BlueCross BlueShield of Texas

Texas Medicaid Provider Orientation & Trainings

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid STAR, CHIP, and STAR Kids

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Revised 3/2024

BlueCross BlueShield of Texas

Section 1: Introduction

Provider Orientation Overview

- The Provider Orientation and Training deck is presented four time a year by our Network Provider team.
- Accessible 24/7 on our website.
- We send invitations and reminders via email, in our Monthly Blue Review Newsletter, and post on our website under News and Updates.

BlueCross BlueShield of Texas

Purpose

To do everything in our power to stand with our members in sickness and health. We strive to develop relationships with our members, providers and the communities that we serve in order to better our STAR, CHIP, and STAR Kids member's health.

Table of Contents

Section 1. Introduction **1**
- Training Overview. 3
- Purpose 4
- Table of Content 5-9

Section 2. Provider Compliance **10**
- Texas Health and Human Services (HHSC). 12
- Alberto N, etc. Law 13
- Member Enrollment and Eligibility. 14
- Redetermination Medicaid Renewal 15

Section 3. Provider Requirements **16**
- Cultural Competency 18
- Provider Demographics Updates 19
- Abuse, Neglect, and Exploitation 20
- No Balance Billing. 21
- PCP Availability and Appointments 22
- OB/GYN Availability and Appointments 23

Table of Contents

Section 4. STAR, CHIP, and STAR Kids Benefits and Programs **26**

- Where We Serve 26
- STAR Member Benefits and Services 27
- CHIP Member Benefits and Services 28
- STAR Kids Member Benefits and Services. 29
- What are STAR, CHIP and STAR Kids? 30
- Benefit Limitations Overview 31
- Texas Health Steps (THSteps) 32
- Early Childhood Intervention (ECI) 33
- Children of Migrant Farm Workers 34
- Healthy Texas Women 35
- Healthy Texas Women Plus 36
- Special Beginnings 37
- Applied Behavioral Analysis (ABA) 38
- Children and Pregnant Women (CPW) 39
- Children and Pregnant Women (CPW) Continued 40
- Value – Added Services STAR 41
- Value – Added Services CHIP or CHIP Perinate 42
- Value – Added Services STAR Kids 43
- Pharmacy Program 44
- Vendor Services 45

Table of Contents

Section 5. Behavioral Health **46**

- Behavioral Health Overview 47
- Mental Health Treatment 48
- Targeted Case Management (TCM) 49-50
- Mental Health Rehabilitation (MHR) Services 51-52
- Substance Use Disorders (SUD) 53-54
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) 55-56
- Coordination of Care with Behavioral Health 57
- Behavioral Health Referrals 58
- Volunteer Participation in Provider Quality Meetings 59

Table of Contents

Section 6. Utilization Management and Service Coordination 60

- Utilization Management 62
- Prior Authorizations 63
- Submitting a Prior Authorization 64
- Time Frames for Prior Authorization 65
- Service Coordination 66
- Service Coordination STAR and CHIP 67
- Service Coordination STAR Kids 68
- Service Coordination Health Home 69
- Contacting Service Coordination 70

Section 7. Claims Submission 72

- Provider Compensation 73
- Fraud, Waste, or Abuse 74
- How to Submit a Claim 75
- How to Get Claims Paid Quickly 76
- Using Availity 77
- Electronic Claim Submission 78
- Claims Status Tool 79
- Texas Health Steps (THSteps) Claims 80
- Durable Medical Equipment (DME) 81

Table of Contents

Section 8. Complaints, Appeals and Reconsideration 83

- Submitting Member Complaints 84
- Submitting Provider Complaints 85
- Submitting Appeals 86
- Submitting Fair Hearing 87
- Submitting Claims Reconsideration 88

Section 9. Customer Service, Provider Website, Disclaimer 90

- Customer Service and Important Contact Numbers 91
- Texas Medicaid Provider Website 92
- Disclaimer 93
- Questions 94

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Section 2
Provider Compliance

Section 2 – Provider Compliance

- Texas Health and Human Services (HHSC)
- Alberto N. Lawsuit Overview
- Member Enrollment and Eligibility
- Redetermination Medicaid Renewal

Texas Health and Human Services (HHSC)

The Texas Health and Human Services Commission (HHSC) delegates the responsibility of educating eligible STAR, CHIP, and STAR Kids members about their health plan options to Maximus.

The State will assign STAR and STAR Kids members to a plan if the member/family does not choose a plan.

CHIP and CHIP Perinate eligible members **must enroll** in a CHIP HMO within 90 days. CHIP eligible members do not default into an HMO. If an HMO is not chosen, the CHIP eligible member will become ineligible.

Note: *CHIP Perinate newborns are eligible for 12 months of continuous coverage beginning with the month of enrollment.*

Alberto N. Lawsuit Overview

In the case of *Alberto N. et al v. Phillips et al…*established the improvements to Texas Medicaid for Texas Health Steps, Comprehensive Care Program-eligible children under 21 years of age. The terms of the settlement apply to Medicaid funded nursing services, personal care services, therapy services and durable medical equipment and supplies. For more information of the settlement agreement please visit Settle Agreement.

Below are high-level insights to what was established.

Medicaid Necessary Services:

- Lawsuit established a definition of medical necessity for nursing, personal care services and Durable Medical Equipment and Supplies (DME).
- Prohibit Texas Medicaid from placing limits, other than medical necessity, on the on the amount of medically necessary nursing and personal care services and DME and supplies.
- Prohibit Texas Medicaid from denying or reducing services solely based on diagnosis or type of illness.

Therapy Services

- Prohibited Texas Medicaid from having limits on physical, occupational, and speech therapy besides medical necessity (there had been a limit of two therapy sessions per-week regardless of medical need).
- Required Texas Medicaid to provide therapy to beneficiaries under the age of 21 if needed to maintain function or slow the deterioration of function (before a beneficiary had to show improvement to get therapy).

Personal Care Services

- Required Texas Medicaid to establish a new personal care services benefit for children; the PCS program, established as a result of this lawsuit, currently serves about 60,000 beneficiaries.

Private Duty Nursing Services

- Prohibited Texas Medicaid from denying or reducing nursing on the basis that the child's condition was "stable."
- Prohibited Texas Medicaid from denying or reducing nursing services for lack of medical necessity without first speaking with the child's treating physician.

How to Verify Member Eligibility

Our providers must verify eligibility before each service.

Contact Customer Service for eligibility verification:

STAR/CHIP: 1-877-560-8055

STAR Kids: 1-877-784-6802

Use the State's Automated Inquiry System (AIS) for

STAR and STAR Kids

1-800-925-9126

Utilize online resources:

www.tmhp.com

www.availity.com

CHIP Members receive a card:

- Blue Cross and Blue Shield of Texas member identification card
- They do not receive a State issued Medicaid identification card.

STAR and STAR Kids members will receive two identification cards upon enrollment:

- State issued Medicaid card (Your Texas Medicaid Benefit Card)
- Blue Cross and Blue Shield of Texas Member Identification card

Blue Cross and Blue Shield of Texas identification cards will be re-issued if/when:

- The member changes his/her address
- The member changes his/her PCP
- Upon Request
- At Membership renewal

Redetermination of Medicaid Member Renewal

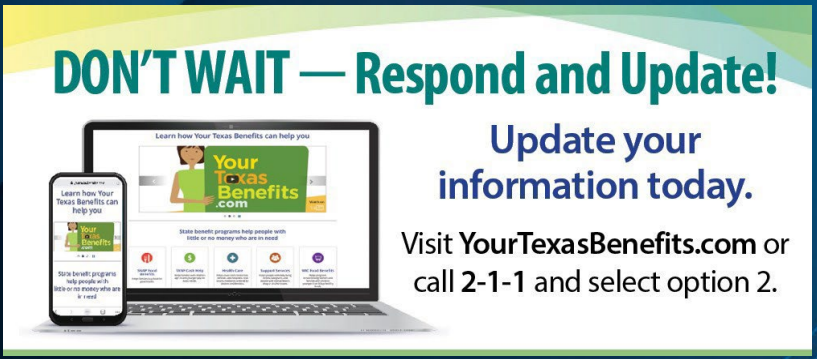
In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that allowed our members to automatically keep your Medicaid coverage (continuous Medicaid). Based on the new federal law, continuous Medicaid eligibility ended on **March 31, 2023**, so our members need to renew their benefits when it's time to ensure their coverage will continue if they are eligible.

If our members do not renew, they may lose coverage. We ask our providers to please check member eligibility before each visit.

Please refence the following:

- BCBSTX News alert
- Medicaid Coverage Ambassador Toolkit
- YourTexasBenefit.com
- BCBSTX Medicaid Provider Manual

Don't lose your benefits



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Section 3
Provider Requirements

Section 3 – Provider Compliance

- Cultural Competency
- Provider Demographics Updates
- Abuse, Neglect, and Exploitation
- No Balance Billing
- PCP Availability and Appointments
- OB/GYN Availability and Appointments

Cultural Competency

- The Health and Human Services Commission requires all contracting health plans to develop and maintain cultural competency plans and make them available to providers.
- BCBSTX has adopted all 15 **Culturally and Linguistically Appropriate Services (CLAS)** Standards to ensure all members who enter the health care system receive equal, high quality, effective treatment.
- As our contracted health care provider, our expectation is for you to continually improve sensitivities and maintain positive attitudes toward serving diverse cultures. This can help you provide more effective care and services for all people by considering each person's values, life conditions and linguistic needs.

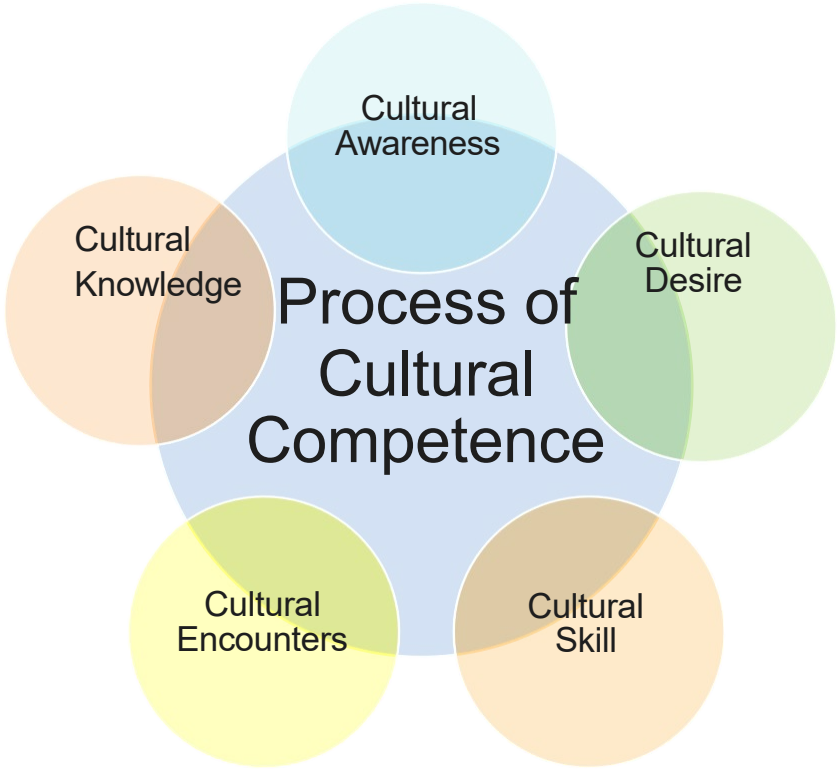
The purpose of the 15 action steps is threefold:

- **Advance health equity,**
- **Improve quality of care, and**
- **Help eliminate health care disparities to achieve the goal of improved health outcomes.**

The link to CLAS 15 action steps:
thinkculturalhealth.hhs.gov/clas/standards

Cultural Competency is the ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic background and religions in a manner that recognize values, affirms and respects the worth of the individual and protects and preserves dignity.

