



**BlueCross BlueShield  
of Texas**

# **Blue Cross and Blue Shield of Texas (BCBSTX) Children and Pregnant Women (CPW) Readiness Update**

**November 1, 2022**

# CPW Case Management Overview

## 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.





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# Contracting

PRESENTED BY: MICHAEL GILL, CONTRACT MANAGER TX MEDICAID



# Contracting

- How to Join Our Network?
- How to Complete Your Onboarding Form and Roster?
- Single Case Agreements (SCA)



# How to Join Our Network?

A new provider wishing to join our network will need to visit our Network Participation page located at:

<https://www.bcbstx.com/provider/network/network/request-contract>

Next, a provider will need to scroll down to the section titled “Network Participation”. From there, you’ll select “Provider Onboarding Form”

***Please note, All new and currently contracted providers with BCBSTX will begin to receive notifications from Aperture. These notifications are regarding initial credentialing events and information about the new common recredentialing date that will be assigned by Aperture.***

BCBSTX requires physicians and other professional providers to use the Council for Affordable Quality Healthcare's (CAQH®\*) ProView for initial credentialing and recredentialing. CAQH ProView, a free online service, allows physicians and other professional providers to fill out one application to meet the credentialing data needs of multiple organizations. The CAQH ProView database online credentialing application process supports our administrative simplification and paper reduction efforts.

The requirements of creating and/or updating your CAQH profile is important. Failure to finalize your CAQH application within 45 days will cause the BCBSTX credentialing process to be discontinued and you will be required to start the process over.



# How to Complete Your Onboarding Form and Roster?

When you are starting your Onboarding Form, it's important to try to complete at once, if you are unable to complete, there is section within the form you can save. Once you have saved your Onboarding Form, you'll be given an application ID to resume completing the form. You must complete the form within 30 days of saving.

## Important Tips:

1. Do not enter "Case Management" when selecting primary group/individual type or primary group specialty. Only select the option that best represents your license. Ex. "Nurse" or "Licensed Clinical Social Worker".
2. If you don't see your license type, i.e., Licensed Baccalaureate Social Worker (LBSW), please select "Licensed Clinical Social Worker". BCBSTX is in the process of configuring the onboarding form to include LBSW.
3. The very last section of the Onboarding form is the "Comments" Section, please enter the following "For CPW Services". This will notify the system to process your onboarding form.



# How to Complete Your Onboarding Form and Roster? Cont'd.

Prior to submitting your Onboarding Form, please download the Provider Roster. You will need to upload your roster prior to submitting your Onboarding Form. Roster forms are only needed for Group Practices. Individual providers don't need to complete the roster.

## Important Tips:

1. The first section of the roster pertains the group. You will need to enter the group information. Similar to the Onboarding Form, when entering the Specialty Type, only enter what your license information is with Medicaid. **Do Not Enter "Case Management"**.
2. The second section is to enter the information for the rendering provider. This will be the person's individual National Provider Identifier (NPI).
3. On the very last section of the roster is the "Comments" Section, please enter the following: "For CPW Services".



# Single Case Agreements

In lieu of contracting, BCBSTX does offer Single Case Agreements (SCA) for Out-of-Network CPW Providers or providers not wishing to contract.

In addition, BCBSTX will offer a SCA while a provider is in the contracting process. An SCA is temporary. If a provider were to sign a Contract while an SCA is active, the Contract will take precedence over any SCA.

## Important Tips:

Prior authorization is needed in order to obtain an SCA for Out-Of-Network CPW Providers.

SCA's rates are based on the Texas Medicaid Fee Schedule.

CPW Providers must be attested with Medicaid.







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# Utilization Management

PRESENTED BY:

JOHN SANCHEZ, SR. MANAGER,  
CLINICAL OPERATIONS



# Utilization Management (UM)

- Prior Authorizations (PA)
- Documentation



# Prior Authorization Process for CPW Related Services

The criteria below will be leveraged by MCO staff to avoid duplication of services and payment regarding the 9/1/2022 Children and Pregnant Women TX Medicaid mandate.

CPW Contracted Case Managers will not require authorization for Service Codes G9012 with modifier U5 and modifier U2 and follow-up face-to-face G9012 with modifier U5 and TS. In addition, Follow-Up Telephone G9012 with modifier TS will not require authorization for contracted providers.

