

# Children and Pregnant Women Program

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Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield  
Association



# Training Overview

- 1 What is the Children and Pregnant Women Program?
- 2 Utilization Management
- 3 Service Coordination
- 4 Claims Billing

1

# What is the Children and Pregnant Women Program?

AGENDA  
TOPICS

- Program Overview
- Provider Types
- Provider Eligibility
- How to Enroll
- Requirements for Doulas and Community Health Workers

# CPW Case Management Overview

## What is CPW Case Management?

Blue Cross and Blue Shield of Texas defines case management services that are provided to help Medicaid eligible persons gain access to necessary medical, social, educational and other services.

### Case managers:

- Assess a person's need for these services and
- Develop a service plan to address those needs

Case Management for Children and Pregnant Women services are outlined in the Texas Administrative Code.



# CPW Case Management Overview (Continued)

## Who can receive the services?

**CPW services are a benefit for children birth through 20 years of age who:**

- Are Medicaid eligible in Texas
- Have, or are at risk for, a health condition, illness, injury or disability that results in limitation of function, activities or social roles in comparison with healthy peers of the same age in the general areas of physical, cognitive, emotional or social growth and development
- Need Case Management for Children and Pregnant Women services
- Choose such service

**CPW services are a benefit for pregnant women of any age who:**

- Are Medicaid eligible in Texas
- Are pregnant and have a medical and/or psychosocial condition that places them and their fetus(es) at greater than average risk for complications, either during pregnancy, delivery or following birth
- Need Case Management for Children and Pregnant Women services
- Choose such services.



# Providers Who Are Eligible to Provide CPW Services

To be eligible to provide Case Management for Children and Pregnant Women services, a provider must be at least 18 years old, enrolled in Medicaid and approved by the Health and Human Services Commission. Additionally, providers must meet specific qualifications related to their professional background, such as:

- **APRN:** Must hold a license under Texas Occupations Code Chapter 301.
- **Registered Nurse:** Must hold a license under Texas Occupations Code Chapter 301 and have either a baccalaureate degree in nursing or an associate's degree with specific work or internship experience.
- **Social Worker:** Must hold a license, other than a provisional or temporary license, under Texas Occupations Code Chapter 505, appropriate for the individual's practice.
- **Community Health Worker:** Must be certified by the Department of State Health Services.
- **Doula:** Must be certified in alignment with nationally recognized standards and meet specific experience and training requirements.
- **FQHCs:** Must use their FQHC provider type, specialty code and taxonomy code, as well as their individual NPI, to deliver services. Use their own individual NPI.

# Children and Pregnant Women Providers

## Enrollment Requirements

### Enrollment Process:

1. Pre-planning process: Providers must engage in a pre-planning process with HHSC.
2. Standardized Training: Providers must complete the HHSC standardized case management training.
3. HIPAA Training: Providers must complete the Health Insurance Portability and Accountability Act training.
4. HHSC Approval: Providers must receive an approval letter from HHSC to enroll as a Medicaid provider for CPW services.
5. Medicaid Enrollment: Potential providers must enroll as a Medicaid provider for Case Management for Children and Pregnant Women and submit their HHSC approval letter.



# Additional Requirements for Doulas and Community Health Workers

Doulas and Community Health Workers can become authorized to provide Case Management for Children and Pregnant Women services in Texas by successfully enrolling in the Provider Enrollment and Management System.

The Texas Health and Human Services Commission oversees the necessary certifications, attestations and documentation for enrollment through the Texas Medicaid & Healthcare Partnership, which utilizes PEMS.



# Requirements for Doulas

## Experience Pathway

- Attest to having five years of experience as a doula within the last seven years.
- Attest to attendance in three births in the last seven years.
- Submit an approval letter from HHSC.
- Attest to having completed Health Insurance Portability and Accountability Act training.
- Upload their HIPAA certification.
- Submit three professional letters of recommendation dated in the last seven years.



# Requirements for Doulas

## Training Pathway

- Attest to attendance in three births.
- Submit an approval letter from HHSC.
- Attest to having completed HIPAA training.
- Upload their HIPAA certification.
- Submit three professional letters of recommendation dated in the last seven years.
- Attest to having completed all training that is necessary to meet the core competency requirements.



# Requirement for Community Health Workers

1

Submit an approval letter from HHSC

2

Submit their CHW certification number and state the expiration date, which should be no more than two years from the date of enrollment as CHW

3

Attest to having completed HIPAA training

4

Upload their HIPAA certification

Providers can refer to the **PEMS Instructional Site** for additional guidance on completing their enrollment.

