



BlueCross BlueShield of Texas

Texas Medicaid Provider Orientation

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid
STAR, CHIP, and STAR Kids

SKSCP-9029-0422

Revised 04/28/2023

Agenda

- What is STAR, CHIP and STAR Kids
- Member Benefits and Services
- Redetermination Reminder for Members
- Texas Health Steps (THSteps)
- Healthy Texas Women
- Healthy Texas Women Plus
- Children of Migrant Farmers
- Children and Pregnant Women (CPW)
- OB/GYN Avail and Appt
- PCP Avail and Appt
- Cultural Competency
- Applied Behavioral Analysis (ABA)
- Vendor Services
- Value- Added Services
- Member Enrollment and Eligibility
- Utilization Management & Prior Authorize
- Service Coordination
- Claims Submission - Availity
- Submitting Complaints
- Submitting Claims & Appeal/Reconsideration
- Customer Services
- Questions



**BlueCross BlueShield
of Texas**

Purpose

To do everything in our power to stand with our members in sickness and health. We strive to develop relationships with our members, providers and the communities that we serve in order to better our STAR, CHIP, and STAR Kids member's health.





BlueCross BlueShield of Texas

STAR, CHIP, and STAR Kids Benefits and Programs



Redetermination of Medicaid Member Renewal

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that allowed our members to automatically keep your Medicaid coverage (continuous Medicaid). Based on the new federal law, continuous Medicaid eligibility ended on **March 31, 2023**, so our members need to renew their benefits when it's time to ensure their coverage will continue if they are eligible.

If our members do not renew, they may lose coverage. We ask our providers to please check member eligibility before each visit.

Please reference the following:

- [BCBSTX News alert](#)
- [Medicaid Coverage Ambassador Toolkit](#)
- [YourTexasBenefit.com](#)

Don't lose your benefits



DON'T WAIT — Respond and Update!



Update your
information today.

Visit [YourTexasBenefits.com](https://www.YourTexasBenefits.com) or
call 2-1-1 and select option 2.

Important Medicaid Programs:

Texas Health Steps often referred to (THSteps) is healthcare for children birth through age 20 who have Medicaid. THSteps gives your child free medical checkups starting at birth, and free dental checkups starting at 6 months of age. Another program is Healthy Texas Women a program dedicated to offering women's health and family planning at no cost to eligible women in Texas.



STAR

(*State of Texas Access Reform*) is the Medicaid Managed Care Program of Texas.



CHIP

(*Children's Health Insurance Program*) is the health insurance option for children.



STAR Kids

is the Medicaid managed care program that serves youth and children ages 20 and younger who receive disability related Medicaid.

STAR Member Benefits and Services

- Emergency Ambulance
- Annual Adult Wellness Exams
- Audiology, Chiropractic & Podiatry
- DME/Orthotics and Prosthetics*
- Emergency Services
- Family Planning
- Home Health*
- Inpatient and Outpatient Hospital Services*
- Lab – X-Rays *
- OB/GYN and Pregnancy and Maternity Care
- Applied Behavioral Analysis (ABA)*
- Physical Therapy, Occupational Therapy, and Speech Therapy*
- Prescription Drugs*
- Rehabilitation Services*
- Texas Health Steps (EPSDT-Early and Periodic Screening, Diagnosis and Treatment Program Services)
- Transplant Services*
- Value Added Services **

For more information regarding STAR Member Benefits including Value Added Services, please refer to your [BCBSTX Provider Manual](#).

The STAR program is for people who qualify for Medicaid and who are either pregnant, have limited income, are newborns or receive cash assistance (Temporary Assistance for Needy Families or TANF).



STAR Members do not have cost-sharing or co-pays for services.

****Some Benefits need Prior Authorization***

*****Limitations on Value Added Services must be clearly stated in member materials.***

CHIP Member Benefits and Services

- Inpatient Acute and Rehabilitation Hospital Services*
- Outpatient and Ambulatory Health Services
- Physician/Physician Extender Professional Services PCP's and Specialists
- Pregnancy and Family Planning Services
- Audiology, Chiropractic & Podiatry,
- DME Supplies*
- Home Health
- Inpatient and Outpatient Mental Health Services*
- Substance Abuse Treatment Services*
- Rehabilitation Services*
- Hospice Care*
- Emergency Services, Hospitals, Physicians and Ambulances
- Physical Therapy, Occupational Therapy and Speech Therapy*
- Transplants*
- Vision
- Chiropractic
- Value Added Services **
- Lab X-Rays*

For more information regarding CHIP Member Benefits including Value Added Services, please refer to your [BCBSTX Provider Manual](#).

The CHIP and CHIP Perinatal program is available to children ages 18 and younger and pregnant women who do not qualify for Medicaid.



Per HHS, Member copays depends on their income and can be up to \$35

www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/chip

****Some Benefits need Prior Authorization.***

*****Limitations on Value Added Services must be clearly stated in member materials.***

STAR Kids Member Benefits and Services

STAR Kids Members Benefits Modifications. Include all the traditional benefits offered in the STAR Program.

However, the STAR Kids program offers additional benefits in the form of Long-Term Services and Supports (LTSS) which includes but not limited to services such as:

- Adaptive Aids
- Community First Choice Services
- Personal Care Services
- Minor Home Modifications
- Applied Behavioral Analysis (ABA)*

For more information regarding STAR Kids Member Benefits including Value Added Services, please refer to your [BCBSTX Provider Manual](#).

The STAR Kids program provides Medicaid services for children and youth ages 20 and younger with disabilities.



Star Kids Members do not have cost-sharing or co-pays for services.

****Some Benefits need Prior Authorization***

Limitations on Value Added Services must be clearly stated in member materials.

Scope of Texas Health Steps (THSteps) Services

Texas Health Steps (THSteps) helps members with:

- Preventive care medical checkups and services
- Dental checkups and treatment services
- Comprehensive Care Program (CCP)
- Laboratory services
- Immunization services
- Electronic Visit Verification (EVV)

Providers can enroll to provide preventive care to kids and teens, by enrolling as a Texas Health Steps provider through [Provider Enrollment on the Portal \(PEP\)](#)

For additional information for THSteps:
www.tmhp.com/programs/thsteps

Texas Health Steps (THSteps) provides preventive health-care to 20-year-olds or younger.



Healthy Texas Women

Healthy Texas Women provides a wide variety of women's health and core family planning services, eligible low-income women may receive the following services free with this program.

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

Healthy Texas Women is a program that provides primary healthcare services, including family planning services and health screenings, to eligible women under 1 Tex. Admin. Code Chapter 382, Subchapter A.



For additional information such as: Who can apply; How to apply; Additional Questions and Answers, please visit: www.healthytexaswomen.org/healthcare-programs/healthy-texas-women

Healthy Texas Women Plus

If a woman has been pregnant within the last 12 months? This program was developed and created for a postpartum care package through the Healthy Texas Women Plus program.

Women must be already enrolled in the Healthy Texas Women program to participate.

For additional information, please visit:

<https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits>

What services are covered?

- Some of the postpartum depression and other mental health conditions that are treated include: individual, family and group psychotherapy services and peer specialist services.
- Heart health services includes blood pressure monitoring, image studies and heart medications.
- Substance use disorder, including drug, alcohol and tobacco misuse, services include screenings, brief interventions, treatment referrals, outpatient substance use counseling, smoking cessation, medication-assisted treatment and peer specialist services.

Texas Health and Human Services (HHSC) launched a new postpartum services package for HTW clients call **Healthy Texas Women (HTW) Plus**. Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including postpartum depression, cardiovascular conditions, and substance use disorders.

