



# Provider Quick Reference Guide for STAR/CHIP

## Working with Dell Children's Health Plan

We value your role in providing quality healthcare to our members. Our role as a health plan is to provide you with the tools and resources you need to be successful. For more information about requirements, benefits and services, including the most recent, full version of the Dell Children's Health Plan provider manual, visit the provider website at [dellchildrenshealthplan.com](https://dellchildrenshealthplan.com).



### Verifying member eligibility

Access [secure.healthx.com/Provider\\_2022](https://secure.healthx.com/Provider_2022) to check eligibility for our members. You can also submit or check status for claims and authorizations.



### Prior authorization

#### Prior authorization for medical services

Prior authorization with all supporting documentation is recommended to be submitted a minimum of three business days prior to the start of care. Information about prior authorizations can be located on the Dell Children's Health Plan website under Prior Authorization.

#### Submit a Prior Authorization Request Form by:

- Provider portal (preferred method): [secure.healthx.com/Provider\\_2022](https://secure.healthx.com/Provider_2022)
- Fax: **512-324-3014** or **1-844-981-3329**
- Phone: Utilization Management: **1-855-962-4453**

#### Prior authorization for pharmacy

Navitus processes pharmacy prior authorizations (PA) for Dell Children's Health Plan. Navitus uses the Texas Vendor Drug Program (VDP) and the Preferred Drug List (PDL) for Medicaid members. The formulary, prior authorization criteria and the length of the prior authorization approval are determined by HHSC. Information regarding the formulary and the specific prior authorization criteria can be found at [txvendordrug.com](https://txvendordrug.com), ePocrates and SureScripts for ePrescribing.

- Visit [navitus.com](https://navitus.com) to download the prior authorization forms or request a copy.
- Fax completed forms to Navitus at **1-920-735-5312**.
- Call **1-877-908-6023** (prescriber option) Monday through Friday, from 8 a.m. and 5 p.m.

#### Prior authorization for behavioral health services

- Use the Magellan Health website: [magellanhealth.com](https://magellanhealth.com)
- Call Magellan Health at **1-800-424-1764**

For ABA prior authorization, fax a completed Prior Authorization Form to **1-888-656-0266**.

#### Prior authorization for all other services

- Provider portal (preferred method): [secure.healthx.com/Provider\\_2022](https://secure.healthx.com/Provider_2022)
- Fax: **512-324-3014** or **1-844-981-3329**
- Phone: Utilization Management: **1-855-962-4453**



## Pharmacy

Navitus Health Solutions administers pharmacy benefits. Members must use a network pharmacy. For questions about the formulary, preferred drug list, billing, prescription overrides, prior authorizations, quantity limit or formulary exceptions, call Navitus at **1-877-908-6023** or go to [navitus.com](https://navitus.com).



## Provider medical appeals

Providers may submit an appeal request for post-service medical denials. The appeal must be requested within 120 calendar days of the denial letter or EOP and should be sent to:

- **Dell Children's Health Plan  
Medical Management—Appeals Team  
1345 Philomena St. Suite 305  
Austin, TX 78723**

A provider submitting an appeal on behalf of a member must have written authorization from the member to act as the member's designated representative.



## Submitting claims

### Timely filing is within 95 days

Smart Data Solutions operates your EDI entry point (EDI Gateway). You can also use a clearinghouse or billing company to submit your claims. Contact Smart Data Solutions with any questions at **1-855-297-4436** or email [stream.support@sdata.us](mailto:stream.support@sdata.us).

