

STAR Health Managed Care Model:

Making Important Strides in Improving Medical Care for Texas Foster Care Children



Overview

In April 2008, Texas became the *first* state in the nation to establish a Medicaid managed care program specifically for children in foster care: the STAR Health program. STAR Health addresses a number of challenges that existed under the old fee-for-service system (FFS). Chief among them has been the assurance of immediate coverage for a child who is removed from his/her home, eliminating the delays and red tape of eligibility verification that were common under FFS. At the same time, caregivers can now contact Superior directly to access any service they need, when they need it. Unlike constraints under FFS, providers now have the ability to make direct referrals to specialists when appropriate. This ensures that each child is receiving more seamless, timely and tailored care.

The implementation of the STAR Health program represented a shift from the traditional fee-for-service model to the “managed care” approach, in which managed care organizations (MCOs), with proven track records of improving care, contract with the State to manage the Medicaid program. The managed care approach drives innovation through flexibility and competition, and holds MCOs accountable for providing access to quality care. Today, Texas is a national leader in the use of managed care to increase access to care, manage costs, and improve the quality of health care in its Medicaid and CHIP programs, and STAR Health is no exception.

STAR Health Has Improved Outcomes:

- **Comprehensive Care Management**—STAR Health now ensures that 100% of children are assigned to a primary care physician (PCP) and scheduled for their first visit within 30 days
- **STAR Health has seen significant reductions** in hospital admissions for some of the most common conditions, diabetes, asthma, and GI infections from 2009 - 2011
- **Specialized training for providers:** Establishment of the Trauma Informed Specialty Provider Network, better equipping STAR Health providers to care for children who have experienced trauma
- **STAR Health has earned a 5-Star rating** for adolescent well care and well-child (3-6 y/o) visits
- **90% of caregivers** report having access to routine appointments as they are needed
- **A majority of caregivers report high ratings (9 or 10/10)** for their children’s doctor and Medicaid health plan
- **STAR Health has achieved a 23% reduction** in the use of psychotropic medications since 2007
- **There has been a 43% reduction** in the use of 5 or more medications since 2007

What Is STAR Health?

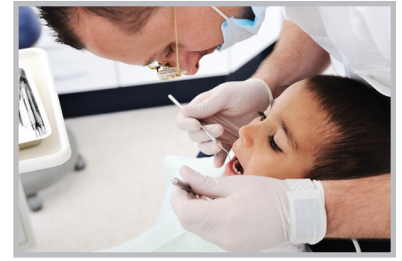
STAR Health is a statewide, comprehensive health care model designed to better coordinate medical and behavioral care and improve access to Medicaid-covered benefits for children in foster care. The program was implemented after the 79th Texas Legislature directed the Texas Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) to develop such a model.

Superior HealthPlan

Since STAR Health's inception in 2008, Superior HealthPlan has been the statewide, single managed care organization (MCO) focusing on the approximately 30,000 Texas children in foster

Core benefits include:

- Physical health services
- Behavioral health services
- Pharmacy services
- Dental services
- Vision services



care each month. Superior is the only health plan contracted with HHSC to oversee STAR Health.

Who Does STAR Health Serve?

- Young adults (up to the month of their 22nd birthday) who have voluntary foster care placement agreements
- 51% percent of STAR Health members have a special health care need
- The average age of STAR Health members is 7 years old
- Young adults (up to the month of their 21st birthday) who were formerly in foster care and are receiving Medicaid services under the titles Former Foster Care Children (FFCC) and Medicaid for Transitioning Foster Care Youth (MTFCY)
- Children in state conservatorship (foster care)

Why Was the STAR Health Model Needed?

Prior to the implementation of STAR Health, Medicaid benefits for children in the foster care system were managed using the FFS approach, often referred to as “fend-for-self.” Under the FFS approach, a number of challenges existed in ensuring Texas foster children were able to access the best and most tailored medical care possible.

Prior to STAR Health, children in foster care lacked sufficient rights and protections in their health coverage. The service delivery system was fragmented and lacked continuity, coordination and management of services. As a result, stakeholders were not communicating seamlessly about children's care and needs. Without clear communication and a centralized coordination of services, many services were duplicated leading to wasteful spending and inefficiencies. At the same time, a lack of coordination made it difficult to track children's medical histories when they moved or their placements changed. Verifying eligibility proved complicated and confusing; many children who were abruptly removed from their homes or placements were required to show ID cards to access care but may have lost them during their removal.

