



CHIP Perinate Provider FAQ

How do I bill for hospital services when a CHIP Perinate member has given birth?

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

Newborns born to a mother covered by CHIP Perinate with a household income at or below 198% of the FPL will transition to Medicaid after birth. If delivery is paid by emergency Medicaid, newborns are considered enrolled in Medicaid and assigned a new Medicaid ID number.

On October 14, 2023, the Health and Human Services Commission (HHSC) deployed a project in which newborns eligible for Medicaid will be automatically enrolled in a health plan from the date of birth. Medicaid health plans are responsible for all covered services provided to newborn members.

There are no changes to newborns born to a mother covered with CHIP Perinate with a household income at or above 199% of the FPL.

It is the provider's responsibility to submit claims using the newborn's individual Medicaid ID number. This ensures that eligibility is verified and the claim is sent to the correct entity for processing. Claims billed under a temporary Medicaid ID or under the mother's CHIP Perinatal ID number will be denied. In those cases, the provider must refile the claim using the newborn's individual Medicaid ID number as a corrected claim, when it becomes available.

What is the newborn's effective date?

The effective date of the newborn's enrollment is the same as the newborn's date of birth.

What if the newborn's ID is not available?

There may be a delay from the date of birth for a newborn to be assigned an individual Medicaid ID number. If the newborn doesn't have a Medicaid ID, providers must verify eligibility and health plan enrollment by calling 1-800-925-9126 or going to TexMedConnect on the TMHP website.

What are the claims processing timelines?

Providers that file claims for services provided to newborns are still responsible for meeting the Medicaid filing deadlines, which is within 95 calendar days from date of discharge. Providers can file an appeal after the provider has the newborn's Medicaid ID number.

Questions?

Contact your provider liaison, **call Provider Services at 1-844-781-2343**
or **email SHPPProviderServices@seton.org**.