

Dell Children's Health Plan Texas Health Steps program provider presentation



Overview

- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service for individuals ages 0-20.
- In Texas, EPSDT is known as Texas Health Steps (THSteps) and is currently overseen by the Texas Health and Human Services Commission (HHSC).



Overview (cont.)

- Providers must be enrolled in the THSteps program to administer THSteps services. Providers can enroll at www.tmhp.com.
- THSteps checkups provide:
 - Free medical checkups.
 - Free dental checkups.
 - Periodic medical checkups.
 - Dental checkups and treatment services.
 - Diagnosis of medical conditions.
 - Medically necessary treatment and services.

Dell Children's Health Plan responsibilities

- Medical checkups upon enrollment
 - We attempt to contact all newly enrolled members under 21 years of age to educate them about obtaining a THSteps medical checkup within 90 days of enrollment with Dell Children's Health Plan and assist with arranging an appointment if needed.
- Children of migrant farm workers (FWC)
 - We make appropriate, aggressive efforts to identify and reach FWC and accelerate the delivery of services. We give members the names of at least two providers who accept new patients within geographical standards.

Children of migrant farm workers

- HHSC defines a migrant farm worker as a migratory agriculture worker whose principal employment is in agriculture on a seasonal basis, who has been employed in the last 24 months and who establishes for the purpose of such employment a temporary abode.
- Texas migrant children face higher proportions of dental, nutritional and chronic health problems than nonmigrant children.
- Dell Children's Health Plan assists FWC in receiving accelerated services while they are in the area.

Help us identify FWC

- Dell Children's Health Plan offers special Medicaid services for FWC.
- We ask PCPs to assist Dell Children's Health Plan in identifying an FWC by asking the child or parent during an office visit.
- Please call Dell Children's Health Plan if you identify an FWC at 1-888-596-0268.

What other services are available through THSteps?

- Our help line helps with:
 - Finding a dentist.
 - Finding a case manager.
 - Contacting members who have missed appointments.
 - Finding a ride to a THSteps checkup or for other medical care.
- Medicaid-specific benefits include:
 - Eye exams.
 - Hearing test and hearing aids.

Who can administer THSteps checkups?

- A physician (i.e., a doctor of medicine or doctor of osteopathy) or physician group
- A physician assistant
- A clinical nurse specialist
- A nurse practitioner
- A certified nurse midwife
- A federally qualified health center
- A rural health clinic
- A health care provider or facility with physician supervision

Note: All providers must be enrolled in the THSteps program.

Who can administer THSteps checkups? (cont.)

- A health care provider or facility with physician supervision, including a:
 - Community-based hospital and clinic.
 - Family planning clinic.
 - Home health agency.
 - Local or regional health department.
 - Maternity clinic.
 - Migrant health center.
 - School-based health center.

Who can administer THSteps checkups? (cont.)

- In the case of a clinic, a physician is not required to be present at all times during the hours of operation unless otherwise required by federal regulations. A physician must assume responsibility for the clinic's operation.

Statutory requirements

- Communicable disease reporting
- Early childhood intervention referrals
- Parental accompaniment
- Newborn blood screen
- Blood lead level screen
- Abuse and neglect reporting
- Newborn hearing screen
- Critical Congenital Heart Disease (CCHD) screen

Please refer to the *Texas Medicaid Provider Procedures Manual* for more information.

Medical home

- Providers are encouraged to provide THSteps checkups within the medical home. Family-centered health care is:
 - Accessible.
 - Continuous.
 - Comprehensive.
 - Coordinated.
 - Compassionate.
 - Culturally competent.

Medical Checkup Requirements

Federally mandated components — comprehensive health and developmental history:*

- Comprehensive Unclothed Physical Examination
- Immunizations
- Laboratory Screening
- Health Education/Anticipatory Guidance

State requirement — a dental referral every six months until a dental home is established

** Please follow the periodicity schedule.*

Lab services

- Follow the THSteps periodicity schedule.
- Tests for hemoglobin/hematocrit, chlamydia and gonorrhea must be sent to a Department of State Health Services (DSHS) lab.
- Initial lead testing may be performed using a venous or capillary specimen and must either be sent to the DSHS laboratory or performed in the provider's office using point-of-care testing.
- All other tests, including confirmatory lead tests, may be sent to DSHS laboratory or the lab of the provider's choice (please see our preferred provider list). Supplies are provided only for testing performed at the DSHS laboratory.
- Information about supplies, shipping and test results can be found on the DSHS lab page at http://www.dshs.texas.gov/lab/mrs_forms.shtm.

