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

2012 Provider Training
Introduction

- Welcome to Blue Cross and Blue Shield Texas Medicaid Provider Orientation
- Program Introduction
- 2012 Changes
- Customer Service
- Member Enrollment and Eligibility
- Member Benefits and Services
- Claims and Billing
- Medical Management
- Complaints and Appeals
- Quality Management
Blue Cross and Blue Shield of Texas (BCBSTX) knows health care coverage in Texas; we invented it. We’re Texas born and bred, and this is the only place we do business. Our mission since our founding more than 80 years ago has been to provide financially sound health care coverage to as many Texans as possible.

Effective March 1, 2012, Blue Cross and Blue Shield Texas will participate in the State of Texas Access Reform (STAR) and Children’s Health Insurance Program (CHIP) programs.

Blue Cross and Blue Shield Texas will strive to make the right connections between members, providers, and the community for our STAR and CHIP members’ better health.

- Develop strong collaborative relationships with our provider/partners
- Promote better health for our members through Case Management and Disease Management programs
- Team with the community to provide outreach to members
Texas Managed Care Programs

- STAR (State of Texas Access Reform) is the Medicaid managed care program for Texas
- CHIP (Children’s Health Insurance Program) is the children’s health insurance option
- Blue Cross and Blue Shield of Texas was selected as one of the plans to administer the STAR and CHIP programs for the Texas Health and Human Services Commission (HHSC) in the Travis Service Area
- Other health plans serving in the area include:
  - Sendero Health Plans
  - Seton
  - Superior (Centene) HealthPlan Network
  - Amerigroup-STAR Plus ONLY
  - United Healthcare-STAR Plus ONLY
Travis Service Area

Eight Counties:
- Travis
- Bastrop
- Burnet
- Caldwell
- Fayette
- Hays
- Lee
- Williamson
Leverage our proven health insurance experience - over 80 years - to deliver exemplary quality services to Medicaid and CHIP members and providers.

Selected WellPoint to provide a variety of administrative services to support BCBSTX Travis Service area programs including Pharmacy Benefits Administration via Express Scripts, Inc.

WellPoint brings proven call center capacity, processing technology, full process operations and health, disease and care management programs.

BCBSTX and WellPoint have a long history of working together on a national basis and they are partners in Availity.
2012 Changes for STAR and CHIP

- Largest re-procurement and expansion Texas Health and Human Services Commission (HHSC) in Texas history; last procurement in 2005

- Almost one million members transitioning from Primary Care Case Management Fee-For-Service to managed care in South Texas and rural Texas
  - From 50% in managed care to over 70%

- Implementing Dental Management Organizations (DMO)

- Transitioning from the HHSC Vendor Drug program to pharmacy benefit administration by the managed care companies statewide
A special waiver (1115) was negotiated to permit the preservation of funding for hospitals and physicians formerly called Upper Payment Limit (UPL)

Delivery System Reform Incentive Payment Pools will be developed regionally to administer payments based on quality measures

Health and Human Services Commission (HHSC) is required to implement numerous changes from the Affordable Care Act
- New provider enrollment and screening requirements to participate in Medicaid
- Required billing elements such as Present on Admission (POA) to track preventable adverse events
- Prohibition of using off shore companies
Customer Service
Customer Care Center

- Committed to providing excellent service to members and providers

- Telephone support
  - Provider’s may call 512-349-4876 with questions up to 2/20/12
  - Provider: 888-292-4487
  - Member: 888-292-4480
  - TTY: 888-292-4485
  - Monday to Friday
  - 7 a.m. to 6 p.m. CT

- Web Support at
  www.bcbstx.com/provider/network/medicaid.html *

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* Website functionality coming soon
24/7 Nurse Line

- Information line staffed by registered nurses
  - 877-351-8392
  - Available 7 days a week
  - 24-hours a day

- Answer provider questions
  - After-hours member eligibility and Primary Care Physician verification

- Answer member questions
  - General health
  - Community health service referrals