Please register for the Culturally Competent Health Care Provider Training: www.bcbstx.com/provider/medicaid/training.html



Provider Demographics Updates

Update us immediately concerning changes in:

- Address
- Phone
- Fax
- Office Hours
- Access and availability
- Panel status
- Tax - identification Number

Please also remember to update your demographic information with Provider Enrollment and Management System (PEMS). You can also contact TMHP directly at **1-800-925-9126** for assistance.

For additional information on how to update your demographic information, visit: www.bcbstx.com/provider/network/network/request-contract

Abuse, Neglect, and Exploitation

Blue Cross and Blue Shield of Texas and providers must report any allegation or suspicion of ANE that occurs within the delivery of long-term services and support to the appropriate entity. The manage care contracts include BCBSTX and provider responsibilities related to identification and reporting ANE.
Providers must provide the BCBSTX with a copy of the abuse, neglect, and exploitation report findings within one business day of receipt of the findings from the Department of Family and Protective Services (DFPS). Also, the provider is responsible for reporting individual remediation on confirmed allegation to us.

Report to the Health and Human Services Commission (HHSC) if the victim is an adult or child who resides in or receives services from:

- Nursing facilities;
- Assisted living facilities;
- Home and Community Support Services Agencies (HCSSAs) – Providers are required to report allegations of ANE to both DFPS and HHSC;
- Adult day care centers; or
- Licensed adult foster care providers.
- Contact HHSC at **1-800-458-9858**.

Contact to report ANE

Contact HHSC at 1-800-458-9858
Contact DFPS at **1-800-252-5400**

Non-emergency situations, online at **www.txabusehotline.org**

No Balance Billing Members

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid reminds all Medicaid doctors or hospitals who accept Medicaid – STAR, STAR Kids, and CHIP plans are **prohibited** from balance billing our members for services that Medicaid covers. (**Note**: CHIP members are responsible for their co-payments, co-insurance, and deductibles as applicable).

What is Balance Billing?

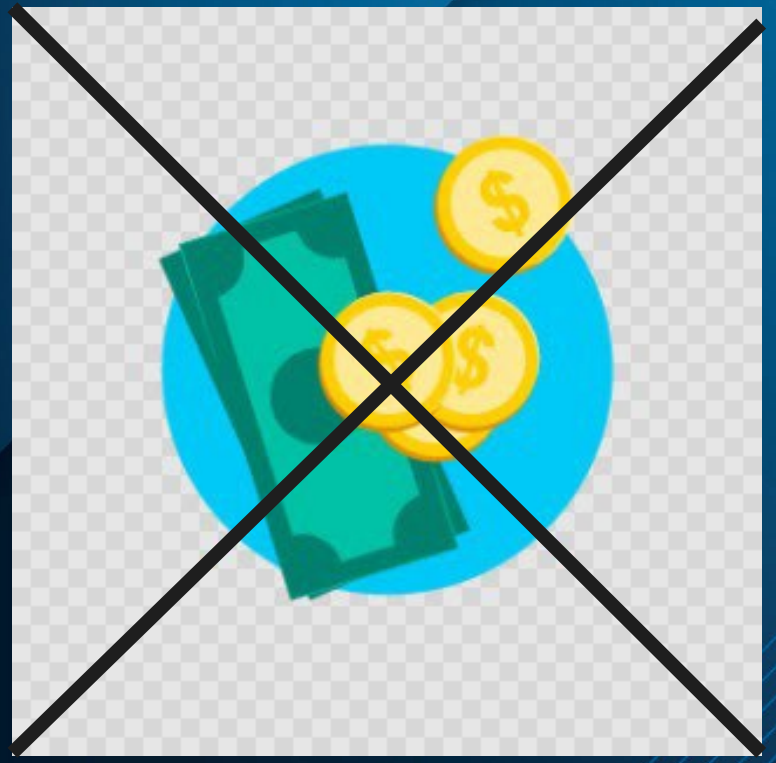
Balance billing is the practice in which providers bill Medicaid and CHIP eligible members for covered services. A member cannot be billed for charges beyond reimbursement paid under Texas Medicaid for covered services.

Act Now

•Verify member's eligibility prior to every service. Providers who are registered with Medicaid may visit the TMHP website to verify members' eligibility if our member forgot their insurance card.

•Availity is an application your office can register with at no cost to verify member coverage.

Please contact your BCBSTX Network Representative at **1-855-212-1615**



PCP Availability and Appointment

- Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid reminds all Primary Care Physicians (PCPs) about Appointment Accessibility Standards.
- PCPs will be surveyed throughout the year regarding Appointment Accessibility standards. The Access Appointment Availability PCP form must be completed and returned.
- The timeframe for PCP's appointment accessibility:

Appointment Accessibility Standards	
Primary Care Physician (PCP) Visit Type	Access Standards
Primary Routine Care	Within 14 days of request
For **STAR**, Preventive Covered Services including annual adult well checks	Within 90 days of request
For **STAR**, Preventive Covered Services for members younger than six months of age	Within 14 days of request
For **STAR**, Preventive Covered Services for members six months through age 20	Within 60 days of request
For **CHIP**, Preventive Care	Per the American Academy of Pediatrics (AAP) Periodicity Schedule[1]
Medicaid members, Preventive Care	Per Texas Health Steps (THSteps) Periodicity Schedule
BCBSTX new members 20 years of age or younger, THSteps Check-up	Within 90 Days of enrollment

OB/GYN – Prenatal Availability and Appointment

The purpose of this form is for our OB/GYN providers to notify BCBSTX of any challenges they are experiencing regarding compliance with prenatal appointment availability.
Provider Compliance Challenges with Prenatal Appointment Availability

The timeframe for prenatal appointment accessibility for all OB/GYN providers:

Appointment Accessibility Standards	
Prenatal Care Visit Type	Access Standards
Prenatal care (first and second trimesters)	Within 14 days of request
Prenatal care for: • third trimester • high-risk pregnancy	Within 5 days of request or immediately if an emergency exists
Prenatal Care (after initial visit)	Appointments for ongoing care must be available in accordance with the treatment plan as developed by the provider.

Our provider network representatives are here to assist. Please fill out the form and submit it to our Texas Medicaid Network Department.

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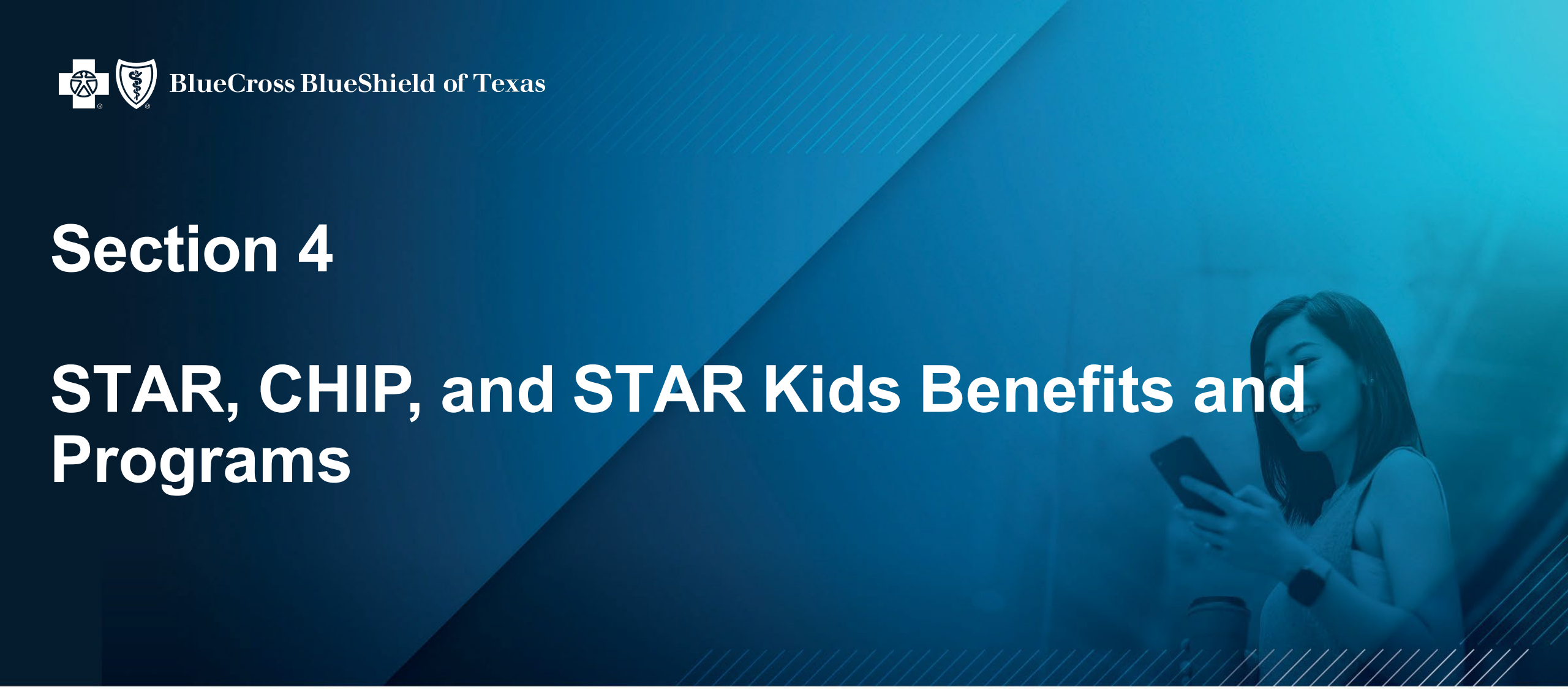
Section 4

