

# 2024 Annual Provider Newsletter

Information and updates for Texas Children's Health Plan Providers



Texas Children's Health Plan (TCHP) is committed to partnering with our providers to deliver the highest quality care to our members. Our 2024 newsletter will provide you with the latest updates, important reminders, and resources to help you streamline your practice.

Highlights in this issue include:

- Reminders on Texas Children's® Link, our provider portal.
- Information on training sessions and webinars.
- Respiratory virus illness season resources to provide you with helpful information and best practice recommendations.
- Updates on quality improvement initiatives.

We value your dedication and expertise in improving the health of our community. If you have any feedback or topics you would like us to cover in future communications, please don't hesitate to reach out.

*Thank you for your continued partnership.*

## **Texas Children's Health Plan Provider Relations**

Phone: 832-828-1004 | Fax: 832-825-8750 | Toll-Free: 1-800-731-8527

Email: [providerrelations@texaschildrens.org](mailto:providerrelations@texaschildrens.org)

Contact us Monday to Friday, 8:00 a.m. – 5:00 p.m. for:

- Updates to provider demographic information.
- Requests for information on the following:
  - Texas Children's Health Plan's Provider Portal, Texas Children's® Link.
  - Accessing Provider TouCHPoint.
  - Provider education such as New Provider Orientation or Continued Medical Education (CME).
  - Texas Children's Health Plan's procedural information.

## In this issue

Introduction	1
Important Update on TCHP (TCHP)'s Contract Status with Texas Health and Human Services Commission (HHSC)	3
Reminders	4
Clinical Practice Guidelines	4
Availability of Criteria to Practitioners	5
Preventive Health Service Responsibilities	6
Supporting You with Quality Improvement Resources	7
Essential Reminders for Providers During Respiratory Viral Illness Season	8
Spotlight on HEDIS Toolkits	10
Improving Quality and Member Satisfaction	11
Pharmacy	12
Authorization for Health Services	13
Information on Appeals	15
Find out a Member's Rights and Responsibilities	15
Supporting the Health and Well-Being of Women at TCHP	16
Health And Human Services' Healthy Texas Women (HTW) Program	17
Cultural Competency	18
Healthy Rewards Program	18
Complex Case and Disease Management Program	19
Quality Care Coordination	20
Understanding Fraud, Waste and Abuse	20
Cobblestone Contracting Platform	21
Provider Portal: Texas Children's® Link Reminders	22
Credentialing	22
More Information and Feedback	24

## Important Update on Texas Children's Health Plan (TCHP)'s Contract Status with Texas Health and Human Services Commission (HHSC)

As you may have heard, HHSC conducted a Medicaid STAR & CHIP Managed Care procurement. In March, HHSC posted their Notice of Intent to Award (NOIA) for the Medicaid STAR & CHIP Managed Care Services contract and Texas Children's Health Plan (TCHP) was not on the list of awardees, despite over a 25-year partnership with the State to serve Texas' Medicaid population. We were deeply disappointed by this decision and since March TCHP has been pursuing all available administrative, legislative and legal remedies. If this decision stands, it would result in nearly half a million individuals, pregnant women and children, in the Harris and Jefferson service delivery areas alone to be forced to change their providers, causing an unnecessary disruption of care.

In June of this year, TCHP, along with several other current Texas Medicaid managed care plans, filed a lawsuit against HHSC's Executive Commissioner to prevent HHSC from signing contracts that were improperly awarded as a result of a legally flawed Medicaid STAR and CHIP procurement. On October 4, 2024, the Travis County District Judge **granted a temporary injunction**, ruling that HHSC is not allowed to sign and execute contracts with the health plans listed on the NOIA until the final judgment on the merits and legality of the procurement has been determined. The trial has been set for November 3, 2025.

We are asking you to help ensure that our members, your patients, and their families have accurate information about their coverage. As a reminder, there is no loss of coverage at this time and TCHP still holds a Medicaid STAR and CHIP contract. Our STAR and CHIP members will not see any impact and will continue to receive the same benefits and services they always have. Additionally, we continue to be a STAR Kids plan.

As a non-profit health plan founded nearly 30 years ago specifically to serve the needs of Texas' most vulnerable residents, serving Medicaid and CHIP members, we will continue to fight this potential outcome for our members as one of the highest rated quality plans in our markets.

TCHP looks forward to serving the Texas Medicaid and CHIP community for many years to come. We thank you for your support and partnership. If you have questions, or would like information on additional ways you can help, please reach out to your Provider Relations Liaison.



## Reminders



Texas Children's Health Plan invites you to join our quarterly Provider Advisory Group (PAG) meetings, visit <https://www.texaschildrenshealthplan.org/providers/provider-events> to register today. The PAG meeting dates in 2025 are March 18, June 17, September 23, and December 9.



Provider Alerts are now available on our main website, <https://www.texaschildrenshealthplan.org/provideralerts> and no longer on *TheCheckup.org*. This update was due to recent website enhancements to streamline content and enhance navigation.



We have an array of training available for providers such as Utilization Management Overview training and CME opportunities. Please visit <https://www.texaschildrenshealthplan.org/providers/provider-events>.

## Clinical Practice Guidelines

Texas Children's Health Plan, with the guidance of its Clinical & Administrative Advisory Committees, develops or adopts evidence-based Clinical Practice Guidelines. These practice guidelines: (1) Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field; and (2) Consider the needs of Texas Children's Health Plan enrollees. Texas Children's Health Plan has Clinical Practice Guidelines in place including, but not limited to the following:

### Allergy Guidelines

### Asthma Guidelines

### Behavioral Health Guidelines

(recently enhanced Behavioral Health Clinical Practice Guidelines)

- ADD/ADHD
- Addiction Medicine
- Anxiety
- Behavioral Health Level of Care
- Depression

### State Guidelines

#### – Screening and Drug Formulary

### Diabetes Guidelines

### Neuropsychology Guidelines

### Otitis Guidelines

### Obesity Guidelines

### Syphilis Guidelines

### Pharyngitis

### Prenatal and Postpartum Care Guidelines

(recently enhanced Women's Health Clinical Practice Guidelines)

- Syphilis testing and management in pregnancy
- STI Screening
- Reducing the Primary Cesarean Section Rate
- Prenatal Care
- Postpartum Care
- Maternal Substance Use/Abuse Screening and Management
- Postpartum Depression Screening and Management
- Maternal Morbidity and Mortality Prevention

### Preventative Care Guidelines

### Tonsillectomy

The Clinical Practice Guidelines are updated at least once every two years. These guidelines are adapted from national guidelines for practice. All are reviewed, modified if appropriate and approved by participating providers and the TCHP Medical Advisory Committees and Quality Committee, which are composed of primary care physicians and a variety of specialists. Clinical Practice Guidelines can be found on our website, <https://www.texaschildrenshealthplan.org/providers/provider-resources/practice-guidelines>.

