

## Section 2: Guidelines for Providers

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### *The Role and Responsibilities of the Primary Care Physician*

Each DCHP CHIP and STAR member must select a Primary Care Physician (PCP). The role of the PCP is to provide the following minimum set of primary care services in his/her practice, in conjunction with providing a medical home:

1. Routine office visits
2. Care for colds, flu, rashes, fever, and other general problems
3. Phone and Urgent Care within the capabilities of the Physician's office
4. Periodic health evaluations, including THSteps examinations
5. Well baby and child care
6. Vaccinations, including tetanus toxoid injections
7. Allergy injections
8. Venipuncture and other specimen collection
9. Eye and ear examinations
10. Preventive care and education
11. Nutritional counseling
12. Hospital visits, only if the physician has active hospital admitting privileges and/or if there is a hospital facility available in the immediate geographic area surrounding the physician's office
13. Other covered services within the scope of the Physician Provider's Medical Practice
14. Based on evaluation and assessment, coordinate referrals to in network specialty care
15. Behavioral health screening and assistance to access to care if member requests
16. Provide behavioral health related services within the scope of his/her practice

The physician provider must provide the services listed above to Driscoll Children's Health Plan CHIP and STAR Members, unless specifically waived by the Health Plan. In addition to the above services, the PCP is required to:

- coordinate all medically necessary care with other DCHP network providers as needed for each member, including, but not necessarily limited to:
  - specialist physicians and ancillary providers
  - outpatient surgery
  - dental care

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**DCHP Provider Services 1-877-DCH-DOCS (324-3627)**

**Prior Authorization and Referrals: 1-877-455-1053 (FAX 1-866-741-5650)**

**Case Management: 1-877-222-2759 (FAX 1-866-741-5650)**

**CHIP Member Services: 1-877-451-5598      STAR Member Services: 1-877-220-6376**

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- hospital admission
- other medical services
- follow DCHP procedures with regard to non-network provider referrals (see below) and applicable aspects of the DCHP medical management program outlined in Section 8 of this manual
- be available to members for urgent or emergency care, either directly or through on-call physician arrangement on a 24 hour-a-day/7 day-a-week basis
- maintain a confidential medical record for each patient
- educate members concerning their health conditions and their needs for specific medical care regimens or specialist referral
- assist DCHP in identifying members who would benefit from DCHP disease management programs and notify DCHP of such members
- cooperate with DCHP's case management program when members are determined appropriate for case management services, e.g. asthma and diabetes
- participate in the State of Texas Vaccines for Children Program for the provision of immunization services to pediatric members
- maintain an open panel and accept new members unless prior arrangements have been made with DCHP
- be a THSteps provider and have an acceptable rate of completed THSteps exams and an acceptable immunization rate evidenced in the State's immunization registry.

#### Other PCP Responsibilities

The PCP is responsible for collection of co-payments at the time of service. DCHP CHIP Members are to be responsible only for office co-payments and non-covered services (as applicable) at the time of service. According to the level of CHIP benefits, based on Federal Poverty Level, the amount of a Member's co-payment will vary. The Member's Identification Card will list the co-payments to be collected at the time of service or call CHIP Member Services at for assistance. In no event shall the Member be billed for the difference between billed charges and fees paid by DCHP. (NOTE: There are no co-payments for services for the STAR members.)

The PCP is responsible for verifying member eligibility at the time of the office visit. This includes verification that the member is seeing the PCP designated on their CHIP member ID card. If the PCP office discovers that the CHIP member has dual insurance coverage with a commercial insurance or Medicaid, the office is responsible for notifying DCHP Member Services.

If you have a member who needs help with special language services including interpreters, please call Member Services. If you need an interpreter in the office when the member sees you, please have the member call 48 hours before his/her appointment to schedule these services.

If the PCP employs physician assistants, advanced practice nurses, or other individuals who assess the health care needs of the members, the PCP must have written policies in place that are

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implemented, enforced, and describe the duties of all such individuals in accordance with statutory requirements for licensure, delegation, collaboration, and supervision as appropriate.

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### ***Who Can Be a PCP?***

The following DCHP network provider types are eligible to serve as a PCP for CHIP and STAR members:

- Pediatrician
- Family or General Practitioner
- Internist
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Specialists, as approved by DCHP, willing to provide a medical home for specific members with certain special health care needs or illnesses (see below)

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### ***OB/GYN Physician***

A female CHIP or STAR member may select an OB/GYN physician without a referral from her PCP. The OB/GYN physician must be in the same network as the PCP. The access to health care services of an OB/GYN includes:

- one well-woman check-up per year
- care related to pregnancy
- care for any female medical condition
- referral to specialist within the network

DCHP members are allowed to self-refer to a network OB/GYN for any of the well-woman services stated above. This information is clearly communicated to the members in the Member Handbook.

