



**Texas Children's  
Health Plan**

*The best decision a family can make.*

# Provider NEWS



October 2009

## Houston Dynamo player helps TCHP promote the Keep Fit Program



Houston Dynamo player Erik Ustruck will serve as the official spokesperson for the Keep Fit Program as part of Texas Children's Health Plan's partnership with the Houston Dynamo.

TCHP hopes Ustruck's involvement will help recruit new members for the program and promote upcoming events through flyers, ads and feature articles in member newsletters.

He made an appearance at the Keep Fit nutrition class on October 10.

The Keep Fit Program is a FREE healthy lifestyle and weight management program. The program helps our members and their families make healthy food choices and get moving. It promotes a balance between food intake and physical activity.

The Keep Fit Program includes parent and child classes, educational mailings (in English and Spanish), access to community programs that promote physical activity and giveaways. Some members may qualify for fitness sessions and health coaching.

The Keep Fit Program is for all Texas Children's Health Plan members of any age who are overweight or obese (have a documented BMI percentile of greater than the 85<sup>th</sup> percentile according to age and gender). In addition to the Keep Fit

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Texas Children's Health Plan, Inc.  
P.O. Box 301011, NB 8301  
Houston, Texas 77230

# From the Medical Director

Over the past several months your Provider Relations Manager has been talking to you about reducing ER utilization and the new incentive program TCHP rolled out last November. We all understand how difficult it is to educate the population about correct ER utilization and I'm happy that you all have embraced our new program.

This quarter is the first quarter we have paid out based on improvement scores. I thought this would be a perfect opportunity to share with you some of the statistics surrounding this program. As you may know, in order to be eligible for this program you must have a panel size of at least 500 STAR members. Currently, we have 90 primary care providers that qualify for this program.

Our first goal in this program was to increase the number of after hours you provide. We believe that your patients will access your services, rather than the ER, if you have after hours available. If you provide after hours you can receive an additional \$5,000 a quarter. To date, 48 primary care providers offer after hours. This quarter TCHP has paid a bonus of \$240,000 to those primary care providers.

Our second goal was focused on top performers. We recognize some of you already are performing at your best and may not have a lot of room to improve. So, if you were in the top quartile of performers you received \$10,000. We have 14 top performers and this quarter we paid a bonus of \$140,000 to those primary care providers.

And finally, this quarter we paid out a bonus for improvement scores. With this goal we were looking for you to reduce your ER utilization by at least 5 percent from the benchmark quarter. I am pleased to say that 55 primary care providers improved their scores and we paid out a total of \$335,019 to those primary care providers. The highest payout for this goal was a staggering \$16,936 and the lowest payout was \$1,339.

This quarter TCHP paid back to you bonuses totaling \$715,019. While that is a lot of money, it is important for us to recognize the hard work you and your office staff do on a daily basis to help reduce unnecessary trips to the emergency room.

Thank you and congratulations!

Angelo P. Giardino, MD, PhD, MPH  
Medical Director

<b>TCHP ER Reduction Bonus Summary</b>	<b>Number of primary care providers receiving bonus</b>	<b>Total bonus amount</b>
Goal 1: After hours	48 of 90	\$240,000
Goal 2: Top performers	14 of 90	\$140,000
Goal 3: Improvement from benchmark quarter	55 of 90	\$335,019
<b>Total bonus amount:</b>	<b>76 of 90 receive a check</b>	<b>\$715,019</b>

## Appropriate use of Modifier 59

Modifier 59 is used to distinguish a separate procedure performed in addition to a primary procedure on the same day by the same provider.

TCHP uses McKesson's Clear Claim Connection to validate appropriate coding on claims. Claim Check is configured according to CMS coding guidelines.

If you receive a denial using Modifier 59, you should:

- Submit a claims appeal at least 120 days from the date of the denial, using the claims appeal cover sheet from the Provider Handbook and include the appropriate medical records showing the procedure is separate and distinct.
- Mail the claims appeal to the following address:

### TCHP CHIP

Attn: Appeals  
PO Box 301011  
Houston, Texas 77230-1011

### TCHP STAR

Attn: Appeals  
PO Box 300286  
Houston, Texas 77230-0286

# Building relationships help TCHP physician keep members out of the ER

As part of our Provider Incentive Program, each quarter Texas Children's Health Plan pays a bonus to physicians who reduce the number of TCHP members who go to the ER for unnecessary visits.

