FirstCare
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Provider Workshop
Medicaid and CHIP

September 26, 2017

Welcome and Presentation Topics

Workshop Agenda

9:00 am	Welcome	Michele Bruce, Manager; Provider Relations
9:10am	FirstCare Overview	Darnell Dent; President and CEO
9:25 am	Value-Based Contracting	Hilary Greason, AVP; Network Management
9:30 am	FirstCare Medicaid CHIP	Beverly Ham, Manager; Government Programs
9:40 am	Fraud, Waster and Abuse	Ann Adams, Andres Guerrero; Government Programs
9:50 am	Cultural Competency	Irma Henson; Provider Relations Representative
10:00 am	*Break, Door Prizes*	
10:15 am	Medical Management Update	Dr. Bell, Sr. Medical Director; Barbara Berger, RN, VP
10:35 am	Behavioral Health Mgmt.	Claudia Sumrall, LCSW; Director, Behavioral Health
10:45 am	Improving HEDIS Scores	Julianne Eckert, RN, BSN; HEDIS Manager
10:55 am	Claims Updates	Chasity Noel; Claims Trainer
11:10 am	*Door Prizes, Questions & Answers*	
11:20 am	Provider Resources	Michelle Bruce, Monica Ryan; Provider Relations
11:30 am	Delightful Customer Service	Adrienne Columbus, Director; Customer Service
11:40 am	THSteps Updates	Frannie Nuttal; DSHS
12:00 pm	*Door Prizes, Questions*	
12:15 pm	*Lunch Buffet*	
12:30 pm	**Keynote Address**	Tim Siegel; Luke Siegel Foundation

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FirstCare Facts

Darnell Dent, President & CEO

About FirstCare Health Plans

At FirstCare, we believe that **all Texans and our communities should be healthy** and that health care should be **accessible** to everyone.

We serve **143 counties**, with local offices in Abilene, Amarillo, and Lubbock; and, corporate offices in Austin.

FirstCare was founded in Amarillo in **1985**, and we're still locally owned and Texas-based. We put down roots and we've watched them grow—from our humble beginnings to now serving more than **170,000 members**. In fact, we're owned by two Texas hospitals—**Covenant Health** and **Hendrick Health System**—and through them, are even more connected with our communities.

FirstCare is the registered service mark of SHA, LLC (SHA).
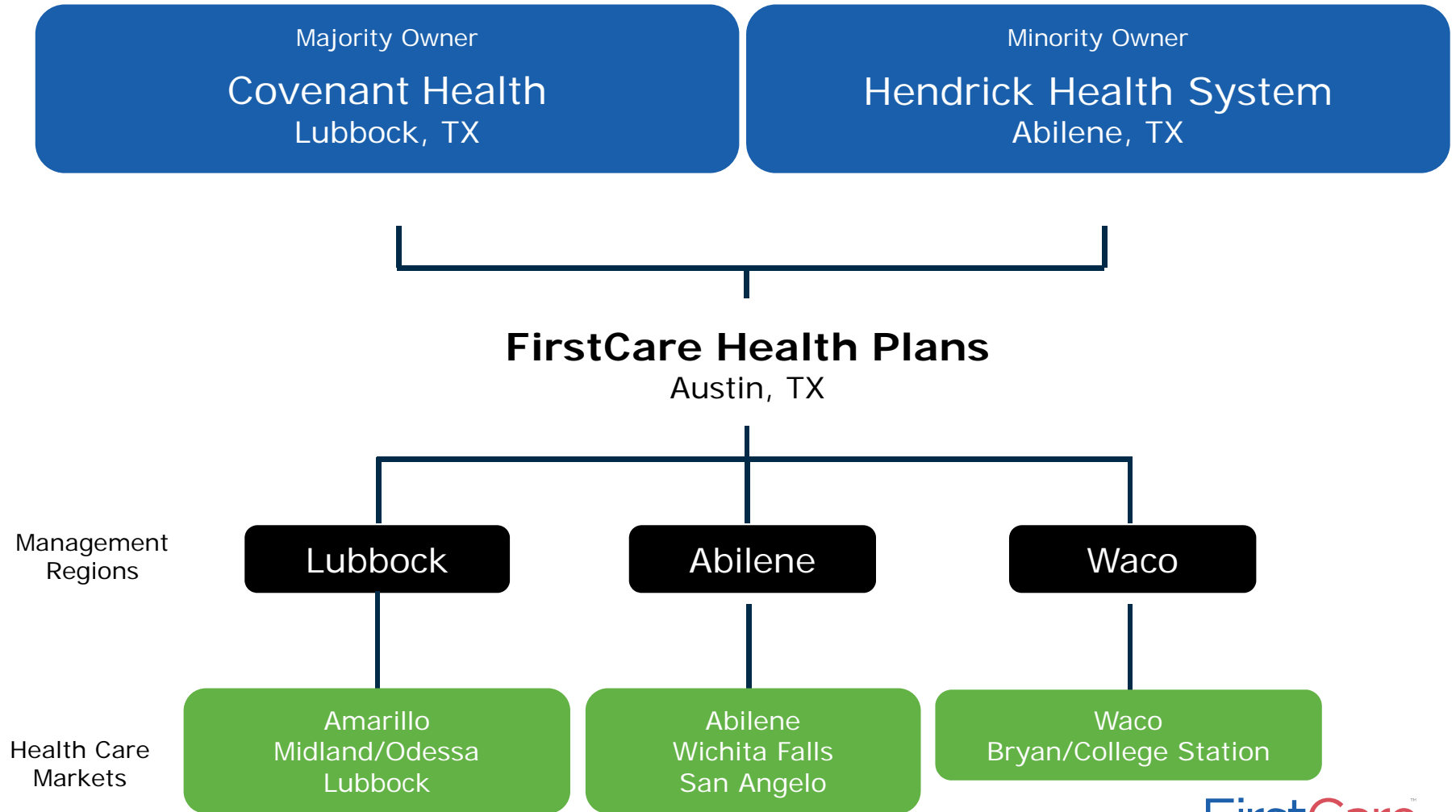
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Why We're Here

We are deeply committed to always **doing the right thing** for the health of the communities we serve.

We have earned Texans' trust by connecting people to **high-quality and affordable care**.

FirstCare is **locally-owned.** Our local offices, local sales partners and local service allow us to have a greater focus on high-quality medical care and achieving healthier communities.

Ownership Structure

Majority Owner	Minority Owner
Covenant Health	**Hendrick Health System**
Lubbock, TX	Abilene, TX

FirstCare Health Plans
Austin, TX

Management Regions

Lubbock	Abilene	Waco

Health Care Markets

Amarillo Midland/Odessa Lubbock	Abilene Wichita Falls San Angelo	Waco Bryan/College Station

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Mission

To provide customers access to high quality and affordable health care through strong partnerships in the communities we serve.

Vision

Working together with our provider owners, FirstCare will become a premier health care services organization by advancing value-based health care to achieve optimal health for the people of Texas.

Everything we do at FirstCare is because…

…**we believe that all Texans and their communities should be healthy.**

Service Area

The FirstCare Health Plans coverage area includes 143 counties in Central and West Texas.

Not all FirstCare products are available in all counties. Please visit FirstCare.com for more information.

■ FirstCare Health Plans Coverage Area*
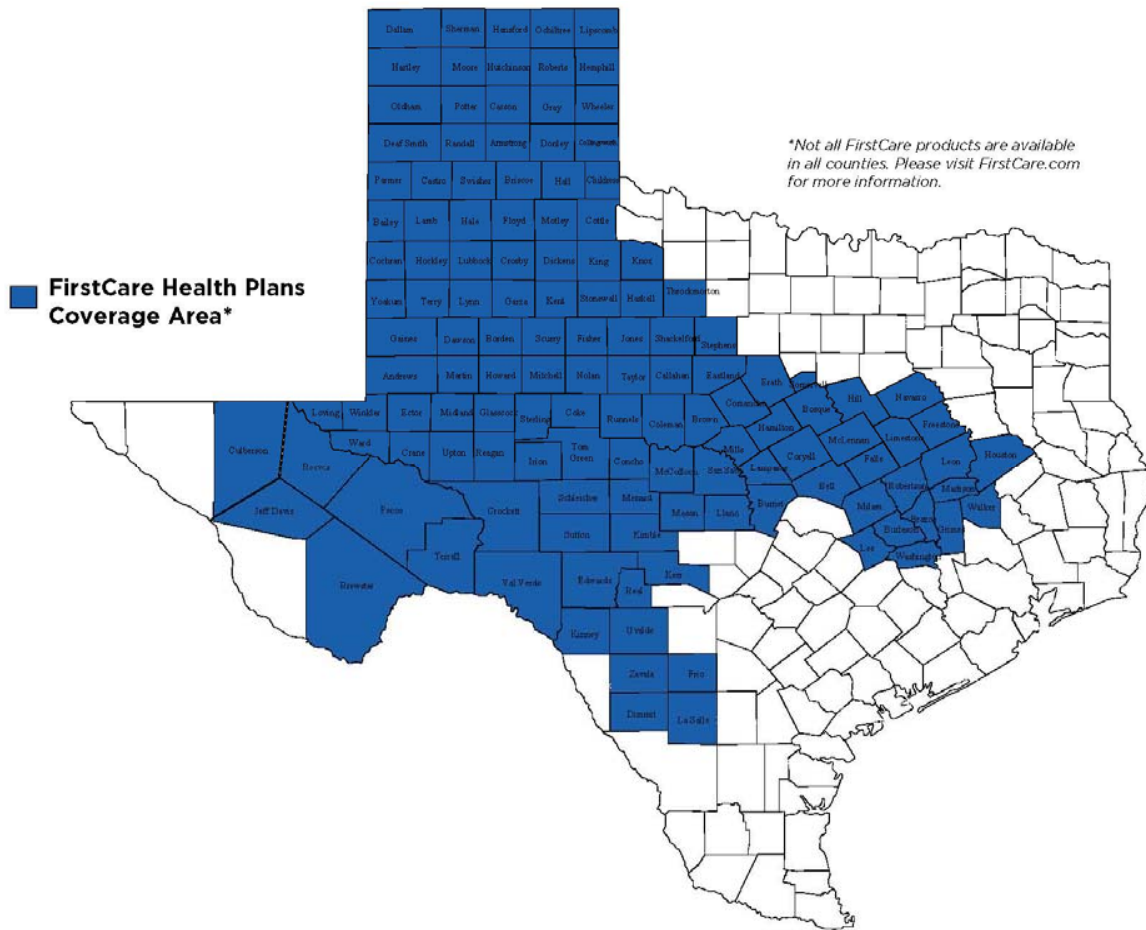
Andrews	Donley	King	Reagan
Archer	Eastland	Kinney	Real
Armstrong	Ector	Knox	Reeves
Bailey	Edwards	La Salle	Roberts
Baylor	Erath	Lamb	Robertson
Bell	Falls	Lampasas	Runnels
Borden	Fisher	Lee	San Saba
Bosque	Floyd	Leon	Schleicher
Brazos	Foard	Limestone	Scurry
Brewster	Freestone	Lipscomb	Shackelford
Briscoe	Frio	Llano	Sherman
Brown	Gaines	Loving	Somervell
Burleson	Garza	Lubbock	Stephens
Burnet	Glasscock	Lynn	Sterling
Callahan	Gray	Madison	Stonewall
Carson	Grimes	Martin	Sutton
Castro	Hale	Mason	Swisher
Childress	Hall	McCulloch	Taylor
Clay	Hamilton	McLennan	Terrell
Cochran	Hansford	Menard	Terry
Coke	Hardeman	Midland	Throckmorton
Coleman	Hartley	Milam	Tom Green
Collingsworth	Haskell	Mills	Upton
Comanche	Hemphill	Mitchell	Uvalde
Concho	Hill	Moore	Val Verde
Coryell	Hockley	Motley	Walker
Cottle	Houston	Navarro	Ward
Crane	Howard	Nolan	Washington
Crockett	Hutchinson	Ochiltree	Wheeler
Crosby	Irion	Oldham	Wichita
Culberson	Jack	Palo Pinto	Wilbarger
Dallam	Jeff Davis	Parmer	Winkler
Dawson	Jones	Pecos	Yoakum
Deaf Smith	Kent	Potter	Young
Dickens	Kerr	Presidio	Zavala
Dimmit	Kimble	Randall	

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Product Portfolio

We match both individuals and groups with plans and services designed to help meet their health care needs.

