

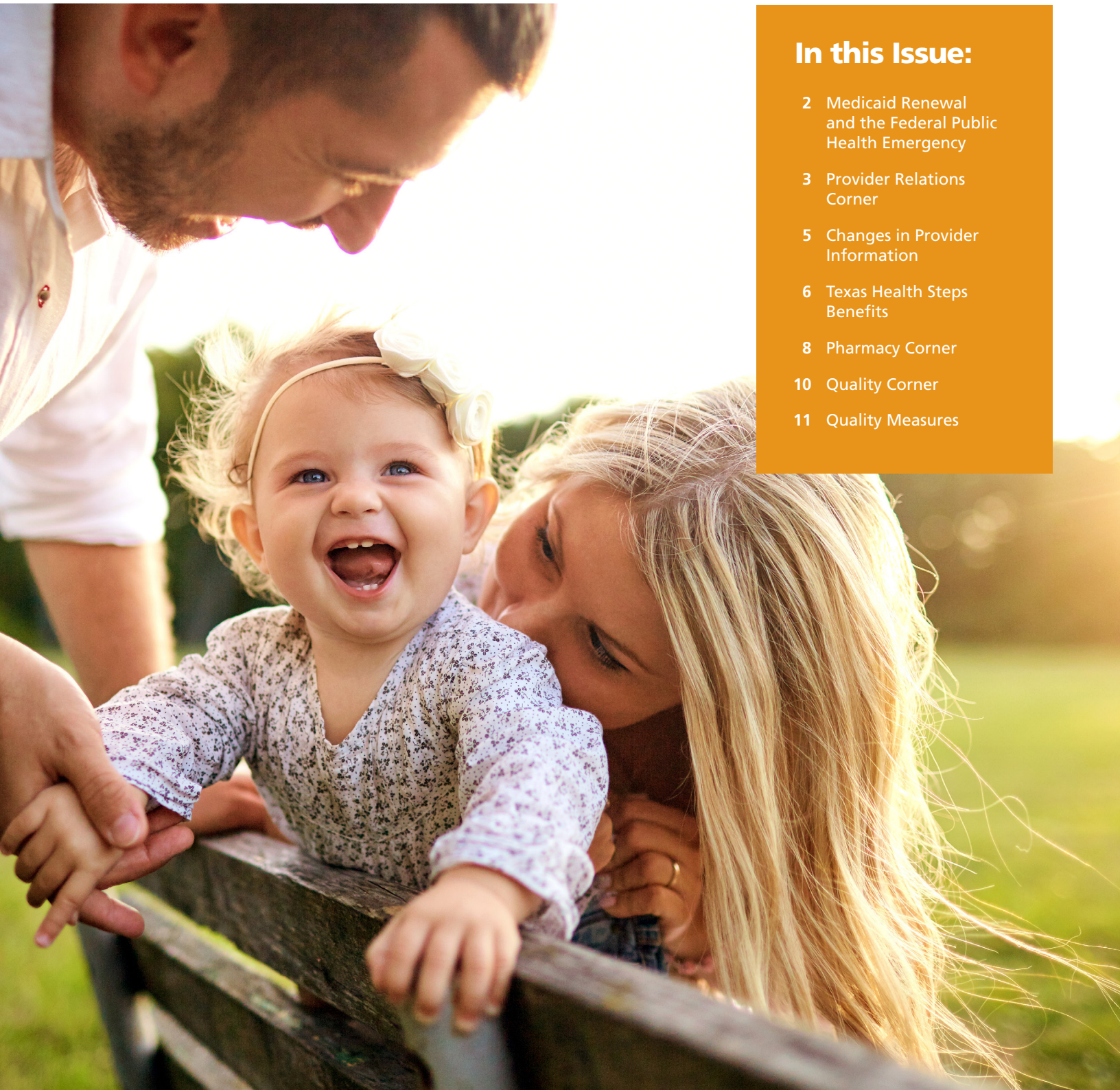


Parkland
Community Health Plan

SUMMER 2022

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 the CEO

As we enter the second half of 2022, I'd like to share a few updates on how Parkland Community Health Plan is working to improve the service we provide to members and increase PCHP's presence in our local communities and beyond.

