

PROVIDER ACCESS AND AFTER-HOURS AVAILABILITY

As a reminder, Community conducts annual surveys to ensure that participating Providers are compliant with all access availability and after-hours access standards. Additionally, HHSC and/or its contractor perform random telephonic surveys to Providers without notice to ensure that new and existing Members have access to care.

The Appointment Availability and Accessibility Standards are as follows:

Service	Appointment Availability
Emergent	Emergency services must be provided upon Member presentation at the service delivery site, including at non-network and out-of-area facilities
Urgent	Must be provided within 24 hours, including urgent specialty care and behavioral health services
Primary Routine Care	Must be provided within 14 days, including behavioral health
Specialty Routine Care	Must be provided within 21 days
Routine Care Dental	Within eight weeks for dental
Initial Outpatient Behavioral Health Visit	Must be provided within 14 days (this requirement does not apply to CHIP Perinatal)
Prenatal Care	Initial appointment must be provided within 14 days for non-high-risk pregnancies. For high-risk pregnancies or new Members in the third trimester, initial appointment must be provided within five days or immediately. Appointments for ongoing care must be available in accordance with the treatment plan as developed by the Provider.
Preventive Care Physical/Wellness Exams	Newborns (less than 6 months of age): within 14 days; Children (6 months to 20 years): within two months; Adults (21 years and older): within 90 days; New Members: within 90 days of enrollment *Medicaid Members should receive preventive care in accordance with the Texas Health Steps periodicity schedule. *CHIP Members should receive preventive care in accordance with AAP guidelines

Emergent/Emergency: A medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical care could result in one or all of the following:

- Health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) is in serious jeopardy
- Serious impairments to bodily functions
- Serious dysfunction of any bodily organ or part
- Inadequate time to safely transfer a Member who is pregnant and having contractions to another hospital before delivery, or if a hospital transfer might pose a threat to the health or safety of the woman or the unborn child
- Member is a threat to themselves or others; exhibits acute onset of psychosis or severe thought

Urgent Condition: A health condition, including an urgent behavioral health situation, that is not an emergency but is severe or painful enough to cause a prudent layperson possessing the average knowledge of medicine to believe that his or her condition requires medical treatment or evaluation or treatment within 24 hours by the Member's Primary Care Provider or designee to prevent serious deterioration of the Member's condition or health.

PROVIDER ACCESS AND AFTER-HOURS AVAILABILITY (CONTINUED)

Routine or Preventive (Non-Emergent): Postponement of treatment will not endanger life, limb, or mental faculties of patient, i.e., patient's condition permits adequate time to schedule necessary history and physical, laboratory, radiology, or other diagnostic studies on an outpatient basis.

Additionally, it is required that PCPs are accessible to Members 24 hours a day, 7 days a week. The following are acceptable and unacceptable telephone arrangements for contacting PCPs after their normal business hours.

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Acceptable after-hours coverage:

1. the office telephone is answered after-hours by an answering service that meets language requirements of the Major Population Groups and that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes;
2. the office telephone is answered after normal business hours by a recording in the language of each of the Major Population Groups served, directing the Member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone. Another recording is not acceptable; and
3. the office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP, or another designated medical provider, who can return the call within 30 minutes.

Unacceptable after-hours coverage:

1. the office telephone is only answered during office hours;
2. the office telephone is answered after-hours by a recording that tells Members to leave a message;
3. the office telephone is answered after-hours by a recording that directs Members to go to an Emergency Room for any services needed; and
4. returning after-hours calls outside of 30 minutes.



COMMUNITY ANNOUNCEMENT FOR THSTEPS PROVIDERS

Community now requires all contracted THSteps providers to take an Annual Texas Health Steps Provider Training.

Log in to your provider portal at <https://provider.communityhealthchoice.org> to complete this Annual Mandatory Training by Dec 31st of each calendar year.

If you have any questions, please call/contact your Provider Engagement Representative.

THSTEPS CHECKUP TIMELINESS

New Community members must complete a checkup within 90 days of enrollment with Community. Members participating in the Head Start program should receive their checkup within 45 days of enrollment with Community or enrollment with the Head Start program. This is a Head Start requirement.