When it came to the health of each child, there was no functional metric in place to measure health outcomes. Perhaps **most alarming was the overmedication of children in the foster system with psychotropic drugs**, which include any drug that has the capability of affecting the mind, emotions, and behavior.

Additionally, those who supported foster children, including their caregivers, providers and other stakeholders, were not given adequate support and resources. When a medical situation arose, a caregiver would often not know where to turn for answers and would spend long periods of time calling multiple locations in order to get answers, schedule appointments, locate the appropriate providers, and obtain the correct eligibility materials.

The system was marked by inconsistencies, confusion, a lack of integrated support, and a poor grasp on the health conditions of individual children. The environment was ripe for change when STAR Health was implemented in 2008.

How STAR Health Has Improved Outcomes, Care & Coordination

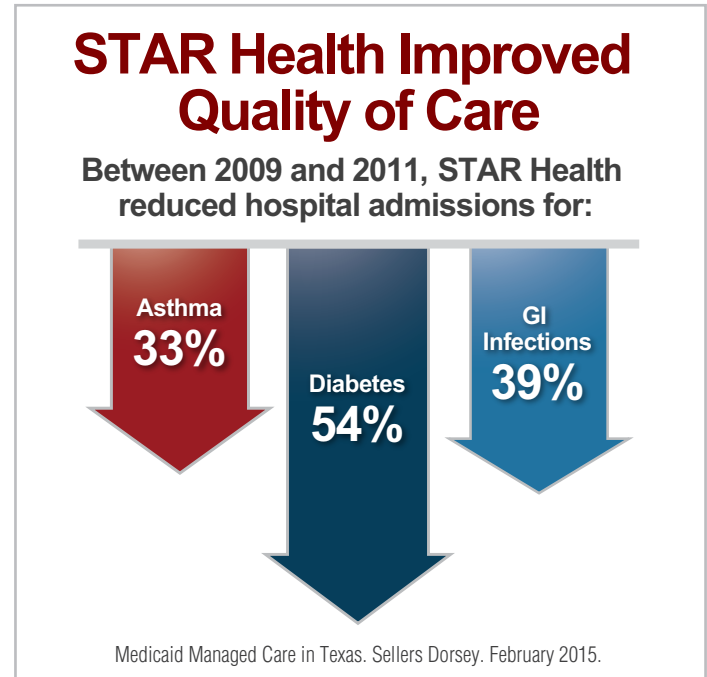
Through improved care management and coordination, along with increased accountability, STAR Health has improved access to care, outcomes, and quality of care for children in the state's foster care system.

Under STAR Health, the State pays a per-member, per-month fixed payment to Superior, a Texas-based health plan, to manage all of the health care needs of Texas foster children. In managing STAR Health, Superior is held accountable to rigorous contract standards surrounding access, quality improvements and health outcomes. The flexible managed care model is key to addressing the medical, behavioral and social needs of this unique population quickly and efficiently.

In return, Superior, through STAR Health, coordinates foster children's access to all traditional Medicaid benefits, such as those offered through the STAR program to children who are low-income and pregnant women. In addition, every child has a medical home, and STAR Health assigns a Service Coordination/Management Team to every child with primary medical needs and/or mental health issues to ensure coordination of care.

Some of the most important improvements STAR Health has made include the significant reduction in preventable hospital admissions for foster children due to diabetes, asthma and GI infections. For example, Superior's Integrated Diabetes Program was implemented

in 2011 to focus on care management intervention for STAR Health children discharged with multiple admissions related to diabetes. This intervention reduced diabetes short-term complication hospital admission rates by 45% from 2009 to 2012, and reduced 30-day readmission rates by nearly 42%.¹



Superior STAR Health Plans Provide Quality Care & Easy Access to Foster Children

Another important effort has been the increased focus on providing a high quality network of providers for foster children and increased access to those providers. As it stands, 100% of children in STAR Health are assigned to a PCP and scheduled

for their first visit within 30 days. Approximately 90% of their caregivers report having access to routine appointments as they are needed, and a majority of them also give high ratings (9 or 10/10) for their children's doctors and Medicaid health plan.²