First, I'm very pleased to report that on May 13, PCHP received an interim accreditation designation from the National Committee for Quality Assurance (NCQA). This recognition means that (with a survey score of 99.15%) PCHP officially meets industry standards for consumer protection and quality improvement. Our staff has worked very hard to get to this point – but we're not done yet! In order to receive full accreditation status by November 2023, we will continue to review and refine our processes to ensure that each one of our members is receiving the highest-quality care.

We've also been working to increase our presence in the communities we serve, sponsoring and organizing events across our service area including community fairs focused on health and safety topics, as well as webinars focused on maternal health and weight management. At these events, we've been able to connect with members (and potential members) directly, learning more about their concerns and answering questions about the service we provide across North Texas.

Since the start of the COVID-19 pandemic, we've been working to address loneliness and isolation among PCHP's pregnant members through the

Pyx Health mobile app. We were honored to be included by the Institute for Medicaid Innovation in "Medicaid Managed Care's Pandemic Pivot: Addressing Social Determinants of Health to Improve Health Equity," a compendium of 33 innovative initiatives and emerging best practices from across the U.S. You can view the report by clicking [here](#). Pyx is currently available to all pregnant members, and we are looking to expand it to other populations in the year ahead.

If you have any suggestions on how PCHP can help you provide great care to our members, we'd love to hear from you. If you're interested in joining our quarterly Provider Advisory Committee meetings, please email Jeniffer.Gonzalez@phhs.org. I also encourage you to attend our upcoming Provider Quality Forum on August 18 and our next Provider Town Hall on September 7 to share any questions or concerns you may have.

Thank you again for being part of the PCHP network and helping us bring quality care to the communities we serve.



A handwritten signature in black ink, appearing to read "John W. Wendling".

JOHN W. WENDLING
CEO
Parkland Community Health Plan

Medicaid Renewal and the Federal Public Health Emergency

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that has allowed members to automatically keep their Medicaid coverage since March 2020.

The timing of when the PHE will end is unknown, but the federal government may soon be directed to end Medicaid coverage for recipients who are not eligible but continue to be covered due to the PHE.

If patients don't respond to renewal or information requests from the state, they may lose benefits when automatic coverage ends. When they get a notice that renewal is due, they should follow the instructions to complete and return the information.

Parkland Community Health Plan (PCHP) is actively working to ensure our members are informed of the need to renew their coverage. PCHP is ready to leverage a mix of communication channels to connect members to the resources needed to do so.

Currently, patients can update their contact information with the state. **This is a critical need to ensure they receive the necessary information when the time comes for renewal.**

They can update their contact information in two ways:



Online at
YourTexasBenefits.com



Call 2-1-1
• select a language
• select option 2



Provider Relations Corner

Navigating Claim Appeals and Resubmissions: What's the Difference?

Dispute

A Dispute is an expression of disagreement with the outcome of a claim adjudication that is not a Provider Claim Payment Appeal. This includes reconsideration, resubmission, or corrected claims, including:

- Denial for no authorization obtained
- Other health insurance denial
- Claim code editing
- Duplicate claim
- Retro-eligibility
- Experimental/investigational procedure
- Claim data

vs.

