Case Management for Children and Pregnant Women (CPW) Frequently Asked Questions

Effective September 1, 2022, Molina will be responsible for making Case Management for Children and Pregnant Women (CPW) services available to eligible members.

Benefit Overview

The benefit is available for Medicaid and MMP eligible members:

- Children birth through age 20 with health condition or health risk; or Pregnant women of any age who have a high-risk condition; and that
    - Need assistance in gaining access to medically necessary medical, social, educational, and other services related to the health condition, health risk or high-risk condition; and
    - Want case management.

Q: What services are covered under CPW?

    A: CPW services include:

1. An authorized face-to-face comprehensive visit with the member and their family to perform a family needs assessment and develop a service plan to address the member's unmet needs.
2. Authorized face-to-face or telephone follow-up visit to assist the member and family with obtaining the necessary services until their needs are met.

Q: Who can provide CPW Services?

    A: Medicaid providers eligible to enroll as CPW Case Managers include:

- Licensed Social Workers (LSW)
- Registered Nurses (RN)
- Federally Qualified Health Centers (FQHC's)

Q: What are the requirements to become a CPW Provider?

    A: To provide and be paid for CPW services, CPW providers must:

- Be enrolled as a Medicaid provider through TMHP
- Be credentialed by Molina
- Complete the HHSC CPW Provider Training.

Q: Is there a Continuity of Care period?

    A: Yes, members can use their current CPW provider for up to 90 days after September 1, 2022.

Q: Are there any Exclusions to this benefit?

    A: CPW services are not billable when a person is in an inpatient hospital or treatment facility.

Q: Where can CPW services be provided?

    A: CPW services can be provided in a provider's office, virtually or in a member's home.

Due to existing COVID-19 flexibilities, CPW services, including comprehensive visits, may be completed by telephone (audio only telecommunications). When submitting a new prior authorization for a comprehensive visit to be completed using telephone (audio-only telecommunications), the provider must include "telephone comprehensive visit will be completed due to COVID-19" within the psychosocial section of the prior authorization request form.

Additionally, Modifier 93 must be included on the claim form when the comprehensive visit or follow-up visit is completed using telephone (audio-only) telecommunications.

Provider Contracting and Molina Onboarding Process

Q: How do CPW providers contract with Molina?

    A: To contract with Molina, providers should complete the Contract Request Form and submit it to Molina via the instructions on the form.

Q: What documents are required to complete the contracting process with Molina?

    A: The following documents are required to complete the contracting process with Molina:
- CAQH Number
- Contract Request Form (CRF)
- PIM Roster (*ask for information if a group)
- W-9 Form with legal name, dba, and address
- Sample Claim Form
- Molina's Data Load Sheet
- Supervising Physician Form for Nurse Partitions & Physician Assistants
- Texas Standard Credentialing Application (TSCA)
- Current Attested pgs. 11 & 12 in CAQH
- Authorized Contract Signature Representative: Name, Title, and Email
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Q: Will there be training sessions for CPW providers?

    A: Yes, each provider will receive a new provider orientation training within 30 days of joining the Molina network. If a provider has questions about Molina prior to receiving their orientation, they can contact MHTXProviderServices@MolinaHealthcare.com.

Q: If the provider is unable to take on new clients, what is the process to identify themselves as inactive, but not end their contract?

A: Providers should notify their Provider Services Representative or email MHTXProviderServices@MolinaHealthcare.com.

Prior Authorization Process

Q: Will a Prior-Authorization be required to receive CPW services?

A: Prior Authorization is not required for the first 5 visits when performed by in network providers. Prior authorization is required starting on the 6th visit. For out-of-network providers, prior authorization is required for all visits. For more information about Prior Authorizations, click here.

When submitting a new prior authorization for a comprehensive visit to be completed using telephone (audio-only telecommunications), the provider must include "telephone comprehensive visit will be completed due to COVID-19" within the psychosocial section of the prior authorization request form.

Q: How are prior authorization requests submitted?

A: Prior authorizations can be submitted through Molina's provider web portal, phone or fax. More information is available on the website and in the provider manual.

Q: Where can providers find information on Prior Authorization requirements, timelines, etc.?

A: Authorization information is posted to our external website which includes timelines, important numbers, provider notices and code matrices for additional information. https://www.molinahealthcare.com/providers/tx/medicaid/forms/PA.aspx

Q: Who will be reviewing prior authorization requests?

A: A registered nurse will review prior authorization requests.

Q. Can a member request Case Management services?

A: Yes, a member can request Case Management services by calling Member Services at (866) 449-6849, Monday to Friday, 8 a.m. – 6 p., central time.

Q: When should CPW providers refer members to Molina's Service Coordination/Case Management? How do CPW providers refer members back to Molina?

A: If a member needs education or care coordination, the member should be referred to Molina's Service Coordination/Case Management. CPW providers can refer members to Molina by directing them to call Member Services. The number is on the back of the member's ID card.

Q: Do Molina Service Coordinators/Case Managers provide school advocacy services?
    A: No, school advocacy services should be provided by CPW providers.

Q: How are CPW providers able to access interpreter services for Molina members?
    A: Call Member Services at (866) 449-6849.

Q: Do providers continue to use the HHSC Referral and Intake form?

    A: Yes, providers will continue to use the HHSC referral and intake form: https://www.hhs.texas.gov/sites/default/files/documents/cm-child-pregnant-form-01a.pdf

Billing Questions

Q: What are the billing guidelines for CPW?
    A: CPW providers must submit claims to Molina within 95 days of the date of service
- Procedure code G9012 and related modifiers U2, U5 and TS are to be used for all Case Management for Children and Pregnant Women services.
- CPW services are not billed by time increments but by the service encounter.
- CPW services are not billable when a person is in an inpatient hospital or treatment facility
- If a facility bills under their group, the claim must include the information of the case manager who is the performing provider. Claims will be denied if the facility/group information is used for both the billing and the performing provider

Providers should refer to the TMPPM Behavioral Health and Case Management Services Handbook for more information.

Q: What system is used for submitting claims?
    A: Providers and vendors can submit claims to Molina at no charge through the following mechanisms:
- Molina Provider Portal: Availity
- Electronic Data Interchange (EDI 837)
- Paper claims

Q: What modifier should be used for visits completed using telephone (audio-only) telecommunications?
    A: Modifier 93 must be included on the claim form when the comprehensive visit or follow-up visit is completed using telephone (audio-only) telecommunications.

Additional References & Resources:

Texas Medicaid Provider Procedures Manual (TMPPM)

> ➢ Refer to the TMPPM Behavioral Health and Case Management Services Handbook, Section 3.3, for more information about current codes:

- https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2022/2022-08-august/2_Behavioral_Health.pdf