The female CHIP or STAR member may designate the OB/GYN physician as her PCP. The OB/GYN physician must agree to being designated as the PCP and must agree to abide by all the PCP requirements, including but not limited to, being available 24 hours a day, seven (7) days a week. A referral from an existing PCP is not required for the female CHIP member to designate an OB/GYN physician as a PCP. The OB/GYN physician must be part of the DCHP network of providers, because DCHP limits a member's selection of OB/GYN providers to in-network providers.

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OB/GYN Responsibilities

Upon initial treatment, the obstetrical services physician or mid-level practitioner must provide pregnancy notification to DCHP by:

- completing the DCHP Pregnancy Notification Form (see Appendix A)
- completing a similar form containing the required information
- telephoning or faxing Case Management with the required information

Providers are not required to use the DCHP Pregnancy Notification form itself, but may provide the same information via some other form, such as the ACOG or Hollister high risk forms or other similar forms. If a health condition is discovered during the self-referral episode of care that is likely to have an ongoing affect on the member's health and/or the member's relationship with or care from her PCP, the OB/GYN provider should provide a written report to the member's PCP unless the member specifically requests that no such report be made.

Obstetrical providers must make appropriate referrals for applicable members to WIC.

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### ***Other Specialists as PCP***

From time to time, at the request of a member or the request of a provider with the member's permission, and subject to the approval of the DCHP Medical Director, a specialist physician may serve as a PCP for members with specific health conditions generally cared for by the specialist. Requests for a Specialist physician to be a PCP must be approved by the Medical/Associate Medical Director. If approved, the specialist physician may serve as a PCP for specific members and must be willing to provide all the services outlined above in ***The Role and Responsibilities of the Primary Care Physician*** paragraphs of this section, and if they meet the criteria stated below.

The Specialist that has been chosen as a PCP by the Member must meet and agree to the following criteria:

1. The Specialist must be board certified or board eligible in their specialty and licensed to practice medicine or osteopathy in the State of Texas. (Board certification / eligibility may be waived in certain circumstances for Significant Traditional Providers or providers who have functioned long term in a field that is appropriate for the diagnosis of the Member with special health care needs.)
2. The Specialist must have admitting privileges at a network hospital.

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3. The Specialist must agree to be the PCP for the Member. He/she will be contacted and informed of the Member's selection. The Specialist must then sign the Agreement for Specialist to Function as a PCP form (available by calling Provider Services) for the member with special needs that has made the request.
4. The Specialist must agree to abide by all the requirements and regulations that govern a PCP, including but not limited to:
  - a. being available 24 hours a day, 7 days a week,
  - b. administering immunizations as required, and
  - c. acting as the medical home and coordinating care for this member.

The effective date of the Specialist functioning as the member's PCP will be the first of the month following the date the Agreement for Specialist to Function as a PCP form is signed by the Medical Director.

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## ***PCP Panel of Members***

### *Open Panel of Members*

DCHP desires all PCPs to maintain an open panel and accept new members that may select the PCP for medical care. DCHP understands that from time to time a PCP's panel will become full and necessitate the PCP to close his or her panel.

### *Closing PCP Panel of Members*

PCPs must notify DCHP's Medical or Associate Medical Director in writing if the PCP's panel needs to be closed. The PCPs written notice should include an explanation of why his/her panel needs to be closed. DCHP requests that PCPs provide at least 30 days notice of the closure of their panel. Once the panel is closed, DCHP will not allow the PCP to selectively accept new members unless the member or siblings of the member were existing members of the PCP.

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## ***PCP Panel Changes***

### *PCP Changes*

Members have a right to change PCPs up to four times a year, but may receive DCHP authorization for a more frequent change as deemed necessary by DCHP. DCHP closely monitors PCP changes because such changes may disrupt the continuity of care and/or may indicate member dissatisfaction with aspects of their care. DCHP will make every attempt to address a member's concerns prior to their making a PCP change and may even contact the PCP for assistance in resolving the member's dissatisfaction if dissatisfaction with the current PCP is the cause for the member requesting a PCP change.

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If the member requests to change the PCP before the 5<sup>th</sup> day of the month, the change will be come effective the first of the month in which the change was requested. After the 5<sup>th</sup> of the month, the request will be come effective the first of the following month. The change of PCP will be expedited if the change is determined by DCHP to be in the best interest of the member and/or the current PCP.

Health Plan Changes

**For CHIP MEMBERS** – Members are allowed to change their health plan once per year. A change in health plan may result in a change of PCP.

