Medicaid Managed Care Program (STAR) and Children’s Health Insurance Program (CHIP)

OB/GYN Provider Training
Customer Service
Still committed to providing excellent service to members and providers

Telephone support
- Provider: 877-560-8055
- Member: 888-657-6061
- TTY: 711
- Monday to Friday
- 8 a.m. to 8 p.m. CT

Web Support at www.availity.com

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Member Enrollment and Eligibility
Providers must verify eligibility before each service

Ways to verify STAR and CHIP member eligibility

- [www.availity.com](http://www.availity.com)
- [www.passporthealth.com](http://www.passporthealth.com)
- Use the State’s Automated Inquiry System (AIS)- for STAR (not CHIP)
  - 800-925-9126
- Call the BCBSTX Customer Service Center:
  - 877-560-8055
    - Customer Care Representative
    - Interactive Voice Response automated telephone response system
STAR members receive two identification cards upon enrollment:
- State issued Medicaid identification card (Your Texas Medicaid Benefit Card); this is a permanent card and may be replaced if lost
- Blue Cross and Blue Shield of Texas member identification card

CHIP members only receive a Blue Cross and Blue Shield of Texas member identification card, they do not receive a State issued Medicaid identification card

Identification cards will be re-issued to the member
- If the member changes their address
- If the member changes their Primary Care Physician (PCP)
  - The member may change their PCP at any time and the change is effective the day of request
- Upon member request
- At membership renewal
Sample Member Identification Cards

Examples of BCBSTX identification cards

STAR alpha prefix: ZGT

Member Name: <F_NAME M_INIT L_NAME>
Alpha Prefix: ZGT
Subscriber ID: <SBSB_ID>
Medicaid ID Number: <MEME_MEDCD_NO>

PCP Effective Date: <EFF_DT>
Rx Group No.: <RX_GROUP2>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

PCP: <PCP_NAME>
PCP PHONE

bcbstx.com

Customer Care/Atención al Cliente
Medical/Prescription Drug/Visa:
24 hours/7 days a week
TTY: 1-888-657-6061
TTY: 711

Blue Cross Blue Shield of Texas

24 Hour Nurse Line/Line de ayuda de enfermería
disponible las 24 horas:
TTY: 1-844-971-8906
TTY: 711

Behavioral Health Services Hoja de
Behavioral Health Lines Directe Servicio
24 hours/7 days a week
TTY: 1-800-327-7809
TTY: 1-800-735-2988

For emergency care received outside of Texas:
Hospital and physicians should file claims to the
local BCBS Plan.

Card Issued <DT>
Member Identification Cards Continued

Examples of BCBSTX identification cards

CHIP alpha prefix: ZGC
Examples of BCBSTX identification cards

CHIP Perinate

Perinate

Member Name: <F_NAME | INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SSSB_ID>
CHIP ID No.: <CHIP ID No.>

Effective Date: <EFF DT>
Rx Group No.: <Rx Group>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

{CHIP}

bcbs.com/Medicaid

Smart Blue Cross Blue Shield of Texas

Claim ID: 011552

Member Name: <F_NAME | INIT L_NAME>
Alpha Prefix: ZGE
Subscriber ID: <SSSB_ID>
CHIP ID No.: <CHIP ID No.>

Effective Date: <EFF DT>
Rx Group No.: <Rx Group>
Rx BIN: 011552
Rx PCN: TXCAID
PBM: PRIME

CHIP Perinate

PCP No.: N/A

For CHIP Perinate newbenefit:
No co-payment or co-sharing for covered services

CHIP Perinate

For CHIP Perinate newbenefit:
No co-payment or co-sharing for covered services

CHIP Perinate alpha prefix: ZGE
Member Benefits and Services
Some of the benefits include:

- Well-child exams and preventive health services, and screening for behavioral health problems and mental health disorders
- Physician office visits, inpatient and outpatient services
- Durable Medical Equipment and Supplies
- Chiropractic Services
- Emergency Services
- Family Planning Services (any Medicaid provider in or out of network)
- **Prenatal vitamins – with prescription**
- Transplants
- Vision Plan by Davis Vision
- Behavioral Health by Magellan Health Services
- Pharmacy benefits administered by Prime Therapeutics
STAR Covered Benefits

