

Important Notes about ICM for Providers

Out-of-Network Provider Grace Period

To promote continuity of care, the Health and Human Services Commission (HHSC) will honor claims for services to Integrated Care Management (ICM) clients from acute care Medicaid providers outside of the Evercare ICM provider network until May 31, 2008. During this "grace period" providers will be paid at the full Medicaid fee-for-service rate. Effective June 1, 2008, providers must be part of the Evercare ICM acute care provider network to be reimbursed for services to ICM clients. For more information about joining the Evercare ICM provider network, call Evercare Provider Relations at (972) 866-1696.

Phased Implementation Approach

Phase 1: Medicaid clients in the Dallas and Tarrant service areas who are currently receiving services through the Community Based Alternatives (CBA) waiver program, the Primary Home Care (PHC) program, or the Day Activity and Health Services (DAHS) program must be enrolled in ICM effective Feb. 1, 2008. The services in these programs comprise the long-term services and supports available in the ICM model. There is no longer a fee-for-service option for delivering CBA waiver services in the Dallas and Tarrant Service Areas; these services will only be available as "ICM Waiver" services in the ICM program. Enrolling these clients on Feb. 1 helps to reduce the risk of a gap in long-term services for these members.

Phase 2: The remainder of the mandatory population (SSI adults over the age of 21) will be enrolled in ICM on March 1, 2008. This group includes the adult SSI consumers currently being served in STAR programs. Medicaid clients are not eligible to remain in STAR while they are eligible for ICM.

Phase 3: HHSC may enroll voluntary members (SSI children under 21) on an ongoing basis, if these clients choose to join ICM. Children served by STAR before the implementation of ICM have the option of returning to fee-for-service Medicaid or enrolling in ICM; these clients may not remain in STAR. Children who have not enrolled in ICM by February cut-off will be returned to Traditional Medicaid effective March 1, 2008.

Transition of Existing Acute Care Authorizations to Evercare of Texas

All of the existing acute care authorizations for clients who will participate in ICM will remain in place and will be honored by Evercare with no changes, no matter which health plan originally issued them. Evercare will issue new authorizations when the old ones expire if services are still needed. This transition should be transparent to ICM members; there should be no disruption in their services related to their authorizations. If changes are needed to an existing acute care authorization for a client that has been enrolled in ICM, please contact Evercare Member Services at 866-915-6474 to request a new authorization for the member.

For more information, please access the HHSC website at

<http://www.hhsc.state.tx.us/medicaid/InformationforProviders.html>