COMMUNITY HEALTHCARE

Provider Newsletter | Fall/Winter 2021

New Look, New Member ID Card | Encouraging Better Patient Health | Top Tips for Telehealth Success

LEARN ABOUT OUR NEW PROVIDER PORTAL, PROVIDING A BETTER USER EXPERIENCE, ON PAGE 2.

COMMUNITY FIRST HEALTH PLANS

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(210) 227-2347 or
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Follow Community First Health Plans on social media for all the latest updates!

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NEW PROVIDER PORTAL

Activation Required!

This November, Community First Health Plans launched a brand new Provider Portal for our network of Providers. The Portal is completely redesigned with you – the Provider's – user experience in mind.

In order to access the Provider Portal, you must create a new account. If you've registered for the Provider Portal before, your previous username and password will no longer work. This applies to all Community First Providers!

We hope that you'll find the new Provider Portal to be more convenient, easier to use, and containing the additional tools you need for a smoother working relationship with Community First.

New Provider Portal Features

The Provider Portal has been completely redesigned to help Providers access needed information more quickly, better serving your practice with the ultimate goal of benefiting the health and wellness of Members. New Provider Portal features include:

- User-friendly design and improved functionality.
- Increased transparency to help Providers access a comprehensive view of a Member's health and care plan.
- Code look up function for diagnoses, procedures, and drugs.
- Patient Management tool to help you access patient information more quickly.

What Else Can I Do On The Portal?

The Provider Portal is also your go-to tool for managing claims, verifying Member eligibility, initiating prior authorization, and updating Provider and practice information.

How Do I Register?

It's easy. Follow these steps:

1. Visit CommunityFirstHealthPlans.com/ProviderPortal.
2. Click "Create my Provider Account."
3. Click "Register Today."
4. Enter all required fields, including your name and practice information.
5. Create your username and password

Once your account has been created, either Community First and/or your Office Manager will verify your Provider status and approve your registration.

QUESTIONS?

Our Provider Relations team is here to help. Call (210) 358-6294, Monday through Friday, 8:30 a.m. to 5:00 p.m. for assistance, or email ProviderRelations@cfhp.com.

ALWAYS LEARNING, GROWING, AND IMPROVING

Each January, Community First Health Plans develops an annual Quality Improvement Plan (QIP) in order to improve and best serve our Members and Providers. Then, at the end of each year, Community First reviews the results of the plan. Results from the evaluation are used to identify quality activities for the following year and help Community First move toward our goal of continuous and comprehensive pursuit of opportunities for improvement, problem resolution, and delivery of the highest quality health care and services, in a safe manner.

The annual evaluation of this year's QIP revealed improvement in key areas.

Highlights of this year's QIP evaluation:

- Successfully implemented innovative technological applications.
- Member surveys revealed satisfaction with service coordination, health promotion and wellness, and care management.
- Centers for Medicare and Medicaid Services (CMS) awarded a 2021 contract to Community First for a Medicare Advantage Program, to include a Dual Special Needs Plan (D-SNP).
- 83 percent of the health plan managers and above earned a LEAN Six Sigma Belt.
- The annual satisfaction survey revealed Members are satisfied with Community First; rated in the top 75th percentile nationally for Medicaid Children and Commercial Adults.
- Implemented new Member and Provider portals with enhanced functionality.
- Providers surveyed indicated satisfaction with Community First above the 90th percentile in:
  - Overall Satisfaction
  - Financial Issues
  - Utilization and Quality Management
  - Pharmacy
  - Health Plan Call Center Staff

Opportunities identified and key goals for the future:

- Successful re-procurement of the STAR and CHIP contracts.
- Earn Health Equity Accreditation.

You can learn more details about Community First's performance on measures of clinical care and Member satisfaction by reviewing the 2021 Healthcare Effectiveness Data and Information Set (HEDIS) and 2021 Consumer Assessment of Healthcare Providers & Systems (CAHPS) summary in this newsletter.

Encouraging BETTER Patient Health

Did you know that Community First Health Plans has a family of dedicated programs designed to help Members improve their health, control a chronic condition, or experience a healthy pregnancy…all at no-cost?

Below you will find a list of our current Health & Wellness Programs and the goals of each. We are grateful for your support in recommending these programs to Members who you think could benefit from added support, resources, and guidance to better health.

Asthma Matters

Asthma Management Program

- Education about the causes or triggers of asthma
- Tips to achieve normal or near-normal lung function
- Advice on how to participate in physical activity without symptoms
- Ways to decrease the frequency and severity of flare-ups

Diabetes in Control

Diabetes Management Program

- Diabetes education, self-management, and healthy cooking classes
- Individual and group fitness classes
- Tips to better communicate with Providers

Healthy Expectations Maternity Program

- Prenatal and postpartum education
- Information about labor and delivery
- Breastfeeding education
- Tips for newborn care
- One-on-one consult with a Health Educator
- Virtual Mommy & Me Baby Shower

Healthy Mind

Behavioral Health Program

- Help determining the type of behavioral health assistance needed
- Information to help choose the right professional counselor or doctor
- Care Management for high-risk Members

Healthy Living

Lifestyle Management Program

- One-on-one consult with a Health Educator
- Educational materials
- Care Management for high-risk Members
- Referral to YMCA Y Weight Loss Program

Healthy Heart

Blood Pressure Management Program

- One-on-one consult with a Health Educator
- Educational materials
- Care Management for high-risk Members
- Referral to YMCA High Blood Pressure Self-Monitoring Program

How to Join

Members can join our Health & Wellness Programs on their own by taking our online General Health Assessment and/or Pregnancy Health Assessment.

