Utilization Management Provider Training Texas Medicaid

SKSCP-9042-0924

BlueCross BlueShield of Texas

CHIP | TEXAS STAR Your Health Plan ★ Your Choice | TEXAS STAR Kids Your Health Plan ★ Your Choice | TEXAS Health and Human Services

Revised 09/2024

Agenda

- Customer Service
- Intake Department
- Prior Authorization
- Pharmacy Information
- Reviews
- Service Coordination
- Medicaid Provider Website
- Questions

BlueCross BlueShield of Texas

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Customer Service

Customer Service

Assists members and providers with benefits, eligibility, primary care physician assignments, or claim information.

STAR and CHIP	STAR Kids
Member: 1-888-657-6061	Member: 1-877-688-1811
Provider: 1-877-560-8055	Provider: 1-877-784-6802

TTY: 711

Available Monday thru Friday from 8 a.m. to 5 p.m. CT

Intake Department

Intake Department assist with the following:

Providers determining if an authorization is required

Creating Cases

Forwarding cases to nurses for review as needed

Utilization requests are initiated by providers either by phone, fax, or Availity® to the Intake department

STAR and CHIP

- Intake Phone Number: **1-877-560-8055**
- Intake Fax Number **1-855-653-8129**
- Behavioral Intake Fax: **1-888-530-9809**

STAR Kids

- Intake Phone Number **1-877-784-6802**
- Intake Fax Number **1-866-644-5456**
- Behavioral Intake Fax: **1-888-530-9809**

Online eligibility: **Availity**

Intake Department assist with the following (continued):

- Receives prior authorization and/or continued stay review via phone calls and fax request from providers
- Receives phone calls regarding overall questions and/or case status inquiries
- Handles notification of delivery processing and tracking via phone calls and fax
- Assembly and indexing of incoming faxes
- Handles the authorization requests for out-of-network providers

Required Information for Utilization Management Intake Department

Required Information

- Member name
- Member identification number or Medicaid number
- Member date of birth
- Requesting provider name and national provider identifier (NPI)
- Service requested –
  - Current Procedural Terminology (CPT®)
  - Healthcare Common Procedure Coding System
  - Current Dental Terminology
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS or CDT requested

Other information used to process requests include:

- Diagnosis code(s)
- Primary care physician, specialist and/or facility names
- Clinical justification for request
- Treatment and discharge plans (if known)

If the required information above is missing the request:

- Will not be entered into the system
- Will be returned to requestor with an explanation of why it was returned
- Will include instruction to resubmit for reprocessing

Time Frames:

- **One business day:** Concurrent hospitalization decisions
- **Within one hour:** Post stabilization or life-threatening conditions
- **Within one business day:** Emergency medical and emergency behavioral health conditions do not require prior authorization; if member is admitted to the hospital, notification is required
- W**ithin one business day:** For a member who is hospitalized at time of the request, notification is required of receiving the request for services or equipment that will be necessary for the care of the member immediately after discharge, including if the request is submitted by an out-of-network provider, provider of acute care inpatient services or a member
- **Within three business days** after receipt: All other prior authorization requests:

***URGENT Prior Authorization is defined as a condition that a delay in service could result in harm to a member.**

Prior Authorization

BCBSTX Prior Authorizations

Providers initiate prior authorization for certain serviced through BCBSTX.

Our prior authorization lists and reports information is located on utilization management website:

- Prior Authorization Requirement List
- Prior Authorization Code Grid
- Prior Authorization List Change Summary
- Prior Authorization Annual Reports

Time:
8:00 a.m. – 5:00 p.m. Central Time M-F

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

Availity

- 24/7 availability to submit prior authorizations request and check status via online through Availity.
- To register and receive training using Availity, please contact your BCBSTX Texas Medicaid Provider Representative.
- **Web Based Services**:
  Availity

Prior Authorization Forms and Faxes

Fax Numbers

STAR and CHIP Fax:

1-855-653-8129

STAR Kids Fax:

1-866-644-5456

Behavioral Intake Fax:

1-888-530-9809

Notes:

- All prior authorization fax forms are located on our website.
- Submittal of Medical Records are not accepted in place of Prior Authorization.
- Include Prior Authorization Number on claim form for faster processing.