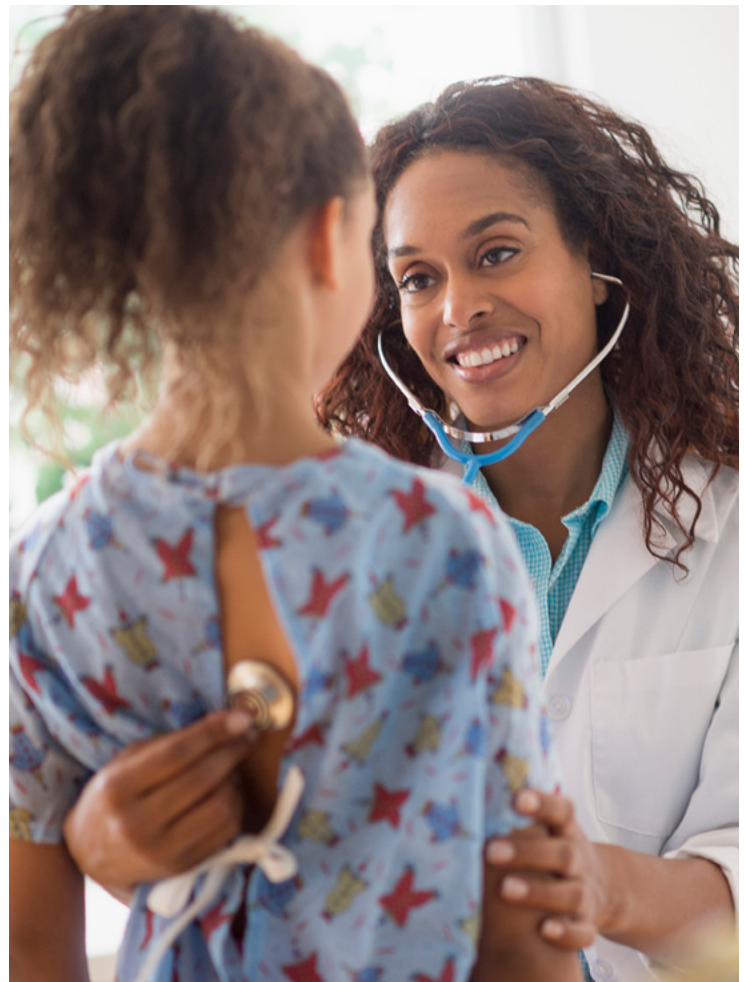
We will fax or mail the Clinical Practice Guidelines to providers without internet access upon request. Please contact Provider Relations at 832-828-1004 or toll free at 800-731-8527.

## Availability of Criteria to Practitioners

Texas Children's Health Plan uses written criteria (Utilization Management Guidelines) based on clinical evidence in addition to a review of individual circumstances and local health system structure when determining medical appropriateness of health care services that require prior authorization. The goal of our UM Guidelines is to encourage the highest quality care from the right provider in the right setting.

Providers may access the guidelines and medical necessity criteria in any of the following methods:

- Texas Children's® Link Provider Portal: <https://epiccarelink.texaschildrens.org/>
- Website: <https://www.texaschildrenshealthplan.org/for-providers/prior-authorization-information>
- Contact Texas Children's Health Plan Provider Relations Department at 832-828-1004 or Toll-Free at 1-800-731-8527.





## Preventive Health Service Responsibilities

The quality of care primary care providers deliver to members has a direct impact on positive member health outcomes. The receipt of timely and appropriate preventive care in accordance with state and nationally recognized standards of health care quality is key to the health of the populations we serve.

Primary care providers have the responsibility to provide preventive health services in accordance with Texas Medicaid STAR/CHIP program requirements, HEDIS (Healthcare Effectiveness Data and Information Set) quality of care metrics and related medical policies.

Primary care providers should deliver quality preventive health services including, but not limited to, the following:

- Timely infant, pediatric and adolescent wellness visits, screenings, and immunizations in accordance with:
  - Texas Health Steps periodicity schedule for STAR
  - American Academy of Pediatrics (AAP) Guidelines for CHIP

- Annual well checkups, routine immunizations and screenings for all adult members age 21 and older.
- Immunizations, TB screenings, and other measures for the prevention and detection of disease, including instructions in personal health care practices and information on the appropriate use of medical resources.
- Education of members about their right to self-refer to any in-network OB/GYN provider for OB/GYN health-related care.
- Referral to case management services as appropriate to help members navigate barriers to receiving needed preventive health services (e.g. transportation or other nonmedical determinants of health).
- Referral to a dentist for routine preventative dental services.

**Source:** Texas Health Steps | Texas Health and Human Services

## Supporting You with Quality Improvement Resources

At Texas Children's Health Plan, we're dedicated to ensuring you have the tools you need to succeed. Our Quality Team offers a range of valuable resources to support your practice, improve patient outcomes, and make navigating quality initiatives easier. We invite you to explore the resources outlined below.

### Partner with Our Clinical Practice Consultant

Our Clinical Practice Consultant (CPC) is here to support you with improving quality of care to achieve your performance goals. Working alongside Quality Improvement Specialists and Nurse Auditors, the CPC provides guidance on available incentives, navigating alternative payment models, and aligning your practice

with the latest evidence-based research and clinical guidelines. They are here to help you navigate quality programs, close gaps in care, and exceed performance benchmarks, such as HEDIS measures and appointment availability.

By partnering with our CPC, you'll have access to the latest metrics, information on emphasizing wellness and prevention, and strategies that can boost both provider and member satisfaction. To learn more, watch a short video (<https://www.brainshark.com/tchpinc/vu?pi=zIuzZdUrWziLlaz0>), and contact your Provider Relations Liaison or Account Lead to schedule a meeting with our CPC today.

