What a CPW Provider Needs to Know About the Upcoming CPW Carve-In

CPW Services Will Soon be Carved-in to Managed Care

Starting Sept. 1, 2022, Medicaid managed care members will get Case Management for Pregnant Women (CPW) services only through providers in-network with their managed care organization (MCO).

Medicaid clients who are enrolled in fee for service (FFS) Medicaid will continue getting CPW services through the FFS program.

How Will I Know if My Client is in FFS or Managed Care?

Medicaid managed care members are those beneficiaries enrolled in STAR, STAR Health, STAR Kids, STAR+PLUS, or a Medicare-Medicaid Plan (MMP). All Medicaid managed care members get a MCO ID card, in addition to a Your Texas Benefits Medicaid card from HHSC. The member's MCO ID card includes:

- Member's name and Medicaid ID number
- Medicaid program (e.g., STAR, STAR Kids)
- MCO name
- Primary care provider name and phone number
- Toll-free phone numbers for member services and behavioral health services hotline

Providers Should Contract with MCOs in Their Area

To provide and be paid for CPW services delivered to Medicaid managed care members, CPW providers (including Federally Qualified Health Centers) must contract with an MCO. To contract with an MCO, CPW providers must:

- Be enrolled as a Medicaid provider through TMHP.
- Credential with MCOs in their service area.

For MCO contact information and more detail on the contracting and credentialing process, reference this guide: Medicaid Managed Care Provider Contracting and Credentialing Resources. This guide includes contact information for most MCOs. Amerigroup is not included.

If a CPW provider is interested in credentialing with Amerigroup contact credentialing/contracting/CPW provider relations lead Monique Baha at Monique.Baha@Amerigroup.com.

Significant Traditional Providers (STPs)

MCOs must give STPs the opportunity to participate in their provider network for at least three years as long as the STPs agree to accept the MCO's provider reimbursement rate for the provider type and meet the credentialing requirements of the MCO.

HHSC defines a CPW STP as a CPW provider who has provided CPW services for the past two years (time period of September 1, 2020 - August 31, 2022). If a CPW provider meets the CPW STP definition, all MCOs in a provider's area will reach out to the provider.

How Rates and Billing for CPW Services Will Change

For clients enrolled in Medicaid fee-for-service (FFS), CPW providers should continue to submit claims to TMHP. HHSC will reimburse CPW providers based on the FFS fee schedule.

For clients enrolled in managed care, CPW providers must submit claims to the client's MCO. MCOs can negotiate rates with CPW providers. Providers should discuss rates with MCOs during the contracting and credentialing process. In managed care:

- Providers must file claims within 95 days of the date of service.
- MCOs must adjudicate most clean claims within 30 days, including CPW claims.

CPW providers will continue billing for G9012 and related modifiers U2, U5, and TS for both FFS and managed care clients. Refer to the TMPPM Behavioral Health and Case Management Services Handbook, Section 3 for the most up to date codes.

FQHCs Should Also Submit Claims to the Client's MCO

FQHC case managers can deliver and be reimbursed for CPW services. The FQHC prospective payment system (PPS) wrap payment methodology applies to CPW services delivered in managed care. For Medicaid managed care members, FQHC's will submit claims to the member's MCO.

FQHCs will bill using G9012 and related modifiers U2, U5, and TS. Refer to the TMPPM Clinics and Other Outpatient Facility Services Handbook, Section 4.1.2 for the most up to date codes.

Where to Submit Prior Authorization Requests

For Medicaid FFS clients, prior authorization requests will continue to be submitted to HHSC.

For Medicaid managed care members, prior authorization (or prior approval) requests will be submitted to the member's MCO.

The Referral Process Will Change for Managed Care Clients

For Medicaid FFS clients, the referral process will remain the same.

Referrals for CPW services for Medicaid managed care members should be sent to the client's MCO. The MCO will determine if their case management needs can be addressed by an MCO service coordinator, a CPW provider, or both. Clients can still call Texas Health Steps for a referral for CPW services, but Texas Health Steps will redirect the referral to the client's MCO.

A CPW Provider May Be Able to Deliver Services via Telemedicine

For services delivered to Medicaid FFS clients, HHSC will continue to make coverage determinations for telemedicine and telehealth services. HHSC will send updates to CPW providers about any coverage changes.

For services delivered to managed care members, the MCO determines which services can be provided through telemedicine and telehealth, if clinically appropriate and cost-effective. MCOs cannot deny reimbursement solely because the service was not delivered in person. If telemedicine and telehealth is allowed by the MCO, then the MCO cannot limit, deny, or reduce reimbursement for CPW services based on the health care provider's choice of platform for providing the services.

Interpretation Services for Managed Care Clients

MCOs must arrange and pay for competent interpreter services including written, spoken, and sign language interpretation, for members to ensure effective communication regarding treatment, medical history, or health condition.

How Quality Assurance Reviews Will Change

For CPW providers serving Medicaid FFS clients, HHSC CPW quality assurance reviews will remain the same.

For CPW providers who are contracted with an MCO and are serving Medicaid managed care members, the MCO will conduct quality assurance and utilization reviews. MCOs will not be required to follow the HHSC CPW quality assurance review requirements in current CPW policy.

Where To Submit Complaints and Appeals

CPW providers serving Medicaid FFS clients should continue to file complaints with the HHSC Ombudsman and follow the HHSC State Fair Hearing process.

CPW providers serving Medicaid managed care members should contact the MCO to file a complaint and must follow the MCOs resolution process before filing a complaint with HHSC.

Providers may file complaints with HHSC if they feel they don't receive full due process from the MCO or if they aren't satisfied with the MCOs determination.

Providers can email: HPM_complaints@hhsc.state.tx.us

Need Help?

DSHS and HHSC will continue to provide technical assistance to CPW providers billing for services delivered to Medicaid FFS clients. For Medicaid managed care members, providers should contact the MCO for questions about billing and prior authorizations.

For questions about HHSC CPW policy, CPW providers should refer to the TMPPM Behavioral Health and Case Management Services Handbook, Section 3 or contact DSHS and/or HHSC staff. CPW medical benefit policy currently located on the HHSC CPW website will migrate to and be published in the TMPPM.

For questions about the CPW services transition to managed care, email cpw-mco-transition@hhs.texas.gov