Immunizations

- Providers must assess immunization status at each checkup and provide necessary vaccines at the time of the checkup. Providers may not refer clients elsewhere for immunizations.
- Providers must follow the *Advisory Committee on Immunization Practices* schedule at <http://dshs.state.tx.us/immunize/schedule>.



ImmTrac

- Administered vaccines/toxoids must be reported to DSHS. DSHS submits all vaccines/toxoids reported with parental consent to a centralized repository of immunization histories for clients younger than 18 years of age.
- To visit ImmTrac, the Texas Immunization Registry, please visit www.dshs.state.tx.us/immunize/immtrac/default.shtm.

Texas Vaccines for Children program

- Provides free vaccines that are recommended according to the *Recommended Childhood and Adolescent Immunization* schedule.
- Medicaid does not reimburse for vaccines/toxoids that are available from Texas Vaccines for Children (TVFC). THSteps providers must enroll in TVFC at DSHS to obtain free vaccines for clients who are aged 0-18 years old.
- Providers may not be reimbursed for vaccines obtained from TVFC; however, the administration fee, not to exceed \$14.85, is considered for reimbursement.
- Use diagnosis code Z23 to indicate immunization administration.

Note: Modifier 25 is used to indicate that the immunization or vaccination is an E/M service that was performed at the same session as a preventive care visit.

How many checkups does a child need?

Age range allowed	Number of checkups
Birth-11 months (does not include the new born or 12-month checkup)	6
1-4 years of age	7
5-11 years of age	7
12-17 years of age	6
18-20 years of age	3

THSteps checkup scheduling

- This allows:
 - More flexibility in scheduling a child's THSteps medical checkup.
 - Scheduling more than one child for a checkup at the same time.
 - Avoiding a checkup during flu season.
 - Scheduling a checkup prior to or after returning to their home communities for FWC.

Exception to periodicity

- Exception-to-periodicity checkups are complete medical checkups which are medically necessary and might cause the total number of checkups to exceed the number allowed for the member's age range if the member were to have all regular scheduled checkups.
- THSteps medical exception-to-periodicity services must be billed with the same modifier, procedure codes, provider type, exception to periodicity modifier and condition indicators as a medical checkup.

An exception to periodicity checkup is allowed when it is:

- Medically necessary (e.g., a member with developmental delay, suspected abuse or other medical concerns; or a member in a high-risk environment, such as living with a sibling with elevated blood lead level modifier SC).
- Required to meet state or federal exam requirements for Head Start, day care, foster care, FWC or pre-adoption (modifier 32).
- Necessary for unusual anesthesia (e.g., a procedure which usually requires either no anesthesia or local anesthesia may be done under general anesthesia because of unusual circumstances).

Note: A sports physical is not a reason for an exception to a periodicity checkup.

Follow-up visits

- Use procedure code 99211 with the THSteps provider identifier and THSteps benefit code when billing for a follow-up visit.
 - Texas Medicaid no longer allows the reimbursement of 99211 on the same date of service as vaccine administration (*National Correct Coding Initiative* guideline).
- A follow-up visit (procedure code 99211) is required to read all tuberculosis skin tests. The provider may bill the follow-up visit with an NPI number and THSteps benefit code.

Comprehensive Care program

- The Comprehensive Care Program provides medically necessary treatments for the correction and amelioration of identified illnesses and conditions for THSteps-eligible clients birth through 20 years of age. The state determines medical necessity on a case by case basis. Services include:
 - Comprehensive outpatient rehabilitation.
 - Durable medical equipment.
 - Occupational, physical and speech therapy.
 - Personal care and private duty nursing.
 - Psychiatric hospital.
 - Early childhood intervention.
 - Licensed dieticians.

Refer to the *Texas Medicaid Provider Procedures Manual (TMPPM)* at http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx for details.

Case Management for Children and Pregnant Women

- A component of THSteps available to children, teens, young adults (through age 20) and pregnant women who are Medicaid eligible and are at-risk for health problems. A case manager will:
 - Identify needs of clients and their family; develop plan to address needs; follow-up with client and family to ensure needs have been addressed or resolved.
 - Identify strengths and challenges.
 - Assist with accessing, advocating for, and coordinating needed services.
- Providers or members can call toll free at 1-877-847-8377 or go to www.dshs.texas.gov/caseman.

