Parkland
Community Health Plan

Provider Newsletter

Changing the way communities think about healthcare by connecting people to meaningful health and wellness experiences.

In this Issue:

A Note from PCHP

It's almost time to jump from spring into summer, and our provider network continues to stay busy caring for patients across North Texas. On behalf of Parkland Community Health Plan (PCHP), I want to again express our sincere gratitude for your continued commitment to improving health outcomes for your patients, our PCHP members.

Caring for our community takes a heroic effort, and we are immensely thankful to have such a dedicated network of healthcare providers in every area of clinical specialty and across all across all parts of of our seven-county Dallas Service Area.

These next few months ahead will be filled with activity designed to effectively manage the ending of the COVID-19 Public Health Emergency (PHE), which occurs on May 11, 2023. You will see PCHP deploying various support programs for our members to help and guide them through coverage eligibility. More information about the PHE and the corresponding end of continuous coverage is included in this newsletter.

In other news, PCHP continues to deploy provider service improvements as we move through 2023, including:

• Monthly Provider Lunch & Learn sessions (held virtually), with agenda topics focusing on benefit coverage updates, business workflow best practices, achieving the Triple Aim, and more

• Technology enhancements, including updates to the PCHP Provider Portal

• On-site in-service with PCHP Provider Business Consultants

Again, thank you all for being part of the PCHP network. We are committed to continuously strengthening our relationships with our members, providers, and community partners and we look forward to your support to improve the health of our community.

Nick J Smith

NICK SMITH
VP of Network Development and Provider Relations

PCHP Community Impact–2022

Last year, PCHP focused heavily on member and community engagement – see below for an overview of our impact on those we serve. ■

5,900+
Meals Provided to New Mothers Through Value-Added Services

230,000+
Member Relations Connections with Members and Providers

50,000+
Community Interactions Through **350** Outreach Events

50,000+
Educational Newsletters for Members with Asthma and Diabetes

1,700+
Pregnant Members with Pyx Mobile App with over **8,000** interactions

80+
Educational Videos for Members Through our Provider Network

5,500+
FindHelp Users with over **19,000** Interactions

170,000+
Social Media Engagements Across Facebook and LinkedIn

30
Blog Posts with over **23,000** Views

100,000+
Paid Rewards Earned by Members for Healthy Actions

The End of the COVID-19 Public Health Emergency – and Its Impact on Members

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) on January 27, 2020 and passed a law that allowed Medicaid members to automatically keep their Medicaid coverage (continuous Medicaid). Based on the new federal law, continuous Medicaid eligibility will now end on May 11, 2023. Parkland Community Health Plan is committed to supporting our providers and members with the resources they need to navigate this significant transition.

To unwind continuous coverage, Texas Health and Human Services (HHSC) will stagger Medicaid redeterminations from May through December, with goals to:

- Maintain coverage for eligible individuals and reduce churn
- Prioritize redeterminations for those most likely to be ineligible or to be eligible for another program
- Reduce risk of overwhelming the eligibility system or workforce during the unwinding period
- Establish a sustainable renewal schedule for subsequent years

While there are no official requirements for providers with regard to Medicaid redetermination, you may receive questions from your patients. You can find helpful information (including a list of frequently asked questions) in the PCHP Provider Portal, under the PHE Ending section. We will continue to update these resources throughout the unwinding period. ■

NEW 2023 PCHP Provider Lunch & Learns

PCHP is hosting monthly Lunch & Learn presentations to share in-depth information on topics of interest to providers. Each month will focus on a different aspect of plan benefits or other operational areas that may impact our provider network. Sessions to date have addressed Cultural Competency in Health Care, Quality Improvement, and Doing Business with PCHP – recordings of these presentations are available on the PCHP Provider Portal. ■

For more information, please email **PCHP.ProviderRelations@phhs.org**.

https://phhs.webex.com/webappng/sites/phhs/webinar/webinarSeries/register/2af748b2caf1499ea72e1d35f3948c4f

PCHP Provider LUNCH & LEARN

Mark Your Calendars for these upcoming sessions!