Fee for Service Medicaid vs. STAR Health



	Before STAR Health	With STAR Health
Enrollment/Access to Care	Detailed Process, member may not be able to access care without ID card or proof of eligibility	Health care services are available immediately after child is removed for the home
Provider Access	Difficulty with locating doctors and specialists	Provides statewide coverage; Member hotline is available 24 hrs/7 days a week. PCP can make direct referrals to specialists
Access to Health Information	Accessing Member's medical history can be difficult to track/maintain when child moves/placement changes	Health Passport provides electronic access to child's health record
Access to Health Care Professional After Hours or Weekends	When immediate health problems or concerns take place, it can be difficult to get quick answers on what to do	Nurse Advice Line: 24/7 Nurseline available to assist when immediate questions need to be answered quickly
Care-coordination	Lack of coordination of treatment for children with primary medical needs or mental health issues	A Service Coordination/Management team is available for all children with primary medical needs and/or mental health issues
Point of Contact	Caregivers have to call multiple places to access the services that they need (i.e. schedule appointments, locate a provider, confirm eligibility on a child)	Caregivers can contact Superior to access any service they need (continuity of care)

Reducing Overuse of Psychotropic Drugs

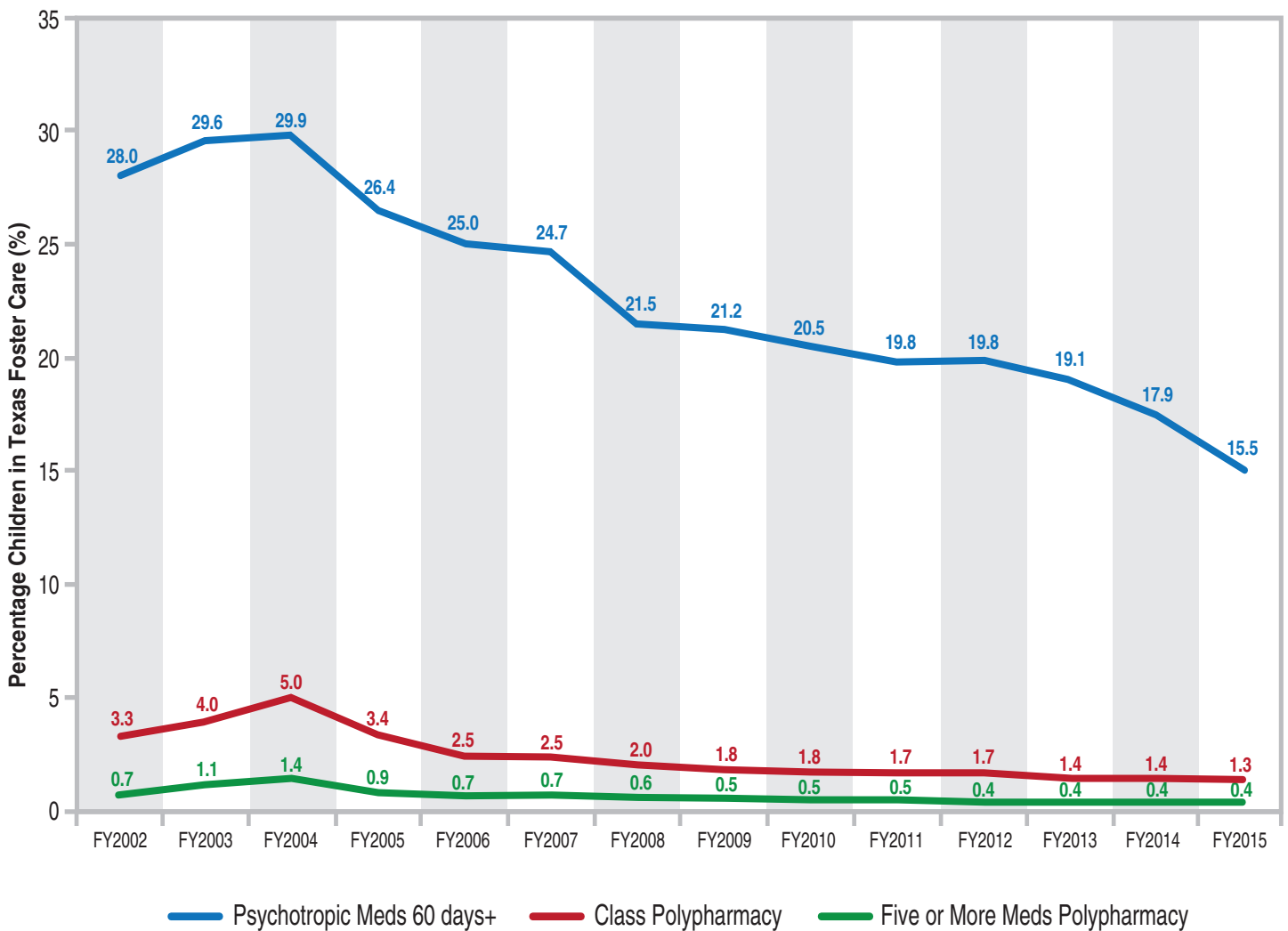
One of the most important efforts of the STAR Health program has been the reduction in overmedication of foster children with psychotropic drugs, which include antidepressants, antipsychotics, sleep medications and anti-anxiety medications.

