

STAR Kids Frequently Asked Questions for Families

* Indicates new items.

Managed Care

Q: What is managed care?

A: Managed care means you get Medicaid services through a select group of doctors, hospitals, and other health care providers — called a provider network — through a health plan you pick.

Q: What is a health plan (also called a managed care organization or MCO)?

A: A health plan is an insurer that is licensed or approved by the Texas Department of Insurance and has a contract with the Texas Health and Human Services Commission (HHSC) to deliver Medicaid-covered services to its members.

Q: What is a provider network?

A: All the health care providers who agree to deliver services to a health plan's members.

Q: Who is a health plan member?

A: Someone getting Medicaid-covered services who has picked and enrolled with a health plan.

Q: How do I pick a health plan?

A: You will get an enrollment packet in the mail that includes information about the health plans in your area and the providers in the health plans' provider networks.

Q: What is a service area?

A: The service area includes the counties where the Medicaid health plan operates. There are 13 Medicaid managed care areas in the state. You can see which service area you are in [here](#).

Everyone in managed care has at least two health plans in their service area. The service area you are in is based on the address on record with Medicaid or the Social Security Administration. Please make sure your addresses are up to date.

Q: How do I update my Medicaid or Medicare addresses?

For Medicaid, make changes to your address and phone number by going to the [Your Texas Benefits website](#). You can also make changes by phone.

Phone: Call one of these toll-free numbers

- 1-855-827-3748
- 211 and select English or Spanish

Web: Go to www.YourTexasBenefits.com and follow these steps:

- Log in to your account
- Go to the “View my case” section of the website
- Click on the “Case facts” tab near the top of the page
- Find the case number for the record you need to change. Click on “Report a change” button next to that case number

After you do this, you will be shown a “Getting started” page that will walk you through the rest of the process.

If you get Social Security benefits or are enrolled in Medicare, you can change your address online by using [my Social Security](#) account. Go to: [my Social Security - Sign in or Create an Account](#).

If you get Supplemental Security Income (SSI), don't have a U.S. mailing address, or can't change your address online, call us at 1-800-772-1213 (TTY 1-800-325-0778), 7 a.m. to 7 p.m., Monday through Friday or contact your [local Social Security office](#).

Q: What are the goals of managed care?

A: Managed care is designed to improve healthcare by improving access to care and coordination of care. This will help make sure you are getting the right services, have a primary care provider and a medical home.

Q: Why are we changing to managed care?

A: Lawmakers directed HHSC to create STAR Kids in 2013. The program serves children and young adults 20 and younger with disabilities. Senate Bill 7 requires STAR Kids health plans to provide Medically Dependent Children Program (MDCP) waiver services. HHSC is working closely with the [STAR Kids Managed Care Advisory Committee](#) and the [Children's Policy Council](#) to start this program.

Medical Home and Primary Care Provider

Q: What is a medical home?

A: A medical home is where you get your basic care. It includes your primary care provider. It helps build the relationships between the patient and family with the doctor and other care providers.

Q: What is a primary care provider?

A: When you join STAR Kids, you will pick a primary care provider. This is a doctor, nurse, or clinic where you will get basic medical care and get referrals for other care. Primary care providers are a medical home to members. They get to know you and your health history. Your primary care provider can be one of the following:

- General practice doctor
- Family practice doctor
- Internal medicine doctor
- Pediatric doctor
- Obstetrics/Gynecology doctor
- Advanced Practice Registered Nurse
- Physician Assistant
- Clinic (Federally Qualified Health Center or Rural Health Clinic)
- Specialist physicians willing to provide a health home to selected members with special needs or conditions

If you have Medicare, you won't need to pick a primary care provider.

Q: Do I need to pick a primary care provider?

A: Yes, members enrolled in STAR Kids are required to have a primary care provider within their health plan network. If you see a non-Medicaid primary care provider through your private insurance, you can keep seeing this provider.

Q: What if I don't pick a primary care provider?

