

# Provider Newsletter

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

## In this Issue:

- 2 Provider Town Hall Update
- 2 Provider Lunch & Learns
- 4 Changes in Provider Information
- 5 Pharmacy Corner
- 6 Value-Added Services
- 7 Claims
- 9 Billing Members
- 10 Requesting a Referral
- 11 Clinical Practice Guidelines
- 12 Social Determinants of Health
- 13 Pay-for-Quality Program
- 14 EHR Access



# A Note from PCHP

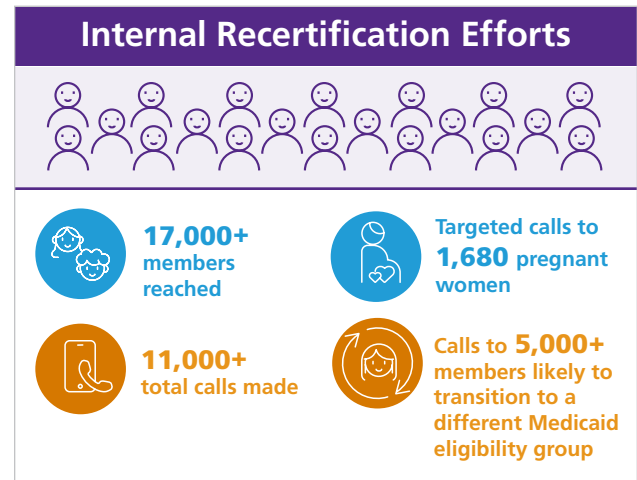
The last few years have been an ever-changing landscape for our members, providers, and Parkland Community Health Plan as a whole. Over the last three years, we have transitioned our claims management functions in-house by partnering with Cognizant Technology Solutions while managing operations during a global pandemic. With the COVID-19 Public Health Emergency ending in May 2023, the Medicaid unwinding process continues to be a huge undertaking – and we continue to ensure that eligible members are able to continue receiving their benefits while also offering our providers the support they need.

PCHP has created a variety of materials to support our providers and members throughout this unwinding period, which you can find on our website. Materials include but are not limited to:

- Flyers
- Posters
- Rack Cards
- Patient Education
- Staff Education

PCHP has achieved our initial goal of reaching approximately 10,000 members between mid-June and early August and helping them

complete applications or make in-person renewal appointments. See below for a few notable numbers:



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.

Thank you,

**NICK SMITH**  
VP of Network Development and Provider Relations

# Provider Town Hall Update

Parkland Community Health Plan hosts a Provider Town Hall each quarter. These virtual events give providers a regular opportunity to engage with PCHP staff, hear about operational updates, and get more information about specific topics. Our next Provider Town Hall is scheduled for Wednesday, Dec. 6, and registration is required.

Click here to register: <https://phhs.webex.com/webappng/sites/phhs/webinar/webinarSeries/register/2ef317f7aaca4aaa967ff91993254cbe>.



To view a list of all upcoming provider meetings, please visit [ParklandHealthPlan.com/Living-Well/Events](https://ParklandHealthPlan.com/Living-Well/Events). ■

## Provider Lunch & Learns

PCHP hosts 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.

You can access all previous Lunch & Learn presentations by logging into the PCHP Provider Portal under the Forms & Resources section (see the next page). ■

