

# STAR+PLUS Overview of Activities for LTSS Providers

*FOR THE 9/1/2024 OPERATIONAL START DATE*



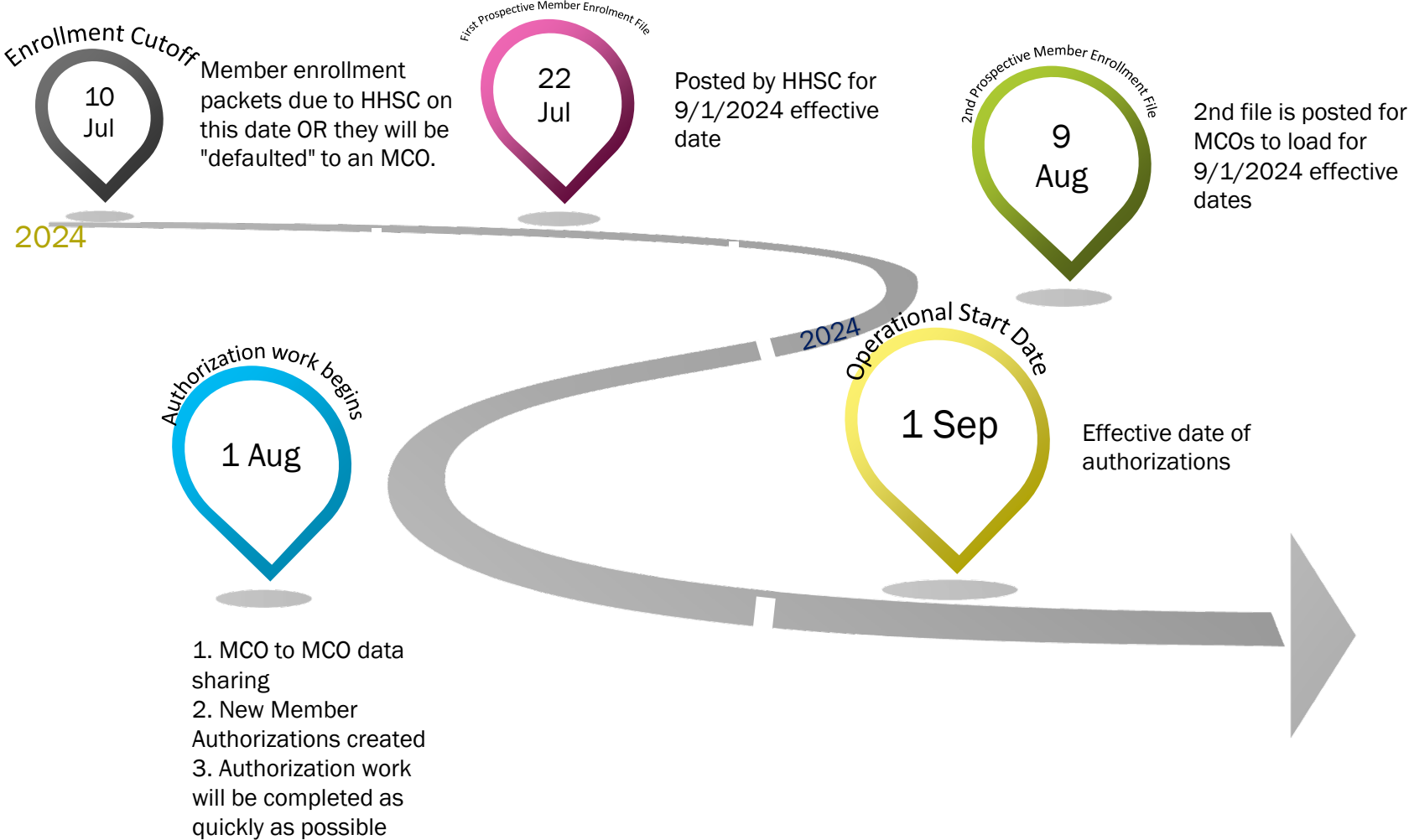
# Overview



- HHSC reprocured its contracts for participating MCOs for STAR+PLUS for the state of Texas. The new contracts and offerings are effective 9/1/2024.
- As a result of their decision, there a couple of changes to Superior HealthPlan’s offering.

Service Delivery Area (SDA)	What is happening.
Bexar	Superior is leaving Bexar SDA effective 9/1/2024. These members will need to choose a new MCO by 7/10/2024.
Travis	Effective 9/1/2024 Superior is entering the Travis SDA. Members can choose us. Enrollment packet is due on 7/10/2024.
Dallas, Lubbock, MRSA Central, MRSA West, Nueces and Hidalgo	Superior continues to provide care to our Superior members.