Explore recent presentations shared by TCHP's Clinical Practice Consultant:

- **Preparing for Respiratory Illness Season:** This presentation identifies relevant respiratory illness prevention and management performance measures and applies best practice recommendations for educating and protecting patients during respiratory viral illness season. To watch the presentation, visit <https://www.brainshark.com/tchpinc/vu?pi=zIqziysM6ziLlaz0>.
- **Promoting Women's Health:** This presentation reviews updates on Medicaid postpartum extension coverage under House Bill 12 and quality performance measures critical to women's health and best practice recommendations to achieve them for your patients. To watch the presentation, visit <https://www.brainshark.com/1/player/tchpinc?pi=zImzvlCndziLlaz0&r3f1=&fb=0>.
- **Potentially Preventable Emergency Department Visit Recommendations (PPV):** This Provider Alert outlines best practice recommendations for reducing potentially preventable emergency department visits. To learn more, visit <https://www.texaschildrenshealthplan.org/2024/07/11/provider-alert-potentially-preventable-emergency-department-visit-recommendations>.

Helpful resources for providers:

- **Texas Children's Anywhere Care:** Whether day or night, TCHP members can have an online visit with a health care provider to treat a variety of routine medical conditions. Additional information on Anywhere Care can be found here: <https://www.texaschildrenshealthplan.org/anywherecare>.
- **Virtual Care Options:** Additional virtual care options are available to TCHP members. Find out more information at <https://www.texaschildrenshealthplan.org/skip-the-wait>.



## Inovalon's Converged Provider Enablement Tool

TCHP is excited to announce Inovalon's new and improved provider platform, Converged Provider Enablement (CPE) tool, designed to help providers streamline gap-in-care reports and gain better insight into their performance metrics. This new, updated tool will replace the current *Inovalon Data Insights* before it officially sunsets to the new platform. The CPE tool offers a range of features to enhance provider workflows, including:

- **Comprehensive gap-in-care reports:** View all of your assigned TCHP members' gaps in one easy-to-download report.
  - You can also filter to show your assigned TCHP members due for appointments in the next 90 days, to assist with priority scheduling
- **Performance tracking:** View TCHP's target thresholds and gap-to-goal metrics to easily monitor your performance.

Primary care providers (PCPs) need to engage in population health management to enhance the quality of care they deliver. TCHP supports these efforts by providing the CPE tool within the provider portal. This tool facilitates the adoption of a data-driven, people-centered approach, enabling PCPs to concentrate on social determinants of health, psychosocial needs, and comprehensive gap-in-care reports. By utilizing this resource, PCPs can implement a holistic strategy that addresses health inequalities and improves the overall health and well-being of their members.

## Essential Reminders for Providers during Respiratory Viral Illness Season

The respiratory viral illness season has begun, and infections like influenza (flu), respiratory syncytial virus (RSV), and COVID-19 are circulating in our communities.

This communication aims to equip you with **comprehensive and up-to-date provider resources** to support your practices during this critical time.





**Provider Resources**

- [HEDIS Toolkit on Respiratory Conditions and Antibiotic Stewardship](#): Offers valuable insights and guidelines.
- [Respiratory Viral Illness Season Resource Kit](#): Comprehensive materials for patient education.
- At the TCHP Provider Advisory Group Meeting in September 2024, TCHP's Clinical Practice Consultant, presented important educational material regarding *Respiratory Viral Illness Season: What You Need to Know to Educate and Protect Your Patients*. To view this presentation, click [here](#).

**Key Takeaways**

- **Vaccination is Vital**  
As appropriate, please encourage your patients to best protect themselves against respiratory viral illnesses by receiving vaccinations for influenza, respiratory syncytial virus, and COVID-19 infections. Information about the flu season and vaccination can be found in the [2024-2025 Flu Season: Encourage Members to Protect Themselves Provider Alert](#)
- **RSV Information**  
Crucial information about RSV season and vaccination can be found in the [2024-2025 RSV Season and Synagis Prior Authorization Provider Alert](#)
  - Reiterate to patients that **antibiotic medication does not effectively treat viral illnesses**. Reassure patients about their plan of care for respiratory viral illnesses.
- **Right Care, Right Place, and Right Time**  
Educate patients on when and where to seek medical care. Help them recognize true emergencies that require immediate attention versus non-emergency situations.
- **Patient Resources**  
Please review and share this helpful link to Stay healthy this Cold and Flu Season! with your patients: <https://www.texaschildrenshealthplan.org/flu>
  - Additionally, see a [flu information flyer](#) that can be shared with patients.



## Spotlight on HEDIS Toolkits

TCHP develops Healthcare Effectiveness and Data Information Set (HEDIS) Toolkits that contain helpful information regarding the measure requirements, standards and codes to use that are acceptable for HEDIS reporting. The toolkits serve as a reference form that can be used to code the type of appointments made and ensure that all of the HEDIS standards are met, which help providers maintain high quality care and meet HEDIS measures. The toolkits now include tips for providers and helpful resources when applicable.

### New and/or updated HEDIS Toolkits for 2024:

- [HEDIS® Quick Reference ADD – Follow-Up Care for Children Prescribed ADHD Medication](#)
- [HEDIS® Quick Reference Antidepressant Medication Management \(AMM\)](#)
- [HEDIS® Quick Reference for Follow-Up After Hospitalization For Mental Illness \(FUH\)](#)
- [HEDIS® Quick Reference Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM-E\)](#)
- [HEDIS® Quick Reference for Respiratory Conditions and Antibiotic Stewardship](#)
- [Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics](#)
- [HEDIS® Quick Reference Chlamydia Screening in Women \(CHL\)](#)
- [HEDIS® Quick Reference Childhood Immunization Status \(CIS\)](#)
- [HEDIS® Quick Reference for Prenatal and Postpartum Care](#)
- [HEDIS® Quick Reference for Well-Child Visits](#)

To view all of our HEDIS Toolkits, view <https://www.texaschildrenshealthplan.org/providers/provider-resources/hedis-toolkit>.



## Improving Quality and Member Satisfaction

TCHP is committed to delivering high quality care that improves member health and the member experience. In accordance with the National Committee for Quality Assurance (NCQA), TCHP's Quality Improvement Regulatory Team ensures that we meet key regulatory standards that achieves these goals. The QI team also drives TCHP's member obsession by focusing on continuous improvement in member satisfaction using assessment tools like the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

TCHP uses the CAHPS survey to improve member satisfaction with the quality of service they receive from us and from you. TCHP values the partnership we share with our Providers and appreciate your collaboration to improve on opportunities to improve based on performance on CAHPS measures.