**Virtual Event - registration required**

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



**Mark Your Calendars for these upcoming sessions!**

**Noon – 1 pm**

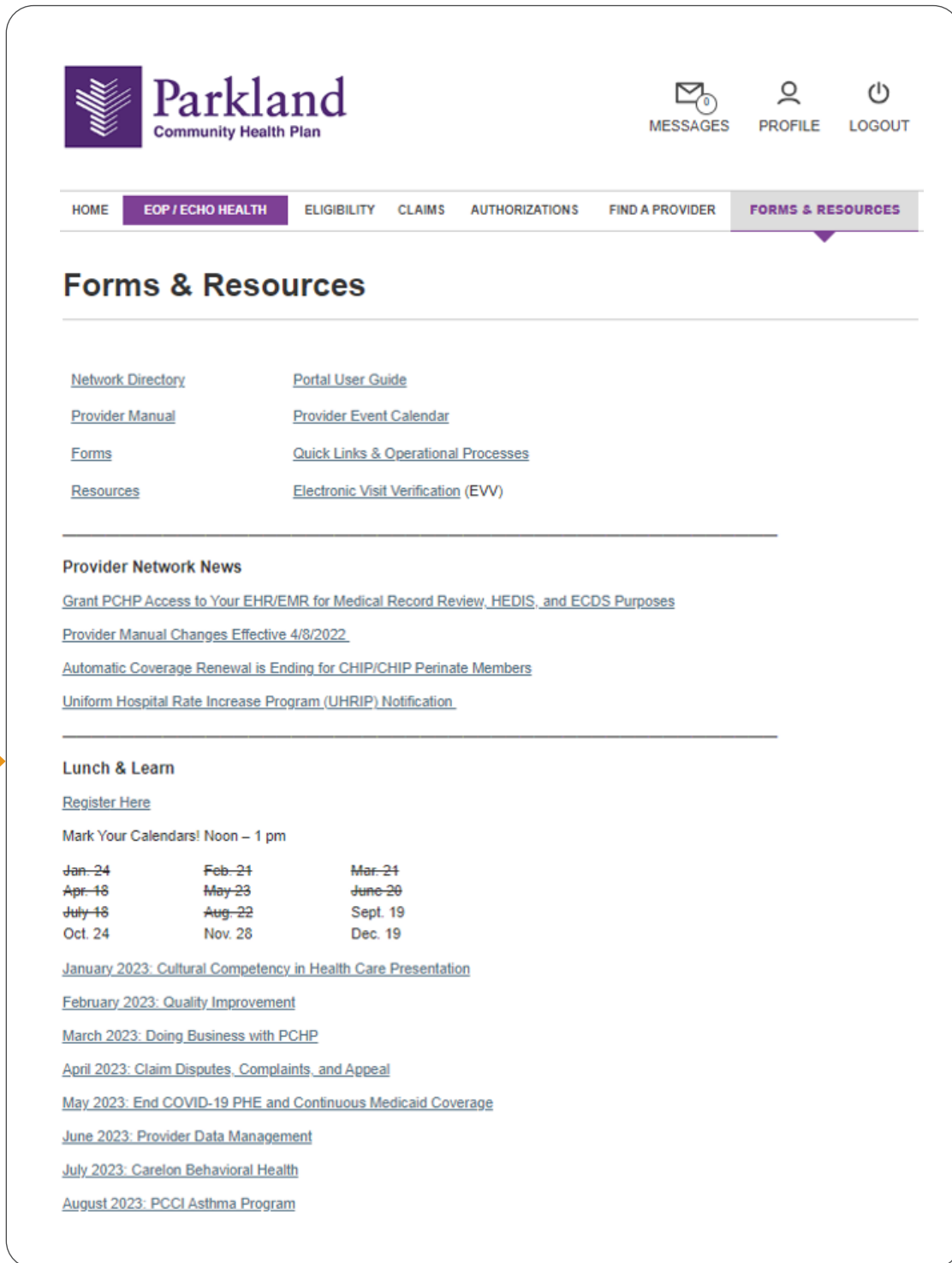
October 24, 2023  
**PCCI Pre-Term Birth Initiative**

November 28, 2023  
**Texas Health Steps**

December 19, 2023  
**Provider Relations**

# Provider Lunch & Learns

## Previous Sessions



The screenshot displays the Parkland Community Health Plan website. At the top left is the Parkland logo. To the right are navigation icons for Messages, Profile, and Logout. A horizontal menu below the logo includes links for Home, EOP / ECHO HEALTH, Eligibility, Claims, Authorizations, Find a Provider, and Forms & Resources. The 'Forms & Resources' section is active and contains several links: Network Directory, Portal User Guide, Provider Manual, Provider Event Calendar, Forms, Quick Links & Operational Processes, Resources, and Electronic Visit Verification (EW). Below this is a 'Provider Network News' section with links to various news items. An orange arrow points to the 'Lunch & Learn' section, which includes a 'Register Here' link and a calendar of events from January to August 2023.