Existing Community members must complete a checkup in accordance with the THSteps Medical Checkup Periodicity Schedule. Follow this schedule:

The Membership Panel is available on our online Provider Portal titled "Panel Report (Medicaid/CHIP)" at https://providerportal.communitycares.com/Providers/Secure/Panel_Report.aspx



Complete <u>before</u> the next checkup age	
Newborn	2 months
3-5 days	4 months
2 weeks	
Complete <u>within 60 days</u> of these checkup ages	
6 months	18 months
9 months	24 months
12 months	30 months
15 months	
Complete <u>on or after</u> the birthday but before the next birthday	
Members ages 3 through 20 need a checkup once a year	

THSTEPS CHECKUP DOCUMENTATION – ESSENTIAL TO MEDICAL RECORDS

THSteps checkups are made up of six primary components, many including individual components. These are outlined on the Texas Health Steps Periodicity Schedule based on age and include:

1. **Comprehensive health and developmental history** which includes nutrition screening, developmental and mental health screening and TB screening;
2. **Comprehensive unclothed physical examination** which includes measurements; height or length, weight, fronto-occipital circumference, BMI, blood pressure, and vision and hearing screening;
3. **Appropriate immunizations**, as established by the Advisory Committee on Immunization Practices, according to age and health history, including influenza, pneumococcal, and HPV;
4. **Appropriate laboratory tests** which include newborn screening blood lead level assessment appropriate for age and risk factors, and anemia;
5. **Health education** (including anticipatory guidance); and
6. **Dental referral** every 6 months until the parent or caregiver reports a dental home is established.

For you to be reimbursed for THSteps checkups, each of the six components and their individual elements must be completed and documented in the medical record. Any component or element not completed must be noted in the medical record, along with the reason it was not completed and the plan to complete the component or element.

To stay current on THSteps policy and available resources, visit the frequently updated THSteps website for information and policy updates. Information on checkup documentation is also available within THSteps Online Provider Education modules. These modules are free and offer continuing education for healthcare professionals. They are available at www.txhealthsteps.com.

Qualified and caring THSteps providers are vital to keeping young Texans healthy. The preventive health care you provide to young Texans is valued. It is important to reflect this care in the completeness of your medical documentation.



THSTEPS MEDICAL CHECKUP PERIODICITY SCHEDULE

The THSteps Medical Checkup Periodicity Schedule for Members ages 0-20.

The periodicity schedule can be downloaded via <http://www.dshs.texas.gov/thsteps/providers.shtm>

Exception-to-Periodicity Checkups

Exception-to-Periodicity checkups are complete medical checkups completed outside the timeframes listed in the THSteps Periodicity Schedule due to extenuating circumstances, and might cause the total number of checkups to exceed the number allowed for the member's age range if the member was to have all regular scheduled checkups. An exception-to-periodicity checkup is allowed when:

- Medically necessary. For example:
 - Member with developmental delay, suspected abuse, or other medical concerns, or
 - Member in a high-risk environment, such as living with a sibling with elevated blood lead level of 5 mcg/dL or greater
- Required to meet state or federal checkup requirements for Head Start, day care, foster care, or preadoption
- Provide an accelerated checkup to the member's birthday. For example, a 4-year checkup could be performed prior to the member's 4th birthday if the member is a member of a migrant family that is leaving the area. Use modifier 32 when billing for this type of checkup.
- When needed before a dental procedure requiring general anesthesia

When billing for an exception-to-periodicity checkup, provider must include:

- Age-appropriate procedure codes
- Diagnosis codes
- Provider type modifiers
- Condition indicators as a medical checkup (NU, ST, S2)
- Appropriate exception-to-periodicity modifiers listed in the table below

Modifiers indicate the reason for the exception to periodicity Checkup:

Modifier	Description
SC	Medically necessary (developmental delay or suspected abuse) Environmental high-risk (sibling of child is elevated blood level)
23	Dental services provided under general anesthesia
32	To meet state or federal requirements for Head Start, daycare, foster care, or pre-adoption Accelerated services for children of traveling farmworkers

Claims for exception-to-periodicity checkups that do not include one of the exception-to-periodicity modifiers will be denied as exceeding periodicity.

CHILDREN OF TRAVELING FARMWORKERS

A traveling farmworker's principal employment is agricultural on a seasonal basis. They move from place to place and live away from home for more than a few days at a time to work on a farm or in fields. These jobs include preparing crops, growing vegetables and fruits, planting trees, raising or caring for livestock or poultry or preparing dairy products.

