

Operations Inquiries: STAR+PLUS Nursing Facility Services

This document has been prepared to provide an integrated resource of contact information specifically for use by Operational Organizations, including HHSC, DADS, TMHP, and the STAR+PLUS managed care organizations (MCOs).

Effective March 1, 2015, STAR+PLUS MCOs will begin paying providers for most Medicaid nursing facility services for Medicaid recipients ages 21 and older. Services available to nursing facility residents and access to services provided by and in a nursing facility will not be impacted by transitioning services to the STAR+PLUS program. What is changing is the entity responsible for paying for nursing facility services. As of March 1, 2015, STAR+PLUS MCOs will pay for nursing facility unit rate, add-on and acute care services.

- **Nursing facility unit rate services** – These types of services are what is included in the Medicaid fee-for-service 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. The nursing facility unit rate also includes payment of applicable nursing facility rate enhancements and professional and general liability insurance. Nursing facility unit rates exclude nursing facility add-on and acute care services.
- **Nursing facility add-on services** – These types of services are provided in the facility setting by the nursing facility or another provider, but are not included in the unit rate. Add-ons include but not limited to ventilator care; tracheostomy care; emergency dental services; physician ordered rehabilitation services (physical, occupational, speech therapy); customized power wheelchairs; and augmentative communication devices.
- **Nursing facility acute care services** – These types of services include preventive care, primary care & other medical care provided under the direction of a physician for a condition having a relatively short duration.

Nursing Facility providers will continue to bill **traditional fee-for-service Medicaid** for:

- Hospice services
- Preadmission Screening and Resident Review (PASRR) services
- Behavioral health services in the Dallas service area
- Nursing facility services for residents not assigned to an MCO including:
 - Individuals not eligible for STAR+PLUS,
 - Individuals residing in Truman W. Smith Children’s Care Center,
 - Individuals residing in State Veteran’s Homes.

Additional Resources: To find out more about Medicaid Managed Care Initiatives and STAR+PLUS, please visit:

- STAR+PLUS MCOs by service area: www.hhsc.state.tx.us/medicaid/managed-care/mmc/STARPLUS-MRSA-map.pdf
- About Medicaid MCOs: www.hhsc.state.tx.us/medicaid/managed-care/plans.shtml
- Nursing facility transition to STAR+PLUS: www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml
- Medicare-Medicaid Dual Demonstration (in Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant counties): www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/
- Medicaid nursing facility resources: www.dads.state.tx.us/providers/NF/

Inquiries: General Rules of Thumb

- MCOs are responsible for responding to inquiries concerning:
 - Questions about claim adjudication, service authorizations of add on services, service coordination or an MCO portal
 - Appeals, grievances or dispute resolution re: MCO billing and pre-authorization
- DADS is responsible for responding to inquiries concerning:
 - Service Authorizations regarding the daily rate
 - Reports of Abuse/Neglect/Exploitation (ANE) and regulatory concerns
 - Questions on rules, survey process, and licensing or certification NfRules@dads.state.tx.us
 - Questions on Nursing Facility Medicaid policy, or for routing questions to appropriate specialists NF.Policy@dads.state.tx.us
 - Questions about Minimum Data Set (MDS) coding, completion or submission <http://www.dads.state.tx.us/providers/mds/contact.html>
- The Texas Medicaid & Healthcare Partnership (TMHP) is responsible for responding to inquiries concerning:
 - Questions about the Long Term Care Medicaid Information (LTCMI) & Medical Necessity for NF MDS; completion & submission on the LTC Online Portal
 - Questions about billing fee-for-service
 - Requests to schedule a fair hearing for initial medical necessity denials
 - Technical issues with MESAV, TMHP electronic data interchange (EDI), the LTC Online Portal or TMHP TexMedConnect portal
- HHSC is responsible for responding to inquiries concerning:
 - Claims adjudication, appeals, grievances, or dispute resolution. If after exhausting the MCO complaints/grievance process, the provider feels they did not receive full due process, file a complaint or inquiry at HPM_Complaints@hhsc.state.tx.us
 - **Through April 1, 2015, to resolve eligibility, enrollment, technical, or policy issues related to transition to managed care, contact ManagedCareExpansion2015@hhsc.state.tx.us.**
 - **Ongoing complaints or inquiries should be directed to HPM Complaints or to HHSC Office of the Ombudsman.**
 - HPM_Complaints@hhsc.state.tx.us
 - HHSC Medicaid/Managed Care Helpline at 1-866-566-8989
 - HHSC Office of the Ombudsman: 1-877-787-8999 or <http://www.hhsc.state.tx.us/ombudsman/contact.shtml>

