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Overview of Medicaid Managed Care

Medicaid & CHIP Services Department

Texas Health and Human Services Commission

Introduction to Texas Medicaid-Managed Care

- Medicaid Managed Care
- Medicaid Managed Care Programs
- Provider Complaints Process
- Medicaid Medical Policy Changes
- Questions



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Managed Care Organizations

- Providers must be enrolled as a Texas Medicaid provider
- Providers must individually contract and be credentialed with an MCO to be in that MCO's network and provide Medicaid services in managed care
- Rates are negotiated between the provider and the MCO
- Processes such as authorization requirements and claims processing may be different between MCOs



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Billing

- Acute care providers must:
 - Be credentialed and enrolled in Medicaid
 - Contract with an MCO to be paid for services
 - Bill MCOs directly within 95 days
 - Bill Medicare directly for acute care services delivered to dually eligible members
- MCO must adjudicate a clean claim within 30 days



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Managed Care Programs in Texas

- STAR
- STAR Health
- STAR+PLUS
- STAR Kids
- Children's Medicaid Dental Services (CMDS)
- Dual Eligible Integration Care Project (called the Dual Demonstration)

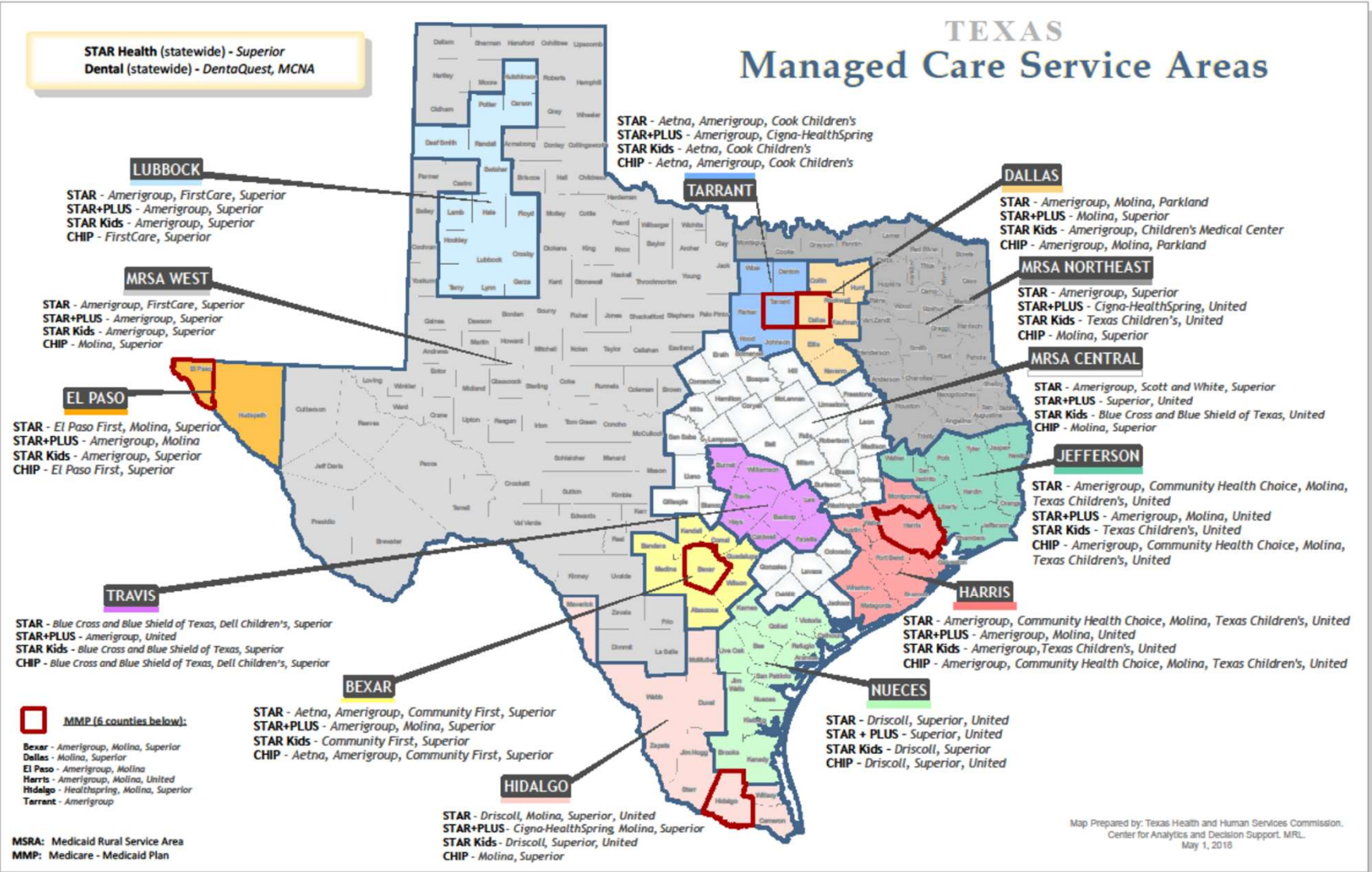


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TEXAS Managed Care Service Areas



Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support. MRL.
May 1, 2018

Managed Care Client Enrollment

- As of December 2018
 - 3,938,500 Clients are enrolled in Texas Medicaid
 - 3,724,937 members are enrolled in Managed Care:
 - STAR – 2,963,121
 - STAR Health – 33,488
 - STAR+PLUS – 530,595
 - STAR Kids – 160,202
 - Dual Demo – 37,531
 - 3,037,930 clients are enrolled in Dental Medicaid/CHIP
 - 384,737 clients are enrolled in CHIP



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What is STAR?

- The State of Texas Access Reform (STAR) program provides acute care services (like doctor visits, hospital visits, and prescriptions) mostly for children and pregnant women
- STAR operates statewide under the authority of the 1115 Transformation Waiver
- Services are delivered through MCOs under contract with HHSC
- Services are provided through a network of doctors, hospitals and other providers responsible for managing and delivering quality, cost-effective care



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STAR Populations

- Mandatory participants include:
 - Pregnant women and children with limited income
 - Newborns
 - Low income families
 - Certain former foster care youth
 - Special Populations (such as, children and youth in Adoption Assistance or Permanency care Assistance)



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STAR Populations

- Excluded participants include:
 - Individuals who reside in institutions
