



Health and Human Services

SMMCAC Service and Care Coordination and Service Delivery Options Subcommittee (SCC)

May 13, 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.





This subcommittee focuses on improvements related to service and care coordination, and service delivery options within managed care.

Objectives include:

- reviewing best practices for care coordination;
- addressing state barriers getting in the way of MCO delivery of care coordination services;
- clarifying terms and definitions of service coordination and service management activities;
- identifying possible improvements to ensure service coordination and service management is consistent across HHSC contract requirements; and, making recommendations on service delivery models, including but not limited to Consumer Directed Services (CDS), Service Responsibility Option (SRO), and Agency option/agency managed option.

Members: Demetria Haffort, Jeff Humber, Robert Shane Kernell, Samantha Moreno, Beth Hughes, Tyra Hinton

1. Call to order, roll call, and introductions. The meeting was convened by Demetria Haffort. Chair. A quorum was not present.

~~**2. Consideration of November 5, 2025, draft meeting minutes.**~~

Tabled due to the absence of a quorum

~~**3. Discussion on the SMMCAC 2025 annual report and possible integration of various recommendations from the former STAR Kids Managed Care Advisory Committee 2023 report.**~~

Tabled due to the absence of a quorum

4. The Duals Integration Project – Phase II and the Centers for Medicare and Medicaid Services (CMS) Contract Year 2025 Medicare Advantage and Part D Final Rule

Quiana Lopez, PhD STAR+PLUS and Dual Eligible Program Policy Manager Office of Policy Medicaid and CHIP Services



Summary HHSC update presented by Dr. Kiana Lopez (Manager of Program Policy, Medicaid and CHIP Services, HHSC).

As of Jan 1, 2026, Medicare-Medicaid Plans (MMPs) operations ended; former MMPs transitioned to integrated D-SNPs in demonstration counties. Phase 2 preparation focuses on Jan 1, 2027, when parent companies of remaining STAR+PLUS plans in demonstration counties begin operating under the integrated D-SNP model.

The 2026 integrated D-SNP model features (demo counties): former MMPs are the only integrated D-SNPs; Medicare-led exclusively aligned enrollment; integrated appeals/grievances/member materials; Texas-specific D-SNP-only contracting allowing separate plan benefit packages (PBP) within the same contract (including PBPs with and without EAE).

D-SNP restrictions/changes: integrated D-SNPs may not operate a co-D-SNP for full duals within a demonstration county in 2027; integrated D-SNPs must freeze enrollment in co-D-SNPs in 2026.

Demonstration counties/plans were discussed for integrated D-SNP operations in 2026 and those beginning in 2027:

- Bexar: UnitedHealthcare Community Plan of Texas, Molina Healthcare of Texas, Community First Health Plans.
- Dallas: UnitedHealthcare Community Plan of Texas, Molina Healthcare of Texas, Superior HealthPlan.
- El Paso: Molina Healthcare of Texas, El Paso Health.
- Harris: UnitedHealthcare Community Plan of Texas, Molina Healthcare of Texas, Community Health Choice Texas.
- Hidalgo: UnitedHealthcare Community Plan of Texas, Molina Healthcare of Texas, Superior HealthPlan.

Phase 2 deliverables and CMS Contract Year 2025 Final Rule (effective Jan 1, 2027)

Key Phase 2 implementation activities/deliverables:

- Update 2027 D-SNP State Medicaid Agency Contract to align with CMS requirements; contracts shared with plans for comment, questions answered, and revisions to be re-shared.
- Updated member materials-- CMS shared materials with HHSC for review; HHSC completed review.



- Trading partner testing and readiness activities to ensure health plans are prepared.
- Provider and member webinars planned (similar to Phase 1) to support transition and clarify next steps.
- Continuity of care guidance to be issued through MCO notice for maintaining Medicaid services during transitions.
- D-SNP workgroups ongoing with existing and new integrated D-SNP plans; additional workgroups may address topics like the CY2025 final rule.

UMCM updates are underway:

- **Technical updates** are removing references to the dual demonstration/MMPs and revising the demo-related language (to follow standard HHSC review process including public comment; targeted for posting sometime this year).
- **Administrative updates** removing references without replacement language (no public comment required; planned to post soon).