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Resident Eligibility & Managed Care Enrollment

TYPE OF INQUIRY:	REFER TO:	
Enroll with or change MCO How does a resident enroll with an MCO or change MCOs?	Residents can call the Medicaid enrollment broker, MAXIMUS : 1-877-782-6440	
Timing of MCO enrollment: On what date will a resident become enrolled in managed care?	Residents can call the Medicaid enrollment broker, MAXIMUS : 1-877-782-6440 Note: After the resident notifies MAXIMUS of the desire to enroll or change health plans, it can take 15-45 days for that to take effect and will always occur on the 1 st of the month.	
Medicaid eligibility How can a provider confirm a resident's Medicaid eligibility?	Providers can check Medicaid eligibility through the following online portals: (1) TMHP TexMedConnect Portal/MESAV (2) AIS-Automated Inquiry System	
Assigned MCO How can a provider find out with which MCO a resident is enrolled?	Providers can check managed care enrollment through the following online portals: (1) TMHP TexMedConnect Portal MESAV (2) AIS	
Systems Technical issues Who can a provider contact if he/she experiences technical issues with the online portals designated for checking eligibility and enrollment?	For technical issues with: (1) TMHP TexMedConnect Portal: (2) TMHP TexMedConnect MESAV: (3) AIS:	Contact: 1-800-626-4117, Option 3 1-800-626-4117, Option 1 1-800-925-9126
Problems with Enrollment Who should be contacted if there are problems with enrollment or loss of managed care coverage?	Statewide Medicaid Helpline Call: 1-800-335-8957 HHSC Office of the Ombudsman Call: 1-877-787-8999 http://www.hhsc.state.tx.us/ombudsman/contact.shtml Health Plan Management Complaints Email: HPM_complaints@hhsc.state.tx.us	
SSI or SSI-Related Medicaid Who should be contacted if there are problems with SSI or SSI-Related Medicaid?	Social Security Administration 1-800-772-1213	
Medical Assistance Only (MAO) Who should be contacted if there are questions regarding when Medical Assistance Only (MAO) Medicaid will begin, be reinstated or why it was denied?	MEPD Call 2-1-1	
Multiple Medicaid Eligibility Who should be contacted if the NF has determined that the individual has two different Medicaid eligibility types of coverage for the same time period?	DADS Provider Claims Service (PCS) Call: 512-438-2200 Option 1 (will send a help desk ticket for TIERS)	

Resident Eligibility & Managed Care Enrollment

TYPE OF INQUIRY:	REFER TO:
STAR+PLUS Waiver Who should be contacted if there are questions regarding the STAR+PLUS Waiver interest list status?	(1) Contact HHSC Program Support at ManagedCareProgramSupport@hhsc.state.tx.us
Money Follows the Person (MFP) Who should be contacted if there are questions regarding how to leave the Nursing Facility? Requirements for length of stay in the Nursing Facility? Eligibility determination process for MFP?	(1) Contact HHSC STAR+PLUS Specialist at Managed_Care_Initiatives@hhsc.state.tx.us
Transferring Services to a Different Service Delivery Area (SDA) Who should be contacted if there are questions about transferring services between SDAs?	(1) Contact HHSC Program Support Unit if a member of STAR+PLUS at ManagedCareProgramSupport@hhsc.state.tx.us
General Eligibility for STAR+PLUS Waiver Who should be contacted with general questions about eligibility for STAR+PLUS Waiver services (including denials)?	(1) Contact HHSC Program Support at ManagedCareProgramSupport@hhsc.state.tx.us
Medicare Coverage Who should be contacted for questions related to Medicare Coverage?	Contact Centers for Medicare & Medicaid Services See: http://www.cms.gov/Medicare/Medicare.html for general information See: http://www.medicare.gov/ for those enrolled in Medicare

