Respite Care

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.
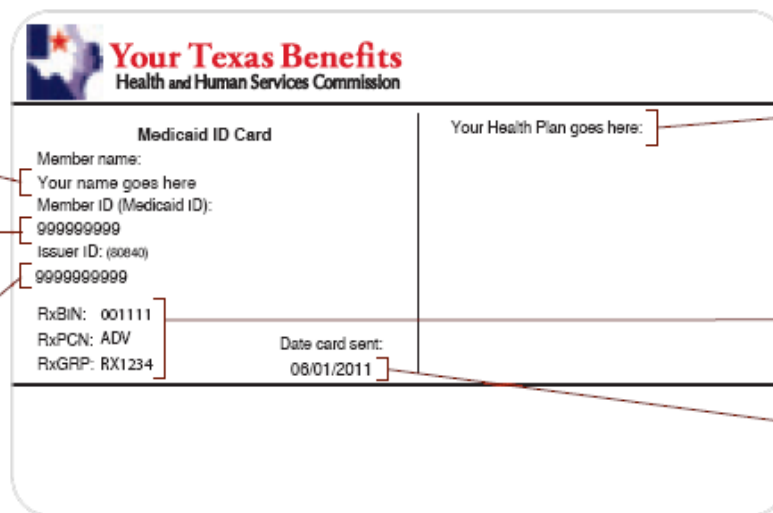
Verify Eligibility

- 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: 1-877-277-9772

This is where your name appears.

This is your Medicaid ID number.

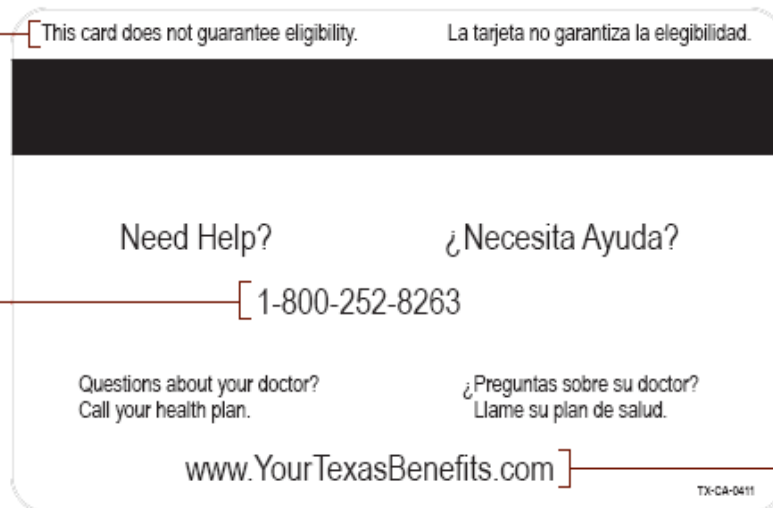**This is HHSC's agency ID number. Doctors and other providers need this number.**

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)
9999999999

RxBIN: 001111
RxPCN: ADV
RxGRP: RX1234

Your Health Plan goes here:

Date card sent:
06/01/2011

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.

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

Need Help?   ¿Necesita Ayuda?

1-800-252-8263

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

- 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 Secure Provider 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

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.

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

- Respite Care can be provided:
  - In the Member's Home
  - At a Nursing Facility
  - At an Assisted Living Facility
- Services are typically initiated as the need is identified by the Member or Member's Caregiver
- To initiate pre-authorization requests or any changes to an authorization,
  - Providers may call the Service Coordination Department or fax a 2067 Form
  - Members may call the Service Coordination Department

Billing Requirements

- In-Home Respite Care
- Out of Home Respite Care:
  - Assisted Living / Residential Care
  - Adult Foster Care
  - Nursing Facility
- Billed on a UB-04 Form
- Procedure Code: S5151
- Providers must bill with the appropriate Taxonomy Code for their Provider Type for Respite Care
- Nursing & Assisted Living Facilities must be contracted as a Respite Provider with Superior HealthPlan before providing respite services
- For additional information, visit: https://hhs.texas.gov/laws-regulations/handbooks/sph/appendices/appendix-xvi-long-term-services-supports-codes-modifiers

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 Account Manager 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:

  - 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!