



House Human Services Committee Hearing: Interim Charge 2

**Stephanie Muth, State
Medicaid Director**

May 9, 2018



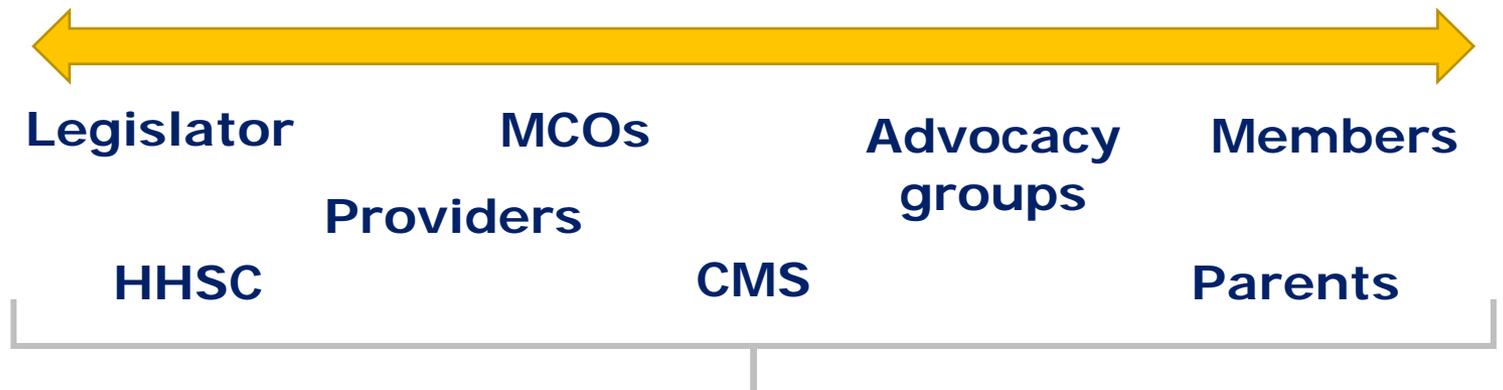
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Medicaid Managed Care: Shared Goal Across Stakeholders

Goal: Quality, cost-effective care



*Different roles in
supporting the goal*



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Network Adequacy: Ensuring Access to Care

Distance and Travel Time Standards

Provider Type	Distance in Miles			Travel Time in Minutes		
	Metro	Micro	Rural	Metro	Micro	Rural
Behavioral Health-outpatient	30	30	75	45	45	90
Cardiovascular Disease	20	35	60	30	50	75
ENT (otolaryngology)	30	60	75	45	80	90
General Surgeon	20	35	60	30	50	75
Hospital- Acute Care	30	30	30	45	45	45
Nursing Facility	75	75	75	-	-	-
OB/GYN	30	60	75	45	80	90
Occupational, Physical, or Speech Therapy	30	60	60	45	80	75
Ophthalmologist	20	35	60	30	50	75
Orthopedist	20	35	60	30	50	75
Prenatal	10	20	30	15	30	40
Primary Care Provider	10	20	30	15	30	40
Psychiatrist	30	45	60	45	60	75
Urologist	30	45	60	45	60	75



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Network Adequacy: Ensuring Access to Care

Oversight Requirements

- Quarterly monitoring process using provider reconciliation files and member eligibility files.
 - No longer using Managed Care Organization (MCO) self-reported data.
- MCOs who do not meet 75% compliance with standards will be issued a corrective action plan (CAP).
- In January 2019, this requirement will increase to 90% compliance and issuance of both CAPs and liquidated damages (LDs).
- Implemented Provider Directory requirements in the Spring of 2016.



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Health Plan Report Cards: Ensuring Quality

Quality measures that matter to members

- Four key areas graded:
 - Overall health plan quality
 - Experience with doctors and the health plan
 - Staying healthy
 - Controlling chronic disease
- Ratings by plan based on member surveys and health quality measures
- Transparency for members when selecting or changing plans

TRAVIS SERVICE AREA Release Date: March 2018

Report card for STAR health plans for children

How do the health plans measure up?

