



## Personal Attendant Services (PAS) & Home Health (HH)

# Who is Superior HealthPlan?



- A subsidiary of Centene Corporation located in St. Louis, MO.
- Has held a contract with HHSC since December 1999.
- Provides programs in various counties across the State of Texas. Programs include STAR, STAR+PLUS, CHIP, STAR Health (Foster Care), STAR+PLUS Medicare-Medicaid Plan (MMP), Allwell, and Ambetter from Superior HealthPlan.
- Manages healthcare for over 1,000,000 Members across Texas.

# Verify Eligibility

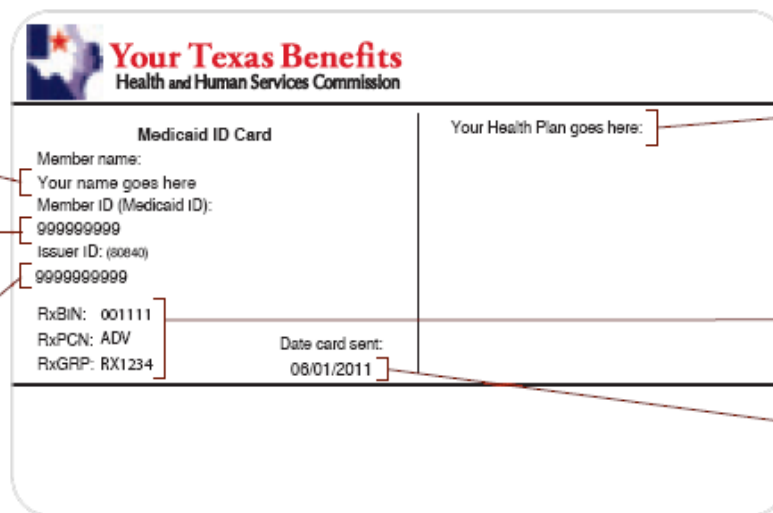


- Superior HealthPlan Secure Web Portal:  
[www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com)
- “Your Texas Benefits” Medicaid Card
- TexMedConnect:  
[http://www.tmhp.com/Pages/EDI/EDI\\_TexMedConnect.aspx](http://www.tmhp.com/Pages/EDI/EDI_TexMedConnect.aspx)
- Superior HealthPlan Member Identification (ID) Card
- Member Services:
  - STAR+PLUS – 1-877-277-9772
  - STAR+PLUS MMP – 1-866-896-1844

This is where your name appears.

This is your Medicaid ID number.

This is HHSC's agency ID number. Doctors and other providers need this number.



The image shows the front of a Texas Medicaid ID Card. At the top left is the Texas state logo. To its right is the text "Your Texas Benefits" in red, with "Health and Human Services Commission" in black below it. The card is divided into two main sections. The left section is titled "Medicaid ID Card" and contains the following information: "Member name:" followed by a bracket indicating where the name goes; "Member ID (Medicaid ID):" followed by the number "999999999"; "Issuer ID: (80840)" followed by the number "999999999"; "RxBIN: 001111"; "RxPCN: ADV"; and "RxGRP: RX1234". The right section is titled "Your Health Plan goes here:" followed by a bracket. At the bottom right of the card, it says "Date card sent: 08/01/2011".

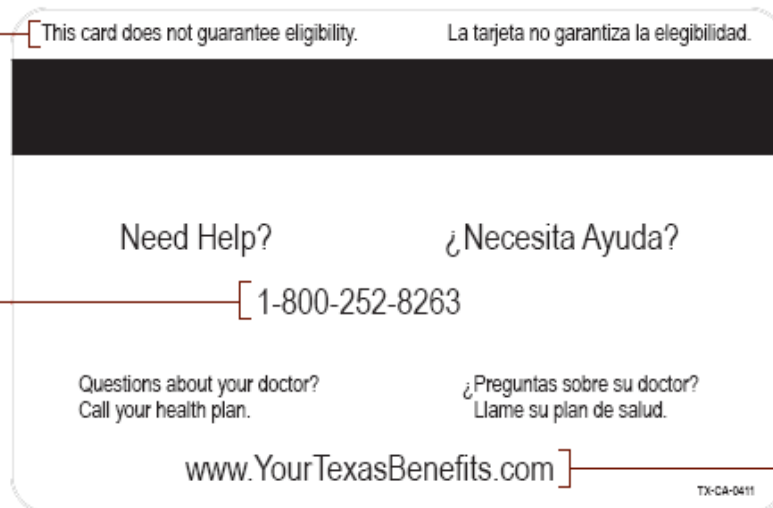
If you have a health plan, its name and phone number will be listed here. Call this number if you have questions about your doctor or services.