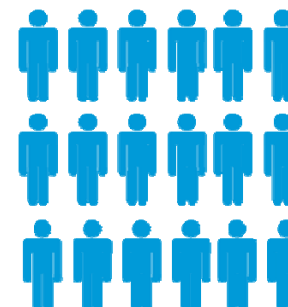|		
HMO, PPO, and Dual-Option Commercial Plans	Texas STAR Medicaid	Children's Health Insurance Program (CHIP)
Health Insurance Marketplace (Individual)	FirstCare Private Exchange	Teacher Retirement System of Texas (TRS)
Health Savings Accounts (HSA), Dental and Vision Solutions	COBRA Administration	Administrative Services Only (ASO)

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Provider Network

Our deep commitment to our communities allows us to provide our members access to high-quality care from some of the best hospitals, doctors and health services.

- Our provider network is comprised of directly contracted and delegated networks.

- You can find us primarily in west and parts of central Texas.

- We also maintain some provider network contracts in other areas to service certain out-of-network arrangements.

199 hospitals

16,400+ primary care and specialty physicians

4,600+ ancillary and other facilities

665 pharmacy locations

(As of 12.2016)

Helping Members Stay Healthy

Members are empowered to access our **FirstCare Plus** programs designed to promote health and provide support.

Online Tools and Personalized Health Assessments

Wellness Tracker

Expecting the Best Maternity Program

Disease Management Programs

Care Management

24/7 Nurse Line and Online Chat

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Accreditation and Awards

In early 2015, the **National Committee for Quality Assurance (NCQA)** awarded FirstCare with a **three-year accreditation status of Accredited** for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.

FirstCare has been recognized by the **Texas Diabetes Council** and the **Texas State Department of Health Services** for performing above the Texas average for **Healthcare Effectiveness Data and Information Set (HEDIS)** performance measures related to **diabetes care** for the years of 2013, 2014 and 2015.

Value-Based Contracting

Hilary Greason
AVP, Network Management

Value-Based Contracting

HHSC has required all MCOs to have Alternative Payment Methodologies in place for CY2018

- 25% of all Medicaid claims must be derived from a Value-Based Arrangement
- 10% of all Medicaid claims must be derived from a Risk-Based Arrangement
- Value-Based Arrangements are meant to improve the quality of care, patient outcomes and ultimately reduce the cost of care
- Value-Based Arrangements address specific quality measures that are appropriate for the facility and/or practitioner type

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Value-Based Care Models

Fee-for-Service (FFS)
- Volume-based model
- Low Risk

Shared Savings (P4P, P4Q, Medical Home)
- FFS until year-end reconciliation
- Incentives for achieving pre-defined cost and/or quality metrics
- No downside risk

Bundled Payments
- Arrangement with pre-determined reimbursement for clinically defined episodes
- Can include downside risk

Shared Risk
- FFS until reconciliation with upside and downside risk within a pre-determined corridor
- Members attributed to provider (typically by PCP)

Global Capitation
- Full-risk arrangement with provider bearing the full impact of any upside or downside risk
- Provider receives PMPM for attributed lives

Increasing Level of Risk and Capabilities Required →

FirstCare Medicaid and CHIP

Beverly Ham

Government Programs

Medicaid Managed Care goals

Improve the health of Texans by:

- Emphasizing prevention

- Promoting continuity of care

- Providing a medical home for recipients

- Ensuring quality, comprehensive health care in the recipients community

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FirstCare STAR Membership

STAR (State of Texas Access and Reform) MCOs have the largest Medicaid populations:

5% Adults
Temporary Assistance for Needy Families (TANF) parents, grandparents and guardians

5% Pregnant Women

90% Children
Birth through age 20, including 1,500 Adoption Assistance or Permanency Care Assistance (AAPCA) members

CHIP Members
100% – Age 18 or under
3% – CHIP Perinate Members (over 18)

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Lubbock Service Area

Medicaid Rural Service Area (MRSA) West

STAR Medicaid Service Areas

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Medicaid Managed Care Enrollment

- When enrolled in Medicaid, Members receive an enrollment packet from MAXIMUS, HHSC's Enrollment Broker for Medicaid. They have 15 calendar days. Members can return their enrollment choices to Maximus in the envelope provided or they can call **1-800-964-2777.**

- Members can change plans at anytime. This can take from two weeks to six weeks depending on what time of the month a request is made. Maximus can change plans.

- Members report changes online at www.yourtexasmedicaidbenefits.com or by calling 2-1-1 and following the prompts for the department of eligibility.

- Medicaid Managed Care Marketing Rules for providers are in the workshop handouts and in providers' Managed Care contract http://www.tmhp.com/Pages/Topics/Marketing.aspx.

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Income Guidelines for CHIP/Children's Medicaid

1. Find your family size on the left side of this chart. Follow that row to the right.
2. Is your family's income less than the monthly or yearly income shown in the orange Medicaid section?* If so, your children might get Medicaid.
3. If your income is higher, follow the row to the green CHIP section. Your children might get CHIP if your income is less than the monthly or yearly income shown in the green section. Children of families that earn higher incomes may also qualify in some cases.

Find your family size here

1 Family Members (Adults plus children)	2 May Qualify For Children's Medicaid		3 May Qualify For CHIP	
	Monthly Family Income	Yearly Family Income	Monthly Family Income	Yearly Family Income
1 **	$1,343	$16,113	$2,004	$24,053
2	$1,809	$21,710	$2,701	$32,408
3	$2,277	$27,324	$3,399	$40,788
4	$2,743	$32,921	$4,095	$49,143
5	$3,210	$38,519	$4,792	$57,499
6	$3,678	$44,132	$5,490	$65,879
7	$4,144	$49,730	$6,186	$74,234
8	$4,611	$55,327	$6,882	$82,590

*Income is money you get paid before taxes are taken out.
**A family of one might be a child who does not live with a parent or other relative.

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Children's Health Insurance Program (CHIP)

CHIP covers children in families who have too much income to qualify for Medicaid, but cannot afford to buy private insurance. To qualify for CHIP, a child must be:

- U.S. citizen or legal permanent resident;
- A Texas resident;
- Under age 19;
- Uninsured for at least 90 days;
- Living in a family whose income is at or below 201 percent FPL.
- Benefits are listed in the FirstCare Provider Handbook and the HHSC Uniform Managed Care Contract at http://legacy-hhsc.hhsc.state.tx.us/medicaid/managed-care/UniformManagedCareContract.pdf. See Attachment B-1.1 "CHIP Covered Services".

CHIP Member Eligibility: Call 1-877-639-2447 or log on to the FirstCare Provider Portal

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CHIP Perinatal Benefits

Covers the unborn child, labor and delivery for pregnant women who are not eligible for Medicaid:

- The Texas CHIP Perinatal program began in 2007. Pregnant women must have income lower than 207 percent of the FPL ($24,364 for a single person, and $32,975 for a family of two).

- Recipients must be Texas residents and ineligible for ongoing Medicaid <u>due to income limits or immigration status</u>.

- Does not cover hospital care that is not related to labor and delivery (can apply for emergency Medicaid for this when they meet income guidelines)

- https://chipmedicaid.org/en/chip-perinatal-benefits

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CHIP Perinatal Benefits (cont.)

CHIP Perinatal Outpatient Member Benefits:

- Up to 20 prenatal visits

- Two postpartum visits

- Prescriptions and prenatal vitamins

- Outpatient facility lab and imaging related to antepartum care

Member and Provider Frequently Asked Questions (FAQs) can be found at:

https://hhs.texas.gov/services/health/medicaid-chip/provider-information/texas-medicaid-chip-chip-perinatal-coverage

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Star and CHIP Covered Services and Exclusions

- https://hhs.texas.gov/services/health/medicaid-chip/provider-information/managed-care-contracts-manuals
- These are printed in the Resource Book for this training

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Value Added Services
(As of September 1, 2017)

STAR & CHIP Members can request:

- Expecting the Best Prenatal Care program education and support*
- $25 Gift Card for postpartum checkups (21 to 56 days after delivery)
- $15 gift card for timely THSteps checkups (one per calendar year)
- $20 gift card for timely follow-up appointment after a behavioral health admission
- $25 gift card for participation in Asthma Disease Management program
- $75 gift card for newborn supplies for timely prenatal visits (first appointment in first trimester or in 42 days of enrollment with FirstCare)

*Available for CHIP Perinate members.

Members can call 1-800-431-7798 to find out how they can get these extra benefits.

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Member Outreach Specialists

- Outreach Specialists located in Amarillo, Lubbock, Midland, Abilene, and Del Rio.

- They collaborate with agencies that assist the STAR and CHIP population

- They serve as member advocates and assist with case management referrals

- They encourage THSteps checkups and can assist families with scheduling appointments

- Facilitate FirstCare Member Advisory Group meetings in Lubbock and Abilene

- Certified Community Health Workers (CHW) bilingual in Spanish and English

Outreach Hotline: 1-866-787-0663

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FirstCare Outreach Specialists

- **Abilene** (Olga Chavana): 325-670-3883

- **Amarillo** (Gloria Ramirez): 806-784-3202

- **Del Rio** (Joe Diaz): 806-784-4425 or 830-734-3583 (mobile)

- **Lubbock:** Melissa Benitez (806-784-4486); and,
  Claudia Gonzales (806-784-4316)

- **Midland** (Blas Zenteno): 806-784-4464 or 432-413-7744 (mobile)

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Identify Farmworker Children (CFW)

- FirstCare is required to identify, assist, and report to Health & Human Services Commission (HHSC) when we identify and assist children of farmworkers.

- These are recognized as having special health care needs when they travel with their families. Assistance is offered to schedule "accelerated" services before they travel.

- FirstCare identifies farmworker children by asking:
  - *In the past two years, did you work or a member of your family travel here or somewhere else to do farm work? Migrant farm worker if yes.*
  - *Do you or a family member do farm work locally on a seasonal basis? Seasonal farm worker if yes.*

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Medical Transportation Program

- Medical Transportation Program services available to Medicaid members and to clients who receive services from Children with Special Health Care Needs

- Bus rides, taxi, van, airfare, and routed transportation

- Gas money, meal money and lodging for children up through age 20 traveling out of the area (staying overnight) for medical care

- Mileage reimbursement to approved Individual Transportation providers (requires drivers license, minimum liability insurance, current inspection stickers)

- New Complaint line for Medical Transportation at HHSC – select option 2 when you dial 1-877-633-8747 (1-877-MEDTRIP)

- New Transportation contractor in Lubbock Service Area – LogistiCare is replacing LeFleur for MTP travel approvals

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Appointment Accessibility

FirstCare must ensure that the following standards for appointment accessibility are met. The standards are measured from the date of presentation or request, whichever occurs first.

1. Emergency Services must be provided upon Member presentation at the service delivery site, including at non-network and out-of-area facilities.

2. An Urgent Condition, including urgent specialty care and behavioral health services, must be provided within 24 hours; treatment for behavioral health services may be provided by a licensed behavioral health clinician.

