



superior
healthplan™

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), Medicare Advantage, and Ambetter from Superior HealthPlan.
- Manages healthcare for over 900,000 Members across Texas.

Verify Eligibility



- Superior HealthPlan Secure Web Portal:
www.SuperiorHealthPlan.com
- “Your Texas Benefits” Medicaid Card
- TexMedConnect:
http://www.tmhp.com/Pages/EDI/EDI_TexMedConnect.aspx
- Superior HealthPlan Member Identification (ID) Card
- Member Services: 1-866-516-4501

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.

Your Texas Benefits
Health and Human Services Commission

Medicaid ID Card

Member name:
Your name goes here

Member ID (Medicaid ID):
999999999

Issuer ID: (80840)
999999999

RxBIN: 001111
RxPCN: ADV
RxGRP: RX1234

Date card sent:
08/01/2011

Your Health Plan goes here:

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.

This card does not guarantee eligibility. La tarjeta no garantiza la elegibilidad.

Need Help? ¿Necesita Ayuda?

1-800-252-8263

Questions about your doctor? Call your health plan. ¿Preguntas sobre su doctor? Llame su plan de salud.

www.YourTexasBenefits.com

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



superior
healthplan™

- 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: 1-877-277-9772

Electronic Visit Verification



- Electronic Visit Verification (EVV) is a telephone and computer-based system that electronically verifies service visits.
- Starting April 16, 2015, PAS visits must be electronically verified.
- Providers are responsible for choosing a vendor and for ensuring that their vendor submits accurate data to Superior.
- Provider must ensure authorizations are in place prior to performing the service.

Electronic Visit Verification



- PAS Providers will verify service times using EVV process.
- EVV vendor will send verification data to Superior.
- Superior will compare Provider claims to verification data prior to adjudication.
- Only verified units of service will be paid.
- Superior is offering training on EVV. Check the Provider Calendar at www.SuperiorHealthPlan.com.

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.
- Starting June 1, 2015, 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
- Prior Authorization Form should be faxed to:
 - STAR+PLUS – 1-866-895-7856
 - STAR+PLUS MMP – 1-855-277-5700

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.
 - G0154: Skilled nursing services defined as acute (e.g. IV infusion, wound care).
 - 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.
- Taxonomy Codes:
 - PAS: 3747P1801X
 - Nursing Services Taxonomy: 251J00000X
- Units (PAS):
 - 1 unit = 1 hour

Billing Requirements Tips



- Claims submitted for PAS that are incorrectly billed using the taxonomy code associated to Home Health Services 251E0000X will deny EX9L: Taxonomy does not match service provided.
- 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.

Provider Portal & Website



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 in the Provider Resources section.

We encourage you to join us!