A: If you don't pick a primary care provider, one will be assigned for you and will be listed on your health plan ID card. You can always change this provider by calling your health plan. If you see a non-Medicaid primary care provider through your private insurance, this provider might not be listed on your health plan ID card.

Q: Can I change my primary care provider?

A: Yes. Call your health plan member services hotline to change your primary care provider.

Q: Can my primary care provider be a specialist?

A: Yes, as long as your specialist is willing to act as your primary care provider. If this is something you want, talk to your specialist and your health plan. They must work with your caregivers and other providers to make sure your Medicaid medical and behavioral health care needs are met.

Q: What if I need to see a specialist or go to the hospital?

A: Your primary care provider will help you with basic medical care. If you need other medical services, they will give you a referral. For example, if you need to see a specialist or go to the hospital, they will set that up for you. The health plans can choose what services need referrals. Check with the health plans in your area to find out about their referral process.

You don't need a referral from your primary care provider for some services, like:

- Mental health and drug and alcohol abuse treatment
- Texas Health Steps checkups
- Emergency room services

Some plans may not require referrals for certain services or to see certain providers if you have an established clinical relationship.

STAR Kids

Q: What is STAR Kids?

A: STAR Kids is a new Texas Medicaid managed care program for children and adults 20 or younger who have disabilities. Under STAR Kids, you will get basic medical and long-term services and supports through the health plan's provider network. Long-term services and supports include things like help in your home with basic daily activities, and help participating in community activities, if you are eligible. You also will get Medically Dependent Children's Program (MDCP) waiver services through the health plan's provider network, if you are eligible.

Q: When will STAR Kids start?

A: STAR Kids will begin statewide November 1, 2016.

Q: Do I have to join STAR Kids?

A: You must join STAR Kids if you are 20 or younger, covered by Medicaid, and meet one or more of the following conditions:

- Get SSI
- Get SSI and Medicare
- Get services through the MDCP waiver
- Get services through the Youth Empowerment Services waiver
- Live in a community-based intermediate care facility for individuals with an intellectual disabilities or related condition or in a nursing facility
- Get services through a Medicaid Buy-In program
- Get services through any of the following Department of Aging and Disability Services (DADS) intellectual and developmental disability waiver programs:
 - Community Living Assistance and Support Services
 - Deaf Blind with Multiple Disabilities
 - Home and Community-based Services
 - Texas Home Living

Q: Who is not in STAR Kids?

A: You can't be in STAR Kids if you:

- Are in foster care and get Medicaid services through traditional Medicaid or STAR Health
- Are 21 or older
- Live in the Truman W. Smith Children's Care Center
- Live in a state veteran's home
- Live in a state supported living center

***Q: What if my child receives adoption assistance Medicaid?**

A: Children and young adults who receive adoption assistance Medicaid will not go into STAR Kids in November 2016 unless they also get services through a waiver program.

Q: What if I am turning 21 soon? Do I have to join STAR Kids?

A: Young adults who are turning 21 in November 2016, December 2016, and January 2017, will not go into STAR Kids. They will remain in their current program until they turn 21.

Q: What STAR Kids health plans do I have to pick from?

A: The health plans you can pick depend on where you live in the state. Health plans cover different parts of the state that are called "[service areas](#)." The health plans that serve each service are listed below. You always have a choice between at least two health plans.

Bexar Service Area:

Community First Health Plan
Superior Health Plan

Dallas Service Area:

Amerigroup
Children's Medical Center Health Plan

El Paso Service Area:

Amerigroup
Superior Health Plan

STAR Kids Family FAQs
September 13, 2016

Harris Service Area:

Amerigroup
Texas Children's Health Plan
United HealthCare

Hidalgo Service Area:

Driscoll Children's Health Plan
Superior HealthPlan
United

Jefferson Service Area:

Texas Children's Health Plan
United HealthCare

Lubbock Service Area

Amerigroup
Superior Health Plan

Medicaid Rural Service Area – Central

Blue Cross and Blue Shield of Texas
United HealthCare

Medicaid Rural Service Area – Northeast

Texas Children's Health Plan
United Health Plan

Medicaid Rural Service Area – West

Amerigroup
Superior Health Plan

Nueces Service Area:

Driscoll Children's Health Plan
Superior Health Plan

Tarrant Service Area:

Aetna
Cook Children's Health Plan

Travis Service Area:

Blue Cross and Blue Shield of Texas
Superior Heath Plan

[STAR Kids Services](#)

Q: What services does STAR Kids offer?