Dr. Forough Farizani was one of 90 primary care physicians who qualified for the Provider Incentive Program. She met all three goals of the program and received a bonus on July 31, 2009.

We talked to Dr. Farizani to find out how she manages to keep her patients out of the ER.



**Dr. Forough Farizani**  
**Practice:** Hillcroft Physicians, PA  
6400 Hillcroft St.  
Houston 77081  
**Years at current location:** 11 years  
**Hours of operation:** M-F 8:30-5:30;  
S 9-1  
**Staff:** 18 full time  
**Patient visits per day:** 150

**Q. How many years have you been at this location?**

A. I started my practice at this location in 1998.

**Q. How many employees work in your office?**

A. We have 18 full time staff, three full time physicians, two physician assistants, one part time physician assistant, one phlebotomist and one x-ray technician.

**Q. When did you start offering extended hours to your patients?**

A. We have been offering extended hours to our patients since we opened.

**Q. How do you educate your patients/families about the appropriate use of the emergency department?**

A. We educate our patients during our visit with them. We are also on call 24 hours a day, seven days a week. They can call our answering service, and we encourage them to come to our office when we open if it's not an emergency.

**Q. What techniques do you use to keep your emergency department utilization at such a low rate?**

A. By educating our patients and being on call 24 hours a day, seven days a week. Usually they [patients] do follow up with us after they leave the emergency room. The

emergency room physician usually tells them to follow-up with their physician in a few days.

**Q. How many of your patients are walk in versus appointment only?**

A. About 50 percent of our patients are walk in and 50 percent are appointment only patients.

**Q. What ideas can you give other providers to decrease no show/patient compliance with appointments?**

A. Have a responsible staff to call and remind patients about their appointments. Establish a good caring relationship with the person. They will be able to trust you and feel comfortable.

**Q. How do you use community resources available to you?**

A. If our patients are not aware we tell them about services like transportation and we give them the phone number. Over time, we have established a good relationship with childcare and community organizations like Catholic Charities, Harris County Refugee Center and schools in the area; and sometimes we refer them back to these centers. We have refugees or other people that are new in town that don't know their way around. We do a lot of social work here.

**Q. What communication tools, such as the internet, do you use to educate your patients?**

A. Our staff does a lot of interoffice education. Face-to-face education is the best. If we give our patients a brochure to read that works a whole lot better than telling them to go to the website and look it up. Some people may not have access to a computer.

**Q. Do you have any success stories that you could discuss regarding a behavior change in one of your patients or a particular group?**

A. Over the past 12 years, my established patients that started here are sending their family members. I am see second and sometimes third generation family members in my clinic.

Our patients are comfortable with our office staff and practitioners. Our staff has longevity, which is important to our patient population. This enables them to develop relationships. Building a patient and doctor relationship is very important. They listen and take the advice that is given.

## Vaccination recommendations for the new H1N1 flu virus

Every flu season has the potential to cause a lot of illness, doctor's visits, hospitalizations and deaths. The CDC is concerned that the new H1N1 flu virus could result in a particularly severe flu season this year.

Vaccines are the best tool we have to prevent influenza. The CDC hopes that people will start to go out and get vaccinated against seasonal influenza as soon as vaccines become available at their doctor's offices and in their communities. The seasonal flu vaccine is unlikely to provide protection against H1N1 influenza.

The H1N1 vaccine is not intended to replace the seasonal flu vaccine—it is intended to be used along-side seasonal flu vaccine.

The CDC's Advisory Committee on Immunization Practices (ACIP) met July 29 to make recommendations on who should receive the new H1N1 vaccine when it becomes available. The groups recommended to receive the H1N1 influenza vaccine include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.
- Household staff and caregivers for children younger than 6 months of age because younger infants are at higher risk of

influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus.

- Health-care and emergency medical services personnel because infections among health-care workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health-care system capacity.
- All people from 6 months through 24 years of age.
  - Children from 6 months through 18 years of age because we have seen many cases of H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread.
  - Young adults 19 through 24 years of age because we have seen many cases of H1N1 influenza in these healthy young adults and they often live, work and study in close proximity, and they are a frequently mobile population.
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Source: [www.cdc.gov](http://www.cdc.gov)

## Vaccination recommendations for seasonal flu

Vaccination is the best method for preventing flu and its potentially severe complications in children. The Center for Disease Control (CDC) recommends that all children from 6 months through 18 years of age get a flu vaccine. The CDC also recommends that people in contact with certain groups of children get a flu vaccine in order to protect the child in their lives from the flu.