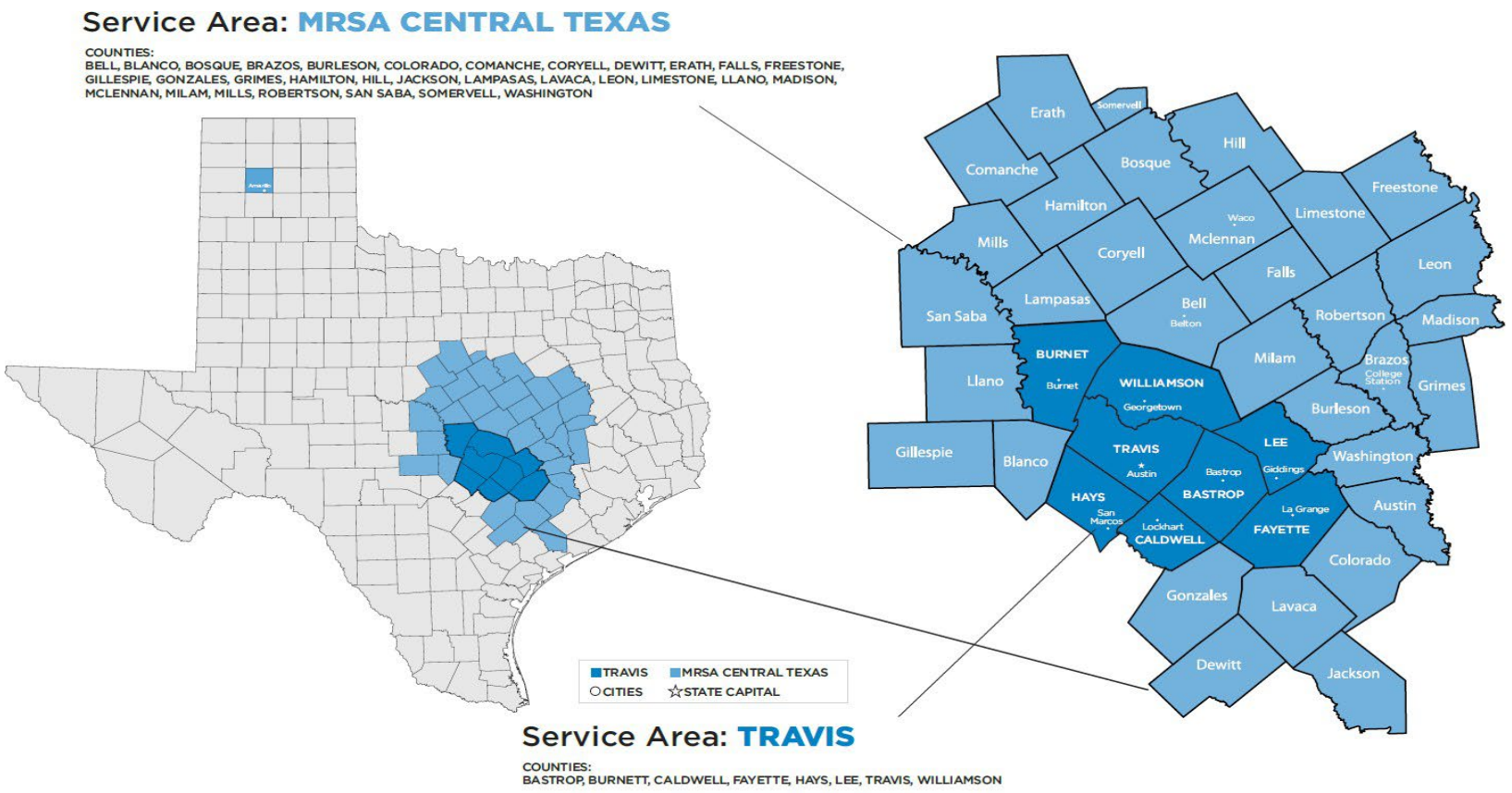
STAR, CHIP, and STAR Kids Benefits and Programs



Section 4 – STAR, CHIP, and STAR Kids Benefits and Programs Overview

- Where We Serve
- STAR Member Benefits and Services
- CHIP Member Benefits and Services
- STAR Kids Member Benefits and Services
- What are STAR, CHIP and STAR Kids?
- Benefit Limitations
- Texas Health Steps (THSteps)
- Early Childhood Intervention (ECI)
- Children of Migrant Farmers
- Healthy Texas Women/ Healthy Texas Women Plus
- Special Beginnings
- Applied Behavioral Analysis (ABA)
- Children and Pregnant Women (CPW)
- Value- Added Services
- Pharmacy Program
- Vendor Services

Where We Serve



BlueCross BlueShield 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

TEXAS STAR Kids
Your Health Plan ★ Your Choice

TEXAS STAR
Your Health Plan ★ Your Choice

CHIP

STAR and CHIP
Service Area Travis Counties:

Bastrop, Burnett, Caldwell, Fayette, Hays, Lee, Travis and Williamson

STAR Kids
Service Area Travis Counties:

Bastrop, Burnett, Caldwell, Fayette, Hays, Lee, Travis and Williamson

Service Area MRSA Central Texas Counties:

Bell, Blanco, Bosque, Brazos, Burleson, Colorado, Comanche, Coryell, Dewitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell and Washington

STAR Member Benefits and Services

- Emergency Ambulance
- Annual Adult Wellness Exams
- Audiology, Chiropractic & Podiatry
- DME/Orthotics and Prosthetics*
- Emergency Services
- Family Planning
- Home Health*
- Inpatient and Outpatient Hospital Services*
- Lab – X-Rays *
- OB/GYN and Pregnancy and Maternity Care
- Applied Behavioral Analysis (ABA)*
- Physical Therapy, Occupational Therapy, and Speech Therapy*
- Prescription Drugs*
- Rehabilitation Services*
- Texas Health Steps (EPSDT-Early and Periodic Screening, Diagnosis and Treatment Program Services)
- Transplant Services*
- Value Added Services **

For more information regarding STAR Member Benefits including Value Added Services, please refer to your BCBSTX Provider Manual. In addition, refer to TMHP Provider Manual Covered Service limitations.

The STAR program is for people who qualify for Medicaid and who are either pregnant, have limited income, are newborns or receive cash assistance (Temporary Assistance for Needy Families or TANF).

STAR Members do not have cost-sharing or co-pays for services.

Some Benefits need Prior Authorization

****Limitations on Value Added Services must be clearly stated in member materials***.

CHIP Member Benefits and Services

- Inpatient Acute and Rehabilitation Hospital Services*
- Outpatient and Ambulatory Health Services
- Physician/Physician Extender Professional Services PCP's and Specialists
- Pregnancy and Family Planning Services
- Audiology, Chiropractic & Podiatry,
- DME Supplies*
- Home Health
- Inpatient and Outpatient Mental Health Services*
- Substance Abuse Treatment Services*
- Rehabilitation Services*
- Hospice Care*
- Emergency Services, Hospitals, Physicians and Ambulances
- Physical Therapy, Occupational Therapy and Speech Therapy*
- Transplants*
- Vision
- Chiropractic
- Value Added Services **
- Lab X-Rays*

For more information regarding CHIP Member Benefits including Value Added Services, please refer to your BCBSTX Provider Manual. In addition, refer to TMHP Provider Manual Covered Service limitations.

The CHIP and CHIP Perinatal program is available to children ages 18 and younger and pregnant women who do not qualify for Medicaid.

Per HHS, Member copays depends on their income and can be up to $35

www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/chip

Some Benefits need Prior Authorization.

****Limitations on Value Added Services must be clearly stated in member materials**.

STAR Kids Member Benefits and Services

STAR Kids Members Benefits Modifications. Include all the traditional benefits offered in the STAR Program.

However, the STAR Kids program offers additional benefits in the form of Long-Term Services and Supports (LTSS) which includes but not limited to services such as:

- Adaptive Aids
- Community First Choice Services
- Personal Care Services
- Minor Home Modifications
- Applied Behavioral Analysis (ABA)*

For more information regarding STAR Kids Member Benefits including Value Added Services, please refer to your BCBSTX Provider Manual. In addition, refer to TMHP Provider Manual Covered Service limitations.

The STAR Kids program provides Medicaid services for children and youth ages 20 and younger with disabilities.

Star Kids Members do not have cost-sharing or co-pays for services.

Some Benefits need Prior Authorization

Limitations on Value Added Services must be clearly stated in member materials.

Important Medicaid Programs:

Texas Health Steps often referred to (THSteps) is healthcare for children birth through age 20 who have Medicaid. THSteps gives your child free medical checkups starting at birth, and free dental checkups starting at 6 months of age. Another program is Healthy Texas Women a program dedicated to offering women's health and family planning at no cost to eligible women in Texas.

STAR

(*State of Texas Access Reform*) is the Medicaid Managed Care Program of Texas.

CHIP

(Children's Health Insurance Program) is the health insurance option for children.

STAR Kids

is the Medicaid managed care program that serves youth and children ages 20 and younger who receive disability related Medicaid.

Benefit Limitations Overview

Unless otherwise specified, all services provided to BCBSTX Medicaid members must be medically necessary. Some services may be reimbursed without prior authorization within the set limitations.

In addition to services that always require prior authorization, providers may request prior authorizations for medically necessary services that exceed benefit limitations.

For more detailed listing of all benefit limitations, please refer to the TMHP Provider Manual.

If you need assistance with navigating or questions about benefit limitations, you may also contact your assigned Provider Relations Representative for more information.

Scope of Texas Health Steps (THSteps) Services

Texas Health Steps (THSteps) helps members with:

- Preventive care medical checkups and services
- Dental checkups and treatment services
- Comprehensive Care Program (CCP)
- Laboratory services
- Immunization services
- Electronic Visit Verification (EVV)

Providers can enroll to provide preventive care to kids and teens, by enrolling as a Texas Health Steps provider through Provider Enrollment on the Portal (PEP)

For additional information for THSteps: www.tmhp.com/programs/thsteps

Texas Health Steps (THSteps) provides preventive health-care to 20-year-olds or younger.

Early Childhood Intervention (ECI)

Early Childhood Intervention is a federally mandated program for children from birth up to 36 months of age with a developmental delays and/or disabilities or certain medical diagnoses that impact development.

How do they qualify for services? To be eligible for ECI services the child must meet one of the following three criteria:

- Medically Diagnosed Condition
- Deaf/Hard of Hearing or Blind/Visually Impaired
- Developmental Delay

How do they qualify for services? The child was evaluated using state approved evaluation tool to determine eligibility. If qualified, the team identifies the child's strengths and needs in family's daily routines.

ECI services supports families as they learn how to help their children grow and learn

For additional information on ECI visit: www.hhs.texas.gov/services/disability/early-childhood-intervention-services-eci

Children of Migrant Farm Workers

- Some of the barriers for Farm Workers to overcome: High mobility, language and cultural barriers, inaccessibility to health care service and lack of health insurance coverage.
- Special attention should be paid to **educating** traveling farm workers families on the importance of their children receiving timely or accelerated Texas Health Steps (THSteps) medical and dental checkups prior to the family traveling for work.
- Blue Cross and Blue Shield of Texas (BCBSTX) relies on you to identify these members and determine if there is a need to accelerate any THSteps medical or dental checkups.

THSteps checkups are made up of six primary components.

1. Comprehensive health and developmental history
2. Comprehensive unclothed physical examination
3. Appropriate immunizations
4. Appropriate laboratory test
5. Health education
6. Dental referral

Migrant farm worker is defined as “a migratory agricultural worker, whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes for the purposes of such employment a temporary abode.”

If you have questions about identifying children of Migrant Farm Workers or Texas Health Steps, please call Provider Network Representative: **1-855-212-1615.**

Healthy Texas Women

Healthy Texas Women provides a wide variety of women's health and core family planning services, eligible low-income women may receive the following services free with this program.

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Mammograms
- Screening and treatment for cholesterol, diabetes and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Screening and treatment for postpartum depression

Healthy Texas Women is a program that provides primary healthcare services, including family planning services and health screenings, to eligible women under 1 Tex. Admin. Code Chapter 382, Subchapter A.

For additional information such as: Who can apply; How to apply; Additional Questions and Answers, please visit: www.healthytexaswomen.org/healthcare-programs/healthy-texas-women

Healthy Texas Women Plus

If a woman has been pregnant within the last 12 months? This program was developed and created for a postpartum care package through the Healthy Texas Women Plus program.