- Over 300 audio health topics available to members
To Better Serve Our Members and Providers

**Members**

- Interpreter services at all points of contact
- Interactive Voice Recognition System to quickly identify member language and access an interpreter for the call
- Bilingual documents (English/Spanish) required for all member materials; additional languages as needed

**Providers**

- Web-based information will be available soon regarding cultural differences and access to interpreter services at: [www.bcbstx.com/provider/network/medicaid.html](http://www.bcbstx.com/provider/network/medicaid.html)*
  - Cultural Competency Toolkit that covers many topics such as communication styles, health care tradition, cultural beliefs
  - Employee Language Skills Self-Assessment Tool
  - Interpreter Services
  - Interpreter Services Desktop Reference

* Website functionality coming soon
The Primary Care Physician (PCP) is the member’s medical home, and is responsible for providing or arranging for:
- Routine and preventive health care services
- Specialty referrals
  - No prior authorization required for in-network consultations or nonsurgical course of treatment
- Hospital and emergency services

All providers are responsible for making referrals and coordinating care for additional services, such as:
- **STAR:**
  - Early Childhood Intervention (ECI) case management
  - Texas School Health and Related Services (SHARS)
  - Department of Aging and Disability Services (DADS)
  - Referral for Women, Infants and Children (WIC) Program
- **CHIP:**
  - Collaborating with public health entities to refer for tuberculosis and/or sexually transmitted infections/HIV contact
  - Referral for Women, Infants and Children (WIC) Program
Member Enrollment and Eligibility
Enrollment

- HHSC delegates to its enrollment broker, Maximus, the responsibility to educate STAR and CHIP eligibles about their health plan options

- Eligible STAR and CHIP individuals and families are asked to select an HMO and an in-network Primary Care Physician (PCP) upon enrollment
  - State assigns member to a STAR plan if information is not received within 45 calendar days; this is called default
  - CHIP eligibles must enroll in a CHIP HMO within 90 days or the member becomes ineligible
    - CHIP eligibles will not default into a medical plan
    - CHIP Perinate is a subset of CHIP; the CHIP Perinate is the Mother and she is eligible
  - CHIP Perinate Newborns are eligible for 12-months continuous coverage, beginning with the month of enrollment
Enrollment Continued

- Texas State Medicaid Managed Care Program Help Line
  - 866-566-8989

- New Member Kit sent by Blue Cross and Blue Shield of Texas within five business days of receipt of the enrollment file from Maximus
  - Member identification card
  - Member Handbook
  - Letter with Primary Care Physician choice or assignment
  - Other information about health care services

- Providers will be able to access new member reports at www.bcbstx.com/provider/network/medicaid.html*

* Website functionality coming soon
Eligibility Verification for STAR and CHIP

- Providers should verify eligibility before each service

- Ways to verify STAR and CHIP member eligibility
  - Will be able to log on to www.bcbstx.com/provider/network/medicaid.html*
  - Use the State’s Automated Inquiry System (AIS) for STAR (not CHIP)
    - 800-925-9126
  - Call the BCBSTX Customer Care Center:
    - Provider: 888-292-4487
      - Live person
      - Interactive Voice Response automated telephone response system
  - Call the 24/7 Nurse Line after-hours
    - 877-351-8392

* Website functionality coming soon
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
Examples of BCBSTX identification cards
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)
- Transplants
- Vision Plan by Davis Vision
- Behavioral Health by Magellan Health Services
- Pharmacy benefits administered by Express Scripts, Inc.
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
- Family Planning Services and Supplies
- Durable Medical Equipment
- Transplants
- Chiropractic Services (not covered for CHIP Perinate)
- Vision Plan by Davis Vision
- Behavioral Health by Magellan
- Pharmacy benefits administered by Express Scripts, Inc.
CHIP Perinate Covered Benefits

- 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
  - Laboratory, x-rays and ultrasounds
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
  - Annual Well Woman exam (in-network only)
  - Prenatal services/obstetric care (in-network only)
  - Behavioral Health Services (Magellan Network)
Services provided by BCBSTX for STAR and CHIP members

