



STAR Kids Family Information Session

Medicaid and CHIP Division
Texas Health and Human Services Commission

August 2016

Topics

- Medicaid Managed Care Overview
- STAR Kids: Program Overview
- STAR Kids: Continuity of Care and Other Transition Issues
- Enrollment
- Next Steps
- Questions

Medicaid Managed Care

- Health care provided through a network of doctors, hospitals, and other health care providers through a health plan you pick.
- Goals:
 - Focus on preventive care.
 - Improve access to care, health outcomes, quality of care, and cost-effectiveness.
 - Make sure services are used appropriately.
 - Provide each member a main doctor to help coordinate care.

Current Managed Care Programs

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

Medicaid Eligibles

- How many people receive Medicaid?
 - As of October 1, 2015, preliminary data show:
 - 4,054,708 million people enrolled in Texas Medicaid.
 - 3,493,733 million members are enrolled in managed care.
 - STAR – 2,880,035
 - STAR Health – 30,998
 - STAR+PLUS – 582,700
 - 560,975 people enrolled in Medicaid fee-for-service (FFS).

Managed Care Organizations

- Members pick a primary care provider (main doctor) through their health plan.
 - Exception: Clients who get Medicare and Medicaid.
- All kinds of providers (doctors, specialists, etc.) must sign up with a health plan to provide services.
- To get certain services, you will need to get approval or a referral from your health plan.
- Health plans can offer extra services like extra respite services, extra vision services, or health and wellness services.

STAR Kids Background

- Senate Bill 7, 83rd Legislature, Regular Session, 2013:
 - Requires HHSC to establish STAR Kids, a managed care program.
 - Requires the Medically Dependent Children Program (MDCP) be included.
 - Requires HHSC to work with the STAR Kids Medicaid Managed Care Advisory Committee and Children's Policy Council to design and establish the program.

STAR Kids Timeline

- Will be statewide.
- Will serve about 180,000 members.
- Families will choose between at least two health plans in their service area.
- Services start November 1, 2016.

TEXAS Managed Care Service Areas

(Effective Fall 2016)

STAR Health (statewide) – Superior
CHIP RSA (MRSA Service Areas + Hidalgo) – Molina, Superior

STAR - Aetna, Amerigroup, Cook Children's
STAR+PLUS - Amerigroup, Cigna-HealthSpring
STAR Kids - Aetna, Cook Children's
CHIP - Aetna, Amerigroup, Cook Children's

LUBBOCK

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - FirstCare, Superior

MRSA WEST

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior

EL PASO

STAR - El Paso First, Molina, Superior
STAR+PLUS - Amerigroup, Molina
STAR Kids - Amerigroup, Superior
CHIP - El Paso First, Superior

TRAVIS

STAR - Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior
STAR+PLUS - Amerigroup, United
STAR Kids - Blue Cross and Blue Shield of Texas, Superior
CHIP - Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior

BEXAR

STAR - Aetna, Amerigroup, Community First, Superior
STAR+PLUS - Amerigroup, Molina, Superior
STAR Kids - Community First, Superior
CHIP - Aetna, Amerigroup, Community First, Superior

HIDALGO

STAR - Driscoll, Molina, Superior, United
STAR+PLUS - Cigna-HealthSpring, Molina, Superior
STAR Kids - Driscoll, Superior, United

TARRANT

DALLAS

STAR - Amerigroup, Molina, Parkland
STAR+PLUS - Molina, Superior
STAR Kids - Amerigroup, Children's Medical Center
CHIP - Amerigroup, Molina, Parkland

MRSA NORTHEAST

STAR - Amerigroup, Superior
STAR+PLUS - Cigna-HealthSpring, United
STAR Kids - Texas Children's, United

MRSA CENTRAL

STAR - Amerigroup, Scott and White, Superior
STAR+PLUS - Superior, United
STAR Kids - Blue Cross and Blue Shield of Texas, United

JEFFERSON

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

HARRIS

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Amerigroup, Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

NUECES

STAR - Christus, Driscoll, Superior
STAR+PLUS - Superior, United
STAR Kids - Driscoll, Superior
CHIP - Christus, Driscoll, Superior

RSA: Rural Service Area
MRSA: Medicaid Rural Service Area



Map Prepared by: Strategic Decision Support Department,
Texas Health and Human Services Commission. MRL
October 1, 2015

Who will be in STAR Kids?

