

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

**EVV Impacts due to Dual Demonstration Pilot Program  
Discontinued**

**Background:**

Beginning Jan. 1, 2026, HHSC will transition Medicare-Medicaid Plans (MMPs) to integrated Dual Eligible Special Needs Plans (D-SNPs) and end the Dual Demonstration Program in the demonstration counties listed below:

MMP Members will transition to a STAR+PLUS Managed Care Organization (MCO). When MMP members transition to a STAR+PLUS MCO they must choose between: Medicare Advantage Plan (MAP), D-SNP, or Original Medicare.

MMP members are encouraged to choose companion D-SNPs that are the same entity as their STAR+PLUS MCOs for better coordination of their Medicare and Medicaid services.

The attached “Ending MMP Plan Codes” and “Available STAR+PLUS Plan Codes” documents show tables which include ending MMP plan codes and the STAR+PLUS MCO plan codes in the demonstration service areas; and all STAR+PLUS MCOs and their plan codes that MMP members in the MMP plans ending Dec. 31, 2025, can transition to.

**Key Details:**

Effective Jan. 1, 2026, program providers, financial management services agencies (FMSAs), and Proprietary System Operators (PSOs) **will** receive a new payer plan code for their MMP members.

Program providers, FMSAs, and PSOs **must** bill the new payer with dates of service on or after Jan. 1, 2026. The program providers, FMSAs, and PSOs **must** create new authorizations based on their current authorization for the MMP members and include the new payer **plan code**.

Program providers, FMSAs, and PSOs can check their members' eligibility using one of the following methods:

The **C21/SAVERR-based** TMC EV and 270/271 eligibility inquiry is limited to access only current month eligibility information.

The **EaaS/TIERS-based** 270/271 or Medicaid Client Portal supports eligibility inquiry for future dates up to end of the following month. Providers can use this to check eligibility.

**Action:**

**By Dec. 1, 2025,**

STAR+PLUS MCOs will publish on their EVV MCO webpage the notification that effective **Jan. 1, 2026**, MMP members will receive new STAR+PLUS authorizations that include their STAR+PLUS payer **plan code**. MCOs receiving members from the discontinued dual demonstration area must provide the program providers, FMSAs, and PSOs, instruction on the requirements to bill claims with EVV services.

**Questions?**

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