- 24/7 Nurse Line
- Free Infant Car Safety Seat Program
- Enhanced Eyewear for Children
- Sports and Camp Physicals for Children 18 and under
- Non Emergency Transportation Services
  - For STAR members when the State’s Medical Transportation Program is not available
  - For CHIP members when transportation to medical services or health promotion classes is not available, BCBSTX will arrange transportation (the State does not provide this service for CHIP)
Pharmacy Services

Pharmacy benefits are administered by Express Scripts, Inc. (ESI)

- Provider Customer Service:
  - **STAR** 866-294-1562
  - **CHIP** 866-323-2088
    - Call for 72 hour emergency supplies while waiting for prior authorization approval
- Prior authorization:
  - **STAR** 866-533-7008
  - **CHIP** 866-472-2095
- Prior authorization fax:
  - **Both programs** 800-357-9577
  - Prior authorization requests will be addressed within **24** business hours

- The Benefit Identification Number (BIN), or plan identification number, is 003858
The Formulary and clinical edits will mirror Texas Vendor Drug Program

- Providers will be able to view the Formulary at [www.txvendordrug.com](http://www.txvendordrug.com)*
- For STAR only, Over The Counter (OTC) items are included if on the Formulary and require a prescription to be processed for reimbursement. Not covered for CHIP/CHIP Perinate
  - Infertility, erectile dysfunction, cosmetic and hair growth products are excluded from this benefit (OTC and contraceptives for contraception are also excluded for CHIP)
  - Diabetic monitors/devices, office based injectables, and nutritional/enteral formulas are available and should be billed to the medical benefit

Pharmacy geographical access

- Within 2 miles of the members home for a retail pharmacy in urban counties
- Within 15 miles of the members home for a retail pharmacy in non-urban counties
- Within 75 miles of the members home for a 24 hour pharmacy

* Formulary will be available 3/1/2012
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
Pharmacy Benefit Administrators

The other health plan pharmacy administrators are

- Navitus for Seton
- US Script for Superior (Centene) HealthPlan Network
- Navitus for Sendero Health Plans
- CVS Caremark for Amerigroup STAR Plus only
- Prescription Solutions for United Healthcare STAR Plus only
Dental Benefits

- All STAR and CHIP members must select a Dental DMO and a main dentist
- Dental Services are provided by one of the following vendors
  - Delta Dental
    - **STAR** 877-576-5899
    - **CHIP** 866-561-5891
  - DentaQuest
    - **STAR** 800-516-0165
    - **CHIP** 800-508-6775
  - Managed Care of North America Dental (MCNA)
    - **STAR** and **CHIP** 800-494-6262
The Medical Transportation Program (MTP) is provided by Texas Health and Human Services Commission (HHSC)

STAR members can receive transportation assistance to get to and from a provider, dentist, hospital or drug store. HHSC will do one of the following:

- Pay for a bus ride or ride sharing service
- Pay a friend or relative by the mile for the round trip
- Provide gas money directly to the member/parent/guardian

If a member has to travel out of town for services, HHSC may pay for lodging and meals for the member and the member’s parent/guardian.
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
Claims and Billing
Claims Coding

- HCPCS: Healthcare Common Procedure Coding System
- ICD-9: International Classification of Diseases, Ninth Revision
  - Used for diagnosis and surgical codes
- Revenue Codes
  - Used for outpatient and inpatient claims
- Modifier Codes: Use modifier codes when appropriate with the corresponding HCPCS or CPT codes
Submitting Claims

Timely filing limit is **95 calendar days** from the date of service or as stated in your provider contract:
- Paper
- Electronic Submission
  - The BCBSTX required payer identification number is 84980
- Web Submission*

Appeal Deadline is **120 calendar days** from the date of first denial on Remittance Advice

