and the Centers for Disease Control and Prevention (CDC) recommendations published in the provider manual
- CHIP members
 - Well-child visits -use the American Academy of Pediatrics preventive health guidelines



The Texas Vaccines for Children Program (TVFC)

- Texas leads the nation in the number of uninsured and underinsured children. The TVFC program helps to ensure that our children receive the complete series of immunizations required to protect them from vaccine-preventable diseases.
- Benefits of Participation
 - The TVFC program allows at-risk children to more easily access immunizations
 - The program eliminates the financial barriers to full immunization
 - Children receive vaccines from their PCP and other “medical home” providers
- Enrollment and participation is easy
 - More program information and an enrollment application can be found at:
<http://www.dshs.state.tx.us/immunize/tvfc/default.shtm>



ImmTrac – The Texas Vaccine Registry

- *ImmTrac* is an important component of Texas' strategy to improve vaccine coverage rates.
- The *ImmTrac* Registry serves to consolidate immunization records from multiple sources into a single registry
- Texas law states that health care providers must report to ***ImmTrac*** all vaccines administered to a child under 18 years of age within 30 days of administration.
- *ImmTrac* allows providers Internet access to immunization histories on and supports reminder and recall capability.
- *ImmTrac* is available free of charge to authorized health care providers.

More information about the Texas Immunization Registry is available at: <http://www.dshs.state.tx.us/immunize/providers.shtm>



Quality Management



Texas Health Steps

- Also known as the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) program
- Eligibility includes Medicaid recipients from birth to age 21
- Members may see any Texas Health Steps provider (self-referral)
- Covered services
 - Periodic comprehensive physical examinations
 - Periodic dental checkups
 - Hearing and vision screening
 - Immunizations and lab work
 - Case management



Texas Health Steps – Complete Checkup

- Document all components of the checkup that were performed during the visit. Please refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for a list of the necessary elements that make up a complete check-up. The TMPPM can be found on the TMHP website at www.tmhp.com.
 - Patients' medical records need to support diagnosis and procedures billed
 - Charts are subject to review for claims and quality of care
- Billing for Texas Health Steps checkup
 - Only complete medical checkups will be considered for reimbursement under the Medicaid managed care program
 - All components of the checkup are included in the reimbursement code for the comprehensive medical exam (*Refer to the Texas Medicaid Provider Procedures Manual for the correct billing codes*)
 - A provider must bill for Texas Health Steps services in accordance with state standards



Texas Health Steps Immunizations

- Immunizations and medical checkups should be administered according to the periodicity schedule
- Vaccines are supplied free of charge to Texas Health Steps providers for Medicaid clients
 - 1-800 SHOTS 4 U (1-800-746-8748)
 - www.immunizetexas.org
- Report immunization data to
 - www.ImmTrac.com
 - 1-800-348-9158



Oral Evaluation and Fluoride Varnish

- New benefit for Medicaid program
- Texas Health Steps providers can become certified by the Department of State Health Services to provide oral evaluation fluoride varnish
- For certification requirements, please access www.dshs.state.tx.us/thsteps
- Texas Health Steps providers can bill for oral evaluation fluoride varnish when performed on the same day as the Texas Health Steps medical check-up



THSteps Checkup Documentation – Essential to Medical Records

- As a Texas Health Steps (THSteps) provider you affect the lives of many young Texans. The care you provide helps prevent serious or chronic health-care problems and often helps young patients begin to develop positive lifelong health-care habits. Being a THSteps provider can be very rewarding. It can also be very challenging, especially when it comes to medical checkup documentation. Independent studies of Texas Health Steps medical checkups indicate that records were most commonly missing documentation of appropriate laboratory tests and immunizations.



THSteps Checkup Documentation – Essential to Medical Record (continued)

THSteps checkups are made up of six primary components, many including individual components. These are outlined on the Texas Health Steps Periodicity Schedule based on age and include:

1. Comprehensive health and developmental history which includes nutrition screening, developmental and mental health screening and TB screening;
2. Comprehensive unclothed physical examination which includes measurements; height or length, weight, fronto-occipital circumference, BMI, blood pressure, and vision and hearing screening;
3. Appropriate immunizations, as established by the Advisory Committee on Immunization Practices, according to age and health history, including influenza, pneumococcal, and HPV;
4. Appropriate laboratory tests which include newborn screening blood lead level assessment appropriate for age and risk factors, and anemia;
5. Health education (including anticipatory guidance); and
6. Dental referral every 6 months until the parent or caregiver reports a dental home is established.



