



Health and Human Services

Chronic Kidney Disease Task Force

March 20, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Chronic Kidney Disease Task Force](#) studies and makes recommendations on developing and implementing a cost-effective state plan for prevention, early screening, diagnosis and management of chronic kidney disease for the state's population through national, state and local partners; and educates health care professionals on the use of clinical practice guidelines for screening, detecting, diagnosing, treating and managing chronic kidney disease, its comorbidities, and its complications.

- Jose L. Almeda, M.D., Kidney Transplant Surgeon, McAllen
- Benedicta Anikputa, PhD, MPH, RN, Representative from the Commission's Kidney Health Care program, Austin
- Corey Ball, M.D., Nephrologist State Medical, Tyler
- Ms. Amie B.E. Duemer, South Plains Kidney Foundation, Lubbock
- John R. Guerra, D.O. , Primary Care Physician, McAllen
- Rep. Ryan Guillen, House of Representatives, Rio Grande City
- Ms. Anne K. Ishmael, Renal Dietitian, Houston
- Ms. Nichole Jefferson, National Kidney Foundation, Dallas
- Ms. Tiffany N. Jones-Smith, Texas Kidney Foundation, San Antonio
- Mohammad R. "Hamed" Mizani M.D., Nephrologist Private Practice, Houston
- Hussein Musa, M.D., Family Practice Physician
- Lauren Ramsey, N.P., Nephrologist Nurse, Argyle
- Shweta S. Shah, M.D., Private Renal Care Provider, Houston
- Kumar Sharma M.D., Pathologist, San Antonio
- Shweta S. Shah, M.D., Private Renal Care Provider, Houston
- Ms. Roberta "Bobbi" Wager, Texas Renal Coalition, Kendall County
- Leila Williams, D.O., Representative of the commission whose duties involve the state Medicaid program, Austin.
- Vacant – Clinical Laboratories
- Vacant – Health Care System Rep
- Vacant – Member of the Senate
- Vacant – Member of the Senate
- Vacant – Member of the House of Representatives
- Vacant – Pediatrician in Private Practice
- Vacant – Preferred Provider or HMO

1. Call to order and member roll call. The meeting was convened by Benedicta Anikputa. A quorum was not present. Two new appointees were acknowledged: Senator Donna Campbell and Senator Borris Miles

2. Consideration of draft meeting minutes for December 4, 2025.
Tabled due to the lack of a quorum.



3. Share Committee Groups Updates

Public and Patient Education--discussed improving CKD education reach, especially in rural/underserved areas; emphasized standardized pamphlets/materials using plain language and visuals to explain kidney function and lab trends and reduce patient overwhelm; discussed consistent distribution across care settings (primary and specialty care) and providing materials earlier to support prevention and early detection.

Professional Education and Clinical Practice-- focused on completing its section of the state plan and strengthening provider education/alignment; identified the need for a provider-facing infographic defining CKD, stages, and key comorbidities, noting CKD is often diagnosed late; discussed aligning recommendations with national guidelines and comparing guidance across organizations (including diabetes/hypertension-related guidance).

Data, Surveillance and Research— is collecting national and Texas data on CKD and ESRD, including how diabetes impacts CKD outcomes; creating charts on ESRD by Texas county and considering a table/infographic to identify potential ESRD “hotspots.”

Prevention, Screening and Early Detection— recommended standardizing screening guidelines and defining high-risk populations to prioritize screening; plans to expand screening in high-risk Texas areas using data in partnership with the Data/Evidence Committee; plans to include pediatric CKD in screening efforts to support an upstream/proactive approach; discussed partnering with other committees and institutions on nutrition guidance and lifestyle modification as part of early detection.

Executive Committee—no report

4. Review CKDTF Report Review Schedule. 2026 Biennial Report Composition and Review Procedure

- Committee draft sections are due by end of May 2026 to Hanan Alwan for internal HHSC review.



- Subsequent months will involve HHSC and executive committee review cycles, with feedback routed back to committee chairs.
- Target: task force approval of the final report by December 2026, followed by submission to government relations.

2026 CKD Task Force Report

Review Schedule

| Scheduled Month | Item/Task Description | Responsible Party | Next Steps/Action Items |
|-------------------------|---|---|--|
| September-December 2025 | Establish and confirm Committees and Project Timetable | Task Force Chair and Liaison | Finalize committee rosters, confirm project timeline, and communicate expectations to committee chairs |
| January 2026 | Committee Discussions | Task Force Committee Members and Chairs | Committees compose and Task Force Liaison organize monthly committee meetings |
| March 2026 | Compose committee drafts | Task Force Committee Members | Task Force members working towards finalizing draft report |
| May 2026 | Submit committee drafts | Task Force Committee Members and Chairs | Chairs deliver drafts to Liaison for HHSC review |
| June 2026 | Program-level review for accessibility and plain language, and formatting for agency branding | Task Force Liaison | Liaison: Share compiled final draft with Task Force Executive Committee |
| July-August 2026 | Executive Committee* Review of Final Draft | Task Force Executive Committee | Liaison: Share compiled final draft with HHSC leadership |
| September-October 2026 | Program Management and Leadership review | Policy and Program Development Manager Specialty Health Director Associate Commissioner | Liaison: Finalize report and send to Task Force Executive Committee |
| November 2026 | Executive Committee Review | Task Force Executive Committee | Liaison: Prepare final document for presentation at December TF meeting |
| December 2026 | CKD Task Force approval | CKD Task Force | Liaison: Prepare report for submission to Government Relations |

*The Executive Committee is comprised of the chairs of each CKD Task Force committee.