Note: Only the services listed above are paid by this program.



Special Beginnings

When our members join this program, they receive the following:

- Two Pregnancy risk interviews: They may help our member find out if their pregnancy is high risk.
- Information and Materials about nutrition and healthy life choices before and after the birth.
- Personal phone calls from specially trained staff to talk to our members regarding how the pregnancy is going. Our Special Beginnings Care Coordinator will contact our member for six weeks after the birth.
- 24 - hour, toll-free access to a telephone hotline staffed by experienced registered nurses and maternity nurses (1-844-971-8906).

A Special Beginnings representative will call our member through the entire pregnancy to help with:

- Assess their health, lifestyle, and possible pregnancy problems.
- Teach them to avoid problems that can develop during pregnancy.
- Encourage them to make healthy changes.
- Talk to our member about their OB treatment plans.
- Help if they develop diabetes or high blood pressure while pregnant.
- Teach them about prenatal, postpartum, and newborn care.

Special Beginnings is a maternity program that is there for our member and their needs. This program helps them better understand and manage their pregnancy.



Children of Migrant Farm Workers

- Some of the barriers for Farm Workers to overcome: High mobility, language and cultural barriers, inaccessibility to health care service and lack of health insurance coverage.
- Special attention should be paid to **educating** traveling farm workers families on the importance of their children receiving timely or accelerated Texas Health Steps (THSteps) medical and dental checkups prior to the family traveling for work.
- Blue Cross and Blue Shield of Texas (BCBSTX) relies on you to identify these members and determine if there is a need to accelerate any THSteps medical or dental checkups.

THSteps checkups are made up of six primary components.

1. Comprehensive health and developmental history
2. Comprehensive unclothed physical examination
3. Appropriate immunizations
4. Appropriate laboratory test
5. Health education
6. Dental referral

If you have questions about identifying children of Migrant Farm Workers or Texas Health Steps, please call Provider Network Representative: **1-855-212-1615**.

Migrant farm worker is defined as “a migratory agricultural worker, whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes for the purposes of such employment a temporary abode.”



Cultural Competency

- The Health and Human Services Commission requires all contracting health plans to develop and maintain cultural competency plans and make them available to providers.
- BCBSTX has adopted all 15 **Culturally and Linguistically Appropriate Services (CLAS)** Standards to ensure all members who enter the health care system receive equal, high quality, effective treatment.
- As our contracted health care provider, our expectation is for you to continually improve sensitivities and maintain positive attitudes toward serving diverse cultures. This can help you provide more effective care and services for all people by considering each person's values, life conditions and linguistic needs.

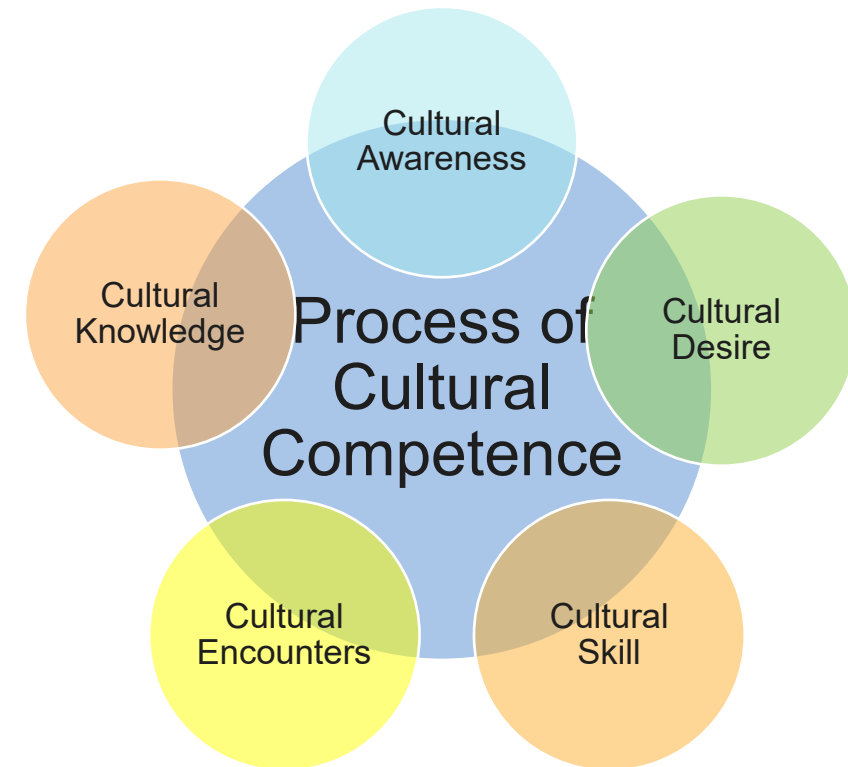
The purpose of the 15 action steps is threefold:

- **Advance health equity,**
- **Improve quality of care, and**
- **Help eliminate health care disparities to achieve the goal of improved health outcomes.**

The link to CLAS 15 action steps:

thinkculturalhealth.hhs.gov/clas/standards

Cultural Competency is the ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic background and religions in a manner that recognize values, affirms and respects the worth of the individual and protects and preserves dignity.



Please register for the Culturally Competent Health Care Provider Training: **www.bcbstx.com/provider/medicaid/training.html**

Applied Behavioral Analysis (ABA)

If you believe our member may have a diagnosis of Autism Spectrum Disorder (ASD), and they would benefit from treatment with Applied Behavioral Analysis (ABA) and other autism services, the diagnosis must first be confirmed by a specific list of providers.

A diagnosis of ASD requires a comprehensive diagnostic evaluation (CDE) performed by one of the specific provider types. To qualify for ABA services, the CDE must be conducted no earlier than three years prior to the initiation of ABA therapy, and the CDE must recommend ABA services as part of any treatment recommendations.

Texas Medicaid also offers an array of medically necessary services to support individualized treatment plans for children and youth up to 20 years of age with ASD.

Disclaimer: Providers of the Interdisciplinary team who participate in the interdisciplinary meeting can submit a claim for that meeting and attach the attendance form and the claim for payment.

For full details of the Texas Medicaid Autism Services Policy visit [TMHP website](#).

Effective February 1, 2022, autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Medicaid clients who are 20 years of age or younger, and who meet criteria outlined in the [Texas Medicaid Autism Services Policy](#)



Children and Pregnant Women (CPW)

What is CPW Case Management?

Blue Cross and Blue Shield of Texas (BCBSTX) defines case management for children and pregnant women as a Medicaid benefit that provides case management services to children from birth to 20 years of age with a health condition and to high-risk pregnant women of any case. Case managers help clients gain access to needed medical, social, educational and other covered services.

How Do CPW Case Manager Providers Connect Members to Services?

CPW Case Manager Providers will connect members to services such as:

- Assess behavioral health services and/or developmental testing.
- Coordinate Durable Medical Equipment, Home Health Nursing, Occupational, Physical, and Speech Therapy.
- Assist with the Special Education process for school issues.
- Help with transition planning.
- Address issues such as substance abuse, homelessness, or domestic violence.
- Finding other needs such as respite.

How will BCBSTX Service Coordination Team Partner with CPW Case Manager Providers? BCBSTX Service Coordinators take a person-centered approach to service planning and discover others involved in the member's care (including CPW Providers) during the Individual Service Plan (ISP) process.

