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

Dec. 11, 2014

Presented by:

KELLY ROBERTS TRETA
VP of Reimbursement and Ancillary Services, Creative Solutions in Healthcare
Co-chair, Texas Medicaid Coalition

Featuring panelists:

BETSY COATS, Field Operations Manager, MAXIMUS
JASON JONES, Chief Technology Officer, SimpleLTC

In partnership with Texas Medicaid Coalition SIMPLеЯТC™
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
## STAR+PLUS service areas, counties served, and MCOs

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Counties Served</th>
<th>MCOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson</td>
<td>Amerigroup, Molina Healthcare of Texas, Superior HealthPlan</td>
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<tr>
<td>Dallas</td>
<td>Collin, Dallas, Ellis, Hurt, Kaufman, Navarro, Rockwall</td>
<td>Molina Healthcare of Texas, Superior HealthPlan</td>
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<tr>
<td>El Paso</td>
<td>El Paso, Hudspeth</td>
<td>Amerigroup, Molina Healthcare of Texas</td>
</tr>
<tr>
<td>Harris</td>
<td>Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton</td>
<td>Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan</td>
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<tr>
<td>Hidalgo</td>
<td>Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata</td>
<td>HealthSpring, Molina Healthcare of Texas, Superior HealthPlan</td>
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<tr>
<td>Jefferson</td>
<td>Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker</td>
<td>Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan</td>
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<tr>
<td>Lubbock</td>
<td>Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, Terry</td>
<td>Amerigroup, Superior HealthPlan</td>
</tr>
</tbody>
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Source: Texas HHSC
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<th>MCOs</th>
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<tr>
<td>Nueces</td>
<td>Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria</td>
<td>Superior HealthPlan, UnitedHealthcare Community Plan</td>
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<tr>
<td>Tarrant</td>
<td>Denton, Hood, Johnson, Parker, Tarrant, Wise</td>
<td>Amerigroup, HealthSpring</td>
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<td>Travis</td>
<td>Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson</td>
<td>Amerigroup, UnitedHealthcare Community Plan</td>
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Source: Texas HHSC
# STAR+PLUS MCO contacts (as of July 7, 2014)

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

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

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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.

<table>
<thead>
<tr>
<th>Requested information</th>
<th>Contact Information</th>
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<tr>
<td>Name of the Nursing Facility where the event is to be held</td>
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<tr>
<td>Street address of the facility</td>
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<tr>
<td>City and zip of the facility</td>
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<tr>
<td>County of the facility</td>
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</tr>
<tr>
<td>Name of the designee at the Nursing Facility to work with to coordinate events</td>
<td></td>
</tr>
<tr>
<td>Title of the designee at the Nursing Facility to work with to coordinate events</td>
<td></td>
</tr>
<tr>
<td>Area code and phone number of the above mentioned contact</td>
<td></td>
</tr>
<tr>
<td>Area code and fax number of the above mentioned contact</td>
<td></td>
</tr>
<tr>
<td>Email address(es) where confirmation and coordination of events may be sent</td>
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</tr>
</tbody>
</table>

Email the completed form or request an electronic copy of this form at txmedicaidevents@maximus.com. We will try to accommodate requested dates.