A: Everyone will get:

- **A care plan.** This will help your doctors and other providers know what kind of care you need. A service coordinator who works for the STAR Kids health plan will work with you and your doctor create this plan. The service coordinator will also help you find doctors, make appointments, and help with other needs you might have.
- **A primary care provider.** You will get most of your preventive healthcare through this provider. Your primary care provider can also refer you to specialists, if needed.
 - If you get Medicare, you won't choose a primary care provider.
- **Basic health care services.** You will get Medicaid services like you get now, such as doctor's visits, hospital visits, therapies, specialist visits, medical equipment, prescription drugs, and medical supplies.
- **Long-Term Services and Support.** You will get long-term services and supports in the home, like Personal Care Services, Community First Choice, or Private Duty Nursing. Long-term services and supports include things that help you in your home with basic daily activities, and help you participate in community activities.
 - If you get services through a Department of Aging and Disability Services intellectual and developmental disability waiver, the Youth Empowerment Services waiver, or live in an intermediate care facility, you will get your long-term services and supports through your waiver or facility, the way you do today.
 - If you get services through Medically Dependent Children's Program waiver, you will get those services through the STAR Kids health plan you pick.
 - To learn more about the Community First Choice, visit the HHSC website for information about the benefit that isn't specific to STAR Kids.
 -
- **Service Coordination.** Health plan nurses and other professionals will be your service coordinators. Their services include things like:
 - Identifying physical health, mental health, and long-term services and supports needs
 - Creating service plans to address identified needs
 - Finding doctors who will take Medicaid
 - Getting access to other services and providers
- **Value-added services.** These are the extra services offered by the STAR Kids health plan you pick, like respite or extra vision services.

STAR Kids Continuity of Care

***Q: What will happen to my current authorizations and services when I change to STAR Kids? Will my authorizations be honored, and will I continue to get services?**

A: Yes. To ensure ongoing care, STAR Kids health plans must honor existing authorizations for:

- Long-term services and supports, like Personal Care Services, [Community First Choice](#), or Private Duty Nursing, for six months, or until the health plan does a new assessment.
- Acute services, like doctor visits, hospital visits, and labs, are honored for six months, until the end of the current authorization, or until the health plan does a new assessment.

***Q: I have heard authorizations are being extended for some services? What does that mean?**

A: If you have an authorization for Personal Care Services, Community First Choice, or Private Duty Nursing, or therapies that will expire any time in October or November 2016, HHSC will extend it by 90 days to help ensure continuity of care. You and your provider will receive a letter explaining this.

***Q: I received a letter from DADS saying that my MDCP Individual Plan of Care is extended by one year. What does this mean?**

A: This means that you can keep getting MDCP services you receive for one year. These services include: respite, flexible family support services, adaptive aids, minor home modifications, transition assistance services, employment assistance, and supported employment. If you have a change in condition or need to change those services, you can ask your health plan service coordinator. This extension does not apply to other services, like Private Duty Nursing.

***Q: Can I keep seeing my current providers when I change to STAR Kids?**

A: If you enroll on November 1, you can keep seeing your current providers, even if they do not join your health plan's network, for six months after you change to STAR Kids. This will allow your health plan time to get your providers in their network, if they are not already. Starting May 1, 2017, if your providers have not joined the health plan's network, your health plan service coordinator will work with you to make sure you keep getting the care you need.

If your current provider is not enrolled in Medicaid, but only provides referrals or prescriptions, you can also keep seeing them after November 1.

***Q: If my current providers do not join my health plan's network, how will authorizations and payment work for the first six months?**

A: Your MCO will reach out to and work with those providers to ensure that they are able to continue providing services and have a way to bill the MCO.

