

What is CHIP Perinatal coverage?

CHIP perinatal coverage provides care to unborn children of pregnant women who are not eligible for Medicaid and who have household income up to 200 percent of the federal poverty income level (FPL). Once born, the child will receive Medicaid or CHIP benefits, depending on their income.

Who is eligible?

Unborn children of pregnant women who:

- Have a household income greater than 185 percent of the federal poverty level (FPL) and at or below 200 percent of the FPL.
- Have a household income at or below 200 percent of the FPL, but do not qualify for Medicaid because of immigration status.

Women who are U.S. citizens or qualified immigrants with household income at or below 185 percent of the FPL may be eligible for coverage under Medicaid's Pregnant Women program.

What are the CHIP Perinatal benefits for the Unborn Child?

CHIP perinatal coverage includes:

- Up to 20 prenatal visits
 - During the first 28 weeks of pregnancy — 1 visit every 4 weeks
 - During weeks 28 to 36 — 1 visit every 2 to 3 weeks
 - 36 weeks to delivery — 1 visit per week
 - Additional prenatal visits are allowed if they are medically necessary
- Some laboratory testing, assessments, planning services, education and counseling
- Prescription drug coverage based on the current CHIP formulary, including prescription prenatal vitamins
- Diabetic supplies available through pharmacies with a physician prescription
- Hospital facility charges and professional services charges related to the delivery.
 - For women with income from 186-200 percent of the FPL:
 - Both hospital and professional service charges paid through the CHIP perinatal health plan
 - For women with income at or below 185 percent of the FPL (this income range represents the majority of CHIP perinatal clients):
 - Professional service charges paid through CHIP
 - Hospital facility charges paid through Emergency Medicaid (**Note:** Emergency Medicaid will need to be established before a claim can be paid to a Medicaid provider. See "[How is a hospital reimbursed for labor with delivery charges for CHIP perinatal patients with incomes at or below 185 percent of the FPL?](#)")
- More information about CHIP benefits for the unborn child is available in the health plan provider manuals.

What are the benefits once the child is born?

- Two postpartum visits for the mother.
- Once a child is discharged from the initial hospital admission, the child receives the traditional CHIP benefit package, or Medicaid, depending on the household's income. CHIP or Medicaid benefits include regular checkups, immunizations and prescriptions for the baby after he or she leaves the hospital.
- Depending on income, the newborn may get Medicaid from birth to their 1st birthday. Most CHIP perinatal infants qualify for Medicaid. If the baby is eligible to get Medicaid, the mother will receive a letter and Form H3038P in the mail before delivery.

What Services are not covered?

CHIP perinatal provides a basic prenatal care package. Participating health plans will distribute a provider manual that includes covered and non-covered (excluded) benefits. Below are examples of non-covered services:

- Inpatient hospital care for the mother of the unborn child that is not related to labor with delivery, such as a serious injury, illness and more
- Labor without delivery of the baby (false or premature labor)
- Most outpatient specialty services, such as mental health and substance abuse treatment, asthma management, and cardiac care

A pregnant woman may apply for Emergency Medicaid in emergency situations. However, the bar-coded Form H3038P that HHS mails to a pregnant woman with income at or below 185 percent of the FPL only may be used to apply for Emergency Medicaid for her labor with delivery. She may not use her bar-coded H3038P, mailed by HHS, for services such as:

- Labor with no delivery (false labor or premature labor)
- Other non-delivery emergency services, such as hospitalization for a serious injury, illness and more

What about postpartum visits?

Two postpartum care visits are covered under CHIP perinatal. The health plans will negotiate reimbursement rates with participating physicians and providers.

What are the differences between CHIP perinatal coverage and traditional CHIP?

- The 90-day waiting period that applies in some CHIP cases does not apply to CHIP perinatal.
- Co-payments and enrollment fees that may apply in traditional CHIP do not apply in CHIP perinatal.

How will I know if a pregnant woman or a child is enrolled in CHIP Perinatal?

A pregnant woman with CHIP perinatal coverage for her unborn child will receive an ID card from her health plan that specifies CHIP Perinatal Program. Following delivery, most babies born to a CHIP perinatal mother will switch to Medicaid from date of birth. Newborns that remain in the CHIP Perinatal program will be CHIP for remainder of their 12-month coverage (minus mothers certification months) period and will receive a health plan ID card that specifies CHIP Perinatal Program.

What if I see a CHIP Perinatal newborn who has not yet been issued a unique ID card?

Because most CHIP perinatal newborns change to Medicaid from their date of birth, their moms typically need to enroll the baby in a STAR health plan after they are born. Once enrolled, they will receive a new STAR health plan ID, as well as a Your Texas Benefits Medicaid card. Even if the baby does not have a Medicaid card or a STAR health plan ID, you can verify the baby's Medicaid eligibility (and STAR health plan, if applicable) by doing one of the following:

- Check the provider website at [www.yourtexasbenefitcard.com\(link is external\)](http://www.yourtexasbenefitcard.com(link is external))
- Call 1-800-925-9126
- Go to TexMedConnect on the TMHP website

There is a gap between the time the child is born and he or she is enrolled in a STAR health plan. During this gap, newborn claims will be paid with traditional, fee-for-service Medicaid.

For babies who remain in CHIP perinatal after birth, contact the health plan that provided prenatal care under CHIP perinatal.

How are providers reimbursed? What are the reimbursement rates?

