Parkland
Community Health Plan

Parkland Community Health Plan

Provider Toolkit

Provider Call Center

HEALTH*first* – 1-888-672-2277

KIDS*first* – 1-888-814-2352

TEXAS Health and Human Services

CHIP

TEXAS STAR
Your Health Plan ★ Your Choice

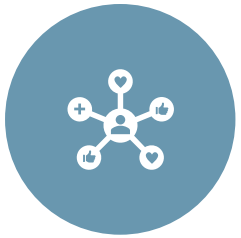
As a result of this training, you will be able to:

- 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
- Gain awareness of PCHP's 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
- Be aware of helpful provider resources and tools

Overview

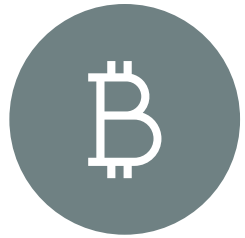
PCHP Contracts with Texas Health and Human Services Commission (HHSC) to provide Medicaid managed care and CHIP in the Dallas service area

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: ▪ 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: ▪ 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.

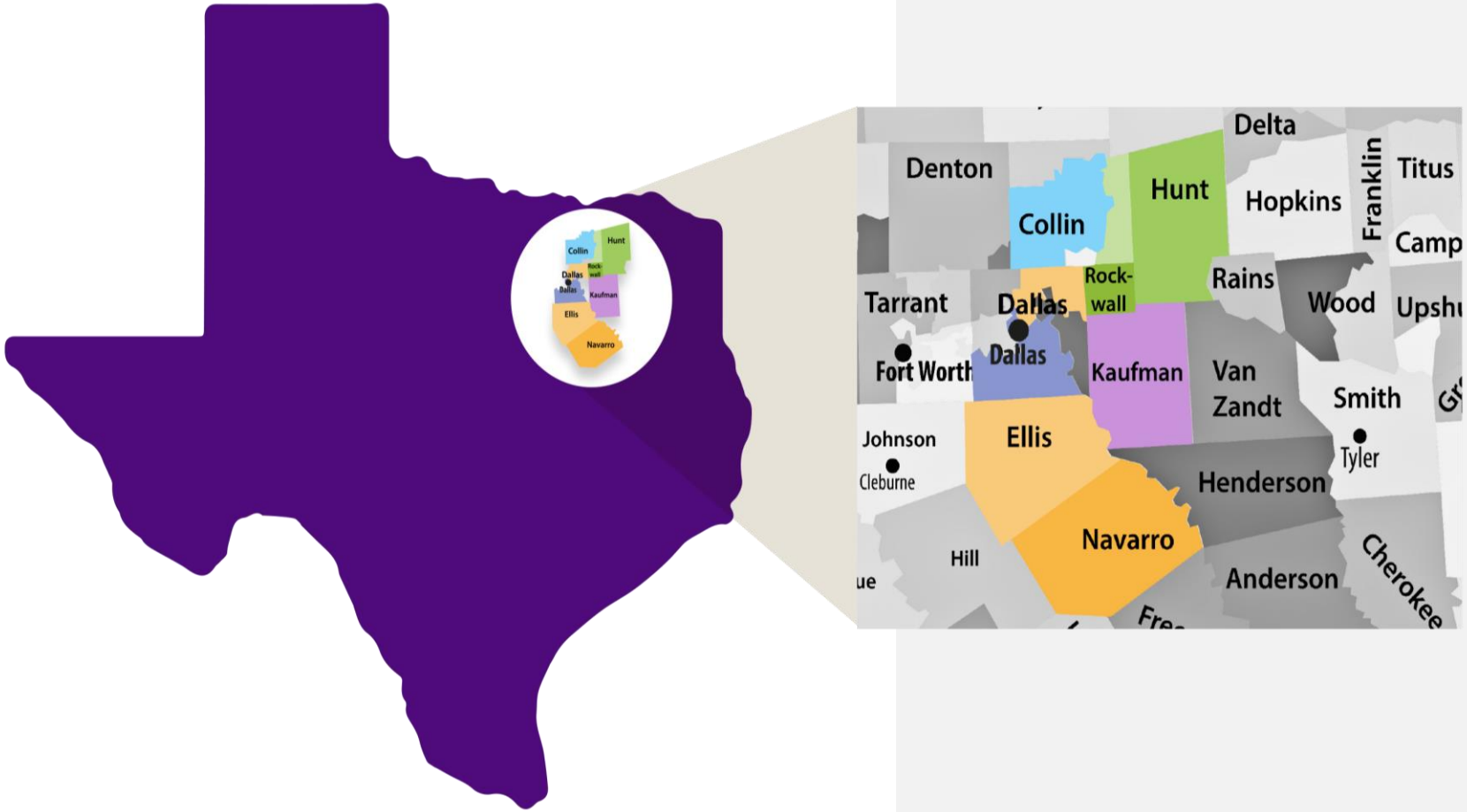
Bringing Awareness to Our Community

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's Health Insurance Program (CHIP) information to their employees.