**Forms & Resources**

[Network Directory](#)      [Portal User Guide](#)  
[Provider Manual](#)      [Provider Event Calendar](#)  
[Forms](#)      [Quick Links & Operational Processes](#)  
[Resources](#)      [Electronic Visit Verification \(EW\)](#)

**Provider Network News**

[Grant PCHP Access to Your EHR/EMR for Medical Record Review, HEDIS, and ECDS Purposes](#)  
[Provider Manual Changes Effective 4/8/2022](#)  
[Automatic Coverage Renewal is Ending for CHIP/CHIP Perinate Members](#)  
[Uniform Hospital Rate Increase Program \(UHRIP\) Notification](#)

**Lunch & Learn**

[Register Here](#)

Mark Your Calendars! Noon – 1 pm

Jan. 24	Feb. 21	Mar. 21
Apr. 18	May 23	June 20
July 18	Aug. 22	Sept. 19
Oct. 24	Nov. 28	Dec. 19

[January 2023: Cultural Competency in Health Care Presentation](#)  
[February 2023: Quality Improvement](#)  
[March 2023: Doing Business with PCHP](#)  
[April 2023: Claim Disputes, Complaints, and Appeal](#)  
[May 2023: End COVID-19 PHE and Continuous Medicaid Coverage](#)  
[June 2023: Provider Data Management](#)  
[July 2023: Caredon Behavioral Health](#)  
[August 2023: PCCI Asthma Program](#)

# 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 add/update/change your Group NPI or Tax ID, email [PCHP.ContractingDepartment@phhs.org](mailto:PCHP.ContractingDepartment@phhs.org).

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

# Pharmacy Corner



**Get a flu vaccine!** This may sound obvious – but about half of all Americans don't get vaccinated against the flu, including most children who die from the flu. Even if you get a flu vaccine and still catch the flu later, the symptoms are usually less severe than if you did not get the vaccine at all. The CDC, the American Academy of Pediatrics (AAP), and the Department of State Health Services (DSHS) all recommend that children 6 months and older get the flu vaccine, along with those who are caregivers, older adults, pregnant, or have chronic health conditions – ideally before the end of October.

**The influenza vaccine is a covered benefit for Parkland Community Health Plan members.** Members who are age 3 years and older can also receive the vaccine at a participating pharmacy. For a list of pharmacies, please visit <https://parklandhealthplan.com/members/resources>. The Texas STAR and CHIP formularies are available on the Texas Health and Human Services (HHSC) Vendor Drug Program (VDP) website at <https://www.txvendordrug.com/formulary/formulary-search>. ■

NDC	Label Name
19515081441	FLULAVAL QUAD 2023-2024 SYR
19515081452	FLULAVAL QUAD 2023-2024 SYR
33332032303	AFLURIA QUAD 2023-24 (3YR U
33332032304	AFLURIA QUAD 2023-24 (3YR U
33332042310	AFLURIA QUAD 2023-2024 VIAL
33332042311	AFLURIA QUAD 2023-2024 VIAL
49281012365	FLUZONE HIGH-DOSE QUAD 2023
49281012388	FLUZONE HIGH-DOSE QUAD 2023
49281042350	FLUZONE QUAD 2023-2024 SYRI
49281042388	FLUZONE QUAD 2023-2024 SYRI
49281063915	FLUZONE QUAD 2023-2024 VIAL
49281063978	FLUZONE QUAD 2023-2024 VIAL
49281072310	FLUBLOK QUAD 2023-2024 SYRI
49281072388	FLUBLOK QUAD 2023-2024 SYRI
58160090941	FLUARIX QUAD 2023-2024 SYRI
58160090952	FLUARIX QUAD 2023-2024 SYRI
66019031001	FLUMIST QUAD NASAL 2023-24
66019031010	FLUMIST QUAD NASAL 2023-24
70461012303	FLUAD QUAD 2023-2024 SYRING
70461012304	FLUAD QUAD 2023-2024 SYRING
70461032303	FLUCELVAX QUAD 2023-2024 SY
70461032304	FLUCELVAX QUAD 2023-2024 SY
70461042310	FLUCELVAX QUAD 2023-2024 VI
70461042311	FLUCELVAX QUAD 2023-2024 VI

# Value-Added Services

Value-added services (VAS) are added benefits or extra services offered by PCHP as a way to promote healthy lifestyles and improve health outcomes among members. All managed care plans offer a variety of VAS rewards programs to encourage their members to participate in healthy activities that not only improve their overall health but prevent future disease. VAS are offered at no additional cost to members or providers.

