



# Presentation to House Committee on Human Services: Medicaid Managed Care Initiatives

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March 24, 2014

## Senate Bill 7 (83R) Overview

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- SB 7, Texas 83rd Legislature, Regular Session, requires the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS) to jointly design and implement an acute care services and long-term services and supports system for individuals with intellectual and developmental disabilities through managed care.
- Implementation began in September 2013 and the full redesign will roll out gradually over the next six years through 2020.

## Current Managed Care Initiatives

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- SB 7 included several expansions of Medicaid managed care, including:
  - STAR+PLUS Medicaid Rural Service Areas (MRSA) expansion,
  - Nursing facility carve-in, and
  - Integration of acute care for adults with intellectual and developmental disabilities.

## SB 7 Timeline: 2014-2020

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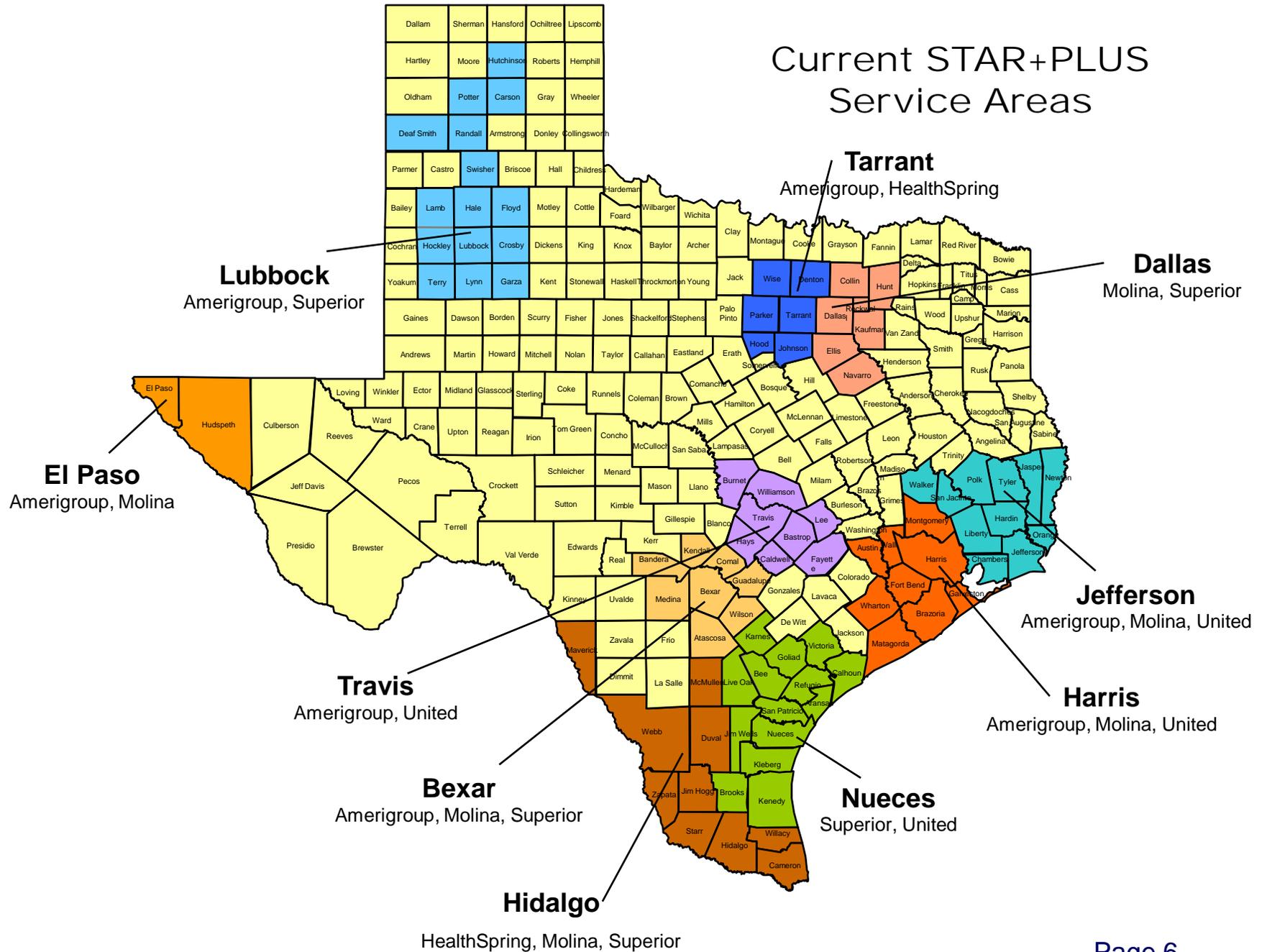
- September 1, 2014
  - STAR+PLUS expands statewide and Intellectual and Developmental Disabilities (IDD) acute care benefits will transition into STAR+PLUS.
- March 1, 2015
  - Nursing Facility services will transition into STAR+PLUS.
  - Community First Choice tentatively scheduled, pending federal approval.
- September 1, 2016
  - STAR Kids and IDD pilot programs will be implemented.
- September 1, 2017
  - Determination regarding transition of TxHmL benefits to STAR+PLUS will be made.
- September 1, 2020
  - Determination regarding transition of HCS, CLASS, DBMD, and community ICF in STAR+PLUS will be made.

