Case Management for Children and Pregnant Women (CPW)

Quick Reference Guide (QRG)

For dates of service on or after September 1, 2022, Superior HealthPlan is responsible for managing the delivery of Children and Pregnant Women (CPW) services for Superior Medicaid (STAR, STAR+PLUS, STAR Health, STAR Kids) and STAR+PLUS Medicare-Medicaid Plan (MMP) programs. CPW services for STAR Health members are limited to members who are not in Department of Family and Protective Services (DFPS) conservatorship. CPW services are available to STAR Health members who are in categories 3, 4, 5 and 6 of the Target Population. For information, please refer to Superior's provider manuals at: SuperiorHealthPlan.com/ProviderManuals

To be eligible for provision of CPW Case Management services to eligible Superior members, CPW Case Managers must be actively enrolled with Texas Medicaid through the Texas Medicaid & Healthcare Partnership (TMHP) and contracted with Superior.

CPW Case Management Provider Enrollment

RNs, LSWs, doulas, and Community Health Workers (CHWs) may enroll with Texas Medicaid to provide CPW services as an independently practicing individual or as a performing provider with a group. To enroll, they must:

- Be a Registered Nurse (RN) with an Associate's, Bachelor's or advanced nursing degree whose license is not temporary or provisional **OR**
- Be a licensed social worker (LSW) with practice appropriate licensure, including Independent Social Work, and whose license is not temporary or provisional **OR**
- A community health worker (CHW) as defined by Section 48.001, Health and Safety Code, who is certified by the Department of State Health Services **OR**
- A doula who is certified in alignment with nationally recognized standards and as determined by Health and Human Services Commission (HHSC) unless the doula qualifies as a certified community health worker. Doulas have two pathways to certification: experience or training **AND**
- Complete the HHSC Case Management Training before starting the CPW Medicaid provider enrollment process.

Additional information on provider qualifications and Medicaid enrollment can be located in the TMHP Provider Procedures Manual under Section 3 of the Behavioral Health and Case Management Services Handbook and in the TMHP Case Management for Children and Pregnant Women Services Provider Quick Reference Guide.

Note: *Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may provide CPW Case Management services, however, must obtain approval from HHSC and complete HHSC Case Management Training.*

Superior does allow exceptions for non-contracted Medicaid enrolled CPW Case Managers to ensure continuity of CPW Case Management services for our members. Medicaid enrolled CPW Case Managers should contact Superior at the link below for participation in Superior's network.

- To enroll in Texas Medicaid please visit the TMHP Provider Enrollment webpage.
- Providers may request to join Superior's network by submitting a request at SuperiorHealthPlan.com/JoinOurNetwork
- Behavioral Health provider contracts must indicate both behavioral health and medical services in order to provide CPW Case Management services as these services are considered a medical benefit.

Contracted Superior Providers

Providers that are contracted and credentialed through Superior must submit a demographic change form to add the CPW Case Management provider specialty to their existing contract. To update your demographic information to add CPW Case Management to your contract, please complete pages 2-4 of the **Individual and Group Provider Credentialing Application (PDF)** under the *Credentialing* section of: SuperiorHealthPlan.com/ProviderForms. Please submit to Superior by utilizing the instructions on listed on page 1 of the application.

CPW services are considered medical, therefore, practitioners affiliated with a contracted behavioral health provider may submit a request for CPW but will be required to execute a contract amendment to provide both behavioral health and medical services.

- CPW claims **must be** submitted under the **medical Payer ID (68069)** rather than the behavioral health payer ID (68068), regardless of provider or provider group specialty.
- CPW claims submitted under the behavioral health Payer ID will reject or deny.

Secure Provider Portal

Providers are encouraged to use the secure provider portal to:

- Verify member eligibility
- Request member referrals
- Submit claims and check status
- Update provider demographic information

For instructions on registering for a Secure Provider Portal account and how to use the portal, please visit: SuperiorHealthPlan.com/ProviderPortal

Member Referral Process

Providers play a vital role in Superior's Care Management program. If you have Superior members who would benefit from disease or care management, including referrals for CPW providers, please contact Superior's Care Management department at 1-855-757-6567, and choosing option:

- 2 for STAR
- 3 for STAR+PLUS
- 4 for STAR Health
- 6 for MMP
- 7 for STAR Kids

Providers can also refer a member for Case Management through Superior's Secure Provider Portal. Enter members information in the eligibility screen and complete the information under the referral tab.

