



MEMORANDUM

TO: Managed Care Contracts and Oversight
Enrollment Resolution Services
Program Enrollment and Support
Utilization Review
Managed Care Organizations

FROM: Office of Policy
Medicaid and CHIP Services

SUBJECT: Policy and Process Updates for STAR+PLUS Member Service Area
Transfers

ISSUANCE DATE: 09/18/2023 HHSC: 23-09-001

EFFECTIVE DATE: 12/18/2023

This memorandum is being issued to notify managed care organizations (MCOs) about changes for STAR+PLUS Home and Community Based Services (HCBS) members who transfer between service areas.

Current Policy for STAR+PLUS Member Service Area Transfers:

Current STAR+PLUS policy in the STAR+PLUS Handbook, Section 3411, *STAR+PLUS HCBS Program Member Transferring to Another Service Area with Prior Knowledge*, and Section 3412, *STAR+PLUS HCBS Program Member Transferring to Another Service Area Without Prior Knowledge*, requires that when STAR+PLUS members transfer to a new service area, the losing MCO must transmit a transfer packet containing details of the member's health needs and services by email or by uploading to MCOHub for the Texas Health and Human Services Commission (HHSC) Program Support Unit (PSU) staff to share with the gaining MCO to ensure members receive appropriate service coordination. Upon receipt of a transfer packet, PSU staff generate Form H2065-D, Notification of Managed Care Program Services, send a copy of the form to the members, and upload a copy to the gaining MCO's MCOHub folder to notify them of the MCO change.

The transfer packet includes:

- Form H2067-MC, Managed Care Programs Communication;
- Form H1700-1, Individual Service Plan;
- Form H1700-2, Individual Service Plan – Addendum;
- Form H1700-3, Individual Service Plan – Signature Page;

- Form H1700-A1, Certification of Completion/Delivery of STAR+PLUS HCBS Program Items/Services;
- Form 8604, Transition Assistance Services (TAS) Assessment and Authorization;
- Medical Necessity and Level of Care (MN/LOC) Assessment;
- Form H2060, Needs Assessment Questionnaire and Task/Hour Guide;
- Form H2060-A, Addendum to Form H2060; and
- Form H2060-B, Needs Assessment Addendum, as applicable.

New Policy for STAR+PLUS Member Service Area Transfers

Effective with this memorandum, PSU staff will no longer be involved in the transfer packet transmission process when STAR+PLUS members transfer service areas. PSU will also not generate a Form H2065-D detailing the MCO change. The losing MCO will provide the Form H2065-D to the gaining MCO as part of the transfer packet list below.

When an MCO service coordinator is notified that a member has moved, the service coordinator must inform the member of the importance of contacting the enrollment broker about their change of address. If the member does not contact the enrollment broker prior to the move, the Texas Integrated Eligibility Redesign System (TIERS) will attempt to assign the member to the same STAR+PLUS MCO automatically if it operates STAR+PLUS in the member's new service area, using the member's address the system has on file.

If the same MCO is unavailable in the member's new service area, TIERS will automatically refer the member to the enrollment broker. The enrollment broker contacts the member to obtain the member's new MCO selection. If the member does not select an MCO within **15 days** of the contact with the member, the enrollment broker will default-enroll the member to an MCO in the member's new service area. Default MCO enrollment is made using the HHSC-approved default logic and is processed at the next state cutoff. The HHSC-approved default enrollment logic considers the member's medical history, prior MCO enrollment, primary care providers, claims data, and an MCO in which the member's family is enrolled, in relation to the program type and service area. The losing and gaining MCOs can view transfer data in the monthly files they receive from the enrollment broker and the Premiums Payable System (PPS) Unit.

Once a member is enrolled into a new MCO, the HHSC Enrollment Operations Management unit prepares and sends the Monthly Plan Changes Report to PSU staff and the gaining MCO. PSU staff receive a full list of all MCO changes and the MCO receives a list of their members only. The report gives a list of STAR+PLUS HCBS program members who have transferred to each MCO from the previous month.

The losing and gaining MCOs must coordinate the transfer packet between each other using a secure file transfer protocol (SFTP) or secure email when a member changes MCOs.

Within **five business days** of receiving the list and determining any members who have transferred to them, the gaining MCO must request from the losing MCO:

- All applicable forms detailed in the transfer packet;
- Any prior authorizations; and
- Any one-time or lifetime limits the member has met.

Within **five business days** of receiving the request, the losing MCO must provide the requested documents to the gaining MCO. At a minimum, the losing MCO must provide the following most recent forms to the gaining MCO, when applicable:

- Form H1700-1, Individual Service Plan;
- Form H1700-2, Individual Service Plan – Addendum;
- Form H1700-3, Individual Service Plan – Signature Page;
- Form H1700-A1, Certification of Completion/Delivery of STAR+PLUS HCBS Program Items/Services;
- Form 8604, Transition Assistance Services (TAS) Assessment and Authorization;
- Medical Necessity and Level of Care (MN/LOC) Assessment;
- Form H2060, Needs Assessment Questionnaire and Task/Hour Guide, or Form H6516, Community First Choice Assessment, as applicable;
- Form H2060-A, Addendum to Form H2060;
- Form H2060-B, Needs Assessment Addendum, as applicable; and
- Form H2065-D, Notification of Managed Care Program Services.

If the gaining MCO experiences issues obtaining this information, the MCO must notify Managed Care Compliance and Operations staff.

PSU staff will continue to perform all of their functions related to member transfers, including coordinating all appropriate activities between the losing PSU staff, MCOs, member, HHSC's Enrollment Resolution Services, and other key parties to help ensure a successful transition. For PSU staff, this includes tracking each step of the process through the start of the new STAR+PLUS HCBS program in the gaining service area. See STAR+PLUS Program Support Unit Operational Procedures Handbook, [Section 3410](#), Transfer Scenarios, for additional information on PSU procedures.

The gaining MCO is responsible for service delivery from the first day of enrollment. Within **14 days** of receiving notification of the new member, the gaining MCO must contact the member to discuss services the member needs.

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Within **30 days** of receiving notification of the new member, the gaining MCO must conduct a home visit to assess the member's needs and must adhere to the continuity of care contract requirements for Medicaid managed care.

Resources:

STAR+PLUS Handbook Policy Updates:

<https://www.hhs.texas.gov/handbooks/starplus-handbook/hhsc-policy-updates>

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