

Medical Necessity and Level of Care Assessment Physician's Signature - STAR+PLUS and MMP

Frequently Asked Questions



Texas Health and Human Services (HHS) requires a Medical Necessity Level of Care (MNLOC) Assessment to be conducted when a STAR+PLUS or STAR+PLUS Medicare-Medicaid Plan (MMP) member requests Home and Community-Based Services (HCBS) STAR+PLUS Waiver Program services. Following the assessment, Superior HealthPlan will supply the medical provider with the Medical Necessity and Level of Care Assessment Physician's Signature Form (MN Form) certifying that the member meets nursing facility level of care. Once all information is received, final determination will be made by Texas Medicaid & Healthcare Partnership (TMHP).

Superior's goal is to facilitate a holistic collaboration between the medical provider and Superior's Service Coordination team to prevent high risk members from being institutionalized. Additional services can be provided under the waiver program that would keep the member safe in a community setting. This collaboration includes increased home visits with the member and communication to ensure member's needs are being met, as well as the opportunity to ensure that any underlying medical condition(s) or complications are addressed appropriately.

What is the Medical Necessity and Level of Care Assessment Physician's Signature Form (MN Form)?

The MN Form is used to obtain certification from the member's medical provider regarding the need for Long-Term Services and Supports (LTSS) in the HCBS waiver program.

STAR+PLUS and STAR+PLUS MMP members who meet program requirements are eligible to receive the following Community Care Services Eligibility (CCSE) services, but are not limited to:

- Minor Home Modifications (MHM)
- Respite Services
- Emergency Response Services (ERS)
- Home Delivered Meals (HDM)
- Adaptive Aids, Orthotics and Prosthetics
- Assisted Living
- Community First Choice (CFC) Services
- Specialized Nursing

When is a MN signature required from the provider?

A MN signature is required after the initial assessment for services from the HCBS waiver program. TMHP will grant final approval into the HCBS waiver program upon initial request and annually based on the MNLOC assessment performed by a nurse. A provider MN signature is required only at the initial request.

Who can sign a MN Form?

The MN Form must be signed and obtained from a Physician (MD), Osteopathic Medicine (DO) or Military Physician who has examined the member and reviewed the medical record within the last 12 months. The provider must be a Medicaid provider.

What is the physician certifying on the MN Form?

The physician is certifying that the member meets nursing facility level of care, and that the member would benefit from the additional services provided under the HCBS waiver program. By signing this form, the medical provider is not certifying that the member needs to be institutionalized. These additional benefits will provide the member with a higher level of service coordination, including Registered Nurse care, additional home visits and additional Medicaid benefits that will allow them to stay safe in the community.

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What is required to be completed on the MN Form by the medical provider?

- Member's Name, Social Security number and date of birth
- Primary diagnosis, diseases and/or other diagnosis
 - **Note:** The physician may add or remove diagnoses.
- Physician's signature, date, credentials and TX Physician License number
- Certification boxes (if applicable), by checking Yes or No

Which form can be used as a MN Form?

- Medical Necessity and Level of Care Assessment – Physician's Signature

Can the medical provider locate a MN Form on the Superior website?

Yes, the Medical Necessity and Level of Care Assessment Physician's Signature (PDF) can be found under the Member Management section of [Superior's Providers Forms webpage](#).

How does the MN process work?

Once an initial assessment for the HCBS waiver program is completed, Superior will send a request to the provider to obtain the MN signature. The MN must be completed and signed by the medical provider and returned to Superior. The form certifies the member has been seen by the medical provider in the last 12 months, and that the member meets medical eligibility for the HCBS waiver program.

How quickly does the provider need to sign and return the form?

Superior has 45 days to complete the *entire* process for the STAR+PLUS HCBS program, which includes obtaining a physician's signature for the MNLOC Assessment. If Superior does not obtain the signed copy of the physician's signature form within **5** business days of the initial request to the applicant's physician, Superior will complete additional attempts to obtain the signature.

Can the medical provider sign the MN Form electronically or via fax?

Yes, the medical provider can sign and return the MN Form electronically or via fax:

- **Electronically:** Adobe Sign e-signature can be used to sign and submit the MN Form. Forms using an Adobe Sign e-signature can be returned to SHP.Intake@SuperiorHealthPlan.com.
- **Fax:** Medical providers can fax the completed MN Form to 1-866-703-0502.

How can the medical provider register for Adobe Sign?

For more information on Adobe Sign e-signature, please review [Adobe Sign Electronic Signature \(PDF\)](#), found under the **Process Improvement Resources** section of [Superior's Texas Medicaid Resources webpage](#).

Can the provider view the MNLOC Assessment?

The provider can obtain a copy of the MNLOC assessment upon request. To request a copy, please call:

- **STAR+PLUS:** 1-877-277-9772
- **STAR+PLUS MMP:** 1-866-896-1844

What happens if the medical provider sends Superior an incomplete MN Form?

Superior will contact the provider as soon as possible to obtain the missing elements and ensure the form is correctly and entirely completed.

What happens if the member's medical provider does not respond to the MN signature request?

If there is no response from the medical provider to obtain the MN Form, a letter is sent to the member advising them that Superior has been unsuccessful. Superior will notify the Program Support Unit (PSU) at HHS.

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What happens if the MN signature is received after notifying PSU?

If an approved MN Form is received after Superior notifies PSU of the inability to obtain, Superior will wait for a response from PSU to continue with the process. If TMHP approves the MN request, Superior will enter the authorization from the date the MN Form was received. Superior does not enter retro-authorizations.

What happens if the medical provider certifies as “No” on the MN Form?

The member will have the opportunity to appeal and/or request a fair hearing. The appeal request will be sent to a Superior Medical Director for review.

Will the medical provider be notified of the final Texas Medicaid & Healthcare Partnership (TMHP) MN decision?

The medical provider will not be notified of the final TMHP MN decision. The medical provider will only be notified if TMHP places the member on Pending Denial status. Upon placement of Pending Denial status, the medical provider will have 14 business days to submit additional information. If no additional information is provided, TMHP will proceed to make medical determination with the available information.

Who can the medical provider contact if they have additional questions?

For any inquiries on the MN Form, the medical provider can contact Superior's Member Services department at:

- **STAR+PLUS:** 1-877-277-9772
- **STAR+ PLUS MMP:** 1-866-896-1844