In 2004, prior to STAR Health's implementation, then-state Comptroller Carole Keeton Strayhorn released a report titled "Forgotten Children," highlighting the overuse of psychotropic medications by Texas foster children. One account in the report told of a foster child who was prescribed 11 medications in one

month, including two antidepressants and two stimulants to treat ADHD, at a cost of \$1,088 to the state's Medicaid program.³

Under STAR Health's supervision, the rate of psychotropic drug utilization has decreased by 23% for foster children who have been on a psychotropic medication more than 60 days. There has been a 44% decrease in polypharmacy, or the simultaneous use of multiple drugs to treat a single ailment or condition. Finally, there has been a 43% decrease in usage for children who are prescribed 5 or more medications.

Percentage of Children in Foster Care Receiving Psychotropic Medications by Category (%)



Source: Update on the Use of Psychotropic Medications for Children in Texas Foster Care: Fiscal Years 2002-2012, HHSC.

Updated Parameters Control the Use of Psychotropic Drugs

Today, psychotropic medication utilization parameters, which were released in 2005, and recently updated in March 2016, will alert the State if a foster child is prescribed two medicines from the same class or four or more psychotropic medications from any class to be taken at the same time. These parameters will also sound an alert if a child is prescribed a psychotropic medication for more than 60 days without receiving a clinical mental health diagnosis.

Superior conducts ongoing Psychotropic Medication Utilization Reviews on children in foster care whose medication regimens fall outside of the guidelines set forth by these parameters. Representatives from DFPS, HHSC, DSHS, and Superior formed a Psychotropic Medication Monitoring group that meets quarterly to review the monitoring conducted by the Superior.

The Psychotropic Medication Monitoring group also oversees an annual report on psychotropic utilization and the biennial review and update of the parameters.

As of 2011, prior authorization is required for dispensing an antipsychotic medication for any Medicaid member who is taking more than two different antipsychotic medications concurrently or is under the age of three. The carve-in of prescription drug coverage into managed care in 2012 provided Superior with a number of opportunities to enhance its psychotropic medication monitoring.

While there is more work to be done to ensure children are not being overprescribed psychotropic drugs, STAR Health has made important strides in stemming overuse and monitoring children who require these medications.



Tailored Benefits: 24-Hour Nurse Hotline & Health Passport

One of the most significant services added to the STAR Health program to address previous inconsistencies has been the “**Health Passport**,” which is a web-based, claims-based electronic medical record for each STAR Health member. It facilitates online access to authorized users through a secure, password-protected web site, so they can view a child’s medical data and history, including those records of children who were previously enrolled in another program such as CHIP. The Health Passport is updated daily to reflect pharmacy, dental, vision, and behavioral health claims, and weekly to reflect immunization data. Providers and other authorized personnel have the ability to add certain medical forms, patient vitals and patient allergy information directly to the passport. The passport also has the functionality to check for interactions between medications based on a child’s known allergies indicated in the system. If a potential interaction is detected, an alert is presented on the child’s Health Passport.

