

Preparing for Texas Star+Plus Medicaid Managed Care in your nursing facility

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In partnership with  **Texas Medicaid Coalition**

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Basic facts: Star+Plus Medicaid Managed Care

- Nursing facilities will be added to the Star+Plus Medicaid Managed Care Program effective **Mar. 1, 2015**
- What is Managed Care?
 - Healthcare provided through a network of doctors, hospitals, and other healthcare providers responsible for managing and delivering quality, cost-effective care
- Nursing facility Medicaid services will be provided through Star+Plus statewide
- Who is eligible for Star+Plus?
 - Adults age 21 and older who are in a Nursing Facility, determined eligible for Medicaid, and meet Star+Plus criteria will be MANDATORY for Enrollment



Medicaid expansion in Texas

- Most people in Texas who have Medicaid get their services through managed care
 - In this system, the member picks a health plan and gets Medicaid services through that health plan's network of providers
- Currently here are three Medicaid Managed Care programs in Texas:
 - STAR
 - STAR+PLUS
 - STAR Health
- Nursing facility residents will get full Medicaid coverage through a STAR+PLUS health plan on **Mar. 1, 2015**



Have you completed these two steps?

1. **STAR+PLUS MCO contract**

- For contracted nursing facilities, the daily rate, including staffing enhancements, will be protected under managed care and MCOs will adjudicate a clean claim within 10 days
- For nursing facilities that choose not to contract with an MCO, daily rates will not be protected and the MCOs will not be required to adjudicate clean claims within 10 days

2. **“Demographic form” attached to MCO contract**

- MCOs will seek to contract with these providers to maintain existing relationships and to pay for services rendered
- This information is important to help ensure continuity of care and provide information to the MCOs about other providers who provide services to residents in your nursing facility
- Other providers include attending physician, physician extenders, ancillary providers, DME providers, labs, radiologists, and pharmacists not employed by the nursing facility



Significant Traditional Providers (STP)

- STPs are providers who have been serving Medicaid clients
- MCOs are obligated to offer STP contractors the opportunity to be a part of the contracted MCO network
- MCOs will reach out to STPs but... the STP may reach out to the MCO to initiate the contact
- STPs must accept MCO conditions for contracting and credentialing
- Work within your organization to ensure you are contracted/credentialed with the MCOs in your service area



MCO and the Star+Plus service areas

- A Star+Plus service area map is available, as well as a form showing service area, counties serviced and MCOs
 - Allows you to easily determine which MCOs will service your nursing facility
- For example:
 - El Paso service area will serve El Paso and Hudspeth county and MCOs will be Amerigroup and Molina
- There are 5 Texas MCOs for nursing facilities:
 - Amerigroup
 - Superior
 - Molina
 - Cigna HealthSpring
 - United Healthcare

Managed Care Service Areas

(effective September 1, 2014)

CHIP RSA (Includes the same counties as MRSA West, MRSA Central, MRSA Northeast, and Hidalgo Service Areas)
CHIP – Molina, Superior

Lubbock

STAR – Amerigroup, FirstCare, Superior
STAR+PLUS – Amerigroup, Superior
CHIP – FirstCare, Superior

MRSA – West

STAR – Amerigroup, FirstCare, Superior
STAR+PLUS – Amerigroup, Superior

El Paso

STAR – El Paso First, Molina, Superior
STAR+PLUS – Amerigroup, Molina
CHIP – El Paso First, Superior

Travis

STAR – Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior
STAR+PLUS – Amerigroup, United
CHIP – Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior

Bexar

STAR – Aetna, Amerigroup, Community First, Superior
STAR+PLUS – Amerigroup, Molina, Superior
CHIP – Aetna, Amerigroup, Community First, Superior

Hidalgo

STAR – Driscoll, Molina, Superior, United
STAR+PLUS – Cigna-HealthSpring, Molina, Superior

Tarrant

STAR – Aetna, Amerigroup, Cook Children's
STAR+PLUS – Amerigroup, Cigna-HealthSpring
CHIP – Aetna, Amerigroup, Cook Children's

Dallas

STAR – Amerigroup, Molina, Parkland
STAR+PLUS – Molina, Superior
CHIP – Amerigroup, Molina, Parkland