Women must be already enrolled in the Healthy Texas Women program to participate.

For additional information, please visit: https://www.healthytexaswomen.org/healthcare-programs/healthy-texas-women/htw-benefits

What services are covered?

- Some of the postpartum depression and other mental health conditions that are treated include: individual, family and group psychotherapy services and peer specialist services.
- Heart health services includes blood pressure monitoring, image studies and heart medications.
- Substance use disorder, including drug, alcohol and tobacco misuse, services include screenings, brief interventions, treatment referrals, outpatient substance use counseling, smoking cessation, medication–assisted treatment and peer specialist services.

Texas Health and Human Services (HHSC) launched a new postpartum services package for HTW clients call **Healthy Texas Women (HTW) Plus**. Benefits available through HTW Plus focus on treating health conditions that contribute to maternal morbidity and mortality, including postpartum depression, cardiovascular conditions, and substance use disorders.

Note: Only the services listed above are paid by this program.

Special Beginnings

When our members join this program, they receive the following:

- Two Pregnancy risk interviews: They may help our member find out if their pregnancy is high risk.
- Information and Materials about nutrition and healthy life choices before and after the birth.
- Personal phone calls from specially trained staff to talk to our members regarding how the pregnancy is going. Our Special Beginnings Care Coordinator will contact our member for six weeks after the birth.
- 24 - hour, toll–free access to a telephone hotline staffed by experienced registered nurses and maternity nurses (1-844-971-8906).

A Special Beginnings representative will call our member through the entire pregnancy to help with:

- Assess their health, lifestyle, and possible pregnancy problems.
- Teach them to avoid problems that can develop during pregnancy.
- Encourage them to make healthy changes.
- Talk to our member about their OB treatment plans.
- Help if they develop diabetes or high blood pressure while pregnant.
- Teach them about prenatal, postpartum, and newborn care.

Special Beginnings is a maternity program that is there for our member and their needs. This program helps them better understand and manage their pregnancy.

Applied Behavioral Analysis (ABA)

If you believe our member may have a diagnosis of Autism Spectrum Disorder (ASD), and they would benefit from treatment with Applied Behavioral Analysis (ABA) and other autism services, the diagnosis must first be confirmed by a specific list of providers.

A diagnosis of ASD requires a comprehensive diagnostic evaluation (CDE) performed by one of the specific provider types. To qualify for ABA services, the CDE must be conducted no earlier than three years prior to the initiation of ABA therapy, and the CDE must recommend ABA services as part of any treatment recommendations.

Texas Medicaid also offers an array of medically necessary services to support individualized treatment plans for children and youth up to 20 years of age with ASD.

Disclaimer: Providers of the Interdisciplinary team who participate in the interdisciplinary meeting can submit a claim for that meeting and attach the attendance form and the claim for payment.

For full details of the Texas Medicaid Autism Services Policy visit TMHP website.

Effective February 1, 2022, autism services are a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Medicaid clients who are 20 years of age or younger, and who meet criteria outlined in the Texas Medicaid Autism Services Policy

Children and Pregnant Women (CPW)

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.

Children and Pregnant Women (CPW) Continued

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:

- **1-877-214-5630 -** STAR/CHIP SC Line
- **1-877-301-4394 -** STAR Kids SC Line

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.

Value-Added Services (VAS) - STAR

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

- Extra Help Getting a Ride: Free rides to BCBSTX member events and meetings, VAS services and approved health classes.
- Texas Health Steps Gift Card Incentive
- Adolescent Checkup Gift Card Incentive
- Enhanced Eyewear
- Sports and Camp Physicals
- Prenatal Care Incentive with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Prenatal Visit Gift Card Incentive
- Postpartum Visit Gift Card Incentive
- Breastfeeding education through our Special Beginnings ® Program
- Fresh and Healthy Produce Delivery for Pregnant Members
- In-Home delivery meal services after a Qualifying Hospitalization
- Dental Services for Adult Members
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH inpatient Discharge
- Access to find help, online health and wellness resources
- Blue365 ® Discount Pharmacy Program
- Boys and Girls Club Membership

VAS may have restrictions and limitations. Limitations on these services are explained in the VAS STAR brochure.

Value-Added Services (VAS) – CHIP or CHIP Perinate

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

- Free rides to non-emergency doctor visits, therapy, pharmacy, WIC visits and classes
- 24-Hour Nurse Advice Line
- Well-Child Checkup Incentive Gift Card Incentive
- Adolescent Checkup Gift Card Incentive
- Human Papillomavirus (HPV) Vaccine Incentive
- Enhanced Eyewear
- Sports and Camp Physicals
- Health and Wellness Activity Incentive
- New Mom Welcome Home Kit
- Prenatal Care Incentive Option with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Breastfeeding Education through our Special Beginnings® Program
- Breastfeeding Support Kit
- Fresh and Healthy Food Support for Pregnant Members
- In-Home Meal Delivery Services after a Qualifying Hospitalization Up to 14 meals for one incident per year
- Dental Services for Adult Members
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH Inpatient Discharge
- Access to find help, formerly Aunt Bertha, online Health and Wellness Resources
- Blue365® Discount Pharmacy Program

VAS may have restrictions and limitations. Limitations on these services are explained in the VAS CHIP brochure.

Value-Added Services (VAS) – STAR Kids

BCBSTX has many VAS to help members stay healthy. These services are offered at no cost to members. VAS include:

- Extra Help Getting a Ride: Free rides to BCBSTX member events and meetings, VAS services and approved health classes.
- Extra Help for Parents: Respite care for Medically Dependent Children Program (MDCP).
- Texas Health Steps Gift Card Incentive
- Adolescent (ages 2 to 21) Checkup Gift Card Incentive
- Enhanced Eyewear up to $150 Value each year, after eye exam
- Sports and Camp Physical one free each year
- Reimbursement for Summer Recreational Activity
- Prenatal Care Incentive with Infant Car Seat or Pack and Play
- Prenatal Class with Incentive Diaper Bag
- Prenatal Visit Gift Card Incentive
- Postpartum Visit Gift Card Incentive
- Breastfeeding education through our Special Beginnings ® Program
- Fresh and Healthy Produce Delivery for Pregnant Members
- In-Home delivery meal services after a Qualifying Hospitalization – on incident per year
- Hippotherapy or Therapeutic Riding Services
- Incentive Gift Card for attending Parents/Legally Authorized Representative (LARS) who attend Member Resource Meetings
- Online Behavioral Health (BH) Resources
- Incentive Gift Card for Getting Follow-up Care after a BH inpatient Discharge
- Access to findhelp, formerly Aunt Bertha, online health and Wellness Resources
- Blue365® Discount Pharmacy Program

VAS may have restrictions and limitations. Limitations on these services are explained in the VAS STAR Kids brochure.

Pharmacy Program

- The Texas Vendor Drug Program formulary and Preferred Drug List are available on our website: https://www.bcbstx.com/provider/medicaid/pharmacy/drug-list

- Prior authorization is required for:
  - Nonformulary drug requests
  - Brand-name medications when generics are available
  - High-cost injectable and specialty drugs
  - Any other drugs identified in the formulary as needing prior authorization

- Online pharmacy prior authorization:
- Phone: **1-855-457-0407** – STAR
- Phone: 1-855-CHIP
- Phone: 1**-855-457-0758** – STAR Kids (MRSA Central)
- Phone: **1-855-457-0757** – STAR Kids (Travis Service Area)

- Epocrates is a free subscription drug information service that can be downloaded to a computer or handheld device. In addition to listing a drug's preferred status, Epocrates includes drug monographs, dosing information, and warnings. All prescribing providers are eligible to register for Epocrates online. Refer to the Outpatient Drug Services Handbook in the Texas Medicaid Provider Procedures Manual to learn more.

- Visit https://www.epocrates.com for additional information on the free subscription.

If BCBSTX cannot provide a response to the prior authorization request within 24 hours after receipt or the prescriber is not available to make a prior authorization request after prescriber's office hours and the dispense pharmacist determines it is an emergency situation, BCBSTX must allow the pharmacy to dispense a 72-hour emergency supply of medication.

Vendor Services

Dental Services:

DentaQuest

Phone Number:
1-800-516-0165
Website:
www.dentaquest.com

Managed Care of North America Dental (MCNA)

Phone Number:
1-800-494-6262

Website:
www.mcna.net

Vision Service:

Davis Vision
Phone Number:
1-800-773-2847

Website:
www.davisvision.com/eye-care-professionals/

Prime Pharmacy: Services Therapeutics

STAR Phone Number:
1-855-457-0405

CHIP Phone Number:
1-855-457-0403

STAR Kids Phone Numbers:
1-855-457-0757
(Travis service area)
1-855-457-0758
(MRSA Central service area)
Website:
www.myprime.com

BlueCross BlueShield of Texas

Section 5

Behavioral Health

Behavioral Health Overview

Blue Cross and Blue Shield of Texas offers a variety of network providers who provide intervention and treatment options that are designed to promote stability and help our members.

PCP providers must have valid screening instruments to identify and refer children to providers specializing in evaluations to determine whether a child or young adult has a developmental disability or is at risk for or has SED or another type of mental illness.

Treatment options include but not limited to:

- Mental Health Treatment
- Targeted Case Management (TCM)
- Substance Use Disorder (Opioid Treatment and Chemical Dependency)
- Psychiatry
- Mental Health Rehabilitation (MHR) Services
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Other behavioral health outpatient services covered by Medicaid and CHIP.

Mental Health Treatment

Blue Cross and Blue Shield of Texas Outpatient mental health services are used for the treatment of mental illness and emotional disturbances in which the clinician establishes a professional contract with the person and, utilizing therapeutic interventions, attempts to alleviate the symptoms of mental illness or emotional disturbance, and reverse, change, or ameliorate maladaptive patterns of behavior.

Outpatient mental health services include psychiatric diagnostic evaluation, psychotherapy (including individual, family, or group), psychological, neurobehavioral, or neuropsychological testing, pharmacological management, and electroconvulsive therapy (ECT).

Outpatient mental health services are benefits when provided in the office, home, skilled nursing or intermediate care facility (SNF/ICF), outpatient hospital, extended care facility (ECF), or in other locations.

Outpatient mental health services are benefits of Texas Medicaid and a service through BCBSTX, when provided to persons who are experiencing a mental health condition that is causing distress, dysfunction, or maladaptive functioning because of a confirmed or suspected psychiatric condition as defined in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

Targeted Case Management (TCM)

TCM services are case management services designed to assist qualified members in gaining access to much needed medical, social, behavioral, educational and other services and supports. Services can be rendered in person, synchronous audiovisual technology, and synchronous telephone.

All members are eligible regardless of age, however, the member seeking service must have a diagnosis of mental illness or serious emotional disturbance (SED) as defined in the latest edition of the American Psychiatric Association's DSM, and who have been determined via a uniform assessment process to need MH/TCM services.

TCM activities may be with the person, family members, Legal Authorization Representative (LAR), providers, or other entities or individuals and conducted as frequently as necessary, and at least once annually, to determine whether the following conditions are met:

- Services are being furnished in accordance with the person's plan of care;
- Services in the plan of care are adequate in amount, scope, and duration to meet the needs of the person; and
- The plan of care and service arrangements are modified when the needs or status of the person changes.

