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
  - Professional service charges paid through CHIP
  - Professional service 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 to be reimbursed:
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.
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 FPL.

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 – Avality
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