You have the power to advocate for our members and to optimize the member experience. As our trusted partners, you can help our members understand their care plans, coordinate follow-up care, and connect them to available resources, all of which have a positive impact on member satisfaction and CAHPS survey results. We also encourage you to educate, inform and empower our members to actively participate in their healthcare plans. Your engagement with our members in a holistic approach that promotes prevention and screening, supporting behavioral health and optimizing management of chronic disease is essential to improving both satisfaction and outcomes.

We would love to hear your suggestions and ideas as we move forward together. Below, we've outlined how we can partner with you, our valued providers, to make a difference in the lives of our members.

### How can providers help improve CAHPS survey results?

1. Engage in data sharing and transparency
2. Promote preventive care
3. Proactively engage members in their healthcare plans
4. Advocate for Members
5. Provider input and suggestions
6. Partnering for success

We are excited to embark on this journey with you to improve member satisfaction and CAHPS survey outcomes. By working together and leveraging your insights and expertise, we can ensure that our members receive the highest level of care and service. For suggestions or questions please reach out to TCHP's Quality Improvement Regulatory Team.



## Pharmacy

Texas Children's Health Plan is required to follow the formulary selected by the Texas Vendor Drug Program (VDP) at the Texas Health and Human Services (HHSC). The formulary contains brand and generic drugs. Only medications on the formulary are covered as a pharmacy benefit. This includes generic drugs, therapeutic interchange, and step therapy protocols as determined by HHSC. The Texas Medicaid and CHIP Formularies can be accessed multiple ways:

- The VDP website with a formulary search tool: <https://www.txvendordrug.com/formulary/formulary-search>
- The Navitus Medicaid website with a full list of covered products: <https://txstarchip.navitus.com/pages/formulary.aspx>
- The Epocrates mobile application: <https://www.epocrates.com/features>

### Preferred Drug List (PDL)

The STAR and STAR KIDS formulary also contains a PDL. In addition to potential clinical requirements, medications that are non-preferred will require a second "PDL" prior authorization. Preferred drugs are medications recommended by the Drug Utilization Review (DUR) Board for their effectiveness, clinical significance, cost effectiveness, safety among other factors. CHIP members are not held to PDL requirements. The PDL is typically updated around January and July. TCHP makes the best efforts to notify providers of PDL changes, and especially those that may negatively impact access to care. The Preferred Drug List (PDL) can be accessed on the VDP website <https://www.txvendordrug.com/formulary/preferred-drugs>.

### Clinical Prior Authorization (PA) Edits

Clinical prior authorization criteria is determined by the DUR Board and VDP. Some medications may require both non-preferred prior authorization and clinical prior authorization. Clinical criteria may change

throughout the year. TCHP makes best efforts to notify providers of changes. Updates can be found on our Provider webpage, <https://www.texaschildrenshealthplan.org/providers>. It is imperative to utilize the accurate PA form associated with the drug(s) of interest. The most recent clinical PA criteria and forms can be found on the Navitus Medicaid website, <https://txstarchip.navitus.com/priorauthorizationforms>. The site has PA forms listed out by drug name/class and/or it's affiliated Drug List(s).

### Requesting Exceptions

Providers can submit exception requests using the Navitus 'Exception to Coverage Request' form. This form is on the Prior Authorizations section of the Navitus Medicaid website. The form describes the supporting documentation required and the fax information where to submit the request. Alternatively, providers may appeal initially denied prior authorization requests. A TCHP pharmacist and Medical Director will review those appeals requesting an exception for medical necessity. This includes non-formulary or non-preferred requests.

### Texas Drug Utilization Review (DUR) Board

TCHP highly encourages our network practicing prescribing practitioners and pharmacists to provide expert commentary regarding the Texas Medicaid and CHIP formulary, PDL, or clinical prior authorization edits. Please submit comments or suggestions to: [TCHPPharmacy@texaschildrens.org](mailto:TCHPPharmacy@texaschildrens.org). Alternatively, providers can submit comments directly to the DUR Board. Information about the DUR Board including instructions for submitting public comments can be found at the Vendor Drug Program website: <https://www.txvendordrug.com/advisory/drug-utilization-review-board>.

### Pharmacy Access

TCHP partners with Navitus, a pharmacy benefits manager, (PBM) to administer pharmacy benefits to our members. This includes managing the pharmacy network.

Members and providers can find participating pharmacies by visiting the TCHP website and selecting "[Find a Pharmacy.](#)"

Providers may call Navitus at 1-866-333-2757 to inquire about or conduct telephonic prior authorizations. Providers can also ask about quantity limits or alternative choices on the PDL.



## **Authorization for Health Services**

To view TCHP's updated *Prior Authorizations Reference Information*, please visit <https://www.texaschildrenshealthplan.org/providers/prior-authorization-information>.

TCHP's Utilization Management (UM) team is here to assist providers with UM needs from 8 a.m. to 5 p.m. CST, Monday through Friday. During these hours, our staff is available to answer questions about the UM process and to receive information regarding UM transactions. If you reach out after hours, we will return your

call the next business day. Inbound messages may be left at any time. Providers may contact TCHP Utilization Management Services at 1-800-731-8527.

TCHP offers TDD.TTY services for deaf, hard of hearing, or speech impaired members and providers. For TDD assistance, please call 1-800-735-2989 or 7-1-1. Language line assistance is available to UM staff, if needed, in discussion with members or practitioners for any UM issue.

## Authorization Process

TCHP's provider portal, *Texas Children's® Link*, is the most efficient way for Providers to submit authorization requests. It provides many benefits such as:

- **Faster Authorization Processing** – Prior Authorization requests received in the portal are assessed by the UM team faster than any other method.
- **Real-time Access to Authorization Status Information** – Authorization Status Update and Status History are immediately available and determinations can be reviewed on the portal in real-time.
- **Easy Access for Providers and Staff** – In addition to providers, both clinical staff and non-clinical staff may submit and review authorization requests on the portal on behalf of a requesting provider.

Non-clinical users can submit Prior Authorizations requests and/or claims. This functionality can be accessed by all non-clinical portal users.

When UM staff is unable to approve the requested service based on TCHP criteria, TCHP's Medical Director will review the authorization request along with any available clinical information, prior to issuance of any denial based on lack of medical necessity.

Before issuing a denial regarding the medical necessity/appropriateness or the experimental/investigational nature of a healthcare service, TCHP provides the requesting provider a reasonable opportunity for a peer discussion with the Medical Director within one business day before notification of the decision. This allows Providers to discuss their patient's treatment plan and the clinical basis for their request prior to the adverse determination. It is important to note, a decision to deny a service authorization based on medical necessity can only be made by a physician.