Breast Pump
- E0602 Manual breast pump
- E0603 Dual Electric breast pump

Providers
- Nex Medical Services
  281-583-1810, option 2
  Member calls and provides demographics, doctor name/office, phone number
  Next will contact physician
  Physician provides prescription and progress notes
  Breast Pump mailed to members’ home after birth of baby
STAR Covered Benefits

- **G & H Diabetic Supply**
  512-401-6800
  Member calls and provides demographics, doctor name/office, phone number
  DME contacts physician
  Physician provides prescription and progress notes
  Can order 30 days prior to EDC
  Member must pick up pump

- **Cedar View Pharmacy Medical Supply**
  830-372-3000
  Member calls and provides demographics, doctor name/office, phone number
  DME contacts physician
  Physician provides prescription and progress notes
  Member must pick up
Benefits include:

- Combined total of 20 outpatient prenatal care visits
  - Normal pregnancies usually require 11 visits per pregnancy
  - High-risk pregnancies usually require 20 visits per pregnancy
- One postpartum care visit
  - Only one postpartum visit is allowed per pregnancy
  - The reimbursement amount for the submitted procedure code covers all postpartum care pre pregnancy regardless of the number of postpartum care visits allowed.
CHIP Covered Benefits

Some of the benefits include:

- Unlimited prenatal care
- Well-child exams and preventive health services, and screening for behavioral health problems and mental health disorders
- Physician office visits, inpatient and outpatient services
- Durable Medical Equipment
- Transplants
- Chiropractic Services (not covered for CHIP Perinate)
- **Prenatal vitamins – with prescription**
- Vision Plan by Davis Vision
- Behavioral Health by Magellan
- Pharmacy benefits administered by Prime Theraputics
Pregnant CHIP member:
- Notify BCSTX immediately upon identification
- Eligibility determination for Medicaid
- CHIP members potentially eligible for Medicaid must apply
- Medicaid provides a more comprehensive scope of services for both the pregnant teen and her newborn
For Mothers that do not qualify for Medicaid, their unborn baby may qualify for perinatal care as a CHIP Perinate member.

Some of the benefits include:
- Prenatal care through delivery
- Medically necessary physician office visits
- Some inpatient and outpatient services
- Prenatal vitamins – with prescription
- Laboratory, x-rays and ultrasounds
CHIP Perinate Covered Benefits

- Limited to an initial visit and subsequent prenatal (antepartum) care visits:
  - One visit every 4 weeks for the first 28 weeks of pregnancy
  - One visit every 2 to 3 weeks from 28 to 36 weeks of pregnancy
  - One visit per week from 36 weeks to delivery
  - 20 prenatal visits and 2 postpartum visits
  - More frequent visits are allowed as medically necessary
  - Document a complication of pregnancy

- High Risk Pregnancies
  - Not limited to 20 visits per pregnancy
  - Documentation supporting medical necessity must be maintained in the physicians file and is subject to retrospective review
CHIP Cost Sharing

- Co-payments apply from $0 to $100 depending on Federal Poverty Levels (FPL) and type of service

- Co-payment amount is found on the member’s identification card

- Once cost-sharing limit is reached the member must call the enrollment broker, Maximus, to report that they met their max

- BCBSTX will receive updated files from Maximus reflecting co-payment maximum reached
  - An identification card will be re-issued to show that co-payments do not apply
Self Referrals

STAR and CHIP members may self-refer for the following services:

- Diagnosis and treatment of sexually transmitted diseases
- Testing for the Human Immunodeficiency Virus (HIV)
- Family planning services to prevent or delay pregnancy (STAR Only)
- Annual Well Woman exam (in-network only)
- Prenatal services/obstetric care (in-network only)
- Behavioral Health Services (Magellan Network)
Pharmacy Services

Pharmacy benefits are administered by Prime Therapeutics

- Provider Customer Service:
  - CHIP Pharmacy Help Desk: 855-457-0403
  - STAR Pharmacy Help Desk: 855-457-0405
    - Call for 72 hour emergency supplies while waiting for prior authorization approval
  - Prior authorization:
    - STAR & CHIP 855-457-0407
  - Prior authorization fax:
    - STAR & CHIP 877-243-6930
    - Prior authorization requests will be addressed within 24 business hours