MRSA – Northeast

STAR – Amerigroup, Superior
STAR+PLUS – Cigna-HealthSpring, United

MRSA – Central

STAR – Amerigroup, Scott & White, Superior
STAR+PLUS – Superior, United

Jefferson

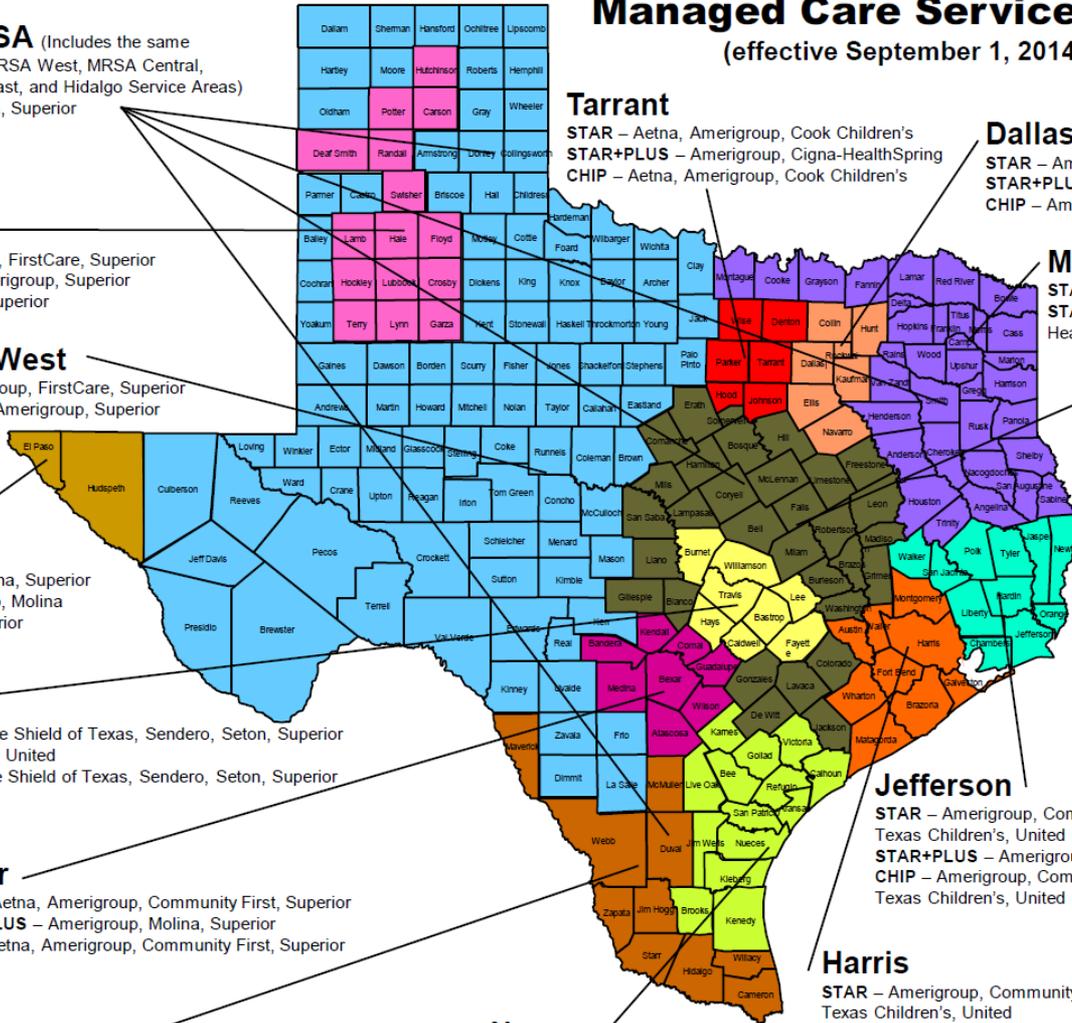
STAR – Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS – Amerigroup, Molina, United
CHIP – Amerigroup, Community Health Choice, Molina, Texas Children's, United

Harris

STAR – Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS – Amerigroup, Molina, United
CHIP – Amerigroup, Community Health Choice, Molina, Texas Children's, United

Nueces

STAR – Christus, Driscoll, Superior
STAR+PLUS – Superior, United
CHIP – Christus, Driscoll, Superior



Source:
Texas HHSC

STAR+PLUS service areas, counties served, and MCOs

Service Area	Counties Served	MCOs
Bexar	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson	Amerigroup, Molina Healthcare of Texas, Superior HealthPlan
Dallas	Collin, Dallas, Ellis, Hurt, Kaufman, Navarro, Rockwall	Molina Healthcare of Texas, Superior HealthPlan
El Paso	El Paso, Hudspeth	Amerigroup, Molina Healthcare of Texas
Harris	Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton	Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan
Hidalgo	Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata	HealthSpring, Molina Healthcare of Texas, Superior HealthPlan
Jefferson	Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker	Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan
Lubbock	Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, Terry	Amerigroup, Superior HealthPlan

Source:
Texas HHSC

STAR+PLUS service areas, counties served, and MCOs (cont.)

Service Area	Counties Served	MCOs
MRSA – Northeast Texas	Anderson, Angelina, Bowie, Camp, Cass, Cherokee, Cooke, Delta, Fannin, Franklin, Grayson, Gregg, Harrison, Henderson, Hopkins, Houston, Lamar, Marion, Montague, Morris, Nacogdoches, Panola, Rains, Red River, Rusk, Sabine, San Augustine, Shelby, Smith, Titus, Trinity, Upshur, Van Zandt, Wood	Cigna-HealthSpring UnitedHealthcare
MRSA – West Texas	Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Gaines, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Palo Pinto, Parmer, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Terrell, Throckmorton, Tom Green, Upton, Uvalde, Val Verde, Ward, Wheeler, Wichita, Wilbarger, Winkler, Yoakum, Young, Zavala	Amerigroup Superior HealthPlan
Nueces	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria	Superior HealthPlan, UnitedHealthcare Community Plan
Tarrant	Denton, Hood, Johnson, Parker, Tarrant, Wise	Amerigroup, HealthSpring
Travis	Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson	Amerigroup, UnitedHealthcare Community Plan

Source:
Texas HHSC

STAR+PLUS MCO contacts (as of July 7, 2014)

MCO	Name	Phone Number	E-mail Address
Amerigroup	Kelley L. Longhofer and Valerie Cuellar, Assistant to Kelly	210-737-5707 210-737-5704	Kelley.Longhofer@amerigroup.com
	Rebecca Wilkens	713-218-5100, ext. 55947	Rebecca.Wilkens@amerigroup.com
Cigna-HealthSpring	Claudia Meadows	832-553-3394	Claudia.Meadows@healthspring.com
Molina	Julia Motega (Secondary contact)	888.562.5442 ext. 207207	Julia.Motega@MolinaHealthCare.Com
	John Mcguinness (Primary contact)	888-562-5442 ext. 207232	John.Mcguinness@MolinaHealthCare.Com
Superior	Superior Network Development	1-866-615-9399 x22534	SHP-NetworkDevelopment@centene.com
United	Sandi Howard	214-693-6703	sandra_howard@optum.com 
	Karen Moore	817-209-9656	karen.moore1@optum.com 

