

Texas STAR+PLUS membership overview

UnitedHealthcare Community Plan of Texas

Commonly asked questions

Overview

On Sept. 1, 2024, the Texas Health and Human Services Commission (HHSC) will implement a new contract for STAR+PLUS. This new contract will change where UnitedHealthcare provides STAR+PLUS Medicaid coverage. The HHSC began telling members about service area changes and STAR+PLUS plan changes on March 1, 2024.

The following commonly asked questions aim to help provide clarification on:

- **STAR+PLUS Service Delivery Area (SDA) updates** for UnitedHealthcare
- New Texas STAR+PLUS plan options
- STAR+PLUS plan picking process and time frame

Commonly asked questions

Why are STAR+PLUS plan members receiving letters?

In service areas where managed care organizations (MCOs) are entering or exiting the market, HHSC's Enrollment Broker, who helps members sign up for coverage, is sending letters to all STAR+PLUS plan members, including UnitedHealthcare members, to advise them of the STAR+PLUS plan picking time frame and new plan options.

What letter are STAR+PLUS plan members being sent?

STAR+PLUS members are receiving different letter types based on their plan type (e.g., Medicaid Only, Dual Eligible and STAR+PLUS Waiver). The language is the same with a few exceptions:

- 1. Health Plan Exiting the Service Area:** Letters inform STAR+PLUS members to choose a new health plan or the state will assign one for them
- 2. Health Plan Staying in the Service Area:** Letters inform STAR+PLUS members that they can either choose a new health plan or take no action and stay in their current plan
- 3. Toll-free Number to Call to Change Health Plans:** Members receiving STAR+PLUS Home and Community-Based Services program (sometimes called "STAR+PLUS Waiver") are instructed to call a different toll-free number than other members
- 4. Value Added Services (VAS) Comparison Charts:** The VAS comparison charts attached to the letters vary based on the member's plan type (e.g., Medicaid Only, Dual Eligible and STAR+PLUS Waiver)



The STAR+PLUS Home and Community-Based Services program (also referred to as STAR+PLUS Waiver) provides services that help people live at home who would otherwise need to be in a nursing facility. HHSC assesses a person’s need for this program when they apply for Medicaid.

When will plan changes start?

The letters will instruct STAR+PLUS members to choose a health plan by a specific date, for coverage that begins on Sept. 1, 2024.

Based on state sign-up cut-off dates, coverage will also begin on Sept. 1, 2024, for STAR+PLUS members who submit a health plan choice by a specific date. Health plan selections made after this date will start on Oct. 1, 2024.

What service area changes will start Sept. 1, 2024?

- **Exiting:** UnitedHealthcare will no longer service this area and the member will need to select a new plan or they will be auto-assigned to a plan if they do not make their own selection
- **Entering:** UnitedHealthcare will be a plan option for STAR+PLUS members in these service areas
- **No change:** UnitedHealthcare will remain a plan health option in these service areas. Members do not need to act if they would like to stay with our plan.

Service area changes		
Area impact	Service area	Counties
Exiting	Jefferson	Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker
Exiting	Nueces	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria
Entering	Bexar	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Entering	Dallas	Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
Entering	Hidalgo	Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata
Entering	Tarrant	Denton, Hood, Johnson, Parker, Tarrant, Wise
No change	Harris	Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton
No change	MRSA Central	Bell, Blanco, Bosque, Brazos, Burleson, Colorado, Comanche, Coryell, DeWitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington
No change	MRSA Northeast	Anderson, Angelina, Bowie, Camp, Cass, Cherokee, Cooke, Delta, Fannin, Franklin, Grayson, Gregg, Harrison, Henderson, Hopkins, Houston, Lamar, Marion, Montague, Morris, Nacogdoches, Panola, Rains, Red River, Rusk, Sabine, San Augustine, Shelby, Smith, Titus, Trinity, Upshur, Van Zandt, Wood
No change	Travis	Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson



Will all managed care STAR+PLUS members receive a letter?

No, only STAR+PLUS members who are experiencing a change in health plan options in their service area will receive a letter.

Will STAR+PLUS members receive more mailings?

HHSC is planning to send out reminder letters in June 2024.

How do STAR+PLUS members select a plan?

The letter sent to STAR+PLUS members will have steps on the different ways they can select a plan. It will also include value-added services comparison charts to help with plan comparisons.

STAR+PLUS members can select a plan:

- **Online:** Complete the form at yourtexasbenefits.com
- **By mail:** Complete the forms enclosed with the letter and return by mail to the address provided in the letter
- **By fax:** Complete the forms enclosed with the letter and fax to 855-671-6038
- **By phone:**
 - Broker who helps members sign up for coverage (STAR+PLUS Waiver Plan): 877-782-6440
 - Broker who helps members sign up for coverage (Non-Waiver Plan): 800-964-2777
- **In person:** Go to txmedicaidevents.com for dates and times of in-person options

Do all UnitedHealthcare members need to take action?

No, members in service areas where UnitedHealthcare will continue to provide coverage (Harris, MRSA Central, MRSA Northeast and Travis service areas) do not need to return STAR+PLUS sign-up forms or take any other action if they would like to continue services with us.

Members within Jefferson and Nueces service areas will need to take action to select a new plan, as we will no longer service these areas. If they do not select a health plan, HHSC will assign one for them.

What happens if an STAR+PLUS member does not select a plan?

STAR+PLUS members whose health plans are exiting their service areas will need to select a new plan or they will be auto-assigned to a plan.

Current UnitedHealthcare members will remain in UnitedHealthcare if they take no action, except for members within Jefferson and Nueces service areas, as we will no longer service these areas. See the table above for service area changes and county breakdown.

Why can't the member continue with UnitedHealthcare or see UnitedHealthcare as an option on the letter?

Members should know:

- They will remain with our health plan until the end of August 2024
- They will need to choose another plan
 - If they do not choose a plan, they will be auto-assigned to a new plan
- We will coordinate with their new health plan to make the transition as seamless as possible by sharing authorization and service plan history



How will existing prior authorizations be handled for members currently receiving services?

Upon notice from a member, provider or exiting MCO of an existing prior authorization, UnitedHealthcare will ensure members receive continued authorization of those services in the same amount, duration and scope for the shortest period of the following:

- 6 months after the transition to a new MCO
- Until the end of the current authorization period
- Until UnitedHealthcare has evaluated and assessed the member and issued or not approved a new prior authorization

The existing MCO should send all active authorizations to UnitedHealthcare so we can continue services. During this time, a member assessment will be needed to find out if issuing new prior authorizations are necessary.

Where can members find more about Medicaid plans and coverage?

- **Online:** uhccp.com/Texas
- **In person:** Go to txmedicaidevents.com for dates and times of in-person Medicaid events

Questions? We're here to help.

If you have questions, go to UHCprovider.com/networkhelp, where you can chat with a live advocate from 7 a.m.–7 p.m. CT. Or, go to UHCprovider.com/TXcommunityplan > **Contact Us** for ways to call or email us.