5. Introduction to Texas HHSC Kidney Health Care (KHC) program

Summary. Statewide Kidney Health Care (KHC) Program started in 1973 to help Texans with end-stage renal disease (ESRD) with limited financial assistance. KHC benefits included dialysis-related assistance, access surgery, medication out-of-pocket costs, mileage reimbursement for travel to dialysis/transplant/ESRD visits, and Medicare Part D premium assistance (including deductibles and co-pays for Part D).

KHC provider types listed included nephrologists, vascular surgeons, anesthesiology providers, dialysis facilities, hospitals, pharmacies, and contracted Part D plans; providers must be enrolled via TMHP.

Regarding eligibility, participants must be Texas resident; household income currently < \$60,000/year; ESRD diagnosis; regular dialysis or kidney transplant; meets Medicare ESRD definition; not eligible for Medicaid benefits; must apply for Medicare.

Applications are submitted by an authorized entity (often via dialysis clinic social worker) with required documents (residency, SSN, income, insurance) and a medical assessment (CMS 2728 or KHC Physician Assessment Form).

As of Aug 31, 2025: 16,385 clients served and 171,615 benefit claims processed across categories (prescription drug, transportation, Medicare Part D premium assistance, medical).

Proposed KHC rule amendments: updates agency references to HHSC; improves administrative efficiencies and Medicare coordination language; changes income eligibility assessment from the \$60,000 limit to Federal Poverty Level (FPL); target effective date for the rules is 12/1/2026 with public comment announcements to come.



Presentation

KHC Overview

Kidney Health Care (KHC) is a statewide program that helps Texans with end-stage renal disease (ESRD) pay for related healthcare costs. KHC helps Texans with end-stage renal disease pay for:

- Dialysis treatments.
- Access surgery.
- Drugs.
- Travel to transplant or dialysis services.
- Medicare premiums.

KHC Provider Types

- Physicians
- Dialysis facilities
- Hospitals
- Pharmacies
- Part D Prescription Drug Plans

Provider Requirements

Providers must be enrolled in KHC through Texas Medicaid & Healthcare Partnership (TMHP); Providers assist clients to complete and submit KHC applications for eligibility determination.

To qualify for KHC, applicants must:

- Be a Texas resident.
- Have a diagnosis of ESRD.
- Receive regular dialysis treatment or be a kidney transplant recipient.
- Have a gross income less than \$60k per year.
- Not be eligible for full Medicaid benefits (medical, drug, travel).
- Apply for Medicare.

Per the Texas Administrative Code (TAC), Title 26, Part 1, Chapter 365, Rule §365.4:

A complete application packet must be submitted by an authorized entity (Social Worker) and include all the following:

- Program Application
- Centers for Medicare and Medicaid Services (CMS) (CMS Form 2728) or KHC Physician Assessment Form (PAF) (KHC Form 3057)
- Proof of Residency



- Proof of Social Security Number
- Proof of Income
- Proof of Insurance

Accessing Services

To apply for services, a client must first visit a KHC-enrolled outpatient dialysis facility or hospital; Applications are submitted by the facility directly to the program by fax or mail.

Client Utilization as of August 2025

| Benefit Category | Clients served |
|--|----------------|
| Prescription Drug | 3,323 |
| Transportation | 9,932 |
| Medicare Part D Premium Assistance | 3,106 |
| Medical | 24 |
| Total across all program benefits | 16,385 |

KHC Proposed Rule Amendments

The proposed updates would:

- Replace references to the Department of State Health Services (DSHS) with the Health and Human Services Commission (HHSC)
- Improve administrative efficiency and flexibility in program benefits
- Clarify language for proper coordination of Medicare benefits
- Update income eligibility standards to use Federal Poverty Level (FPL) guidelines

Resources

[Kidney Health Care Providers | Texas Health and Human Services](#)

[KHC Resources | Texas Health and Human Services](#)

[Kidney Health Care | Texas Health and Human Services](#)

Discussion

ESRD benefits. Are there statistics? HHSC stated they would have to get back to the task force.



Medicare premiums are for the Medicare Part D. The rule amendments will clarify this.

Putting the complicated application online would be helpful.