3. Primary Routine Care must be provided within 14 Days;

4. Specialty Routine Care must be provided within 21 Days;

5. Initial outpatient behavioral health visits must be provided within 14 Days (this requirement does not apply to CHIP Perinate);

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Member Cost Sharing, Balance Billing, Benefit Limitations

References from Texas Medicaid Provider Procedures Manual, TMPPM in handouts for:

1. Provider Certifications for claims

2. General Medical Record Documentation Requirements

3. Billing Medicaid Patients (Clients)

4. When Providers May bill Medicaid Patients

5. Required wording for providers to create the Client Acknowledgment Statement

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When Your Patients Need Help

- They can call FirstCare STAR for help with FirstCare benefits, care coordination, or to make a verbal complaint **1-800-431-7798.**

- They can call HHSC office of Eligibility at **2-1-1** (follow the prompts) to report changes. For address changes, ask for a "case worker" to speak to an eligibility worker at HHSC.

- They can call Maximus Enrollment Broker to choose or change plans at **1-800-964-2777.**

- They can call the HHSC Ombudsman office (formerly known as the Managed Care Helpline) at **1-866-566-8989** when managed care plans cannot seem to solve your patient's problem.

- An HHSC "Fair Hearing" can be requested after the FirstCare complaint appeals process if the member is not satisfied.

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When Providers Need Help

- Email to Provider_Relations@firstcare.com or verbal requests for assistance or complaints are to be directed to the Customer Service Department at **1-800-431-7798**

- Written complaints are to be mailed to:
  - FirstCare Health Plans

    Complaints & Appeals Department
    12940 N. HWY 183
    Austin, TX 78750

- Providers/Enrollees may file a complaint to HHSC at the following address
  - Texas HHSC
    Health Plan Operations – Resolution Services H-320
    PO Box 85200, MC H-320
    Austin, TX 78758

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When Providers Need Help (cont.)

- Email Health Plan Management Complaints Department at HPM_Complaints@hhsc.state.tx.us *Remember to follow HIPAA guidelines and always send patient information securely.*

- The total time for acknowledging, investigating, and issuing a resolution letter to the complaint will not exceed 30 calendar days after the date the complaint was received.

- The detailed provider and member Complaints and Appeals Process is included in the Provider Manual and available on the FirstCare Provider Portal at http://www.firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/STAR-CHIP-Provider-Manual.pdf

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Fraud Waste and Abuse Training

Ann Adams, Recovery Investigation Team Lead

Andres Guerrero, SIU Investigator

Overview

- Definitions and examples of Fraud, Waste, and Abuse
- Reporting incidents of Fraud, Waste, and Abuse
- Laws and regulations

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Definition of Fraud

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Examples of fraud include:

- Billing for services or supplies that were not provided;
- Intentionally misrepresenting the costs of goods or services provided;
- Accepting a bribe or kickback; and
- Knowingly submitting claims for a higher level of medical services than actually provided or higher than the medical record documents.

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Definition of Waste

<u>Waste</u>: Practices that a reasonably prudent person would deem careless or that would allow inefficient use of resources, items, or services. Waste includes incurring unnecessary costs because of inefficient or ineffective practices, systems, or controls. (HHSC-OIG Circular C-027)

Examples of waste include:

- Purchase of unneeded supplies or equipment;
- Purchase of goods at inflated prices.
- Ordering excessive and unnecessary diagnostic tests
- Incorrect coding

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Definition of Abuse

Abuse: Practices that are inconsistent with sound fiscal or business practices and that result in unnecessary costs or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)

Examples of abuse include:

- Improper billing practices such as upcoding;
- Misusing an employee's position for personal gain; and
- Making travel choices that are unnecessarily extravagant, or expensive.

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Reporting Incidents of Fraud Waste and Abuse

If you suspect any fraud, waste, or abuse, we encourage you to report it to us using any of the following avenues:

- **SIU Email:** SIUfraudreports@firstcare.com
- **FirstCare Website:** https://firstcare.com/en/Important-Information/Identifying-FWA
- **FWA Hotline: 1.800.718.5205** *(report can be anonymous)*
- **Mail:**
  FirstCare Health Plans
  Attn: SIU Department
  12940 Hwy 183
  Austin, TX 78750

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Reporting Incidents of Fraud Waste and Abuse (cont.)

Additional referrals may be made to:

Health and Human Services-Office of Inspector General (HHSC-OIG)

- OIG Hotline: 800-436-6184
- OIG Website: https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx
- Mail:

Office of Inspector General

Attn: Fraud, Waste, & Abuse Intake

MC 1300

PO Box 85200

Austin, TX 78708-5200

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List of Laws and Regulations

- Federal False Claims Act - 31 USC Sections 3729-3733; 18 USC Section 287
- Anti-Kickback Statute - 42 USC 1320a-7b(b)
- Physician Self-Referral Law (Stark Law) – 42 USC Section 1395nn
- Medicaid Program Integrity – 42 CFR 455.2 – § 455.23

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Cultural Competency

Irma Henson

Provider Relations Representative

FirstCare Cultural Competency Plan

FirstCare has a written Cultural Competency Plan for STAR and CHIP Members that reflects the National CLAS principle standard to:

- *"Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."*

- FirstCare provides Cultural Competency training to all employees who have direct contact with Medicaid and CHIP Members.

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Culturally Effective Health Care – CEUs for online training

- Target Audience: Texas Health Steps providers and other interested health-care professionals

- Learning Objectives:
  1. Assess how culturally effective practices can affect health-care services and health outcomes in diverse populations.
  2. Employ professional ethics to determine how to make your clinical practice more culturally effective.
  3. Apply legal requirements related to confidentiality, informed consent, and language assistance services for patients and families who are not proficient in English.

http://www.txhealthsteps.com/cms/?q=catalog%2Fcourse%2F2387&utm_source=courseannouncement&utm_medium=email&utm_campaign=CEHC

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Cultural Competency

- It is important to recognize that people of different cultures have different ways of communicating, behaving, and problem-solving

- Cultural competency begins with understanding

- Culture is defined as learned beliefs, values, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgements about their world

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Cultural Competency (cont.)

- Components to interact effectively with people of different cultures:
  - Awareness of one's own culture
  - Attitude towards other cultures
  - Knowledge of differences in cultures
- Stereotypes may lead to racial and ethnic disparities in healthcare
- Most people are unaware of their biases and how the behavior displays or exposes a perception of stereotypes and biases

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Cultural Competency (cont.)

- Stereotyping can lead to discrimination. Patients are less likely to utilize care due to lack of trust, fear, or perceived discrimination

- Cultural sensitivity can start with open communication

- Open communication by:
  o Ask open-ended questions and seek clarification
  o Show respect for cultural beliefs
  o Listen without interrupting
  o Don't appear rushed, even if you are

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Cultural Competency (cont.)

- Spend some time learning about various cultures

- Be aware of how culture affects perceptions and pay attention to challenges presented

- Wait until it is clear that the person has finished speaking before you respond

- Withhold judgement until comprehension of the message is complete

- Restate or paraphrase your understanding of the message and reflect it back for verification

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Health Literacy

- Your viewpoint may be different but consider the other's position and perspective

- Look for feelings or intent beyond the words

- Before you hang up the phone, ask if there is anything else you can help the member with

Signs that may indicate limited literacy

- Patient registration forms that are incomplete or inaccurately completed

- Patient has frequently missed appointments

- Patient does not adhere to medication regimens

- Statements like "I forgot my glasses"

- Patient is unable to name medications

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Health Literacy (cont.)

- Health literacy is defined as "the degree to which individuals understand basic health information and the services needed to make appropriate health decisions."

- When members understand, they can make positive changes and take better care of their health.

- A member's health literacy can be affected by cultural beliefs, level of education and the ability to understand the English language.

- American Medical Association video on Health Literacy: https://www.youtube.com/watch?v=ubPkdpGHWAQ (google AMA "short health literacy" video)

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Medical Management Updates

Ira Bell, MD, MBA – Senior Medical Director

Barbara Berger, MSN, RN – VP, Care Management Services

Cindy Davis, BSN, RN – Director, Care Management Services

Continuum of Medical Management Services

Barbara Berger, RN, MSN

VP, Care Management Services

Medical Management

Our Mission

The Medical Management Department's mission is to support our members in their healthcare journey towards optimal health by:

- Engaging and connecting our members to high value health and wellness services.
- Supporting our providers to deliver high value patient centered care.
- Working to make our communities healthier.

In support of our mission, our Medical Management Department is staffed with Texans serving Texans:

- Behavioral Health Specialists
- Licensed Nurses
- Licensed Social Workers
- Pharmacists and other Pharmacy professionals
- Physical Therapists
- Physicians
- Speech Therapists
- Support Staff

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Continuum of Medical Management Services

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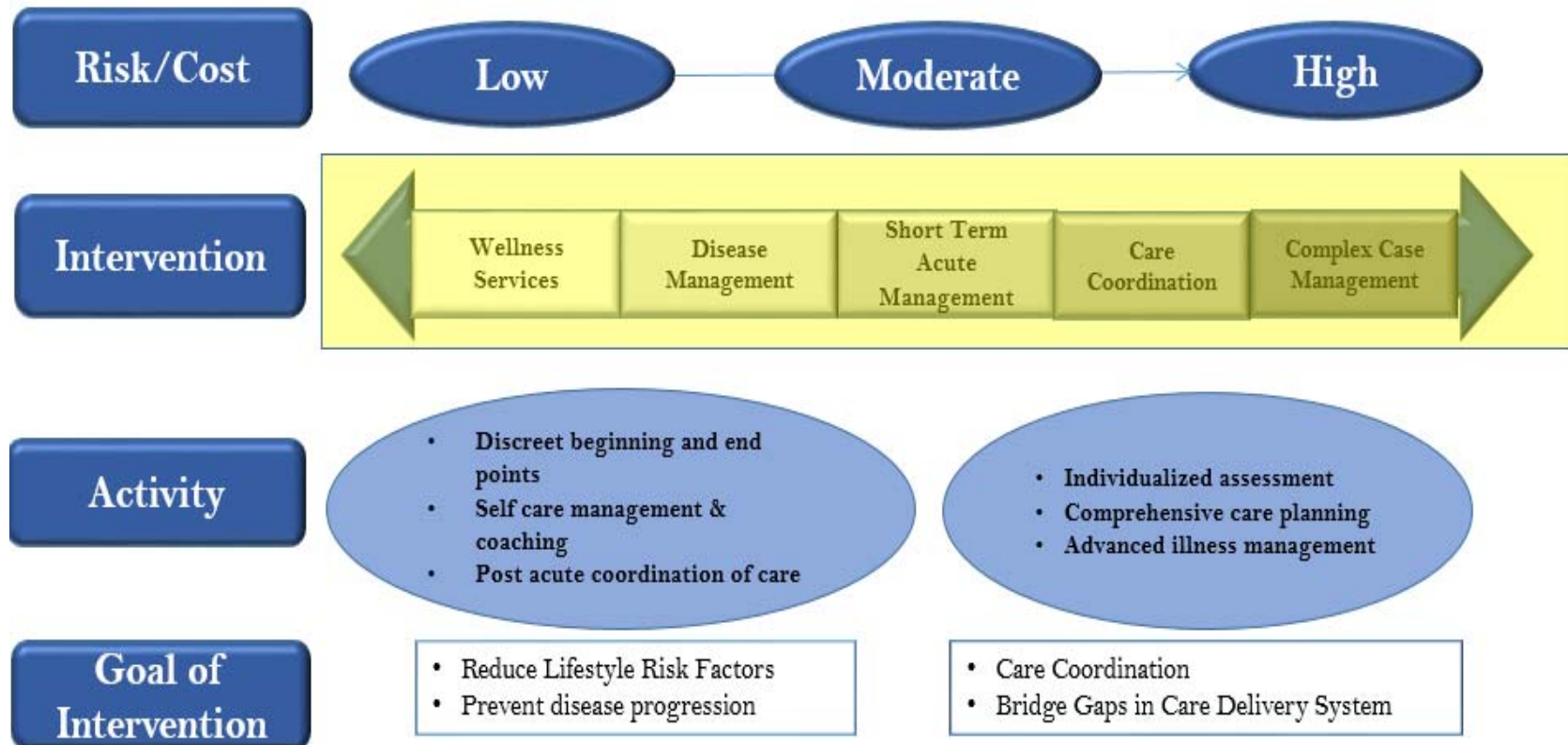
Medical Management Services

FirstCare provides several programs to eligible members. These include:

- Care Coordination and Case Management, including Behavioral Health Support
- *FirstCare Plus*
    - Disease Management
    - *Expecting the Best*® Maternity Case Management
    - Wellness Program
- Utilization Management

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Care Coordination and Case Management

Case Management

Case Management is available to all FirstCare members.