- Benefit Identification Number (BIN): 011552

- PCN: TXCAID
STAR members have no copay; CHIP members’ copay depends on the family’s Federal Poverty Level
- CHIP Perinate unborn children will have prescription coverage with no copay
- CHIP Perinate newborns will have prescription coverage with no copay

BlueCross BlueShield of Texas offers e-prescribing abilities through Surescripts for providers to:
- Verify client eligibility
- Review medication history
- Review formulary information

For additional information visit the website www.txvendordrug.com

The Formulary is also available for Smart Phones on www.epocrates.com
PCPs and specialists must make appointments for Members from the time of request as follows:

- **General Appointment Scheduling**
  - Emergency examinations: immediate access during office hours
  - Urgent examinations: within 24 hours of request
  - Non-urgent, routine, primary care examinations: within 14 days of request
  - Specialty care examinations, within 30 days of request
Services for Members under the Age of 21 Years
- Initial health assessments: Within 14 days of enrollment for newborns
- Within 60 days of enrollment for other eligible child Members

Preventive care visits: according to the American Academy of Pediatrics (AAP) periodicity schedule found within the Preventive Health Guidelines (PHG)

Services for Members 21 Years of Age and Older
- Preventive care visit within 90 days
Medical Appointment Standards

Prenatal and Postpartum Visits

- First and second trimesters: Within 14 days of request
- Third trimester: Within five days of request or immediately if an emergency
- High-risk pregnancy: Within five days of request or immediately if an emergency
- Postpartum: Between 28 and 56 days after delivery
Claims and Billing
Billing OB/GYN Claims

- STAR Delivery codes should be billed with the appropriate CPT codes
  - 59409 = Vaginal Delivery only
  - 59612 = Vaginal Delivery only, after previous cesarean delivery (10 – 20 years old)
  - 59514 = Cesarean delivery only
  - 59620 = Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery (10 – 20 years old)
  - 59430-TH = Postpartum Care after discharge for STAR members only
Billing OB/GYN Claims

CHIP Delivery codes should be billed with the appropriate CPT codes

- 59410 = Vaginal Delivery only (including postpartum care)
- 59515 = Cesarean delivery only (including postpartum care)
- 59614 = Vaginal delivery only, after previous cesarean delivery (including postpartum care)
- 59622 = Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery (including postpartum care)

Postpartum Care for CHIP Perinate should billed with the appropriate delivery including postpartum care CPT code
The following modifiers must be included for all delivery claims

- **U1** - Medically necessary delivery prior to 39 weeks of gestation
  - For all Medicaid (STAR) claims submitted with the U1 Modifier, we will require diagnosis codes to support medical necessity. Any claims billed without one of the approved diagnosis code (any position) will be denied. List of approved diagnosis codes: [http://www.bcbstx.com/pdf/claim_updated_requirement.pdf](http://www.bcbstx.com/pdf/claim_updated_requirement.pdf)

- **U2** - Delivery at 39 weeks of gestation or later

- **U3** - Non-medically necessary delivery prior to 39 weeks of gestation

Payments made for non-medically-induced Cesarean section, labor induction, or any delivery following labor induction that fail to meet these criteria, will be subject to recoupment. Recoupment may apply to both physician services and hospital fees.
17P (Alpha Hydroxyprogesterone Caproate) is a Texas Medicaid Benefit for pregnant clients who have a history of preterm delivery before 37 weeks of gestation.

Prior Authorization is required for both the compounded and the trademarked drug.

When submitting claims for the compounded drug, use the following code:
- J1725-TH along with diagnosis code O09211 and the NDC.

When submitting claims for the trademarked drug (Makena), use the following code:
- J1725-U1 along with the NDC.
Sterilization Claims

Use the CMS-1500 claim form and follow appropriate coding guidelines. Attach a copy of the completed Sterilization consent form. The Sterilization consent form is available at www.tmhp.com

The entire claim will deny if the Sterilization consent form is not included with the claim.
National Drug Code (NDC) Coding

- National Drug Code (NDC) required for all provider-administered drugs
  - Includes: Intrauterine devices, hormone patches, vaginal rings, sub dermal implants, and intrauterine copper devices
  - Exceptions: Vaccines from TVFC program, DME, Limited Home Health Supplies (LHHS), and Radiopharmaceuticals

