

COMMUNITY

Provider Newsletter | Fall/Winter 2022

HEALTHCARE

**CLAIMS SUBMISSIONS:
ENTERING PATIENT
NAMES CORRECTLY**

**PEMS: RETROACTIVE
BILLING ALLOWANCES**

**PROVIDER TRAINING:
2023 CALENDAR**

Community First
Expands Health
Plan Options



MAIN OFFICE

12238 Silicon Drive, Suite 100
San Antonio, Texas 78249

**COMMUNITY OFFICE
AT AVENIDA GUADALUPE**

1410 Guadalupe Street, Suite 222
San Antonio, Texas 78207

VISIT OUR WEBSITE OR CALL AT:

CommunityFirstHealthPlans.com
210-227-2347 or toll-free 1-800-434-2347

COMMUNITY FIRST HEALTH PLANS PROVIDER TIPS



CLAIMS SUBMISSION

Entering Patient Names Correctly

For claims submissions, the patient's name needs to match the first name and last name Community First Health Plans has on record.

A new section that displays the patient's first and last name, as it is currently listed in our system, has been added to the secure [Provider Portal](#). You can verify the patient's name by accessing the **Benefits & Eligibility page**. You will find this new information at the top of that screen.

IMPORTANT: If a patient's middle name does not appear in the first name field, **do not** submit the middle name. Matching what Community First has in both the first name and last name fields will ensure you do not receive a Member name rejection.

You can also call Member Services at 1-800-434-2347 during business hours for eligibility verification.

COMMUNITY FIRST
HEALTH PLANS

Resources ▾ Patient Management ▾ Office Management ▾ Administration ▾


Billing
For claims submission purposes submit the member's name as follows:
First Name: Aaliya
Last Name: Ramos

Benefits And Eligibility As Of 22 Jul 2022 [Download PDF](#)

Aaliya Maria Ramos

DOB	Address	PCP
Gender		
Member ID		
Phone		

If you are still experiencing issues, please contact Provider Relations.
Email ProviderRelations@cfhp.com or call 210-358-6294.



NEW CLINICAL PRACTICE GUIDELINES RELEASED

Community First Health Plans has adopted new medical, behavioral health, and preventive health Clinical Guidelines for 2022.

Community First's Clinical Guidelines are based on up-to-date scientific knowledge and are able to be followed in daily medical practice.

Read Community First's [2022 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 Drive, Suite 100
San Antonio, Texas 78249

You may also fax the [Education Request Form](#) to 210-358-6199 or call 210-358-6055 to speak with a Community First Health Educator.

NEWLY ADOPTED CLINICAL PRACTICE GUIDELINES:

- > 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
- > RSV
- > Schizophrenia
- > Stroke

CASE MANAGEMENT: HOW WE CAN HELP YOUR PATIENTS

What is Case Management?

Community First Health Plans Case Management services and staff embrace a holistic approach to patient care.

Case Management is a key component of Community First Population Health Management's (PHM) strategy. Our Case Management program provides personalized services for Members who have complex medical needs and require a wide variety of resources to manage their health and improve their quality of life.

What is a Case Manager?

Community First Case Managers are trained registered nurses and social workers. Case Managers serve as the primary point of contact and collaborate with the Member, their family, and all relevant service providers to help the Member better understand their condition and to keep themselves healthy.

Case Management teams provide the Member with resources that can help them get the best care possible utilizing the right providers, in the right setting, and at the right time.

What Services Does Case Management Offer?

Case Management services include Complex Case Management, Care Coordination, and Service Coordination as described below:

- > Systematic assessment of the patient's medical, functional, and psychosocial needs.
- > System-based approach 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 Coordination

Care Coordination and Service Coordination are essential, ongoing sub-components of Community First's Case 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. Available services include oversight of transitions between and among Providers and settings, referrals to other clinicians, emergency department visit follow-ups, and facility discharge.

Our Commitment

Our Case Management team is committed to working with your patients, their families, and other members of their health care team to improve their overall health and help them obtain needed services.

Case Management Referral

If you would like to refer a patient whom you believe would benefit from Case Management, please complete our Case Management referral form.

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

A Case Manager will then contact the patient to discuss their individual health care needs.

If you would like to learn more about Case Management, please call Community First Population Health Management at 210-358-6050.



**PROUD
TO BE LOCAL**

**PROUD TO BE
YOUR PLAN.**

COMMUNITY FIRST
HEALTH PLANS



A Prescription for Wellness

Community First Health Plans Health & Wellness programs were designed to provide guidance to our Members so that they can achieve better health outcomes. A referral to our programs helps us complement your efforts as a caring, engaged Provider. Please review our family of programs below.