## STAR+PLUS Overview

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- Delivery of acute care and long-term services and supports (LTSS) is integrated through a managed care system.
- 412,000 members are currently served.
- Each member is enrolled in a Managed Care Organization (MCO), the entity that develops a network of providers that deliver Medicaid managed care services.
- Main feature: service coordination
  - Specialized care management service is based on member need and performed by an MCO service coordinator.
- Current Service Areas:
  - Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, Nueces, Tarrant, and Travis

# Current STAR+PLUS Service Areas



## STAR+PLUS Populations

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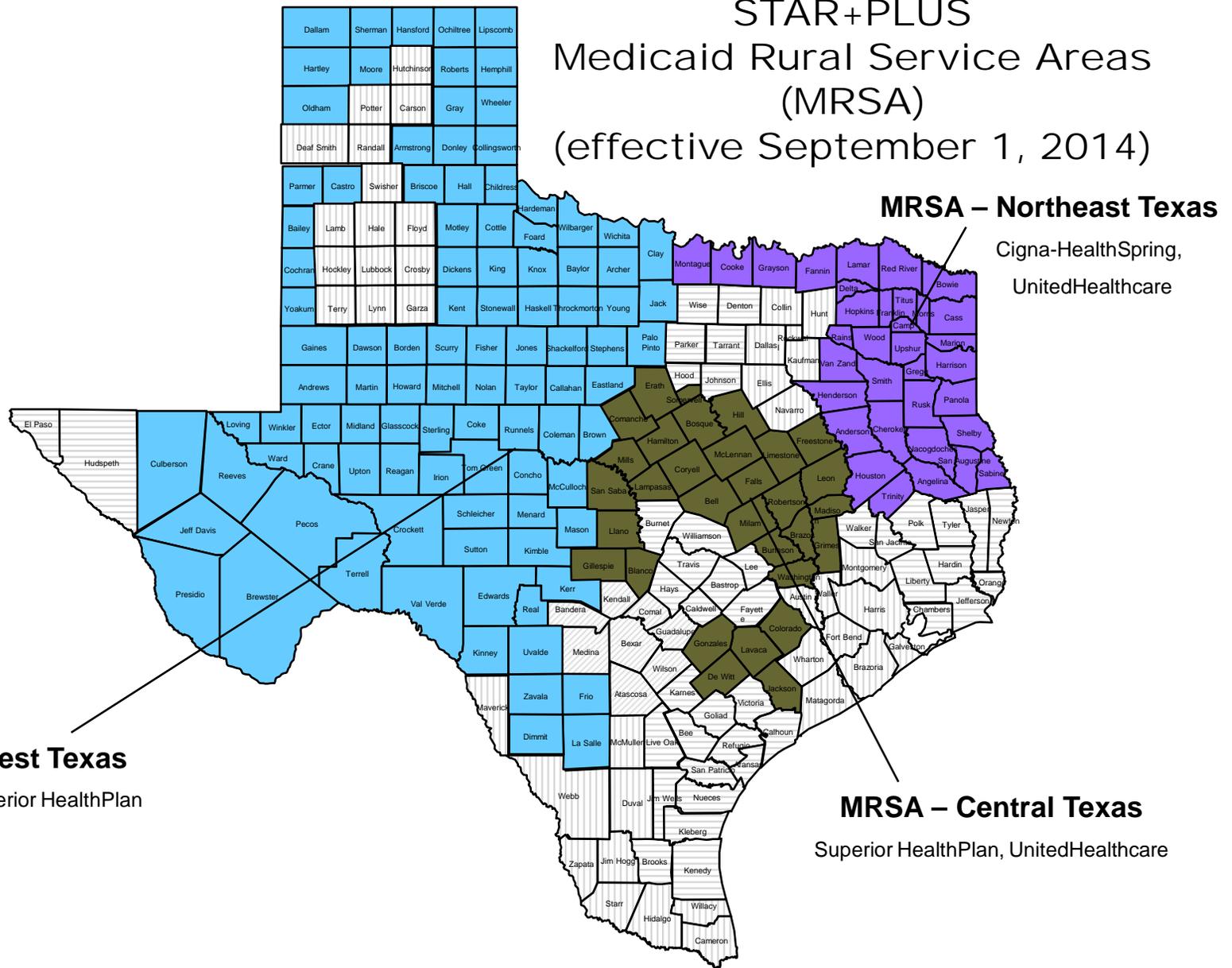
- **Mandatory**
  - **Adults age 21 and older who:**
    - Have a disability and qualify for SSI benefits or Medicaid because of low income.
    - Qualify for Medicaid because they receive STAR+PLUS Home and Community Based Services (HCBS) waiver services.
- **Voluntary**
  - **Most children and young adults under age 21 receiving SSI or SSI-related benefits may choose to enroll in STAR+PLUS or remain in traditional Medicaid.**