How we can help:

- Coordination of care and services
- Help with finding providers or community resources
- Help with arranging for transportation
- Health coaching and education to help members better manage their own care
- Completing an age appropriate assessment
- Developing a person-centered service plan that addresses the member's strengths, needs and limitations

To reach a FirstCare Case Manager or to make a referral:

- Call FirstCare Customer Service at 1-800-431-7798; or
- Send email to casemgmt@FirstCare.com

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Members with Special Health Care Needs

FirstCare works to proactively identify and reach out to the following groups of Medicaid and CHIP members and conduct a needs assessment:

- Early Childhood Intervention Participants

- Migrant Farmworker Children

- Former Foster Care Children

- Pregnant Women with High Risk Conditions

- Members with Multiple or Complex Health Conditions

- Members with Behavioral Health and/or Substance Abuse Diagnoses

- Members Receiving Adoption Assistance or Permanency Care Assistance

FirstCare
HEALTH PLANS

Expecting the Best®

Maternity Case Management

Caring for the smallest Texans...

- The 2016 March of Dimes Premature Birth Report Card reported that the rate of pre-term pregnancies in the U.S. is on the rise again for the first time in eight years.

Texas→

Grade	Preterm birth rate range Scoring criteria
A	Preterm birth rate less than or equal to 8.1% Score less than or equal to 0.0
B	Preterm birth rate of 8.2% to 9.2% Score greater than 0.0, but less than or equal to 1.0
C	Preterm birth rate of 9.3% to 10.3% Score greater than 1.0, but less than or equal to 2.0
D	Preterm birth rate of 10.4% to 11.4% Score greater than 2.0, but less than or equal to 3.0
F	Preterm birth rate greater than or equal to 11.5% Score greater than 3.0

- National Medicaid Comparison Data indicates a preterm birth rate of 12.32%

- 2012 Texas Medicaid cost for preterm birth-related NICU stays was $375 million (Texas Department of State Health Services)

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Caring for the smallest Texans…

- Infants born to mothers who receive no prenatal care have a mortality rate up to five times higher than those born to mothers who received prenatal care beginning in the first trimester of pregnancy (March of Dimes, 2009)

- At-risk expectant women often seek care later in their pregnancies, missing the window for vital prenatal care and treatment.

- Significant effects of early prenatal care include increased birthweight of the baby, and a lowered risk for a preterm delivery.

- Babies born prematurely run the risk of prolonged hospitalization and severe lifelong health problems

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Prenatal Treatment to Improve Birth Outcomes

- Makena (17P, alpha-hydroxyprogesterone caproate) started between weeks 16 to 26 and continued through week 36 can reduce the rate of preterm births in women who previously had a preterm birth in a singleton pregnancy. (Meis, 2015)

- Micronized progesterone given between weeks 24 to 34 can reduce the rate of preterm births in women with short cervix. (NEJM, 2015)

- Baby aspirin taken daily after week 12 helps prevent the development of pre-eclampsia (high blood pressure during pregnancy that affects mom and baby). (ACOG, 2013)

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Program Basics

- Created by FirstCare Health Plans (FirstCare) in 2008, the *Expecting the Best*® maternity program was created to help provide high risk mothers-to-be care and services needed to reduce preterm births.

- The program leverages early identification and intervention, ongoing patient education, social support, and proactive prenatal care to improve birth outcomes.

- Today, FirstCare's *Expecting the Best*® program actively manages cases for 300-400 high-risk expectant mothers every month.

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Expecting the Best®

Maternity Program Workflow

- We use our claims data to identify all members with any pregnancy related claims and high risk trigger conditions

- We attempt to complete an obstetrical risk assessment for *every* pregnant woman identified.

- A subset of those assessed are determined to have a "high-risk pregnancy" and are referred to maternity case management. Low-risk moms are re-assessed at 28 weeks.

- Mothers-to-be are given access to a 24/7 "*Babyline*®" (dedicated nurseline) for pregnancy and baby-related questions and advice.

- A Case Manager focuses on coordination with OB/GYN, education and promotion of appropriate prenatal care.

Program Participation & Outcomes

During 2015, we identified over 1,700 pregnant members from claims data

Over **900** members were referred for High Risk Case Management

FirstCare has noted a decrease in NICU admission rate from over **11%** to approximately **9%**

Providers/Teams: To help prevent preterm births, refer your pregnant members as early as possible: email casemgmt@firstcare.com

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Disease Management

Disease Management

FirstCare offers a comprehensive Disease Management Program for members with

Asthma/CAD/Diabetes/Heart Failure/COPD

Features:

- One-on-one condition management coaching
- Reinforces physician/patient plan of care
- Help obtaining needed care and services
- Educational materials
- Promotes preventive care
- Biometric monitoring
- 24/7 Nurseline
- CareAlerts to the PCP (for gaps in care)
- Online Wellness portal

Referring Members for Disease Management

Referrals for Disease Management can be made by calling FirstCare Customer Service or by email.

FirstCare Customer Service:

- Medicaid: 1-800-431-7798

- CHIP: 1-877-639-2447

Email: customerservice@firstcare.com or casemgmt@firstcare.com

Physician Involvement and Support

Ira Bell, MD, MBA

Senior Medical Director

Corporate Medical Advisory Committee (CMAC)

- The Corporate Medical Advisory Committee (CMAC) develops, reviews and approves clinical programs and guidelines, studies, and other clinical activities related to the health care services provided to FirstCare members. The CMAC adopts evidence and approves clinical criteria on an annual basis.

- Community Practitioners are selected to represent primary care and high volume specialties per region. It is recommended to appoint at least three (3) outside practitioners to the committee.

- Committee meetings are held a minimum of quarterly. All members have voting rights and a majority of the membership constitutes a quorum. Meeting minute reflect decisions made and are signed and dated. Meeting minute are confidential, approved prior to the next meeting, and stored in a secured area.

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Physician Support

- FirstCare Physicians available for support:

  - Adolfo Valadez, MD, MPH, Chief Medical Officer

  - Ira Bell, MD, MBA, Senior Medical Director

  - Carlos Tirado, MD, MPH, General and Addiction Psychiatry

  - Ted Dyer, MD, MHA, Otolaryngology/Head and Neck Surgery/Sleep Medicine

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HEALTH PLANS

Out-of-Network Services

- To find FirstCare providers:
  o Online provider directory
  o Contact Customer Service for a list of contracted providers.

- **All Out-of-network services require preauthorization**.

- FirstCare Medical Directors review all referrals for out-of-network services.

- <u>Please include the reason for referring the patient out of the FirstCare network of providers.</u>

- Out-of-network may be approved if one or more of the following conditions are present:
  o Emergency admission.
  o Medically necessary, covered medical service is not available through an in-network Provider.
  o Service or care is available in-network, but not accessible.
  o Continued care of newly enrolled members or when a provider leaves the FirstCare network. This short term approval allows members in active treatment to change care over to an in network provider.

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Pediatric Specialists

FirstCare has in-network pediatric specialties with:

- DALLAS: In negotiations with **Children's Medical Center, Dallas**

- FORT WORTH: **Cook Children's Health Care System**

- HOUSTON: **Texas Children's Hospital**

- SAN ANTONIO: **Baylor College of Medicine**

FirstCare
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Top Volume THSteps providers

Lubbock Service Area

Cathy Powers, NFP	Hillside Clinic Amarillo
Christopher Hisel, MD	Brownfield Family Physicians
Kenneth Horton, MD	West Texas family Medicine, Plainview
Mark McClanahan, MD	West Texas family Medicine, Plainview
John McClanahan, MD	West Texas family Medicine, Plainview
Luis Arandia-Antelo, MD	Lubbock

Medicaid Rural Service Area

Gadam Rao, MD	Wichita Falls
Victor Ramos, MD	Odessa
Anantha Bhandari, MD	Mineral Wells
Terry Johnson, MD	Pediatric Associates, Wichita Falls
George Choumarov, MD	Odessa

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HEALTH PLANS

Spinal Care and Rehabilitation

Ira Bell, MD, MBA

Senior Medical Director

Spinal Care and Rehabilitation

- FirstCare continues to collaborate with Palladian Health, a leading NCQA-accredited musculoskeletal care management company, for reviews of spinal-related care.

- Palladian Health specialty experts provide consultative reviews on requests for spinal-related care and services such as injections, surgeries, and ablations, as well as for adult physical and occupational therapy.

- Request spinal care authorizations through the FirstCare Provider Self-Service Portal.

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Spinal Care and Rehabilitation Clinical Criteria

Palladian Health Medical Necessity Criteria are available on the Provider Portal

Spinal Care Advocacy Program

Soon FirstCare members will have access to Palladian's Spine Care Program, a patient engagement program designed to help members manage their care and improve their daily function.

- It assists the member in making informed decisions.

- Provides the member with education about spine pain and spinal related conditions.

- Provides members with explanations of their authorizations, reasons for approval and/or denial and what their options are.

- Provides members with an avenue to discuss their care and options with their providers and to engage them in conversations about their pain and ways to help reduce their pain and improve their daily functions.

FirstCare
HEALTH PLANS

Utilization Management

Cynthia Davis, BSN, RN
Director, Care Management Services

Utilization Management

- We are committed to supporting high-quality, cost-effective care for our members.

- We strive to make decisions within 24 hours, when all needed information is available.

- Our UM staff are available Monday - Friday: 6 AM - 6 PM; and, weekends and legal holidays from 9 AM - 12 PM.

- Online self-service is available 24 hours per day, seven days per week.

- The Texas Medicaid Provider Procedures Manual is a guide for MCOs. HHSC allows authorizations to vary by plan. FirstCare's list of services requiring authorization is available at:
  https://www.firstcare.com/en/Providers/Authorization-Information

Key Points For Preauthorization

- Certain services require preauthorization in order to be covered under the member's health plan.

- Preauthorization is the utilization review process to determine whether the requested service, procedure, medical-benefit drug, or medical device meets clinical criteria for medical necessity.

- FirstCare uses written medical clinical criteria to make fair, impartial, and consistent decisions that facilitate the appropriate use of selected services.

- Clinical Criteria are available upon request and can be faxed, emailed, or mailed to the provider based upon their request.

- Common cause of delay in decision: Not enough clinical information is provided with the request.

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HEALTH PLANS

Clinical Information

- FirstCare collects clinical information for services that require preauthorization. The most recent and pertinent clinical information is required for medical necessity reviews.