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Source: Maximus

*(Partial sample shown)*
# MAXIMUS Regional Managers contact info

**Source:** Maximus  
*(2nd tab on Maximus checklist spreadsheet)*

## MAXIMUS THESteps/Children's Medicaid Dental Services
###STAR/STAR-PLUS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Peggy Gulledge</td>
<td>Sr Manager</td>
<td>(512) 633-3441</td>
<td>(512) 426-8816</td>
<td></td>
</tr>
<tr>
<td>Betty Coat</td>
<td>Field Operations Manager</td>
<td>(512) 633-2965</td>
<td>(210) 857-5782</td>
<td></td>
</tr>
<tr>
<td>Priscilla Fabian-Lopez</td>
<td>Admin II</td>
<td>(512) 433-7053</td>
<td>(512) 791-4866</td>
<td>(512) 437-3562</td>
</tr>
<tr>
<td>Connie Jimenez</td>
<td>Regional Manager</td>
<td>1.855-217-6419</td>
<td>(806) 438-0568</td>
<td>(806) 230-8560</td>
</tr>
<tr>
<td>Dora Rodriguez</td>
<td>Outreach Supervisor</td>
<td>(325) 795-5780</td>
<td>(325) 260-7054</td>
<td></td>
</tr>
<tr>
<td>Teresa Bente</td>
<td>Regional Manager</td>
<td>(432) 988-9673</td>
<td>located in Midland</td>
<td></td>
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<tr>
<td>vacant, Administrative</td>
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<tr>
<td>Larry Locklear</td>
<td>Regional Manager</td>
<td>(817) 478-0910</td>
<td>(501) 550-5026</td>
<td>(817) 478-6294</td>
</tr>
<tr>
<td>Marilyn Ewing</td>
<td>Outreach Supervisor</td>
<td>(817) 478-0835</td>
<td>414.745-7156</td>
<td></td>
</tr>
<tr>
<td>Shirley Lack</td>
<td>Outreach Supervisor</td>
<td>(817) 478-0100</td>
<td>214.803-9232</td>
<td></td>
</tr>
<tr>
<td>Ericka Washington</td>
<td>Administrative Specialist</td>
<td>(817) 478-2192</td>
<td></td>
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</tr>
<tr>
<td>Paula Smith</td>
<td>Regional Manager</td>
<td>1.855-217-6419</td>
<td>(214) 906-4028</td>
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<tr>
<td>Elva Caballero</td>
<td>Regional Manager</td>
<td>(281) 260-9871</td>
<td>(281) 682-0133</td>
<td>(281) 266-9520</td>
</tr>
<tr>
<td>Becky Moore</td>
<td>Outreach Supervisor</td>
<td>(281) 260-9871</td>
<td>(281) 767-9116</td>
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<tr>
<td>Terry Hall</td>
<td>Outreach Supervisor</td>
<td>(281) 260-9871</td>
<td>281-409-8916</td>
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<tr>
<td>Patricia Collins</td>
<td>Outreach Supervisor</td>
<td>(281) 260-9871</td>
<td>248-229-8822</td>
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<tr>
<td>Aurora Canizales</td>
<td>Administrative Specialist</td>
<td>(281) 260-9871</td>
<td>9872</td>
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## SERVICE AREA / REGIONAL OFFICE

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<thead>
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<th>Title</th>
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<tbody>
<tr>
<td>Judy Schoenfelder</td>
<td>Regional Manager</td>
<td>(512) 533-3878</td>
<td>(512) 581-2376</td>
<td>(512) 833-3861</td>
</tr>
<tr>
<td>Jadah Navarro</td>
<td>Outreach Supervisor</td>
<td>(512) 533-3416</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drini Moreno</td>
<td>Administrative Specialist</td>
<td>(512) 433-6488</td>
<td>(210) 304-5800</td>
<td>(210) 618-5168</td>
</tr>
<tr>
<td>Denholm Oldham</td>
<td>Regional Manager</td>
<td>(512) 533-3878</td>
<td>(210) 304-5800</td>
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<td>Ariene Flores</td>
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<td>(512) 533-3416</td>
<td>(210) 584-8411</td>
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<tr>
<td>Rubina Lopez</td>
<td>Outreach Supervisor</td>
<td>(210) 304-5802</td>
<td>361-522-7776</td>
<td></td>
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<tr>
<td>Genovee Giambo</td>
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<td>(210) 304-5802</td>
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<tr>
<td>Linda Hendry</td>
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<td>1.855-217-6419</td>
<td>(915) 241-6720</td>
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<tr>
<td>Belinda Olivo</td>
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<td>(956) 388-8138</td>
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<td>(956) 297-0167</td>
</tr>
<tr>
<td>Natalia Leon</td>
<td>Administrative Specialist</td>
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<td>(956) 414-0705</td>
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<tbody>
<tr>
<td>Travis SA &amp; Central MRSA/Region 7 4000 South IH 38 Austin, Texas 78734</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Judy Schoenfelder</td>
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<td>Drini Moreno</td>
<td>Administrative Specialist</td>
<td>(512) 433-6488</td>
<td>(210) 304-5800</td>
<td>(210) 618-5168</td>
</tr>
<tr>
<td>Denholm Oldham</td>
<td>Regional Manager</td>
<td>(512) 533-3878</td>
<td>(210) 304-5800</td>
<td>(210) 304-5800</td>
</tr>
<tr>
<td>Ariene Flores</td>
<td>Outreach Supervisor</td>
<td>(512) 533-3416</td>
<td>(210) 584-8411</td>
<td></td>
</tr>
<tr>
<td>Rubina Lopez</td>
<td>Outreach Supervisor</td>
<td>(210) 304-5802</td>
<td>361-522-7776</td>
<td></td>
</tr>
<tr>
<td>Genovee Giambo</td>
<td>Administrative Specialist</td>
<td>(210) 304-5802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Hendry</td>
<td>Regional Manager</td>
<td>1.855-217-6419</td>
<td>(915) 241-6720</td>
<td></td>
</tr>
<tr>
<td>Belinda Olivo</td>
<td>Regional Manager</td>
<td>(956) 388-8138</td>
<td>(956) 605-1401</td>
<td>(956) 297-0167</td>
</tr>
<tr>
<td>Natalia Leon</td>
<td>Administrative Specialist</td>
<td>(956) 388-8138</td>
<td>(956) 414-0705</td>
<td></td>
</tr>
</tbody>
</table>
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](http://www.txmedicaidevents.com)
  – **Online:**
    • [http://yourtexasbenefits.com](http://yourtexasbenefits.com)
**Comparing value-added services**