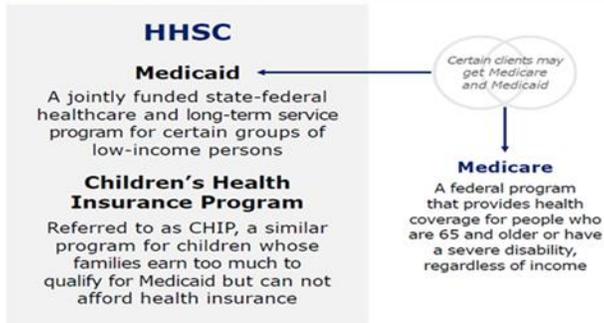
6. Medicaid 101 Presentation Introduction to Texas Medicaid and CHIP – Texas HHSC

Summary. The presentation focused on the basic high level information. Highlights included:

- Impact stats shared: 4.2M Texans on Medicaid (14.2%); over half of Texas births are covered by Medicaid; nearly half of Texas children are covered by Medicaid/CHIP; over half of nursing home residents are covered by Medicaid.
- Medicaid is an entitlement program (not capped) with federal match; CHIP has higher federal match but capped funding (not historically exhausted in Texas).
- Services include: acute care, long-term services/supports, behavioral health, non-emergency medical transportation, and pharmacy coverage.
- 95% of Medicaid patients are covered through managed care vs 5% fee-for-service; managed care described as network-based, member choice/assignment to MCO, and PCP/dental home structure.
- Managed care vs fee-for-service differences included payment model (capitation vs claims), contracting structure, referrals/choice, service coordination availability, and benefit differences (managed care: unlimited prescriptions/hospital stays; fee-for-service: adult limits noted such as 3 prescriptions/month and 30-day hospital stay limit).
- Program structure includes STAR, STAR Kids, CHIP, STAR Health, STAR+PLUS; there are 16 MCOs and 3 DMOs; services organized regionally and include Medicaid Rural Service Areas;
- HHSC oversight categories and enforcement tools include CAPs, liquidated damages, accelerated monitoring, suspension of default enrollment, termination).
- Waiver programs were described at a high level and include waiver caps and subsequent interest lists; LIDDAs were mentioned as part of waiver eligibility determination.

Presentation

What is Medicaid?

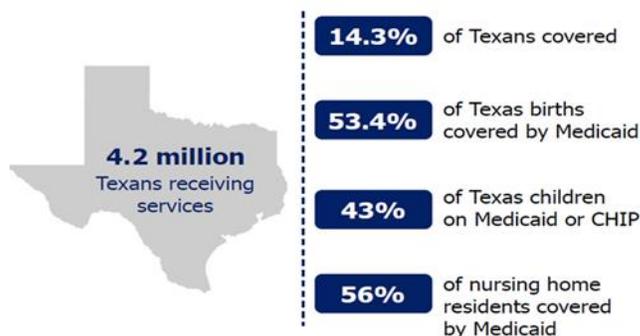


Federal law

- Requires coverage of certain populations and services
- Gives flexibility for states to cover additional populations and services



Impact Perspective



Note: Medicaid and CHIP caseload data is for June 2025. Percentages of births and nursing home residents covered by Medicaid are for FY 2023.

Key Funding Differences

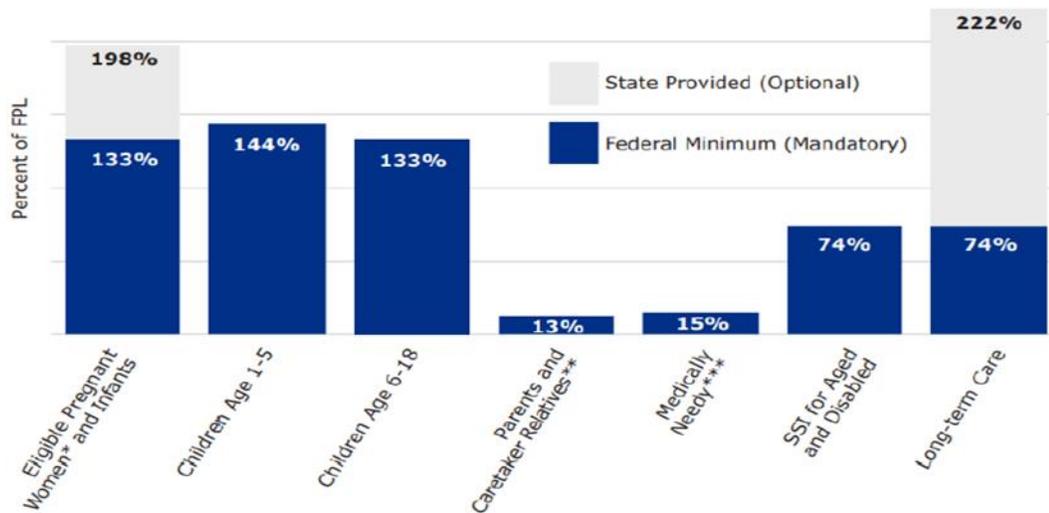
Medicaid IS an Entitlement Program.

Federal match is lower than CHIP but there is no funding cap. All eligible people receive coverage.

CHIP is NOT an Entitlement Program.

Federal match is higher than Medicaid, but funds are capped. When a state’s CHIP funds are spent, no more are available.