When a Service Coordinator receives an intake form from a CPW Provider, the service coordinator will verify if the member is already partaking in service coordination. The purpose is to determine there are no duplicative efforts of service coordination for the member. If it's determined that the member is missing services not already being coordinated with BCBSTX, the CPW Provider will assist with coordinating those services.

How Can a Member Request CPW Case Management Services?

BCBSTX Members may self-refer for CPW Case Management services. This can be done by reaching out to Service Coordinators at:

- STAR/CHIP SC Line: 1-877-214-5630
- STAR Kids SC Line: 1-877-301-4394

or requesting case management services from their Primary Care Provider. BCBSTX members who are established with a CPW Provider may continue to see their CPW Case Manager Provider. BCBSTX will honor continuity of care and work with a member's current case manager to ensure all services are being met and/or not duplicative to ongoing services. If the CPW Provider is out-of-network, BCBSTX will work with a CPW Provider by administering a Single Case Agreement (SCA) until the CPW Provider is contracted with BCBSTX. Out of Network CPW Providers are required to submit prior authorization.



Vendor Services

Behavioral Health Magellan Healthcare

Medicaid STAR /CHIP Phone
Number:

1-800-327-7390

STAR Kids Members
Phone Number:

1-800-424-0324

Website:
www.magellanhealth.com

Dental Services: DentaQuest

Phone Number:
1-800-516-0165

Website:
www.dentaquest.com

Managed Care of North America Dental (MCNA)

Phone Number:
1-800-494-6262

Website:
www.mcna.net

Vision Service:

Davis Vision
Phone Number:
1-800-773-2847

Website:
www.davisvision.com/eye-care-professionals/

Prime Pharmacy: Services Therapeutics

STAR Phone Number:
1-855-457-0405

CHIP Phone Number:
1-855-457-0403

STAR Kids Phone
Numbers:
1-855-457-0757
(Travis service area)
1-855-457-0758
(MRSA Central service
area)
Website:
www.myprime.com

Value-Added Services (VAS) - STAR

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

- Extra Help Getting a Ride: Free rides to BCBSTX member events and meetings, VAS services and approved health classes.
- Texas Health Steps Gift Card Incentive
- Adolescent Checkup Gift Card Incentive
- Enhanced Eyewear
- Sports and Camp Physicals
- Prenatal Care Incentive with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Prenatal Visit Gift Card Incentive
- Postpartum Visit Gift Card Incentive
- Breastfeeding education through our Special Beginnings[®] Program
- Fresh and Healthy Produce Delivery for Pregnant Members
- In-Home delivery meal services after a Qualifying Hospitalization
- Dental Services for Adult Members
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH inpatient Discharge
- Access to find help, online health and wellness resources
- Blue365[®] Discount Pharmacy Program
- Boys and Girls Club Membership

VAS may have restrictions and limitations. Limitations on these services are explained in the [VAS STAR brochure](#).

Value-Added Services (VAS) – CHIP or CHIP Perinate

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

- Free rides to non-emergency doctor visits, therapy, pharmacy, WIC visits and classes
- 24-Hour Nurse Advice Line
- Well-Child Checkup Incentive Gift Card Incentive
- Adolescent Checkup Gift Card Incentive
- Human Papillomavirus (HPV) Vaccine Incentive
- Enhanced Eyewear
- Sports and Camp Physicals
- Health and Wellness Activity Incentive
- New Mom Welcome Home Kit
- Prenatal Care Incentive Option with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Breastfeeding Education through our Special Beginnings® Program
- Breastfeeding Support Kit
- Fresh and Healthy Food Support for Pregnant Members
- In-Home Meal Delivery Services after a Qualifying Hospitalization Up to 14 meals for one incident per year
- Dental Services for Adult Members
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH Inpatient Discharge
- Access to find help, formerly Aunt Bertha, online Health and Wellness Resources
- Blue365® Discount Pharmacy Program

VAS may have restrictions and limitations. Limitations on these services are explained in the [VAS CHIP brochure](#).

Value-Added Services (VAS) – STAR Kids

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

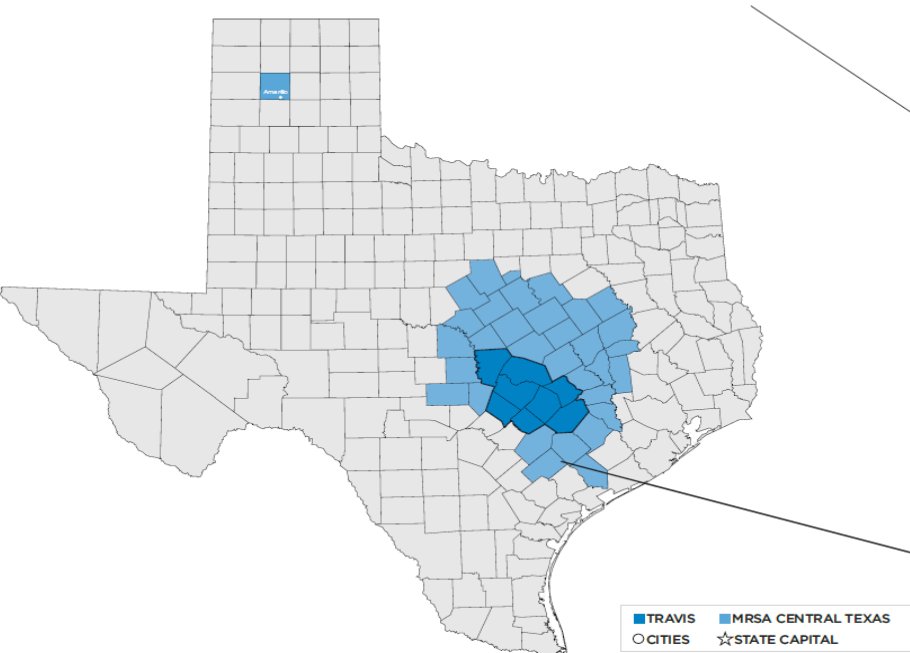
- Extra Help Getting a Ride: Free rides to BCBSTX member events and meetings, VAS services and approved health classes.
- Extra Help for Parents: Respite care for Medically Dependent Children Program (MDCP).
- Texas Health Steps Gift Card Incentive
- Adolescent (ages 11 to 21) Checkup Gift Card Incentive
- Enhanced Eyewear up to \$150 Value each year, after eye exam
- Sports and Camp Physical one free each year
- Reimbursement for Summer Recreational Activity
- Prenatal Care Incentive with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Prenatal Visit Gift Card Incentive
- Postpartum Visit Gift Card Incentive
- Breastfeeding education through our Special Beginnings[®] Program
- Fresh and Healthy Produce Delivery for Pregnant Members
- In-Home delivery meal services after a Qualifying Hospitalization – on incident per year
- Hippotherapy or Therapeutic Riding Services
- Incentive Gift Card for attending Parents/Legally Authorized Representative (LARS) who attend Member Resource Meetings
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH inpatient Discharge
- Access to findhelp, formerly Aunt Bertha, online health and Wellness Resources
- Blue365[®] Discount Pharmacy Program

VAS may have restrictions and limitations. Limitations on these services are explained in the [VAS STAR Kids brochure](#).