The CMS Contract Year 2025 Medicare Advantage and Part D Final Rule (statewide D-SNP requirement; separate from Texas's integrated D-SNP model): These are intended to simplify enrollment for dual-eligible individuals and increase alignment of Medicare/Medicaid under the same parent organization. HHSC emphasized not conflating the integrated D-SNP demo approach with the CMS final rule to avoid confusion about statewide vs Texas-specific requirements.

Member impact (most counties starting Jan 1, 2027): Medicaid-led enrollment where full dual-eligible individuals must enroll in STAR+PLUS first before enrolling in a D-SNP (integrated D-SNP counties remain Medicare-led). D-SNPs must verify STAR+PLUS enrollment before completing D-SNP enrollment; enrollment is not automatic.

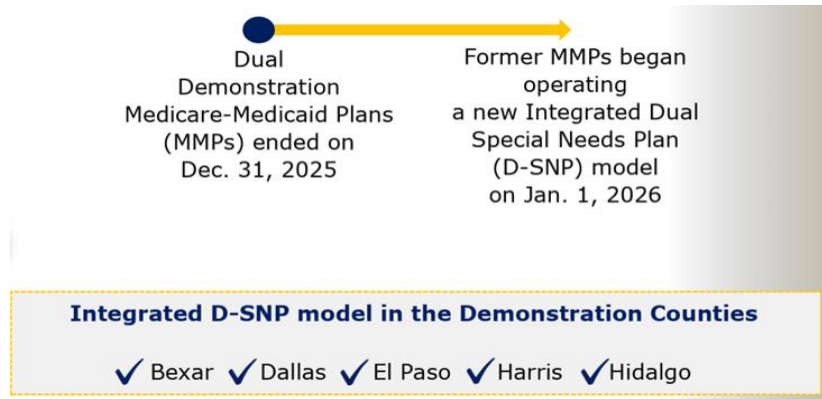
Members must contact both the HHSC enrollment broker (STAR+PLUS) and their chosen D-SNP (Medicare plan enrollment). There is no added cost-sharing-- Medicare remains primary payer. When a plan offers both, members must stay within the same organization (reduces "mix and match") and options vary by county.

HHSC recommended providers reach out directly to the MCO.

Presentation.

Integrated D-SNP Model Phase II Implementation Date: January 1, 2027

Phase I: Complete








Transition Milestones

Dec. 31, 2025	Jan. 1, 2026	Jan. 1, 2027
Dual Demonstration and MMPs ended	Integrated D-SNP model with Medicare-led exclusively aligned enrollment (EAE) for former MMPs began	Begin Integrated D-SNP Models for remaining STAR+PLUS plans in Demonstration counties CMS 2025 Final Rule Effective

Demonstration Counties: Bexar, Dallas, El Paso, Harris, and Hidalgo

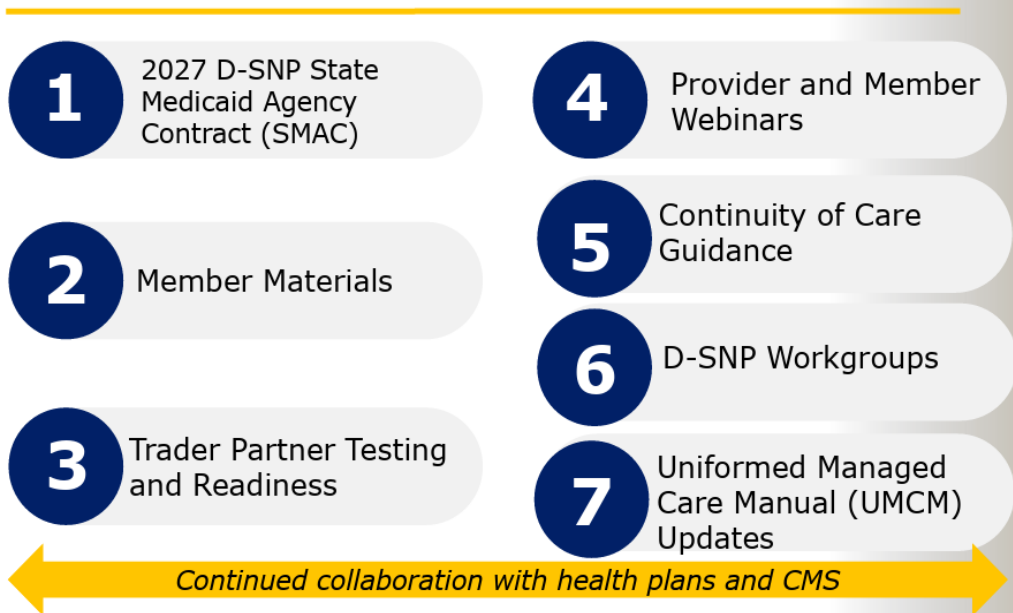
Integrated D-SNP Model (In Demonstration Counties Only)