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

*Asthma kit, pillow cover, and \$10 gift card for qualifying Members who participate in Asthma Matters and complete required education.**

Diabetes in Control

Diabetes Management Program

- > Diabetes education classes
- > Information on how to control blood sugar
- > Tips for talking to Providers
- > Blood sugar testing and supplies
- > One-on-one access to a Health Educator
- > Referral to YMCA Diabetes Prevention Program including a complimentary four-month YMCA membership*

*Up to \$50 in gift cards for Members who participate in Diabetes in Control and complete required education and screenings.**

Healthy Expectations Maternity Program

- > One-on-one access to a Health Educator
- > Prenatal and postpartum education
- > Home visits for high-risk pregnancies
- > Virtual Mommy & Me baby shower

Up to \$120 in gift cards for completing prenatal services, up to \$30 reimbursement for birthing classes or toward a pregnancy-related item, and more for qualifying Members.

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 contact with a Health Educator
- > Referral to YMCA Weight Loss Program, including a complimentary 4-month YMCA membership*
- > Care Management for high-risk Members
- > Access to Zumba and other fitness classes at no-cost

Healthy Heart

Blood Pressure Management Program

- > One-on-one contact with a Health Educator
- > Referral to YMCA High Blood Pressure Self-Monitoring Program, including a free blood pressure cuff (while supplies last)
- > Care Management for high-risk Members

Refer a Patient

If you have a patient who could benefit from participating in one or more of our Health & Wellness Programs, we encourage you to contact Population Health Management at 210-358-6055 or email healthyhelp@cfhp.com.

You can also advise the patient to:

- > Take our online Health Assessment and/or Pregnancy Health Assessment available on our website at CommunityFirstHealthPlans.com/Health-and-Wellness-Programs, or
- > Email healthyhelp@cfhp.com, or
- > Call 210-358-6055 to speak with a Health Educator.

All Health & Wellness Programs are provided at no cost, and Members can opt out of a program at any time.

Community First also offers Members free, virtual education classes and a family of scholarship programs at CommunityFirstHealthPlans.com/Scholarships.

Community First strives to provide the best quality services to our Members. A referral to our family of Health & Wellness programs helps us complement your efforts as a caring, engaged Provider.

**Limits and restrictions apply.*

Electronic Visit Verification (EVV) Policy Handbook Updates

The Electronic Visit Verification (EVV) Policy Handbook has been revised as of September 1, 2022.

The following revisions are effective September 1, 2022 and are outlined in the [22-4 Revision Notice](#) which can be found at hhs.texas.gov.

The Handbook's policies include EVV standards and policy requirements for:

- > Program providers
- > Financial Management Services Agencies
- > Consumer Directed Services employers
- > Payers, such as HHSC and managed care organizations

If you have any questions regarding EVV policy, please email HHSC EVV Operations at evv@hhs.texas.gov.



The Results Are In!

Community First Puts Our Members First

Each January, Community First Health Plans develops an annual Quality Improvement Plan (QIP) to improve our services. Then, at the end of each year, we evaluate the results to help identify our successes, opportunities for improvement, and develop quality activities and programs for the following year.

This year's annual evaluation revealed improvement in key areas. These results help Community First move toward our goal of continuous improvement, problem resolution, and delivery of the highest quality health care and services in a safe manner.

Highlights of this year's QIP evaluation include:

- Successful implementation of innovative technological applications.
- The deployment of new and improved, user-friendly Member and Provider Portals.
- Member surveys revealed satisfaction with Service Coordination, Health Promotion and Wellness, and Care Management.
- Successful completion of the National Committee for Quality Assurance (NCQA) renewal survey process for health plan accreditation and Long-Term Services and Supports (LTSS) Distinction.
- Annual satisfaction survey revealed that Members are satisfied with Community First; rated in the top 90th percentile nationally for Medicaid Children and Commercial Adults.

- Providers surveyed indicated satisfaction with Community First above the 90th percentile in:
 - Overall Satisfaction
 - Health Plan Call Center Service Staff
 - Utilization and Quality Management
 - Likely to Recommend Community First to other Physicians' Practices

Opportunities identified and key goals for the future include:

- Successful re-procurement of the STAR and CHIP contracts.
- Procurement of the STAR+PLUS contract.

You can learn more details about Community First's performance on measures of clinical care and Member satisfaction by viewing the Measurement Year 2021 HEDIS® and 2022 CAHPS summary on the following page.