The CDC recommends the following contacts of children for influenza vaccination:

- Close contacts of children younger than 5 years old. People who live with them should get a flu vaccine.
- Out-of-home caregivers (nannies, daycare providers, etc.) of children younger than 5 years old should get a flu vaccine.
- People who live with or have other close contact with a child or children of any age with a chronic health problem (asthma, diabetes, etc.) should get a flu vaccine.
- In addition, the CDC recommends that all health care workers be vaccinated each year to keep from spreading the flu to their patients.

For information about other people recommended for vaccination, either because they are at high risk for serious flu-related complications, or because they are contacts of high-risk people, visit [www.cdc.gov/flu](http://www.cdc.gov/flu).

Source: [www.cdc.gov](http://www.cdc.gov)

## Register to become an H1N1 vaccine provider

The Texas Department of State Health Services (DSHS) will be coordinating the distribution of the H1N1 vaccine. The vaccine will not be distributed via the usual private sector channels but will be made available through DSHS only.

All health-care providers in Texas who would like to vaccinate against this disease are encouraged to register.

To register to become an H1N1 vaccine provider, go to [texasflu.org](http://texasflu.org). Scroll down to Health Care Professionals, then click on the Healthcare Provider Registration-Texas Novel H1N1 Vaccine link.

**Comprehensive Health Screening\* - Birth to 10 Years**

Age	HISTORY	Measurements					Vision Screening (vision acuity)	Hearing Screening (audiometric screening)	Comprehensive Unclothed Physical Examination	Nutritional Screening	Developmental Screening				Appropriate Immunizations According to age and health history		Laboratory Tests			TB Skin Testing / risk screening tool*	Dental Referral	Health Education to include Anticipatory Guidance	
		Length	Height	Weight	BMI	Fronto-Occipital Circumference					Blood Pressure	Developmental Screening: ASQ or PEDS	Developmental Screening: ASQ or ASQ-SE or PEDS Autism	Screening: MCHAT	Mental Health Screening	Screen Immunization Status	Administer Immunizations according to ACIP Guidelines	Newborn Hereditary / Metabolic Testing	Lead Screening				Anemia
Newborn	•	•		•		•		•	•	•					•	•	•						•
3-5 days	•	•		•		•			•	•					•	•							•
2 weeks	•	•		•		•			•	•					•	•	•						•
MONTHS	2	•	•		•				•	•					•	•							•
	4	•	•		•				•	•					•	•							•
	6	•	•		•				•	•					•	•						•	•
	9	•	•		•				•	•	•				•	•							•
	12	•	•		•				•	•	○				•	•		•	•			•	•
	15	•	•		•				•	•					•	•		○					•
	18	•	•		•				•	•	•			•	•			○					•
	24	•	•		•				•	•	•				•	•		•	•				•
	30	•	•		•				•	•	○				•	•		○					•
YEARS	3	•		•	•				•	•	•				•	•		○					•
	4	•		•	•			•	•	•		•			•	•		○			•		•
	5	•		•	•				•	•				•	•			○					•
	6	•		•	•				•	•				•	•			○					•
	7	•		•	•				•	•				•	•								•
	8	•		•	•				•	•				•	•								•
	9	•		•	•				•	•				•	•								•
	10	•		•	•				•	•				•	•								•

\*Comprehensive Health Screening is defined as the complete screening of the child and includes subjective/functional screening of those components when a standardized tool or screening method is not required. The components of the checkup must be age-appropriate and specific based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. If a component is not completed at the required age, then the provider must complete at the next checkup, if age-appropriate and whenever medically necessary.

\*\*TB screening: In counties designated as having a high incidence of TB, administer an intradermal skin test at ages 1, 4 and 11 years of age. In all other counties, administer the DSHS approved questionnaire at ages 1, 4, and 11 years.

Legend of Symbols	
•	Indicates a component is mandatory to complete during the checkup
○	Indicates that the component should be completed during the checkup if it was not completed at a previous checkup or if there are any provider and/or parental concerns.

