



TEXAS
Health and Human
Services

Dallas Service Area Changes for STAR Kids

Heather Kuhlman

STAR Kids Policy Specialist

Summary of Changes

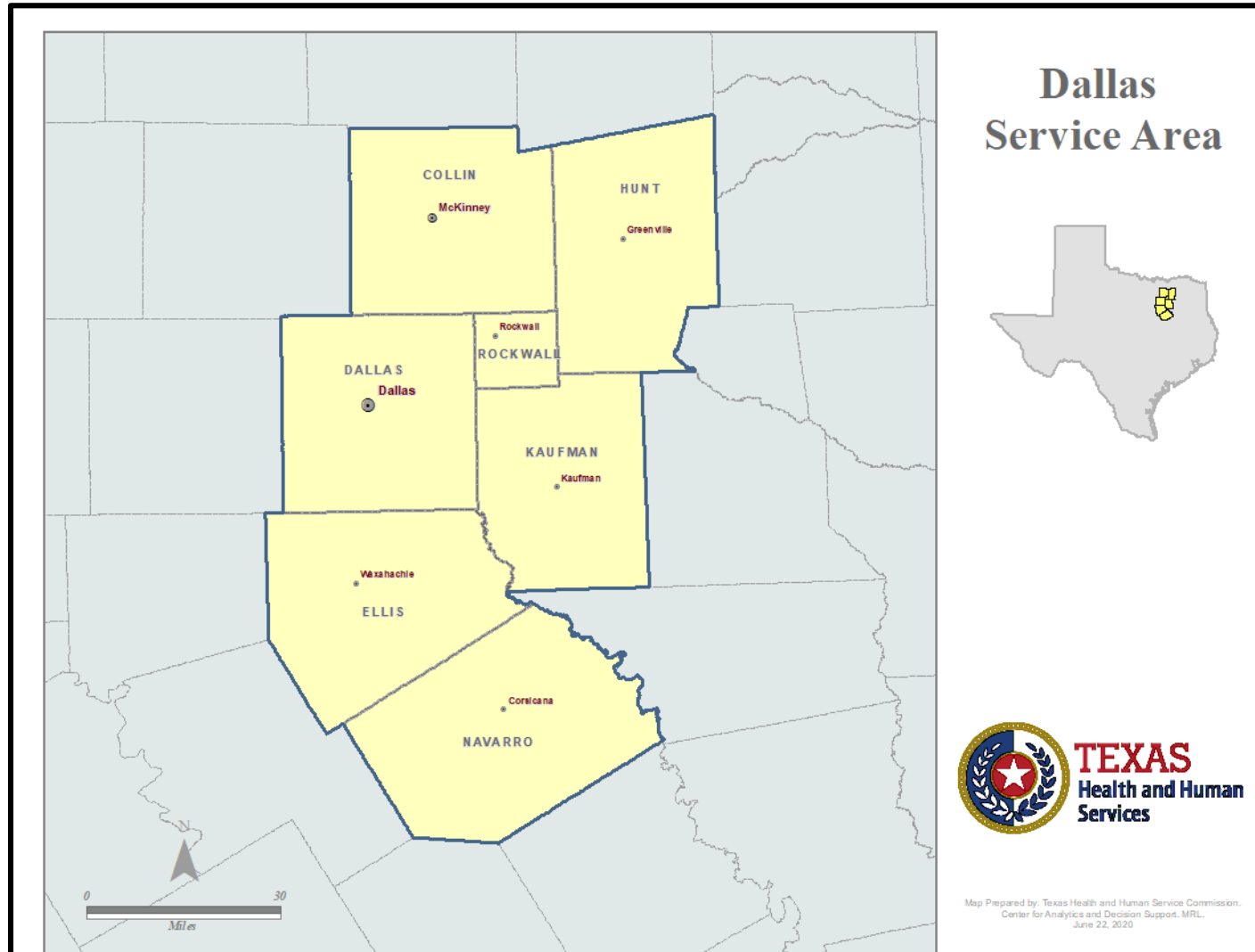
Effective September 1, 2020

- Children's Medical Center (CMC) health plan will no longer be a STAR Kids health plan.
- Aetna Better Health of Texas will be the new health plan in the Dallas service area.
- Amerigroup remains a STAR Kids health plan choice in the Dallas service area.



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Services

Areas Affected



Map Prepared by: Texas Health and Human Service Commission,
Center for Analytics and Decision Support, MRL,
June 22, 2020

Member Action

CMC STAR Kids members received a letter in July with these details.

STAR Kids members with CMC will be automatically enrolled into Aetna on September 1.

No action is needed if you want to be enrolled with Aetna.

Action is needed by August 13 if you would prefer to enroll with Amerigroup on September 1.



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Sample of letter sent in July

<dateOfLetter>
Medicaid EDG: <caseID>

[Manifest Keyline]

To the addressee or guardian of:

[DRS] <hohName>

[VER] <addressLine2>

[LTR] <addressLine1>

<city>, <state> <zipCode>-<zipCodeExt>

[IMB Postal Barcode]

Subject: Your Health Plan Will Change September 1

Dear <hohName>:

Your health plan, Children's Medical Center, is leaving your service area. You will be automatically enrolled into Aetna on September 1. Children's Medical Center will continue to provide you services until you transition to your new plan.

If you prefer, you can choose to enroll with Amerigroup using the instructions below.

You can compare your health plan options.

All health plans must provide you services like doctor's visits, hospital visits, therapies, specialists, health equipment and health supplies. Some plans offer extra services for their members. We sent a chart with this letter that shows you the extra services Aetna and Amerigroup offer.