**For STAR MEMBERS** – Members are allowed to change their health plan every month, if requested.

To change health plan, the member must contact the STAR or CHIP state help line.

PCP-requested Removal of a Member from Panel

PCPs may request the removal of a member from their panel in some situations. DCHP will work to resolve problems between the member and the PCP prior to making the change. The following may be reasons for a PCP to request that a member be removed from his/her panel:

- member is consistently non-compliant with the PCP’s medical advice
- member is consistently disruptive in the office
- member consistently misses scheduled appointments with no good reason and/or without notice to the office

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## ***PCP and Specialist Accessibility and Appointment Standards***

Accessibility Standards

PCPs, Specialists serving as a PCP for certain members, and Specialists must be available to members 24 hours a day, 7 days a week, either directly or through on-call arrangements.

Appointment Standards

PCPs, Specialists serving as a PCP for certain members, and Specialists must make appointments available to members as follows:

<b>Event</b>	<b>Requirement</b>
An Emergency care appointment	The member should receive an immediate appointment, or be referred to the Emergency Room, if the primary care practitioner deems it appropriate.

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<b>Event</b>	<b>Requirement</b>
An appointment for a new patient	The member should receive an appointment within two (2) weeks.
An appointment for a well visit	The member should receive an appointment within two (2) weeks.
A routine visit, such as follow-up visit	The member should receive an appointment within five (5) days.
An appointment for an urgent complaint that is not life threatening, but could lead to possible harmful outcome	The member should receive an appointment within twenty-four (24) hours.
An appointment for prenatal care	The member should receive an appointment within two (2) weeks.
An appointment for a referral to another practitioner (non-urgent)	The member should receive an appointment within two (2) weeks.
An appointment for a referral to another practitioner (urgent)	The member should receive an appointment within twenty-four (24) hours.
A member's travel requirements to reach a primary care physician or general hospital	A member is not required to travel in excess of thirty (30) miles to reach a primary care physician or general hospital. (Certain areas may be waived if rural.)
A member's travel requirements to secure an initial contact with a referral specialist, special hospital, psychiatric hospital, or diagnostic and therapeutic services	A member is not required to travel in excess of seventy-five (75) miles to secure an initial contact with a referral specialist, special hospital, psychiatric hospital, or diagnostic and therapeutic services (if one is available). (Certain areas may be waived if rural.)
A member's access to the primary care practitioner	Members are able to reach their primary care practitioner twenty-four (24) hours a day, seven (7) days a week, either by answering service, or by coverage of another practitioner. Instructions on how to reach a covering practitioner must be available either through the answering service, or by an answering machine.
An initial well-child visit by member after enrollment	Members should be seen within ninety (90) days of new enrollment, except newborns (whose mother is a DCHP member at the time of birth) who must be seen for a check-up at birth, or within fourteen (14) days of enrollment.

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## ***PCP Referrals to Other Providers***

### *PCP Referrals to Network Providers*

The Texas Authorization/Referral Form (see Appendix A of this manual) should be used to refer panel members to specialists or other ancillary providers for medically necessary services. The form must be reasonably complete and a copy sent to DCHP either by mail or fax.

**Driscoll Children's Health Plan  
Utilization Management Department  
615 N Upper Broadway, Suite 1050  
Corpus Christi, TX 78401**

**FAX: 1-866-741-5650**

DCHP also provides the ability for PCPs to complete an online referral form through its website [www.dchpkids.org](http://www.dchpkids.org).

### *PCP Referrals to Non-network Providers*

In rare situations, the PCP may believe that the most medically appropriate referral for a specific panel member with a specific medical condition is to a non-network provider. Referral to non-network providers must be prior authorized by the DCHP Medical Director. For prior authorization to make a non-network referral, the PCP must contact the Utilization Management Department.

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## ***Members Right to Self-Referral***

DCHP members have the right to make a self-referral for certain services. Unless otherwise specified, self-referral is permitted for both STAR and CHIP members. Members may self-refer for:

### *In-network or Out-of-network Self-referral (\* indicates DCHP pays for the service)*

- Out-of-area emergency services \*
- Family planning services \*
- Medical transportation services for STAR members
- THSteps dental services for STAR members
- THSteps medical case management services for STAR members
- Early Childhood Intervention (ECI) case management services
- Children and Pregnant Women (CPW) case management services

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- School Health and Related Services (SHARS) program services
- Department of Assistive and Rehabilitative (DARS) case management services for STAR members
- Department of State Health Services (DSHS) case management services for STAR members
- Department of Aging and Disability Services (DADS) case management services for STAR members