**Compare “Value-Added” or Extra Services Offered by STAR+PLUS Medical Plans in the Bexar Service Area (Aucasoca, 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 extras 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.

<table>
<thead>
<tr>
<th>Extra Services</th>
<th>Amerigup</th>
<th>Molina Healthcare of Texas</th>
<th>Superior HealthPlan</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ask about services or doctors:</td>
<td>1-800-600-4441</td>
<td>1-866-449-6849</td>
<td>1-866-516-4501</td>
</tr>
<tr>
<td>TTY line for people with a hearing or speech disability:</td>
<td>1-800-855-2880 English</td>
<td>1-800-735-2989 or 711 English</td>
<td>1-800-735-2089</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extra Services for Adults (age 21 and older) and Pregnant Women</th>
<th>Amerigup</th>
<th>Molina Healthcare of Texas</th>
<th>Superior HealthPlan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Dental Services</td>
<td>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</td>
<td>Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</td>
<td></td>
</tr>
</tbody>
</table>

| Temporary Phone Help                                           | 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 |
| 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                                                  | Free First Aid Kit after completing a Personal Disaster Plan online to all Members | Personal grooming kit one time for new Members within 30 days of enrollment |
|                                                               | $5, $10 or $20 debit card for achieving health goals and/or receiving certain health checkups or screenings | 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 | 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.

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<tr>
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<tbody>
<tr>
<td>Extra Dental Services for Adults (age 21 and older) and Pregnant Women</td>
<td>1-800-600-4441</td>
<td>1-866-449-6849</td>
<td>1-866-516-4501</td>
</tr>
<tr>
<td>Extra Vision Services</td>
<td>Certain plastic lenses above the basic benefit for Members age 21 and older once every 36 months</td>
<td>Up to $250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age</td>
<td>Extra choice of glasses frames or $100 for glasses frames and other features not covered by Medicaid for Members age 21 and older</td>
</tr>
<tr>
<td>Temporary Phone Help</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Wellness Services</td>
<td>Stop-smoking products and behavioral support once the Medicaid benefit has been exhausted</td>
<td>Stop-smoking program for Members age 18 and older and pregnant women of any age</td>
<td></td>
</tr>
</tbody>
</table>

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
### Nursing Facility Unit Rate

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracts and Rate Negotiations</th>
<th>Who submits the claims?</th>
<th>Who authorizes services? Within how many days?</th>
<th>Who adjudicates a claim? Within how many days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>In addition to maintaining existing contract with DADS, NFs also will contract with the STAR+PLUS managed care organizations (MCOs). MCOs will pay the State-authorized rate (NF Unit Rate is non-negotiable) to contracted NFs. Non-contracted NFs in the geographic service area serving STAR+PLUS members will be paid an out-of-network rate.</td>
<td>NFs submit NF Unit Rate and Coinsurance claims to the State portal or directly to the MCOs for adjudication.</td>
<td>NFs will continue to complete and submit Minimum Data Set (MDS) and Long Term Care Medical Information (LTCMI). 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 NF's attention items for consideration.</td>
<td>STAR+PLUS MCOs will be responsible for adjudicating the NF Unit Rate, including any coinsurance. MCOs must adjudicate a clean claim within 10 days of submission.</td>
</tr>
</tbody>
</table>

