

Driscoll Children's Health Plan

PROVIDER MANUAL

TABLE OF CONTENTS

Front Pocket	Quick Reference Tool Provider Director Member Handbook
Preface	Welcome Letter from the Chief Executive Officer
Section 1	<u>Introduction</u> Background and Ownership of DCHP DCHP Philosophy of Business DCHP Care Objectives DCHP Subcontractors Role of Primary Care Physician (PCP) Role of the Specialty Care Provider Network Limitations (e.g. PCPs, Specialists, OB/GYN)
Section 2	<u>Guidelines for Providers</u> The Role and Responsibilities of the PCP Other PCP Responsibilities Who Can Be a PCP? OB/GYN Physician OB/GYN Responsibilities Other Specialists as PCPs PCP Panel of Members: Open and Closed Panels PCP Panel Changes PCP Changes Health Plan Changes PCP-requested Removal of a Member from Panel PCP Accessibility and Appointment Standards PCP Referrals to Other Providers To Network Providers To Non-network Providers Members Rights to Self-Referral Responsibilities of Specialists Hospital Responsibilities Ancillary Provider Responsibilities Marketing Guidelines Affecting Providers Coordination with Public Health and HHS Programs Public Health Services Available to DCHP Members DCHP Provider Responsibilities to Report to Public Health

- Coordination with Other HHS Programs
- Continuity of Care
 - Pregnant STAR members
 - Out-of-network provider has been treating member
 - Pre-existing condition not imposed
 - Member moves out of service area
- Coordination of Care for Non-covered Services
- Coordination with the Texas Department of Protective and Regulatory Services (TDPRS) – for STAR members only
- Vendor Drug Program (VDP)
 - Prescription Drugs for STAR and CHIP Members
 - Special DME and Medical Supplies Covered by DCHP
- Vaccines for Children Program
- Advance Directives
- Medical Records
 - Maintenance of Records
 - Forms Required by DCHP
 - DCHP and HHSC Requests for Records
 - Confidentiality
- Changes of Address or Contact Information or Opening New Offices
- Cultural Sensitivity
- DCHP Fraud, Abuse and Waste Prevention
- Termination of Provider Participation

Section 3

- Eligibility of Members**
- HHSC Determines Eligibility
- Role of the Enrollment Broker
- General Eligibility for Medicaid/STAR
- General Eligibility for CHIP
- Newborn Enrollment
- Verifying Member Eligibility
- Member ID Cards
- Members' Right to Change PCPs
 - PCP requested Disenrollment
- Members' Right to Change Health Plans
 - For STAR members only
 - For CHIP members only
- Disenrollment from Health Plan
 - STAR/Medicaid
 - CHIP
- Copy of CHIP and STAR Member ID Card

Section 4

- Covered Benefits**
- STAR Covered Services
 - Medicaid/STAR Program Limitations and Exclusions
 - Spell of Illness Limitation Removed

- Adult Well Check
- CHIP Covered Services
- DCHP Value-added Benefits
 - Program Description of Enhanced Obesity & Nutrition Benefit
- Prescription Drugs
- Medical Supplies
- Dental Services
- Non-Urgent Medical Transportation Services
- Non-Covered Services
- Co-Pay Levels for CHIP Children

Section 5

THSteps Program

- What is the THSteps Program?
- How Can I Become a THSteps Provider?
- Finding a THSteps Provider
- THSteps Periodicity Schedule
- Immunization Schedule Table
- Eligibility for THSteps Exam
- Exams Outside the THSteps Periodicity Schedule
- THSteps Exams for Newborns
- Immunization Requirements for Children
- Vaccines for Children (VFC) Program
- THSteps and Lab Testing Supplies
- THSteps Dental Screenings
- Referral for Services Identified During a THSteps Exam

Section 6

Emergency Services

- Definitions: Routine, Urgent and Emergent Services
- Prudent Layperson Standards at DCHP
- Out-of-Network Emergency Services
- Emergency Transportation
- Emergency Services Outside the Service Area

Section 7

Behavioral Health Services

- Definition of Behavioral Health
- Referral Authorizations for Behavioral Health Services
- Pre-authorization
- Concurrent Review
- Retrospective Review
- Case Management
- Triage and Initial Assessment
- Utilization Decisions
 - Consistency of Application of UM Criteria
 - Denials
 - Appeals
- DCHP 24-Hour Behavioral Health Crisis Hotline