The chart also has each health plan's website and phone number. You might need to find a new doctor. You can check the new plan's website or call them to see if you can keep your doctor or to find a new doctor.

If you want to enroll with Amerigroup, tell us by August 13. Follow one of the steps below:

- You can go online to www.YourTexasBenefits.com. Log in and go to "Pick Your Health Plan."
- You can fill out the Medical Enrollment Form that came with this letter. If you use the form, you can mail it to us using the pre-paid envelope we sent. Or fax it to us at 855-671-6038 (toll-free).
- You can call 877-782-6440 (toll-free) 8 a.m. to 6 p.m. Central Time, Monday through Friday.

HHSC has scheduled a presentation for Dallas area membership on Monday, July 27th at 1pm that will provide an overview of the upcoming changes. You can register for that presentation here: <https://bit.ly/2Yemltq>

Need Help?

If you have questions, call 877-782-6440. If you have a speech or hearing disability, call 7-1-1 or 800-735-2989.



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Health and Human
Services

Your Doctors and Services

Continuity of Care

HHSC and the health plans are committed to ensuring continuity of care for members. This means you will continue to get the services you are authorized get.

- CMC and Aetna are working together to share member information.
- HHSC is closely monitoring to make sure children with high risk conditions do not lose care.



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Health and Human
Services

Doctors and Specialists

- Aetna will provide all STAR Kids services that CMC provided.
- Aetna is contracting with doctors and specialists to serve STAR Kids families.
- Aetna will allow members to keep getting services with their existing provider (even if that provider has not signed up with Aetna) to ensure continuity of care.

Is my provider with Aetna?

You can check if your provider is signed up or plans to sign up with Aetna by:

- Asking the provider if they are signed up with Aetna for STAR Kids.
- Calling Aetna to check if the provider has signed up at **844-787-5437**.



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Health and Human
Services

Services and Service Plans

- Services authorized by CMC will continue to be approved for:
 - 90 days.OR
 - Until the end of the current authorization period.
- Aetna will continue to provide the same level of services as outlined in the member's current CMC service plan until:
 - The service plan expires.OR
 - Until a new STAR Kids Screening and Assessment Instrument is completed.



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Health and Human
Services

Prior Authorizations

- If Aetna requires a prior authorization for services that CMC did not, Aetna will make sure the services continue for:
 - 90 days.
- OR
 - Until the health plan or a provider has assessed the member and issued or denied a new authorization request.



Out-of-Network Providers

- Aetna will pay for an existing out-of-network provider for covered services, equipment and supplies until records and medical information can be sent to an Aetna provider.
- If there is an existing scheduled appointment with an out-of-network specialist for a covered service, and Aetna does not arrange for an earlier appointment with a network provider of the same type, Aetna will authorize and pay for the specialist.



Additional Member Resources

Before September 1, 2020:

- CMC Members in STAR Kids can call the CMC member hotline at **800-947-4969** (toll-free).

After September 1, 2020:

- Aetna members in STAR Kids can call the Aetna member hotline at **844-STRKIDS (844-787-5437)** (toll-free).

Anytime:

- Amerigroup members in STAR Kids can call the Amerigroup member hotline at **844-756-4600** (toll-free).

HHSC Website:

- hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/health-plan-changes



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Services

Member Complaints



TEXAS Health and Human Services **HOW TO SUBMIT A COMPLAINT**

Unhappy with your health plan or Medicaid services? Let us know. You can submit a complaint to tell us what's wrong. Here's how:

STEP 1: Call your health plan

Your health plan's phone number is on your health plan ID card.  **OR** If you don't have a health plan, call the Medicaid helpline at 800-335-8957.

STEP 2: If you still need help...

Call the Office of the Ombudsman: **866-566-8989**
8 a.m.-5 p.m. Central Time, Monday through Friday  **OR** Fill out **this form** 
<http://bit.ly/ComplaintSubmission>

The Office of the Ombudsman can help fix problems with your Medicaid coverage. If it's urgent, the team will handle your complaint as soon as possible.

| What to expect | When you call, you'll need |
|--|--|
| <p>➤ Call you back within one business day</p> <p>➤ Start working on your complaint</p> <p>➤ Check in with you once every five business days until it's resolved</p> <p>➤ Tell you what happened and anything you might need to do</p> | <p><input checked="" type="checkbox"/> Your Medicaid ID card number</p> <p><input checked="" type="checkbox"/> Your name, birthday and address</p> <p>If it's a problem with your doctor, your medication or the medical equipment you use, you might need:</p> <p><input checked="" type="checkbox"/> A phone number for your doctor, drugstore or medical equipment company</p> <p><input checked="" type="checkbox"/> Paperwork related to your complaint like letters, bills, or prescriptions</p> |

Visit our website: bit.ly/MedicaidCHIPContacts

For CHIP health plan complaints email ConsumerProtection@tdl.texas.gov.

How Do I Submit a Complaint?

- Call your health plan first.
- Your health plan's phone number is on your health plan identification card.

What If I Still Need Help?

- If you've called your health plan and still need help, you can submit your complaint to the [Office of the Ombudsman](#).

For more information, visit:
hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/submit-a-complaint

Provider Resources

To join Aetna's provider network:

- Email: abhtxcredentialing@aetna.com
- Website: aetnabetterhealth.com/texas/providers/join-our-network

For other questions:

- Call Provider Relations at **800-306-8612** (toll-free)



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Thank you

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Heather.Kuhlman@hhsc.state.tx.us