

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
Program type	Comprehensive MCO + MLTSS	Comprehensive MCO	Dental only (PAHP)	Comprehensive MCO
Statewide or region-specific?	Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Lubbock, Nueces, Tarrant, Travis	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)
Program start date	12/12/2011	12/12/2011	12/12/2011	4/1/2008
Waiver expiration date (if applicable)	9/30/2016	9/30/2016	9/30/2016	
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII		Mandatory		
Aged, Blind or Disabled Children or Adults	Varies	Mandatory	Mandatory	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory	Mandatory	
Individuals receiving Limited Benefits				
Low-income adults eligible under ACA Section VIII				
Full Duals	Mandatory			
Partial Duals				
Children with Special Health Care Needs				
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt	Voluntary
Enrollment choice period	Other	15 days	15 days	Other
Enrollment broker name (if applicable)		Maximus	Maximus	
Notes on enrollment choice period	15 days for SSI members 30 days for Special Population(interest list release, age-out and MFPS)			Members are auto-enrolled by the MCO
Benefits covered				
Inpatient hospital physical health	X	X		X
Inpatient hospital behavioral health (MH and/or SUD)	X	X		X

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Outpatient hospital physical health	X	X		X
Outpatient hospital behavioral health (MH and/or SUD)	X	X		X
Partial hospitalization		X		X
Physician	X	X		X
Nurse practitioner	X	X		X
Rural health clinics and FQHCs	X	X		X
Clinic services	X	X		X
Lab and x-ray	X	X		X
Prescription drugs and prosthetic devices	X	X		X
EPSDT	X	X	X	X
Case management	X	X		X
Health home (SSA 1945)				
Family planning	X	X		X
Dental services (medical/surgical)	X	X		X
Dental (preventative or corrective)		X	X	X
Home health agency services	X			X
Personal care (state plan option)	X			X
HCBS waiver services	X			
Private duty nursing	X			X
ICF-IDD				
Nursing facility services				
Hospice care	X			
Non-Emergency Medical Transportation				X
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, 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
Quality assurance and improvement				

Texas Managed Care Program Features, as of 2014 (1 of 2)

Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
HEDIS data required?	Yes	Yes	Yes	Yes
CAHPS data required?	Yes	Yes	Yes	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA, URAC	NCQA, URAC		NCQA, URAC
EQRO contractor name (if applicable)	Institute for Child Health Policy	Institute of Child Health Policy		Institute of Child Health Policy
Performance incentives?				
Payment bonuses/differentials to reward plans	X	X	X	X
Preferential auto-enrollment to reward plans			X	
Public reports comparing MCO performance on key metrics	X	X	X	
Withholds tied to performance metrics			X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	X	X	X
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Amerigroup; Cigna-Health Spring; Molina; Superior HealthPlan; United Healthcare	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	MCNA; DentaQuest	Superior HealthPlan
Notes				

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Features	STAR+PLUS	STAR	Children's Medicaid Dental Services	STAR Health
Program notes	For the Aged, Blind, or Disabled Children and Adults population enrollment, only children are voluntary and Adults are mandatory.	Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations. As of January 1, 2014, former foster care children age 21 through the month of their 26th birthday can receive Medicaid benefits through STAR.	This program covers the category "Aged, Blind, or Disabled Children and Adults" only for children and excludes adults. 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) are not eligible to participate in the Dental program and will continue to receive dental services through their existing service delivery models.	Adoption Assistance Children are not enrolled in this program. Enrollment in the STAR Health Program is voluntary for the following population categories: Children and young adults in DFPS conservatorship, Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement, 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, and 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. Beginning January 1, 2014, Texas will provide Medicaid benefits to adults under age 26 who were in foster care and receiving Medicaid when they aged out. Members who are 18-20 years old will continue to get their benefits in the STAR Health program, unless they want to change to a STAR plan.

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Non-Emergency Medical Transportation	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Amarillo/Canyon, El Paso, Lubbock	Statewide	Statewide	Dallas
Federal operating authority	PACE	1915(b)	1902(a)(70) NEMT	1915(b)
Program start date	6/1/2001	3/1/2011	3/15/2012	11/1/1999
Waiver expiration date (if applicable)		5/31/2015		9/30/2015
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII		Voluntary	Varies	Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Varies	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Varies	
Individuals receiving Limited Benefits			Varies	
Low-income adults eligible under ACA Section VIII				
Full Duals	Voluntary		Varies	Mandatory
Partial Duals	Voluntary		Varies	Mandatory
Children with Special Health Care Needs			Varies	
Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Exempt	Voluntary	Voluntary	Exempt
Enrollment choice period	N/A	N/A	Other	Pre-assigned
Enrollment broker name (if applicable)				Maximus
Notes on enrollment choice period	Open enrollment subject to facility availability	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.	Enrollees are pre-assigned to a plan	
Benefits covered				
Inpatient hospital physical health	X			
Inpatient hospital behavioral health (MH and/or SUD)	X			X

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Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Outpatient hospital physical health	X			
Outpatient hospital behavioral health (MH and/or SUD)	X			X
Partial hospitalization	X			X
Physician	X			X
Nurse practitioner	X			
Rural health clinics and FQHCs	X			
Clinic services	X			
Lab and x-ray	X			X
Prescription drugs and prosthetic devices	X			
EPSDT				
Case management	X	X		X
Health home (SSA 1945)				
Family planning				
Dental services (medical/surgical)	X			
Dental (preventative or corrective)	X			
Home health agency services	X			
Personal care (state plan option)	X			
HCBS waiver services	X			
Private duty nursing	X			
ICF-IDD				
Nursing facility services	X			
Hospice care	X			
Non-Emergency Medical Transportation	X		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)				
Quality assurance and improvement				
HEDIS data required?	No	Yes	No	No
CAHPS data required?	No	Yes	No	No
Accreditation required?	No	Yes	No	Yes

Texas Managed Care Program Features, as of 2014 (2 of 2)

Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Accrediting organization		NCQA, URAC		URAC
EQRO contractor name (if applicable)				Institute for Child Health Policy
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Bienvivir Senior Health Services; Silver Star Health Network; The Basics at Jan Werner	Multiple Primary Care Providers	MTM; Logisticare	ValueOptions
Notes				

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Features	PACE	Texas Medicaid Wellness Program	Medical Transportation Program	NorthSTAR
Program notes		<p>Enrollment in the Wellness Program is voluntary for all eligible Medicaid members. The following population categories may enroll voluntarily under a Fee-for-Service arrangement: blind/disabled children and related populations, blind/disabled adults and related populations, Section 1931 children and related populations, Section 1931 adults and related populations, and dual eligible members under the age of 21.</p>	<p>Enrollment 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. Service delivery started on March 15, 2012. Effective September 1, 2014, services are provided by the Full Risk Broker and through Managed Transportation Organizations (MTO). The MTO operates in seven (7) regions under the Federal Operating Authority 1902(a)(70) NEMT Broker and in four (4) regions under the Federal Operating Authority 1915(b) waiver for Selective Contracting.</p>	<p>The program is mostly fee-for-service but on occasions there are some risk based arrangement. NorthSTAR covers labs, but not X-Rays. Individuals on SSI and QMB plus are the only Medicare dual eligibles that are eligible to enroll. Pregnant women in Medicaid Medically Needy Population are excluded from NorthSTAR.</p>