2

# Utilization Management

AGENDA  
TOPICS

- Prior Authorization
- Documentations
- Out of Network Authorizations

# CPW Prior Authorization Process Flow

The process flow below identifies the prior authorization guidelines

Step	1. Case Management Referral	2. After Receipt of Referral	3. Service Coordination Notification	4. Services Outside of Case Management or Service Coordination	5. Audit Process
<b>Actions</b>	Referral received through: 1. Self Referral (Member) 2. Referral by Service Coordination 3. Referral by Providers	<ul style="list-style-type: none"><li>CPW Provider completes intake/referral form and submits to BCBSTX.</li><li>BCBSTX Service Coordinator will review and respond to referral within 3 business days. For urgent pre-service within 72 hours.</li></ul>	<ul style="list-style-type: none"><li>BCBSTX Service Coordinator will notify CPW Provider of services currently or not currently being coordinated (to avoid duplication).</li><li>For services that are not duplicative, CPW Provider will assist member in their coordination.</li></ul>	If it's determined the member requires services that are out of scope of both CPW Provider or Service Coordination, BCBSTX will coordinate and ensure member receives care.	<ul style="list-style-type: none"><li>CPW Providers are subject to BCBSTX internal audits.</li><li>CPW Providers will be required to retain all documentation related to the care of members as applicable with our provider contract and HHSC guidelines.</li></ul>

**Please note: No prior authorization** or submission of documentation is required to obtain CPW case management services, unless the CPW Provider is out-of-network.

# Prior Authorization Process for CPW Related Services

The criteria below will be leveraged by MCO staff to avoid duplication of services.

**Additional CPW follow-up visits may be considered when:**

- All previous comprehensive follow-up visits have been completed.
- The person still meets eligibility requirements.
- Additional visits are needed to resolve previously identified needs or newly identified needs.
- Documentation supports the reason(s) needs originally identified have not been addressed.
- No prior authorization is required for the follow-up visit unless the CPW Provider is out of network.
- Documentation should be maintained by the CPW Provider for all visits provided to ensure services rendered were appropriate and specific to the member's needs.



**Note:** Authorization requirements can be found in the Provider Manual of BCBSTX or by contacting the authorization team with BCBSTX:

- STAR/CHIP: **877-560-8055**
- STAR Kids: **877-784-6802**

# Out of Network CPW Providers and Audits by BCBSTX

**BCBSTX is dedicated to ensuring continuous service to our members and proper service utilization.**

## Out-of-Network CPW Providers Process

- BCBSTX will require prior authorization from CPW Providers who are out-of-network,
- BCBSTX will make every effort to contract with out-of-network CPW Providers.
- If a member has an established relationship with an out-of-network CPW Provider, BCBSTX will allow the member to continue to see the CPW Provider to fulfill our obligations for the member's continuity of care.

## Audits

- BCBSTX is committed to ensuring all network providers follow the rules and standards as applicable by law when it comes to fraud, waste and abuse. CPW Providers will be responsible for maintaining documentation for the purpose of annual audits.
- Documentation will include but not limited to: Referral and Intake Form, Family Needs Assessment Form, Progress Notes, Service Plans and Follow-up Forms.
- The purpose of the audit is to ensure all services are medically necessary and avoid duplicative services.

## Caring for Our Members

BCBSTX supports our Medicaid members in receiving the assistance they need from CPW Providers without delay.



- Members who are not engaged in BCBSTX Service Coordination will receive support from CPW providers without requiring preauthorization.
- Members already engaged with BCBSTX Service Coordination will receive educational support from CPW providers as needed while their Service Coordinator assists with all their other needs.

# 3

# Service Coordination

## AGENDA TOPICS

- Overview of Service Coordination
- Service Coordination Process
- Members Requesting CPW Services

# Service Coordination and CPW

## How will the 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 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.



# Service Coordination and CPW

## 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 and occupational, physical and speech therapy.
- Assist with the special education process for school issues.
- Help with transition planning.
- Address issues such as substance use disorder, homelessness or domestic violence.
- Finding other needs such as respite.

## How Can a Member Request CPW Case Management Services?

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

- STAR/CHIP SC Line: **877-214-5630**
- STAR Kids SC Line: **877-301-4394**
- Texas Health Steps: **877-847-8377**

Or members may request case management services from their primary care provider. Our members who are established with a CPW Provider may continue to see their CPW Case Manager Provider.

# How Will CPW Providers Refer for Services?

CPW Providers may refer for services using the following methods:



**Submit intake form (CM-01A “Referral and Intake”) to BCBSTX.**

Intake forms can be emailed to:

[tx\\_medicaid\\_hc@bcbstx.com](mailto:tx_medicaid_hc@bcbstx.com)



**Call BCBSTX Service Coordination team at:**

- STAR/CHIP: **877-214-5630**
- STAR Kids: **877-301-4394**

No Prior authorization (in-network) is required to use CPW Case Management Services.

