FACT SHEET

on

STAR+PLUS MANAGED MEDICAID

for

PHYSICIANS/PRACTITIONERS

Beginning March 1, 2015, Nursing Facilities (NFs) residents will transition to STAR+PLUS managed care. Medicaid-eligible adults who are 21 years of age and older residing in Nursing Facilities, and who meet STAR+PLUS criteria, will become mandatory managed care clients. There are 5 different STAR+PLUS Managed Medicaid health plans in the state of Texas, but only two or three health plans are available in a given geographic area. To find out which STAR+PLUS health plans are in your geographic area.

To find out which STAR+PLUS health plans are in your geographic area

Map – See Attachment A
Listing – See Attachment B

The five Managed Care Organizations (MCO)

MCO Amerigroup
Provider Services: 1-800-454-3730

MCO Cigna Healthspring
http://starplus.cignahealthspring.com/
Practitioner Interest Form – See Attachment C
Go the link above and fill out the form to enter the contracting process with Cigna Healthspring

MCO Molina
Contract Request Form (CRF) – See Attachment D
http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/MHT_CRF_Form_Rev100813.pdf
(For can be found under the forms tab of the provider portal page at the link above)
***Note: Indicate NF Provider at the top of the form.***

MCO Superior
http://www.superiorhealthplan.com/for-providers/
Contract landing page – See Attachment E
http://www.superiorhealthplan.com/for-providers/provider-network/
Go to the link above then select the “new provider” option and simply follow the steps.

MCO UnitedHealthcare Community Plan
http://www.uhccommunityplan.com/health-professionals/tx.html
Provider Relations: 1-866-858-3546
It will be important for all providers (physicians, consultants, psychologists, podiatrists, nurse practitioners, etc.) to obtain a contract with the MCOs in order to be in-network.

**Why is it important to be in-network?**

1. If a patient has Medicaid only (i.e. Medicaid is their primary), then only practitioners who are in-network will get paid 100% of the Medicaid rate. The attending physician who remains out-of-network will only get paid 95% of the Medicaid rate.

2. Of bigger concern and importance, is that it is quite likely any acute or ancillary providers (i.e. anyone who is not the attending physician) may get denied completely if they are out-of-network. The plans have said that precertification will be required for:
   a. PT/OT/ST,
   b. Dental,
   c. DME,
   d. “Non-routine Laboratory and Radiology services” defined by the plan,
   e. Non-formulary drugs,
   f. AND “services performed by nonparticipating providers”.

**My patient has another attending listed as his/her PCP. Why?**

Medicaid-only residents (those residents not also enrolled in Medicare) also must choose a primary care physician (PCP). A provider directory was included in enrollment kits for Medicaid-only recipients. Because health plans are continuing contracting efforts with physicians and specialist, some recently added providers may not be listed in the original directory that went out to members.

**Medicaid-Only Nursing Facility Residents: STAR+PLUS Health Plan Primary Care Provider Designation**

When enrolling with a STAR+PLUS managed care organization (MCO), all nursing facility residents who are (1) eligible for the transition to the Medicaid managed care STAR+PLUS program on March 1, 2015, and (2) enrolled only in Medicaid (i.e. not also enrolled in Medicare) must select a primary care physician (PCP) contracted with selected STAR+PLUS MCO. If the resident does not make a choice, the resident will be assigned a PCP. HHSC encourages nursing facility attending providers to contract with the STAR+PLUS MCOs in their service area to be available as residents' PCP.

PCP designation only relates to acute care services, not services provided as part of the Nursing Facility Unit Rate including daily care. Designation of a Medicaid-only resident’s PCP on an MCO card does not prohibit the resident from continuing to receive care—including referrals to specialists—from other providers who have historically provided care to the resident in the nursing facility. However, the physician (either primary care or specialty provider) must be contracted with the MCO in order to be assigned as a resident’s PCP.
Continuity of Care

During the continuity of care period for the transition to STAR+PLUS (until May 31, 2015), non-contracted managed care providers have the following options:

- **Contract with the MCOs**: The provider can contract with the MCO, and residents can elect to change the PCP designation at any time by contacting his/her MCO. (The MCO is also able to identify non-contracted providers who are providing services to the MCO’s enrolled nursing facility residents, and will be outreaching to those practitioners for contracting with the MCO).

- **Single-case agreement for interim**: The provider can contact the MCO and negotiate a single-case agreement on an interim basis to provide care for a single resident, while the MCO finalizes the provider’s contract and credentialing. A contracted MCO provider may limit his/her PCP patient panel to only nursing facility residents, if requested.

- **Non-contracted**: The provider can remain out-of-network through a continuity of care period, provide care to the resident, and may receive payments based on out-of-network rates—unless an MCO honors participating in network rates for at least a 90 day transition. Following the 90 day transition, out-of-network services may require prior authorization.

I’ve heard the plans will be assigning the patients a service coordinator. What is that?

- All of the STAR+PLUS health plans will provide their nursing home patients with a "service coordinator". Most service coordinators will be RNs. According to the plans, the role of the service coordinator includes:
  - Making quarterly visits at a minimum and conducting a comprehensive assessment of all medical, behavioral, social, and long term care needs.
  - Working with the facility team of experts to develop a service plan to meet the member’s needs.
  - Contacting the member’s PCP and/or specialists for concurrence if necessary.
  - Working with the member and member’s family to ensure the service plan is delivered as expected.

- There has been discussion to encourage the service coordinators to work in an interdisciplinary way with the IDT teams at the facilities to promote best practices for geriatric care. Then they could become part of the team and will be able to help with issues that come up such as non-formulary medications, precertification issues regarding tests and consultants. Please be on the lookout for the service coordinator at your facility.

What if I have more questions?