*In-network-only Self-referral for Covered Services – Paid by DCHP*

- Behavioral health services
- Emergency room care
- Obstetric services
- Well-woman gynecological services
- Vision care, including covered eye glasses
- Medical transportation services for CHIP members

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## ***Responsibilities of Specialists***

### Specialists' Responsibilities

The Specialist Provider must agree to be available and accessible 24 hours per day, 7 days per week. This allows for the PCP to refer a member to the Specialist in cases of emergency. Except as outlined above in the ***Members Right to Self-Referral*** paragraphs of this section, specialists should provide only the services outlined in a valid referral from the member's PCP or other authorized provider. Non-network specialists must have received prior authorization from the Medical Director of DCHP.

When providing services pursuant to a valid referral, the specialist is responsible to:

- provide the services requested in the referral
- educate the member with regard to findings and/or next steps in treatment
- coordinate further services with the referring physician or provider and provide such services as authorized
- provide a written report of findings and recommendations to the referring physician or provider
- submit a claim for services to DCHP within 95 days of the date of service

If the Specialist Provider employs physician assistants, advanced practice nurses, or other individuals who assess the health care needs of the members, the Specialist Provider must have written policies in place that are implemented, enforced, and describe the duties of all such

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individuals in accordance with statutory requirements for licensure, delegation, collaboration, and supervision as appropriate.

Before seeing any DCHP Member, the Specialist Provider is obligated to always:

- Confirm that the Member is an eligible member and has a valid referral form from the PCP.
- Adhere to the DCHP accessibility standards for obtaining appointments.
- After the Member has been evaluated, send a report to the Member's PCP no later than seven (7) working days after the day of service.
- Consult with the Member's PCP concerning any additional specialty care or service needed by the member that is not pre-certified by DCHP and / or included with the referral, during or after the member's visit to the Specialist, prior to providing any additional specialty care or service.

If the Specialist office discovers that the CHIP member has dual insurance coverage with a commercial insurance or Medicaid, the office is responsible for notifying DCHP Provider Services.

If the member needs mental health or substance abuse services, the Specialist may refer to an in-network provider for the mental health benefits. DCHP holds individual contracts with Psychiatrists and therapists to provide these services. Prior authorization may be required prior to seeing this Behavioral Health provider. Call Case Management to request authorization, or for any questions regarding mental health benefits.

Specialist Providers must also comply with the DCHP policies and procedures included in this Manual.

#### Hospital Responsibilities

Routine, Elective and Urgent hospital admissions must be prior authorized. Admissions will be coordinated by the member's PCP or a network specialist involved in the member's care.

Hospital admission for Emergent services should be communicated to DCHP within 24 hours of the admission by calling the Utilization Management Department. The Utilization Management Department may request certain information be faxed for review.

#### Ancillary Provider Responsibilities

Ancillary providers such as home health agencies, rehabilitative services providers, DME providers, and similar providers may only provide services as authorized by DCHP. It is the responsibility of the referring physician to provide any required physician orders to the ancillary provider.

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## ***Marketing Guidelines Affecting Providers***

All health plan marketing activities targeting CHIP and STAR members must be pre-approved by Health and Human Services Commission (HHSC). This includes marketing activities of providers that are targeted at CHIP and STAR enrollees. The following guidelines and prohibitions apply to marketing activities of CHIP and STAR providers.

<b>Permitted Activities</b>	<b>Prohibited Activities</b>
<ol style="list-style-type: none"> <li>1. Providers may inform patients of all health plans in which they participate.</li> <li>2. Providers may inform their patients of the benefits, services, and specialty care services offered through the health plans in which they participate.</li> <li>3. At the patient’s request, providers may give patient the information necessary to contact a particular health plan.</li> <li>4. Providers may distribute or display written health educational materials (see definition below) or health related posters (no larger than 16” by 24”) developed by the health plan so long as they do so for ALL health plans in which the provider participates. These materials may have the health plan’s name, logo and phone number on them.</li> <li>5. Providers may display plan stickers (no larger than 5” b y 7”) indicating they participate with a particular Health Plan so long as these stickers do not indicate anything more than that the “health plan is accepted or welcome”. Stickers MUST display the applicable STAR and/or CHIP logo.</li> <li>6. Providers may distribute application booklets to families of uninsured children</li> </ol>	<ol style="list-style-type: none"> <li>1. Providers are not allowed to stock, reproduce or handle program enrollment forms. As stated in #6 under permitted activities, <b>providers can distribute application forms to uninsured children, just not the enrollment form.</b></li> <li>2. Providers CANNOT assist people in filling out the program enrollment forms or in making a decision on selecting a health plan.</li> <li>3. Non-health related materials or banners that are for a specific health plan (even if the provider is contracted with the health plan) are NOT allowed in provider offices.</li> <li>4. Providers may not make false, misleading or inaccurate statements related to services, benefits, providers, or potential providers of any health plan.</li> <li>5. Provider may not recommend one health plan over another.</li> </ol>