As their trusted Provider, you can also help Members by:

1. Directing them to our website CommunityFirstHealthPlans.com/Health-and-Wellness-Programs to take the health assessment.
2. Alerting one of our Health Educators that you have a Member who may benefit from one or more of our programs by emailing healthyhelp@cfhp.com.

Other Important Information

- Our Health & Wellness programs include incentives, including gift cards, for eligible Members who join and participate. Encourage your Members to call (210) 358-6055 or email healthyhelp@cfhp.com to learn more about what incentives are available to them.
- All Health & Wellness Programs are provided at no-cost.
- Members can opt out of a Health & Wellness Program at any time.

Community First strives to give the best quality services to our Members and Providers. If you have any questions regarding our Health and Wellness Programs, please contact Population Health Management at (210) 358-6055 or email healthyhelp@cfhp.com.

CARE MANAGEMENT
HOW WE CAN HELP YOUR PATIENTS

What is Care Management?
Care Management is a key component of Community First's Population Health Management (PHM) strategy.

The Care Management Program provides comprehensive, personalized Care Management services and goal setting for Members who have complex medical needs and require a wide variety of resources to manage their health and improve their quality of life.

Community First embraces a holistic approach to managing quality of life by treating every Member as a whole. Within this holistic approach, our interdisciplinary team relies on experienced professionals from diverse backgrounds including social work, nursing, mental health, home care, and home health.

What is a Care Manager?
Care Managers serve as the primary point of contact and collaborate with the Member, their family members, and all relevant service providers to help the Member understand their condition and how to best take care of themselves. Our Care Managers are trained Registered Nurses or social workers.

Our Care Management teams also provide the Member with resources that can help them get the best care possible utilizing the right Providers, in the right setting, and in the right time frame.

What services does Care Management include?
Care Management services include the following:

- Complex Care Management.
- Systematic assessment of the patient's medical, functional, and psychosocial needs.
- System-based approaches to ensure timely receipt of all recommended preventive care services.
- Medication reconciliation with review of adherence and potential interactions.
- Oversight of patient self-management of medications.
- Coordination of care with home and community-based clinical service providers.

Care Coordination and Service Management:

Care Coordination and Service Management are essential, ongoing sub-components of Community First 's Care Management Program. In these sub-components, Providers working with a particular Member share important clinical information and have clear, shared expectations about their roles. Equally important, they work together to keep Members and their families informed and to ensure that effective referrals and transitions take place.

What services does Care Coordination and Service Management include?

- Oversight of transitions between and among health care providers and settings.
- Referrals to other clinicians,
- Follow-up after an emergency department visit or facility discharge.

Community First's Care Management team is committed to working with our Members, their family, doctors, and other members of their health care team to improve the Member's overall health and to obtain the services they need.

Care Management Referral

If you would like to refer a Member who could benefit from Care Management, please complete the Care Management referral form.

1. Visit CommunityFirstHealthPlans.com/Providers.
2. Click on the health plan you service.
3. Select "Provider Resources" under the Provider dropdown menu.
4. Select Provider Forms.
5. Complete and email the form to caremanagementhelp@cfhp.com.

A Care Manager will then contact the Member to discuss their individual health care needs.

If you would like to learn more about our Care Management Services, please call Community First Population Health Management at (210) 358-6050.

UPDATED CLINICAL PRACTICE GUIDELINES

Community First Health Plans has adopted the following medical, behavioral health, and preventive health Clinical Guidelines for 2021:

- Alcohol Use Disorder
- Alzheimer's Disease
- Anxiety
- Asthma
- Attention Deficit Hyperactivity Disorder
- Bipolar Disorder
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- COPD
- Coronary Artery Disease
- Depression
- Diabetes
- Heart Failure
- High Blood Cholesterol
- Hypertension
- Immunizations
- Kidney Disease
- Liver Disease
- Obesity Management
- Prenatal care/Postpartum
- Preventive Health
- Schizophrenia
- Stroke

Read Community First's 2021 Clinical Practice Guidelines Matrix to review all guidelines adopted by Community First, including the scientific source upon which each guideline is based.

To request a paper copy of the Clinical Guidelines, Providers can fill out the Education Request form and mail to:

Community First Health Plans
Attn: Provider Relations Department
12238 Silicon Dr. Ste 100
San Antonio, TX 78249

Providers can also fax the Education Request form to (210) 358-6199 or call (210) 358-6055 to speak with a Community First Health Educator.

HEDIS®: EFFECTIVENESS OF CARE AND CAHPS RESULTS

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of American's health plans to assess performance on a comprehensive set of standardized performance measures of important health care interventions and outcomes. The measures are designed to assist purchasers and consumers in comparing the performance of different health plans.

The current HEDIS® set addresses preventive services, chronic disease management, behavioral health care, appropriateness/overuse of services and value (i.e., diabetes, asthma, heart disease, depression, and patient satisfaction). HEDIS® measures include, but are not limited to:

- Children & adolescent access to primary care practitioners
- Childhood and adolescent immunizations
- Prenatal and postpartum care
- Medication management for people with asthma
- Comprehensive diabetes care
- Controlling high blood pressure
- Breast and cervical cancer screening
- Antidepressant medication management

Physicians are increasingly participating in performance measurement activities, especially in the context of pay-for-performance initiatives that are taking shape across the country. As such, Community First focused on quality of care metrics for the STAR and CHIP programs – which were closely aligned to the State quality metrics – such as well child and adolescent well visits, prenatal and postpartum care, and appropriate treatment for children with an upper respiratory tract infection.