Dallas Service Area – 7 Counties

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



Updated September 2024

PCHP Programs

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

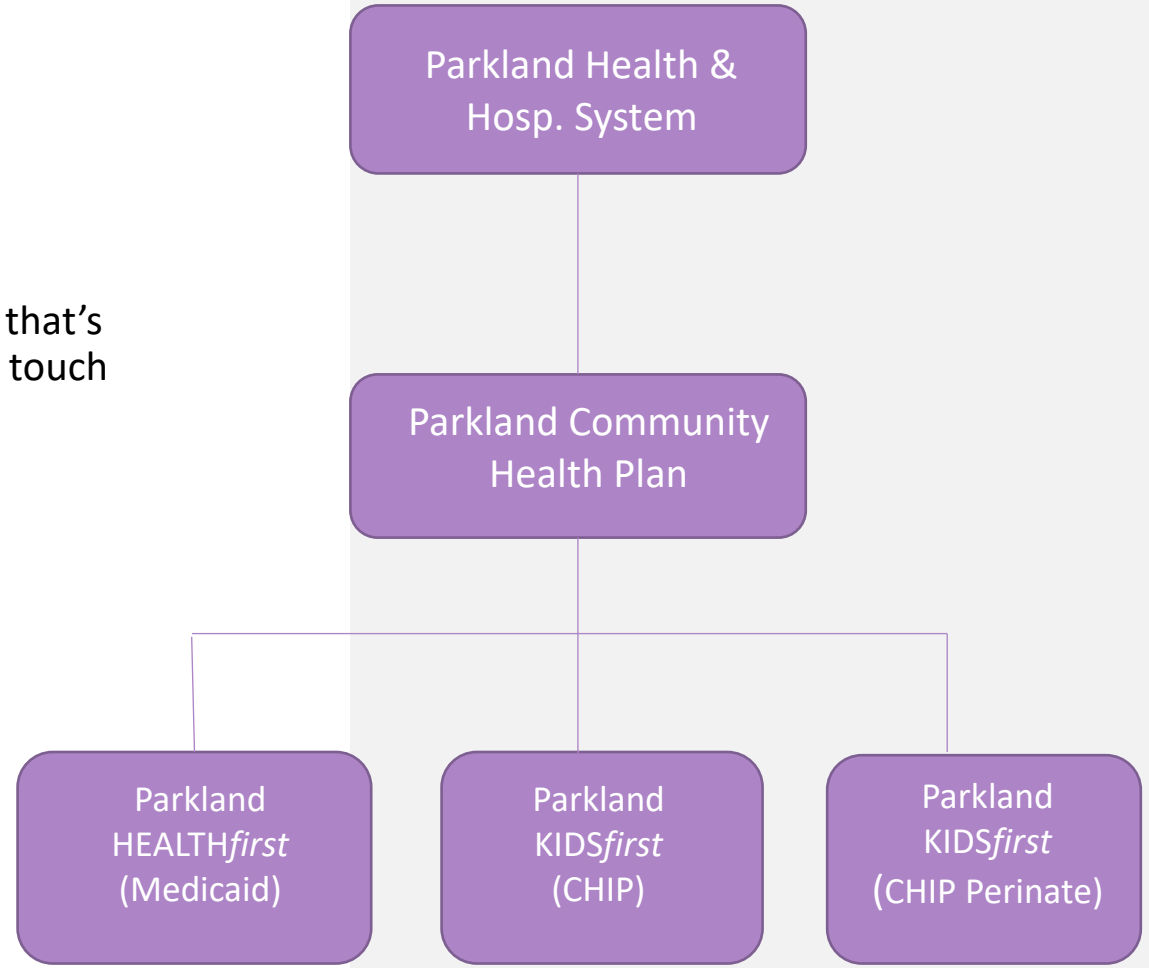
Parkland
Community Health Plan

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 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.



Updated September 2024

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 PCHP 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)

- Use of contracted lab services
- 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 Avēsis Vision
  - Therapeutic optometry – in-network providers only; excludes surgery
  - Behavioral health – coordinated through Carelon Behavioral 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 healthcare 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

- Access2Care provides nonemergency medical transportation services to Medicaid eligible clients that have no transportation by the most cost-effective means.
  - 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.

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

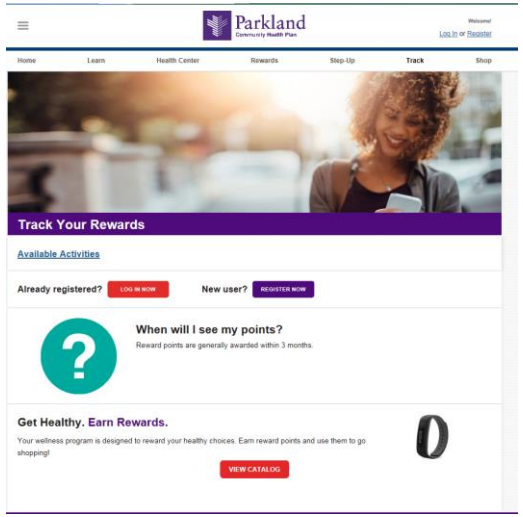
- www.ParklandHealthPlan.com – PCHP's website is where members can sign up for Member Portal access and value-added services like sports physicals and free car seats.

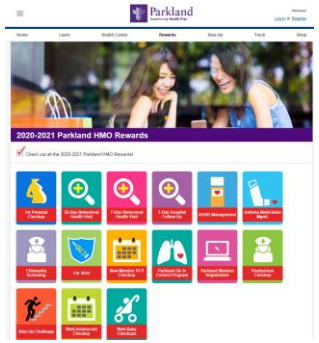
- https://memberwell.com/pchprewards/ – PCHP's rewards portal is where members can sign up to redeem their points for rewards.

To redeem rewards: Contact the Parkland Rewards Program online at https://memberwell.com/pchprewards or by phone at 1-855-651-5093 (TTY: 1-844-488-9731).

Member Rewards

- https://memberwell.com/pchprewards
- 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
- Get Active Challenges
- Annual Flu Shot
- Rewards for follow-up visit after a hospital discharge
- New first-time member rewards
- Member Portal Sign Up
- Texas Health Steps and Well-Child Checkups
- Behavioral Health Checkups

Member Eligibility & Enrollment

Parkland
Community Health Plan

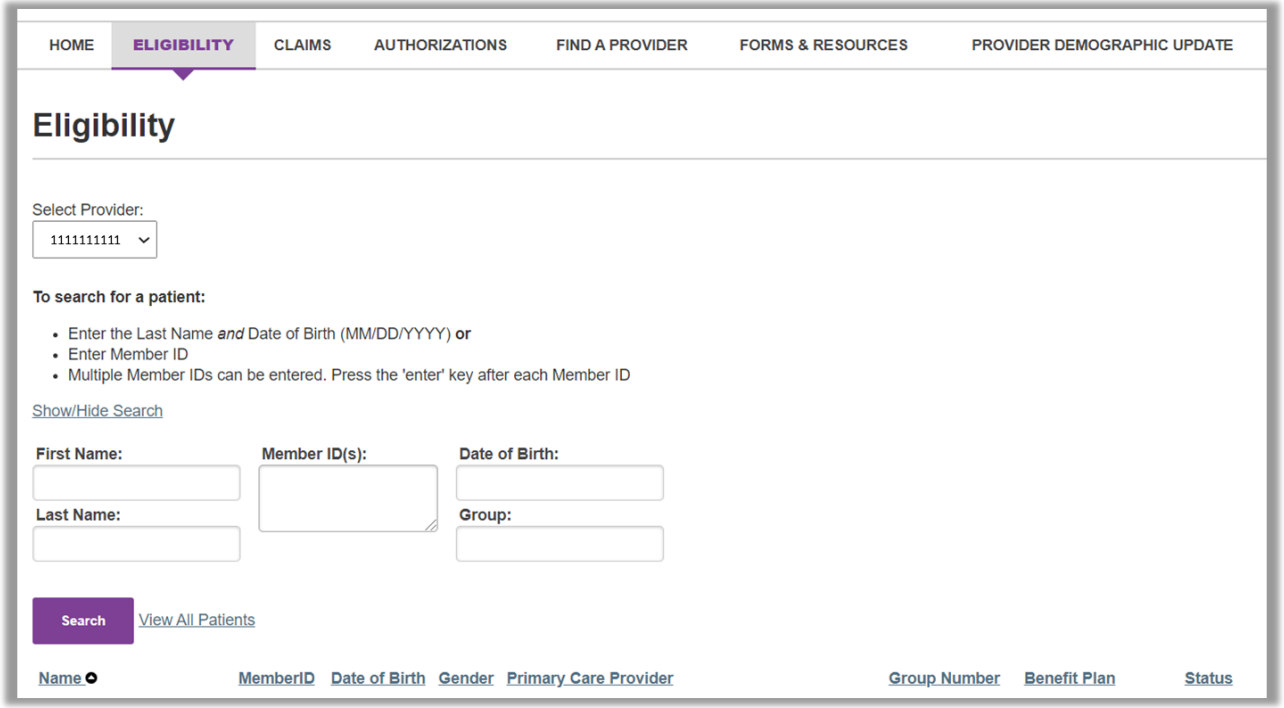
Get Verified!

