

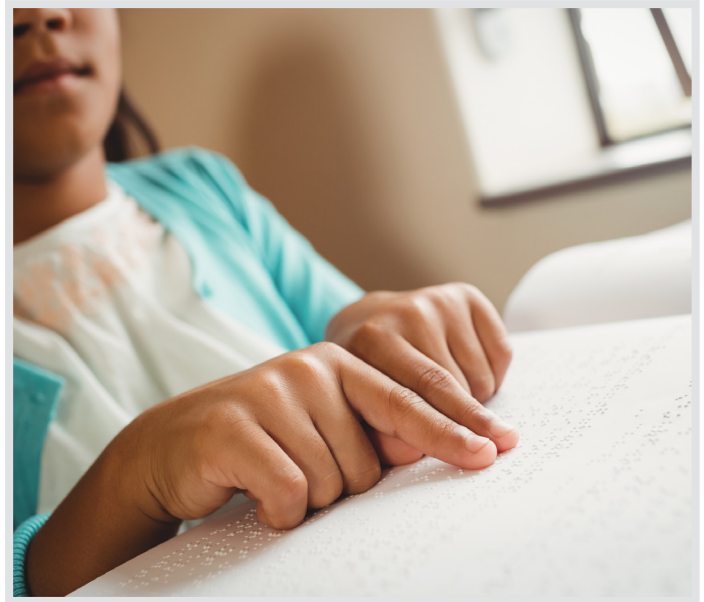
STAR Kids Resource Guide

STAR Kids Medicaid Managed Care Program

As of November 1, 2016, children and adults 20 years and younger who have disabilities receive their health care through a new Medicaid managed care program called STAR Kids.

Medicaid clients who meet at least one of the following will be enrolled in STAR Kids:

- Get Supplemental Security Income
- Get SSI and Medicare
- Get services through the Medically Dependent Children Program (MDCP) waiver
- Get services through the Youth Empowerment Services (YES) waiver
- Live in a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or nursing facility
- Get services through a Medicaid Buy-In program
- Get services through any of the following Department of Aging and Disability Services (DADS) intellectual and developmental disability (IDD) waiver programs:
 - *Community Living Assistance and Support Services (CLASS)*
 - *Deaf Blind with Multiple Disabilities (DBMD)*
 - *Home and Community-based Services (HCS)*
 - *Texas Home Living (TxHmL)*



STAR Kids is designed to meet the unique needs of youth and children with disabilities. The program provides benefits such as prescription drugs, hospital care, primary and specialty care, preventive care, personal care services, private duty nursing, and durable medical equipment and supplies. Children and youth who get additional long term services and supports (LTSS) through waiver programs also receive their services through STAR Kids.

Through STAR Kids, families receive help with coordinating care. Each health plan provides service coordination, which helps identify needs and connect members to services and qualified providers. Every STAR Kids child is eligible for service coordination provided face-to-face by a nurse or social worker. STAR Kids Managed Care Organizations (MCOs) assess each member's service needs, and use the assessment to help the family and the MCO create an individual service plan.

MCOs also offer extra services beyond the Medicaid fee-for-service program called "value-added services." For example – extra dental services, extra vision services, home modifications, health and wellness services.

Provider Network Requirements and Safeguards

The Texas Health and Human Services Commission (HHSC) and the Texas Department of Insurance (TDI) set rigorous standards for provider network access and adequacy. Health plans undergo readiness testing prior to implementation, and HHSC requires numerous reports and audits to continue to monitor these, as well as various other contract requirements.

Strengthening, building and evaluating the adequacy of their provider networks is an ongoing priority for health plans. Health plans continue to reach out to providers who currently see many of the children that are transitioning into STAR

Kids to ensure a smooth transition and to invite them to join their networks. There are ongoing efforts with professional organizations, advocacy groups and the Medicaid clients to educate and encourage qualified providers to join the health plan's network.