**Comprehensive Health Screening\* - 11 to 20 Years**

Age	HISTORY	Measurements				Vision Screening (vision acuity)	Hearing Screening (audiometric screening)	Comprehensive Unclothed Physical Examination	Nutritional Screening	Mental Health Screening	Appropriate Immunizations According to age and health history		Laboratory Tests				TB Skin Testing / risk screening tool**	Dental Referral	Health Education to include Anticipatory Guidance
		Height	Weight	BMI	Blood Pressure						Screen Immunization Status	Administer Immunizations according to ACIP Guidelines	Anemia	Hyperlipidemia (at 11 years and then as indicated)	STD Screening and HIV test (as indicated)	PAP Smear (or referral) (as indicated)			
YEARS	11	●	●	●	●	●		●	●	●	●	●				●	●	●	
	12	●	●	●	●	●	●	●	●	●	●	●				○	●	●	
	13	●	●	●	●	●		●	●	●	●	♀				○	●	●	
	14	●	●	●	●	●		●	●	●	●	○					●	●	
	15	●	●	●	●	●	●	●	●	●	●	●					●	●	
	16	●	●	●	●	●		●	●	●	●	●					●	●	
	17	●	●	●	●	●		●	●	●	●	●					●	●	
	18	●	●	●	●	●	●	●	●	●	●	●					●	●	
	19	●	●	●	●	●		●	●	●	●	●					●	●	
	20	●	●	●	●	●		●	●	●	●	●					●	●	

\*Comprehensive Health Screening is defined as the complete screening of the child and includes subjective/functional screening of those components when a standardized tool or screening method is not required. The components of the checkup must be age-appropriate and specific based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. If a component is not completed at the required age, then the provider must complete at the next checkup, if age-appropriate and whenever medically necessary.

\*\*TB screening: In counties designated as having a high incidence of TB, administer an intradermal skin test at ages 1, 4 and 11 years of age. In all other counties, administer the DSHS approved questionnaire at ages 1, 4, and 11 years.

Legend of Symbols	
●	Indicates a component is mandatory to complete during the checkup
○	Indicates that the component should be completed during the checkup if it was not completed at a previous checkup or if there are any provider and/or parental concerns.
♀	Screening is mandatory for females only

## TCHP shuts down DST system

In May 2008, Texas Children's Health Plan implemented TouCHPoint, our new claims payment system. To date, we have maintained our old system to process claims with dates of service prior to May 1, 2008. However, at the end of the year, we plan to shut down our old claims payment system.

If you have any outstanding claim balances with dates of service prior to May 1, 2008, you must submit the appeal by September 30, 2009. We will be unable to process claims received after September 30, 2009 if they relate to dates of service prior to May 1, 2008. As communicated in the letter you received on August 31, 2009, we should have received all referenced appeals by September 30, 2009.

Please remember that appealed claims must meet the timely filing requirements. To meet timely filing requirements, claims must be submitted within 95 days of the date of service and appealed within 120 days of the denial date. Texas Children's Health Plan requires valid proof of timely filing. Proof of timely filing can be:

- A rejection/denial on TCHP letterhead.
- An explanation of benefits from another carrier.
- An electronic data interchange acceptance/rejection report.
- A certified mail receipt and claim detail cover log.

If you have any questions or outstanding issues regarding this matter, please call 832-828-1008.

## Help us identify pregnant moms

Did you know that Texas Children's Health Plan pays you a provider incentive every time you help us identify a newly pregnant member? Identifying TCHP members in the early stages of their pregnancy is essential to providing the best health care services for mom and baby. By notifying us, we can quickly enroll pregnant members in our STAR Babies Program and identify high-risk members for case management.

Notify us today using the TCHP website! You will receive a provider incentive after each member's initial prenatal visit.

Just follow these four simple steps:

- Log on to [www.TexasChildrensHealthPlan.org](http://www.TexasChildrensHealthPlan.org).
- Click on the providers' link on the left side of the page.
- Click on the pregnancy notification form.
- Complete the pregnancy notification form and click the submit button.

Once you notify us, you will receive:

- First trimester notification—\$40 per member
- Second trimester notification—\$30 per member
- Third trimester notification—\$20 per member

For more information about the Pregnancy Notification Form, call your Provider Relations Manager at 832-828-1008.

## AHRQ offers Spanish language resources

*Consejos de Salud Para Tí* (Health Advice for You) is a new monthly online health advice column for Spanish-speaking consumers.

