

# Provider Newsletter

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



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# A Note from PCHP

Now that the new year is in full swing and we begin to make way for Spring (fever), I'd like to take a moment to offer my sincere thanks to each and every one of our PCHP network providers. Caring for our community members takes a heroic commitment, and we are immensely thankful to have such a dedicated network of providers in every area of clinical specialty and all cities across our seven-county service area. In return, you can be sure that you have our mutual commitment to support your managed care needs. Health plan administration is rarely instantaneous. However, you can be certain that we will always do our best to assist your practice needs through our locally staffed teams as well as our online information systems:

- ✓ Our Provider Customer Service Center is staffed locally and is available Monday through Friday from 8am to 5pm.  
**HEALTHfirst** 1-888-672-2277  
**KIDSfirst** 1-888-814-2352
- ✓ You can also reach us online through [ParklandHealthPlan.com](https://www.parklandhealthplan.com).
- ✓ The Provider Relations team will readily assist and navigate in instances where roadblocks may arise.

Again, my sincere thanks to all – here's hoping we all enjoy a healthy Spring season.



**NICK SMITH**  
*VP of Network Development and Provider Relations*  
Parkland Community Health Plan



# 2021 Recap and 2022 Strategic Focus

2021 was an eventful year at Parkland Community Health Plan! Since April 2021, PCHP has gone through a significant transformation, bringing our claims management functions in-house and partnering with Cognizant Technology Solutions to provide better support for both providers and members. Last year was filled with growth, opportunities, and accomplishments – including everything from our operational transformation and ever-expanding staff to the evolving challenges posed by the pandemic.

We continued to grow our network in 2021, adding providers across our service area. We participated in outreach events in communities across our service area, allowing us to share information about the services PCHP offers with a wider audience. And we continue to be recognized by the [State of Texas](#) for the quality care we give to members, earning five-star ratings in the following areas for 2021:

- **HEALTHfirst** (STAR Medicaid) – Women getting checkups during pregnancy
- **KIDSfirst** (CHIP) – Children and teens getting their vaccines

Our journey continues into 2022, with multiple opportunities to continue to grow and adapt as an organization. This year, we anticipate receiving interim NCQA accreditation; we'll also be kicking off our plans to enter the Health Insurance Marketplace as we look to expand into additional lines of business.

Thank you for being part of the PCHP network. We know that strong relationships with our members, providers, and community partners are vital to our success, and we look forward to your continued partnership as we work to improve the health of our community.





# Changes in Provider Information

Within 10 days of a provider information change, network providers must inform PCHP and HHSC's administrative services contractor of any changes to address, contact number(s), 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

To submit information changes or updates, thoroughly complete the [PCHP Provider Action Form](#) and email it to [PCHPProviderInfoUpdate@phhs.org](mailto:PCHPProviderInfoUpdate@phhs.org). Changes will be completed within 10-15 business days.

If you need to update or change your Tax ID, email [PCHP.ContractingDepartment@phhs.org](mailto:PCHP.ContractingDepartment@phhs.org).

To add a new provider to an existing contract or to join PCHP, complete the Prospective Provider Form and email it to [PCHP.ContractingDepartment@phhs.org](mailto:PCHP.ContractingDepartment@phhs.org).



# Provider Town Hall

Each quarter, Parkland Community Health Plan hosts a Provider Town Hall where PCHP experts provide updates and information on network operations. Important topics may include training and/or education around claims processes, prior authorizations updates, disputes/appeals, provider relations and operations, and provider data management. Most importantly, this is a space created for providers to ask questions, provide feedback, and address any open issues.

## PCHP Provider Town Hall Agenda 1st Quarter 2022

- 2021 PCHP Recap and 2022 Focus
- Provider Updates including
  - Meet your Provider Relations Team
  - Provider Access to Care 2021 Results
  - Provider Data Management
- Network Development and Growth
- Program Overview: Health Economics
- Prior Authorization Updates
- Updated Newborn Notification Process and Form



The next Provider Town Hall is scheduled for **Wednesday, March 23, from noon – 1pm.** [Click here to register](#) (registration is required to attend).



# New Medicaid Benefit: Applied Behavior Analysis (ABA) Therapy

Effective February 1, 2022, the Applied Behavior Analysis (ABA) benefit is available to Medicaid eligible youth aged 0-20 who are diagnosed with Autism Spectrum Disorder (ASD) and who are clinically appropriate for ABA services as outlined in the [HHSC policy](#). This member service includes ABA evaluation, individual treatment, group treatment, parent/caregiver training, and/or interdisciplinary team meetings.

ABA is a widely used, evidence-based therapy intervention for youth with ASD. ABA is specifically targeted to improving a youth's cognitive, language, social, and self-help skills through intensive behavior modification and reinforcement strategies. It replaces maladaptive

behavior with functional behavior, improving the youth's ability to function successfully in the home, school, and/or community. Utilization of ABA does not prohibit a youth from receiving other available services such as, but not limited to, behavioral health therapies, occupational therapy, or speech therapy.