Source:
Texas HHSC

Enrollment broker: MAXIMUS



- Q. How will residents (current and potential) and families receive information about their choices in selecting a STAR+PLUS MCO as well as selecting a provider (i.e. nursing facility, physician)?**
- A:** Residents or their designated representatives are encouraged to choose a STAR+PLUS MCO and primary care provider; if they don't make a choice, HHSC will assign them to a primary care provider and an MCO.
- Nursing facilities may inform residents with which MCO they are contracted; however, nursing facilities may not choose an MCO on behalf of the resident
 - Nursing facility residents eligible for STAR+PLUS managed care will receive an introduction letter in November 2014 to announce the change
 - Later in November 2014, HHSC will send enrollment packets to residents that will include a welcome letter, provider directory, MCO comparison chart, enrollment form, and frequently asked questions
 - By mid-February 2015, residents must choose an MCO or HHSC will assign the resident to an MCO

MCO enrollment FAQ:

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-nf-faq.shtml>



MAXIMUS enrollment process

**Q: Can nursing facility residents change MCOs?
What is the process for changing MCOs?**

A: Resident may change his/her MCO by contacting MAXIMUS, the state's enrollment broker, at any time. Residents may enroll by:

- **Mail:** P.O. Box 14400, Midland, TX 79711-4400
- **Phone:** 1-800-964-2777
- **Fax:** 1-855-671-6038
- **In person** at presentation sites and enrollment events
 - www.txmedicaidevents.com

Next steps: MAXIMUS enrollment events

Activities	Key dates 2014-2015
Mail introduction letters	November 13-14
Mail enrollment packets	November 20-21
Conduct education and enrollment events	November 20-February 10
Accept enrollments via phone, online and mail	November 20-February 11
Last day to mail an enrollment form for processing	February 6
Last day to call or access online portal for enrollments	February 11
Health Plan enrollment takes effect	March 1
Ongoing	Members can change plans at any time



Enrollment events

- MAXIMUS will offer to hold enrollment events at each NF
- Outreach staff will educate residents and family members on enrollment process and help them complete enrollment
- Health plans may be invited to attend enrollment events as determined by each NF
 - MAXIMUS will invite the MCOs
- Outreach staff may also coordinate events with community organizations
- For a list of upcoming events:
 - www.txmedicaidevents.com



Enrollment resources

- NF residents will receive a comparison chart in the introduction and enrollment packets
- Comparison charts show the similarities and differences between health plans in the service areas
- Residents should consider which value-added or extra services would benefit them the most
- Residents can also use the provider directory to help them pick a plan
- Comparison charts location:
 - <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-expansion/>

MAXIMUS event coordination checklist



Maximus Nursing Home Event Coordination Checklist v6.xlsx

MAXIMUS

<p><i>The purpose of this checklist is to assist MAXIMUS STAR+PLUS Outreach staff to gather sufficient information to prepare, schedule and set up enrollments at each nursing facility. The more information available, the more successful the event.</i></p>		<p><i>Email the completed form or request an electronic copy of this form at txmedicaidevents@maximus.com. We will try to accommodate requested dates</i></p>	
Requested information		Contact Information	
Name of the Nursing Facility where the event is to be held			
Street address of the facility			
City and zip of the facility			
County of the facility			
Name of the designee at the Nursing Facility to work with to coordinate events			
Title of the designee at the Nursing Facility to work with to coordinate events			
Area code and phone number of the above mentioned contact.			
Area code and fax number of the above mentioned contact			
Email address(es) where confirmation and coordination of events may be sent.			
		Planning	
Enter the estimated number of residents who have Medicaid only.			

Source: Maximus
(Partial sample shown)

MAXIMUS Regional Managers contact info

SERVICE AREA / REGIONAL OFFICE	CONTACTS	MAIN #S	CELL #	FAX #
MAXIMUS THSteps/Children's Medicaid Dental Services STAR/STAR+PLUS	Peggy Gullede, Sr Manager peggygullede@maximus.com	(512) 533-3441	(512) 426-8816	
	Betsy Coats, Field Operations Manager betsycoats@maximus.com	(512) 533-2955	(210) 857-5782	
	Priscilla Fabian-Lopez, Admin II priscillafabian-lopez@maximus.com	(512) 433-7053	(512)791-4866	(512)437-3562
Lubbock SA/Region 1 Mail to: PO Box 149219, Austin, Tx 78714-9800 c/o Office 607	Connie Jimenez, Regional Manager conniejimenez@maximus.com	1-855-217-6419	(806) 438-0568	
	Dora Rodriguez, Outreach Supervisor dorarodriguez@maximus.com		(806) 239-8580	
	Teresa Bentle, Regional Manager TeresaBentle@maximus.com	(325) 795-5780	(325) 260-7054	
West MRSA/ Region 2/9 4601 South 1st St (A-118) Abilene, Tx 79605	Kenya Batts, Outreach Supervisor Kenyibatts@maximus.com	(432) 688-9673		located in Midland
	vacant, Administrative Specialist @maximus.com	(325) 795-5810		
	Larry Locklear, Regional Manager LarryLocklear@maximus.com	(817) 478- 0616	(501) 650-5036	(817) 478- 6294
Dallas/Tarrant SA -Region 3 5628-A SW Green Oaks Blvd Arlington, Texas 76017	Evelyn Erving, Outreach Supervisor Evenlynerbing@maximus.com	(817) 478-0835	414-745-7156	
	Shirley Lack, Outreach Supervisor ShirleyLack@maximus.com	(817) 478-0190	214-803-9232	
	Ericka Washington, Administrative Specialist erickawashington@maximus.com	(817) 478-2192		
NE MRSA/Region 4 (6N MRSA) Mail to: PO Box 149219, Austin, Tx 78714-9800 c/o Office 607	Paula Smith, Regional Manager PaulaSmith@maximus.com	1-855-217-6419	(214) 906-4028	
	Elva Caballero, Regional Manager elvacaballero@maximus.com	(281) 260-9871 or 9872	(281) 682-0133	(281) 260-9520
	Becky Moore, Outreach Supervisor beckymoore@maximus.com	(281) 260-9871 or 9872	(281) 797-6116	
Harris SA & Jefferson SA/Region 6 (5S Jefferson) 650 N. Sam Houston Pkwy E #507 Houston, Texas 77060-5916	Terry Hall, Outreach Supervisor Terryhall@maximus.com	(281) 260-9871 or 9872	281-650-8916	
	Patricia Collins, Outreach Supervisor patriciacollins@maximus.com	(281) 260-9871 or 9872	248-229-8822	
	Aurora Canzales, Administrative Specialist auroracanzales@maximus.com	(281) 260-9871 or 9872		