***Q: Will my Medicaid dental services change?**

A: There will be no change to dental services. You will continue to get dental services as you do today.

***Q: Will Medicaid transportation services change?**

A: No. Transportation services will continue to be provided through the Medical Transportation Program (MTP).

***Q: What if I am on Community Living Assistance and Support Services, Deaf Blind with Multiple Disabilities, Home and Community-based Services or Texas Home Living? Will my services change?**

A: If you get services through these services, or live in an intermediate care facility, you will get your long-term services and supports through your waiver or facility, the way you do today. You will also keep working with your current waiver service coordinator or case manager. Your health plan service coordinator will work with your waiver providers to make sure you are getting everything you need.

***Q: When will my health plan contact me for an assessment? Will my services be changed or reduced during the first six months?**

A: Starting November 1, 2016, or when you start receiving services through your STAR Kids health plan, the health plan you pick will contact you within 15 days from the time you enroll to complete a telephonic screening and determine the best time to schedule an in-home assessment. Your health plan will schedule your in-home assessment depending on the type of services you have in place and the

month your current authorizations end, or if you have an urgent or unmet need for services. The health plan is required to complete all in home assessments within six months from your enrollment date. Your services may change based upon outcome of the assessment.

***Q: What if my child gets hospice services or starts to receive hospice services?**

A: If your child receives or begins to receive hospice services, he or she will remain enrolled in their STAR Kids health plan. Your health plan will remain responsible for your child's main medical services, like hospitals and specialists, but the hospice program will cover his or her palliative care.

Picking a Health Plan

Q: How do I pick a STAR Kids health plan?

A: Families will start getting information about STAR Kids in the mail this summer, including information on how to pick a health plan.

- Families will get an introduction letter in **July 2016**. This letter will have basic information about STAR Kids.
- Families will get a STAR Kids enrollment packet in **August 2016**. The enrollment packet will have:
 - Provider directories that list the doctors and other providers for each health plans in your service area.
 - Instructions about how to pick a health plan, and other helpful information.
 - A phone number to call to get help or ask questions about picking a health plan.
- Starting **August 1, 2016**, you can call MAXIMUS, the State's enrollment broker, to ask questions.
 - The MAXIMUS toll-free number will be in your enrollment packet.
 - A link to the MAXIMUS toll-free number will also be on the STAR Kids website on August 1, 2016.
- Once you get the enrollment packet in August, you can call MAXIMUS to pick a plan over the phone, or you can mail your enrollment information using the postage-paid envelope.
- Families who don't pick a health plan will get a reminder letter in **September 2016**.
- If you haven't picked a health plan by **October 12, 2016**, HHSC will pick one for you.
- STAR Kids starts **November 1, 2016**.

Q: Who do I contact if I have questions or need help picking a STAR Kids health plan?

A: You can contact MAXIMUS, the State's enrollment broker, for help picking a STAR Kids health plan. You can also directly contact the STAR Kids health plans in your area. Your STAR Kids enrollment packet, which will be mailed in August, will have contact information for MAXIMUS, and the health plans in your area.

Starting August 1, 2016, you can call MAXIMUS, the State's enrollment broker, to ask questions. Once MAXIMUS and the health plans are ready to take calls, their information will be listed below. MAXIMUS and STAR Kids health plan contact information also will be included in the enrollment packet you get in August.

Q: What are value-added services?

A: Value-added services, approved by HHSC, are extra health services offered by the health plans in addition to regular Medicaid services.

Q: How will I know if my doctors and other providers are contracted with a STAR Kids health plan?

A: When you get your enrollment packet in August, check the enclosed provider directories for the providers you see today. All STAR Kids health plans will also have up to date online resources available to identify current provider directories and provider searches available in your area as these are updated frequently. If one of your doctors isn't listed, you can call the health plan to see if they are contracted with them. You can also ask your doctor to join your health plan's network.

Q: What if my doctor isn't enrolled with the STAR Kids health plans in my service area?

A: You can make a list of all the providers your child sees, and contact them to encourage them to enroll with the STAR Kids health plans in your [service area](#). You can also share your provider list with the [STAR Kids health plans](#) in your service area and ask them to contract with your providers if they haven't done so already. You can do this today.