The COVID-19 pandemic and the associated community mitigation efforts altered the delivery of and access to health care in 2021. Emergency visits were down, and many in-person office visits were either postponed or changed to telehealth visits; elective procedures were postponed indefinitely to increase hospital capacity; and other forms of delivery were changed to accommodate social distancing and mitigation measures. As 2021 progressed, health care use began to rebound as in-person care resumed for hospital and lab services and COVID-19 testing became more widely available. However, overall utilization dropped significantly.

There are two types of measures in HEDIS®: (1) Effectiveness of Care and (2) Consumer Assessment of Healthcare Providers and Systems (CAHPS).

1. **Effectiveness of Care**
   Effectiveness of Care measures focus on the quality of care Members received in the previous year. Measures are compiled using claims and medical record information. The chart below lists key areas where Community First scored in the 50th to 95th percentile of the National Committee of Quality Assurance (NCQA) when compared to all the health plans in the United States that submitted HEDIS® data in 2021. Quality measures for the Medicaid and CHIP membership focused on well child and adolescent visits and prenatal care. Some of these HEDIS® measures were also used in the administration of the physician incentive program.

Community First 2021 HEDIS® Effectiveness of Care Strengths (STAR & CHIP)		
QUALITY OF CARE MEASURES	STAR	CHIP
Treatment for Upper Respiratory Infections	67th percentile	50th percentile
Postpartum Care	67th percentile	N/A

Community First 2021 HEDIS® Effectiveness of Care Strengths (STAR Kids & Commercial)		
QUALITY OF CARE MEASURES	STAR Kids	Commercial
Treatment for Upper Respiratory Infections	50th percentile	N/A
Follow-up After Hospitalization for Behavioral Health (30 Days)	50th percentile	N/A
Postpartum Care	N/A	67th percentile

2. 2021 CAHPS/Enrollee Survey – Member Satisfaction

CAHPS is a survey of Member experience. It measures Members' satisfaction with their care through a rating of four main categories:

- Overall health plan
- Overall health care provided
- Overall experience with the Member's personal doctor
- Overall satisfaction with care given by the Member's specialist

These measures are intended to capture information which cannot be gathered through claims and medical record reviews.

Community First's goal for the 2021 survey was to meet or exceed the HEDIS® 50th percentile in comparison to other health plans across the country.

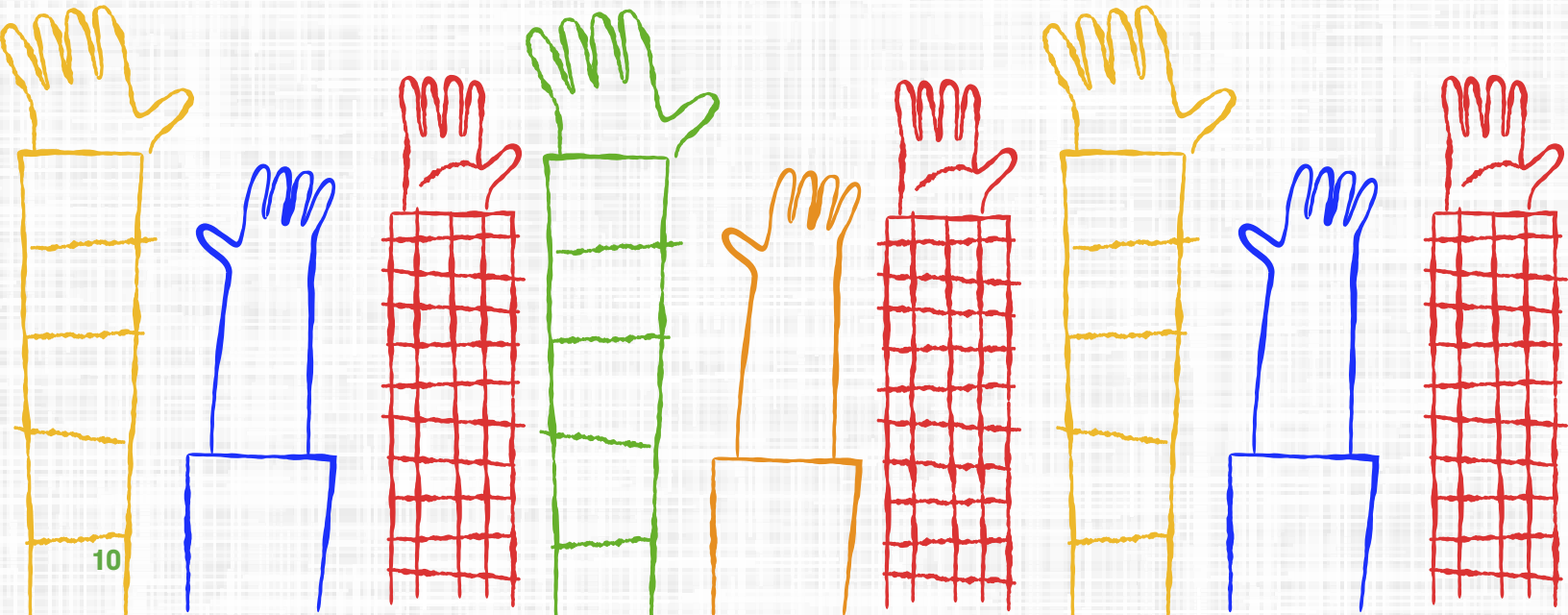
The table below provides a summary of the areas of strength in Member satisfaction:

