Texas Children's Health Plan

the checkup

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A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

The new and improved Provider Portal is here!

The upgraded Texas Children's Health Plan Provider Portal is now live! We have worked to bring a revamped user experience to our entire provider network. Our goal is to empower our providers with the tools to access accurate, timely data, so that they are able to deliver the best possible care to our members and their families.

The redesigned portal features:

- Improved functionality for the claims, appeals, and messaging center
- Health Management Tools menu
- Access to Healthcare Effectiveness Data and Information Set (HEDIS®) data through Inovalon Population management software, offering insights to quality performance
- Provider ability to update panel demographics
- Reports with improved descriptions and instructions

Visit the new Provider Portal at **healthtrioconnect.com**

Take a look inside!

Specialists and Facilities:

Texas Children's Health Plan

P.O. Box 301011
Houston, TX 77230-1011

The YES Waiver for Medicaid members: What you need to know

What is the YES Waiver?
The Youth Empowerment Services (YES) Waiver is a Medicaid program that helps youth ages 3-18 years old with serious developmental, emotional, and behavioral difficulties. The YES Waiver provides intensive services delivered within a strengths-based team planning process called wraparound. Wraparound builds on family and community support to build a family's natural support network and connection with the community. The goal of the YES Waiver is to prevent out of home placement. It is a short-term waiver that lasts 6-18 months, dependent on the child's needs. Services include:

- Respite services
- Community living supports
- Specialized therapies
- Family supports
- Employment assistance and supported employment
- Adaptive aids and supports
- Minor home modifications
- Non-medical transportation
- Paraprofessional services
- Supportive family-based alternatives
- Transition services

Who is eligible for YES Waiver services?
Any child ages 3-18 years old who:

- has serious mental, emotional and behavioral difficulties;
- has a qualifying mental health diagnosis;
- is at risk for placement outside of the home due to mental health needs;
- meets criteria to be in a psychiatric hospital;
- is eligible for Medicaid (parent income is waived); and
- currently lives in a home setting with a legal guardian or on his/her own.

How do I refer a child who meets the above requirements?
A child's legal guardian (or child if independent) can contact the Local Mental Health Authority to request an assessment for the YES Waiver program.

LMHA contact numbers:

- The Harris Center: 713-970-7212
- Texana: 281-239-1485
- Gulf Coast: 409-944-4555
- Tri County: 800-347-5208
- Spindletop: 844-886-3280
- HHSC Inquiry line for all LMHAs: 512-838-4334

Please go to **hhs.texas.gov/services/mental-health-substance-use/childrens-mental-health/yes-waiver** for more information on the YES Waiver.

Appointment availability standards

What are appointment availability standards? How do you as a provider with Texas Children's Health Plan play a role?

In 2015 Senate Bill 760 passed, requiring the Texas Health and Human Services Commission (HHSC) to monitor the provider networks of managed care organizations. Texas Children's Health Plan would like to ensure members are able to schedule appointments with providers in accordance with the HHSC's appointment accessibility guidelines.

Provider Type	Level/Type Of Care	Appointment Availability Standards
Specialty Care	• Emergency services • Urgent condition • Specialty routine care	• Immediately • Within 24 hours • Within 21 days

Provider Type	Level/Type Of Care	Appointment Availability Standards
Behavioral Health	• Emergency services • Urgent condition • Care for non-life threatening emergency - Behavioral Health • Initial visit for routine care - Behavioral Health • Follow-up routine care - Behavioral Health • Initial outpatient behavioral health visit (This does not apply to CHIP Perinate members.)	• Immediately • Provided within 24 hours • Within 6 hours • 10 days • 90 days • 14 days

Prior Authorization Reference Information

The Texas Children's Health Plan website now has an additional resource for information related to prior authorization requirements. The Prior Authorization Reference Information documents the codes that require authorization for payment based on authorization category. This list is not yet all-inclusive. It can be found at texaschildrenshealthplan.org/sites/default/files/pdf/PA%20Code%20List%20December%202018.pdf

In addition, providers can submit an authorization request online for the codes listed on the Prior Authorization Reference Information document via Clear Coverage. For access to or training on the use of Clear Coverage, contact your Provider Relations representative at 832-828-1004.

A list of all services that require authorization can be found at:
texaschildrenshealthplan.org/sites/default/files/pdf/Prior%20Auth%20Requirements_NOV%202018.pdf

Provider alert:
DME/supplies exceeding Medicaid limitations

Texas Children's Health Plan applies benefit limitations for DME Supplies and Equipment per the current TMHP Manual for all members eligible to receive the benefit. See benefit exceptions below.

Frequency of Billing
As a reminder, DME monthly limits will be applied every 27 days. Claims for recurring DME rentals and/or monthly disposable supplies billed prior to this renewal date are subject to denial. Denied claims may be appealed through the standard appeal process with supporting documentation to establish and/or support medical necessity.

What DME requires authorization?
Please refer to our web site for a full list of these items: tchp.us/sites/default/files/pdf/Prior%20Auth%20Requirements_NOV%202018.pdf

If a DME item requires prior authorization, a provider may also provide medical necessity justification for exceeding the TMHP benefit limitation in their prior authorization request.

What if the DME item doesn't require authorization but the quantity needs to exceed benefit limitations?
If a DME item does not require a prior authorization, Texas Children's Health Plan will reimburse billed units up to the maximum quantities allowed. Quantities exceeding benefit limitations set forth by Texas Medicaid or established in the Texas Children's Health Plan benefits exception list will be denied. A provider may submit a claims appeal that includes documentation justifying the medical necessity of those quantities denied for exceeding the limitation as per the Texas Children's Health Plan claims appeals process.

Is there a standard form available for medical necessity denials?
No. Providers will retain the responsibility of providing sufficient documentation for the items exceeding benefit limitations.

Is there specific information I have to provide to prove medical necessity?
The following information may be useful when submitting or appealing claims for medical necessity:

- The member's overall health status and diagnosis or condition
- Why the benefit limit does not meet the member's needs documented with specificity to the member's condition
- Signed acknowledgement from the ordering provider that the member requires amounts exceeding the benefit limitation

To view a chart of all of Texas Children's Health Plan's Benefit Exceptions to TMPH DME Limits, go to **thecheckup.org** for a complete version of this article.