For additional information, please refer to our [ABA Provider Network News](#) communication.

For more information on ABA benefits including the diagnostic and evaluation process, treatment planning and documentation requirements, covered CPT codes, and medical necessity criteria, please see the [HHSC ABA policy](#).



# Prior Authorizations

As a matter of continuous process improvement, Parkland Community Health Plan regularly monitors the effectiveness of our managed care workflows and benefits administration in conjunction with Texas Medicaid requirements; as a result, we have made revisions to certain services found within PCHP's Prior Authorization Policy.

To view the current requirements, please visit PCHP's website.

Information about whether a service requires prior authorization, as well as the medical code, code name, code description, and effective date are included in the updated Prior Authorization Policy. The policy is periodically updated, and our website should be referenced for the most updated information.

Prior authorization is not a guarantee of payment. Even if a procedure has been prior authorized, reimbursement can be affected for a variety of reasons (e.g., the member is ineligible on the date of service (DOS) or the claim is incomplete). Providers must verify client eligibility status before providing services. In most instances, prior authorization must be approved before the service is provided. Prior authorization for urgent and emergency services that are provided after business hours, on a weekend, or on a holiday may be requested on the next business day. To avoid unnecessary denials, the request for prior authorization must contain correct and complete information,

including documentation of medical necessity. The following essential information is required to initiate the prior authorization process:

- Member name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider's National Provider Identifier (NPI)
- Rendering provider's name
- Rendering provider's National Provider Identifier (NPI)
- Rendering provider's Tax Identification Number
- Service requested — Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

Prior authorization requests can be completed on PCHP's [secure Provider Portal](#) or by faxing the [Texas Standard Prior Authorization Request Form for Health Care Services](#) form to 1-844-303-1382.

# NEMT Services Available to Medicaid Members

Access2Care provides cost-effective, nonemergency medical transportation services to Medicaid-eligible clients who are without transportation.

- Access2Care provides a variety of transportation services for demonstrated medical necessity including via bus, taxi, van service, or airplane.
- Access2Care may pay for an attendant with a documented request demonstrating medical need, for a minor, or to accommodate a language barrier.
- Access2Care will reimburse gas costs if the member has an automobile but no fuel funds.
- To arrange for transportation services, please contact Access2Care at 1-833-931-3844.



# Medical Record Review Notice

We collect HEDIS data annually to support our role in overseeing the quality of care provided to our members, improve the health of our members, and meet CMS federal requirements. Provider participation is essential to the success of this process.

Parkland Community Health Plan has contracted with Change Healthcare to collect and abstract the charts required for HEDIS measure reporting. Change Healthcare will contact your office to schedule onsite, remote access, or fax/mail medical record collection between **February 1 and May 5, 2022**.



If you need further information about this subject, please contact:

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

# HEDIS Provider Tip Sheets

Parkland Community Health Plan has developed a series of HEDIS Tip Sheets for all providers. These tip sheets are a helpful resource for finding important information about HEDIS measures, coding, and best practices. HEDIS tip sheets are available on the [Provider Portal](#).



# Quality Improvement Program

Parkland Community Health Plan is committed to quality improvement in order to offer a positive experience for our members and partners. PCHP providers play an instrumental role in our Performance Improvement Program, as you are the face of the health plan for our members.

It is our mission to be the plan of choice for providers and members across North Texas through our Triple Aim approach:

- **Patient Experience:** Improving our individual patients' healthcare experience
- **Better Outcomes:** Increasing our quality of care and our patients' well-being across our entire member population
- **Efficiency:** Reducing costs and waste

We also extend this focus to include a "Quadruple Aim" of provider satisfaction and prioritizing our provider relationships.

## What is quality?

Quality health care means doing the right thing, at the right time, in the right way, for the right person – and having the best possible results. Although we would like to think that every health plan, doctor, hospital, and other provider gives high-quality care, this is not always so. Quality varies for many reasons. The Quality Improvement Program is tailored to the unique needs of the membership in terms of age groups, disease categories, and special risk status.

PCHP complies with all state and federal requirements regarding Quality Improvement (QI). The QI program is overseen by the governing board and committees whose membership broadly represents the network of participating providers and members. Clinical practice guidelines summarize evidence-based management and treatment options for specific diseases or conditions. They are based on scientific clinical and expert consensus information from nationally recognized sources and organizations, national disease associations, and peer-reviewed published literature.

Provider participation in PCHP forums and programs makes a difference for our members – at Parkland Community Health Plan, we believe a healthy community starts with strong partnerships.



# Quality Improvement Program

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## PCHP Provider Forum

The PCHP Provider Forum is open to all providers and offers continuing education credit. The invitation for each forum will be posted on the PCHP Provider Portal and PCHP's social media pages two weeks prior to the event.

2022 PCHP Provider Forum dates:

- May 19
- August 18
- November 17

To view a list of PCHP's upcoming events for both members and providers, [click here](#).