In addition to taking care of their health, PCHP members can earn rewards that may alleviate some of their extra medical expenses. Members earn reward points that can be used on a gift card or reward catalog items when they complete the following activities:

- Yearly health risk assessment (HRA)
- Diabetic (retinal or dilated) eye exam
- HB/A1c blood test exam
- Follow-up visits after hospital discharge
- Annual flu shot
- Well-baby checkups
- Well-adolescent checkups
- Getting ADHD and asthma medication refills

## PCHP's VAS changes for the 2023-2024 plan year:

- \$30 value to be used on either a gift card or other items from a rewards catalog for members getting their annual flu shot between the months of **September and November**
- \$20 value to be used on either a gift card or items from a rewards catalog for members getting their annual flu shot between the months of December and August.

## What do VAS programs mean for PCHP providers?

VAS programs are intended to improve and promote member health and fitness through services that are not covered by managed care plans, at no extra cost to any provider. Providers may find these programs valuable for their patients' needs outside the medical scope.

As a PCHP provider,

1. Be aware and well informed of all the VAS programs offered
2. Promote them among your their patients
3. Encourage their participation

## PCHP Member Testimonials: Value-Added Services

### Step-Up Challenge for the Whole Family!



"I wish we could participate in the Step-Up Challenge more than one time; it has motivated me and my children to be more active. I have lost 11 pounds and I'm looking forward to continuing the challenge. My kids won't walk even if I pay them, but they will walk and complete the challenge so they can earn the Google Play card!"

### Walking Helps Lose Weight



"My children lost weight by participating in the Step-Up Challenge. I can see a difference in my 10-year-old-son's weight."

### Help in a Time of Need



"My daughter has been in the hospital for the last five months. Her doctor is finally allowing me to change her clothes, but because I've been in the hospital with her, I have not been able to go and buy her own clothes. Then I thought about the rewards program and how you offer gift cards that I can use!" ■

To learn more about PCHP's VAS programs, visit <https://parklandhealthplan.com/members/benefits/>.  
Questions, suggestions, or concerns? Please email us at [PCHPVAS@phs.org](mailto:PCHPVAS@phs.org).

# Claims

## PCHP Paper Claim Submission

Providers may submit medical claims to Parkland Community Health Plan on CMS-approved paper forms (CMS-1500 or CMS-1450). To ensure timely and accurate processing of claims, **PCHP recommends claims be typed**, not handwritten. Handwritten claims are difficult to read, which can cause delays and errors in processing and result in a longer wait for reimbursement. PCHP's system may misread handwritten information on the claim, resulting in the entry of invalid information.

**Please mail paper claim forms to:**  
Parkland Community Health Plan  
Attn: Claims  
P.O. Box 560327  
Dallas, TX 75356

For more effective claims processing, paper claim forms:

1. Must be submitted on original claim forms (CMS-1500 or CMS-1450/UB-04) with dropout red ink and printed or typed (not handwritten) in a large, dark font.
2. Cannot be submitted with alterations to key billing information; we do not accept claims with information that is marked through, handwritten, or whited out.



**PCHP recommends claims be typed, not handwritten.**

**Providers are highly encouraged to submit forms electronically through one of the methods listed below:**

### Electronic (EDI) Claims Submission

Providers may submit medical claims electronically to Parkland Community Health Plan using EDI X12 837 5010 transactions.

The Parkland Community Health Plan Payer ID for electronic claims is **Payer ID # 66917**.

### TriZetto Provider Solutions: *Our Preferred Electronic Data Interchange (EDI) Source*

Parkland and Cognizant Healthcare Services, LLC (a subsidiary of Cognizant Technology Solutions) are partners. Part of that business venture includes encouraging our providers to submit electronic claims through Cognizant's TriZetto Provider Solutions (TPS).

TPS is more than just a clearinghouse. It provides exceptional service by combining enhanced provider solutions with superior client support. TPS is Parkland's preferred EDI connection.

If you would like to connect directly to TPS at no cost, please complete [this form](#).

If you already use a clearinghouse, such as Availity, Office Ally, Emdeon, or Claim Logic, your claims will be sent to Parkland. There will be no changes, and you do not need to complete the form.

For more information, please email [TTPSSupport@cognizant.com](mailto:TTPSSupport@cognizant.com).

### TexMedConnect

Claims may be submitted electronically to TMHP through TexMedConnect on the TMHP website at [www.tmhp.com](http://www.tmhp.com). ■



## Submitting Corrected Claims

A corrected claim is a claim that has already been processed, whether paid or denied, and is resubmitted with additional charges, different procedure or diagnosis codes, or any information that would change the way the claim originally processed.