Targeted Case Management services can be provided by both Local Mental Health Authorities (LMHAs) and non-Local Mental Health Authorities.

Targeted Case Management (TCM) - Continued

Coordination of Care:
BCBSTX care coordination team can assist with TCM services. In addition, the care coordination team will assist in the coordination between the member, member's LAR, Primary Care Provider and the TCM provider.

The main purpose of the coordination of care is for qualified member to receive wrap around services and every provider who cares for the member to be in synch with the member's mental and physical needs.

Authorizations/Referrals/Utilization Management:
Services for TCM do not require prior authorization from BCBSTX. Members who meet eligibility standards are authorized to receive such services.

For additional questions about assisting members with obtaining TCM services please reach out to our service coordination team at: **1-877-214-5630** – STAR and CHIP/ **1-877-301-4394** - STAR Kids or TX_Medicaid_HC@bcbstx.com.

BCBSTX utilization team consist of specialized licensed personnel. BCBSTX UM team will monitor services rendered by way of retrospective review and conduct quality of care initiatives. In addition, BCBSTX UM team will also assist with authorizations.

Claims Service Codes/Benefit Limitations:

For a comprehensive list of claims service codes and benefit limitations, please visit Texas Medicaid & Healthcare Partnership website (Provider Manual: Behavioral Health and Case Management Services Chapter 7):
https://www.tmhp.com/resources/provider-manuals/tmppm

Mental Health Rehabilitation (MHR) Services

MHR services are designed to help members with maintaining, improving their mental health by creating a plan of care that achieves the member's rehabilitation goal. Mental health rehabilitative services are provided to a person with a serious mental illness (SMI), as defined in the latest edition of the American Psychiatric Association's (APA's) Diagnostic and Statistical.

Manual of Mental Disorders (DSM). Mental health rehabilitative services are age-appropriate, individualized, and designed to ameliorate functional impairments that negatively affect any of the following:

- Community integration
- Community tenure
- Behaviors resulting from SMI or severe emotional disturbance (SED) that interfere with a person's ability to remain in the community as a fully integrated and functioning member of that community

Mental health rehabilitative services may include:

- Medication training and support services
- Psychosocial rehabilitative services
- Skills training and development
- Crisis intervention services
- Day programs for acute needs

Mental Health Rehabilitation (MHR) Services - Continued

Coordination of Care:
BCBSTX service coordination team can assist with MHR services. In addition, the service coordination team will assist in the coordination between the member, member's LAR (if applicable), Primary Care Provider and the MHR provider.

The main purpose of the coordination of care is for the member to receive wrap around services and every provider who cares for the member to be in synch with the member's mental and physical needs.

Authorizations/Referrals/Utilization Management:
Services for MHR do not require prior authorization from BCBSTX. Members who meet eligibility standards are authorized to receive such services.

For additional questions about assisting members with obtaining TCM services please reach out to our care coordination team at: **1-877-214-5630** – STAR and CHIP / **1-877-301-4394** - STAR Kids or X_Medicaid_HC@bcbstx.com

BCBSTX utilization team consist of specialized licensed personnel. BCBSTX UM team will monitor services rendered by way of retrospective review and conduct quality of care initiatives. In addition, BCBSTX UM team will also assist with authorizations.

Claims Service Codes/Benefit Limitations:
For a comprehensive list of claims service codes and benefit limitations, please visit Texas Medicaid & Healthcare Partnership website **https://www.tmhp.com/resources/provider-manuals/tmpp.**

Substance Use Disorder (SUD) Treatment

Substance Use Chemical Dependency:

A chemical dependency treatment facility is any facility that offers or claims to offer a planned, structured, and organized treatment program designed to initiate and promote a person's chemical-free status or to maintain the person free of illegal drugs.

The person must exhibit one of the following conditions regarding chemical substance withdrawal complications:

- Incomplete medically stable withdrawal from alcohol or drugs, as evidenced by documentation of at least one of the following conditions:
    - Unstable vital sign
    - Continued disorientation
    - Abnormal laboratory findings related to chemical dependency
    - Continued cognitive deficit related to withdrawal so that the person is unable to recognize alcohol or drug use as a problem
    - Laboratory finding that, based on the judgment of a physician, indicates that a drug has not sufficiently cleared the person’s system

Substance Use Disorder (SUD) Treatment - Continued

Substance Use Opioid Treatment:

BCBSTX opioid treatment programs (also referred to as narcotic treatment programs) are the only settings permitted by law to provide methadone for opioid use disorders (OUD) and must comply with additional federal and state requirements, rules on licensure and scope of practice, including physician delegation, supervision, and prescriptive authority. Opioid treatment programs can also provide or administer other forms of medication assisted treatment (MAT).

Chemical dependency treatment facility (CDTFs), physicians, NPs, and PAs may prescribe and provide for the administration of long-acting injectable naltrexone (Vivitrol) to treat cravings associated with either OUD or alcohol use disorders (AUD).

Certain MAT medications to treat alcohol and opioid use disorders (such as buprenorphine, disulfiram, acamprosate, and naltrexone), are available as a pharmacy benefit and may be prescribed to a person by their physician or other qualified health care professional. Providers may refer to the BCBSTX Vendor Drug Program Formulary for additional information on covered medications.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a comprehensive, public health approach to the delivery of early intervention and treatment. These services are available to our members who meet the following criteria:

- 10 years of age and older and who have alcohol or substance use disorders;
- or are at risk of developing such disorders. SBIRT is used for intervention directed to a person and not
- for group intervention.

SBIRT services can be provided by physicians, registered nurses, advanced practice nurses, physician, assistants, psychologists, licensed clinical social workers, licensed professional counselors, certified nurse midwives.

In addition, outpatient hospitals, federally qualified health centers (FQHCs), and rural health clinics (RHCs) may provider these treatments.

Non-licensed providers may deliver SBIRT under the supervision of a licensed provider if such:

- supervision is within the scope of practice for that licensed provider. The same SBIRT training requirements apply to non-licensed providers.
- A person may have a maximum of two screening only sessions per rolling year, and up to four combined
- Screening and brief intervention sessions per rolling year. Providers must refer the person to treatment
- If the screening results reveal severe risk of alcohol or substance use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Continued

SBIRT is widely utilized tool for assisting persons who are experiencing substance use disorders including not limited to opioid treatment, alcoholism, and substance use disorders.

The SBIRT process consists of the following:

Screening: This process consist of utilizing an appropriate screening tool that allows for a provider to assess the severity of a member's substance use and to determine what level of treatment of service is appropriate.

Brief Intervention: The focus for this step is to increase insight and awareness regarding substance use and motivation of a member's willingness of behavioral change.

Referral to Treatment: This final step is for provider to provide the member with referral to a treatment center that is appropriate based on the screening and brief intervention.

Providers who perform SBIRT must be training in the correct practice and required to complete at minimum 4 hours of training. For information on how to get trained in SBIRT please visit the following website: **http://www.samhsa.gov/**

Claims Service Codes/Benefit Limitations:
For a comprehensive list of claims service codes and benefit limitations, please visit Texas Medicaid & Healthcare Partnership website (Provider Manual: Behavioral Health and Case Management Services Chapter 7):
https://www.tmhp.com/resources/provider-manuals/tmppm

Coordination of Care with Behavioral Health

Communication and coordination of care among all physicians or professional providers participating in a member's health care are essential to facilitating quality and continuity of care. When the member has signed an authorization to disclose information to a PCP, the behavioral health provider should notify the PCP of the initiation and progress of Mental Health Substance Abuse (MHSA) services.

PCPs refer to our provider manual regarding quality-of-care guidelines. PCP must use effective and nationally recognized behavioral health screening tools. For more information about screening tools refer to the **Texas Medicaid Provider Procedures Manual** (TMPPM).

In addition, Texas Health Step Providers are encouraged to use the periodicity screening tools to identify behavioral health needs

BCBSTX promote early intervention and health screening to educate members and assess behavioral health problems.

- Screen, evaluate, treat and/or refer any behavioral health problem or disorder
- Treat mental health and/or substance use disorders within the scope of their practice

BCBSTX requires Network PCP to identify and refer members to appropriate Behavioral Health Specialist who identify development delays including but not limited to: Developmental Delay or Disability, SED Mental Illness, Chemical dependency.

PCP must follow the referral process and care coordination of members.

Behavioral Health Referrals

Providers have the responsibility for the complete care of their patients which includes referring members to the appropriate provider of care within BCBSTX network. Providers must ensure referrals for specialty care for members are made on a timely basis, based on the urgency of the member's medical, no later than 30 calendar days from the date the need is identified or requested. Please note referrals to specialist with health related services must include documentation of coordination of referrals and services provided between Primary Care Provider and Specialist. STAR Kids Dual-Eligible are excluded. Justification to BCBSTX regarding out-of-network referrals, including partners not contracted with BCBSTX is required.

Non-capitated services are the Texas Medicaid programs and services that are not included with the BCBSTX covered services. However, members may be eligible to receive the services from Texas Medicaid providers on a Fee-for-Service basis.

Substance use disorders, including drug, alcohol and tobacco misuse (services include screenings, brief interventions, treatment referrals, outpatient substance use counseling, smoking cessation services, medication-assisted treatment and peer specialist services).

What do case managers do to connect clients with services?

Case managers help clients with services such as:

- Accessing behavioral health services or developmental testing.
- Coordinating DME, home health nursing, or OT/PT/ST.
- Assisting with the special education process or school issues.

Helping with transition planning.

- Addressing issues such as substance abuse, homelessness, or domestic violence.
- Finding other needs, such as respite.

Volunteer Participation in Provider Quality Meetings

Providers have the opportunity to participate in BCBSTX Texas Medicaid Provider Advisory Group (PAG) meetings, which is held quarterly.

During these meetings BCBSTX works with all provider types to help promote a way to share information between BH, PCP, and other specialty providers.

The purpose of this meeting is to help create space where providers express techniques or helpful best clinical practice guidelines for coordination of care with our members.

These meeting also create the opportunity for BH providers to share feedback on our clinical policies and UM practices to improve the quality of care and experience for the BH providers and members.

BlueCross BlueShield of Texas

Section 6

Utilization Management and Service Coordination

Section 6 – Utilization Management and Service Coordination Overview

- Utilization Management
- Prior Authorizations
- Submitting Authorization
- Authorizations Timeframe
- Service Coordination
  - STAR and CHIP
  - STAR Kids

Utilization Management

BCBSTX Utilization Management (UM) Team collaborates with providers to promote and document the appropriate use of health care resources.

Utilization Management takes a multidisciplinary approach to help provide access to health care services in the setting best suited for the medical and psychosocial needs of the member based on benefit coverage, established criteria and the community standards of care.

Authorization is based on medical necessity and will be contingent upon eligibility and benefits. It is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications with the exception of Texas Health Steps Service for children from birth through 20 years of age. For these services, medical necessity is based on the clinical documentation received by the utilization management department when requesting a prior authorization.

Providers may call Utilization Management toll-free for **STAR and CHIP** at **1-877-560-8055 and STAR Kids at 1-877-784-6802** with questions and/or requests, including requests for urgent/expedited prior authorization and urgent concurrent/continued stay review. An on-call nurse will provide assistances for any urgent after hours needs.