- Electronic claims payer ID: **38261**
- Smart Data Solutions portal: [portal.SmartDataStream.us](https://portal.SmartDataStream.us)

### Submit paper claims to:

- **Dell Children's Health Plan  
PO Box 37502  
Oak Park, MI 48237-0502**

Submit paper claims on original claim forms (CMS-1500 or CMS-1450) printed with dropout red ink or typed in large, dark font. AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

### For claims, remits and claim status

- **1-844-781-2343**
- [shpproviderservices@seton.org](mailto:shpproviderservices@seton.org)



## Payment appeals or reconsiderations

Providers may make the initial attempt to resolve a claim issue by calling Provider Services at **1-844-781-2343**. To submit a payment appeal, please complete the Payment Appeal Form located online at [dellchildrenshealthplan.com](https://dellchildrenshealthplan.com) and submit it to:

- **Dell Children's Health Plan  
Attn: Appeals  
PO Box 37502  
Oak Park, MI 48237-0502**
- Fax: **1-586-477-4167**
- Or use the payment appeal tool at [secure.healthx.com/Provider\\_2022](https://secure.healthx.com/Provider_2022).



## Complaints

Dell Children's Health Plan accepts provider complaints orally through Provider Services at **1-844-781-2343** or in writing.

### Written provider complaints should be submitted to:

- **Dell Children's Health Plan**  
**Attn: Complaints**  
**PO Box 37502**  
**Oak Park, MI 48237-0502**

Written complaints may also be faxed to **1-586-477-4167**. Complaints may be sent by email to [DCHPcomplaints@ascension.org](mailto:DCHPcomplaints@ascension.org) or via the provider portal.

If a provider is not satisfied with the resolution of the complaint by Dell Children's Health Plan, that provider may complain to the state. A complaint to the state should contain a written explanation of the provider's position on the issue and be accompanied by all materials related to the complaint (including medical records and the written response from Dell Children's Health Plan).

### Submit STAR complaints to HHSC:

- **Health Plan Operations**  
**Texas Health and Human Services Commission**  
**Resolution Service H-320**  
**P.O. Box 85200**  
**Austin, TX 78708-5200**

### Submit CHIP complaints to TDI:

- **Texas Department of Insurance**  
**P.O. Box 149104**  
**Austin, TX 78714-9104**



## Updating enrollment and demographic information

Providers are required to notify us of a change in address or practice status 30 days prior to the effective date of the change. Practice status is defined as a change in office hours, panel status, etc. The inclusion of a new address on a recredentialing application is not an acceptable form of notification. A notice of termination must adhere to the advance notice timelines stated in the provider's agreement.

Submit changes to [shpproviderservices@seton.org](mailto:shpproviderservices@seton.org) (preferred method), or in writing to:

- **Provider Relations**  
**Dell Children's Health Plan**  
**1345 Philomena St., Ste 305**  
**Austin, TX 78723**

### Updating enrollment and demographic information with TMHP

Please update your enrollment and demographic information with TMHP (Texas Medicaid Healthcare Partnership) at [tmhp.com](http://tmhp.com) or by calling TMHP at **1-800-925-9126**. Your data will be reconciled with the demographic information on file with the MCOs.



## Referrals

Providers should refer patients to participating providers and facilities when available. Authorizations are required for all out-of-network services.



## Joining our network

To join the Dell Children's Health Plan provider network, email [shpnetworkdevelopment@seton.org](mailto:shpnetworkdevelopment@seton.org). If you have questions, contact your Provider Relations liaison or email [shpproviderservices@seton.org](mailto:shpproviderservices@seton.org).