Complaint

A Complaint is a written or verbal expression of dissatisfaction by a provider involving:

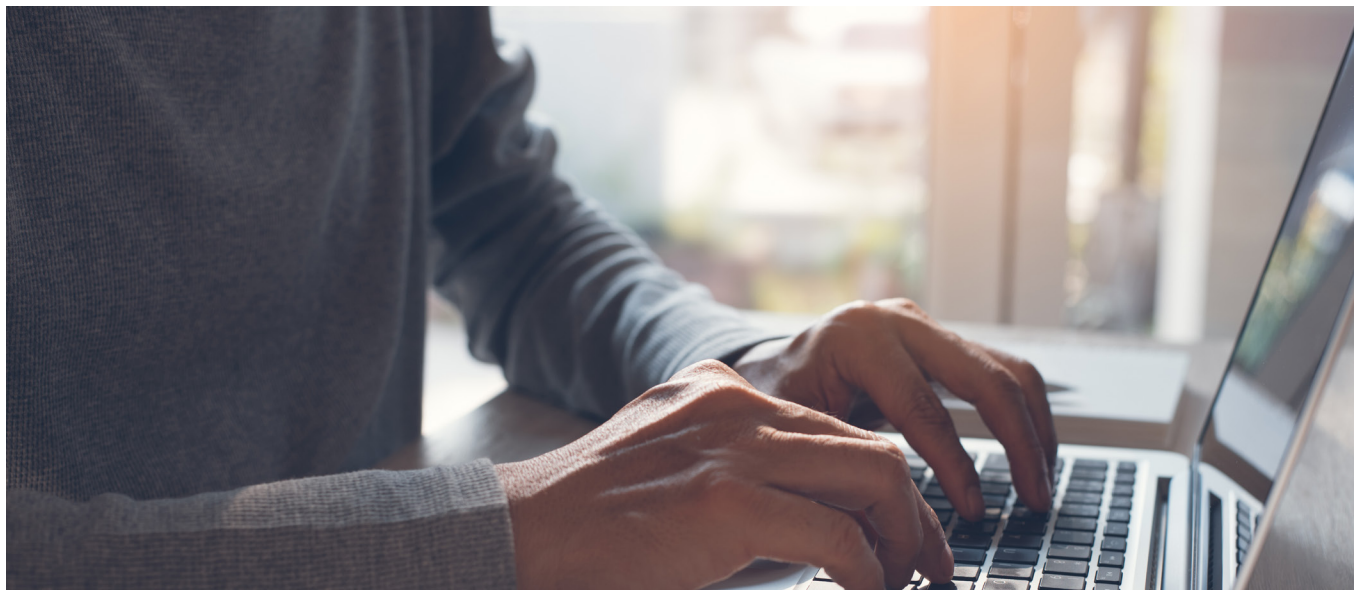
- Dissatisfaction or concerns about another physician and other professional providers
- Operation of PCHP
- Members, if the complaints are not related to a Claim Determination or Adverse Benefit Determination

vs.

Appeal

An Appeal is a request by the provider to appeal the disposition of a claim that has already been adjudicated:

- A claim for reimbursement denied or not acknowledged with reasonable promptness
- A claim that has been denied or paid differently than expected and was not resolved to the provider's satisfaction through the provider dispute process
 - Provider is a Community-Based Long-Term Services and Supports Provider and the claim is not paid or denied by the 31st day following receipt



Submitting a Claim Appeal



Electronic Submission

[PCHP Provider Portal](#)

OR



Paper/Hard Copy Submission

Complete the PCHP Provider Appeal Request Form

- Submit a copy of the Remit/EOB page on which the claim is paid or denied. Submit one copy of the Remit/EOB for each claim appealed.
- Circle all appealed claims per Remit/EOB page.
- Identify the reason for the appeal.
- If applicable, indicate the incorrect information and provide the corrected information that should be used to appeal the claim.
- Attach a copy of any supporting documentation that is required or has been requested by Parkland Community Health Plan. Supporting documentation to prove timely filing should be the acceptance report from Parkland Community Health Plan to the provider's claims clearinghouse. Supporting documentation must be on a separate page and not copied on the opposite side of the Remit/EOB.