THSteps Checkup Documentation -Essential to Medical Records (continued)

For you to be reimbursed for THSteps checkups, each of the six components and their individual elements must be completed and documented in the medical record. Any component or element not completed must be noted in the medical record, along with the reason it was not completed and the plan to complete the component or element. The medical record must contain documentation on all screening tools used for TB, growth and development, autism, and mental health screenings. The results of these screenings and any necessary referrals must be documented in the medical record. THSteps checkups are subject to retrospective review and recoupment if the medical record does not include all required documentation.

In support of successful checkup documentation and to assist in documenting each of the components and elements of the checkups, the THSteps program recommends use of the THSteps Child Health Record Forms, which are available for download on the THSteps provider information webpage. Each checkup form is age-specific and can assist you with documenting all required checkup components and elements, including developmental and mental health screenings, laboratory screenings, immunizations, and the dental referral as required until the caregiver reports a dental home is established. The components and elements outlined in the forms can be integrated into electronic health records.



THSteps Checkup Documentation – Essential to Medical Records (continued)

- To stay current on THSteps policy and available resources, visit the frequently updated THSteps website for information and policy updates.
- Information on checkup documentation is available on THSteps Online Provider Education modules. These modules are free and offer continuing education for healthcare professionals. They are available at www.txhealthsteps.com.
- Qualified and caring THSteps providers are vital to keeping young Texans healthy. The preventive health care you provide to young Texans is valued. It is important to reflect this care in the completeness of your medical documentation.



Texas Health Steps and the Frew Settlement

- Frew vs. Smith 1993 – a lawsuit filed against the state on behalf of children in the Texas Medicaid program, alleging these clients were unable to access appropriate health care services
- Results of settlement
 - Enhanced rates for pediatricians and subspecialists, such as neurologists
 - Investments that will enhance medical care for children in rural and inner urban areas
 - Improved state call centers to help Medicaid patients better understand treatment options
- For more information, please refer to www.ParklandHealthPlan.com



Texas Health Steps and the Frew Settlement (continued)

What does the Frew settlement agreement mean for providers?

- Increased fees for the provision of services
- Provide a complete checkup within 90 days of patient's enrollment in a Medicaid HMO and educate patient's parent or guardian regarding the benefits of preventive healthcare
- Ensure provision of medical and dental checkups according to periodicity schedule
- Document complete checkups or patient refusal of services
- Provide accelerated services to children of migrant farm workers who may be out of area when services are due
- Cooperate with compliance monitoring of medical records documentation
- PCHP will inform pharmacists about THSteps and coverage of items in pharmacies



Texas Health Steps and the Frew Settlement (continued)

Your responsibility as the child's provider:

- Educate the child's parent or guardian regarding the health benefits of preventive care
- Schedule complete checkups in a timely manner according to the periodicity schedule
- Perform complete exam and document all components of Texas Health Steps exam within 90 days of member enrollment
- Perform timely, complete exam and document all components of Texas Health Steps exam (within 60 days of birthday) according to periodicity schedule
- Cooperate with compliance monitoring of medical records documentation



Texas Health Steps and Children of Migrant Farm Workers

- Children of a migrant farm worker (MFW) who are due for Texas Health Steps medical checkup, may receive their checkup, on an accelerated basis, before leaving the area
- Please allow these MFW children to obtain Texas Health Steps services expeditiously
- Performing a make-up exam for a late Texas Health Steps medical checkup is not considered an accelerated service; it is considered a “late checkup”
- You will be provided notice when one of your patients is MFW. Be aware that the patient is at higher risk of exposure to pesticides and job-related injuries and be prepared to address those risks.
- If, during the course of your examination, you identify a patient who may be MFW, please notify our Migrant Hotline at 1-800-327-0016.



