Medicaid Managed Care
STAR and
STAR+PLUS Expansion

Acute Care Provider Training

February 2011
What is Medicaid Managed Care?

- Establish a medical home for Medicaid clients through a Primary Care Provider (PCP)
- Emphasize preventative care
- Improve access to care
- Ensure appropriate utilization of services
- Improve health outcomes
- Improve quality of care
- Improve client and provider satisfaction
- Improve cost effectiveness
- Disease Management
Current Medicaid Managed Care Models

Current Medicaid Managed Care Delivery Models

• STAR (State of Texas Access Reform)
  • Capitated, Health Maintenance Organization (HMO) model for non-disabled pregnant women and children.
  • Provides acute care services.

• STAR+PLUS
  • Capitated HMO model for disabled Medicaid clients and dual eligibles (Medicaid and Medicare).
  • Provides acute and long-term services and supports (LTSS).

• STAR Health
  • Capitated HMO model for foster care children.
  • Provides acute care services with emphasis on behavioral health and medication management.

• Primary Care Case Management (PCCM)
  • Non-capitated service delivery model.
  • Includes non-disabled pregnant women, children and disabled adults
  • Acute care services only.
Proposed Geographic Distribution of Managed Care Delivery Models
### Expansion to Contiguous Counties for September 1, 2011

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Current Counties</th>
<th>STAR Expansion Counties</th>
<th>HMOs Providing STAR Expansion Counties</th>
<th>STAR+PLUS Expansion Counties</th>
<th>HMOs Providing STAR+PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bexar</strong></td>
<td>Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson</td>
<td>Bandera</td>
<td>Aetna Community First Superior</td>
<td>Bandera</td>
<td>Amerigroup Molina Superior</td>
</tr>
<tr>
<td><strong>El Paso</strong></td>
<td>El Paso</td>
<td>Hudspeth</td>
<td>El Paso First Superior</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td><strong>Harris</strong></td>
<td>Brazoria, Fort Bend, Galveston, Harris, Montgomery, Waller</td>
<td>Austin, Matagorda, Wharton</td>
<td>Amerigroup Community Health Choice Molina Texas Children's United</td>
<td>Austin, Matagorda, Wharton</td>
<td>Amerigroup Evercare Molina</td>
</tr>
<tr>
<td><strong>Lubbock</strong></td>
<td>Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry</td>
<td>Carson, Deaf Smith, Hutchinson, Potter, Randall, Swisher</td>
<td>FirstCare Superior</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td><strong>Nueces</strong></td>
<td>Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Victoria</td>
<td>Brooks, Goliad, Karnes, Kenedy, Live Oak</td>
<td>Amerigroup Driscoll Superior</td>
<td>Brooks, Goliad, Karnes, Kenedy, Live Oak</td>
<td>Evercare Superior</td>
</tr>
<tr>
<td><strong>Travis</strong></td>
<td>Bastrop, Burnet, Caldwell, Lee, Hays, Travis, Williamson</td>
<td>Fayette</td>
<td>Amerigroup Superior</td>
<td>Fayette</td>
<td>Amerigroup Evercare</td>
</tr>
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</table>
HMO vs. PCCM

- HMO model offers improved utilization management over PCCM.
- Improved utilization achieved through internal HMO processes and service coordination.
  - Similar service not available in PCCM.
- Premium tax:
  - Premiums paid to Medicaid HMOs subject to state premium tax.
  - As part of HHSC’s check and balance on the HMOs, HHSC caps the amount of profit that may be earned.
### HMO vs. FFS

#### STAR/STAR +PLUS

<table>
<thead>
<tr>
<th>Provider Directory</th>
<th>Includes PCP/Specialists/LTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Handbook</td>
<td>Includes phone numbers for assistance, descriptions of benefits, complaints and appeal information (esp useful for LTSS)</td>
</tr>
<tr>
<td>Unlimited Prescriptions (non-duals) for adults</td>
<td></td>
</tr>
<tr>
<td>Value Added Services (varies by HMO)</td>
<td>Such as 24 hour nurse lines, additional transportation help, cell phones for high risk clients, weight loss programs</td>
</tr>
<tr>
<td>Member chooses PCP or is assigned a PCP – can change through the HMO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HMO must ensure access to physicians per contract requirements (emergency, urgent, routine care)</td>
</tr>
</tbody>
</table>