**DEFINITION: Health Education Materials** are materials produced by the health plan or a third party that contains information related to health (i.e. immunization, diabetes, heart disease, birth control, prenatal care, THSteps screens, nutrition, health education classes, etc) and DOES NOT include announcements of health fairs, materials that are specific to a given health plan, or materials that are specific to Medicaid/STAR or CHIP programs.

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## ***Coordination with Public Health Services and Health Department Programs***

### *Public Health Services Available to DCHP Members*

DCHP is proactive in its efforts to contract with or maintain memoranda of understanding with public health entities to provide the following services to members:

- Sexually Transmitted Diseases (STDs) services
- Confidential HIV testing
- Immunizations
- Tuberculosis (TB) care
- Family Planning services
- THSteps medical checkups
- Prenatal services

DCHP's Case Managers can assist in coordinating services with the member, the member's PCP and the public health entity. In cases where services are coordinated and subject to applicable laws, rules and regulations concerning confidentiality of certain health information, the public health entity is requested to provide a written report to the PCP concerning the services provided by the public health entity.

### *DCHP Provider Responsibilities to Report to Public Health Entities*

Notwithstanding DCHP's relationship with public health entities, providers are responsible to uphold reporting and notification requirements concerning certain health conditions to Public Health Entities. These include:

- reporting requirements regarding communicable diseases and/or diseases that are preventable by immunization as defined by Texas state law
- notification and referral to local Public Health Entity with regard to communicable disease outbreaks involving DCHP members
- referral to Public Health Entity for TB contact investigation and evaluation and preventive treatment of persons with whom the Member has come into contact
- referral to Public Health Entity for STD/HIV contact investigation and evaluation and preventive treatment of persons with whom the Member has come into contact
- referral for WIC services to applicable members
- coordination and follow-up of suspected or confirmed cases of childhood lead poisoning (for levels 40 or higher). To report lead poisoning, provider can call 512-458-7269 or toll free at 1-800-588-1248 or via fax at 512-458-7699. The following information must be reported: child's name, address, date of birth, sex, race and ethnicity; blood lead level

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concentration, test date, name and telephone number of testing laboratory; whether the sample was capillary or venous blood; and the name and city of the attending physician.

*Coordination with Other Health and Human Services Programs*

DCHP maintains relationships with various other Health and Human Services (HHS) program entities to ensure the effective delivery of health care services to STAR and CHIP members. DCHP’s case managers can assist members and providers in accessing or referring to these services. DCHP maintains such relationships with the following programs:

<b>Program</b>	<b>Provider’s Requirements</b>
Use of Department of State Health Services (DSHS) Bureau of Laboratories for specimens obtained as part of a THSteps medical checkup, including THSteps newborn screens, PKU testing, lead testing, and hemoglobin / hematocrit testing	Hospitals and PCPs required to comply
Obtaining vaccines through the Texas Vaccines for Children Program	PCPs required to use the Vaccines for Children except in emergencies or where shortages exist
Reporting immunization results to the statewide ImmTrac Registry	Providers are encouraged to refer to and coordinate services.
Referral of applicable members for WIC services	Providers of obstetrical services required to comply
DSHS case management for Children and Pregnant Women (CPW)	Providers are encouraged to refer to and coordinate services.
Participation in community-based case management programs funded by Medicaid/STAR for: DSHS, Mental Health and Mental Retardation (MHMR), and Mental Health Rehabilitation.	Providers are encouraged to refer to and coordinate services.
Referral to Texas Department of Transportation’s Medical Transportation Program for STAR members.	Providers requested to help educate members
Cooperation with state and local health authorities necessary to conduct annual population and community-based needs assessments.	Providers are encouraged to refer to and coordinate services.
Coordination and follow-up of suspected and confirmed cases of childhood lead poisoning.	All applicable providers required to comply (see above for information required to report)
Early Childhood Intervention (ECI) Case Management / Service Coordination	Providers must comply
Texas School Health and Related Services (SHARS) – STAR members only	Providers are encouraged to refer to and coordinate services.
Tuberculosis (TB) Services Provided by TDH-approved Providers (Directly Observed Therapy and Contact Investigation)	Providers must comply

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<b>Program</b>	<b>Provider's Requirements</b>
Vendor Drug Program (for prescription drugs not supplies in the provider's office or hospital setting)	Providers must comply
Texas Commission for the Blind (TCB) Case Management – STAR members only	Providers are encouraged to refer to and coordinate services.
THSteps Dental Services – STAR members only	Providers are encouraged to refer to and coordinate services.
Texas Agency Administered Programs and Case Management Services	Providers are encouraged to refer to and coordinate services.
HHSC Hospice Services – STAR members only	Providers are encouraged to refer to and coordinate services.
Essential Public Health Services	Providers are encouraged to refer to and coordinate services.

