

Texas Medicaid: Can you afford not to participate?

Jonathan Cargo, O.D.

Drcargo@cargoeyecare.com

Disclaimer

- ▶ I am not advocating or discouraging participation in any third party payer, but simply providing information for providers to make their own informed decision on participation.
- ▶ Although reimbursement rates will be discussed, by no means am I advising providers at what rate to set their fees.
- ▶ Coding and billing examples will be shared but it is up to the individual provider to make their own coding and billing decisions for each patient encounter.

Medicaid Misconceptions

- ▶ The reimbursement is terrible and I'll lose money if I see these patients
- ▶ The patient base is just a bunch of old, poor people . . .
- ▶ The patient base will scare off my VSP, EyeMed, Cash . . . patients
- ▶ There are no Medicaid patients in my area
- ▶ I don't have an optical so I can't see Medicaid patients
- ▶ These patients never show up for their appointment and cause scheduling problems.

Ideal Optometric Insurance plan?

- ▶ Reimbursement rate high enough for you to cover your costs and generate a profit.
- ▶ No Co-payments
- ▶ No Deductibles
- ▶ No Referrals
- ▶ Covers both medical and routine office visits
- ▶ Covers diagnostic and therapeutic procedures
- ▶ Reimburses separately for refractions
- ▶ Covers Frame and lenses
- ▶ Coverage new frame and lenses with any visually significant change in refraction
- ▶ Coverage for replacement of broken or lost spectacles
- ▶ Allows you to charge the patient for products that exceed their benefit limitations without a discount
- ▶ Coverage for Contacts and fitting services.
- ▶ Covers Pharmaceuticals prescribed at little or no cost to the patient
- ▶ Covers vision therapy
- ▶ No limitations to number of office visits
- ▶ Easy to administer
- ▶ Quick payment w/ Electronic Funds transfer and Remittance
- ▶ Coverage for Transportation to your office

What is the Medicaid System

- ▶ Medicaid is a jointly funded state and federal program that provides health coverage to low income and disabled people
 - At the federal level Medicaid is administered by the centers for Medicare and Medicaid Services (CMS)
 - At the state level Medicaid is administered by the Health and Human Services Commission (HHSC)
 - Federal Laws
 - ▶ Require coverage of certain populations and services
 - ▶ Allows states to cover additional populations services
 - Medicaid is an entitlement program
 - ▶ Guaranteed coverage for eligible services to eligible people.

Who Does Medicaid Serve?

▶ Medicaid Serves

- Low-income families
- Children
- Pregnant women
- Elders
- People with disabilities.

▶ Texas Medicaid does not serve

- Non-disabled, childless adults under age 65.

Medicaid Eligibility Criteria

- ▶ Residency in Texas
- ▶ U.S. citizenship or qualified aliens who are legally admitted for permanent residency
- ▶ Income and resource limits
- ▶ Applicants for long-term services and supports may be required to meet certain functional or medical criteria
- ▶ Most child applicants must be under age 19

What Services Does Medicaid Provide?

► Mandatory

- Laboratory and X-ray services
- Physician services
- Medical and surgical services provided by a dentist
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
 - Health Steps
- Inpatient Hospital Services
- Outpatient Hospital Services
- Family planning services and supplies
- Federally qualified health centers
- Nurse Midwife services
- Home health Care
- Medical transportation service
- Nursing facility services for individuals 21 or over
- Rural health clinic services

What Services Does Medicaid Provide?

- ▶ Optional Services provided in Texas
 - Prescription Drugs
 - Medical Care furnished by other licensed practitioners
 - ▶ Nurse Practitioners
 - ▶ Certified Registered Nurse Anesthetist
 - ▶ Physician Assistants
 - ▶ Psychology
 - ▶ Licensed Professional Counselors
 - ▶ Licensed Clinical Social Workers
 - ▶ Podiatry
 - ▶ Chiropractic
 - ▶ **Optometry, including eyeglasses and contact lenses.**
 - Inpatient services for ages 65 and older for mental diseases
 - Renal Dialysis
 - Hospice Services.

What Services Does Medicaid Provide?

▶ Acute Care

- Treatment of episodic health care needs
 - ▶ Physician
 - ▶ Hospital
 - ▶ Pharmacy
 - ▶ Laboratory
 - ▶ X-ray services

▶ Long Term Care

- Care for people with long term care needs and chronic health conditions
- Services to assist persons with activities of daily living
- Nursing facility

Programs offered through HHSC

▶ Types Of Medicaid

- Traditional
- Primary Care Case Management (PCCM)
- Star
- Star +

▶ CHIP

How are Services Provided

▶ Delivery models

- Fee for Service (Traditional Medicaid)
- Managed Care Models
 - ▶ Primary Care Case Management (PCCM)- Non capitated
 - ▶ Health Maintenance Organization (HMO) –capitated
- Manage Care Programs
 - ▶ PCCM – Managed care model that provides a medical home for Medicaid clients through primary care providers
 - ▶ STAR (State of Texas Access Reform) – Acute Care HMO
 - ▶ STAR +Plus – Acute & Long-Term Services and Supports HMO
 - ▶ NorthSTAR- Behavior Health Care HMO
 - ▶ STARHealth – Comprehensive managed care program for children in Foster Care.

What is TMHP

- ▶ Texas Medicaid & Healthcare Partnership (TMHP) is a contracted administrator of the Texas Medicaid Program.
 - As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of Medicaid claims processing and the Medicaid primary care case management services program. ACS meets its new consolidated Medicaid responsibilities with a team of subcontractors under the name of TMHP



What programs does TMHP administer?