Health plans in your area

BlueCross BlueShield of Texas	(888) 657-6061	https://www.bcbs-tx.com/star/
Dell Children's Health Plan	(888) 596-0268	http://www.dellchildrenshealthplan.com
Superior HealthPlan	(800) 783-5386	https://www.superiorhealthplan.com/

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HEALTH PLAN PERFORMANCE

★★★★★ = Excellent ★★★★ = Above Average ★★★ = Average ★★ = Below Average ★ = Poor

Service Area: Travis
Release Date: March 2018

	BlueCross BlueShield	Dell Children's Health Plan	Superior HealthPlan
Overall Health Plan Quality	★★	★★★★	★★★
Experience with Doctors and the Health Plan	★★	★★★	★★★
Children get appointments soon and emergency care right away	★★★	★★★★	★★★
Doctors listen carefully, explain clearly and spend enough time with people	★★★	★★★	★★★
Parents give high ratings to their child's personal doctor	★★★	★★★	★★★
Parents give high ratings to the health plan	★★★	★★★	★★★
Staying Healthy	★★	★★★★	★★★★
Babies get regular yearly checkups	★★	★★★★	★★★★
Children and teens get regular checkups	★	★★★	★★★
Children and teens get their vaccines	★★★	★★★★	★★★★
Controlling Chronic Diseases	★★★	★★★★	★★★
Children get medicine for asthma	★★★★	★★★★	★★★★
Children see the doctor for ADHD (Attention Deficit Hyperactivity Disorder)	★★	★★★★	★

If a plan shows "No rating", this is not a bad rating. At the time of the study, the plan either (1) was new to the area or (2) had too few members to rate.

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STAR Kids Program: Overview

SB 7 (83R), 2013, directed HHSC to “establish a mandatory STAR Kids capitated managed care program tailored to provide medical assistance benefits to children with disabilities.”

Other requirements include:

- Integrate with a nurse advice line
- Use an identification and stratification method to identify recipients who have greatest need for services
- Provide a holistic, comprehensive care needs assessment
- Deliver services through multidisciplinary care teams located in different geographic areas and have in-person contact
- Identify immediate interventions for transition of care
- Include monitoring and reporting outcomes
- Incorporate the Medically Dependent Children Program (MDCP) waiver program



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STAR Kids Program: Members

Caseload snapshot

FY17	Average Monthly Caseload	Total Costs
STAR Kids Total	163,240	\$2,594,793,724
<i>MDCP</i>	5,740	\$623,805,246



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STAR Kids Program Goal

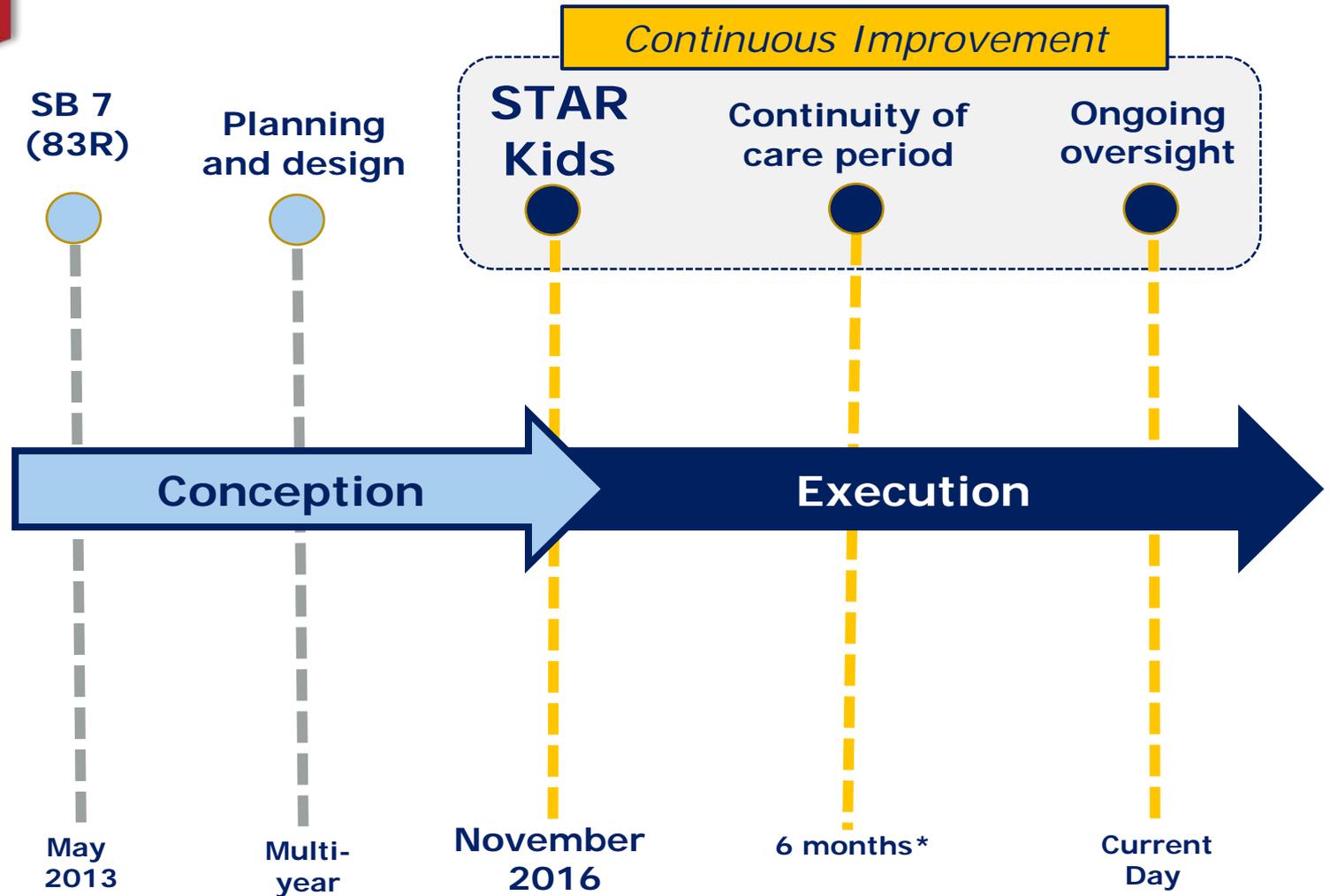
Ensuring quality and cost-effectiveness through:

- Providing customized medical assistance benefits,
- Better coordinated care,
- Improving health outcomes,
- Improving access to health care services,
- Achieving cost containment and cost efficiency,
- Reducing the administrative complexity of delivery, and
- Reducing the incidence of unnecessary institutionalizations and potentially preventable events.



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STAR Kids Program: Implementation Progress



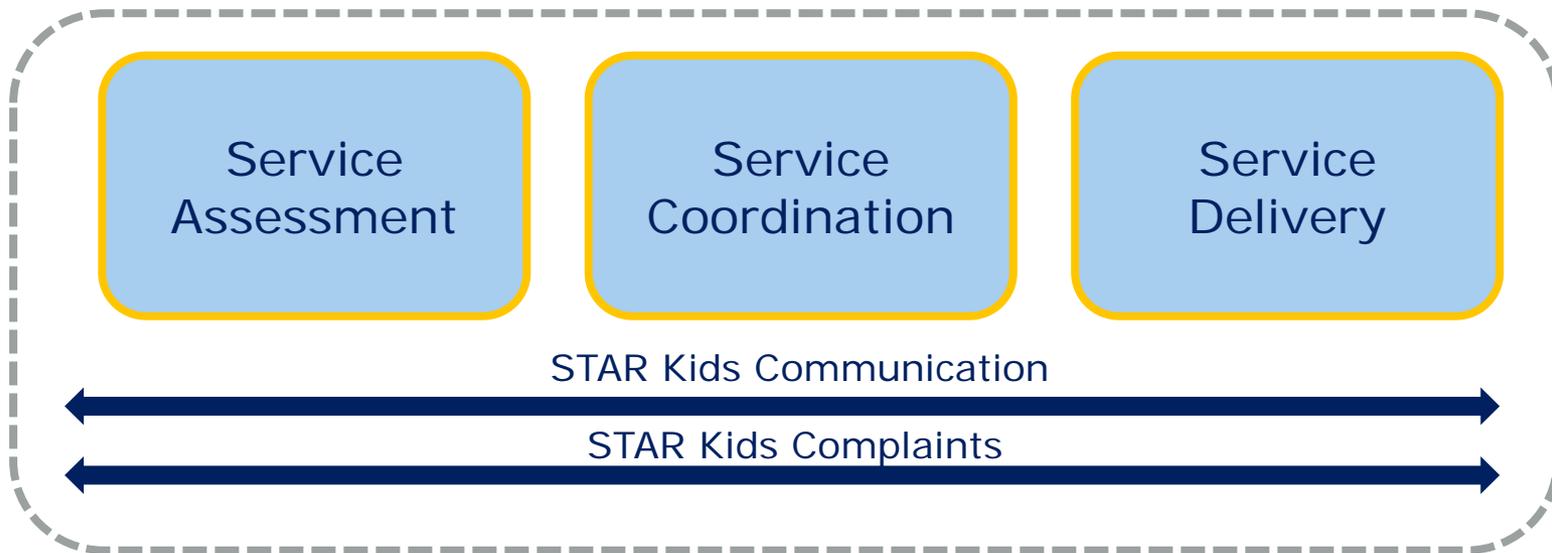
*MCOs voluntarily extended continuity of care for Primary Care Physicians and specialists through October 31, 2017.



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STAR Kids Program: Continuous Improvement

Three core areas of focus based on stakeholder feedback, data, and oversight findings.