Utilization Management attempts to return calls the same day they are received during normal business hours. Calls received after normal business hours will be returned the next business day. All routine requests will be responded to within **24 hours**.

Providers may fax Utilization Management for **STAR and CHIP** to **1-855-653-8129 and STAR Kids to 1-866-644-5456** with requests for urgent/expedited and non-urgent prior authorization and concurrent/continued stay review. Faxes are accepted during normal business hours as well as after hours. Faxes received after hours will be processed the **next business day**.

Eligibility verification, benefits, and network information may be available after normal business hours at **www.availity.com**.

BCBSTX Utilization Management (UM) Team has the responsibility for ensuring medical reviews such medical necessity, fraud waste and abuse, pre-payment reviews, audits and other monitoring.

In coordination with BCSTX Quality Team, providers must adhere to the rules and regulations of applicable Texas Medicaid laws.

As provider for BCBSTX, you may be subject to the following activities:

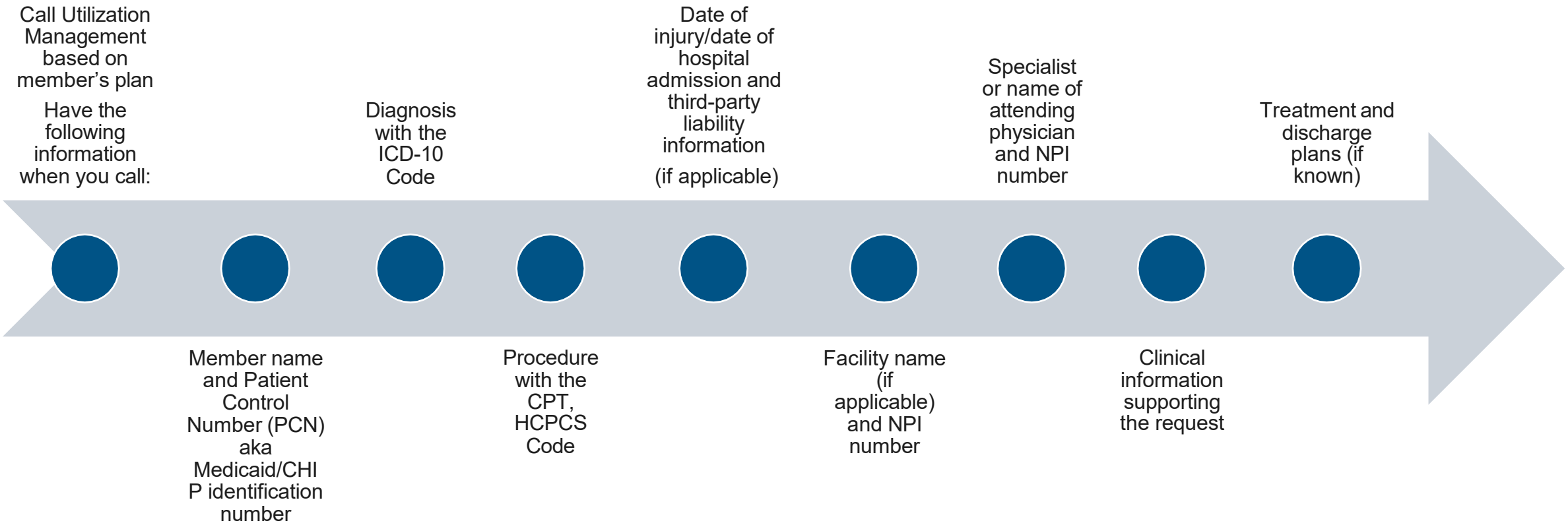
- Medical Record Reviews (utilizing HEDIS)
- Provider Surveys
- Member Surveys
- Random audits of medical records
- Claims and Encounter Data Review

Services Not Requiring a Prior Authorization

In Network services not requiring a prior authorization

- Diagnosis and treatment of sexually transmitted diseases
- Testing for the Human Immunodeficiency Virus (HIV)
- Family Planning services to prevent or delay pregnancy
- Behavioral Health Outpatient Services
- Annual Well Women exam
- Prenatal services
- Texas Health Steps
- **Additional Services may apply**

Submitting a Prior Authorization



Time Frames:

One Business Day

- Concurrent Stay requests (when a member is currently in a hospital bed) = **Urgent Concurrent**
- Urgent prior authorization requests are initiated before outpatient services have been provided and are reviewed within this time frame.*
- Within one hour of receiving a request for post-stabilization or life-threatening conditions, **except** for Emergency Medical Conditions and Emergency Behavioral Health Conditions, BCBSTX does not require prior authorization.

Three Business Days

Prior authorization routine requests (before outpatient service has been provided or prior to an elective admission)

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

BlueCross BlueShield of Texas

Service Coordination

Service Coordination Team - STAR and CHIP

Service Coordination is a benefit provided to STAR and CHIP members to help manage their health care needs. You can help coordinate care for our members and improve their health by working directly with them and their family. Our Blue Cross and Blue Shield (BCBSTX) Service Coordinator will look at the member's medical, behavioral, social and educational needs and work with other specially trained team members of the BCBSTX Service Coordination team to design a care plan.

Make care plans, answer questions and talk to our members about ideas to reach their health goals	Help set up care with your doctor and specialists	Help our members, their family and caregiver better understand their health condition(s), medications and treatments	Get the community support and services our members need: Behavioral Health Treatment Durable Medical Equipment (DME) Home health nursing Medical supplies Physical, Occupational, & Speech Therapy Transportation

IF our member is eligible for these services, and the service is medically necessary, **providers** have a **responsibility** to provide or coordinate these services. The BCBSTX dedicated Service Coordinator will help you coordinate these services. Please refer to Provider Manual for in-depth information regarding Service Coordination including roles and types of service coordination services.

Service Coordination Team - STAR Kids

Service Coordination is a STAR Kids benefit that helps our members choose services and plan so that our members can live in the most independent setting possible.
A BCBSTX service coordinator will work directly with the members, their family and you to meet health care and long-term services or support needs.

Make home visits and find out what our members needs are	Complete the Child's STAR Kids assessment tool and Individual Service Plan	Help answer questions and talk to our members about ideas they have about how to reach their health goal	Get the right care with the right doctor	Provider Adult transition planning and Discharge Planning	Get the community support and services our members need: Behavioral Health Treatment Durable Medical Equipment (DME) Home health nursing Medical supplies Physical, Occupational, & Speech therapy Transportation

IF our members are eligible for these services, and the service is medically necessary, **providers** have a **responsibility** to provide or coordinate these services. **Please note**, for members who may need access to **IDD supports and HCBS Waiver services**, please ensure appropriate evaluation and psychometric testing is performed, this is **required** prior to approval of services.

The BCBSTX dedicated Service Coordinator will help you coordinate these services. Please refer to Provider Manual for in-depth information regarding services. ng Service Coordination including roles and types of service coordination services.

Service Coordination Team – Health Home

Health Home is described as a designated provider including a provider that operates in coordination with a team of health care professionals or a Health Team selected by a member with chronic conditions to provider health home services.

Health Homes Services is described as a comprehensive and timely high-quality services that are provided by a Designated Provider, a Team of Health Care Professionals operating with such a provider or a Health Team. Health Home Services include: Comprehensive Care Management; Care Coordination and health promotion; comprehensive transitional care; including appropriate follow up from inpatient to other settings; member and family support (including authorized representatives); referral to community and social support services and; if relevant use of health information technology to link services as feasible and appropriate.

Providers play a crucial role with maintaining and developing a Health Home. We encourage provider to work with the service coordination team and monitor member's progress. Please contact your member’s service coordinator for more information about Health Home.

Contacting Service Coordination

Providers are encouraged to reach out to service coordination when services such as OT, PT, DME, Behavioral Health, etc. are identified or member expresses need for such services. In addition, providers can refer members for other services like disease management.

If at anytime you have questions or concerns related to service coordination feel free to contact our service delivery team.

Contact Information:

STAR/CHIP
Phone: 1-877-214-5630
Fax: 1-866-644-5456
Email: TX_Medicaid_HC@bcbstx.com

STAR Kids
Phone: 1-877-301-4394
Fax: 1-866-644-5456
Email: TX_Medicaid_HC@bcbstx.com

BlueCross BlueShield of Texas

Section 7

Claims Submission

Section 7 – Claims Submission Overview

- Provider Compensation
- Fraud, Waste, or Abuse
- How to submit a Claim
- How to get claims paid quickly
- Claims Submission – Availity
- Electronic Claims Submission via Availity
- Claims Status Tool via Availity
- Texas Health Steps (THSteps) Claims
- Durable Medical Equipment (DME) Required

Provider Compensation

BCBSTX or Payer will pay Physician for Covered Services rendered to Members less any applicable Member Copayments, Coinsurance or Deductible amounts (refer to your provider contract).

General Information :

- Physician shall accept such compensation, and any applicable Member Copayment, Coinsurance or Deductible as Physician’s only compensation for Covered Services.
- BCBSTX or Payer shall make such payment for services within thirty (30) days of receipt of Clean Claims regardless of submission format. If Medicaid is a secondary insurer, then a claim must include the amount paid as a covered claim by the primary insurer to be a Clean Claim.
- Rates are determined by the Texas Medicaid Fee Schedule unless previously negotiated.
- In the event of reimbursement rate reduction across all BCBSTX providers. BCBSTX will notify the provider and Health Human Services Commission (HHSC). Across the board Rate Reductions must be first approved by HHSC before being implemented. Notification to HHSC must be done 90 days prior to rate reduction effective date.

Fraud, Waste, or Abuse

Post-Payment Claim Audit:

Post-payment review strategies are among the most effective cost avoidance and waste prevention activity. BCBSTX reserves the right to complete audits of a provider claim no later than 3 years after the receipt of a clean claim. The 3 year look back period does not apply in cases of provider Fraud, Waste, and Abuse.

Other limitations may include the following scenarios:

- 3 year limitation does not apply when HHSC has recovered capitation from BCBSTX based on member's eligibility.
- 3 year limitation does not apply when conducting Prior Authorization examination, audits or inspection, even if its more than 3 years after BCBSTX received the claim.

If during any audit, BCBSTX identifies that a provider is owed an additional payment, BCBSTX will submit the payment no later than 30 days after completion of the audit. If audit determines a refund payment is owed to BCBSTX, provider will receive written notice from BCBSTX explaining in detail the reason for refund. Please note, a provider has the right to appeal such findings. BCBSTX will not recover any payment until the provider has exhausted all appeal rights.

Overpayments Identified by Providers:

Providers must notify BCBSTX in writing within 30 days of discovery of the overpayment. There are multiple ways to BCBSTX can remediated overpayments by refund or recoupment. BCBSTX will work with provider to determine best course of action.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider or a person getting Medicaid benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.

Examples of Fraud, Waste and Abuse:

- A health care professional getting paid for services that weren't given or needed
- Altering medical records
- Use of unlicensed staff
- Drug diversion (e.g., dispensing controlled substances with no legitimate medical purpose)
- Kickbacks and bribery
- Providing unnecessary services to members.

To report fraud, waste, or abuse, choose one of the following:

- Call the Office of Inspector General (OIG) Hotline at **1-800-436-6184**
- Report Waste, Abuse and Fraud online ; or
- You can report directly to your health plan:

  Blue Cross and Blue Shield of Texas
  P.O. Box 660044
  Dallas, Texas 75266-9506

BlueCross BlueShield of Texas

How to Submit a Claim?

