

Presentation to the House Appropriations Subcommittee on Article II: Growth Trends and Quality Initiatives

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April 6, 2016

Overview of Texas Medicaid Program, Historical Growth Factors, and Cost Trends

Texas Medicaid: Overview

Medicaid is a jointly funded state-federal program that provides health coverage to low income and disabled people.

Federal laws and regulations:

- *Require coverage of certain populations and services*
- *Allow states to cover additional populations and services*

Medicaid is an entitlement program:

- *Guaranteed coverage for eligible services to eligible persons*
- *Open-ended federal funding based on the actual costs to provide eligible services to eligible persons*

As an entitlement program with guaranteed coverage, Medicaid caseload growth, combined with utilization of services, drives Medicaid costs.

Medicaid Overview: *Who Does Medicaid Serve?*

Medicaid serves:

- *Low-income families*
- *Children*
- *Pregnant women*
- *Elders*
- *People with disabilities*

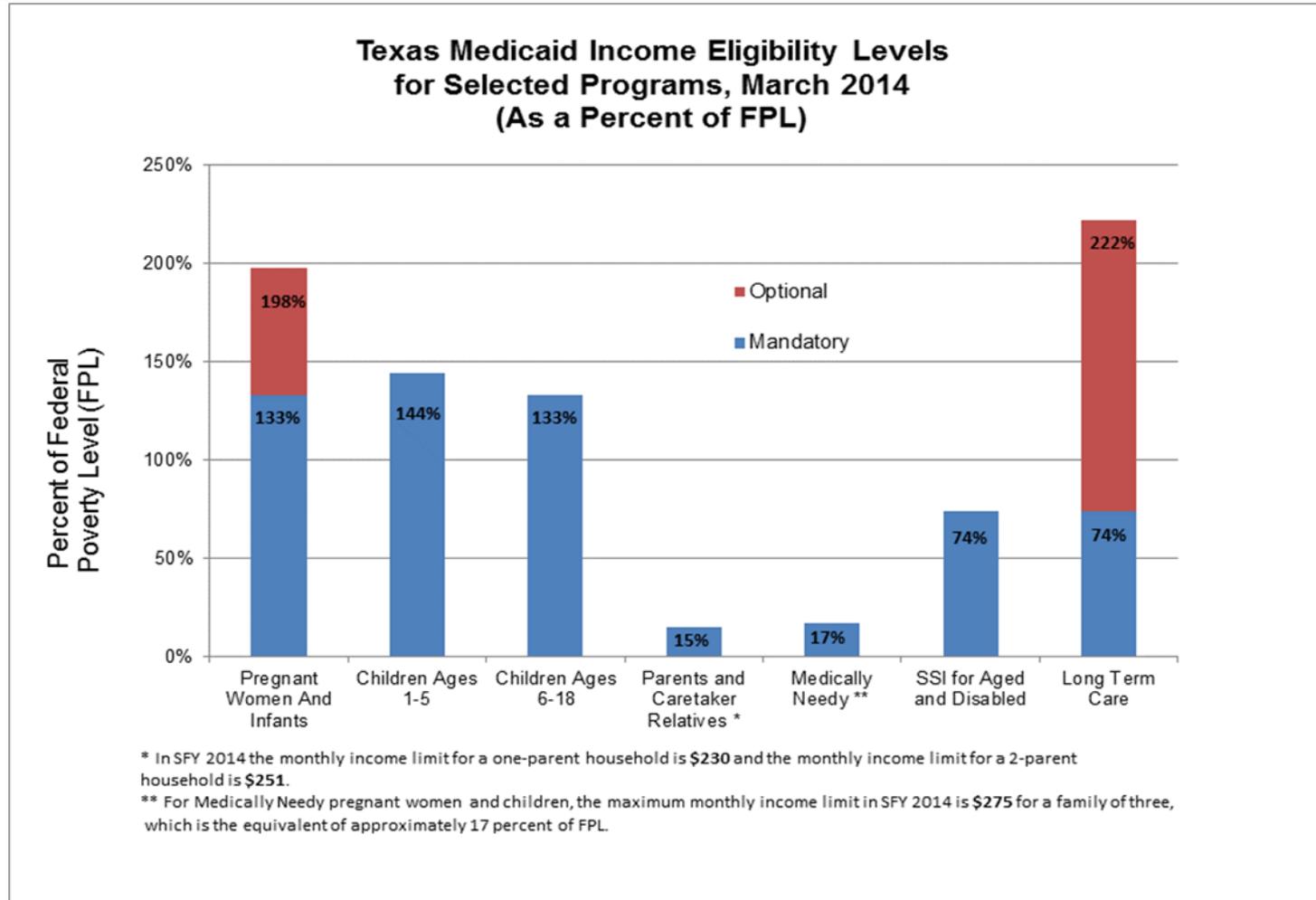
Eligibility criteria includes:

- Residency in Texas
- U.S. citizenship or permanent residency
- Income and resource limits, plus factors such as age or pregnancy
 - *Applicants for long-term services and supports may be required to meet certain functional or medical criteria*
 - *Most child applicants must be under 19*
- The Affordable Care Act contains a Maintenance of Effort provision that prevents states from reducing eligibility standards that were in effect
March 23, 2010

Texas Medicaid does not currently serve:

- *Non-disabled, childless adults*

Medicaid Overview: *Who Does Medicaid Serve?*



- How many people receive Texas Medicaid?
 - As of June 2015:
 - 4,030,139 clients enrolled in Texas Medicaid
 - 3,531,587 members are enrolled managed care
 - STAR – 2,916,905
 - STAR Health – 30,789
 - STAR+PLUS – 549,380
 - Dual Demo – 34,513
 - 498,552 clients enrolled in Medicaid fee-for-service (FFS)

Medicaid: History of Federal and State Spending

Federal and State Medicaid Expenditures and Supplemental Payments for Health Services:
Federal Fiscal Years 1990 - 2015

Millions

\$20,000

Total Medicaid and Supplemental Health Services Spending

	2008	2009	2010	2011	2012	2013	2014	2015
Federal Payments (\$Millions)	\$11,336	\$13,980	\$15,879	\$16,291	\$14,691	\$15,172	\$16,105	\$17,185
State Payments (\$Millions)	\$7,717	\$6,819	\$6,941	\$8,525	\$10,747	\$10,439	\$11,016	\$11,713
Total Medicaid Spending	\$19,053	\$20,798	\$22,821	\$24,816	\$25,438	\$25,611	\$27,121	\$28,899
Supplemental Payments to Hospitals/Others	\$3,272	\$3,589	\$4,827	\$4,692	\$9,675	\$9,550	\$9,302	\$9,365
Total Spending (\$Millions)	\$22,324.7	\$24,387.1	\$27,647.7	\$29,507.4	\$35,112.8	\$35,161.4	\$36,422.7	\$38,263.8

\$18,000

\$16,000

\$14,000

\$12,000

\$10,000

\$8,000

\$6,000

\$4,000

\$2,000

\$-

* FFY 2012 begins the Transformation Waiver Demonstration

Supplemental Health Services Spending includes Disproportionate Share Hospital, Upper Payment Limit (through 2012), Uncompensated Care (beginning 2012) and DSRIP (2012 forward)

1990

1995

2000

2005

2010

2015

Federal Spend

State Spend

Supplemental Payments for Health Services

Federal Spend

State Spend

Forecasting Medicaid Growth

- Consistent Methods => Consistent Data
 - Both HHSC and LBB Analysts use similar methods to forecast HHS programs, with data provided by HHSC
 - Monthly data reports are provided to Legislative Budget Board staff, with forecasts updated quarterly
 - Data includes caseload and expenditures, by program and service-delivery type for 36 months preceding, as well as forecasts for the 36 months following (General Appropriations Act, 84th Legislature, R.S., Art II Special Provisions, Section 13)
 - In addition, HHSC provides all assumptions for forecasts, including policy intervention dates and impacts
 - HHSC forecasts caseload by Risk Group*, and proportions to Service Delivery Type (e.g. fee-for-service, STAR, STAR+PLUS)
 - HHSC forecasts costs by Risk Group and Service Delivery Type

*Risk Groups: Aged and Medicare Related, Disabled and Blind, TANF Adults, Pregnant Women, Children (<1 yr. old, 1 – 5 yrs. old, 6-14 yrs. old, 15-18 yrs. old, 19-21 yrs. old), Medically Needy and TANF Non-Cash Assist, Foster Kids, and Breast and Cervical Cancer Program

Medicaid Cost Drivers

Medicaid Cost is determined by the Caseload and Cost per Client:

- **Caseload**: Volume or Number of individuals served in each category
 - Case Mix: the mix or type of clients in the caseload
 - Certain groups cost more than others, for example Disability-Related Clients and Pregnant Women/Newborns are high cost, whereas Non-Disabled Children ages 6-18 are lower cost

- **Cost per Client**: *A function of:*
 - Number of services a client receives – commonly referred to as utilization

 - Type of services a client receives – also a component of utilization

Other Cost Drivers

➤ **External factors modifying Medicaid costs include:**

- Changes in federal policy
- Changes in state policy
- Population growth and changing demographics
- Economy
- Natural disasters and epidemics
- Consumer expectations and awareness

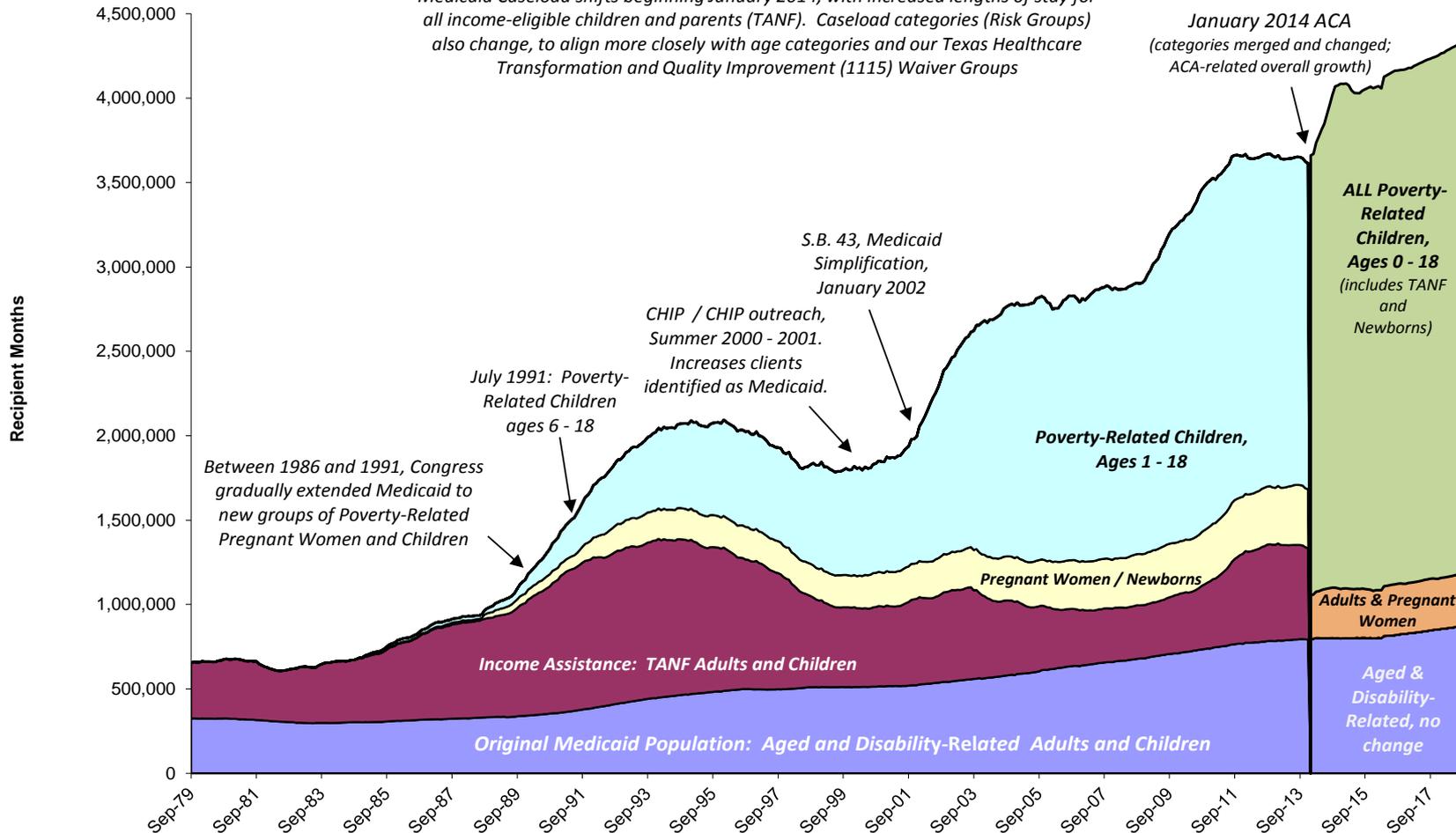
➤ **Costs can be impacted by:**

- Payer type
- Payment rates and policies
- Evolutionary and revolutionary advances in medicine
- Changes in clinical practice standards

Medicaid Costs: Caseload

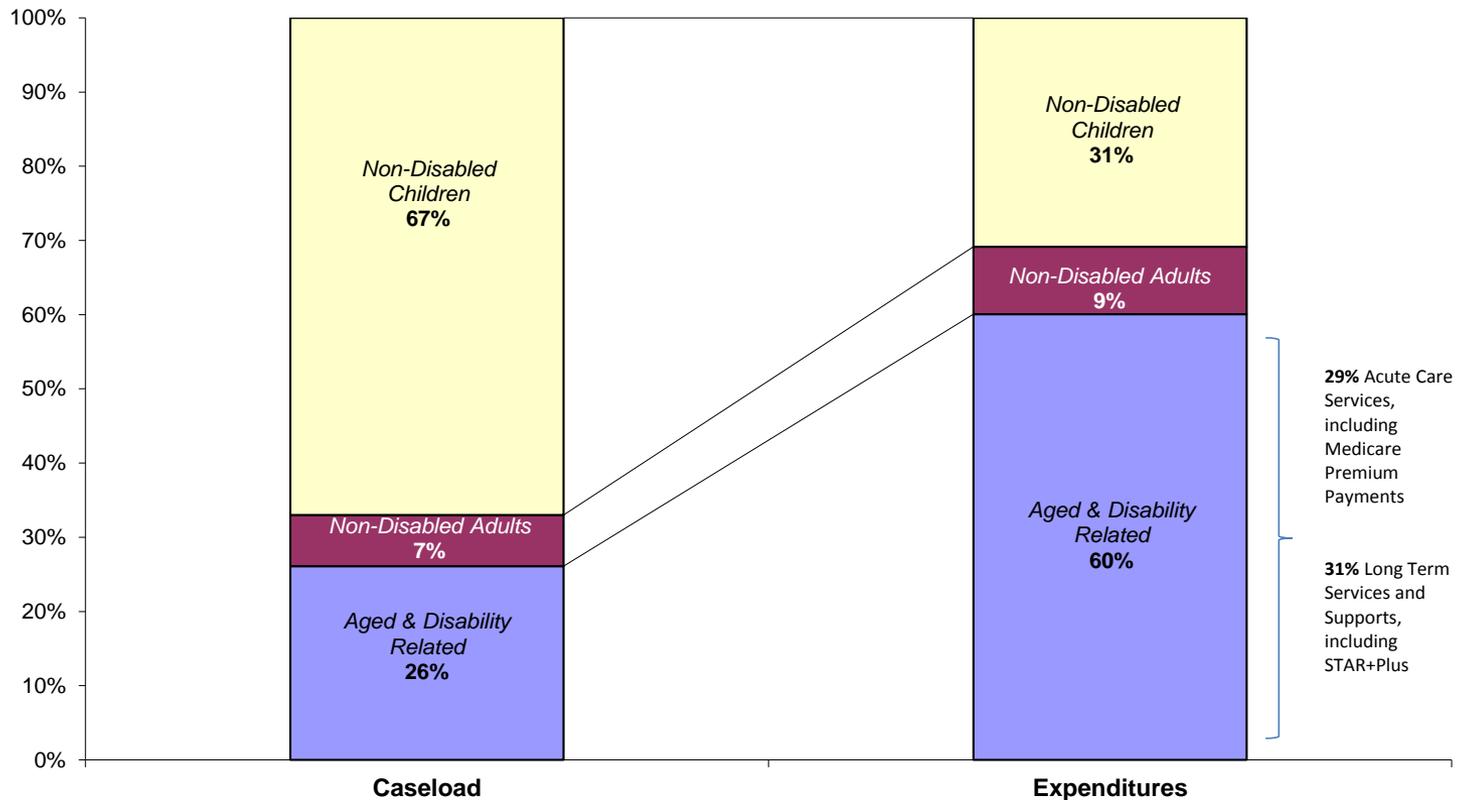
Texas Medicaid Caseload by Group, September 1979 - August 2018
Forecast March 2016 - August 2018 showing ACA Policy Changes

Medicaid Caseload shifts beginning January 2014, with increased lengths of stay for all income-eligible children and parents (TANF). Caseload categories (Risk Groups) also change, to align more closely with age categories and our Texas Healthcare Transformation and Quality Improvement (1115) Waiver Groups



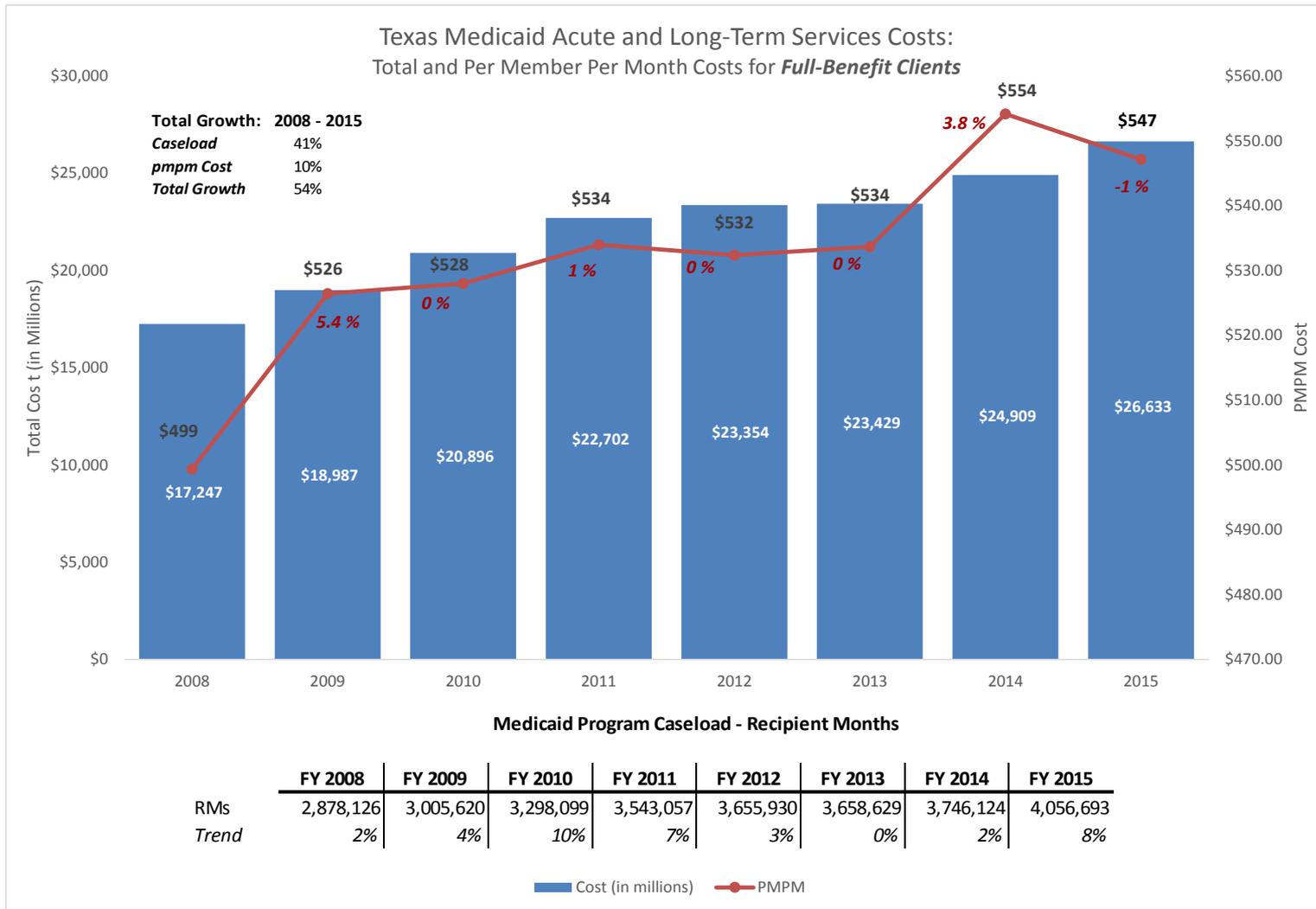
Medicaid Costs

**Texas Medicaid Beneficiaries and Expenditures
State Fiscal Year 2014**



Source: FY 2014 Medicaid Expenditures, including Acute Care, Vendor Drug, and Long-Term Services and Supports. Expenditures are for Medicaid Clients only, and do not include any payments for DSH or Uncompensated Care Costs. Costs include all Medicaid beneficiaries, including Emergency Services for Non-Citizens, and Medicare payments for partial dual eligibles. Children include all Income-Eligible Children ages 0-19. Disability Related Children are included in Aged & Disability-Related.

Medicaid Costs



Expenditures by Service Type

Texas Medicaid and Supplemental Payments for Health Services: Expenditures by Service Type, Fiscal Year 2014

Texas Medicaid Services		<i>% Medicaid</i>
Hospital Inpatient	\$ 3.7 billion	15%
Hospital & Clinic Out Patient	\$ 2.9 billion	12%
Physician & Professional	\$ 5.9 billion	24%
Dental	\$ 1.0 billion	4%
Long Term Services and Supports	\$ 6.3 billion	26%
Prescription Drugs	\$ 2.8 billion	11%
Supplemental Delivery Payments for Births	\$ 0.5 billion	2%
Medicare Parts A, B, & D	\$ 1.5 billion	6%
Medical Transportation	\$150 million	1%
	\$24.8 billion	
Supplemental Payments for Health Services		<i>% Supplemental</i>
Disproportionate Share Hospital	\$ 1.7 billion	18%
Uncompensated Care and DSRIP	\$ 7.6 billion	82%
	\$ 9.3 billion	

Quality Initiatives

Increasing Managed Care Participation and Improving Experience

HHSC has convened several stakeholder meetings specifically designed to gather recommendations aimed at improving member experiences and provider participation.

Examples of areas addressed by stakeholders:

- Access to care
- Network adequacy
- Benefit(s) added to Medicaid
- Improving MCO monitoring
- Improving provider credentialing and provider enrollment

Advisory Committees

HHSC also works with multiple advisory committees to develop recommendations to improve the state's Medicaid managed care programs:

- Medicaid Managed Care Advisory Committee
- Stakeholder feedback sessions
- STAR+PLUS Quality Council
- IDD System Redesign Advisory Committee
- Behavioral Health Integration Advisory Committee
- STAR Kids Managed Care Advisory Committee

Administrative Simplifications

Senate Bill 1150, 83rd Legislature, Regular Session, 2013, directed HHSC to implement a provider protection plan for the purpose of reducing administrative burdens for Medicaid providers. Examples of efforts underway include:

- ✓ MCOs were required to add functionality to their provider portals to allow for more electronic submissions of claim attachments, prior authorization
- ✓ Changes made to improve the overall provider enrollment processes at Texas Medicaid and Healthcare Partnership (TMHP) include the use of electronic signatures, electronic attachments, and pre-population of re-enrollment applications
- ✓ Texas Association of Health Plans (TAHP) released a request for proposal (RFP) in September 2015 to identify a vendor to consolidate the managed care credentialing processes
- ✓ Standard process developed for non-emergency ambulance services using a standard prior authorization form and attachment

Managed Care Quality

- Pay-for-Quality Program
 - Establishes incentives and penalties for managed care organizations based on their performance on certain quality measures
- Managed Care Organization Report Cards
 - Reports cards are included in Medicaid enrollment packets and posted on the HHSC website.
- Nursing Facility Quality Program
 - SB 7 Nursing Facility Quality Program
 - Dual Demonstration Quality Withhold
 - Dual Demonstration Shared Savings
 - Quality Incentive Payment Program

Pay-for-Quality Program

- 4% at risk
- Rewards and penalties are based on rates of improvement or decline over the baseline.
- Funds are recouped from poor performing managed care organizations and redistributed to high performing managed care organizations.
- The Pay-for-Quality Program replaced the At-Risk/Quality Challenge program in 2014.
- The Pay-for-Quality Program uses an incremental improvement approach that provides financial incentives and disincentives to managed care organizations based on year-to-year incremental improvement on pre-specified quality goals.

Managed Care Quality Measurement

- A combination of established sets of measures and state-developed measures validated by the External Quality Review Organization are used to measure managed care organization performance
 - National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS[®])
(effectiveness of care, access, experience, utilization)
 - Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators/Prevention Quality Indicators
(use of hospital discharge data to measure quality)
 - Consumer Assessment of Healthcare Providers & Systems (CAHPS[®]) Surveys (nationally recognized tool for collecting information on members' experience with managed care)
 - Potentially Preventable Events (admissions, readmissions, emergency departments, complications, ancillary services)
 - National Core Indicators-Aging and Disabilities (NCI-AD) (member experience)

Managed Care Quality Measurement Results

- Results of these measures are used in part to determine who gains or loses funds in Pay-for-Quality, and the scores developed for the managed care organization report cards.
- The measures are listed on the “Medicaid Dental Dashboard for Quality Measures”, which can be found in the Uniform Managed Care Manual. State-level results are posted annually on the HHSC quality website at:
http://www.hhsc.state.tx.us/hhsc_projects/ECI/Data-Reports.shtml.

National Core Indicators-Aging and Disabilities (NCI-AD)

- Data for the project is gathered through yearly in-person consumer surveys administered by state agencies.
- Texas is surveying individuals receiving services through the following programs:
 - STAR+PLUS (Community-based long-term services and supports ((LTSS only))
 - STAR+PLUS Home and Community-Based Services (HCBS)
 - Older Americans Act
 - Program of All-inclusive Care for the Elderly (PACE)
- While the Department of Aging and Disability Services (DADS) has administered member experience surveys to the populations it serves for a number of years, this survey will be the first time comparable data will be collected for the managed care LTSS programs.

Senate Bill 7 Nursing Facility Quality Program

- Areas of Focus
 - Impact of Nursing Facility carve-in
 - Potentially preventable events
 - Member perception of care
 - Care transitions
- The first data collection period began March 1, 2015
- HHSC anticipates beginning financial incentives in 2017

Texas Dually Eligible Integrated Care Demonstration Project Quality Withhold

- Under the Demonstration, both Centers for Medicare & Medicaid Services (CMS) and HHSC withhold a percentage of their respective components of the capitation payment, to be paid subject to the Medicare-Medicaid Plans' performance
- One withhold measure relates to nursing facilities:
 - Number of individuals who went from the community to the hospital to the nursing facility and remained in nursing facility



Texas Dually Eligible Integrated Care Demonstration Project Shared Savings

- Areas of Focus
 - Preventable hospital admissions
 - Preventable hospital readmissions
 - Medication management
- Tentatively implementing 2016

APPENDIX



HHSC Dashboard Measures (Administrative) -- Population of CY 2014 Results

Potentially Preventable Events (PPEs)	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
Percent of Emergency Department Procedures that were Potentially Preventable (3M PPV)	61%	NR ^{##}	55%	NR ^{##}	53%	NR ^{##}	N/A	N/A
Percent of candidate inpatient admissions that had a potentially preventable readmission within 30 days (3M PPR)	2%	NR ^{##}	14%	NR ^{##}	3%	NR	N/A	N/A
Percent of Eligible Inpatient Admissions that were Potentially Preventable (3M PPA)	7%	NR ^{##}	27%	NR ^{##}	30%	NR ^{##}	N/A	N/A

Performance Indicator	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
Percent of Children w/Access to PCP (12 - 24 months) (CAP)	99%	97%	N/A	96%**	96%	94%	98%	99%
Percent of Children w/Access to PCP (25 mo - 6 years) (CAP)	95%	91%	N/A	94%**	95%	91%	95%	97%
Percent of Children w/Access to PCP (7 - 11 years) (CAP)	96%	94%	N/A	96%**	95%	94%	98%	99%
Percent of Children w/Access to PCP (12 - 19 years) (CAP)	95%	93%	N/A	92%**	93%	92%	97%	98%
Well-Child Visits – First 15 Months: 6+ Visits (W15)	69%	58%	N/A	0%**	N/A	17%***	64%	64%
Well-Child Visits – 3rd, 4th, 5th, and 6th Years (W34)*****	83%	79% ^{##}	72%	77%	72%	NR ^{##}	87%	89%
Well-Child Visits – Adolescents (AWC)*	64%	69% ^{##}	48%	55%	57%	61% ^{##}	74%	70%
Childhood Immunization Status (CIS) - Combination 4	74%	NR	N/A	46%* ^{###}	71%	77%	N/A	N/A
Cervical Cancer Screening (CCS)	70%	69%	67%	44%	N/A	N/A	N/A	N/A
Prenatal Care (PPC)*	84%	90% ^{##}	84%	68%	N/A	37%* ^{###,###}	N/A	N/A
Postpartum Care (PPC)*	66%	65% ^{##}	64%	32%	N/A	40%* ^{###,###}	N/A	N/A
Breast Cancer Screening (BCS)	N/A	56%*	51%	53%	N/A	N/A	N/A	N/A
Chlamydia Screening in Women (CHL)	58%	50%	N/A	50%	55%	33%	N/A	N/A
Adult BMI Assessment (ABA)	N/A	N/A	65%	78%	N/A	N/A	N/A	N/A
Child/Adolescent BMI Percentile Documented (WCC)	50%	NR	N/A	NR ^{###}	46%	NR	N/A	N/A
Counseling for Nutrition for Children/Adolescents (WCC)	65%	NR	N/A	NR ^{###}	60%	NR	N/A	N/A
Counseling for Physical Activity for Children/Adolescents (WCC)	48%	NR	N/A	NR ^{###}	46%	NR	N/A	N/A

Prevention Quality Indicators (PQI) (adults ≥ 18 yo)	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
Diabetes Short-Term Complications	24 per 100,000	18 per 100,000	230 per 100,000	48 per 100,000	N/A	N/A	N/A	N/A
Diabetes Long-Term Complications	11 per 100,000	12 per 100,000	409 per 100,000	60 per 100,000	N/A	N/A	N/A	N/A
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	157 per 100,000	86 per 100,000	1,311 per 100,000	159 per 100,000	N/A	N/A	N/A	N/A
Hypertension	8 per 100,000	3 per 100,000	169 per 100,000	19 per 100,000	N/A	N/A	N/A	N/A
Congestive Heart Failure	8 per 100,000	12 per 100,000	811 per 100,000	120 per 100,000	N/A	N/A	N/A	N/A
Low Birth Weight	4 per 100	6 per 100	TBD (LD)	LD	N/A	N/A	N/A	N/A
Dehydration	5 per 100,000	7 per 100,000	130 per 100,000	25 per 100,000	N/A	N/A	N/A	N/A
Bacterial Pneumonia	19 per 100,000	13 per 100,000	409 per 100,000	62 per 100,000	N/A	N/A	N/A	N/A
Urinary Tract Infection	38 per 100,000	14 per 100,000	334 per 100,000	43 per 100,000	N/A	N/A	N/A	N/A
Angina w/o Procedure	0 per 100,000	1 per 100,000	18 per 100,000	4 per 100,000	N/A	N/A	N/A	N/A
Uncontrolled Diabetes	3 per 100,000	2 per 100,000	40 per 100,000	8 per 100,000	N/A	N/A	N/A	N/A
Asthma in Younger Adults	7 per 100,000	4 per 100,000	187 per 100,000	21 per 100,000	N/A	N/A	N/A	N/A
Lower Extremity Amputation due to Uncontrolled Diabetes	0 per 100,000	1 per 100,000	37 per 100,000	10 per 100,000	N/A	N/A	N/A	N/A
Pediatric Quality Indicators - Children (< 18 yo) (PDI)	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State Mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
Asthma	66 per 100,000	11 per 100,000	105 per 100,000	16 per 100,000	35 per 100,000	8 per 100,000	35 per 100,000	13 per 100,000
Diabetes Short-Term Complications	9 per 100,000	3 per 100,000	0 per 100,000	11 per 100,000	6 per 100,000	2 per 100,000	28 per 100,000	7 per 100,000
Gastroenteritis	20 per 100,000	4 per 100,000	0 per 100,000	6 per 100,000	3 per 100,000	2 per 100,000	50 per 100,000	7 per 100,000
Perforated Appendix	30 per 100	58 per 100	TBD (LD)	LD	27 per 100	58 per 100	14 per 100	LD
Urinary Tract Infection	19 per 100,000	4 per 100,000	0 per 100,000	4 per 100,000	3 per 100,000	1 per 100,000	42 per 100,000	3 per 100,000