- ▶ Medicaid
- ▶ Long Term Care Programs
- ▶ Children with Special Health Care Needs (CSHCN) Services Program
- ▶ Texas Health Steps (THSteps)
- ▶ Family Planning
- ▶ Primary Care Case Management
- ▶ Hearing Services for Children (PACT Transition)

Traditional Medicaid

- ▶ Administered through TMHP
- ▶ Fee for service
- ▶ Coverage for services and hardware
 - No Separate vision plan
- ▶ Most people in STAR regions start with Traditional and are quickly converted into an HMO
- ▶ The only type in most rural places in Texas

Primary Care Case Management (PCCM):

- ▶ In this non-capitated model, each PCCM participant has a PCP who provides medical home services. PCPs receive fee-for-service reimbursement and a monthly case management fee of \$5.00 for each client in their care. The PCCM administrator establishes the PCP and hospital networks, but the PCPs and hospitals contract directly with the state.

Children with Special Healthcare Needs (CSHCN)

- ▶ *Children who have special health care needs are those who have...a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.*
- ▶ The CSHCN Screener© uses consequences-based criteria to screen for children with chronic or special health care needs. To qualify as having chronic or special health care needs, the following criteria must be met:
 - a) The child currently experiences a specific consequence.
 - b) The consequence is due to a medical or other health condition.
 - c) The duration or expected duration of the condition is 12 months or longer.
- ▶ The first part of each screener question asks whether a child experiences one of five different health consequences:
 - 1) Use or need of prescription medication.
 - 2) Above average use or need of medical, mental health or educational services.
 - 3) Functional limitations compared with others of same age.
 - 4) Use or need of specialized therapies (OT, PT, speech, etc.).
 - 5) Treatment or counseling for emotional or developmental problems.

Medicaid Star

- ▶ The State of Texas has selected certain counties to have a Medicaid managed care program called STAR (which stands for State of Texas Access Reform.) The STAR program offers Medicaid services to members, except in a different way, called managed care. You will have to choose a health plan.
- ▶ In the STAR Medicaid Managed Care Program the client must:
 - providers that are in a group called the "provider network."
 - choose a doctor, called a Primary Care Provider (PCP) who works with you to keep you healthy and gets you to other doctors, services, and specialists. The PCP is your medical home.
 - must show your STAR ID card with your Medicaid Certification Letter (Form 3087) when you go to a health care appointment.

Medicaid Star

- ▶ The Client **MUST** enroll in the STAR program if they:
 - receive cash assistance (TANF); or
 - are pregnant; or
 - are or their children have limited income; and
 - live in a STAR program service delivery area.

- ▶ The Client **MAY NOT** enroll in the STAR program if they:
 - are receiving Medicare.
 - are in foster care.
 - live in a long-term care facility (i.e., nursing home or group home).
 - are on the Medically Needy Program.

Medicaid Star

- ▶ Clients and their children will receive unlimited prescriptions.
- ▶ Clients may receive extra "value-added" services from your health plan beyond what is available to you under Medicaid. Some examples of value-added services are adult dental services and diapers for newborns.
- ▶ Adults receive one physical exam per year, not covered in regular Medicaid. Children (under 21 years of age) receive regular check-ups, medical exams and dental services through Texas Health Steps.

TOA at work

- ▶ All STAR plans are HMO plans that have a primary care provider that must provide referrals for any specialist.
- ▶ SB10
 - Medicaid reform bill
 - 80th Legislative session
 - ▶ The amendment allows patients, with Texas Medicaid benefits, access to eye care without the need for referral or pre-certification



Medicaid Star +

► What is STAR+Plus?

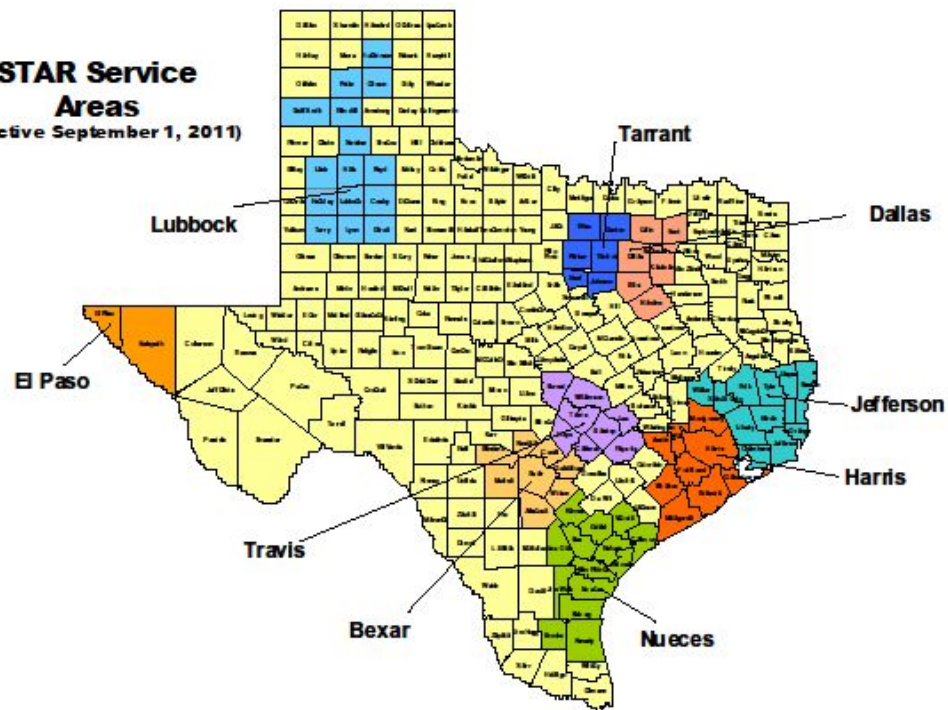
- The STAR+Plus program combines health and long-term services and supports, such as helping in your home with daily activities, home modifications, respite (short-term supervision) and personal assistance. These services are delivered through HMOs.
- Service coordination is the main feature of STAR+Plus. It is a specialized case management service for program members who need or request it. Service coordination means that health plan members, family members and providers can work together to help members get health, long-term and other community support services.

