

STAR+PLUS and Medicare

STAR+PLUS is the Medicaid managed care service delivery model for persons who are receiving supplemental security income (SSI) benefits or are otherwise entitled to full Medicaid benefits in the community as a result of age or disability. The covered clients must enroll with a STAR+PLUS health maintenance organization (HMO) to receive Medicaid acute and community based long-term services and supports.

Members of STAR+PLUS who are not covered by Medicare must select a primary care physician that is contracted with the HMO to provide a medical home for the member. The member will utilize that physician for all acute care services needed.

Members of STAR+PLUS who are also covered by Medicare are enrolled in STAR+PLUS only for Medicaid covered community based long term services and supports. The dual eligible member (eligible for both Medicare and Medicaid) will continue to receive acute care services through their Medicare providers. Medicare providers do not need to be enrolled in STAR+PLUS to receive Medicaid cost share payments. Physicians serving Medicare clients who are members of STAR+PLUS will have no change in the way they provide and bill for services. They will receive Medicaid cost share payments through Texas Medicaid and Healthcare Partnership as they did prior to STAR+PLUS.

With the proliferation of Medicare Advantage plans in Texas, it is possible that a dual eligible member may join a Medicare Advantage plan to obtain their acute care services and be enrolled in a STAR+PLUS HMO to obtain their Medicaid long term services and supports. This is especially true with the Medicare Advantage Special Needs Plans. If a dual eligible member of STAR+PLUS elects to receive their services through a Medicare Advantage plan there may be a change in the way Medicare acute care services are delivered but that is not because of the enrollment in STAR+PLUS.