Texas Medicaid Income Eligibility Levels



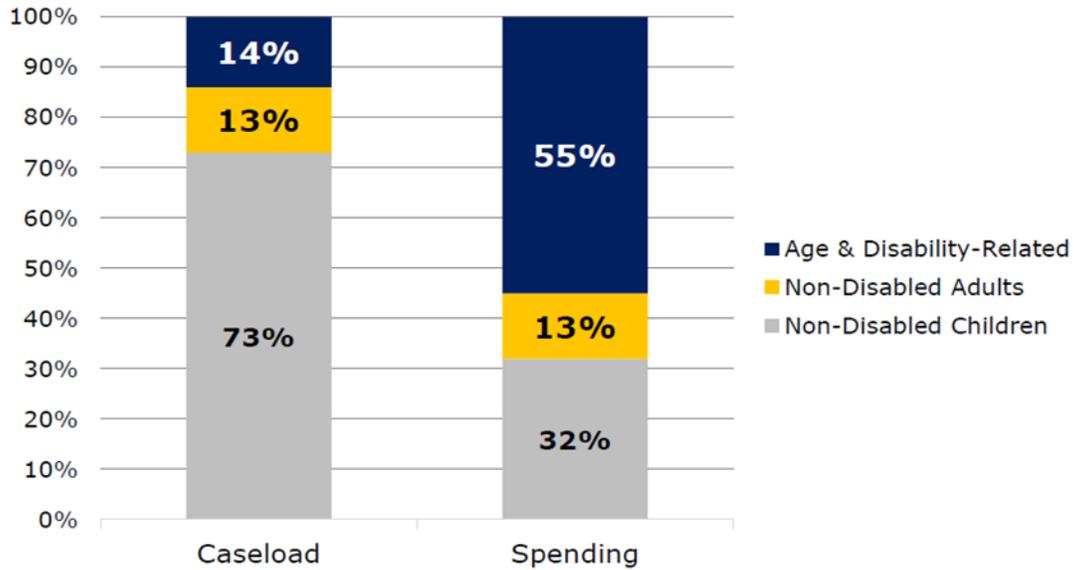
*Through 12 months postpartum.

**For Parents and Caretaker Relatives, maximum monthly income limit in SFY24 was \$230 for a family of three, or about 13 percent of the FPL.

***For Medically Needy pregnant and postpartum women and children, the maximum monthly income limit in SFY24 was \$275 for a family of three, or about 15 percent of the FPL.

More information on eligibility criteria for Medicaid and CHIP can be found in Chapter 1 of the Fifteenth Edition of the Texas Medicaid and CHIP Reference Guide.

Major Category Spending



Types of State Plan Services

| | |
|---|--|
|  <p>Acute Care Services</p> | <p>Preventative care, diagnostics and medical treatments <i>Examples: Physician, inpatient and outpatient hospital services, laboratory, x-ray services</i></p> |
|  <p>Long-term Services and Supports</p> | <p>Support with ongoing, daily activities for individuals with disabilities and older adults <i>Examples: Community-based care, personal assistance with activities of daily living (cleaning, cooking), nursing facility services</i></p> |
|  <p>Behavioral Health Services</p> | <p>Screening and treatment for mental health conditions and substance use disorders (SUD) <i>Examples: Mental health rehabilitation, medication assisted therapy for SUD, psychological and neuropsychological testing</i></p> |
|  <p>Medical Transportation Services</p> | <p>Non-emergency medical transportation (NEMT)</p> |
|  <p>Pharmacy Services</p> | <p>Coverage for prescription drugs</p> |



Service Delivery and Oversight

Two Service Delivery Models

Managed Care Serves 95% of clients

Fee-for-Service (FFS) Serves 5% of clients

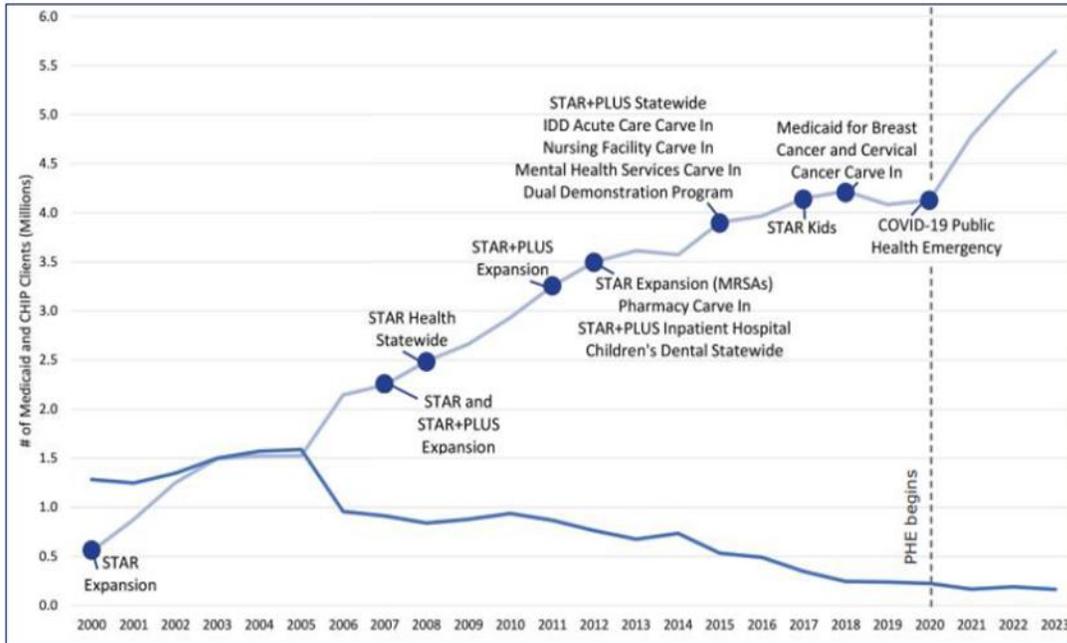
Managed Care Goals

1. Emphasize preventative care
2. Improve access to care
3. Ensure appropriate use of services
4. Improve client and provider satisfaction
5. Establish a medical home for Medicaid clients through a primary care provider
6. Improve health outcomes, quality of care and cost effectiveness
7. Promote care in the least restrictive, most appropriate setting