Medicaid Star +

▶ **Who Qualifies for STAR+Plus?**

- ▶ Enrollment in STAR+Plus is *required* for medicaid recipients who live in STAR+Plus service area and are one or more of the following:
 - DFW not included in the Star+ area
- ▶ 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 Alternative 1915(c) waiver services.
- ▶ People age 21 or older who can receive Medicaid because they are in a Social Security Exclusion program and meet financial criteria for 1915(c) waiver services.
- ▶ People age 21 or older who are receiving supplemental security income.
- ▶ Enrollment in STAR+Plus is *voluntary* for:
 - Children under age 21 receiving supplemental security income can join STAR+Plus or can continue to receive benefits through traditional Medicaid.

STAR Service Areas
(effective September 1, 2011)

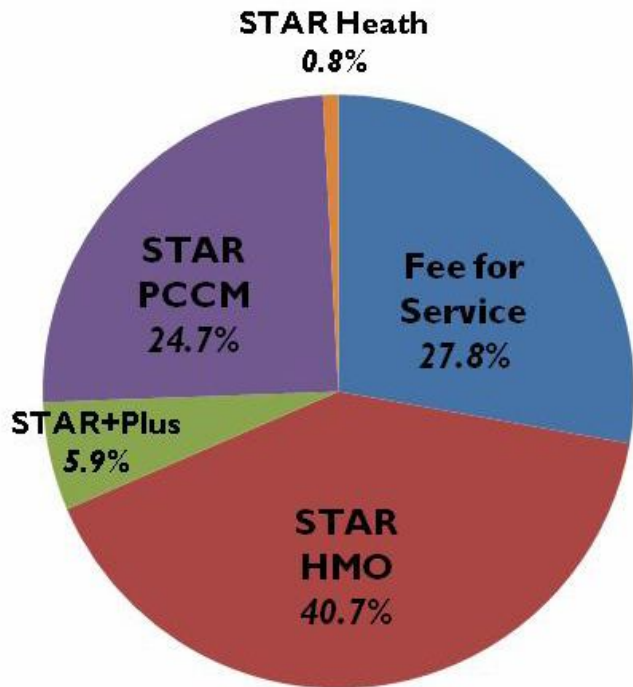


HHSC, Health Plan Operations
February 2011

Service Area	Current Counties	STAR Expansion Counties	HMOs Providing STAR
Bexar	Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson	Bandera	Aetna Better Health Community First Superior
Dallas	Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall	N/A	Amerigroup Parkland UniCare
El Paso	El Paso	Hudspeth	El Paso First Superior
Harris (Includes Harris & Harris Expansion Counties)	Brazoria, Fort Bend, Galveston, Harris, Montgomery, Waller	Austin, Malagorda, Wharton	Amerigroup Community Health Choice Molina Texas Children's United
Jefferson (New Service Area – Harris Contiguous Counties)	N/A	Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker	Amerigroup Community Health Choice Molina Texas Children's United
Lubbock	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry	Carson, Deaf Smith, Hutchinson, Potter, Randall, Swisher	FirstCare Superior
Nueces	Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Victoria	Brooks, Goliad, Kames, Kenedy, Live Oak	Amerigroup Oriscoll Superior
Tarrant	Denton, Hood, Johnson, Parker, Tarrant, Wise	N/A	Aetna Better Health Amerigroup Cook Children's
Travis	Bastrop, Burnet, Caldwell, Lee, Hays, Travis, Williamson	Fayette	Amerigroup Superior

