

# CIGNA-HEALTHSPRING® STAR+PLUS PROVIDER IN-SERVICE

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## AGENDA

- Cigna-HealthSpring Company Overview
- County Coverage for STAR+PLUS
- Medicaid STAR+PLUS Program Overview
- Medicaid STAR+PLUS Program Objectives
- Medicaid STAR+PLUS Qualifications & Exclusions
- Medicaid STAR+PLUS Benefits & Eligibility
- Cigna-HealthSpring Key Partners – Vision, Dental, Pharmacy
- Additional Information
- Interacting with Cigna-HealthSpring STAR+PLUS
- Cigna-HealthSpring Provider Website & Secure Provider Portal
- Fraud, Waste, and Abuse
- STAR+PLUS Disease Management Program
- Important Phone Numbers
- Questions and Answers



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## CIGNA-HEALTHSPRING COMPANY OVERVIEW

Based in Nashville, Tennessee, Cigna-HealthSpring got its start in 2012 and is now one of the country's largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans. Cigna-HealthSpring currently owns and operates Medicare Advantage plans in Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Maryland, Mississippi, Missouri, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, D.C. as well as a national stand-alone prescription drug plan.

### Our Mission Statement

Cigna-HealthSpring is dedicated to improving the health of the communities we serve by delivering the highest quality and greatest value in healthcare benefits and services.



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## CIGNA-HEALTHSPRING COMPANY OVERVIEW

- Medicaid STAR+PLUS – Cigna-HealthSpring currently offers STAR+PLUS and Nursing Facility services in the Tarrant, Hidalgo and MRSA Northeast Service Delivery Areas.
- Combined, Cigna-HealthSpring will cover a total of 50 counties across the State of Texas.



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## COUNTY COVERAGE FOR STAR+PLUS

<b>Tarrant SDA</b> May 1, 2011 – (6 Counties)	<b>Hidalgo SDA</b> March 1, 2012 (10 Counties)	<b>MRSA Northeast</b> September 1, 2014 (34 Counties)
Tarrant, Denton, Johnson, Hood, Parker, and Wise.	Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, and Zapata.	Anderson, Angelina, Bowie, Camp, Cass, Cherokee, Cooke, Delta, Fannin, Franklin, Grayson, Gregg, Harrison, Henderson, Hopkins, Houston, Lamar, Marion, Montague, Morris, Nacogdoches, Panola, Rains, Red River, Rusk, Sabine, San Augustine, Shelby, Smith, Titus, Trinity, Upshur, Van Zandt and Wood.



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## MEDICAID STAR+PLUS PROGRAM OVERVIEW

### STAR+PLUS Program Overview

- > STAR+PLUS is a Texas Medicaid managed care program designed to coordinate and provide preventive, primary, acute care and Long-Term Services and Supports (LTSS) through a managed care delivery system.
- > The STAR+PLUS Program assists Medicaid clients who have chronic and complex conditions and require more extensive care than acute care services alone. For this reason, Service Coordination is a key feature of STAR+PLUS. Service Coordination allows Medicaid clients, their family members, and providers to work together to coordinate acute care services, LTSS, and other community services.



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## MEDICAID STAR+PLUS PROGRAM OBJECTIVES

### STAR+PLUS Program Objectives

- > Prevent or delay the institutionalization of Members through effective use of home and Long-Term Services and Supports
- > Assign Member's to a medical home
- > Assess Member's health risks and functional needs
- > Provide competent service coordination which includes assessing, service planning, monitoring and coordinating care for Members with complex or chronic health care or social support needs
- > Coordinate certain services between Medicaid and Medicare managed care products for Dual Eligible Members



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## MEDICAID STAR+PLUS PROGRAM QUALIFICATIONS

- Enrollment is **required** for Medicaid recipients who live in a STAR+PLUS service area & fit one or more of the following criteria:
  - People who have a physical or mental disability and qualify for supplemental security income (SSI) benefits or for Medicaid due to low income.
  - People who qualify for Community-Based Alternatives (CBA) HCBS STAR+PLUS waiver services.
  - People who are residents of Intermediate Care Facilities (ICF/IID).
  - People who are eligible for services under the Community Living Assistance and Support Services (CLASS) waiver, Deaf Blind with Multiple Disabilities (DBMD) waiver; Home and Community-Based Services (HCS) waiver and the Texas Home Living (TxHmL) waiver.
  - People age 21 or older who can receive Medicaid because they are in a Social Security Exclusion program and meet financial criteria for HCBS STAR+PLUS waiver services.
  - People age 21 or older who are receiving SSI.

\*Children who are under age 21 and eligible for Medicaid through SSI can enroll in STAR+PLUS voluntarily.



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## MEDICAID STAR+PLUS PROGRAM EXCLUSIONS

- The following are **excluded** from participation in STAR+PLUS:
  - Clients of Medicaid HCBS STAR+PLUS waiver services other than Community-Based Alternatives services.
  - People not eligible for Medicaid.
  - Children in state foster care.



