ProviderLink

Dell Children's Health Plan Newsletter for Providers

Provider satisfaction survey coming soon

We heard you! The results from the last provider satisfaction survey are in and we are working to address topics that are important to you, like claims payment issues, provider communication processes, and pharmacy processes, among other issues. The next provider survey will roll out in early August.

MCO Provider Enrollment Revalidation Notice

The Affordable Care Act (ACA) requires that Medicaid providers enroll in state Medicaid programs and then periodically revalidate their Medicaid enrollment at least every five years; however, certain providers may be required to revalidate more often based on risk level. Due to the federal COVID-19 public health emergency (PHE) and in alignment with federal guidelines, the Health and Human Services Commission (HHSC) allowed Medicaid providers to delay their revalidation requirements. To operationally accommodate this flexibility, HHSC instructed the Texas Medicaid & Healthcare Partnership (TMHP) to extend revalidation due dates for Medicaid providers.

Effective May 11, 2023, HHSC will end the flexibility of extended Medicaid provider revalidation dates that came due during the COVID-19 PHE.

Per federal guidance, providers that were due for revalidation effective March 1, 2020, through May 11, 2023, will receive a post-PHE grace period to complete the revalidation process. TMHP notified providers in March 2023 of their recalculated enrollment end date and will notify them again 120 days prior to their Medicaid provider enrollment end date.

Providers are strongly encouraged to avoid potential enrollment delays by submitting revalidation applications as soon as possible within the 120-day window.

Providers can find their revalidation due dates in the Provider Dashboard in PEMS under the Revalidation Due Date field in the Enrollment Information section of the Provider Information page.

Providers that do not complete the revalidation process by their deadline will be disenrolled from all Texas state health care programs, and all claims and prior authorization requests submitted after the revalidation deadline will be denied.

Revalidating providers may need to provide fingerprints, submit additional documentation, or complete other screening requirements.

Providers can visit PEMS to view and confirm their revalidation date and enrollment information. To speed up the application process, providers should have the following information available to ensure this information is accurate:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's tax identification number and legal name
- Licenses or certifications, if applicable
- Identification for the provider and any person who meets the definition of owner, creditor, principal, subcontractor or managing employee
- Documentation related to disclosures, if needed
- Additional documentation required for program participation

Providers that are revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements while their revalidation is being processed.

Certain revalidating providers must pay a provider enrollment application fee. Refer to the **State of Texas Provider Types Required to Pay an Application Fee** (*https://www.tmhp.com/sites/default/files/file-library/topics/provider-enrollment/Application%20Fee%20Matrix.pdf)* for a list of institutional providers that have to pay the application fee.

Providers can also refer to the current **Texas Medicaid Provider Procedures Manual, General Information, Section 1, "Provider Enrollment and Responsibilities,"** (*https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F1_01_Provider_Enrollment%2F1_01_Provider_Enrollment.htm)* for more information.

Providers may find more information and start their revalidations in the **Provider Enrollment and Management System (PEMS) under "Determine Your Application Type"** *(https://www.tmhp.com/topics/provider-enrollment/how-apply-enrollment).*

We want to get to know our members

To help our members get the most out of their health plan, please encourage them to fill out a health risk assessment. This will help us make sure our members have access to the services they need. Responses will be kept private and secure.

Members need to scan the QR code to complete the survey online.

If members can't use the QR code, they can call the Service Coordination team at **512-324-3015** or toll free at **1-844-564-5212** to complete the survey by phone.

Translation services

Dell Children's Health Plan offers translations services for members when communicating with their providers either via phone or face-to-face. We can also provide materials in languages other than English or Spanish on request. Members should call Member Services at **1-855-921-6284 (7-1-1)** for translation assistance.