Member Eligibility Verification

- Use the Parkland Community Health Plan Provider Portal to verify a member's eligibility
  - www.ParklandHealthPlan.com

- Parkland HEALTH*first*
  - 1-888-672-2277

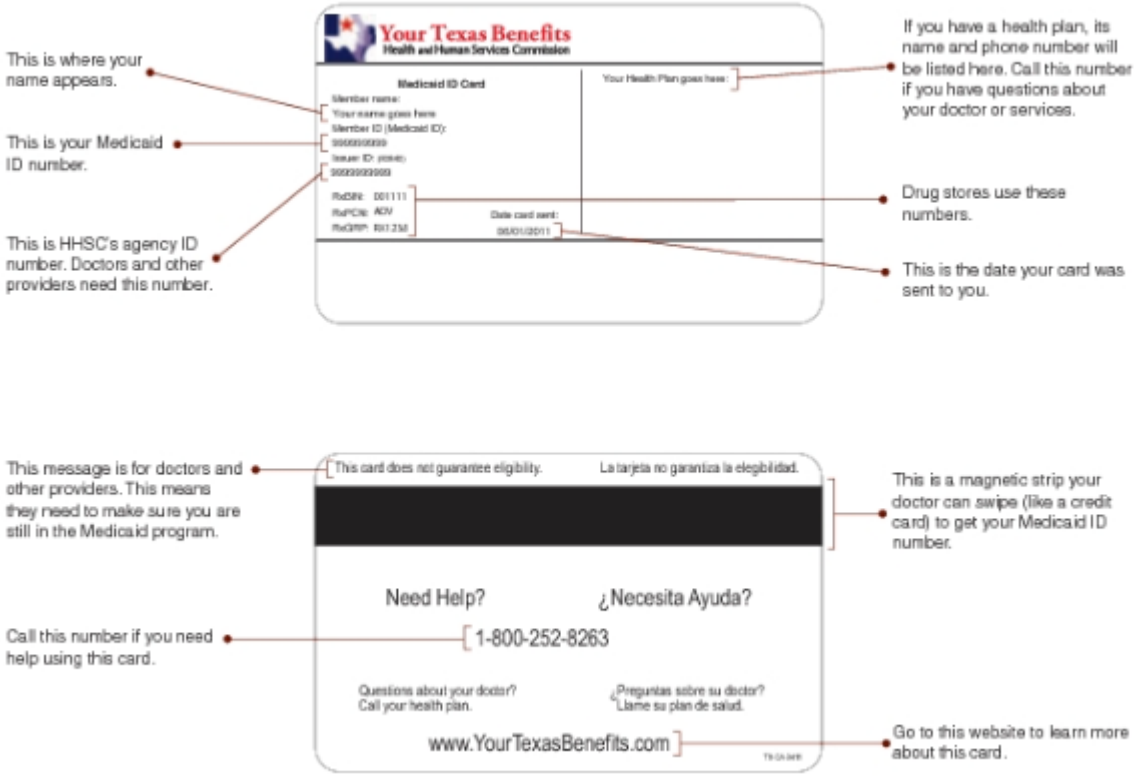
- Parkland KIDS*first*, Parkland CHIP Perinate, Parkland CHIP Perinate Newborn
  - 1-888-814-2352
  - Option #5 to speak with a representative



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.
- A 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. Access the PCHP Provider Portal through www.ParklandHealthPlan.com **or**
    3. Use TexMedConnect on the TMHP website: www.tmhp.com



