

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

**URGENT: EVV Impacts due to the New STAR+PLUS MCO Contracts
Beginning Sept. 1, 2024**

Background:

Effective Sept. 1, 2024, the new STAR+PLUS managed care organizations (MCOs) contracts will begin. Program providers and financial management services agencies (FMSAs) can view the [STAR+PLUS Health Plans by Service Areas \(PDF\)](#) for a list of Health Plans that are leaving, staying or coming into a service area.

Key Details:

Payment of Services as of Sept. 1, 2024

Beginning Sept. 1, 2024, program providers and FMSAs must bill the new MCOs with dates of service on or after Sept. 1, 2024. Program providers and FMSAs using a third-party resource for billing need to notify the third-party entity about any changes in MCO contracts.

STAR+PLUS Authorizations in the EVV System

Program providers and FMSAs should create a new authorization if the member's payer information has been received from their new MCOs.

Program providers and FMSAs should log in to their MCO provider portals to obtain the new authorizations for their members. The new authorizations must then be manually added into the EVV system.

Resources:

- Review [Continuity of Care During STAR+PLUS Transition \(PDF\)](#) found on the [HHSC STAR+PLUS webpage](#).
- For more information about the STAR+PLUS transition, contact HHSC Managed_Care_Initiatives@hhs.texas.gov