



September 1, 2020

Dear Provider,

Thank you for your interest in the Molina of Texas STAR+PLUS Attendant Care Enhanced Payment Program.

The STAR+PLUS Attendant Enhanced Payment (ACE) option was introduced as an incentive to increase wages and benefits for Community Care Attendants. Participating providers in the Molina STAR+PLUS Attendant Enhanced Payment option must file an attestation report, at least on an annual basis.

Beginning September 1, 2020, Molina Healthcare of Texas (MHT) will begin its' Open Enrollment Period (OEP) for providers who desire to participate in the ACEP program or change their current ACEP level. **The annual Open Enrollment Period will continue for sixty (60) days beginning September 1<sup>st</sup> through October 31<sup>st</sup>.** Providers who choose to participate must submit their attestation form with their awarded ACEP level to Molina during the Open Enrollment Period. The OEP is the only opportunity to modify your current ACEP attestations or participate as a new participant until the next OEP. **If Molina does not receive your complete attestation form by the October 31, 2020 deadline, your level will remain the same until the next open enrollment period, which will be September 1, 2021.**

Molina understands that your level may be posted to the HHSC website, however, we require the attached attestation form, complete with your **new level, provider name, TIN, NPI, HHSC Contract ID, and Signature;** in order to process your level change. This allows Molina to ensure proper documentation when loading your new ACEP level. If you do not provide complete information, we will not be able to process your attestation form.

By submitting this Attestation Report, the provider affirms they will allocate at least 90% of the dollars received from the corresponding participant level under the Molina ACE option to the Community Care Attendant(s), as stipulated in the rules outlined in Title 1, Texas Administrative Code (TAC) §355.112.

Please complete the enclosed Attendant Care Enhanced Payment Participation Attestation and Release of Information Form, include a current W9 and return in the enclosed envelope to:

Molina Health Care of Texas  
Attn: PIM Department  
5605 N. MacArthur Blvd - Suite 400  
Irving, TX 75038

You may also return your completed information to [mhtxacep@molinahealthcare.com](mailto:mhtxacep@molinahealthcare.com) or by faxing it to 877-900-8452.

If you have any questions, please contact Provider Services at (855) 322-4080.

Thank you for your interest in the Molina Healthcare of Texas STAR+PLUS Attendant Compensation Rate Enhancement Program.

Sincerely,

Molina Provider Services