



The Texas Association of Health Plans

STAR+PLUS Overview

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The Texas Association of Health Plans

The Texas Association of Health Plans (TAHP) is the statewide trade association representing private health insurers, health maintenance organizations, and other related health care entities operating in Texas.

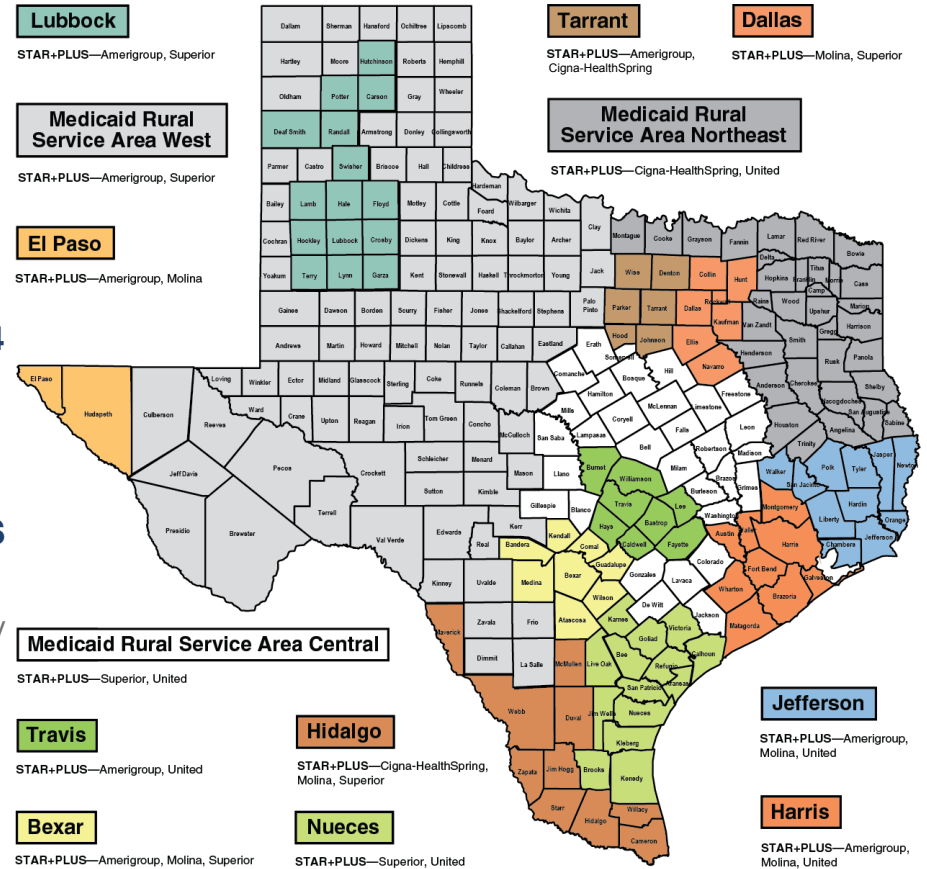
- Health Plans - Employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid
- 28 Health Plan Members, including the 20 Medicaid Health Plans
- 2 Dental Medicaid Managed Care Organizations
- TAHP advocates for public and private health care solutions that improve the affordability, access and accountability of health care for many Texans

The Role of Medicaid Managed Care

- **Improving Quality and Provider Oversight**
 - State uses contracting, licensure and regulation
 - Health plans use care management and contracting/credentialing – increased focus on outcomes
- **Goal of Managed Care: To better manage care to improve access, quality, and outcomes while ensuring appropriate utilization and containing costs**
 - Full-risk, capitated model
 - Medicaid managed care organizations (MCOs) at full-risk for costs and outcomes
 - Encourages appropriate utilization and coordination of services
 - Promotes quality improvement
 - Integrated managed care model
 - Builds on the managed care model by integrating acute care and long-term care services and supports (LTSS)
 - STAR+PLUS Program (and STAR Kids beginning Fall 2016)

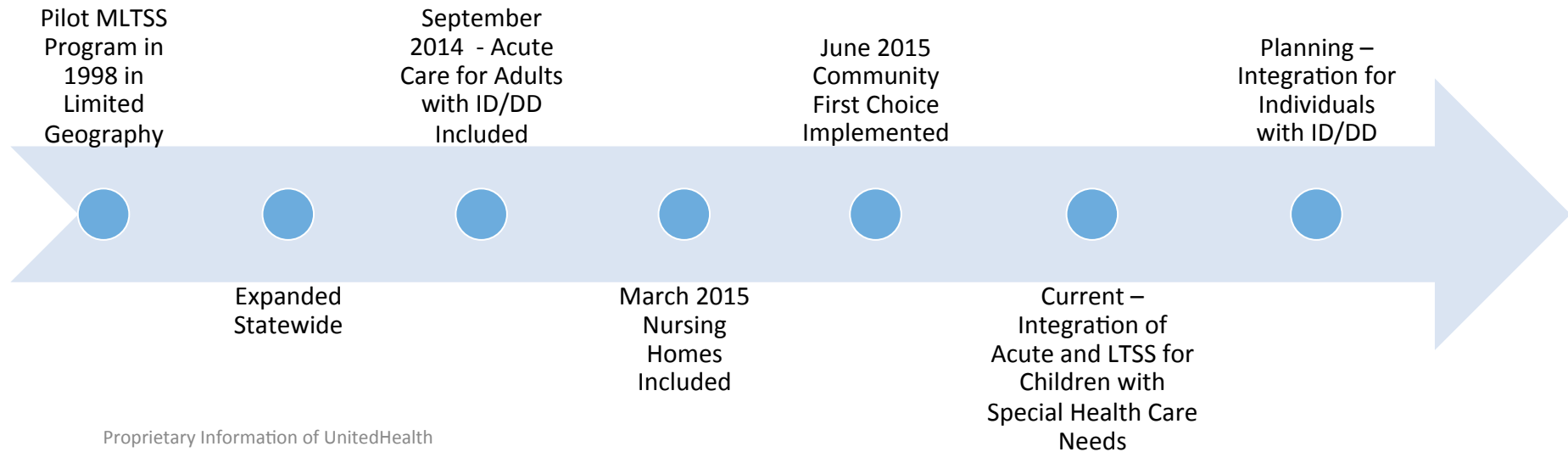
STAR+PLUS

- Primary health care delivery model for individuals age 65 or older and individuals with disabilities in Medicaid
- First STAR+PLUS pilot initiated in 1998
- Statewide as of Sept. 1, 2014
- Acute care for adults with IDD carved-in Sept. 1, 2014
- Nursing homes carved-in March 1, 2015
- Community First Choice implemented June 1, 2015
- Future integration of acute care and LTSS for individuals with IDD through STAR+PLUS/STAR KIDS
- Key Features:
 - Integrates acute care and long-term care to promote quality and access to care in the least restrictive, most appropriate setting
 - Service coordinators
 - Value-added benefits



Long Term Supports and Services

STAR+PLUS – Primary health care delivery model for individuals age 65 or older and individuals with disabilities in Medicaid



What Integrated Care Looks Like



Acute Care

(non-exhaustive list)

- Emergency & Non-emergency Ambulance Services
- Behavioral Health Services
- Outpatient Mental Health Services
- Psychiatry Services
- Substance Use Disorder Treatment Services
- Chiropractic Services
- Durable Medical Equipment
- Hospital Services (Inpatient and Outpatient)
- Laboratory
- Podiatry
- Primary Care Services
- Specialty Physician Services
- Radiology
- Therapies (Physical, Occupational, Speech)
- Prescription Drugs



Long-Term Care Services & Supports

(non-exhaustive list)

- Nursing Facility Services
- Personal Assistance Services (PAS)
- Community First Choice (CFC)
- Day Activity & Health Services (DAHS)
- STAR+PLUS HCBS Waiver (CBA waiver in Traditional Medicaid):
 - Assisted Living
 - Adaptive Aids
 - Minor Home Modifications
 - Personal Assistance Services
 - Respite Care
 - Emergency Response Services
 - Transition Assistance Services
 - Home Delivered Meals
 - Nursing Services
 - Medical Supplies
 - Adult Foster Care
 - Dental
 - Therapies
 - Financial Management Services
 - Cognitive Rehabilitation Therapy
 - Supported Employment & Employment Assistance



SERVICE COORDINATION

Service Coordination = Specialized care management service that is performed by a Service Coordinator, and includes (but not limited to):

- Identification of needs
- Development of a Plan of Care
- Assistance to ensure timely and coordinated access to an array of providers and covered services
- Coordination of covered services with services outside the benefit plan

Service Coordination is an integral service and the main feature of the STAR+PLUS program.