Major Differences

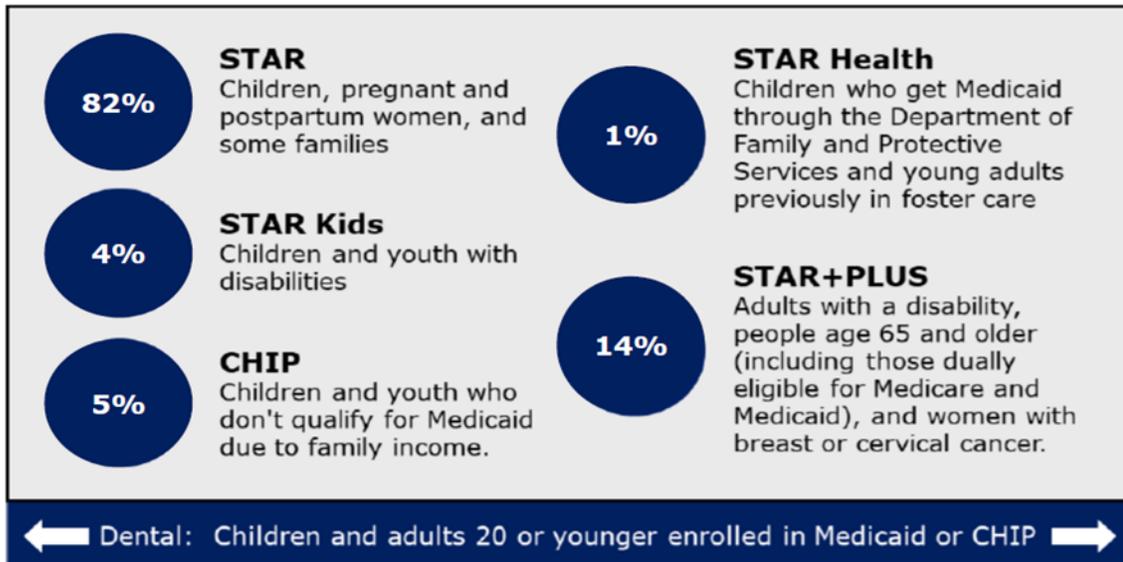
| | Managed Care | Fee-for-Service |
|-----------------------------|--|---|
| Finance Model | Risk-based: A managed care organization (MCO) is paid a capitated rate for each member enrolled | Non-risk: Providers submit claims directly to HHSC's administrative services contractor for payment |
| Contracting | State contracts with MCOs Providers enroll in Texas Medicaid and contract with MCOs | Providers enroll in Texas Medicaid and contract with the state |
| Access to Services | Members choose an MCO and receive services through their chosen medical/dental home and other providers in their plan's network – the MCO must authorize any providers that are out-of-network. Referrals are required for certain types of specialists | Clients go to any Medicaid provider, but they must find their own health care providers |
| Service Coordination | Provided for certain programs and on request | Limited to persons in waiver programs |
| Benefits | <ul style="list-style-type: none"> • Value-added services • Unlimited prescriptions • Unlimited hospital stays for most adults | <ul style="list-style-type: none"> • Basic Medicaid benefits • 3-Prescription limit for adults • 30-Day hospital stay limit for adults |

