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STAR Health

*Senate Health and Human Services
Committee – April 20, 2016*

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

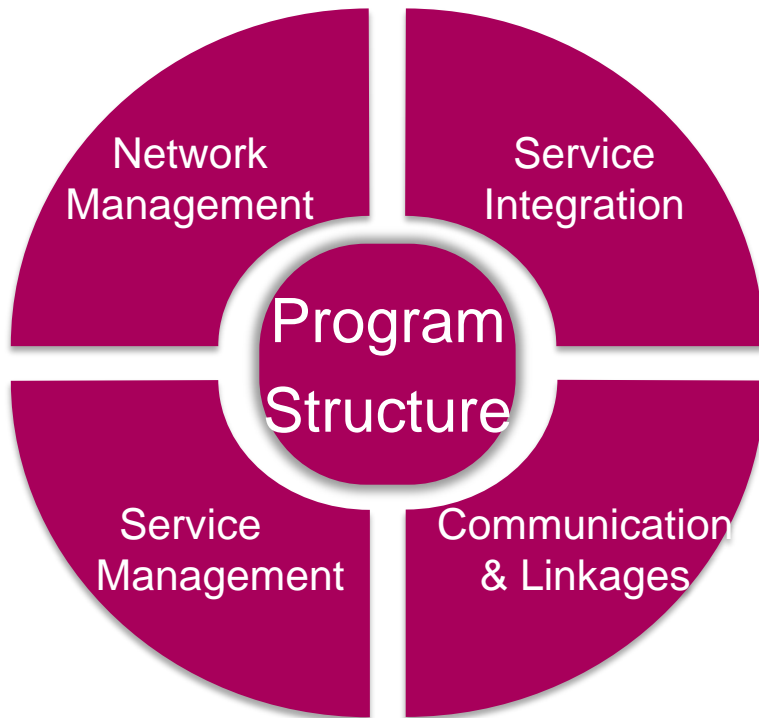


- Fragmented service delivery system
 - Access to service issues
 - No continuity, coordination or management of services
 - Significant duplication of services
 - Eligibility verification issues
 - Psychotropic medication utilization
- Inadequate portability of coverage
- Poor communication and linkage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

Developed Solution to Address Challenges



The Solution:



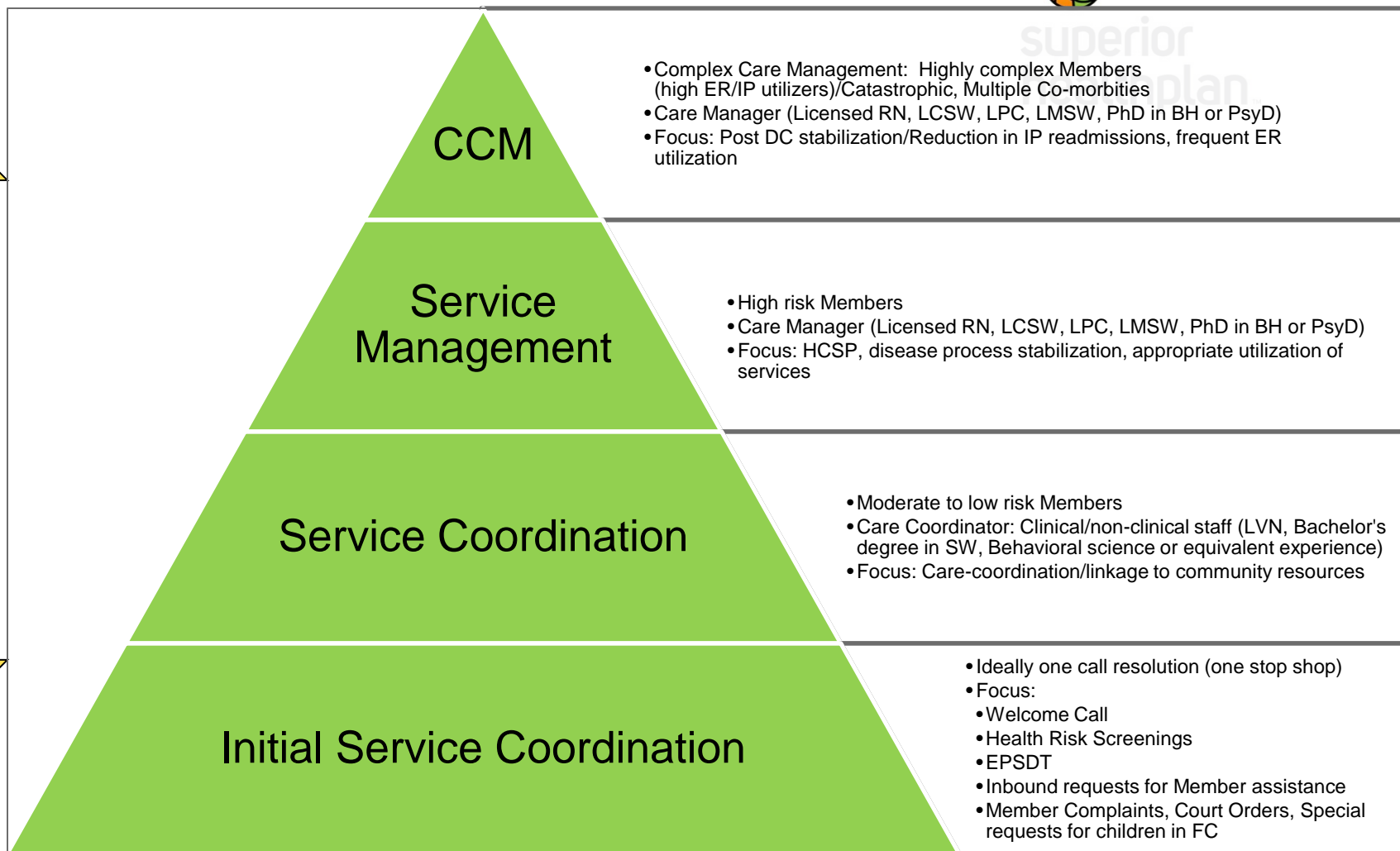
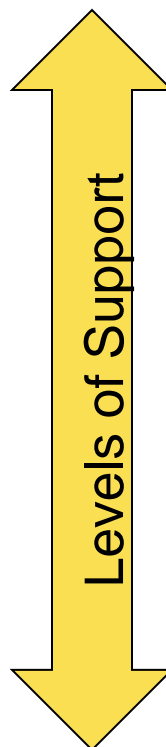
Proven Program Structure:

- 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

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 (CY 2013)
 - 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
 - 697 in network Behavioral Health clinicians trained on Trauma Focused-Cognitive Behavioral Therapy
 - 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

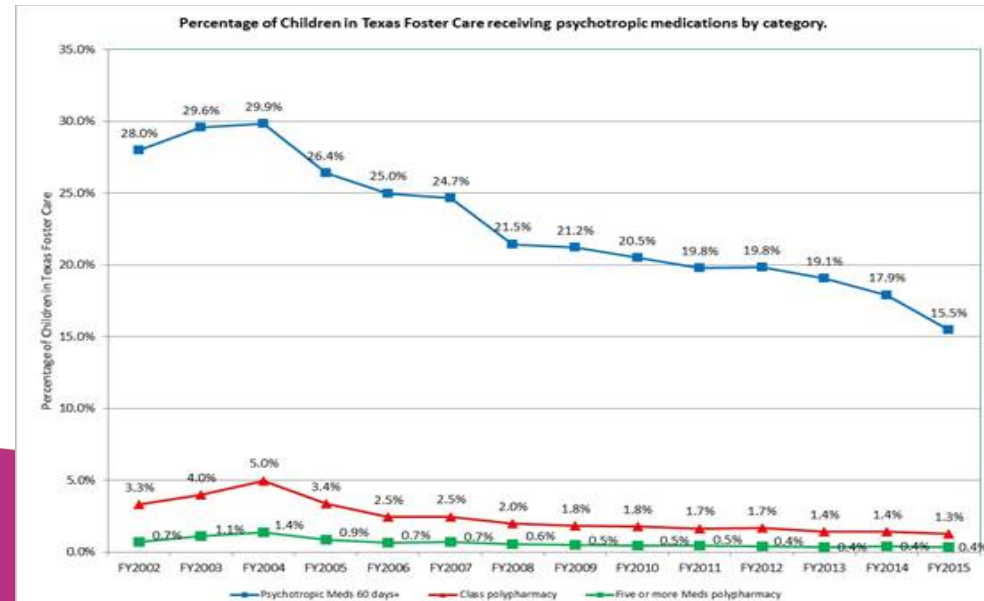


- Increased Placement Stability

- In care <12 months with 2 or fewer placements from 79% in 2007 to 84.4% in 2013
- In care 12-24 months with 2 or fewer placements from 53% in 2007 to 57.6% in 2013

- Psychotropic Medication Utilization Review since 2007

- 37% Reduction in Psychotropic meds (60 days)
- 48% Decrease in Class Poly-pharmacy
- 51% 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