

# **Texas STAR+PLUS Program**

## **Managing Integrated Acute & Long Term Services and Supports**

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# Topics

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- History of STAR+PLUS
- What is STAR+PLUS?
- Who does STAR+PLUS Serve?
- What are STAR+PLUS Services?
- How are Services Delivered?
- Member Benefits
- Complaints & Appeals
- MCO Responsibilities

# History

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- In 1995, the Texas Legislature implemented the State of Texas Access Reform Plus (STAR+PLUS) program to create a cost-neutral managed care system which would combine acute care as well as long-term services and supports.
- The first STAR+PLUS pilot began operation in 1998 in Harris County.

# History

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- Today, Texas operates Medicaid managed care programs in 13 Service Delivery Areas (SDAs) across the state.
- STAR+PLUS exists in 10 of the 13 SDAs
  - Just over half of our total Aged and Disability-Related Medicaid Clients will receive their services through STAR+Plus in FY 2013
    - ◆ This is up from around one-quarter in FY 2009.
  - Currently in urban areas
  - Plans to expand to rural areas



# What is STAR+PLUS?

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- STAR+PLUS is a capitated health maintenance organization (HMO) model for Medicaid clients with disabilities and dual eligible clients (have Medicaid and Medicare):
  - Integrates acute and long term services and supports (LTSS).
  - Operates under authority of a federal waiver.
- Goal: Achieve a seamless continuum of care by integrating acute and long-term services and supports (LTSS) in a managed care environment.
  - Promotes delivery of home and community-based services.

# Who Does STAR+PLUS Serve?

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- SSI adults participate in STAR+PLUS, if they are:
  - Not in a nursing facility or other institution.
  - Not currently being served through a Home and Community Based Waiver program, EXCEPT for Community Based Alternatives (CBA).
    - ◆ SSI adults who are in CBA participate in STAR+PLUS.
- Non-SSI adults who qualify for 1915 (c) Nursing Facility Waiver services participate in STAR+PLUS in order to receive those services.
- SSI children, under age 21, may voluntarily enroll in STAR+PLUS.

# What Services Does STAR+PLUS Provide?

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- Clients who are Medicaid-only receive all acute and LTSS services through STAR+PLUS
- Clients with Medicaid *and* Medicare receive acute care services, including prescription drugs, from Medicare. These clients are called “dual eligible” clients.
  - Dual eligible clients can see any Medicare providers they choose.
  - Medicaid provides some services to help cover treatment if Medicare does not cover it completely; these are called “wrap-around services”.
  - Medicaid provides LTSS to dual eligible clients who need them.



# What Services Does STAR+PLUS Provide?

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- Personal Attendant Services (PAS) – both Primary Home Care (PHC) and Community Based Alternatives (CBA) Personal Assistance Services.
- Day Activity and Health Services (DAHS).
- STAR+PLUS Waiver – those services provided through CBA in traditional Medicaid:
  - Assisted living
  - Adaptive aids
  - Minor home modifications
  - Personal assistance services
  - Respite Care
  - Emergency response
  - Transition assistance services
  - Home delivered meals
  - Nursing services
  - Medical Supplies
  - Adult Foster Care
  - Dental
  - Therapies
  - Consumer directed services option

# How are Services Delivered?

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- The State contracts with five Managed Care Organizations (MCOs)- also known as HMOs- to coordinate and deliver services in 10 areas of the state
  - State pays a monthly capitated per member per month premium for each enrolled member.
  - HMOs are at risk for service levels that exceed capitated premium.
  - There must be at least two MCOs in a service area to give members a choice.
- MCOs are responsible for coordinating acute and LTSS through the use of a service coordinator.

# How are Services Delivered?

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- Service Coordinators are responsible for:
  - Formulating an individualized plan covering acute and LTSS.
  - Overseeing smooth transition from acute care to LTSS.
  - Making home visits and assessing members' needs:
    - ◆ Authorizing community LTSS.
    - ◆ Arranging acute care services.
- STAR+PLUS Medicaid-only members can choose or be assigned a primary care provider (PCP).
- Service Coordinators are required to coordinate as needed with the Medicare physician, member and other service providers.

# Member Benefits

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- Traditional Medicaid benefit package.
- Provider directories – physicians, specialists, and LTSS.
- PCP to coordinate health care of patient (Medicaid only).
- Member services helpline (through their health plan).
- Member handbooks and health education.
- Service Coordination.
- Value Added Services – vary by health plan.

# Complaints & Appeals

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## Members

- MCOs must have a grievance and appeals process in which members can make inquiries or file complaints.
- Members may also file for a Fair Hearing with the State of Texas.

## Providers

- MCOs serve as initial points of contact for provider complaints.
  - Appeals, grievances or dispute resolution is the responsibility of each MCO.
  - Providers must exhaust the complaints or grievance process with their managed care HMO before filing a complaint with the State.
- Medicaid managed care providers may file complaints with the State if they find they did not receive full due process from the respective managed care health plan.

# MCO Responsibilities

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The MCOs contracted to deliver STAR+PLUS services are responsible for:

- Recruiting and maintaining an adequate network of providers
- Adjudicating and paying provider claims
  - Contract requires 98% of all clean claims to be paid in 30 days or less (average is 14 days for existing HMOs)
- Serving as point of contact for any member assistance.
  - All members must be contacted after enrollment and at least twice annually, and informed of available services
- Service Coordinators who assess need for LTSS services and help coordinate all care
  - Responsible for all functional assessments
- Authorizing (when appropriate) and coordinating delivery of services