**Source:** HHSC

Medicaid Managed Care Initiatives: Nursing Facilities into STAR+PLUS October 2014
# Nursing Facility Add-on Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracts and Rate Negotiations</th>
<th>Who submits the claims?</th>
<th>Who authorizes services? Within how many days?</th>
<th>Who adjudicates a claim? Within how many days?</th>
</tr>
</thead>
</table>
| 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 wheelchairs; and audio communication devices. | NF Add-on providers (except physician ordered rehabilitative services) must contract directly with MCOs. MCOs will negotiate rates with NF Add-on Providers (except physician ordered rehabilitative services). All NF Add-on providers (except physician ordered rehabilitative services providers) must:  
  - Follow standard Texas Medicaid enrollment policies and procedures;  
  - Be credentialed;  
  - Negotiate rates with MCOs. | NFs may submit claims to MCOs for NF Add-on physician-ordered therapies on behalf of employed or contracted therapy providers. NF’s Add-on therapy claims must be submitted separately from NF Unit Rate claims. All other NF Add-on providers must submit claims directly to the MCO. | STAR+PLUS MCOs will authorize claims for NF Add-on Services. Providers have up to 95 days to submit a NF Add-on claim. | STAR+PLUS MCOs adjudicate claims for NF Add-on Services. MCOs must adjudicate a clean claim within 30 days of submission. |

**Source:** HHSC  
Medicaid Managed Care Initiatives: Nursing Facilities into STAR+PLUS  
October 2014
## Acute Care Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracts and Rate Negotiations</th>
<th>Who submits the claims?</th>
<th>Who authorizes services? Within how many days?</th>
<th>Who adjudicates a claim? Within how many days?</th>
</tr>
</thead>
</table>
| 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. | Acute care providers serving NF residents must:  
- Follow standard Texas Medicaid enrollment policies and procedures;  
- Be credentialed;  
- Negotiate rates with MCOs. | Acute care providers must submit claims directly to the MCO. | STAR-PLUS MCOs will authorize claims for Medicaid-covered Acute Care services provided to NF residents (e.g., psychiatry, podiatry, etc.). Providers have up to 95 days to submit an acute care claim. | STAR-PLUS MCOs will adjudicate claims for Medicaid-covered Acute Care services provided to NF residents (e.g., psychiatry, podiatry, etc.). MCOs must adjudicate a clean claim within 30 days of submission. |
| STAR-PLUS MCOs contract directly with Acute care providers. | | | | |

**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
- Service coordination
- Electronic funds & transfers
- 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 866-555-3546. Same day registration begins on site at 8:30 a.m.

Tuesday, Nov. 11
La Quinta Inn & Suites
220 W. Loop 121
Baton, TX

Wednesday, Nov. 12
Comfort Suites
8101-35
Waco, TX

Thursday, Nov. 13
Holiday Inn Express
1901 N. Stagecoach Rd.
Salado, TX

Friday, Nov. 14
Hilton Garden Inn
1749 South Boulevard
Temple, TX

Wednesday, Nov. 19
La Quinta Inn & Suites
5520 West Loop
Beaumont, TX

Tuesday, Dec. 16
Regency Park/Acute Healthcare Systems
101 W. Goodwin St.
500 Victoria, TX

Monday, Dec. 17
Courtyard Marriott
3919 State Highway 6
South College Station, TX

Tuesday, Dec. 18
Holiday Inn
4715 South Loop
Canyon Lake, TX

Wednesday, Jan. 14
Tulsa Junior College
1530 South Southwest Loop 339, Room 104
Tulsa, TX

Thursday, Jan. 15
Tejasana College
2500 North Robinson Rd.
Tejasana, TX

Monday, Feb. 11
La Quinta Inn & Suites
220 W. Loop 121
Baton, TX

Tuesday, Feb. 17
La Quinta Inn & Suites
5520 West Loop
Beaumont, TX

Wednesday, Feb. 18
Courtyard Marriott
3919 State Highway 6
South College Station, TX

Tuesday, Feb. 24
Holiday Inn Express
1901 N. Stagecoach Rd.
Salado, TX

Tuesday, March 17
Holiday Inn Express Hotel & Suites
2500 Michaeline Dr.
Sherman, TX

Thursday, March 19
Tejasana College
2500 North Robinson Rd.
Tejasana, TX

Friday, March 20
La Quinta Inn & Suites
220 W. Loop 121
Baton, 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 or How to Bill webinars by clicking the appropriate link or calling 866-555-3546.

Thursday, Nov. 20: Register
Thursday, Feb. 12: Register
Wednesday, Feb. 25 (How to Bill): Register
Thursday, 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!

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 goal of managed care includes 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 the NFs and MCOs, and most importantly the members themselves.

The MCO SC participates in person- and family-centered service planning 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 support the member receives, 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 II.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.

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 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:

• NF FAQ:

• To submit questions for response, email:
  – Managed_Care_Initiatives@hhsc.state.tx.us
SimpleLTC product updates for Managed Care

- 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 recalculation
    - 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