

Texas Managed Care Program Features, as of 2013

Features	Children's Medicaid Dental Services	Medical Transportation Program	NorthSTAR	PACE	STAR	STAR Health	STAR+PLUS	Texas Medicaid Wellness Program
Program type	Dental	Non-Emergency Medical Transportation	BHO (PIHP and/or PAHP)	PACE	Comprehensive MCO + any other type	Comprehensive MCO + any other type	Comprehensive MCO + any other type	Other PHP Plans
Statewide or region-specific?	Statewide	Statewide	Dallas	Amarillo/Canyon, El Paso, Lubbock	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, MRSA Central, MRSA Northeast, MRSA West, Nueces, Tarrant, Travis	Statewide	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, Nueces, Tarrant, Travis	Statewide
Federal operating authority	1115 demonstration, 1915(b) waiver	1915(b) waiver, 1902(a)(70) NEMT	1915(b) waiver	PACE	1115 demonstration	1915(a)	1115 demonstration	1915(b) waiver
Program start date	12/12/2011	4/1/2011	11/1/1999	6/1/2001	12/12/2011	4/1/2008	12/12/2011	3/1/2011
Waiver expiration date (if applicable)	9/30/2016	9/30/2016	9/30/2015		9/30/2016		9/30/2016	5/31/2015
If the program ended in 2013, indicate the end date								
Populations enrolled								
Low-income Adults		Varies	Mandatory		Mandatory			Voluntary
Aged, Blind or Disabled Children or Adults	Mandatory	Varies	Mandatory	Voluntary	Mandatory		Varies	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Varies			Mandatory			

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Individuals receiving Limited Benefits		Varies						
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Varies						
Full Duals		Varies	Mandatory	Voluntary			Mandatory	
Partial Duals		Varies	Mandatory	Voluntary				
Children with Special Health Care Needs		Varies						
Native American/Alaskan Natives	Voluntary	Voluntary		Voluntary	Voluntary		Voluntary	
Foster Care and Adoption Assistance Children	Exempt	Voluntary		Exempt	Exempt	Voluntary	Exempt	
Enrollment choice period			Pre-assigned	N/A	15 days		15 days	
Enrollment broker name (if applicable)	Maximus		Maximus		Maximus		Maximus	

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Notes on enrollment choice period	15 days for Children's Medicaid Dental (30 for CHIP)	Members are automatically enrolled by the full-risk broker if they meet the eligibility requirements.	There is only one plan available for NorthStar, so members are automatically assigned.	Open enrollment subject to facility availability		Members are auto-enrolled by the MCO.	15 days for SSI members 30 days for Special Population(inte rest list release, age-out and MFPs)	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	X	X	X	
Inpatient hospital behavioral health (MH and/or SUD)			X	X	X	X	X	
Outpatient hospital physical health				X	X	X	X	
Outpatient hospital behavioral health (MH and/or SUD)			X	X	X	X	X	
Partial hospitalization			X	X	X	X		
Physician			X	X	X	X	X	
Nurse practitioner				X	X	X	X	
Rural health clinics and FQHCs				X	X	X	X	
Clinic services				X	X	X	X	
Lab and x-ray			X	X	X	X	X	

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Prescription drugs and prosthetic devices				X	X	X	X	
EPSDT	X				X	X	X	
Case management			X	X				X
Health home				X	X	X	X	
Family planning					X	X	X	
Dental services (medical/surgical)				X	X	X	X	
Dental (preventative or corrective)	X			X	X	X		
Home health agency services				X		X	X	
Personal care (state plan option)				X		X	X	
HCBS waiver services				X			X	
Private duty nursing				X		X	X	
ICF-IDD								
Nursing facility services				X				
Hospice care				X			X	
Non-Emergency Medical Transportation		X		X		X		

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Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)					Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, day activity & health 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	Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, day activity & health services, nurse midwife services, and pediatric or family nurse practitioner services	
Quality assurance and improvement								
HEDIS data required?	Yes	No	No	No	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	No	No	No	Yes	Yes	Yes	Yes
Accreditation required?	No	No	No	No	Yes	Yes	Yes	Yes
Accrediting organization			URAC		NCQA, URAC	NCQA	NCQA	NCQA, URAC
EQRO contractor name (if applicable)			Institute for Child Health Policy		Institute of Child Health Policy	Institute of Child Health Policy	Institute for Child Health Policy	
Performance incentives?	Yes	No	No	No	No	Yes	Yes	No
Payment bonuses/differentials to reward MCOs	X					X	X	

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Preferential auto-enrollment to reward MCOs	X							
Public reports comparing MCO performance on key metrics	X						X	
Withholds tied to performance metrics	X							
Participating plans and regions served								
Plans in Program	MCNA; DentaQuest	MTM; Logisticare	ValueOptions	Bienvivir Senior Health Services; The Basics at Jan Werner; Silver Star Health Network	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	Superior HealthPlan	Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare	McKesson Health Solutions

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Notes								
Program notes	<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>	<p>The Texas Non-Emergency Medical Transportation program operates under the Federal Operating Authority 1915(b)(4) waiver for Selective Contracting and 1902(a)(70) for NEMT Broker. NEMT services are provided in accordance with the federal regulations 42 CFR §§ 431.53, 440.170. NEMT services are arranged through competitively procured contracts with public and private transportation providers. NEMT also provides mileage reimbursement to persons enrolled as Individual Transportation Participant (ITPs). Eligible beneficiaries through age 20, may receive advance funds for meals and lodging when an overnight stay is medically necessary. The beneficiary's parent or guardian may also qualify for meals and lodging. The beneficiary or the beneficiary's parent or guardian may also receive funds in advance for mileage, when necessary. A portion of the funding appropriated to the Medical Transportation Program (MTP) was utilized to implement a regionalized full-risk transportation brokerage model in areas of the state that can sustain such model. The brokerage model utilizes a pre-payment methodology (capitation) to reimburse the broker. The broker is a single point of contact for beneficiaries to request transportation assistance. The broker then directly arranges the least costly and most appropriate type of transportation for each beneficiary. Broker services are authorized under SEC. 1902 [42 U.S.C. 1396a] (a) (70). Enrollment in the program is mandatory for benefit recipients residing within the service areas covered by the full-risk brokers (MTM for the Houston/Beaumont area and LogistiCare for the Dallas area). Non-emergency medical transportation is provided voluntarily to eligible recipients residing outside the service areas covered by the full-risk brokers.</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 arrangements. NorthSTAR covers labs, but not X-Rays. Pregnant women in the Medicaid Medically Needy Population are excluded from NorthSTAR.</p>		<p>Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations.</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</p>	<p>For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory.</p>	