To be reimbursed, providers must participate in a health plan's network. Reimbursement rates will be negotiated between the provider and the health plan per contractual agreements. Providers will submit claims directly to the health plan for payment. (**Exception:** Certain claims for patients at or below 185 percent of the FPL must be submitted to the Texas Medicaid Health Partnership [TMHP]. See more details under Hospital Reimbursement.) Claim forms and processes vary by health plan. Consult the CHIP perinatal health plan for billing details.

How is a Hospital reimbursed for labor with delivery charges for CHIP Perinatal patients with incomes at or below 185 percent of the FPL?

The hospital will need to complete and submit the mother's bar-coded CHIP Perinatal - Emergency Medical Services Certification (Form H3038P) to establish Emergency Medicaid for labor with delivery.

Billing		
Income level	Professional Claims	Facility Claims
Labor with delivery charges at or below 185% FPL	Bill to Cook Children's	Bill to TMHP
Labor with delivery charges 186%-200% FPL	Bill to Cook Children's	Bill to Cook Children's
All services subsequent to birth for newborns at or below 185% FPL	Bill to TMHP	Bill to TMHP
All services subsequent to birth for newborns 186%-200% FPL	Bill to Cook Children's	Bill to Cook Children's

This form is mailed to the woman before her delivery, and she is instructed to bring it with her to the hospital when she delivers. The form includes a place to add the dates the woman received emergency medical services (labor with delivery).

Once HHS receives the completed Form H3038P, emergency Medicaid coverage will be established for the mother for the period of time reflected on the form, and her baby will receive 12 months of Medicaid coverage from date of birth.

In these situations, facility charges for both mom and the newborn are billed to TMHP. Professional charges for the mother are always billed to the CHIP perinatal health plan, while professional charges for the newborn are billed to TMHP.

How is a hospital reimbursed for labor with delivery charges for CHIP perinatal patients with incomes at 186-200 percent of the FPL?
For women in this income group, both the labor with delivery and services to the newborn are billed to the CHIP perinatal health plan. Emergency Medicaid is not required for billing facility charges.

How do I know who to bill?

Claims for the Mother

FACILITIES

- Facilities that need to bill TMHP (Medicaid) should look at the patient's CHIP perinatal health plan ID card. It should have TMHP or Medicaid Claims Administrator under Hospital Facility Billing.
- Facilities that need to bill the CHIP perinatal health plan should find the health plan's name under Hospital Facility Billing.

PROFESSIONAL CHARGES

For professional charges associated with the delivery, providers should bill the CHIP perinatal health plan.

Claims for the Newborn

FACILITIES

If the mother's CHIP perinatal plan ID card has TMHP or Medicaid Claims Administrator under Hospital Facility Billing, any charges for the newborn should be billed to TMHP.

If the mother's card has the health plan's name listed under Hospital Facility Billing, the newborn charges should be billed to the CHIP perinatal health plan.

PROFESSIONAL

If the mother's CHIP perinatal plan ID card has TMHP or Medicaid Claims Administrator under Hospital Facility Billing, the provider should bill the newborn's professional charges to TMHP.

If the mother's CHIP perinatal plan ID card contains the health plan's name under Hospital Facility Billing, the CHIP perinatal health plan should be billed.

If the mother fails to bring her CHIP perinatal plan ID card, providers can call 800-645-7164 to obtain the patient's health plan and coverage dates. This hotline cannot provide the patient's CHIP Perinatal ID number or the patient's FPIL. Contact the patient's health plan for help with these aspects.

Claims Submission

Paper Claim Submission:

Cook Children's Health Plan
PO Box 961295
Fort Worth, Texas 76161-1295

Electronic Claim Submission:

Clearinghouse – Availity
Client Services at 800-282-4548
URL: <https://www.availity.com/resources/support/web-portal-registration>
CHIP/CHIP Perinatal Payer ID- CCHP1

How does the hospital get the form H3038P?

The pregnant woman will receive a bar-coded Form H3038P from HHS a month before the baby's due date. She will be instructed to take the form with her to the hospital when she's ready to deliver. Once the baby is born, the physician or a nurse present during delivery will need to complete the form. The form is typically faxed to HHS on the patient's behalf during her hospital stay.

How does the hospital submit Form H3038P to HHSC?

Fax 1-877-447-2839

Send each application separately. Do not send several applications together in a bundle or batch.

Mail

Texas Health and Human Services Commission
P.O. Box 15100
Midland, TX 79711-5100

How will the hospital know if HHSC has received Form H3038P and Medicaid has been established?

The hospital can call 2-1-1 48 hours from the time they fax the completed form. If the form is mailed, the hospital should wait at least 5 business days before calling. When calling 2-1-1, press option #2 after the language prompt, and then option #2 again. Providers should be prepared to provide their National Provider Identifier, as well as the patient's CHIP perinatal case number. Providers also can go to [TMHP's website \(link is external\)](#) to verify the patient's Medicaid eligibility. Note that TMHP cannot verify CHIP perinatal eligibility.

Is a Medicaid application needed for newborns?

No, a facility only needs to submit Form H3038P to establish 12 months of Medicaid for the baby from date of birth. The mother receives this form in the mail, and is instructed to bring it with her to the hospital. A new application with new supporting documentation is not required. HHSC will use the information on Form H3038P, as well as income and other information provided when the mother originally applied for CHIP perinatal.