 - Individuals who receive Medicare and Medicaid services (called dual eligible)
 - Have complex medical need
 - Children in foster care
 - Adults and children with disabilities (including those receiving 1915(c) waiver services)
 - SSI recipients



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STAR Benefits

- Traditional Medicaid benefit package
- PCP (serves as the medical home and coordinates care)
- Unlimited Prescriptions
- Unlimited medically necessary days in a hospital
- Service Management
- Value-added Services

<https://hhs.texas.gov/services/health/medicaid-chip/programs/star/star-comparison-charts>



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STAR and CHIP RFP

- RFP HHS0002881
- Proposals due to HHSC on November 30, 2018
- <http://www.txsmartbuy.com/sp/HHS0002881>



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STAR Health

- For children and youth and certain young adults who have aged out of the Department of Family and Protective Services (DFPS) conservatorship, including those in foster care and kinship care.
- STAR Health covered services include primary care, acute care, dental, behavioral health care, vision, pharmacy, as well as long term services and supports.
- Services are delivered through a single MCO under contract with HHSC



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STAR Health Populations

- Medicaid Clients who participate in STAR Health include:
 - Children under age 18 in state conservatorship, including those in foster care and kinship care
 - Young adults up to the month of their 22nd birthday who have voluntary extended foster care placement agreements
 - Young adults up to the month of their 21st birthday who were formerly in foster care and are receiving Medicaid services under Medicaid for Former Foster Care Children (FFCC)



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STAR Health RFP

- **DRAFT** RFP HHS0005068
- Proposals due to HHSC on July 5, 2019
- <http://www.txsmartbuy.com/sp/HHS0005068>



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What is STAR+PLUS?

- STAR+PLUS integrates the delivery of acute care plus LTSS for adults who have a disability or who are age 65 and older
- Main feature is service coordination
- Services are delivered through MCOs under contract with HHSC



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Mandatory Population in STAR+PLUS

- Mandatory participants include:
 - Adults age 21 and older with a disability who qualify for Medicaid or Supplemental Security Income (SSI)
 - Adults who qualify for Medicaid because they meet an institutional level of care and need STAR+PLUS Home and Community-Based Services (HCBS)
 - Non-dual eligible adults receiving services through one of the five 1915(c) waiver programs for individuals with intellectual and developmental disabilities (IDD) must enroll in STAR+PLUS for acute care services only
 - Medicaid for Breast and Cervical Cancer participants aged 18 to 65.