Provider relations is here to help you

When you have issues, contact your Provider Relations Liaison for assistance. Every provider will have one assigned. If you don't know who your Provider Relations Liaison is please contact us for an introduction. For information about credentialing, your contract, demographic information, quality programs or to contact your Provider Relations Liaison, call Provider Relations at **512-324-3125**, option 4, or you can email **shpproviderservices@seton.org.**

Provider relations should be notified when there are any changes to your practice including: address changes, provider terminations, changes in hours of operation or provider roster changes.

Provider relations can also assist with education about the plan and can schedule an orientation at any time. All new providers receive training when they become a Dell Children's Health Plan provider. For one-on-one training contact your Provider Relations Liaison. Please call or email to schedule a training.

Provider portal FAQ now available

Dell Children's Health Plan and Change Healthcare have developed an online provider portal user guide to help you navigate the provider portal to find a claim, appeal a claim, submit a prior authorization and register for Change Healthcare. Go to **dellchildrenshealthplan.com/for-providers/training/** to download the guide.

If you have questions or need help, please call Provider Customer Services at **1-844-781-2343** or email **shpproviderservices@seton.org.**

New Dell Children's North Hospital and Medical Office Building are now open

Dell Children's Medical Center is now open in North Austin. With pediatric specialty care, including around-the-clock ER and trauma care, specialized surgical care, pediatric imaging and outpatient rehab services.

Many of our pediatric specialists are in a new medical building on the same north campus, including gastroenterology, neurology and neuropsychology, general pediatric surgery and more.

9010 N. Lake Creek Parkway
Austin, TX 78717

More advanced pediatric specialty care

Only in Austin. Only at Dell Children's.

Assistance with HIV care and medication

In response to COVID-19 and to comply with the Families First Coronavirus Response Act (FFCRA, Public Law 116-127), HHSC maintained Medicaid coverage during the federal COVID-19 public health emergency (PHE).

On December 29, 2022, Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous coverage requirement from the PHE declaration. The requirement for continuous Medicaid coverage ended on March 31, 2023. States may begin disenrolling Medicaid members who are no longer eligible on April 1, 2023. HHSC began unwinding Medicaid continuous coverage effective April 1, 2023.

For individuals with Human Immunodeficiency Virus (HIV), it is imperative they continue care and medications.

Key details:

For individuals who are no longer eligible for Medicaid and require HIV care or medications, assistance is available. Individuals may receive HIV care and medications through the Ryan White program.

Additional information on AIDS service organizations, case management services and community resources can be accessed by calling 2-1-1.

Individuals may also receive help with medications through the Texas HIV Medication Program (THMP) or Patient Assistance Program (PAP). PAPS are programs created by pharmaceutical medication manufacturers to help patients who meet financial criteria purchase necessary medications. Through these programs, prescription medications may be made available at no cost or at a minimal fee for individuals who do not have insurance or are underinsured.

Other local community organizations may also be able to help you find other local resources for your medications and HIV care.

Resources:

For more information about THMP, please go to **www.dshs.texas.gov/hivstd/meds.**

For more information on PAPs, see the links below.

- Search for your medication at **https://www.needymeds.org/.**
- NASTAD-Table-Based-Fact-Sheet-Template-032016 **(texas.gov).**
- Texas DSHS HIV/STD Program - HIV Patient Assistance Programs (PAP) for Consumers

Contact: **mco_covid-19_inquiries@hhs.texas.gov**

Vendor Drug Program formulary

The Texas Drug Code Index includes program-specific formularies for Medicaid, the Children's Health Insurance Program (CHIP), the Children with Special Health Care Needs (CSHCN) Services Program, the Healthy Texas Women (HTW) Program, and Kidney Health Care (KHC) Program. HHSC requires managed care organizations to adhere to the Medicaid and CHIP formularies.

These formularies include:

- Legend drugs
- Over-the-counter drugs

In addition, other products are available as a pharmacy benefit, including:

- COVID-19 vaccines
- COVID-19 test kits
- COVID-19 oral antivirals
- Hepatitis C Treatment Products
- Home health supply products
- Influenza vaccines
- Insulin and insulin syringes
- Long-acting injectables
- Long-acting reversible contraception products
- Mosquito repellents
- Vitamins and minerals

Some drugs are subject to one or both types of prior authorization, clinical and non-preferred.