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## ***Continuity of Care***

There are some instances when Driscoll Children's Health Plan will allow a provider other than the PCP to coordinate the Member's care. The following are some examples:

### ***Pregnant STAR member***

Pregnant STAR Members with 12 weeks or less remaining before the expected delivery date will be allowed to remain under the care of the current OB/GYN through the Member's postpartum check-up.

### ***Out-of-network provider has been treating member***

An existing out-of-network provider has been treating a new Member and DCHP has been notified of such arrangements. The out-of-network provider must comply with Driscoll Children's Health Plan's Utilization Management Program and accept usual and customary rates. The out-of-network provider must transfer the patient's records to an in-network provider and will not be authorized for on-going care for more than 90 days or for nine months in the case of a Member, who at the time of enrollment, is diagnosed with a terminal illness.

### ***Pre-existing condition not imposed***

DCHP will not impose any pre-existing condition limitations or exclusions or require evidence of insurability to provide coverage to any STAR or CHIP member.

### ***Member moves out of service area***

DCHP will continue to provide and coordinate services for Members who move out of the service area until such time that Member is removed from DCHP's eligibility file.

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### ***Coordination of Care for Non-Covered Services***

DCHP's case managers are available to assist providers in coordinating care for services that are not covered by the STAR and CHIP programs. Providers are encouraged to assist members in this process as well by:

- advising members of available providers of the required service
- coordinating arrangements for the service with the DCHP case management department (not a DCHP referral) to the provider of the non-covered service
- sending the necessary information, including medical records, to assist in the provision of the service

When providing a non-covered service, providers are required to obtain a signed Advance Beneficiary Notice (ABN – see Appendix A for a sample of this form) from the member in order to bill the member for the non-covered service. The provider of the non-covered service is permitted to bill the member for the non-covered service **ONLY** if an ABN was obtained prior to the provision of the services.

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### ***Coordination with the Texas Department of Protective and Regulatory Services (TDPRS) – for STAR members only***

Driscoll Children's Health Plan works with TDPRS to ensure that the at-risk population, both children in-custody and not in custody of TDPRS, receive the services that they need through the STAR program. Children who are served by TDPRS may transition into and out of the Driscoll Children's Health Plan service area more rapidly and unpredictably than the general population. During the transition period for a child moving between custodians, and beyond, providers must:

- Provide periodic written updates on treatment status of members to TDPRS as required by TDPRS, including copies of medical records if requested
- Scheduling medical and behavioral health appointments within fourteen (14) days unless requested earlier by TDFPS
- Participate, when requested by TDPRS, in planning to establish permanent homes for members
- Recognition of abuse and neglect, and appropriate referral to TDPRS
- Participate in Driscoll Children's Health Plan training activities regarding TDPRS

For assistance with member and TDPRS, providers should call Case Management.

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## ***Vendor Drug Program***

### *Prescription Drugs for STAR and CHIP Members*

Prescription drugs for STAR and CHIP members are provided through the State of Texas Vendor Drug Program (VDP) and are NOT the financial responsibility of DCHP. The VDP makes payment for prescriptions of covered outpatient drugs only to pharmacy providers contracted with HHSC. The VDP maintains a formulary that includes drugs prescribed for medical treatment of illness or injuries. For more information on the VDP, visit [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us).

The VDP operates a Vendor Drug Help Desk to assist contracted providers with information pertaining to the online status of paid and rejected claims, eligibility, and general information regarding the VDP policies and procedures. The hotline is open weekdays from 8:30 a.m. to 5:15 p.m. (Central Standard Time) for providers only at **1-800-435-4165**. Prescription drugs that may not be covered by VDP may be covered by DCHP.

### *Special DME and Medical Supplies Covered by DCHP*

DCHP uses a Pharmacy Benefits Manager to provide medical equipment and supplies that are not available through the Vendor Drug Program. For example, DCHP will cover diabetic supplies that may not be covered by VDP.