- Category 1: Members will get all their Medicaid services through a STAR Kids health plan.
 - Children and young adults 20 and younger who:
 - Get Supplemental Security Income (SSI) and SSI-related Medicaid.
 - Get SSI and Medicare (dual eligible).
 - Get Medicaid through the Medicaid Buy-In or Medicaid Buy-In for Children (MBIC) programs.
 - Get services through the MDCP waiver.
 - Get Medicaid through the Health Insurance Premium Payment Program (HIPP) and meet STAR Kids eligibility requirements.

Who will be in STAR Kids?

- Category 2: Members will get Medicaid acute (basic) care services and some long-term services and supports through a STAR Kids health plan, and will continue to get waiver long-term services and supports through the waiver.
 - Children and young adults 20 and younger who get intellectual and developmental disabilities (IDD) waiver services including:
 - Community Living Assistance and Support Services (CLASS).
 - Deaf-blind with Multiple Disabilities (DBMD).
 - Home and Community-based Services (HCS).
 - Texas Home Living (TxHmL).

Who will be in STAR Kids?

- Category 3: Members will get Medicaid acute (basic) care services and some long-term services and supports through a STAR Kids health plan, and will continue to get waiver long-term services and supports be through the Department of State Health Services (DSHS).
 - Children and young adults 20 and younger who get Youth Empowerment Services (YES) waiver services.

Who will be in STAR Kids?

- Category 4: Members will get Medicaid acute (basic) care services through a STAR Kids health plan, and will continue to get long-term services and supports through their facility.
 - Children and young adults 20 and younger who live in a community-based intermediate care facility for individuals with intellectual disabilities or in a nursing facility.

Who is not in STAR Kids?

- Young adults who will turn 21 (age out) in November 2016, December 2016, and January 2017 will *not* go into STAR Kids, but will remain in their current program until their 21st birthday.

Who is not in STAR Kids?

- People excluded from participating in STAR Kids include:
 - Adults 21 and older.
 - Children and young adults 20 and younger enrolled in STAR Health.
 - Children and young adults 20 and younger who live in the Truman Smith Children's Care Center, a state veteran's home, or in a state supported living center.

STAR Kids Services

- STAR Kids health plans will deliver:
 - Acute (basic) health care services.
 - You will get Medicaid services like you get now, such as doctor's visits, hospital visits, therapies, specialist visits, medical equipment, and medical supplies.
 - Pharmacy services.
 - Behavioral health services.
 - Long-Term Services and Supports.
 - You will get long-term services and supports in the home, such as Personal Care Services, Community First Choice, or Private Duty Nursing. Long-term services and supports include things that help you in your home with basic daily activities, and help you participate in community activities.

STAR Kids Services

- Health plans will authorize, coordinate, and reimburse providers for Medicaid covered services.
- Health plans must provide full coverage for necessary covered services beginning on the date of the member's enrollment and without regard to the member's:
 - Pre-existing conditions.
 - Prior diagnosis.
 - Health status.
 - Any other factor.

STAR Kids Services

- Health plans must provide all the services outlined in the Medicaid state plan. That does not change under STAR Kids.

STAR Kids Long-Term Services and Supports

- Medicaid long-term services available to all STAR Kids members who meet medical necessity or level of care requirements:
 - Private Duty Nursing (PDN).
 - Prescribed Pediatric Extended Care Centers (PPEC).
 - Personal Care Services (PCS).
 - Community First Choice (CFC).
 - Day Activity and Health Services (DAHS).

STAR Kids Long-Term Services and Supports

- MDCP waiver services, available to members who meet requirements for nursing facility level of care
- If you get services through an intellectual and developmental disability (IDD) waiver, the Youth Empowerment Services (YES) waiver, or live in an intermediate care facility (ICF-IID), you will get your long-term services and supports through your waiver or facility, the way you do today.