Billing

TYPE OF INQUIRY:	REFER TO:
<p>Basic billing What are the options for a NF provider to submit a claim?</p>	<p>A. Unit rate services (1) Submit claims through the appropriate MCO portal (2) Submit claims directly to the MCO through an electronic data interchange (EDI): (3) Submit claims through the TMHP TexMedConnect portal (4) Submit claims through TMHP EDI</p> <p>B. NF Add-on services (1) Submit claims through the appropriate MCO portal (2) Submit claims directly to the MCO through EDI</p> <p>C. Acute care services (1) Submit claims through the appropriate MCO portal (2) Submit claims directly to the MCO through EDI</p> <p>D. Fee-for-service (1) Submit claims through the TMHP TexMedConnect portal 1-800-626-4117, Option 1 (2) Submit claims through TMHP EDI 1-800-626-4117, Option 3 or 1-888-863-3638</p>
<p>Provider on Hold Who is the contact for questions from NF Providers about claims being suspended for a Vendor Hold?</p>	<p>The Nursing Facility should call their DADS Third Party Recovery Unit at 512-438-2200 option 3 or 4</p>
<p>Resource Utilization Group (RUG) Where can I determine the current Resource Utilization Group (RUG) used for NF Unit Rate (or Daily Rate) claims?</p>	<p>(1) Check the TMHP TexMedConnect MESAV for the dates of service for the resident first (2) Check the TMHP LTC Online Portal System for the resident's MDS Assessment for the dates of service (3) Contact DADS Provider Claims Services (PCS): 512-438-2200 Option 1</p>
<p>Daily Interface Files from TMHP Who should be contacted for problems with the daily interface files from TMHP?</p>	<p>Email TMHP the MCO Liaison team at: MCOmailbox@tmhp.com Email LTC Operations Escalation team at: LTCOPS-Escalations@tmhp.com</p>
<p>Pharmacy Billing How does a pharmacy know which plan a member is enrolled in?</p>	<p>Pharmacy providers should call the Your Texas Pharmacy Benefits Provider Help Desk: 1-855-827-3747 (option 3). Pharmacy staff should be prepared to provide cardholder identification and date of birth. Provides enrollment status and the name of health plan.</p>
<p>Pharmacy Billing Where does a pharmacy find claim billing information?</p>	<p>Refer pharmacy to "Pharmacy Assistance chart" at http://www.txvendordrug.com/claims/managed-care.shtm. Plan specific billing information and contact information is provided.</p>

Billing

TYPE OF INQUIRY:		REFER TO:
DPNA Sanction Period	Who should be contacted for questions/problems related to Denial of Payment for new Medicare and Medicaid Admissions (DPNA)?	Refer the caller to: DADS Third Party Recovery: 512-438-2200 option 3 or 4