-  Medicare-led EAE model
-  D-SNPs and affiliated STAR+PLUS MCOs will implement integrated Medicare-Medicaid appeals and grievances processes
-  D-SNPs and affiliated STAR+PLUS MCOs will implement integrated Medicare-Medicaid member materials
-  Texas-specific D-SNP-only contracts
-  A parent organization of a D-SNP implementing this model may not operate coordination-only (CO) D-SNPs for full duals in a demonstration county (2027)

Integrated D-SNP Plans

County	2026 Integrated D-SNPs	Remaining STAR+PLUS MCOs to Begin Operating Integrated D-SNPs in 2027
Bexar	Molina Healthcare of Texas	United Healthcare and Community First Health Plans
Dallas	Superior HealthPlan and Molina Healthcare	United Healthcare
El Paso	Molina Healthcare of Texas	El Paso Health
Harris	Molina Healthcare of Texas and United Healthcare	Community Health Choice Texas
Hidalgo	Molina Healthcare of Texas and Superior HealthPlan	United Healthcare

Phase II: Key Deliverables and Activities





CMS Final Rule 42 CFR §422.514(h): Medicaid-Led Enrollment for Dual Eligible Members. Implementation January 1, 2027

CMS 2025 Final Rule: What This Means For Members

How members enroll	What Members Must Do	Important to Know
<ul style="list-style-type: none"> In most Texas counties, members must enroll in Medicaid first. Members must join STAR+PLUS before enrolling in a D-SNP (except in integrated D-SNP counties). Enrollment is not automatic. 	<ul style="list-style-type: none"> Call the HHSC Enrollment Broker to enroll in STAR+PLUS. Then contact the D-SNP to enroll in the Medicare plan. 	<ul style="list-style-type: none"> This does not add any costs for the members. Medicare still pays first for Medicare-covered services.

Key Takeaways: Integrated DSNP Model

- HHSC implementing the Integrated D-SNP model using a phased approach.
- EAE allows the member to choose a health plan based on the member’s primary insurance coverage.
- Simplified enrollment process: member only contacts the D-SNP of choice to enroll – STAR+PLUS enrollment occurs through an HHSC automatic enrollment process.
- Integrated member materials improve member understanding of all benefits.

Key Takeaways: 2025 CMS Final Rule

What Members Do	What This Means for Members
Enroll in a STAR+PLUS plan first	Your Medicaid coverage starts first
Then enroll in a D-SNP	Your Medicare and Medicaid benefits align
Stay within the same plan (if it offers both)	You may need to choose a matching plan
Review plans in your county	Your options depend on where you live



Discussion

In the integrated DSNP counties it is Medicaid led. You enroll in the DSNP first then HHSC will align the Medicaid plan for the member. In the other counties it is Medicare led and it is the job of the DSNP to make sure they are enrolled in the STAR Plus plan before enrolling in the DSNP.

The 2025 rule does not implement until 2027, so this is keeping confusion down.

From a provider perspective, will providers have to recontract with the MCOs? HHSC stated they will discuss this at future meetings.

5. Public comment. No public comment was offered

6. Action items and future agenda topics.

Revisit today's agenda items

Next meeting is August 11, 2026 at 3:00 pm

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

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