The use of the Health Passport promotes continuity of care, especially if a child moves to a new location as the result of a placement change, and it also encourages more seamless communication between providers, DFPS staff, and caregivers.

Another important tailored benefit incorporated into STAR Health is the “**Medical Advice Line**,” which provides **caregivers, medical consenters, caseworkers and member access to a nurse for medical and behavioral health advice 24 hours a day, 7 days a week**, to assist when health care questions need to be answered quickly.

Access to a network of providers with the experience and background to treat children who have been neglected and abused is critical. STAR Health provides statewide access to two Centers of Excellence clinics located in Dallas and Houston area specialized in child welfare and trauma informed care.

Key Services for Foster Children Under STAR Health

- A Medical Home for each child
- Coordination of physical and behavioral health care
- Immediate access to health care benefits
- Service coordination/ case management teams address complex medical and behavioral healthcare needs
- Preventive care through Texas Health Steps
- Access to health care through a network of providers
- Health Passport to help communicate the medical, behavioral, and pharmaceutical history of each foster child
- Nurse Advice Line – 24/7 medical hotline
- Recruitment of providers with a history of treating children who have been abused or neglected
- Network of providers and specialists trained in trauma-informed services and therapy
- Dental benefits through STAR Health

Value Added Benefits

In addition to these services, Superior provides value-added services, which are benefits that exceed traditional Medicaid benefits, and are provided at no additional cost to the state.

- Expanded Vision Benefits: Unlimited eye glass replacement if lost or broken and expanded vision benefits providing prescription glasses or \$100 towards the cost of any features or frames not covered by Medicaid.
- Over the Counter Pharmacy Services: \$30 every 3 months for over-the-counter medications through a mail order program.
- Care Grant Small cash grants for items like art supplies, clothing or other personal items.
- a2A CentAccount® Rewards Program: rewards dollars for members who complete wellness visits, dental checkups and other health screenings for members ages 18 through 21 years old.
- Boys & Girls Club Membership for members ages 6 through 18 years old.
- Sports/Camp Physicals for members ages 4 to 18 years old.
- Behavioral Health - 7 day follow-up program: Age appropriate incentive (Teddy Bear or \$10 gift card) when members go to their 7 day follow-up appointments after their hospital discharge.
- Online Mental Health Resources: Online training opportunities. STAR Health Members have access to www.mystrength.com online resources to improve mental health and overall wellbeing available for members, caregiver, and caseworkers.
- Case-by-Case Services: (upon approval) Support services available to members when case needs are identified such as:
 - Trauma-informed peer support for caregivers
 - Practice visits for gynecology and dental appointments
 - Arrangement of prior authorized non-emergency transportation to the new placement
 - Costs covered for professional assembly and disassembly of durable medical equipment for Primary Medical Needs (PMN) members when a placement change is indicated
 - Provision of identified skilled nursing services for PMN members during transportation to the new placement or the use of non-emergent ambulance transport to new placement
 - Provision of up to a 48-hour observation stay in an inpatient setting when placement or supports are not immediately in place during an emergent transition

Standards, Tools & Resources for Caregivers, Coordinators and Providers



In 2010, STAR Health began training and certifying behavioral health providers in Trauma Focused Cognitive Behavioral Therapy. In addition, Trauma Informed Care was made available to all caregivers and caseworkers in order to effectively manage behavior issues that can destabilize children's health status and foster family placement. Today, more than 60,000 providers, caregivers and stakeholders have been trained in Trauma Informed Care.



Service managers must be licensed clinicians such as registered nurses, licensed professional counselors (LPCs), or licensed clinical social workers (LCSWs). Service management is for members who have complex or high priority needs.