- Clinical information may include, but is not limited to:
  - Office and hospital records
  - A history of the presenting problem
  - Physical exam results
  - Diagnostic testing results
  - Treatment plans and progress notes
  - Patient psychosocial history
  - Information on consultations with the treating practitioner
  - Evaluations from other health care practitioners and providers
  - Operative and pathological reports
  - Rehabilitation evaluations
  - A printed copy of criteria related to the request
  - Information regarding benefits for services or procedures
  - Information regarding the local delivery system
  - Patient characteristics and information
  - Information from family members

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Cite™ Auto-Auth

- FirstCare is pleased to announce the go-live of *Cite™ Auto-Auth* earlier in 2017

- This application allows us to process requests much more quickly, ensuring timely care for members and reduced burden on providers

- The online request portal is accessed directly through logging on to the FirstCare Provider Portal

- New and Improved! Certain requests now can be approved automatically when clinical information is entered and criteria are met. These services include:

  - ► Septoplasty and Removal of Turbinates
  - ► Mobile Cardiac Output Telemetry
  - ► PET Scans
  - ► CPAP

More to Come…

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HEALTH PLANS

To Preauthorize Services: Log onto the FirstCare Provider Portal

Features:

- Online verification of eligibility
- Online code lookup tool to see if the service needs to be pre-authorized
- Online submission of preauthorization request
    - In some cases, instant online approval.
- Online display of authorization status (15-min. delay)
  https://my.firstcare.com/Providers

Contact FirstCare's Customer Service if you need more information about our secure provider website. Email: customerservice@firstcare.com

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HEALTH PLANS

New Prior Authorization List Format

Effective November 1st, 2017, the FirstCare Prior Authorization list has a streamlined new look!

The list is much shorter and provides general categories for authorization requirements.

Specific code information can be referenced through the authorization requirements look-up tool on the provider portal: https://my.firstcare.com/Portal/Provider/Login.aspx

From there, you can verify authorization requirements, request an authorization, and check the status of your authorizations

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Prior Authorization List

FirstCare HEALTH PLANS

Effective November 1, 2017 the following services will require prior authorization. For additional information, read all general information[1].

For the current list of prior authorization codes in these categories and online authorization submission, log in and utilize the Prior Authorization Requirements Code Lookup.

Durable Medical Equipment (DME) & Prosthetics[1]

Inpatient Confinements[2]

- Acute Care Hospital
- Behavioral Health Hospital
- Chemical Dependency Facility
- Long-Term Acute Care Hospital
- Partial Hospitalization Program
- Rehabilitation Facility
- Residential Treatment Center
- Skilled Nursing Facility, Sub-Acute Or Transitional Care Facility
- Transitional Learning Center

*Emergency admissions do not require prior authorization, but require notification to FirstCare with clinical medical necessity records within 24 hours of admission.

Out-of-Network Care (all settings/places of service)[3]
- Referral to or Use of Out-of-Network Provider for Non-Emergent Services (HMO, EPO plans) (Does not apply to PPO plans)

SERVICES AND TREATMENTS (all settings/places of service)[3]
- Ambulance Services (non-emergency transport)
- Anesthesia for Dental Procedures[4]
- Applied Behavior Analysis
- Cochlear Device and/or Implantation
- Detoxification, Outpatient
- Gastrointestinal (GI) Tract Imaging Through Capsule Endoscopy
- Genetic Testing
- Home Health Care Services[5]
- Hyperbaric Oxygen Therapy
- Intensive Outpatient Programs
- Intensity Modulated Radiation Therapy
- Intraoperative Neuromonitoring
- Investigational and Experimental Services and Procedures[6]
- Mobile Cardiac Output Telemetry
- Prescribed Pediatric Extended Care Centers (PPECC) FirstCare Star (Medicaid) only
- Private Duty Nursing
- Psychological testing/ Neuropsychological testing
- Specialized Imaging (i.e. Cardiac CT, Cardiac and Breast MRI, PET scan, Interventional Radiology)
- Unlisted Codes

SURGERIES AND PROCEDURES (all settings/places of service)[3]
- Bariatric Surgery
- Bone Growth Stimulator
- Cochlear Device and/or Implantation
- Cosmetic or Potentially Cosmetic Procedures
- Dental Procedure Under Medical Benefit[7]
- Gender Reassignment Surgery
- Cardioverter-Defibrillator
- In Vitro Fertilization Services[8]
- Orthognathic Surgery Procedures
- Pain Management Procedures, interventional
- Penile Prosthesis Procedures
- Reconstructive Procedures
- Spinal Procedures[9]
- Stereotactic Radiosurgery
- Transplant and Pre-Transplant Evaluation
- Uvulopalatopharyngoplasty
- Varicose Vein Procedures

Therapies in Outpatient, Office, Or Home Settings
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Certain drugs (see page 2)

FirstCare HEALTH PLANS

Therapy Changes for Medicaid

- Effective September 1, 2017, HHSC in accordance with federal regulation has made several changes to how Physical, Occupational, and Speech Therapy services are authorized and reimbursed

- Several services moved from time-based codes to encounter-based structure

- Home Health therapy services moved to time-based codes from per-visit structure

- Authorization notifications will provide more specific information as to the particular codes approved

- Please contact your FirstCare Provider Relations representative for any questions

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Early Childhood Intervention (ECI)

- Preauthorization for physical, occupational, and speech therapy is not required for Early Childhood Intervention (ECI) if:
  - Child is under 3 years of age; **and**

  - Provider is contracted with Texas Department of Assistive and Rehabilitative Services for provision of ECI services; **and**

  - Services are part of a current ECI Individualized Family Service Plan (IFSP). Providers should submit initial and annual IFSP to FirstCare.

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HEALTH PLANS

Behavioral Health Management

Claudia Sumrall, LCSW

Director, Behavioral health

Behavioral Health

Behavioral Health Goals:

- High-quality managed behavioral healthcare services;

- Increase provider engagement and collaboration;

- Provider profiling/value based contracting;

- Early identification of members with behavioral health treatment needs; and

- Member and provider support and improved satisfaction

Behavioral Health (cont.)

Covered Behavioral Health Services:

- Inpatient mental health and detoxification
- Residential treatment
- Partial hospitalization
- Intensive outpatient
- Individual, family and group therapy
- Case management and rehabilitative services (Medicaid only)

Prior authorization may be required

- See www.firstcare.com for services requiring authorization, forms and how to access the provider portal

Behavioral Health (cont.)

Additional Member/Provider Support

- Integrated case management (provided by FirstCare)
- Member incentive for attending follow up within 7 days post BH hospital discharge
- Assistance locating a behavioral health provider
- Telemedicine through partnership with E-Psychiatry
- Training on behavioral health conditions screened for and commonly treated in primary care
  - ADHD
  - Depression
  - Anxiety
  - Resources for Additional Training Needs

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Contact Information

- Claudia Sumrall, LCSW – Director, Behavioral Health
  Csumrall@FirstCare.com
  Office - 512-257-6220 Cell – 512-800-

- Carlos Tirado, MD – FirstCare BH Medical Director
  Ctirado@FirstCare.com

- Natalie Conners-Loid – BH Case Manager
  Nataliec@FirstCare.com

- Behavioral Health Customer Service/Intake # 800-327-6934

- Authorization Fax # 512-233-5949

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HEALTH PLANS

How Can We Improve HEDIS Scores?

Julianne Eckert, RN, BSN

Manager, HEDIS

FirstCare Quality Improvement

- **FirstCare is required to maintain a QI Program as part of:**
  - o NCQA accreditation
  - o STAR and CHIP
  - o TDI Regulations

- **The QI program comprehensively assesses and continually improves:**
  - o Clinical care provided to our members
  - o Services provided to our internal and external customers

- **The scope of the QI program incorporates the monitoring of key areas**

Credentialing

Preventative Care/ Chronic Care

Provider Clinical Practice Guideline Adherence

Pharmacy

Claims

Utilization and Care Coordination

Complaints/ Appeals

Customer Service

Delegated Entities

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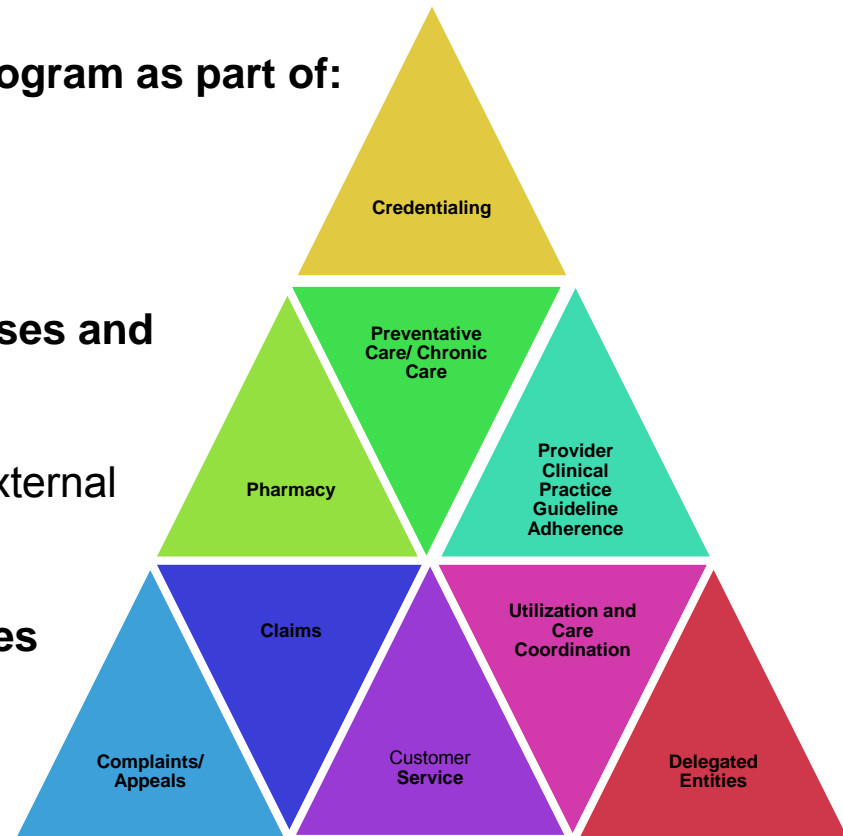
Consumer Assessment of Healthcare Providers and Systems
(CAHPS)

CAHPS
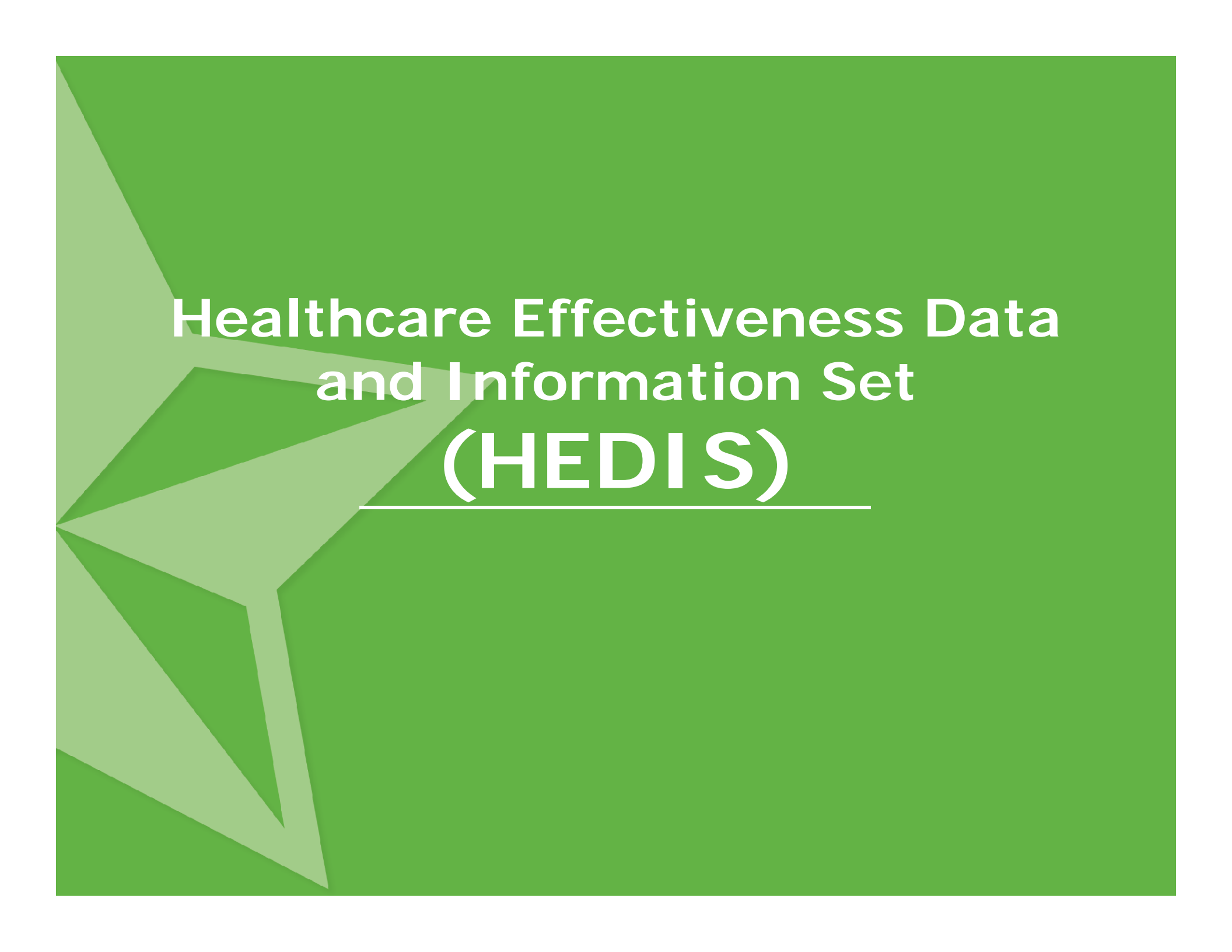
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey allows members to report on their experience with health care.

