

Atypical Provider Process Standard Operating Procedures

Overview

The Centers for Medicare & Medicaid Services (CMS) defines atypical providers as providers that do not provide health care. A health care provider is defined under HIPAA in Federal regulations 45 CFR § 160.103. An example of atypical provider services includebut are not limited to transportation services (i.e. taxi), home and vehicle modifications, ancillary aides and respite services.

Process

Below is the correct process for atypical providers to submit request for reimbursement:

Limitations of MDCP Funds

- Members receive an allotted fund amount of \$4,000 for adaptive aids that renew every year (funds do not carry over from year to year).
- Members receive a one-time fund amount of \$7,500 for Minor Home Modifications. These funds do not renew. Any amount above \$7,500 must be paid out of pocket by the member.

Selection of Atypical Vendor

- Service coordinator must provide at minimum of 3 in-network vendors to perform atypical services to the member. If a member declines, the member can choose another vendor, however, the vendor must be attested by Texas Medicaid.
- Once a vendor(s) are selected, each of the 3 vendors must submit an itemized quote of the cost of the project. The service coordinator is responsible for obtaining all 3 quotes.
- By HHSC rules, the vendor whose pricing is the lowest is automatically selected to perform the service.

Atypical Provider Responsibility

- Atypical providers are responsible for completing all forms such as Title 19, Itemized Quote, and the 2416 Forms. These documents will initiate the payment authorization.
- All forms must be sent to the service coordinator who initiated the services
- For more information or questions about the process, please reach out to the service coordinator or your provider representative.

Request for Payment

- For Minor Home Modifications, the provider will be paid 50% of the costs up front to begin services. The remaining 50% will be paid out upon completion and assessment of the service provided.
- Provider must also send final receipt along with the completion. The service coordinator will then submit the 8605 Atypical Provider Form to process the final payment for the provider.
- All forms must be sent to the Service Coordinator who initiated the services.



Have questions:

Contact our BCBSTX Medicaid Provider Service Center at 1-877-560-8055 or contact your BCBSTX Medicaid Provider Network Representative at 1-855-212-1615.

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