



COMMISSIONER
Jon Weizenbaum

August 27, 2014

To: Adult Foster Care Providers
Assisted Living/Residential Care Service Providers
Community Based Alternatives Providers
Financial Management Services Agencies
Consumer Managed Personal Attendant Services Providers
Day Activity and Health Services Providers
Emergency Response Services Providers
Home Delivered Meals Providers
Primary Home Care Providers
Transition Assistance Services Providers

Subject: Information Letter No. 14-49
Billing Process for Long-Term Services and Supports Providers Transitioning to
STAR+PLUS

The Health and Human Services Commission (HHSC) is expanding the STAR+PLUS Medicaid managed care program to the existing Medicaid Rural Service Areas (MRSAs) including West, Central, and Northeast Texas. With this expansion, most individuals who are age 65 or older or who have a disability will get their basic health services (acute care), and Long-Term Services and Supports (LTSS) through a STAR+PLUS Managed Care Organization (MCO). In the Fall of 2013, HHSC began conducting statewide Medicaid Managed Care Initiative Information Sessions to inform the targeted providers and individuals of this expansion. The HHSC conducted provider trainings in the targeted areas and the presentation can be found on the Managed Care Initiatives website: [Medicaid Managed Care Initiatives](#).

Contracts and Provider Payments

With the September 1, 2014 implementation of the STAR+PLUS expansion in the MRSA counties, the Community Based Alternatives (CBA) program will be terminated. As a result, DADS will cancel all CBA contracts. CBA providers who have not received a contract cancellation notice must contact the Community Services Contract line at (512) 438-3550. Current contracted providers will still be able to deliver and receive payment for Title XX Day Activity Health Services (DAHS), Community Attendant Services, Family Care, Adult Foster Care, Emergency Response Services, Home Delivered Meals, and Residential Care for SSI individuals who are enrolled in the STAR+PLUS program, excluding those receiving the STAR+PLUS Home and Community Based Services waiver and are not duplicated services. Client Managed Personal Attendant Services (CMPAS) providers will be able to deliver and receive payment for services for non-SSI and non-SSI-related individuals or SSI and SSI-related CMPAS individuals with a spouse as the paid attendant.

DAHS and Primary Home Care (PHC) providers will also be able to deliver and receive payment for certain Title XIX DAHS and PHC individuals who reside in MRSA counties, but who will not be enrolled in the STAR+PLUS program. DAHS providers will continue to provide Title XIX services to individuals receiving 1915(c) Medicaid waiver services in Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) programs. PHC providers will continue to provide Title XIX services to individuals receiving 1915(c) Medicaid waiver services in the TxHmL program.

Billing for DME, HM, and Dental Services

Durable Medical Equipment (DME), Minor Home Modification (MHM), and dental services authorized under the DADS service plan and completed prior to September 1, 2014, will be paid by the Department of Aging and Disability Services (DADS). DME, MHM, and dental services authorized under the DADS service plan and completed on or after September 1, 2014, will be paid by the member's MCO to the service provider effective September 1, 2014. DME, MHM, and dental service providers will be required to contact the MCO to coordinate the completion of the services. DME, MHM, and dental service providers must submit claims directly to the MCOs for adjudication. MCOs are required to instruct providers on how to submit claims. In order to serve STAR+PLUS members in the impacted service areas after expansion, DADS recommends providers contract with all MCOs that have a current contract with HHSC to provide STAR+PLUS services. This will enable providers to continue delivering services to currently authorized individuals, see MCO contact information on page 4. LTSS providers, including DME, MHM, and dental service providers not contracted with the MCOs will receive an out-of-network payment rate. Member care will be transferred to a network provider once an assessment has been completed by the MCO.

On an ongoing basis, MCOs are required to pay a member's existing out-of-network providers for medically necessary covered services until the member's records, clinical information, and care can be transferred to a network provider, or until the member is no longer enrolled in that MCO, whichever is a shorter time frame. Payment to out-of-network providers must be made within the same time period required for network providers. The MCO must comply with Out-of-Network Provider reimbursement rules as adopted by HHSC at 1 TAC Section 353.4. MCOs are required, within 30 days of receipt of a clean claim, to: (1) pay the total amount of the claim, or part of the claim, in accordance with the contract with HHSC, or (2) deny the entire claim, or part of the claim, and notify the provider why the claim will not be paid.

MCO Responsibilities

- To reference HHSC's contract with the STAR+PLUS MCOs in the MRSAs regarding continuity of care and out-of-network providers, see Section 8.1.23 of the STAR+PLUS Medicaid Rural Service Area contract. This contract can be located at: <http://www.hhsc.state.tx.us/medicaid/managed-care/contracts/STARPLUS-MRSA-contract.pdf>.

- To reference the Uniform Managed Care Manual MCOs are contractually required to follow, including claims requirements, visit (Chapter 2.0):
<http://www.hhsc.state.tx.us/medicaid/managed-care/umcm/>.