	Medicaid Child	Medicaid Adult
Rating of Health Plan	75th percentile	75th percentile
Rating of Health Care	50th percentile	90th percentile
How Well Doctors Communicate	50th percentile	67th percentile
Areas of opportunity for improvement include: Getting Care Quickly		

As we prepare to begin a new year, Community First is excited to continue to improve our delivery of quality care and service, in a safe manner. We always welcome input and recommendations from our Members, Providers, and other physicians. Contact us with questions and concerns by contacting Provider Relations at (210) 358-6294 or emailing ProviderRelations@cfhp.com.

HHSC Releases New 2022

Services Benefits



Effective for dates of service on or after February 1, 2022, Autism Services, to include Applied Behavior Analysis (ABA) evaluation and treatment, will be a new benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Texas Medicaid recipients who are:

- 20 years of age and younger **and**
- who meet the criteria outlined in the Autism Services benefit description.

Medicaid Autism Services Benefit

The new Medicaid Autism Services benefit includes coverage of medically necessary ABA services for individuals with Autism Spectrum Disorder (ASD) and provides for coordination of the service array in interdisciplinary team meetings.

The Medicaid Autism Services benefit also includes the following topics:

- Applied Behavior Analysis (ABA) as a new benefit.
- Requirements for prior authorization for ABA evaluation and treatment.
- Clinical documentation requirements.
- Licensed Behavior Analyst (LBA) as a new provider type and descriptions of Licensed assistant Behavior Analysts (LaBAs) and Behavior Technicians (BTs) who may work under supervision of an LBA.
  - **Please Note:** LaBAs and BTs may not enroll in Medicaid.
- Requirements for interdisciplinary team meetings.
- Prior authorization, billing, and reimbursement for procedure codes 97151, 97153, 97154, 97155, 97156, 97158, and 99366.
- Medicaid Autism Services will be delivered in managed care as well as in fee-for-service.

Comprehensive Care Program (CCP) Prior Authorization Request Form

The CCP Prior Authorization Request Form will be updated to enable requests for prior authorization of ABA services. Requests for prior authorization for new Autism Services benefits will be accepted on or after February 1, 2022. Claims may be submitted for dates of service beginning February 1, 2022.

Licensed Behavior Analyst (LBA) Provider Enrollment

Licensed Behavior Analyst Providers can now submit provider enrollment applications for Texas Medicaid through Texas Medicaid & Healthcare Partnership (TMHP). More information on how to enroll can be found at TMHP's Provider Enrollment on the Portal (PEP).

Please Note: Provider enrollment in Medicaid does not mean that an LBA may begin providing ABA services at that time. The benefit implementation date is February 1, 2022.

To enroll in Texas Medicaid, LBA providers must:

- Be licensed as a Licensed Behavior Analyst (LBA) by the Texas Department of Licensing and Regulation (TDLR) or the appropriate state board where services are rendered
- Have a national provider identifier (NPI).

Resources

For more information, please review the Medicaid Autism Services Statement of Benefits. (The language in the Autism Services benefit draft is subject to change.) A webinar is planned in the future regarding the new benefit. Additional information will be provided in future articles on TMHP.com.

The provider rates associated with this benefit can be found at Reimbursement Rate Updates for Autism Services Procedure Codes (effective February 1, 2022).

If you have questions, please email MedicalBenefitRequest@hhsc.state.tx.us, contact your Community First Provider Relations Representative directly, or email ProviderRelations@cfhp.com.

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Immunizations for Adolescents (IMA) is a HEDIS®* measure that assesses adolescents who have turned 13 years of age in the measurement year and have received the following vaccinations:

- One Meningococcal vaccine (MCV) given on or between 11th and 13th birthday.
  - Serogroup B (MenB) will not meet compliance.
- One tetanus, diphtheria, and pertussis (Tdap) on or between 10th and 13th birthday.
- HPV vaccines between 9th and 13th birthday.
  - Two-dose vaccination series with at least 146 days between the doses with different dates of service between 9th and 13th birthday (male and female), **or**
  - At least three HPV vaccines with different dates of service between 9th and 13th birthdays (male and female).

For more information to share with your patients regarding the importance of the HPV vaccine, please visit https://www.cdc.gov/hpv/hcp/materials-resources.html.

Description	CPT
MCV	90734
Tdap	90715
HPV	90649, 90650, 90651

Primary care providers, please note: IMA 2 is a 2021 PCP Incentive program metric for STAR and CHIP lines of business. Eligible PCPs may earn incentive rewards for improvement in administrative rates (based on appropriate billing/claims) on a quarterly basis.

