

State Profile for the Capitated Financial Alignment Demonstration

Texas: Dual Eligible Integrated Care Demonstration Project	
Dates	
Memorandum of understanding signed	May 23, 2014
Opt-in enrollment starts	March 1, 2015
Passive enrollment starts	April 1, 2015
Enrollment	
Covered population	<ul style="list-style-type: none"> • age 21 and older; • qualify for Supplemental Security Income or Medicaid home- and community-based STAR+PLUS waiver services; • not enrolled in certain home- and community-based services waivers and not residing in an intermediate care facility for the intellectually disabled; and, • living in Bexar, Dallas, El Paso, Harris, Hidalgo, or Tarrant counties
Number eligible as of March 2016	165,000
Number enrolled as of December 2017	44,073
Percent of eligible that opted out as of December 1, 2017	Not available
Payment	
Number of participating plans	Five
Savings percentage range	1.25–5.5 percent ¹
Number of rating categories	Three
Other risk mitigation strategies	None
Benefits	
Expanded benefits	Home- and community-based services
Carved out benefits	Hospice
Required community involvement	Not specified
Care Coordination	
Number of days to complete health risk assessment	Within 90 days of enrollment
Number of days to establish individualized care plan	Not specified
Education requirements for care coordinator	Must have an undergraduate or graduate degree in social work or a related field, or be a registered nurse, licensed vocational nurse, nurse practitioner, or a physician assistant
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> • maintain enrollees' current providers and service authorizations at the time of enrollment for a period of up to 90 days • for enrollees receiving long-term services and supports, plans must maintain continued authorization of those services for up to 6 months after initial enrollment into the demonstration
Consumer Protections	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Texas Health and Human Services Commission Office of the Ombudsman

Notes:

¹ In applying savings percentages, year 1 is defined as May 31, 2015 through December 31, 2016. Year 1 is also divided into year 1a (March 1, 2015–December 31, 2015) and year 1b (January 1, 2016–December 31, 2016). Savings percentages for year 1a are 1.25 percent and for year 1b are 2.75 percent.

Sources:

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017. Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/Monthly-Enrollment-by-Plan.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015. Texas financial alignment demonstration. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014a. *Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the State of Texas regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: Texas dual eligibles integrated care demonstration project*. Baltimore, MD: CMS. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXMOU.pdf>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014b. *Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services in partnership with the Texas Health and Human Services Commission and <entity>*. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TexasContract.pdf>.

Medicare Payment Advisory Commission (MedPAC). 2016. *Report to Congress: Medicare and the health care delivery system*. Washington, DC: MedPAC. <http://www.medpac.gov/docs/default-source/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>.