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## ***Vaccines for Children Program (VFC)***

All PCPs must be enrolled in the Texas Vaccines for Children Program. To enroll, please complete the form titled “Texas Vaccines for Children Program: Provider Enrollment” and a 2-page form required to be completed annually by TDH. Samples of these VFC forms may be found in Appendix A of this manual. After completing and submitting the forms, TDH and the Texas Health and Human Services Commission provide information and training, as necessary, to providers.

Any providers who have not enrolled in the Texas Vaccine for Children Program should complete the form that was discussed above or call TDH at **1-800-252-9152**. TDH will provide the location and telephone number of the local health department or regional office where the provider will obtain his/her vaccine supply.

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## ***Advance Directives***

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All DCHP network providers are required to maintain written policies and procedures for informing adult STAR members 18 years of age and older about their rights to refuse, withhold or withdraw medical treatment and mental health treatment through the use of an Advance Directive [for further information see Social Security Act § 1902(a)(57) and § 1903(m)(1)(A)].

In addition, DCHP informs all members of their rights to an Advance Directive as part of its STAR Member Handbook. DCHP's policies and procedures related to Advance Directives comply with the federal regulations, and set forth the requirements of hospitals, critical access hospitals, skilled nursing facilities, home health agencies, providers of home health care services, providers of personal care services, and hospices to inform patient's of their right to self-determination in making health care decisions. DCHP's policies and procedures comply with relative laws and rules of the State of Texas as follows:

1. The Advance Directives Act, Chapter 166, Texas Health and Safety Code, which includes:
  - a. A member's right to execute an advance written directive to physicians and family or surrogates, or to make a non-written directive to administer, withhold or withdraw life-sustaining treatment in the event of a terminal or irreversible condition;
  - b. A member's right to make written and non-written out-of-hospital do-not-resuscitate (DNR) orders; and
  - c. A member's right to execute a Medical Power of Attorney to appoint an agent to make health care decisions on the member's behalf in the member becomes incompetent.
2. The Declaration for Mental Health Treatment, Chapter 137, Texas Civil Practice and Remedies Code, which includes: a member's right to execute a Declaration of Mental Health Treatment in a document making a declaration of preferences or instructions regarding mental health treatment.

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## ***Medical Records***

### *Maintenance of Records*

All DCHP providers are required to maintain a written or electronic medical record that complies with the standards of the health care industry and with the requirements of applicable federal, state and local laws, rules and regulations. Records must be:

- individual to each patient
- a complete and accurate representation of all medical services, counseling and patient education provided by the provider
- maintained in an orderly and legible fashion

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- kept secured to ensure the maintenance of confidentiality and be accessible only to practice employees and eligible persons as permitted by law
- maintained pursuant to procedures of confidentiality that comply with the Health Insurance Portability and Accountability Act (HIPAA)
- made available to the patient according to the written policies and procedures
- made available to appropriate parties allowed to view such records pursuant to HIPAA and other relative federal, state and local laws, rules and regulations

Forms Required by DCHP

DCHP does not require any health-plan-specific forms to be maintained in a provider's medical records. The forms used by each provider are determined solely by the provider, but must be sufficient to document all treatment, counseling and education services to members in an orderly, efficient and complete manner.

DCHP and HHSC Requests for Medical Records

DCHP and HHSC may from time to time request copies of medical records related to the treatment of DCHP STAR or CHIP members. Such requests for records will generally be for the purposes of (1) assessing or evaluating aspects of the STAR and CHIP managed care programs, (2) responding to legislative or regulatory inquiries or purposes, or (3) responding to complaints or appeals filed by members or providers. All providers are required to provide copies of applicable records at no cost to DCHP or HHSC if the request:

- comes from HHSC or other federal or state entities of competent jurisdiction
- comes from DCHP as a direct result of a request for records from HHSC or other federal or state entities of competent jurisdiction
- comes from DCHP pursuant to the health plan's utilization management prior authorizations requested by the provider
- comes from DCHP or the State as a direct result of a Waste, Abuse and Fraud investigation

Confidentiality

All providers must maintain written policies and procedures with regard to maintaining the confidentiality of medical records in a manner consistent with federal, state and local laws, rules and regulations, including HIPAA.

DCHP will maintain complete confidentiality with regard to medical records that may be requested from providers. DCHP's policies and procedures for confidentiality shall at all times be compliant with federal, state and local laws, rules and regulations, including HIPAA.

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## ***Changes in Provider Addresses or Contact Information or Opening of New Office Locations***

All network providers are required to notify DCHP in writing of any changes in office address or in relevant contact information. Changes in office address should be received by DCHP thirty (30) days prior to the move.