When you get your enrollment packet in August, check the enclosed provider directory for the providers you see today. If one of your doctors isn't listed, you can look up the health plan's providers on their website or call the health plan to see if they are contracted with them. You can also talk to your doctor about signing up for the health plan. STAR Kids health plans must try to contract with all Medicaid providers who see children going into STAR Kids today. Providers don't have to contract with a health plan if they don't want to. Health plans and providers can do single-case agreements in some situations if a provider only wants to see you, but not everyone else in STAR Kids.

Q: Can I change health plans?

A: Yes, you can change health plans any time by contacting MAXIMUS, the State's enrollment broker. It can take 30 to 45 days for the change to go into effect. Once MAXIMUS and the health plans are ready to accept calls, their information will be listed below. MAXIMUS and STAR Kids health plan contact information also will be in the enrollment packet you get in August.

Q: Will I be able to enroll in the health plan of my choice?

A: STAR Kids health plans do not place a limit on the number of members they can enroll, so you will always get your first choice of health plan.

[Other Insurance, Including Medicare](#)

***Q: What if I have private health insurance?**

A: If you have private health insurance through your employer, the health insurance marketplace, or another entity, your private insurance will pay first. Then, your STAR Kids health plan will pay the rest of any service covered by Medicaid. This means your health plan may cover copays, co-insurance, and deductibles for Medicaid services not covered by your commercial insurance, the same way traditional Medicaid does today. However, your commercial provider will need to be enrolled in Medicaid to bill your health plan.

***Q: If my primary care provider is under my private insurance, do I have to choose a STAR Kids primary care provider?**

A: If you get services through a waiver program and you see a primary care provider through your private insurance, you do not need to pick a Medicaid primary care provider at the time of enrollment and can leave this section of the enrollment form blank. Your service coordinator will work with you to

make sure you can keep seeing your current primary care provider. This primary care provider will not be listed on your health plan ID card.

If you are not on a waiver program and see a primary care provider through your private insurance, you will pick a Medicaid network primary care provider on your enrollment form. Once your enrollment is effective with the health plan, tell your health plan service coordinator that you are seeing a primary care provider through your private insurance. The service coordinator will work with you to make sure you can keep seeing your primary care provider. A Medicaid primary care provider will be listed on your health plan ID card, but you do not need to see this primary care provider.

***Q: What if I see a non-Medicaid doctor or specialist who does not bill Medicaid but refers me to other doctors, orders services such as durable medical equipment, or writes prescriptions, will I still be able to get those services paid for by the health plan?**

A: At this time, services, prescriptions, and medical equipment ordered, referred, or prescribed by a non-Medicaid enrolled provider will be paid by the health plan.

***Q: If my provider is paid through my private insurance and does not bill Medicaid but refers, orders, or prescribes Medicaid services, do they need to be contracted with my health plan?**

A: No. Ordering, referring, and prescribing providers do not need to be contracted or credentialed with your health plan.

Q: Do my providers under my private insurance have to enroll in Medicaid?

A: You can keep seeing your private primary care provider and other private providers, even if they are not a Medicaid provider. However, the federal Affordable Care Act (ACA) requires that orders, referrals, and prescriptions for Medicaid services come from a Medicaid enrolled provider. The ACA requires all providers who order, refer, or prescribe Medicaid services are enrolled in Medicaid. It also requires any provider who bills Medicaid to be enrolled in Medicaid. If your private provider will bill Medicaid for copays, co-insurance, or deductibles, they will need to be enrolled in Medicaid.

If your private primary care provider will be ordering, referring, or prescribing Medicaid services, your doctor must complete a [shortened application](#) to continue ordering, referring, or prescribing services or medicines that will be paid for by your STAR Kids health plan starting in October 2017. Becoming this type of Medicaid provider does not require your primary care provider to see all Medicaid members.