 TEXAS Health and Human Services Case Management for Children and Pregnant Women		CM-01A 4/18		
<b>REFERRAL &amp; INTAKE FORM</b>				
<b>REFERRAL</b>				
Referral Date:	Name of Referral Source (List agency/company name):	Name of Person Making Referral:		
Phone Number for Person Making Referral:		Fax Number for Person Making Referral:		
<b>CLIENT INFORMATION</b>				
Client Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Medicaid #:	Language Preference:			
Parent/Guardian Name (if client is under 18):				
Residential Address:	City:	ZIP:	County:	
Phone Numbers:	Home:	Work:	Cell:	Other:
Health Condition/Health Risk (Child) or High-Risk Condition (Pregnant Woman) / Case Management Needs Per Referral Source:				
Referral section completed by:				
Priority Status of Referral: <input type="checkbox"/> Urgent (contact within 1 working day) <input type="checkbox"/> Standard (contact within 7 working days)				
<b>INTAKE</b> (completed by case manager with client/parent/guardian)				
Date of Intake:	Information provided by:			
<input type="checkbox"/> Information same as provided by referral source				
<input type="checkbox"/> Additional information provided by client/parent/guardian; Include expected date of delivery if pregnant:				
Outcome of Referral:				
<input type="checkbox"/> Eligible needs. Submit initial prior authorization request for case management services.				
<input type="checkbox"/> Routine medical and dental needs. Refer to Texas Health Steps Hotline or MCO.				
<input type="checkbox"/> Routine medical transportation needs. Refer to Medical Transportation Program.				
<input type="checkbox"/> Basic needs only. Refer to 2-1-1 or other community resource.				
<input type="checkbox"/> Not interested in case management services and/or no needs identified.				
<input type="checkbox"/> Other				
<b>Attempts to Contact Client/Parent/Guardian</b>				
Date of Attempts:	Action:			
1.				
2.				
3.				
Intake completed by:				

# 4

# Claims Billing

## AGENDA TOPICS

- Billing for CPW Services
- Claim Submission Process
- Additional Resources
- Contacting Texas Medicaid Provider Relation Staff

# Billing for CPW Services

Procedure Code	Procedure Description	Additional Information
G9012	Comprehensive visit (in-person)	Modifier U2 and U5 (both required)
G9012	Comprehensive visit (Synchronous audiovisual)	Modifier U2, U5 and 95 (all required)
G9012	Follow-up visit (in-person)	Modifier U5 and TS (both required)
G9012	Follow-up visit (Synchronous audiovisual)	Modifier U5, TS, and 95 (all required)
G9012	Follow – up visit telephone (audio only)	Modifier TS and 93 (both required)

Modifier	Description
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
TS	Follow-up service
U2	Comprehensive visit
U5	Face to face visit

# Claims Submission Process

Case Management services for CPW are limited to one contact per day per person. Additional provider contacts on the same day are denied as part of another service rendered on the same day. Prior authorization is not required for case management.

- **Electronic Claims Submission via Availity® Essentials**
  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. Payor ID - **66002**
  6. Complete the required fields
- **Paper Claims Submission (HCFA CMS 1500)**

Claims Mailing address:  
Blue Cross and Blue Shield of Texas  
PO Box 650712  
Dallas, TX 75265-0712
- **Taxonomy Codes must be on the claim**

Taxonomy code submitted **must match** the one submitted and approved by the State Medicaid Agency for the submitted National Provider identifier/ Atypical Provider Identifier/ Tax ID.



For additional details, refer to the **Learning & Training Center** on Availity for the [Electronic Professional Claim Submission User Guide](#)

# Additional Resources

## Provider Website

Our website is here to help you, with tools and information to answer your questions. On the website you'll find details on:

- Claims and Eligibility (i.e., prior authorization, claims, etc.)
- Education & Reference (i.e., Provider Manuals, Education Materials, Claims Training, etc.)
- Clinical Resources (i.e., policies, quality improvement, behavioral health)

Link to provider website: [www.bcbstx.com/provider/medicaid](http://www.bcbstx.com/provider/medicaid)

## Online Training

All provider training is posted under Education & Reference. Providers will be sent emails when there are new trainings available. If you have any questions, feel free to reach out to the Provider Relations team.



# Contacting TX Medicaid Provider Relations Team

**Our Provider Relations staff are available to you.**

The primary role of the Provider Relations team is to provide outstanding customer service by helping you with your needs. The team has over 50 years of combined Medicaid experience. Please note, the Medicaid Provider Relations team can only assist with Texas Medicaid inquiries; all other requests will be rejected.

## Typical Services Provided:

1. Claim Assistance
2. Provider Training and Education
3. Help with Quality Initiatives
4. Complaints and Appeals

## Contact the Provider Relations Team at:

Provider Network Management:

Phone: **855-212-1615**

Fax: **512-349-4860**

Email:

**TexasMedicaidNetworkDepartment  
@bcbstx.com**



# Thank you for joining!

[Contact information]

