

TEXAS

DUAL-ELIGIBLE HQ STATE REPORT

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Texas's dual-eligible system provides coordinated healthcare coverage for individuals who qualify for both Medicare and Medicaid. Through the system, Texas coordinates medical services, long-term services and supports, behavioral health, and prescription drug coverage for approximately 360,000 full-benefit dual-eligible individuals.

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STATE MEDICAID OVERVIEW

MEDICAID PROGRAM OVERVIEW

Texas Medicaid provides healthcare coverage to eligible low-income children, pregnant women, parents and caretakers, older adults, and people with disabilities. The program is administered by the Texas Health and Human Services Commission (HHSC) and covers services including hospital and physician care, prescription drugs, behavioral health services, and LTSS.

As of May 2026, 3,612,168 Texans were enrolled in Medicaid. Texas relies heavily on managed care to deliver Medicaid services, although some beneficiaries and services remain in the state's traditional FFS system.

Much of Texas's Medicaid managed care system operates under the Texas Healthcare Transformation and Quality Improvement Program Section 1115 demonstration, which is currently approved through September 30, 2030.



Medicaid FFS

Texas's fee-for-service program, also known as Traditional Medicaid, allows members to receive services from any participating Medicaid provider. Providers submit claims for Medicaid-covered services directly to the state's claims administrator.

Medicaid Managed Care

Most Medicaid beneficiaries receive services through managed care. HHSC contracts with MCOs and pays them a fixed monthly amount for each enrolled member to coordinate and provide covered services. It is available statewide, although the program and MCO options available to a member depend on eligibility and location.

As of May 2026, 3,612,168 individuals were enrolled in Texas Medicaid. Approximately 97% of Medicaid beneficiaries are enrolled in managed care.

STATE MEDICAID OVERVIEW

PROGRAM DIFFERENCES

Texas uses several managed care programs to provide Medicaid services to different populations. The program a member enrolls in depends on factors such as age, disability, eligibility category, and healthcare needs. Dual-eligible individuals are excluded from STAR and STAR Health but may receive Medicaid services through STAR+PLUS or STAR Kids, depending on their age and eligibility.



STAR

Provides acute care services, including physician visits, hospital services, and prescription drugs.

Target Population: Primarily children, pregnant and postpartum women, and families enrolled in Medicaid.

Dual-Eligible Coverage: People who are dually eligible for Medicare and Medicaid are excluded from STAR.



STAR+PLUS

Provides Medicaid acute care services and LTSS. Service coordination is a key component of the program.

Target Population: Primarily adults with disabilities, people 65+, including duals, and most Medicaid nursing facility residents.

Dual-Eligible Coverage: STAR+PLUS serves both Medicaid-only and duals. Medicare remains responsible for Medicare-covered services for duals.



STAR KIDS

Provides Medicaid acute care services and LTSS. Medically Dependent Children Program (MDCP) waiver services are also generally delivered through STAR Kids.

Target Population: Children and young adults age 20 or younger with disabilities.

Dual-Eligible Coverage: Dual-eligible children and young adults may receive their Medicaid benefits through STAR Kids.



STAR HEALTH

Provides comprehensive and coordinated Medicaid healthcare services.

Target Population: Primarily children and young adults in foster care, along with certain related former-foster, extended foster care, and adoption assistance populations.

Dual-Eligible Coverage: Dual-eligible individuals are excluded from STAR Health.