Healthcare Effectiveness Data and Information Set®

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of Americans' 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 (i.e., diabetes, asthma, heart disease), behavioral health care (i.e., depression), appropriateness/overuse of services, and value (i.e., 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, CHIP, and STAR Kids programs,

which were closely aligned to the state quality metrics, such as immunizations for children and adolescents, prenatal and postpartum care, and appropriate treatment for children with upper respiratory tract infection.

There are two types of measures in HEDIS:

1. Effectiveness of Care
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Effectiveness of Care – STAR & CHIP

Effectiveness of Care measures the focus on the quality of care Members received in the previous year. Measures are compiled using claims and medical record information.

The charts below list key areas where Community First scored in the 75th 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 Measurement Year 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.

With the fluctuations in utilization due to the COVID-19 pandemic, HEDIS® rates improved on many measures in Measurement Year 2021, but not to the level of the rates prior to the public health emergency in 2019. The pandemic highlighted inequities and disparities across segments of the population. Community First has developed a company-wide health equity strategy to address health disparities arising from factors such as social determinants of health.

Community First Measurement Year 2021 HEDIS® Effectiveness of Care Strengths STAR, CHIP, STAR Kids

Quality of Care Measure	STAR	CHIP	STAR Kids
Treatment for Upper Respiratory Infections	95 th	95 th	90 th
Immunizations for Adolescents	75 th	75 th	75 th

Community First Measurement Year 2021 HEDIS® Effectiveness of Care Strengths Commercial

Quality of Care Measure	Commercial
Comprehensive Diabetes Care – Blood Pressure Control	50 th
Immunizations for Adolescents	75 th

Consumer Assessment of Healthcare Providers and Systems

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey of Member experience. It measures Member satisfaction with their care through a rating of four main categories:

1. Overall health plan
2. Overall health care provided
3. Overall experience with the Member’s doctor
4. Overall satisfaction with care given by the Member’s specialist

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

Community First’s goal for the 2022 CAHPS survey was to score in the 90th percentile in each survey category or incrementally increase a survey category’s rating to the next percentile level each year until the goal is reached (e.g., move from the 25th percentile to the 33rd percentile).*

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



CAHPS Survey Categories	Medicaid Child	Commercial Adult
Rating of Health Plan	90th percentile	90th percentile
Rating of Health Care	66th percentile	66th percentile
How Well Doctors Communicate	90th percentile	66th percentile

Areas of opportunity for improvement include: *Getting Care Quickly*

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



COMMUNITY FIRST EARNS PERFECT NCQA ACCREDITATION SCORE

Every three years, Community First undergoes the National Committee for Quality Assurance (NCQA) survey process for health plan accreditation and distinction.

We are proud to announce that Community First earned the renewal accreditation status for the following:

Product Line/Product	Accreditation Status
Medicaid – HMO	Accredited
Commercial – HMO/POS Combined	Accredited
Long Term Services and Supports	Distinction

NCQA accredits health plans based on the 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. 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/re-credentialing for the Medicaid and Commercial products.

The results of the satisfaction surveys are also 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.

For more information about NCQA accreditation, please visit <https://www.ncqa.org/>.

COMMUNITY FIRST

HEALTH PLANS



FOLLOW US
FOLLOW US
FOLLOW US
FOLLOW US

Our Commitment to Care, Your Dedication to Deliver: STAR Kids SAI

STAR Kids Screening and Assessment Instrument (SAI)

We request your support in encouraging STAR Kids Members to participate in the Texas STAR Kids Screening and Assessment Instrument (SAI), which can provide them eligibility for Long-Term Services and Supports (LTSS).

The SAI also helps Community First Health Plans ensure that necessary services are in place to prevent gaps in care, unplanned hospitalizations, and reinforce Provider care plans.

Please be aware that if the patient elects to complete the SAI via telehealth rather than in-person, the Texas Health and Human Services Commission requires Community First to contact the patient's Provider to validate the information collected. Our staff will be contacting your office for assistance in these limited situations.