Authorization Requirements

Superior does not require prior authorization for CPW Case Management services. A 90-day advance notice will be distributed prior to any change in Superior's Authorization policy.

Superior will honor existing TMHP CPW Case Management authorizations prior approved for service dates on and after September 1, 2022. Please refer to the **Coding & Claims Submission** section below.

Required Forms

Specific documentation for the comprehensive visit and follow-up visits, the billable components of Case Management, are required. All forms below are in Microsoft Word format, unless otherwise noted, and may be completed electronically or printed. All Case Management activities must be documented and maintained in a member record. Superior will use and accept HHSC's existing forms which can be found at HHSC's Case Management Providers for Children & Pregnant Women webpage.

Non-Duplication of Services – Verification of Superior Case Management

In compliance with federal regulatory requirements to ensure non-duplication of services, Superior requires the following procedures are followed by all CPW Case Managers who intend to act upon a direct medical or behavioral health provider referral or Superior member request for CPW Case Management:

1. Visit Superior's Secure Provider Portal to check a member's eligibility for CPW services through the Member Eligibility tab.
2. Once the portal confirms a member is in Case Management or Service Coordination or if a provider is unable to determine whether a member is in Case Management or Service Coordination, please contact Care Management at 1-855-757-6567, and choosing option:
    - 2 for STAR
    - 3 for STAR+PLUS
    - 4 for STAR Health
    - 6 for MMP
    - 7 for STAR Kids

For additional guidance on how to identify whether a member is in Case Management or Service Coordination please reference the following guides on the *How To* section found on SuperiorHealthPlan.com/ProviderTrainings:

- **Locate a Member's Case Worker and Care Plan (PDF)**
- **Locate a Member's Service Coordinator (PDF)**

Non-Duplication of Services - Retrospective Utilization Review

Superior's Quality Assurance (QA) program will validate the quality of CPW services and providers on an ongoing basis through retrospective utilization review, including, but not limited to CPW service utilization data summary information and targeted QA reviews, whether for a specific provider, or comparative analysis of utilization of all CPW providers for identification of outliers. The QA process will include review of member records documentation, ongoing validation of the provider's licensure through the credentialing and re-credentialing process, and review and approval of any proprietary CPW outreach materials the provider may propose to use.

If duplication of services or inconsistencies in billing of CPW services is identified through retrospective utilization review, Superior will request, and review Case Management required forms and documentation for validation. If duplication of services is identified through review of the documentation or if aberrant billing is confirmed, Superior may recover payments. These reviews may include referral to the HHS Office of Inspector General (OIG), as applicable.

Coding & Claims Submission

Procedure code **G9012** is to be used for all CPW services. Modifiers are used to identify which service component is provided. CPW claims must be submitted under the medical **Payer ID 68069** to be considered for payment. Please refer to the table below for coding requirements:

Service	Coding Requirements
Comprehensive Visit (in person)	**G9012 with modifiers U2 and modifier U5**
Comprehensive Visit (synchronous audiovisual)	**G9012 with modifiers U2, U5, and 95**
Follow-up visit (in person)	**G9012 with modifiers U5 and modifier TS**
Follow-up visit (synchronous audiovisual)	**G9012 with modifiers U5, TS, and 95**
Follow-up visit telephone(audio-only)	**G9012 with modifiers TS and 93**

***Reminder**: Billable services are defined in program rule 25 TAC §27.11*.

CPW Case Management services are limited to one visit per day, per member. Additional visits on the same day from any CPW provider will be denied as part of another service rendered on the same day. In addition, CPW services are not billable when a person is admitted to an inpatient hospital or other treatment facility.

For information on how to submit claims to Superior, please refer to Superior's provider manuals at: SuperiorHealthPlan.com/ProviderManuals

For questions, please contact your local Account Manager. To access their contact information visit, Find My Account Manager.