Additionally, health plans can pay providers outside their service area in certain situations, such as emergency services and to maintain ongoing care with an existing provider. STAR Kids' health plans have a process to help clients if they must see providers outside their service area.

Continuity of Care Safeguards

During the transition to STAR Kids the health plans have agreed to ensure clients have access to the following continuity of care provisions. Some of these provisions may last as long as one year from November 1, 2016:

- **Allow access to services from a physician other than the primary care provider (PCP) whose name is found on the member's ID card, even if that physician is not in the managed care organization's network of providers and, upon request, immediately process a member's request to change their PCP.**
- **Ensure clients with commercial insurance can continue to use their existing primary care physician, even if that physician is not enrolled in Medicaid.**
- **Allow members to access services by private insurance by covering co-pays and deductibles when the provider is an enrolled Medicaid provider.**
- **For the first year of the program, members may continue to see out-of-network physicians providing additional time for members to transition to in-network practitioners.**
- **Health plans continue to actively reach out to all providers identified as potentially interested in participating as a network provider.**
- **Honor existing traditional Medicaid program authorizations for services for 180 days or until the health plan does a new assessment and service plan.**

Contract Requirements for STAR Kids Plans

For every Medicaid managed care program in Texas, HHSC develops a contract outlining requirements that the health plans must comply with or HHSC can assess liquidated damages.

The STAR Kids contract requirements:

- Providers have 95 days to file a claim for payment of services and health plans must pay a claim within 30 days of receiving a clean claim from a provider.
- Health plans have three business days to process a prior authorization request received from a provider.

Clients Rights

Clients may appeal to the MCO and/or file a fair hearing request with the state if services are denied, reduced or terminated. Services may continue during the review if the appeal or fair hearing is requested within the adverse action period and the member requests continued services pending the appeal.

"My daughter's quality of life, and actually my whole family's quality of life, has drastically improved on multifaceted levels, and I do not even know how to express my gratitude and appreciation to the Star Kids program."