Preventive Care

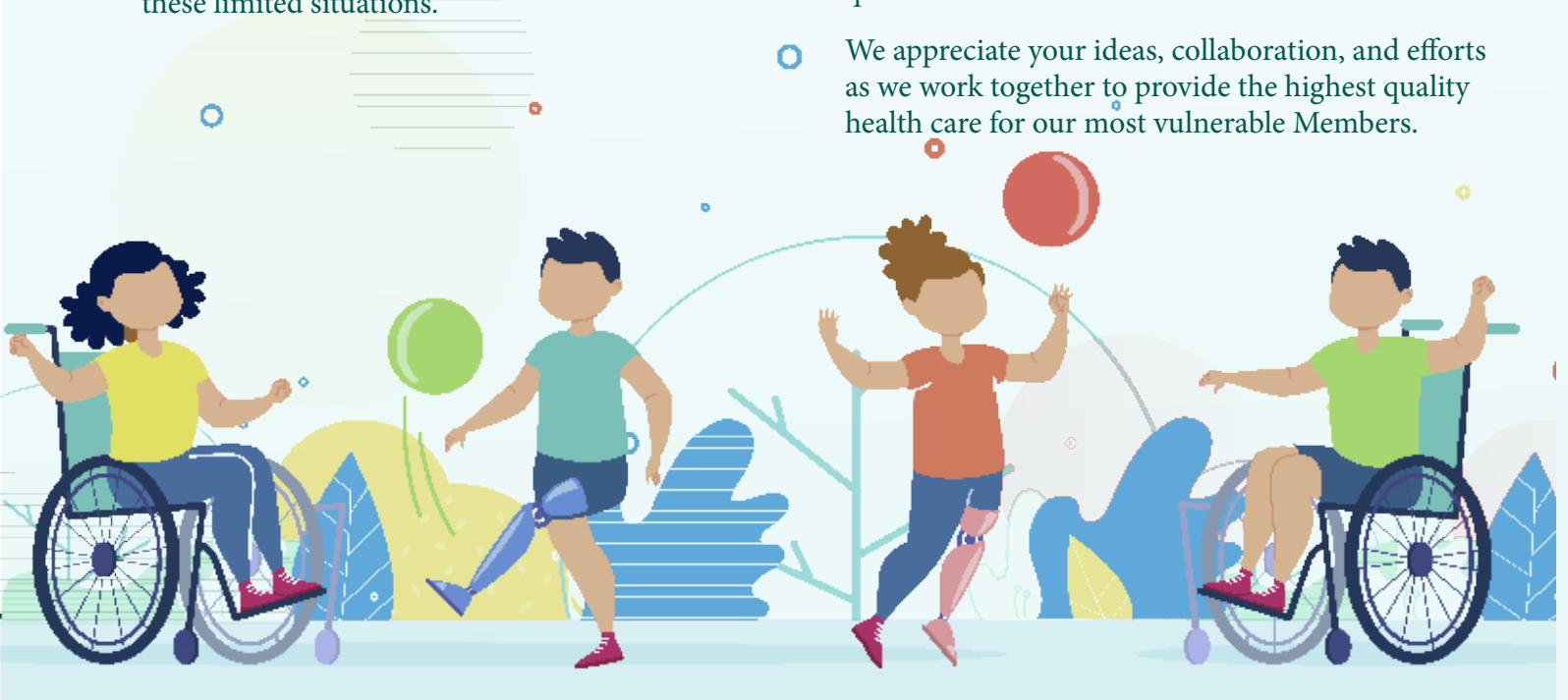
Community First has seen an increase in **potentially preventable admissions (PPA) and potentially preventable emergency department visits (PPV), exceeding pandemic rates.**

These utilization trends can be influenced by working together for the benefit of the Member.

- > We encourage you to speak with your patient about the importance of scheduling ongoing routine visits with you, the Provider.
- > Ensure they know how to access services during non-traditional business hours or when your practice does not have same-day availability

To support your efforts, Community First Service Coordinators will help Members navigate the health care system and troubleshoot to resolve any questions or concerns.

- We appreciate your ideas, collaboration, and efforts as we work together to provide the highest quality health care for our most vulnerable Members.





Autism Spectrum Disorder: A Provider's Role

Effective February 1, 2022, Applied Behavior Analysis (ABA) is a covered benefit for Texas Medicaid enrollees who have autism spectrum disorder (ASD). This groundbreaking change will impact families across Texas and allows children ages 20 and under coverage for ABA services.

ASD Diagnosis

A diagnosis of Autism Spectrum Disorder may be made by any one of the following Providers:

- > Developmental pediatrician
- > Neurologist
- > Psychiatrist
- > Licensed psychologist
- > Interdisciplinary team composed of a physician, physician assistant (PA), or nurse practitioner in consultation with one or more Providers who are qualified child specialists, have expertise in autism, and are in one of the following disciplines:
 - Any provider listed above
 - Licensed clinical social worker
 - Licensed professional counselor
 - Licensed psychological associate
 - Licensed specialist in school psychology
 - Occupational therapist (OT)
 - Speech-language pathologist (SLP)

Diagnosis of ASD must have been made within the past three years (or reconfirmation of diagnostic criteria and symptom severity if the initial diagnosis of ASD was made more than three years ago).