Managed Care Growth



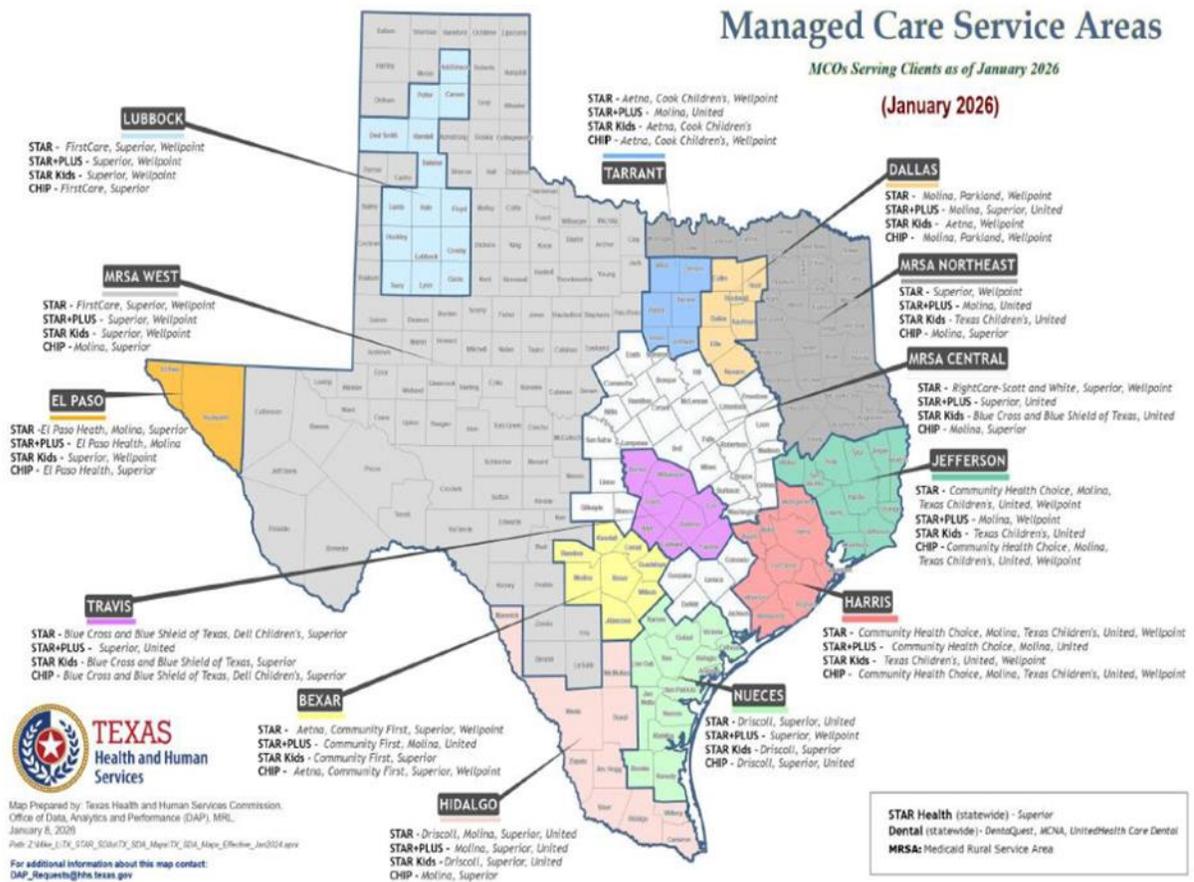
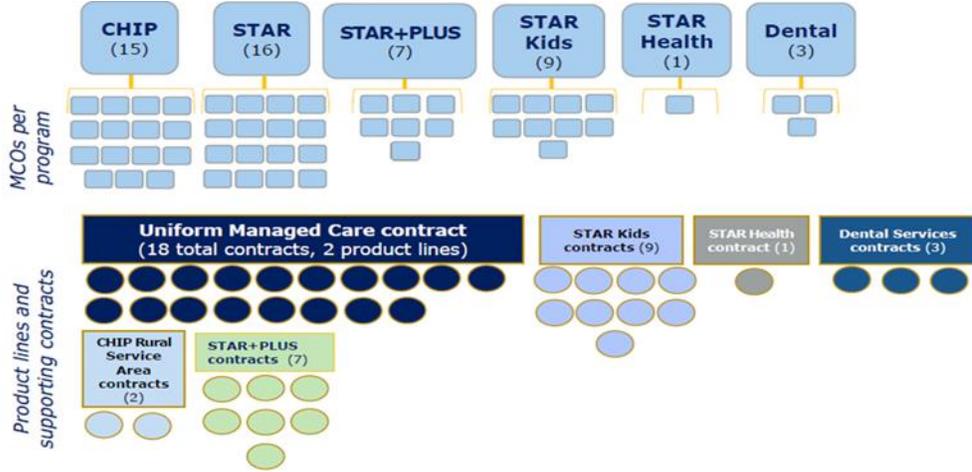
Source: Texas Medicaid and CHIP Reference Guide, 15th Edition

Texas Managed Care Programs



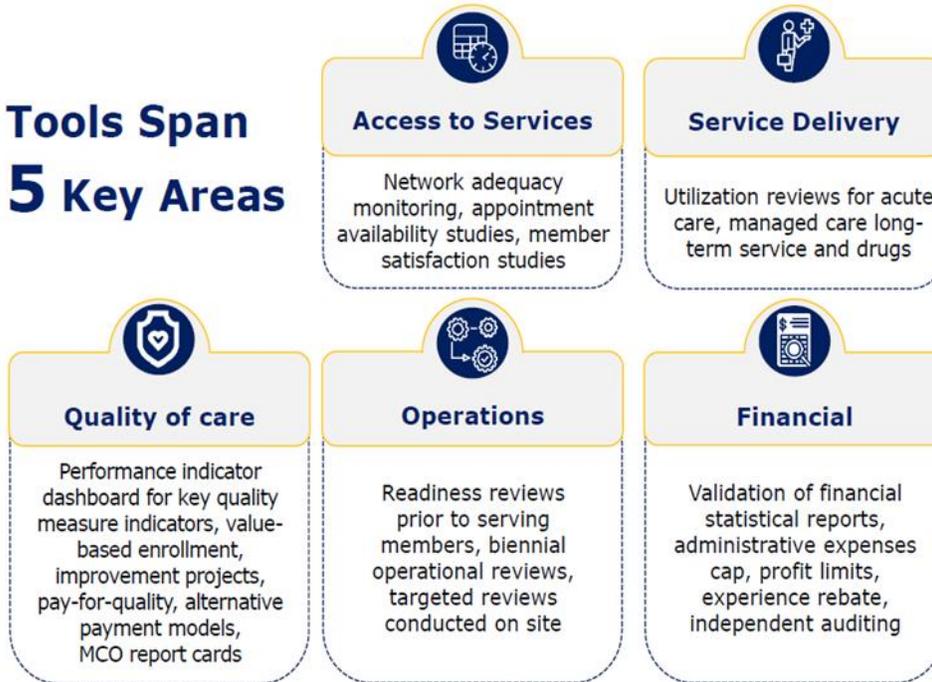
Note: Medicaid and CHIP enrollment is as of June 2025, compiled in January 2026. Percentages are rounded.