Claims returned requesting additional information or documentation should not be submitted as corrected claims. While these claims have been processed, additional information is needed to finalize payment.

When submitting an electronic corrected claim via your clearinghouse, the TMHP Claims Portal, or in writing, use the Bill and Frequency Type codes listed below:

- 7-Replacement of Prior Claim
- If you have omitted charges or changed claim information (diagnosis codes, dates of service, member information, etc.), resubmit the entire claim, including all previous information and any corrected or additional information. Hospitals and facilities should include the 7 in the third digit of the Bill Type. Physicians should submit with a Frequency Type code of 7.
- 8-Void/Cancel of Prior Claim

If you have submitted a claim to Parkland Community Health Plan in error, resubmit the entire claim. Hospitals and facilities should include the 8 in the third digit of the Bill Type. Providers should submit with a Frequency Type code of 8. If the claim was paid, resubmit the claim to PCHP via paper and attach a check for the amount that was paid in error.

When submitting a paper corrected claim, follow these steps:

- Submit a copy of the remittance advice with the correction clearly noted.
- Ensure you use the proper frequency code in block 22
- Boldly and clearly mark the claim as "Corrected Claim." Failure to mark your claim appropriately may result in rejection as a duplicate.

**Note: PCHP does not consider a corrected claim to be an appeal. Providers requesting reconsideration of a previously processed claim (whether paid or denied) must file the request using the PCHP Provider Appeal process.**

Corrected claims must be submitted within 120 days from the date of the provider's EOP. If providers have questions regarding submitting corrected claims through PCHP's Claims Portal, they should call PCHP's Provider Services Department at **1-888-672-2277** (STAR Medicaid Claims) or **1-888-814-2532** (CHIP Claims). ■

# Billing Members

**Copay Amounts for CHIP Members:** During the COVID-19 public health emergency, the Texas Health and Human Services Commission (HHSC) waived copays for Children’s Health Insurance Program (CHIP) medical office visits. This waiver ended on May 11, 2023, with the exception of mental health and substance use disorder outpatient office visits and COVID-19-related office visits for COVID-19 vaccines, testing, and treatment. For CHIP medical office visits scheduled on or after May 12, 2023, providers may begin collecting copays.

**Copay Amounts for STAR Medicaid:** There are currently no copayments for STAR Medicaid members. Copayments may be instituted by HHSC at a later date.

**Collecting From or Billing CHIP Members for Copay Amounts:** To encourage responsible use of health care services, families are required to share in the CHIP program’s cost by paying small copays. Cost sharing guidelines include the following:

- Information about copays and annual reporting caps is based on family income; the CHIP member ID card shows the member’s copay amount.
- Members must report to Texas CHIP when they or their family reach the annual reporting cap; once the cap is met, the member will be issued a new ID card.
- Upon verbal notification from the member or presentation of an ID card showing the cost-sharing limit has been met, no copay is collected from the member for the balance of the year.

**Cost-sharing guidelines require that providers:**

- Only bill for valid, unpaid copays and noncovered services received by the member.
- Promptly refund member overpayments if an incorrect copay was collected for covered services.
- Not collect additional payment once the copay is made.
- Verify eligibility and copay amounts by calling Provider Services at **1-888-672-2277** (STAR Medicaid claims) and **1-888-814-2352** (CHIP claims).

**Cost-sharing exemptions include the following:**

- Preventive health care services such as well-child exams, immunizations, and pregnancy-related services.
- Enrollment fees and copays do not apply to CHIP Perinate and CHIP Perinate newborn members.
- Copays may not be collected in excess of the cost of a covered service.

Except as specifically indicated in the Medicaid benefit descriptions, a provider 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. It is always important to verify a member’s eligibility prior to rendering services. Make sure to contact PCHP’s Provider Services at **1-888-672-2277** (STAR Medicaid eligibility) and **1-888-814-2352** (CHIP eligibility). For more information, please refer to the Texas Medicaid Provider Procedures Manual found at [TMHP.com/resources/provider-manuals/TMPPM](https://www.tmhpp.com/resources/provider-manuals/TMPPM). ■

# Requesting a Referral

A referral is appropriate when a provider determines medically necessary services, including substance abuse treatments, are beyond the scope of the PCP's practice or it is necessary to consult or obtain services from other in-network specialty health professionals, unless the situation is one involving the delivery of Emergency Services. Information is to be exchanged between the PCP and specialist to coordinate care of the patient to ensure continuity of care.