ASD Intervention

Texas Medicaid acknowledges that research and clinical practices in interventions for ASD are an evolving and dynamic field. As such, documentation to support the medical need for ASD services, including ABA services, may include:

- > Intervention techniques with a sound basis in discipline-specific, peer-reviewed literature, when available,
- > Interventions with specific applicability to the person's clinical and functional profile (including co-morbid conditions), and
- > An individualized, person-centered treatment plan that aligns with the values and preferences of the person with ASD and their family.

To learn more about documentation required for authorization of an ABA Initial Evaluation, review [Chapter 2.3 of the Texas Medicaid Provider Procedures Manual](#).

Your Flu Vaccine Recommendation **MAKES A DIFFERENCE**

As a health care professional, your strong recommendation is a critical factor in whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated.

The CDC suggests using the [SHARE method](#) to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations.

SHARE the reasons why an influenza vaccine is right for the patient given their age, health status, lifestyle, occupation, or other risk factors.

HIGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

ADDRESS patient questions and any concerns about influenza vaccines, including side effects, safety, and vaccine effectiveness in plain and understandable language. Acknowledge that while people who get an influenza vaccine may still get sick, there are studies that show that illness may be less severe.

REMIND patients that influenza vaccines help protect them and their loved ones from serious influenza illness and complications that can result in hospitalization or even death for some people.

EXPLAIN the potential costs of getting influenza, including potential serious health effects for the patient, time lost (such as missing work or family obligations), financial costs, and potentially spreading influenza to more vulnerable family or friends.

After making your recommendation, follow up with each patient during subsequent appointments to ensure they received their vaccine. If a patient still is unvaccinated, repeat the recommendation and try to identify and address any questions or concerns.

#HowIRecommend

Watch the [CDC's #HowIRecommend YouTube video series](#) to see how different clinicians use unique conversational styles and approaches to answering patients' questions or concerns about flu vaccination, with a common goal to ensure their patient's well-being.

Vaccines.gov

Enroll your practice on [Vaccines.gov](#) to ensure that your community has the most up-to-date information on available vaccine services. Throughout the flu season, you can share the amount of vaccine you have available. Register today to put your practice on the map.

Other Helpful Resources

- > Use [these resources](#) from Texas Department of State Health Services to educate parents and caregivers about the flu and the importance of getting their child vaccinated.
- > Use [these patient education materials](#) from the CDC to guide a seasonal flu campaign, including social media and print resources.

Provider Education & Training: 2023 Dates Now Available!



VIRTUAL LEARNING INSTITUTE
for PROVIDERS

With a new year comes new opportunities!

Community First Health Plans is committed to supporting our network of Providers by providing needed support, information, tools, and resources.

We have several initiatives designed to help you learn how to navigate our processes and procedures more efficiently. We invite you and your staff to take advantage of these resources.

Community First U Virtual Learning Institute for Providers

Community First U is located on the secure [Provider Portal](#). Log in to the portal with your username and password (or create an account if you have not done so already) to access guides divided into two categories: Informational and Learning. Community First U guides are available to view, download, or print from your computer or mobile device.

Provider Educational Sessions

Our Provider Educational Sessions are live, virtual education sessions conducted by our Provider Relations Department.

Below are the four topics we currently offer and a description of each:

- > **Provider Onboarding** – The history of Community First, our service area, membership, authorizations/claims, and more. (This session serves as an initial onboarding required for all new Community First Providers and a refresher for existing Providers.)
- > **Provider Forum** – A monthly overview of important news and updates relevant to Community First Providers.

- > **Provider Portal Overview** – How to access, navigate, and utilize the tools on the portal, including claim status search, claim and eligibility look-up, and claim appeal submissions.
- > **LTSS/EVV Overview** – An overview of the STAR Kids program, LTSS, EVV, and more.

These sessions are an excellent opportunity for both new and existing Providers and their office staff to learn how to better conduct business with Community First. View our 2023 schedule on page 17.

How to Sign Up

It's easy to sign up for the virtual session of your choice. Visit CommunityFirstHealthPlans.com/Provider-Educational-Sessions, view the schedule of upcoming sessions, and complete the online registration form. (If you are already logged in to the Provider Portal, you can sign up by clicking on the Community First U “Educational Sessions” tab.)

We are constantly striving to expand our resources and tools for Providers, so we welcome any feedback and suggestions you may have. Please call your Provider Relations Representative directly or contact our Provider Relations Department at 210-358-6294 or ProviderRelations@cfhp.com.