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## MEDICAID STAR+PLUS ENROLLMENT

- Once a Medicaid client is determined by HHSC to be eligible for STAR+PLUS, he/she will receive an enrollment packet in the mail from HHSC's administrative services contractor, MAXIMUS.
- The packet contains information about the STAR+PLUS program, instructions for completing the enrollment form, and information about the HMOs available in his/her Service Area.
- MAXIMUS processes STAR+PLUS applications, assists Members who are transitioning from traditional, fee-for-service Medicaid into the STAR+PLUS Program, and assists Members in selecting an HMO and a PCP.
- Members who need assistance can contact an enrollment counselor by calling the MAXIMUS Helpline at 1-800-964-2777.
- If the Member enrolls before the 15<sup>th</sup> of the month he/she will become effective the 1<sup>st</sup> of the next month. If the Member enrolls after the 15<sup>th</sup> of the month they will become effective the 1<sup>st</sup> of the following month (e.g., 45 days).



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## MEDICAID STAR+PLUS DUAL-ELIGIBLE MEMBERS

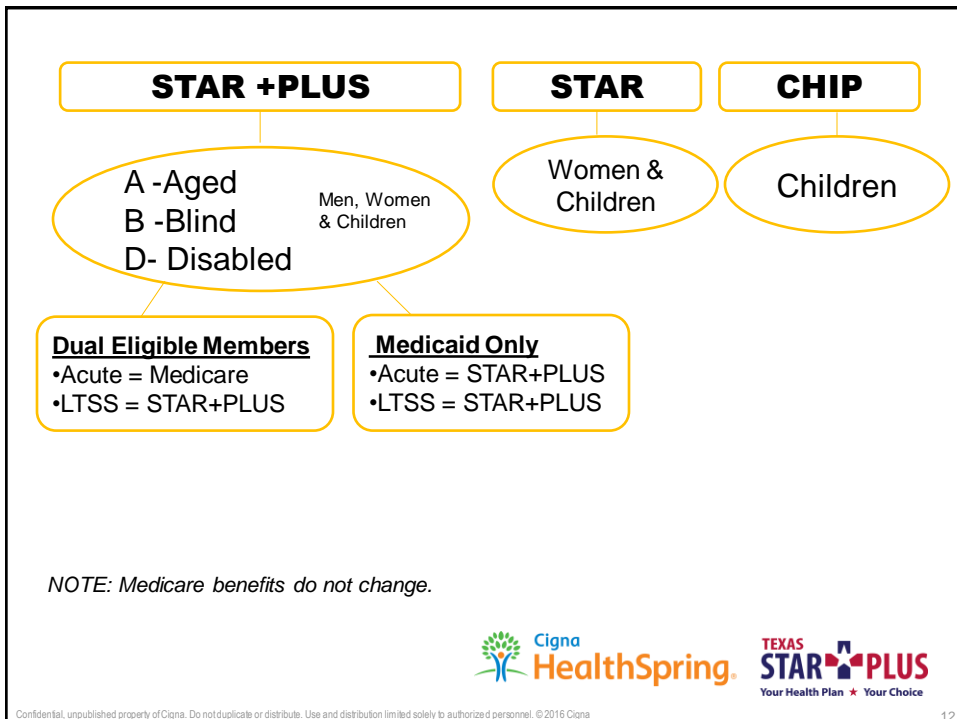
### Important Notes for clients with Medicare coverage

- ✓ Enrollment in Medicare does not affect STAR+PLUS eligibility.
- ✓ Dual eligible Members choose a STAR+PLUS HMO but do not choose a PCP because they receive their acute care and pharmacy benefits from their Medicare providers. The STAR+PLUS HMO covers only LTSS for dual eligible Members.
- ✓ STAR+PLUS does not change the way a Medicare beneficiary receives Medicare services.



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## MEDICAID STAR+PLUS BENEFITS

- Texas Medicaid Program benefits (Acute)
  - ✓ Medical
  - ✓ Behavioral
- Community Based Long Term Care benefits (LTSS)
- Enhanced Benefits - Unlimited Prescriptions
- Cigna-HealthSpring Value-Added benefits



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## MEDICAID STAR+PLUS BENEFITS

### Texas Medicaid Program Benefits (Medical)

Medically necessary services covered under the traditional and fee-for-service Medicaid program include:

- ambulance
- audiology
- chiropractic
- dialysis
- DME
- emergency services
- hospital services
- laboratory
- podiatry
- primary care services
- prenatal care
- Nursing facility
- radiology
- specialty care services
- therapies
- transplantation
- In-home Telemonitoring

For a comprehensive list of services and/or exclusions, please refer to the current Texas Medicaid Provider Procedures Manual (TMPPM) available at [www.tmhp.com](http://www.tmhp.com).



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## MEDICAID STAR+PLUS BENEFITS

### Texas Medicaid Program Benefits (Behavioral)

Behavioral Health services – for the treatment of mental, emotional, or chemical dependency is a key component of the STAR+PLUS program. For a comprehensive list of covered behavioral health services and/or exclusions, please refer to the current Texas Medicaid Provider Procedures Manual (TMPPM). Examples include:

- Targeted Case Management
- Mental Health Rehabilitative Services
- Cognitive Rehabilitation Therapy
- Inpatient mental health services for adults & children
- Outpatient mental health services for adults & children
- Counseling services for adults (21 years of age and over)
- Psychiatry services
- Electroconvulsive therapy
- Outpatient services, including:
  - Assessment
  - Detoxification services
  - Counseling treatment
  - Medication Assisted Therapy
- Residential services including:
  - Detoxification services and substance use disorder treatment (including room & board)



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## MEDICAID STAR+PLUS BENEFITS

### Texas Medicaid Program Benefits (Behavioral)

When a Member does not keep a scheduled appointment, the Behavioral Health provider should contact the Member to reschedule the missed appointment within twenty-four (24) business hours. Providers should not bill Members for missed appointments. It is a state mandate for a follow-up appointment within 7 days of discharging a Member from an inpatient setting. MCO must ensure that Behavioral Health Service Providers contact Members who have missed appointments within 24 hours to reschedule appointments.

Our Behavioral Health Department is comprised of:

- Medical Director – Board-certified Psychiatrist.
- Case Managers - licensed clinicians, who assist with expediting appointments and follow-up with the providers to confirm whether the appointment was kept or not.
- BH Inpatient Review Nurses to assist our Members with discharge planning needs and coordination of care.
- MHMR clinicians located in our office to coordinate care for our Members who need immediate and intensive response to person in crisis, at high risk of becoming emergent and potentially needing inpatient care.

Mobile Crisis Outreach Team (MCOT) assists in services such as:

- Providing transportation
- De-escalating the crisis
- Intensive interventions
- Diverting hospitalization



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## MEDICAID STAR+PLUS BENEFITS

### Mental Health Rehabilitation and Mental Health Targeted Case Management

Cigna-HealthSpring will cover Mental Health Rehabilitative Services and Targeted Case Management using the Department of State Health Services Resiliency and Recovery Utilization Management Guidelines (RRUMG) and the Adult Needs and Strengths Assessment (ANSA) or the Child and Adolescent Needs and Strengths (CANS). These benefits were historically offered through most MHMRs in the region.

The following Mental Health Rehabilitative services may be provided to individuals with a Severe and Persistent Mental Illness (SPMI) or a Serious Emotional Disturbance (SED):

- Adult Day Program
- Medication Training and Support
- Crisis Intervention
- Skills Training and Development
- Psychosocial Rehabilitative Services

The following Mental Targeted Case Management services may be provided to individuals with a SPMI or a SED:

- Case Management for individuals who have SED (child, 3 through 17 years of age)
- Case Management for individuals who have SPMI (adult, 18 years of age or older)

These services will require authorization by Cigna-HealthSpring Utilization Management.

Cigna-HealthSpring will contract with providers and provider groups that meet HHSC qualifications and supervisory protocols to provide Mental Health Rehabilitative Services and Mental Health Targeted Case Management.



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## MEDICAID STAR+PLUS BENEFITS

### Supported Employment/Assistance

Managed by a Cigna-HealthSpring contracted provider through Service Coordination. Service Coordination responsibilities will include how to assess and provide information to Members related to Employment Assistance (EA) and Supported Employment.

**Employment Assistance** means assistance provided as an HCBS STAR+PLUS Waiver service to a Member to help the Member locate paid employment in the community.

EA services include, but are not limited to, the following:

- identifying a member's employment preferences, job skills, and requirements for a work setting and work conditions;
- locating prospective employers offering employment compatible with a member's identified preferences, skills, and requirements; and
- contacting a prospective employer on behalf of A Member and negotiating the member's employment.

**Supported Employment** means assistance provided as an HCBS STAR+PLUS Waiver service, in order to sustain paid employment, to a Member who, because of a disability, requires intensive, ongoing support to be self-employed, work from home, or perform in a work setting at which Members without disabilities are employed.



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## MEDICAID STAR+PLUS BENEFITS

### Long Term Services & Supports

- **Services for all STAR+PLUS Members**

- PAS-Personal Attendant Services (requires Health Risk Assessment)
- DAHS-Daily Activity Health Services

- **Services for HCBS STAR+PLUS Waiver Eligible Members only; previously known as the 1915(c) STAR+PLUS waiver program**

- |                                    |   |
|------------------------------------|---|
| ✓ Adaptive Aids                    | ✓ Minor Home Modifications              |
| ✓ Adult Foster Care                | ✓ Nursing Services, in-home             |
| ✓ Assisted Living                  | ✓ Respite Care                          |
| ✓ Residential Care                 | ✓ Skilled Nursing                       |
| ✓ STAR+PLUS Dental                 | ✓ Support Consultation                  |
| ✓ Emergency Response               | ✓ Therapy – PT, ST & OT                 |
| ✓ Home Delivered Meals             | ✓ Transition Assistance Services        |
| ✓ Supported Employment/Assistance  | ✓ Personal Attendant Services (PAS)     |
| ✓ Cognitive Rehabilitation Therapy | ✓ Daily Activity Health Services (DAHS) |



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## MEDICAID STAR+PLUS PROGRAM QUALIFICATIONS

### IDD Program Populations and Eligibility

Persons transitioning into STAR+PLUS for **Acute**/Medical care services include:

- Adults who live in a community-based Intermediate Care Facility for individuals with an intellectual Disabilities or Related Conditions (ICF-IID)

IDD Eligibility is determined by:

- Meeting the LOC I or LOC VIII criteria
- Be in need of, and able to benefit from, Active Treatment provided in the 24-hour supervised residential setting
- Be eligible for Supplemental Security Income (SSI) or Medical Assistance Only (MAO)
- Be eligible for Medicaid

Excluded IDD Eligibility is determined for:

- Individuals residing in a state-supported living center
- Dual-eligible Members (receiving Medicare and Medicaid)

*Children and young adults under age 21 receiving SSI or SSI-related services are voluntary*



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## MEDICAID STAR+PLUS COMMUNITY FIRST CHOICE (CFC)

### CFC Populations and Eligibility and Exclusions

To be eligible for CFC services delivered in managed care, a member must:

- > Be enrolled in managed care through STAR+PLUS or STAR Health
- > Receive PAS through STAR+PLUS
- > Children and Young Adults currently receiving Personal Care Services
- > Meet the institutional level of care for a hospital, an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), nursing facility (NF), or Institution for Mental Disease (IMD)

Individuals excluded for CFC services are:

- > Due to a federal limitation. STAR+PLUS HCBS waiver Members whose financial eligibility is established as Medical Assistance Only (MAO)
- > Members in nursing facilities, hospitals, Institutions for mental disease (IMD), Intermediate care facilities for individuals with an intellectual disability or related condition (ICF-IID), or any setting with the characteristics of an institution



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## MEDICAID STAR+PLUS COMMUNITY FIRST CHOICE (CFC)

### CFC Program Benefits

CFC services include:

- Personal Assistance Services
- Emergency Response Services
- Habilitation
- Support Management

**Local Authorities (LA)** are responsible for the following:

- Conducting a Determination of Intellectual Disability (DID), if needed
- Conducting the ID/RC assessment for ICF/IID Level of Care (LOC)
- Transmitting DID and ID/RC information to DADS
- Developing recommended service plans for adult members who receive a DID and approved LOC
- Collaborating with MCOs in agreeing to, and jointly presenting, a service plan to members
- Provide ongoing service coordination to members as needed

Local Authorities may not provide both CFC services and perform service coordination



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## MEDICAID STAR+PLUS COMMUNITY FIRST CHOICE (CFC)

### CFC MCO REQUIREMENTS

#### MCO RESPONSIBILITIES FOR MEMBERS WITH IDD

MCO is responsible for :

- Referring members with IDD or who potentially could have IDD to the LA for assessment
- Considering the recommended service plan for adults the LAs submit or developing service plans for children
- Collaborating with the LA for agreement on the service plan for STAR+PLUS members
- Meeting jointly with the LA and the member to review the service plan for STAR+PLUS members
- Authorizing services
- Providing ongoing service coordination to member
- Conducting the MN/LOC assessment and submitting it to the Texas Medicaid and Healthcare Partnership for a LOC decision
- Developing the service plans
- Providing ongoing service coordination or service management to members



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## MEDICAID STAR+PLUS BENEFITS

### Special Supplemental Nutrition Program

A major goal of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), is to determine the nutritional status of infants.

Cigna-HealthSpring will also make referrals to WIC for Members who are may be eligible for WIC program. Call 1-800-942-3678 for WIC program details through Texas WIC.

Breast pumps are a covered benefit for the following conditions:

- When infants are premature and unable to suck,
- When infants have severe feeding problems (e.g., cleft lip and/or palate); or unable to suck;
- When mothers have difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness,
- When mothers and infants are separated (such as hospitalization or returning to work or school),
- When mothers have temporary breastfeeding problems such as engorgement,
- When mothers have multiple births (e.g., twins, triplets, etc.), and
- Any other condition as deemed necessary by the MCO.