Authorizations, Services and Appeals

TYPE OF INQUIRY:	REFER TO:
<p>Authorizations How does a NF request a service authorization?</p>	<p>STAR+PLUS Managed Care Individuals For LTSS add-ons and acute care services Providers can request authorizations from an MCO using the: (1) MCO portal (2) Form available in the MCO provider manual (3) Contacting the MCO service coordinator</p> <p>For NF Unit Rate, Medicare Coinsurance, Ventilator Care and Tracheostomy Care services Providers obtain authorizations from the MDS process at DADS, for questions related to their authorizations: (1) Instruct the NF Provider to check the TMHP TexMedConnect MESAV for the resident first (2) Call DADS Provider Claims Service: 512-438-2200 Option 1</p> <p>Fee-for-service Individuals Call DADS Provider Claims Service: 512-438-2200 Option 1</p>
<p>Authorization reconsideration How does a provider request reconsideration of a denied service authorization?</p>	<p>STAR+PLUS Managed Care Individuals For add-on and acute care services (1) Advise NF Provider of process for reconsideration</p> <p>For NF Unit Rate, Medicare Coinsurance, Ventilator Care and Tracheostomy Care services Providers obtain authorizations from the MDS process at DADS, for questions related to their authorizations: (1) Call DADS Provider Claims Service: 512-438-2200 Option 1</p> <p>Fee-for-service individuals Call DADS Provider Claims Services 512-438-2200 Option 1</p>
<p>Claim Denial due to DADS Authorizations Who should be contacted for claim denials related to a Service Authorization or Level of Service created at DADS?</p>	<p>For NF Unit Rate, Medicare Coinsurance, Ventilator Care and Tracheostomy Care services (1) Call DADS Provider Claims Service: 512-438-2200 Option 1</p>
<p>Hospice Who should be contacted regarding how to receive Hospice care?</p>	<p>(1) Contact Primary Care Physician</p>

Authorizations, Services and Appeals

TYPE OF INQUIRY:	REFER TO:
<p>Hospice Forms Questions Who should be contacted with questions related to the forms associated with Hospice services?</p>	<p>DADS Provider Claims Service (PCS) Call: 512-438-2200 Option 1</p>
<p>Pre-admission screening and Resident Review (PASRR) specialized services Who should be contacted regarding PASRR services to a Nursing Facility resident?</p>	<p>DADS Access & Intake PASRR: 1-855-435-7180 or 512-438-3028 Note: Starting March 1, 2015, it will be required that MCO staff authorizing rehabilitation services as requested by NF must first determine if the resident is eligible for PASRR specialized services. If the resident is eligible for PASRR specialized services, the request for prior authorization for rehab services will be referred to the requesting NF to contact the DADS PASRR Unit.</p>
<p>Overlapping Services Who should be contacted if the inquirer believes that NF services are overlapping with Community Services?</p>	<p>DADS Provider Claims Service (PCS) Call: 512-438-2200 Option 1</p>
<p>Medical Necessity Related to an MDS Assessment Who should be contacted if the inquirer cannot determine or does not agree with the individual's Medical Necessity (MN) status of an MDS Assessment?</p>	<p>TMHP Operations (If MDS is in a 'Pending Denial' or 'MN Denied' status on the Portal) Call: 1-800-626-4117 or 1-800-727-5436 DADS Provider Claims Service (PCS) (If MDS is denied and NF expected resident to be Permanent MN) Call: 512-438-2200 Option 1</p>
<p>Medical Necessity Appeal and Fair Hearing Who should be contacted to determine the status of an appeal related to Medical Necessity using the MDS assessment or whether services are continuing during the fair hearing process?</p>	<p>TMHP Operations Call: 1-800-626-4117 or 1-800-727-5436</p>
<p>3618 or 3619 Forms Who should be contacted to troubleshoot Nursing Facility related forms questions e.g. 3618, 3619, PASRR, MDS?</p>	<p>TMHP Operations (If form is not on the Portal system) Call: 1-800-626-4117 or 1-800-727-5436 DADS Provider Claims Service (PCS) Call: 512-438-2200 Option 1</p>
<p>MESAV Data Who should be contacted to troubleshoot issues with MESAV data at TMHP TexMedConnect? E.g. cannot see the individual's Level of Service (RUG), or it was end dated early, cancelled or shows gaps in coverage.</p>	<p>TMHP Operations (If the MDS is in a 'Pending LTCMI' Status on the Portal) Call: 1-800-626-4117 or 1-800-727-5436 DADS Provider Claims Service (PCS) (If the MDS is in a 'Processed Complete' or 'Submitted to PCS' status) Call: 512-438-2200 Option 1</p>

