

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

STAR+PLUS Continuity of Care and Out-Of-Network Providers

Background:

HHSC is providing guidance to clarify the continuity of care requirements for STAR+PLUS managed care organizations (MCOs) for members who transition to a new STAR+PLUS MCO on September 1, 2024.

The state requires STAR+PLUS MCOs to provide continuity of care. MCOs must ensure that care is not disrupted or interrupted for members who transition to their MCO.

Key Details:

The MCO that receives new STAR+PLUS members on September 1, 2024, must continue to honor information such as:

- The member's needs, current medical necessity determinations, authorized care
- The member's existing service plans or ISPs from the relinquishing MCO

This must continue for up to six months after the date the member transfers MCOs, or until the new MCO completes all required assessments, develops a service plan or for STAR+PLUS Home and Community Based Services members an individual service plan (ISP), and issues new authorizations.

HHSC considers members who are receiving existing services, including long-term services and supports (LTSS) and service plans or ISPs, that the relinquishing MCO was providing through the end of the STAR+PLUS members' enrollment to be guaranteed continued authorization of those services.

Questions?

Please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.