You can also follow PCHP on social media:



## 2022 Performance Improvement Projects and Programs

Ongoing Performance Improvement Projects

- Reduce Potentially Preventable Emergency Room Visits
- Improve Follow-Up Care for Children Prescribed ADHD Medication
- Healthy Living (Weight Management and Physical Activity)
- Improve maternal health by focusing on social determinants of health (SDOH) and reducing health disparities

Other Programs

- Managing Multiple Chronic Conditions (for diabetes and asthma)
- Coordination of Care Between Physical and Behavioral Health
- Stress Management
- Tobacco Cessation



## Clinical Practice Guidelines

Clinical practice guidelines summarize evidence-based management and treatment options for specific diseases or conditions. Practice guidelines are developed nationally and adopted locally through the Provider Advisory Committee, which includes practicing physicians who participate in the plan. This group also suggests topics for guideline development, based on relevance to enrolled membership, with high-volume, high-risk, problem-prone conditions as the first priority.

Clinical practice guidelines can be accessed on the [PCHP website](#) and the [PCHP Provider Portal](#). Providers can also request copies of the clinical practice guidelines by calling the PCHP Provider Services Call Center:

- **Parkland HEALTHfirst**  
(STAR Medicaid): 1-888-672-2277
- **Parkland KIDSfirst**  
(CHIP/CHIP Perinate): 1-888-814-2352

# Pharmacy Corner

## Pharmaceutical Management Procedures

Pharmaceutical Management Procedures can be accessed on the [Navitus website](#). Providers can request to receive these procedures by email, fax, or mail by contacting the Navitus Texas Pharmacy Provider Hotline at 1-877-908-6023.

For more information, visit [PCHP's Pharmacy Resource](#) page on our website.

## Texas Medicaid Prior Authorization (PA) Process and Dispensing

### 72-Hour Emergency Fills

Navitus processes all Texas Medicaid pharmacy prior authorizations (PAs) for PCHP. Medications that require PA will undergo an automated review to determine if the PA criteria are met.

1. If all criteria are met, the claim will be approved and paid, and the pharmacy will continue with the dispensing process.
2. If the automated review determines that not all criteria are met, the claim will reject, and the pharmacy will receive a message indicating that the drug requires prior authorization. The pharmacy should then contact the prescriber to initiate the PA process. HHSC requires that a 72-hour emergency supply of a prescribed drug be provided only in cases where all of the following criteria are met:
  - PA is required
  - The provider is not available to submit the PA request
  - The medication is needed immediately

This requirement applies to non-preferred drugs on the Preferred Drug List (PDL) and/

or any drugs subject to a clinical PA. This procedure should not be used for routine and continuous overrides, to circumvent step therapy requirements, or for nonemergency medications. This override can be used more than once only if the provider remains unavailable to submit the PA request and reasonably good-faith efforts have been made to contact the prescribing provider. Pharmacists should assist their patients by notifying and following up with the prescriber for such PA requests. Pharmacists should use their clinical discretion in determining when an emergency supply should be dispensed prior to the PA request. A 72-hour emergency supply is warranted when a medication is needed immediately, without delay (e.g., antibiotics, asthma, etc.). Medications that do not meet the 72-hour emergency supply may include those that do not have an immediate impact (e.g., acne, hepatitis C, and cholesterol treatments). Pharmacies may download 72-hour emergency override instructions from [www.txvendordrug.com/resources/downloads](http://www.txvendordrug.com/resources/downloads).

## Drug Formulary and Pharmaceutical Procedures

At PCHP, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the Pharmacy and Therapeutics (P&T) Committee. This committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians (both primary care physicians and specialists) and pharmacists from the PCHP/ Dallas service areas. The committee's goal is to provide a safe, effective, and comprehensive

# Pharmacy Corner

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Drug Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the committee reviews prior authorization procedures to ensure that medications are used safely and in accordance with the manufacturer's guidelines and FDA-approved indications. The committee also evaluates and addresses new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for PCHP members must be listed in the Drug Formulary/PDL. The Drug Formulary/PDL also includes an explanation of limits or quotas, any restrictions and medication preferences, and the process for generic substitution, therapeutic interchange, and step-therapy protocols. Select medications listed on the Drug Formulary/PDL may require prior authorization, as well as any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting a Medication Prior Authorization Form via fax or by calling the Pharmacy Prior Authorization Department for the plan. The drug formulary/

PDL is available online at [www.txvendordrug.com](http://www.txvendordrug.com), and printed copies may be obtained by calling the PCHP Provider Services Call Center:

- **Parkland HEALTHfirst**  
(STAR Medicaid): 1-888-672-2277
- **Parkland KIDSfirst**  
(CHIP/CHIP Perinate): 1-888-814-2352

The Drug Formulary/PDL processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are distributed to our network providers by fax and/or mail once updates are made. These changes and all current documents are posted on the [PCHP website](#).

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by PCHP within 30 calendar days of the Food and Drug Administration (FDA) notification.

An expedited process is in place to ensure that affected members and prescribing practitioners receive notification of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or phone.