Provider Tips to Improve Administrative Rates:

- Use each visit to review vaccine schedule and catch up on missing immunizations.
- Schedule 13-year-old well-visits before the patient's 13th birthday.
  - Member will not be compliant for HEDIS® if final HPV dose is given after 13th birthday.
- Record date(s) and immunization(s) provided at other practices (including out-of-state) and the Health Department in the patient's medical record.
- Recommend the HPV vaccine the same way (and the same day) you recommend other adolescent vaccines.
  - Discuss HPV in terms of cancer prevention and explain that the HPV vaccine is most effective before sexual activity begins.
  - Administer first HPV at 9-10 years old instead of later to increase compliance.
  - List HPV in between other vaccines being received as a pre-teen bundle. For example, Tdap, HPV then MCV. Behavioral psychology literature supports this.
  - Hardwire scheduling of second (or third) HPV appointment and reminders.
- Record all immunizations in Texas' State Immunization Registry ImmTrac2.
  - Community First receives records from the State as a part of routine HEDIS® reporting: https://dshs.texas.gov/immunize/immtrac/default.shtm
- Code/bill all immunizations given.
  - Documentation of physician orders, CPT codes, or billing charges is not compliant.
- During HEDIS® medical record requests, provide all sources of immunizations from the medical record, including administration/vaccine log, school certificate, and state registry documentation.

Source:
https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

**HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

NON-EMERGENCY MEDICAL TRANSPORTATION HOLIDAY HOURS

MTM, Community First Health Plans' Non-Emergency Medical Transportation (NEMT) provider, will be open for NEMT services and all phone lines will be staffed throughout the 2021 holiday season on the same regular non-holiday schedule, with the exception of: **Christmas Day (December 25), and New Years Day (January 1).**

MTM Contact Center Hours

Closed on Christmas and New Years Day

Member Reservation Line
1-888-444-0307 (TTY 7-1-1)
Monday through Friday,
8:00 a.m. to 5:00 p.m. (CST)

Where's My Ride Line
1-888-444-0824 (TTY 7-1-1)
24 hours a day, 7 days a week

As a reminder, NEMT services include:

- Passes or tickets for mass transit (rail, bus, or air)
- Curb-to-curb transportation
- Mileage reimbursement
- Travel, food, and lodging expenses (for Members under age 20)
- Covered expenses for travel attendants

For more information about MTM's NEMT services, please visit Provider Resources. To help a patient reserve a ride with MTM, please call the MTM Member Reservation Line above or visit mtm.mtmlink.net. You will need the Member's Community First Member ID number.

NEW LOOK!

NEW MEMBER ID CARDS

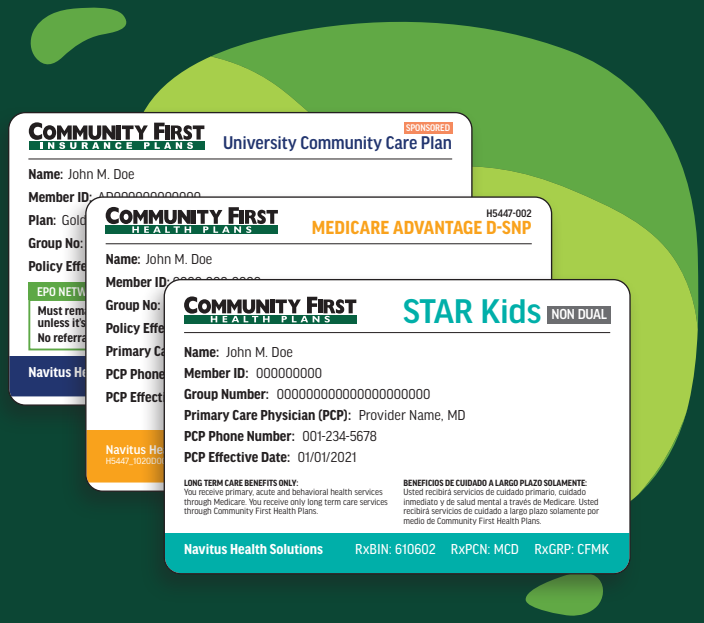
We have recently redesigned our Community First Health Plans Member ID cards for all plans offered by Community First.

New Member ID cards will be mailed to:

- New Members who are enrolling in one of our health plans for the first time.
- Members who change their PCP.
- Members whose PCP has left our network.
- Members who request a new card if theirs has been lost, damaged, or stolen.

Current Community First Members will not receive a new card. Their current Member ID card will continue to remain effective.

In addition to asking to see a Member's ID card at each visit, providers can also verify Member eligibility by logging into our new Provider Portal at CommunityFirstHealthPlans.com.



CPAN: REMOVING BARRIERS TO BEHAVIORAL HEALTH SERVICES

Primary care providers (PCP) and pediatric medical home providers are the foundation of member-centric and comprehensive care for Community First Health Plans Members. In addition to providing preventive care, routine physicals, immunizations, acute care, and referring Members to specialty providers, PCPs and pediatric medical home providers also see patients with mental health concerns. **In fact, one-fourth to one-third of the pediatric cases PCPs and pediatricians see each day involve mental health concerns.** Unfortunately, these concerns can be challenging to address on a routine basis without additional support.

Child Psychiatric Access Network

Community First PCPs and pediatric medical homes now have access to a resource to assist in serving their population of child and adolescent Members with behavioral health conditions called Child Psychiatric Access Network (CPAN). We encourage all Community First PCPs and pediatricians to enroll in this free service that can provide mental health support to your patients.

What is CPAN?

CPAN is a free service funded by the Texas legislature for PCPs and pediatric medical homes who need psychiatric consultation with a child psychiatrist and mental health professional. In addition to telephone consultations, CPAN also offers mental health screening tools, behavioral health webinars, and in-person training.

