



2028 E. Ben White Blvd., Suite 200
Austin, TX 78741

NM-NEWS26

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- News updates
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Texas Women's Health Program Offers Continuity of Care

The Texas Women's Health Program is looking for doctors – physicians with a specialty in family practice, gynecology, OB/GYN, internal medicine, or pediatrics – who want to help low-income women take control of their futures. You can make a dramatic difference in the lives of women who need the expertise and health services you offer.

“The comments we received from physician groups helped shape the development of the new state program,” said Texas Health and Human Services Executive Commissioner Kyle Janek, M.D. “I encourage physicians to join the Texas Women's Health Program. It's a great way to provide excellent services to low-income Texas women and to your communities.”

The women who benefit from this fee-for-service state-funded program are between the ages of 18 and 44 years old. They don't qualify for Medicaid or have health insurance. The Texas Women's Health Program provides them with an annual family planning exam, health screens for things like diabetes and breast and cervical cancer, treatment for certain sexually transmitted diseases, and family planning services such as birth control.

The program offers an opportunity for providers to continue caring for patients whose Medicaid coverage expires after giving birth. Continuity of care is an important aspect of the program for participating doctors, as well as women who want consistency in their family planning and health care.

Any Medicaid provider that offers services covered by the program and complies with the new program rules can enroll as a Texas Women's Health Program provider.

Learn more about enrolling in Medicaid or certifying as a Texas Women's Health Program provider at www.TMHP.com. Click the providers link.

- ★ To enroll as a Medicaid provider, click Enroll Today in the web page banner.
- ★ To certify as a Women's Health Program provider, click the Texas WHP tab under the banner.

IMMTRAC - TEXAS IMMUNIZATION REGISTRY SYSTEM

ImmTrac, the Texas Immunization registry, is a free service offered by the Texas Department of State Health Services (DSHS). ImmTrac is designed to consolidate immunization records from multiple sources throughout the State, and offers many benefits to you, the health care provider, and your young patients. Texas law requires written consent for ImmTrac participation and limits access to the Registry to only those individuals who have been authorized by law. ImmTrac is available free of charge to authorized health care providers.

Please visit the DSHS ImmTrac page at http://www.dshs.state.tx.us/immunize/immtrac/imm_providers.shtm for important forms, information and resources. Here you will find information for healthcare providers about new legislation requiring providers to report to ImmTrac all vaccines administered to children under 18 years of age, how you can easily register for ImmTrac participation, and how to request free educational materials to offer to your patients.



IMPORTANCE OF IMMUNIZATIONS

Providers must screen immunization status at every medical checkup. Please follow the Advisory Committee on Immunization Practices (ACIP) Schedule. The Immunization Schedule can be found on the Texas Department of State Health Services (DSHS) Immunization Schedules page at <http://www.dshs.state.tx.us/immunize/schedule>

As a reminder, vaccines are available through the Texas Vaccines for Children Program, or TVFC. If you are not enrolled in the TVFC Program, please consider enrolling to ensure the health and future of the children of Texas. For more information, please visit the DSHS Texas Vaccines for Children page at <http://www.dshs.state.tx.us/immunize/tvfc/default.shtm>

PCP RATE INCREASE DELAYED

Texas will be increasing Medicaid primary care rates, including those for certain physician visits and vaccine administration, as quickly as possible. However, the state did not receive final federal regulations on the rate increase until November 1, 2012. This was too late to allow the state to meet the January 1, 2013 implementation date authorized in the Affordable Care Act. Once the state increases primary care rates, we will make retroactive payments for the increase for providers and services that qualify under the federal regulations. The state is working with the U.S. Centers for Medicare and Medicaid Services to obtain federal approval for the state's plan to increase primary care rates. We will continue to keep providers informed of the process and timeline.

Sendero Health Plans will continue to share additional information as it is received by the Texas Health and Human Services Commission. If you have any additional questions, please don't hesitate to contact Network Management Line at 1-855-895-0475.

SENDERO'S ONLINE PORTAL

Check eligibility and claims status using Sendero's online portal

Users get 24 hour access to Sendero Member eligibility and claims payment status. For a registration form, contact your Network Management Representative at 1-855-895-0475 or email us at Providers@senderohealth.com.

CHILDREN OF TRAVELING FARM WORKERS

In Texas, children of traveling farm workers face higher proportions of dental, nutritional, and chronic health problems. Sendero Health Plans will assist children of traveling farm workers in receiving accelerated services before they leave the area. Please call Sendero Health Plans Member Services at 1-855-526-7388 if you identify a Member that is a child of a traveling farm worker. We offer help with:

- ★ Getting family checkups with a provider before migrating to another area
- ★ Transportation to a provider office for a THSteps medical checkup
- ★ Finding a doctor or dentist

Importance of Postpartum Visits

The postpartum visit is an important part of achieving a maximum maternal outcome. This visit is so important because it provides an opportunity for:

- ★ Detection of Postpartum complications
- ★ Detection of Postpartum depression
- ★ Smoking cessation counseling, if necessary
- ★ Breastfeeding support
- ★ Discussion of family planning and birth spacing
- ★ Education on nutrition and physical activities
- ★ Assuring that the baby is getting well-care

Sendero Health Plans participates in quality studies defined by Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. For postpartum care, the HEDIS measurement is the percentage of new moms that had a postpartum visit on or between 21 and 56 days after delivery. According to Texas HHSC Quality of Care reports for STAR for 2011, the rate for Travis Service Area was 58.3%.

