



Texas Dual Eligibles Integrated Care Demonstration Project – Frequently Asked Questions

What is the Texas Dual Eligibles Integrated Care Demonstration Project?

The Texas Dual Eligibles Integrated Care Demonstration Project (“the Demonstration”) is a joint Medicare and Medicaid demonstration designed to integrate care for Texas beneficiaries who have both Medicare and Medicaid. Beneficiaries participating in the Demonstration will receive both Medicare and Medicaid coverage, including Part D prescription drugs, from a single, integrated Medicare-Medicaid plan (MMP). In Texas, the Demonstration builds off the existing STAR+PLUS Medicaid managed care program, and the new Demonstration plans, operated by the same five managed care organizations currently in STAR+PLUS, will be called “STAR+PLUS MMPs.” The Demonstration will be jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the Texas Health and Human Services Commission (HHSC).

Who is eligible for Texas’ Demonstration?

In general, individuals who meet all of the following criteria will be eligible to enroll in a STAR+PLUS MMP:

- Reside in one of six counties: Bexar, Dallas, El Paso, Harris, Hidalgo, or Tarrant;
- Age 21 or older;
- Have both Medicare and STAR+PLUS Medicaid; and
- Do not have third party insurance (other than Medicare and Medicaid).

When can beneficiaries enroll in Texas’ Demonstration?

Texas will start sending notices to eligible individuals about their enrollment options in January 2015. Eligible beneficiaries who sign up for a STAR+PLUS MMP can be covered by the MMP as early as March 1, 2015. Those who do not make an affirmative choice to choose a STAR+PLUS MMP or opt-out will be auto-assigned to a STAR+PLUS MMP starting as soon as April 1, 2015 – a process called “passive enrollment.”

Is the demonstration mandatory for dually eligible beneficiaries in Texas?

Individuals can opt-out of the demonstration at any time, before or after passive enrollment, to keep their Medicare and Medicaid the same as it is today. Eligible beneficiaries who opt-out or disenroll from the Demonstration will continue to receive Medicaid services through the STAR+PLUS program, and they will continue to have a choice of Original Medicare or Medicare Advantage and a prescription drug plan.



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How do I join the STAR+PLUS MMPs' networks?

Providers are encouraged to consider joining the networks of one or more the STAR+PLUS MMPs in order to provide continuous care to eligible beneficiaries and to be part of this important initiative to coordinate care. The STAR+PLUS MMPs are currently contracting with providers. If you're a provider serving dual eligible individuals in one of the six Demonstration counties and the STAR+PLUS MMPs haven't contacted you already, you can reach out to them directly for more information. For contact information for each of the MMPs and a list of the geographic areas each MMP is scheduled to serve, please visit the [HHSC website \(http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/\)](http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/).

Can I continue to see my patients who join a STAR+PLUS MMP even if I'm not participating?

Yes, for a limited amount of time. The Texas Demonstration includes important continuity of care provisions:

- All beneficiaries new to a STAR+PLUS MMP will have a transition period of up to ninety (90) days from the time of enrollment, during which they can continue a current course of treatment with their existing provider.
- All beneficiaries receiving Medicaid long-term supports and services (LTSS), such as nursing facility services, personal assistance services (PAS), or day activity and health services (DAHS), at the time of enrollment in a STAR+PLUS MMP must receive continued authorization for those services for up to six (6) months.
- Beneficiaries with a terminal illness may continue to access out-of-network services for up to nine (9) months after enrollment.
- Furthermore, the STAR+PLUS MMP must honor all prior approvals for non-Part D drugs, therapies, or other services existing in Medicare or Medicaid at the time of enrollment for ninety (90) days.

How can my patients get help understanding their coverage options under Texas' Demonstration?

For more information, beneficiaries can visit the [Texas Health Information Counseling and Advocacy Program \(HICAP\) \(http://www.tdi.texas.gov/consumer/hicap/hicaphme.html\)](http://www.tdi.texas.gov/consumer/hicap/hicaphme.html). You may also email [HICAP \(ConsumerProtection@tdi.texas.gov\)](mailto:HICAP_ConsumerProtection@tdi.texas.gov) or call 1-800-252-3439.

How can I find out more about Texas' Demonstration and the continuity of care protections?

If you have questions regarding the Demonstration, please email the [HHSC \(Managed_Care_Initiatives@hhsc.state.tx.us\)](mailto:Managed_Care_Initiatives@hhsc.state.tx.us) or visit the [HHSC website \(http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/\)](http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/). For more information on the continuity of care provisions under the Demonstration, please refer to Appendix 7 on page 66 of the [Texas MOU \(http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXMOU.pdf\)](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXMOU.pdf).