

#### An Overview of Medicaid, Texas Health Steps and Managed Care

September 2022



### Objectives

- To familiarize participants with the Texas Health Steps program.
- To learn about the Health Care Orientation (HCO) requirement for Simplified Medicaid
- To become familiar with the Texas Health Steps benefits and services.
- To become familiar with how to use Medicaid benefits.
- To know the function and responsibilities of Texas Health Steps Outreach and Informing staff.



#### What is included in an HCO?

- General Medicaid Facts
- Texas Health Steps Benefits and Services
- Responsibility of the Recipient

NOTE: Medicaid simplification is for children under age 19, but Texas
Health Steps benefits are for all
Medicaid recipients through age 20.



## How do I get my Health Care Orientation?

- Call Texas Health Steps toll-free line at 1-877-847-8377
- Home visits by Texas Health Steps Outreach & Informing staff
- Visit Outreach staff check <u>www.txmedicaidevents.com</u> for dates and times

(in managed care area or HHSC offices)





## What is a Health Care Orientation or HCO?

- Health Care Orientation includes facts on:
  - General Medicaid Program
    - √ Client shouldn't receive bills,
    - ✓ Pays for most health services,
    - ✓ Renewal through mail, look for renewal letters from HHSC



# Health Care Orientation includes facts on: (continued)

#### Access to Care

- Traditional Medicaid 1-877-847-8377
- Medicaid Managed Care and Children's Medicaid Dental Services
- Main Enrollment Helpline 1-800-964-2777
  - Enrollment in a Medical Plan and pick a main doctor
  - Enrollment in a Dental Plan and pick a main dentist
- STAR+PLUS, STAR Kids, and STAR Health, as needed



# Texas Health Steps Services - Who Is able to get Texas Health Steps

- All clients in the Medicaid Service
   Delivery System birth through age 20
   including:
  - Traditional Medicaid
  - Managed Care (STAR, STAR+PLUS,STAR Kids, STAR Health, Children's Medicaid Dental Services)
- As approved by HHSC, DFPS, or SSA



### Goals of the Program

- Emphasize early detection and treatment of medical and dental problems.
- Link recipients with primary care providers who can meet future health care needs.
- Link recipients with a main dentist

Emphasize regular checkups for infants

and toddlers

Reach more teens.



#### Purpose of Outreach & Informing

- Educate Medicaid clients about the benefits of preventive health care for children
- Join a medical and dental Managed Care plan
- <u>Urge</u> Medicaid clients to use Texas Health Steps benefits and services
- Help Medicaid clients in using services and overcoming barriers to participation.

# Outreach and Informing (Continued)



#### Outreach Counselors

- a. Are involved in the community through participation in interagency meetings, health fairs, and presentations at schools, Head Start programs and other community events.
- b. Employ Targeted Outreach to families needing Health Care Orientation, teens or parenting teens, migrants and other identified populations with phone calls and home visits.

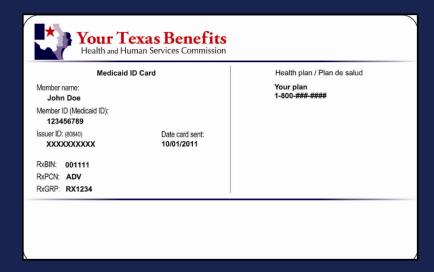


# How Do Clients Access Services?

- Are approved for Medicaid
- Receive Your Texas Benefits Medicaid card
- Checkup reminder letters mailed to each client
- Outreach and informing services from central office and regional staff
- Texas Health Steps toll-free helpline 1-877-847-8377



#### Your Texas Benefits Medicaid card



This card does not guarantee eligibility. La tarjeta no garantiza la elegibilidad.

Need Help?

¿Necesita Ayuda?