Providers are prohibited from balance-billing members for covered services

* Electronic claim submission functionality is in development
Bill with the Medicaid Patient Control Number (PCN), or Medicaid/CHIP identification number, (field 1a). The BCBSTX alpha administrative code (X) and the BlueCard alpha prefixes are not required but will allow for more efficient processing, especially in retrieving member eligibility information (270/271 transactions) and claims status information (276/277 transactions). If you are utilizing the State portal only use the Medicaid/CHIP identification Number

- STAR: ZGTX Medicaid ID number
- CHIP: ZGCX CHIP ID number
- CHIP Perinate: ZGEX CHIP Perinate ID number

Submit paper claims to:

Blue Cross and Blue Shield of Texas
ATTN: Claims
PO Box 684787
Austin, TX 78768-4787
Benefits of submitting claims through Electronic Data Interchange*:

- Convenient
- Expedited claims processing
- Claims are Health Insurance Portability and Accountability (HIPAA) compliant and meet federal requirements
- Receipt from vendor/clearinghouses received immediately
- Can confirm, correct errors, and resubmit batch status electronically

* Electronic claim submission functionality is in development
Electronic Submission Instructions

When submitting electronic claims*, include:

- Provider name, Legal name
- National Provider Identifier (NPI)
- BCBSTX required payer identification number is 84980
- HHSC has announced a free claims portal will be available via TMHP effective 3/1/2012; BCBSTX will have connectivity with this option
  - www.TMHP.com

Electronics Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

- The EFT option allows claims payments to be deposited directly into a previously selected bank account
- Providers can choose to receive ERAs and will receive these advises through their clearinghouse. Enrollment is required
- Contact EDI Services at 1-800-746-4614 with questions or to enroll

* Electronic claim submission functionality is in development
Submitting Professional Claims

- Submit paper professional claims on CMS-1500

- Include “EP1” and diagnosis of “V20.2” on Texas Health Steps claims
  - EP1 field 11 or 11c
  - V20.2 field 21

- Must utilize your National Provider Identifier number when billing (field 24j and/or 33a)

*Solo providers must use rendering NPI in both 24j and 33a*
Billing Sports Physicals
Value Added Service

Sports physicals should be billed with:
- CPT Code 99211 = Office visit
- Must use modifier code 33
- Diagnosis Code V70.3 = Other general medical examination for administration
- Bill as a free-standing claim (do not include on the same bill with any other services)

Covered as a Value Added Service (not a benefit of the state’s Medicaid or CHIP programs)
Billing Maternity Claims

Delivery charges should be billed with the appropriate CPT codes
- 59410 = Vaginal Delivery (Including Postpartum Care)*
- 59515 = C-Section (Including Postpartum Care)*
- 59430-TH = Postpartum Care after discharge*

Use appropriate CPT/HCPCS and diagnosis codes when billing
- “Evaluation and Management” codes 99201 - 99215

* Providers must bill the most appropriate new or established patient prenatal or postnatal visit procedure code
Billing Newborn Claims

- **Routine Newborn Care - STAR:**
  - Initial care should be billed under the Mother’s Medicaid Patient Control Number (PCN), or identification number, for the first 90 calendar days

- **Routine Newborn Care - CHIP:**
  - Newborns are not automatically eligible
  - Mother must apply for baby’s coverage

- **Routine Newborn Care - CHIP Perinate:**
  - Newborns are automatically eligible
  - Issued their own PCN or identification number
CMS-1500 billing for newborn care with Mother’s Medicaid Patient Control Number (PCN), or Identification Number:

- Box 1a  Mother’s Medicaid PCN or identification number
- Box 2  Newborn’s name
- Box 3  Newborn’s date of birth
- Box 4  Mother’s complete name
- Box 6  Patient’s relationship to insured
Texas Health Steps

- Texas Health Steps also known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services include:
  - Periodicity Schedule
  - Immunizations for members under 20 years of age
  - Assessments
  - Check-ups
  - Laboratory Tests
  - Missed appointment referrals and assistance provided by Texas Health Steps Outreach and Informing Unit

- As part of the “FREW v. Suehs Consent Decree and Corrective Action Orders” plan for the checkup completeness study, the Texas Department of State Health Services (DSHS) developed a new child health record for THSteps checkups. The child health record form is available for each checkup visit from five days through 20 years of age.

