

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

**EVV Impacts due to Dual Integration Project, Phase II  
effective Jan. 1, 2027**

**Background:**

On Jan. 1, 2026, the Texas Health and Human Services Commission (HHSC) implemented Phase I of the Integrated Dual Special Needs Plans (Integrated D-SNP) model by discontinuing the Dual Demonstration Program with the Medicare-Medicaid Plans (MMPs) in the demonstration counties listed below:

- Bexar County: Molina Healthcare of Texas
- Dallas County: Molina Healthcare of Texas and Superior Health Plan
- El Paso County: Molina Healthcare of Texas
- Harris County: Molina Healthcare of Texas and United Healthcare
- Hidalgo County: Molina Healthcare of Texas and Superior Health Plan

MMP members chose a STAR+PLUS managed care organization (MCO) with an Integrated D-SNP in their demonstration county to continue their services.

The table below lists the Integrated D-SNPs implemented on Jan. 1, 2026, the corresponding county, and the plan code.

| <b>Plan Name</b>                  | <b>County</b> | <b>Plan Code</b> |
|-----------------------------------|---------------|------------------|
| <b>Molina Healthcare of Texas</b> | Bexar         | 46               |
| <b>Molina Healthcare of Texas</b> | Dallas        | 9F               |
| <b>Superior Health Plan</b>       | Dallas        | 9H               |
| <b>Molina Healthcare of Texas</b> | El Paso       | 33               |
| <b>Molina Healthcare of Texas</b> | Harris        | 7S               |
| <b>United Healthcare Texas</b>    | Harris        | 7R               |
| <b>Molina Healthcare of Texas</b> | Hidalgo       | H6               |
| <b>Superior Health Plan</b>       | Hidalgo       | H5               |

The model is now in Phase II of implementation which requires the remaining STAR+PLUS MCOs in Bexar, Dallas, El Paso, Harris, and Hidalgo counties to begin operating Integrated D-SNPs on Jan. 1, 2027.

The table below lists the current Integrated D-SNP and the additional STAR+PLUS MCOs, in bold, that will begin operating Integrated D-SNPs on Jan. 1, 2027, the corresponding county, and the plan code.

| <b>STAR+PLUS MCO Operating an Integrated D-SNP</b> | <b>County</b>  | <b>STAR+PLUS Plan Code</b> |
|----------------------------------------------------|----------------|----------------------------|
| <b>Molina Healthcare of Texas</b>                  | Bexar          | 46                         |
| <b>Community First Health Plan</b>                 | <b>Bexar</b>   | <b>S1</b>                  |
| <b>United Healthcare Texas</b>                     | <b>Bexar</b>   | <b>S5</b>                  |
| <b>Molina Healthcare of Texas</b>                  | Dallas         | 9F                         |
| <b>Health Plan</b>                                 | Dallas         | 9H                         |
| <b>United Healthcare Texas</b>                     | <b>Dallas</b>  | <b>S6</b>                  |
| <b>Molina Healthcare of Texas</b>                  | El Paso        | 33                         |
| <b>El Paso Health</b>                              | <b>El Paso</b> | <b>S2</b>                  |
| <b>Molina Healthcare of Texas</b>                  | Harris         | 7S                         |
| <b>United Healthcare Texas</b>                     | Harris         | 7R                         |
| <b>Community Health Choice</b>                     | <b>Harris</b>  | <b>S3</b>                  |
| <b>Molina Healthcare of Texas</b>                  | Hidalgo        | H6                         |
| <b>Superior Health Plan</b>                        | Hidalgo        | H5                         |
| <b>United Healthcare Texas</b>                     | <b>Hidalgo</b> | <b>S7</b>                  |

STAR+PLUS MCOs are listed in the table and in the [HHSC Appendix XXIX, STAR+PLUS Plan Codes and Contract Numbers](#) of the [STAR+PLUS Program Support Unit Operational Procedures Handbook](#).

### **Payment of Services as of Jan. 1, 2027**

Beginning Jan. 1, 2027, dual eligible members **may** transition to a different MCO operating an Integrated D-SNP.

If dual eligible members transition to a different MCO, program providers, financial management services agencies (FMSAs), and Proprietary System Operators (PSOs) **must** update the MCO payer plan code in the EVV system for the dual eligible members. In addition, program providers, FMSAs, and PSOs **must** bill the new payer with dates of service on or after Jan. 1, 2027.

Program providers, FMSAs, and PSOs using a third-party vendor for billing need to notify the third-party vendor about the changes.

### **Responsibilities of Program Providers, FMSAs, and PSOs: Members Select a Different MCO Operating an Integrated D-SNP**

Program providers, FMSAs, and PSOs should continue to use the current authorization in the Electronic Visit Verification (EVV) system for their members through Dec. 31, 2026.

For dates of service beginning Jan. 1, 2027, and after, program providers, FMSAs, and PSOs should:

- Identify the STAR+PLUS MCO operating an Integrated D-SNP and the plan code that dual eligible members transitioned to;
- Create a new authorization for dual eligible members, using the new STAR+PLUS MCO operating an Integrated D-SNP's plan code and applicable information from the authorization that ends on Dec. 31, 2026;
- Manually enter the dual eligible members new STAR+PLUS authorization into their EVV system.

Program providers, FMSAs, and PSOs can check their dual eligible members' eligibility and MCO assignment 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 the end of the following month. Providers can use this to check eligibility.

Program providers, FMSAs, and PSOs **must** continue to submit claims with EVV Required services directly to TMHP for EVV claims matching.

### **HHSC Policy Webinars**

STAR+PLUS Policy is hosting the Texas Integrated Dual Eligible Special Needs Plans (D-SNPs) Phase 2 (2027) webinars for members enrolled in Medicare and Medicaid and healthcare providers to learn more about the 2027 expansion.

### **Member Information Session**

- [Register for the Mon., Oct. 19, 2-3 p.m. Central time webinar.](#)

### **Provider Information Session**

- [Register for the Wed., Oct. 21, noon-1 p.m. Central time webinar.](#)

### **Resources**

- Review the [Options for Medicare and Medicaid Dual Coverage webpage.](#)

For more information about the Dual Demonstration Transition, email [HHSC Managed Care Initiatives](#).