1-800-252-8263

Questions about your doctor? Call your health plan. ¿Preguntas sobre su doctor? Llame su plan de salud.

www.YourTexasBenefits.com



## What Happens During a Texas Health Steps Medical Checkup?

- Health and developmental history
  - Nutritional screening
  - Developmental screening
  - Autism screening
  - Mental health screening
  - Tuberculosis screening
- Physical examination
  - Measurements
  - Oral assessment
  - Vision and hearing screening





#### What Happens During a Texas Health Steps Medical Checkup? (2)

- Laboratory screenings
- Immunizations
- Dental referral beginning at six months of age
- Referrals to other service providers





#### Periodic Schedule for Texas Health Steps Medical Checkups

- Children younger than 3 years of age receive checkups at more frequent intervals.
  - Newborn, Discharge to 5 days, 2 weeks of age.
  - 2, 4, 6, 9, 12, 15 and 18 months of age.
  - 2 and 2 ½ years of age.
- Children age 3 through age 20 years of age must have yearly medical checkups.

### First Dental Checkups

- Children age 6 months and over need to have a dental checkup within 60 days of entry into DFPS conservatorship.
- For children already in foster care, the dental checkup must be completed within 30 days of the child turning 6 months of age.



# Ongoing Dental Checkups

- Children ages 6 months through 20 years are due every 6 months.
- Children age 6 months through 35 months of age, who have a high caries risk (tooth decay) may receive checkups at 3month intervals, as determined by a dentist.



#### **Dental Services**



- Cleanings and examinations
- Sealants
- Oral Health Education
- Follow up services as necessary
- Orthodontia (Braces) if medically necessary
- Emergency services at any time, no referral needed
- Preventive services, checkups every 6 months
- Therapeutic services
- Diagnostic services
- Anticipatory guidance, oral health education
- Emergency services at any time, no referral needed
- Referral to dental specialists



## Case Management for Children and Pregnant Women

Case managers are licensed social workers or registered nurses who help children or women who are pregnant and their families in getting help with:

- Using necessary medical or dental services
- Educational issues
- Locating resources
- Other necessary services



# Case Management Eligibility



- 1. Be able to get Medicaid
- 2. Be a child, birth through 20 years of age, with a health condition or health risk or a high-risk pregnant woman of any age.
- 3. Need help in gaining access to necessary medical, social, educational, and other services related to their health condition, health risk, or high-risk condition; and
- 4. Desire Case Management.





## Child sick or in pain:

Only go to the Emergency Room in an emergency.



- Emergencies include a problem or condition, including severe pain, that is so severe that waiting for routine care might result in serious harm. In an emergency you might not have time to call a primary care provider or main doctor, in that case, call 911 or take them to the nearest emergency room.
- If it is not an emergency, call your doctor first

#### Non-Emergency Medical Transportation (NEMT) (1)

For Medicaid recipients with no other means of transportation, Non-emergency medical transportation (NEMT) services can offer the following to clients:

- Arrange a free ride by a transportation service contractor
- Provide free tickets for route transportation (bus)
- Reimburse for mileage
- Arrange airline transportation
  - Recipient is currently enrolled in Managed Care:
    - Refer recipients to their medical plan to schedule medical transportation services for medical and dental visits. Recipients will call the number on the back of their ID member ID card.
  - Recipient is not currently enrolled in Managed Care:
    - Refer Traditional Medicaid recipients to Med Trip at 1-877-633-8747 (1-877-MED-TRIP) M-F 8:00 a.m. to 5:00 p.m. CST to schedule medical transportation for medical and dental visits.



#### Non-Emergency Medical Transportation (NEMT) (2)

#### Recipients must:

- Have no other means of transportation
- Identify special needs (e.g., use of wheelchair, attendant, etc.) when scheduling services
- Provide facts about the health care services they are to receive.
- Call 2 5 days ahead of scheduled visit.
- Recipients may be able to be approved for scheduling an appointment with less than 48-hour notice when:
  - i. The doctor or dentist must see them for an urgent condition.
  - ii. They are released from a hospital, clinic, or other health care facility.
  - iii. They need a ride to a drugstore.