STAR Kids Long-term Services and Supports

- If you get services through a Medically Dependent Children Program (MDCP) waiver, you will get those services through the STAR Kids health plan you pick.

STAR Kids LTSS: MDCP

- Services available to MDCP waiver members will not change in STAR Kids. These include:
 - Adaptive aids.
 - Minor home modifications.
 - Transition assistance services.
 - Employment Assistance.*
 - Flexible family support services.*
 - Financial Management Services.*
 - Respite services.*
 - Supported employment.*

*These services are available through the Consumer Directed Services (CDS) option

STAR Kids LTSS: MDCP

- Availability of MDCP services is limited by a set number of waiver “slots,” like today.
- HHSC will help people who come to the top of the MDCP waiting list to go through the steps needed to find out if they can get services through MDCP.
- Starting in November 2016, MDCP members will work with their health plan’s service coordinator to plan their MDCP services.

STAR Kids Key Features

- Three main features of STAR Kids:
 - **Comprehensive, strengths-based needs assessment.**
 - Every member will be assessed using a new tool called the STAR Kids Screening and Assessment Instrument (SK-SAI), specially designed to help STAR Kids health plans and providers understand member's strengths, preferences, and needs.
 - **Person-centered planning and service design.**
 - Every member will have an individual service plan (ISP) documenting their strengths, service needs, and goals. It can be shared with the family, case managers, and providers.
 - **Ongoing service coordination.**
 - Every member will have access to service coordination, telephonically and in person. Members and their families can always ask for more or less.

STAR Kids Service Coordination

- The health plans' contracts with the state require them to provide each member the service coordination they need to meet their unique needs.
 - Members assigned to one of three levels depending on need, and based on the STAR Kids-Screening and Assessment Instrument.

STAR Kids Service Coordination

- Health plan nurses, social workers, and other professionals provide service coordination including:
 - Identification of needs.
 - Development of a service plan to address those needs.
 - Help getting timely access to care.
 - Help addressing each member's unique needs.
 - Coordinating with other services as needed.

Transition Planning

- Transition planning, a special feature of STAR Kids, helps teens and young adults prepare for changes after their 21st birthday.
- Health plans must begin STAR Kids transition planning when their members turn 15.
 - Transition planning should be delivered using a team approach.
 - The service coordinator and transition specialist will work closely together.

Health Plan Identification Cards

- All members receive a health plan ID card, in addition to a Your Texas Benefits Medicaid card.
- The plan ID card includes:
 - Member's name and Medicaid ID number.
 - Medicaid program (e.g., STAR+PLUS, STAR Kids).
 - Health plan name.
 - Main doctor or clinic name and phone number.
 - Toll-free phone numbers for member services, service coordination, and behavioral health services hotline.

Continuity of Care

- STAR Kids health plans will assess all members by May 1, 2017.
- Existing authorizations for long-term services and supports are honored for 6 months or until the health plan does a new assessment.
- Existing authorizations for acute (basic) care services are honored for 6 months, until the end of the current authorization, or until the health plan does a new assessment.

Continuity of Care

- STAR Kids members may continue to see current providers, even if out-of-network, until May 1, 2017.
- To help prevent potential disruptions in services, HHSC will extend some authorizations for long term services.

Existing Authorizations

- Authorizations for services members are already getting will be sent to the STAR Kids health plans before November 1, 2016.
- Providers don't need to resubmit authorization requests to the health plans if an authorization is already in place.

Provider Contracting

- Providers must contract and be credentialed with an MCO to provide Medicaid managed care services.
- Rates are negotiated between the provider and the MCO.
- Processes such as authorization requirements and claims processing may be different between MCOs.

Significant Traditional Providers

- Health plans must offer doctors and providers who are already serving people with Medicaid the chance to join their network.
- Providers who join must sign a contract with the health plan and follow health plan rules.

Out-of-Area Providers

- Health plans must have an adequate network of providers and provide services members need inside their service area.
- Health plans can also pay providers outside their service area for situations such as emergency services and maintaining ongoing care with an existing provider.
- Health plans may list contracted providers who are outside their service area in their provider directory.