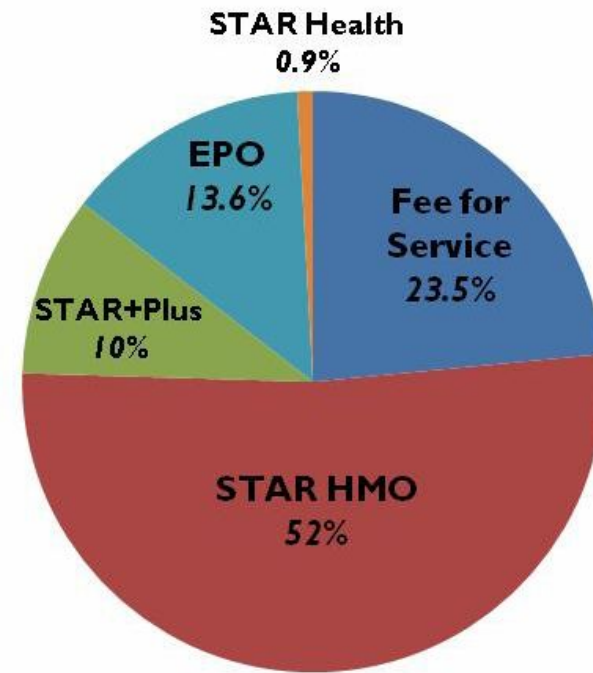
Managed Care participation

► 2011



*No Exclusive Provider Organizations (EPO) until 2012
Managed Care Expansion*

► Projected 2013



*Primary Care Case Management (PCCM) = 0 with
Managed Care Expansion*

CHIP Yearly Enrollment Fees

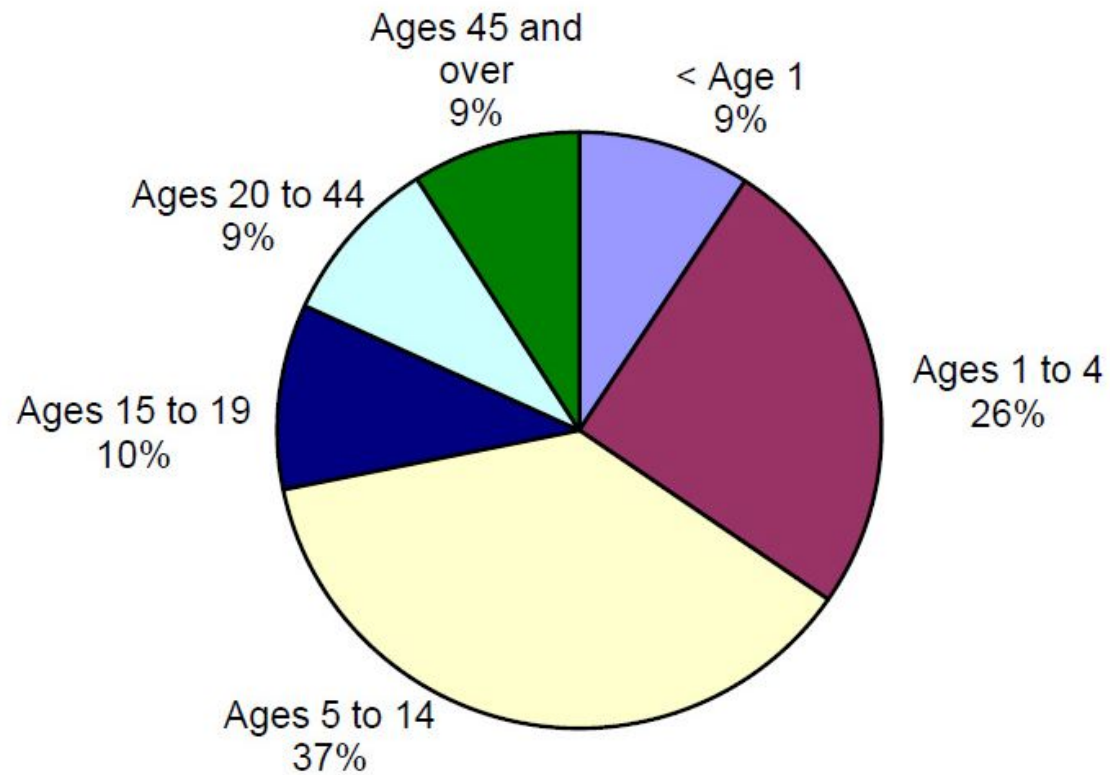
1 Find your family size on the left side of this chart. 2 Follow that row to the right and find your monthly income range.*
 The amount to the right will show what you will need to pay for your one-year enrollment fee if your children are approved for CHIP.

Find your family size here

1	Family Members (Adults plus children)	2	Monthly Income = Yearly Fee	Monthly Income = Yearly Fee	Monthly Income = Yearly Fee
1	1 person icon	\$0 to \$1,362 = \$0	\$1,363 to \$1,679 = \$35	\$1,680 to \$1,815 = \$50	
2	2 person icons	\$0 to \$1,839 = \$0	\$1,840 to \$2,268 = \$35	\$2,269 to \$2,452 = \$50	
3	3 person icons	\$0 to \$2,317 = \$0	\$2,318 to \$2,857 = \$35	\$2,858 to \$3,089 = \$50	
4	4 person icons	\$0 to \$2,794 = \$0	\$2,795 to \$3,446 = \$35	\$3,447 to \$3,725 = \$50	
5	5 person icons	\$0 to \$3,272 = \$0	\$3,273 to \$4,035 = \$35	\$4,036 to \$4,362 = \$50	
6	6 person icons	\$0 to \$3,749 = \$0	\$3,750 to \$4,624 = \$35	\$4,625 to \$4,999 = \$50	
7	7 person icons	\$0 to \$4,227 = \$0	\$4,228 to \$5,213 = \$35	\$5,214 to \$5,635 = \$50	
8	8 person icons	\$0 to \$4,704 = \$0	\$4,705 to \$5,802 = \$35	\$5,803 to \$6,272 = \$50	

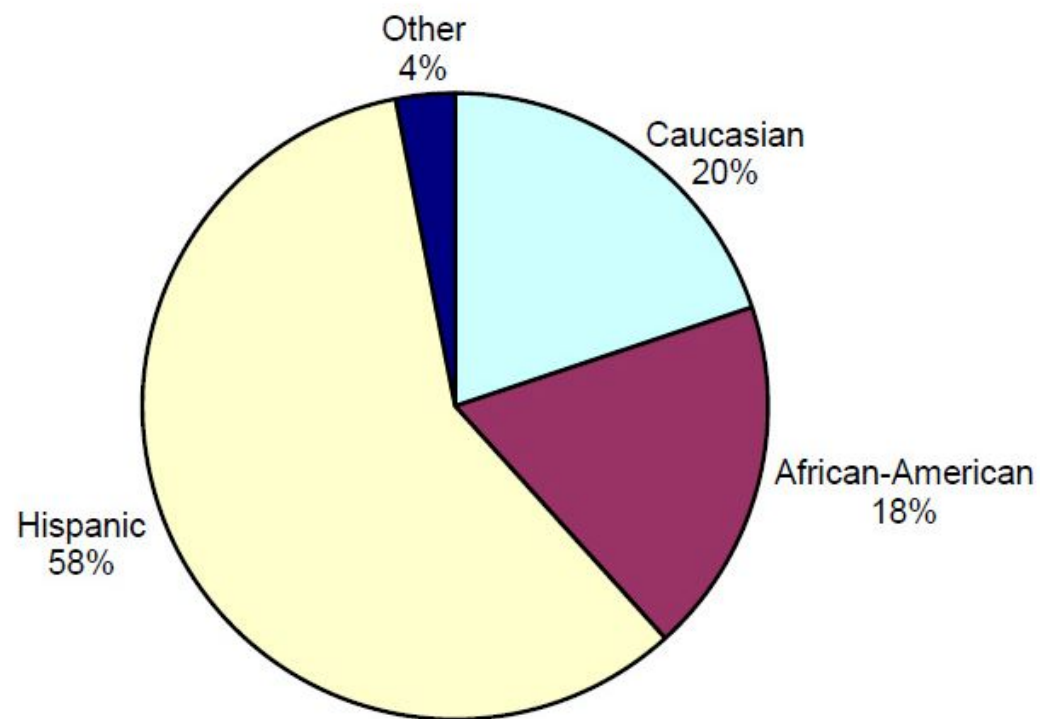
*Income is money you get paid before taxes are taken out.

Figure 6.1: Medicaid Managed Care Monthly Average Enrollment by Age, SFY 2009



Source: HHSC, Financial Services.