Virtual Event - registration required

Noon – 1 pm

April 18	September 19
May 23	October 24
June 20	November 28
July 18	December 19
August 22	

Provider Town Hall

The first quarterly Provider Town Hall of 2023 was held Wednesday, March 8 and covered claims, prior authorizations, and TMHP enrollment, among other topics. If you missed the session, you can view a recording at **https://www.youtube.com/watch?v=okfovNgRBAw.** You can also view recordings of our 2022 town halls at the links below.

- **4th Quarter Provider Town Hall**
- **3rd Quarter Provider Town Hall**
- **2nd Quarter Provider Town Hall**
- **1st Quarter Provider Town Hall**

Each town hall ends with a Question & Answer session; all questions are captured and sent to attendees after the meeting. You can locate a copy of these Q&As on the PCHP Provider Portal under Forms & Resources.

Please visit **ParklandHealthPlan.com/Living-Well/Events/** for a list of all upcoming provider meetings. And don't forget to register for our next Provider Town Hall, which is scheduled for Wednesday, June 7. ■

Pharmacy

Providers can access real-time changes to the PCHP formulary at **ParklandHealthPlan.com/Providers/Resources/Pharmacy**. Texas Health and Human Services (HHSC) drives any changes to our pharmacy coverage, and this link is updated immediately to provide members and providers with up-to-date information. ■

PCHP Prior Authorizations

Acceptable Forms for DME Submissions (required by PCHP)

Required forms for DME:
- Texas Standard Authorization form (TSAF) and Home Health Services (Title XIX) DME/Medical Supplies form
- Texas Standard Prior Authorization form and the Home Health Services (Title XIX) DME/Medical Supplies Addendum form (for request with 5+ codes)

On each form, please include the **provider signature** and the following **essential information:**

❑ Member Name

❑ Member Number or Medicaid Number

❑ Member Date of Birth

❑ Requesting Provider Name and National Provider Identifier (NPI)

❑ Service Requested – Current Procedural Terminology (CPT)

❑ Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)

❑ Service Requested Start and End Dates(s)

❑ Quantity of Service Units requested based on CPT, HCPS, or CDT requested

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Missing Provider Signature/ Conflicting Information

Example: The provider requests PA for 15 DME items – 5 items on the TSAF and 10 items on the Title XIX form. The Texas Standard Authorization form is submitted for DME items with no provider signature and requesting 5 DME items. In addition to the TSAF, the provider submits the Title XIX form signed by the provider with additional exclusive 10 DME items.

❌ **ISSUE:** The Texas standard authorization form is **not signed** by the provider. The requested items cannot be processed without a provider's signature.

Ref: TMPPM Vol. 2 Provider Handbook, Durable Medical Equipment, Medical Supplies, and Nutritional Products.

Section: 2.2.2.2 Prior Authorization – a completed Home Health Services (Title XIX) Durable Medical Equipment (DME) or Medical Supplies Physician Order Form prescribing the DME or supplies **must be signed and dated by a physician and by the representative of the DME/Medical Supply provider familiar with the client** before requesting prior authorization for all DME equipment and supplies. **A current signature and date is valid for no more than 90 days prior to the date of the requested prior authorization or the initiation of service.**

PCHP Prior Authorizations
CONTINUED

Verify Website PA List

Prior to any prior authorization DME submission, review the required PA list housed on the website to ensure the item being requested requires PA. We are seeing a high number of requested items that do NOT require PA for PAR (in-network) providers. PA is required for all NON-PAR (out-of-network) providers.

Prior Authorizations Without a Rendering Provider's Information

When initiating a prior authorization, it is no longer a requirement to include the rendering provider's information as essential information, but PCHP strongly recommends that providers include this information when submitting their request. If this information is not included on a prior authorization, it may cause issues with claims, out-of-network requests, and determining that the level of care is in the appropriate place (i.e., inpatient-only procedure being done outpatient). PCHP recommends that providers include this information to ensure there is no delay in care or claim payment. ■

Summary

• Please ensure the correct prior authorization forms are being utilized.