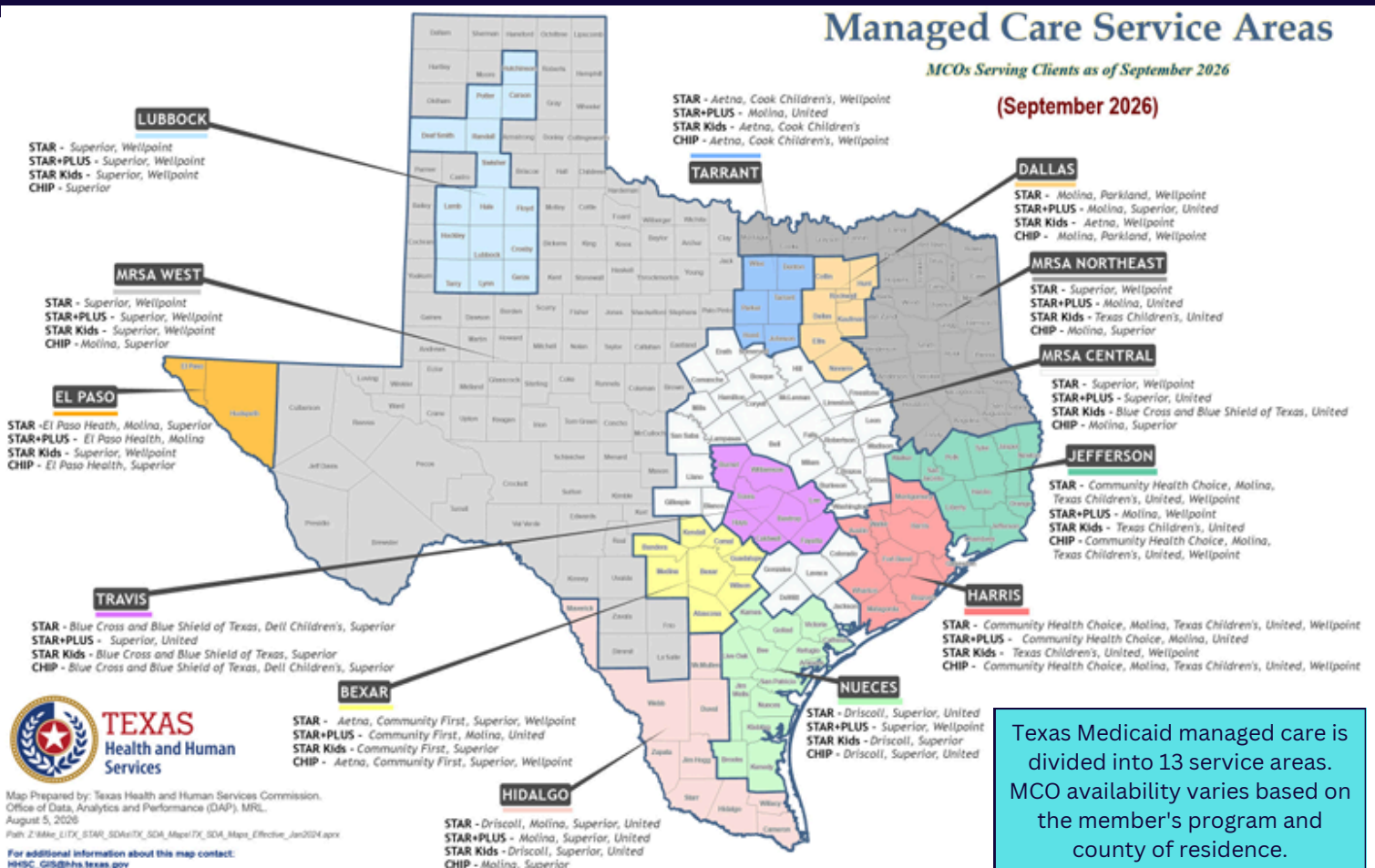
STATE MEDICAID OVERVIEW

ELIGIBILITY & PLAN AVAILABILITY

Eligibility for each program is as follows:

- **STAR:** Must be eligible for Texas Medicaid and fall into a participating group, such as low-income children, pregnant women, parents or caretaker relatives, newborns, or certain former foster care youth. Dual-eligibles, adults receiving SSI, medically needy individuals, children in foster or kinship care, and certain waiver or institutional populations are excluded.
- **STAR+PLUS:** Must be Medicaid eligible and generally be age 21 or older and either have a disability, be age 65 or older, be a full-benefit dual-eligible, or reside in a Medicaid nursing facility. Certain younger members and some individuals receiving IDD waiver or institutional services are excluded.
- **STAR Kids:** Must be Medicaid eligible, age 20 or younger, and have a disability. Eligible groups include children receiving SSI, dual-eligible children, Medicaid Buy-In participants, MDCP members, and certain children receiving YES or IDD waiver services.
- **STAR Health:** Must be Medicaid eligible and fall within an eligible foster-care or related group, including children in DFPS conservatorship, certain youth in extended foster care, qualifying former foster youth, infants born to STAR Health members, and certain Adoption Assistance or Permanency Care Assistance children.

ENROLLMENT



DUAL-ELIGIBLE OVERVIEW

DUAL-ELIGIBLE PROGRAM OVERVIEW

QUICK FACTS

Design

Many adult full-benefit dual-eligibles receive their Medicaid benefits through STAR+PLUS. In five counties, eligible full-benefit duals can also choose an Integrated D-SNP.

Eligibility

Most full-benefit duals who qualify for STAR+PLUS must receive Medicaid through a STAR+PLUS MCO. For Medicare, members may choose an Integrated D-SNP or another Medicare option.