“How to Submit Claims for Physician Administered Drugs” resource guide located @ http://bcbstx.com/provider/medicaid/claims.html

- Deny or reject entire claim for failing to comply with Clean Claim Standards
National Drug Code (NDC) Coding

- N4 qualifier
- 11-digits, no hyphens
- Unit of Measurement qualifier
- Quantity administered
- Example:

```
N4 qualifier
Unit of Measurement qualifier
Unused spaces for the quantity should be left blank
11-digit NDC, no hyphens
Numeric quantity administered. Include decimal.
```
NDC require includes long acting reversible contraceptives
- Intrauterine devices (IUDs)
- Hormone patches
- Vaginal rings
- Sub dermal implants
- Intrauterine Copper devices
LARC pharmacy benefit Available at a limited number of specialty pharmacies
  – Listed on the Vendor Drug Program website
  – Prescribe and obtain LARC through the specialty pharmacy
  – Return unused and unopened LARC products to the manufacture’s third-party processing
  – Questions – contact TMHP @ 1-800-925-9126
  – Remains a medical benefit

Participating pharmacy:
  – Prime Therapeutics
Submitting Claims

- Timely filing limit is 95 calendar days from the date of service

- Electronic Submission – New Payer ID
  - 66001

- Submit paper claims to:
  Blue Cross and Blue Shield of Texas
  PO Box 51422
  Amarillo, TX 79159-1422
Submitting Claims

- Use correct plan prefix
  - ZGT: STAR
  - ZGC: CHIP
  - ZGE: CHIP Perinate

- 9 digit Medicaid number

- EX: ZGT123456789

- “X” prefix
  - Only valid for claims with DOS prior to 12/1/2015
  - Submission of the “X” for DOS after 12/1/2015 may delay processing of claim
Submitting Claims

- Ensure Member’s date of birth is correct prior to submission
  - DOB is included in the pre-adjudication membership validation process

- Duplicate Claim Identification
  - Duplicate claim identification is included in the pre-adjudication process
  - Rejected with message: “Duplicate of Previously processed claim”
Resubmit corrected claims electronically

- Payer ID 66001
- CLM05-3 segment should indicate claims is a voided/corrected claim
- Past Timely appeals for DOS prior to 12/1/2015 will be accepted until July 1, 2016
- Effective July 2, 2016 all correspondence and claims will be handled by BCBSTX
Provider Appeals

- Providers can appeal Blue Cross and Blue Shield of Texas’s denial of a service or denial of payment

- Submit an appeal in writing using the Provider Appeal Request Form
  - Submit within 120 calendar days from receipt of the Remittance Advice (RA) or notice of action letter
  - The Provider Appeal Request Form is located at [www.bcbstx.com/provider/network/medicaid.html](http://www.bcbstx.com/provider/network/medicaid.html)

- When will the appeal be resolved?
  - Within 30 calendar days (standard appeals) unless there is a need for more time
  - Within 3 business days (expedited appeals) for STAR
  - Within 1 working day (expedited appeals) for CHIP
Submitting An Appeal

Mail:
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 27838
Albuquerque, NM 87125-7838

Fax:  855-235-1055

Electronic appeal: GPDTXMedicaidAG@bcbsnm.com

Availity.com
Authorization

- We no longer accept and review medical records attached to claims in place of required prior authorization (PA).

- If claim for a service requiring PA is received with medical records attached in place of the required PA, that claim will be denied due to lack of prior authorization.

- Providers do not need to obtain prior authorization to render emergency services in an emergency room or urgent care setting.
Prior Authorization Review Process

- Call Utilization Management at **877-560-8055**

- You will need the following information when you call:
  - Member name and Patient Control Number (PCN) AKA Medicaid/CHIP Identification Number
  - Diagnosis with the ICD-10 code
  - Procedure with the CPT, HCPCS code
  - Date of injury/date of hospital admission and third party liability information (if applicable)
  - Facility name (if applicable) and NPI number
  - Specialist or name of attending physician and NPI number
  - Clinical information supporting the request
Utilization Management Prior Authorization Review

- All services provided by out of network providers, except emergency care and family planning, and some services rendered by in network providers; require prior authorization;