Availity

www.availity.com

Claims Submission
Claims Status

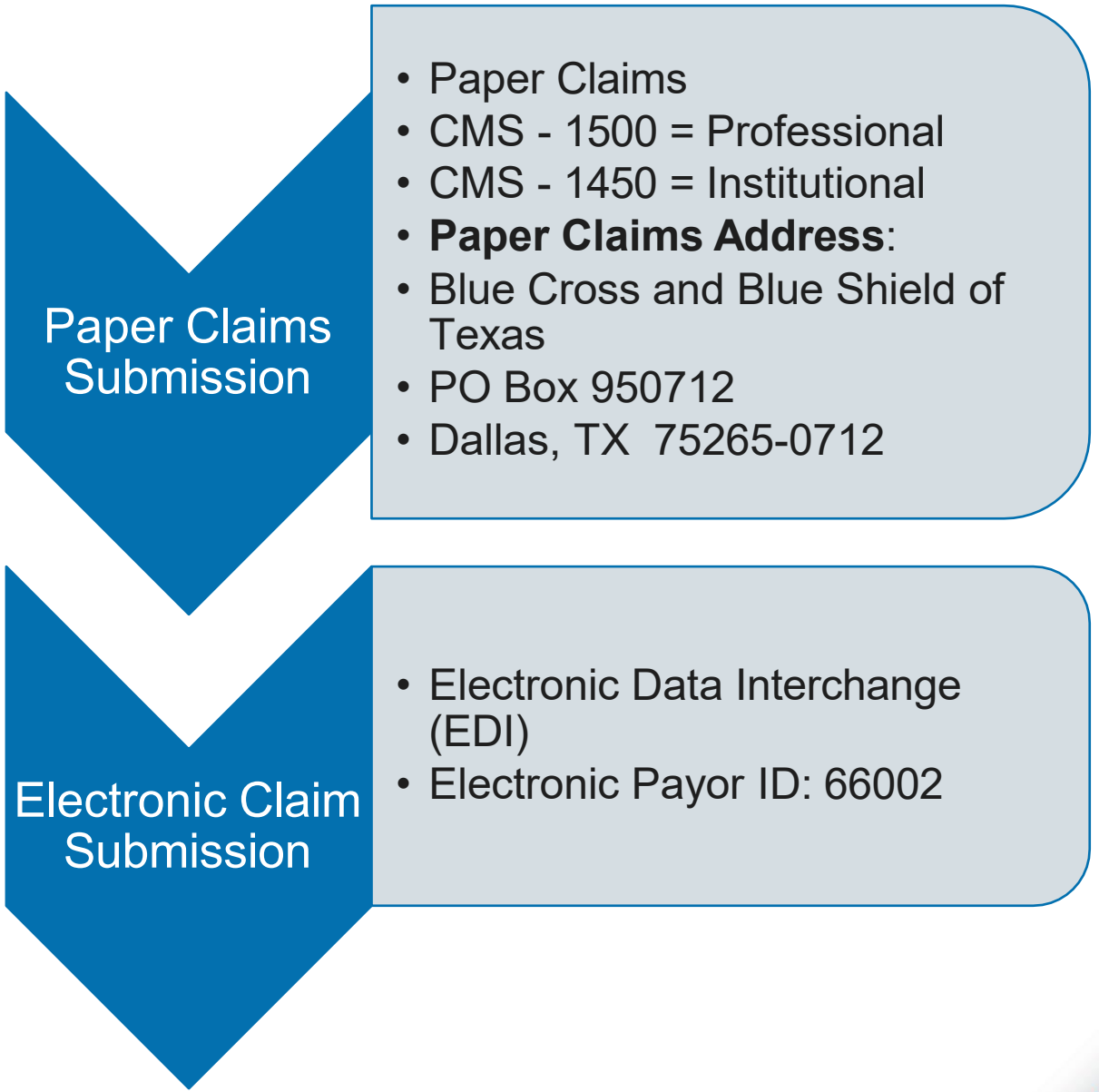
How to get claims paid quickly

New Claims Address and Payor ID effective 5/1/2024

Benefits of Electronic Data Interchange (EDI) and Claims Portals

Timely Filing Limit: 95 calendar days from the date of service or per provider agreement or contract

- Convenient expedited claims processing
- Able to confirm, correct errors, and resubmit batch status electronically
- Portals/EDI Vendors
- TMHP Claims Portal
- Availity® Essentials
- HIPAA compliant and meet federal requirements



Using Availity® Essentials for Claims Submission and Status

For electronic claim submissions, providers can submit and review claim status through the Availity® Essentials

The Availity® Essentials is HIPAA-compliant method of receiving claim payment and remittance details from BCBSTX.

For more information on how to register with Availity® Essentials, please visit:

www.availity.com/Essentials-Portal-Registration

Electronic Claim Submission via Availity Provider Portal

Availity Provider Portal

Availity's Claim Submission tool allows providers to quickly submit electronic Professional (ANSI 837P) and facility, or Institutional (ANSI 837I) claims or encounters to Blue Cross and Blue Shield of Texas (BCBSTX), at no cost. Use this online tool to submit a single claim or add to batch and send multiple claims to BCBSTX at the same time. Once submitted, you can confirm BCBSTX's receipt of the claim(s) and check claim status in real-time, all within the Availity Portal.

You must be registered with Availity to use the Claim Submission tool for electronic professional. You can sign up today at Availity, at no charge. For registration assistance, call Availity Client Services at **1-800-282-4548.** This Availity Portal option does not require the use of a separate clearinghouse or practice management system.

How to access and use Availity's Claim Submission tool:

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. Complete the required fields

For additional details, refer to the **Electronic Professional Claim Submission User Guide**

Claims Status Tool via Availity Provider Portal

Availity Provider Portal

The Availity Claim Status Tool is the recommended electronic method for providers to acquire detailed claim status for claims processed by Blue Cross and Blue Shield of Texas (BCBSTX) for the following members:
Government Programs – including Texas Medicaid Providers can improve their accounts receivable and increase administrative efficiencies by utilizing the Claim Status tool to check status online for all your BCBSTX patients. Results are available in real-time and provide more detailed information than the HIPAA-standard claim status (276/277 transaction).

Quick Reference for Availity's Claim Status Tool:
Quick Reference:
→ Refer to page 7 to view claim status results for government programs claims
→ Refer to page 8 and 9 to view basic HIPAA-standard claim status results (276/277 transaction)
For additional details, refer to the **Electronic Professional Claim Status User Guide**

Texas Health Steps (THSteps) Claims

The Current Procedural Terminology (CPT®) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).

Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact: The appropriate medical or dental managed care plan, or TMHP for patients with fee-for-service coverage.

For more information regarding the Texas Health Steps Program or billing, please visit our Texas Health Steps (THSteps) Toolkit:

www.bcbstx.com/provider/medicaid/education-and-reference/texas-health-steps

Durable Medical Equipment (DME) Required Documentation

Durable Medical Equipment (DME) providers must disclose the following records to the Texas Health and Human Services Commission (HHSC) or its designee on request. These records and claims must be retained for a minimum of five years from the date of service (DOS) or until the audit questions, appeals, hearings, investigations, or court cases are resolved. Use of these service is subject to retrospective review.

Durable medical equipment providers must retain the following documents:

Required DME Documents
Home Health Services (Title XIX) DME/ Medical Supplies Physician Order forms:

- Home Health Services (Title XIX) DME/Medical Supplies Physician Order Forms
- Addendum to Home Health Services (Title XIX) DME/Medical Supplies Physician Order Forms
- Ordering Physicians must maintain copies of the completed, originally signed and dated forms in their records.

Required DME Documents
Delivery Slips

- Providers must retain individual delivery slips or invoices for each DOS that shows the date of delivery of all supplies provided to the client.
- Documentation of delivery must include one of the following:
  - Delivery slip or corresponding invoice signed and dated by client or caregiver.
  - A dated carrier tracking document with shipping date and delivery date must be printed from the carrier's website as confirmation. The dated carrier tracking document must be attached.
- The following must be included in the dated delivery slip:
  - Client's full name
  - Address where supplies were delivered
  - Itemized list of goods (includes descriptions and numerical quantities)
  - Corresponding tracking number from carrier.

Required DME Documents
Claims Submission

- All claims submitted for medical supplies must include the same quantities or units that are documented on the delivery slip or corresponding invoice and on the Home Health Services (Title XIX) forms.
- The number of units by which each product is measured must be included.
- Must be one dated delivery slip or invoice for each claim submitted for each client.
- All claims submitted for medical supplies must reflect either one business day before or after the date of service as documented on the delivery slip or corresponding invoice and the same information covered by the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
- The DME Certification and Receipt Form is still required for all equipment delivered.

BlueCross BlueShield of Texas

Section 8

Submitting Complaints, Appeals and Reconsiderations

Section 8 – Submitting Complaints, Appeals, and Reconsiderations Overview

- Submitting Member Complaints
- Submitting Provider Complaints
- Submitting Appeals
- Submitting Fair Hearing
- Submitting Claims Reconsideration

Submitting a Member Complaint

A Complaint is defined as any expression of dissatisfaction about any matter related to BCBSTX except for an action or an adverse determination (i.e. any denial, reduction, or termination of benefits in whole or in part denial of services).

A member or provider or authorized representative can file a complaint.

A complaint can be **filed anytime**.

Within 30 Calendar days of receipt of complaint, it must be resolved.

Note: If the member is minor or is incompetent or incapacitated, the parent, guardian, conservator, relative or other designee of the member, as appropriate, may submit the complaint.

Ways to Submit Complaints :
Call a Customer Advocate at
1- 888-657-6061 STAR and CHIP
1-877-688-1811 STAR Kids
submit in writing to:

Call a BCBSTX Member Advocate toll free at 1-877-375-9097 (711).

Return the **Complaints form** to:
Blue Cross and Blue Shield of Texas
Attn: Complaints and Appeals Dept.
PO Box 660717
Dallas, TX 75266-0717
Fax: 1-855-235-1055

Call the Managed Care Help Line: 1-866-566-8989 (toll free).

Texas Health and Human Services Commission
Office of the Ombudsman,
MC H-700
P.O. Box 13247
Austin, TX 78711-3247
Fax: 1-888-780-8099 (toll-free)

Note: For more information on how a member can submit a complaint: **HHSC Member Complaints**.

Submitting a Provider Complaint

Physician and other professional provider complaints and appeals are classified into categories for processing by BCBSTX as follows:

Complaints relating to the operations of BCBSTX.

Physician and other professional provider appeals related to Adverse Determinations.

Physician and other professional provider appeals of non-medical necessity claims determinations.

Ways to Submit Complaints :
Calling Customer Service at
1- 877-560-8055 STAR and CHIP
1-877-784-6802 STAR Kids
submit in writing to:

Texas Health and Human Services Commission Provider Complaints
Health Plan Operations, H320
P.O. Box 85200
Austin, TX 78708

Complaints may also be emailed to:
HPM_complaints@hhsc.state.tx

CHIP care providers: Texas Department of Insurance (TDI)
Texas Department of Insurance
Consumer Protection
(MC: CO-CP)
P.O. Box 12030
Austin, TX 78711 -2030
Complaints may also be emailed to:
ConsumerProtection@tdi.texas.gov

Submitting Appeals

Filing a Standard Appeal:

An Appeal is defined as a request for review of an action or adverse determination, which is any denial, reduction, or termination of benefits in whole or in part.