Rebecca, STAR Kids mom

STAR Kids

Texas Managed Care Service Areas

Lubbock

Amerigroup: 1-844-756-4600
Superior: 1-844-590-4883

Medicaid Rural Service Area West

Amerigroup: 1-844-756-4600
Superior: 1-844-590-4883

El Paso

Amerigroup: 1-844-756-4600
Superior: 1-844-590-4883

Medicaid Rural Service Area Central

Blue Cross and Blue Shield of Texas: 1-877-688-1811
United: 1-877-597-7799

Travis

Blue Cross and Blue Shield of Texas:
1-877-688-1811
Superior: 1-844-590-4883

Bexar

Community First Health Plan: 1-855-607-7827
Superior: 1-844-590-4883

Hidalgo

Driscoll: 1-844-508-4674
Superior: 1-844-590-4883
United: 1-877-597-7799

Nueces

Driscoll: 1-844-508-4672
Superior: 1-844-590-4883

Tarrant

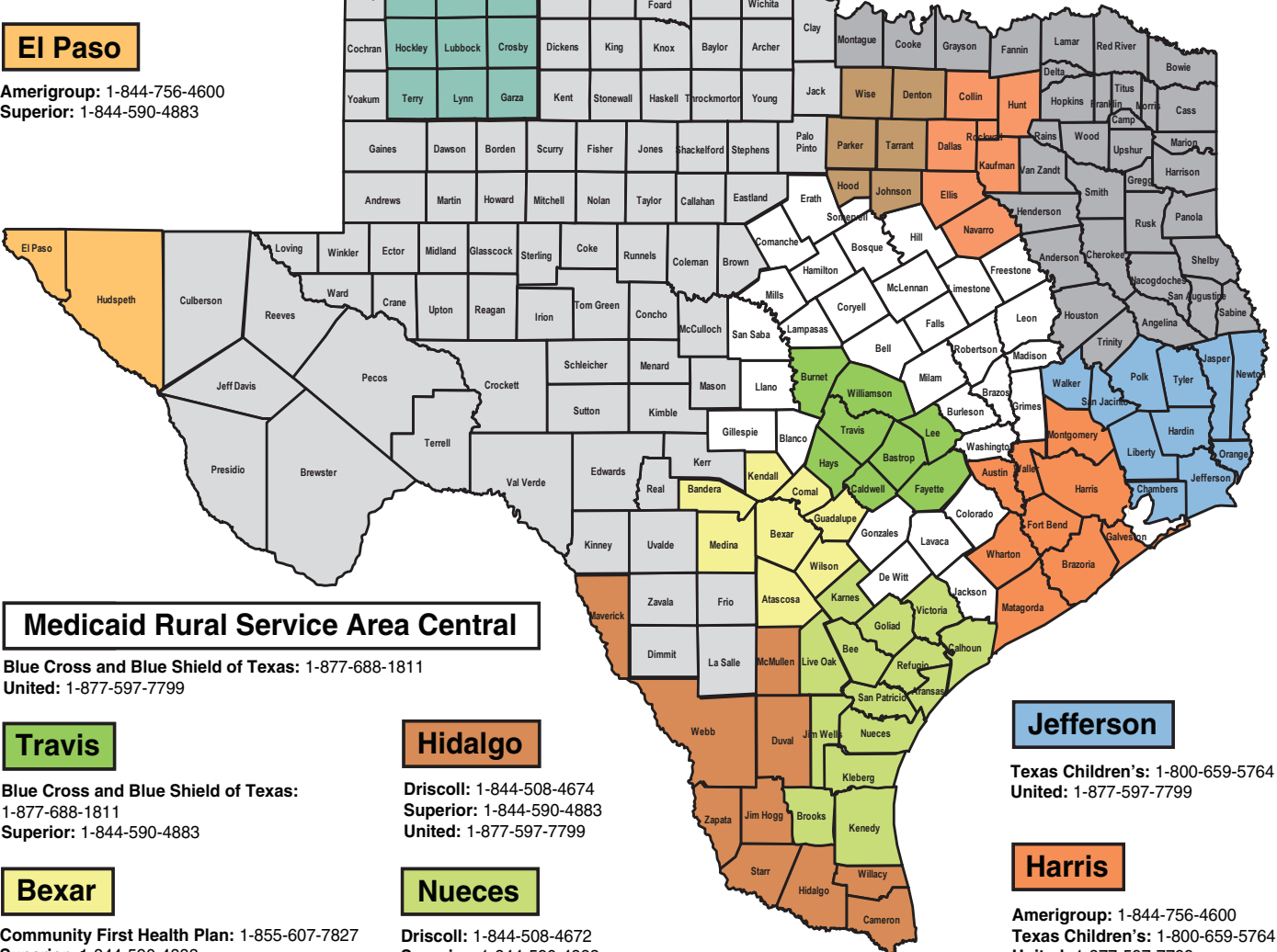
Aetna: 1-844-787-5437
Cook's Children Health Plan:
1-844-843-0004