**Provider Line for questions:** 1-800-731-8527

**Provider Portal:** <https://www.texaschildrenshealthplan.org/providers/link-provider-portal>



We have Utilization Management Overview training available for providers, visit <https://www.texaschildrenshealthplan.org/providers/provider-events>

## Prior Authorization Fax Lines

- **Medical Inpatient Admissions and Discharge Notifications Fax Line**  
(Notification that a member discharged): 832-825-8462 or Toll-Free 844-663-7071
- **Medical Services Fax Line:** 832-825-8760 or Toll-Free 1-844-473-6860
- **Behavioral Health Services Fax Line:** 832-825-8767 or Toll-Free 1-844-291-7505
- **LTSS and Private Duty Nursing Fax Line:** 346-232-4757 or Toll-Free 1-844-248-1567
- **Discharge Authorizations for services needed immediately after discharge** (i.e. Home Health, DME)  
**Fax Line:** Toll-Free 866-839-9879  
**Hours of Operation:** 8 a.m. to 5 p.m., Monday – Friday

## Information on Appeals

If a request for services is denied by TCHP, the ordering provider, rendering provider, and member will receive a letter indicating the reason why services are being denied. The member, member appointed representative, practitioner, or provider with member's written consent has the right to appeal a denial of services for a medical or pharmacy adverse determination (denial).

Members may represent themselves or be represented by the health care provider, a friend, a relative, legal counsel, or another spokesperson. TCHP will make a decision within 30 calendar days of receiving the request for a standard appeal. An expedited appeal may be placed when TCHP determines or the provider indicates to TCHP that routine appeal time frames could jeopardize the member's life, health, or ability to recover a function. TCHP will make a decision on an expedited appeal within 72 hours of receiving the request. Appeals for inpatient care made while a member is in the hospital will be resolved within 24 hours

An expedited appeal for adverse benefit

determinations in emergency situations can be initiated verbally or in writing. If a healthcare provider submits a statement with supporting documentation that the service is necessary for life-threatening treatment, the appeal will be expedited. Decisions will be notified within 72 hours, aligning with medical urgency. For CHIP members, telephonic notice occurs within one calendar day after receiving all required information, while STAR and STAR Kids members are notified within 72 hours. Written confirmation follows within three days, detailing the decision and its rationale, including references to applied guidelines. Members can request relevant documents at no charge, including the guidelines and supporting records. If a physician determines a standard appeal process is appropriate, the member will be notified by phone and in writing within two calendar days, including details about the next appeal level and any changes if the adverse decision is overturned.

All medical necessity appeals regarding services that have not been rendered or have already been delivered should be directed to the addresses below:

### For STAR Kids Plan:

Texas Children's Health Plan  
Attn: Appeals Department  
P.O. Box 301011, WLS 8390  
Houston, Texas 77230-1011  
1-800-659-5764 or 832-828-1003  
Fax: 832-825-8796

### For CHIP Plan:

Texas Children's Health Plan  
Attn: Appeals Department  
P.O. Box 301011, WLS 8390  
Houston, Texas 77230-1011  
1-866-959-6555 or 832-828-1002  
Fax: 832-825-8796

### For STAR Plan:

Texas Children's Health Plan  
Attn: Appeals Department  
P.O. Box 301011, WLS 8390  
Houston, Texas 77230-1011  
1-866-959-2555 or 832-828-1001  
Fax: 832-825-8796

## Find out a Member's Rights and Responsibilities

It's important that members know and understand their rights and responsibilities. You can see the full text of them under the *Members Rights and Responsibilities* section in the member handbooks, which is mailed to each member when they join. To view the handbooks, visit <https://www.texaschildrenshealthplan.org/welcome/resources>. They can be accessed using the links below:

- **CHIP:** [www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-221%20CHIP%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=14](http://www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-221%20CHIP%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=14)
- **CHIP Perinate:** [www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-221%20CHIP%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=23](http://www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-221%20CHIP%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=23)
- **STAR:** [www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-220%20STAR%20Member%20Handbook\\_FY24\\_ENG%20\(1\)\\_0.pdf#page=17](http://www.texaschildrenshealthplan.org/sites/default/files/2024-01/MS-2303-220%20STAR%20Member%20Handbook_FY24_ENG%20(1)_0.pdf#page=17)
- **STAR Kids:** [www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-222%20STAR%20Kids%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=22](http://www.texaschildrenshealthplan.org/sites/default/files/2024-08/MS-2303-222%20STAR%20Kids%20Member%20Handbook%20SEPT24%20ENG%20FINAL.pdf#page=22)

The *Member's Rights and Responsibilities* documentation is available in printed form. Please send a request to your Provider Relations Liaison, or Account Lead, or to [providerrelations@texaschildrens.org](mailto:providerrelations@texaschildrens.org).

## Supporting the Health and Well-Being of Women at TCHP



With the recent implementation of House Bill 12, which extends postpartum coverage, some members may now be eligible for continued health plan coverage for up to 12 months following delivery or miscarriage (excludes CHIP-P). Additionally, members who joined our plan for reasons unrelated to pregnancy, also have access to a wide range of health maintenance tests and procedures.

- A periodic well-woman care visit is recommended at least once a year for screening, evaluation, and counseling, based on age and risk factors. It is recommended that women have at least one well-woman visit annually, starting in adolescence. This visit should include the following:
  - Taking a comprehensive health history
  - Counseling members about maintaining a healthy lifestyle and minimizing health risks
  - Addressing gaps in immunization

**Resources:**

- Well-Woman Visit committee opinion: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/well-woman-visit>
- Well-Woman Health Care: <https://www.acog.org/topics/well-woman-health-care>
- Regular screening is the most effective way to detect breast and cervical cancers at their earliest stages; ensuring access to these screenings is crucial for optimal outcomes. Many members can access these services through their TCHP benefits.