In addition, all network providers must notify DCHP upon opening of new offices where DCHP STAR or CHIP members may be treated OR upon engaging new physician or mid-level practitioners who may be involved in the treatment of DCHP STAR or CHIP members. New office locations are subject to site review before they are eligible to receive reimbursement. New providers or mid-level practitioners are subject to being credentialed with DCHP in accordance with the DCHP Credentials and Recredentials policy before the provider will be eligible to receive reimbursement for services.

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## ***Cultural Sensitivity***

DCHP places great emphasis on the wellness of its Members. A large part of quality health care delivery is treating the whole patient and not just the medical condition. Sensitivity to differing cultural influences, beliefs and backgrounds, can improve a provider's relationship with patients and in the long run the health and wellness of the patients themselves. Following is a list of principles for health care providers\*, to include knowledge, skills and attitudes, related to cultural competency in the delivery of health care services to DCHP members:

### **KNOWLEDGE ⇒**

- Provider's self understanding of race, ethnicity and influence.
- Understanding of the historical factors which impact the health of minority populations, such as racism and immigration patterns.
- Understanding of the particular psycho-social stressors relevant to minority patients. These include war trauma, migration, acculturation stress, socioeconomic status.
- Understanding of the cultural differences within minority groups.
- Understanding of the minority patient within a family life cycle and intergenerational conceptual framework in addition to a personal developmental network.
- Understanding of the differences between "culturally acceptable" behavior of psycho-pathological characteristics of different minority groups.

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\* Bridge To Wellness, Cultural Competency, a program of Richmond Area Multi-Services, Inc. (RAMS, Inc.) The Executive Director of RAMS, Evelyn Lee, Ed.D. has published a list of principles in cultural competency for health care providers

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- Understanding indigenous healing practices and the role of religion in the treatment of minority patients.
- Understanding of the cultural beliefs of health and help seeking patterns of minority patients.
- Understanding of the health service resources for minority patients.
- Understanding of the public health policies and its impact on minority patients and communities.

**SKILLS ⇒**

- Ability to interview and assess minority patients based on a psychological/social/biological/ cultural/ political/ spiritual model.
- Ability to communicate effectively with the use of cross cultural interpreters.
- Ability to diagnose minority patients with an understanding of cultural differences in pathology.
- Ability to avoid under diagnosis or over diagnosis.
- Ability to formulate treatment plans that are culturally sensitive to the patient and family's concept of health and illness.
- Ability to utilize community resources (church, CBOs, self-help groups)
- Ability to provide therapeutic and pharmacological interventions, with an understanding of the cultural differences in treatment expectations and biological response to medication.
- Ability to ask for consultation.

**ATTITUDES ⇒**

- Respect the "survival merits" of immigrants and refugees.
- Respect the importance of cultural forces.
- Respect the holistic view of health and illness.
- Respect the importance of spiritual beliefs.
- Respect and appreciate the skills and contributions of other professional and paraprofessional disciplines.
- Be aware of transference and counter transference issues.

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***DCHP Waste, Abuse and Fraud (WAF) Prevention Program***

DCHP maintains, as required by law, a written WAF Prevention plan under which it performs routine monitors, claims audits and claim data analyses designed to identify occasions of potential waste, abuse and fraud as defined by the Centers for Medicare and Medicaid services. DCHP reports to appropriate authorities verified situations of waste, abuse and fraud involving providers, employees of DCHP, affiliates and subcontractors of DCHP, or other relevant persons involved with DCHP's delivery of services pursuant to the STAR and CHIP managed care

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programs. For information regarding the DCHP WAF Prevention Program, call Provider Services and ask to speak with Compliance Officer.

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## ***Termination of Provider Participation***

### ***Provider-requested Termination***

As outlined in each provider's contract, a provider retains the right to terminate his/her participation in the DCHP network for any reason. If a provider desires to terminate his/her participation agreement with DCHP, a written notice to DCHP is required either ninety (90) days prior to the desired effective date of the termination or in accordance with the time frames outlined in the provider's contract with DCHP. DCHP will honor requests for termination, but may work with the provider to see if some other alternative can be identified to prevent network termination.

### ***DCHP-requested Termination***

DCHP reserves the right to terminate a network provider's contract pursuant to relevant state and federal laws, rules and regulations related to provider termination. If DCHP determines that termination is necessary based on the requirements set forth in the DCHP Credentials and Recredentials Policy, the decision may be eligible for appeal as defined in the policy.

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## ***Member Materials***

From time to time, DCHP sends various communications to members. These materials are produced at or below the 6<sup>th</sup> grade reading level to ensure that they are comprehensible by all members regardless of their educational level. Providers are encouraged to provide patient notices and general information about their practice in a similar form to ensure that patients understand the information. This does not apply to health education materials that are provided to patients.

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