

HELPFUL HINTS FOR PROVIDERS

Access to care starts with providers. While STARLink is designed to assist patients, the program understands that often times providers need assistance in order to provide care to patients. STARLink is here to help any time a patient can't access care, in order to do that we help providers too.

Check the Medicaid ID form – Always check the client's Medicaid ID form. Changes can occur from month to month that the client may not even be aware of. If a client does not have a Medicaid ID form, and is currently eligible, they can obtain a **temporary form** from their Medicaid eligibility office. If they don't have one and you, the provider, are willing to provide services to the recipient, call the AIS line (1-800-925-9126) to verify coverage. You can also access TEX MedNet (TDH Connect) to verify a client's Medicaid eligibility.

Know the difference between STAR Medicaid, traditional Medicaid and PCCM – Clients enrolled in STAR Medicaid and PCCM are assigned to a PCP and must have a referral or prior authorization for most of their medical services provided outside of the PCP's office. Clients enrolled in traditional Medicaid do not have an assigned PCP and may be seen by any Medicaid provider at any time without a referral. Services requiring prior authorization must be approved by TMHP.

Be aware that a client may be on traditional Medicaid one month and then on a STAR health plan the next. It is so important to verify a client's eligibility every visit to ensure you send the claims to the right place. Not everyone in a STAR or PCCM area is required to be enrolled in those programs.

Make sure you have a referral if you are not the Primary Care Physician. If you are a Texas STAR or PCCM provider and you are not the assigned PCP, you need to get a referral from the PCP's office (not all services require referrals). If you have trouble obtaining a referral from the PCP's office, contact the health plan's Utilization Review Department.

Call the health plan if you are in doubt – Call and speak to the health plan if you have questions about client enrollment status or benefits.

You can get an out-of-network authorization - Sometimes patients on STAR or PCCM need health services when they move or when a particular service is not available in-network. As a provider you may not accept the STAR program or PCCM on a regular basis but you can still provide services and be paid if you do the following:

- 1) Find out why the patient is not able to access care through a provider in his/her current health plan (did they move, are they visiting?).
- 2) Call the health plan's Utilization Review (UR Dept.) and request out-of-network authorization to see the patient *prior* to the appointment.
- 3) It usually takes up to 45 days for a patient's Medicaid case to be "transferred" when they move. They may continue to be assigned to a health plan for a month before their Medicaid gets updated. Until then the health plan is still responsible for paying for the patient's care. Changes can only occur on a month to month basis. If a patient moved and states that they reported their new address but they continue to be assigned to a previous health plan for more than 2 months there is probably an error on their case. Have the patient call STARLink to find out what the problem is and for help getting it fixed.

Call STARLink for questions or problems – STARLink is open M-F 8:00 a.m. through 6:00 p.m. STARLink has advocates that can assist you over the phone. We want to help you provide care to your patient. STARLink cannot verify eligibility but we can help you navigate the patient's health coverage and refer you to the right places to get authorization to ensure that you can provide the care.