Figure 6.2: Medicaid Managed Care Monthly Average Enrollment by Race/Ethnicity, SFY 2009



Source: HHSC, Financial Services.

Benefit	Traditional Fee For Service	PCCM	MCO
Primary Care Provider "Medical Home"	None Assigned	PCP must approve most services and aid with coordination	PCP must approve most services and aid with coordination
Child Preventive Health Care (THSteps)	THSteps or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - any THSteps provider	THSteps (EPSDT) – any THSteps provider	THSteps (EPSDT) – Varies by MCO
30- Day Spell of Illness	Limited to 30-day stay, with 60-day break for inpatient hospital stays	Limited to 30-day stay, with 60-day break for inpatient hospital stays	No limit for individuals enrolled in STAR or STAR Health; No limit on inpatient behavioral health services for individuals enrolled in STAR+PLUS.
Prescription Drugs	Under 21 – unlimited 21 and Over – 3 per month (with some exceptions)	Under 21 – unlimited 21 and Over – 3 per month (with some exceptions)	Under 21 – unlimited 21 and Over – unlimited (exception: STAR+PLUS members covered by Medicare)
Value Added Services	None	None	Can include a variety of health care benefits, such as: Limited adult dental benefits. Additional vision benefits. Additional transportation. Home visits for mothers post-delivery

P.O. BOX 149030, 952-X
AUSTIN, Texas 78714-9030

RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE ADDRESS



81883 AF8S 04-09883

Texas Health and Human Services Commission
MEDICAID IDENTIFICATION
IDENTIFICACIÓN DE MEDICAID

Date Run 01/21/2011	BIN 012338	BP	TP 44	Cat 02	Case No. 048018205	GOOD THROUGH: VÁLIDA HASTA: <input checked="" type="checkbox"/> FEBRUARY 28, 2011
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529102210098830101

952-X 048018205 44 02 110228

IRVING TX 75062



**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

You are enrolled in the STAR Program. Your health plan's name and telephone number are listed under your name. You have a Primary Care Provider (PCP). Call your health plan for your PCP's name.

If you see a reminder under your name, please call your PCP or dentist to schedule a checkup. If you do not see a reminder and are 21 or older, you can get a medical checkup from your PCP once a year. You can also use the STAR Program to get the health care that you need.

Questions about the STAR Program?

Please call 1-800-964-2777 for help. READ BACK OF THIS FORM!

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

Usted está inscrito en el Programa STAR. El nombre y el teléfono de su plan de salud aparecen debajo de su nombre. Usted tiene un Proveedor de Cuidado Primario (PCP). Llame al plan de salud para averiguar el nombre de su PCP.

Si bajo su nombre hay una notificación, llame a su PCP o dentista para hacer una cita para un chequeo. Si no hay una notificación y usted tiene 21 años or más, puede hacerse un chequeo médico con su PCP una vez por año. También puede usar el Programa STAR para recibir los servicios médicos que necesita.

¿Tiene preguntas sobre el Programa STAR?

Por favor, llame al 1-800-964-2777 para conseguir ayuda. ¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.
526		08-07-2001	F	04-01-2010		
THSTEPS MEDICAL AND DENTAL CHECK-UP DUE / NECESITA SU EXAMEN MEDICO Y DENTAL DE THSTEPS UNICARE HEALTH PLANS / 1-866-480-4 8 3 0 / CALL HEALTH PLAN FOR PCP NAME OR OTHER INFORMATION						

P.O. BOX 149030, 952-X
AUSTIN, Texas 78714-9030

17767 AF2 01-17767

Texas Health and Human Services Commission
Medicaid Identification
Identificación de Medicaid

Return Service Requested
Do Not Send Claims to the Above Address



Date Run 02/18/2011	BIN 012338	BP 13	TP 13	Cat. 01	Case No. 001058954	Good Through Válida hasta:	MARCH 31, 2011
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529105010177670101

952-X 001058954 13 13 01 110331
[REDACTED]
[REDACTED]
MESQUITE TX 75150



Anyone Listed Below
Can Get Medicaid Services

You are enrolled in STAR+PLUS, the state's plan for Medicaid long-term services and supports in your county. Your health plan's name and phone number are listed under your name. If you have Medicare, you will not have a STAR+PLUS Primary Care Provider (PCP)

If you have concerns or questions about STAR+PLUS, please call 1-800-964-2777 for help.

A ✓ on the line to the right of your name means that you can get that service too.

Under 21 years old? Please call your doctor, nurse or dentist to schedule a checkup if you see a reminder under your name. If there is no reminder, you can still use Medicaid to get health care that you need.

Read the Back of This Form!

Cada persona nombrada abajo
puede recibir servicios de Medicaid

Está inscrito en STAR+PLUS, el plan estatal de Medicaid de servicios y apoyos a largo plazo en su condado. El nombre y el teléfono de su plan de salud están escritos debajo de su nombre. Si tiene Medicare, no tendrá un Proveedor de Cuidado Primario (PCP) de STAR+PLUS.

Si tiene alguna inquietud o pregunta sobre STAR+PLUS, por favor, llame al 1-800-964-2777 para recibir ayuda.

Una ✓ al lado derecho de su nombre significa que usted también puede recibir ese servicio.

¿Es menor de 21 años? Por favor, llame a su doctor, enfermera o dentista para programar un chequeo si debajo de su nombre aparece un recordatorio. Si no aparece un recordatorio, de todos modos puede utilizar Medicaid para recibir la atención médica que usted necesita.

¡Lea el dorso de la forma!

ID No.	Name	Date of Birth	Sex	Eligibility Date	TPR	Medicare No.	Eye Exam	Eye Glasses	Hearing Aid	Dental Services	Prescriptions	Medical Services
521 [REDACTED]	[REDACTED]	05-17-1923	F	04-01-2002	M	[REDACTED] 780M	✓	✓	✓	✓	✓	✓

MOLINA TEXAS

COMMUNITY / 8-664-496-8 4 9 / CALL HEALTH PLAN FOR INFORMATION

NOTICE TO PROVIDER

This recipient is eligible for regular Medicaid benefits.

