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## STAR Health

*TAHP Food for Thought - April 2016*

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# What is STAR Health



- In April 2008, Texas became the *first* state in the nation to establish a Medicaid managed care program specifically for children in foster care.
- STAR Health is a statewide, comprehensive healthcare model designed to better coordinate and improve access to Medicaid covered benefits for children in foster care. Benefits include:
  - Physical Health services
  - Behavioral Health services
  - Pharmacy services
  - Dental services
  - Vision services
- Since 2008, Superior HealthPlan has been the statewide, single managed care organization (MCO) focusing on the approximately 30,000 Texas children in Foster Care each month.

# System Challenges



- Fragmented service delivery system
  - Access to service issues
  - No continuity, coordination or management of services
  - Significant duplication of services
  - Eligibility verification issues
  - Psychotropic medication utilization
- Inadequate portability of coverage
- Poor communication and linkage between stakeholders
- Lacking functional and health outcome measures
- Insufficient support and education for foster caregivers, providers and stakeholders

# Fee for Service Medicaid vs. STAR Health

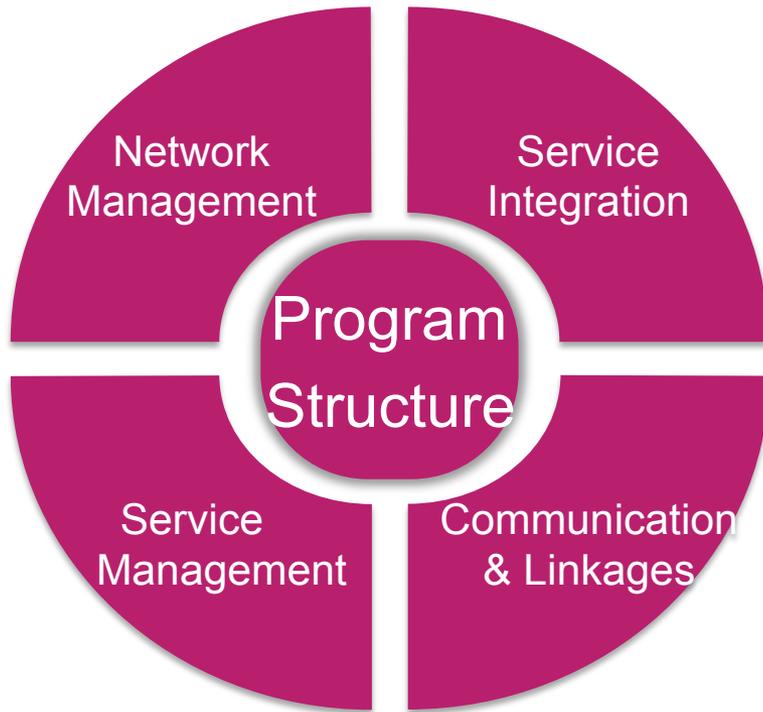


	Before STAR Health	With STAR Health
Enrollment/Access to care	Detailed Process, member may not be able to access care without ID card or proof of eligibility	Health care services are available immediately after child is removed from the home
Provider Access	Difficulty with locating doctors and specialists	Provides statewide coverage; Member hotline is available 24hrs/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: 24hrs /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)

# Developed Solution to Address Challenges



## The Solution:



## Proven Program Structure:

- Contracting and oversight - HHSC
- DFPS deliverables by contract
- Contract specific to the provision of all health care services
- Statewide, full risk, single MCO solution
- Single point of accountability for the State
  - Mitigates access and portability issues
- Flexible model to address unique needs and initiatives of the state

# STAR Health Overview



- State pays a per member per month, fixed payment to Superior to manage all of the health care needs of a foster child in STAR Health.
- Superior is held accountable to contract standards around access, quality improvements and health outcomes.
- Foster care kids have access to all traditional Medicaid benefits like in the STAR program (TANF children and pregnant women).
- STAR Health offers value-added services which are benefits outside of traditional Medicaid benefits provided at no additional cost to the state.
- Dental benefits are coordinated through STAR Health and not through one of the two dental maintenance organizations (DMO).
- Foster care member's have access to the Health Passport which facilitates timely communication of medical, behavioral and pharmaceutical information.
- Flexible managed care model is to key to addressing the medical, behavioral and social needs of this unique population quickly and efficiently.