Dallas

Amerigroup: 1-844-756-4600
Children's Medical Center:
1-800-947-4969

Medicaid Rural Service Area Northeast

Texas Children's: 1-800-659-5764
United: 1-877-597-7799



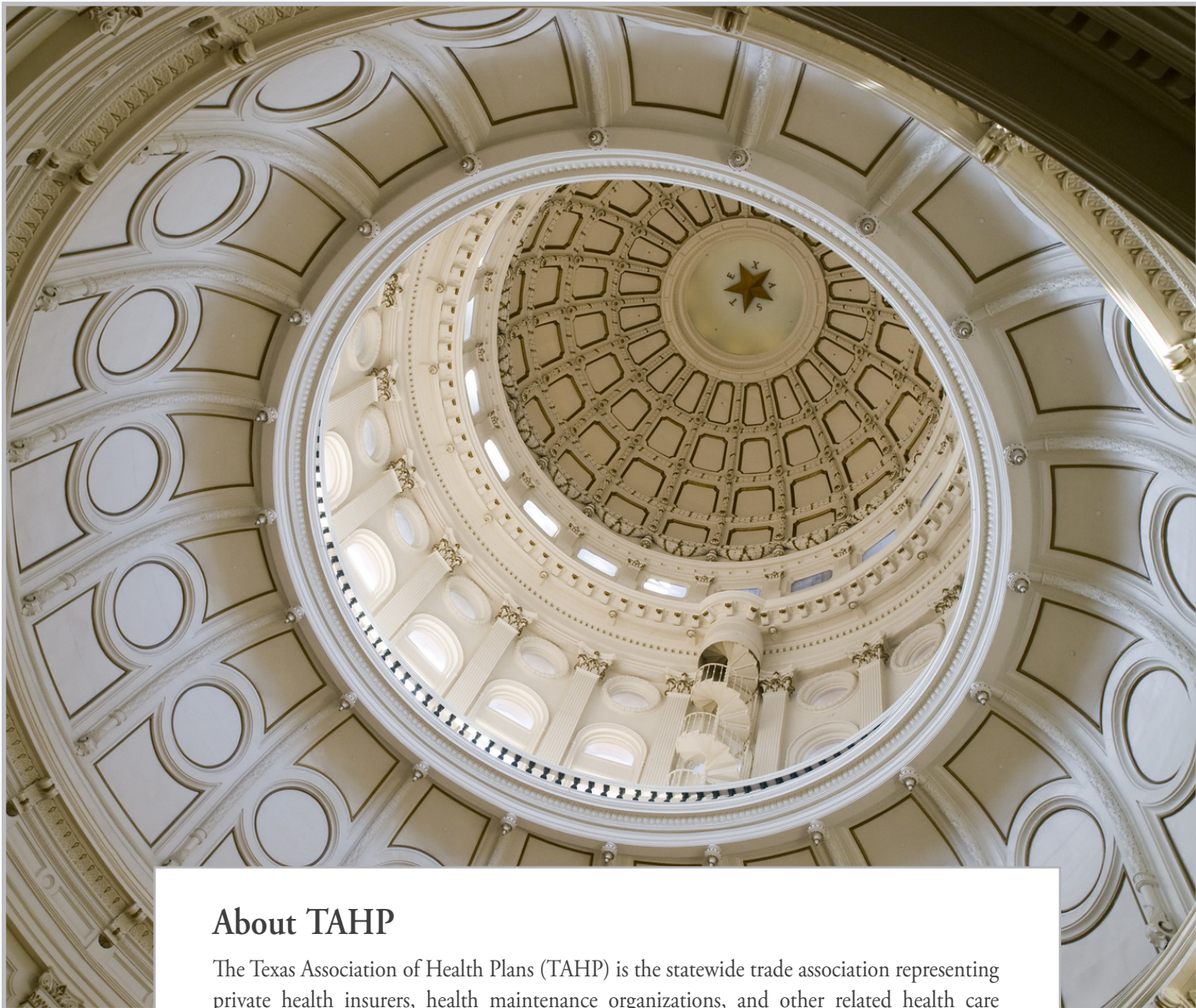
Jefferson

Texas Children's: 1-800-659-5764
United: 1-877-597-7799

Harris

Amerigroup: 1-844-756-4600
Texas Children's: 1-800-659-5764
United: 1-877-597-7799

For any questions about the new STAR Kids program, please contact Laurie Vanhooose with the Texas Association of Health Plans, lvanhooose@tahp.org. STAR Kids questions can also be directed to HHSC at: Managed_Care_Initiatives@hhsc.state.tx.us.



About TAHP

The Texas Association of Health Plans (TAHP) is the statewide trade association representing private health insurers, health maintenance organizations, and other related health care entities operating in Texas. As the voice for health plans in Texas, TAHP strives to increase public awareness about our members' services, health care delivery benefits and contributions to communities throughout the state.

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