SERVICE AREA / REGIONAL OFFICE	CONTACTS	MAIN #S	CELL #	FAX #
Travis SA & Central MRSA/Region 7 4000 South IH 35 Austin, Texas 78704	Judy Schoenfelder, Regional Manager judyschoenfelder@maximus.com	(512) 533-3878	(512) 581-2378	(512) 533-3861
	Jadah Navarro, Outreach Supervisor jadahnavarro@maximus.com	(512) 533-3415		
	Debi Moreno, Administrative Specialist deborahmoreno@maximus.com	(512) 433-4498		
Bexar SA/Region 8 and Nueces SA/Region 11N 11711 IH-N 35 Suite 160 San Antonio, Texas 78233	Denholm Oldham, Regional Manager denholmoldham@maximus.com	(210) 304-5800	(210) 618-5168	(210) 599-0557
	Arlene Flores, Outreach Supervisor arleneflores@maximus.com	(210) 304-5801	(210) 584-8411	
	Rubina Lopez, Outreach Supervisor rubinaglopez@maximus.com	(210) 304-5802	361-522-7776	
	Genevie Gamboa, Administrative Specialist geneviengamboa@maximus.com	(210) 304-5802		
El Paso SA/ Region 10 Mail to: PO Box 149219, Austin, Tx 78714-9800 c/o Office 588	Linda Hendry, Regional Manager lindahendry@maximus.com	1-855-217-6419	(915) 241-6720	
	Belinda Olivo, Regional Manager Belindaolivo@maximus.com	(956) 388-8138	(956) 605-1401	956-287-0167
	Merida Escobar, Outreach Supervisor meridaescobar@maximus.com	(956) 388-8148	956-414-0705	
Hidalgo SA/Region 11 (South) 1925 E. Iowa Road Edinburg, TX 78542	Natalia Leon, Administrative Specialist natalialeon@maximus.com	(956) 388-8140		

Source: Maximus

(2nd tab on Maximus checklist spreadsheet)



How can a resident enroll in a health plan?

- Residents may enroll by:
 - **Mail:** P.O. Box 149023, Austin, TX 78714-9023
 - **Phone:** 1-800-964-2777
 - **Fax:** 1-855-671-6038
 - **In person** at presentation sites and enrollment events:
 - <http://www.txmedicaidevents.com>
 - **Online:**
 - <http://yourtexasbenefits.com>

Comparing value-added services

Compare “Value-Added” or Extra Services Offered by STAR+PLUS Medical Plans in the Bexar Service Area (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson counties)



STAR+PLUS Program Services for Dual Eligible Members in Nursing Facilities

STAR+PLUS medical plans in your area offer extra services.

Use this chart to compare the extra services each plan offers its members. If you have questions about a plan’s extra services, call the number under that plan’s name.

A “blank” under a plan’s name means that the plan does not offer the service listed.

	Amerigroup	Molina Healthcare of Texas	Superior HealthPlan
To ask about services or doctors:	1-800-600-4441	1-866-449-6849	1-866-516-4501
TTY line for people with a hearing or speech disability:	1-800-855-2880 English 1-800-855-2884 Spanish	1-800-735-2989 or 711 English 1-800-662-4954 Spanish	1-800-735-2989
Plan website:	www.myamerigroup.com	www.molinahealthcare.com	www.superiorhealthplan.com

Extra Services	Amerigroup	Molina Healthcare of Texas	Superior HealthPlan
Extra Dental Services for Adults (age 21 and older) and Pregnant Women		Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age	
Temporary Phone Help	Free cell phone, up to 250 monthly minutes, extra minutes when enrolled for healthy text messages, unlimited inbound text messages for Members in Federal Lifeline Program		
Health and Wellness Services	Stop-smoking products and behavioral support once the Medicaid benefit has been exhausted	Stop-smoking program for Members age 18 and older and pregnant women of any age	
Gift Programs	<ul style="list-style-type: none"> Free First Aid Kit after completing a Personal Disaster Plan online to all Members \$5, \$10 or \$20 debit card for achieving health goals and/or receiving certain health checkups or screenings 	<ul style="list-style-type: none"> Personal grooming kit one time for new Members within 30 days of enrollment Personal blanket one time for new Members within 30 days of confirmed enrollment Wheelchair/walker accessory one time for new Members within 30 days of confirmed enrollment 	

Source: HHSC

Comparing value-added services (cont.)