## STAR+PLUS Expansion

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- Implementation Date: September 1, 2014
- STAR+PLUS will expand statewide to the Medicaid Rural Service Areas (164 counties).
  - MRSA Central, MRSA Northeast and MRSA West
- An estimated additional 80,000 members in STAR+PLUS will be served.
- Of the 6,859 individuals currently on the Community-based Alternatives (CBA) interest list, an estimated 2,654 will be removed from the interest list and receive services through STAR+PLUS.

# STAR+PLUS Medicaid Rural Service Areas (MRSA) (effective September 1, 2014)



## Nursing Facility Services Carve-In

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- Implementation date: March 1, 2015
- Nursing facility services will be provided through STAR+PLUS statewide.
- The goal of the carve-in is to improve the quality of care and promote care in the least restrictive, most appropriate setting.
- Approximately 56,800 nursing facility residents will transition to STAR+PLUS.



## Nursing Facility STAR+PLUS Populations

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- Adults age 21 and older who are in a nursing facility, who have been determined eligible for Medicaid, and who meet STAR+PLUS criteria will be *mandatory*.
- Children and young adults under age 21 will be *excluded*.

## Nursing Facility Payment

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- SB 7 requires MCOs to pay claims no later than ten calendar days after the submission of a clean claim. MCO's clean claim criteria will meet the criteria currently used by DADS.
- HHSC will set the minimum reimbursement rate paid to nursing facilities under STAR+PLUS, including the staff rate enhancement.
- HHSC will establish a portal through which nursing facilities may submit claims to participating MCOs.
  - **Providers may choose to utilize the MCOs' claims portals as well.**
- Unlike the standard MCO 95-day filing deadline, nursing facilities will continue to have a one year claims filing deadline.

# Intellectual and Developmental Disabilities (IDD) Carve-In

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- Implementation date: September 1, 2014
- Persons transitioning into STAR+PLUS for acute care services only:
  - Individuals receiving services in community-based Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICF-IID)
  - Individuals receiving services in certain DADS 1915(c) waiver programs:
    - Home and Community-based Services (HCS)
    - Community Living Assistance and Support Services (CLASS)
    - Texas Home Living (TxHmL)
    - Deaf Blind Multiple Disabilities (DBMD)
  - Examples of acute care services include physician visits, short term hospital stays, and urgent care.

## IDD Carve-In Populations

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- Excluded
  - Individuals residing in a state supported living center
  - Dual eligibles who are in HCS, CLASS, TxHmL, DBMD, or in an ICF
- Voluntary
  - Children and young adults under age 21 receiving SSI or SSI-related benefits

## Enrollment Activities

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- **May 2014**
  - Clients will be sent introduction information, including introduction letter, MCO comparison chart, and links to provider directories.
- **June 2014**
  - Clients will be sent enrollment packets with provider directory, MCO comparison chart, enrollment form, and frequently asked questions.
- **August 15, 2014**
  - Mandatory managed care clients must choose an MCO or the State will auto-assign the client to an MCO.
  - Clients may choose MCO by phone or mail, and may change at any time.
- **September 1, 2014**
  - MCO enrollment takes effect.

