



TEXAS
Health and Human
Services

An Overview of Medicaid, Texas Health Steps and Managed Care

September 2022



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

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 www.txmedicaidevents.com for dates and times

(in managed care area or HHSC offices)



What is a Health Care Orientation or HCO?



TEXAS
Health and Human
Services

- 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)



TEXAS
Health and Human
Services

- 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 and Human
Services

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



TEXAS
Health and Human
Services

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.





TEXAS
Health and Human
Services

Purpose of Outreach & Informing

- Educate Medicaid clients about the benefits of preventive health care for children
 - Join a medical and dental Managed Care plan
- Urge 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)

1. Outreach Counselors
 - a. Are involved in the community through participation in inter-agency 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.



TEXAS
Health and Human
Services

How Do Clients Access Services?




TEXAS
Health and Human
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



TEXAS
Health and Human
Services

Your Texas Benefits Medicaid card

 Your Texas Benefits Health and Human Services Commission	
Medicaid ID Card	Health plan / Plan de salud
Member name: John Doe	Your plan 1-800-###-####
Member ID (Medicaid ID): 123456789	
Issuer ID: (80840) XXXXXXXXXX	Dale card sent: 10/01/2011
RxBIN: 001111	
RxPCN: ADV	
RxGRP: RX1234	

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



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

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 3-month intervals, as determined by a dentist.



TEXAS
Health and Human
Services

Dental Services

- Services include
 - 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



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services

Case Management Eligibility

To be able to get Case Management for Children and Pregnant Women, a recipient must:

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.



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services

Scheduling Help

- If the family has already chosen a Texas Health Steps medical, dental, or case management provider, our staff is ready to help schedule a visit for them.
- The importance of keeping scheduled visits or calling to reschedule the visit is also emphasized to the client.



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

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

Eligibility Process
HHSC

Enrollment Process
Maximus or Enrollment Broker
Texas STAR Program

Traditional
Medicaid until
enrollment is
effective

Travis Service Area

STAR
Blue Cross and Blue Shield
Dell Children's Health Plan
Superior Health Plan

Statewide Dental
DentaQuest
MCNA Dental
UnitedHealth Care



TEXAS
Health and Human
Services

TEXAS Managed Care Service Areas (Effective January 2022)

STAR Health (statewide) - Superior
Dental (statewide) - DentoQuest, MCNA, UnitedHealth Care Dental

LUBBOCK

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - FirstCare, Superior

MRSA WEST

STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - Molina, Superior

EL PASO

STAR - El Paso First, Molina, Superior
STAR+PLUS - Amerigroup, Molina
STAR Kids - Amerigroup, Superior
CHIP - El Paso First, Superior

TRAVIS

STAR - Blue Cross and Blue Shield of Texas, Dell Children's, Superior
STAR+PLUS - Amerigroup, United
STAR Kids - Blue Cross and Blue Shield of Texas, Superior
CHIP - Blue Cross and Blue Shield of Texas, Dell Children's, Superior

BEXAR

STAR - Aetna, Amerigroup, Community First, Superior
STAR+PLUS - Amerigroup, Molina, Superior
STAR Kids - Community First, Superior
CHIP - Aetna, Amerigroup, Community First, Superior

HIDALGO

STAR - Driscoll, Molina, Superior, United
STAR+PLUS - Molina, Superior
STAR Kids - Driscoll, Superior, United
CHIP - Molina, Superior

STAR - Aetna, Amerigroup, Cook Children's
STAR+PLUS - Amerigroup, Molina
STAR Kids - Aetna, Cook Children's
CHIP - Aetna, Amerigroup, Cook Children's

TARRANT

DALLAS

STAR - Amerigroup, Molina, Parkland
STAR+PLUS - Molina, Superior
STAR Kids - Aetna, Amerigroup
CHIP - Amerigroup, Molina, Parkland