Texas Medicaid MCOs by the Numbers



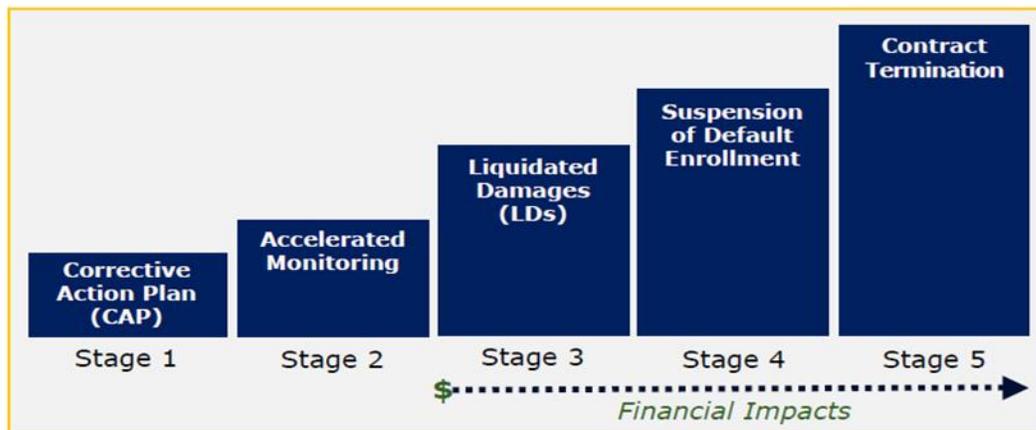
Accountability through Contract Oversight

**Tools Span
5 Key Areas**



Addressing Non-Compliance

- Multiple stages of remedies
- Increased levels of impact for MCOs
- Remedy issued is contingent on the type of non-compliance and not necessarily sequential





Waiver Programs--Waivers provide states with options to operate their Medicaid programs.

How States Get Them--Waivers must be approved by the Centers for Medicare & Medicaid Services (CMS)

Requirements States Seek to Deviate From

- State wideness
- Comparability
- Income and Resources for the Medically Needy
- Freedom of Choice

How States Use Them

- Provide different kinds of services
- Provide Medicaid to new groups
- Target certain services to certain groups
- Test new service delivery and management models
-

Accessed through Interest lists Unlike regular Medicaid, states are allowed to set caps on the number of people served under a waiver and establish interest lists when demand exceeds the waiver’s approved capacity

Who Can Be on Them

- Anyone can put their name on the list on a first-come, first-served basis
- A person can be on multiple lists at the same time
- Eligibility for a waiver program is not determined until a slot opens and a person is at the top of the list

Medicaid Waivers

| Type | Flexibility and Texas Waivers | | |
|---|---|--|---|
| Research and Demonstration 1115 Waivers | Provide flexibility to test new ideas for operating Medicaid programs, including implementing statewide health system reforms, providing services not typically covered by Medicaid, or allowing innovative service delivery systems to improve care, increase efficiencies, and reduce costs | | |
| | Texas Healthcare Transformation and Quality Improvement Program | Healthy Texas Women | STAR+PLUS Home and Community Based Services |
| Freedom of Choice Waivers 1915(b) | Provide states with the flexibility to modify their service delivery systems | | |
| | Non-Emergency Medical Transportation (FFS) | Community First Choice (CFC) providers for certain waivers | |
| Home and Community-Based Services 1915(c) Waivers | Allow states to provide community-based services as an alternative for people who meet eligibility criteria for care in an institution - nursing facility, intermediate care facility for individuals with an intellectual disability or related condition, or hospital. | | |
| | Community Living Assistance and Support Services (CLASS) | Deaf-Blind with Multiple Disabilities (DBMD) | Home and Community based Services (HCS) |
| | Medically Dependent Children Program (MDCP) | Texas Home Living (TxHmL) | Youth Empowerment Services (YES) |