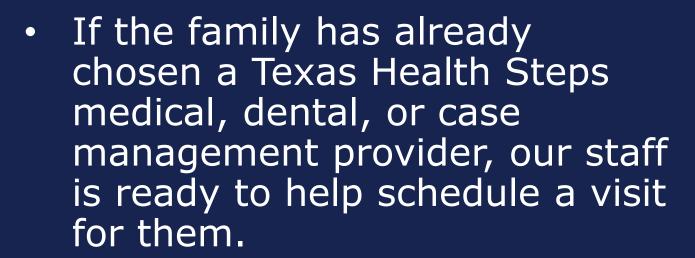


### Non-Emergency Medical Transportation (NEMT) (3)

- NEMT services need the following when scheduling transportation services:
  - Client name
  - Medicaid number, SSN or CSHCN number
  - Pick up address and home phone number
  - Name, address and phone number of the health care service provider.
  - Date, time and type of visit
  - Any special needs



## Scheduling Help



 The importance of keeping scheduled visits or calling to reschedule the visit is also emphasized to the client.



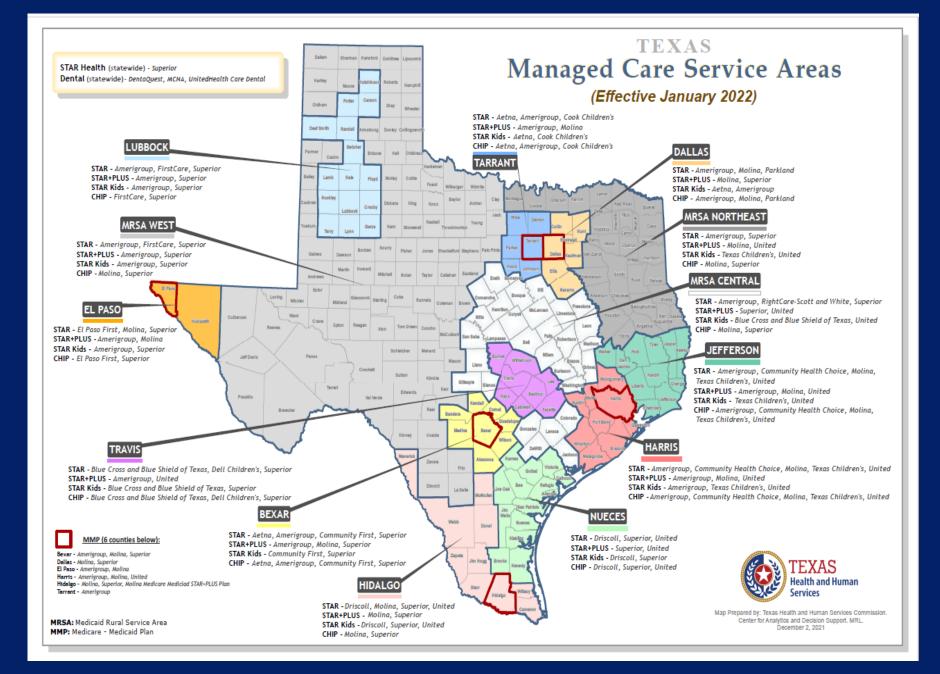


#### OTHER RESOURCES

Women, Infants and Children (WIC) program is a nutrition program for pregnant women and families with children under 5. With WIC, you can get healthy food, breastfeeding support, nutrition counseling, classes and more. As a Medicaid recipient, you already meet the income qualifications for WIC. Start your application online at TexasWIC.org or call 1-800-942-3678. www.TexasWIC.org

## STAR Medicaid Managed Care





# What is the Texas STAR Program?





- Goal is to increase access, improve quality of care and reduce cost for medical care.
- Choose a medical plan and a main doctor called Primary Care Provider = doctor, nurse or clinic.
  - Primary care provider or main doctor provides a "medical home" for the member.



# Role of the Enrollment Broker





3. To ensure the recipients are aware of their rights and responsibilities as members of the STAR Program.



# Enrollment Broker (Cont.)





6. To provide field staff to help complete the Health Care Orientation (HCO).



## Who Must Join?

#### The Texas STAR Program is mandatory for most types of Medicaid such as:

- Newborns
- TANF/TANF-related recipients
- Pregnant women
- Children receiving Medicaid help only.
- Refugees receiving regular Children's Medicaid or TANF
- Former Foster Care over age 21 through age 25

#### Recipients unable to join the STAR Program include:

- Medicaid recipients who reside in institutions
- Medically needy
- Foster children (STAR Health)
- Refugees receiving Refugee Medical Assistance
- Dual-eligible Medicaid recipients (clients with both Medicaid and Medicare)



# How Does The Enrollment Process Start?

- Each approved recipient will receive an enrollment kit by mail.
  - An enrollment kit is sent to the recipient the day following the Enrollment Brokers notice of the recipients certification for Medicaid or notice of application for pregnant women.

