

# STAR Health

## JUDICIAL PRESENTATION

SHP\_20207075



# Superior HealthPlan



- Superior provides health care for Texans enrolled in Medicaid, CHIP, Medicare, Medicare-Medicaid Plan and health-care marketplace exchange.
- Currently serving over 1.6 million members statewide.
- Became the first organization in the country to serve as a state's exclusive managed care company for children placed in foster care (April 1, 2008).
- Shares expertise nationwide:
  - 4 Sole-Source States – Texas, Mississippi, Florida and Washington
  - 6 Multi-Source States – Missouri, Louisiana, Kansas, New Hampshire, Indiana and California
- Awarded STAR Health contract renewal (September 1, 2015).

# STAR Health Connections



- STAR Health Telephonic Screenings:
  - Have welcome calls that include:
    - An overview of the STAR Health program
    - Information on Texas Health Steps medical and dental check-ups
    - The importance of General Health Screenings (GHS)
    - More on how to find community resources
  - Are completed within 30 days for all new Superior STAR Health members.
    - Placement changes trigger the completion of a new STAR Health telephonic screenings.
  - Identify health-care needs and trigger referrals to:
    - Service Coordination
    - Service Management
    - Disease Management
    - Specialized Programs

# STAR Health Connections



- **Service Coordination** is telephonic support for coordinating ongoing health care by a bachelor's level staff or social worker.
- **Service Management** services are from Clinical Case Management by a registered nurse and/or licensed clinician.
- **Disease Management** offers ongoing clinical support for members diagnosed with asthma and/or Intellectual Developmental Disabilities (IDD).
- **Specialized Programs** provide Clinical Case Management for members with specific diagnoses and/or high acuity needs such as:
  - Complex Case Management
  - Transitioning Youth Program
  - Discharge Planning for inpatient members
  - Start Smart for Your Baby<sup>®</sup> for pregnant members
  - Diabetes dual case management
  - Smart Nutrition and Activity Program (SNAP)
  - Personal Care Services (PCS)

# Care for Children is 3 in 30



## 3-Day Initial Medical Exam

In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.



## Texas CANS 2.0 Assessment

In 30 days, children (3 through 17) must get a Texas CANS 2.0 Assessment. The Texas CANS 2.0 Assessment is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.



## Texas Health Steps Medical Check-Up

In 30 days, children must see a Texas Health Steps doctor for a complete check-up with lab work. This makes sure:

- » Medical issues are addressed early.
- » Kids are growing and developing as expected.
- » Caregivers know how to support strong growth and development.

# STAR Health Checklist



<p><b>Unknown health conditions?</b></p> <ul style="list-style-type: none"> <li>• Has a Texas Health Steps check-up been completed?</li> <li>• Are there recommendations that were not scheduled or followed?</li> </ul>	<p><b>Concerns about health conditions or diagnosis?</b></p> <ul style="list-style-type: none"> <li>• Has a STAR Health telephonic screening taken place?</li> <li>• Are they enrolled in Service Coordination or Service Management?</li> </ul>	<p><b>Frequent placement changes?</b></p> <ul style="list-style-type: none"> <li>• Has a new STAR Health telephonic screening been completed?</li> <li>• Are they enrolled in Service Management?</li> </ul>
<p><b>Medical or psychiatric hospital admission?</b></p> <ul style="list-style-type: none"> <li>• Were follow up appointments attended?</li> <li>• Were medications, supplies and/or equipment received?</li> </ul>	<p><b>Frequent trips to the emergency room?</b></p> <ul style="list-style-type: none"> <li>• Do they know about the 24/7 nurse advice line?</li> <li>• Do they know where their local urgent care clinics are?</li> </ul>	<p><b>Going out of state?</b></p> <ul style="list-style-type: none"> <li>• Do medications need to be filled or health-care services accessed?</li> </ul>
<p><b>Psychotropic medication concerns?</b></p> <ul style="list-style-type: none"> <li>• Have they been on the medication for 60+ days so a Psychotropic Medication Utilization Review (PMUR) can be completed?</li> </ul>	<p><b>No medical history is known?</b></p> <ul style="list-style-type: none"> <li>• Has Health Passport been accessed to review “Patient History” for medical claims and “Medication History” for pharmacy claims?</li> </ul>	<p><b>Is the youth turning 18 soon?</b></p> <ul style="list-style-type: none"> <li>• Has a referral been made to participate in the Transitioning Youth Program?</li> </ul>

# STAR Health Process



## Step 1

- For assistance, any authorized caller can contact Member Services at **1-866-912-6283**.
- Assistance is available 24/7/365.

## Step 2

- Caregivers should report STAR Health barriers to the assigned DFPS caseworker.
- DFPS caseworkers should report STAR Health barriers to their Regional Well Being Specialist.
- **IMPORTANT:** Details of the barrier are important to include such as who at STAR Health they spoke with and when so resolution can be expedited.

## Step 3

- The DFPS Regional Well Being Specialist will escalate an inquiry to their designated STAR Health Liaison for internal review.
- Upon research or resolution, the STAR Health Liaison will report back to the DFPS Regional Well Being Specialist the findings/case update.

## Step 4

- If concerns remain unresolved or if dissatisfaction is expressed, complaints can be reported to STAR Health directly by calling 1-866-912-6283, or by contacting Texas Health and Human Services by calling 1-866-566-8989 or emailing [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us).

# Case Scenarios



## Medicaid Covered Services

Can be accessed without a court order as long as they are medically necessary.

Services that are not medically necessary cannot be paid for by Superior.

If services are needed with a specialist, a referral may be required by the Primary Care Provider (PCP).

## Non-Medicaid Covered Services

Superior does not pay for non-Medicaid covered services.

Care Grants, Value-added Services & case-by-case services may be considered **(if appropriate)** & don't require a court order to be accessed.

Court ordered non-Medicaid covered services become the financial responsibility of DFPS.

## Orthodontia

Must be medically necessary for Superior to pay.

To start the process, the child/youth must be seen by their dentist for a referral to an orthodontist.

The orthodontist must complete an evaluation to determine if services are medically necessary for Medicaid services to be covered.

## Placement

Placement is not a Medicaid covered benefit and cannot be paid for by Superior.

Placement considerations must be secured through DFPS.

Caseworkers must contact their Regional Well Being Specialists to begin the court ordered placement process.



# Judicial Point of Contact



- For any questions or more information, please reach out to:
  - Superior STAR Health at:
    - Email: [MedQuestions@SuperiorHealthPlan.com](mailto:MedQuestions@SuperiorHealthPlan.com).
    - Superior STAR Health staff will respond to general questions within 5 business days and contact the Requesting Judge for additional information, if needed.

Thank you!