Submit your appeals and all supporting documentation

Mail to: Parkland Community Health Plan Claims
ATTN: Appeals and Complaints
PO Box 560347
Dallas, TX 75356

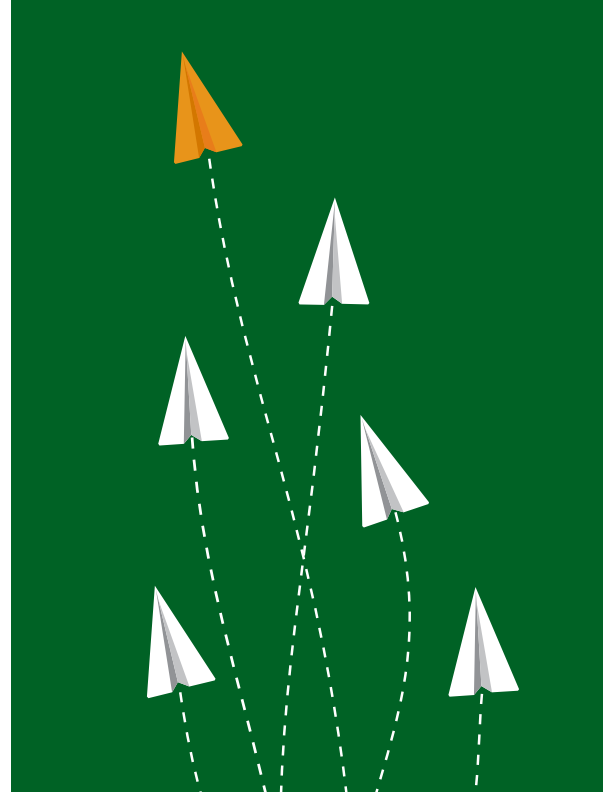
NOTES

- All claims appeals must be filled within **120 days** of date of the Explanation of Payment (EOP). Only one appeal is allowed per denial.
- It is important that you provide a detailed explanation of your reason for appeal of your claim. Failure to provide details will potentially result in dismissal of your appeal.
- Clinical Appeals on behalf of or from the member can be called in to the Call Center and/or faxed with accompanying clinical to the above fax number.
- Claim appeals can be emailed to PCHPComplianceandAppeals@phhs.org. Please include all accompanying documentation pertinent to the appeal.

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. Changes will be completed within 10-15 business days.

If you need to update or change your Tax ID, email PCHP.ContractingDepartment@phhs.org.

To add a new provider to an existing contract, or to join PCHP, complete the Prospective Provider Form and email to PCHP.ContractingDepartment@phhs.org.

Texas Health Steps Benefits

Texas Health Steps (THSteps), formerly known as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. THSteps is key to ensuring that children and adolescents receive the care they need, especially before concerns become long-term health issues.

Parkland Community Health Plan providers are required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and improve health conditions, based on certain federal guidelines.

As a provider, it is your responsibility to adhere to and understand THSteps guidelines and requirements to ensure access to the right care at the right time in the right setting.

You can find a complete list of components to meet the THSteps regulations or get additional information on PCHP's [website](#), or click [here](#) for a Texas Health Steps quick reference guide.

THSteps checkups provide routine well-child checkups to members at or before the following ages:

1 month	15 months	3-20 years: Once a Year
2 months	18 months	
4 months	24 months	
6 months	30 months	
9 months		
12 months		



Texas Health Steps Benefits

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Texas Health Steps Services for Children of Migrant Farm Workers

We need your help in identifying farmworker children (FWC) to help provide them with access to the health care services they may need.

During the past two years, if a patient's parent lived away from home for more than a few days for agricultural work and the child traveled with them, the child has been eligible for accelerated benefits. Agricultural work includes farming, ranching, or working in a processing plant to prepare crops, dairy products, poultry, or livestock for sale.