Verifying Member Eligibility

- Providers should verify Medicaid eligibility for each member they serve at the beginning of the month or prior to providing services.
- The MCO is the primary source for information on their members. LTSS providers should follow the MCOs process for verification of enrollment and authorization.
- If the LTSS provider does not have access to a MCOs enrollment and authorization system, the provider must contact the MCOs Provider Relations Representative, listed below.
- Providers with questions related to consumers losing Medicaid or on Medicaid Hold, should use the normal protocol for researching Medicaid eligibility.
- If the LTSS provider does not know what MCO a member is enrolled with, the LTSS provider can call the Texas Medicaid Healthcare Partnership - Medicaid Automated Inquiry System also known as AIS line at (800) 925-9126 to verify the member's MCO.

NOTE: TMHP-TDHConnect - MESAV application should not be used to verify managed care enrollment.

Gap Enrollment Process

In order to notify HHSC that services have been provided to a STAR+PLUS member who has experienced a gap in managed care enrollment, please complete and submit Form H2064, Gap in Enrollment for Medicaid Managed Care Members, to HHSC at:

HPO_STAR_PLUS@hhsc.state.tx.us. The form can be found on the DADS website at:
<http://www.dads.state.tx.us/forms/H2064/>.

Below is provider relations contact information for the MCOs awarded STAR+PLUS contracts for the MRSA. This information can also be found at:

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/provider-relations-contacts.pdf>.

STAR+PLUS MCO Representative Contact Information	
MRSA CENTRAL Service Area	
Superior/Plan Code –C4	Superior Network Development 1-866-615-9399 ext. 22534 SHP-NetworkDevelopment@centene.com
	Jamey Phillips Provider Relations Manager 512-745-9511 JPhillips@centene.com
United Healthcare/Plan Code –C5 Providers	Maria Thompson 714-226-8907 Maria_Thompson@uhc.com
All others	Pamela Cobb 832-500-6451 Pamela_Cobb@uhc.com
MRSA NORTHEAST Service Area	
Health Spring/ Plan Code - N3	Robyn Leland VP, Provider Network Operations 817-554-5553 Robyn.Leland@healthspring.com
	Cindy Forester Administrator, Northeast MRSA 817-554-5627 Cindy.Forester@healthspring.com
	Charissa Garza Provider Contracting Specialist 623-277-1907 Charissa.Conerly@healthspring.com
United Healthcare/Plan Code – N4 Providers	Maria Thompson 714-226-8907 Maria_Thompson@uhc.com
All others	Pamela Cobb 832-500-6451 Pamela_Cobb@uhc.com

MRSA WEST Service Area	
Amerigroup/Plan Code – W5	Arlene V. Salazar, MHA Provider Relations Representative Phone: 210-737-5700 ext. 55711 Fax: 210-737-5717 Arlene.Salazar@amerigroup.com
Superior/ Plan Code – W6	Superior Network Development 1-866-615-9399 ext. 22534 SHP-NetworkDevelopment@centene.com
	Denise Herrera MRSA West Provider Relations Manager 1-877-391-5923 ext. 22411 DHerrera@centene.com

Provider Referral Process

Providers should be aware that neither HHSC nor the MCOs are allowed to make referrals that would favor and give advantage to any particular provider. Each MCO provides contracted providers with a provider manual that describes this process.

Provider Communications Regarding STAR+PLUS Program Expansion

DADS publishes information regarding the transition of LTSS from DADS to the STAR+PLUS program on DADS website at: www.dads.state.tx.us/providers. Please refer to information letters and alerts regarding Managed Care and STAR+PLUS topics.

Managed Care Initiatives Website:

For more information regarding this expansion, and other managed care initiatives, please refer to the HHSC Medicaid Managed Care Initiatives webpage at: [Medicaid Managed Care Initiatives](#)

For general questions regarding all the managed care initiatives, including the STAR+PLUS expansion to the existing MRSAs which this letter addresses, send to email address:

Managed_Care_Initiatives@hhsc.state.tx.us

For specific member questions regarding all the managed care initiatives, including the STAR+PLUS expansion to the existing MRSAs which this letter addresses, send to email address:

ManagedCareExpansion2014@hhsc.state.tx.us

For complaints before and after all the managed care initiatives, including the STAR+PLUS expansion to the existing MRSAs which this letter addresses, send to email address:

HPM_Complaints@hhsc.state.tx.us

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If you have questions about a DADS contract, please call the Community Services Contracts phone line at (512) 438-3550.

If you have general questions about the DADS components of the STAR+PLUS expansion in the MRSAs, please contact Rhonda Pratt via email at rhonda.pratt@dads.state.tx.us or by telephone at (512) 438-5813.

Sincerely,

[signature on file]

Donna Jessee
Director
Center for Policy Innovation

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake