Reminders related to Nursing Facility Services Transitioning to STAR+PLUS
March 10, 2015

S.B. 7, 83rd Legislature, Regular Session, 2013, directs HHSC to deliver nursing facility services through the STAR+PLUS managed care model. Effective March 1, 2015, STAR+PLUS managed care organizations (MCOs) provide services to most Medicaid clients residing in nursing facilities. Below are reminders to nursing facilities related to billing STAR+PLUS MCOs and updating client addresses.

I. Billing Reminders on Claims for Managed Care (STAR+PLUS) members

When billing for managed care (STAR+PLUS) members, nursing facilities may bill using the TMHP TexMedConnect portal or bill the MCOs directly through their own portals. Please note that when billing through the TMHP TexMedConnect portal, claims are forwarded to the appropriate MCO within an hour of submission; however, it may take more than a business day for the portal to indicate that the MCO accepted or rejected the claim.

The claim on the TMHP TexMedConnect portal will show a status of forwarded until a response is received from the MCO system. Only the MCO portals can be used to check the adjudication status of a claim for a managed care member.

A. NF Identification Requirements Remain in Effect
Nursing facilities must be contracted, certified, and licensed by the Department of Aging and Disability Services (DADS) to submit claims for either Fee-for-Service or Managed Care (STAR+PLUS). Nursing Facilities should continue to use their valid DADS contract number, vendor number, and national provider identifier (NPI) for both contracting with the STAR+PLUS MCOs and on the claim when billing the MCOs. If these values differ from what is on record at DADS, your claims submitted to the MCO may result in a denial, and the MCO cannot pay your claim until this information is corrected.

B. Valid Attending Provider NPI, Tax Identification Number and Diagnosis Code Required
When submitting 837 Institutional claims for Managed Care (STAR+PLUS) residents, nursing facilities must include a valid:

   (1) National Provider Identifier (NPI), a unique identifier for healthcare providers made up of 10-digits with no alphabetic or special characters is required in the Attending Provider ID;
   (2) Tax Identification Number (TaxID); and
   (3) Principle Diagnosis code (when required by the Claim Frequency).

Entry of invalid format for the NPI, TaxID or Principle Diagnosis Code on a claim associated with a Managed Care member may result in a rejection or denial upon forwarding of the claim to the MCO.

(1) Attending Provider NPI: To enter a valid attending provider NPI when submitting claims through the TexMedConnect portal:
   • The field is located on the Provider tab on the Claim Submission screens of the LTC TexMedConnect system.
   • At the time of claim forwarding to a resident’s MCO, this information will be provided to them in the appropriate field for Attending Provider ID.
   • An example of a valid NPI: 0123456789

(2) Tax Identification Number: To enter a valid TaxID when submitting claims through the TexMedConnect portal:
   • This ID is to be entered on the Provider tab in Step 2 of Claim Submission by selecting 'Employer' in the ID Qual field and entering the TaxID in the 'Other ID' field. See the screen example below.
At the time of claim forwarding to a resident’s MCO, this information will be provided to them in the appropriate field for TaxID.

(3) **Diagnosis Codes**: Diagnosis codes entered on the TexMedConnect Claim Submission screen are positional in the list and regarded as follows (see screen example below):
   a. Item 1: Principal Diagnosis is required on all 837 Institutional Claims
   b. Item 2: Admitting Diagnosis is conditionally required based on the Claim Frequency
   c. Item 3: External Cause of Injury Diagnosis is optional. If entered it must be a valid ICD-9 'E code' or it may result in a rejection by the MCO system.

**Diagnosis Codes format**: The National Correct Coding Initiative and HHSC require MCOs to deny any claims with diagnosis codes that do not include the 4th or 5th digit. In order to prevent future denials, it is necessary for nursing facilities to submit valid ICD9 codes. This may require an update to your Group Templates on TMHP TexMedConnect. Please consult with your Nursing Staff to determine the appropriate diagnosis code for each resident. If you did receive a denial, you can resubmit the claim with a corrected diagnosis code.

The table below demonstrates accurate diagnosis reporting examples:
*Red arrow means the code is incomplete.
*Green arrow indicates the code is correct.

**C. Option of Direct Billing**
For more efficient payment, Nursing Facilities may submit claims directly to the MCO portals where claims are being adjudicated. When submitting claims to MCO portals, the submitter receives immediate and more robust feedback on missing or incorrect information and can make adjustments immediately rather than waiting for the TMHP portal to indicate that a claim has been rejected.

Access STAR+PLUS MCO Portals:
- Cigna-HealthSpring: [https://starplus.hsconnectonline.com/login.aspx](https://starplus.hsconnectonline.com/login.aspx)
- Molina: [http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx](http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx)
- Superior: [https://provider.superiorhealthplan.com/sso/login](https://provider.superiorhealthplan.com/sso/login)
- United Healthcare: [https://www.unitedhealthcareonline.com](https://www.unitedhealthcareonline.com)

**D. Electronic Funds Transfer**
Nursing facilities also may sign up with MCOs for electronic funds transfers (EFTs) for more efficient payment. To sign-up, contact the STAR+PLUS MCOs in your service area:
- Amerigroup: [https://providers.amerigroup.com/Providerdocuments](https://providers.amerigroup.com/Providerdocuments)
- Cigna-HealthSpring: [https://starplus.hsconnectonline.com](https://starplus.hsconnectonline.com)
- Molina: [https://provider.molinahealthcare.com](https://provider.molinahealthcare.com)
- Superior: [https://provider.superiorHealthPlan.com/sso/login](https://provider.superiorHealthPlan.com/sso/login)
- United Healthcare: [http://www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

**II. Enrollment Reminders: Updating Client Addresses**
Enrollment information for the STAR+PLUS Managed Care health plans is based on resident address. To assist with accurate enrollment of your residents ongoing, please make sure the mailing address and resident address (if different) are updated.
- You can find information to update your Medicare address:
  - Call 1-800-772-1213 Monday through Friday from 7 AM to 7 PM
  - Contact your local Social Security Office
- You can find information to update your Medicaid address at:
  - [http://www.hhsc.state.tx.us/QuickAnswers/MedCard-FAQs.shtml](http://www.hhsc.state.tx.us/QuickAnswers/MedCard-FAQs.shtml)
Call 1-855-827-3748 / dial 2-1-1, or
Go to www.YourTexasBenefits.com and follow these steps:
  - From the home page click “View my case.”
  - Follow the steps for setting up an account or logging in.
  - Click on the “Case facts” link near the top of the page.
  - Find the case number for the record you need to change.
  - Click on “Report a change to this case.
  - You will be shown a "Getting Started" page that will walk you through the rest of the process.