# STAR Health Benefits



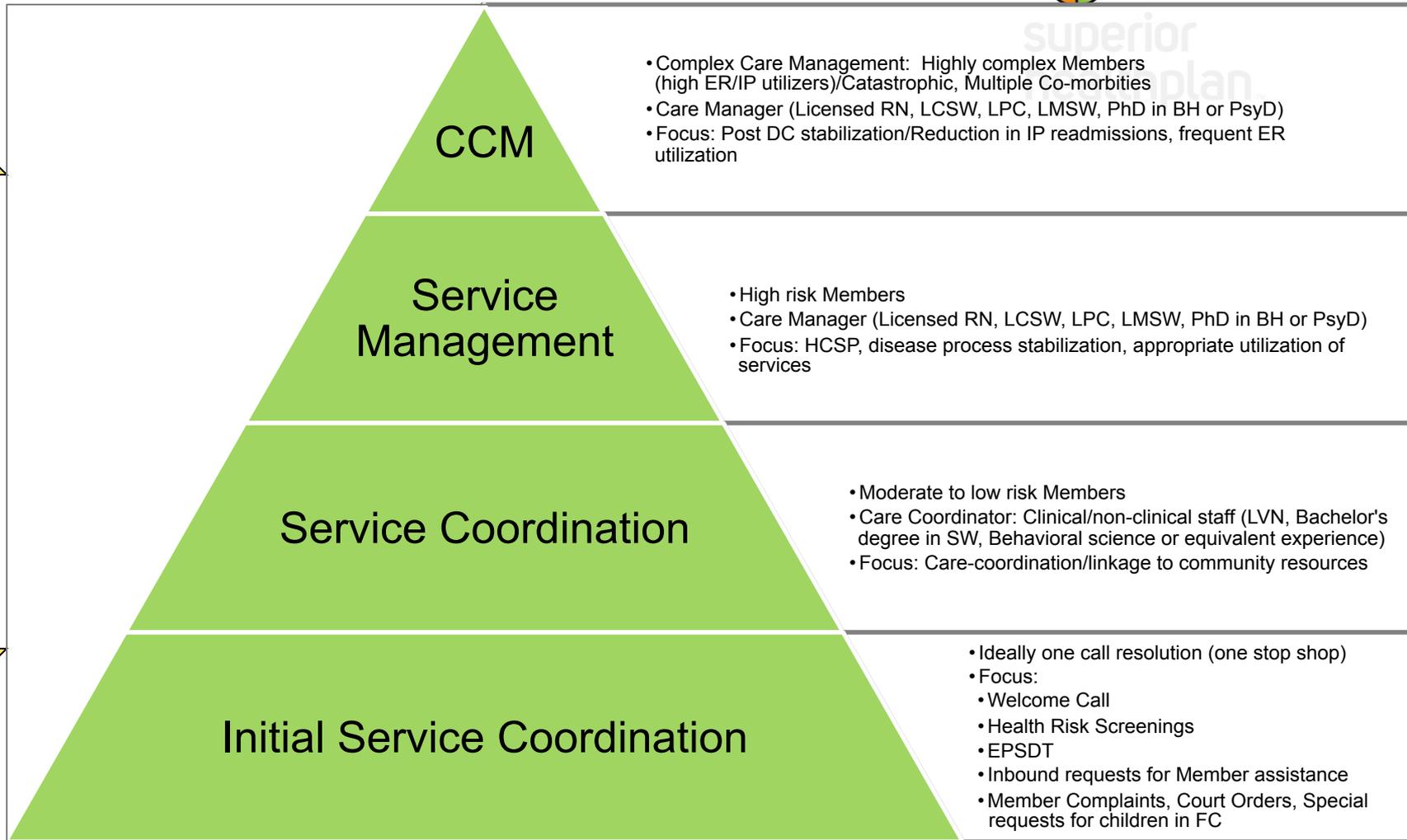
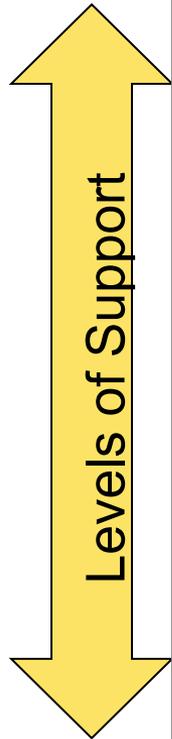
STAR Health provides the full-range of Medicaid covered medical and behavioral health services. Key features include:

- A Medical Home for each child
- Coordination of physical and behavioral healthcare
- 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 healthcare through a network of providers
- Health Passport to help communicate the medical, behavioral, and pharmaceutical history of each foster child
- Medical advice help-line – 24/7 Nurse line
- 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

# Integrated Service Management Model



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# The Solution and Results

*Improved access, coordination, and functional outcomes of healthcare services*



- Robust **Service Management** model
  - 100% of membership assessed for Service Management needs
  - 16-18% Active participants in Service Management (*60% physical health, 40% behavioral health*)
- Potentially Preventable Events and Effectiveness of Care
  - AHRQ Diabetes Short-Term Complications PDI decreased from 9.29 to 6.74 per 100,000
  - HEDIS Asthma Medication Ratio (>50%) 83.3% (5-Star Rating)\*
  - HEDIS Follow-up After Hospitalization for Mental Illness 85.8% (5-Star Rating)\*
  - HEDIS Follow-up Care for Children Prescribed ADHD Medication – continuation & maintenance phase 92.7% (5-Star Rating)\*
  - HEDIS Follow-up Care for Children Prescribed ADHD Medication – initiation phase 87.8% (5-Star Rating)\*
- Resulting Outcomes
  - Reduced physical health readmissions from 9.4% to 7.4%
  - Reduced behavioral health readmissions by 64% for children in complex case management
  - Reduced behavioral health readmissions in Turning Point Program to 12.5% (*38% in comparison group*)

