

Texas Managed Care Program Features, as of 2015

Features	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Program type	Comprehensive MCO	Comprehensive MCO + MLTSS	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	04/01/2008	12/12/2011	12/12/2011
Waiver expiration date (if applicable)		09/30/2016	09/30/2016
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Varies	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Mandatory	
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	Other	15 days
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Members are auto-enrolled by the MCO	15 days for SSI members 30 days for Special Population(interest list release, age-out and MFPs)	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	

Texas Managed Care Program Features, as of 2015

Features	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Home health agency services	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute of Child Health Policy	Institute for Child Health Policy	Institute of Child Health Policy
Performance incentives? Payment bonuses/differentials to reward plans	X	X	X
Performance incentives? Preferential auto-enrollment to reward plans			X
Performance incentives? Public reports comparing MCO performance on key metrics		X	X
Performance incentives? Withholds tied to performance metrics			X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	X

Texas Managed Care Program Features, as of 2015

Features	STAR Health	STAR+PLUS	Children's Medicaid Dental Services
<p>Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods</p>			
<p>Participating plans and regions served: Plans in Program</p>	<p>Superior HealthPlan</p>	<p>Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare</p>	<p>MCNA; DentaQuest</p>
<p>Notes: Program notes</p>	<p>Enrollment in the STAR Health Program is voluntary for the following population categories: 1. Children and young adults in DFPS conservatorship 2. Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement 3. Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program 4. Young adults age 21 through the month of their 23rd birthday who are not eligible for the Former Foster Care Children program, but are enrolled in an institute of higher education Adoption Assistance Children are not enrolled in this program. Beginning January 1, 2014, Texas started providing Medicaid benefits to adults under age 26 who were in foster care and receiving Medicaid when they aged out. This program is called the Former Foster Care Children Program (FFCC). FFCC Members will receive health care benefits in one of two programs. These are based on their age: Members who are 18-20 years old will continue to get their benefits in the STAR Health program, unless they want to change to a STAR plan. Members 21-25 years old will get their Medicaid benefits through a STAR plan of their choice. Medicaid for Transitioning Foster Care Youth (MTFCY) is still available, but only for those that were not receiving Medicaid when they aged out of foster care. On September 1, 2014, Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area)</p>	<p>For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory. On September 1, 2014, the following became effective for the STAR+PLUS Program: [1] The STAR+PLUS Medicaid managed care program expanded to the Medicaid rural service areas and became available statewide. [2] Some people who have intellectual or developmental disabilities (IDD) began getting basic medical services (acute care) through the STAR+PLUS Medicaid managed care program. [3] Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area) On March 1, 2015, Nursing facility services were covered in STAR+PLUS.</p>	<p>The following policy applies to the population category of "Non-Disabled Children Enrolled Mandatorily": As of March 1, 2012, children's Medicaid dental services are provided through a managed care model to children birth through age 20, those eligible for Medicaid Texas Health Steps Comprehensive Care services, including Supplemental Security Income (SSI) clients. The following Medicaid clients are not eligible to participate in the Dental program and will continue to receive dental services through their existing service delivery models: • Medicaid clients age 21 and over, • All Medicaid clients, regardless of age, residing in Medicaid-paid facilities such as nursing homes, state supported living centers, or Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICFs/IID), and • STAR Health program clients. This program covers the category "Aged, Blind, or Disabled Children and Adults" only for children but excludes adults.</p>

Texas Managed Care Program Features, as of 2015

Features	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)	1915(b)/1915(c)
Program start date	12/12/2011	03/01/2011	09/01/2014
Waiver expiration date (if applicable)	09/30/2016	03/31/2018	09/30/2016
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Voluntary	Varies
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Varies
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Voluntary	Varies
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Varies
Populations enrolled: Full Duals		Voluntary	Varies
Populations enrolled: Partial Duals			Varies
Populations enrolled: Children with Special Health Care Needs			Varies
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		
Populations enrolled: Enrollment choice period	15 days	N/A	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		There is no enrollment period since the program is on a voluntary basis. A member can elect to enroll in the Wellness Program at any time as long as they are eligible for the program.	
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		

Texas Managed Care Program Features, as of 2015

Features	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Home health agency services			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services.		
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, URAC	NCQA, URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Institute of Child Health Policy		
Performance incentives? Payment bonuses/differentials to reward plans	X		
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics	X		
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X		

Texas Managed Care Program Features, as of 2015

Features	STAR	Texas Medicaid Wellness Program	Medical Transportation Program
<p>Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods</p>			
<p>Participating plans and regions served: Plans in Program</p>	<p>Aetna; Amerigroup Texas; Blue Cross Blue Shield; Christus; Community First; Community Health Choice; Cook Children's; Driscoll Children's; EL Paso First; First Care; Molina Healthcare; Parkland Health First; Scott and White; Sendero; Seton; Superior HealthPlan; Texas Children Health Plan; United Healthcare</p>	<p>Multiple Primary Care Providers</p>	<p>Logisticare; MTM; AMR; TAPS; LeFleur; Project Amistad</p>
<p>Notes: Program notes</p>	<p>Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations. The following Medicaid benefit was implemented by the STAR Program in January 1, 2014: o Former foster care children age 21 through the month of their 26th birthday can receive Medicaid benefits through STAR (mandatory as required by the Affordable Care Act - ACA) On September 1, 2014, Mental health targeted case management and rehab services were carved in statewide to managed care programs (except NorthSTAR area)</p>	<p>The goal of the Wellness Program is to promote improved health outcomes by supporting and sustaining the client-provider relationship and building connections between HHSC, providers, clients, and community resources. A focused provider outreach team informs providers of services available through the program, provides practice support, and enables collaboration among providers and regional care teams. Community-based multidisciplinary care teams provide intensive care coordination, one-on-one patient counseling, health assessments, and personalized care plans to help clients better self-manage their conditions. The teams live in the clients' communities and use evidence-based clinical guidelines to coordinate care with the clients' physicians and treatment teams and advocate on their clients' behalf. The clients benefit by having access to regionally-based resources that help implement personalized care plans, manage follow-up appointments, obtain equipment and medications, and arrange transportation to appointments. Also included for educational purposes are program mailings and focused communications applicable to the Wellness Program population, including children and their caregivers. Enrollment in the Wellness Program is voluntary for all eligible Medicaid members. The following population categories may enroll voluntarily under a Fee-for-Service arrangement: [1] Blind/Disabled Children and Related Populations, Voluntary [2] Blind/Disabled Adults and Related Populations, Voluntary [3] Section 1931 Children and Related Populations, Voluntary [4] Section 1931 Adults and Related Populations, Voluntary [5] Dual eligible Medicaid members under the age of 21, Voluntary [6] Non-disabled children, Voluntary</p>	

Texas Managed Care Program Features, as of 2015

Features	PACE	NorthSTAR
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Amarillo/Canyon, El Paso, Lubbock	Dallas
Federal operating authority	PACE	1915(b)
Program start date	06/01/2001	11/01/1999
Waiver expiration date (if applicable)		09/30/2017
If the program ended in 2015, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	Mandatory
Populations enrolled: Partial Duals	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	
Populations enrolled: Enrollment choice period	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)		Maximus
Populations enrolled: Notes on enrollment choice period	Open enrollment subject to facility availability	
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X

Texas Managed Care Program Features, as of 2015

Features	PACE	NorthSTAR
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: Health home (SSA 1945)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Home health agency services	X	
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	Yes
Quality assurance and improvement: Accrediting organization		URAC
Quality assurance and improvement: EQRO contractor name (if applicable)		Institute for Child Health Policy
Performance incentives? Payment bonuses/differentials to reward plans		

Texas Managed Care Program Features, as of 2015

Features	PACE	NorthSTAR
Performance incentives? Preferential auto-enrollment to reward plans		
Performance incentives? Public reports comparing MCO performance on key metrics		
Performance incentives? Withholds tied to performance metrics		
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods		
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served: Plans in Program	Bienvivir Senior Health Services; Silver Star Health Network; The Basics at Jan Werner	ValueOptions

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Features	PACE	NorthSTAR
Notes: Program notes	<p>Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organization provide pre-paid, capitated, comprehensive health care services to frail elders. To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service of a PACE organization. At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant is set by the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. Pace organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid plan, all Medicare-covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.</p>	<p>Individuals on SSI and QMB plus are the only Medicare dual eligibles that are eligible to enroll. The program is mostly fee-for-service but on occasions there are some risk based arrangement. NorthSTAR covers labs, but not X-Rays. Pregnant women in Medicaid Medically Needy Population are excluded from NorthSTAR.</p>