Where We Serve

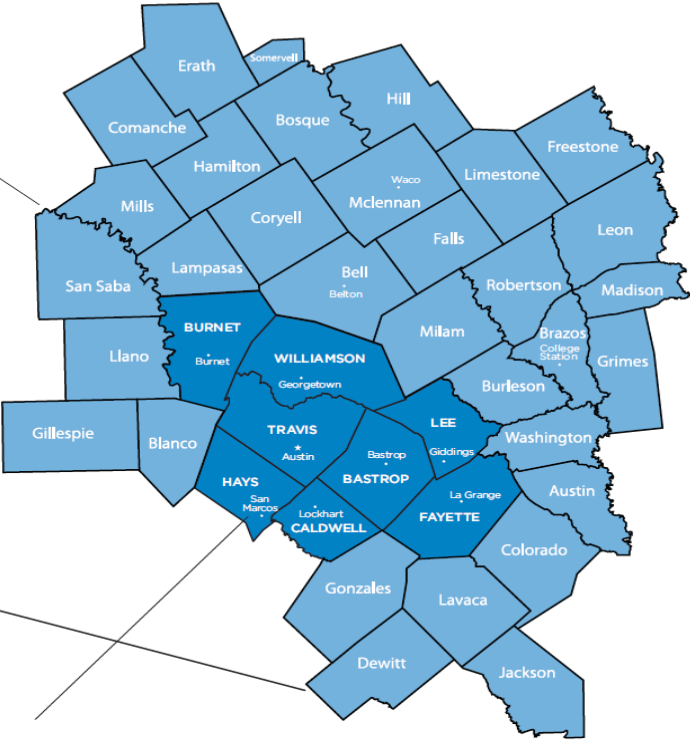
Service Area: **MRSA CENTRAL TEXAS**

COUNTIES:
BELL, BLANCO, BOSQUE, BRAZOS, BURLESON, COLORADO, COMANCHE, CORYELL, DEWITT, ERATH, FALLS, FREESTONE, GILLESPIE, GONZALES, GRIMES, HAMILTON, HILL, JACKSON, LAMPASAS, LAVACA, LEON, LIMESTONE, LLANO, MADISON, MCLENNAN, MILAM, MILLS, ROBERTSON, SAN SABA, SOMERVELL, WASHINGTON



Service Area: **TRAVIS**

COUNTIES:
BASTROP, BURNETT, CALDWELL, FAYETTE, HAYS, LEE, TRAVIS, WILLIAMSON



STAR and CHIP Service Area Travis Counties:

Bastrop, Burnett, Caldwell, Fayette, Hays, Lee, Travis and Williamson

STAR Kids Service Area Travis Counties:

Bastrop, Burnett, Caldwell, Fayette, Hays, Lee, Travis and Williamson

Service Area MRSA Central Texas Counties:

Bell, Blanco, Bosque, Brazos, Burleson, Colorado, Comanche, Coryell, Dewitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell and Washington



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How to Verify Member Eligibility



Texas Health and Human Services (HHSC)

The Texas Health and Human Services Commission (HHSC) delegates the responsibility of educating eligible STAR, CHIP, and STAR Kids members about their health plan options to Maximus.

The State will assign STAR and STAR Kids members to a plan if the member/family does not choose a plan.

CHIP and CHIP Perinate eligible members **must enroll** in a CHIP HMO within 90 days. CHIP eligible members do not default into an HMO. If an HMO is not chosen, the CHIP eligible member will become ineligible.

Note: *CHIP Perinate newborns are eligible for 12 months of continuous coverage beginning with the month of enrollment.*



How to Verify Member Eligibility

Our providers must verify eligibility before each service.

Contact Customer Service for
eligibility verification:

STAR/CHIP: 1-877-560-8055

STAR Kids: 1-877-784-6802

Use the State's Automated
Inquiry System (AIS) for

STAR and STAR Kids

1-800-925-9126

Utilize online resources:

www.tmhp.com

www.availability.com

CHIP Members receive a card:

- Blue Cross and Blue Shield of Texas member identification card
- They do not receive a State issued Medicaid identification card.

STAR and STAR Kids
members will receive two
identification cards upon
enrollment:

- State issued Medicaid card (Your Texas Medicaid Benefit Card)
- Blue Cross and Blue Shield of Texas Member Identification card

Blue Cross and Blue Shield of
Texas identification cards will
be re-issued if/when:

- The member changes his/her address
- The member changes his/her PCP
- Upon Request
- At Membership renewal



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Utilization Management and Prior Authorizations



Utilization Management

BCBSTX Utilization Management (UM) Team collaborates with providers to promote and document the appropriate use of health care resources.

Utilization Management takes a multidisciplinary approach to help provide access to health care services in the setting best suited for the medical and psychosocial needs of the member based on benefit coverage, established criteria and the community standards of care.

Authorization is based on medical necessity and will be contingent upon eligibility and benefits. It is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications with the exception of Texas Health Steps Service for children from birth through 20 years of age. For these services, medical necessity is based on the clinical documentation received by the utilization management department when requesting a prior authorization.

Providers may call Utilization Management toll-free for **STAR and CHIP** at **1-877-560-8055** and **STAR Kids** at **1-877-784-6802** with questions and/or requests, including requests for urgent/expedited prior authorization and urgent concurrent/continued stay review. An on-call nurse will provide assistances for any urgent after hours needs.

Utilization Management attempts to return calls the same day they are received during normal business hours. Calls received after normal business hours will be returned the next business day. All routine requests will be responded to within **24 hours**.

Providers may fax Utilization Management for **STAR and CHIP** to **1-855-653-8129** and **STAR Kids** to **1-866-644-5456** with requests for urgent/expedited and non-urgent prior authorization and concurrent/continued stay review. Faxes are accepted during normal business hours as well as after hours. Faxes received after hours will be processed the **next business day**.

Eligibility verification, benefits, and network information may be available after normal business hours at www.availity.com.



Services Not Requiring a Prior Authorization

In Network
services not
requiring a prior
authorization

- Diagnosis and treatment of sexually transmitted diseases
- Testing for the Human Immunodeficiency Virus (HIV)
- Family Planning services to prevent or delay pregnancy
- Behavioral Health Outpatient Services
- Annual Well Women exam
- Prenatal services
- Texas Health Steps
- **Additional Services may apply**

eviCore Healthcare (eviCore)® Prior Authorizations

Using eviCore

Providers initiate prior authorization for certain services through our BCBSTX partner eviCore.

24/7 Availability to submit prior authorizations request and check status via online

To register and receive training using eviCore, please contact your BCBSTX Provider Representative.

Prior Authorization Call Center:

7:00am- 7:00pm M-F,

1-855-252-1117

Website:

www.evicore.com

Web Based Services:

portal.support@evicore.com

1-800-646-0418 Option 2

Client Providers Operations:

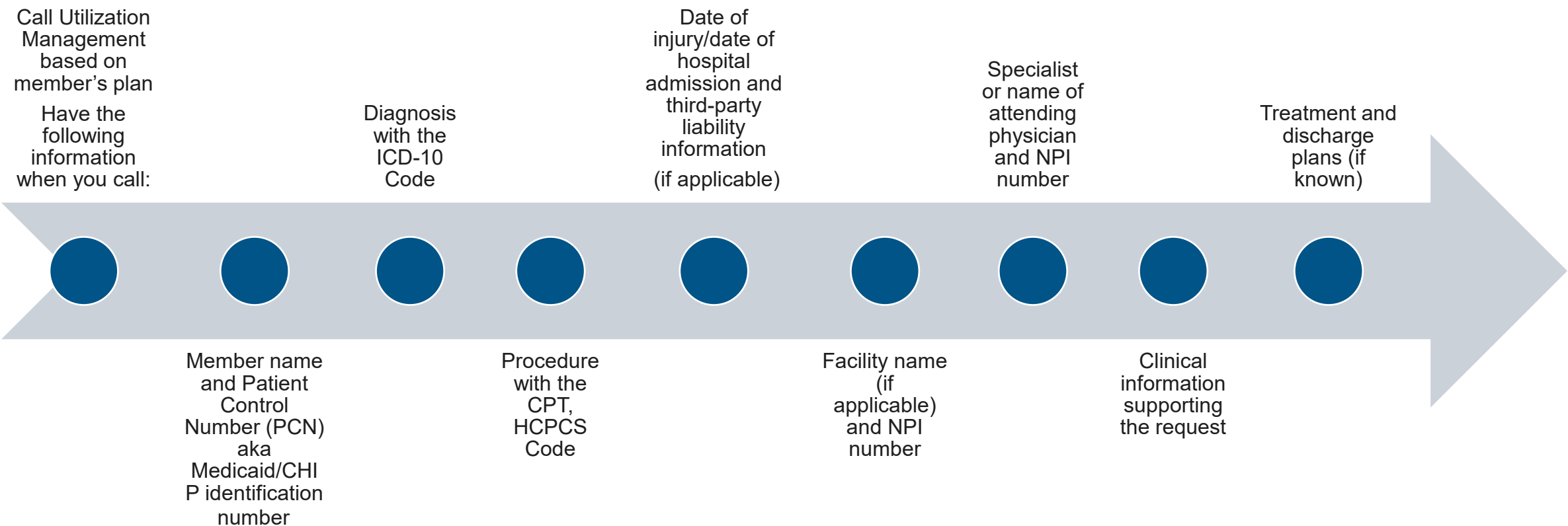
clientservices@evicore.com

Providers seeking Prior Authorizations for the following type of services will be required to use eviCore:

1. Radiology
2. Medical Oncology
3. Molecular Genetics
4. Musculoskeletal (OT,PT,ST,Chiro, Joint, and Pain)
5. Radiation Therapy
6. Sleep
7. Specialty Drug

Note: eviCore does not process claims.

Submitting a Prior Authorization



Timeframes for Prior Authorizations

- **24 Hours**
 - Concurrent Stay requests (when a member is currently in a hospital bed)
- **3 Business Days**
 - Prior authorization routine requests (before outpatient service has been provided)
- **1 Hour**
 - Urgent prior authorization requests are initiated before outpatient services have been provided and are reviewed within this time frame.*
- **Phone Numbers:**
 - STAR/CHIP: 1-877-560-8055
 - STAR Kids: 1-877-784-6802
- ***URGENT Prior Authorization is defined as a condition that a delay in service could result in harm to a member.**
- **Note: BCBSTX [Prior Authorization form or the Standard Authorization form](#) must be included with submission.**



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Service Coordination



Service Coordination Team - STAR and CHIP

Service Coordination is a benefit provided to STAR and CHIP members to help manage their health care needs. You can help coordinate care for our members and improve their health by working directly with them and their family. Our Blue Cross and Blue Shield (BCBSTX) Service Coordinator will look at the member's medical, behavioral, social and educational needs and work with other specially trained members of the BCBSTX Service Coordination team to design a care plan.

Make care plans,
answer questions and
talk to our members
about ideas to reach
their health goals

Help set up care with
your doctor and
specialists

Help our members, their
family and caregiver
better understand their
health condition(s),
medications and
treatments

Get the community support and
services our members need:
Behavioral Health Treatment
(Magellan)
Durable Medical Equipment
(DME)
Home health nursing
Medical supplies
Physical, Occupational, &
Speech therapy
Transportation

IF our member is eligible for these services, and the service is medically necessary, the dedicated Service Coordinator will help you receive these services.

Service Coordination Team - STAR Kids

Service Coordination is a STAR Kids benefit that helps our members choose services and plan so that our members can live in the most independent setting possible.

A BCBSTX service coordinator will work directly with the members, their family and you to meet health care and long-term services or support needs.

Make home visits and find out what our members needs are	Complete the Child's STAR Kids assessment tool and individual Service Plan	Help answer questions and talk to our members about ideas they have about how to reach their health goal	Get the right care with the right doctor	Provider Adult transition planning	Get the community support and services our members need: Behavioral Health Treatment (Magellan) Durable Medical Equipment (DME) Home health nursing Medical supplies Physical, Occupational, & Speech therapy Transportation
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IF our member is eligible for these services, and the service is medically necessary, the dedicated Service coordinator will help you receive these services.



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How to Submit a Claim?

Availity

www.availity.com

Claims Submission

Claims Status



Fraud, Waste, or Abuse

- Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider or a person getting Medicaid benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.
- **Examples of Fraud, Waste and Abuse:**
 - A health care professional getting paid for services that weren't given or needed
 - Altering medical records
 - Use of unlicensed staff
 - Drug diversion (e.g., dispensing controlled substances with no legitimate medical purpose)
 - Kickbacks and bribery
 - Providing unnecessary services to members.

To report fraud, waste, or abuse, choose one of the following:

- Call the Office of Inspector General (OIG) Hotline at **1-800-436-6184**
- [Report Waste, Abuse and Fraud online](#) ; or
- You can report directly to your health plan:
Blue Cross and Blue Shield of Texas
P.O. Box 660044
Dallas, Texas 75266-9506



How to get claims paid quickly

Benefits of Electronic Data Interchange (EDI) and Claims Portals

Timely Filing Limit: 95 calendar days from the date of service or per provider agreement or contract

- Convenient expedited claims processing
- Able to confirm, correct errors, and resubmit batch status electronically
- Portals/EDI Vendors
- TMHP Claims Portal
- Availity® Essentials
- HIPAA compliant and meet federal requirements

Paper Claims Submission

- Paper Claims
- Professional = CMS – 1500
- Institutional = CMS - 1450
- **Paper Claims Address:**
- Blue Cross and Blue Shield of Texas
- PO Box 51422
- Amarillo, TX 79159-1422

Electronic Claim Submission

- Electronic Data Interchange (EDI)
- Electronic Payor ID: 66001

Using Availity® Essentials for Claims Submission and Status

For electronic claim submissions, providers can submit and review claim status through the Availity® Essentials

The Availity® Essentials is HIPAA-compliant method of receiving claim payment and remittance details from BCBSTX.

For more information on how to register with Availity® Essentials, please visit:
www.availity.com/Essentials-Portal-Registration

Electronic Claim Submission via Availity Provider Portal

Availity Provider Portal

Availity's Claim Submission tool allows providers to quickly submit electronic Professional (ANSI 837P) and facility, or Institutional (ANSI 837I) claims or encounters to Blue Cross and Blue Shield of Texas (BCBSTX), at no cost. Use this online tool to submit a single claim or add to batch and send multiple claims to BCBSTX at the same time. Once submitted, you can confirm BCBSTX's receipt of the claim(s) and check claim status in real-time, all within the Availity Portal.

You must be registered with Availity to use the Claim Submission tool for electronic professional. You can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at [1-800-282-4548](tel:1-800-282-4548). This Availity Portal option does not require the use of a separate clearinghouse or practice management system.

How to access and use Availity's Claim Submission tool:

1. Log in to [Availity](#)
 2. Select **Claims & Payments** from the navigation menu
 3. Select **Professional Claim** or **Facility Claim**
 4. Within the tool, select your **Organization, Transaction Type and Payer**
 5. Complete the required fields
- For additional details, refer to the [Electronic Professional Claim Submission User Guide](#)

Claims Status Tool via Availity Provider Portal

Availity Provider Portal

The Availity Claim Status Tool is the recommended electronic method for providers to acquire detailed claim status for claims processed by Blue Cross and Blue Shield of Texas (BCBSTX) for the following members:

Government Programs – including Texas Medicaid Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the Claim Status tool to check status online for all your BCBSTX patients. Results are available in real-time and provide more detailed information than the HIPAA-standard claim status (276/277 transaction).