Prior Authorization vs. Urgent Concurrent Review

Prior Authorization

Review outpatient request

Examples: Home Care, DME, CT/MRI, elective admissions

Urgent Concurrent Reviews

Review inpatient request

Examples: Acute Hospital, Skilled Nursing Facility, NICU, Rehabilitation, etc.

Post Stabilization Care

- Requires notification of admission for post-stabilization care
- Follow treatment of an emergency condition within one business day
- Failure to timely notify and obtain pre-approval may result in denial of claim

Definitions:

- Pre-Service/Prior Authorization : A pre-service or prior authorization request is a request for coverage of medical care or services that the organization must approve in advance, in whole or in part

- Concurrent: A concurrent request is a request for coverage of medical care or services made while a member is in the process of receiving the requested medical care or services, even if the organization did not approve the earlier care

Neonatal Intensive Care Unit (NICU) Members

- BCBSTX utilizes MCG Guidelines to determine appropriate level of care
- NICU admissions are unique in that the member may stay for an extended period
- Levels of care can vary throughout the stay
- Progression can go from higher to lower level, then back to higher level, depending on acuity
- Clear and detailed documentation of baby's current clinical status helps ensure appropriate LOC determination
- NICU authorization should be requested as soon as baby is admitted to NICU
- Always reference authorization number in all communication about baby including claims submissions

Applied Behavior Analyst

When submitting a prior authorization request for a Blue Cross and Blue Shield of Texas Medicaid member to receive Applied Behavioral Analysis services, clinical documentation must be included.

- The clinical documentation should be sent via fax **1-888-530-9809** or electronically submitted through our provider portal.
- Before submitting the prior authorization request, please ensure all the following items are included for each request type:
    - ABA Initial Evaluation
    - ABA Initial Treatment
    - ABA Initial Extension
    - ABA Re Evaluation & Recertification
    - The LBA must submit documentation attesting

- Please submit the Applied Behavioral Request form to **1-888-530-9809.**
- **Link to forms:** www.bcbstx.com/provider-medicaid/clinical-resources/behavioral#autism-resources
- For further information and requirements please visit our **ABA website** www.bcbstx.com/provider-medicaid/clinical-resources/behavioral#autism-resources

Inpatient Psychiatric Services

Inpatient psychiatric services admissions to acute hospitals are a benefit of Texas Medicaid for persons of all ages in a fee-for-service Medicaid or MCO.

Admissions to psychiatric facilities, i.e., Institutions for Mental Disease or inpatient psychiatric services are a benefit of Texas Medicaid for:

- Persons 20 years and younger or 65 and older in fee-for-service Medicaid.
- Persons 21 through 64 years of age receiving services agree to an IMD as setting for inpatient psychiatric services and enrolled in managed care as an in lieu of service. The benefit is for a maximum of 15 calendar days per month, not per stay.

For more information regarding billing, service limitations, and additional services including telehealth, synchronous audiovisual/telephone under Inpatient Psychiatric Services, please refer to the TMPPM Behavioral Manual Volume 2.

Pharmacy Prior Authorization and Appeals Information

Pharmacy benefits are determined by Medicaid/CHIP Vendor Drug Program and are administered by BCBSTX. This plan goes by a list of preferred drugs. The Drug List (also called a formulary) Learn more about third-party list showing the drugs that can be covered by the plan.

How to submit a pharmacy prior authorization request:

- **Submit online request**: https://www.covermymeds.com/main/
- **Call:**
  1-855-457-0405 – STAR
  1-855-457-0403 – CHIP
  1-855-457-0757 – STAR Kids (Travis)
  1-855-457-0758 – STAR Kids (MRSA Central)

- **Fax**: **1-877-243-6930** – Completed Prescription Drug Forms.

- **Timeframes:**
  24 hours - STAR and STAR Kids
  Three business days – CHIP

For more information about our pharmacy program, visit our Pharmacy page.