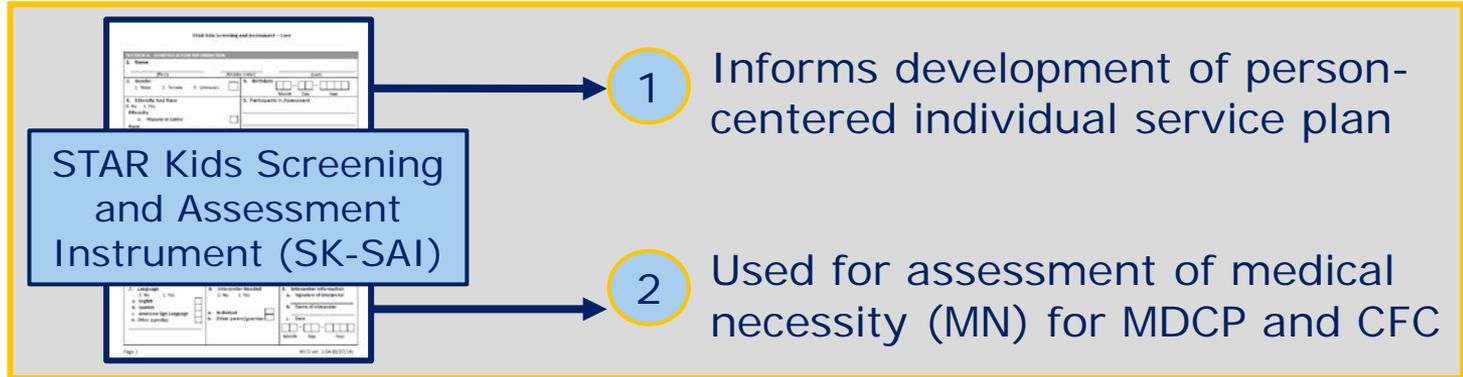


Ongoing improvements to MCO Oversight



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STAR Kids Program: New Service Assessment Tool



- Prior to SB 7 (83R), there was a recognized need for a tool tailored for children.
- HHSC contracted with Texas A&M University (TAMU) Health Science Center to determine if a proper tool existed, and if not, build and test one.
 - Multi-phase project with 3 years dedicated to development, testing, and revisions.
 - Testing phases included stakeholder input and review.



STAR Kids Program: Ongoing improvements for SK-SAI tool

✓ Recently completed

Conducted training in April with ~1,000 MCO coordinators and nurse accessors to provide additional clarifications and best practices.

Recommended that MCOs:

- Pre-populate as many items as possible to reduce assessment time
- Provide the tool in advance for families to prepare
- Share results before submitting
- Provide a copy after submitting

> Future plans

Updates to the manual drafted by TAMU to incorporate policy and use clarifications.

The next version of the SK-SAI will incorporate recommended changes from phase 2 testing, primarily question wording and removal of items that unnecessarily trigger additional modules.

Longer term tool innovations.

Supported by ongoing training refinements, manual updates, policy clarifications, and public education.



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STAR Kids Program: Service Coordination

Pre-Implementation

Readiness Reviews

MCOs had to show appropriate number of service coordinators were trained and ready.

20% of the service coordinators were interviewed for training and knowledge regarding program and contractual requirements.

Daily, weekly, bi-weekly, and monthly calls were held with MCOs to discuss staffing and other issues.

Post-Implementation

Operational Reviews

- On-site review of the number of service coordinators and caseloads.
- 20% are interviewed for training and knowledge regarding program and contractual requirements.
- Targeted reviews as needed based on any observed complaint trends

STAR Kids Stakeholder Workgroup (August 2017)

- MCOs discussed service coordination structure and turnover.
- Reported between 10 – 30% turnover (but was leveling out after initial implementation).
- Changes to coordinators can happen due to balancing of caseloads.



STAR Kids Program: Service Delivery Tools

HHSC tools for continuous improvement

Operational Reviews

- Acute Care Utilization Review team take part in operational reviews.
- Purpose is to review MCO prior authorization (PA) processes.
- Current focus is PA for speech therapy and Private Duty Nursing (PDN).

Policy Guidance

- Issue ongoing clinical and operational guidance, including:
 - Preferred provider arrangements
 - School Health and Related Services (SHARS) & PDN
 - LTSS Continuity of Care
 - Therapy
 - PAs

Utilization Reviews (UR)

- Requesting additional resources to expand UR to include STAR Kids.
- Conducted by nurses, URs ensure MCOs are providing services according to their assessment of service needs.

Data Trends

- Analyzing data to identify trends in service utilization.
- Various quality initiatives underway, including post-implementation review and custom quality measure development.