Updated September 2024

Parkland HEALTH*first* ID Card

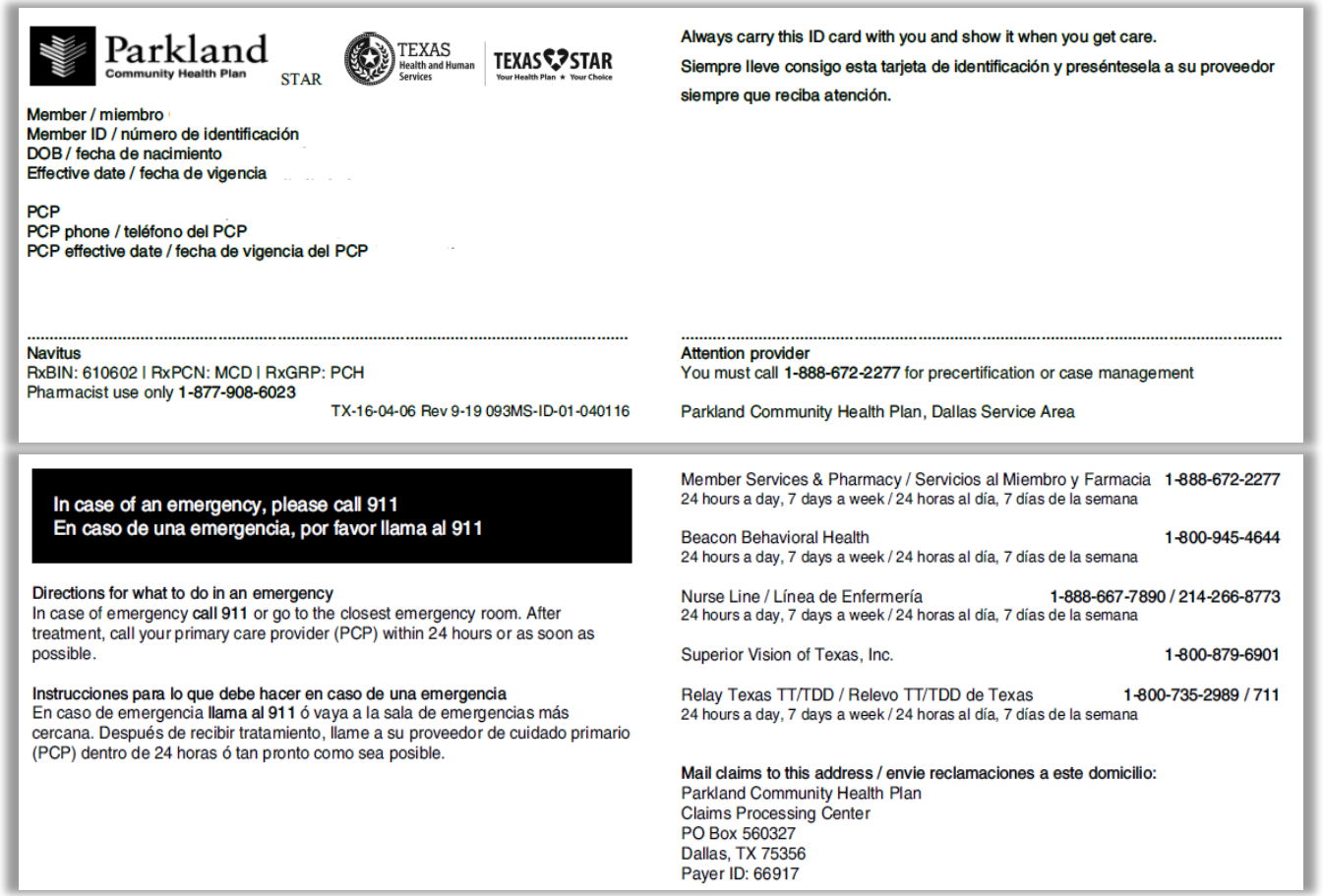
Parkland HEALTH*first* members should present:

- Your Texas Benefits Card* **AND**
- Parkland HEALTH*first* ID Card

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

Member ID Cards: *HEALTHfirst*

Example: Parkland HEALTH*first* Member ID Card



Parkland Community Health Plan STAR | TEXAS Health and Human Services | TEXAS STAR Your Health Plan ★ Your Choice

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-16-04-06 Rev 9-19 093MS-ID-01-040116

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.

Attention provider
You must call **1-888-672-2277** 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 **1-888-672-2277**
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 **1-888-667-7890 / 214-266-8773**
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 / envie reclamaciones a este domicilio:
Parkland Community Health Plan
Claims Processing Center
PO Box 560327
Dallas, TX 75356
Payer ID: 66917

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: KIDS*first*

Example: Parkland KIDS*first* Member ID card


Parkland Community Health Plan CHIP TEXAS Health and Human Services CHIP

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

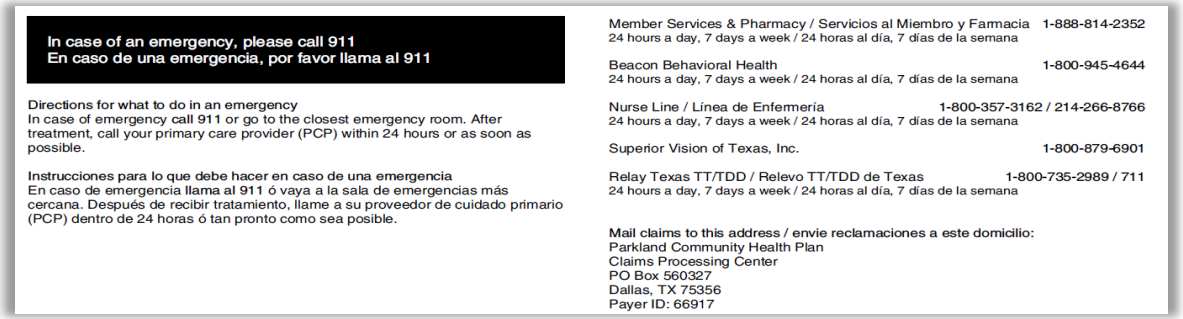
Navitus
RxBIN: 610602 | RxPCN: MCD | RxGRP: PCH
Pharmacist use only 1-877-908-6023
TX-16-04-07 REV 9-19 009MS-ID-01-040116 TDI

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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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.

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Beacon Behavioral Health 1-800-945-4644
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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

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PO Box 560327
Dallas, TX 75356
Payer ID: 66917

Example: Parkland CHIP Perinate Member ID Card


Parkland Community Health Plan CHIP TEXAS Health and Human Services CHIP

Member / miembro
Member ID / número de identificación

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.

In case of an emergency, please call 911
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Directions for what to do in an emergency
In case of emergency call 911 or go to the closest emergency room.

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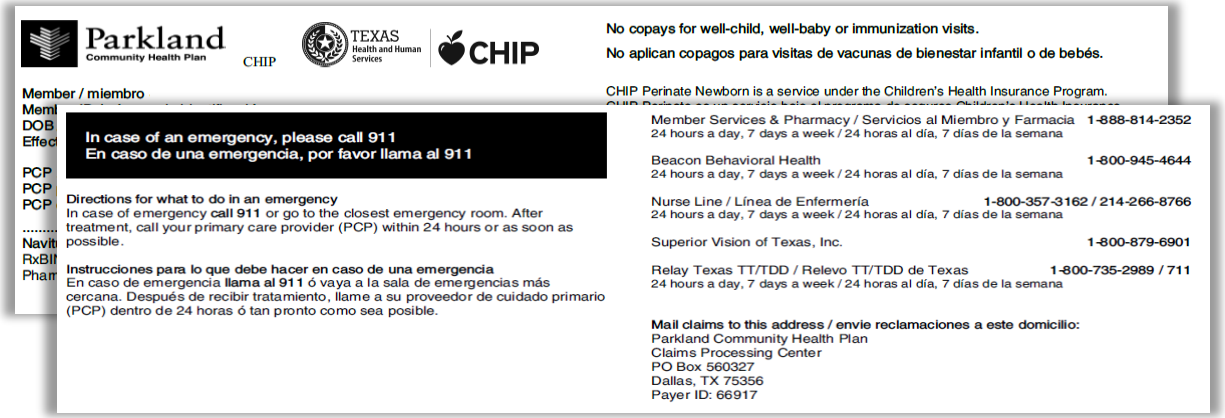
Hospital facility billing:
Facturación de la instalación de hospital:
TMHP-Attn: Claim Administrator
12365-A Riata Trace Pkwy
Austin, TX 78727

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


Parkland Community Health Plan CHIP TEXAS Health and Human Services CHIP

Member / miembro

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.