How to enroll:

> Call 1-888-901-CPAN (2726)
  - When prompted, press "3" for region and "2" for institution
> Email cpan@uthscsa.edu

Using CPAN

After enrolling, call 1-888-901-CPAN when you want help to speak with a pediatric psychiatrist or mental health clinician. The goal is to return your phone call within 30 minutes or less.

As a reminder, Community First does not require PCP or prior authorization for behavioral health outpatient services including an initial assessment or individual, family, or group counseling.

For more information about CPAN and what you can expect as a participating provider, please visit the CPAN website at TCMHCC.UTSystem.edu/CPAN.

PREPARING FOR PEMS: COMING DECEMBER 2021

The Texas Medicaid & Healthcare Partnership's (TMHP) Provider Enrollment and Management System (PEMS) is coming soon. Provider enrollment functions will be available through PEMS, and providers must use the new system to enroll in Texas Medicaid. The new system will be the single tool for provider enrollment, reenrollment, revalidation, and maintenance requests (maintaining and updating provider enrollment record information).

PEMS will automate and streamline the provider enrollment process by removing the requirement to use paper forms, simplifying the process for providers to complete their National Provider Identifier (NPI)-based enrollment. Providers or individuals who do not provide health care services and are not required to have NPIs may have been issued Atypical Provider Identifiers (APIs). These providers should use their APIs.

PEMS Portal Effective Date: December 13, 2021

PEMS Benefits

Using PEMS will result in the following benefits:

- Elimination of the need for multiple Texas Provider Identifiers (TPIs), allowing providers to interact with all Texas Medicaid records in a single, easy-to-use system.
- Allowance for Texas Medicaid enrollment in multiple state health care programs with a single application. Real-time data validation will reduce errors and expedite the enrollment process.
- A message dashboard designed to provide timely online email notifications and related correspondence.
- Real-time availability of changes made to provider information and instant access to the status of provider enrollment applications.
- Faster provider lookup services with the expanded Online Provider Lookup search functionality.

PEMS Training and Resources

- A PEMS instructional video can be accessed on the TMHP YouTube channel: The Benefits of PEMS
- Additional information related to PEMS is available on the TMHP website: The Benefits of PEMS

Providers should plan for the following changes on December 13, 2021:

- PEMS will replace Provider Enrollment on the Portal (PEP) and the Provider Information Management System (PIMS).
- PEP and PIMS will no longer be available.
- Paper applications for Texas Medicaid provider enrollment will be eliminated with the new online system.
- Providers must have access to the internet to utilize PEMS and use up-to-date internet browsers for optimum performance of the PEMS portal. Use Google Chrome or Microsoft Edge to reduce compatibility issues.

For more information, call the TMHP Contact Center at 800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 800-568-2413.

PROVIDER ENROLLMENT REVALIDATION EXTENSIONS ENDING SOON

Due to the COVID-19 Public Health Emergency, the Centers for Medicare & Medicaid Services (CMS) provided extensions to provider enrollment revalidation dates. This extension will end on February 28, 2022.

Providers with original revalidation dates between March 1, 2020 and February 28, 2022 will be given a new enrollment end-date based on the provider's original due date and screen risk category. New revalidation dates will be staggered at the end of the public health emergency to avoid enrollment delays.

TMHP will notify providers in January 2022 of their new end-date, and again 120-days prior to their new enrollment end date.

Providers are strongly encouraged to avoid potential enrollment delays by submitting revalidation applications immediately. TMHP has opened the ability to submit revalidation applications to all providers who wish to begin the process.

Additional details are available on the TMHP website at TMHP.com. You may also call the TMHP Contact Center at 800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 800-568-2413.

IMMUNIZATION BILLING CHANGES

Effective February 1, 2022, upcoming changes to immunization billing will require claims to be submitted in a specific sequence. This sequence is located in the Texas Medicaid Providers Procedures Manual, Section 5.3.11.3, Immunizations.

Billing Changes: Summary

- Providers must submit claims for immunization procedure codes 90460 or 90461 based on the number of components per vaccine.
- Providers must specify the number of components per vaccine by billing 90460 and 90461 as defined by the procedure code descriptions:
  - Procedure code 90460 is submitted for the administration of the first component.
  - Procedure code 90461 is submitted for the administration of each additional component identified in the vaccine.
- Procedure code 90461 will be denied if procedure code 90460 has not been submitted on the same claim for the same vaccine or toxoid.
- Procedure code 90460 must also have the 59 modifier to be used with 90461.

Procedure Code	Quantity Billed
Vaccine or toxoid procedure code with one (1) component	1
90460 (1st component)	1
Vaccine or toxoid procedure code with three (3) components	1
90460 (1st component) use 59 modifier	1
90461 (2nd and 3rd components)	2

For additional information, please see read the full notice under Provider News on the Community First website, or contact Provider Relations at (210) 358-6294 or ProviderRelations@cfhp.com.

NPI AND TAXONOMY

Per the Texas Medicaid Provider Procedures Manual, all submitted claims must include both the rendering provider NPI and rendering provider taxonomy. For claims to process appropriately, the submitted NPI and taxonomy numbers must match the NPI and taxonomy on the state master file, meaning they must be the same NPI and taxonomy numbers provided during the attestation process with TMHP.