A traveling farmworker is someone who:

- has been employed in this capacity within the last 24 months
- established a temporary abode for the purposes of such employment

Their children **ages birth up to the day of their 18th birthday** are considered children of traveling farmworkers. Children of traveling farmworkers due for a THSteps medical checkup can receive their periodic checkup on an accelerated basis prior to leaving the area. A checkup performed under this circumstance is an accelerated service, but it should be billed as a checkup. For example, a 4-year old checkup may be performed prior to the child's 4th birthday, if the child is a member of a traveling family that is leaving the area. Providers must use the CPT modifier "32" when providing accelerated services outside of the periodicity schedule.

Performing a make-up exam for a late THSteps medical checkup previously missed under the periodicity schedule is not considered an exception to periodicity or an accelerated service. It is considered a late checkup.

If you have any patients from Community that meet this criteria, please refer them to Wellness Services at 713.295.6789. Our goal is to arrange for all healthcare services they may need before they leave for the new job.



THSTEPS PROVIDER OUTREACH REFERRAL SERVICE AND HOW IT WORKS

The Texas Health Steps Provider Outreach Referral Service (MAXIMUS) is utilized by any Texas Health Steps providers who request outreach and follow-up for a Texas Health Steps patient who needs assistance:

- Scheduling a follow-up appointment
- Rescheduling a missed appointment
- Scheduling transportation to an appointment
- With other outreach services

This outreach service is administered by the Texas Health Steps program and provides necessary outreach and follow-up with Texas Health Steps patients.

- 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 patient-related outreach services.

Link to download the instructions and the THSteps Provider Outreach Referral Form: <http://www.dshs.state.tx.us/thsteps/POR.shtm>

HEAD START PROGRAM

Program Description

Head Start programs promote school readiness of children, ages 0-5 years of age from low-income families, by supporting their development in a comprehensive way. The Early Head Start program serves pregnant women, infants, and toddlers, and the Head Start program serves children ages 3 to 5 years.

How You, As A Provider, Can Help?

Within 45 days of enrollment, Head Start may require new enrollees to complete a THSteps/Well-Child Checkup as part of the enrollment requirements. After the initial Checkup, all Head Start students are required to complete their THSteps/Well-Child Checkups according to the periodicity schedule.

As a health care provider, you can help by making sure the children receive their initial checkup within 45 days of enrollment.

For more information on Head Start programs, please visit: <https://www.acf.hhs.gov/ohs>



THSTEPS MEDICAL CHECKUP BILLING PROCEDURE CODES

Effective July 1, 2018, TMHP has updated the Texas Health Steps Quick Reference Guide. To download a copy, please visit http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf

Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EPI

THSteps Medical Checkup Billing Procedure Codes

THSteps Medical Checkups				
99381	99382	99383	99384	99385*
99391	99392	99393	99394	99395*

* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001.

THSteps Follow-up Visit
Use procedure code 99211 for a THSteps follow-up visit.

ICD 10 Diagnosis Codes	
Z00110	Routine newborn exam, birth through 7 days
Z00111	Routine newborn exam, 8 through 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

Point-of Care Lead Testing
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

Immunizations Administered	
Use code Z23 to indicate when immunizations are administered.	
Procedure Codes	Vaccine
90632 or 90633 [†] with (90460/90461 or 90471/90472)	Hep A
90620 [†] or 90621 [†] with (90460/90461 or 90471/90472)	MenB
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B
90644	Hib-MenCY
90647 [†] or 90648 [†] with (90460/90461 or 90471/90472)	Hib
90649 [†] , 90650 [†] , or 90651 [†] with (90460/90461 or 90471/90472)	HPV
90630, 90654, 90655 [†] , 90656 [†] , 90657 [†] , 90658 [†] , 90685 [†] , 90686 [†] , 90687 [†] or 90688 [†] with (90460/90461 or 90471/90472); 90660 [†] or 90672 [†] with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756 [†] with (90471/90472)	Influenza
90670 [†] with (90460/90461 or 90471/90472)	PCV13
90680 [†] or 90681 [†] with (90460/90461 or 90473/90474)	Rotavirus
90696 [†] with (90460/90461 or 90471/90472)	DTaP-IPV
90698 [†] with (90460/90461 or 90471/90472)	DTap-IPV-Hib
90700 [†] with (90460/90461 or 90471/90472)	DTaP
90702 [†] with (90460/90461 or 90471/90472)	DT
90707 [†] with (90460/90461 or 90471/90472)	MMR
90710 [†] with (90460/90461 or 90471/90472)	MMRV
90713 [†] with (90460/90461 or 90471/90472)	IPV
90714 [†] with (90460/90461 or 90471/90472)	Td
90715 [†] with (90460/90461 or 90471/90472)	Tdap
90716 [†] with (90460/90461 or 90471/90472)	Varicella
90723 [†] with (90460/90461 or 90471/90472)	DTap-Hep B-IPV
90732 [†] with (90460/90461 or 90471/90472)	PPSV23
90733 or 90734 [†] with (90460/90461 or 90471/90472)	MPSV4
90743, 90744 [†] , or 90746 with (90460/90461 or 90471/90472)	Hep B
90748 [†] with (90460/90461 or 90471/90472)	Hib-Hep B