Additionally, the Healthy Texas Women program provides another layer of support by offering Breast and Cervical Cancer Services. <https://www.healthytexaswomen.org/healthcare-programs/breast-cervical-cancer-services>

- For women who do not have this benefit, contraception options are a covered benefit for most of our members. For those who are not covered by TCHP, family planning services are available to any woman in Texas who is 64 years or younger and meets income eligibility requirements. <https://www.healthytexaswomen.org/healthcare-programs/family-planning-program>
- Members are also encouraged to explore TCHP's Healthy Rewards, which include prenatal and baby care classes, portable cribs, and so much more. Visit <https://www.texaschildrenshealthplan.org/benefits/healthy-rewards>

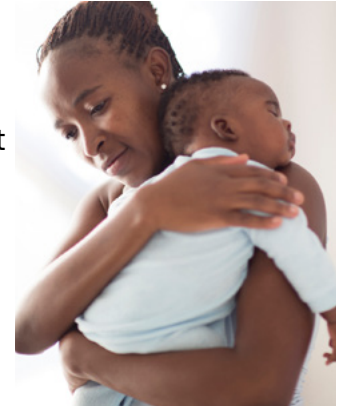
For women in need of behavioral health case management services, we have a dedicated team of Registered Nurses and Social Workers trained in behavioral, substance use disorder, and maternal mental health. They are available to support our members' mental health needs across the lifespan. To refer a member to this program, please complete the Member Referral for Case Management form: [https://www.texaschildrenshealthplan.org/sites/default/files/2023-08/Member\\_Referral\\_For\\_Case\\_Management\\_8\\_2023.pdf](https://www.texaschildrenshealthplan.org/sites/default/files/2023-08/Member_Referral_For_Case_Management_8_2023.pdf)

We have additional support in the form of our Perinatal Substance Use Disorder Toolkit. Here you can find some commonly used screening tools for perinatal substance use disorder, our referral to case management form, and how to get reimbursed for Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening.

<https://www.texaschildrenshealthplan.org/providers/provider-resources/perinatal-substance-use-disorder-toolkit>



## Healthy Texas Women (HTW) Plus Program features enhanced Postpartum Care Services



Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including the following:

- Postpartum depression and other mental health conditions (services include individual, family and group psychotherapy services; and peer specialist services).
- Cardiovascular and coronary conditions (services include imaging studies; blood pressure monitoring; and anticoagulant, antiplatelet, and antihypertensive medications).
- Substance use disorders, including drug, alcohol and tobacco misuse (services include screenings, brief interventions, treatment referrals, outpatient substance use counseling, smoking cessation services, medication-assisted treatment, and peer specialist services).

To qualify for HTW Plus benefits, HTW clients must have been pregnant within the last 12 months. To read more about the qualifications, visit: <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-who-can-apply>.

Resource: <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>

## Health And Human Services' Healthy Texas Women (HTW) Program

The Healthy Texas Women Program offers women's health and family planning services to eligible, low-income women as a transition from the Medicaid for Pregnant Women program coverage. To apply online go to [YourTexasBenefits.com](http://YourTexasBenefits.com) to submit an application online from a desktop computer. If you have questions about a member's enrollment visit <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>.

The services help women plan their families, whether they want to achieve, postpone or prevent pregnancy. These services may also have a positive effect on future pregnancy planning and general health. Healthy Texas Women provides a wide variety of women's health and core family planning services, including:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

Resources: HTW Benefits: <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>

HTW Eligibility Information: <https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-who-can-apply>

HTW Provider Resources: <https://www.healthytexaswomen.org/provider-resources>

The Texas Long-Acting Reversible Contraception Toolkit:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf>

## Cultural Competency

### What is Cultural Competency in health care?

The ability of systems to provide effective care to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of the individuals.



### Texas Children's Health Plan's Cultural Competency Plan

We invite you to review our Cultural Competency Plan detailing the Culturally and Linguistically Appropriate Services (CLAS) that are provided for TCHP staff, members and providers. Link to TCHP's Cultural Competency Plan:

<https://www.texaschildrenshealthplan.org/cultural-competency-plan>

### Provider Training

To support TCHP's Cultural Competency Plan, we strongly encourage providers to complete the Health and Human Services, Texas Health Steps, Culturally Effective Health Care online course.

[https://www.txhealthsteps.com/674-culturally-effective-health-care?utm\\_source=cm-stepsother&utm\\_medium=email&utm\\_campaign=course-announcement\\_cehc-ce](https://www.txhealthsteps.com/674-culturally-effective-health-care?utm_source=cm-stepsother&utm_medium=email&utm_campaign=course-announcement_cehc-ce).

## Healthy Rewards Program

At TCHP, we go beyond our members basic medical needs. We offer extra benefits for our members and families to enjoy, and we also provide rewards to our members for keeping track of their health! Please visit our Healthy Rewards website for full details, <https://www.texaschildrenshealthplan.org/benefits/healthy-rewards>.



### Healthy Pregnancy

- Basic baby care and birth classes
- Blood pressure monitor (CHIP-Perinate only)
- Portable crib/playpen
- Prenatal and postpartum visit completion reward
- Reward for flu prevention

### Health and Wellness

- ADHD management reward (STAR and STAR Kids age 6-12)
- Asthma education reward
- Cervical cancer screening reward (STAR members age 21+)
- Diabetes management reward
- Health education special events
- Rewards for completing health surveys
- Eyewear support
- Mental health follow-up reward
- Well-Child checkup completion reward

- Young adult wellness reward (members age 16-21)

### Healthy Play and Exercise

- Extracurricular activity fee assistance (members 5-21 years old)
- Fitness center membership fee assistance (STAR members only, age 21 and up, Harris and Jefferson County)
- Sports and school physicals
- Sports clinics

### Extra Help for Families

- 24-hour nurse Help Line
- Dental services (STAR members only, Harris and Jefferson County)
- Transportation services

Restrictions and limitations may apply and may vary by plan, including but not limited to age, gender and covered benefits by program. Extra benefits valid during the eligible year (September 1, 2024 to August 31, 2025). Visit <https://www.texaschildrenshealthplan.org/benefits/healthy-rewards> for more details.

## Complex Case and Disease Management Program

Services offered to TCHP providers include case management for chronic, complex conditions and pregnant women. Specific disease management programs designed to assist primary care providers with effective management of sickle cell, asthma and diabetes are available.

Health Plan care managers enroll members into both disease management and/or case management programs. Members can be identified for disease and/or case management programs through multiple avenues, including provider referrals. An assessment and care plan are completed on the patient and referrals are provided to the parent/member. The primary care provider or member may request the provider be given a copy of the care plan for members enrolled in case/disease management programs. With the member's permission, the providers can also access the care plan through the provider portal. Providers should include the care plans in the patient's medical record. Follow-up calls with phone coaching are done based on the assessment level of care to monitor the patient/parent progress with the plan of care.

The care manager collaborates closely with the member's primary care provider to share relevant health information. The objective is to positively impact the member's adherence to the treatment plan.

The goal of the care management team is to partner with families to achieve a better level of care. The provider can contact the care management team for questions regarding emergency room/inpatient visits, number of provider and specialist visits, and medication refill information.