If any of your patients are part of an FWC family, please call Provider Services at 1-888-672-2277; select option 2, let us know you have identified an FWC family, and provide the patient's name, Medicaid ID number, and when the family plans to travel. Our Member Relations department will call the FWC family for additional information and assistance. Our goal is to help arrange for any services these patients may need before they travel.

Missed Appointment Referrals and Assistance Provided by the Texas Health Steps Outreach and Informing Unit

If you are seeking assistance with reaching out to patients who have missed a Texas Health Steps appointment, please contact the Texas Health Steps Outreach and Informing Unit at 1-877-THSteps (1-877-847-8377) Monday to Friday, 8am-6pm.



Pharmacy Corner

Pharmaceutical Management Procedures

Pharmaceutical management procedures can be accessed on the [Navitus website](#). Providers also can request to receive these procedures by email, fax, or mail by contacting Navitus Customer Care:

- Navitus Texas Provider Hotline (Pharmacy): 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:
 - a. PA is required
 - b. The provider is not available to submit the PA request
 - c. 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.

Pharmacy Corner

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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 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, 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.

Quality Corner



Parkland Community Health Plan is NCQA Accredited!

We are pleased to inform you that the National Committee for Quality Assurance (NCQA) Review Oversight Committee has awarded Parkland Community Health Plan interim accreditation status, effective May 13, 2022, with an expiration date of November 13, 2023. PCHP received a survey score of 99.15%. The next step for our health plan is getting full accreditation status in Fall 2023.

Behavioral Health and Nutrition Benefits

As you may know, Parkland Community Health Plan offers behavioral health and nutrition services for members.

For behavioral health referrals, please click [here](#). Our behavioral health services include care for substance use disorders, autism, ADHD, and mental health.

For members who might struggle with malnutrition or weight management issues, PCHP now has nutrition professionals in our network. Please refer the members accordingly to these professionals.

HEDIS TIP Sheets

PCHP's Quality team has developed a set of HEDIS tip sheets for your convenience; these documents include details on each of the PCHP HEDIS measures including best practices, billing codes, and measurement period details. To access the tip sheets, log into the PCHP Provider Portal and go to the Forms and Resources tab.

Upcoming Provider Quality Forum

The PCHP Quality team will be hosting its next Provider Quality Forum on **Thursday, August 18**, where we will address HEDIS Performance and Best Practices, Social Determinants of Health, and other topics. Please note that PCHP will offer one Continuing Education Training credit to all providers who attend this event.

To register, [click here](#). If you would like to add any topics to the agenda, please email Jeniffer.Gonzalez@phhs.org.

Clinical Practice Guidelines

PCHP has adopted the following clinical practice guidelines:

- Asthma & Diabetes Clinical Guidelines
- Screening for Gestational Diabetes Mellitus
- Asthma Management Guidelines
- Behavioral Health Clinical Practice Guidelines

Clinical practice guidelines can also be accessed on the PCHP website and Provider Portal, or providers can request copies by calling the PCHP Provider Services Call Center:

- **Parkland HEALTHfirst (STAR Medicaid):**
1888-672-2277
- **Parkland KIDSfirst (CHIP/CHIP Perinate):**
1-888-814-2352

2022 – 2023 Special Focus: Quality Measures

For your reference, please note that PCHP will be paying special attention to the following quality measures for the 2022-2023 plan year:

- Potentially Preventable Emergency Room Visits
- Potentially Preventable Readmissions
- Comprehensive Diabetes Care
- Follow-Up Care for Children Prescribed ADHD Medication
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Well-Child Visits in the First 30 Months of Life
- Maternal Health
- Social Determinants of Health



Do you have any questions or suggestions for the Quality team?

If so, please reach out to:

Jeniffer Gonzalez

Director of Quality Improvement

Jeniffer.Gonzalez@phhs.org

Provider Resources

Stay current on Parkland Community Health Plan newsletters, provider network updates, and other issues affecting your practice and patients – visit www.parklandhealthplan.com/providers/news/.