[†] Indicates a vaccine distributed by TVFC

Tuberculin Skin Testing (TST)
Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.

Oral Evaluation and Fluoride Varnish
Use procedure code 99429 with U5 modifier.

Developmental and Autism Screening
Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.
Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.

Mental Health Screening
Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFTT, and PHQ-A (Anxiety, mood, substance use) is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.
Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale is reported using procedure code G8431 or G8510. Only one procedure code (G8431 or G8510) may be reimbursed per client.

AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)	U7 (Physician Assistant)
23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)	

FQHC and RHC
Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.

Vaccine/Toxoids
Use to indicate a vaccine/toxoid <i>not available</i> through TVFC and the number of state defined components administered per vaccine.
U1 Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

Vaccine Administration and Preventive E/M Visits
Use with THSteps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.
25 Significant, separately identifiable evaluation

Condition Indicator Codes		
Use one of the Condition Indicators below if a referral was made.		
Indicator	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

BILLING THSTEPS MEDICAL CHECKUP AND OTHER SERVICES ON THE SAME DAY

A. THSteps Medical Checkup and Immunization Administration on the Same Day

The age-appropriate diagnosis code for preventive care medical Checkups must be submitted on the claim. If an immunization is administered as part of a preventive care medical Checkup, **diagnosis code Z23** may also be included on the claim. In addition to the age-appropriate diagnosis, for claims that are submitted with an immunization administration procedure code and a preventive evaluation and management (E/M) visit, providers may append **modifier 25** to the preventive E/M visit procedure code to identify a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.

Providers may only choose to submit diagnosis code Z23 on the claim if an administration is the only service provided during an office visit.

B. THSteps Medical Checkup and Acute Care Visit on the Same Day

Providers must use **modifier 25** to describe circumstances in which an acute care E/M visit was provided at the same time as a Checkup. Providers must submit modifier 25 with the E/M procedure code when the rendered services are distinct and provide for different diagnoses. Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit.

C. THSteps Medical Checkup and Sports and School Physical on the Same Day

A sports and school physical is a value-added service for Community members since it is not a covered benefit for Medicaid. Community will pay sports and school physicals for Medicaid members ages 4 to 19 (limited one per year). Provider must use procedure code 97169, 97170, 97171, or 97172 depending on the level of complexity when billing for sports physicals. For more information regarding the sports and physical codes, see New Sports and School Physical Procedure Codes article.



HHSC'S MEDICAL TRANSPORTATION PROGRAM FOR MEDICAID MEMBERS

Medicaid provides transportation at no cost for THSteps patients and most others who use Medicaid medical and dental services.

What kind of rides is offered?

- Bus or a ride sharing service
- Mileage reimbursement if the member has a car or knows someone who can drive them to the appointment
- For trips that require overnight stay, MTP might pay for lodging and meals

How you can help

- Tell Medicaid patients about free ride service when you schedule appointments.
- Remind patients about Medicaid free rides if they miss an appointment.
- Provide the Medicaid free ride phone number: **1.855.687.4786** Monday to Friday, 8:00 a.m. to 5:00 p.m. Patients should call at least two workdays before the appointment (the sooner, the better).
- Please note: children younger than age 14 must be accompanied by the parent, guardian, or other authorized adult at the medical or dental Checkup.
- Call **1.888.513.0706** if the ride does not show up.

Learn more: <http://www.txhealthsteps.com/cms/?q=node/88><http://www.txhealthsteps.com/cms/?q=node/88#clients-1>

COMMUNITY'S TRANSPORTATION SERVICE FOR CHIP MEMBERS

We offer free transportation for CHIP Members to doctors' appointments when no other transportation is available with prior approval by our case manager.