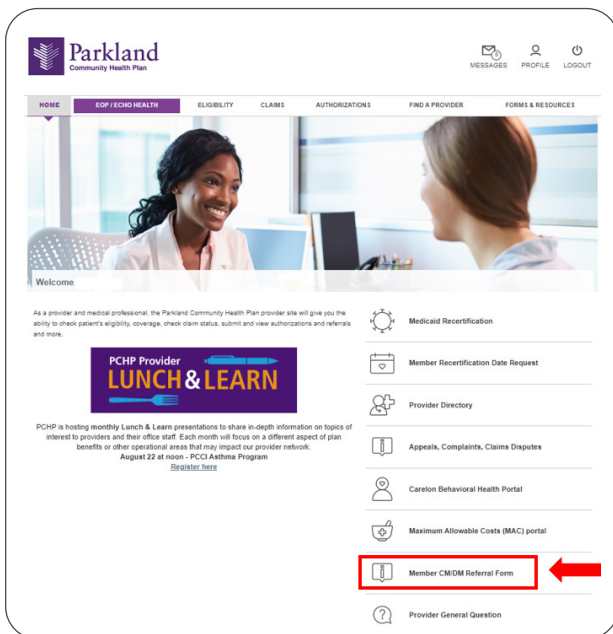
Providers need to document in the patient's medical record any referrals that are made. Documentation needs to include the specialty, services requested, and diagnosis for which the referral is being made. Providers should direct PCHP Members to health professionals, hospitals, laboratories, and other facilities and providers that are contracted and credentialed with PCHP Medicaid and CHIP. In the case of urgent and emergency services,

providers may direct members to an appropriate service including but not limited to primary care, urgent care, and Emergency Services. There may be circumstances in which referrals may require an out-of-network provider. Prior authorization will be required from PCHP except in the case of Emergency Services.

PCPs can refer a member to an in-network specialist for consultation and treatment without a prior authorization request to PCHP.

If the PCP believes that a member needs to be referred to an out-of-network provider, including medical partners not contracted with PCHP, documentation demonstrating the need must be submitted to PCHP for review and prior authorization before the referral can occur. There must be documentation of coordination of referrals and services provided between the primary care provider and specialist.

Members with disabilities, special health care needs, or chronic or complex conditions have the right to designate a specialist as their PCP as long as the specialist agrees. ■



# Quality Corner

## Clinical Practice Guidelines

PCHP is dedicated to the delivery of quality, cost-effective health care for our Members. You can find our 2023 Clinical Practice Guidelines at <https://parklandhealthplan.com/providers/resources>.

These general guidelines are intended to support our health care team and serve as a resource to our providers; they are not intended to substitute for clinical judgment in individual cases. ■

### Did you know?

The PCHP offers Behavioral Health Services via our vendor, Carelon – for more information, visit <https://www.carelon.com>.

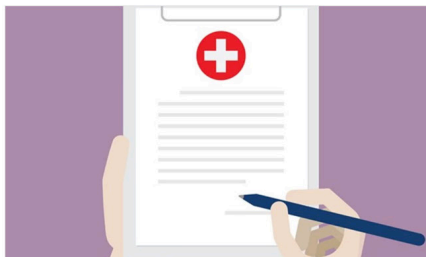
Additionally, we also offer nutrition services through more than 90 providers in our network – for more information, visit <https://parklandhealthplan.com/members/provider-directory>. ■

You can find further information at [ParklandHealthPlan.com/Providers/Resources](https://ParklandHealthPlan.com/Providers/Resources).



