



COMMISSIONER
James R. Hine

October 20, 2005

To: CBA Home and Community Support Services (HCSS) Agencies
CBA/CCAD Adult Foster Care (AFC) Providers
CBA/CCAD Assisted Living Residential Care (AL/RC) Agencies
CBA/CCAD Emergency Response Services (ERS) Agencies
CBA/CCAD Home Delivered Meals (HDM) Agencies
CBA/CCAD Respite Care Agencies
Community Living Assistance and Support Services (CLASS) Agencies
Consolidated Waiver Program (CWP) Providers
Consumer Directed Services (CDS) Agencies
Consumer Managed Personal Assistant Services (CMPAS) Agencies
Day Activity and Health Services (DAHS) Agencies
Deaf-Blind with Multiple Disabilities (DB-MD) Agencies
Hospice Provider Agencies
Medically Dependent Children Program (MDCP) Providers
Nursing Facilities
Primary Home Care (PHC) Agencies
Programs of All-Inclusive Care for the Elderly (PACE) Agencies
Special Services to Persons with Disabilities (SSPD) Agencies
Therapy Providers

Subject: Department of Aging and Disability Services (DADS)
Provider Services Information Letter No. 05-48
Health Management Organization (HMO) – Star+Plus Program
Availability of Managed Care Information

Effective November 4, 2005, Managed Care information will be available to Long Term Care (LTC) Providers on the Medicaid Eligibility Service Authorization Verification (MESAV). A provider can submit a MESAV inquiry for any individual which he has limited amount of relevant data (i.e., Client Name, Social Security Number, Client Number, Date of Birth).

Managed Care information will be returned as follows:

- 1) If a provider submits a request with valid client information and Managed Care information exists, the MESAV response will return both Medicaid and Managed Care eligibility information. The provider does not need to be associated with the client's service authorization to have Managed Care eligibility returned.
- 2) If a provider is associated to the individual's service authorization, the provider gets all eligibility information for the client, including Managed Care information. The provider needs to be associated with the client's service authorization for the service authorization information to be returned and displayed on the MESAV response.

The MESAV Response has been updated to show the following Managed Care fields. Each field is explained following.

MESAV Field	Field Description
Plan Code*	Star+Plus Plan Codes = 77, 78, 7X
Plan Code* Description	Names of Plan. 77 = Americaid; 78 = Evercare HMO; 7X = Evercare Choice
Contract Number	Star+Plus Primary Provider Contract Number. This information will not be returned. This field will be blank.
Add Date	Date eligibility file was added
Start Date	Date individual became eligible for Managed Care
End Date	Date individual became ineligible for Managed Care

*Note – All Managed Care Plan Codes and Plan Code Descriptions will be displayed. LTC Providers should only be concerned with LTC Plan Codes 77, 78, and 7X.

Questions about this information letter?

Community Care Providers – Contact your regional contract manager or CMS Coordinator.

Hospice, Nursing Facility, and Therapy Providers – Contact Provider Claims Services at 512-490-4666.

Providers with questions about STAR+PLUS should contact the HMO:

Evercare at 1-888-887-9003
Amerigroup at 1-800-454-3730

Sincerely,

Signature on file
10/19/2005

Pam Coleman
Director, Health Plan Operations

PC:mgm