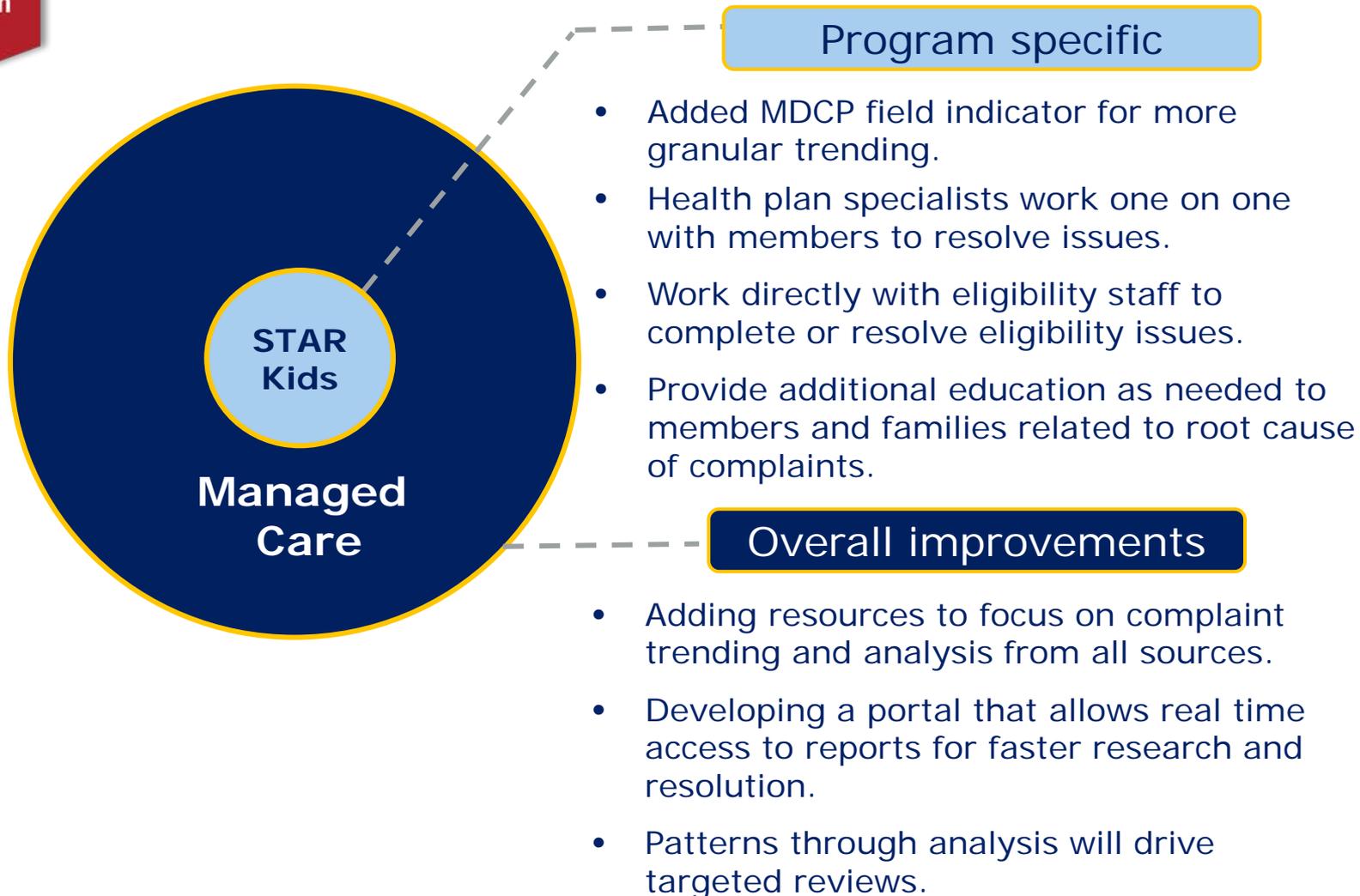
Inspector General

Upcoming audit to evaluate the effectiveness of MCO performance in administering services through STAR Kids and STAR Health. Delivery of services for children with MDCP will be the initial focus of the audit.



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STAR Kids Program: Complaints Resolution and Improvements





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SB 7 (83R): Future Implementation

Additional Carve-in milestones for persons with Intellectual and Developmental Disabilities (IDD)

September 1, 2020

Texas Home Living (TxHmL) IDD waiver services transition to managed care



Based on cost-effectiveness and experience of TxHmL

2021

HCS, DBMD, and CLASS waivers and ICF/IID transition to managed care*

Activities underway

- *To be completed by 2019 legislative session:* Deloitte and University of Texas School of Public Health-Houston are evaluating various topics and reporting to inform IDD LTSS transition to managed care.
- *To be completed by Summer 2018:* HHSC and IDD System Redesign Advisory Committee developing implementation recommendations for the TxHmL carve-in.