- Contact the administrator of your nursing facility or
- For additional information on STAR+PLUS go to: [http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml](http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml)
What are the benefits of working with a MCO and their Medical Director?

- Physicians Working Peer to Peer
- MCO can help facilitate transfer information since they will be following the patient in the hospital
- MCO can help with admission information since they will have followed the patient from home
- MCO will make calls and ask: “How can we help manage the care of the patient”?

Your facility’s Star+Plus Medicaid Managed Care Plan

The plans serving

________________________________________________________________________

(Name of nursing facility)

are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
# ATTACHMENT B
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>
</tr>
<tr>
<td>Dallas</td>
<td>Collin, Dallas, Ellis, Hurt, Kaufman, Navarro, Rockwall</td>
<td>Molina HealthCare of Texas, Superior HealthPlan</td>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
<tr>
<td>Nueces</td>
<td>Aransas, Bec, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria</td>
<td>Superior HealthPlan UnitedHealthcare Community Plan</td>
</tr>
<tr>
<td>Tarrant</td>
<td>Denton, Hood, Johnson, Parker, Tarrant, Wise</td>
<td>Amerigroup, HealthSpring</td>
</tr>
<tr>
<td>Travis</td>
<td>Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson</td>
<td>Amerigroup, UnitedHealthcare Community Plan</td>
</tr>
</tbody>
</table>
# ATTACHMENT C

## PRACTITIONER INTEREST FORM MEDICAID STAR+PLUS

<table>
<thead>
<tr>
<th>Date:</th>
<th>Contact Person:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Address:</td>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practitioner Name:</td>
<td>NPI:</td>
<td>Medicaid #:</td>
<td></td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Fax #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td>Desired Role:</td>
<td>PCP</td>
<td>Specialist</td>
</tr>
</tbody>
</table>

Are you still in Residency?: ☐ Yes ☐ No If Yes, expected Residency completion date: 

**APPLICATIONS WILL NOT BE ACCEPTED PRIOR TO 30 DAYS OF RESIDENCY COMPLETION**

Practitioner’s Physical Address: 

Practitioner’s Mailing Address (if different from Physical Address): 

Are you joining an existing group of practitioners who are currently participating with HealthSpring?: ☐ Yes ☐ No

Group Name: 

Group Tax ID#: 

Group NPI: 

List call coverage practitioner(s)/supervising physician(s): 

At what hospitals do you have admitting privileges(if applicable): 

Primary Specialty: 

Are you board certified in this specialty?: ☐ Yes ☐ No 

Secondary Specialty: 

Are you board eligible in this specialty?: ☐ Yes ☐ No

Languages Spoken: ☐ Arabic ☐ Chinese – Cantonese ☐ Chinese – Mandarin ☐ Hindi 

☐ Sign Language (ASL) ☐ Spanish ☐ Vietnamese ☐ Other

**NOTE: SUBMISSION OF INTEREST FORM DOES NOT GUARANTEE ACCEPTANCE BY THE PLAN.**

For HealthSpring Use Only:

<table>
<thead>
<tr>
<th>Rec’d:</th>
<th>PAS#:</th>
<th>STP?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev’d:</td>
<td>Initials:</td>
<td>Date NIP Submitted to Committee:</td>
</tr>
</tbody>
</table>

☐ Application Request Approved ☐ Application Request Denied 

Date Approval/Denial Letter Sent:

THIS FORM CAN BE COMPLETED ELECTRONICALLY AND RETURNED VIA E-MAIL TO STARPLUSproviderrelations@healthspring.com OR DOWNLOADED, PRINTED AND FAXED TO 1-877-440-7260. IF THIS FORM IS RETURNED WITHOUT ALL REQUIRED QUESTIONS ANSWERED, THE FORM WILL NOT BE PROCESSED. Should you have questions or concerns please call 1-877-653-0331.

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FACT SHEET on STAR+PLUS MANAGED MEDICAID for PHYSICIANS/PRACTITIONERS

ATTACHMENT D

Contract Request Form (CRF)

(please print legibly)

Note to Provider: To ensure the proper contract and credentialing packet is generated, please complete this contract request form and return along with a current W-9 to fax number: 877-900-5655
Attn: Contracting Team or email form to: texasexpansioncontracting@molinahealthcare.com

Requestor Name: ___________________________ Email: ___________________________

Requestor Phone: ___________________________ □ Check Here if Adding Provider to Existing Group

*Provider Name: ___________________________ *Group Name: ___________________________

*S specialty: ___________________________ *Tax ID: ___________________________

**Physical Address: ___________________________ *Mailing Address: ___________________________
( ***Note: Physical Address where members are to be seen)
City, State, Zip: ___________________________ *City, State, Zip: ___________________________

*Office Phone: ___________________________ *Group Phone: ___________________________

*Office Fax: ___________________________ *Group Fax: ___________________________

*Ind TPI: ___________________________ *Group TPI: ___________________________
(If TPI number is not attested - we are unable to contract for Medicaid)

*Ind NPI: ___________________________ *Group NPI: ___________________________
(If NPI number is not attested - we are unable to contract for Medicaid)

*Ind Medicare: ___________________________ *Group Medicare: ___________________________
(If no valid Medicare number - we are unable to contract for Medicare)

CAQH Number: ___________________________ DADS Contract Number: ___________________________
(if applicable)

Mail contract packet to (if different from above): ___________________________

Date requested: ___________________________ (please allow 7-10 business days for packet to be mailed out)

<table>
<thead>
<tr>
<th>Current Status</th>
<th>TMB</th>
<th>OIG</th>
<th>QNXT</th>
<th>PAR</th>
<th>MPF</th>
<th>PCS</th>
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<tbody>
<tr>
<td>Verified:</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

For Office Use Only

Verified by: ___________________________ Date: ___________________________

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