Claims submitted without a billing or rendering provider will be rejected. Community First validates all NPIs and taxonomy numbers on claim submissions against the State Master File. Failure to enroll appropriately can results in claim rejections.

NPI

The NPI final rule, Federal Register 45, Code of Federal Regulation (CFR) Part 162, established the NPI as the standard unique identified for health care providers and requires covered health care providers, clearinghouses, and health plans to use this identifier in Health Insurance Portability and Accountability Act (HIPAA)-covered transactions. NPI numbers are 10-digit numbers randomly assigned by NPPES.

Taxonomy

You can update your taxonomy code with TMHP by logging into the Provider Information Management System (PIMS).

Please Note: you must be attested with TMHP under both your NPI and taxonomy code in order for claims to be appropriately processed.

For more information on NPI and taxonomy codes, please reference the Community First Billing Guidelines located on the Community First website under Provider Resources.

ENDING NDC BILLING CONFUSION

Community First Health Plans offers RC Claim Assist for contracted providers.

WHAT IS RC CLAIM ASSIST?

RC Claim Assist is a self-service website for providers and physicians required to bill and reimburse by NDC unit. It is used to convert HCPCS/CPT® code units to the proper NDC code unit, and vice versa.

Please Note: RC Claim Assist is designed for Community First Members who enrolled in the University Family Care Plan. If you are in need of NDC lookup for Members enrolled in other plans, please contact your Provider Relations Representative and they can assist you.

If you are interested in utilizing this service, please contact your Provider Relations Representative, call Provider Relations at (210) 358-6294, or email ProviderRelations@cfhp.com.

WORKING **TOGETHER** TO MAKE A ***DIFFERENCE***

Community First Health Plans would like to thank all of our valued providers for working collectively to ensure the health and safety of our most vulnerable Members in the STAR Kids program.

Understandably, many parents are concerned about taking their children into health care settings where their child may be exposed to COVID-19. We are doing our part to assure Members and their families that providers are taking the necessary precautions to mitigate risk and continue to provide services, whether in person or via telehealth. Specifically, we are encouraging parents to schedule their children's Texas Health Steps and age-appropriate vaccinations to protect their children and the community at large.

We also request your support in encouraging STAR Kids Members to participate in the **Texas STAR Kids Screening and Assessment Instrument (SAI)**, which can provide a Member eligibility for Long Term Services and Supports (LTSS). It also helps Community First ensure that necessary services are in place for STAR Kids Members so that we can prevent gaps in care, help prevent unplanned hospitalizations, and reinforce provider care plans.

Beginning September 1, 2021, Service Coordinators began completing the SAI either back in the Member's home or virtually (via telehealth) depending on their preference. Completing the SAI by phone is also an option, but not preferred, as the Service Coordinator should be able to see the Member and their environment in order to make the best assessment possible. The Service Coordinator will follow all infection control guidelines in place to ensure the health and safety of everyone involved.

Please be aware that the in-home option for the SAI may change due at any time at the direction of Health and Human Services.

TOP TIPS FOR TELEHEALTH SUCCESS

One of the top concerns raised when it comes to the use of telehealth is the loss of the personal, patient-doctor touch during the virtual interaction. Here are a few helpful tips to personalize a telehealth encounter.

1 **Make eye contact.** Eye contact between a patient and treating medical professional can go a long way, even through a screen. Patients will respond better to a provider when they feel that they are being heard, and eye contact does an excellent job of helping to establish that connection.

2 **Ease of use.** Do your best to make telehealth easy for your patient to use. Complicated technology or problematic connections can make an entire telehealth encounter become null and void. Before the visit begins, check your connection and know how to troubleshoot issues. Technology can be challenging for some individuals, so if you are knowledgeable and can talk the patient through issues they may be having, the encounter can still be successful.

3 **Have a backup plan.** If all else fails, you'll need a plan B. For example, call the patient on the phone if the technology fails in order to re-establish that connection and rebuild the integrity of the appointment.

4 **Leave time for and encourage questions.** During telehealth appointments, it can sometimes be tricky for patients to follow along with the information presented. Ending the visit by allowing the patient to ask questions and taking the time to answer them can give them the sense that their needs were fully met during the visit.

5 **Plan for a follow-up visit.** If the patient needs other information before their next scheduled appointment, ensure you have a delivery method to get it to them, such as email for supporting documentation on a diagnosis, or a follow up with a specialist, if deemed appropriate.

The future of telehealth is anyone's guess, but with many patients still benefiting from these visits, it's important for providers to continue to do their part to ensure telehealth success. Patients need to feel that their concerns are met, especially during a telehealth visit. Keeping these tips in mind can help your telehealth visits be more successful and beneficial for the patient in the long run.

NCQA ACCREDITATION RENEWAL SURVEY RESULTS

In November 2021, Community First Health Plans earned the National Committee for Quality Assurance (NCQA) renewal accreditation status for the Medicaid health plan accreditation, Commercial health plan accreditation, and on the Long-term Services and Supports (LTSS) Renewal Surveys.

Community First undergoes the survey process for health plan accreditation and distinction every three years. NCQA accredits health plans based on health plan's performance in three domains:

1. Compliance with quality standards
2. Quality metrics (HEDIS)
3. Member (CAHPS) and Provider satisfaction surveys

Health plans seeking accreditation are required to submit over 150 documents including reports, policies, newsletters, Member/Provider correspondence, and educational pieces as evidence for compliance with the NCQA standards and guidelines.