HHSC is working with private providers around the state to enroll them in Medicaid. However, it is important for you to talk to your providers, too. Tell them how important it is to enroll with Medicaid so they can continue your care. There are no fees to complete the shortened ordering, referring, and prescribing process, and they can sign up electronically or on paper. If your private provider is ordering, referring, or prescribing Medicaid services, they should visit the following links:

- [Information for Ordering and Referring-Only providers](#)
- Enroll Online: <https://secure.tmhp.com/ProviderEnrollment>
- [Paper Application](#)

After you have picked a health plan, your STAR Kids service coordinator can help coordinate between private providers and Medicaid providers.

***Q: If my provider is enrolled in Medicaid, but out-of-network, can they still order, refer, or prescribe services covered by my health plan?**

A: Yes, they can.

***Q: What if I am in the Health Insurance Premium Payment Program (HIPP)?**

A: You can keep getting services through your health plan with HIPP. The STAR Kids health plan you choose will cover those services not covered under your HIPP plan, like long-term services and supports.

Q: What if I have Medicare?

A: If you have Medicare and Medicaid, you are known as a "dual eligible," and will keep getting most of your basic health-care services through your Medicare doctors. STAR Kids will not change the way you get Medicare services.

Medicare will pay for most of your basic healthcare services, and traditional Medicaid will pay for services that are covered by Medicaid but aren't covered by Medicare. If you have Medicare, you won't pick a STAR Kids primary care provider.

After you have picked a health plan, your STAR Kids service coordinator will help coordinate between Medicare providers and Medicaid providers.

Out-of-Area and Out-of-Network Providers

Q: One or more of my providers are in another service area. Can I join an STAR Kids health plan in that other service area?

A: No, you must choose a STAR Kids health plan in the service area where you live.

Q: Can I see doctors and specialists outside my service area?

A: Health plans must have an adequate network of providers and provide services members need inside their service area. Health plans can pay providers outside their service area in certain situations, such as emergency services and to maintain ongoing care with an existing provider. Sometimes you might need to go outside your service area to get the care you need. The STAR Kids health plan you select will have a process to help you if you must see providers outside your service area. Please call your service coordinator if you need to see a provider in a different service area.

Q: The closest provider to me is outside my service area. Do I have to travel a long way to see a provider in my service area?

A: STAR Kids health plans are able to include providers outside their home service areas in their networks. Your health plan service coordinator will work with you to find the providers and care you need, when you need them.

Medically Dependent Children's Program

Q: Will STAR Kids change how a child becomes eligible for the Medically Dependent Children's Program (MDCP)?

A: STAR Kids won't change how you become eligible for MDCP. There will still be a MDCP interest list and a set number of MDCP slots. To become eligible for MDCP services, you must come to the top of the

MDCP interest list and meet medical necessity and other program requirements. HHSC and your STAR Kids health plan will help you through the process when you come to the top of the interest list.

Q: What will change if my child already is in MDCP?

If your child is already enrolled in MDCP, you will continue to get the same MDCP services you get today through the STAR Kids health plan you pick. Under STAR Kids, the health plan will do the assessment, develop the service plan, and authorize MDCP services.

Q: Will the annual budget for MDCP still work the same way?

A: Yes. Your health plan service coordinator will help you make a service plan for MDCP services within your approved budget.

Q: Will I still have a MDCP case manager with DADS?

A: No. When you are in STAR Kids, you will have a STAR Kids health plan service coordinator. This service coordinator will do the things your DADS case manager does today, like service planning and assessments.

Consumer Directed Services

Q: Will the Consumer Directed Services (CDS) option still be available through STAR Kids?

A: Consumer Directed Services will still be available once STAR Kids begins. If you get services from one of the waivers below and use the services, they will continue to be available through DADS.

- Deaf-Blind with Multiple Disabilities
- Community Living Assistance and Support Services
- Home and Community-based Services
- Texas Home Living

CDS for the Medically Dependent Children's Program will be available through the STAR Kids health plan you pick instead of DADS.

If you use CDS for Personal Care Services or [Community First Choice](#), and aren't getting services through the programs listed above, they will be available through the STAR Kids health plan you pick.