Nursing Facility Operations

TYPE OF INQUIRY:	REFER TO:
<p>Contracting, licensing, change of ownership Who should be contacted with questions or concerns related to nursing facility licensing or changes in ownership?</p>	<p>Call DADS Regulatory staff: 512-438-2630 Annie.aguirre@dads.state.tx.us</p>
<p>Reports of alleged abuse/neglect/exploitation (1) Who should be contacted in cases of ANE alleged against NF staff? (2) Who should be contacted in cases of ANE alleged against persons known to them outside of the NF? (3) Who should be contacted for assistance in advocating for resident rights?</p>	<p>Providers should contact: (1) DADS Consumer Rights and Services staff: 1-800-458-9858 (2) Adult Protective Services Abuse Hotline 1-800-252-5400 (3) Office of the Long-term Care Ombudsman: 1-800-252-2412</p> <p>Note: By law, provider should notify local law enforcement on ALL self-reports to DADS and for any stranger perpetrations of alleged ANE (i.e., theft, assault).</p>
<p>Regulatory questions Who should be contacted for general regulatory questions?</p>	<p>Providers should contact DADS Regulatory staff: 512-438-3161</p>
<p>Trust fund monitoring Who should be contacted for questions/concerns about trust fund monitoring?</p>	<p>Providers should contact DADS Trust Fund Monitoring: 512-438-5824 or sandra.moore@dads.state.tx.us</p>
<p>Report Medicaid fraud, waste and abuse Where should a report of potential cases for Medicaid fraud, waste and abuse be submitted?</p>	<p>Recipient fraud or abuse Office of Inspector General: 1-800-436-6184, https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx</p> <p>Provider fraud or abuse Attorney General of Texas: MFCU@texasattorneygeneral.gov, (512) 463-2011 , fax (512) 320-0974</p> <p>Other fraud, waste or abuse State Auditor’s Office: https://sao.fraud.state.tx.us/Hotline.aspx</p>

Other Questions/Concerns

TYPE OF INQUIRY:	REFER TO:
<p>General questions Who should be contacted regarding general questions – including inquiries about Medicaid managed care, STAR+PLUS, the transition of nursing facility services, or the Medicare-Medicaid dual demonstration?</p>	<p>Email HHSC staff: Managed_Care_Initiatives@hhsc.state.tx.us</p>
<p>Other long-term services and supports resources available to residents Who should be contacted regarding other Long Term Services and Supports to a Nursing Facility resident?</p>	<p>Office of the Long-term Care Ombudsman: Call: 1-800-252-2412 and/or http://www.dads.state.tx.us/contact/mlo.cfm</p> <p>Consumer Rights: http://www.dads.state.tx.us/services/crs</p> <p>Area agencies on aging: http://www.dads.state.tx.us/contact/aaa.cfm, 1-800-252-9240</p> <p>Local authorities: http://www.dads.state.tx.us/contact/la.cfm</p> <p>DADS Long-term Services and Supports contacts: http://www.dads.state.tx.us/contact/DADSServicesByCounty.html</p>
<p>Personal Needs Allowance (PNA) Who should be contacted if questions are received regarding the PNA for a resident?</p>	<p>DADS Provider Claims Service Call: 512-438-2200 Option 2</p>
<p>Complaints with MCO Who should be contacted to file a complaint about the MCO?</p>	<p>HHSC Medicaid/Managed Care Helpline Call: 1-866-566-8989 or Email: HPM_complaints@hhsc.state.tx.us</p>
<p>Assistance with Filing a Complaint Who should be contacted to assist with filing a general complaint?</p>	<p>LTC Ombudsman Directory See: http://www.dads.state.tx.us/contact/mlo.cfm</p> <p>HHSC Office of the Ombudsman See: http://www.hhsc.state.tx.us/ombudsman/contact.shtml</p>
<p>Complaint about 2-1-1 Who should be contacted if there are complaints about the 2-1-1 information line?</p>	<p>HHSC Medicaid/Managed Care Helpline Call: 1-866-566-8989</p>