This recipient is also eligible for coverage of Medicare deductible and coinsurance liabilities on valid Medicare claims. Coverage is subject to Medicaid reimbursement limitations.

P.O. BOX 149030, 952-X
AUSTIN, Texas 78714-9030

1313 AF8S 01-01313

RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE ADDRESS



Texas Health and Human Services Commission
MEDICAID IDENTIFICATION
IDENTIFICACIÓN DE MEDICAID



529135310013130101

Date Run 12/18/2010	BIN 012338	BP 13	TP 13	Cat 01	Case No. 001701290	GOOD THROUGH: VÁLIDA HASTA: <input type="checkbox"/> JANUARY 31, 2011
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MQMB

952-X 001701290 13 13 01 110131

████████████████████
████████████████████
COPPELL TX 75019

**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

Under 21 years old? Please call your doctor, nurse or dentist to schedule a checkup if you see a reminder under your name. If there is no reminder, you can still use Medicaid to get health care that you need.

A ✓ on the line to the right of your name means that you can get that service too.

READ THE BACK OF THIS FORM!

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

¿Tiene menos de 21 años? Por favor, llame a su doctor, enfermera o dentista para hacer una cita si hay una nota debajo de su nombre. Aunque no haya ninguna nota, puede usar Medicaid para recibir la atención médica que necesite.

Las marcas ✓ a la derecha en el mismo renglón donde está su nombre significan que usted puede recibir esos servicios también.

¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.	EYE EXAM	EYE GLASSES	HEARING AID	DENTAL SERVICES	PRESCRIPTIONS	MEDICAL SERVICES
530	████████████████████	05-31-1934	M	01-01-2011	M	██████████001A	✓	✓	✓	✓	✓	✓

NOTICE TO PROVIDER

This recipient is eligible for regular Medicaid benefits.

This recipient is also eligible for coverage of Medicare deductible and coinsurance liabilities on valid Medicare claims. Coverage is subject to Medicaid reimbursement limitations.

P.O. BOX 149030, 952-X
AUSTIN, Texas 78714-9030

RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE ADDRESS



74404 AF5S 04-02404

Texas Health and Human Services Commission
MEDICAID IDENTIFICATION
IDENTIFICACIÓN DE MEDICAID



529105010024040101

Date Run 02/18/2011	BIN 012338	BP	TP 44	Cat. 02	Case No. 078800929	GOOD THROUGH: VÁLIDA HASTA:	<input type="checkbox"/> MARCH 31, 2011
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952-X 078800929 44 02 110331

[REDACTED]
[REDACTED]
[REDACTED]

IRVING TX 75062

TEXAS STAR
PROGRAM
Your Health Plan ■ Your Choice

**ANYONE LISTED BELOW
CAN GET MEDICAID SERVICES**

You are enrolled in the STAR Program. Your health plan's name and telephone number are listed under your name. You have a Primary Care Provider (PCP). Call your health plan for your PCP's name.

If you see a reminder under your name, please call your PCP or dentist to schedule a checkup. If you do not see a reminder and are 21 or older, you can get a medical checkup from your PCP once a year. You can also use the STAR Program to get the health care that you need.

Questions about the STAR Program?

Please call 1-800-964-2777 for help. **READ BACK OF THIS FORM!**

**CADA PERSONA NOMBRADA ABAJO
PUEDE RECIBIR SERVICIOS DE MEDICAID**

Usted está inscrito en el Programa STAR. El nombre y el teléfono de su plan de salud aparecen debajo de su nombre. Usted tiene un Proveedor de Cuidado Primario (PCP). Llame al plan de salud para averiguar el nombre de su PCP.

Si bajo su nombre hay una notificación, llame a su PCP o dentista para hacer una cita para un chequeo. Si no hay una notificación y usted tiene 21 años o más, puede hacerse un chequeo médico con su PCP una vez por año. También puede usar el Programa STAR para recibir los servicios médicos que necesita.

¿Tiene preguntas sobre el Programa STAR?

Por favor, llame al 1-800-964-2777 para conseguir ayuda. **¡LEA EL DORSO DE LA FORMA!**

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.
515 [REDACTED]	[REDACTED]	01-18-1995	F	04-01-2007		
THSTEPS MEDICAL CHECK-UP DUE / NECESITA SU EXAMEN MEDICO DE THSTEPS PARKLAND COMMUNITY / 1-888-672-2 2 7 7 / CALL HEALTH PLAN FOR PCP NAME OR OTHER INFORMATION						
516 [REDACTED]	[REDACTED]	12-11-1995	F	04-01-2007		
THSTEPS MEDICAL CHECK-UP DUE / NECESITA SU EXAMEN MEDICO DE THSTEPS PARKLAND COMMUNITY / 1-888-672-2 2 7 7 / CALL HEALTH PLAN FOR PCP NAME OR OTHER INFORMATION						

Star Plan/ Vision Plan

- ▶ Most of the HMO plans have a separate vision plan associated with them.
- ▶ The Vision plan
 - Provides routine services
 - Provides hardware
- ▶ The HMO plan provides medical office visits and diagnostic/therapeutic procedures

Dallas Region Star Plans

- ▶ Counties Served:
 - Collin, Dallas, Ellis, Hurt, Kaufman, Navarro, Rockwall



- ▶ Amerigroup
 - Block Vision
- ▶ Parkland
 - Block Vision



- ▶ UniCare
 - VSP



- ▶ Molina Clinic
 - Opticare



Tarrant Region Star Plans

- ▶ Counties Served
 - Denton, Hood, Johnson, Parker, Tarrant, Wise
- ▶ Aetna Better Health
 - Block Vision
- ▶ Amerigroup
 - Block Vision
- ▶ Cook Children's
 - Opticare



Medicaid Policy

- ▶ You first must be a Medicare provider
- ▶ Set by HHSC
- ▶ Policy Manual Located on TMHP website
 - 18 Page Vision Care policies
 - Describes all policy
 - ▶ April 1, 2010 policy update overrides current published policy
 - Search: **Medicaid Benefits to Change for Nonsurgical Vision Services** Information – on TMHP website.
 - ▶ Separate policy for Children with Special Healthcare Needs (CSHCN)
- ▶ STAR plans generally follow this policy manual and reimbursement schedule, however they may set additional requirements.