#### FFS

- Client has to locate willing provider
- 3 prescriptions per month for adults
- No Primary Care Provider (PCP)
STAR Program Information

• The STAR Program provides acute care services for pregnant women, Temporary Assistance to Needy Families (TANF) recipients, and low income children and families.

• STAR operates under the authority of a federal 1915(b) waiver.

• Risk-based, capitated managed care.

• Each STAR member is enrolled in a HMO and has a PCP.
  • PCP is chosen by member or assigned by state or HMO.
Populations excluded from STAR include:

- Supplemental security income (SSI) recipients.
- Medicaid recipients in institutions.
- Dual-eligible Medicaid recipients (clients with both Medicaid and Medicare).
- Medically needy.
- Foster children.
- Refugees.
What is STAR+PLUS?

- A managed care system for persons on SSI.
- Integrates acute care and LTSS.
- Dual eligibles enrolled for long-term care “insurance policy”.
- Improved access to community based LTSS.
- HMOs are responsible for coordinating acute and LTSS through the use of a service coordinator.
STAR+PLUS Members

- Medicaid recipients who must participate in STAR+PLUS:
  - SSI adults who are not:
    - Residing in a Nursing Facility or other institution.
    - Being served through a Home and Community Based Waiver program other than Community Based Alternatives (CBA).
  - Non-SSI adults who qualify for 1915(c) Nursing Facility Waiver services must enroll in STAR+PLUS to receive those services.

- Medicaid recipients who can choose to participate in STAR+PLUS:
  - SSI children, under age 21, may voluntarily enroll in STAR+PLUS. SSI children that do not volunteer will be in traditional Medicaid effective 09/01/2011.
Service coordinator is responsible for:

- Formulating an individualized plan covering acute and LTSS.
- Overseeing smooth transition from acute care to LTSS.
- Making home visits and assessing members’ needs:
  - Authorize community LTSS.
  - Arrange acute care services.

STAR+PLUS Medicaid only members can choose or be assigned a PCP.

Service coordinators are required to assist with Medicare physician and service coordination.
Contracting Method

STAR and STAR+PLUS HMOs

• Contract Individually.
• Additional providers dependent on network.
• May limit network.
• HMOs are encouraged to contract with Significant Traditional Providers (STP).
Verify Eligibility

- Health Plan ID Card.
- State Medicaid 3087 Form.
- Health Plan Website.
- Contact the plan directly.
- Automated Inquiry System (AIS).
- Medicaid Eligibility SAVERR Authorization Verification System (MESAV).
- For after hour eligibility verification, call the health plan.
Authorizations

STAR and STAR+PLUS

- Members are offered a choice of HMO network providers.
- Authorization for services may be limited.
- Authorizations are service specific.
- HHSC will require the MCOs to honor TMHP prior authorizations for at least 3 months during initial transition.
Claims

STAR and STAR+PLUS

• Claims are paid by the HMO.
• Providers must file claims within 95 days of Date of Service (DOS).
• HMOs required to adjudicate within 30 days.
STAR and STAR+PLUS

- Members may still appeal to HMO and/or file Fair Hearing request if services are denied, reduced, or terminated.
- Applicants are still notified by the State if determined not eligible.
Provider Complaints

• Initial point of contact is HMO

• May submit written complaint to HHSC at hpm_complaints@hhsc.state.tx.us

• HHSC will deal with issues when HMO is not complying with HHSC contract
Workgroup Updates

Eligibility and Enrollment Systems Workgroup
- Meetings with all system trading partners.
- Project testing underway.
- Proposed readiness review testing.