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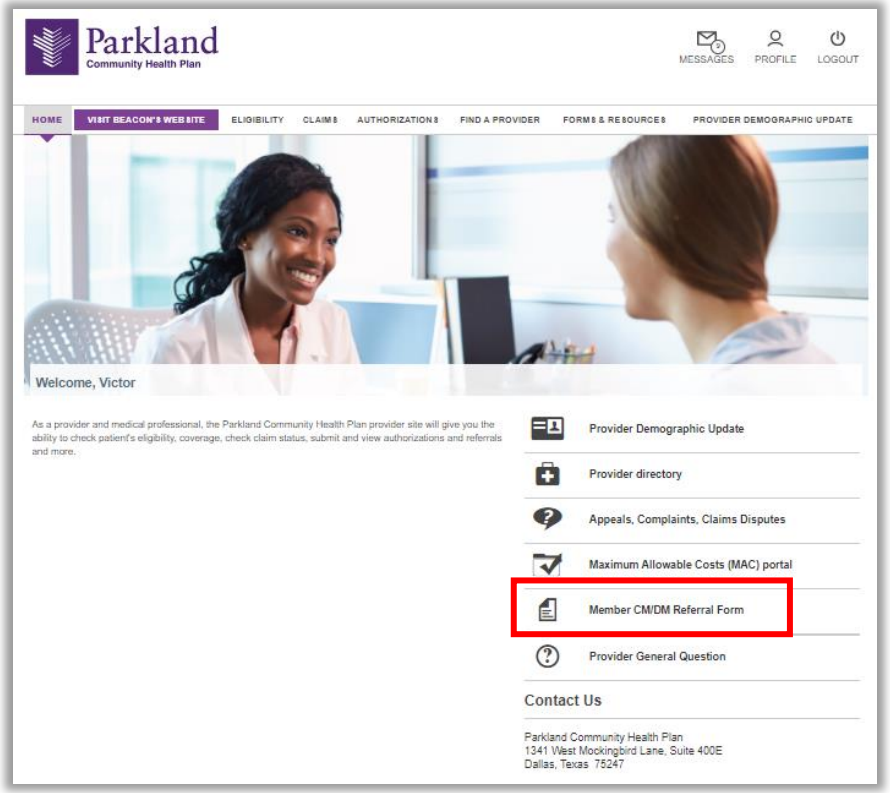
Prior Authorizations, Claims, and Billing Overview

Parkland
Community Health Plan

Referrals

Providers can request a referral through the PCHP Provider Portal



- **<u>In-Network referrals:</u>**
  - PCPs can refer a member to an in-network specialist for consultation and treatment **without** submitting a prior authorization request to PCHP.
- **<u>Out of Network referrals</u>**
  - 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.

Prior Authorization

Requesting a Prior Authorization

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

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

Rendering provider sends information to provider post-visit

Provider may request a Prior Authorization via:

1. Fax

or

2. PCHP Provider Portal

- Nonurgent pre-service: three (3) business days
- Urgent/expedited pre-service: 24 hours
- Urgent concurrent: made within one business day – not to exceed 72 hours
- Post-service: 30 calendar days
- Approval or Denial: Notification will be made based on the urgency of the request.

Prior Authorization

Checking the status of a Prior Authorization

Check the status of a prior auth through:

1. The PCHP Provider Portal
   - www.ParklandHealthPlan.com

2. The PCHP Provider Call Center:
   - HEALTH*first* – 1-888-672-2277
   - KIDS*first* – 1-888-814-2352

- For incomplete prior authorization (PA): PCHP will notify the requesting provider, no later than three (3) business days
- A request for prior authorization is not a guarantee of payment.
- Unauthorized services will not be reimbursed.
- When an authorization is approved, it does not necessarily mean *all* services in that authorization request were approved.

Claim Submission

PCHP accepts CMS 1500 and UB-04 formats
Claims must be filed within 95 days from the date of service

1 Electronic submission (EDI – preferred)	2 Providers Clearing House	3 TexMedConnect	4 Paper or hard copy
Parkland Community Health Plan's Payer ID for electronic claims is **Payer ID # 66917**. TriZetto Provider Solutions (TPS) is PCHP's preferred EDI source. For more information, please email TTPSSupport@cognizant.com To submit EDI through TPS, you will need to register as a new user if you have not done so yet.	If you already use a clearinghouse, such as Availity, Office Ally, Emdeon, Claim Logic, etc., your claims will be sent to Parkland. There will be no changes.	Claims may be submitted electronically to TMHP through TexMedConnect on the TMHP website at www.tmhp.com	Providers may submit medical claims on CMS-approved paper forms (CMS-1500 or CMS-1450) to: Parkland Community Health Plan ATTN: CLAIMS P.O. Box 560327 Dallas, TX 75356

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	Complaints and Appeals Address:	Online Submission
For corrected claim, COB information, proof of timely filing: ATTN:P.O. Box 560327 Dallas, TX 75356	Parkland Community Health Plan Claims ATTN: Appeals and Complaints P.O. Box 560347 Dallas, TX 75356	PCHP Provider Portal

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

- HEALTH*first* – 1-888-672-2277
- KIDS*first* – 1-888-814-2352

Inquiries should include:

- Provider's name
- Date of the incident
- Description of the incident
- Time frames
- An acknowledgment 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.	**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
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.	**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 1-888-927-6260 after your initial virtual card payment is received.

If you have additional questions regarding your payment options, please contact ECHO Health at 1-888-927-6260.

Updated September 2024

Electronic Visit Verification

Electronic visit verification (EVV) is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits. EVV helps prevent fraud, waste and abuse, while making sure Medicaid recipients receive care that is authorized for them.

- Parkland Community Health Plan complies with all of HHSC's EVV policies and procedures.

Why is EVV required The 21st Century Cures Act (Section 12006), or Cures Act, is a federal law passed in 2016 requiring states to implement EVV for Medicaid personal care services (PCS) and home health care services (HHCS) that require an in-home visit. States that do not implement EVV will receive reduced federal Medicaid funding.	**3100 EVV Service Bill Codes** The EVV Service Bill Codes Table provides current billing codes for EVV-relevant services in long-term care, acute care and managed care programs. Program providers and FMSAs must use the appropriate Healthcare Common Procedure Coding System (HCPCS) and modifier combinations in the EVV Services Bill Codes table to prevent EVV visit transaction rejections and EVV claim match denials.
Programs and Services required to use EVV: Programs and services required to use EVV are defined in HHSC Texas Administrative Code Section 354.4005, Applicability. A summary of the personal care services required to use EVV is available on the HHSC EVV webpage..	Please visit **EVV Policies & Procedures on PCHP webpage for more information**

Why is EVV required?

