**Who is covered in Texas’s Medicaid Program?**

**ELIGIBILITY GROUPS**

**FFS**¹⁻³  |  **MCO**⁴⁻⁹

<table>
<thead>
<tr>
<th>Incarcerated*</th>
<th>Children (0-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented Immigrants+</td>
<td>Current &amp; Former Foster Care Children</td>
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<td></td>
<td>Parents and other Caretaker Relatives</td>
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<td></td>
<td>Pregnant Women</td>
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<td></td>
<td>Aged, Blind, and Disabled Adults</td>
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<td></td>
<td>Dual Eligibles</td>
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<td></td>
<td>Disabled Children</td>
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<td></td>
<td>American Indians/ Alaskan Natives</td>
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<td></td>
<td>Qualified Non-Citizens**</td>
</tr>
<tr>
<td></td>
<td>Intellectual and Developmental Disabilities</td>
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</tbody>
</table>

* Inpatient hospital services only.

**Qualified non-citizens are subject to a 5-year waiting requirement, except for children under 18 years of age.

+ Emergency Medicaid services only.

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**Important News**

2013 - Republican lawmakers in Texas pass a measure that requires the state Health and Human Services Commission to receive approval from the legislature before any future Medicaid expansion decisions are made.¹⁰

May 2017 - Texas submits a waiver request for a federally funded family planning program that excludes providers that perform or support abortions, such as providers affiliated with Planned Parenthood.¹¹

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**Do Medicaid health plans provide coverage?**¹²

- YES
- NO

- Aetna Better Health
- Amerigroup
- Blue Cross Blue Shield of Texas
- CHRISTUS Health Plan
- Cigna HealthSpring
- Community First Health Plans
- Community Health Choice
- Cook Children’s Health Plan
- Driscoll Children’s Health Plan
- El Paso First Premier Plan
- FirstCare
- Molina Healthcare of Texas
- Parkland Community Health Plan, Inc.
- RightCare from Scott & White Health Plan
- Sendero Health Plans
- Seton Health Plan
- Superior HealthPlan
- UnitedHealthcare Community Plan of Texas
- Texas Children’s Health Plan

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**How has Texas’s Medicaid program engaged in Managed Care?**

**SECTION 1115 WAIVERS**¹³

**The healthy Texas women waiver** was designed to improve the existing healthy Texas women (HTW) program, providing family planning and women’s health services to low-income women at no cost. The original HTW consolidated all women’s health initiatives into one comprehensive program. This waiver will run HTW under this demonstration. An application was submitted for approval on 07/05/2017. As of June 2018, the waiver was still pending.

**Status:** Pending approval.

**The Texas healthcare transformation and quality improvement program** was created to expand Texas’ Medicaid managed care program by adding new eligibility groups and services and to allow savings generated from managed care to be used for reimbursing providers for uncompensated care costs. An amendment was submitted for approval on 12/10/2016. As of June 2018, the waiver was still pending.

**Status:** Amendment pending approval.

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**www.MedicaidInnovation.org**
How is Texas meeting the needs of Medicaid enrollees?

**Family Planning**

The family planning program offers similar benefits to the healthy Texas women program, but is offered to males and females under 64. Covered services include (bolded services are unique to the family planning program):

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Screening for cholesterol, diabetes, and high blood pressure
- HIV screening
- Long-acting reversible contraceptives (LARC)
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- **Natural family planning counseling**
- **Limited prenatal benefits**

**Women’s Health**

The healthy Texas women (HTW) program provides coverage for women ages 15 to 44 who have little or no money. HTW covers similar services to the family planning program. Covered services include (bolded services are unique to HTW):

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Screening and treatment for cholesterol, diabetes, and high blood pressure
- HIV screening
- Long-acting reversible contraceptives (LARC)
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- **Screening and treatment for postpartum depression**

**Mental Health and Substance Use Disorder**

The youth empowerment services (YES) waiver program was implemented by the Health and Human Services Commission and the Department of State Health Services to give home and community-based services to children ages 3-18 who have experienced a severe emotional disturbance. The goal is to minimize the number of children who are institutionalized by promoting care in their community or home.

- Emergency behavioral health services
- Drug abuse services
- Covered drug therapies: methadone, naloxone, naltrexone, and disulfiram

**Oral Health**

Enrollees who are 21 years of age or older are only eligible for emergency dental services. Medicaid MCOs cover the following services for children through 20 years of age:

- Treatment of dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Treating craniofacial anomalies
- Checkups starting at 6 months of age

www.MedicaidInnovation.org
President Johnson signs Social Security Amendments of 1965, creating Medicaid as a public health program for the poor.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportionate Share Hospital (DSH) payments.

Children and pregnant women become mandatory Medicaid eligibility groups.

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.


ACA implementation begins.

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

Texas requires pharmacy services to be carved-in to managed care organization (MCO) contracts and inpatient services to be covered under STAR+PLUS plans.

The state authorizes mandatory enrollment of children into a limited benefit plan for dental services.

Texas terminates its nonemergency medical transportation (NEMT) waiver and transfers enrollees to the new managed care transportation organization (MTO). The MTO is required to deliver all NEMT services under a full risk model through a capitated rate system.

STAR+PLUS offers acute care services to individuals requiring LTSS.

Texas begins transitioning women, ages 18 through 65, from the Medicaid for breast and cervical cancer (MBCC) program into STAR+PLUS.

Texas implements the managed care program STAR, covering acute and primary care services for low-income women and children.

Texas begins STAR+PLUS, covering acute care services and community based long-term services and supports (LTSS) for the aged, blind, and disabled Medicaid enrollees.

Texas begins Star Health, expanding coverage to foster care children, and NorthStar, providing acute and ongoing behavioral health services to adults and children.

Texas adopts the Medicaid program.