## Important contact information

<b>Access2Care</b> (non-emergent transportation other than ambulance)	<b>1-844-867-2742 (TTY 7-1-1)</b> Notification/precertification: <b>1-844-437-3246</b>
<b>Behavioral health services</b> (Magellan)	<b>1-800-424-1764</b>
<b>Claims submission</b> (Timely filing is within 95 days)	Electronic claims payer ID: <b>38261</b> Submit paper claims to: <b>Dell Children's Health Plan PO Box 37502 Oak Park, MI 48237-0502</b>
<b>Complaints</b>	Mail: <b>Dell Children's Health Plan ATTN: Complaints PO Box 37502. Oak Park, MI 48237-0502</b> <a href="mailto:DCHPcomplaints@ascension.org">DCHPcomplaints@ascension.org</a>   Fax: <b>586-477-4167</b>
<b>Dell Children's Health Plan website</b>	<a href="http://dellchildrenshealthplan.com">dellchildrenshealthplan.com</a>
<b>DentaQuest</b> (DMO for members under 21)	CHIP: <b>1-800-508-6775</b>   Medicaid: <b>1-800-516-0165</b>
<b>Electronic data interchange (EDI)</b> Smart Data Solutions	<b>1-855-297-4436</b>   <a href="mailto:stream.support@sdata.us">stream.support@sdata.us</a>
<b>Electronic payment delivery</b> (Zelis)	<a href="http://identity.zelispayments.com">identity.zelispayments.com</a>   <b>1-855-496-1571</b>   <a href="mailto:info@zelispayments.com">info@zelispayments.com</a>
<b>Electronic Visit Verification</b> (EVV)	EVV is a computer-based system that electronically documents and verifies service delivery information for certain Medicaid service visits. <a href="http://dellchildrenshealthplan.com/electronic-visit-verification">dellchildrenshealthplan.com/electronic-visit-verification</a>
<b>Eligibility</b>	<b>1-844-781-2343</b>   <a href="https://secure.healthx.com/Provider_2022">secure.healthx.com/Provider_2022</a>
<b>Enrollment/disenrollment—Medicaid and CHIP</b>	<b>1-800-964-2777</b>
<b>ePayment Center</b> (ACH claims payment delivery)	If you are currently registered with Zelis for a delivery method, you still have to register with Zelis for the ePayment Center program.
<b>Interpreter services</b>	<b>1-855-921-6284 (language line available)</b> In-person interpretation: <b>1-855-921-6284</b>
<b>Member Services</b>	<b>1-855-921-6284 (TTY 7-1-1)</b>
<b>Navitus</b> (PBM)	<b>1-877-908-6023</b>   Fax: <b>1-855-668-8553</b>   <a href="http://navitus.com">navitus.com</a>
<b>National Provider Identifier (NPI)</b>	<a href="http://nppes.cms.hhs.gov">nppes.cms.hhs.gov</a>   <b>1-800-465-2003</b>
<b>Notification/precertification</b>	<a href="https://secure.healthx.com/Provider_2022">secure.healthx.com/Provider_2022</a> <b>1-855-962-4453</b>   Fax: <b>512-324-3014</b> or <b>1-844-981-3329</b> Non-emergent transportation (other than ambulance): <b>1-844-437-3246 (Access2Care)</b>
<b>Prior authorizations</b>	<a href="mailto:shpproviderservices@seton.org">shpproviderservices@seton.org</a>
<b>Provider Services</b> (claims, eligibility, precertification status, benefits, auto inquiry)	<b>1-844-781-2343</b>
<b>Provider Relations</b>	<b>512-324-3125, option 4</b>
<b>Service Coordination</b>	<b>512-324-3015</b> or <b>1-844-564-5212</b>   Fax: <b>512-324-3016</b>
<b>CHIP/STAR Medicaid Helpline</b> (Texas Health and Human Services)	<b>1-800-964-2777</b>   <a href="http://YourTexasBenefits.com">YourTexasBenefits.com</a>
<b>Texas Health Steps Program</b>	<b>1-877-847-8377</b>   <a href="http://txhealthsteps.com">txhealthsteps.com</a>
<b>Texas Medicaid &amp; Healthcare Partnership</b> (TMHP)	<a href="http://tmhp.com">tmhp.com</a>
<b>Utilization Management</b>	<b>1-855-962-4453</b>   Clinical support: <b>512-324-2325</b>
<b>Texas Vendor Drug Program/Medicaid formulary</b> Vendor Drug Program (VDP)/Preferred Drug List (PDL)	<a href="http://txvendordrug.com">txvendordrug.com</a>
<b>Vision</b> (Superior Vision of Texas)	Provider services: <b>1-877-235-5317</b> Utilization management: <b>1-888-273-2121</b>