- The forms are intended to assist the provider in documenting all of the required components of the checkup. Instructions for providers’ use are also posted at the following link: [http://www.dshs.state.tx.us/thsteps/childhealthrecords.shtm](http://www.dshs.state.tx.us/thsteps/childhealthrecords.shtm)
CHIP services and tools include:
- Periodicity Schedule*
- Immunizations for members through 18 years of age*
- Assessments*
- Laboratory Tests*

Use the following link to obtain a copy of the American Academy of Pediatrics periodicity schedule:

http://pediatrics.aappublications.org/content/suppl/2007/12/03/120.6.1376.DC1/Preventive_Health_Care_Chart.pdf

* Tools are in development
Vaccines for Children Program

Vaccines For Children Program (VFC)
- Blue Cross and Blue Shield of Texas will reimburse for the administration fee only (for any vaccine serum available through the VFC program)
- The administration procedure code (90460 through 90474) must be billed on a separate line in box 24D of the CMS-1500 form. The PCP name is placed in box 17

Initial Health Assessments ICD-9 Diagnosis Codes
- V20.2 for children (newborn to 18 years of age)
- V70.0 for adults (19 years of age and older)
Medical Management
Dedicated Staff To Support Programs

- Medical Director - Gerald Zarin, M.D.

- Physician Advisors

- Registered Nurses with expertise in:
  - Utilization Management
  - Case Management
  - Quality Management
Utilization Management Pre-Service Review

- All services provided by out of network services, except emergency care and family planning, and some services rendered by in network providers; require prior authorization; a pre-authorization list will be available.

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

- Examples of services requiring pre-service 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 provided as a job aid today, and will be posted on the BCBSTX website.
Call Utilization Management at **855-879-7178**

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-9 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
Case Management Services

- Communicate and coordinate between all parties of the health care team
- Educate members about case management, community resources, and benefits
- Develop individualized care plan
- Advocate for members - Coordinates with Field Staff to reach members
Cases Appropriate for Case Management

- Medically complex patients with Special Healthcare Needs (HIV/AIDS, Transplants)
- Chronic long-term conditions (diabetes, asthma, hemophilia, sickle cell)
- Patients with frequent emergency room visits or hospital admissions
- High risk pregnancies
Referrals to Case Management

Providers, nurses, social workers and members or their representative will be able to refer members to Case Management in one of two ways:

- By calling Blue Cross and Blue Shield of Texas Case Management
  - 855-879-7178
- By faxing a completed Case Management Referral Form
  - 866-333-4827
  - The form is in development and will be located on BCBSTX provider site: [www.bcbstx.com/provider/network/medicaid.html](http://www.bcbstx.com/provider/network/medicaid.html)

** Website functionality coming soon
Complaints and Appeals
Provide Complaints

- Providers may submit complaints relating to the operations of the plan
  - Providers may file written complaints involving dissatisfaction or concerns about another physician or provider, the operation of the health plan, or a member, that are not related to a claim determination or Adverse Determination.

- Complaints are required to include
  - Provider’s name
  - Date of the incident
  - Description of the incident

- Requests for additional information
  - Blue Cross and Blue Shield of Texas may request additional information or medical records related to the complaint, and providers are expected to comply with the request within 10 calendar days.

- Timeframes
  - An acknowledgement letter is sent within five business days of receipt of the complaint.
  - A resolution letter is sent within 30 calendar days of receipt of the complaint.
Submitting A Provider Complaint

Submit a complaint to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 684249
Austin, TX 78768
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 Dispute Resolution Form
  - Submit within 120 calendar days from receipt of the Remittance Advice (RA) or notice of action letter
  - The Provider Dispute Resolution Form is in development and will be located at www.bcbstx.com/provider/network/medicaid.html

Requests for additional information
  - Blue Cross and Blue Shield of Texas may request additional information or medical records related to the appeal, and providers are expected to comply with the request within 21 calendar days

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

Submit an appeal to:

Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
PO Box 684249
Austin, TX 78768
External Review

- If a provider is still dissatisfied with Blue Cross and Blue Shield of Texas’s decision to not pay a claim after the initial appeal process, the provider may request an external review from a non-network provider of the same or related specialty.