Dates for Provider Educational Sessions:



JANUARY:

January 20: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

January 27: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

FEBRUARY:

February 17: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

February 24: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

MARCH:

March 17: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

March 24: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

APRIL:

April 21: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

April 28: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

MAY:

May 19: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

May 26: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

JUNE:

June 16: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

June 23: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

JULY:

July 21: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

July 28: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

AUGUST:

August 18: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

August 25: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

SEPTEMBER:

September 15: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

September 22: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

OCTOBER:

October 20: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

October 27: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

NOVEMBER:

November 10: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

November 17: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

DECEMBER:

December 8: Provider Onboarding @ 1:30 p.m.
Provider Forum @ 2:30 p.m.

December 15: Provider Portal Overview @ 1:30 p.m.
LTSS/EVV Overview @ 2:30 p.m.

Sign up at CommunityFirstHealthPlans.com/Provider-Educational-Sessions

PROVIDER NOTICE



The Provider Enrollment and Management System (PEMS) was fully deployed on December 13, 2021. The system introduced new business rules for enrollment in Texas Medicaid.

Prior to the PEMS implementation, the provider billing effective date could be the Medicare enrollment effective date, the provider license date, or the application completion date (retroactive billing date). With PEMS implementation, new and re-enrolled provider agreement effective dates were upon signature of the agreements and required all screenings to be completed.

After further review, the Texas Health and Human Services Commission (HHSC), in collaboration with the Office of the Inspector General (OIG), decided to allow retrospective billing effective dates in certain circumstances, as outlined in the table on page 19.

The new policy applies to new enrollments and re-enrollments only.

The retroactive effective date appeared on the master provider file starting July 5, 2022. HHSC has directed Texas Medicaid & Healthcare Partnership to reprocess denied claims for providers. HHSC directs MCOs to allow for the reprocessing of claims for providers with the retroactive billing effective dates.

More information on PEMS can be found at [TMHP.com/topics/provider-enrollment](https://www.texasmedicaid.org/topics/provider-enrollment)

Questions? Contact Provider Relations:

Phone: 210-358-6294

Email: ProviderRelations@cfhp.com

RETROACTIVE BILLING ALLOWANCES TABLE

Applies to	Retroactive Billing Allowed?	Allowance	Criteria
Medicare Enrolled Providers with same Risk Category as Medicaid	Yes	The later of either the: <ul style="list-style-type: none"> > Medicare Certification Date > License Effective Date > One (1) Year 	The following information must match between Medicaid and Medicare: <ul style="list-style-type: none"> > Name (Individual or Entity) > SSN (Last 4) or Tax ID Number > Owners (All 5% +) > Practice Location > NPI > Risk Category
Medicare Enrolled Providers with Higher Risk Category in Medicaid	No	Billing allowed only after the OIG completes all federally required screenings and recommends enrollment approval.	Elevated Medicaid Risk Categories Occur When: <ul style="list-style-type: none"> > Medicaid overpayment over \$1,500 not currently under appeal or part of a payment arrangement. > Exclusion or Credible Allegation of Fraud within the past 10 > Moratorium lifted in the past six months
Medicaid-Only Providers	Based on Risk level	Moderate and High risk: Billing allowed only after the OIG completes all federally required screenings and recommends enrollment approval. Limited risk: Billing allowed back to provider application date	Provider isn't enrolled in Medicare; nothing to leverage. Limiting risk to state based on provider risk level.

Community First Expands Health Plan Options



For nearly 30 years, Community First has offered low and no-cost health plans designed for children, expecting mothers, and individuals with disabilities. We are proud to have touched the lives of over 3 million individuals since 1995.

Now, to serve even more members of our community, we are offering two new health plan options: **University Community Care Plan by Community First** through the Health Insurance Marketplace® and **Community First Medicare Advantage Alamo Plan** for Bexar County seniors.

UNIVERSITY COMMUNITY CARE PLAN COMMUNITY FIRST

University Community Care Plan (UCCP) is a new plan on the Health Insurance Marketplace® offering high-quality health care coverage for individuals and families in Bexar County.

What makes UCCP different than other health plans on the Marketplace?

University Community Care Plan offers Members:

- > \$0 deductible*
- > Access to network specialists without a referral
- > Telehealth services
- > Mail order prescription drugs
- > In-home urgent care services

UCCP Members also receive access to additional free resources to help prioritize their health and well-being, such as:

- > 24/7 Nurse Line
- > Health & Wellness Programs
- > Virtual financial wellness classes
- > Pregnancy support
- > Mental health resources
- > Scholarship opportunities

Who qualifies for coverage under UCCP?

To qualify, Members must live in Bexar County, Texas, be a U.S. citizen, and cannot be incarcerated.

When is open enrollment?