Services

Medicare is generally the primary payer for acute and medical services, while Medicaid covers eligible Medicaid-only services, LTSS, and other benefits not covered by Medicare.

Launch

Texas operated its Medicare-Medicaid Plan demonstration from 2015 through 2025. This ended December 31, 2025, and Texas launched its Integrated D-SNP model Jan 1, 2026.

Admin

Texas HHSC administers STAR+PLUS and contracts with MCOs to deliver services. Available MCOs vary by STAR+PLUS service area.

VBP

STAR+PLUS MCOs participate in Texas's Medical Pay-for-Quality program. The program **places 3% of MCO capitation at risk based** on performance on designated quality measures.

Enrollment

As of April 2026, full-benefit dual-eligible enrollment in Texas was **360,002**. Total dual enrollment was 687,467.

DUAL-ELIGIBLE OVERVIEW

PHYSICAL HEALTH SERVICES

For dual-eligible Texans, physical health services are delivered through a combination of Medicare and Medicaid.



■ EXAMPLES OF COVERED SERVICES

The following physical health benefits are an example of services available to beneficiaries:

- Primary care services
- Specialty physician services
- Preventive care and routine checkups
- Inpatient hospital services
- Outpatient hospital services
- Emergency services
- Ambulance services
- Laboratory services
- Radiology, imaging, and X-rays
- Home health care
- Physical, occupational, and speech therapy
- Durable medical equipment and supplies
- Vision and optometry services
- Hearing and audiology services
- Podiatry
- Dialysis
- Chiropractic services
- Family planning services
- Prenatal care
- Organ and tissue transplants
- Behavioral health and psychiatric services

■ WHO PROVIDES SERVICES

- Adults
 - Generally STAR+PLUS MCO
- Children/young adults with disabilities:
 - STAR Kids MCO
- Medicare
 - Original Medicare, Medicare Advantage, or a D-SNP depending on the member's enrollment

■ COVERAGE OF SERVICES

Medicare is generally the primary payer for Medicare-covered physical health services. Medicaid may cover applicable Medicare cost-sharing and provides eligible Medicaid-only benefits and services that Medicare does not cover.

Beginning September 1, 2025, Medicaid-only services for dual-eligibles enrolled in Medicaid managed care are processed by the member's Medicaid MCO rather than through traditional Medicaid FFS.

■ COORDINATION OF SERVICES

STAR+PLUS and STAR Kids MCOs coordinate Medicaid benefits with the member's other coverage and providers. Dual-eligible STAR+PLUS members receive MCO service coordination, while STAR Kids members have access to an MCO service coordinator who helps coordinate physical health, behavioral health, LTSS, and other supports.

DUAL-ELIGIBLE OVERVIEW

LONG TERM SERVICES AND SUPPORTS

Medicaid is the primary source of ongoing LTSS for full-benefit dual-eligibles in Texas. Adult dual-eligibles who qualify for STAR+PLUS generally receive Medicaid LTSS through their STAR+PLUS MCO, while eligible children and young adults may receive LTSS through STAR Kids. Certain IDD waiver populations continue to receive LTSS through separate waiver programs.



■ ELIGIBILITY FOR LTSS

STAR+PLUS LTSS are available to members who have an assessed functional or medical need for LTSS. Eligibility requirements vary by service. Members receiving STAR+PLUS HCBS must be age 21 or older, meet nursing-facility level-of-care requirements, have an unmet need for community supports, meet Medicaid financial eligibility requirements, and choose HCBS instead of nursing facility care.

STAR Kids members may receive LTSS based on needs identified through the STAR Kids Screening and Assessment Instrument (SKSAI).

■ STAR+PLUS HCBS PROGRAM

This is for those members who qualify for such services. The state also provides an enriched array of services to members who would otherwise qualify for NF care through the STAR+PLUS HCBS program. The MCO must also provide medically necessary services that are available to members who meet the functional and financial eligibility for the STAR+PLUS HCBS program.

■ LTSS SERVICES PROVIDED

The following benefits are an example of services available to LTSS participants in both STAR+PLUS and Star Kids:

Personal assistance • CFC • Habilitation • Emergency response • DAHS • Respite • Adaptive aids • Home modifications • Employment supports • Transition assistance

Note that some of these services are only available for STAR Kids through MDCP.