\*Texas result in relation to HEDIS® national percentiles (5-Star = 90th percentile and above )

Source: The Institute for Child Health Policy. 2014. External Quality Review Organization Summary of Activities and Trends in Healthcare Quality

# The Solution and Results

*Improved access, coordination, and functional outcomes of healthcare services*



- **Comprehensive Network Management**
  - Primary Care Provider assignment
    - 100% of Children assigned to PCP within first 30 days
    - 100% of Children scheduled for initial EPSDT visit within first 30 days
    - Creation of Trauma Informed Specialty Provider Network
    - 680 Behavioral Health clinicians trained on TF-CBT
  - Continual recruitment and network adequacy monitoring
  - Resulting outcomes:
    - Less than 20% utilization with Out of Network providers & facilities
    - Well-Child Visits 3-6 Years at 89.2% (5-Star Rating)\*
    - Adolescent Well-Care Visits at 74.0% (5-Star Rating)\*

\*Texas result in relation to HEDIS® national percentiles (5-Star = 90th percentile and above)

Source: The Institute for Child Health Policy. 2014. External Quality Review Organization Summary of Activities and Trends in Healthcare Quality

# The Solution and Results

*Improved access, coordination, and functional outcomes of healthcare services*



## Communication and Linkages

- Specialized Training Curriculum to support foster families, case workers, stakeholders, and providers
  - Over 60,000 providers, caregivers and stakeholders trained in Trauma Informed Care
- Health plan staff integrated into state department regional operations for support
- Regionally located behavioral health clinical trainers
- 24/7/365 Customer Support, Nurse Hotline and Behavioral Health Crisis Line
- Health Passport Tool to improve member health, visibility, communication and coordination between providers, caregivers, caseworkers and service management teams

# The Solution and Results

*Improved access, coordination, and functional outcomes of healthcare services*



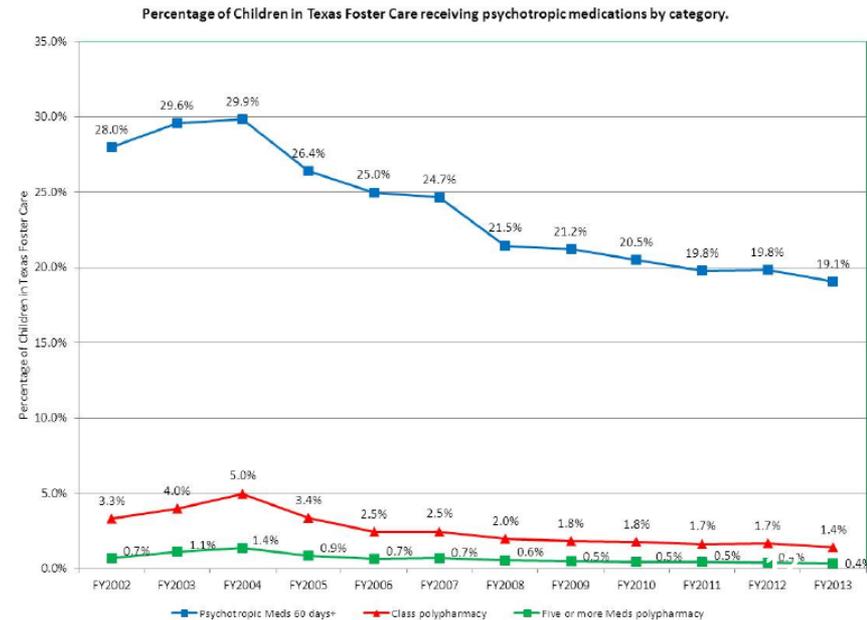
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## – Increased Placement Stability

- In care <12 months with 2 or fewer placements from 79% in 2007 to 83.6% in 2012
- In care 12-24 months with 2 or fewer placements from 53% in 2007 to 57.8% in 2012

## • Psychotropic Medication Utilization Reviews since 2007

- 23% Decrease in Psychotropic meds (60 days)
- 44% Decrease in Class Polypharmacy
- 43% Decrease in 5 or more medication use



# Current Improvement Initiatives



- Turning Point – Inpatient psychiatric diversion program
- Targeted Case Management and Rehabilitation service network expansion
- Improvement in identification of children with intellectual and developmental disabilities
- Foster Care Centers of Excellence development
- Implementation of Child and Adolescent Needs and Strengths (CANS) assessment process



# Questions