*Home and Community Based Services (HCS), Deaf, Blind and Multiple Disabilities (DBMD), and Community Living Assistance and Support Services (CLASS)



Appendix: Additional STAR Kids Information



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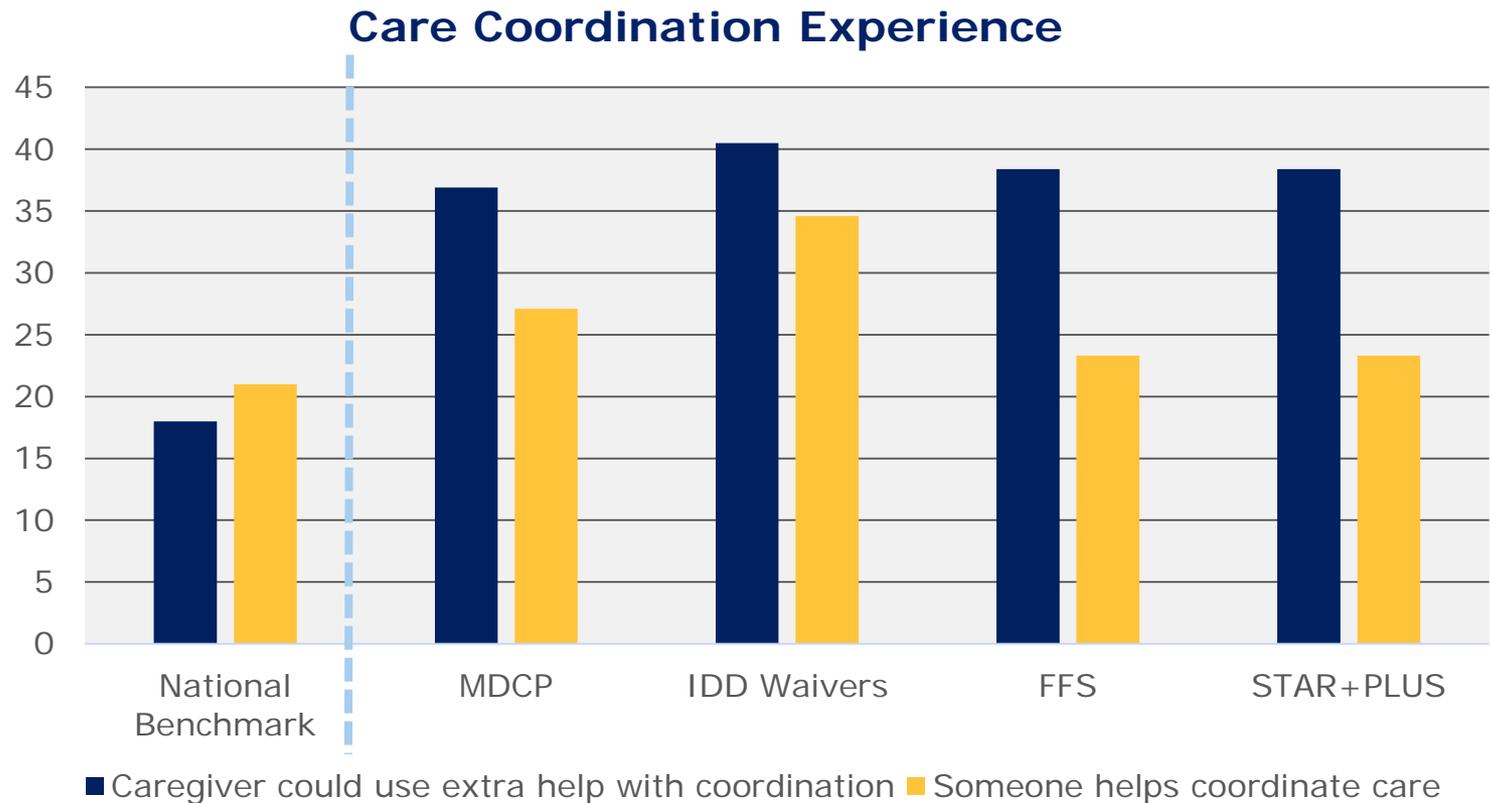


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SB 7 (83R): Pre-implementation Survey

Opportunities with Managed Care

Noticeable differences between needing extra help with care coordination and getting help with care coordination.





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SB 7 (83R):

Pre-implementation Survey

Opportunities with Managed Care

All groups were below the national benchmark in ability to access services when needed.

Access to services*

	National Benchmark	MDCP	IDD Waivers	FFS	STAR+ PLUS
Special medical equipment and devices	57%	33.8%	32.8%	--	--
Special therapies	56%	38.5%	44.8%	53.7%	43.4%
Treatment or counseling	55%	29.7%	31.1%	47.1%	48.2%

*Based on percent of respondent who indicated it was 'always easy' to get the listed service/equipment.