THSteps Oral Evaluation and Fluoride Varnish (OEFV)

- Provided in conjunction with the medical checkup. Procedure code 99429 may be reimbursed for intermediate oral examination and varnish application during a medical checkup.
- THSteps medical providers must complete training and be certified to provide the intermediate oral evaluations and fluoride varnish application.
- Procedure code 99429 must be billed on the same day and same provider as the THSteps medical checkup.
- OEFV services are a benefit of THSteps clients aged 6-35 months.

Developmental and autism screening

- Providers will be required to perform an autism screening on clients at 18 months of age and again at 24 months of age using the *Modified Checklist for Autism for Toddlers (M-CHAT)*, or the *Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)*.
- Autism screening with the use of the M-CHAT or M-CHAT-R/F is reported using procedure code 96110 with U6 modifier.
- Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.

Mental health screening

- Mental health screening, using one of the following validated, standardized mental health screening tools recognized by THSteps; as required once per lifetime for all clients who are 12-18 years of age:
 - *Pediatric Symptom Checklist (PSC-17)*
 - *Pediatric Symptom Checklist (PSC-35)*
 - *Pediatric Symptom Checklist for Youth (Y-PSC)*
 - *Patient Health Questionnaire (PHQ-9)*
 - *Car, Relax, Alone, Forget, Family and Trouble Checklist (CRAFFT)*
- Forms may be downloaded at <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>.

Mental Health Screening Adolescent Requirement

- Procedure code 96160 or 96161 will be a benefit for clients who are 12-18 years of age when services are provided by THSteps medically and federally qualified health center providers in the office setting.
- Use CPT 96160 (completed by adolescent) or 96161 (completed by parent/caregiver on behalf of adolescent)
- 96160 or 96161 must be submitted on the same date of service by the same provider as procedure code 99384, 99385, 99394 or 99395 and will be limited to once per lifetime.

Note: Mental health screening at other checkups does not require the use of a validated, standardized mental health screening tool.

Preventive medicine codes for THSteps checkups

- **New patient:** initial evaluation and monitoring (E&M) of a healthy individual

Code	Age
99381	Birth-11 months (does not include 12-month checkup)
99382	Age 1-4 years
99383	Age 5-11 years
99384	Age 12-17 years
99385	Age 18-20 years

Preventive medicine for THSteps checkups (cont.)

- **Established patient:** periodic E&M of healthy individual

Code	Age
99391	Birth-11 months (does not include 12-month checkup)
99392	Age 1-years
99393	Age 5-11 years
99394	Age 12-17 years
99395	Age 18-20 years

Condition indicators

Condition indicator	Description	Referral indicator
NU	Not used	N — no referral
S2	Under treatment	Y — referral given
ST	New service requested	Y — referral given

- The ST condition indicator should only be used when a referral is made or the client must be rescheduled. It does not include treatment given at the time of the checkup.
- Condition codes are entered in row 24, column C of the *CMS 1500* form.

Acute care E&M visits

- Providers must use modifier 25 when an acute care E&M visit was provided at the same time as a THSteps checkup.
- Providers must submit modifier 25 with the E&M procedure code when the rendered services are distinct and for a different diagnosis.

Acute care E&M visits (cont.)

- Providers must bill an appropriate level E&M procedure code with the diagnosis that supports the acute care visit. The medical record must contain documentation that supports the medical necessity and the level of service of the E&M procedure code that is submitted for reimbursement.
- An acute care E&M visit for an insignificant or trivial issue billed on the same date of service as a checkup or exception to periodicity checkup is subject to recoupment.

Diagnosis

- In response to ICD changes the following ICD10 diagnosis codes should be used:
 - **Client Age Diagnosis Code**
 - Birth-7 days — Z00110
 - Eight-28 days — Z00111
 - Twenty nine days-17 years — Z00121, Z00129
 - Eighteen years or older — Z0000, Z0001
- Providers may submit only diagnosis code Z23 on the claim if an immunization is the only service provided during an office visit. Z23 should be included on all claims when immunizations are administered during a checkup.
- Providers can refer to the *to the* TMPPM at http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx for details.