Open enrollment for 2023 is from November 1, 2022 through January 15, 2023.

Some individuals may also qualify for a Special Enrollment Period if they've experienced certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child, or if their household income is below a certain amount.

Learn more about enrollment periods at [Healthcare.gov](https://www.healthcare.gov).

How can someone enroll?

Individuals can enroll through our website at [CommunityFirstMarketplace.com](https://www.CommunityFirstMarketplace.com) or on [Healthcare.gov](https://www.healthcare.gov) by searching University Community Care Plan by Community First.

How can my practice join the UCCP network?

University Community Care Plan is an Exclusive Provider Organization (EPO).

Our EPO network is comprised of nationally recognized UT Health specialty providers and outpatient health care centers across Bexar County, including University Health Texas Diabetes Institute, in addition to our Level I Trauma Center, University Hospital.

If your practice would like to join our network, please visit [CommunityFirstMarketplace.com](https://www.CommunityFirstMarketplace.com) and complete an electronic Letter of Interest under the "Provider" dropdown menu.

COMMUNITY FIRST

MEDICARE ADVANTAGE

ALAMO PLAN

Our Medicare Advantage Alamo Plan goes beyond what Original Medicare offers, acting as an all-in-one plan providing everything seniors need to live their healthiest lives.

How is Medicare Advantage Alamo Plan different from Original Medicare?

- > Original Medicare only includes Part A and Part B coverage. Prescription drug coverage must be paid for separately.
- > Medicare Advantage Alamo Plan offers Part A, Part B, and Part D coverage and a yearly out-of-pocket limit. Original Medicare does not have a limit.

The biggest difference is that Medicare Advantage Alamo Plan offers extra benefits that Original Medicare does not cover, including:

- Hearing Coverage: \$0 copay for annual hearing test, fitting/evaluation for hearing aid; \$1,200 toward hearing aids each year
- Dental Coverage: \$0 copay for oral exams, cleanings, fluoride treatments, dental X-rays, non-routine care, diagnostic services, restorative services, periodontics, extractions, and prosthodontics/oral surgery/other services
- Fitness Coverage: Free YMCA membership
- Over-the-Counter Benefit: Debit card in the amount of \$50 to spend on health and wellness items.

Who qualifies for Medicare Advantage Alamo Plan?

- > Seniors ages 65 years old and up who live in Bexar County, Texas.
- > Disabled individuals receiving Social Security Disability Insurance (SSDI) or Railroad Retirement disability payments.
- > Individuals with End-Stage Renal Disease (ESRD) who require dialysis or a kidney transplant.
- > Individuals diagnosed with ALS, also known as Lou Gehrig's disease.

When are the enrollment periods?

Initial Enrollment Period: When an individual first becomes eligible for Medicare, they can join a plan.

Open Enrollment Period: From October 15 – December 7 each year, an individual can join, switch, or drop a plan.



Medicare Advantage Open Enrollment Period:

From January 1 – March 31 each year, if an individual is enrolled in a Medicare Advantage Plan, they can switch to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan).

How can someone enroll?

Community First has enrollment specialists who can help interested parties learn more about our Medicare Advantage Alamo Plan, including how they can join. Call 1-833-434-2347 or visit us online at CommunityFirstMedicare.com.

How can my practice join the Medicare Advantage Alamo Plan network?

Medicare Advantage Alamo Plan is an HMO.

If your practice would like to join our network, please visit CommunityFirstMedicare.com and complete an electronic Letter of Interest under the “Provider” dropdown menu.

Community First also offers a Dual-Eligible Special Needs Plan (D-SNP) designed for people with certain conditions or diseases or those with low incomes. Our Medicare Advantage Alamo Plan D-SNP Members

receive all the benefits included with the Medicare Advantage Alamo Plan in addition to extra services to help manage their health care needs, including an Interdisciplinary Care Team, a Care Coordinator, and an Individualized Care Plan.



NEW PAPER CLAIMS MAILING ADDRESS

Providers have the right to appeal the denial of a claim by Community First Health Plans. Providers are encouraged to fill out and submit a Claim Appeal Form electronically. To do so, log into the [Community First Provider Portal](#), click on the "Office Management" tab, and complete the "Community First Claim Appeal Form."

If you prefer to submit your appeal by mail, send the completed form, a copy of the EOP, along with any information related to the appeal to our NEW paper claims mailing address at:

Community First Health Plans
P.O. Box 240969
Apple Valley, MN 55124

Please note: Appeals submitted without the Claim Appeal Form or with inaccurate or incomplete information will be rejected. The Provider will receive a rejection notification from our Provider Relations Department. If you have any questions, please contact Provider Relations at **210-358-6294** or ProviderRelations@cfhp.com.