#### The Enrollment Kit includes:

- Welcome Letter
- Brochure
- Enrollment Form
- Special Health Care Needs Flyer
- Comparison Chart (blue)
- MCO Report Cards
- Postage-paid Reply Envelope





### How to Join



- 1. The recipient can complete the enrollment form included in the kit and return it in the prepaid envelope provided.
  - a. Recipients must pick a plan and a first and second choice primary care provider or main doctor for each person listed on the form.
  - b. Form must be signed and dated by recipient.



## How To Join? (cont.)

#### By Phone

- 1. The recipient can call the STAR Program helpline and join over the phone.
- Call Center Hours Of Operation
  - a. Monday through Friday 8:00a.m. 6:00p.m. CST

STAR Helpline 1-800-964-

2777

(TTY: 1-800-267-5008)



## How to Join? (cont)

#### Online

- 1.Go to <a href="https://www.YourTexasBenefits.com">www.YourTexasBenefits.com</a>
- 2.From the homepage click 'Log In.' Click on 'Manage.'
- 3.Click 'Medicaid & CHIP Services' in the Quick Links section.
- 4. Click 'Pick Your Health Plan' button.



### How to Join? (cont.)

#### Outreach

- Recipients can speak with an Outreach Counselor during presentation hours published in their kit.
- They can also speak with an Outreach Counselor during health fairs or enrollment events.
  - Check <u>www.txmedicaidevents.com</u> for local events

 Outreach Counselors contact recipients through home visits and phone calls.



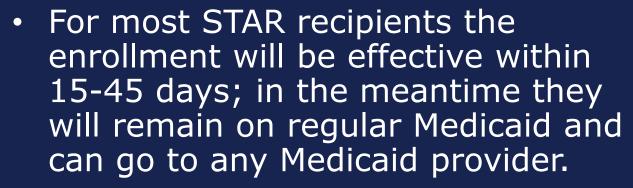
## When Must A Recipient Join?

 Most mandatory recipients must join within 15-45 days of their certification date.



Pregnant women must join within 15 days of their application date.

## When is the enrollment effective?







## What If A Recipient Does Not Join?

- If the recipient still has not joined they might be contacted by an Outreach Counselor by phone or home visit.
- After the deadline a Medical Plan and primary care provider or main doctor are chosen for the recipient. This assignment is called a default.



## How Do Recipients Access Care?





 Recipients should take their "Your Texas Benefits Medicaid" card and their health plan ID card to every visit to receive medical services.



## Services Ready for Use by STAR Members



- Primary care providers or main doctors are ready 24 hours a day 7 days a week to help their patients
- No limit on needed days in a hospital
- Plans might offer value added services
- Each medical plan has a customer service helpline for their members
- •All members will receive a welcome packet from their medical plan that will include their plan ID Card with facts about their primary care provider or main doctor



### Plan and Primary Care Provider or Main Doctor Changes

- Recipients call their medical plan to change their primary care provider or main doctor.
- Recipients call the Medicaid Enrollment HelpLine to change plans 1-800-964-2777.

Plan changes can take up to 45 days to be effective.



# Non-referral services



- 1. Recipients might obtain these services without a referral from their primary care provider or main doctor:
  - a. Emergency Room Visits
  - b. Behavioral Health
  - c. OB/GYN
  - d. Routine vision screening
  - e. Texas Health Steps Medical Checkup (Note: If primary care provider or main doctor does not do Texas Health Steps Medical Checkups contact medical plan to help find a provider who does).
  - f. Texas Health Steps Dental (Note: Oral surgery might require a referral through a main doctor).