Modifiers

- Checkup procedure code modifiers:
 - **AM:** physician, team member service
 - **SA:** nurse practitioner rendering service in collaboration with a physician
 - **TD:** registered nurse
 - **U7:** physician assistant services for other than assistant at surgery
 - **25:** required when immunizations are billed with a THSteps visit

Vaccine billing

- **90471:** immunization administration, one vaccine (injection)
- **90472:** each additional vaccine (injection)
- **90473:** immunization administration, one vaccine (oral/nasal)
- **90474:** each additional vaccine (oral/nasal)
- **90460:** immunization administration through 18 years of age via any route with counseling first or only component of each vaccine
- **90461:** each additional vaccine or toxoid component administered

Vaccines

- Immunization modifiers:
 - **U1:** Can only be used when the vaccine is not available through the TVFC program.
 - **U1:** Indicates that the vaccine was privately purchased.
- This modifier is used with the vaccine code, not with the administration code.

Vaccines (cont.)

- **Example one:** The member receives the following immunizations by injection: Hib #4, MMR #1 and Varicella.
- The provider should code as follows:

Code	Reason	Bill amount
90648	To indicate Hib 4-dose schedule	\$0.01
90471	One unit	\$8
90707	To indicate MMR #1	\$0.01
90472	One unit	\$8
90716	To indicate Varicella	\$0.01
90472	One unit	\$8

Vaccines (cont.)

- **Example two:** A member receives three vaccines with counseling. One is administered nasally and the other two are injections.
- The provider appropriately bills the following:

Code	Reason	Bill amount
90698	Pentacel	\$0.01
90460	One unit	\$7.84
90461	Four units	\$6.85
90732	Pneumococcal	\$0.01
90460	One unit	\$8
90680	Rotavirus	\$0.01

Questions and answers

- **Question:** A 2-year-old comes in for a THSteps checkup. This is her first visit with your office. The unclothed physical exam is completed by a physician. The checkup is normal (the child is assessed as low-risk for TB), and it has only been two months since she received her DTaP #3. The child is not presently due for any immunizations. How should you bill?
- **Answer:**
 - Diagnosis code Z00121 or Z00129)
 - 99382 with AM modifier
 - Condition code NU

Questions and answers (cont.)

- **Question:** Dr. Smith performed a THSteps checkup on 6-year-old Jose in June 2015. Jose's birth month is May and he joined my panel in February 2016. Can I bill for a THSteps checkup?
- **Answer:** Yes, Jose's mom changed doctors eight months after his last THSteps checkup, so we will reimburse your clinic for performing the checkup again.

Note: This presents an opportunity to establish a relationship and a medical home.

Questions and answers (cont.)

- **Question:** Can I perform a THSteps checkup on a member for whom I am not the PCP?
- **Answer:** Yes! Any Dell Children's Health Plan THSteps provider can perform THSteps checkups on a Dell Children's Health Plan member regardless of PCP assignment.

Questions and answers (cont.)

- **Question:** How do I bill when the child has private health insurance?
- **Answer:** Providers are not required to bill private health insurance for THSteps services as they are services specific to Medicaid. Dell Children's Health Plan can be billed directly for THSteps checkups when members have private coverage.

Questions and answers (cont.)

- **Question:** I am providing a child a THSteps checkup who is not in my member panel. I identify a need for treatment. Can I provide it?
- **Answer:** No. Members should be referred to the PCP for treatment.

Adolescent screening

Challenges experienced during adolescence can affect a youth's future endeavors and successes. Helping your patients and their parents understand the risks inherent to adolescence could save their lives. The leading causes of death among those aged 10-24 years old are motor vehicle crashes, homicide and suicide. An adolescent screening should cover the following:

- The challenges facing adolescents and their families
- The developmental stages of adolescence
- Causes and rates of mortality among adolescents
- Teen birth rates
- Substance abuse rates

Timely checkups

New members

- New Medicaid clients under 20 years of age require a THSteps medical checkup within the first 90 days of plan membership to establish a medical home.
- If there is valid documentation that the child received a THSteps checkup through a previous provider, this requirement is waived.

Existing members

- THSteps checkups are due based on the periodicity schedule and is driven by the member's date of birth.

Timely checkups (cont.)

THSteps medical checkups (STAR):

- For an existing member aged birth through 35 months of age, it is due based on dates in the *TMPPM*. It is considered timely if it is within 60 days of the due date based on the member's date of birth.