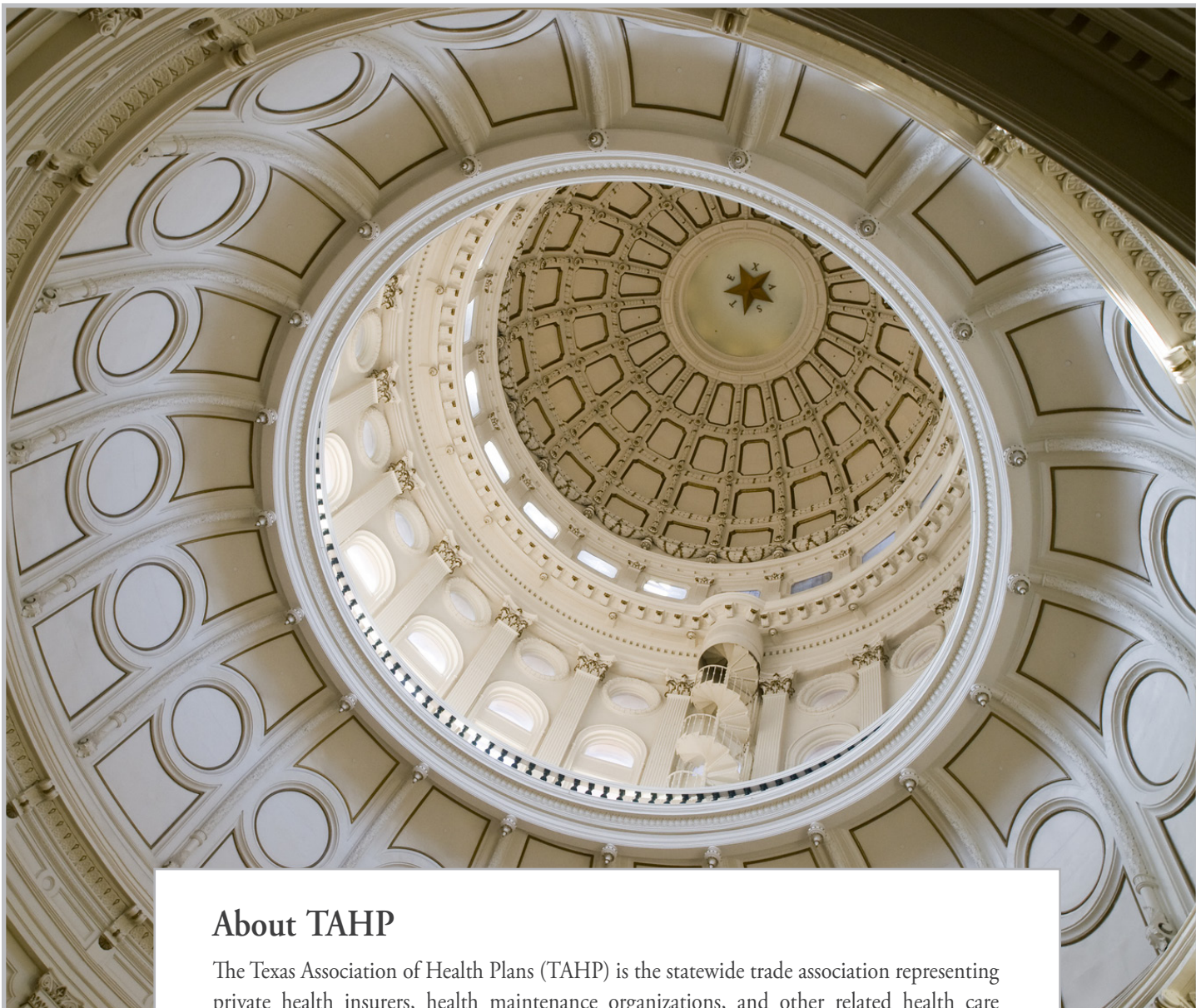


Service coordinators must be degreed professionals. Service coordination is for stable members who require minor assistance with a health need.

¹ Medicaid Managed Care in Texas: A Review of Access to Services, Quality of Care, and Cost Effectiveness, February 2015, Sellers Dorsey and Milliman

² Texas Medicaid Managed Care STAR Health Caregiver Survey Report, FY 2004, HHSC and The Institute for Child Health Policy

³ <https://www.texastribune.org/2013/01/29/interactive-foster-children-prescribed-high-doses/>



About TAHP

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. As the voice for health plans in Texas, TAHP strives to increase public awareness about our members' services, health care delivery benefits and contributions to communities throughout the state.

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