• Please ensure any prior authorization form submitted has a provider signature as well as all essential information required to initiate a PA.

• Please make sure the request is clear regarding which items are being requested.

• Please review the PCHP PA list to ensure that only codes requiring PA are being submitted for review.

Ensuring that these steps are followed will decrease any delay in the authorization being processed.

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

Issuer Name:	Phone:	Fax:	Date:

SECTION II — GENERAL INFORMATION

Review Type: ☐ Non-Urgent ☐ Urgent	Clinical Reason for Urgency:
Request Type: ☐ Initial Request ☐ Extension/Renewal/Amendment	Prev. Auth. #:

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	☐ Male ☐ Other	☐ Female ☐ Unknown
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:		

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version___)	Code

Quality Corner

Clinical Practice Guidelines

PCHP is dedicated to the delivery of quality, cost-effective health care for our members. Please see below for a list of our 2023 Clinical Practice Guidelines. The following suggested guidelines are intended to support our health care team and serve as resources to our providers.

Clinical Practice Guidelines are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases.

ACOG | Clinical
The American College of Obstetricians and Gynecologists

ACOG.org/Clinical/Clinical-Guidance/Committee-Opinion/Articles/2018/06/Maternal-Immunization

ACOG.org/Clinical/Clinical-Guidance/Practice-Advisory/Articles/2021/12/Low-Dose-Aspirin-Use-for-the-Prevention-of-Preeclampsia-and-Related-Morbidity-and-Mortality

CDC Centers for Disease Control and Prevention

CDC.gov/Vaccines/VPD/Rotavirus/Index.html

You can find further information at **ParklandHealthPlan.com/Providers/Resources**.
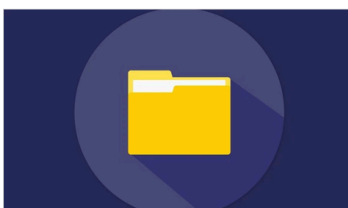
Behavioral Health

Read More →
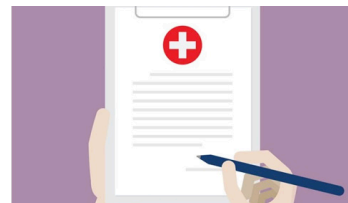
Pharmacy

Read More →

Complaints & Appeals

Read More →

Claims

Read More →

Performance Improvement Projects

PCHP is committed to offering the highest-quality care for our members; by focusing on continuous improvement, we make sure we are continuing to adapt to our members' needs.

PCHP has the following Performance Improvement Projects in progress:

- **ADD** – Improve Follow-Up Care for Children Prescribed ADHD Medication

- **PPV** – Reduce Potentially Preventable Emergency Room Visits

- **WCC** – Improve Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- **PPC** – Improve Maternal Health by Focusing on Social Determinants of Health (SDOH) and Reducing Health Disparities

- **PPA BH** – Reduce Potentially Preventable Admissions Related to Behavioral Health Conditions

How can you help impact these measures?

- **ADD** – Remember that PCHP offers behavioral health services through our third-party administrator, Carelon (formerly Beacon); for more information about referrals, please visit **https://www.carelonbehavioralhealth.com/content/dam/digital/carelon/cbh-assets/documents/ca/la-care-health-plan/pcp-referral-form-lacph.pdf**.

- **PPV** – Help us remind our members about the differences between walk-in clinics, urgent care, and the emergency room as well as the importance of having a relationship with their PCP. For further information, visit **ParklandHealthPlan.com/Living-Well/Blog/Articles/When-To-Go-To-The-Emergency-Room-vs-Urgent-Care/**.

- **WCC** – Remember that PCHP offers nutritionist services, including more than 70 providers specialized in nutrition, to which you can refer our members. To find information about these providers, go to ParklandHealthPlan.com/Members/Provider-Directory/. PCHP also offers free quarterly webinars to address issues related to healthy living, pregnancy, and other topics.

