

Medicaid for Breast and Cervical Cancer Information Sessions

Frequently Asked Questions

Managed Care

Q: What is managed care?

A: Managed care means you get Medicaid services through a select group of doctors, hospitals and other health care providers — called a provider network — through a health plan you pick.

Q: What is a health plan (also called a managed care organization)?

A: A health plan is an insurer that is licensed or approved by the Texas Department of Insurance and has a contract with the Texas Health and Human Services Commission to deliver Medicaid-covered services to its members.

Q: What is a provider network?

A: All the providers who agree to deliver services to a health plan's members.

Q: Who is a health plan member?

A: Someone getting Medicaid-covered services who has picked and enrolled with a health plan.

Q: How do I pick a health plan?

A: You will get an enrollment packet in the mail that includes information about the health plans in your area and the providers in the health plans' provider networks.

Q: What is a service area?

A: The service area includes the counties where the Medicaid health plan operates. There are 13 Medicaid managed care areas in the state. You can see which service area you are in [here](#).

Everyone in managed care has at least two health plans in their service area. The service area you are in is based on the most current address on record with Medicaid. Please make sure your addresses are up to date.

Q: How do I update my Medicaid addresses?

For Medicaid, make changes to your address and phone number by going to the Your Texas Benefits website. You can also make changes by phone.

Phone: Call one of these toll-free numbers

- 1-855-827-3748
- 211 and select English or Spanish

Web: Go to www.YourTexasBenefits.com and follow these steps:

- Log in to your account
- Go to the “View my case” section of the website
- Click on the “Case facts” tab near the top of the page
- Find the case number for the record you need to change. Click on “Report a change” button next to that case number

After you do this, you will be shown a “Getting started” page that will walk you through the rest of the process.

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Q: What are the goals of managed care?

A: Managed care is designed to improve healthcare by improving access to care and coordination of care. This will help make sure you are getting the right services, have a primary care provider and a medical home.

Q: Why are we changing to managed care?

A: The Legislature directed HHSC to find the highest quality most cost-effective way to deliver Medicaid benefits.

Medical Home and Primary Care Provider

Q: What is a medical home?

A: A medical home is where you get your basic care. It includes your primary care provider. It helps build the relationships between the patient and family with the doctor and other care providers.

Q: What is a primary care provider?

A: When you join STAR+PLUS, you will pick a primary care provider. This is a doctor, nurse or clinic where you will get basic medical care and get referrals for other care. Primary care providers are a medical home to members. They get to know you and your health history. Your primary care provider can be one of the following:

- General practice doctor
- Family practice doctor
- Internal medicine doctor
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- Obstetrics/Gynecology doctor
- Advanced Practice Registered Nurse
- Physician Assistant
- Clinic (Federally Qualified Health Center or Rural Health Clinic)
- Specialist physicians like oncologists who are willing to be your primary care provider

Q: Do I need to pick a primary care provider?

A: Yes, members enrolled in STAR+PLUS must have a primary care provider within their health plan network.

Q: What if I don't pick a primary care provider?

A: If you don't pick a primary care provider, one will be assigned for you and will be listed on your health plan ID card. You can always change this provider by calling your health plan.

Q: Can I change my primary care provider?

A: Yes. Call your health plan member services hotline to change your primary care provider.

Q: Can my primary care provider be a specialist?

A: Yes, as long as your specialist is willing to act as your primary care provider. If this is something you want, talk to your specialist and your health plan. They must work with other providers to make sure your Medicaid medical and behavioral health care needs are met.

Q: What if I need to see a specialist or go to the hospital?

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A: Your primary care provider will help you with basic medical care. If you need other medical services, they will give you a referral. For example, if you need to see a specialist or go to the hospital, they will set that up for you. The health plans can choose what services need referrals. Check with the health plans in your area to find out about their referral process.

You don't need a referral from your primary care provider for some services, like:

- Mental health and drug and alcohol abuse treatment
- Emergency room services
- Some plans might not require referrals for certain services

STAR+PLUS

Q: What is STAR+PLUS?

A: STAR+PLUS is a Medicaid Managed Care program for people who have disabilities or are 65 and older. STAR+PLUS delivers basic care and long-term services and supports.

Q: Who is mandatory for STAR+PLUS who are in MBCC?

A: Clients who are enrolled in the MBCC program.

Q: Who is voluntary for STAR+PLUS?

A: Clients who are part of a federal recognized tribe can choose whether they want to be in STAR+PLUS.

STAR+PLUS Services

Q: What services does STAR+PLUS offer?

