

<dateOfLetter>

Medicaid EDG: <caseID>

[Manifest Keyline]

To the addressee or guardian of:

[DRS] <hohName>

[VER] <addressLine2>

[LTR] <addressLine1>

<city>, <state> <zipCode>-<zipCodeExt>

[IMB Postal Barcode]

Re: Your Medicaid Is Changing

**You must pick a health plan by
October 12, 2016**

Dear <memberName> or guardian:

[Always Print]

[You or your child will soon be in the Medicaid STAR Kids program.]

Starting November 1, 2016, you will work with a health plan to get services you or your child need, when they are needed. You will pick a health plan [Print this section if Medicaid Only][and a primary care provider or clinic. This is a doctor, nurse or clinic who provides basic medical services, like checkups, and can refer you to a specialist when needed]. This letter tells you what steps to take to get started.

You are getting this letter because you or your child is in one or more of the following groups:

- You or your child receives Supplemental Security Income (SSI).
- You or your child are part of a Texas Medicaid waiver program, such as:
 - Medically Dependent Children Program (MDCP)
 - Community Living Assistance and Support Services (CLASS)
 - Deaf Blind with Multiple Disabilities (DBMD)
 - Home and Community-based Services (HCS)
 - Texas Home Living (TxHmL)
 - Youth Empowerment Services (YES)
- You or your child participates in a Texas Medicaid Buy-In program.
- You or your child lives in a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or nursing facility.

What you will get with STAR Kids:

You will get health services you get now like therapies, help with daily tasks and nursing services. You will get these services through the STAR Kids health plan you pick. You also get "value-added services", or extra services, not covered by Medicaid. These extra services are listed on the blue chart sent with this letter.

This won't change how you or your child gets dental services.]

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[MODE1]

[Print this section if MDCP]

[You or your child also will get Medically Dependent Children Program (MDCP) waiver services, such as respite, through STAR Kids. If you currently hire and manage your own attendants through the consumer directed services option, you can still do that.]

[Print this section if non-Waiver]

[If you or your child lives in a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or nursing facility, your long-term services will be provided the same way they are now.]

[Print this section if Other Waiver]

[If you or your child receives long-term services from any of the following programs, they will be provided the same way they are now:

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES)]

[Print this section if service area is DA]

[You or your child will also get Medicaid behavioral health services through STAR Kids instead of the NorthSTAR program.]

[Print this section if Dual Eligible]

[Your Medicare benefits won't change. You will keep using Medicare for basic health services and medicine ordered by your doctor.]

[Always Print]

[You must pick a health plan by October 12, 2016.

To help you pick a plan, use the personal worksheet that came with this letter. We also sent a blue chart with this letter. It shows the "value-added services", or extra services, each plan offers. You can use the chart to compare the services.

Other resources to help you pick a health plan can be found on our website at:
www.hhsc.state.tx.us/starkids.

If you don't pick a health plan [Print this section if Medicaid Only][and a primary care provider or clinic], we will pick one for you. Follow the next steps.

Step 1 – Pick a health plan

You can pick one of these plans:

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[MODE1]

[Print plan names for all the plans for that custSrcvAreaCode.]

- [*planName*]
- [*planName*]]

[Print this section if Medicaid Only]

[Step 2 – Pick your primary care provider or clinic

To pick a primary care provider or clinic, look for their name in the provider listings that came with this letter. If your provider or clinic is not listed, you can talk to him or her about joining the health plan you want.

Your primary care provider or clinic will work with your STAR Kids service coordinator to make sure you get the care you need. The service coordinator is someone who works for your health plan and will help you find doctors, make appointments and answer any questions you might have.

Step 3 – Let us know which health plan and primary care provider or clinic you picked]

[Print this section if Dual Eligible]

[Step 2 - Let us know which health plan you picked]

[To print directly after #3 for Medicaid Only or directly after #2 for Dual Eligible]

[You can let us know one of these ways:

- **Phone** – Call 1-877-782-6440 (toll-free) 8 a.m. to 6 p.m. Central Time, Monday to Friday.
- **Form** – Fill out the Medical Enrollment Form. Sign the form, and return in one of the following ways:
 - **Fax** – Fax all of the Medical Enrollment Form pages back to us at 1-855-671-6038 (toll-free).
 - **Mail** – Send all of the Medical Enrollment Form pages back to us in the pre-paid envelope. We sent the form and envelope with this letter. Please be sure to plan extra time when mailing your forms so that we get them by the October 12, 2016 deadline.
- **In person**
 - You can learn more about STAR Kids and get help enrolling. To find out when and where you can get help at an office, see the pink piece of paper that came with this letter or go to www.txmedicaidevents.com.
 - Attend an enrollment event. You can learn more about STAR Kids and get help enrolling. To find a list of enrollment events in your area, go to www.txmedicaidevents.com.

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[MODE1]

Mandatory Enrollment Letter
IAM – 08/01/16
[Program] - [population] - [custSrcvAreaCode]
[FileSetID] - [letterReqId]
[Quad] - [biFileId] - [biRecordId]

- **Home Visit** – If you'd like someone from STAR Kids to come to your home to help you enroll, call 1-877-782-6440 (toll-free) to make this request.

If you change your mind and want a different health plan, call 1-877-782-6440 (toll-free).
[Print this section if Medicaid Only][If you want to change your primary care provider or clinic, call your health plan after November 1, 2016.]

Want to learn more?

More information about STAR Kids, including upcoming information sessions, can be found on the Texas Health and Human Services Commission STAR Kids webpage at:
www.hhsc.state.tx.us/starkids.

Have questions? We're here to help. Call us toll-free.

Call **1-877-782-6440** 8 a.m. to 6 p.m. Central Time, Monday to Friday. If you have a speech or hearing disability, call **7-1-1** or **1-800-735-2989**.

Reminder: This is a mandatory change and you must pick your health plan by October 12, 2016 or we will pick one for you.]

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[MODE1]

Mandatory Enrollment Letter
IAM – 08/01/16
[Program] - [population] - [custSvcAreaCode]
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