

Families

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 to deliver Medicaid-covered services to its members.

Q: What is a provider network?

A: All the 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 most current 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 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 a [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 (PCP)

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 (PCP)?

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 (APRN)
- Physician Assistant (PA)
- 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: What if I don't pick a Primary Care Provider (PCP)?

A: If you don't pick a primary care provider, one will be assigned for you. You can always change primary care providers by calling your health plan.

Q: Can I change my primary care provider (PCP)?

A: Yes. Call your health plan 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. Primary care providers 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, your primary care provider will give you a referral. For example, if you need to see a specialist or go to the hospital, your primary care provider 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.

[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 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 Supplemental Security Income (SSI)
- Get SSI and Medicare
- Get services through the Medically Dependent Children Program (MDCP) waiver
- Get services through the Youth Empowerment Services (YES) waiver
- Live in a community-based intermediate care facility for individuals with an intellectual disabilities or related condition (ICF-IID) 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 (IDD) waiver programs:
 - Community Living Assistance and Support Services (CLASS)
 - Deaf Blind with Multiple Disabilities (DBMD)
 - Home and Community-based Services (HCS)
 - Texas Home Living (TxHmL)

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 (SSLC)

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 (LTSS).** 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 (DADS) intellectual and developmental disability (IDD) waiver, the Youth Empowerment Services (YES) waiver, or live in an Intermediate Care Facility (ICF-IID), 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 Program (MDCP) 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 CFC webpage](#). The page gives general information about the benefit and 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.

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 6 months, or until the health plan does a new assessment.
- Acute services, like doctor visits, hospital visits, and labs, are honored for 90 days, until the end of the current authorization, or until the health plan does a new assessment.

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.

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. 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 talk to your doctor about reaching out to the health plans to try to contract.

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 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.

[Other Insurance, Including Medicare](#)

Q: What if I have private health insurance?

A: If you have private health insurance, your private insurance will pay first, then the health plan will pay the rest of any service covered by Medicaid.

Q: What if my primary care provider (PCP) is under my private insurance and isn't a Medicaid provider?

A: The law requires that orders, referrals, and prescriptions for Medicaid services come from a Medicaid enrolled provider. 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 reimbursed by Medicaid.

HHSC is working with private providers around the state to try to get them to enroll in Medicaid, but 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: 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.

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

A: If your private primary care provider isn't contracted with the STAR Kids health plan you have chosen, you will have to pick a STAR Kids primary care provider. This means you will have two primary care providers: a private primary care provider and a STAR Kids primary care provider. After you have picked a STAR Kids health plan and primary care provider, your service coordinator will help coordinate between private providers, Medicaid providers, and Medicare 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.

Medically Dependent Children's Program (MDCP)

Q: Will STAR Kids change how a child becomes eligible for the Medically Dependent Children 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 MDCP 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 Department of Aging and Disability Services (DADS) MDCP case manager?

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 \(CDS\)](#)

Q: Will the Consumer Directed Services 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 CDS, the Consumer Directed Services will continue to be available through the Department of Aging and Disability Services (DADS).

- Deaf-Blind with Multiple Disabilities (DBMD)
- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)

Consumer Directed Services for the Medically Dependent Children Program will be available through the STAR Kids health plan you pick instead of DADS.

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