Additional STAR+PLUS HCBS services may include:

Nursing facility • Assisted living • Adult foster care • Home-delivered meals • Cognitive rehab • Support consultation • Dental • Medical supplies

STAR Kids-specific pediatric services may include:

Private duty nursing • PPECC • Flexible family support

DUAL-ELIGIBLE OVERVIEW

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Texas Health and Human Services Commission (HHSC) oversees services for people with intellectual and developmental disabilities (IDD), including individuals with intellectual disabilities and related conditions. Many Medicaid-funded IDD community services are provided through several HCBS waiver programs, including HCS, TxHmL, CLASS, and DBMD, which offer alternatives to institutional care.



Questions?
Reach out!

■ PROGRAM STRUCTURE & ELIGIBILITY

Texas provides many Medicaid IDD services through four separate 1915(c) waiver programs:

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)

Eligibility requirements vary by waiver program. In general, individuals must meet Medicaid financial eligibility requirements and have an intellectual disability or related condition that meets the functional and level-of-care criteria for the applicable program.

■ SERVICES PROVIDED

Services vary by waiver and are based on each individual's assessed needs and service plan.

Depending on the program, services may include: Personal assistance and habilitation • Residential and community-based supports • Respite • Nursing services • Behavioral support • Adaptive aids • Minor home modifications • Employment assistance and supported employment • Physical, occupational, and speech therapy • Dental services • Emergency response services • Transportation • Transition assistance • Case management or service coordination

■ DUAL-ELIGIBLE COVERAGE

Dual-eligibles receiving CLASS, DBMD, HCS, or TxHmL waiver services who have Medicare Part B are excluded from STAR+PLUS. Their Medicaid LTSS continue to be delivered through the applicable 1915(c) IDD waiver, while Medicare remains responsible for Medicare-covered services.

■ PROGRAM ADMINISTRATION

Texas HHSC oversees the state's IDD waiver programs. Local Intellectual and Developmental Disability Authorities (LIDDAs) have a central role in HCS and TxHmL, including managing interest lists, assisting with enrollment, coordinating services, and helping develop and monitor individual service plans. CLASS and DBMD generally use waiver case managers and service planning teams to coordinate services and providers.

DUAL-ELIGIBLE OVERVIEW

BEHAVIORAL HEALTH

For individuals who are dually eligible for both Medicare and Medicaid, coverage of behavioral health services is coordinated between the two programs to ensure comprehensive care.



Medicare Coverage

Outpatient Mental Health Services

Medicare Part B covers services such as individual and group therapy, psychiatric evaluations, medication management, and certain preventive services like depression screenings.

Inpatient Psychiatric Care

Medicare Part A covers inpatient psychiatric hospital stays, subject to specific limitations.

Medicaid Coverage

Supplemental Behavioral Health Services

Medicaid may cover additional behavioral health services not fully covered by Medicare, including mental health rehabilitative services, targeted case management, peer services, and certain substance use disorder and community-based supports, depending on the member's eligibility and Medicaid program.

Community-Based Behavioral Health Supports

Eligible members may receive additional Medicaid-funded behavioral health supports designed to help them remain in the community, including rehabilitation, case management, peer support, and other specialized services based on assessed need.

INTEGRATION OF BEHAVIORAL HEALTH SERVICES

Behavioral health services for dual-eligible Texans are delivered through a combination of Medicare and Medicaid. Medicare is generally the primary payer for Medicare-covered acute behavioral health services, while Medicaid may cover additional services and supports that Medicare does not cover. For dual-eligibles enrolled in Medicaid managed care, Medicaid-only services are processed through the member's Medicaid MCO beginning September 1, 2025.

Care coordination is a core component of both STAR+PLUS and STAR Kids. MCO service coordinators work with physical health, behavioral health, LTSS, and other providers to help coordinate services across the member's Medicare and Medicaid coverage. STAR+PLUS specifically requires at least annual telephone and face-to-face contact for dual-eligible members, with more frequent contact for certain higher-need populations.

DUAL-ELIGIBLE DELIVERY SYSTEM

In Texas, individuals who are dually eligible for both Medicare and Medicaid receive coordinated healthcare coverage through a combination of services from both programs.

	STAR+PLUS / Star Kids	PACE	D-SNP
What Is It?	Texas's Medicaid managed care programs that serve dual-eligibles .	An alternative for dual-eligible seniors (55+) who need a high level of care.	A Medicare Advantage plan designed for dual-eligibles that coordinates Medicare benefits with Medicaid coverage.
Who Must Enroll?	Eligible Medicaid beneficiaries generally must enroll in the applicable managed care program.	Optional for dual-eligibles (55+) who need nursing home-level care.	Participants can but are not required to enroll.
Medicare's Role	Primary payer for acute medical services like hospital, doctor, and drug coverage.	Medicare & Medicaid funding combined into one program. Providers receive a capitated payment from Medicare and Medicaid and must cover all necessary care.	Manages Medicare benefits for dual-eligibles to enhance care coordination.
Medicaid's Role	Provides Medicaid-covered LTSS and other Medicaid-only services.		Coordinates with Medicaid.
Plan Availability	Statewide, but MCOs vary by service area	3 PACE programs/sites	Offered by multiple health plans.