## Community First Choice

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- SB 7 directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitative services for individuals with disabilities under the STAR+PLUS program to maximize federal funding.
  - Habilitation services currently are only available in certain long term services and supports (LTSS) waiver programs, and most of these programs have interest lists.
  - CFC provides a 6% increase in Federal funding for services.
- Texas submitted a proposal to CMS to deliver attendant and habilitative services to populations in 1115 and 1915(c) waiver programs by utilizing existing service delivery and reimbursement models at the enhanced federal rate.

## IDD Pilots

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- Implementation date: not later than September 1, 2016
- SB 7 requires HHSC and DADS to develop and implement one or more pilot programs with private providers of IDD services to test capitated service delivery models.
- Specific requirements:
  - Statewide stakeholder input is required throughout development and implementation.
  - Capitated managed care strategies in the pilots must accomplish specified goals.
  - DADS must analyze information from pilot providers and make recommendations regarding future IDD system design.
  - Pilot providers must coordinate ICF and waiver services and must work with MCOs to provide integrated service coordination (with acute care services).
  - Pilot providers must have a process in place to prevent and accept financial risk of inappropriate institutionalizations.
  - Participation in the pilots by persons with IDD is voluntary.

## Duals Demonstration

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- Implementation date: no sooner than January 1, 2015
- The Texas Dual Demonstration project is a fully integrated managed care model for individuals who are enrolled in Medicare and Medicaid.
- The goals of the project are to:
  - Have one health plan be responsible for both Medicare and Medicaid services.
  - Improve quality and individual experience in accessing care.
  - Promote independence in the community.
- Dual eligibles will be enrolled into the demonstration with the ability to opt-out.

## Duals Demonstration

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- Populations
  - Individuals ages 21 or older who are eligible for full Medicare and Medicaid benefits and required to receive Medicaid benefits through STAR+PLUS
  - Full benefit duals are adults enrolled in Medicare who are also eligible for full Medicaid benefits.
- Through this demonstration, Texas will enter into a contractual agreement with the CMS and Texas' STAR+PLUS managed care plans to provide Medicare and Medicaid services under a single managed care model.
  - Limited to six Texas counties (currently 132,608 individuals): Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant

# Duals Demonstration January 1, 2015

## Legend

 Dual Demonstration County

The Demonstration will be implemented in the following 6 counties:

- Bexar
- Dallas
- El Paso
- Harris
- Hidalgo
- Tarrant

**El Paso (16,634)**  
Amerigroup, Molina

**Bexar (21,352)**  
Amerigroup, Molina, Superior

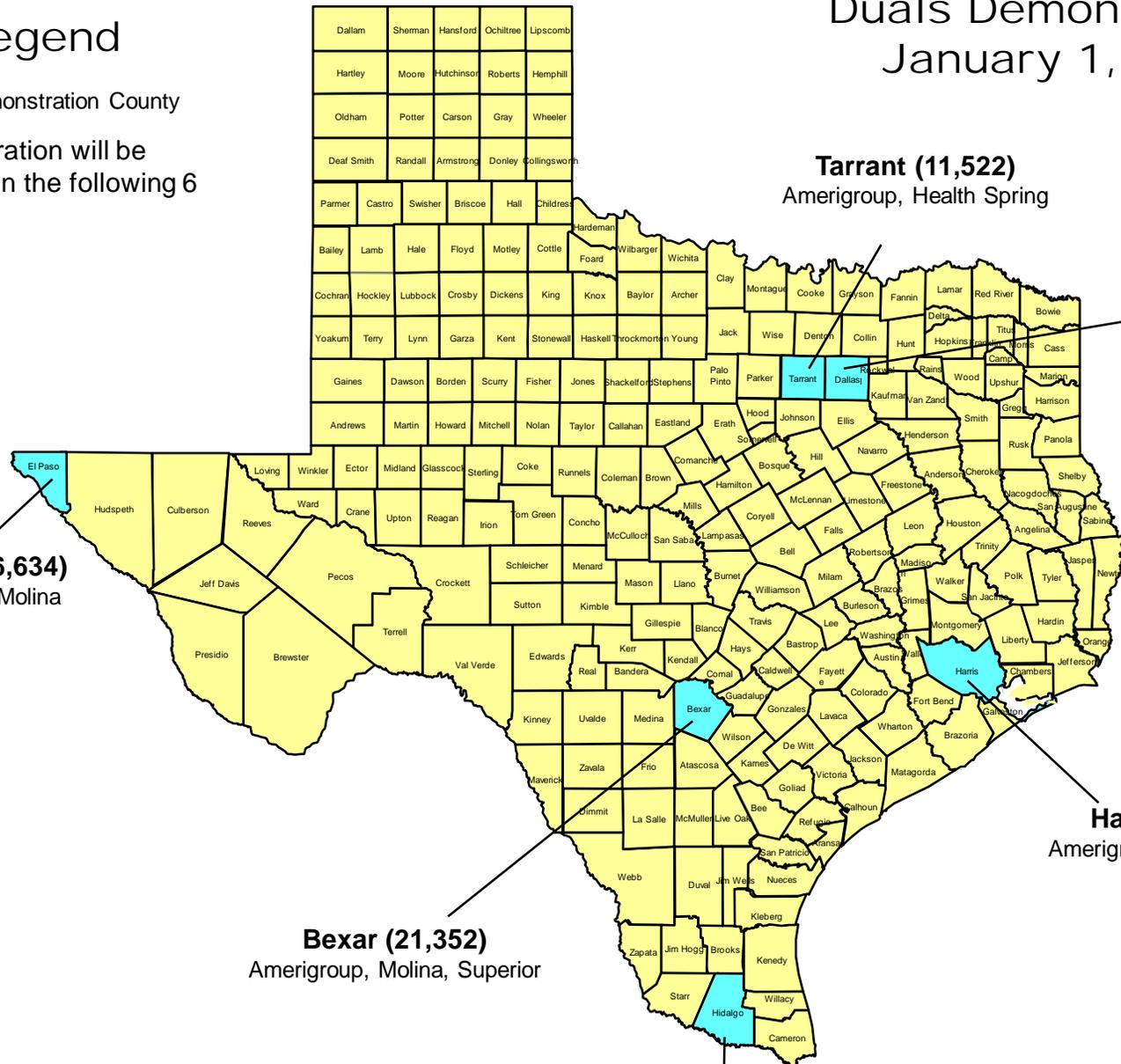
**Hidalgo (23,556)**

Health Spring, Molina, Superior

**Tarrant (11,522)**  
Amerigroup, Health Spring

**Dallas (21,142)**  
Molina, Superior

**Harris (38,402)**  
Amerigroup, Molina, United



## STAR Kids Program

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- SB 7 directs HHSC to implement a Medicaid managed care program for children and young adults with disabilities.
  - Includes children and youth under age 21 who receive SSI or home and community-based waiver services.
- STAR Kids will provide services for those enrolled in the Medically Dependent Children Program and Texas State Plan services for those enrolled in other 1915(c) waiver programs.
- STAR Kids will eventually incorporate all services provided through the Youth Empowerment Services (YES) waiver.

## STAR Kids Program Exceptions

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- Services not provided through STAR Kids:
  - **Nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)**
- Children with SSI in foster care will continue to receive services through STAR Health.
- Dental services will be covered through separate dental managed care organizations (DMOs).



## Advisory Committees and Stakeholder Input

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- Senate Bill 7 created several committees to help advise HHSC and provide adequate stakeholder input on the expansion of managed care:
  - Intellectual and Developmental Disability System Redesign Advisory Committee
  - STAR Kids Advisory Committee
  - STAR+PLUS Quality Council
  - State Medicaid Managed Care Advisory Committee
- Additionally, Senate Bill 58 created the Behavioral Health Advisory Committee.
- All committees have been appointed and have begun quarterly meetings.

## Managed Care Information Sessions

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- HHSC is hosting a series of information sessions across the state to educate providers and consumers on several Medicaid managed care initiatives.
- Information sessions are being hosted for consumers and providers in San Antonio, Victoria, Corpus Christi, Lubbock, Amarillo, El Paso, Dallas, Fort Worth, Houston, Beaumont, Laredo, McAllen, and Brownsville.
- For more details on dates and locations please visit:  
<http://www.hhsc.state.tx.us/medicaid/mmc-Information-Sessions.shtml>.
- Additional meetings will be held across the state by other local partners.