DENIALS OF COVERAGE

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 results 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 UM criteria utilized to make a decision can be obtained upon request by contacting Population Health Management (PHM) at 210-358-6050, Monday through Friday, from 8 a.m. to 5 p.m. and press "3," when prompted, for authorization to request this information.

Community First's UM staff is also available Monday through Friday, 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 received after hours are handled by an on-call nurse through our 24/7 Nurse Advice Line.

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.

Members who need language assistance or TDD/TTY services to discuss concerns regarding UM or any concern involving medical and or behavioral health services should call 1-800-434-2347 (TTY 1-800-390-1175) and we will be happy to provide assistance.



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/vaccines/vpd/hpv/hcp/recommendations.html>.

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

Primary care providers, please note: IMA 2 is a 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 preteen 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.dshs.texas.gov/immunization-unit/immtrac2-texas-immunization-registry>

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

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 auxiliary aids and services to people with disabilities to communicate effectively with our organization, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other written formats)

Community First Health Plans also 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 auxiliary services, please contact Community First Member Services at 1-800-434-2347. TTY (for hearing impaired) at 210-358-6080 or toll free 1-800-390-1175.

If you wish to file a complaint regarding claims, eligibility, or authorization, please contact Community First Member Services at 1-800-434-2347.

If you feel that Community First Health Plans failed to provide free language services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can contact the Chief Compliance & Quality Officer by phone, fax, or email at:

Susan Lomba
Chief Compliance & Quality Officer
Phone: 210-510-2463, TTY number: 1-800-390-1175
Fax: 210-358-6014
Email: slomba@cfhp.com

You may 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>.

You may also file a complaint 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
Phone: 1-800-368-1019, TDD number: 1-800-537-7697

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

Aviso de no discriminación

Community First Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual. Community First Health Plans no excluye o trata de manera diferente a las personas debido a raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual.

Community First Health Plans proporciona asistencia y servicios gratuitos a personas con discapacidades para comunicarse efectivamente con nuestra organización, como:

- Intérpretes calificados de lenguaje de señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Community First Health Plans también ofrece servicios gratuitos lingüísticos a personas cuyo idioma principal no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita recibir estos servicios auxiliares, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347. TTY (para personas con problemas auditivos) al 210-358-6080 o al número gratuito 1-800-390-1175.

Si desea presentar una queja sobre reclamos, elegibilidad, o autorización, comuníquese al Departamento de Servicios para Miembros de Community First al 1-800-434-2347.

Si cree que Community First Health Plans no proporcionó servicios lingüísticos gratuitos o fue discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, u orientación sexual, puede comunicarse con la directora del calidad y cumplimiento por teléfono, fax, o correo electrónico al:

Susan Lomba
Directora de calidad y cumplimiento
Teléfono: 210-510-2463, línea de TTY gratuita: 1-800-390-1175
Fax: 210-358-6014
Correo electrónico: slomba@cfhp.com

También puede presentar un queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos de manera electrónica a través del portal de quejas de derechos civiles, disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

También puede presentar una queja por correo o por teléfono al:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

Teléfono: 1-800-368-1019, línea de TDD gratuita: 1-800-537-7697

Los formularios de queja están disponibles en:
<http://www.hhs.gov/ocr/office/file/index.html>.

COMMUNITY FIRST HEALTH PLANS

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.

لا نإف تامدخ اس م لا قدع وغل ل لاة يوت ت ف ك ل . ن اجم ل ا ب ل ص تا ر ب م ق 1-800-434-2347 م قر
تا ه م ص ل ل او: 1-800-390-1175 : ةظوح ل م اذا تن ك شدحت ت ر كذا، ةغل ل

پآ را ود وب ے ل، سی ہ و ت پآ و ک نا بز ی ک دم ی ک تامدخ تف م سی م بای ت س دی ہ ل ا ک
راد ر گا : 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 दः यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध
है। 1-800-434-2347 (TTY: 1-800-390-1175) पर कॉल कर।

امش ی ارب ناگی ار تروصب ی نابز تالی هست ،دی نک یم وگتفگ ی سراف نابز هب رگا : هجوت
اب . دش اب یم مه ارف 1-800-434-2347 (TTY: 1-800-390-1175) دیری گب سامت

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

ध्यान दें: यद आप हदी 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, ໂດຍບໍ່ຄ່າ,
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-434-2347 (TTY: 1-800-390-1175).

27 YEARS

3 MILLION *lives impacted*

COMMUNITY FIRST
HEALTH PLANS



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