**\*Prior Authorization is required.**



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## MEDICAID STAR+PLUS BENEFITS

### Cigna-HealthSpring Value Added Benefits

#### Medicaid ONLY Members

Dental Services for Adults, age 21 and over
Enhanced Vision Services for Adults, age 21 and over
Good Health Reward - \$20 gift card for annual well visit or Texas Health Steps checkup and certain labs or immunizations
Welcome Home! Home Health Visit for new moms
Texas Health Steps Checkup - \$30 gift card within 90 days of enrollment with Cigna-HealthSpring for members birth thru 20 years of age
Respite Care for Medicaid Only OCC and Dual Members
Emergency Response Services for Medicaid Only and Dual Members
\$20 gift card for Female Members that complete a recommended mammogram
Diabetic Members will receive a \$20 gift card for completing a recommended HbA1c lab test each year. Adults age 18 to 75

**Note:** For more information on Cigna-HealthSpring Value-Added benefits, or any benefits related to the STAR+PLUS program, please contact the Cigna-HealthSpring STAR+PLUS Provider Services or visit the Member website at <http://starplus.mycignahealthspring.com/>.



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## MEDICAID STAR+PLUS BENEFITS

### Cigna-HealthSpring Value Added Benefits - \*effective 9/1/16

#### ALL Members

24-Hour Health Information Line
Transportation Services
Cigna-HealthSpring Fitness Plus- Active & Fit Home Fitness Kit
Over-the-Counter Medicines
AM/PM 7-day pill box
Vinyl Gloves
*Reacher/Grabber
Cigna-HealthSpring Fitness Plus- Active & Fit Fitness Facility Membership
*Clip-on Lamp
Cold & Flu Kit
Pregnant and Infant Care Book for Expecting Moms
First Aid Kit
*Fleece Blanket



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## CIGNA-HEALTHSPRING'S KEY PARTNERS

- Dental Services – DentaQuest – **DentaQuest** provides dental services to all Cigna-HealthSpring STAR+PLUS Members. Dental providers must contract with DentaQuest to provide dental services to Cigna-HealthSpring STAR+PLUS Members.
- Vision Services – Superior Vision – **Superior Vision** provides vision services to all Cigna-HealthSpring STAR+PLUS Members. Vision providers must contract with Superior Vision to provide vision services to Cigna-HealthSpring STAR+PLUS Members.
- Pharmacy Services – OptumRX – **OptumRX** provides prescription medications to all Cigna-HealthSpring STAR+PLUS Members. Pharmacy providers must contract with OptumRX to provide prescription medications to Cigna-HealthSpring STAR+PLUS Members.

**NOTE: OptumRX is contracted with 95% of pharmacies.**



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## ADDITIONAL INFORMATION

### Texas Health Steps

- The Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service (medical, dental, & case management) for individuals from birth through 20 years of age. In Texas, the EPSDT is known as Texas Health Steps (THSteps).
- Texas Health Steps is committed to recruiting and retaining qualified providers to assure that comprehensive preventive health, dental, and case management services are available.
- Providers performing medical, dental, & case management services who wish to be eligible for reimbursement for Medicaid & Texas Health Steps services must enroll in these programs through the Texas Medicaid & Healthcare Partnership (TMHP). Providers can enroll by visiting the following link:  
[http://www.tmhp.com/Pages/ProviderEnrollment/PE\\_THSteps\\_Medical.aspx](http://www.tmhp.com/Pages/ProviderEnrollment/PE_THSteps_Medical.aspx)

**Note:** Please review the **Texas Health Steps supplement** packet on our website.



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## ADDITIONAL INFORMATION

### Children of Migrant Farm Workers

**Texas HHSC requires Managed Care Organizations to file regular reports regarding efforts to:**

- Identify services for Children of Migrant Farm Workers
- Arrange for **Accelerated Services**

**Service Coordinators are responsible for the following:**

- Identifying & organizing services for Children of Migrant Farm Workers
- Managing outreach efforts w/statewide groups
- Working with Providers to deliver accelerated services
- Setting up appointments with PCP
- Arranging for continuity of care when Members are preparing to migrate

**Members can receive any Texas Health Steps services from any Texas Health Step provider in or out of network.**



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

### Member/Provider Services-Eligibility Verification

#### 3 Ways to Verify Eligibility with Cigna-HealthSpring

1. The Cigna-HealthSpring Provider/Member Services Department by calling 1-877-653-0331.
2. TexMedConnect - The State's eligibility verification system
3. The Cigna-HealthSpring secure Provider Portal accessible through the Cigna-HealthSpring Website

**Note:** Member Eligibility can change each month. Please verify eligibility the 1<sup>st</sup> of every month.



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

Member/Provider Services-Eligibility Verification

### NEW Texas Medicaid STAR+PLUS ID Card:

Medicaid providers should be prepared to verify a person's Medicaid eligibility with the new Your Texas Benefits Identification Card card.

- The front of the card shows the person's unique Medicaid ID#
- That same number is embedded in a magnetic strip on the back
- Accessible with a basic swipe-style card reader, if Provider has a card reader in his/her office

Provider/Member Services Department can be contacted by calling 1-877-653-0331.



