## Texas Managed Care Program Features, as of 2018 (1 of 3)

| Features   | STAR Health       | STAR                                     | STAR Kids  |
|--|-------------------|--|--|
| Program type   | Comprehensive MCO | Comprehensive MCO                        | Comprehensive MCO + MLTSS  |
| Statewide or region-specific?  | Statewide         | Statewide                                | Statewide  |
| Federal operating authority  | 1915(a)           | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration<br>waivers),1915(b)/1915(c),1945 Health<br>Homes |
| Program start date   | 04/01/2008        | 12/11/2011                               | 11/01/2016   |
| Waiver expiration date (if applicable)   |                   | 09/30/2022                               | 09/30/2022   |
| If the program ended in 2018, indicate the end date  |                   |  |  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) |                   | Mandatory                                |  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     |                   |  |  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   |                   | Mandatory                                | Mandatory  |
| Populations enrolled: Non-Disabled<br>Children (excludes children in foster<br>care or receiving adoption assistance)                    |                   | Mandatory                                |  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  |                   |  |  |
| Populations enrolled: Full Duals   | Voluntary         |  | Mandatory  |
| Populations enrolled: Partial Duals  |                   |  |  |
| Populations enrolled: Children with Special Health Care Needs  |                   | Mandatory                                |  |
| Populations enrolled: Native<br>American/Alaskan Natives   | Voluntary         | Voluntary                                | Voluntary  |

| Features  | STAR Health  | STAR      | STAR Kids |
|---|--|-----------|-----------|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory  | Mandatory | Mandatory |
| Populations enrolled: Enrollment choice period                          | Other  | 15 days   | 15 days   |
| Populations enrolled: Enrollment broker name (if applicable)            | MAXIMUS  | MAXIMUS   | MAXIMUS   |
| Populations enrolled: Notes on enrollment choice period                 | Members are auto-enrolled by the enrollment broker |           |           |
| Benefits covered: Inpatient hospital physical health                    | Х  | Х         | Х         |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | х  | Х         | Х         |
| Benefits covered: Outpatient hospital physical health                   | х  | х         | х         |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | х  | Х         | Х         |
| Benefits covered: Partial hospitalization                               | х  | х         | х         |
| Benefits covered: Physician   | х  | х         | х         |
| Benefits covered: Nurse practitioner                                    | х  | х         | х         |
| Benefits covered: Rural health clinics and FQHCs                        | х  | Х         | Х         |
| Benefits covered: Clinic services                                       | х  | х         | х         |
| Benefits covered: Lab and x-ray   | х  | х         | х         |
| Benefits covered: Prescription drugs                                    | х  | х         | х         |
| Benefits covered: Prosthetic devices                                    | х  | х         | х         |
| Benefits covered: EPSDT   | х  | х         | x         |
| Benefits covered: Case management                                       | x  | х         | x         |
| Benefits covered: SSA Section 1945-<br>authorized health home           |  |           | х         |

| Features  | STAR Health   | STAR  | STAR Kids   |
|---|---|---|---|
| Benefits covered: Health home care (services in home)   |   |   | х   |
| Benefits covered: Family planning   | x   | x   | х   |
| Benefits covered: Dental services (medical/surgical)  | X   |   | X   |
| Benefits covered: Dental (preventative or corrective)   | X   |   | X   |
| Benefits covered: Personal care (state plan option)   | Х   |   | X   |
| Benefits covered: HCBS waiver services  |   |   | х   |
| Benefits covered: Private duty nursing  | x   | x   | х   |
| Benefits covered: ICF-IDD   |   |   | x   |
| Benefits covered: Nursing facility services   |   |   | X   |
| Benefits covered: Hospice care  | x   |   | х   |
| Benefits covered: Non-Emergency<br>Medical Transportation   | X   |   | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit |   |   |   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services |
| Quality assurance and improvement:<br>HEDIS data required?  | Yes   | Yes   | Yes   |
| Quality assurance and improvement:<br>CAHPS data required?  | Yes   | Yes   | Yes   |
| Quality assurance and improvement:<br>Accreditation required?   | No, but accreditation considered in plan selection criteria   | No, but accreditation considered in plan selection criteria   | No, but accreditation considered in plan selection criteria   |

| Features   | STAR Health                       | STAR   | STAR Kids                               |
|--|-----------------------------------|--|---|
| Quality assurance and improvement:<br>Accrediting organization                                       | NCQA, URAC                        | NCQA, URAC   | NCQA, URAC                              |
| Quality assurance and improvement:<br>EQRO contractor name (if applicable)                           | Institute for Child Health Policy | Institute for Child Health Policy  | Institute for Child Health Policy       |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X                                 |  |   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 |                                   |  |   |
| Performance incentives: Public reports comparing plan performance on key metrics                     |                                   | X  | X                                       |
| Performance incentives: Withholds tied to performance metrics  |                                   |  |   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X                                 | X  | X                                       |
| Participating plans: Plans in Program  | Superior HealthPlan               | Amerigroup Texas, Inc.; Superior Health Plan, Inc.; El Paso Health Plans, Inc., dba El Paso Health; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan, Inc.; Cook Children's Health Plan; Community First Health Plans, Inc.; Seton Health Plan, Inc., dba Dell Childrens Health Plan; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA. LLC, dba FirstCare Health Plans; Scott & Dell Childrens; Scott & Del | Superior HealthPlan, Inc.; Aetna Better |

| Features             | STAR Health   | STAR   | STAR Kids  |
|----------------------|---|--|--|
| Notes: Program notes | is voluntary for the following population categories: 1) Children and young | STAR program are administered by Dental Maintenance Organizations. | 1115 and 1915 (c) waivers are applied to this program. |

## Texas Managed Care Program Features, as of 2018 (2 of 3)

| Features   | STAR+PLUS                                | Children's Medicaid Dental Services      | PACE   |
|--|--|--|--|
| Program type   | Comprehensive MCO + MLTSS                | Dental only (PAHP)                       | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific?  | Statewide                                | Statewide                                | Statewide  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | PACE   |
| Program start date   | 12/11/2011                               | 12/11/2011                               | 06/01/2001   |
| Waiver expiration date (if applicable)   | 09/30/2022                               | 09/30/2022                               |  |
| If the program ended in 2018, indicate the end date  |  |  |  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) |  |  |  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     |  |  |  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                                | Mandatory                                | Voluntary  |
| Populations enrolled: Non-Disabled<br>Children (excludes children in foster<br>care or receiving adoption assistance)                    |  | Mandatory                                |  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  |  |  |  |
| Populations enrolled: Full Duals   | Mandatory                                |  | Voluntary  |
| Populations enrolled: Partial Duals  |  |  | Voluntary  |
| Populations enrolled: Children with<br>Special Health Care Needs   |  |  |  |
| Populations enrolled: Native<br>American/Alaskan Natives   | Voluntary                                | Voluntary                                | Voluntary  |

| Features  | STAR+PLUS | Children's Medicaid Dental Services | PACE   |
|---|-----------|-------------------------------------|--------|
| Populations enrolled: Foster Care and<br>Adoption Assistance Children   |           | Exempt                              | Exempt |
| Populations enrolled: Enrollment choice period                          | 15 days   | 15 days                             | N/A    |
| Populations enrolled: Enrollment broker name (if applicable)            | MAXIMUS   | MAXIMUS                             |        |
| Populations enrolled: Notes on enrollment choice period                 |           |                                     |        |
| Benefits covered: Inpatient hospital physical health                    | х         |                                     | Х      |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | х         |                                     | х      |
| Benefits covered: Outpatient hospital physical health                   | х         |                                     | х      |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | х         |                                     | х      |
| Benefits covered: Partial hospitalization                               |           |                                     | х      |
| Benefits covered: Physician   | х         |                                     | х      |
| Benefits covered: Nurse practitioner                                    | х         |                                     | х      |
| Benefits covered: Rural health clinics and FQHCs                        | х         |                                     | Х      |
| Benefits covered: Clinic services                                       | х         |                                     | х      |
| Benefits covered: Lab and x-ray   | х         |                                     | х      |
| Benefits covered: Prescription drugs                                    | x         |                                     | x      |
| Benefits covered: Prosthetic devices                                    | х         |                                     | х      |
| Benefits covered: EPSDT   |           | х                                   |        |
| Benefits covered: Case management                                       | Х         |                                     | x      |
| Benefits covered: SSA Section 1945-<br>authorized health home           |           |                                     |        |

| Features  | STAR+PLUS | Children's Medicaid Dental Services | PACE |
|---|-----------|-------------------------------------|------|
| Benefits covered: Health home care (services in home)   |           |                                     | Х    |
| Benefits covered: Family planning   | х         |                                     |      |
| Benefits covered: Dental services (medical/surgical)  | x         |                                     | Х    |
| Benefits covered: Dental (preventative or corrective)   |           | х                                   | Х    |
| Benefits covered: Personal care (state plan option)   | х         |                                     | Х    |
| Benefits covered: HCBS waiver services  | х         |                                     | Х    |
| Benefits covered: Private duty nursing  |           |                                     | x    |
| Benefits covered: ICF-IDD   |           |                                     |      |
| Benefits covered: Nursing facility services   | X         |                                     | Х    |
| Benefits covered: Hospice care  | x         |                                     | x    |
| Benefits covered: Non-Emergency<br>Medical Transportation   | x         |                                     | Х    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit |           |                                     |      |