Providers may request these services by calling the Care Management Department at 832-828-1430. Providers should be aware that members have the option to self-refer and can contact Member Services to connect with a Case Manager. Member Services can be reached at 832-828-1001 (STAR) or 832-828-1002 (CHIP). Referral forms are available for download at [texaschildrenshealthplan.org/for-providers](https://texaschildrenshealthplan.org/for-providers) and on the provider portal, [Texas Children's® Link](#), under TCHP Provider Resources/Physician forms. Once completed, the forms may be faxed to 832-825-8745.



## Quality Care Coordination

Care coordination addresses potential gaps in meeting our members' interrelated medical, social, behavioral, and educational needs to achieve the best health and wellness outcomes.

The goal is to ensure that individualized needs and preferences are recognized, and that high quality and efficient care is delivered for best outcomes. Case managers, social service professionals, and trained health care workers all play a key role in managing care of the individual by providing guidance through the health care system either telephonically, virtually or in a face-to-face visit with the member.

Individuals who have multiple ongoing needs that cannot be met by a single practitioner or by a single clinical organization benefit from care coordination the most.

### Care coordination has three primary focus areas:

1. Support of self-management through education, advocacy (specialist access, school nurse), shared decision-making, and flexibility with individuals and families by connecting members with prevention and wellness services.
2. Coordination of assessment data and health information.

3. Promoting connections to care delivery and transition support from pediatrics into adult care. Comprehensive care coordination develops a plan of care including clinical (medical and behavioral) and social service needs and wellness goals.

### Comprehensive care coordination:

1. Establishes a connection to supports and services at home, school, and community, and;
2. Provides access to family support services to enhance the success and strength of the family in navigation and advocacy.

Care coordination includes the process of developing an informed and motivated member/family, in partnership with a proactive practice team. Techniques are based on Wagner's Chronic Care Model (informed activated patient with prepared proactive practice team).

You can find a referral form for case management on the TCHP website.

Contact information: Fax: 832-825-8745, call 832-828-1430 or email

[casemanagementphysicianreferral@texaschildrens.org](mailto:casemanagementphysicianreferral@texaschildrens.org)

## Understanding Fraud, Waste and Abuse

The Office of Inspector General (OIG) is continuously monitoring the populations served by the Health and Human Services Program, for instances of fraud, waste and abuse. In order to provide a better understanding of the OIG's efforts in detecting, deterring and correcting incidents of fraud, waste and abuse, please refer to their website: <https://oig.hhs.texas.gov/>. Incidences of fraud, waste and abuse can also be reported through the OIG's website.

If there is a particular topic you would like to have addressed, please contact the OIG at <https://oig.hhs.texas.gov/engage-us>.

To report potential fraud directly to Texas Children's Health Plan:

**The Texas Children's Health Plan  
Fraud Hotline: 866-828-4924** or visit

<https://tchpintegrity.com/>

Fax number: 832-825-8722

Email: [TCHPSIU@texaschildrens.org](mailto:TCHPSIU@texaschildrens.org)

Mail:

**Texas Children's Health Plan  
Fraud and Abuse Investigations**

PO Box 301011, WLS 8360

Houston, TX 77230-1011

## Cobblestone Contracting Platform

Providers must notify TCHP no less than 30 business days prior to the effective date of the changes to the provider data listed below. Changes not received in writing are not valid. If TCHP is not informed with the timeframe, TCHP and its designated claims administrator are not responsible for the potential claims processing and payment errors.

TCHP recently adopted a new contracting platform, Cobblestone Gateway. You can learn more about the platform in this provider communication: <https://www.texaschildrenshealthplan.org/2023/11/02/provider-alert-new-contracting-platform-cobblestone-gateway>.

### How to Report Changes to the Health Plan

Providers may update their demographic information with TCHP by following the instructions in the Cobblestone Gateway user guide available on this webpage: <https://www.texaschildrenshealthplan.org/providers/becoming-a-participating-provider>. The instructions for reporting changes begin on page 10, step 8.

The following demographic information must be maintained:

- Name
- Address (both physical and billing)

- Telephone number
- Office hours
- Coverage procedures
- Corporate Number (if applicable)
- Specialty change
- Tax ID Number
- Medicaid Provider Number
- National Provider Identifier Number
- Permit to Practice
- Professional liability
- Insurance coverage
- Change in hospital affiliation
- Contract status change
- Open or closure of panel
- Patient age limitations
- Practice limitations
- Whether the following is offered with the practice:
  - Telehealth
  - Telemedicine
- Languages spoken by the provider and/or office staff
- PCP Providers: Texas Health Steps Provider distinction
- Other information that may affect current contracting relationship

\*Hours of operation that practitioners offer to Medicaid members should be no less than those offered to commercial members.

Network providers must also maintain their enrollment and demographic information with Texas Medicaid Healthcare Partnership (TMHP). Provider Medicaid enrollment functions are available through Provider Enrollment and Management System (PEMS). Updates to providers current enrollment, new practice locations or change of ownership updates can be made on the PEMS website, accessible here: <https://www.tmhp.com/topics/provider-enrollment>

For instructions on how to make other demographic updates to your current enrollment, visit the page Provider Enrollment Help: <https://www.tmhp.com/topics/provider-enrollment/provider-enrollment-help>

Please contact Provider Relations with questions regarding reported changes at 832-828-1004 or Toll-Free at 1-800-731-8527.

## Provider Portal; Texas Children's® Link Reminders



To find the Texas Children's® Link User Guide, navigate to the *Texas Children's Health Plan Portal Resources* section in the portal.

Texas Children's® Link is a single, robust and powerful system that consolidates communications between TCHP staff, members and providers.

Our provider portal, Texas Children's® Link, is available at: <https://epiccarelink.texaschildrens.org/>

As Texas Children's® Link users, providers and staff can:

### Verify Eligibility and Benefits

- View Texas Children's® Health Plan member eligibility and benefits

### Manage Claims

- Submit, review, and appeal batched and single claims
- Claims appeal report

### Manage Prior Authorization

- Submit prior authorization requests and review authorization decision status
- Authorization criteria and utilization management guidelines

### Improve Quality of Care

- For Primary Care Physicians and OB/GYNs, access to Healthcare Effectiveness Data and Information Set (HEDIS®) data through Inovalon Population Management software
- Access up-to-date Clinical Practice Guidelines
- Access patient clinical activity provided at Texas Children's
- Tools to manage your population
- Access reports, including member rosters with improved descriptions and instructions in the portal training guide, and the Asthma High Risk Reports

## Credentialing

Credentialing with TCHP begins after the provider or group has started the contracting process with TCHP. Visit this webpage for more information, <https://www.texaschildrenshealthplan.org/providers/becoming-a-participating-provider>.