Tips for improving compliance with postpartum visits:

- ★ Stress the importance of postpartum care during prenatal visits.
- ★ Schedule the postpartum visit prior to discharge from the hospital.
- ★ Provide an appointment reminder via a phone call or postcard.
- ★ Encourage patients to schedule a postpartum visit prior to requesting clearance to return to work.
- ★ Encourage patients to schedule a postpartum visit prior to requesting a prescription for contraceptives.

Sendero can help Sendero STAR and CHIP new mothers get to their postpartum visits. Please call Sendero Customer Services at 855-526-7388 to request assistance. Sendero's OB Care Coordinator can assist helping our Members make and keep appointments, while our Member Services team can help with transportation or with problem solving for other barriers to making it to the postpartum visit.

Provider Update

We have expanded our Extra Member Benefits!

Effective 3/1/2013 , Sendero offers these extra benefits to members:

Value-Added Services	
24-Hour Nurse Line	24-hour Nurse Advice line staffed by trained nurses to assist members with health-related questions and provide guidance to accessing emergency facilities available toll-free at 1-855-880-7019.
Boys and Girls Club	Free membership to the Boys and Girls Clubs in Travis County.
Dental Benefit for Pregnant Women	\$250 of basic dental services for pregnant women who do not have a dental benefit.
Frame and Lenses Benefit	Frames and lenses for CHIP members once per year, up to a retail value of \$100; and for STAR members, once every two (2) years, up to \$100 above the Medicaid allowable.
Game Stop Gift Card	Free \$50 Game Stop gift card after completing a timely Well-Child/ Adolescent Well-Care visit within 90 days of member enrollment date.
Gift Card for Return of Completed New Member Assessment	Free \$10 Academy Sports + Outdoors gift card for completing a New Member Health Assessment form.
Gifts for New Mothers	Free diaper bag, diapers, first aid kit and infant thermometer after completing timely postpartum visit.
Home Visits for New Mothers	Free home visit for new moms.
Movie Passes	Free pair of movie passes after completing a timely Well-Child/ Adolescent Well-Care visit within 60 days of member birthday.
Newborn Care Kit	Free Newborn Care Kit after completing one Well-Child Visit for newborns within 14 days from birth.
Newborn Home Baby Monitor	Free home baby monitor after completing initial OB appointment for pregnant women within 42 days of member enrollment date.
Over the Counter Pharmacy Benefit	\$25 for over the counter pharmacy items every 6 months.
Pre-programmed Cell Phone	Free pre-programmed cell phone for high risk pregnant members during pregnancy.
Smoking Cessation	Up to \$50 towards smoking cessation products for CHIP members.
Special Transportation	Transportation to appointments for members with medically at risk conditions will be arranged and reimbursed. This benefit is available at no cost to all STAR and CHIP Members with medically at risk conditions.
Sports and School Physicals	Free sports physicals for members 18 years old and younger. PCPs should bill on the CMS-1500 form with diagnosis code V70.3, using procedure codes 99201-99205 or 99211-99215 and also using modifier SC. Reimbursement will be \$35.00 (there is no co-pay).
Toddler Home Safety Kit	Free Toddler Home Safety Kit after completing required Well-Child Visits for certain members within 30 days of required medical check-up.
Transportation Assistance	Non-emergency transportation to physician appointments will be arranged and reimbursed by Sendero. This benefit is available to all STAR and CHIP members within the Capital Metro service area.
YMCA Youth Sports Session	Free Youth Sports Session at the YMCA of Austin

Pharmacy Update:

Texas Medicaid STAR Coverage of Influenza Vaccine for the 2012-2013 Influenza Season

Effective February 1, 2013, Sendero Health Plans will cover the influenza vaccine at participating Navitus Texas Network Pharmacies for our members. Pharmacies participating in the vaccine service network may process the influenza vaccine at the point of service for STAR members ages 21 and older.

Covered Benefits: IM Injection and Nasal Spray

For questions regarding processing or eligibility, please contact the Navitus Customer Care for Texas Medicaid at 877-908-6023. For questions regarding your pharmacy's contract status, please contact Navitus Provider Relations at providerrelations@navitus.com.

If your pharmacy is affiliated with a Pharmacy Services Administration Organization (PSAO), please contact your representative at the PSAO regarding your participation status for this vaccine service.

ENCOURAGE YOUR SENDERO MEMBERS TO GET THEIR TEXAS HEALTH STEPS MEDICAL CHECKUPS

We understand how difficult it is to educate your patients on the importance of receiving timely Texas Health Steps medical checkups. Did you know that Sendero Health Plans will reimburse you for a sick visit and a Texas Health Steps medical checkup if you provide these services on the same day? If a Sendero Member comes in for a sick visit and the Member is well enough for you to provide a well visit at the same time, Sendero Health Plans will reimburse you. Please refer to the current Texas Medicaid Provider Procedures Manual (TMPPM) for billing information. For additional questions, contact your Network Management Representative at 1-855-895-0475.

