



STAR Kids Provider Information Session

Medicaid and CHIP Division
Texas Health and Human Services Commission

August 2016

Topics

- Medicaid Managed Care 101
- STAR Kids: Program Overview
- STAR Kids: Contracting, Authorizations, and Billing
- Next Steps
- Questions



Medicaid Managed Care 101

Medicaid Managed Care

- Healthcare provided through a network of doctors, hospitals, and other healthcare providers responsible for managing and delivering quality, cost-effective care.
- The State pays a managed care organization (MCO) a capitated rate for each member enrolled, rather than paying for each unit of service provided.

Goals of Managed Care

- Emphasize preventive care
- Improve access to care
- Ensure appropriate utilization of services
- Improve client and provider satisfaction
- Establish a medical home for Medicaid clients through a primary care provider (PCP)
- Improve health outcomes, quality of care, and cost effectiveness
- Promote care in least restrictive, most appropriate setting

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 clients 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 clients enrolled in Medicaid fee-for-service (FFS).

Managed Care Organizations

- MCOs provide a medical home through a PCP and referrals for specialty services as needed.
 - Exception: Clients who receive both Medicare and Medicaid (dual eligibles) get acute care services through Medicare.
- MCOs may offer extra services, also called “value-added services” (e.g., respite, extra dental services, extra vision services, health and wellness services).



STAR Kids: Program Overview

STAR Kids Background

- Senate Bill (S.B.) 7, 83rd Legislature, Regular Session, 2013, directs HHSC to establish a mandatory, capitated STAR Kids managed care program to provide Medicaid benefits to children and young adults with disabilities.
- S.B. 7 also calls for the inclusion of the Medically Dependent Children Program (MDCP) and requires HHSC to consult with the STAR Kids Medicaid Managed Care Advisory Committee and Children's Policy Council on the establishment and implementation of the program.

STAR Kids Implementation

- November 1, 2016
- Implement STAR Kids statewide
- Estimated to serve 180,000 members

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

STAR Kids Populations

- Category 1: All Medicaid services will be delivered through a STAR Kids MCO.
 - Children and young adults age 20 and younger who:
 - Receive Supplemental Security Income (SSI) and SSI-related Medicaid
 - Receive SSI and Medicare (dual eligible)
 - Receive Medicaid through the Medicaid Buy-In (MBI) or Medicaid Buy-In for Children (MBIC) program
 - Receive services through the MDCP waiver
 - Get Medicaid through the Health Insurance Premium Payment Program (HIPP) and meet STAR Kids eligibility requirements

STAR Kids Populations

- Category 2: Medicaid acute care services and some long-term services and supports (LTSS) will be delivered through a STAR Kids MCO, but waiver LTSS will be delivered through DADS.
 - Children and young adults age 20 and younger who receive 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)

STAR Kids Populations

- Category 3: Medicaid acute care services and some LTSS will be delivered through a STAR Kids MCO, but waiver LTSS will be delivered through DSHS.
 - Children and young adults age 20 and younger who receive Youth Empowerment Services (YES) waiver services

STAR Kids Populations

- Category 4: Medicaid acute care services will be delivered through a STAR Kids MCO, but waiver LTSS will be delivered through the facility.
 - Children and young adults age 20 and younger who reside in a community-based intermediate care facility for individuals with intellectual disabilities or in a nursing facility.

STAR Kids Populations: Exceptions

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

STAR Kids Excluded Populations

- Individuals excluded from participating in STAR Kids include:
 - Adults age 21 years or older
 - Children and young adults age 20 and younger enrolled in STAR Health
 - Children and young adults age 20 and younger who reside 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 integrates the delivery of acute care services, pharmacy services, behavioral health services, and LTSS benefits.
- MCOs must provide covered services in the same amount, duration, and scope as outlined in the Medicaid state plan.

STAR Kids Services

- MCOs are responsible for authorizing, arranging, coordinating, and reimbursing providers for the provision of Medicaid covered services including:
 - Medically necessary covered services
 - Functionally necessary covered services
- MCOs 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 LTSS

- Medicaid state plan LTSS available to all STAR Kids members for whom they are medically or functionally necessary:
 - Private duty nursing (PDN)
 - Prescribed Pediatric Extended Care Centers (PPECCs)
 - Personal care services (PCS)
 - Community First Choice (CFC)
 - Day Activity and Health Services (DAHS)
- MDCP waiver services, available to members who meet income, resource, and medical necessity requirements for nursing facility level of care

STAR Kids LTSS: MDCP

- Services available to MDCP waiver participants 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*

STAR Kids LTSS: MDCP

- Availability of MDCP services is limited by a set number of waiver “slots,” as it is today. Entry to the waiver is managed by an interest list.
- The HHSC Community Services Interest List (CSIL) unit and Program Support Unit (PSU) help individuals who come to the top of the MDCP interest list 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 MCO service coordinator to plan their MDCP services, rather than a DADS case manager.

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 MCOs and providers understand member's strengths, preferences, and needs.
 - **Person-centered planning and service design**
 - Every member will have an individual service plan (ISP) that documents their specific strengths, service needs, and goals, and care be shared with the family, other case managers, and providers.
 - **Ongoing service coordination**
 - Every member will have access to service coordination, both telephonically and in person. Members and their families can always ask for more or less.

STAR Kids Service Coordination

- MCOs must provide each member a sufficient level of service coordination to meet the unique needs of members as specified in their contracts.
 - Members assigned to one of three levels depending on need

STAR Kids Service Coordination

- MCO nurses, social workers, and other professionals with necessary skills to coordinate care provide service coordination including:
 - Identification of needs (e.g., physical health, mental health, LTSS)
 - Development of a service plan to address identified needs
 - Assistance to ensure timeliness and coordinated access to services and providers
 - Attention to addressing the unique needs of members
 - Coordinating with other (non-capitated) services as necessary and appropriate

Transition Planning

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

MCO Plan Identification Cards

- All members receive an MCO plan ID card, in addition to a Your Texas Benefits Medicaid card from the state.
- The plan ID card includes:
 - Member's name and Medicaid ID number
 - Medicaid program (e.g., STAR+PLUS, STAR Kids)
 - MCO name
 - PCP name and phone number
 - Toll-free phone numbers for member services, service coordination, and behavioral health services hotline
 - Additional information may be provided (e.g. date of birth, service area, PCP address)

STAR Kids: Contracting, Authorization, and Billing

Continuity of Care

- STAR Kids MCOs will assess all members using the SK-SAI within the first six months after November 1, 2016.
- Existing authorizations for LTSS are honored for six months or until the MCO does a new assessment.
- Existing authorizations for acute care services are honored for six months, until the end of the current authorization, or until the MCO does a new assessment.
- STAR Kids members may continue to see existing providers, even if out-of-network, for the first six months after November 1, 2016.
- To help prevent potential disruptions in services, HHSC will extend some authorizations for certain long term services.

Existing Authorizations

- Approved and active prior authorizations for covered services will be forwarded to the STAR Kids MCOs prior to the implementation date.
- These prior authorizations are subject to the continuity of care requirements discussed before. Providers do not need to resubmit authorization requests to the MCOs 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

- A Significant Traditional Provider (STP) is a provider who has traditionally served Medicaid clients.
- MCOs must offer STP contractors the opportunity to be a part of the contracted MCO network.
- MCOs will reach out to STPs.
 - STPs may initiate the contact.
- STPs must accept MCO conditions for contracting and credentialing.

Out-of-Area Providers

- MCOs must have an adequate network of providers and provide services members need inside their service area.
- MCOs can also pay providers outside their service area in certain situations, such as emergency services and to maintain ongoing care with an existing provider.
- MCOs are allowed to list contracted providers who are outside their service area in their provider directory.

Out-of-Network Providers

- If you choose not to contract with a MCO in your service area, you will not be part of the MCO's provider network.
- In certain situations, a MCO may be willing to sign a single-case agreement or limited contractual relationship.

Third Party Insurance

- The law requires that orders, referrals, and prescriptions for Medicaid services come from a Medicaid enrolled provider.
- Providers who will only order, refer for, or prescribe Medicaid-funded service must complete a shortened application. See the TMHP website for details: www.tmhp.com

Provider Claims

- Providers, including LTSS providers, must file claims within 95 days of the date of service.
- MCOs are required to adjudicate most claims within 30 days (18 days for electronic pharmacy claims).

LTSS Billing

- LTSS providers must bill for and report services using a standard STAR Kids Billing Matrix.
 - The STAR Kids LTSS Billing Matrix can be found on the STAR Kids webpage:
<http://www.hhsc.state.tx.us/starkids>
- MCOs must require all providers rendering LTSS, with the exception of atypical providers to use the CMS 1500 Claim Form or the HIPAA 837 Professional Transaction when billing.
- Atypical providers will submit appropriate documentation to the MCO.

Appeals and Fair Hearings

- Members may appeal to the MCO and/or file a fair hearing request with the state if services are denied, reduced, or terminated.
- Services may continue during the review if the appeal or fair hearing is requested within the adverse action period and the member requests continued services pending the appeal.

Provider Complaints

- Providers initially contact the MCO to file a complaint and must exhaust the MCO resolution process before filing a complaint with HHSC.
- Appeals, grievances, or dispute resolution is the responsibility of the MCO.
- Providers may file complaints with HHSC if they did not receive full due process from the MCO.

Complaints and Appeals

- STAR Kids MCOs must use appropriately trained pediatric providers for the purposes of reviewing 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.

Next Steps

Next Steps

- Become familiar with the MCOs operating in counties where you currently deliver services.
- Begin the contracting and credentialing process with the MCO as quickly as possible.
- Prepare to negotiate rates with the MCO.
- Become familiar with your MCOs' policies and procedures for prior authorization and billing.
- Make sure your clients know about STAR Kids.

STAR Kids Client Enrollment Activities

- July 2016
 - Clients received introduction letters
- August 2016
 - Clients receive enrollment packets
- September 2016
 - Clients not yet enrolled with an MCO receive reminder letters
- October 2016
 - Clients who do not select an MCO by October 12, 2016, are assigned to one
 - Clients may change MCOs at any time by contacting the enrollment broker
- November 1, 2016
 - Clients begin receiving STAR Kids services

Information Sessions

- HHSC will host additional information sessions for clients and providers in August and September 2016.
- Sign up for updates from HHSC at:
<http://www.hhsc.state.tx.us/news/meetings.asp>

Questions

Questions

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