- Administered annually (spring) to enable an apples-to-apples comparison by NCQA accredited plans.
- NCQA uses survey results in health plan performance reports, to inform accreditation decisions and to create national benchmarks for care.
- Medicaid/CHIP Report Cards

Survey topics provide an indication with how well FirstCare meets member's expectation with:

- Health plan (e.g. Customer service, Claims processing, etc.)
- Health care services (e.g. Ease of getting care, tests or treatment, etc.)
- Providers (e.g. Rating of personal doctor/specialist, ease of getting appointments, doctor communication skills, etc.)

Coordination of Care | Rating of All Health Care | Rating of Specialist Seen Most Often | Rating of Personal Doctor | Shared Decision Making | How Well Doctors Communicate | Getting Needed Care | Getting Care Quickly

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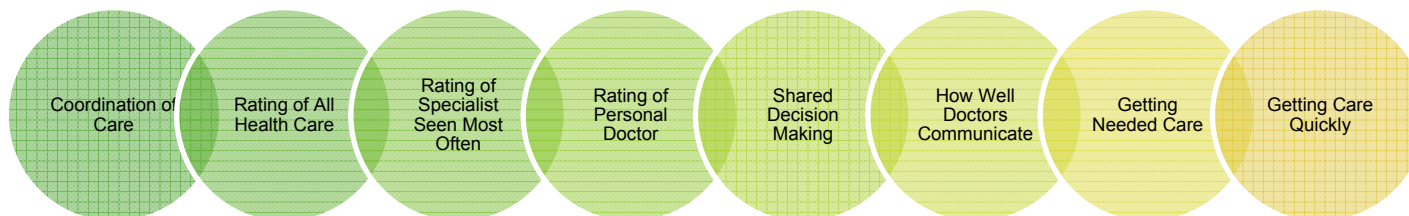
Healthcare Effectiveness Data and Information Set
(HEDIS)

What do you think HEDIS is?

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What is HEDIS?

- NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) is the premier tool for monitoring member quality of care and service in more than 90% of America's health plans.

- HEDIS results allow comparison of the performance of health plans on an "apples-to-apples" basis and:
  - helps health plans target their improvement efforts in quality of care and service;
  - assists employers, consultants and consumers select the best health plan for their needs;
  - provides consumers a comprehensive look at the performance of the nation's health care system;
  - stars as the centerpiece of most health plan "report cards" that appear in national magazines and local newspapers.

- Increased scrutiny on measuring <u>and</u> improving clinical quality.
  - As of 6/1/2018, HEDIS/CAHPS scores will be <u>50</u>% of FirstCare's total NCQA accreditation score.
  - Reported to Medicaid/CHIP/NCQA/CMS

HEDIS (cont.)

Tremendous administrative burden placed on provider offices to retrieve medical records during HEDIS season.
- Multiple health plans asking for records at the same time
- NCQA gives a very small window of opportunity to collect records

Use short cuts to reduce the administrative burden on your provider office.
- Submit claims with the proper ICD-10/CPT codes that count toward the measure
- Report immunizations to state registry: ImmTrac2 (www.dshs.texas.gov/immunize/Immtrac)
- Electronic Health Records - turn HEDIS "on".
  - Ex.: Have Ht + Wt calculate BMI and BMI percentile for all visits, including GYN visits.
- Provide or refer Members for needed services, e.g., colonoscopy, immunizations, mammograms, etc.
- Take a second Blood Pressure at the end of the visit when patient relaxed and stress is likely lowered- use the right size cuff
- Upper Respiratory Infection- add a second diagnosis code along with URI code so that it won't count against you.

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Quality Improvement Contacts

FirstCare HEDIS Hotline: 877.514.9199

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Manager, HEDIS

512.257.6344

jeckert@FirstCare.com

Becky Senf

Assistant Vice President of Quality Improvement

512.257.6206

bsenf@FirstCare.com

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Claims Updates

Chasity Noel, Claims Trainer

Chasity Noel

FirstCare Provider Portal

- Please access our provider portal at www.FirstCare.com

- Information is available 24/7

- New authorization requirements (updated periodically)

- Authorization look-up tool

- Go to www.FirstCare.com > click on **Providers** > **Log In/Register** to access the FirstCare Provider Portal. If you need an activation code, please contact Provider Relations

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When a Medicaid claim is submitted, providers attest that:

1. Services were personally rendered by the billing provider or under supervision of the billing provider;

2. The information on the claim form is true, accurate, and complete;

3. All services, supplies, or items billed were medically necessary for the client's diagnosis or treatment with exceptions allowed for special preventive and screening programs (i.e. family planning and THSteps);

4. Medical records document all services that were billed and the medical necessity of those services;

5. All billed charges are "usual and customary" for the services provided and not more than the fees charged to private-pay patients.

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HEALTH PLANS

Submission Requirements

Filing Deadlines

- Within 95 days of Date of Service

- Within 95 days of Primary EOP when other insurance is primary

- Appeal Deadlines: 120 days

- Claims can be submitted directly through the FirstCare Provider Portal using Claims Shuttle

- Paper Claims:
  - o FirstCare Claims
    PO Box 853935
    Richardson, TX 75085-3935

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Submission Requirements (cont.)

- **Availity (formerly THIN)**
  1-800-282-4548 Customer Support
  FirstCare Payer ID: 94999

- **HealthSmart (formerly CareVu)**
  1-806-473-2433 Customer Support
  FirstCare Payer ID: 94999

- **Claims Shuttle** (Direct claim submission through FirstCare Portal)
  1-602-439-2525 Customer Support
  support@claimshuttle.com

- **Emdeon electronic payments:** Call 1-866-506-2830
  www.emdeon.com/eft OR www.emdeon.com/epayment

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Submission Requirements (cont.)

- FirstCare requires use of standard revenue codes, CPT, HCPCS, and ICD-10 coding

- Covered services and codes are outlined in the TMPPM

- National Correct Coding Initiative (NCCI) edits:
  - Providers must report services correctly
  - Reporting the most comprehensive CPT code that describes the service performed – do not unbundle and do not fragment a procedure into component parts
  - Avoid down coding/up coding
  - Report units of service correctly

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Submission Requirements (cont.)

- STAR providers (billing providers included) must have a current Texas Provider Identifier (TPI)

- Providers performing Texas Health Steps (THSteps) checkups must have an EPSDT Texas Provider Identifier (TPI)

- Providers must have a National Provider Identifier (NPI) that is tied to their TPI on the State's Master Provider File

- The NPI is required on the claim.

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Billing Requirements

Refer to the TMPPM for the required CPT and HCPCS codes

- Make sure you are billing with the correct NPI/Tax ID combination that is currently enrolled with TMHP. Send any Tax ID, demographic, etc. changes to TMHP and FirstCare

- When billing under a group NPI, the individual/rendering provider should be enrolled with Texas Medicaid under that group's NPI

- THSteps and non-THSteps services performed on the same day must be on split claims

- Use appropriate modifiers and condition indicators, when required

- When a Member has primary insurance, attach the other insurance EOP to the claim (exception – THSteps and Family Planning)

FirstCare
HEALTH PLANS

RHC, FQHC, and TORCH Providers

Billing THSteps Checkups

- Confirm all age related checkup components have been completed

- Use Diagnosis codes from Quick Reference Guide

- Use Place of Service (POS) 72 on CMS 1500, along with Performing Provider Modifier (RN in an RHC or FQHC may not perform THSteps checkups independently of a physicians interactions with the client)

- Include Condition Indicator Codes

- Use a separate encounter rate exception when other services are provided on the same date

- FQHCs need to use 50 for Place of Service

Billing on a CMS 1500

- Bill with a rendering provider in box 24-J (except RHCs and FQHCs)

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Coordination of Benefits (COB)

- Providers must make a good faith effort to determine whether a recipient is or may be insured by a third party health insurer at the time the service is provided

- If a third party health insurer is identified, Providers are required to bill the third party health insurer before submitting a claim for payment to FirstCare, with the exception of the THSteps and Family Planning services

- When filing the claim to FirstCare STAR, send a copy of the primary insurance EOP with the claim

- If the amount paid by a third party health insurer is less than the contracted Medicaid amount, FirstCare may be billed for the difference within timely filing deadlines

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Third Party Liability and Recovery

- FirstCare retains First Recovery Group to recover benefits payable by a third party. Examples of when First Recovery Group may be involved in recovery include the following situations:

  - Motor vehicle accidents;

  - Injuries recoverable by a homeowner's policy;

  - Personal injuries; and/or

  - All other injuries not related to worker's compensation

- Claims will be processed by FirstCare as they are submitted; any adjustments will be made once First Recovery Group has completed proper investigation of any third party liability. Claims paid in the system will be adjusted to reflect that a recovery was received from a third party carrier

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Medical Claim: NDC Requirements

- FirstCare requires the National Drug Code (NDC) on certain professional or outpatient claims with physician-administered prescription drug procedure codes

- FirstCare will deny the claim if the NDC is not included on the claim

- For additional information or for a list of codes that require the NDC, please visit http://www.tmhp.com/Pages/Topics/NDC.aspx

- For instructions on how to bill the NDC to the Healthcare Common Procedure Coding System (HCPCS) Crosswalk, please visit www.tmhp.com and click on "Providers"

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Present on Admission (POA)

- FirstCare requires hospital providers that are reimbursed through DRGs (Diagnosis Related Grouping) to submit a Present on Admission (POA) value for all diagnoses on inpatient hospital claims

- Depending on the POA indicator value, the DRG may be recalculated, resulting in a lower payment to the hospital provider. POA is defined as present at the time the order for inpatient admission occurs

- FirstCare follows the TMHP guidelines for POA. Please refer to the POA articles on the TMHP website for additional information and for the list of diagnosis codes that are exempt from POA reporting

FirstCare
HEALTH PLANS

Outpatient Hospital Revenue Code Requirements

- Revenue codes must be submitted on claims for outpatient hospital facility services

- Some revenue codes require a HCPCS procedure code in addition to the revenue code

- Please reference the Outpatient Hospital Revenue Codes section of the TMPPM for additional information

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HEALTH PLANS

Billing THSteps Exceptions to Periodicity

Modifiers

- **SC** – Medically necessary Service or Supply

- **23** – Unusual Anesthesia. Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier "23" to the procedure code of the basic service

- **32** – Mandated Services: Services related to mandated consultation or related services (i.e. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier "32" to the basic procedure

Texas Medicaid Provider Procedures Manual TMPPM section 5.3.7 – Exception to Periodicity Checkups

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Billing NCCI and Modifier 25

NCCI changes enforced for Vaccine Administration and Preventive Medicine E/M Visits effective April 1, 2014

- Modifier-25 is used for an unrelated evaluation and management (E/M) by the same provider or qualified health care professional that is a significant, separately identifiable services performed on the same day as another procedure or service

- The physician must show, by documentation in the medical record, that on the day a procedure was performed, the patient's condition required a separately identifiable E/M service above and beyond the usual care associated with the procedure that was performed

- The most common use of Modifier 25 associated to the THSteps checkup is when an immunization or vaccination is administered. Modifier 25 is used to indicate that the immunization or vaccination is an E/M service that was performed at the same session as a preventive care visit.