DHCP Behavioral Health Services Program
Covered Behavioral Health Services
Responsibilities of Behavioral Health Providers
DMS-IV Coding Requirements
Laboratory Services for Behavioral Health Providers
Court-ordered Services and Commitments
Confidentiality of Behavioral Health Information
Behavioral Health Reports and Focused Studies

Section 8

Medical Management

Utilization Management Program
 Philosophy of Medical Management
 Utilization Review Criteria
Referrals
 Requesting a Referral
 Referral Procedure
 PCP Referrals to Specialists
 Specialist to Specialist Referrals
Prior Authorization
 Overview
 Protocols and procedure for obtaining Prior Authorization
 Definition of Admissions
 Services Requiring Prior Authorization
Vision Services
Chiropractic Services
Transplant Services
Management of Utilization
 Concurrent Review
 Retrospective Review
 Discharge Planning
 Self-Referral Services
 Out-of-Network Referrals
 Physician-requested Second Opinions and Member-requested
 Second Opinions
 Results of Not Obtaining Prior Authorization
 Appealing Non-Payment for Lack of Referral
 Online Referrals and Authorization Processes
 Faxing Paper Referrals and Authorization Requests
 Obtaining Referral and Authorization Forms
Pregnancy Notification Requirements
 Pregnant CHIP Member
 Pregnant Medicaid Members
 Obtaining Pregnancy Notification Forms
Case Management Program
Disease Management Programs
Practice Guidelines

Section 9

Claims

What is a Claim?
What is an Encounter?
Electronic Claims Submission: ANSI-837
Submitting Paper Claims to DCHP
Timeliness of Billing
Timeliness of Payment
Coding Requirements: ICD9 and CPT4/HCPCS Codes
E&M Office Visits Billing Requirements
E&M Consult Billing Requirements
Use of Modifier 25
Billing for Assistant Surgeon Services
Billing for Capitated Services
Billing for Immunization and Vaccine Services
Billing for THSteps Services
Billing for Deliveries and Newborn Services
Billing for Outpatient Surgery Services
Billing for Hospital Observation Services
Coordination of Benefits (COB) Requirements
Billing Members
Collecting from or Billing CHIP Members for Co-pay Amounts
Billing Members for Non-Covered Services
Providers Required to Report Credit Balances
Filing an Appeal for Non-payment of Claim
Claim Questions & Appeals
Field Requirements for Paper CMS-1500 Forms
Field Requirements for Paper CMS-1450 (UB92) Forms

Section 10

Complaints and Appeals

Introduction
What is an Appeal?
CHIP Program: Complaints & Appeals
 Filing a Complaint
 Appeal of Complaint Decision
 What can a Member do if DCHP denies or limits the member's
 request for a covered service?
 Appeal of Adverse Determination
 Expedited Appeal
 IRO Appeal Through TDI
STAR Program: Complaints & Appeals
 Filing a Complaint
 Appeal of Complaint Decision
 What can a member do if DCHP denies or limits the Member's
 request for a covered service?
 Appeal of Adverse Determination

Expedited Appeal
State Fair Hearing Through HHSC

Section 11

DCHP Quality Program

DCHP QI Program
DCHP Provider Quality Measurement
DCHP HEDIS Measurements
DCHP Quality Improvement Committee
How to Get Involved in DCHP Quality Program
Provider Report Cards
Credentialing and Recredentialing
 Becoming a DCHP Provider
 Network Participation Requirements
 Credentialing and Recredentialing Committee
 Provider Site Reviews
 Required Office Policies & Procedures
 Recredentialing Requirements
Confidentiality
Practice Guidelines
Focused Studies and Utilization Management reporting requirements

Section 12

Member Rights and Responsibilities

Medicaid/STAR Member Rights and Responsibilities
CHIP Member Rights and Responsibilities
Member's Right to Designate an OB/GYN
Member's Right to Report Provider Waste, Abuse or Fraud

Appendix A

DCHP Forms

Table of Contents of Forms

Texas Authorization and Referral Form
Texas Authorization and Referral Form Instructions
DCHP Pregnancy Notification Form
DCHP Agreement for Specialist to Function as a PCP
THSteps Application Form
Vaccine for Children Form
DCHP Advance Beneficiary Notice and Private Pay Form (ABN)
DCHP Complaint Form
Texas Medicaid Form 3087