Respiratory Care	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
Use of Appropriate Medication for People with Asthma (all ages) (ASM)	95%	94%	90%	79%	95%	95%	89%	86%
Medication Management for People with Asthma - Medication Compliance 75% (MMA)	29%	16%	43%	35%	29%	19%	50%	42%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	87%	86%	N/A	N/A	87%	83%	N/A	N/A
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	N/A	21%*	24%	22%	N/A	N/A	N/A	N/A
Appropriate Treatment for Children with Pharyngitis (CWP)	68%	62%	N/A	63%**	68%	67%	N/A	N/A
Behavioral Health	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
7-day f/u After Hosp. for Mental Health (MH) (FUH)	44%	37%	44%	34%	44%	42%	63%	61%
30-day f/u After Hosp. for Mental Health (FUH)	64%	61%	64%	57%	67%	64%	87%	83%
Antidepressant Medication Management - Acute Phase (AMM)	N/A	44%*	59%	42% ^{##}	N/A	N/A	52%	89%
Antidepressant Medication Management - Continuation Phase (AMM)	N/A	28%*	47%	30% ^{##}	N/A	N/A	59%	93%
Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	47%	50%	N/A	46%**	45%	43%	N/A	N/A
Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	58%	67%	N/A	63%**	46%	57%	N/A	N/A
Initiation of Alcohol and Other Drug Dependence Treatment (IET)	43%	39%	43%	35%	N/A	N/A	N/A	N/A
Engagement of Alcohol and Other Drug Dependence Treatment (IET)	14%	10%	14%	4%	N/A	N/A	N/A	N/A
Diabetes (18 y/o and above)	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
HbA1c Tested (CDC)	83%	81%	83%	87%	N/A	N/A	N/A	N/A
HbA1c Control < 8% (CDC)	48%	33%	48%	42% ^{##}	N/A	N/A	N/A	N/A
Diabetic Eye Exam (CDC)	53%	38%	53%	43%	N/A	N/A	N/A	N/A
LDL-C Screened (CDC)	76%	NR	80%	NR	N/A	N/A	N/A	N/A
LDL-C Controlled (CDC)	37%	NR	37%	NR	N/A	N/A	N/A	N/A
Medical Attention for Nephropathy (CDC)	79%	74%	80%	83%	N/A	N/A	N/A	N/A
High Blood Pressure	HHSC 2014 Dashboard Standard STAR	STAR Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS Program CY 2014 results (State mean)	HHSC 2014 Dashboard Standard CHIP	CHIP CY 2014 results (State mean)	HHSC 2014 Dashboard Standard STAR Health	STAR Health CY 2014 results (State mean)
High Blood Pressure Controlled (CBP)	56%	NR	56%	46%	N/A	N/A	N/A	N/A

HHSC Dashboard Measures (Surveys) -- Population of 2014 Results

Member Satisfaction - Adult	HHSC 2014 Dashboard Standard STAR Adult	STAR Adult CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR Child	STAR Child CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS CAHPS Survey (2014)	HHSC 2014 Dashboard Standard CHIP	CHIP Survey (2014)
% good access to urgent care	82%	80%	N/A	N/A	82%	79%	N/A	N/A
% good access to specialist referral	73%	66%	N/A	N/A	73%	67%	N/A	N/A
% good access to routine care	80%	73%	N/A	N/A	80%	78%	N/A	N/A
% good access to special therapies	61%	53%	N/A	N/A	66%	46%	N/A	N/A
% STAR+PLUS members with good access to service coordination	N/A	N/A	N/A	N/A	68%	58%	N/A	N/A
% good access to behavioral health treatment or counseling	54%	70%	N/A	N/A	67%	61%	N/A	N/A
% rating personal doctor a "9" or "10"	63%	66%	N/A	N/A	64%	67%	N/A	N/A
% rating their health plan a "9" or "10"	60%	61%	N/A	N/A	56%	57%	N/A	N/A
% good experiences with doctors' communication	89%	88%	N/A	N/A	89%	86%	N/A	N/A
Member Satisfaction - Child (Parent)								
Member Satisfaction - Child (Parent)	HHSC 2014 Dashboard Standard STAR Adult	STAR Adult CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR Child	STAR Child CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS CAHPS Survey (2014)	HHSC 2014 Dashboard Standard CHIP	CHIP Survey (2014)
% good access to urgent care	N/A	N/A	91%	-	N/A	N/A	90%	-
% good access to specialist referral	N/A	N/A	74%	-	N/A	N/A	77%	-
% good access to routine care	N/A	N/A	84%	-	N/A	N/A	86%	-
% good access to behavioral health treatment or counseling	N/A	N/A	76%	-	N/A	N/A	76%	-
% rating child's personal doctor a "9" or "10"	N/A	N/A	75%	-	N/A	N/A	72%	-
% rating their child's health plan a "9" or "10"	N/A	N/A	81%	-	N/A	N/A	72%	-
% good experiences with doctors' communication	N/A	N/A	92%	-	N/A	N/A	93%	-
Smoking Prevention								
Smoking Prevention	HHSC 2014 Dashboard Standard STAR Adult	STAR Adult CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR Child	STAR Child CAHPS Survey (2014)	HHSC 2014 Dashboard Standard STAR+PLUS	STAR+PLUS CAHPS Survey (2014)	HHSC 2014 Dashboard Standard CHIP	CHIP Survey (2014)
Advising smokers to quit	70%	65%	N/A	N/A	70%	68%	N/A	N/A