Quick Reference for Availity's Claim Status Tool:

Quick Reference:

→ Refer to page 7 to view claim status results for government programs claims

→ Refer to page 8 and 9 to view basic HIPAA-standard claim status results (276/277 transaction)

For additional details, refer to the [Electronic Professional Claim Status User Guide](#)

Texas Health Steps (THSteps) Claims

The Current Procedural Terminology (CPT®) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).

Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact: The appropriate medical or dental managed care plan, or TMHP for patients with fee-for-service coverage.

For more information regarding the Texas Health Steps Program or billing, please visit our Texas Health Steps (THSteps) Toolkit:

www.bcbstx.com/provider/medicaid/education-and-reference/texas-health-steps

Durable Medical Equipment (DME) Required Documentation

Durable Medical Equipment (DME) providers must disclose the following records to the Texas Health and Human Services Commission (HHSC) or its designee on request. These records and claims must be retained for a minimum of five years from the date of service (DOS) or until the audit questions, appeals, hearings, investigations, or court cases are resolved. Use of these service is subject to retrospective review.

Durable medical equipment providers must retain the following documents:

**Required DME Documents
Home Health Services (Title XIX) DME/
Medical Supplies Physician Order forms:**

- [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Forms](#)
- [Addendum to Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Forms](#)
- Ordering Physicians must maintain copies of the completed, originally signed and dated forms in their records.

**Required DME Documents
Delivery Slips**

- Providers must retain individual delivery slips or invoices for each DOS that shows the date of delivery of all supplies provided to the client.
- Documentation of delivery must include one of the following:
 - Delivery slip or corresponding invoice signed and dated by client or caregiver.
 - A dated carrier tracking document with shipping date and delivery date must be printed from the carrier's website as confirmation. The dated carrier tracking document must be attached.
- The following must be included in the dated delivery slip:
 - Client's full name
 - Address where supplies were delivered
 - Itemized list of goods (includes descriptions and numerical quantities)
 - Corresponding tracking number from carrier.

**Required DME Documents
Claims Submission**

- All claims submitted for medical supplies must include the same quantities or units that are documented on the delivery slip or corresponding invoice and on the Home Health Services (Title XIX) forms.
- The number of units by which each product is measured must be included.
- Must be one dated delivery slip or invoice for each claim submitted for each client.
- All claims submitted for medical supplies must reflect either one business day before or after the date of service as documented on the delivery slip or corresponding invoice and the same information covered by the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
- The DME Certification and Receipt Form is still required for all equipment delivered.

PCP Availability and Appointment

- Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid reminds all Primary Care Physicians (PCPs) about Appointment Accessibility Standards.
- PCPs will be surveyed throughout the year regarding Appointment Accessibility standards. The Access Appointment Availability PCP [form](#) must be completed and returned.
- The timeframe for PCP’s appointment accessibility:

Appointment Accessibility Standards	
Primary Care Physician (PCP) Visit Type	Access Standards
Primary Routine Care	Within 14 days of request
For STAR , Preventive Covered Services including annual adult well checks	Within 90 days of request
For STAR , Preventive Covered Services for members younger than six months of age	Within 14 days of request
For STAR , Preventive Covered Services for members six months through age 20	Within 60 days of request
For CHIP , Preventive Care	Per the American Academy of Pediatrics (AAP) Periodicity Schedule ¹
Medicaid members, Preventive Care	Per Texas Health Steps (THSteps) Periodicity Schedule
BCBSTX new members 20 years of age or younger, THSteps Check-up	Within 90 Days of enrollment



OB/GYN – Prenatal Availability and Appointment

The purpose of this form is for our OB/GYN providers to notify BCBSTX of any challenges they are experiencing regarding compliance with prenatal appointment availability.

[Provider Compliance Challenges with Prenatal Appointment Availability](#)

The timeframe for prenatal appointment accessibility for all OB/GYN providers:

Appointment Accessibility Standards	
Prenatal Care Visit Type	Access Standards
Prenatal care (first and second trimesters)	Within 14 days of request
Prenatal care for: <ul style="list-style-type: none">• third trimester• high-risk pregnancy	Within 5 days of request or immediately if an emergency exists
Prenatal Care (after initial visit)	Appointments for ongoing care must be available in accordance with the treatment plan as developed by the provider.

Our provider network representatives are here to assist. Please fill out the form and submit it to our [Texas Medicaid Network Department](#).





BlueCross BlueShield of Texas

Submitting Complaints, Appeals and Reconsiderations



Submitting Complaints

Submitting a Member Complaint

A Complaint is defined as any expression of dissatisfaction about any matter related to BCBSTX except for an action or an adverse determination (i.e. any denial, reduction, or termination of benefits in whole or in part denial of services).

A member or provider or authorized representative can file a complaint.

A complaint can be **filed anytime**.
Within 30 Calendar days of receipt of complaint, it must be resolved.

Note: If the member is minor or is incompetent or incapacitated, the parent, guardian, conservator, relative or other designee of the member, as appropriate, may submit the complaint.

Ways to Submit Complaints :

Call a Customer Advocate at
1- 888-657-6061 STAR and CHIP
1-877-688-1811 STAR Kids
submit in writing to:

Call a BCBSTX Member Advocate
toll free at 1-877-375-9097 (711).

Return the Complaints form to:
**Blue Cross and Blue Shield
of Texas**

Attn: Complaints and Appeals Dept.
PO Box 660717
Dallas, TX 75266-0717
Fax: 1-855-235-1055

Call the Managed Care Help Line:
1-866-566-8989 (toll free).

**Texas Health and Human
Services Commission**

Office of the Ombudsman,
MC H-700
P.O. Box 13247
Austin, TX 78711-3247
Fax: 1-888-780-8099 (toll-free)

Note: For more information on how a member can submit a complaint:

HHSC Member Complaints.

Submitting a Provider Complaint

Physician and other professional provider complaints and appeals are classified into categories for processing by BCBSTX as follows:

Complaints relating to the operations of BCBSTX.

Physician and other professional provider appeals related to Adverse Determinations.

Physician and other professional provider appeals of non-medical necessity claims determinations.

Ways to Submit Complaints :

Calling Customer Service at

1- 877-560-8055 STAR and CHIP

1-877-784-6802 STAR Kids

submit in writing to:

Texas Health and Human Services Commission Provider Complaints

Health Plan Operations, H320
P.O. Box 85200
Austin, TX 78708

Complaints may also be emailed
to:

HPM_complaints@hhsc.state.tx

CHIP care providers: Texas Department of Insurance (TDI)

Texas Department of Insurance
Consumer Protection (111-1A)
P.O. Box 149104
Austin, TX 78714 -9104

Complaints may also be emailed
to:

ConsumerProtection@tdi.state.tx.us

Submitting Appeals

Submitting Appeals

Filing a Standard Appeal:

An Appeal is defined as a request for review of an action or adverse determination, which is any denial, reduction, or termination of benefits in whole or in part.

Within **60 Calendar** days of the notice date on an action letter advising of the adverse determination, a Member or Provider may file an appeal.