THSteps annual medical checkup (STAR):

- For an existing member ages 3 years and older, it is due on the child's birthday. It is considered timely if it is no later than 364 calendar days after the child's birthday.

Appointment availability

Standard name	Dell Children's Health Plan
Preventive health: child (new member, STAR)	For new members birth-age 20, overdue or upcoming well-child checkups, including Texas Health Steps, should be offered as soon as practicable and within 90 days of enrollment.
Preventive health: child less than 6 months old	Within 14 days
Preventive health — age 6 months-20 years	Within 60 days

What Dell Children's Health Plan is doing for providers

- Monthly letters to providers notifying them of new members (less than 21 years of age) assigned to their panel that need THSteps checkups.
 - Large groups get electronic member notification lists.
- Telephonic and mail outreach made to the parent(s) of these members reminding them to make an appointment with their PCP for these checkups.

Dell Children's Health Plan under 21 and new to panel

Name	Address	City	State	ZIP
Doctor A	123 North St. #111	Austin	TX	78745

Members below may be seen at any of the current addresses for this provider:

First name	Last name	Date of birth	Age	Eligibility start date	Phone
Member C	XXXXX	6/17/2009	1	1/1/2010	512-995-1112
Member C	XXXXX	7/18/2009	1	2/1/2010	512-995-1113
Member C	XXXXX	5/19/2009	1	3/1/2010	512-995-1114
Member C	XXXXX	6/11/2009	1	1/1/2010	512-995-1115
Member C	XXXXX	8/12/2009	1	2/1/2010	512-995-1116

Outreach to new members to obtain THSteps checkup within 90 days.

HEDIS[®] and Pay for Quality incentive program

- Through our Pay for Quality (P4Q) program, we reward you for helping us meet HEDIS quality measure standards
- The goal is to target Medicaid/CHIP members who need one or more HEDIS measures
- Objectives:
 - Improve targeted clinical quality results
 - Promote safe and effective patient care
 - Increase preventive care services for members

ProviderBulletin

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ProviderBulletin

2014 Texas Pay for Quality Provider Incentive Plan

Through our Pay for Quality (P4Q) program, we reward you for helping us meet HEDIS[®] quality measure standards. The goal of our program is to target Medicaid and CHIP members who need one or more HEDIS-measured procedures or visits completed during the 2014 calendar year. Program objectives are to improve targeted clinical quality results, promote safe and effective patient care, and increase preventive care services for our members.

The HEDIS measures along with your potential 2014 incentives are as follows:

Product	Measure	Technical Specs	Notes	Incentive
STAR+PLUS CHIP	HBA1c < 8	Members ages 18-75 years as of 12/31/14 who were enrolled for all of 2014. Must have one comprehensive wellness visit with a HEDIS-compliant provider (PCP or OB-GYN) between 1/1/14 and 12/31/14.	Does not have to be the member's assigned PCP but must be a PCP or OB-GYN. Visit must include the following: <ul style="list-style-type: none"> • A health and development history • Physical exam • Health education or anticipatory guidance 	\$10
STAR+PLUS CHIP	AMM Acute Antidepressant Medication Management	Children ages 3-4 years as of 12/31/14 who have been enrolled for 2014. Must have one or more well-child visits (with a HEDIS-compliant provider) between 1/1/14 and 12/31/14.	Does not have to be the member's assigned PCP but must be a PCP. Visit must include the following: <ul style="list-style-type: none"> • A health and development history • Physical exam • Health education or anticipatory guidance 	\$10
STAR+PLUS CHIP	AMM Continuous Anti-depressant Medication Management	Please note: A gap in enrollment is allowed for the well-child visits per HEDIS specifications.	For live births occurring between 11/6/13 and 11/30/14, the member must have had a prenatal care visit in the first trimester of pregnancy or within 42 days of enrollment with the plan.	\$20
STAR+PLUS CHIP	AMM Well-Child Visits Ages 3-4	For live births occurring between 11/6/13 and 11/30/14, the member must have had a postpartum visit on or between 21 and 56 days after delivery.	Prenatal or Postpartum visits include visits with physician assistants, nurse practitioners, midwives and registered nurses. If a physician (or physician or nurse) is present, it is required by state law.	\$20
STAR+PLUS CHIP	AMM Prenatal Care	For live births occurring between 11/6/13 and 11/30/14, the member must have had a postpartum visit on or between 21 and 56 days after delivery.	For members who have a cesarean section, the postpartum visit in the first two weeks does not fulfill the requirements for a postpartum visit. The visit must occur within 21-56 days of delivery, but Amerigroup will reimburse for up to two postpartum visits. Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.	\$20
STAR+PLUS CHIP	AMM Postpartum Care	Members ages 18-75 years as of 12/31/14 who were enrolled for all of 2014 and also have a diagnosis of diabetes (Type 1 or Type 2).	This incentive will be paid to the provider regardless of whether or not the member's HBA1c is less than 8.	\$10