For more information, visit **www.txvendordrug.com/formulary.**

Prior authorization information

Information about prior authorization processing timeframes and incomplete prior authorization requests can be found online at **dellchildrenshealthplan.com/for-providers/prior-authorization/**. For questions, call Provider Customer Services at **1-844-781-2343.** Staff are available Monday through Friday from 8 a.m. to 5 p.m. Central time. Documentation and forms required for prior authorization requests are available on the provider portal.

Members who have questions regarding prior authorizations may contact Member Services at **1-855-921-6284 (TTY 7-1-1),** available Monday through Friday from 8 a.m. to 6 p.m. Central time.

Introducing a new electronic payment platform

We are excited to introduce a new electronic payment (ePayment) platform to accelerate and add efficiency to our claims payment process, ePayment Center. We would like to invite you to enroll in a no-fee ACH delivery of claim payments with access to remittance files via download in the ePayment Center.

How do I register for ePayment Center?

1. Visit https: **abs.epayment.center/registration**
2. Follow the instructions to obtain a registration code.
3. Your registration will be reviewed by a customer service representative and a link will be sent to your email once confirmed.
4. Follow the link to complete your registration and setup your account.
5. Log into the portal.
6. Enter your bank account information.
7. Review and accept ACH Agreement.
8. Click "Submit".

Upon completion of the registration process, your bank account will undergo a pre-notification process to validate the account prior to commencing the EFT delivery. This process may take up to six business days to complete.

What do I need to register for the ePayment Center?

- 9-digit Federal Tax Identification Number (TIN) or Employer Identification
- Number (EIN)
- Practice's corporate name and principal information
- Bank account routing transit number (RTN) or ABA Routing Number

Need additional help? Email **help@epayment.cente**r or call **855-774-4392.**

Dell Children's Health Plan is here to help members manage their health condition

We will be mailing booklets in the coming weeks to members in a disease management program for ADHD, asthma, diabetes, hypertension or weight management. These booklets have information about their condition and resources to help them manage their condition.

Members can speak to a Dell Children's Health Plan service coordinator by calling the Service Coordination team at **512-324-3015** or toll-free at **1-844-564-5212.**

You can also fax a Case Management Referral Form to 512-324-3016.

Members can call the Dell Children's Health Plan 24-hour Nurse HelpLine anytime to talk to a nurse

We provide a 24-hour Nurse HelpLine service with clinical staff to provide triage advice, referral (if necessary) and make treatment arrangements for our members. The service is available 24 hours a day, 7 days a week, 365 days a year. Members can call **1-855-712-6700 (TTY 7-1-1)** to speak with a nurse who can answer health care questions and help members get the care they need. The staff has access to qualified behavioral health professionals to assess behavioral health emergencies.

Provider trainings are coming soon. Training dates are listed below:

- Jul 25: ***Prenatal and Postpartum Care***
- Jul 27: ***WCC Measure***
- Aug 24: ***Prenatal and Postpartum Care***
- Aug 22: ***WCC Measure***
- Sept 26: ***Prenatal and Postpartum Care***
- Sept 28: ***WCC Measure***

If your staff needs training on a specific topic, please contact your provider relations liaison or call **512-324-3125, option 4.** You can also email **shproviderservices@seton.org.**

The provider websites are available 24 hours a day, 7 days a week. To verify member eligibility and benefits, request PA and check status, file claims, check claims status, and submit payment disputes, use our provider portal **secure.healthx.com/Provider_2022.** For other functions, such as looking up PA/notification requirements and finding forms, reimbursement policies, and other general information, visit **DellChildrensHealthPlan.com.**

Questions? Call Provider Customer Services at **1-844-781-2343.**