NR	NR = Not Reported. Results were not reported for the three PPE measures (percent of members having a PPE), because 3M reporting specifications for these measures have changed from percentages to ratios and therefore are not comparable to HHSC standards. For hybrid measures in some programs the state rate is not provided because the results from certain MCOs are rotated from prior year. For WCC in STAR+PLUS, rates are available in Calendar Year 2014 QOC tables; however, these rates were calculated following administrative specifications only and are too low to be represented as meaningful indicators of performance
N/A	Indicates that this measure is not applicable for the program.
TBD	Indicates that HHSC has not yet established a standard for this indicator. When followed by "LD", this indicates that a standard has not been established because prior-year statewide results had low denominators.
LD	Indicates a low denominator at the program level.
*	This measure is primarily an adult measure, and therefore no standard is specified for the STAR program. A statewide result is still available and is provided for reference only.
**	This measure is primarily a child measure, and therefore no standard is specified for the STAR+PLUS program. A statewide result is still available and is provided for reference only.
***	This measure is primarily an adult measure, and therefore no standard is specified for the CHIP program. A statewide result is still available and is provided for reference only.
#	HEDIS specifications for this measure have changed to a hybrid methodology since the 2014 dashboard was established.
##	2014 P4Q measure.
###	HEDIS hybrid measure calculated following administrative specifications only.
..	Due to the biennial cycle of member satisfaction surveys conducted by the EQRO, no 2014 survey results are available for the STAR Child or CHIP populations.

TEXAS Managed Care Service Areas

(Effective Fall 2016)

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

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

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

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

Table 6.1: Mandatory and Optional Services Covered by Texas Medicaid

The state may choose to provide some, all, or no optional services specified under federal law. Some optional services Texas chooses to provide are available only to clients under age 21, and one optional inpatient service is available for clients who are under 21 or are 65 or over in an institution for mental disease (IMD). *Note: If the client is under age 21, all federally allowable and medically necessary services must be provided as required by federal law.*

Mandatory and optional services provided in Texas include:

Mandatory Acute Care Services	Optional* Acute Care Services
<ul style="list-style-type: none"> • Inpatient hospital services • Outpatient hospital services • Laboratory and x-ray services • Physician services • Medical and surgical services provided by a dentist • Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under 21 • Family planning services and supplies • Federally Qualified Health Centers (FQHC) • Rural health clinic services • Nurse-midwife services • Certified pediatric and family nurse practitioner services • Home health care services 	<ul style="list-style-type: none"> • Prescription drugs • Medical or remedial care furnished by other licensed practitioners: <ul style="list-style-type: none"> ○ Physician extenders ○ Nurse practitioners/certified nurse specialists ○ Certified registered nurse anesthetists ○ Physician assistants ○ Mental health providers ○ Psychologists ○ Licensed professional counselors ○ Licensed marriage and family therapists ○ Licensed clinical social workers** • Podiatry*** • Limited chiropractic services • Optometry, including eyeglasses and contacts • Hearing instruments and related audiology • Renal dialysis • Rehabilitation and other therapies <ul style="list-style-type: none"> ○ Mental health rehabilitation ○ Rehabilitation facility services ○ Substance use disorder treatment ○ Physical, occupational, and speech therapy • Clinic services <ul style="list-style-type: none"> ○ Maternity service clinics • Targeted case management for pregnant women

Table 6.1: Mandatory and Optional Services Covered by Texas Medicaid (Continued)

<i>Mandatory Long-Term Services and Supports (LTSS)</i>	<i>Optional* Long-Term Services and Supports (LTSS)</i>
<ul style="list-style-type: none"> • Nursing facility (NF) services for clients 21 or over 	<ul style="list-style-type: none"> • Intermediate Care Facility services for an Individual with Intellectual Disability or Related Conditions (ICF/IID) • Inpatient services for clients under age 21 or 65 and over in an institution for mental diseases (IMD) • Services furnished under a Program of All-Inclusive Care for the Elderly (PACE) • Day Activity and Health Services • Home and community-based waiver services • Attendant services <ul style="list-style-type: none"> ○ Primary Home Care ○ Community Attendant Services • Targeted case management for individuals with intellectual disabilities and mental health conditions • Hospice services

Notes: *Includes optional Medicaid services provided in Texas. Does not include all optional services allowed under federal policy.

**Except when delivered in an FQHC setting.

***Except when delivered by a M.D. or D.O.