Medicaid Policy Changes

- ▶ Any policy change takes precedent over previously published policies
- ▶ Can be affect reimbursement or procedures
- ▶ Send out banner messages on R&S reports
- ▶ Found on THMP website home page
- ▶ Bulletin updates – every two months
 - No longer printed and mailed to offices

Medicaid Policies

- ▶ Clients who are birth through 20 years of age are eligible for an eye examination with refraction testing for the purpose of obtaining eyeglasses or contact lenses once every state fiscal year unless:
 - School nurse, teacher, or parent requests a refraction
 - There is a change in vision and 0.5 diopters in sphere cylinder or prism
- ▶ The following Procedure codes may be used for eye examinations and refractive testing:
 - 92002, 92004, 92012, 92014, 92015, S0620, S0621.

Medicaid Policies

- ▶ Specific ICD-9 codes are outlined as covered for 92XXX office visits – Update expected.
 - Most disease states of the eye and systemic conditions that affect the eye are covered
 - All Headache codes are covered
 - Refractive codes
 - 368.10 Subjective visual disturbance
 - 368.13 Visual discomfort
 - 379.91 Pain in and around the eye
 - V410 Problems with sight

Medicaid Policies

- ▶ Sensorimotor examination (procedure code 92060) and orthoptic or pleoptic training (procedure code 92065) are limited to two per calendar year, any provider and may be reimbursed in addition to an eye examination visit.
- ▶ A soft corneal plano bandage lens (procedure code 92070) may be medically necessary for eye protection to prevent blindness due to a disease process. Prior authorization is *not* required if placement of the bandage is an emergency.

Medicaid Policy

▶ Prosthetic Eye glasses

- For post-cataract surgery, congenital absence of the eye lens, or loss of an eye lens because of trauma.
- Prosthetic lenses are those lenses that replace the function of the eye's organic lens. Replacement of the eye's organic lens may be necessary for the following reasons, including, but not limited to:
 - ▶ • A defect or trauma resulting in aphakia.
 - ▶ • Surgical cataract extraction.

▶ Nonprosthetic Eye glasses

- For the purpose of treating any other refractive condition other than Aphakia
- UV treatment not a covered benefit
- Polycarbonate lens benefit change effective July 1, 2010
- V2020 – Standard Frame
- V2025 – Deluxe Frame
 - ▶ Used by HMO plans as a value added option.

Medicaid Policy

- ▶ Polycarbonate lenses are a benefit of Texas Medicaid for all clients who meet certain criteria, including but not limited to:
 - ▶ • A medical or physical condition that creates a high risk for eye injuries due to eyewear breakage, including but not limited to:
 - ▶ Cerebral Palsy, Multiple Sclerosis, Muscular Dystrophy, Epilepsy, Autism, Down's Syndrome, Brain trauma, Balance disorders, Parkinson's disease, Seizure disorder, Motor Ataxia
 - ▶ • A diagnosis of Marfan's syndrome, ocular prostheses, or **amblyopia**.
 - ▶ • **A lens power in at least one meridian of -5.25/+4.00 diopters** or more and eyeglasses that are not functional in regular standard glass or plastic lens material due to weight, thickness, or aberration (providers must submit documentation with the claim).
 - ▶ • Monocular vision with functional vision in one eye.
 - ▶ • Retinal detachment or risk for retinal detachment (e.g., lattice degeneration, history of retinal detachment in the family, posterior vitreous detachment)



CARGO EYE CARE
OF LAS COLINAS

Documentation for Polycarbonate Spectacle Lens Benefit

Date: _____

Patient Name: _____

Date of Birth: _____

Subscriber ID: _____

Spectacle Lens Prescription:

OD: _____

OS: _____

The patient listed above requires polycarbonate spectacle lenses and is eligible based on policy set forth by TMHP for all Texas Medicaid clients with the effective date of July 1, 2010, based on the following criteria:

- A lens power in at least one meridian of $-5.25/+4.00$ diopters or more and eyeglasses that are not functional in regular standard glass or plastic lens material due to weight, thickness or aberration.

Please process this claim with the V2784 polycarbonate upgrade. If you have any questions do not hesitate to contact our office.

Thank you,

Jonathan Cargo, O. D.
Therapeutic Optometrist/ Glaucoma Specialist.

Medicaid Policy

- ▶ Nonprosthetic contact lenses must be prior authorized. The following documentation must be submitted with a request for nonprosthetic contact lenses, which has been signed and dated by the prescribing physician or optometrist:
 - • Diagnosis that is causing the refractive error, such as keratoconus
 - • The current and new prescriptions that support a change of 0.5d or more in the sphere, cylinder, or prism measurements
 - • The eye(s) to be treated
 - • The procedure code(s) that are requested
 - • A brief statement that addresses the medical necessity for vision correction by contact lens(es) and specifies why eyeglasses are inappropriate or contraindicated for the client

Medicaid Enrollment July 2010

▶ Texas

- 3,386,863 – Total
- 2,570,845 – Age 19 and younger
 - ▶ 75.9%

▶ Harris County #1

- 565,965

▶ DFW area

- 624,848
- Collin County
 - ▶ 35,842
- Dallas County # 2
 - ▶ 356,390 = 14.53%
 - ▶ 2,451,730 Total population
- Denton County
 - ▶ 34,879
- Tarrant County
 - ▶ 197,737

Reimbursement Rate

- ▶ Rates are set by HHSC and undergo periodic reviews.
 - Rate hearings are scheduled quarterly and are open to the public.
 - ▶ TOA has provided testimony at these hearings during the last several years that have resulted in raises.
- ▶ The governor has ordered a 2% reduction in all provider reimbursements.
 - Reimbursements displayed do not take this into account.