Appeals and Resolved Dates:

Within **5 Business** days Acknowledgement letter sent to providers

Within **30 Calendar** days (standard appeal) unless extension is needed

Within **72 hours** (emergency appeals)

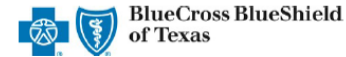
Within **1 working day** (if a request for continued stay)

Submit an Appeal, State Fair Hearing or External Medical Review request by calling:

A Customer Advocate at **1-888-657-6061 (711)** as first option

A Member Advocate at **1-877-375-9097 (711)**

Provider Appeal Request Form



Provider Appeal Request Form

- Please complete one form per member to request an appeal of an adjudicated/paid claim.
- Fields with an asterisk (*) are required.
- Be specific when completing the "Description of Appeal" and "Expected Outcome."
- Please provide all **supporting documents** with submitted appeal.
- Appeals received **incomplete appeals form or missing documents will be returned for your completion**
- Appeals must be submitted within 120 days of the remittance date.
- Mail or Fax the completed form to:

Blue Cross and Blue Shield of Texas
Attn: Complaint and Appeal Department
P.O. Box 660717
Dallas, Texas 75266
Fax: (855) 235-1055

Line of Business Type* (Check One): ☐ CHIP ☐ STAR ☐ STAR Kids

Provider Name*: _____

National Provider Identifier (NPI) Number: _____ Texas Provider Identifier*: _____

Tax ID Number: _____

Street Address*: _____

City*: _____ State: _____

Provider Type: ☐ PCP - Primary Care Physician ☐ Hospital

☐ DME - Durable Medical Equipment

☐ FQHC/RHC

CLAIM INFORMATION

Member Name*: _____ Birth: _____

Subscriber ID Number or Medicaid: _____

Original Claim ID Number(s)/Correction(s): _____

Service "From/To" Dates* (dates of service): _____

Original Claim Amount Billed: _____ Original Claim Amount Paid: _____

Appeal Reason*: ☐ Eligibility ☐ Coordination of Benefits ☐ Authorization ☐ Claim Payment Incorrectly ☐ Timely Filing

☐ Medical Necessity ☐ Other

Expected Outcome*: _____

Contact Name (please print)*: _____ Title: _____

Phone Number*: _____ Fax Number: _____

Signature: _____ Date: _____

☐ Check here if medical records are attached. ☐ Check here if additional information is attached.

For Health Plan Use Only Appeal Number: _____

Provider appeals acknowledgement receipt will be sent to organization first (5) days and resolved within (30) days of receipt.

- This is not a claims reconsideration form. Please use the claims reconsideration located at

www.bcbstx.com/provider/medicaid

Submitting Fair Hearing

State Fair Hearings and External Medical Reviews:

A STAR or STAR Kids member who is not satisfied with the decision made on the appeal can request a State Fair Hearing with or without an External Medical Review. A request must be submitted within 120 days from the notice of adverse determination (CHIP members can request an IRO).

Appeals, State Fair Hearings and External Medical Review request forms can be submitted to:

Blue Cross and Blue Shield of Texas
Attention: Appeal Department
P.O. Box 660717
Dallas, TX 75266-0717
Fax: **1-855-235-1055**
Email: **GPDTXMedicaidAG@bcbsnm.com**.

Find plan specific complaints, appeals, State Fair Hearing and External Medical Review forms at the respective member site.

www.bcbstx.com/starkids

www.bcbstx.com/chip

www.bcbstx.com/star

Submitting Reconsideration

Submitting Claims Reconsideration

Claims reconsideration is review of a claim for payment reconsideration. Claims are either rejected at the EDI gateway, or the claims is adjudicated in our claim system for payment reconsideration.

Provider or authorized representative can file a claims reconsideration.

Deadlines:
95 days from initial timely filing
120-day claims reconsideration deadline from date of first denial

What must be included with submission
Certain claims must be sent with accompanying documentation for a claim to be reconsidered:

- Reconsideration Request Form
- Primary Insurance EOB
- Sterilization forms
- Invoice/MSRP
- Itemized bill
- Unlisted procedure code/procedure code documentation
- Medical records related to a claim denial

Email completed form and all attachments to:
Blue Cross and Blue Shield of Texas
Claims Reconsiderations
Texas Medicaid Network Department
Email: TexasMedicaidNetworkDepartment@bcbstx.com

Claims Reconsideration Request Form



Reconsideration Request Form

Please Check Below - Attached is the requested information/documentation:

- Primary insurance EOB
- Invoice/MSRP
- Itemized bill (when required)
- Unlisted procedure code/ procedure code documentation
- Medical records related to a claim denial (**NOT** related to a medical necessity appeal)

Select only **ONE** reason for this request. If additional adjustment reasons apply, please submit a separate Adjustment Request Form for each reason/explanation code as listed on your EOP.

- Claim was denied for no authorization, but authorization number _____ was obtained.
- Claim was denied due to lack of Texas Provider Medicaid enrollment. TPIs: _____
- Claim was not paid per contracted rate with BCBSTX. My contract with BCBSTX is _____ the terms of my contract with BCBSTX Plans. Please explain and advise _____ nt expectation/amount: _____
- Claim was denied due to member ineligibility _____ e of service rendered _____
- Other. Please explain _____
- ☒ Check box if this Request is for multiple claims. Please attach a separate list if more than one claim number. _____ member ID is related to this reconsideration request.

Provider Name	Provider Tax ID
Provider NPI	Original Payment Received
BCBSTX Claim Number*	Dates of Service*
Member Name*	Member ID*

Email completed forms and all attachments to:

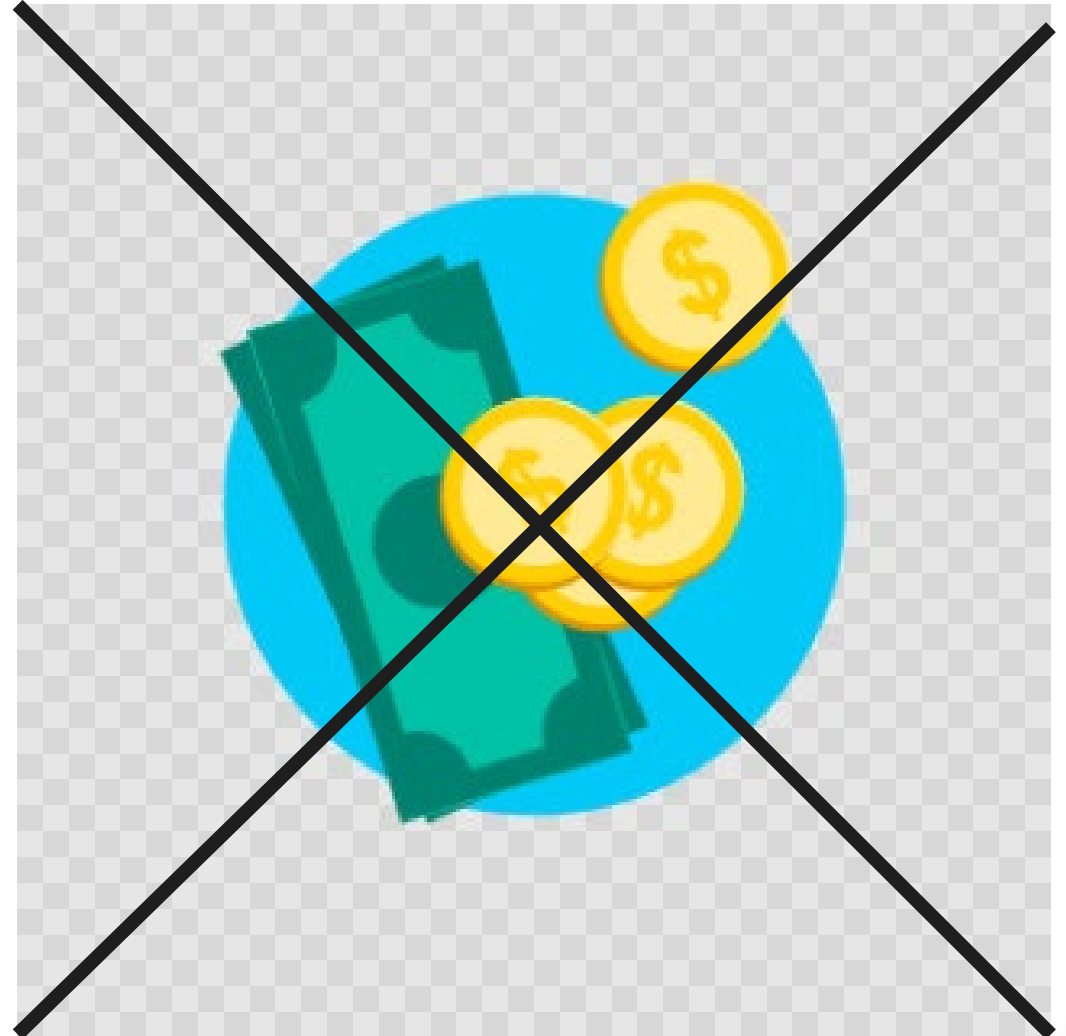
Blue Cross and Blue Shield of Texas
Claims Reconsiderations
Texas Medicaid Network Department
Email: TexasMedicaidNetworkDepartment@bcbstx.com