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

Texas Medicaid "Your Texas Benefits" Card

\*Please note the STAR+PLUS MCO will not be listed on the card\*

		<b>Medicaid Program Name</b>	
<b>Medicaid ID Card</b>		<b>Medical plan/Plan médico</b>	
Member name: John Doe	Member ID (Medicaid ID): 123456789	Plan name / Nombre del plan: 1-800-###-####	
Issuer ID: XXXXXXXXXX	Date card sent: 03/01/2014	Dental plan/Plan dental: Plan name / Nombre del plan: 1-800-###-####	
RdBN: 001111	RdCV: ADV	RdBP: RX1234	
<b>Limited Doctor</b>	<b>Limited Drug Store</b>		
Dr. Name: 1234 Texas Place Austin, TX 78758	Pharmacy Name: 1234 Texas Place Austin, TX 78758		

This card does not guarantee eligibility.      La tarjeta no garantiza la elegibilidad.	
<b>Need Help?      ¿Necesita Ayuda?</b> 1-800-252-8263	
Questions about your doctor? Call your health plan.	¿Preguntas sobre su doctor? Llame su plan de salud.
<a href="http://www.YourTexasBenefits.com">www.YourTexasBenefits.com</a>	
<small>AB-CD-5678</small>	



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

Cigna-HealthSpring STAR+PLUS Example ID Card Below

### 2016 ID Card Star+Plus Dual-Eligible

	
Issuer/Emisor	80840
Member ID/No. de identificación del miembro:	<Member ID>
Name/Nombre:	<Member Name>
<p>If you get Medicare, Medicare is responsible for most primary, acute, and behavioral health services; therefore, the PCP's name, address and telephone number are not listed on the card. The member receives long-term services and support through Cigna-HealthSpring. In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Si usted cuenta con Medicare, Medicare es responsable de cubrir la mayor parte de los servicios de atención básica, intensiva y de comportamiento; por lo tanto, su tarjeta no incluye el nombre, la dirección, ni el número de teléfono de su médico (PCP). El miembro recibe apoyo y servicios de largo plazo a través de Cigna-HealthSpring. En caso de emergencia, llame al 911 o vaya a la sala de urgencias más cercana. Después de recibir tratamiento, llame a su PCP en las siguientes 24 horas o tan pronto como sea posible.</p>	

Member Services/Departamento de servicio al miembro:	1-877-653-0327
Hearing Impaired/Personas con problemas auditivos:	7-1-1
Service Coordination/Coordinación de servicios:	1-877-725-2688
Behavioral Health and Substance Abuse/Servicios de salud mental y abuso de sustancias:	1-877-725-2539
Available 24 hours a day, 7 days a week	
Disponible las 24 horas del día, los 7 días de la semana	
<hr/>	
Long Term Care Service ONLY/Solo servicios de atención a largo plazo	
<hr/>	
For Prior Authorization/Para autorización previa:	1-877-725-2688
<hr/>	
Cigna-HealthSpring STAR+PLUS Claims:	Catamaran
P.O. Box 981709-STAR+PLUS	RxBIN: 017010
El Paso, TX 79998-1709	RxPCN: CIHSCAID
	RxGroup: MEDICAID




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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

Cigna-HealthSpring STAR+PLUS Example ID Card Below

### 2016 ID Card Star+Plus

	
Issuer/Emisor	80840
Member ID/No. de identificación del miembro:	<ID Number>
Name/Nombre:	<Name>
PCP Name/Nombre del PCP:	<PCP Name>
PCP Phone/Teléfono del PCP:	<PCP Phone number>
PCP Effective Date/Fecha de vigencia del PCP:	<Date>
<p>In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. En caso de emergencia, llame al 911 o vaya a la sala de urgencias más cercana. Después de recibir tratamiento, llame a su PCP en las siguientes 24 horas o tan pronto como sea posible.</p>	

Member Services/Departamento de servicio al miembro:	1-877-653-0327
Hearing Impaired/Personas con problemas auditivos:	7-1-1
Service Coordination/Coordinación de servicios:	1-877-725-2688
Behavioral Health and Substance Abuse/Servicios de salud mental y abuso de sustancias:	1-877-725-2539
Available 24 hours a day, 7 days a week	
Disponible las 24 horas del día, los 7 días de la semana	
<hr/>	
For Prior Authorization/Para autorización previa:	1-877-725-2688
<hr/>	
Cigna-HealthSpring STAR+PLUS Claims:	Catamaran
P.O. Box 981709-STAR+PLUS	RxBIN: 017010
El Paso, TX 79998-1709	RxPCN: CIHSCAID
	RxGroup: MEDICAID



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

### Service Coordination

**Cigna-HealthSpring offers Service Coordination for STAR+PLUS Members in an effort to work collaboratively with Providers & Members to:**

- Assess Member health needs
- Create a plan of care
- Organize delivery of healthcare services
- Monitor progress toward Member's individual health goals

**In addition, Service Coordination assists with long term services & supports such as:**

- Adult Foster Care and/or Adult Day Care
- Personal Attendant Services
- Minor Home Modifications
- Home Delivered Meals

**Note:** To reach a Service Coordinator call **1-877-725-2688** for all areas.



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

### Member/Provider Services

Member/Provider Services provides customer service for Providers, Member's authorized personal representatives as well as vendors etc. Services provided include:

- ✓ Verifying eligibility, benefits and prior authorizations on file
- ✓ Assisting providers to the correct departments
- ✓ Verifying claims receipt or review claims status
- ✓ Processing demographic changes such as PCP on file or Member address changes
- ✓ Providing assistance with Cigna-HealthSpring's public website & secure Provider Portal

Contact Provider/Member Services Department at **1-877-653-0331**.