A: Everyone will get:

- **A primary care provider.** You will get most of your preventive healthcare through this provider. Your primary care provider can also refer you to specialists, if needed.
- **Basic health care services.** You will get Medicaid services like you get now, such as doctor's visits, hospital visits, therapies, specialist visits, medical equipment, prescription drugs and medical supplies.
- **Long-Term Services and Support.** You will get long-term services and supports in the home, like attendant care. Long-term services and supports include things that help you in your home with basic daily activities and help you participate in community activities.
- **Service Coordination.** Health plan nurses and other professionals will be your service coordinators. Their services include things like:
 - Identifying physical health, mental health and long-term services and supports needs
 - Creating service plans to address identified needs
 - Finding doctors who will take Medicaid
 - Getting access to other services and providers
- **Value-added services.** These are the extra services offered by the STAR+PLUS health plan you pick, like extra vision or dental services.
- **Medications.** Clients have access to unlimited medications in managed care; however, medications prescribed must be on the approved formula drug list.

Q: What will happen to my current authorizations and services when I change to STAR+PLUS? Will my authorizations be honored, and will I continue to get services?

A: Yes. To ensure ongoing care, STAR+PLUS health plans must honor existing authorizations for:

- Long-term services and supports, like attendant care, for six months or until the health plan does a new assessment.

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- Acute services, like doctor visits, hospital visits and labs, are honored for six months, until the end of the current authorization or until the health plan does a new assessment.

Q: Can I keep seeing my current providers when I change to STAR+PLUS?

A: If you have an authorization, it will be honored by your health plan for six months or until it expires. If your provider joins your health plan's network by contracting, you can keep seeing your provider. If the provider does not want to join, talk to your health plan about a limited contract or to help you find another provider.

Picking a Health Plan

Q: How do I pick a STAR+PLUS health plan?

A: Clients will start getting information about STAR+PLUS in the mail this summer, including information on how to pick a health plan.

- Clients will get an introduction letter in **May 2017**. This letter will have basic information about STAR+PLUS.
- Clients will get a STAR+PLUS enrollment packet in **June 2017**. The enrollment packet will have:
 - Provider directories that list the doctors and other providers for each health plan in your service area.
 - Instructions about how to pick a health plan, and other helpful information.
 - A phone number to call to get help or ask questions about picking a health plan.
- Starting **June 1, 2017**, you can call MAXIMUS, the State's enrollment broker, to ask questions.
 - The MAXIMUS toll-free number will be in your enrollment packet.
- Once you get the enrollment packet in June, you can call MAXIMUS to pick a plan over the phone or you can mail your enrollment information using the postage-paid envelope.
- Clients who don't pick a health plan will get a reminder letter in **July 2017**.
- If you haven't picked a health plan by **August 14 2017**, HHSC will pick one for you.
- Clients who are in MBCC will be in STAR+PLUS effective **September 1, 2017**.

Q: Who do I contact if I have questions or need help picking a STAR+PLUS health plan?

A: You can contact MAXIMUS, the State's enrollment broker, for help picking a STAR+PLUS health plan. You can also directly contact the STAR+PLUS health plans in your area. Your STAR+PLUS enrollment packet, which will be mailed in June, will have contact information for MAXIMUS, and the health plans in your area.

Q: How will I know if my doctors and other providers are contracted with a STAR+PLUS health plan?

A: When you get your enrollment packet in June, check the enclosed provider directories for the providers you see today. All STAR+PLUS health plans will also list their providers online. You can search for providers in your area and they lists will be updated frequently. If one of your doctors isn't listed, you can call the health plan to see if they are contracted with them. You can also ask your doctor to join your health plan's network.

Q: Can providers contract with more than one a health plan?

A: Yes, providers often contract with multiple health plans.

Q: What if my doctor isn't enrolled with the STAR+PLUS health plans in my service area?

A: You can make a list of all the providers you see and contact them to encourage them to enroll with the STAR+PLUS health plans in your [service area](#).

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When you get your enrollment packet in June, check the enclosed provider directory for the providers you see today. If one of your doctors isn't listed, you can look up the health plan's providers on their website or call the health plan to see if they are contracted with them. You can also talk to your doctor about signing up for the health plan. STAR+PLUS health plans must try to contract with all Medicaid providers who see clients in MBCC. Providers don't have to contract with a health plan if they don't want to. Health plans and providers can do single-case agreements in some situations if a provider only wants to see you, but not everyone else in STAR+PLUS.

Q: Can I change health plans?

A: Yes, you can change health plans any time by contacting MAXIMUS, the State's enrollment broker. It can take 30 to 45 days for the change to go into effect. Once MAXIMUS and the health plans are ready to accept calls, their information will be listed below. MAXIMUS and STAR+PLUS health plan contact information also will be in the enrollment packet you get in June.

Out-of-Area and Out-of-Network Providers

Q: One or more of my providers are in another service area. Can I join an STAR+PLUS health plan in that other service area?

A: No, you must choose a STAR+PLUS health plan in the service area where you live.

Q: Can I see doctors and specialists outside my service area?

A: Health plans must have an adequate network of providers and provide services members need inside their service area. Health plans can pay providers outside their service area in certain situations, such as emergency services and to maintain ongoing care with an existing provider. Sometimes you might need to go outside your service area to get the care you need. The STAR+PLUS health plan you select will have a process to help you if you must see providers outside your service area. Please call your service coordinator if you need to see a provider in a different service area.