Compare “Value-Added” or Extra Services Offered by STAR+PLUS Medical Plans in the Bexar Service Area (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson counties)



STAR+PLUS Program Services for Members with Medicaid Only in Nursing Facilities

STAR+PLUS medical plans in your area offer extra services.

Use this chart to compare the extra services each plan offers its members. If you have questions about a plan’s extra services, call the number under that plan’s name.

A “blank” under a plan’s name means that the plan does not offer the service listed.

	Amerigroup	Molina Healthcare of Texas	Superior HealthPlan
To ask about services or doctors:	1-800-600-4441	1-866-449-6849	1-866-516-4501
TTY line for people with a hearing or speech disability:	1-800-855-2880 English 1-800-855-2884 Spanish	1-800-735-2989 or 711 English 1-800-662-4954 Spanish	1-800-735-2989
Help for mental health, drug, or alcohol problems:	1-800-600-4441	1-800-818-5837	1-800-466-4089
To ask about prescriptions or medicines:	1-800-600-4441	1-866-449-6849	1-866-516-4501
Plan website:	www.myamerigroup.com	www.molinahealthcare.com	www.superiorhealthplan.com

Extra Services	Amerigroup	Molina Healthcare of Texas	Superior HealthPlan
Extra Dental Services for Adults (age 21 and older) and Pregnant Women		Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age	Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older
Extra Vision Services	Certain plastic lenses above the basic benefit for Members age 21 and older once every 36 months		Extra choice of glasses frames or \$100 for glasses frames or other features not covered by Medicaid for Members age 21 and older
Temporary Phone Help	Free cell phone, up to 250 monthly minutes, extra minutes when enrolled for healthy text messages, unlimited inbound text messages for Members in Federal Lifeline Program		
Health and Wellness Services	Stop-smoking products and behavioral support once the Medicaid benefit has been exhausted	Stop-smoking program for Members age 18 and older and pregnant women of any age	

Source: HHSC



So far, we have reviewed:

1. What is Star+Plus Medicaid Managed Care?
2. Ensure your contracts/demographic form has been submitted to the MCO
3. What a Significant Traditional Provider (STP) means to you
4. Who are the five MCOs and which MCOs will service your nursing facility?
5. Contact Information for the MCOs
6. MAXIMUS enrollment information



Key components of NF operations

1. DADS will:

- Continue to maintain the NF licensing, certification, and contracting responsibilities
- Maintain the MDS function
- Continue trust fund monitoring

2. Nursing facility will continue to:

- Complete and submit MDS and LTCMI forms
- Complete and timely transmit 3618s and 3619s

3. MCOs will:

- Contract directly with nursing facility
- Ensure appropriate utilization of nursing facility add-on services



NF services paid by traditional Medicaid Fee for Service (FFS)

The following will continue to be billed to traditional Medicaid Fee for Service:

(NF residents who receive hospice or PASRR specialized services will be in managed care, but their hospice or PASRR specialized services will continue to be billed to FFS)

- Hospice Preadmission Screening and Resident Review (PASRR) services
- Individuals in Truman W. Smith
- Individuals in state veteran's homes
- Individuals not eligible for STAR+PLUS

(Who is eligible for Star+Plus? Adults age 21 and older who are in a nursing facility, determined eligible for Medicaid, and meet Star+Plus criteria will be MANDATORY for enrollment.)



Nursing facility add-on services

- MCOs are responsible for nursing facility add-on services
- NF add-on services means services that are provided in the nursing facility setting by the provider or another network provider but are not included in the NF unit rate
- NF add-ons include, but not limited to:
 1. Emergency dental services
 2. Physician-ordered rehabilitation services (GDT)
 3. Customized power wheelchairs
 4. Audio communication devices
 5. Durable medical equipment



Nursing facility add-on services (cont.)

- STAR+PLUS MCOs will contract directly with providers of NF add-on services
 - In addition, MCOs will be responsible for authorizing NF add-on services
 - Providers will have up to 95 days from date of service to submit a claim for a NF add-on service
 - STAR+PLUS MCOs also will be responsible for adjudicating claims for NF Add-on Services
 - MCOs must adjudicate a clean claim for NF add-on services within 30 days of submission
- * Physician-ordered rehabilitation therapy (GDT) must be authorized by the MCO but the NF may continue to submit the claim**



Nursing facility add-on services (cont.)

- Nursing facility add-ons are outside of the NF unit rate so approval for additional services is based on resident's needs and benefit structure
- Authorization (approval) requirements are set by the MCO
- Rates for add-on services (except therapy) are set by the MCO
- Providers have up to 95 days to submit a NF add-on claim and the MCO must adjudicate a clean claim within 30 days of submission

HHSC guidance



Nursing Facility Unit Rate

Services	Contracts and Rate Negotiations	Who submits the claims?	Who authorizes services? Within how many days?	Who adjudicates a claim? Within how many days?
<p>The Nursing Facility (NF) Unit Rate means the types of services included in the DADS daily rate for nursing facility providers, such as room and board, medical supplies and equipment, personal needs items, social services, and over-the-counter drugs.</p> <p>The NF Unit Rate also includes applicable nursing facility rate enhancements and professional and general liability insurance.</p> <p>NF Unit Rates exclude NF Add-on Services.</p>	<p>In addition to maintaining existing contract with DADS, NFs also will contract with the STAR+PLUS managed care organizations (MCOs).</p> <p>MCOs will pay the State-mandated rate (NF Unit Rate is non-negotiable) to contracted NFs.</p> <p>Non-contracted NFs in the geographic service area serving STAR+PLUS members will be paid an out-of-network rate.</p>	<p>NFs submit NF Unit Rate and Coinsurance claims to the State portal or directly to the MCOs for adjudication.</p>	<p>NFs will continue to complete and submit Minimum Data Set (MDS) and Long Term Care Medical Information (LTCMI).</p> <p>MCOs will not require authorizations for NF Unit Rate or Coinsurance claims. MCOs will not do reassessments for NF Unit Rate services; though they may bring to the NFs attention items for consideration.</p> <p>NFs will have up to 365 days to submit a NF Unit Rate Claim.</p>	<p>STAR+PLUS MCOs will be responsible for adjudicating the NF Unit Rate, including any coinsurance.</p> <p>MCOs must adjudicate a clean claim within 10 days of submission.</p>

