

Texas Managed Care Program Features, as of 2020 (1 of 3)

| Features | STAR | STAR+PLUS | STAR HEALTH |
|--|--|--|---------------------------|
| Program type | Comprehensive MCO | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1915(a) |
| Program start date | 12/11/2011 | 12/11/2011 | 04/01/2008 |
| Waiver expiration date (if applicable) | 09/30/2022 | 09/30/2022 | |
| If the program ended in 2020, 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 Children (excludes children in foster care or receiving adoption assistance) | Mandatory | | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | |
| Populations enrolled: Full Duals | | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | | Mandatory |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|-------------|------------------|--|
| Populations enrolled: Enrollment choice period | 15 days | 15 days | Other |
| 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 | X | X | X |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | X | X | X |
| Benefits covered: Outpatient hospital physical health | X | X | X |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X | X | X |
| Benefits covered: Partial hospitalization | X | X | X |
| Benefits covered: Physician | X | X | X |
| Benefits covered: Nurse practitioner | X | X | X |
| Benefits covered: Rural health clinics and FQHCs | X | X | X |
| Benefits covered: Clinic services | X | X | X |
| Benefits covered: Lab and x-ray | X | X | X |
| Benefits covered: Prescription drugs | X | X | X |
| Benefits covered: Prosthetic devices | X | X | X |
| Benefits covered: EPSDT | X | X | X |
| Benefits covered: Case management | X | X | X |
| Benefits covered: SSA Section 1945-authorized Health Home | | | |
| Benefits covered: Home health services (services in home) | X | X | X |
| Benefits covered: Family planning | X | X | X |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|--|---|--|
| Benefits covered: Dental services (medical/surgical) | X | X | X |
| Benefits covered: Dental (preventative or corrective) | X | | X |
| Benefits covered: Personal care (state plan option) | | X | X |
| Benefits covered: HCBS waiver services | | X | X |
| Benefits covered: Private duty nursing | X | | X |
| Benefits covered: ICF-IDD | | | X |
| Benefits covered: Nursing facility services | | X | X |
| Benefits covered: Hospice care | | | X |
| Benefits covered: Non-Emergency 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 | X | X | X |
| 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. Emergency and non-emergency ambulance, audiology and hearing aids, behavioral health services, prenatal care, birthing services, cancer screening, diagnostic and treatment; chiropractic services, dialysis, durable medical equipment, early childhood | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services. |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued | | intervention, emergency services, laboratory; mastectomy, breast reconstruction, and related; radiology, therapies, organ transplant, telemedicine; community-based long term services and supports including habilitation, emergency response services (ERC) and support management. | |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | Yes |
| Quality assurance and improvement: 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 |
| Quality assurance and improvement: Accrediting organization | NCQA, URAC | NCQA, URAC | NCQA, URAC |
| Quality assurance and improvement: 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 | X | |
| Performance incentives: Preferential auto-enrollment to reward plans | X | | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | 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 |

| Features | STAR | STAR+PLUS | STAR HEALTH |
|---------------------------------------|--|---|---|
| Participating plans: Plans in Program | 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.; Seton Health Plan, Inc., dba Dell Children's Health Plan; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan; Parkland Community Health Plan, Inc.; Cook Children's Health Plan; Community Health Choice Texas, Inc.; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA. LLC, dba FirstCare Health Plans; Scott & White Health Plan | Amerigroup Texas, Inc.; Superior HealthPlan, Inc; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Molina Healthcare of Texas, Inc.; HealthSpring Life & Health Insurance Co., Inc | Superior HealthPlan |
| Notes: Program notes | STAR population also includes pregnant women. Dental benefits covered by the STAR program are administered by Dental Maintenance Organizations. | | Enrollment in the STAR Health Program is voluntary for the following population categories: 1) Children and young adults in DFPS conservatorship; 2) Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement; 3) Young Adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former Foster Care Children (FFCC) program.4) An infant born to a mother who is enrolled in STAR Health; 5) Children through age 17 and young adults aged 18 through the month of their 21st birthday who are receiving Supplemental Security Income (SSI) or who were receiving Supplemental Income before becoming eligible for AA or PCA; and Children through age 17 and young adults aged 18 through the month of their 21st who are enrolled in a 1915(c) Medicaid Waiver and AA or PCA. |