CPT	Description	Medicaid Rate
92004	Comprehensive New Pt	\$105.11
92002	Comprehensive Established Pt	\$86.49
92014	Intermediate New Pt	\$56.13
92012	Intermediate Established Pt	\$59.28
S0620	Wellness new Pt	\$65.00
S0621	Wellness Established Pt	\$68.00
92025	Corneal topography	\$25.78
92225	Extended Ophthalmoscopy	\$19.19
92015	Refraction	\$22.91
92286	Specular Microscopy	\$87.64
92250	Fundus Photography	\$53.56
92285	External Ocular Photography	\$31.50
92133	Scanning Laser of Optic Nerve	\$14.32
92083	Threshold Visual Field	\$60.43
92310	Contact Lens Fitting Services	\$71.31
92060	Sensory Motor Evaluation	\$44.39



Spectacles

- ▶ Reimbursement changes with the vision plan associated with the STAR HMO Plan

- ▶ TMHP Rate

▪ V2020 – ex: Frame	\$30.36
▪ V2100 - ex: -4.00 sph	\$21.67/lens
▪ V2101 - ex: -5.50 sph	\$24.82/lens
▪ V2102 – ex: -7.50 sph	\$27.59/lens
▪ V2200 – ex: -4.00 sph bifocal	\$26.70/lens
▪ V2201 – ex: -5.50 sph bifocal	\$28.13/lens
▪ V2202 – ex: -7.50 Bifocal	\$31.96/lens
▪ V2784 – Polycarbonate upgrade:	\$43.06

Replacement of Spectacles

- ▶ The replacement of lost or destroyed non-prosthetic eyewear may not be reimbursed for clients who are 21 years of age or older. New eyewear may be reimbursed once every 24 months.
- ▶ The replacement of lost or destroyed non-prosthetic eyewear may be reimbursed with prior authorization for clients who are birth through 20 years of age. There are no limitations on the number of replacements that may be reimbursed for clients who are birth through 20 years of age. If the eyewear is lost or destroyed, the provider must request prior authorization with documentation of medical necessity that includes the following:
 - ▶ • The most appropriate procedure code for the replacement.
 - ▶ • Modifier RB to signify replacement lenses.
 - ▶ • The Vision Care Eyeglass Patient (Medicaid Client) Certification Form signed by the client or the client's parent or guardian.
 - ▶ • The eyewear may be reimbursed even if the client's Medicaid Identification Form (Form H3087) does not have a check mark in the services already rendered.

Billing Examples

- ▶ 8 year old child who has worn glasses for 4 years. Complains of blurred vision with glasses and ocular itching

- Spectacle RX: OD:+5.50-4.25x027 20/60
 OS:+3.50-1.25x170 20/20

ICD-9: 367.0, 372.12, 368.03

▶ 92004	\$105.11
▶ 92015	\$22.91
▶ V2020	\$30.36
▶ V2109	\$23.03
▶ V2103	\$16.42
▶ V2784	\$43.06
▪ Total:	\$240.89

Billing Examples

- ▶ 35 pregnant African American female presents complaining of blurred vision and C/D ratio .8/.8 OU and IOP of 24. Previous contact lens wearer however ran out.

- Spectacle RX: -2.00 OU

- ▶ ICD-9: 367.1, 365.01

▪ 92004	\$105.11
▪ 92015	\$22.91
▪ 92083	\$60.43
▪ 92133	\$14.32
▪ 76514	\$0.00
▪ V2020	\$30.36
▪ V2100	\$21.67
▪ V2100	\$21.67

- ▶ Total \$276.47

Practice Management Pearls

- ▶ Make sure to collect their Medicaid information at the time that you make the appointment.
 - Its important that you know what type of Medicaid they have.
 - If they have a STAR plan you need to verify both the medical can vision component of their benefits.
- ▶ These patients have large families. Make sure your waiting room and exam rooms can accommodate them.
 - Most of the time all the children in the family have coverage.
 - ▶ Offer to see their other children as your schedule will allow.
- ▶ Some may have transportation difficulties. Make sure that your schedule will allow some flexibility.
 - Our office will usually work them in as possible if they are running late.
 - To better manage your schedule you might consider limiting the number of family members that you see on the same day.
- ▶ Offer patients all optical options.
 - Some will choose to upgrade to better products.
 - ▶ We mix our value frame in with our children frame boards and have found many choose to upgrade frames and A/R options.
- ▶ Consider having a Spanish speaking staff member
 - It will help you better serve the more than 50 % of the Medicaid Clients.

Road Block

- ▶ Block Vision is currently not accepting any new providers to their panel in the entire state of Texas
 - Even if you bring on an associate, sell your practice, or die.
 - ▶ They claim they meet the state's minimum requirements that they offer one provider within 50 miles of every client in a rural setting, and within 75 miles of a rural setting.
 - ▶ There can be no more than 2 weeks wait for a client to make an appointment.
 - Block vision provides a vision plan to numerous STAR plans state wide.

Solution?

▶ HB 1653

■ Rep. Roberto Alonzo

- ▶ Allows an optometrist, therapeutic optometrist, or ophthalmologist to participate with Medicaid HMO plans if they agree to the terms of the contract.
- ▶ Requires that HHSC conduct a 5 yr study to see if there are any cost savings by opening the provider panel.

Final Thoughts

▶ Evaluate your business model:

- If your business is based on high end optical sales then Medicaid might not be a good fit.

▶ However, if you operate a medical model or take vision plans consider the following:

- Your appointment slots are like seats on a plane, once the plane has taken off you cannot generate any revenue.
 - ▶ If you have unsold seats for you or your associates you should do your best to fill those seats!
- Rule of thumb – if you are not fully booked 2 weeks out then you are not running at maximum efficiency!