Texas Managed Long Term Services and Supports

National Health Policy Forum Presentation

Pam Coleman
Texas Health and Human Services Commission
April 25, 2008
STAR+PLUS Model

- Risk-based, capitated managed care
- Integrates Medicaid funding and service delivery of long term and acute care
- Serves the elderly and disabled
- Began in Harris County (Houston) in 1998
- Expanded in 2007 to 4 sites
- Over 153,000 enrolled
Access to Services: Results

- Increased use of preventative and support services (32% increase in attendant care, 38% increase in adult day care)

- Decreased use of acute medical services (28% decrease in hospital admissions)

- Decrease in Emergency Room Visits

- Members rate their HMOs high on providing needed services, equipment, and assistance (8.2 on 10 point scale)

Source – Institute for Child Health Policy, 2003
Quality: Results

- External review completed July 2003
- Chronically ill STAR+PLUS members were compared to equally ill people in a non-capitated primary care case management program
- Significant cost difference ($3,226 mo in STAR+PLUS vs. $13,160 mo in comparison group)
- Significant reduction in inpatient and ER use, especially in HMO with larger number of care coordinators

Source: Institute for Child Health Policy, November 2003
STAR+PLUS Program

Overall Expenditures

Average Charges per Month

0 5000 10000 15000 20000 25000 30000 35000 40000

All Healthy Significant Acute Minor Chronic Dominant/Moderate Chronic Malignancies & Catastrophic

- STAR+PLUS Experiment Group
- STAR Control Group
Challenges for Implementation
Consumers Perspective

- Perception of evil gatekeeper HMOs
- Concern with HMO’s lack of experience with LTSS
- Concern that the medical model will be emphasized over support and community service needs
- Concern that high need consumers will be directed to NFs
- Concern that gains in CDS will be lost
Challenges for Implementation
LTSS Providers

- Many unsophisticated providers
- Requires significant education for both providers and the health plan
- Health plan claims payment systems will need to be adapted
- Health plan must have provider outreach capacity
New Non-capitated Integrated LTSS Model

- Implemented the Integrated Care Management (ICM) model in Dallas/Ft. Worth area in February 2008
- State contracts with a single administrative service organization (ASO) to coordinate, authorize and manage acute and LTSS.
- Approximately 70k SSI members are enrolled.
Final Thoughts

- Integrated programs are challenging but offer many benefits to consumers and states
- HMOs must treat this as a dedicated line of business, not an add-on to other
- States must hire dedicated staff to manage these programs Massive, coordinated education required
- Include consumers in design and implementation