

UNIFORM MANAGED CARE MANUAL 9.1 Disease Management STAR, CHIP, STAR Kids and STAR + PLUS

Document History Log

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 9.1, Disease Management STAR CHIP
Revision	1.1	October 3, 2006	Chapter 9.1, including chapter title, modified to include STAR+PLUS.
Revision	1.2	December 1, 2008	Chapter 9.1 is modified to include applicable state statutes and rules and requirements to identify and coordinate care for new Members.
Revision	2.0	October 15, 2014	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. "Applicability of Chapter 9.1" is modified to add the Medicare-Medicaid Dual Demonstration.
Revision	2.1	August 10, 2015	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042. "Applicability of Chapter 9.1" is modified to remove the Medicare-Medicaid Dual Demonstration.
Revision	2.2	April 1, 2016	Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, and 529-13-00071. Chapter title is modified to include STAR Kids. "Applicability of Chapter 9.1" is modified to add the STAR Kids Program. "Additional HHSC Requirements for MCO Disease Management Programs" is modified to add the STAR Kids Program.
Revision	2.3	October 24, 2022	Revision 2.3 defines and adds medication therapy management (MTM) as an option of disease management (DM).
Revision	2.4	June 19, 2023	Adds "method for determining active participation" to list of requirements of a disease management program.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.

Applicability of Chapter 9.1

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS, STAR Kids, or CHIP. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, and STAR Kids Programs. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Programs, except where noted.

State Statutes and Rules That Apply to Disease Management

The MCO contract requires an MCO to provide or arrange to provide to its Members with comprehensive disease management services consistent with state statutes and regulations specific to disease management, including:

- [1 Texas Administrative Code §353.421](#), “Special Disease Management”;
- [Human Resources Code §32.057\(c-1\)](#), “Contracts for Disease Management Programs”; and
- [Texas Government Code §533.009](#), “Special Disease Management.”

Additional HHSC Requirements for MCO Disease Management Programs

At a minimum, an MCO must provide disease management services covering the following diseases:

STAR Program:

- Asthma;
- Diabetes; **and**
- Other chronic diseases based upon an evaluation of the prevalence of a disease within the MCO’s membership.

CHIP:

- Asthma;
- Diabetes; **and**
- Other chronic diseases based upon an evaluation of the prevalence of a disease within the MCO’s membership.

STAR+PLUS Program:

- Asthma;

- Chronic Obstructive Pulmonary Disease;
- Diabetes;
- Congestive Heart Failure;
- Coronary Artery Disease; or
- Other chronic diseases based upon an evaluation of the prevalence of a disease within the MCO's membership.

STAR Kids Program:

- Asthma;
- Diabetes; *and*
- Other chronic diseases based upon an evaluation of the prevalence of a disease within the MCO's membership.

A medication therapy management (MTM) program is a program of drug therapy management that may be furnished by a pharmacist and is designed to assure the prescription drug benefit is appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions. See 42 U.S.C. § 1395w-104(c)(2) for examples of MTM program elements. The MCO's disease management program may include MTM services if these services lower costs or improve quality outcomes for eligible members by reducing adverse drug events.

In addition to the requirements stipulated in each of the statutes and rules previously identified in Chapter 9.1, the MCO's disease management program must include:

- (1) Methods of assessing a Member's health status upon initial enrollment in the MCO's health plan, and on an ongoing basis. Such methods must include reasonable attempts to conduct in-person visits for Members who are not receiving regular medical care for their condition and do not have telephones or are hard to reach.
- (2) A method to identify gaps between recommended prevention and treatment and actual care provided to Members.
- (3) A method to identify and collect information on a new eligible Member's prior disease management services in order to evaluate the need to continue with those services.
- (4) A method to identify eligible Members at high-risk for non-adherence to recommended care. For those identified as high-risk:
 - develop, implement, and evaluate an individual plan of care that addresses the Member's (multiple) health, behavioral, and social needs that ensures continuity, quality, and effectiveness; and
 - facilitate appropriate collaboration of the Member's family and/or caregivers, health care providers, and community case managers in the development and

implementation of the Member's plan of care.

- (5) A method to link health care providers with allied health and social services agencies to facilitate access to services necessary for the implementation of the Member's plan of care. This includes, but is not limited to, medically necessary services such as pharmacy, mental health, equipment and supplies, rehabilitative therapies, transportation, and interpreter services.
- (6) A method to educate eligible Members and/or their caregivers regarding the Members' particular health care needs brought about by their health condition. The goal of the Member education is to increase the Members' understanding of their diseases and to empower them to be more effective in self-care of their health problem(s) so they:
 - are more effective partners in the care of their disease;
 - are better able to understand the appropriate use of resources needed to care for their problem(s);
 - are able to identify when there is a negative change in their health condition and to seek appropriate attention before they reach crisis levels; and
 - are more compliant with medical recommendations.
- (7) A method to develop and circulate educational materials to communicate to Members about the disease management project and relevant health care information. The specific written materials must be in a form that may be understood by each individual Member and must be written at or below the 6th grade reading level.
- (8) A method to work with the enrolled Member and local hospitals to receive timely notification of hospital admissions of disease management Members.
- (9) A method to provide care coordination support and discharge planning for early discharge and to prevent readmissions, including facilitation of necessary revisions to the Member's plan of care and on-site visits to a Member when indicated.
- (10) A method to provide initial assessment and periodic follow-up of the ongoing health status of the Member. The frequency of follow-up will be determined based on the risk/severity level of the Member. In-person visits with hard-to-reach Members will be required.
- (11) A method to monitor active participation in a disease management program. In determining active participation, members who are assessed and provided supports and services that address a chronic disease but are not participating in a specific disease management program as described in this chapter should not be counted as participating in the disease management program.