Out-of-Network Providers

- If your provider doesn't contract with a health plan in your service area, the provider won't be part of the health plan's network.
- In certain situations, a health plan might be willing to sign a contract with the health plan to provide you services. It's up to the provider and the plan.

Third Party Insurance

- If you have private health insurance, your private insurance will pay first, then the health plan will pay the rest of any service covered by Medicaid.
- Members who have a primary care provider through private insurance can keep seeing that provider. They don't need to pick a second primary care provider.
- The law requires orders, referrals, and prescriptions for Medicaid services come from a Medicaid enrolled provider.

Appeals and Fair Hearings

- Members may appeal to the health plan and file a fair hearing request with HHSC if services are denied, reduced, or ended.
- Members can keep getting services during the review if the members asked for the appeal or fair hearing within the adverse action period and the member asks to keep getting services pending the appeal.

Member Complaints

- A health plan must take a complaint, made in writing or orally, from a member, a member's legally authorized representative, or a member's service provider.
- A health plan has 30 days from the date the complaint is received to resolve the complaint.
- The health plan must let the member or member's representative know, in writing, that the health plan has received the complaint.

Complaints and Appeals

- STAR Kids health plans must use trained pediatric providers to review all medically-based member complaints and appeals, such as:
 - Member appeals regarding a benefit denial or limitation.
 - Member complaints about:
 - Quality of care or services.
 - Accessibility or availability of services.
 - Claims processing.

Complaints Contacts

HHSC

HPM Complaints

P.O. Box 85200, MC H-320

Austin, TX 78758

HPM_Complaints@hhsc.state.tx.us

Remember to follow HIPAA guidelines and always send patient information securely.

HHS Office of the Ombudsman

If You Still Need Help

Ombudsman Managed Care
Assistance Team

Call OMCAT

1-866-566-8989

Ombudsman Managed Care
Assistance Team

HHS Office of the Ombudsman

Problems with your Medicaid services?

- Call the number on your health plan card
- If your problem is not resolved, call Ombudsman Managed Care Assistance Team:

1-866-566-8989

Ombudsman Managed Care
Assistance Team

HHS Office of the Ombudsman

The Ombudsman can help you:

- Get the medical services you need
- Understand your rights
- File
 - a complaint
 - appeal
 - fair hearing

Ombudsman Managed Care
Assistance Team

Next Steps

- Become familiar with the STAR Kids health plans in your area.
- Find out if your doctors and specialists are in each health plan's network.
- Talk to the health plans today. Tell the health plans about the doctors and providers you see.
- Make sure your addresses are updated.

How do I Enroll?

- Families will get a STAR Kids enrollment packet in August 2016. The enrollment packet will have:
 - Provider directories listing the doctors and other providers for each health plan in your service area.
 - Instructions about how to pick a health plan, and other helpful information.
 - A phone number to call to get help or ask questions about picking a health plan.

How do I Enroll?

- Call MAXIMUS, the state's enrollment broker, to ask questions.
 - The MAXIMUS toll-free number will be in your enrollment packet, or you can call 1-877-782-6440 8 a.m. to 6 p.m. Central Time.
 - A link to the MAXIMUS toll-free number is on the STAR Kids webpage at <http://www.hhsc.state.tx.us/starkids>.
- Once you get the enrollment packet, you can call MAXIMUS to pick a plan over the phone, or you can mail your enrollment information using the postage-paid envelope.

How do I Enroll?

- Find out about enrollment events in your area at www.txmedicaidevents.com.
- Families who don't pick a health plan will get a reminder letter in September 2016.
- If you haven't picked a health plan by October 12, 2016, HHSC will pick one for you.
 - Remember: members can change health plans at any time by calling MAXIMUS. It might take between 30 and 45 days to process your request.
- STAR Kids starts November 1, 2016.

Information Sessions

- HHSC will also host webinar information sessions.
- Sign up for updates from HHSC at:
www.hhsc.state.tx.us/news/meetings.asp

Questions

Questions

- Medicaid Managed Care Initiatives Webpage:
www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml
- STAR Kids Webpage STAR Kids Webpage:
www.hhsc.state.tx.us/starkids
- General questions:
Managed_Care_Initiatives@hhsc.state.tx.us