Drug stores use these numbers.

This is the date your card was sent to you.

This message is for doctors and other providers. This means they need to make sure you are still in the Medicaid program.

Call this number if you need help using this card.



The image shows the back of the Texas Medicaid ID Card. At the top, it says "This card does not guarantee eligibility." in English and "La tarjeta no garantiza la elegibilidad." in Spanish. Below this is a black magnetic strip. Under the strip, it says "Need Help?" in English and "¿Necesita Ayuda?" in Spanish. Below that is the phone number "1-800-252-8263". At the bottom, it says "Questions about your doctor? Call your health plan." in English and "¿Preguntas sobre su doctor? Llame su plan de salud." in Spanish. At the very bottom, it says "www.YourTexasBenefits.com". In the bottom right corner, there is a small code "TX-CA-0411".

This is a magnetic strip your doctor can swipe (like a credit card) to get your Medicaid ID number.

Go to this website to learn more about this card.

# Member ID Cards



- The Member ID Cards contain at least the following information:
  - Member name
  - Primary Care Provider
  - Prescription information
  - Program eligibility
  - Superior HealthPlan contact information
- Copies of the ID Card can be found in the Superior Provider Manual.

# Service Coordination



- Single point of contact for the Member
- Reviews assessments and develops a plan of care utilizing input from the Member, family and providers
- Coordinates with the Member's PCP, specialist and LTSS Providers to ensure the Member's health and safety needs are met in the least restrictive setting
- Refers Member to support services such as disease management and community resources

# Service Coordination



- Authorizes Long Term Services & Supports (LTSS)
- Utilizes a multidisciplinary approach in meeting Members needs
- Conducts mandatory telephonic or face to face contacts
- Service Coordinator Member caseloads are assigned by mixed model

# Locating Member's Service Coordinator



- Find the name and phone number of the assigned Service Coordinator through the secured Provider web portal
  - The assigned Service Coordinator and phone number is displayed on the Eligibility Overview page under Care Gaps for each specific member.
- For questions, call Service Coordination:
  - STAR+PLUS – 1-877-277-9772
  - STAR+PLUS MMP – 1-855-772-7075



# What is Electronic Visit Verification?



- The 21st Century Cures Act Section 12006 is a federal law requiring all states to use Electronic Visit Verification for Medicaid personal care services and home health services.
- Attendants providing covered services to an individual or health plan member must use the selected HHS approved Electronic Visit Verification (EVV) system to record visit arrival and departure times.
- The provider agency will use the time recorded in the EVV system to determine billable units/hours before requesting payment.
- The computer-based system
  - Electronically verifies the occurrence of authorized personal attendant service visits.
  - Electronically documents the precise time a service delivery visit begins and ends.

# Programs Requiring EVV



- STAR+PLUS:
  - Personal Attendant Services (PAS)
  - Personal Care Services (PCS)
  - In-Home Respite Services
  - Community First Choice (CFC)-PAS and Habilitation (HAB)
  - Protective Supervision
- STAR Health:
  - Personal Care Services (PCS)
  - Community First Choice (CFC)-PAS and Habilitation (HAB)
  - In-home respite services
  - Flexible family support services
- STAR Kids:
  - Personal Care Services (PCS)
  - In-home respite services
  - Flexible family support services
  - Community First Choice (CFC)-PAS and Habilitation (HAB)

# EVV Claims



- Providers will verify times of service using the vendor specified submission procedure.
- Provider claims are processed in accordance with EVV data prior to adjudication.
- Superior will only pay for verified units of service aligned with EVV data.
- To avoid denials, claims for multiple dates of service should be billed on a separate line for each day with the number of units per day.