The Member or guardian must call Community Member Services at 1.888.760.2600 for approval at least three business days before the appointment. This value-added service is only available to CHIP Members where transportation services are available.



PROVIDER CONTINUING EDUCATION

ONLINE PROVIDER EDUCATION - FREE CONTINUING EDUCATION (CE) HOURS

Texas Health Steps' online program offers more than 60 CE-accredited courses that cover a broad array of health topics. These topics range from wellness and prevention essentials, like breastfeeding and immunization, to specialized courses about treating children with asthma, diabetes, high blood pressure, and many other chronic health conditions. First-time users will need to register. The courses are available at: <http://www.txhealthsteps.com/cms/>

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TMHP ONLINE PROVIDER EDUCATION

TMHP offers a variety of training for providers online using computer-based training (CBT) modules on the TMHP Learning Management System (LMS). Medicaid providers can access this training from any location with Internet access, anytime, at their convenience. TMHP CBT modules offer flexible training experience by allowing providers to play, pause, rewind, and even search for specific words or phrases within a CBT module. **First-time users will need to register.**

CBT Topics include:

- Children with Special Health Needs Service Program Basics
- Claim Forms
- Claims Appeals
- Client Eligibility
- Crossover Claims
- Family Planning
- Texas Health Steps – Medical Services
- Provider Enrollment on the Portal
- And much more

To access the training, please visit: <http://learn.tmhp.com/>

VENDOR DRUG PROGRAM CONTINUING EDUCATION FOR PRESCRIBING PROVIDERS

As a Medicaid prescribing provider, you can help Medicaid clients get their medications quickly and conveniently, with a few simple steps. By prescribing a preferred product or obtaining a prior authorization before the client leaves the office, the prescription can be filled without delay. This eliminates the need for the pharmacy to contact the prescribing provider's office for a therapeutic substitution, as well as, the need to initiate the prior authorization process.

For a list of Medicaid Drug Formulary and free continuing education credits, please visit:

<https://www.txvendordrug.com/providers/prescriber-education>

INTEGRATING POSTPARTUM DEPRESSION SCREENING INTO ROUTINE INFANT MEDICAL CHECKUPS

Maternal and child health are intricately linked, and both can be affected by postpartum depression. Texas Health Steps providers can now receive separate reimbursement for conducting maternal postpartum depression screening during an infant's preventive medical checkup. Read on to learn about the policy and gain access to resources to help you implement it in your practice.

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Take the course by visiting the link below-

https://www.txhealthsteps.com/static/courses/ppd/sections/intro.html?utm_source=courseannouncement&utm_medium=email&utm_campaign=ppd

DIABETES SCREENING, DIAGNOSIS, AND MANAGEMENT

The incidence of diabetes is on the rise among young people. Primary care providers who gain a solid understanding of diabetes can help children and their families adhere to treatment plans and reduce the negative effects of the disease. This module provides important information about risk-based screening and practical guidance for developing and maintaining effective treatment plans.

Enroll in the course by visiting the link below-

https://www.txhealthsteps.com/378-diabetes-screening-diagnosis-and-management?utm_source=courseannouncement&utm_medium=email&utm_campaign=diabetes

HPV VACCINATION IN TEXAS: WHAT PEDIATRICIANS SHOULD KNOW

Take a few minutes to learn about current research related to HPV vaccination and get practical guidance about how to promote routine vaccination in your practice.

Take the course by visiting the link below-

https://www.txhealthsteps.com/static/courses/hpv-vaccination-in-texas/?utm_source=course-announcement&utm_medium=email&utm_campaign=hvpod-2018

CONCUSSION: DIAGNOSIS, TREATMENT AND PREVENTION

Keep up with the latest protocols for diagnosing and treating sports-related concussion. This module provides step-by-step guidelines for on-field and off-field assessment, follow-up testing, and resuming school and activity for children and youth. You'll also learn useful conversation tips and risk-reduction strategies to share with patients and families.

Enroll in the course by visiting the link below-

https://www.txhealthsteps.com/388-concussion-diagnosis-treatment-and-prevention?utm_source=courseannouncement&utm_medium=email&utm_campaign=mh-head

ADOLESCENT SUBSTANCE USE

Experimentation is a natural and healthy part of adolescence, but experimenting with alcohol and other substances can have serious, long-term consequences. This module provides guidelines for integrating substance use screening and intervention into routine practice and preventing, treating, and managing substance use disorders in primary care.