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Condition Indicators

Procedure Codes	Referral Indicator	Condition Indicator
99381,99382,99383, 99384, and 99385 (new client preventive visit) -or- 99391,99392,99393, 99394, and 99395 (Established client preventive visit)	**N** (no referral given)	**NU** (not used)

*The ST condition indicator should only be used when a referral is made to another provider or the client must be rescheduled for another appointment with the same provider. It does not include treatment initiated at the time of the checkup.

Texas Medicaid Provider Procedures Manual, TMPPM Section 5.3.6 THSteps Medical Checkups

Condition Indicators (cont.)

Procedure Codes	Referral Indicator	Condition Indication
99381,99382,99383, 99384, and 99385 (new client preventive visit) -or- 99391,99392,99393, 99394, and 99395 (Established client preventive visit)	**Y** (yes THSteps or EPSDT referral was given to the client)	**S2** (under treatment) or **ST*** (new services requested)

*The ST condition indicator should only be used when a referral is made to another provider or the client must be rescheduled for another appointment with the same provider. It does not include treatment initiated at the time of the checkup.

Texas Medicaid Provider Procedures Manual, TMPPM Section 5.3.6 THSteps Medical Checkups

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Questions

Provider Resources

Michele Bruce and Velann Anderson
Provider Relations Managers

Provider Relations

Assist Providers With:

- Contracting Concerns
- Credentialing Questions
- Specific Claim Type Issues
- Provider Changes to Demographics
- Provider Portal Access and Training

Provider Training Includes:

- Provider Workshop
- Provider Education
- Community Outreach Training
- Site Visits

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The world's most valuable resource is no longer oil, but data

What Has Changed?

Over the past decade rising healthcare costs and state policy have intensified the need for high-quality provider data.

Stricter compliance measures and requirements are more necessary today to manage risk, meet consumer demand, improve quality, control costs and support decision making.

In 2015, millennials became the plurality of the US workforce; this generation has high expectations that their products and services be conveniently and electronically accessible.

- Smartphones
- Internet
- Rapid Digitization

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Provider Data Drives the Most Fundamental Processes in the Healthcare System

The industry relies on it to connect patients with healthcare professionals, license providers, exchange information and pay for services.

- Health plans and providers use it to process payments, validate credentials, manage and coordinate care.
- Regulators rely on it to oversee networks and health plan products, ensure compliance and license providers.
- Members rely on it to select health plan products and seek care.
- Inaccurate provider data puts patient care and billions of dollars at risk

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Provider Data Pain Points in Claims Management

A claim with missing or inaccurate provider data causes payment processing failures or denial, resulting in:

- Providers enduring unnecessary billing and administrative complications and costs to gain claim resolves

- Increased calls and cost burdens to the MCO due to customer service and provider relations outreach in researching and validating information for adjudication

- Inaccurate provider data increases costs to both the provider and the payor.

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Call to Action

While provider data is essential to our healthcare system, access to high-quality provider data remains exceedingly difficult to maintain and often contains errors—even in the best of organizations.

- Standardize our Processes
- Roster Management
- Monthly Audits
- Improved Provider Engagement
- Single Source Entry System
- Make it Important

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Provider Demographic Spreadsheet

Left side—Group Information

Group Name	Group NPI	TIN	Billing Street Address	Billing City	Billing State	Billing Zip Code	Billing Phone Number	Billing Fax Number	Accreditation (for facilities/ hospitals)	Accreditation Expiration Date	Pharmacy Type	Delegated Group?

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Provider Demographic Spreadsheet (cont.)

Right side—Individual Provider Information

Practitioner First Name	Practitioner Last Name	Practitioner NPI	SS#	Gender	Ethnicity	Practitioner Title/Degree	Pratitioner DOB	PCP or OBGYN or Specialty?	Specialty (consistent with NPI)	Board Certification in Specialty?	Languages	State License #	State License Effective Date

Medical School	Year of Graduation	TPI	CAQH#	DEA#	Medicare ID	DEA Issue Date	DEA Expire Date	Hospital Affiliations	Medical Group Affiliations	Accepting New Patients	Accepting Pediatric Patients	Limitations

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Provider Demographic Spreadsheet (cont.)

Right side (continued)—Practice Information

Office Hours							Service Address Street	Service Address City	Service Address State	Service Address Zip Code	Service Address Phone Number	Service Address Fax Number
Monday	Tuesday	Wednesda	Thursday	Friday	Saturday	Sunday						

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Provider Portal Quick Reference Guide

Registration & Access

An activation code is required for new providers to access FirstCare's Provider Self-Service Portal. If you are a new provider, please follow the steps below to obtain an activation code to create a new account:

❶ Contact the Provider Relations Team *(see contact information below)*.

❷ Provide your group/provider/facility information, including:

- Contact phone number
- Email address
- Billing address
- NPI (Group & Individual)
- Tax ID number

❸ After your information is in our system, we'll provide you with an activation code.

❹ Log in to the Provider Portal at my.firstcare.com and create a new user account.

Note: *If you already have access to the Provider Portal and need to add new users, simply follow the same steps above.*

Navigation

- News & updates
- Claims search
- Electronic claims status
- Online claim submission
- Reports & resource documents
- Negative balance reports
- Document search
- Health Reform Resource Center

| Home | Members | Claims | Authorizations | Resources/Documents | Supplier Info. |

- Search Member Profiles
  - Eligibility
  - Deductible/OOP
  - Other insurance info
- Prior authorization look-up
- Authorization requests
- Authorization search
- Authorization documents
- Medical Necessity criteria
- General Information

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FirstCare STAR and CHIP Provider Manual

The manual is an extension of the FirstCare provider contract and training. Please ensure this manual is made available to your contracted off-site billing departments and/or billing services utilized by the provider. Contents include:

- Provider ID numbers and Automated Services

- Customer Service

- STAR Member Enrollment and Disenrollment

- Quality Improvement Program

- Medical Services – covered services and exclusions

- Vision Care

- STAR Medicaid benefits are listed in the FirstCare STAR & CHIP Provider Manual at www.firstcare.com/en/Providers under Related Documents.

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FirstCare STAR and CHIP Provider Manual (cont.)

- Vaccinations

- Behavioral Health Services

- Texas Health Steps

- Claims Submission and Administration

- Complaints and Appeals Procedures

- Pharmacy

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Checking Member Eligibility

Texas Medicaid Healthcare Partnership (TMHP) website

- o www.tmhp.com
- o Click on "Providers" and go to "TexMedConnect" or call 1-888-834-7226

Your Texas Benefits Medicaid Card

- o https://www.yourtexasbenefitscard.com/

FirstCare Provider Self-Service Portal

- o www.my.FirstCare.com
- o Click on "Providers" and sign in
- o Providers can also call 1-800-431-7798 for assistance

Provider Relations General Contact Information

- Abilene Region: 1-325-670-3525

- Amarillo Region: 1-800-239-5650

- Lubbock Region: 1-806-784-4380

- All other Regions: 1-800-431-7737

See handout for PR Representative Contact information by county

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What is Delightful Customer Service?

Adrienne Columbus
Director, Customer Service
806-784-4450

Customer Service

Initiatives 2017-2018:

- "Delightful" Experience
  - 6 week campaign ran from June thru mid July showing the difference between customer service and customer experience
  - Geared towards overall satisfaction of the Provider
  - Correlate our Quality scores with our satisfaction scoring
- Surveys at the end of the calls
  - 3 questions asked
  - How would you rate your experience today?
  - Is this your first time calling
  - Would you recommend us to a friend or a colleague?
- Separate the call center Provider & Customer Service 1st quarter 2018 initiative

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Customer Service (cont.)

- **Provider Calls taken June-August 2017:**
  - o 13,121 calls taken
  - o Abandon rate 0.93. We have abandoned less than 1% of the call volume
  - o Average Seconds to Answer (ASA) is 11 seconds…Customer Service has answered all calls in less than 11 seconds
  - o Average Handle Time is 7 minutes…we handle all of the providers calls in 7 minutes or less
  - o Average Quality is 95% when the calls are scored by the quality analyst 95% of the calls are handled with accuracy

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Customer Service
(Example of the Survey Question and Scoring)

	Avg. Score	Percentile	Surveys for this user						
User			Score	Percentile	Survey Participant	Question			Customer Recorded Answer
						Score	Weight	Text	
Ivory Tamplin	84.00	84.00				5.00	8.00	How would you rate your overall experience. 0-5	
						1.00	30.00	Is this your first call?	Yes
						8.00	3.00	Would you recommend us? 0-10	
Markeshia Kinney	100.00	100.00	100.00	100.00	Lubbock TX				
						5.00	8.00	How would you rate your overall experience. 0-5	
						1.00	30.00	Is this your first call?	Yes
						10.00	3.00	Would you recommend us? 0-10	
			100.00	100.00	Amarillo TX				
						5.00	8.00	How would you rate your overall experience. 0-5	
						1.00	30.00	Is this your first call?	Yes
						10.00	3.00	Would you recommend us? 0-10	
RaCheyl Williams	64.25	64.25	30.00	30.00	Lamesa TX				
						0.00	8.00	How would you rate your overall experience. 0-5	
						1.00	30.00	Is this your first call?	Yes
						0.00	3.00	Would you recommend us? 0-10	
			77.00	77.00	Waco TX				
						4.00	8.00	How would you rate your overall experience. 0-5	
						1.00	30.00	Is this your first call?	Yes
						5.00	3.00	Would you recommend us? 0-10	
			30.00	30.00	Comanche TX				

Customer Satisfaction Survey

July 2017 Customer Satisfaction Survey				
LOB	Survey Average	NPS	FCR	Experience
HMO	72%	6	83%	3.5
CHIP	84%	7	100%	4

Survey Average: The overall average for all surveyed calls on a scale of 0-100

Net Promoter Score (NPS): The overall average of the willingness of customers to recommend FirstCare to others. NPS is used as a proxy for gauging the customer's overall satisfaction with a company's product or service and the customer's loyalty to the company. On a scale of 0-10, 10 being the highest.

First Call Resolution (FCR): The first call resolution is properly addressing the customer's need the first time they call, thereby eliminating the need for the customer to follow up with a second call.

Experience: The callers overall experience on a scale from 0-5, 5 being the most satisfied.