Similar Across All 1915(c) Waivers

| | | | | |
|---|--|---|---|--|
|  | Certain Eligibility Requirements | <ul style="list-style-type: none"> • Must meet financial eligibility* • Must not be enrolled in another HCBS waiver • Must meet institutional level of care • Must meet citizenship and residency requirements | | |
|  | How Services Are Delivered | <ul style="list-style-type: none"> • Delivered in home and community settings • Five programs are fee-for-service • Two programs are managed care (STAR+PLUS HCBS, MDCP) | | |
|  | Types of Services Delivered** | <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Adaptive aids and minor home modifications • Medical supplies • Professional therapies like physical, occupational and speech therapy </td> <td> <ul style="list-style-type: none"> • Nursing • Respite • Employment assistance and supported employment • Residential services </td> </tr> </table> | <ul style="list-style-type: none"> • Adaptive aids and minor home modifications • Medical supplies • Professional therapies like physical, occupational and speech therapy | <ul style="list-style-type: none"> • Nursing • Respite • Employment assistance and supported employment • Residential services |
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*Financial eligibility varies by program.
**Exact services by waiver program vary. For a full list of services by waiver program, see Appendix

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Chief Medicaid & CHIP Services Office

Key Functions

| | | |
|----------|----------------------------------|---|
| 1 | Policy and Quality | <ul style="list-style-type: none"> • Program management • Policy analysis, development, and implementation • Stakeholder liaison and management of federal authorizations • Quality improvement and monitoring • Healthcare Transformation |
| 2 | Medical Clinical Services | <ul style="list-style-type: none"> • Utilization Review (UR) • Medical and UR Appeals • Waiver Functional Eligibility Determination • Case Management for Complex Cases • Clinical Consultation and Liaison |

- 3

Managed Care

 - Managed care oversight coordination and contract administration
 - Managed care and waiver enrollment
 - Financial reporting and oversight
 - MCO provider and pharmacy complaints, escalated member complaints

- 4

Operations

 - Provider enrollment
 - Pharmacy Benefit Administration
 - FFS program and benefit administration
 - IDD waiver program enrollment
 - Medicaid technology

- 5

Contract Management and Procurement Strategy

 - Major procurement planning and execution
 - Contract administration
 - Provider contracting, and monitoring
 - Program of All-Inclusive Care for the Elderly (PACE) management

Appendix to the Presentation

Acute Care Services

Focus on preventive care, diagnostics and treatments. All clients enrolled in Medicaid programs are eligible for acute care services.

|  Example services: | |
|--|--|
| Physician Visits | Inpatient/outpatient hospital services |
| Laboratory services | X-ray services |
| Vaccines | |

A full list of services offered in Texas is available in Appendix B of the Fifteenth Edition of the Texas Medicaid and CHIP Reference Guide.

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Long-term Services and Supports (LTSS)

Support an individual with ongoing, day-to-day activities, rather than treat or cure a disease or condition. May be provided in a facility or community-based setting. Must meet functional eligibility requirements.

|  Example Services | |
|---|----------------------|
| Small group homes | Supported employment |
| Individualized skills and socialization | Attendant care |

A full list of services offered in Texas is available in Appendix B of the Fifteenth Edition of the Texas Medicaid and CHIP Reference Guide.

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Behavioral Health Services

Treat mental health conditions and substance use disorder (SUD). These services are included in all Medicaid programs.

| Example services: | |
|--|--|
| Mental health rehabilitation | Mental health targeted case management |
| Psychiatric diagnostic evaluation | Counseling and medication assisted therapy for SUD |
| Psychological and neuropsychological testing | |

A full list of services offered in Texas is available in Appendix B of the Fifteenth Edition of the Texas Medicaid and CHIP Reference Guide.

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Medical Transportation Services

Nonemergency medical transportation services for clients who need help getting to appointments.

| Example services: | |
|--|---|
| Arranging a ride to the doctor, the dentist, a hospital, a drug store, or any place that provides covered services | Paying for a bus, train, or airplane ticket* |
| Paying a friend, family member, or neighbor to take them | Other services related to meals and lodging for children or youth |

*Pay for limited out of state travel to neighboring states (Louisiana, Arkansas, Oklahoma and New Mexico)

Prescription Drugs

Medicaid and CHIP covers most outpatient prescription drugs either through a managed care organization or the Vendor Drug Program (VDP)

- Clients who are dually eligible for Medicaid and Medicare receive most of their prescription drugs through Medicare Part D



The VDP establishes the preferred drug list and maintains the formulary for both fee-for-service and managed care

This provision of Government Code is set to expire on September 1, 2033

Discussion

Clarification was made that the lower line on the managed care growth graph represented fee-for-service enrollment

Discussion that managed care has broader benefits, and fee-for-service is a small share (often newborns and for transition periods).

Dr. Mazani and Dr. Corey Ball raised concerns about rural access and closures of services, reimbursement pressures, and dialysis access challenges (including issues with "Medicaid pending" patients and long enrollment timelines leading to ER-based dialysis).



Dr. Williams noted ongoing rural health transformation efforts and offered to follow up with specifics; she also shared that value-based/performance improvement is part of the service array and that she nominated CKD early identification as a potential performance improvement focus.

7. Public comment. There was no public comment offered

8. Review of items for future meeting Next meeting :June 26. No agenda items were suggested

9. Adjourn. There being no further business, the meeting was adjourned.

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