Enroll in the course by visiting the link below-

https://www.txhealthsteps.com/392-adolescent-substance-use?utm_source=courseannouncement&utm_medium=email&utm_campaign=ASU-IYV

FEEDBACK

What do you think about our Provider Newsletter? Do you have any feedback you would like to share with us? We are always working to make the content and format **easy to understand**, **helpful** to you and your staff and **applicable** to your day-to-day work.

If you have any comments, suggestions, or ideas for future articles you would like to see, please email us at CommunityProviderNewsletter@CommunityHealthChoice.org



CONTACT INFORMATION

MEDICAL AFFAIRS

Peer-to-Peer Discussions

713.295.2319

Senior Vice President, Medical Affairs
Karen Hill, M.D.

Associate Medical Directors
Valerie Bahar, M.D.
Lisa Fuller, M.D.
Karen Gray, M.D.

Utilization Management

Phone: 713.295.2221

Fax: 713.295.2283 or 84

Care Management: Asthma, Congestive Heart Failure, Diabetes, High-Risk Pregnancy

713.295.2303

Diabetic Supplies/Outpatient Perinatal

Fax: 713.295.7028

Toll-free fax: 1.844.247.4300

CLAIMS

- Inquiries
- Adjudication

CommunityHealthChoice.org or
713.295.2295

Community will accommodate three claims per call.

REFUND LOCKBOX

Community Health Choice
P.O. Box 4818
Houston, TX 77210-4818

ELECTRONIC CLAIMS (CHIP & STAR)

Submit directly through Community's online claims portal:
CommunityHealthChoice.org >
Provider Tools > Claims Center
Payer ID: 48145

Change HealthCare
(Formerly Emdeon) 1.800.735.8254

Availity 1.800.282.4548

RelayHealth 1.563.585.4411

Gateway EDI 1.800.969.3666

TMHP (STAR only) www.tmhp.com

ELECTRONIC CLAIMS-UB, CMS-1500 (HIM)

Submit directly through Community's Online Claims Portal:
CommunityHealthChoice.org > For Providers > Provider Tools > Claims Center

Change HealthCare: 1.800.735.8254
Payer ID: 60495

PHARMACY

Navitus Health Solutions
1.877.908.6023
www.navitus.com

BEHAVIORAL HEALTH

Beacon Health Options
1.877.343.3108
www.beaconhealthoptions.com

ADVERSE DETERMINATIONS & MEDICAL NECESSITY APPEALS

Community Health Choice
Attn: Medical Necessity Appeals
Fax: 713.295.7033

All appeals must be in writing and accompanied by medical records.

MEMBER SERVICES & SPECIALIST SCHEDULING

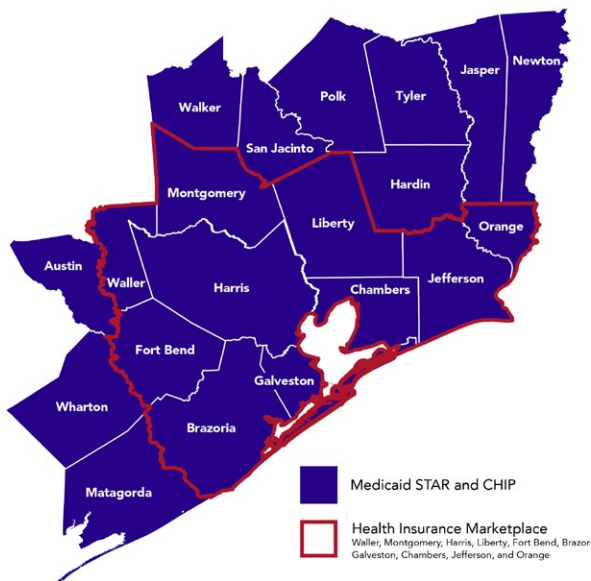
713.295.2294 or 1.888.760.2600

PROVIDER RELATIONS

For general questions or to submit your updates:

- 713.295.2295
- ProviderRelationsInquiries@CommunityHealthChoice.org
- Contact your Provider Relations Representative.

SERVICE AREA MAP



TEXAS STAR
Your Health Plan ★ Your Choice

CHIP We've got your kids covered.

TEXAS
Health and Human Services