- **PPC** – A healthy pregnancy requires a comprehensive approach. This is why PCHP encourages all our providers to let our members know about the resources available to them, including nutrition services, behavioral health services, the 24-Hour Nurse Line, and vision care, among other benefits. PCHP's goal is for our members to have at least one prenatal care visit in the first trimester and one postpartum visit between 7 and 84 days after delivery.

- **PPA BH** – Coordination of care between physical and behavioral health is crucial to improving health outcomes across our communities. For this project, we are focusing on depression and bipolar disorders, as they have been identified as the two main reasons for behavioral health-related preventable admissions. For health resources and screening tools, please visit **CarelonBehavioralHealth.com/Providers/Resources/Provider-Toolkit**. ■

Medical Pay-for-Quality Program

The medical Pay-for-Quality (P4Q) Program creates incentives and disincentives for managed care organizations based on their performance on certain quality measures. Health plans that excel on meeting the at-risk measures and bonus measures may be eligible for additional funds, while health plans that don't meet their at-risk measures can lose up to 3% of their capitation rate.

For 2023, the P4Q measures for CHIP and STAR are as follows:

Please note that PCHP is working to improve each of these measures; we are also working on a Provider Profiling analysis for the performance of these specific measures. The Quality team, in collaboration with Provider Relations, will be reaching out to address any identified care gaps or outstanding performances. ■

Measure	Description	LOB
PPV	Potentially Preventable Emergency Room Visits	STAR & CHIP
PPA	Potentially Preventable Admissions	STAR & CHIP
URI	Appropriate Treatment for Children with Upper Respiratory Infection	CHIP
PPC	Prenatal and Postpartum Care	STAR
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CHIP
CIS	Childhood Immunization Status (Combo 10)	STAR & CHIP
ADD	Follow-Up Care for Children Prescribed ADHD Medication	STAR

Tip Sheets 2023

Please note that our 2023 updated HEDIS Tip Sheets have been uploaded into the Provider Portal. Each measure includes a detailed description, reported sub measures, measurement period, tips on how to improve performance, billing codes, and relevant information related to the PCHP population. ■

Medical Record Review

Medical Record Review season is now underway. Please note that PCHP has contracted Reveleer as our MRR vendor. Reveleer will be reaching out to providers on PCHP's behalf to request medical records for our HEDIS MY2022 submission. Your timely collaboration with Reveleer will be greatly appreciated as we only have a few weeks left to complete the record collection for MY2022. ■

EHR access

HEDIS performance is measured from sources including claims data, pharmacy data, lab data, and medical record review data. Improved data access brings improved outcomes.

PCHP is requesting EHR data sharing with all our providers. This involves a file exchange of data that may include demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics like age and weight, and billing information.

EHR data sharing helps us to have a more accurate picture of provider performance and care gaps, as well as improved member health outcomes, member satisfaction, payer/provider partnerships, and staff workload.

If you are interested in sharing EHR data with PCHP, please reach out to:

Jeniffer Gonzalez
Director of Quality Improvement
[Jeniffer.Gonzalez@phhs.org.](mailto:Jeniffer.Gonzalez@phhs.org)

Quality Committee Participation

PCHP is always looking for providers to participate in our Quality committees – and we offer monetary incentives to those who join a committee!

Quality Improvement Committee

Presentation on quality metrics and performances, HEDIS, EQRO, NCQA Accreditation Status, Quality of Care Updates and findings

Provider Advisory Committee

Presentation on clinical practice guidelines, performance improvement projects/ updates, and provider input on health plan operations encouraged.

Quality of Service

Presentation on topics related to service performance, networks adequacy, member satisfaction, A&G, provider satisfaction.

Utilization Management Committee

Presentation of clinical performance measures, quality of care, coordination of care, HEDIS, and population health analysis on members. Provider input and feedback on the above items encouraged.

Interested? Please email Jeniffer.Gonzalez@phhs.org.