



Span of coverage information

Span of coverage refers to the payment responsibility for hospital facility charges when there are Medicaid enrollment changes during a hospital stay. Knowing who the responsible payer is important when these changes occur so claims can be submitted to the correct entity. This information does not apply to CHIP members except as specifically noted.

Inpatient acute care

The following table outlines payment responsibility for Medicaid enrollment changes occurring during an inpatient stay according to the member's effective date of coverage with the receiving MCO (new MCO) or fee-for-service (FFS). This differs from stays at an inpatient chemical dependency treatment facility.

Scenario	Hospital facility charge	All other covered services
Member retroactively enrolled in MCO program	New MCO	New MCO
Member prospectively moves from FFS to MCO program	FFS	New MCO
Member moves between MCOs in the same program	Former MCO	New MCO
Member moves between MCO programs (except CHIP to STAR Kids)	Former MCO	New MCO
Member moves from CHIP to STAR Kids	New MCO	New MCO
Member moves from MCO program to FFS	Former MCO	FFS

The responsible party will pay the hospital facility charges until the earliest of:

- The date the member is discharged from the hospital.
- The date the member is transferred.
- The date the member loses Medicaid coverage eligibility.

After the date of discharge, transfer or loss of eligibility, the new payer will be responsible for all charges.

For members moving to STAR Health, the date of discharge from the hospital for mental health stays includes extended stay days (as described in the *Texas Medicaid Provider Procedures Manual*).

Definitions:

- Discharge: formal release of a member from an inpatient hospital stay when the need for continued care at an inpatient level has concluded:
 - Movement or transfer from one acute care hospital and readmission to another within 24 hours for continued treatment is not a discharge.
- Transfer: movement of the member from one acute care hospital and readmission to another acute care hospital within 24 hours for continued treatment.



Inpatient chemical dependency treatment facility

A chemical dependency treatment facility is a residential substance use disorder treatment facility or residential substance use disorder detoxification treatment facility. The following table outlines payment responsibility for Medicaid enrollment changes occurring during this type of stay according to the member’s effective date of coverage with the new MCO or FFS.

Scenario	Chemical dependency treatment facility charges	All other covered services
Member retroactively enrolled in MCO program	New MCO	New MCO
Member prospectively moves from FFS to MCO program	New MCO (FFS for STAR Kids)	New MCO
Member moves between MCOs in the same program	Former MCO	New MCO
Member moves between MCO programs (except CHIP to STAR Kids)	Former MCO	New MCO
CHIP member moves to STAR Kids	New MCO	New MCO
Member moves from MCO program to FFS	Former MCO	FFS

The responsible party will pay the chemical dependency treatment facility charges until the earlier of:

- The date the member is discharged from the chemical dependency treatment facility.
- The date the member loses Medicaid coverage eligibility.

After the date of discharge or loss of eligibility, the new payer will be responsible for all charges. A new MCO may evaluate the medical necessity of the chemical dependency treatment facility stay prior to the end of the authorized services period.

For questions about this communication or for assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-888-821-1108.