Improving Quality: MCO Oversight Tools

- **Credentialing**

- Verifying a provider's professional qualifications (e.g., licensure, certification, training, academic background) and professional competence and conduct
- Vetting providers for safety and quality issues prior to contracting with the provider
- Continued monitoring through recredentialing process

- **Contracting**

- Negotiating rates and terms and conditions, including value-based purchasing arrangements
- MCO provider networks must meet state-specified standards to ensure access to care
- Contracting gives MCOs the mechanism to:
 - Shift toward paying for value rather than volume to reward providers for performance
 - Hold their network providers accountable – including terminating providers who fail to meet program requirements (weed out “bad actors”)

- **Service Coordination Visits**

- **Complaint Monitoring**

Integration of Care Produced Savings and Quality: Produced Early Results

REDUCING THE HIGHEST COST DRIVERS IN MEDICAID



28%

Reduction in independent hospitalization



40%

Reduction in emergency room visits

KEEPING PEOPLE IN THEIR COMMUNITIES



70%

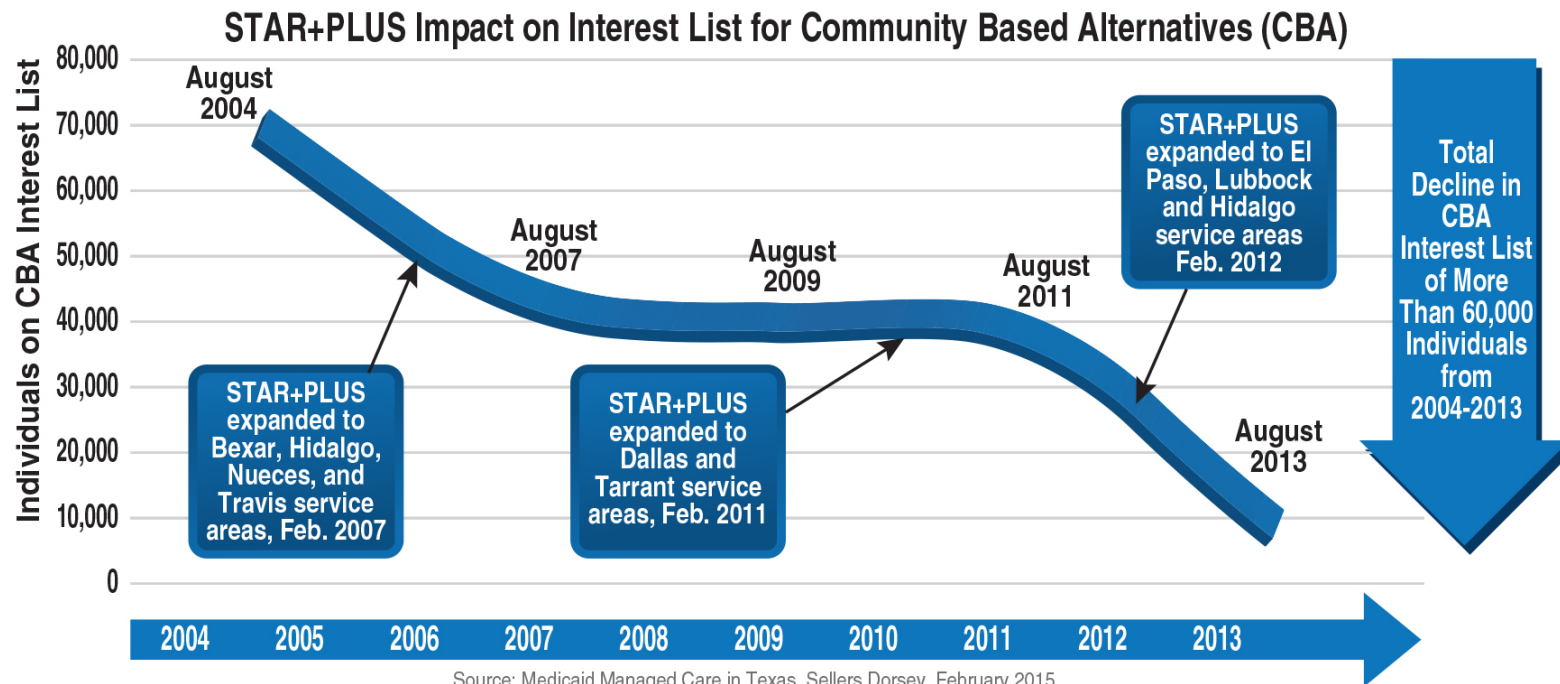
Increase in the use of community based services



38%

Increase in the use of adult day care services

STAR+PLUS: Increased Access to Community Care

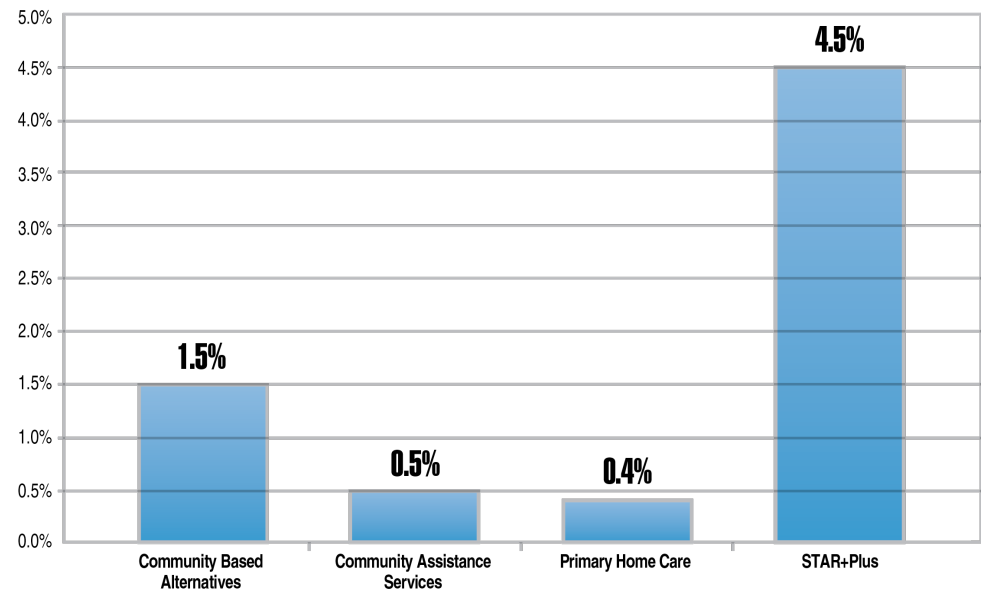


Source: Medicaid Managed Care in Texas. Sellers Dorsey. February 2015.

STAR+PLUS: Increased Focus On Community Care and Maintaining Independence

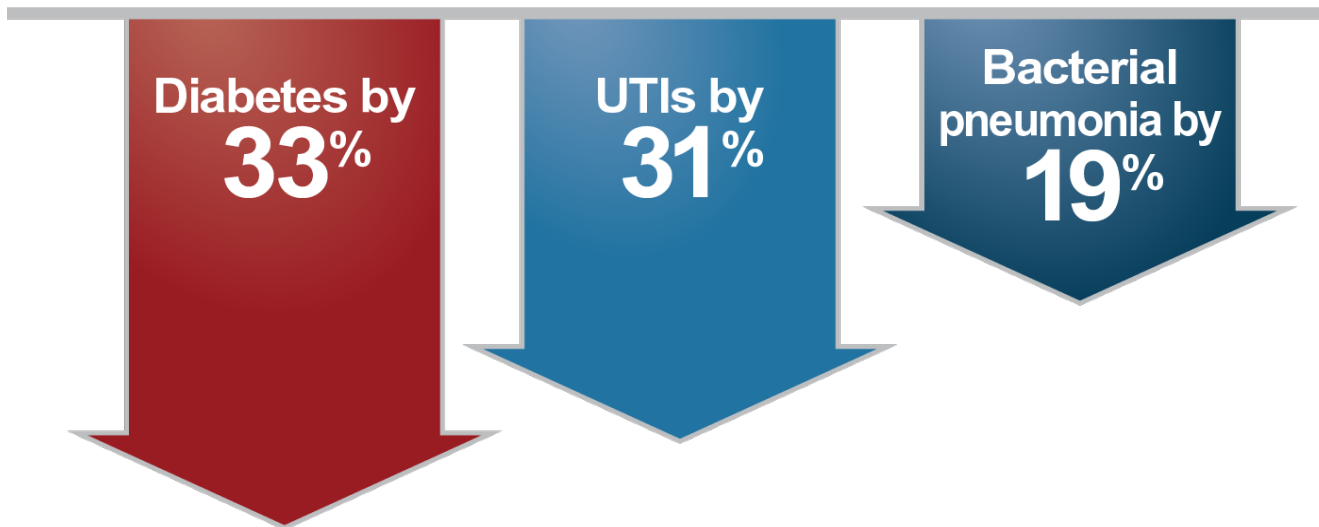
- Community care has increased significantly at no additional cost to the state, while nursing home caseloads have stayed relatively flat
- Nursing home caseloads:
 - 2003: 60K
 - 2013: 56K
- Consumer directed services (CDS) has increased under managed care
 - Allows individuals to directly hire and manage the people who provide their services
- Focus on community care through STAR+PLUS has helped Texas address growing needs, without substantially adding new costs

Texas Medicaid: Consumer Directed Service Utilization in LTC Programs 2012



STAR+PLUS Improved Quality of Care

Between 2009 and 2011,
STAR+PLUS plans reduced hospital admissions for:



Texas Medicaid Managed Care: Pay-for-Quality (P4Q)

P4Q Program:

- Focuses on outcomes
- Focus on reducing Potentially Preventable Events (PPEs)

**Medicaid Health Plans
Reduced Potentially Preventable Events: CFY 2012 - 2015**