Contact name & number of person responsible for reconsideration _____

BCBSTX

Balance Billing Members

- Balancing Billing Medicaid Members is not allowed
- Please contact your Medicaid Provider Network Representative at 1-855-212-1615



Customer Service and Important Contact Numbers

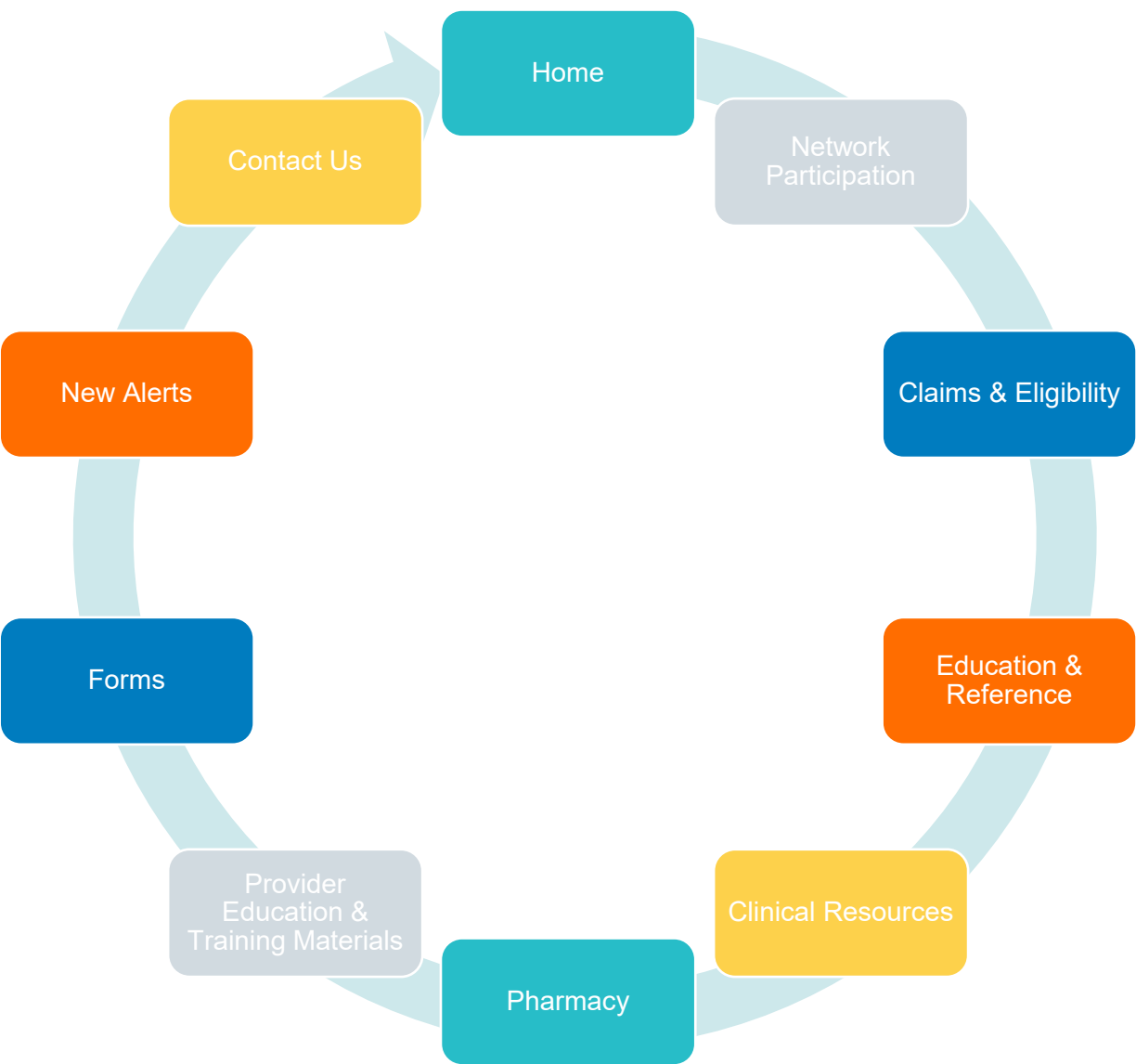
STAR and CHIP Customer Service	
Provider:	1-877-560-8055
Member:	1-888-657-6061
TTY:	711
Telephone Support available Monday to Friday 8 a.m. to 5 p.m. CST	
Web Support Available through Availity: www.availity.com	
STAR Kids Customer Service	
Provider:	1-877-784-6802
Member:	1-877-688-1811
TTY:	771
Telephone Support available Monday to Friday 8 a.m. to 5 p.m. CST	
Web Support available through Availity: www.availity.com	
Nurse Advise Line: STAR, CHIP, and STAR Kids	
STAR and CHIP: 1-844-971-8906	
STAR Kids: 1-855-802-4614	
Available 24 hours a day, 7 days a week	

Interpreter Services

Language Assistance is available at no cost

- Member
 - Call Customer Service at
1-888-657-6061 STAR & CHIP
1-877-688-1811 STAR Kids to request interpreter services
 - Request: Please request service three business days in advance
 - Cancellation: Please provide 24 business hours notice
- Provider
 - 1-877-560-8055 STAR & CHIP
1-877-784-6802 STAR Kids
 - Request: Please request service three business days in advance
 - Cancellation: Please provide 24 business hours notice
 - BCBSTX Provider Website
www.bcbstx.com/provider/medicaid/

BCBSTX Medicaid Provider Website



Website link:

<https://www.bcbstx.com/provider/medicaid>



Disclaimers

- Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.
- eviCore® is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of Blue Cross and Blue Shield of Texas. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.
- CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. For inactive CPT or Healthcare Common Procedure Coding System (HCPCS) codes that have been replaced by a new code(s), the new code(s) is required to be submitted.



BlueCross BlueShield of Texas

Questions?

Please contact:

BCBSTX Network Representatives

Phone: **1-855-212-1615**

TexasMedicaidNetworkDepartment@bcbstx.com

