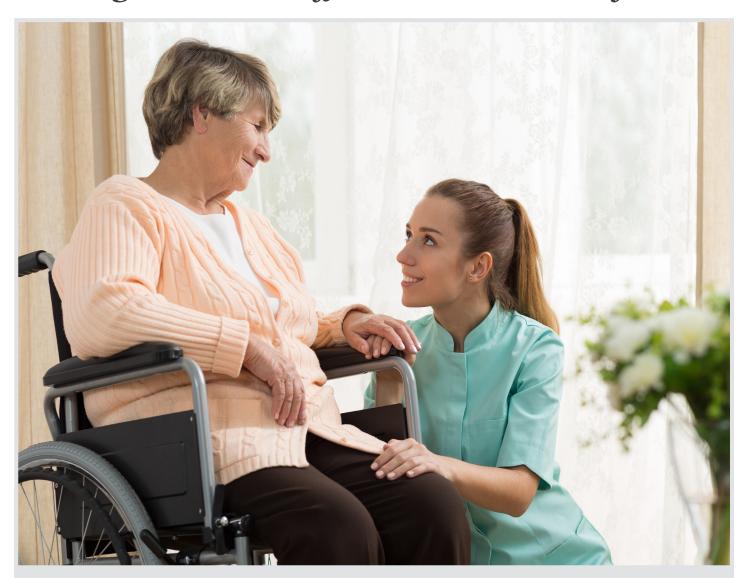
Representing health insurers, health maintenance organizations, and other related health care entities operating in Texas.

STAR+PLUS

Making a Positive Difference in the Lives of Texans



Since its inception, the STAR+PLUS program has dramatically improved lives in Texas—improving the quality of care, enhancing access to that care, and

providing more choices to beneficiaries—all while saving taxpayer dollars by making sure patients get the right care at the right time and in the right place.

History of the STAR+PLUS Program

STAR+PLUS first began in Texas as a pilot program in Harris County in 1998, tested as a new kind of health care delivery model for individuals age 65 or older and individuals with disabilities in Medicaid.

The success of the STAR+PLUS program is due in large part to its structure. Through STAR+PLUS, Texas was one of the first states in the country to create a Medicaid health plan that integrates and coordinates long-term care and acute care, with a focus on ensuring the least restrictive and most appropriate setting for each individual.



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

What Integrated Care Looks Like



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.



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

 - Transition Assistance Services
 - Home Delivered Meals

- Nursing Services
- Medical Supplies
- Adult Foster Care
- Dental
- Therapies
- Financial Management Services
- Emergency Response Cognitive Rehabilitation
 - Therapy
 - Supported Employment & Employment Assistance

Previously, under the fee-for-service (FFS) model, Texans with disabilities generally had to navigate services on their own. Today, under the STAR+PLUS managed care program, these Texans have access to a service coordinator who identifies an individual's needs, helps develop a plan of care, coordinates health care benefits, and facilitates access to community resources, whether those resources

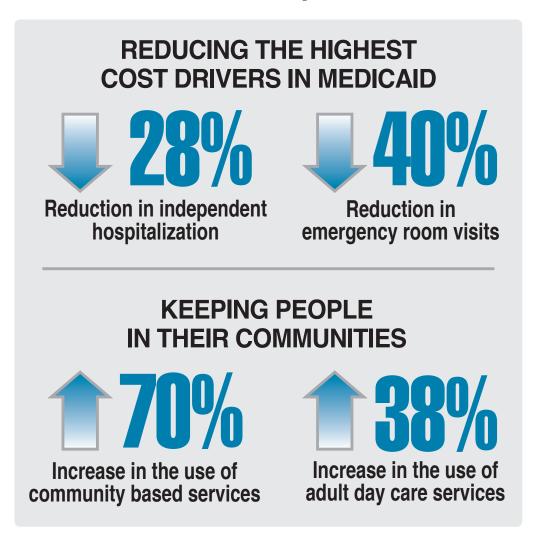
are covered by Medicaid or not. This includes coordinating efforts like securing attendant care, meals, home modifications, and participation in activities with peers within the community. These critical resources are helping members lead fuller and more independent lives.

STAR+PLUS Improves Quality of Care and Reduces Costs

The integration of health care and long-term care services has helped more seniors and individuals with disabilities who also have chronic conditions continue living independently and avoid hospitalization and institutionalization. When their illnesses do require hospital visits, coordinated care means more appropriate follow-up care is arranged for them at home or as needed to prevent re-admission.