MRSA NORTHEAST

STAR - Amerigroup, Superior
STAR+PLUS - Molina, United
STAR Kids - Texas Children's, United
CHIP - Molina, Superior

MRSA CENTRAL

STAR - Amerigroup, RightCare-Scott and White, Superior
STAR+PLUS - Superior, United
STAR Kids - Blue Cross and Blue Shield of Texas, United
CHIP - Molina, Superior

JEFFERSON

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

HARRIS

STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Amerigroup, Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

NUECES

STAR - Driscoll, Superior, United
STAR+PLUS - Superior, United
STAR Kids - Driscoll, Superior
CHIP - Driscoll, Superior, United

MMP (6 counties below):

Bexar - Amerigroup, Molina, Superior
Dallas - Molina, Superior
El Paso - Amerigroup, Molina
Harris - Amerigroup, Molina, United
Hidalgo - Molina, Superior, Molina Medicare Medicaid STAR+PLUS Plan
Tarrant - Amerigroup

MRSA: Medicaid Rural Service Area
MMP: Medicare - Medicaid Plan



Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support. MRL.
December 2, 2021

What is the Texas STAR Program ?

- State of Texas Access Reform
- Medicaid Managed Care 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.



TEXAS
Health and Human
Services

Role of the Enrollment Broker

1. To educate people who've applied for Medicaid and Medicaid recipients about the Texas STAR Program.
2. To enroll all approved Medicaid recipients within the designated timeframes.
3. To ensure the recipients are aware of their rights and responsibilities as members of the STAR Program.



TEXAS
Health and Human
Services

Enrollment Broker (Cont.)

4. To provide support during and after the enrollment process.
5. To help with plan changes when needed.
6. To provide field staff to help complete the Health Care Orientation (HCO).



TEXAS
Health and Human
Services

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)



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services



How to Join

By Mail

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.



TEXAS
Health and Human
Services

How To Join? (cont.)

By Phone

1. The recipient can call the STAR Program helpline and join over the phone.

2. 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)



TEXAS
Health and Human
Services

How to Join? (cont)

Online

1. Go to www.YourTexasBenefits.com
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.



TEXAS
Health and Human
Services

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 www.txmedicaidevents.com for local events
- Outreach Counselors contact recipients through home visits and phone calls.



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

When is the enrollment effective?

- For most STAR recipients the enrollment will be effective within 15-45 days; in the meantime they will remain on regular Medicaid and can go to any Medicaid provider.
- For pregnant women the enrollment date is based on the certification dates.



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services

How Do Recipients Access Care?

- Before joining in the STAR Program the recipient is on regular Medicaid and can go to any Medicaid provider.
- Once the recipient's enrollment is effective they must access care through their Medical Plan and primary care provider or main doctor.
- Recipients should take their "Your Texas Benefits Medicaid" card and their health plan ID card to every visit to receive medical services.



TEXAS
Health and Human
Services

Services Ready for Use by STAR Members

- No limit on medicines for adults
- 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



TEXAS
Health and Human
Services

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.



TEXAS
Health and Human
Services



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) .



TEXAS
Health and Human
Services

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

- Newborns born to a STAR mother are automatically placed on the mother's Medical Plan.
- 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.



TEXAS
Health and Human
Services





TEXAS
Health and Human
Services

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 value-added 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 Medicaid-paid 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 (HTW)

- Provides low-income women with gynecological exams, related health screenings, and birth control through Medicaid.
- 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>



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services

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



TEXAS
Health and Human
Services

Resources

- Health and Human Services Commission
<https://hhs.texas.gov/>
- 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-business-hhs/provider-portals/health-services-providers/texas-health-steps/thsteps-catalog>



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

Thank you

Judy Schoenfelder Regional Manager
Cell: 512.581.2378
JudySchoenfelder@Maximus.com

Priscilla Alcantar Outreach Supervisor
512-203-3015 Phone
PriscillaAlcantar@Maximus.com