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

In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.

TXPEC-0907-14

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Dell Children's Health Plan for P4Q

- Providers receive missed opportunity lists.
- Providers receive a monthly detailed report from the Provider Relations team.
- This report contains the member's demographic information and the health measure that may be due for the member.
- This report is tied to the P4Q program and assists providers with staying on target with preventive services such as screenings, exams, tests and immunizations for their Dell Children's Health Plan members.
- If you have any questions regarding the missed opportunities report, please contact your local Provider Relations representative.

Sports physicals

- Sports physicals are not a benefit of the Medicaid or CHIP programs.
- Dell Children's Health Plan offers one sports physical per year to its CHIP and STAR membership, ages 6-18, as a value-added benefit.
- Sports physicals are reimbursable only to the PCP of record.



Sports physicals (cont.)

- Sports physicals are reimbursable on the same date-of-service as THSteps checkups and sick visits. No additional modifier is necessary for the sports physical under these circumstances.
- In order to be eligible for reimbursement, sports physicals must be billed with CPT code 99212 and diagnosis code Z02.5).
- The reimbursement for a sports physical is \$30.

Medical Transportation program

- The Medical Transportation program (MTP) provides free rides to Medicaid recipients for Medicaid benefits (e.g., THSteps checkups, durable medical equipment, dental visits, and prescriptions). Members should call to ensure eligibility.
- The service is provided via fuel reimbursement, bus fare and local contractors. Out-of-state transportation can be arranged when indicated.

Medical Transportation program (cont.)

- When scheduling MTP services, members should call one of the following applicable phone numbers two business days in advance, Monday-Friday, 8 a.m.-5 p.m. Central time:
 - Dallas/Fort Worth area: 1-855-687-3255
 - Houston/Beaumont area: 1-855-687-4786
 - All other areas: 1-877-633-8747
- The member's Medicaid number or Social Security number is required, as well as the provider's name, address, phone number, appointment date and time.

Children with special health care needs

- Available to anyone in Texas:
 - Under 21
 - With cystic fibrosis
 - Who has a medical problem that (any one of the following):
 - Lasts 12 months
 - Will limit one or more major life activities
 - Requires more health care than usual
 - Has physical symptoms (i.e., not behavioral health)
- Please contact 1-800-252-8023.

Note: Income levels do apply.

THSteps Online Provider Education

- The HHSC has a series of computer-based training opportunities for pharmacies to educate staff about Medicaid pharmacy benefits (particularly for children under 21) and how to get reimbursed. The state is working with the University of Texas to offer Continuing education credit for this online training.
- More than 50 free online Continuing Education (CE) courses are available at www.txhealthsteps.com.
 - Topics include acute and chronic medical conditions, adolescent health, developmental and mental health screening, prevention and wellness, and much more.
 - Over 15 courses are accredited for ethics.
 - The site also offers non-CE quick courses on timely Medicaid topics that are mobile-friendly.

THSteps Online Provider Education (cont.)

- More than 80,000 courses were completed in 2016, making www.txhealthsteps.com the leading source of online education for Texas Medicaid.

THSteps Outreach and Informing unit

- The THSteps provider outreach referral service was created to help reduce missed appointments. This service was designed to assist providers with contacting members who miss appointments and removing barriers to accessing services. Providers should utilize the referral form found at <http://www.dshs.texas.gov/thsteps/POR.shtm>.
 - THSteps providers who have questions about the THSteps Provider Outreach Referral Service or need technical assistance with completion and submission of the referral form, should contact their THSteps Provider Relations representative. Contact name and information can be found at <http://www.dshs.texas.gov/thsteps/regions.shtm>.

Questions?