The column provides evidence-based tips on preventive health, safe and appropriate use of medications, ways to get better health care, and other key health-care issues.

The column is part of AHRQ's Información en Español website located at [www.ahrq.gov/consumer/espanoix.htm](http://www.ahrq.gov/consumer/espanoix.htm), which has been enhanced and now includes audio and video in Spanish on a wide range of health care issues. The website includes more than 35 consumer guides on health-care quality, surgery, health conditions and diseases, how to quit smoking, safe use of medicines, understanding health insurance options and prevention and wellness.

The 30 and 60-second audio spots on the website focus on comparisons of pills for type 2 diabetes, pain medicines for osteoarthritis, tips for preventing blood clots, safe and effective use of blood thinner pills, tips on how to quit smoking, preventive health and more.

The website also features "Superhéroes," a national public service campaign developed in partnership with the Advertising Council to encourage Hispanics to become more involved in their health care.

Sign up for e-mail updates from AHRQ at [www.ahrq.gov/consumer/espanoix.htm](http://www.ahrq.gov/consumer/espanoix.htm).

# 2009-2010 physician guidelines for preventive Respiratory Syncytial Virus care

Texas Children's Health Plan follows Texas Health and Human Services/Medicaid guidelines for the administration of Synagis, an immunization developed to prevent infection caused by Respiratory Syncytial Virus (RSV).

Physicians bill TCHP for administration charges for both CHIP and STAR; however, billing for the drug is different for both programs.

A PCP or a specialist may administer Synagis in an office setting. A PCP should not refer patients to a specialist for the sole purpose of having a Synagis injection administered.

## **STAR Members: TCHP pays administration only**

Physicians must follow the prior authorization process developed through Vendor Drug Program. Prior authorization forms can be downloaded from <http://www.hhsc.state.tx.us/HCF/vdp/Synagis.html>.

A full explanation of the process is provided on this website. An authorization is not required from Texas Children's Health Plan.

## **CHIP Members: TCHP pays for Synagis and administration**

Synagis is not covered through the Vendor Drug Program for CHIP members; therefore, physicians are required to obtain a prior authorization from Texas Children's Health Plan. This should be submitted to TCHP Utilization Management three to five days prior to the scheduled date of service. TCHP authorization recommendations will follow current state Medicaid guidelines.

The following clinical information is required for an authorization request to be considered:

- Birth date and gestational age at birth
- Current clinical information (for example, risk factors such as lung problems, exposure to second hand smoke, day care attendance)
- Presence of siblings at home

The CPT codes for Synagis are:

- Synagis-90378 (per 50 mg)
- Administration-96372

Physicians, who elect to subcontract the administration of Synagis, or any other medical service, should take special care to educate subcontractors about TCHP's authorization requirements and to ensure billing is submitted under the appropriate vendor name and tax identification number. Services that are not properly authorized or billed by a subcontracted provider will not be eligible for payment.

Call your Provider Relations Manager at 832-828-1008 with questions.

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## Developmental and autism screenings added to Texas Health Steps exams

Texas Medicaid & Healthcare Partnership (TMHP) has approved the addition of autism and developmental screenings using specific, standardized screening tools. Developmental screening is a federally mandated component of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and is currently a part of Texas Health Steps exams.

Standardized screening for autism is a new benefit, because the existing developmental screenings may not detect behavior that would identify the need for further evaluation for autism. Therefore, both screenings are needed in order to determine the

progress of a child and for evaluation of indicators that the child may be either developmentally delayed or autistic.

Please note that these screenings will need to be billed separately from the checkup when performed on the same day. While developmental screening is a required component of Texas Health steps visits, Medicaid currently does not reimburse separately for developmental or autism screening.

For more information or to request a copy of the new periodicity schedule, call 832-828-1008.

## Houston Dynamo player helps TCHP promote the Keep Fit Program (continued)

Program, TCHP offers the Keep Fit Club for overweight or obese Texas Children's Health Plan members between 10 and 18 years old. The Keep Fit Program is FREE and you can refer patients to Keep Fit by:

- Faxing a referral form to TCHP.
- Calling 832-828-1430.
- Having the member's parent call 832-828-1430.

