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Coverage Policy

Coverage of Services for CHIP and CHIP Perinate Members Policy

Policy Position

This policy describes the circumstances under which a service is covered or excluded for CHIP and CHIP Perinate Members of FirstCare Health Plans.

FirstCare administers the benefit for Medically Necessary Covered Services and exclusions from covered services according to the guidelines provided in the Texas Health and Human Services Uniform Managed Care Contract" (UMCC), Attachment B-2.1 – Medicaid and CHIP Managed Care Services RFP, CHIP Covered Services".

Claims submitted for services listed as excluded for CHIP and/or CHIP Perinate in the UMCC are denied as not a covered benefit.

Procedure

Monitoring for changes: FirstCare monitors for UMCC changes through our Medicaid Programs Department Representatives and through participation in our Medicaid Operations Committee, which reviews and assigns responsibility for executing on UMCC changes to appropriate departments and personnel.

Configuration changes: When changes to the UMCC occur or are planned for a future date, the Health Services Department identifies appropriate codes pertinent to the benefit, and specifies configuration instructions for the Configuration team. The Configuration team tests and implements the configuration changes in the claims system to match the CHIP and CHIP Perinate benefit.

Prior authorization changes: When changes to the UMCC are planned, the Health Services Department evaluates the potential impact on the prior authorization process, and executes on any needed changes, such as addition or removal of the services from the prior authorization list, and education of utilization management personnel. Such planning and execution coincides with the effective date of the UMCC change.

Provider notification of changes: The FirstCare Provider Handbook specifies that CHIP and CHIP Perinate benefits are covered according to the UMCC guidelines. When UMCC changes lead to changes at FirstCare that will affect claims payment, the Government Programs Department works collaboratively with the Health Services Department and the Provider Relations Department to provide 90-day advance notification of coverage changes to Providers.

Disclaimer

FirstCare has developed coding and reimbursement policies ("Reimbursement Policies") to provide ready access and general guidance on reimbursement methodologies for medical, surgical and behavioral health services. These policies are subject to all terms of the Provider Service Agreement as well as changes, updates and other requirements of Reimbursement Policies. All Reimbursement Policies are also subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD-10), FirstCare accepts codes valid for the date of service. Additionally, Reimbursement Policies supplement certain standard FirstCare benefit plans and aid in administering benefits. Thus, federal and state law, contract language, etc. take precedence over the Reimbursement Policies (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). Moreover, the terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from Reimbursement Policies. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in Reimbursement Policies.

Most importantly, our Reimbursement Policies relate exclusively to the administration of health benefit plans and are **not** recommendations for treatment or treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. Providers and their office staff must use self-service channels to verify effective dates and copayments for commercial members prior to initiating services. Copayments, deductible, and/or coinsurance may apply depending upon the member's benefit plan specific. All Reimbursement Policies are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; individual Reimbursement Policies list the applicable LOBs.

Related Policies and References

1. Complaints and Appeals Procedures. Retrieved from http://www.firstcare.com/Providers