Within **60 Calendar** days of the notice date on an action letter advising of the adverse determination, a Member or Provider may file an appeal.

Appeals and Resolved Dates:
Within **5 Business** days Acknowledgement letter sent to providers
Within **30 Calendar** days (standard appeal) unless extension is needed
Within **72 hours** (emergency appeals)
Within **1 working day** (if a request for continued stay)

Submit an Appeal, State Fair Hearing or External Medical Review request by calling:
A Customer Advocate at **1-888-657-6061 (711)** as first option
A Member Advocate at **1-877-375-9097 (711)**

Provider Appeal Request Form

BlueCross BlueShield of Texas

Provider Appeal Request Form

- Please complete one form per member to request an appeal of an adjudicated/paid claim.
- Fields with an asterisk (*) are required.
- Be specific when completing the "Description of Appeal" and "Expected Outcome."
- Please provider all **supporting documents** with submitted appeal.
- Appeals received **incomplete appeals form or missing documents will be returned for your completion**
- Appeals must be submitted within 120 days of the remittance date.
- Mail or Fax the completed form to:

Blue Cross and Blue Shield of Texas
Attn: Complaint and Appeal Department
P.O. Box 660717
Dallas, Texas 75266
Fax: (855) 235-1055

Line of Business Type*:(Check One): ☐ **CHIP** ☐ **STAR** ☐ **STAR Kids**
Provider Name*:
National Provider Identifier (NPI) Number: Texas Provider Identifier
Tax ID Number:
Street Address*:
City*:
Provider Type: ☐ PCP - Primary Care Physician ☐ Hospital
☐ DME -Durable Medical Equipm
☐ FQHC/RHC

SAMPLE

CLAIM INFORMATION
Member Name*: rth:
Subscriber ID Number or Medicai
Original Claim ID Number(s)/Correc r(s):
Service "From/To" Dates* (dates of se /
Original Claim Amount Billed: Original Claim Amount Paid:
Appeal Reason*: ☐ Eligibility ☐ Coordination of Benefits ☐ Authorization ☐ Claim Payment Incorrectly ☐ Timely Filing
☐ Medical Necessity ☐ Other

Expected Outcome*:
Contact Name (please print)*: Title:
Phone Number*: Fax Number:
Signature: Date:

☐ **Check here if medical records are attached.** ☐ **Check here if additional information is attached.**
For Health Plan Use Only Appeal Number:

Provider appeals acknowledgement receipt will be sent to organization first (5) days and resolved within (30) days of receipt.
- This is not a claims reconsideration form. Please use the claims reconsideration located at www.bcbstx.com/provider/medicaid/

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
SKSCP-9158-19

Submitting Fair Hearing

State Fair Hearings and External Medical Reviews:
A STAR or STAR Kids member who is not satisfied with the decision made on the appeal can request a State Fair Hearing with or without an External Medical Review. A request must be submitted within 120 days from the notice of adverse determination (CHIP members can request an IRO).
Appeals, State Fair Hearings and External Medical Review request forms can be submitted to: Blue Cross and Blue Shield of Texas Attention: Appeal Department P.O. Box 660717 Dallas, TX 75266-0717 Fax: **1-855-235-1055** Email: **GPDTXMedicaidAG@bcbsnm.com.**
Find plan specific complaints, appeals, State Fair Hearing and External Medical Review forms at the respective member site. **www.bcbstx.com/starkids** **www.bcbstx.com/chip** **www.bcbstx.com/star**

Submitting Claims Reconsideration

Claims reconsideration is review of a claim for payment reconsideration. Claims are either rejected at the EDI gateway, or the claims is adjudicated in our claim system for payment reconsideration.

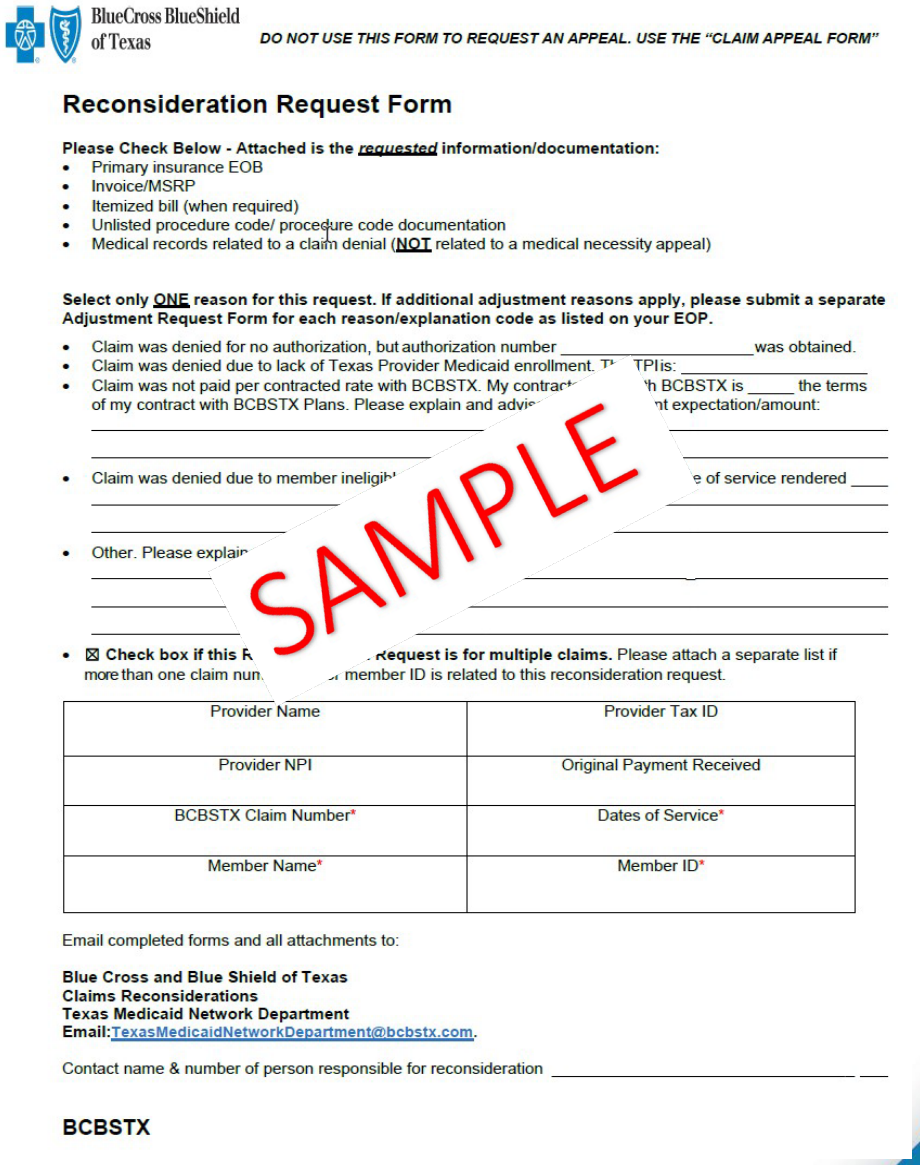
Provider or authorized representative can file a claims reconsideration.

Deadlines:
95 days from initial timely filing
120-day claims reconsideration deadline from date of first denial

What must be included with submission
Certain claims must be sent with accompanying documentation for a claim to be reconsidered:
- Reconsideration Request Form
- Primary Insurance EOB
- Sterilization forms
- Invoice/MSRP
- Itemized bill
- Unlisted procedure code/procedure code documentation
- Medical records related to a claim denial

Email completed form and all attachments to:
Blue Cross and Blue Shield of Texas
Claims Reconsiderations
Texas Medicaid Network Department
Email: TexasMedicaidNetworkDepartment@bcbstx.com

Claims Reconsideration Request Form



BlueCross BlueShield of Texas

DO NOT USE THIS FORM TO REQUEST AN APPEAL. USE THE "CLAIM APPEAL FORM"

Reconsideration Request Form

Please Check Below - Attached is the *requested* information/documentation:
- Primary insurance EOB
- Invoice/MSRP
- Itemized bill (when required)
- Unlisted procedure code/ procedure code documentation
- Medical records related to a claim denial (**NOT** related to a medical necessity appeal)

Select only ONE reason for this request. If additional adjustment reasons apply, please submit a separate Adjustment Request Form for each reason/explanation code as listed on your EOP.
- Claim was denied for no authorization, but authorization number _____ was obtained.
- Claim was denied due to lack of Texas Provider Medicaid enrollment. TPI is: _____
- Claim was not paid per contracted rate with BCBSTX. My contract with BCBSTX is _____ the terms of my contract with BCBSTX Plans. Please explain and advise nt expectation/amount:
- Claim was denied due to member ineligibility e of service rendered ____
- Other. Please explain
- ☒ **Check box if this R request is for multiple claims.** Please attach a separate list if more than one claim number member ID is related to this reconsideration request.

Provider Name	Provider Tax ID
Provider NPI	Original Payment Received
BCBSTX Claim Number*	Dates of Service*
Member Name*	Member ID*

Email completed forms and all attachments to:

Blue Cross and Blue Shield of Texas
Claims Reconsiderations
Texas Medicaid Network Department
Email: TexasMedicaidNetworkDepartment@bcbstx.com.

Contact name & number of person responsible for reconsideration _____

BCBSTX

SAMPLE

BlueCross BlueShield of Texas

Section 9

Customer Service Information
Texas Medicaid Website Disclaimers

Section 9 – Customer Service, Texas Medicaid Provider Website, Disclaimers Overview

- Customer Service Quick Reference
- Texas Medicaid Provider Website
- Disclaimers

Customer Service and Important Contact Numbers

STAR and CHIP Customer Service
Provider: **1-877-560-8055**
Member: **1-888-657-6061**
TYY: 711
Telephone Support available Monday to Friday 8 a.m. to 5 p.m. CST
Web Support Available through Availity: **www.availity.com**
STAR Kids Customer Service
Provider: **1-877-784-6802**
Member: **1-877-688-1811**
TTY: 771
Telephone Support available Monday to Friday 8 a.m. to 5 p.m. CST
Web Support available through Availity: **www.availity.com**
Nurse Advise Line: STAR, CHIP, and STAR Kids
STAR and CHIP: **1-844-971-8906**
STAR Kids: **1-855-802-4614**
Available 24 hours a day, 7 days a week

Interpreter Services

Language Assistance is available at no cost

- Member
  - Call Customer Service at 1-**888-657-6061** STAR & CHIP **1-877-688-1811** STAR Kids to request interpreter services
  - Request: Please request service three business days in advance
  - Cancellation: Please provide 24 business hours notice
- Provider
  - **1-877-560-8055** STAR & CHIP
  - **1-877-784-6802** STAR Kids
  - Request: Please request service three business days in advance
  - Cancellation: Please provide 24 business hours notice
  - BCBSTX Provider Website **www.bcbstx.com/provider/medicaid/**

BCBSTX Medicaid Provider Website

Website link:

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

Disclaimers

- Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.
- CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. For inactive CPT or Healthcare Common Procedure Coding System (HCPCS) codes that have been replaced by a new code(s), the new code(s) is required to be submitted.

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Questions?

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