A referral form is not mandatory. If you decide to fax one, you can download the referral form from [TexasChildrensHealthPlan.org/Providers](http://TexasChildrensHealthPlan.org/Providers). Click on Downloadable forms and select Case Management referral form.

In order to promote a Medical Home, we have asked all members that contact us directly to inform you as well.

### Upcoming Keep Fit Program fall nutrition classes

Texas Children's Health Plan members can attend a FREE seven-week program on staying fit and making good food choices.

#### Who:

TCHP members who are 10-18 years old and need help losing weight.

#### What:

TCHP members will exercise for an hour with a fitness trainer and attend a 30-minute nutrition class.

#### When:

Saturdays: October 10, 17, 24, 31 and November 7, 14, 21 from 9:30 a.m. to 12 p.m.

#### Where:

Freed Community Center  
6818 Shadyvilla Lane  
Houston 77055  
713-682-4467

To register for this upcoming program, members should call 832-828-1430.

## Changes to the FP Modifier

Effective July 1, the FP Modifier is required for all family planning visits.

Providers must use the FP Modifier to indicate that an annual family planning exam has occurred. When submitting a claim, providers must use the procedure code with the FP Modifier and a family planning diagnosis code. To bill a general family planning visit, providers must use a procedure code used with a family planning diagnosis code only. You don't need to use the FP Modifier.

You may also refer to section 20.6, "Diagnosis Codes," on page 20-7 in the 2009 Texas Medicaid Provider Procedures Manual to view a complete list of family planning diagnosis codes.

*Source: Womens Health Program*

## Medical transportation services available to TCHP members

The Medical Transportation Program (MTP) provides free rides to health care services for TCHP members. To use the services, TCHP members will need a current Medicaid 8340 form.

Members must call MTP's toll free number at 1-877-633-8747 to schedule medical transportation services. Members must call at least two business days before the date of his or her appointment.

When calling to schedule a service, TCHP members should have the following:

- Nine-digit Medicaid number or Social Security Number
- Doctor's name, address and phone number
- Date, time and purpose of the appointment

*Source: Medical Transportation Program pamphlet form Texas Department of Health*

# Mark your calendars for Texas Children's Health Plan Grand Rounds CME Series

On Thursday, Nov. 5 from 5 p.m. to 9 p.m., TCHP will host its Grand Rounds CME Series at the United Way, 50 Waugh Drive at Feagan. The CME will focus on Neuropsychological Evaluation, Obesity and Anxiety Disorders.

This FREE CME program is for TCHP-contracted physicians and behavioral health providers only. Dinner and a \$100 honorarium will be provided to participating providers. For more information about the CME series, call Ronda Kelly at 832-828-1232. Register early. Seating is limited.

## Spring forward to 2010 CME

In spring 2010, TCHP will be collaborating with Baylor College of Medicine for its 62<sup>nd</sup> Annual Pediatric Postgraduate Symposium in lieu of our March CME Series.

Look for more details in our January edition.

## TCHP helps members through its Adolescent Transition Program

The Adolescent Transition Program helps TCHP members with special health care needs transition to adult living.

TCHP has a team dedicated to providing assistance to members of the Adolescent Transition Program. The team which includes a nurse case manager, a case manager assistant, a resource coordinator and a health educator will assist members in the program with chronic health needs transition to another source of health care. Prior to the adolescent member no longer qualifying for health-care eligibility for CHIP/ Medicaid with TCHP due to age, our team will identify sources for continued health care.

Other areas transition planning focuses on:

- Finding adult doctors
- Job training or college
- Disability support services
- Independent living
- Connecting with community agencies

For more information about the Adolescent Transition Program, call 832-828-1001.

## TCHP develops patient reminder cards to assist physicians

TCHP introduced a new tool to help you remind your patients of their upcoming Texas Health Steps well child checkup. We can now make personalized reminder cards with your picture along with the address and phone number to your office. To request these personalized cards for your office, contact your Provider Relations Manager at 832-828-1008.



## Report potential fraud and abuse

Please report any suspicious or potential fraud and abuse activity within 24 hours of identification in one of the following ways:

1. Letter to: Texas Children's Health Plan  
Attention: Fraud, Waste and Abuse Department  
P.O. Box 301011  
Houston, TX 77230-1011
2. Hotline number: 832-828-1320
3. Fax number: 832-825-8722
4. Email: TCHPFraudandAbuse@texaschildrens.org

## PROVIDER NEWS

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