STAR Health

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STAR Health Overview
STAR Health

- Statewide program to provide health services to children in foster care and kinship care
- The Health and Human Services Commission (HHSC) contracted with Superior HealthPlan Network (Superior) to provide an array of health services. Services include:
  - Medical, dental, vision, and behavioral health
STAR Health

- As of June 1, 2008, more than 28,000 children in foster care and kinship care have successfully enrolled in STAR Health and are receiving services.
STAR Health Provider Network
STAR Health Network

• Provider Network Preparation:
  – In building the STAR Health network, HHSC and the Department of Family and Protective Services (DFPS) provided Superior with a list of providers who already served children in foster care
  – Contracted providers could choose to serve only their current foster care clients
  – Superior recruited providers who had not traditionally served children in foster care
STAR Health Network Building Strategies

• **General recruitment strategy**
  – Enrolled providers currently serving foster care members
  – Ensured geographic access to providers for members
  – Continued ongoing monitoring of out-of-network claims to ensure that providers who serve members have an opportunity to join the network

• **Dental network recruitment strategy**
  – Ensured continuity with providers currently serving foster care members
  – Expanded the dental network beyond traditional providers

• **Behavioral Health network recruitment strategy**
  – Enrolled Local Mental Health Authorities
  – Ensured continuity with providers currently serving foster care members
  – Expanded psychiatric network beyond traditional providers
STAR Health Network Status

• Compliance with Provider Network Standards as of June 18, 2008:
  – 5,700 Primary care providers for an average of 1 for every 5 members statewide
  – 2,800 Behavioral Health providers including:
    • 2,100 mid-level behavioral health providers (LCSWs, LPCs, etc.)
  – 2,900 Dental providers, including orthodontists
  – 1,100 Vision service providers
Network Discussion

• What has been your experience with finding the right doctor or service?

• For inquiries regarding access to providers or network services, please send an email to:
  – STAR.Health@hhsc.state.tx.us
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Authorization Process
• To ensure children receive needed physical and behavioral services and have continuity of care:
  – Superior is responsible for the payment of all claims, for Medicaid allowable services provided under the plan, submitted between April 1 – June 30, 2008, regardless of prior authorization and in-network requirements
Continuity of Care (cont’d)

• HHSC directed Superior to extend the open authorization period for out-patient services through August 31, 2008:
  – Superior will continue to be responsible for paying claims, for Medicaid allowable services provided under the plan, submitted through August 31, 2008
  – The only exception is in-patient hospital stays
    – In-patient stays must be prior authorized
• What has been your experience with meeting the child’s continuing medical needs?
Service Teams

STAR Health Service Teams
STAR Health Service Teams

- Service Teams
  - Service coordinators
  - Service managers
Service Coordination provides a single point of contact for finding and coordinating services a child needs. The Service Coordinators can:

- Find doctors, nurses and clinics
- Make appointments
- Coordinate with other programs such as Early Childhood Intervention (ECI), THSteps, and Children and Pregnant Women (CPW)
- Coordinate with DFPS
• Service Management coordinates the health care of children with ongoing, serious medical and/or behavioral health care needs. The Service Managers can:
  – Provide clinical coordination for children with complex needs
  – Assist in developing comprehensive treatment plans
  – Monitor treatment progress and works with the Primary care provider, caregiver, and medical consenter to make appropriate treatment recommendations to meet the child’s needs
Identifying Members for Service Management

- **Service Management preparation:**
  - STAR Health uses claims data and a list of children with primary medical care needs to help identify medically fragile children and children with complex behavioral health needs
  - HHSC and DFPS worked with Superior to establish parameters to identify children who would potentially benefit from service management
  - In mid-March, STAR Health began reaching out to medical consenters of children to provide Service Management where appropriate
Service Teams Status

• Service Management outreach to and assessment of members who were enrolled into STAR Health on April 1, 2008 will be completed no later than August 31, 2008. As of May 30th:
  
  – 85% of members who have been identified as benefitting from Service Management have Health Care Service Plans

• New members identified as needing Service Management must have their Health Care Service Plans completed within 30 days of entering conservatorship.
Service Teams Discussion

• Has anyone had the opportunity to take advantage of Service Coordination and/or Service Management?