Community First is also required to complete file reviews for utilization management medical denials, behavioral health denials, pharmacy denials, appeals, case management, LTSS service coordination, and credentialing/recredentialing for the Medicaid and Commercial products.

The Renewal Survey results are due to three years of continual staff education, mock file reviews, training, updating documents to include revised standards, and constant program oversight. The amount of growth in each of the areas is incredible. Without the dedication of the leadership team and staff members, Community First would not be able to achieve high praise from the NCQA Survey team. More importantly, Community First would not be able to provide our Members and Providers with the highest quality level of service.

DENIALS OF COVERAGE

Please note that Community First Health Plans does not provide financial incentives (rewards) to physicians or employees who conduct Utilization Management (UM) for issuing denials of coverage that result in underutilization or creating barriers to care or service. Denials are based on the lack of medical necessity or the lack of a covered benefit.

Information on the Utilization Management (UM) criteria utilized to reach a decision can be obtained upon request by contacting Population Health Management (PHM). Please call PHM at (210) 358-6050 between the hours of 8 a.m. and 5 p.m. and press "3," or call 1-800-434-2347 for authorization to request this information.

Community First UM staff is also available from 8 a.m. to 5 p.m. at 1-800-434-2347 to assist you with any questions you may have regarding the processing of a request for services. Calls or communications received after hours are handled by our Nurse Advice Line and our on-call nurse. Should a Community First staff member attempt to contact you regarding any issues for services, they will provide you with their full name and title at Community First Health Plans.

For Members who may need language assistance, TDD/TTY services are available to discuss concerns regarding Utilization Management or any concern involving medical and or behavioral health services. Please feel free to call us toll-free at 1-800-434-2347; or TTY (for the hearing impaired) at either (210) 358-6080 or toll-free at 1-800-390-1175 and we will be happy to assist you.

COMMUNITY FIRST
HEALTH PLANS

We put community first.

For over 25 years, Community First Health Plans has made it our mission to put our community first. To show our commitment to ending food insecurity, we have established food pantries across Bexar County.

How You Can Help

DONATE

Most needed items include: Dried fruits, Jerky, Crackers, Rice, Pasta and sauce, Mac & Cheese, Soup, Chili, Tuna, Beans, Canned fruits and vegetables, Nuts and seeds, Peanut butter, Boxed Meals, Cooking oil, Pet Food, Baby Food, Diapers and wipes, First Aid kits, Feminine products,

SHARE

If you have patients in need, our food pantries are available to all at no-cost. Most are located outdoors providing 24/7 accessibility.

HOST

Sign up to host a food pantry at your location or on your grounds. Pantries can be installed either indoors and outdoors.

For a map of our food pantries or to find out how you can host one at your location, please visit our website.

Thank you for your generosity.

For more information please email at **info@cfhp.com**
CommunityFirstHealthPlans.com/Food-Pantry

COMMUNITY FIRST
HEALTH PLANS

Non – Discrimination Notice

Community First Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Community First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Community First Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Community First Health Plans director of Compliance at (210) 510-2482.

If you believe that Community First Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Community First Health Plans
Pamela Mata, Compliance Manager
12238 Silicon Dr., Suite 100,
San Antonio, Texas 78249
Phone: (210) 510-2484
TTY: 1-800-390-1175
Fax : (210) 358-6014
Email: pmata@cfhp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pamela Mata, Compliance Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building

Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-434-2347 (TTY: 1-800-390-1175).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
1-800-434-2347 (TTY: 1-800-390-1175).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
1-800-434-2347 (TTY:1-800-434-2347)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-434-2347 (TTY: 1-800-390-1175)
번으로 전화해 주십시오.

ل ص تا ر ب م ق 1-800-434-2347 م قر
وغ ل لا ة ى وت ت ف ك ل . ناجملاب
ر كذا،ةغ ل لا نإ ف تامدخ اس م لا ةدع
: ةظوحل م اذإ تن ك ثدحت ت
تاهمص لا لاو: 1-800-390-1175

تف م ںی م بای ت س د ںی ہ ۔ ل ا ک
و ت پآ و ک نا بز ی ک ددم ی ک تامدخ
خ : راد ر گا پآ را ود و ب ےت ل،ںی ہ
رب 1-800-434-2347 (TTY: 1-800-390-1175).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-434-2347 (TTY: 1-800-390-1175).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le
1-800-434-2347 (ATS : 1-800-390-1175).

ध्यान द: यद आप हदी बोलते ह तो आपके ि लए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।
1-800-434-2347 (TTY: 1-800-390-1175)
पर कॉल कर।

توجه: اگر به زبان فارسی گفتگو
می کنید، تسهیلات زبانی بصورت
رایگان برای شما فراهم می باشد. با
1-800-434-2347 (TTY: 1-800-390-1175)
تماس بگیرید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-434-2347
(TTY: 1-800-390-1175).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-434-2347 (телетайп: 1-800-390-1175).

注意事項：日本語を話される場合，無料の言語支援をご利用いただけます．1-800-434-2347 (TTY:1-800-390-1175)まで、お電話にてご連絡ください．

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-434-2347
(TTY: 1-800-390-1175).

COMMUNITY FIRST
HEALTH PLANS

12238 Silicon Drive, Suite 100
San Antonio, Texas 78249
CommunityFirstHealthPlans.com