Source: HHSC

Medicaid Managed Care Initiatives: Nursing Facilities into STAR+PLUS October 2014

HHSC guidance (cont.)



Nursing Facility Add-on Services

Services	Contracts and Rate Negotiations	Who submits the claims?	Who authorizes services? Within how many days?	Who adjudicates a claim? Within how many days?
<p>NF Add-on Services means the types of services that are provided in the Facility setting by the Provider or another network provider, but are not included in the NF Unit Rate. NF Add-ons include, but not limited to, emergency dental services; physician ordered rehabilitative services; customized power wheel chairs; and audio communication devices.</p>	<p>NF Add-on providers (except physician ordered rehabilitative services) must contract directly with MCOs.</p> <p>MCOs will negotiate rates with NF Add-on Providers (except physician ordered rehabilitative services).</p> <p>All NF Add-on providers (except physician ordered rehabilitative services providers) must:</p> <ul style="list-style-type: none"> Follow standard Texas Medicaid enrollment policies and procedures; Be credentialed; Negotiate rates with MCOs. 	<p>NFs may submit claims to MCOs for NF Add-on physician-ordered therapies on behalf of employed or contracted therapy providers.</p> <ul style="list-style-type: none"> NFs Add-on therapy claims must be submitted separately from NF Unit Rate claims. <p>All other NF Add-on providers must submit claims directly to the MCO.</p>	<p>STAR+PLUS MCOs will authorize claims for NF Add-on Services.</p> <p>Providers have up to 95 days to submit a NF Add-on claim.</p>	<p>STAR+PLUS MCOs adjudicate claims for NF Add-on Services.</p> <p>MCOs must adjudicate a clean claim within 30 days of submission.</p>

Source: HHSC

Medicaid Managed Care Initiatives: Nursing Facilities into STAR+PLUS October 2014

HHSC guidance (cont.)



Acute Care Services

Services	Contracts and Rate Negotiations	Who submits the claims?	Who authorizes services? Within how many days?	Who adjudicates a claim? Within how many days?
<p>Acute Care means preventive care, primary care, and other medical care provided under the direction of a physician for a condition having a relatively short duration.</p> <p>STAR+PLUS MCOs contract directly with Acute care providers.</p>	<p>Acute care providers serving NF residents must:</p> <ul style="list-style-type: none"> Follow standard Texas Medicaid enrollment policies and procedures; Be credentialed; Negotiate rates with MCOs. 	<p>Acute care providers must submit claims directly to the MCO.</p>	<p>STAR+PLUS MCOs will authorize claims for Medicaid-covered Acute Care services provided to NF residents (e.g., psychiatry, podiatry, etc.).</p> <p>Providers have up to 95 days to submit an acute care claim.</p>	<p>STAR+PLUS MCOs will adjudicate claims for Medicaid-covered Acute Care services provided to NF residents (e.g., psychiatry, podiatry, etc.).</p> <p>MCOs must adjudicate a clean claim within 30 days of submission.</p>

Source: HHSC

Medicaid Managed Care Initiatives:
Nursing Facilities into STAR+PLUS
October 2014



Billing and reimbursement

1. HHSC will continue to set the minimum reimbursement rate paid to the NF under Star+Plus, including the staffing enhancement rate
2. NF will continue to be paid at the RUGS 34 Methodology RUG Rate
3. NF will continue to collect Applied Income (AI)
4. A clean claim for the NF unit rate must be paid by the MCO within 10 days of submission of the clean claim
5. HHSC will establish a portal through which the NF may submit claims to participating MCOs, or providers may choose to utilize the MCO claims portal
6. MCOs may not require prior authorization for a resident in need of emergency hospital services



Billing training opportunities

- MCOs may have provider orientation/training schedules posted on their websites
- Contact the MCO in your service area to register for an orientation
- Some MCOs will schedule a specific company training for your organization
- The **KEY** here is to initiate that conversation and request information from your MCO in your service area
 - **Be PROACTIVE!**
- Refer to the Oct. 21 DADS Information Letter 14-68:
 - “Nursing Facility Managed Care Transition: Nursing Facility Changes to the Medicaid Claims Submission Process”

Welcome to UnitedHealthcare Community Plan

JOIN US FOR A TOWN HALL



As of March 1, 2015, we will manage nursing facility long term care for STAR+PLUS members in Jefferson, Harris, Nueces, Travis and Central and Northeast Medicaid rural service areas. Please attend one of the following Town Halls or Webinars to meet your provider relations advocate and learn more about:

-  **Member eligibility**
-  **Add-on services**
-  **Electronic funds & transfers**
-  **Service coordination**
-  **Value-added services**
-  **Prior authorization**

Register for a Town Hall in Your Area

All Town Halls are from 9 a.m. - Noon. Pre-register [here](#) or call **866-858-3546**. Same day registration begins on site at 8:30 am.