| Features   | STAR+PLUS   | Children's Medicaid Dental Services                         | PACE   |
|--|---|---|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services |   | Adult day care/adult foster care, nursing, restorative therapies: physical, occupational, and recreational therapies, meals and nutrition counseling, social work/social services, medical supplies/adaptive aids and minor home modifications, transportation to and from medical appointments, medical specialists, such as audiology, dentistry, optometry, podiatry, speech therapy, respite care, Medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant |
| Quality assurance and improvement: HEDIS data required?  | Yes   | Yes   | No   |
| Quality assurance and improvement: CAHPS data required?  | Yes   | Yes   | No   |
| Quality assurance and improvement: Accreditation required?   | No, but accreditation considered in plan selection criteria   | No, but accreditation considered in plan selection criteria | No   |
| Quality assurance and improvement:<br>Accrediting organization                                     | NCQA, URAC  | NCQA, URAC  |  |
| Quality assurance and improvement:<br>EQRO contractor name (if applicable)                         | Institute for Child Health Policy   | Institute for Child Health Policy                           |  |
| Performance incentives: Payment bonuses/differentials to reward plans                              | x   | X   |  |
| Performance incentives: Preferential auto-enrollment to reward plans                               |   |   |  |
| Performance incentives: Public reports comparing plan performance on key metrics                   | х   |   |  |
| Performance incentives: Withholds tied to performance metrics                                      | X   |   |  |

| Features   | STAR+PLUS   | Children's Medicaid Dental Services    | PACE  |
|--|---|--|---|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | Х   | х                                      |   |
| Participating plans: Plans in Program  | Amerigroup Texas, Inc.; Superior<br>HealthPlan, Inc; UnitedHealthcare<br>Insurance Company, dba United<br>Healthcare Community Plan; Molina<br>Healthcare of Texas, Inc.; HealthSpring<br>Life & Dealth Insurance Co., Inc. | DentaQuest USA Insurance Company, Inc. | Bienvivir Senior Health Services (El<br>Paso); Silver Star Health Network<br>(Lubbock); Werner (Amarillo) |
| Notes: Program notes   |   |  |   |

## Texas Managed Care Program Features, as of 2018 (3 of 3)

| Features   | Medical Transportation Program       |
|--|--------------------------------------|
| Program type   | Non-Emergency Medical Transportation |
| Statewide or region-specific?  | Statewide                            |
| Federal operating authority  | 1915(b)                              |
| Program start date   | 09/01/2014                           |
| Waiver expiration date (if applicable)   | 03/31/2022                           |
| If the program ended in 2018, indicate the end date  |                                      |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Voluntary                            |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     |                                      |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary                            |
| Populations enrolled: Non-Disabled<br>Children (excludes children in foster<br>care or receiving adoption assistance)                    | Voluntary                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Voluntary                            |
| Populations enrolled: Full Duals   | Voluntary                            |
| Populations enrolled: Partial Duals  | Voluntary                            |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary                            |
| Populations enrolled: Native<br>American/Alaskan Natives   | Voluntary                            |

| Features  | Medical Transportation Program |
|---|--------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children      |                                |
| Populations enrolled: Enrollment choice period                          | Pre-assigned                   |
| Populations enrolled: Enrollment broker name (if applicable)            |                                |
| Populations enrolled: Notes on enrollment choice period                 |                                |
| Benefits covered: Inpatient hospital physical health                    |                                |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  |                                |
| Benefits covered: Outpatient hospital physical health                   |                                |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) |                                |
| Benefits covered: Partial hospitalization                               |                                |
| Benefits covered: Physician   |                                |
| Benefits covered: Nurse practitioner                                    |                                |
| Benefits covered: Rural health clinics and FQHCs                        |                                |
| Benefits covered: Clinic services                                       |                                |
| Benefits covered: Lab and x-ray   |                                |
| Benefits covered: Prescription drugs                                    |                                |
| Benefits covered: Prosthetic devices                                    |                                |
| Benefits covered: EPSDT   |                                |
| Benefits covered: Case management                                       |                                |
| Benefits covered: SSA Section 1945-<br>authorized health home           |                                |

| Features  | Medical Transportation Program |
|---|--------------------------------|
| Benefits covered: Health home care (services in home)   |                                |
| Benefits covered: Family planning   |                                |
| Benefits covered: Dental services (medical/surgical)  |                                |
| Benefits covered: Dental (preventative or corrective)   |                                |
| Benefits covered: Personal care (state plan option)   |                                |
| Benefits covered: HCBS waiver services  |                                |
| Benefits covered: Private duty nursing  |                                |
| Benefits covered: ICF-IDD   |                                |
| Benefits covered: Nursing facility services   |                                |
| Benefits covered: Hospice care  |                                |
| Benefits covered: Non-Emergency<br>Medical Transportation   | X                              |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit |                                |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  |                                |
| Quality assurance and improvement:<br>HEDIS data required?  | No                             |
| Quality assurance and improvement:<br>CAHPS data required?  | No                             |
| Quality assurance and improvement:<br>Accreditation required?   | No                             |
| Quality assurance and improvement:<br>Accrediting organization  |                                |

| Features   | Medical Transportation Program  |
|--|---|
| Quality assurance and improvement:<br>EQRO contractor name (if applicable)                           |   |
| Performance incentives: Payment bonuses/differentials to reward plans                                |   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 |   |
| Performance incentives: Public reports comparing plan performance on key metrics                     |   |
| Performance incentives: Withholds tied to performance metrics  |   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes |   |
| Participating plans: Plans in Program  | American Medical Response;<br>LogistiCare; Medical Transportation<br>Management; Project Armistad     |
| Notes: Program notes   | Based on the client's county of residence, the client is assigned to the single broker in the region. |