CONTACT INFORMATION

Changes in Provider Addresses or Contact Information

All Sendero network providers are required to notify Sendero in writing of any changes in office address or in relevant contact information at least 30 days prior to the change. This includes notifying Sendero when a provider is leaving a group practice or joining another group practice. All changes must be submitted in writing using the Provider Information Form (PIF) found in Appendix A of your Sendero Provider Manual or by calling your Network Management Representative.

REFERRAL PROCESS

Referrals to in-network Sendero providers do not require prior authorization. The Texas Referral/Authorization Form should be filled out and given to the Member when referring to specialists or other ancillary providers for medically necessary services outside the Sendero Health Plans network. Please explain to the Member that the Specialist may not see the Member without this form. A copy of the Texas Referral/Authorization Form can be found in Appendix A of your Sendero Provider Manual or by calling your Network Management Representative.

Brussels Sprouts Fritters

- ★ 2 cups finely shredded Brussels sprouts
- ★ 2 green onions, thinly sliced
- ★ 2 tablespoons flour
- ★ 1/2 cup shredded parmesan cheese
- ★ 2 eggs, beaten
- ★ 2/3 cup panko bread crumbs
- ★ 4 ounces soft goat cheese
- ★ Kosher salt and black pepper to taste
- ★ Oil for frying
- ★ Pickled Shallots or sour cream for garnish

Servings: 6 / Prep time: 15 minutes

1. Finely shred the Brussels sprouts. Toss the green onions, flour and parmesan cheese with the Brussels sprouts.
2. Add the eggs and combine partially, then add the panko and mix well. Add the goat cheese and taste a little bit. Season to taste. Mix until the Brussels sprouts form cakes that stay together. Make 6 fritters.
3. In a large nonstick pan, add 1/4 cup oil and heat over medium heat.
4. When the oil is hot, add the cakes and cook them for about 2 minutes, or until golden and crispy.
5. Flip them and finish cooking on the other side.
6. Serve them immediately or place them on a sheet pan in a 300 degree oven to keep hot until you serve.

REMINDER: MAIN DENTIST REQUIREMENT

The Texas Health and Human Services Commission (HHSC) transitioned all Delta Dental Medicaid and CHIP members to MCNA Dental and DentaQuest for coverage starting December 1, 2012. However, some patients may have been assigned to an incorrect main dentist. To avoid delays in care, HHSC temporarily suspended the requirement that a patient must be served by their main dentist.

The suspension to the main dentist requirement ends February 28, 2013. On March 1, MCNA Dental and DentaQuest will require that a patient is served by their main dentist. Medicaid and CHIP patients were mailed a letter in late November with their new dental plan information and given time to contact their new dental plan to verify their main dentist.

CLAIMS UPDATE: RECONSIDERATIONS AND APPEALS

Sendero Health Plans follows an established process for providers to pursue resolution of medical and/or administrative appeals. This process is available to all providers, in-network and out-of-network. Sendero utilizes a Level I and Level II classification system for processing appeals. All reconsiderations and appeals are reviewed and a response is sent within 30 calendar days of receipt.

Level I Appeal Reconsideration

In the event that a provider disagrees with Sendero's denial of a medical and/or claim determination, the provider has the right to submit a request for administrative reconsideration of Sendero's initial determination. This is considered a Level I Appeal Reconsideration and must be filed in writing within 120 calendar days of the initial decision (Explanation of Payment (EOP) or medical necessity determination).

Level I Appeal Reconsiderations are required to include:

- ★ A completed claim form
- ★ A copy of the EOP with the claim in question
- ★ A written explanation of the reconsideration which should identify as "Administrative Appeal Reconsideration"
- ★ Supporting documentation

Level I Appeal Reconsiderations must be mailed to:

Sendero Health Plans
ATTN: Sendero Reconsiderations
PO Box 3869
Corpus Christi, TX 78463

Level II Appeal

If a provider disagrees with Sendero's reconsideration decision, the provider has the right to appeal Sendero's reconsideration determination. An appeal cannot take place unless a previous reconsideration has been submitted and denied. This is considered a Level II Appeal and must be filed in writing with supporting documentation within 30 calendar days of the reconsideration decision.

Level II Appeals must be mailed to:

Sendero Health Plans
ATTN: Sendero Appeals
2028 East Ben White Blvd, Suite 200
Austin, TX 78741

If after completing this process, you are still not satisfied with the appeal resolution and believe you did not receive full due process from Sendero, you may file a complaint or inquiry at HPM_complaints@hhsc.state.tx.us. Providers must exhaust the complaints or grievance process with Sendero before filing a complaint with HHSC. Providers can send written complaints to HHSC at:

Texas Health and Human Services Commission
Provider Complaints
Health Plan Operations, H-320
PO Box 85200
Austin, Texas 78708