Enrollment Broker Workgroup
- Welcome letters/FAQs mailed out in April.
- Enrollment Packets mailed out in June.
- Medicaid ID stuffer – July/August
- Outreach and enrollment events – June/July/August.
Enrollment Broker

- Maximus will provide outreach for enrollment to STAR+PLUS Candidates:
  - Outbound Calls.
  - Home Visits.
  - Enrollment events in the community.
- Clients must choose a health plan by August 12, 2011.
- Clients that do not choose a health plan will be auto assigned.
Communications Workgroup

• STAR+PLUS expansion stakeholder meetings.
• Client outreach sessions.
• Provider training sessions.
• TMHP banners and bulletins.
• Talking points being developed for use by Medicaid Managed Care Helpline, 211, Texas Health Steps.
• DADS informational letters.
• Managed Care Initiatives page on HHSC website.
Managed Care Operations

- HHSC monitors the HMO performance quarterly for these key indicators:
  - Network Adequacy
  - Claims Processing time
  - Hotline Performance
  - Complaint processing

- Additional contract requirements and performance is also monitored on an ongoing basis.
Next Steps

• Become familiar with STAR and STAR+PLUS HMOs operating in counties where you are delivering services.

• All health plans are here today to help answer your specific questions.

• Sign and return contracts and credentialing applications to the HMOs in order to become a participating provider and to be listed in the HMO Provider Directory.
STAR and STAR+PLUS HMO
Representative Contact Information

- **Aetna**
  - Brooke Burnside 214-200-8120 BurnsideB@aetna.com

- **Amerigroup**
  - Roland Valle (Travis/Bexar) 512-382-4980 rvalle1@amerigroupcorp.com
  - Jennifer Gonzalez (Nueces) 361-994-5513 jgonz10@amerigroupcorp.com
  - Jo Lynn Turner (Harris/Jefferson) 713-218-5179 jturne6@amerigroupcorp.com

- **Community First**
  - Martin Jimenez 210-358-6180 or 1-800-434-2347 mjimenez@cfhp.com
STAR and STAR+PLUS HMO
Representative Contact Information

• Community Health Choice
  ➢ Mark Kline  713-295-2394  Mark.kline@communityhealthchoice.org
  ➢ Beth Rossi  713-314-5627  beth.rossi@chchealth.org

• Driscoll Children’s Health Plan
  ➢ Melinda Lopez  316-694-6551 or 1-877-324-3627
    Melinda.Lopez@dchstx.org

• El Paso First
  ➢ Frank Dominguez  915-298-7198 x1085  fdominguez@epfirst.com

• Evercare
  ➢ Thomas Hicks  512-634-2322  thomas_hicks@uhc.com
STAR and STAR+PLUS HMO
Representative Contact Information

- **FirstCare**
  - Marcella Webb  806-356-5273  mwebb@firstcare.com

- **Molina**
  - RosCet Varner  1-888-562-5442 x204059  roscet.varner@molinahealthcare.com
  - Troy Eubank  817-602-0832  troy.eubank@molinahealthcare.com

- **Superior**
  - Network Development  1-877-391-5923 x22534  SHP-NetworkDevelopment@centene.com

- **Texas Children’s**
  - Debra Sparks  832-828-1045  United Health  swsparks@tchp.us

- **United Health**
  - Lucie Lara  713-296-4951  lucie_lara@uhc.com
Managed Care Resources

- HHSC Managed Care Proposals Website: http://www.hhsc.state.tx.us/medicaid/MMC-Proposals.shtml

- HHSC STAR Website: http://www.hhsc.state.tx.us/medicaid/mc/about/faq.html

- HHSC STAR+PLUS Website: http://www.hhsc.state.tx.us/starplus/Overview.htm

- TMHP Website: http://www.tmhp.com/Pages/PCCM/STAR_Expansion.aspx

- Email: ManagedCare_Exp2011@hhsc.state.tx.us