Access and Availability Requirements

All Participating Providers must make Covered Services available and accessible to Covered Persons during normal business hours. All Participating Providers must provide telephone access to Covered Persons 24 hours a day, 7 days per week, regarding urgent or Emergency Care questions, and must meet the following standards:

Service	Standard
Referrals	Routine Specialist care referrals must be provided within 30 calendar days of the referral
After-hours	Coverage must be available after normal posted business hours 7 days A week, 365 days a year
After-hours calls returned	<30 minutes
In-office wait time	<30 minutes



Access and Availability Requirements

- Each PCP shall provide covered services at their offices during normal business hours and be accessible to Covered Persons 24 hours per day, 7 days per week. The PCP shall arrange for appropriate coverage with other Participating Providers if he/she is unavailable due to vacation, illness, or leave of absence. PCP's must be accessible to Covered Persons 24 hours a day, 7 days a week, via one of the following methods:
 1. Office phone answered by answering service, with calls returned by PCP within 30 minutes;
 2. Office phone answered by recording in each language of the major population groups served by the PCP, with a recording giving the PCP's or another Participating Provider's direct number, which must be answered (referring the Covered Person to another recording is not acceptable);
 3. Office phone transferred to another location that answers and contacts the PCP or another designated Participating Provider, with the call to be returned within 30 minutes. PCP's may not have a phone message that directs the Covered Person to simply leave a message or to go to the emergency room for any service needed, although direction to go to the emergency room for Emergency Care is appropriate.



Access and Availability Requirements

The following are the established PCHP access standards for PCP's

Appointment Type	Standards
New Covered Person <ul style="list-style-type: none">▪ Newborn▪ Children▪ Adult	New Covered Persons should be offered appointments as soon as possible after enrollment but in no case later than within: <ul style="list-style-type: none">▪ 14 calendar days of enrollment for newborns▪ 60 calendar days of enrollment for all other Covered Persons
Preventative Care <ul style="list-style-type: none">▪ Newborns▪ Children < 21▪ Adult > 21	<ul style="list-style-type: none">▪ CHIP – Physicals/Well-child checkups for As soon as possible for Covered Persons who are due or overdue for services in accordance the AAP guidelines.▪ Medicaid – Covered Persons under the age of 21, per THSteps Periodicity Schedule, but in no case later than 60 days from date of request.▪ For all newly enrolled Covered Persons (Medicaid and CHIP), appointments must be offered within 14 days of enrollment▪ Newborns; 60 days for all others.



Access and Availability Requirements

Specialty Care Providers Access and Availability Requirements

Appointment Type	Standard
Routine Primary Care	Within 14 calendar days of request.
Urgent Care	Within 24 hours of request
Emergency Care	Upon presentation
Prenatal Care	Within 14 calendar days of request, except for high-risk pregnancies or new Covered Persons in the third trimester for whom an appointment must be offered within 5 calendar days, or immediately, if an emergency exists
Initial Behavioral Health Care	Within 14 calendar days of request
Routine Behavioral Health Care	Within 14 calendar days of request

Specialists shall arrange for appropriate coverage by a participating provider when unavailable due to vacation, illness or leave of absence. As a participating PCHP physician, you must be accessible to Covered Persons 24 hours a day, 7 days a week. The following are acceptable and unacceptable phone arrangements for contacting physicians after normal business hours.



Access and Availability Requirements

CHIP Perinatal Provider Access and Availability Requirements.

Appointment Type	Standard
Urgent Care	Within 24 Hours of Request
Routine Care	Within 2 Weeks of Request
Prenatal Care	Within 2 Weeks of Request
High Risk Pregnancy or new Covered Person Visits	Within 5 Days



Quality Assessment and Performance Improvement

PCHP has an ongoing Quality Assessment and Performance Improvement (QAPI) Program that is comprehensive in scope, including both the quality of clinical care and service for all aspects of our health care delivery system. The PCHP QAPI program is:

- Tailored to the unique needs of the membership, in terms of age groups, disease categories and special risk status.
- Compliant with all State and federal requirements for Quality Improvement (QI).
- Directed by a multidisciplinary committee whose members bring a diversity of knowledge and skills to the design, oversight, and evaluation of the program.



Cultural Competency

Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities. The PCHP Cultural competency program is geared toward:

- **Improving health care access and utilization**
- **Enhancing the quality of services within culturally diverse and underserved communities**
- **Promoting cultural and linguistic competence as essential approaches in the elimination of health disparities.**

Additional provider-focused Cultural Competency resources can be found on the U.S. Department of Health and Human Services (HRSA) website at:
<http://www.hrsa.gov/culturalcompetence/index.html>



