

TexanPlus[®] HMO/HMO-POS

Medicare Advantage Health Plans

Important Notice: Texas Dual Eligible Demonstration

This bulletin provides important information related to a new federal-state demonstration project in Texas serving individuals eligible for both Medicare and Medicaid (also known as “dual eligibles”) in six counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant.

Please review the following summary and Frequently Asked Questions (FAQs) carefully to better understand how the “Texas Dual Eligibles Integrated Care Demonstration Project” affects dual eligible beneficiaries enrolled in Medicare Advantage (MA) plans including TexanPlus[®] HMO.

Key Facts

- The “Texas Dual Eligibles Integrated Care Demonstration Project” was created through a federal-state partnership between the Centers for Medicare & Medicaid Services (CMS) and the Texas Health and Human Services Commission (HHSC);
- Five approved STAR+PLUS Medicare-Medicaid Plans (MMPs) will provide integrated Medicaid and Medicare benefits to demonstration enrollees in six counties, including Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant;
- Participating MMPs include Amerigroup MMP, Molina MMP, Superior MMP, United MMP and Cigna-HealthSpring MMP. MMP participation varies from county to county;
- Demonstration-eligible individuals will be passively enrolled in an MMP after receiving notification. This means eligible beneficiaries will be enrolled automatically unless they choose to opt out;
- Generally speaking, dual eligible beneficiaries will be included in the demonstration if they meet all of these criteria:
 - Are age 21 or older
 - Get Medicare A, B and D, and are receiving full Medicaid benefits
 - Are in the Medicaid STAR+PLUS program, which serves Medicaid clients who have disabilities or get STAR+PLUS Home and Community Based Services waiver services;
- However, Medicare Advantage (MA) enrollees will be excluded from passive enrollment, per HHSC, if they are enrolled in an MA plan NOT operated by approved Medicare-Medicaid Plans (MMPs). TexanPlus[®] HMO is one such plan, therefore, TexanPlus[®] HMO members are excluded from passive enrollment. There is no further action required by TexanPlus[®] HMO members to continue their current membership in 2015.
- The demonstration project begins April 1, 2015, and runs through December 2018.

The Frequently Asked Questions (FAQs) that follow provide further detail about the demonstration project that can help you respond to beneficiaries with questions.

General FAQs

Texas Dual Eligible Demonstration

1. What is the “Texas Dual Eligibles Integrated Care Demonstration Project”?

The “Texas Dual Eligibles Integrated Care Demonstration Project” was created through a federal-state partnership between the Centers for Medicare & Medicaid Services (CMS) and the Texas Health and Human Services Commission (HHSC).

Under the demonstration, five approved STAR+PLUS Medicare-Medicaid Plans (MMPs) will provide integrated Medicaid and Medicare benefits to dual eligible individuals enrolled in the program.

Enrollment for most eligible individuals will be conducted using a passive enrollment process. This means that eligible beneficiaries will be enrolled automatically. Beneficiaries may opt out of the demonstration project by contacting the STAR+PLUS help line.

The demonstration project begins April 1, 2015, and runs through December 2018.

2. Who is being enrolled in Medicare-Medicaid Plans (MMPs)?

Demonstration-eligible individuals include dual eligible beneficiaries in Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant counties.

Generally speaking, beneficiaries will be included in the project if they meet all of these criteria:

- Are age 21 or older
- Get Medicare A, B and D, and are receiving full Medicaid benefits
- Are in the Medicaid STAR+PLUS program, which serves Medicaid clients who have disabilities or get STAR+PLUS Home and Community Based Services waiver services;

Important Exception: Dual eligible beneficiaries enrolled in MA plans such as TexanPlus® HMO not operated by approved Medicare-Medicaid Plans (MMPs) will be excluded from passive enrollment, although they may opt to enroll voluntarily.

- This means that TexanPlus® HMO current membership continues automatically for 2015. There is no further action required by our members.

Warning Sign! In the event that a member receives passive enrollment notification in error, please escalate immediately to ReconUrgentResolution2@UniversalAmerican.com.

Voluntary enrollment begins March 1, 2015.

3. How does the enrollment process work?

Enrollment for most eligible individuals will be conducted using a passive enrollment process. This means that eligible beneficiaries will be enrolled automatically. Notification letters are being sent in late January to demonstration-eligible individuals informing them of their eligibility for enrollment in a Medicare-Medicaid Plan (MMP). The MMP designated to provide coverage for a beneficiary will be identified in the letter.

Please note the following, as described in recent guidance from CMS and HHSC:

- The beneficiary has the opportunity to select a different plan, make another enrollment decision, or opt out of the demonstration prior to the assigned effective date for the MMP.
- Voluntary enrollment begins March 1, 2015. Passive enrollment for demonstration-eligible individuals who have not opted out begins on April 1, 2015.

4. Who are the five approved STAR+PLUS Medicare-Medicaid Plans (MMPs)?

Participating MMPs in Texas include Amerigroup MMP, Molina MMP, Superior MMP, United MMP and Cigna-HealthSpring MMP. MMP participation varies from county to county.

5. Can a TexanPlus® HMO dual eligible member enroll voluntarily in a Medicare-Medicaid Plan (MMP)?

Yes, TexanPlus® HMO members in Harris, Dallas and Tarrant counties who are dual eligible may enroll voluntarily into a Texas MMP beginning March 1, 2015. Members should contact the STAR+PLUS help line to learn more about this option. As noted elsewhere, TexanPlus® HMO dual eligible members will be excluded from passive enrollment into an MMP.

6. Why was the Texas Dual Eligibles Integrated Care Demonstration Project created?

The goals of the project, according to CMS and HHSC, are to:

- Create a fully integrated managed care model for adults who are enrolled in Medicare and Medicaid (dual eligibles)
- Leverage one MMP with responsibility for the full array of services
- Streamline the process for providers
- Improve quality and individual experience in accessing care

7. Where can I find more information about Texas MMPs or the demonstration project?

If members have questions about Texas MMPs or the demonstration project, they should:

- Call the STAR+PLUS help line at 1-877-782-6440. Monday to Friday, 8 a.m. to 8 p.m. Central Time. TTY users should call 7-1-1 or 1-800-735-2989.

If members have questions about Medicare, they may also contact 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For additional information, please see:

- Texas Health and Human Services Commission webpage:
<http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/>
- CMS Medicare-Medicaid Financial Alignment Initiative webpage:
<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html>



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