DUAL-ELIGIBLE DELIVERY SYSTEM

DUAL-ELIGIBLE SPECIAL NEEDS PLANS (D-SNPs)

Dual-Eligible Special Needs Plans are Medicare Advantage plans designed for people who qualify for both Medicare and Medicaid. D-SNPs provide Medicare benefits and are required to coordinate with Medicaid, with the degree of integration varying by plan.

About 52% of full-benefit dual-eligibles in Texas are enrolled in a D-SNP.

■ ELIGIBILITY & ENROLLMENT REQUIREMENTS

D-SNPs are available to individuals who are eligible for both Medicare and Medicaid. Depending on the plan, enrollment may be limited to full-benefit dual-eligibles or may also include certain partial-benefit dual-eligibles.

Enrollment in a D-SNP is not required. Dual-eligibles enrolled in STAR+PLUS may choose Original Medicare, another Medicare Advantage plan, or a D-SNP for their Medicare coverage. For eligible full-benefit duals in Texas's Integrated D-SNP counties, enrolling in an Integrated D-SNP also aligns the member with the plan sponsor's affiliated STAR+PLUS MCO for Medicaid coverage.

■ INTEGRATED D-SNPS

Integrated D-SNPs coordinate Medicare coverage with an affiliated STAR+PLUS Medicaid plan under the same parent organization. Unlike Texas's former Medicare-Medicaid Plans, which provided Medicare and Medicaid benefits through one plan, the 2026 model uses two affiliated plans: an Integrated D-SNP for Medicare and a STAR+PLUS MCO for Medicaid. The model is intended to streamline care coordination, member communications, and administration across Medicare and Medicaid.

■ PLAN AVAILABILITY

D-SNPs are available as a Medicare option statewide for dual-eligibles enrolling in STAR+PLUS, although specific plans vary by county. Integrated Dual-Eligible Special Needs Plans (Integrated D-SNPs) operate in Bexar, Dallas, El Paso, Harris, and Hidalgo Counties. Current MCOs include Molina Healthcare, Superior HealthPlan, and UnitedHealthcare, with availability varying by county.

■ SERVICES & CARE COORDINATION

The D-SNP manages Medicare-covered benefits, including hospital, physician, prescription drug, and other Medicare services. Medicaid continues to cover eligible Medicaid benefits, including LTSS and Medicaid-only services. Integrated D-SNPs coordinate with the member's affiliated STAR+PLUS MCO to improve coordination across Medicare-covered medical care, behavioral health, LTSS, and other Medicaid services.

DUAL-ELIGIBLE ENROLLMENT

DUAL-ELIGIBLE ENROLLMENT

According to CMS, as of June 2025, total full-benefit dual-eligible enrollment was 367,294.

Since 2020, D-SNP enrollment has grown by 59%.

Dual Status Codes	Count of Dual Enrollees (as of March 2024)
Qualified Medicare Beneficiaries (QMB)-only	212,846
QMB plus Full Medicaid Benefits	298,909
Specified Low-income Medicare Beneficiaries (SLMB)-only	89,435
SLMB plus Full Medicaid Benefits	13,833
Qualified Disabled and Working Individuals (QDWI)	0
Qualifying Individuals (QI)	38,565
Other Dual Full Medicaid Benefit	54,552

Questions?
Reach out!

Total dual-eligible enrollment including partial duals, as of June 2025 was 708,140.

MORE INFORMATION

DualEligibleHQ.com (DEHQ) is a comprehensive resource designed to provide up-to-date information, research, and insights on dual-eligible individuals. Our platform offers in-depth STATE REPORTs, policy updates, program analyses, and industry trends, helping stakeholders understand the complexities of dual eligibility. Whether you're a healthcare provider, policy analyst, or consumer, DEHQ serves as a go-to destination for data-driven insights and expert perspectives.



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If you're looking for more information on dual-eligible programs, state-specific policies, or the latest developments in Medicare-Medicaid integration, contact us today. Our team is ready to provide tailored insights and guidance to help you navigate the evolving landscape of dual eligibility.

OUR CONTACT

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