

# Prior Authorization for Clients Transitioning to a STAR, STAR Kids or STAR+PLUS Managed Care Program September 1, 2017

Information posted August 22, 2017

**Note:** Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Beginning September 1, 2017, STAR, STAR Kids and STAR+PLUS managed care programs will begin providing services to clients in the following Texas Medicaid Programs:

- Children receiving services through Adoption Assistance or Permanency Care Assistance will transition to a STAR or STAR Kids health plan.
- Women receiving services through the Medicaid for Breast and Cervical Cancer program will transition to a STAR+PLUS health plan.

To ensure continuity of care as clients' transition into managed care, the health plans are required to honor all existing authorizations as follows:

- Authorizations for acute (basic) care, like specialist visits and medical supplies, are honored for **90 days**, until the authorization expires or until the health plan issues a new one.
- Authorizations for long-term services and supports are honored for **six months**, until the authorization expires, or until the health plan issues a new one.

Health and Human Services (HHS) will send each health plan a prior authorization file containing all existing authorizations on file with the TMHP for clients transitioning to their health plan prior to September 1, 2017. During the continuity of care period, providers can continue to see current patients, even if providers are not currently enrolled in the health plan's network.

Additionally, TMHP will automatically update **all** prior authorizations with an expiration date between August 30 and September 29 to extend the expiration date to September 30, 2017. These authorizations will be included in the prior authorization file shared with the respective health plans prior to September 1, 2017.

**Note:** Authorizations requested or approved by TMHP after August 20 may not be sent to the health plan until the middle of September. The health plan may require providers to submit a copy of authorization requests approved after August 20, 2017.

Outside of posting this provider notification on TMHP.com, impacted providers and clients will not receive notification of this authorization extension process.

Providers can email [ManagedCareExpansion@hhsc.state.tx.us](mailto:ManagedCareExpansion@hhsc.state.tx.us) for issues concerning members that have transitioned to managed care.

Providers or clients with questions about the transition to managed care can email [Managed\\_Care\\_Intiatives@hhsc.state.tx.us](mailto:Managed_Care_Intiatives@hhsc.state.tx.us).

The Prior Authorizations Frequently Asked Questions FAQ for will be available and can be accessed on [TMHP Prior Authorization Home Page](#).

For more information, call the TMHP Contact Center at 1-800-925-9126.