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Programs and Services required to use EVV:

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A summary of the personal care services required to use EVV is available on the HHSC EVV webpage..

3100 EVV Service Bill Codes

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Program providers and FMSAs must use the appropriate Healthcare Common Procedure Coding System (HCPCS) and modifier combinations in the EVV Services Bill Codes table to prevent EVV visit transaction rejections and EVV claim match denials.

Please visit **EVV Policies & Procedures on PCHP webpage for more information**

Ancillary Services

Parkland
Community Health Plan

Behavioral Health Services

- Parkland Community Health Plan has contracted with, and will work in partnership with, Carelon Behavioral Health (formally know as Beacon Health Strategies LLC) a Carelon Behavioral 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.carelonbehavioralhealth.com
- Phone: 1-800-888-3944

Behavioral Health Services

- Direct Access
  - Members may access BH benefits without a referral from their PCP.
  - Carelon Behavioral Health 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.
- Carelon Behavioral 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.
- Carelon Behavioral Health Strategies providers must refer members with known or suspected and untreated physical health problems to their PCP for examination and treatment.
- Carelon Behavioral Health Strategies providers must be licensed to provide physical healthcare services.
- PCHP DSM Multi Axial Classification is used when assessing a member for Behavioral Health Services. Contact the Carelon Hotline for 24/7 assistance.
- Routine care must be offered within 14 days of request; urgent care must be offered 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 the Provider Handbook for further detail.

Behavioral Health Services

- Prior authorization is not required for routine outpatient therapy.
- The following services require Carelon'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 Carelon, frequently asked questions, client articles, clinical practice guidelines, and links to additional resources:

https://www.carelonbehavioralhealth.com/providers/resources

Vision Services

- **Avēsis** manages vision services
  - Website: https://www.fap.avesis.com/PCHP
  - Phone: 1-866-678-7113

- Direct access
  - Members may access routine vision services, without a referral from their PCP, provided they are coordinated through Avēsis
- 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's 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.
- As the provider, it is important that you 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 team for Pharmacy questions
  - Parkland HEALTH*first*: 1-888-672-2277
  - Parkland KIDS*first*, 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.

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 some may require prior authorization.

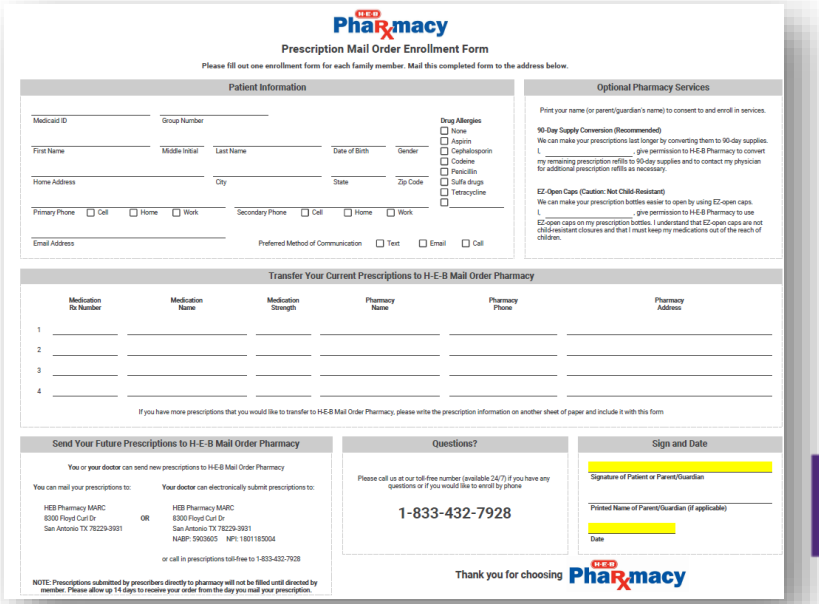
  - If you want to request that a drug be added to the formulary, please contact PCHP. We will then forward the information to the Formulary department of the Vendor Drug Program.

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. Review 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.ParklandHealthPlan.com if you are prescribing a maintenance medication.
  - Mail order is optional.



H-E-B 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

Medicaid ID | Group Number

First Name | Middle Initial | Last Name | Date of Birth | Gender

Drug Allergies: None, Aspirin, Cephalosporin, Codeine, Penicillin, Sulfa drugs, Tetracycline

Home Address | City | State | Zip Code

Primary Phone ☐ Cell ☐ Home ☐ Work | Secondary Phone ☐ Cell ☐ Home ☐ Work

Email Address | Preferred Method of Communication ☐ Text ☐ Email ☐ Call

Optional Pharmacy Services

Print your name (or parent/guardian's name) to consent to and enroll in services.

90-Day Supply Conversion (Recommended)

We can make your prescriptions last 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.

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.

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 H-E-B 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

You or your doctor can send new prescriptions to H-E-B Mail Order Pharmacy

You can mail your prescriptions to:
HEB Pharmacy MARC
8300 Floyd Curl Dr
San Antonio TX 78229-3931

OR

Your doctor can electronically submit prescriptions to:
HEB Pharmacy MARC
8300 Floyd Curl Dr
San Antonio TX 78229-3931
NABP: 5903605 NPI: 1801185004

or call in prescriptions toll-free to 1-833-432-7928

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

Questions?

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

Sign and Date

Signature of Patient or Parent/Guardian

Printed Name of Parent/Guardian (if applicable)

Date

Thank you for choosing H-E-B Pharmacy

Updated September 2024

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 prescriber’s 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 1-877-908-6023 > Prescriber option and speak with the Prior Authorization department (Monday-Friday, 8a-5p 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 the pharmacist's professional judgment
- The following message will be returned to pharmacies on all electronically submitted claims that reject because the prior authorization criteria have not been met:
  - "Prescriber should call our Member Services line or pharmacist should submit 72-hour Emergency Rx if prescriber not available."

Pharmacy Coverage

Obtaining a 72-Hour Emergency Fill

- Federal and Texas laws 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 types of 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 the 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's 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: 1-877-THSTEPS (1-877-847-8377)
  - PCHP Member Services: 1-888-672-2277

- Statewide 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 healthcare 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 and supports reminder and recall capability.
- *ImmTrac* is available free of charge to authorized healthcare providers.