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## INTERACTING WITH CIGNA-HEALTHSPRING STAR+PLUS

### Contracting & Provider Relations

#### The Contracting & Provider Relations function includes:

1. Responsibility for maintaining the provider network, ensuring a sufficient number of providers are available in each county to serve the healthcare needs of Members enrolled in Cigna-HealthSpring's STAR+PLUS Program.
2. Distributing documents, to Providers as well as respond to any inquiries related to contracting & credentialing requirements.
3. Serving as the primary liaison with participating providers to resolve any operational challenges between the Provider & Cigna-HealthSpring.



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## CIGNA-HEALTHSPRING STAR+PLUS PROVIDER WEBSITE

A screenshot of the Cigna-HealthSpring STAR+PLUS Provider Website. The top navigation bar includes "Provider Resources", "Claims and Authorizations", "Pharmacy", and "Updates and Education". Below the navigation is a large photo of five diverse healthcare professionals. Underneath the photo, the text "Cigna-HealthSpring® STAR+PLUS" is displayed. Three main content boxes are visible: "NEW CLAIMS PORTAL: SAME WORKFLOW" (orange), "TRIP UP ENROLLMENT: REFLECTIVE IMMEDIATELY" (green), and "New 'Blue Button' Accesses Patient Medical History" (blue). Below these are links for "ICD-10 is here! Learn more &gt;" and "Click here for THSteps Provider Training 2014".

- The Cigna-HealthSpring Texas Medicaid STAR+PLUS website is available at:  
<http://starplus.cignahealthspring.com>
- The website includes much of the information included in today's presentation and allows Providers to download numerous additional, more informative resources as well, such as:
  - ✓ STAR+PLUS Provider Manual
  - ✓ STAR+PLUS Quick Reference Guide
  - ✓ STAR+PLUS Provider Directory
  - ✓ STAR+PLUS LTSS Billing Guidelines
  - ✓ Clinical Practice Guidelines



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## CIGNA-HEALTHSPRING'S SECURE PROVIDER PORTAL



- Cigna-HealthSpring's secure **Provider Portal** is available to participating providers only.
- Providers must have a User ID & Password to access the Provider Portal. New Providers must register a User ID & Password online when accessing the Provider Portal.
- The Provider Portal allows 24-hour access and is an interactive site where participating Providers are allowed to:

- ✓ Check claim status
- ✓ Verify Member eligibility and PCP on file
- ✓ Request authorizations
- ✓ Check authorization status
- ✓ Displays Member's Service Coordinator

**Providers can seek assistance with the Provider Portal by calling 1-866-952-7596.**



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## CIGNA-HEALTHSPRING SECURE PROVIDER PORTAL



User ID:   
 Password:   
  
[New User](#) | [Forgot My Password](#) | [Forgot New User](#)

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- Cigna-HealthSpring claims portal, administered by Change Healthcare.
- Providers must have a user ID & password to access the Claims Provider Portal
- Access the Claims portal via HSConnect by selecting the **New Claim** tab.
- Slides with portal images are for Cigna-HealthSpring provider portal only.
- Registrant must confirm their email in order to view claims under Reporting & Analytics.
- The Provider Portal allows 24-hour access and is an interactive site where participating Providers are allowed to:

- ✓ Submit claims individually or by batch for CMS 1500 or UB04
- ✓ Check claim status individually or by batch
- ✓ Correct claims electronically
- ✓ Access ERA's and electronic EOP's
- ✓ Review Reports and Analytics
- ✓ Submit electronic appeals



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## FRAUD, WASTE AND ABUSE

### Definitions

**Fraud:** Intentional deception or misrepresentation to obtain money or products of a health care benefit program by false or fraudulent pretenses/representation.

**Waste:** The over-utilization of services that result in unnecessary costs.

**Abuse:** Obtaining payment for items or services when there is no legal entitlement to that payment, but without knowing and/or intentional misrepresentation of facts to obtain payments, resulting in unnecessary costs to the Medicare program or improper payment for services that fail to meet professionally recognized standards of care or that are medically necessary.

### What are the differences between Fraud, Waste and Abuse?

One of the primary differences is intent and knowledge. Fraud requires the person to have intent to obtain payment and the knowledge that his or her actions are wrong. Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge as Fraud.



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## FRAUD, WASTE AND ABUSE

### Examples of Fraud, Waste and Abuse

Let us know if you suspect a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law.