STAR+PLUS began delivering immediate and significant results for beneficiaries in its initial days. As of 2003, just 5 years after its inception, STAR+PLUS had made significant strides toward reducing the highest cost drivers in Medicaid and in keeping individuals in their communities, as opposed to long-term care facilities.

Integration of Care Produced Savings and Quality with STAR+PLUS: Produced Early Results

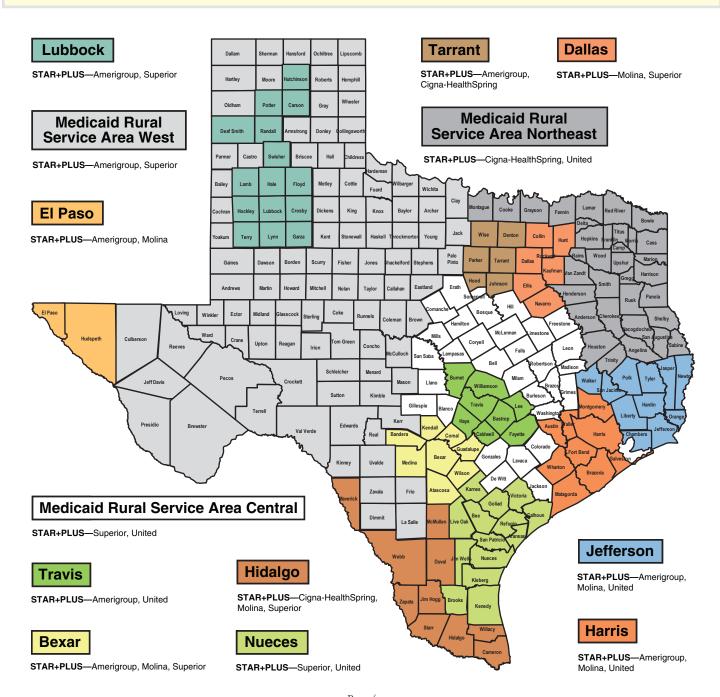


Because of its success, the Legislature continued to expand STAR+PLUS, and as of September 1, 2014, the program serves elderly and disabled individuals statewide, including acute care for adults with Intellectual and Developmental Disabilities (IDD).

In March of 2015, nursing home care was incorporated into STAR+PLUS, followed by the implementation of Community First Choice in June of 2015.

Who is Eligible for STAR+PLUS

- Adults 21 and older who have a disability and qualify for SSI benefits or Medicaid because of low income
- Adults 21 and older who qualify for Medicaid because they meet a nursing facility level of care and require STAR+PLUS Home and Community Based Services
- Adults 21 and older receiving services through a communitybased intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID) or through a 1915(c) Home and Community-Based Services waiver serving
- individuals with intellectual and developmental disabilities (IDD) receive acute care services only through STAR+PLUS. Dual eligibles (those receiving both Medicare and Medicaid) receiving services in a community-based ICF/IID or through a 1915(c) waiver are not included
- Most children and young adults under age 21 receiving SSI or SSI-related benefits, including those receiving services in an ICF/IID or an ICF/IID waiver, may choose to enroll in STAR+PLUS or remain in traditional Medicaid



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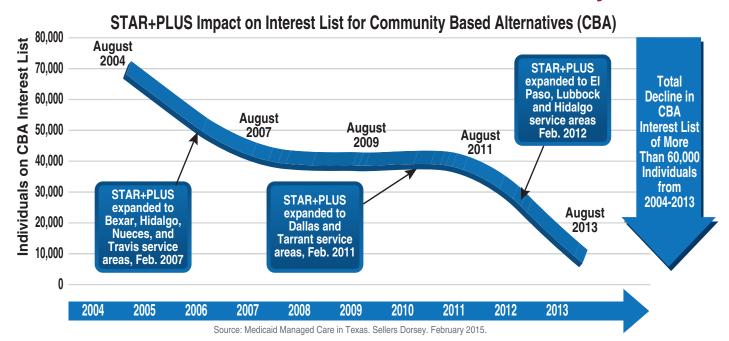


STAR+PLUS Eliminated the Waiting Time for Community Care

Today, STAR+PLUS' positive trends continue, with a dramatic increase in the number of Texas Medicaid beneficiaries who are able to access community care. Through savings achieved from the shift to managed care, Texas was able to reinvest funding into eliminating the waiting time for services for individuals with physical disabilities. Instead of waiting years for community

services, individuals now have access to the services they need when they need them. As shown below, from 2004 to 2013, more than 60,000 individuals were removed from the waiting list and provided with access to community care. This means more Texans are able to live independently in their homes and in their communities, as opposed to nursing homes and other institutions.

STAR+PLUS: Increased Access to Community Care



STAR+PLUS Reduces Hospitals Stays for Common Illnesses

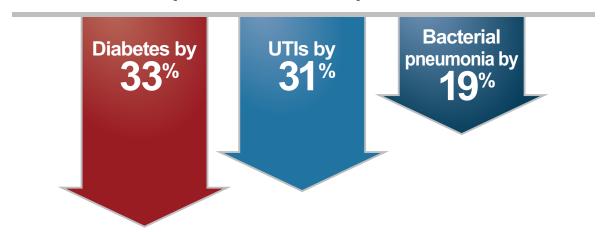
This expansion of the managed care approach with STAR+PLUS has been a win-win for the state and consumers. Increased quality of care and improved access to health care and community care services has reduced hospital admissions and costs and improved the lives of Medicaid consumers, including dramatic reductions in hospital stays for diabetes and pneumonia. Between 2009 and 2011, STAR+PLUS experienced double-digit reductions in hospital admissions for these common illnesses. These important efforts place a focus on wellness and prevention, keep elderly individuals out of hospitals where they can become exposed to other illnesses, and promote community-based care

alternatives to much more expensive and longer hospital stays and institutional care.

Last year, Medicaid beneficiaries in Texas saw another positive impact of the STAR+PLUS program. On June 1st, 2015, the wait for long-term care community attendant and habilitative services ended for more than 12,000 individuals with IDD, as well as other persons with disabilities seeking habilitative services, when the state added the Community First Choice program to STAR+PLUS. These individuals will no longer have to wait more than 10 years for the services they need to maintain their independence in the community.

STAR+PLUS Health Plans Improved Quality of Care

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





Summary

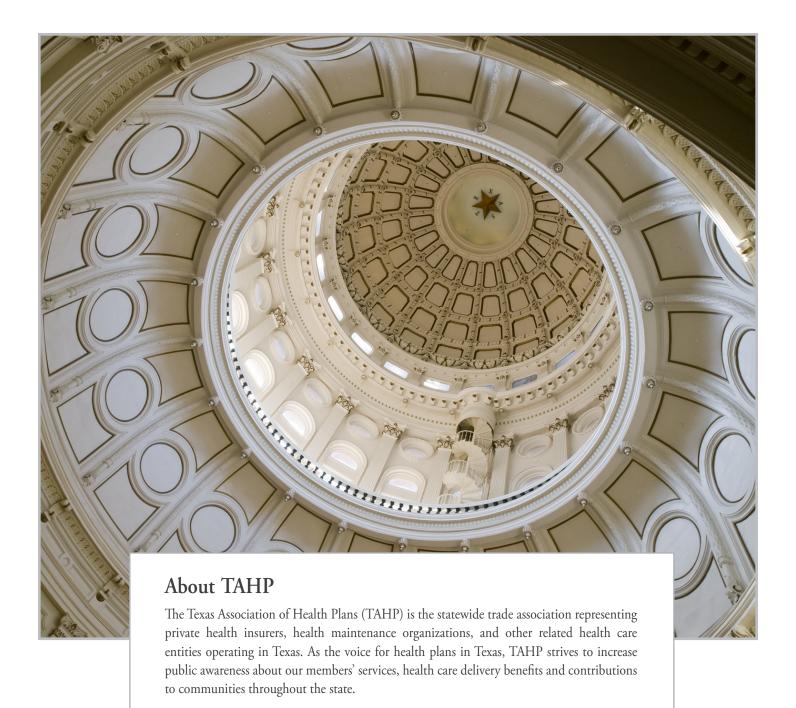
While significant strides have been made, there is still room for improvement and more work to be done to ensure elderly Texans and Texans with disabilities are receiving the highest quality care, have widespread access to



that care, and can achieve independence. Efforts to eliminate remaining wait lists for services and help individuals with disabilities maintain or gain their independence should be continued. The long-term care workforce should be strengthened through recruitment and retention efforts, including improving wages for community attendants who serve as the backbone for community care.



As we continue to work toward those goals, we can be pleased knowing that STAR+PLUS is already on the right path to helping aging Texans and individuals with disabilities find the tailored care they need, when they need it.



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