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

Quality Management

Parkland
Community Health Plan

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 checkup. 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 checkups
  - 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 checkup

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 healthcare problems and often helps young patients begin to develop positive lifelong healthcare 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 Records (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 the 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 Provider Outreach Referral Service

- The THSteps Provider Outreach Referral Service is utilized by THSteps providers who request outreach and follow-up on behalf of a THSteps patient. This service provides necessary outreach such as:
- Contacting a patient to schedule a follow-up appointment.
- Contacting a patient to reschedule a missed appointment.
- Contacting a patient to assist with scheduling transportation to the appointment.
- Contacting a patient for other outreach services.

Texas Health Steps Provider Outreach Referral Service

A THSteps provider may submit a request for patient outreach to the THSteps Special Services Unit (SSU) using the THSteps Provider Outreach Referral Form. Once received, SSU will process each referral and attempt to respond to it in a timely and efficient manner. Successfully contacted patients are

- Assisted with scheduling or rescheduling an appointment and/or obtaining transportation to the appointment.
- Educated about the importance of keeping or canceling appointments when appropriate.
- Engaged in a problem-solving process to overcome barriers
- preventing them from keeping appointments.

Texas Health Steps Provider Outreach Referral Service

- THSteps provider may submit the referral form by fax to the THSteps Special Services Unit (SSU) at:
  - 512-533-3867

- THSteps providers who have questions about the THSteps Provider Outreach Referral Service or need technical assistance with completion and submission of the referral form should contact their THSteps Provider Relations Representative. Contact name and information can be found at:
  - http://www.dshs.texas.gov/thsteps/regions.shtm

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 healthcare services

- Results of the 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 health care
- 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 migrant farm workers (MFWs) who are due for Texas Health Steps medical checkup may receive their checkups, 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. PCPs 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 PCPs:

Appointment Type	Standards
New Covered Person ▪ Newborn ▪ Children ▪ Adult	New covered persons should be offered appointments as soon as possible after enrollment but in no case later than within: ▪ 14 calendar days of enrollment for newborns ▪ 60 calendar days of enrollment for all other covered persons
Preventive Care ▪ Newborns ▪ Children < 21 ▪ Adult > 21	▪ CHIP – Physicals/well-child checkups as soon as possible for covered persons who are due or overdue for services in accordance with 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 for newborns and 60 days for all others

Access and Availability Requirements

Specialty Care Provider 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.

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 healthcare 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, healthcare providers need to recognize and address the unique culture, language, and health literacy of diverse consumers and communities. The goal of cultural competency is to

- **Improve healthcare access and utilization**
- **Enhance the quality of services within culturally diverse and underserved communities**
- **Promote 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 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 with and assist HHSC-OIG and any state or federal agency in investigating and prosecuting FWA.

- PCHP's Special Investigations Unit (SIU) investigates claims of FWA.

Fraud vs. Abuse

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

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 Fraud, Waste, or Abuse 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
P.O. Box 85200
Austin, TX 78708-5200

To report members:
Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, TX 78708-5200

Maintaining Contact Information

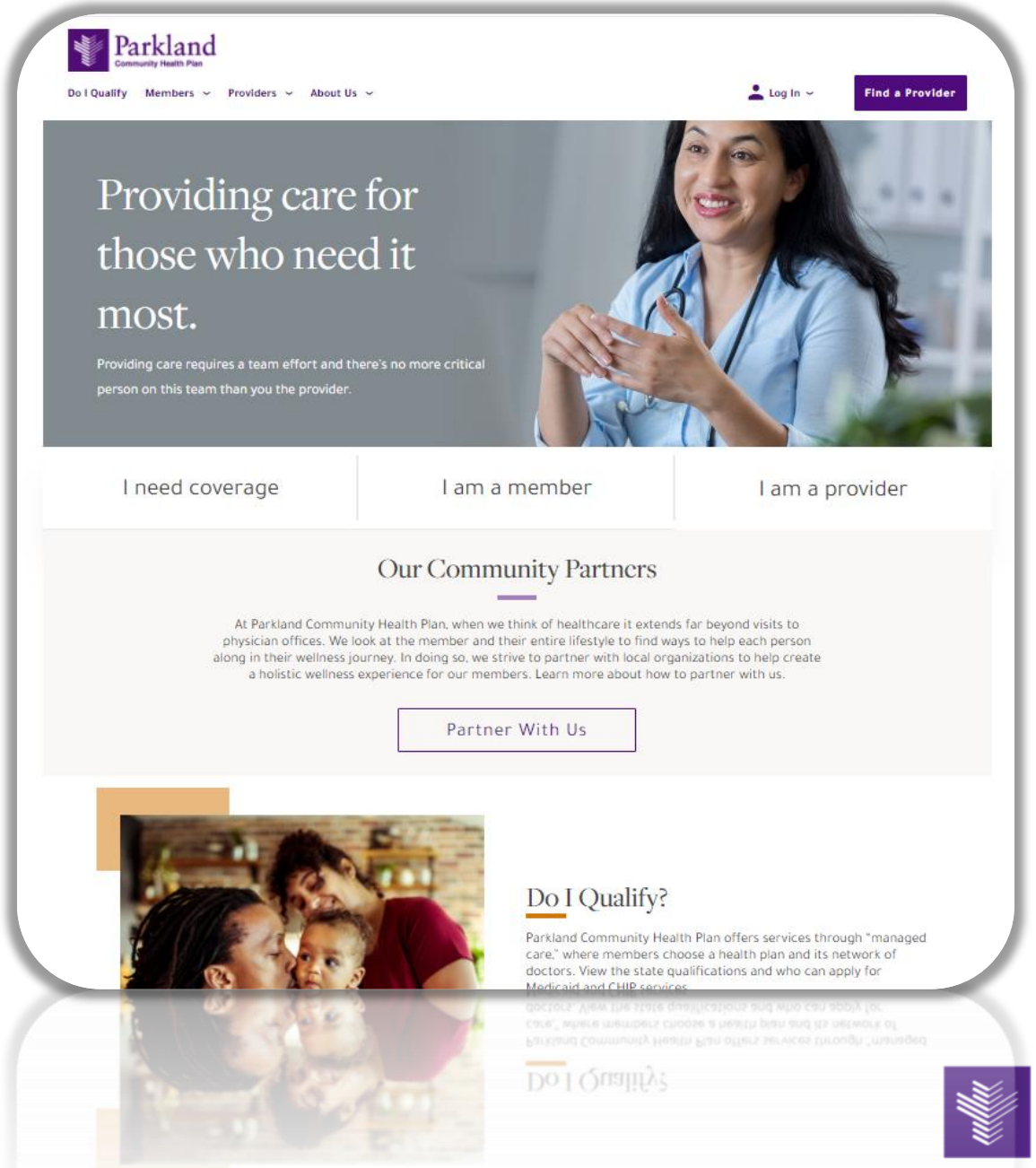
- Network providers must inform PCHP and HHSC's administrative services contractor of any changes to your address, telephone number, group affiliation, and/or any other relevant contact information for the purposes of:
  - The production of an accurate provider directory
  - The support of an accurate 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

Parkland
Community Health Plan

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 and resources



Updated September 2024

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 line: 1-888-672-2277 (HEALTH*first*) or 1-888-814-2352 (KIDS*first*).