# High Level Milestones



# Key Terms



Term	Definition
Continuity of Services	MCOs provide members and providers the ability to continue providing services for members for a period of time. MCOs do this in the form of an authorization that “ <i>bridges</i> ” the time from enrollment until a member’s services can be transitioned to a contracted provider, or until a member can be assessed. These “ <i>bridge</i> ” authorizations can be for one to six months long.
Default Enrollment	This is the process by which HHSC will assign members an MCO if they did not choose one when they enrolled.
Span of Coverage	This refers to time period in which a member’s enrollment changes from one MCO to another. There are rules set forth in the Uniform Managed Care Contract (UMCC) that outline which MCO is responsible for claims payment if a member’s enrollment changes in the middle of a course of treatment or service. It most commonly applies to: <ul data-bbox="1003 919 1523 1086" style="list-style-type: none"><li>• Inpatient stays</li><li>• Durable Medical Equipment</li><li>• Adaptive Aids</li><li>• Minor Home Modifications</li></ul>
Service Coordination	A key element of the STAR+PLUS program by which members have their care coordinated by a named individual. This is also how a member is assessed for and qualifies for Long-Term Services and Supports.

# July Activities



## HHSC and MCO Work:

- July 10 is the cut off for members to submit their enrollment packets to choose an MCO. If they do not, they will be *Defaulted* to an MCO by HHSC.
- July 22 is the date HHSC has advised they will send MCOs the first Prospective Member Enrollment File
- On or around July 27 is when MCOs will begin the MCO Transfer process of sharing data with each other.
  - This is done for members who switch from one MCO to another
  - MCOs do this to help ensure authorizations are entered for *Continuity of Services*
  - These authorizations will have a 9/1/2024 start date.

## What LTSS Providers Can Expect:

- Providers will not be receiving any authorization information in July for authorizations that have a start date of: 9/1/2024.
- LTSS Providers can be confident to continue providing care to members on 9/1/2024, even if they are not in the new MCOs network.
  - NOTE: Work on authorizations for *continuity of services* will begin in August.
- Please reach out to Superior to join our network. Inquiries can be sent to:  
[SHP.NetworkDevelopment@SuperiorHealthPlan.com](mailto:SHP.NetworkDevelopment@SuperiorHealthPlan.com)

# August Activities



## HHSC and MCO Work:

- On or around August 5, MCOs will be entering authorizations for 9/1/2024 start dates and will be sending communication as quickly as authorizations are entered.
- Superior anticipates it will take a full 3 weeks to get these authorizations completed and communicated. We are working as quickly as possible
- August 9 is the date HHSC has advised they will send MCOs the second Prospective Member Enrollment File
- August 20 is the date of the official enrollment and eligibility file from HHSC for 9/1/2024 effective dates
  - Superior will continue to process authorizations to provide *continuity of services* to members
- Superior is contacting members to welcome them to Superior, offer education, answer questions and perform scheduling and screening activities.

[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

## What LTSS Providers Can Expect:

- Eligibility for 9/1/2024 from the Prospective Member Enrollment file loads will be viewable in our Portal by 8/1/2024 or as soon as the file is loaded. You will look to the “eligibility history” box on the portal just below “Patient Information”.
- You will begin to see authorization notifications sent to you from Superior for start dates of 9/1/2024 or later.
- LTSS Providers can be confident to continue providing services to members on 9/1/2024, even if they are not in the new MCOs network. *Continuity of services* authorizations will be put into place.
  - You should continue to provide services on the same schedule as agreed to with the Member.

# September Activities



## HHSC and MCO Work:

- Superior will continue to process authorizations for members and providers.
- Superior will continue to outreach to its new members.
- Superior Service Coordinators will be in members' homes performing assessments and updates to service plans (LTSS services).

## What LTSS Providers Can Expect:

- You can continue to provide services to members for a period of time. The start and end dates will be in your new authorization.
- Your authorizations will start 9/1/2024.
- Ensure you continue to check eligibility.
  - If there are additional MCO changes, MCOs will continue to share data with each other and process authorizations.

# Special Notes



- Superior will follow the current practice of not sending “authorization closure” notices for members who are no longer enrolled with us.
- Minor Home Modification Providers:
  - Span of coverage* rules apply to services authorized by the member’s prior MCO. This is a current standard today.
    - If Superior has not provided an authorization for a home modification and the member has now moved to a different MCO; you will need to connect with the member’s new MCO.
- ALF Provider – Copays:
  - Please apply copays as you did with the member’s previous MCO.
    - Superior will be providing a *continuity of services* authorization to you; but we anticipate we will not have any copay information available to us. As soon as we receive it, we will update the *continuity of services* authorization originally provided to you.