Customer Service

Medicaid and CHIP Customer Service: 1-800-431-7798

- Normal business hours 8 a.m. – 5 p.m. CST, Monday – Friday
- Bilingual staff and Language Line is available for translation for FirstCare members
- Calls received outside of normal business hours will reach a recorded message giving the caller the plan's normal hours of operation and directions for the caller if they have a medical emergency; our recording tells them to hang up and call 911 or contact their PCP
- Callers after hours have the option of leaving a voicemail message that will be returned the following workday

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Language Translation for FirstCare Members

When receiving a call from a non-English speaking patient:

- Dial 1-800-874-9426
- Announce the language needed
- Organization name: FirstCare
- FirstCare Account #: 704344
- Personal Code:
    - 6106: Primary Care Physicians (PCPs)
    - 6144: Specialists
- Brief the Interpreter on the nature of the call
- Say "End of Call" to the interpreter when the call is completed

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Customer Service (cont.)

- Website: www.FirstCare.com
  - o 24-hour access to member's eligibility, claims history, provider selection, directories, plan documents or to order an ID card
- Email Questions: csinfo@firstcare.com
- Fax: 1-877-878-8422
  - o Claim Status Form
  - o Eligibility for Vision Services Form

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HEALTH PLANS

Texas Health Steps Updates 2017

Frannie Nuttall

THSteps Provider Relations Representative

Department of State Health Services, HSR 1

Today's Presentation Includes:

Document Improvement Project

Texas Health Steps Medical Policy
Updates:

> ➤ Developmental Screening – Mental Health screening
> ➤ Postpartum Depression Maternal Screening
> ➤ Postpartum Depression Tool Kit

Your Texas Benefits Card Online Portal

THSteps Checkup Required Components

Medical Checkup Requirements

Federally Mandated Components-

- Comprehensive Health and Developmental History
- Comprehensive Unclothed Physical Examination
- Immunizations
- Laboratory Screening
- Health Education/Anticipatory Guidance

State Requirement-

Dental referral every 6 months until a dental home is established.

THSteps Medical Checkup Periodicity Schedule

THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

Complete THSteps Checkup

Complete only if it includes:

> All required components, or documentation of why a particular component could not be completed.

Previous results may be used to meet the checkup requirements if completed within:

- Preceding 30 days for children who are two years of age and younger.
- Preceding 90 days for children who are three years of age and older.

Comprehensive Health History

o Nutritional Screening

o Developmental Surveillance and Screening

o Mental Health Screening

o Tuberculin Skin Test (TST)

Developmental Surveillance

Review of Milestones

Subjective review of milestones by parent report and observation.

Screening

- *Objective* screening using a standardized screening tool (CPT code 96110).
- Standardized autism screening (CPT code 96110 U6).
- Required at specific checkups.

Developmental Screening

Required Screening Tools

Screening Age	Developmental Tool	Autism Tool
9 months	Ages and Stages Questionnaire (ASQ) or Parent's Evaluation of Developmental Status (PEDS)	
18 months	ASQ or PEDS	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
24 months	ASQ or PEDS	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
3 years	ASQ or ASQ:SE, or PEDS	
4 years	ASQ or ASQ:SE, or PEDS	

Developmental Screening

The provider must complete a standardized developmental or autism screening:

- If missed at an earlier checkup and still age appropriate.

- For new patients 6 months through 6 years of age if no record of previous age-appropriate screening.

- If there are provider or parental concerns at any visit through 6 years of age.

Developmental Screening

Referrals - If delay or suspected delay is identified:

- Birth through 35 months: The provider must refer to Early Childhood Intervention (ECI), as soon as possible, but no longer than seven days after identified, even if also referring to an appropriate specialist.

- Ages 3 years and older: The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.

Mental Health Screening

Mental Health Screening for
- Behavioral,
- Social, and
- Emotional Development.

Required at each visit.

Mental Health Screening
Adolescent Requirement

New

Provided annually between the ages of 12 through 18 years using one of the five validated and standardized mental health screening tools.
- (Use procedure code 96160 or 96161)

- 96160: Screening tool completed by the adolescent.
- 96161: Screening tool completed by the parent or caregiver on behalf of the adolescent.

Mental Health Screening
Adolescent Requirement

- Pediatric Symptom Checklist (PSC-17)
- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Personal Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT)

Download forms at *brightfutures.aap.org*.

Postpartum Maternal Depression Screening

Referral for mother showing signs of postpartum depression during the first 12 months of infants life:

- Provider screens the mother for postpartum depression
- refer her for medical assistance/care as needed.

Costs will be covered by the infants Medicaid for care until the infant reaches 1 year of age.

More information including billing components coming soon.

Postpartum Depression Toolkit

Postpartum Depression Toolkit is available for download to assist providers in screening, diagnosis and treatment of Postpartum Depression.

Download Toolkit:

https://www.healthytexaswomen.org/sites/healthytexaswomen.org/files/the_texas_clinicians_postpartum_depression_toolkit.pdf

Dental Referral

An oral health exam and dental referral is a key part of the THSteps checkup.

A referral depends on the result of the oral exam:

- **Routine dental referral** - Beginning at 6 months of age until a dental home has been established.

- **Referral for dental care** - At any age if the oral exam identifies a possible concern.

- **Emergency dental referral** - If a child has bleeding, infection, excessive pain, or injury, refer directly to the dental provider.

Oral Evaluation and Fluoride Varnish (OEFV) - *Optional*

During THSteps medical checkup for ages 6 through 35 months-
- Limited oral evaluation
- Fluoride varnish application
- Referral to dental home

Provided by trained and certified-
- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses

http://www.dshs.texas.gov/thsteps/OEFV.shtm

THSteps Documentation Improvement Project

THSteps Documentation

All components must be documented in the medical record:

Quality review activities include:
- Random chart review, and
- Focused studies of THSteps medical checkup completeness.

THSteps Documentation

A component may be omitted due to:

- Provider's assessment of child's condition
    -or-
- Lack of cooperation
    -or-
- Parent's refusal to give consent.

May also omit specific screening tools if a related condition has been identified, and child is currently receiving treatment.

Documentation must include the rationale for the omission:

- including reason not completed
- plan to complete component.

THSteps Child Health Record Forms

- *Optional*
- Age-specific
- Reflect current THSteps policy

Available online at:

http://www.dshs.texas.gov/thsteps/childhealthrecords.shtm

THSteps Documentation

Other *Optional* Forms:

- Form Pb-110 Risk Assessment for Lead Exposure

- Parent Hearing Checklist

THSteps Quick Reference Guide (QRG)

Texas Health Steps Quick Reference Guide

Resources

TEXAS Health and Human Services | **YourTexasBenefitsCard.com**

Welcome to YourTexasBenefitsCard.com, a Medicaid Medical (doctors and office staff) provider site. This website has the following features:

For Medicaid Clients/Para Clientes de Medicaid:
If you get Medicaid benefits, go to YourTexasBenefits.com ↗ ⊡ to learn about the Your Texas Benefits Medicaid card and Medicaid coverage.
Si usted recibe beneficios de Medicaid, visite YourTexasBenefits.com ↗ ⊡ para conocer más sobre la tarjeta de Your Texas Benefits y la cobertura de Medicaid.

For Medicaid Medical Providers ONLY: Electronic eligibility verification and Texas Health Steps checkup information. To obtain relevant YTBC portal information in order to register and request access to additional client health summary information, click on Welcome Packet to download and save the zip file to your desktop. Go to the location where the file is saved and open it to extract it.

For office staff: Electronic eligibility verification, check-in, and check-out.

If you have trouble logging in please call us at **1-855-827-3747**.

Login

YourTexasBenefitsCard.com
User ID

[   ]

[Continue] [Reset]

Providers and office staff need user IDs and passwords to access secure features of this Web site. First, the Site Administrator must set up an account. Then, the Site Administrator can set up provider and staff user IDs.

Click here to create Your Texas Benefits Card Site Administrator account or click here to learn how.

Helpful Links

- Provider FAQ ↗ ⊡
- Interactive Voice Response (IVR) User's Guide ⊡

↗ ⊡ **Home | Contact Us | Compact with Texans | Privacy Practices | Homeland Security | Texas Government | Statewide Search | Medicaid Provider Search**

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YourTexasBenefitsCard.com Registration

Getting Started:

One-Time Registration Process –

View Provider Welcome Packet on the website

Registration Process – these items can be obtained

from your Medicaid attestation Paperwork:

- National Provider Identifier (NPI)
- Billing taxonomy code
- Internal Claim Number (ICN) from a Medicaid Remittance & Status (R&S) report

Issues or Questions call Your Texas Benefits Card provider help desk at 1-855-827-3747

YourTexasBenefitsCard.com
Information and Features

Providers can:
- Verify of patient Medicaid eligibility
- View patient demographics and Medicaid program data
- View Texas Health Steps checkup information to find out if patients (and their Medicaid-qualified family members) are due for medical or dental checkups
- View Medicaid patient's available health information such as: past Medicaid visits, health events, including diagnosis and treatment, vaccinations, prescription drugs, and lab results

YourTexasBenefitsCard.com
Information and Features

- Check-in and check-out patients at time of appointment —When a provider uses the check-in feature, that check-in history is available to all providers
- View the patient's Medicaid card from the check-in tab (available to front desk staff)
- Authorize provider-level functionality to a delegate
- Access the Blue Button functionality to request or download a consolidated view of health information
- Access the MCNA and DentaQuest portals through links on the Health Summary tab
- View available information using a tablet or a smart phone with new mobile-friends website

THSteps Provider Outreach Referral Service

The THSteps Provider Outreach Referral Service is utilized by THSteps providers who request outreach and follow-up on behalf of a THSteps patient. This service provides necessary outreach such as:

- Contacting a patient to schedule a follow-up appointment.
- Contacting a patient to reschedule a missed appointment.
- Contacting a patient to assist with scheduling transportation to the appointment.
- Contacting a patient for other outreach services.

THSteps Provider Outreach Referral Service

THSteps Provider Outreach
Referral Service

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

512-533-3867

THSteps providers who have questions about the THSteps Provider Outreach Referral Service or need technical assistance with completion and submission of the referral form should contact their THSteps Provider Relations Representative.

Contact name and information can be found at:
http://www.dshs.texas.gov/thsteps/regions.shtm

Online Provider Education (OPE)

OPE offers more than 50 **FREE** online CE courses on a variety of preventive health topics that support the THSteps program.

http://www.txhealthsteps.com/

Online Provider Education (OPE)

The courses are available 24/7 and offer education covering:

- Best practices.

- Case-based evaluation and diagnostic training.

- Texas Health Steps preventive and screening services.

- Overall Medicaid benefits.

Online Provider Education (OPE)

The site also offers mobile-friendly quick courses and case studies. These 5-minute courses provide targeted instruction and up to date information on timely Medicaid topics.

Stay connected to OPE!

Sign up for OPE updates with GovDelivery

THSteps Resource Catalog

THSteps offers brochures, posters and other outreach resources, at no cost to Medical and Dental Providers, Schools, Community Based Organizations (CBO's), Case Managers and other THSteps Partners.

Materials cover a variety of topics, including:
- Medical or Dental Checkup
- Newborn Hearing Screening/TEHDI
- Medical Transportation Program
- Case Management for Children and Pregnant Women

http://www.dshs.texas.gov/thsteps/THStepsCatalog.shtm

Medical Transportation Program (MTP)

The Medical Transportation Program (MTP), under the direction of HHSC, arranges transportation for all children eligible for Medicaid, and children in the Children with Special Health Care Needs (CSHCN) Services Program. MTP is responsible for the prior authorization of all MTP services.

Clients can request transportation services by calling toll free:

- Statewide 1-877-633-8747
- Houston/Beaumont area 1-855-687-4786
- Dallas/Ft. Worth area 1-877-687-3255

Contact Information:

Your Texas Health Steps (THSteps) Provider Relations

Frannie Nuttall, THSteps Provider Relations Rep.
Department of State Health Services,
Health Services Region 1
WTAMU Box 60986
Canyon, Texas 79106

806-477-1128

frannie.nuttall@dshs.texas.gov

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Questions

FirstCare
HEALTH PLANS

Thank you!

For more information, please visit
www.firstcare.com.