# What's different on pregnancy cases?

- Pregnant women must join within 15 days from Notice of Application
- Women in their third trimester can keep seeing their current OB/GYN
- Provider must be a Medicaid provider
- Must tell their medical plan

#### Newborns



- Mothers should call the plan to pick a primary care provider or main doctor for the baby.
- Newborns will stay on their plan for the first 90 days.





#### Children's Medicaid Dental Services



## Children's Medicaid dental services

- Medicaid managed care dental services for children in Texas.
- Most children age 20 and younger who have Medicaid must join
- You pick a dental plan for your dental services.
- You pick a main dentist.

## How Does The Enrollment Process Start?

Each approved recipient will receive an enrollment kit by mail.

#### Dental Packet includes:

- Welcome Letter
- Frequently Asked Questions (FAQ)
- Enrollment Form
- Special Health Care Needs Flyer
- Comparison chart (light purple)



## What dental services are covered?

- The same Medicaid covered dental benefits you get now.
  - Checkups
  - Cleanings and examinations
  - Sealants
  - Oral Health Education
  - Follow up services as necessary
- Extra services offered by the dental plan called valueadded services.
- Dental plan help lines for members.

## No changes for some people



- People with Medicaid age 21 and older.
- People of any age living in a Medicaidpaid nursing home, state supported living center, or ICF/IID.
- Children and young adults in the state foster care program who are in the STAR Health program.



### What is a main dentist?

- A general dentist or pediatric dentist
- Provides most of your dental health care needs.
- Gets to know you and your dental history.
- Can refer you to a specialist, if needed.



## Can I see a specialist?

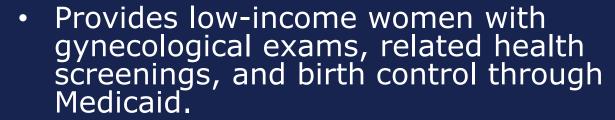
- Your main dentist will help you with most of your dental care.
- Your main dentist will refer you to a dental specialist, if needed.
- Your dental plan might have to approve the referral first.



#### Once you've joined....

- You will get a dental plan ID to take with you to all your dental visits
- Call your dental plan to change main dentists
- Call the STAR Helpline to change dental plans





- Healthy Texas Women participants do not receive full Medicaid benefits. As a result, they are:
  - Unable to join any managed care programs.
  - Unable to get services through the Texas Health Steps program.
- For those who wish to apply, or who have questions about benefits, to 1-866-993-9972; For those who need help finding HTW providers to 1-800-335-8957, Option 5
- http://www.healthytexaswomen.org



### HTW Eligibility

- 1. The program is for women who meet the following qualifications:
  - a. Ages 15 to 44 (ages 15-17 with parental consent). Women can apply the month of their 18th birthday through the month of their 45th birthday.
  - b. U.S. citizens and approved immigrants.
  - c. 200% Federal Poverty level
  - d. Not pregnant
- 2. Eligibility Determinations:
  - a. Client eligibility is determined by HHSC
  - b. Clients can apply through a paper applications or online
  - c. Services delivered on a fee-for-service basis





# HHSC Family Planning Program



#### **Eligibility**

- Women and Men
- Age 64 or younger
- 250% of the Federal Poverty Level (FPL)
- Texas residents
- Must be unable to get any similar program, including the HTW Fee-For-Service program
- Eligibility is decided at the Point of service by family planning contractors

#### **Covered Services**

- Pelvic exam
- Contraceptive Services
- Pap Tests
- Screening for hypertension, diabetes, cholesterol
- Sexually transmitted infection (STI) services
  - Sterilizations
  - Breast and cervical cancer screening and diagnostic services.
- Immunizations.
- Limited prenatal services

#### Resources

- Health and Human Services Commission <a href="https://hhs.texas.gov/">https://hhs.texas.gov/</a>
- > Texas Health Steps home page:

http://bit.ly/TexasHealthSteps



Texas Health Steps Online Provider Education modules:

http://txhealthsteps.com/

Order Texas Health Steps literature:

https://hhs.texas.gov/doing-businesshhs/provider-portals/health-servicesproviders/texas-health-steps/thstepscatalog



## Thank you

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