Texas Managed Care Program Features, as of 2020 (2 of 3)

| Features | PACE | STAR KIDS | Medical Transportation Program |
|--|--|--|--------------------------------------|
| Program type | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | PACE | 1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c), 1945 Health Homes | 1915(b) |
| Program start date | 06/01/2001 | 11/01/2016 | 09/01/2014 |
| Waiver expiration date (if applicable) | | 09/30/2022 | 03/31/2022 |
| If the program ended in 2020, 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 | Mandatory | Voluntary |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | | | Voluntary |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | Voluntary |
| Populations enrolled: Full Duals | Voluntary | Mandatory | Voluntary |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Voluntary | Voluntary |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|-------------|------------------|---------------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt | Mandatory | Voluntary |
| Populations enrolled: Enrollment choice period | N/A | 15 days | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | | MAXIMUS | |
| Populations enrolled: Notes on enrollment choice period | | | |
| Benefits covered: Inpatient hospital physical health | X | X | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | X | X | |
| Benefits covered: Outpatient hospital physical health | X | X | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X | X | |
| Benefits covered: Partial hospitalization | X | X | |
| Benefits covered: Physician | X | X | |
| Benefits covered: Nurse practitioner | X | X | |
| Benefits covered: Rural health clinics and FQHCs | X | X | |
| Benefits covered: Clinic services | X | X | |
| Benefits covered: Lab and x-ray | X | X | |
| Benefits covered: Prescription drugs | X | X | |
| Benefits covered: Prosthetic devices | X | X | |
| Benefits covered: EPSDT | | X | |
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | | X | |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|---|---|--------------------------------|
| Benefits covered: Home health services (services in home) | X | X | |
| Benefits covered: Family planning | | X | |
| Benefits covered: Dental services (medical/surgical) | X | X | |
| Benefits covered: Dental (preventative or corrective) | X | X | |
| Benefits covered: Personal care (state plan option) | X | X | |
| Benefits covered: HCBS waiver services | X | X | |
| Benefits covered: Private duty nursing | X | X | |
| Benefits covered: ICF-IDD | | X | |
| Benefits covered: Nursing facility services | X | X | |
| Benefits covered: Hospice care | X | X | |
| Benefits covered: Non-Emergency 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.) | 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, | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services | |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|--|---|--|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) continued | needs, and preferences of each participant | | |
| Quality assurance and improvement: HEDIS data required? | No | Yes | No |
| Quality assurance and improvement: CAHPS data required? | No | Yes | No |
| Quality assurance and improvement: Accreditation required? | No | No, but accreditation considered in plan selection criteria | No |
| Quality assurance and improvement: Accrediting organization | | NCQA, URAC | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | Institute for Child Health Policy | |
| Performance incentives: Payment bonuses/differentials to reward plans | | X | |
| Performance incentives: Preferential auto-enrollment to reward plans | | X | |
| Performance incentives: Public reports comparing plan performance on key metrics | | X | |
| Performance incentives: Withholds tied to performance metrics | | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | X | |
| Participating plans: Plans in Program | Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basics at Jan Werner (Amarillo) | Cook Children's Health Plan; Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX); Children's Medical Center Health Plan; Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, | American Medical Response; LogistiCare; Medical Transportation Management; Project Amistad |

| Features | PACE | STAR KIDS | Medical Transportation Program |
|---|-------------|--|---|
| Participating plans: Plans in Program continued | | dba United Healthcare; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan | |
| Notes: Program notes | | 1115 and 1915(c) waivers are applied to this program. | Based on the client's county of residence, the client is assigned to the single broker in the region. |

Texas Managed Care Program Features, as of 2020 (3 of 3)

| Features | Children's Medicaid Dental Services |
|--|--|
| Program type | Dental only (PAHP) |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 12/11/2011 |
| Waiver expiration date (if applicable) | 09/30/2022 |
| If the program ended in 2020, 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 |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | |
| Populations enrolled: Full Duals | |
| Populations enrolled: Children with Special Health Care Needs | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Exempt |

| Features | Children's Medicaid Dental Services |
|---|-------------------------------------|
| Populations enrolled: Enrollment choice period | 15 days |
| Populations enrolled: Enrollment broker name (if applicable) | MAXIMUS |
| 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 | X |
| Benefits covered: Case management | |
| Benefits covered: SSA Section 1945-authorized Health Home | |
| Benefits covered: Home health services (services in home) | |
| Benefits covered: Family planning | |

| Features | Children's Medicaid Dental Services |
|---|---|
| Benefits covered: Dental services (medical/surgical) | X |
| Benefits covered: Dental (preventative or corrective) | X |
| 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 Medical Transportation | |
| 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: HEDIS data required? | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes |
| Quality assurance and improvement: Accreditation required? | No, but accreditation considered in plan selection criteria |
| Quality assurance and improvement: Accrediting organization | URAC |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Institute for Child Health Policy |

| Features | Children's Medicaid Dental Services |
|--|---|
| 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 |
| Performance incentives: Withholds tied to performance metrics | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X |
| Participating plans: Plans in Program | MCNA Insurance Company; DentaQuest USA Insurance Company, Inc. |
| Notes: Program notes | |