For example, tell us if you think someone is:

- > Getting paid for services that weren't given or necessary.
- > Not telling the truth about a medical condition to get medical treatment.
- > Allowing someone else to use his/her Medicaid ID.
- > Using someone else's Medicaid ID.
- > Not telling the truth about the amount of money or resources he/she has in order to receive benefits.



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## FRAUD, WASTE AND ABUSE

### Lines of Communication

#### Via Cigna-HealthSpring

To report suspected or detected Medicare or Medicaid program non-compliance, please contact Cigna-HealthSpring's Compliance Department . To report potential fraud, waste, or abuse please contact Cigna-HealthSpring's Benefit Integrity Unit.

Cigna-HealthSpring

**Attn: Compliance Department**

530 Great Circle Rd

Nashville, TN 37228

Cigna-HealthSpring

**Attn: Benefit Integrity Unit**

500 Great Circle Road

Nashville, TN 37228

By phone: 1-800-230-6138, Monday through Friday, 8:00 AM to 6:00 PM CST

#### Via HHSC Office of Inspector General

Visit <http://oig.hhsc.state.tx.us/>. Under the box labeled "I WANT TO" click "Report Waste, Abuse and Fraud" to complete the online form. The site tells you about the types of waste, abuse and fraud to report.

If you would rather talk to a person, call the HHSC Office of Inspector General Fraud Hotline (OIG) at 1-800-436-6184.



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## STAR+PLUS DISEASE MANAGEMENT PROGRAM

> Cigna-HealthSpring currently offers comprehensive disease management services, this program emphasizes on the management of moderate to high risk members with chronic conditions:

- COPD & Asthma
- Diabetes
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Chronic Kidney Disease & its complications
- Obesity
- Behavioral Health Diagnoses
- End of life care
- Other diseases based on prevalence of the MCO's membership

**Note:** Members who are STAR+PLUS Dual eligible or in a Nursing Facility are currently not eligible for these programs



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## STAR+PLUS DISEASE MANAGEMENT PROGRAM CONTINUED

To make this program successful:

- > Members receive an enrollment letter and are advised to call the Service Coordination line (1-888-725-2688) should they have questions about the program.
- > Primary Care Physicians receive a letter informing them of the program with the Member's information. Primary Care Physicians are asked to comply with Cigna-HealthSpring's request to submit the necessary medical records in order for review nurses to ensure that Members care plan is kept on target.
- > [TXSTARPLUSDM@healthspring.com](mailto:TXSTARPLUSDM@healthspring.com) is the mailbox to use for assistance regarding the Internal Disease Management Program, the Intensive Programs and the Comprehensive Programs.



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## INTERNAL CONTACTS

INTERNAL CONTACTS	Phone Number
Behavioral Health Substance Abuse Services	1-877-725-2539
Behavioral Health Crisis Hotline- Hidalgo	1-888-843-1315
Behavioral Health Crisis Hotline- Tarrant	1-877-562-4397
Claims Status Request	1-877-653-0331
Compliance Hotline	1-877-653-0331
Cigna-HealthSpring Automated Eligibility Verification Line	1-866-467-3126
Provider/Member Services Department	1-877-653-0331
Utilization Management – Service Coordination	1-877-725-2688
Utilization Management – Concurrent Review & Skilled Nursing Facility	1-877-725-2688
Utilization Management – Home Health	1-877-725-2688
Utilization Management – Inpatient Intake	1-877-725-2688
Utilization Management – Prior Authorization	1-877-725-2688



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## EXTERNAL CONTACTS

EXTERNAL CONTACTS	Phone Number
24- Hour Health Information Line (HIL)	1-855-418-4552
Automated Inquiry System (AIS), Eligibility Verification	1-800-925-9126
Cigna-HealthSpring Pharmacy	1-877-653-0331
Comprehensive Care Program (CCP)	1-800-846-7470
Dental (DentaQuest) – Provider Services	1-888-308-9345
Dental (DentaQuest) – Member Services	1-855-418-1628
Change Healthcare (formerly Emdeon)	1-800-845-6592
Laboratory Services (Quest Diagnostics)	1-800-522-9235
Laboratory Services (CPL)	1-800-595-1275
Laboratory Services (LabCorp)	1-888-522-2677
Laboratory Services (ProPath)	1-866-776-7284
<b>MAXIMUS (Medicaid Managed Care Helpline)</b>	<b>1-800-964-2777</b>
Medicaid Managed Care Helpline	1-866-566-8989
Medicaid Managed Care Helpline TDD	1-866-222-4306
Medical Transportation Program (MTP) – Tarrant SDA	1-855-687-3255
Medical Transportation Program (MTP) – Hidalgo SDA and MRSA Northeast SDA	1-877-633-8747
Texas Department of Family & Protective Services (TDFPS)	1-800-252-5400
Vision (Superior Vision)	1-866-819-4298



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# Questions & Answers



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