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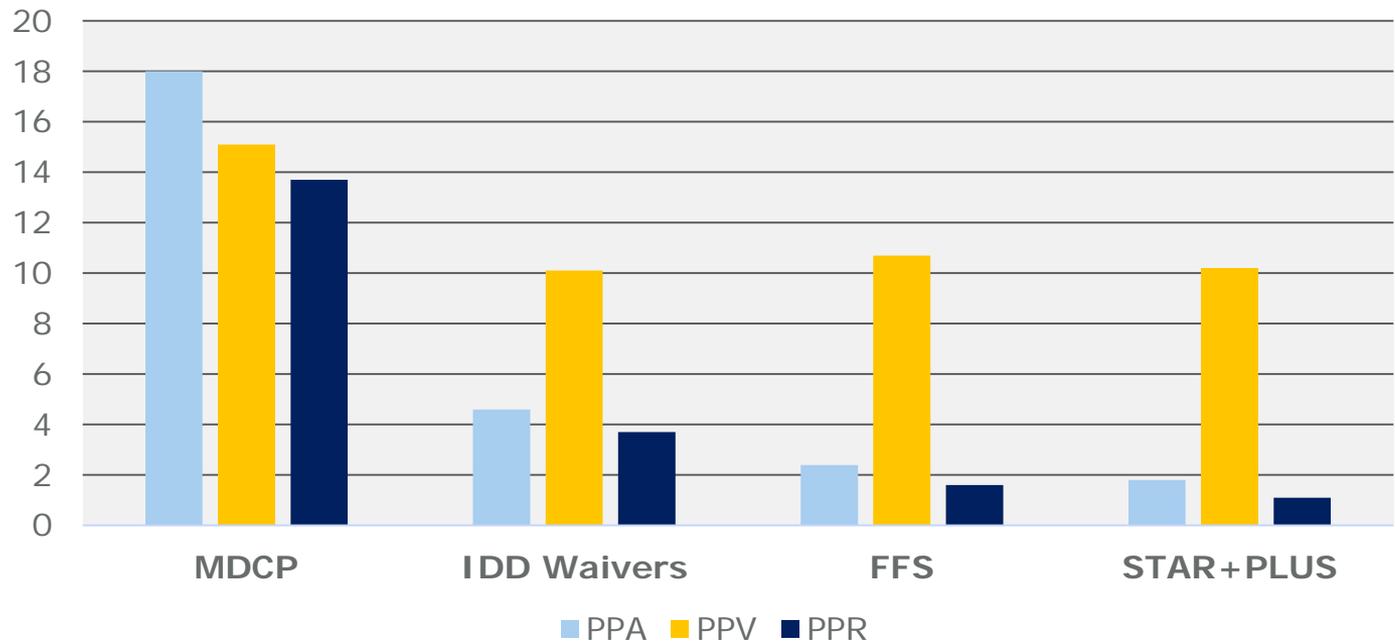
SB 7 (83R):

Pre-implementation Report

Opportunities with Managed Care

A high number of potentially preventable events indicates opportunity for better care coordination and/or access to ambulatory care.

3M Potentially Preventable Events in Members Eligible for STAR Kids (Number of Weighted Events per 1,000 Member-Months)



Source: Texas's external quality review organization (EQRO)

*Potentially Preventable Admissions (PPA), Potentially Preventable Visits (PPV), Potentially Preventable Re-Admissions (PPR)



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Medical Necessity (MN) Assessment

A targeted look at MDCP

Tool outcomes

MDCP SK-SAI reassessments
April 2017 – March 2018

5,554

*Unduplicated individuals**

4,752

86% approved

216

4% in-process at TMHP

114

2% in the fair
hearings process

454

8% denied, may
request a fair hearing

246

4% denied, after fair
hearing

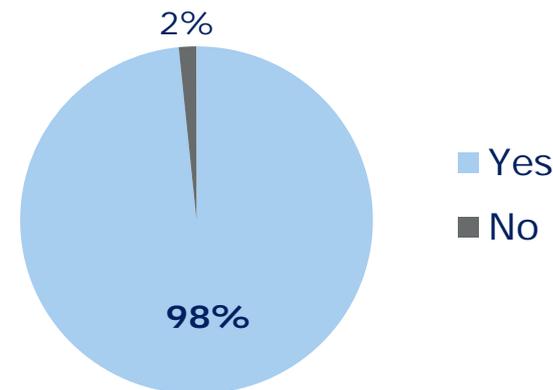
Accuracy of MN decisions

HHSC Utilization Review nurses reviewed a random sample of 124 medical necessity denials.

Sample consisted of members who had been reassessed in the months of July and August of 2017 but were denied continued eligibility in the MDCP.

Results indicated accuracy of MN determinations.

Were the MN Decisions Accurate?



*Some individuals have multiple assessments with different statuses, making the sum of each status category greater than the unduplicated total of individuals and total percentage exceed 100%.



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Medical Necessity (MN) Assessment: Process Improvements

Education and Training

Stakeholders: Materials developed included information on the MN determination process for the MDCP, FAQ for families (including Screening Assessment Instrument, MN determination and Fair Hearings process), and MDCP program description.