Tuesday, Nov. 11 La Quinta Inn and Suites 229 West Loop 121 Belton, TX	Tuesday, Dec. 16 Regency Post-Acute Healthcare Systems 101 W. Goodwin, Ste. 600 Victoria, TX	Wednesday, Jan. 14 Tyler Junior College 1530 South Southwest Loop 323, Room 104 Tyler, TX	Wednesday, Feb. 11 La Quinta Inn & Suites Park Ten 15225 Katy Freeway, Houston, TX	Thursday, Feb. 26 Comfort Suites 538 South Padre Island Corpus Christi, TX
Wednesday, Nov. 12 Comfort Suites 810 I-35 Waco, TX	Wednesday, Dec. 17 Courtyard Marriott 3939 State Highway 6 South College Station, TX	Thursday, Jan. 15 Texarkana College 2500 North Robinson Rd. Texarkana, TX	Tuesday, Feb. 17 La Quinta Inn and Suites 229 West Loop 121 Belton, TX	Tuesday, March 17 Holiday Inn Express Hotel & Suites 2902 Michelle Dr. Sherman, TX
Thursday, Nov. 13 Holiday Inn Express 1991 N. Stagecoach Rd. Salado, TX	Thursday, Dec. 18 Hotel Texas 1632 N. Texana St. Hallettsville, TX	Friday, Jan. 16 Quality Inn 3400 South St. Nacogdoches, TX	Wednesday, Feb. 18 Comfort Suites 810 I-35 Waco, TX	Wednesday, March 18 Texarkana College 2500 North Robinson Rd. Texarkana, TX
Friday, Nov. 14 Hilton Garden Inn 1749 Scott Boulevard Temple, TX	Friday, Dec. 19 Hilton Garden Inn 722 Bonaventure Way Sugarland, TX	Tuesday, Jan. 27 La Quinta Inn 7822 I-35 North Austin, TX	Thursday, Feb. 19 Holiday Inn Express 1991 N. Stagecoach Rd. Salado, TX	Thursday, March 19 Tyler Junior College 1530 South Southwest Loop 323, Room 104 Tyler, TX
Wednesday, Nov. 19 La Quinta Inn and Suites 5820 Walden Rd. Beaumont, TX	Tuesday, Jan. 13 La Quinta Inn and Suites 3205 Northeast Loop 286 Paris, TX	Tuesday, Feb. 10 UnitedHealthcare Community Plan, 14141 Southwest Freeway, Sugar Land, TX	Friday, Feb. 20 Hilton Garden Inn 2704 O.W. Curry Drive Killeen, TX	Friday, March 20 La Quinta Inn and Suites 3205 Northeast Loop 286 Paris, TX

Or Register for a Webinar

All webinars are from 1-2 p.m. If you are not able to attend a town hall, please register for one of the following general *How to Bill* webinars by clicking the appropriate link or calling **866-858-3546**.

Thurs., Nov. 20 Register	Thurs., Feb. 12 Register	Wed., Feb. 25 (How to Bill) Register	Thurs., Mar. 26 (How to Bill) Register
Thurs., Dec. 11 Register	Wed., Jan. 21 (How to Bill) Register	Thurs., Jan. 22 Register	

We look forward to working with you!

PCA13769_20140905



Source:
United Healthcare



Nursing facility service coordination

- NFs will have a MCO Service Coordinator (SC) who will:
 1. Work as part of a team to support care planning
 2. Have responsibility to authorize and ensure delivery of add-on services, such as rehabilitation and emergency dental
 3. Work with the resident, family, and other service coordinators to ensure smooth transition to community
 4. Visit with residents (members) on a quarterly basis



Nursing facility service coordination (cont.)

NF should notify the MCO Service Coordinator **within one business day** of:

1. Admission or discharge to hospital or other acute facility, skilled bed, LTSS provider, non-contracted bed, or another nursing or long-term care facility
2. Adverse change in a member's physical or mental condition or environment that potentially leads to a hospitalization
3. Emergency room visit

MCO Service Coordination in Nursing Facilities

The goals of managed care include an emphasis on preventive care, improved access to care, appropriate utilization of services, improved client and provider satisfaction, and improved health outcomes, quality of care, and cost-effectiveness. In the nursing facility (NF) context, managed care organization (MCO) service coordinators (SC) will partner with NF care coordinators and other NF staff to ensure members' care is holistically integrated and coordinated and find ways to avoid preventable hospital admissions, readmissions, and emergency room visits, resulting in shared savings to benefit both the NFs and MCOs, and most importantly the members themselves.

The MCO SC participates in person- and family-centered¹ service planning² with the NF staff, primary care provider, vendors, and other state and community agencies to coordinate managed and non-managed services, including non-Medicaid community resources. The MCO SC is strongly encouraged to participate with the individual, individual's family or representative, NF care coordinator/staff, and other members of the interdisciplinary team to provide input for the development of the NF plan of care, attending meetings and serving as a resource or advocate for the member. The MCO SC conducts a face-to-face visit with the NF resident at a minimum of quarterly, and more frequently as determined by the member's condition, situation, and level of care.