# EVV Changes Effective September 1, 2019



- Effective September 1, 2019, EVV relevant claims must be billed to TMHP and will be subject to the EVV claims matching process.
- For STAR+PLUS, PAS and In-Home Respite increments will change from 1 hour to 15 minute units.
  - Please refer to the LTSS billing matrix for further clarification.
- HCPCS, Modifiers, and Units must be an exact match for the Aggregator to advise Superior in processing EVV related claims.
  - If modifiers and units do not match, the claim will be denied. Additionally, claims submitted using date spans will be denied.
- TMHP will compare EVV data prior to Superior's claim adjudication process.
- Providers will be required to resubmit any denials to TMHP.

# Community First Choice (CFC)



- CFC is part of Senate Bill 7 from the 2013 Texas Legislature requiring HHSC to put in place a cost-effective option for attendant and habilitation services for people with disabilities.
- CFC Services are available for STAR+PLUS Members who:
  - Need help with activities of daily living (dressing, bathing, eating, etc.).
  - Need an institutional level of care (Intermediate Care Facility for Individuals with an Intellectual Disability or Related conditions (ICF/IID), nursing facility (NF) or Institution for Mental Disease (IMD)).
  - Currently receive personal attendant services (PAS).
  - Are individuals on the waiver interest list or are already getting services through a 1915 (c) waiver.
- CFC will include PAS, Habilitation, Emergency Response Services\* and Support Management.

# LTSS Service Authorizations



- All authorizations for LTSS services are obtained through the Service Coordination Department
- A member's specific Service Coordinator's name can be seen when a member's eligibility is confirmed through the Superior's web portal
- Speak to a Service Coordinator, call 1-877-277-9772
- Fax request using the Prior Authorization Form to:
  - STAR+PLUS - 1-866-895-7856
  - STAR+PLUS MMP 1-855-277-5700
  - DAHS Authorizations – 1-877-441-5881

# Authorization Specifics - PAS



- Providers may call the Service Coordination department or fax a 2067 Form to request initial approval or changes to PAS.
  - Dedicated Service Coordination Teams located in each service delivery area.
- PAS are reviewed annually by the Service Coordinator or when a change has been indicated.
- PAS are initiated as service need is identified by the Member's Service Coordinator, Provider, hospital or a nursing home discharge, or the results from Needs Assessment Questionnaire and Task/Hour Guide [Form 2060].
- LTSS skilled nursing for STAR+PLUS waiver Members are added into the service plan after an assessment is completed on the Member and specified for the period of the Individual Service Plan (ISP).

# Authorization Specifics - HH



- Acute care services are driven by physician orders for a specified period of time.
- Continuation of service authorization is driven by the plan of care and reviewed against Superior's medical necessity criteria.
- Non-LTSS authorization requests should be faxed to the Prior Authorization Department at 1-800-690-7030.
- Home Health services can be initiated by Superior via the PCP, hospital, nursing facility discharge planner or health risk assessments, etc.



# Billing Requirements



- Place of Service Code:
  - 12
- Procedure Codes:
  - S5125: PAS. Authorization will include if the Member is Waiver or non-waiver.
  - S9123 & S9124: Skilled services that are more long term in nature (e.g. med box fills). Use the code appropriate to your licensure. Please note modifiers are typically required for all “S” procedure codes.
- Units (PAS):
  - 1 unit = 1 hour

# Billing Requirements Tips



- If a Provider bills less than the contracted amount, the claim will be eligible for reimbursement at the lesser of the billed charges.
- Must use appropriate modifiers as found on the LTSS Billing Matrix.

# Secure Provider Portal & Website



## Secure Provider Portal:

- Secure.
- Provides up-to-date member eligibility and Service Coordinator assignment.
- Has a secure claim submission portal you can submit claims at no cost!
- Provides a claim wizard tool that walks you through filling in a claim to submit online.
- Provides claim status and payment information.
- Allows you to request and check the status of an acute care authorization.

## Public Site:

- Contains our Provider Directory and on-line lookup.
- Has a map where you could easily identify the office of the field Provider Relations Specialist assigned to you.
- Contains an archive of Provider Manuals, newsletters, bulletins, forms, and links to important sites to keep you up to date on any new changes that may affect you.

# Provider Training



- Superior offers billing presentations and product specific trainings. Other topics include:
  - Electronic Visit Verification
  - Provider Portal Training
  - LTSS Billing Clinics
  - STAR+PLUS
  - STAR+PLUS MMP
- You can find the training schedule on our website at [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com) in the Provider Resources section.

We encourage you to join us!