How to submit a pharmacy appeal:

- **Submit online request**: MyPrime.com or CoverMyMeds.com

- **Mailing Address:**
  Blue Cross and Blue Shield of Texas
  Prime Therapeutics Appeals Department
  2900 Ames Crossing Road
  Egan, MN 55121

- **Call: 1-855-457-0403**

- **Fax**: **1-855-212-8100**

Vision - Vendor

The vision plan is administered by Davis Vision®*

Phone Number: **1-800-773-2847**

Website:

*Blue Cross and Blue Shield of Texas contracts with Davis Vision, an independent company, to administer Blue Cross and Blue Shield of Texas' vision care benefits.

Dental - Vendor

DentaQuest*:

Phone Number: **1-800-516-0165**

Website: **www.dentaquest.com**

Managed Care of North America Dental

Phone Number: **1-800-494-6262**

Website: **www.mcna.net**

United Healthcare Dental:

Phone Number: **1-800-822-5353**

Website: dentaltx.uhc.com/content/texas-medicaid/en/homepage.html

*Note: Adults in the plan are not covered on the above dental plans. Adult BCBSTX Medicaid members aged 21 and older are eligible to receive dental services as a **Value-Added Services.**

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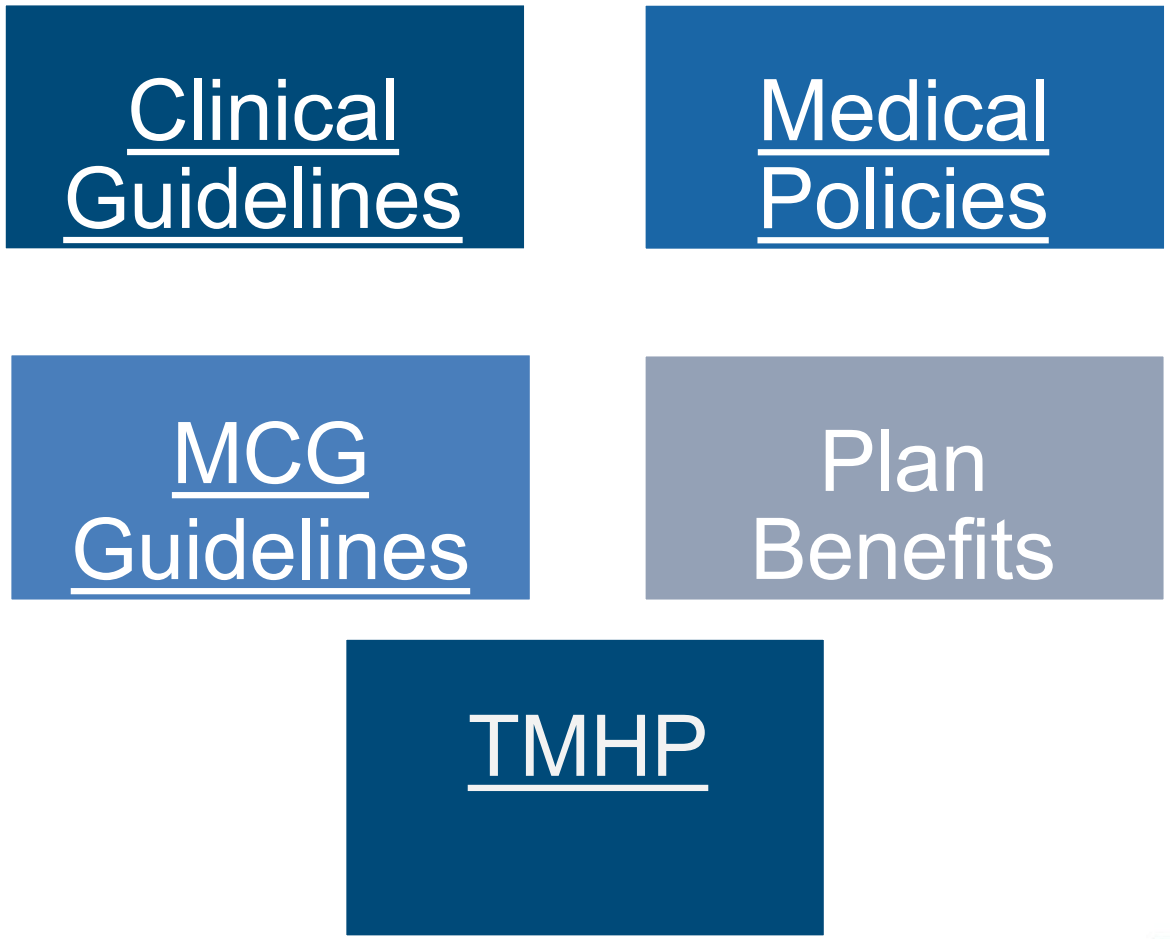
Reviews

Clinicians Review

Clinicians utilize the following to determine whether coverage of a request can be approved.