MCO Service Coordinators and Nurse Accessors: Received training in April 2018 on the tool, including best practices and clarifications specific to MN determinations.

Texas Medicaid & Healthcare Partnership (TMHP) Physicians: HHSC Office of Medical Director staff meet with TMHP physicians quarterly (and as needed) to discuss interpretation of agency requirements for MN determinations, answer questions on specific cases, and provide updates relating to the MN determination process.

Communication

Denial Notices: Improving the notification process for MN denials. Changes planned for 2018:

1. Modifying the TMHP notice of pending denial to include the service coordination 1-800 number based on the member's MCO (instead of the TMHP Long-Term Care Help Desk Number).
2. Eliminating the TMHP letter that tells members to wait until an official HHSC denial is sent.
3. Modifying the HHSC notice of final denial to include more information.

Fair Hearings Outreach: HHSC contacts members when they are denied MN for MDCP to advise them of their rights and allow them to request a fair hearing during the call. Members are offered continuances on fair hearings on a case-by-case basis.



STAR Kids Service Coordination: Ongoing Requirements by Level

Level 1

A named service coordinator

A minimum of four face-to-face contacts annually

Monthly calls

- MDCP members
- Members with complex needs or a history of developmental or behavioral health issues
- Members with Serious Emotional Disturbance (SED) or Serious and Persistent Mental Illness (SPMI)
- Members at risk for institutionalization

Level 2

A named service coordinator

A minimum of two face-to-face contacts annually

Six calls annually

- Members are not Level 1 but receive Personal Care Services, Community First Choice (CFC), or nursing services
- Members the MCO believes would benefit from a higher level of service coordination based on results from the SK-SAI and additional MCO findings
- Members with a history of substance abuse
- Members without SED or SPMI, but who have another behavioral health condition that significantly impairs function

Level 3

A minimum of one face-to-face contact annually

Three calls annually

A named service coordinator (if requested)

- Members who do not qualify for Level 1 or 2
- Must get a named service coordinator if they reside in a nursing facility or community-based ICF-IID, or are served by 1915(c) waivers: CLASS, DBMD, HCS, or TxHmL



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Overarching Quality Activities: Various Measurement Mechanisms

Same activities done for most other managed care programs

Activity	STAR Kids Implementation Dates
Performance Improvement Projects	First implemented in January 2017, second in January 2018
Quality Assessment and Performance Improvement Program	First report calendar year 2018 (reporting on calendar years 2016 and 2017)
Administrative Interviews	First interview calendar year 2018 (reporting on calendar years 2016 and 2017)
Report Cards	Published early 2019
Pay-for-Quality	January 2020
Appointment Availability ("Secret Shopper")	Began May 2018; Preliminary results will be available in fall 2018
Performance Indicator Dashboard	Measures posted for calendar year 2017, standards set for calendar year 2019



STAR Kids Custom Initiatives

Two Goals

- To evaluate the implementation of the STAR Kids program
- To develop a set of quality of care measures appropriate to the STAR Kids population

Inputs

- **MCO interviews** – The External Quality Review Organization (EQRO) interviewed all 10 STAR Kids MCOs and summarized information on the transition to STAR Kids
- **Caregiver survey** – The EQRO will conduct a follow-up survey with the same caregivers who participated in the pre-implementation survey
- **Administrative measures** – The EQRO will calculate and analyze quality measures for members surveyed in the pre and post implementation surveys and for the full census of STAR Kids members
- **SAI and Individualized Service Plan (ISP) data quality** – The EQRO will review a sample of completed SAI and ISP forms to assess completeness of data elements



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STAR Kids Custom Initiatives

Multiple Deliverables and Upcoming Dates

Report Type	Delivery Date
MCO interview report	March, 2018 <i>(HHSC current is reviewing the draft report)</i>
Measures feasibility study	October, 2018
Survey Findings*	December, 2018
Administrative Measure Findings**	February, 2019
Summary report	May, 2019

*Survey conducted 18 months after implementation because there is a 6 month look back period, and we wanted to be sure we were getting information about members' experiences after the continuity of care provisions expired (one year after implementation).

**Calculating administrative measures requires a full calendar year of encounter data with a six month lag.



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Member Communication: Increasing Member Portal Requirements

Contract changes effective September 1, 2018.

- Each STAR Kids MCO must provide a Member Portal that supports functionality to allow access to member's medical documents in a uniform way and reduces burdens placed on Members.
- The Member Portal functionality must include the following:
 - Explanation of Benefits
 - Prior authorization requests
 - Prior authorization determinations
 - Results from STAR Kids Screening and Assessment Instrument
 - Individual Service Plans
 - Provider Search
 - Contact information for technical support
- MCOs must post the required documents to the Member's Member Portal within 7 days of receiving or finalizing the document.