Behavioral Health

[Read More](#) →



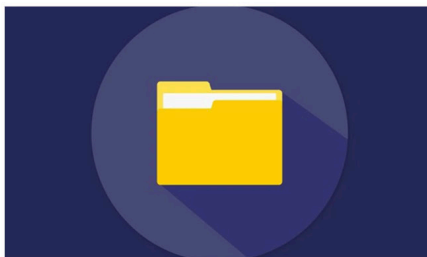
Pharmacy

[Read More](#) →



Vision

[Vision](#) →



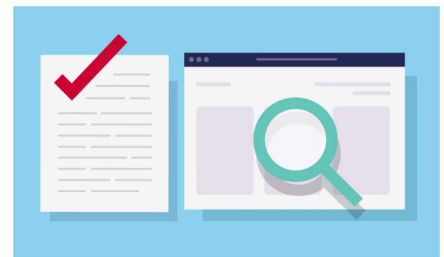
Claims

[Read More](#) →



Complaints & Appeals

[Read More](#) →



Prior Authorization

[Read More](#) →

# Social Determinants of Health

Social determinants of health (SDOH) are the environmental conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These include:

- Religious attendance/spiritual experiences
- Stress
- Food security
- Housing
- Discrimination (including healthcare discrimination)
- Loneliness
- Social support
- Neighborhood environment/safety
- English proficiency

SDOH also contributes to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers their life expectancy relative to people who do have access to healthy foods.



Just promoting healthy choices won't eliminate these and other health disparities. Instead, PCHP offers resources to our members to assist with food transportation, childcare, and housing needs via Findhelp. Findhelp is a social service organization that directly connects people to local programs and organizations offering assistance. The online directory is free, easy to use, and private – there's no need to log in or sign up first.

All our providers are invited to use Findhelp to help members get assistance with:

- Food
- Housing
- Transportation
- Health care
- Baby supplies
- Childcare
- Workplace training
- Education
- Legal issues and more!

To find available resources, visit [findhelp.parklandhealthplan.com](https://findhelp.parklandhealthplan.com).

## Documenting Z-Codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM diagnosis codes used to document SDOH data (housing, food insecurity, transportation, etc.). ■

Z Code Categories
<b>Z55</b> – Problems related to education and literacy
<b>Z56</b> – Problems related to employment and unemployment
<b>Z57</b> – Occupational exposure to risk factors
<b>Z58</b> – Problems related to physical environment
<b>Z59</b> – Problems related to housing and economic circumstances
<b>Z60</b> – Problems related to social environment
<b>Z62</b> – Problems related to upbringing
<b>Z63</b> – Other problems related to primary support group, including family circumstances
<b>Z64</b> – Problems related to certain psychosocial circumstances
<b>Z65</b> – Problems related to other psychosocial circumstances

*This list is subject to revisions and additions to improve alignment with SDOH data elements.*

# 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 percent of their capitation rate.

Please note that PCHP is working to improve each one of these measures; we are also working on provider profiling analysis on 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. ■

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

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

# Coordination of Care

Our latest member and provider surveys indicate that we have an opportunity to improve the coordination of care.

A study published in the *Journal of Family Practice* shows that sustained continuity of care improves the quality of care by improving receipt of preventive services, decreasing hospitalizations and emergency department use, and showing increased patient satisfaction, especially for those with chronic conditions.

Among preventive medicine and general health practitioners, continuity of care results in improved appointment follow-through, hypertension outcomes, identification of bacterial meningitis, and prescription compliance. Continuity of care has a notably positive impact on preventing or reducing physical, mental, and social disabilities and reduced aggregate healthcare spending.

Research has shown that continuity of care leads to patients being more likely to follow medical advice and utilize preventative care such as immunizations or cancer screening, and it is associated with lower mortality rates.

Source: <https://www.admere.com/amr-blog/continuity-of-care-improving-patient-outcomes>

PCHP will be launching a Performance Improvement Project to address this topic; if you have any feedback about the topic or you are interested in participating in this project, please contact [Jeniffer.Gonzalez@phhs.org](mailto:Jeniffer.Gonzalez@phhs.org). ■

# EHR Access

HEDIS performance is measured with claims data, pharmacy data, lab data, and medical record review data – and improved data access brings improved outcomes.

PCHP is requesting EHR data sharing with all our providers; this is 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.

This data sharing helps us to get a more accurate picture of provider performance and care gaps while improving member health outcomes, member satisfaction, payer/provider partnerships, and staff workload.

If you are interested in sharing EHR data with PCHP, please email Jeniffer Gonzalez at [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](mailto:Jeniffer.Gonzalez@phhs.org).



**Parkland**  
Community Health Plan

## Provider Resources

Stay up to date on Parkland Community Health Plan newsletters, provider network updates, and other issues affecting your practice and patients – visit [www.parklandhealthplan.com/providers/news/](http://www.parklandhealthplan.com/providers/news/).