Fraud, Waste, and Abuse Policy

- Parkland Community Health Plan recognizes that its responsibility and commitment to detecting, preventing, investigating and reporting of waste, abuse, and fraud for all services pertaining to the Medicaid and CHIP programs, including services provided by subcontractors (behavioral health and vision services).
- Parkland Community Health Plan also recognizes that it is responsible for investigating and reporting waste, abuse or fraud related to the filing of false claims against the United States Government or failure of an MCO to provide services required under contract with the state of Texas, enrollment/marketing violations and wrongful denial of claims.
- Parkland Community Health Plan employees must adhere to the Corporate Code of Conduct to ensure ethical behavior and actions of all employees and participate in annual training regarding corporate policies and procedures.
- PCHP will cooperate and assist HHSC-OIG and any state or federal agency in investigating and prosecuting FWA
- PCHP's Special Investigation Unit (SIU) investigates claims of FWA



Fraud vs. Abuse

Fraud	Abuse
<p>The intent to abuse the system.</p> <p>The intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an authorized benefit.</p>	<p>The misuse of the Medicaid/CHIP program without the intent to commit fraud.</p> <p>Business, medical or recipient practices that result in unnecessary reimbursement/cost to the program.</p>



What is waste?

- Less than fraud and less than abuse
- Involves practices that are not cost efficient such as ordering medical services or supplies beyond a patient's needs.

Reporting Waste, Abuse and Fraud by a Provider or Client

Please contact the following:

Parkland Community Health Plan
Attention: SIU Coordinator
P.O. Box 569005
Dallas, TX 75356-9441
1-888-672-2277

To report providers:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
PO Box 85200
Austin, TX 78708-5200

To report clients:

Office of Inspector General
General Investigations/Mail Code 1362
PO Box 85200
Austin, TX 78708-5200



Maintaining Contact Information

- Network providers must inform PCHP and HHSC's administrative services contractor of any changes to your address, telephone number, group affiliation and/or any other relevant contact information for the purposes of:
 - The production of an accurate provider directory
 - The support of an accurate online provider lookup function
 - The ability to contact you or your office with requests for additional information for prior authorization or other medical purposes, or on behalf of a member's PCP
 - The guarantee of accurate claim payment delivery information