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STAR+PLUS Benefits

- Traditional Medicaid benefits
- Primary care provider (PCP) for non-dual members unless they participate in the Dual Demonstration
- Unlimited Prescriptions
- Service Coordination
- Long-term services and supports
- Value-added Services

<https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus/starplus-comparison-charts>



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STAR+PLUS RFP

- RFP HHS0002877
- Proposals due to HHSC on November 15, 2018
- <http://www.txsmartbuy.com/sp/HHS0002877>



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What is STAR Kids?

- STAR Kids integrates the delivery of acute care, behavioral health, and LTSS benefits for children and young adults 20 and younger with disabilities
- Main features include service coordination, a comprehensive needs assessment, person-centered planning and service design, and transition planning
- STAR Kids was available statewide as of November 1, 2016
- Services are delivered through MCOs under contract with HHSC



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STAR Kids Populations

- Mandatory participants include children and young adults aged 20 and younger:
 - Who receive SSI and SSI-related Medicaid
 - Who receive SSI and Medicare
 - Who receive Medically Dependent Children Program (MDCP) waiver services



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STAR Kids Populations

- Mandatory participants include children and young adults aged 20 and younger for acute care services only:
 - Who receive Youth Empowerment Services (YES) waiver services
 - Who receive IDD waiver services (e.g., CLASS, DBMD, HCS, TXHmL)
 - Who reside in a community-based ICF-IID or in an NF for acute care services only
- Children and young adults age 20 and younger who reside in the Truman Smith Children's Care Center or a state veteran's home are excluded from managed care



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STAR Kids Benefits

- Traditional Medicaid benefits for children
- PCP
- Unlimited prescriptions
- Unlimited Medically necessary days in a hospital
- Service coordination
- Value-added services



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STAR Kids Benefits (cont.)

- MCOs are responsible for authorizing, arranging, coordinating, and providing services in accordance with contract requirements, including:
 - Medically necessary covered services
 - Functionally necessary covered services



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Children's Medicaid Dental Services (CMDS)

- CMDS are provided statewide for most children and young adults enrolled in Medicaid
- Services are delivered through two dental maintenance organizations (DMOs) under contract with HHSC



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CMDs Populations

- Medicaid clients who participate in CMDs include:
 - Children and young adults ages 20 and younger except those residing in a nursing facility or an intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID)
 - Children and young adults in STAR Health do not receive dental services through CMDs, but through STAR Health



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What is the Dual Demonstration?

- CMS and HHSC established a federal-state partnership to better serve individuals who are dually eligible (have Medicare and Medicaid benefits)
 - Is a fully integrated care model
 - Requires one Medicare-Medicaid plan (MMP) to provide the full array of Medicare and Medicaid benefits.
 - Single point of accountability for delivery, coordination, and management of services



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What is the Dual Demonstration?

- Demonstration will run March 2015 through December 31, 2020
- Available in six counties:
 - Bexar
 - Dallas
 - El Paso
 - Harris
 - Hidalgo
 - Tarrant



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Dual Demonstration Population

- Individuals can participate in the demonstration if they:
 - Are 21 or older and have a disability and qualify for SSI
 - Have Medicare Part A, B, and D, and are receiving full Medicaid benefits
 - Are eligible for or enrolled in the Medicaid STAR+PLUS program, which serves members who have disabilities and those who meet a nursing facility level of care, and receive STAR+PLUS HCBS
 - Reside in one of the demonstration counties



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Complaint Process

- E-Mail: HPM_Complaints@hhsc.state.tx.us
- Fax at 512-491-1958
- **Mail:** Health and Human Services Commission
Health Plan Management
4900 N. Lamar Blvd.
MC H320
Austin, TX 78751

<https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/medicaid-chip-contact-us>



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Medicaid Policy Process

- Medicaid Medical and Dental Policies webpage has the topic nomination form and the mailbox for submitting the completed form.
- It's also the same webpage where any medical and dental policies are posted for public comments.

Here's the link:

<https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/medicaid-medical-dental-policies>



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Questions?

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Thank you