• What has been your experience with Service Coordination and/or Service Management?
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Health Passport
STAR Health – Health Passport

• The Health Passport keeps track of the healthcare services the child receives, including:
  – General member information
  – Primary care provider, caregiver, caseworker & medical consenter information
  – Shot and test records
  – Allergies and medications
  – Texas Health Steps forms
  – Immunizations
  – Doctors visits
  – Claims history (including pharmacy and dental)
Health Passport Status

• Registered users:
  – 145 dental and vision providers
  – 5,500 physical health providers
  – 2,000 behavioral health providers

• Types of usage:
  – 2,328 forms completed online
  – 894 forms mailed/faxed for uploading
  – 325 vital statistics information entered
  – 193 allergy information entered
Health Passport Discussion

• Have any of you had the opportunity to log into the Passport?

• Does it give you the information you need?

• How could the Health Passport be more useful to you?

• What did you find helpful?
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STAR Health Monitoring
On-going Monitoring

• As with all managed care products, HHSC has implemented a monitoring process to ensure that Superior is meeting the medical and behavioral needs of the children receiving STAR Health services.

• In addition to monitoring the contractual requirements, HHSC developed a rigorous weekly reporting process for the first six months of operation to monitor Superior’s:
  – Compliance with provider network requirements
  – Service Management
  – Complaints
  – Texas Health Steps Information
  – Hotline performance
  – Staffing
On-going Monitoring (cont’d)

• Additionally, HHSC monitored Superior’s STAR Health-related activities through the following efforts:
  – On-Site Monitoring for Customer Service and Hotline Performance
    ▪ Conducted interviews across the state, including on-site visits to IMHS with ongoing visits being scheduled
  – Caregiver and Provider Training Audits to assure uniform and accurate information is being provided
  – Provider Network Compliance Mapping
  – Policies and Procedures Review
• As issues are identified, HHSC works with Superior to address issues and make improvements to the program
Access to Pharmacy Benefits
Medicaid Pharmacy Benefits

- The pharmacy benefit is provided and paid for by traditional, fee-for-service Medicaid through the HHSC Vendor Drug Program

- STAR Health allows expedited access to the pharmacy benefit
  - Previous system did not allow access to pharmacy drug benefit until completion of eligibility determination process
  - New process allows pharmacies to bill Medicaid using a foster care identification number (ID) until the Medicaid ID is assigned
Medicaid Pharmacy Benefits

- Over 4100+ active Medicaid pharmacies

- To locate a pharmacy or to identify one that offers free delivery:
  - Visit [www.txvendordrug.com](http://www.txvendordrug.com)
  - Call the Texas Medicaid hotline at 1-800-252-8263

- Caregivers should be prepared to present the following forms of identification for children in STAR Health:
  - Temporary Medicaid Eligibility Verification ID card (Form 1027-A)
  - Designation of Medical Consenter for non-DFPS Employee (Form 2085-B)
  - Designation of Medical Consenter for DFPS Employee (Form 2085-C)
General Information about Medicaid Pharmacy Benefits

• No co-pay
• Unlimited prescriptions per month
• Allowed 5 refills per prescription
• Broad Formulary
• Some prescriptions require a prior approval:
  – If so, the pharmacists will ask the doctor to call in the prior approval request
  – If doctor is unavailable, pharmacy should fill an emergency 3-day supply
STAR Health General Contact Information

• For general information:
  – STAR Health Customer Service at 1-866-912-6283
  – https://www.superiorhealthplan.com

• For health-care questions:
  – STAR Health 24-Hour Nurse Helpline at 1-866-912-6283

• For prescription benefits contact:
  – Texas Medicaid hotline at 1-800-252-8263
STAR Health
Provider Contact Information

• For general provider information contact:
  – Star Health at 1-866-439-2042
  – https://www.superiorhealthplan.com

• For authorizations contact:
  – Physical Health
    ▪ Phone: 1-800-218-7508
    ▪ Fax: 1-800-690-7030
  – IMHS Behavioral Health
    ▪ Phone: 1-866-218-8263
  – TVHP Vision services
    ▪ Phone: 1-800866-642-9488
  – Star Dent Dental Services
    ▪ Phone: 1-866-708-8795
    ▪ Fax 1-281-313-7154
Additional Q & A
List of Presenters & Resources

- Eugenia Andrew, HHSC
- Ivy Bela, HHSC
- Dr. David Harmon, Superior HealthPlan Network
- Marsha McMann, Superior HealthPlan Network
- Dr. Susan Milam, DFPS
- Holly Munin, Superior HealthPlan Network
- Allaina Nelson-Lang, DFPS
- Maribel Ozuna, HHSC