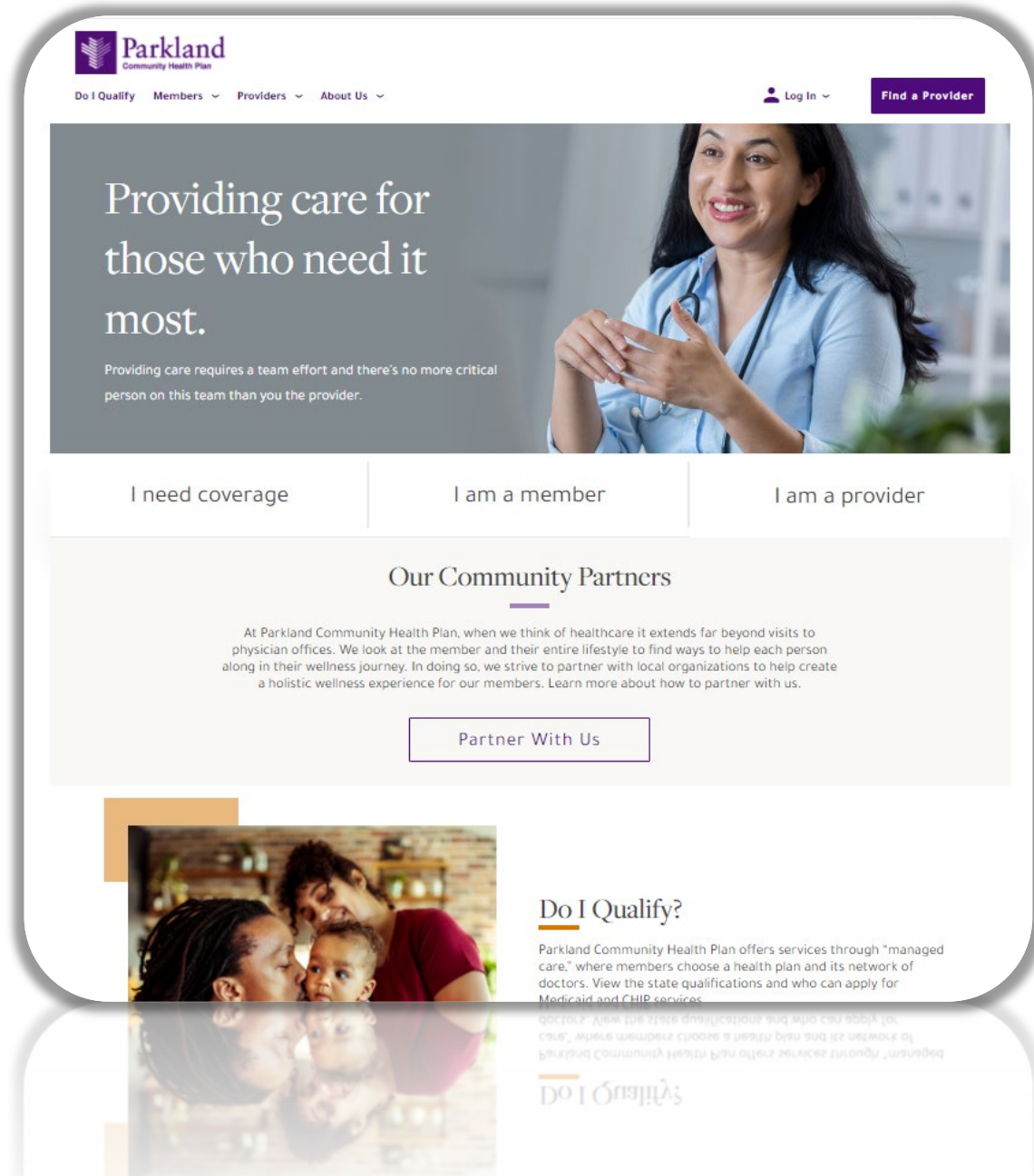


Provider Resources and Tools



PCHP Website

- Available to participating and non-participating providers
- 24/7 access to the website
- Access to the PCHP Provider Portal
- www.parklandhealthplan.com
 - Provider manual
 - Provider directory/provider search
 - Provider newsletters
 - Member handbook
 - Links to subcontractors
 - Complaints and appeals process
 - Link to secure web portal
 - Provider forms & resources



Provider Portal

As a provider and medical professional, the Parkland Community Health Plan Provider Portal will give you the ability to check patient's eligibility, coverage, check claim status, submit and view authorizations and referrals and more.

Need help with questions, claims, payments, authorizations and more? Please call our Provider Customer Service at 1-888-672-2277 *HEALTHfirst* or 1-888-814-2352 *KIDSfirst*.

Eligibility



Claims



Authorizations



Provider Directory



Maximum Allowable Costs (MAC) Portal



Member CM/DM Referral Form



Provider Demographic Update



Appeals, Complaints, Claims Disputes



Provider General Questions



Register



All providers will need to register for a new account before logging in for the first time.

- Tax ID Number (TIN) and the National Provider ID (NPI) is needed when creating a new account
- Multiple TIN and NPI number can be added when creating an account

Provider Portal

* Required Fields

Username*

Password*

Log in

2

Don't have an account [Register Now.](#)

[Forgot password?](#)

1

Log In ^

Member Log In

Provider Log In



Provider Portal Online Tools

- Once registered, you can:
 - Verify member eligibility
 - Download and print up-to-date provider directory
 - Update provider demographic information
 - Request prior authorization
 - Check the status of a prior authorization request
 - Submit Case Management/Disease Management referrals.
 - Verify claims payment status
 - Access Provider forms & resources



Support Team

Provider Business Consultants – Each provider will have a Provider Business Consultant (PBC) assigned to them. This consultant serves as the primary liaison between PCHP and our provider network. We are truly dedicated to supporting you and your success!

Efforts to support Providers:

- Provider education & training
- Demographic information update
- Administrative policies, procedures, and operational issues
- Contract clarification
- Membership/provider roster questions
- Provider Portal assistance

PCHP Provider Relations: PCHP.ProviderRelations@phhs.org



Federally Mandated Provider Re-Enrollment Process

- Texas Medicaid must comply with federal regulations that require all providers to resubmit their enrollment information every three to five years. In accordance with this mandate, the Centers for Medicare & Medicaid Services (CMS) require that states complete the initial re-enrollment of all providers by March 24, 2016.
- Texas Medicaid providers that enrolled *before* January 1, 2013, must be fully re-enrolled by March 24, 2016. This requirement applies to those providing services through Medicaid managed care organizations or through traditional fee-for-service Medicaid.
- For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.



Questions

Thank You!

Let's make a difference in healthcare together!



As a Provider, stay connected with us on **LinkedIn** for the latest PCHP news.

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