- If the request meets the criteria, then the clinicians will authorize the request.
- If the request does not appear to meet criteria, the clinician refers the request to a Peer Clinical Reviewer – aka Physician Reviewer.



Physician Review

- The Peer Clinical Review reviews the cases that are not able to be approved by the clinicians.
- **Only** a physician can deny service for lack of medical necessity
- If denied by the PCR, the Utilization Management staff will notify the provider's office of the denial. Providers have the right to:

Request a peer-to-peer discussion with the reviewing physician

Appeal UM adverse determinations:

- Submit no later than 60 calendar days from the date of the letter that explains the reason for your denial of coverage for a medical service.
- Providers can file an appeal, or expedited appeal by:

Phone:
Blue Cross and Blue Shield of Texas
Customer Service
Phone: **1-877-688-1811**
Fax: **1-877-886-2593**

Mail:
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Department
P.O. Box 660717
Dallas, TX 75266

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Service Coordination

STAR, CHIP, and STAR Kids Services

Our Service Coordinator's works with you to develop a service plan that will coordinate services between the PCP, specialty care providers and any non-medical providers. If our members have special health care needs, we can help get access to those services.

1

- **All Plans**
- A service coordinator is dedicated to helping our members find the right doctor, physical and behavioral health care services, and community support.

2

- **All Plans**
- A disease manager focus on making our members total health better.

3

- **All Plans**
- Our maternity nurses provides pregnancy support

4

- **All Plans**
- A behavioral health specialists helps coordinate mental health and substance use services.
- BH care does not require a referral from the PCP.

5

- **STAR Kids ONLY:**
- A transition specialist helps our member's plan for changes to providers and benefits as the child ages. Planning starts at age 15 until member turns 21.

Service Coordination Duties

1

- **All Plans**
- Develop care plans, answers questions and discuss services or resources available to help reach the member's health goals

2

- **All Plans**
- Coordinate care with PCPs, specialists, and community-based services

3

- **All Plans**
- Assist members, their family and caregiver to better understand their health condition(s), medications and treatments