During the credentialing process, TCHP follows the HHSC Uniform Managed Care Contract (UMCC) requirement and utilizes the Texas Association of Health Plans' (TAHP) contracted Credentialing Verification Organization (CVO), Verisys as a part of credentialing and re-credentialing. The CVO is responsible for receiving completed applications, attestations, and primary source verification document.

Verisys shall collect applications and/or documentation from the practitioner/provider via the Council for Affordable Quality Healthcare (CAQH) ProView™ as is necessary to perform primary source verifications. Verisys

will also accept applications, which should be consistent with the Texas Standardized Credentialing Application (TSCA). Practitioner applications received on forms other than the described above will be rejected by Verisys and the provider will be redirected to apply with the TSCA application forms. During the credentialing process TCHP verifies the TSCA is complete.

To submit your credentialing application via the CAQH ProView™ Web-based solution, please visit: <https://proview.caqh.org/>. If you are a first-time user or to learn more about CAQH and the ProView™ program, visit <https://proview.caqh.org/>, where you can view an online demonstration of the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

We are pleased to participate in an innovative credentialing application tool that streamlines

the credentialing process for health care professionals. The CAQH's ProView™ is a web-based solution that enables healthcare providers to complete their credentialing application online. In addition, health care providers can control the data stored in the database, easily update their data, and make the data electronically available to TCHP and any other MCO.

### **Most commonly asked questions are:**

#### **What is CAQH ProView?**

CAQH ProView™ is more than a credentialing database and is available at no cost to you. CAQH ProView eliminated duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

#### **What is the CAQH Provider ID for Texas Children's Health Plan?**

Individual Professionals CAQH Provider ID is 1340.

#### **How long does the credentialing process take?**

On average, once the application is complete requests are processed within 90 days.

#### **What are my rights as a Practitioner?**

When the credentialing process is initiated, the practitioner is entitled to:

1. Review information submitted to support the credentialing application.
2. Correct erroneous information.
3. Receive the status of their credentialing or re-credentialing upon request.

To request, provide or correct any information in your credentialing file, send an email to [TCHPCredentialing@texaschildrens.org](mailto:TCHPCredentialing@texaschildrens.org). If a practitioner inquires about the status of their credentialing application, our credentialing staff will review the practitioner's Texas Standard Credentialing Application and the status of the credentialing file, including pending and/or completed primary source verifications with Verisys. Information that is allowed to be shared with practitioners

include, but not limited to, information the provider submitted during the credentialing application process and discrepancies with state enrollment that may delay the process. TCHP is not allowed to share any information protected by applicable peer review law (i.e. NPDB queries). Once our team determines the completeness and anticipation of credentialing committee review timeframe, you will be notified of your credentialing status via email.

Verisys/Aperture, a credentials verification organization, will retrieve your information and perform primary source verification of your credentials. You may receive requests from Verisys/Aperture for additional information.

If you are unable to access the online options, you may return your completed paper application with supporting documents to Verisys/Aperture via the following methods:

- Upload application to <https://outreach.aperturecvo.com>. Use Access Code: aperture
- Fax with letter, which includes the TCID to 866-293-0421
- Mail to: Aperture Health, PO Box 221049 Louisville, KY 40252
- Facilities Only – Secure email to [TAHPApps@verisys.com](mailto:TAHPApps@verisys.com) include the letter with the TCID code

If you have any questions regarding the primary source verification process, you may contact Verisys/Aperture's Customer Service at 1-855-743-6161 and select option 3.

#### **What can cause a delay in the credentialing process?**

When an application is not complete, this will cause a delay in the credentialing process. If you intend to become a provider, please be sure to:

- Review your application in CAQH ProView™.
- Check for expiring documents.
- Sign and date the Attestation.
- Update or replace material as needed.

**Can I become credentialed before I have a contract with Texas Children's Health Plan?**

No. You must obtain a contract before being credentialed.

**When can I start delivering care to TCHP members?**

Providers should not start providing care to TCHP members until they receive written notification that the Credentialing process is complete.

**If I do not have a complete CAQH application, will my credentialing start?**

No. Primary source verification and/or data collection will not start until a complete application is completed by the provider via Verisys/Aperture.

**The following are a list of common mistakes made on the CAQH application:**

- Name changes not updated.
- Expired attestation.
- Provider NPI number is missing.
- Provider NPI is not enrolled with PEMS.

- Gaps in the last 5 years of work history: an explanation of gaps over five months not provided.
- Incomplete group practice and service location(s) on application.
- Expired Malpractice Liability Coverage policy.
- If the liability is under the group's insurance policy (attach a letterhead or roster stating that the provider is covered under the group's insurance policy).
- Required documents must be successfully uploaded and approved by CAQH before the CAQH ProView™ profile is considered complete and accessible to TCHP. Documents typically take 2–5 days for CAQH's approval.
- Complete application status is indicated as Initial Profile Complete and Re-Attestation. Any other status indicates the application is incomplete.
- View the Provider Documentation page for any required documents missing.

**Re-Credentialing Information:**

Verisys will notify providers due for re-credentialing via letter or email the timeframe in which the provider must submit its re-credentialing application for processing. Notification letters will be sent to providers six (6) months prior to the end of the provider's thirty-six (36) month re-credentialing cycle.

When a practitioner's prepared credentialing file is incomplete or missing information that the practitioner is required to submit, the Credentialing staff will, under the direction of the CMO, Designated Medical Director, or Associate Medical Director, notify the practitioner in writing via letter regarding the incomplete application. The notice will also inform the practitioner of his/her right to correct, explain or submit missing information to the Credentialing Manager within five business days of receipt of the notice.

The Credentialing Manager notifies the practitioner via letter or email when the correction has been received.



## More Information and Feedback

For assistance, please reach out to your Provider Relations Liaison (PRL). If you're not sure who your PRL is, visit the Meet our Team page, <https://www.texaschildrenshealthplan.org/for-providers/meet-our-team>, or contact us at [providerrelations@texaschildrens.org](mailto:providerrelations@texaschildrens.org).

We invite you to share your feedback or suggestions for future newsletter and communications. Please reach out to us at [providerrelations@texaschildrens.org](mailto:providerrelations@texaschildrens.org) to share your ideas.