- Prior Authorization requests are reviewed for:
  - Member eligibility
  - Appropriate level of care
  - Benefit coverage
  - Medical necessity

- Examples of services requiring Prior Authorization review include, but are not limited to:
  - All inpatient admissions (except routine deliveries)
  - Durable Medical Equipment
  - Select procedures performed (outpatient and ambulatory surgical services)
    - MRI’s and CT Scans

- List of Services Requiring Prior Authorization is posted on the BCBSTX website, Forms
  - [http://www.bcbstx.com/provider/medicaid/forms.html](http://www.bcbstx.com/provider/medicaid/forms.html)
Turn Around Times (TAT)

- Concurrent Stay requests (when a member is currently in a hospital bed)
  - Within **24 hours**

- Prior authorization requests (before outpatient service has been provided)
  - Routine requests: within **three business days**
  - Urgent* requests: within **72 hours**

* URGENT Prior Authorization is defined as a condition that a delay in service could result in harm to a member.
Medical Case Management
Referrals to Case Management-
High Risk OB

Providers, nurses, social workers and members or their representative will be able to refer members to Case Management:

- By calling Blue Cross and Blue Shield of Texas Case Management
  - 877-560-8055
Value Added Services (VAS)
What OB/GYN providers should know about our Value Added Services (VAS)

Many are directed at improving health of pregnant women through increasing access to preventive services.

Important for OB/GYN providers to be aware of services and how you can request or refer your clients for services.
Value Added Services (VAS) Overview

- Infant Safety Car Seats
- Free Pregnancy Classes
- Home Wellness Visits (for mom and baby post delivery)
- Breast Feeding Coaching
- Austin Farmers Market Vouchers (fresh fruit and vegetables)
- Dental Services for Pregnant Adult Members
- Non Emergency Medical Transportation (NEMT)
Value Added Services (VAS) Overview

- Lodging and Food coverage (for out of area NEMT travel)
- Sports and Camp Physicals
- Enhanced Eyewear Frames
- 24/7 Nurse Hotline
- Multilingual glucometers for STAR members
- Children’s booster seats
- Recreational safety helmets
Value Added Services (VAS)

- Free Diaper Bag with New Baby Item Gifts
- Hands Free Breast Pumping Bra Gift for mothers who are breastfeeding
- Well Child Check Incentives
  - Eligible to request $50 gift card
- Prenatal and Post Partum STAR member Incentives
  - Prenatal - eligible to receive $25 gift card
  - Post Partum – eligible to receive a $50 gift card
Importance of Correct Demographic Information

Accurate provider demographic information is necessary for accurate provider directories, online provider information, and to ensure clean claim payments.

Providers are required to provide notice of any changes to their address, telephone number, group affiliation, and/or any other material facts, to the following entities:
- BCBSTX- via the Provider Update Change Form
- Health and Human Services Commission’s administrative services contractor
- Texas Medicaid and HealthCare Partnership (TMHP)- via the Provider Information Change Form available at www.tmhp.com

Claims payment will be delayed if the following information is incorrect:
- Demographics- billing/mailing address (for STAR and CHIP)
- Attestation of TIN/rendering and billing numbers for acute care (for STAR)
- Attestation of TIN/rendering and billing numbers for Texas Health Steps (for STAR)
Provider Training Tools

- Provider Manual
  - Search capability
  - Links between subjects
  - Links to forms

- Internet Site
Magellan Care Management Center

• Behavioral Health Member and provider hotline
  1-800-327-7390
Texas Medicaid Providers
Re-Enrollment Process

- In compliance with Title 42 Code of Federal Regulations (CFR) CFR §455.414, Medicaid providers are required to revalidate their enrollment information.
- Revalidation of enrollment information will require existing Medicaid providers to re-enroll by submitting a new enrollment application.
- The federal government requires each Texas Medicaid provider to complete the re-enrollment process by September 25, 2016.
- Re-enrollment is the submission of a new Texas Medicaid provider enrollment application, all additional documentation and application fee, if required, to continue the participation in Texas Medicaid.
- For more information refer to the Affordable Care Act (ACA) Provider Enrollment Frequently Asked Questions (FAQ) on www.tmhp.com.
Questions?
Thank you for your time!

Please complete the training evaluation form.