4

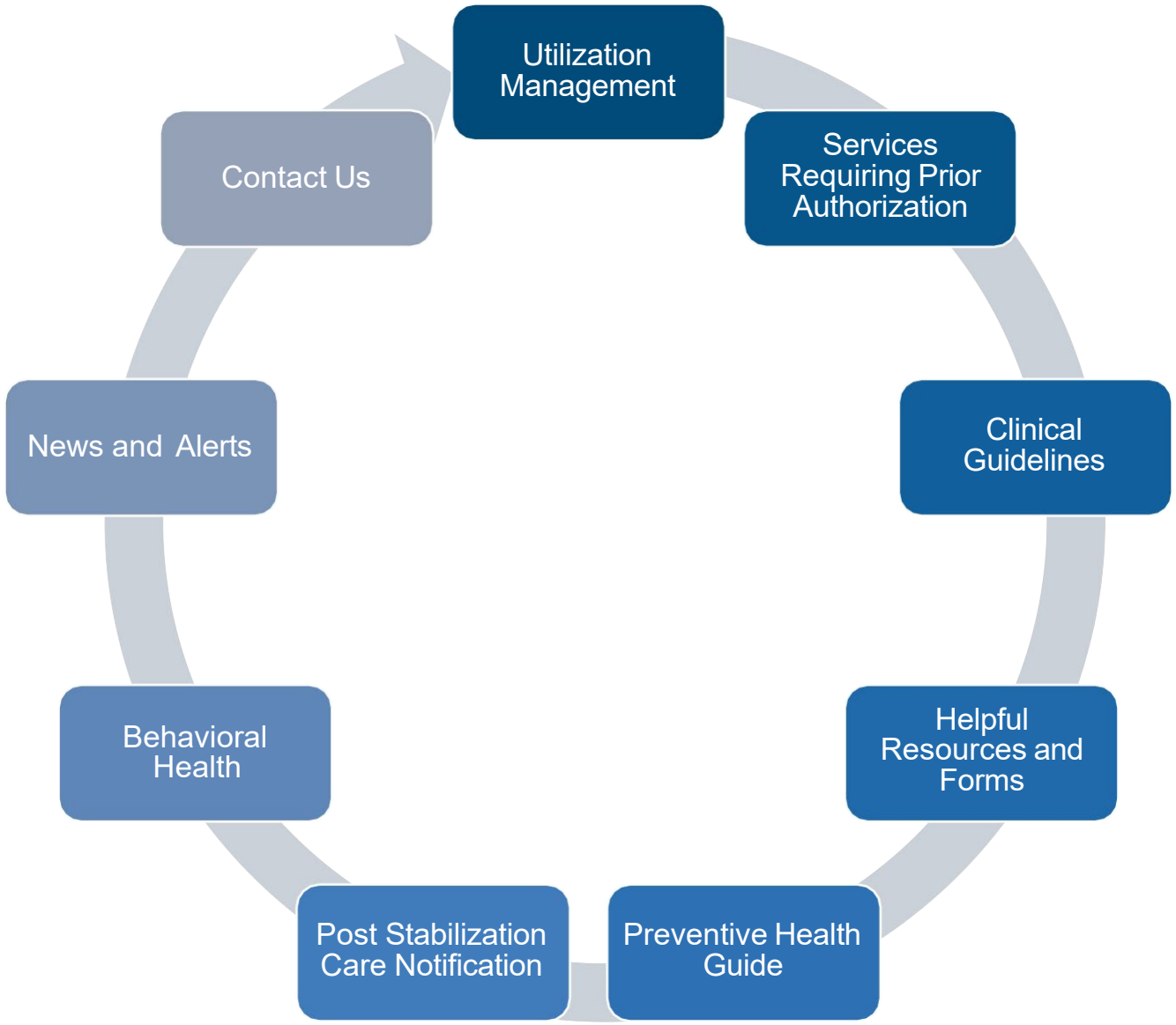
- **STAR Kids Only:**
- Provide adult transition planning.

5

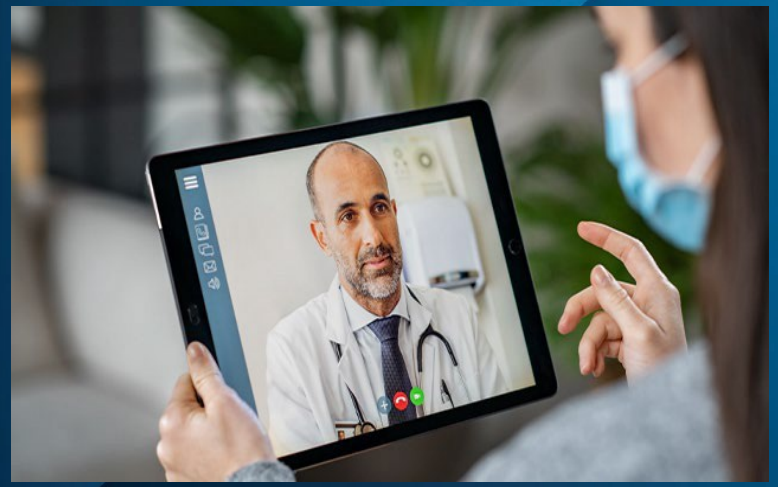
- **STAR Kids Only:**
- Complete the Child's STAR Kids Screening and Assessment and Individual Service Plan

Contact Information: STAR and CHIP: **1-877-214-5630 or** STAR Kids: **1-877-301-4394**

BCBSTX Medicaid Provider Website Clinical Resources



BCBSTX Medicaid Provider Website Clinical Resources



Website link:

https://www.bcbstx.com/provider/medicaid/index.html

Disclaimers

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Questions

Please contact:
BCBSTX Medicaid Provider Network Representative
Phone: **1-855-212-1615**
TexasMedicaidNetworkDepartment@bcbstx.com

Thanks for Joining

BlueCross BlueShield of Texas