The MCO is responsible for:

- Coordinating services when a member transitions into a NF;
- Partnering with the member, family, NF care coordinator/staff and others in the development of a service plan, including services provided through the NF, add-on services, acute medical services, behavioral health services, and primary or specialty care. The approval of additional services outside of the NF daily unit rate is based on medical necessity and benefit structure;
- Participating in NF care planning meetings telephonically or in person, provided the member does not object;
- Comprehensively reviewing the member's service plan, including the NF plan of care, at least annually, or when there is a significant change in condition;
- Visiting members living in NFs in person at least quarterly. Visits should include, at a minimum, a review of the member's service plan and when possible, a person-centered discussion with the member about the services and supports the member is receiving, any unmet needs or gaps in the person's service plan, and any other aspect of the member's life or situation that may need to be addressed;
- Assisting with the collection of applied income when a NF has documented unsuccessful efforts, per the state-mandated NF requirements;
- Cooperating with representatives of regulatory and investigating entities including DADS Regulatory Services, the LTC Ombudsman Program, DADS trust fund monitors, Adult Protective Services, the Office of the Inspector General, and law enforcement;
- Fulfilling requirements of the Texas Promoting Independence Initiative (PII) as described in [UMCC](#) Section 8.3.9.2. The quarterly in-person visits required of MCO SCs can include assessments required under the PII, and the MCO SC can serve as the designated point of contact for an individual referred to return to the community under PII;

¹ Information on person-centered practices can be found online at: <http://www.learningcommunity.us/> and <http://www.person-centered-practices.org/home.html>.

² For the purposes of this document, *service plan* is a comprehensive set of services and supports, including Medicaid-covered services, informal or family supports, and non-Medicaid community resources. The MCO SC is responsible for a member's service plan. A *NF plan of care* is the Medicaid-covered services provided in a NF. The NF is responsible for the NF plan of care but the NF plan of care may include add-on services authorized by the MCO. The NF plan of care is included in the MCO's service plan.

MCO Service Coordination in Nursing Facilities

- Coordinating with the NF discharge planning staff to plan discharge and transition from the NF;
- Notifying the NF within ten days of a change to the MCO's assigned service coordinator; and
- Returning a call from a NF within 24 hours after the call is placed by the NF.

The NF is responsible for:

- Inviting the MCO SC to provide input for the development of the NF care plan, subject to the member's right to refuse, by notifying the MCO SC when the interdisciplinary team is scheduled to meet. NF care planning meetings should not be contingent on MCO SC participation;
- Notifying the MCO SC within one business day of unplanned admission or discharge to a hospital or other acute facility, skilled bed, or another nursing home;
- Notifying the MCO SC if a member moves into hospice care;
- Notifying the MCO SC within one business day of an adverse change in a member's physical or mental condition or environment that could potentially lead to hospitalization;
- Coordinating with the MCO SC to plan discharge and transition from a NF;
- Notifying the MCO SC within one business day of an emergency room visit;
- Notifying the MCO SC within 72 hours of a member's death;
- Notifying the MCO SC of any other important circumstances such as the relocation of residents due to a natural disaster; and
- Providing the MCO SC access to the facility, NF staff, and members' medical information and records.



So far we have reviewed:

1. What is Star+Plus Medicaid Managed Care?
2. Ensure your contracts/demographic form has been submitted to the MCO
3. What a Significant Traditional Provider (STP) means to you
4. Who are the five MCOs and which will service your NF?
5. Contact information for the MCOs
6. MAXIMUS enrollment information
7. What stays the same? DADs, Nursing Facility MDS/LTCMI/3618/3619, and MCO Functions
8. Understanding nursing facility add-ons
9. Billing and training opportunities
10. MCO service coordination



Start preparing for the next steps

1. Know your STAR+PLUS MCOs in your service area and county
2. Reach out to the STAR+PLUS MCO in your county and provide a list of ancillary providers
 - This may have been included in the “demographic form” attached to the MCO contract but you could have changes since submission of the form
3. Inform other providers about the NF changes and encourage them to reach out to the MCOs
 - May include physicians, dentists, podiatrists, etc. that provide services to the residents



Start preparing for the next steps (cont.)

4. Help ancillary providers and medical directors/attending physicians understand the difference between billing practices before/after Mar. 1, 2015
5. Provide your MCO with a list of the physicians currently serving as primary care physicians, specialists and subspecialists for all your Medicaid-eligible residents
6. Ensure your staff understands how to seek authorizations for add-on services and acute care services from each MCO
 - **Reach out to your MCO and ask these questions!**



Start preparing for the next steps (cont.)

7. Reach out to MAXIMUS enrollment staff to schedule an event at your facility
8. Start thinking about a system within the NF for MCO/Service Coordinator notification
9. How will you communicate the resident's MCO choice to facility staff, pharmacy, physicians, therapy partners, etc.? How will you communicate if a resident changes MCO plans?
10. Who in your NF will be responsible for submission of pre-authorizations to the MCO? What will the MCO require for physician-ordered rehabilitation services?



HHSC/DADS/MCO resources

- Great NF resources available:
 - <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>
- NF FAQ:
 - <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-nf-faq.shtml>
- To submit questions for response, email:
 - Managed_Care_Initiatives@hhsc.state.tx.us

SimpleLTC product updates for Managed Care



SimpleCFS™

- Texas Medicaid form process will be virtually unchanged; however, a few important SimpleCFS™ additions will be made to accommodate the new MCO workflow
 - Forms (3618/3619, LTCMI, PASRR)
 - 3618/3619 timeliness will be even more critical; therefore, new alerts will be added
 - Currently working on options for electronic MCO forms (e.g., Change of Condition)
 - MESAV recalculations
 - Days remaining will no longer be shown on the MESAV for MCOs
 - MESAV views will be redesigned to show only non-MCO “traditional Medicaid” residents
 - Reports
 - New “Resident MCO Report” showing resident’s current MCO
 - Other-enterprise level MCO reports to be added as needs emerge



QUESTIONS & ANSWERS

Thank you for attending!

Beginning tomorrow, a recording of this webinar
and links to resources will be posted at:

simpleltc.com/managed-care