- Submit request in writing to:
  Blue Cross and Blue Shield of Texas
  Attn: Complaints and Appeals Department
  PO Box 684249
  Austin, TX 78768
Quality Management
Blue Cross and Blue Shield of Texas’s Quality Assurance and Performance Program includes:

- Continuously identify, measure, assess and promote improvement of quality outcomes
- Evaluate performance and effectiveness in meeting the needs and expectations of our internal and external customers
- Promote processes that reduce medical errors and improve patient safety
- Promote high quality of care and service and effective utilization of service
- Provide training and feedback to participating providers on program requirements
Ensuring Quality Through Medical Records and Facility Site Reviews

The provider is responsible for:

- Partnering to ensure timely and quality service to members; initial health exam for new members within 90 days of the member’s effective date
- Cooperating with Medical Record Review and HEDIS data collection; we will make every effort to make this convenient
- Participating in Access to Care Appointment and Availability Surveys
- Participating in orientations and ongoing provider training
Children of Migrant Farm Workers (MFW) will be identified by the plan and assisted in receiving accelerated services prior to migration.

Blue Cross and Blue Shield of Texas is charged with identifying its CMFW population to facilitate coordination of service benefits under the Texas Health Steps umbrella.

Challenges MCOs Encounter:
- Members’ frequent relocation due to occupation
- Invalid phone numbers and/or home addresses

Challenges Members Encounter:
- Inability to secure a “Medical Home”
- Increased E.R. Utilization Rates

What you can do to help:
- Refer families to the member advocates 800-618-3084; we can coordinate with FQHCs in other states.
BCBSTX Additional Information
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 Information Change Form coming soon to www.bcbstx.com/provider/network/medicaid.html
  - 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 will have
- Search capability
- Links between subjects
- Links to forms
- Available on-line soon

Internet Site
Magellan Behavioral Health Providers of Texas, Inc.
Member and provider hotline 1-800-327-7390
  - Authorizations
  - Coordination of Care
  - Assistance with discharge planning
  - Claims inquiries
24/7/365 Member and Provider Support Available

- After-hours support provided to members and providers by calling 1-800-327-7390

- Provider relations support through Provider Services Line (PSL) and through Texas based Field Network Provider Relations Team
  - PSL 1-800-788-4005
  - Texas Field Network Team 1-800-430-0535, option #4

- Online resources available through www.magellanprovider.com
  - Includes member and provider education materials
Provider Responsibilities

- Precertification is required for mental health and substance abuse services for both STAR and CHIP
  - Direct referral – no PCP referral required to access mental health and substance abuse services
  - Mental health and substance abuse providers contact Magellan for initial authorization except in an emergency
  - Contact Magellan as soon as possible following the delivery of emergency service to coordinate care and discharge planning
  - Provide Magellan with a thorough assessment of the member
  - Contact Magellan if during the course of treatment you determine that services other than those authorized are required
Submitting Claims

- Electronic Claims submission via www.magellanprovider.com or through a clearinghouse
- When submitting claims electronically, use submitter ID # 01260
Website Features

- [www.magellanprovider.com](http://www.magellanprovider.com)
- Web site demonstration on home page
- Online provider orientation program
- *Provider Focus* behavioral health newsletter
- Electronic claims submission information
- HIPAA billing code set guides
- MNC and CPGs
- Clinical and administrative forms
- Cultural competency resources
- Demos of all our online tools/applications: go to Education/Online Training
- Behavioral health information for members
Questions?
Thank you for your time!
We look forward to working with you!

Please complete and fax the training evaluation form.