Eligibility

Claims

Authorizations

Provider Directory

Maximum Allowable Costs (MAC) Portal

Member CM/DM Referral Form

Provider Demographic Update

Appeals, Complaints, Claims Disputes

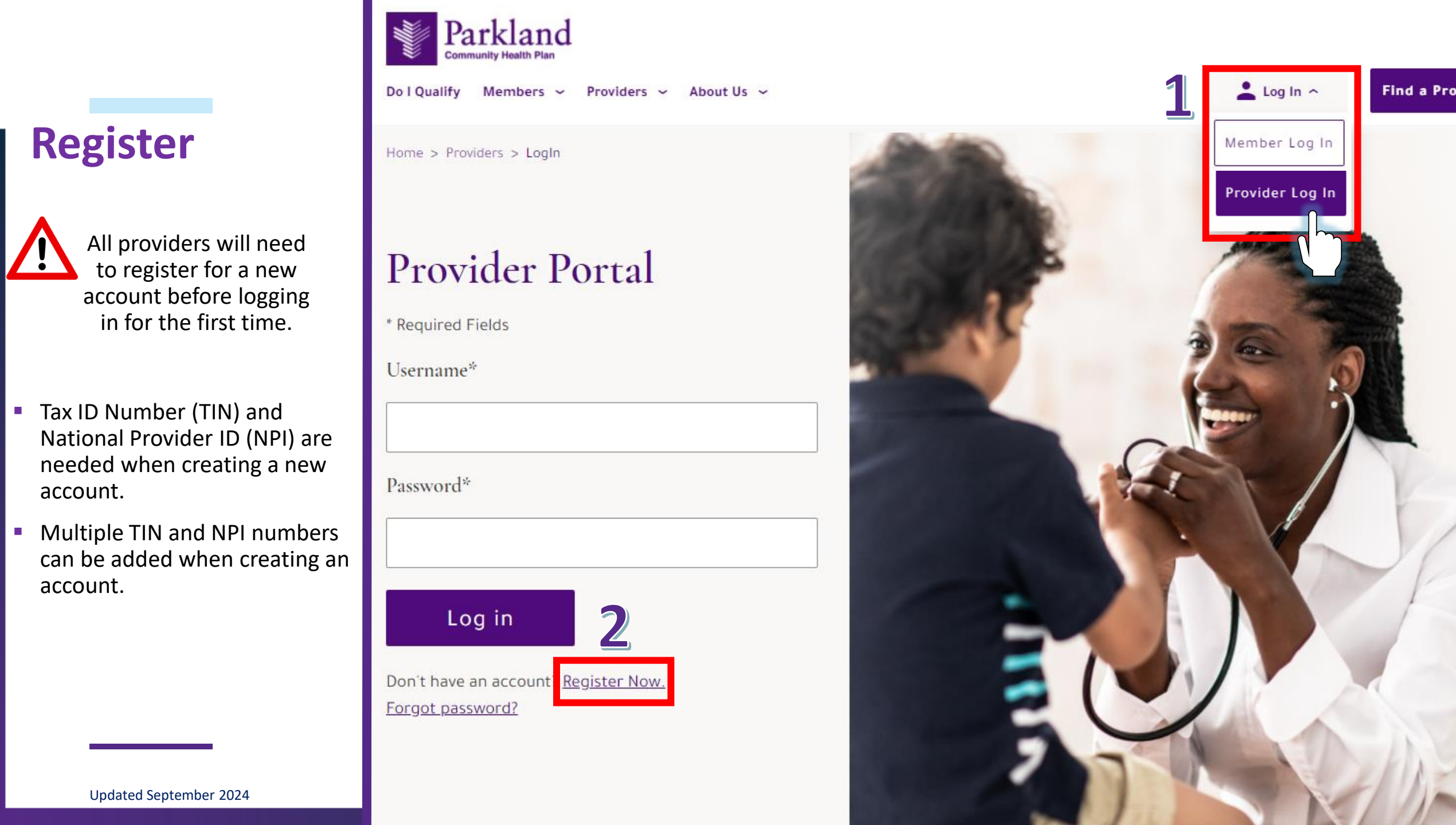
Provider General Questions

Register

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

- Tax ID Number (TIN) and National Provider ID (NPI) are needed when creating a new account.
- Multiple TIN and NPI numbers can be added when creating an account.

Updated September 2024



Provider Portal Online Tools

- Once registered, you can:
  - Verify member eligibility
  - Download and print an up-to-date provider directory
  - Request prior authorization
  - Check the status of a prior authorization request
  - Submit Case Management/Disease Management referrals
  - Verify claims payment status
  - Access provider forms and 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 and training
- Demographic information updates
- 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

- To remain in compliance with Title 42 Code of Federal Regulations (CFR) §455.414, all providers are required to revalidate enrollment information every three to five years, during which time required screening will be completed. In some situations, in compliance with Texas Administrative Code (TAC) §371.1015, providers may have to revalidate enrollment on a more frequent basis. You can submit your revalidation application up to 90 days before the revalidation due date.
  - Texas Medicaid encourages all providers to confirm their current enrollment information in the Provider Information Management System (PIMS) prior to submitting your revalidation application.
- For more information:
  - call the TMHP Contact Center at 1-800-925-9126 (option 3) or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.
  - See the Provider Enrollment page, https://www.tmhp.com/topics/provider-enrollment on the TMHP website.

Questions

Thank You!

Let’s make a difference in healthcare together!

Stay connected with us on **LinkedIn** for the latest PCHP news.

LinkedIn.com/company/parkland-community-health-plan-inc

See the ways we are promoting health and wellness to our members on **Facebook**.

Facebook.com/ParklandCommunityHealthPlan/

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