CPW Providers are allowed up to 3 visits per year.

- The process will remove any barriers for members and CPW Referrals.
- Re-establish continuity of prior relationship with members and CPW providers
- Providers will be subject to annual audits to demonstrate compliance with applicable requirements
- The annual audit will serve to identify any opportunities for Fraud Waste Abuse (FWA) referrals
- This approach will reduce the administrative burden

Services requiring authorization included but not limited to: Occupational, Physical, and Speech Therapy, Home Health Nursing, Substance Abuse Treatment (Partial, Intensive, Residential, Inpatient Detox/Rehab).



# Prior Authorization Process for CPW Related Services

The criteria below will be leveraged by MCO staff to avoid duplication of services and payment regarding the 9/1/2022 Children and Pregnant Women TX Medicaid mandate.

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 CPW Provider is OON.
- Documentation should be maintained by 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 our BCBSTX Provider Manual or by contacting the BCBSTX Authorization team:

- STAR/CHIP: 1-877-560-8055
- STAR Kids: 1-877-784-6802



# Out of Network CPW Providers and BCBSTX Audits

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. Out-of-Network Care Managers will be provided a single case agreement.
- 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 member to continue to see 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 of their other needs.



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# Service Coordination

PRESENTED BY:

KEVIN WORWOOD, DIRECTOR, CLINICAL  
OPERATIONS



# Service Coordination

- Overview of Service Coordination
- Service Coordination Process
- Member requesting CPW services



# CPW Case Management Provider Overview

## 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.



# 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 BCSBTX.
  - 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: 1-877-214-5630
  - STAR Kids: 1-877-301-4394

***\*No Pre-Authorization (in-network) is required to use CPW Case Management Services.***



CM-01A  
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## REFERRAL & INTAKE FORM

REFERRAL				
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:		
CLIENT INFORMATION				
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)				
INTAKE (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				
Attempts to Contact Client/Parent/Guardian				
Date of Attempts:		Action:		
1.				
2.				
3.				
Intake completed by:				

# CPW Prior Authorization Process Flow

The process flow below identifies the prior authorization guidelines established in the previous slide regarding the 9/1/2022 Children and Pregnant Women TX Medicaid mandate.

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: <ul style="list-style-type: none"> <li>1. Self Referral (Member)</li> <li>2. Referral by Service Coordination</li> <li>3. Referral by Providers</li> </ul>	<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 duplicity).</li> <li>Services that are not duplicative, CPW Provider will assist member in their coordination.</li> </ul>	If its determined 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 CPW Provider is Out-of-Network.



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# Provider Relations

PRESENTED BY:

AMY MIZELL, MANAGER, PROFESSIONAL  
PROVIDER NETWORK



# Provider Relations

- Claim Submission Process
- Contacting Provider Relation Staff
- Provider Website and Education



# Payments – Submitting a Claim

- **Electronic Claims Submission via Availity**

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 -66001**
6. Complete the required fields

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



- **Paper Claims Submission (HCFA CMS 1500)**

Claims Mailing address:

Blue Cross and Blue Shield of Texas

PO Box 51422

Amarillo, TX 79159-1422



- **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 (NPI)/Atypical Provider Identifier (API)/Tax ID.

# How to Contact Provider Relations Staff?

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.

## Typical Services Provided:

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

Provider Relations Team can be contacted at:

### **Provider Network Management**

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

**Fax:** 1-512-349-4860

**Email:** [TexasMedicaidNetworkDepartment@bcbstx.com](mailto:TexasMedicaidNetworkDepartment@bcbstx.com)



# Provider Website and Education

## Provider Website

BCBSTX Website is here to help you. The website offers our providers tools on their everyday questions. Within the website you'll be able find the following information:

- 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 BCBSTX Provider Training will be posted under Education & Reference. Providers will be sent communication blasts when there are new trainings available. If you have any questions, feel free to reach out to the Provider Relations team.



Reporting  
Materials  
Teamwork

Members

Advocate

Customer service  
Access to care

Compliance  
Communication

Stand by our members

Serve

Care

# We Are Texas

Care for our employees

Stewards of healthcare

HHSC Partner

Oversight

Quality

Claims