

August 26, 2025

RIDER 32 PROVIDER NOTIFICATION - EFFECTIVE SEPTEMBER 1, 2025

SUMMARY OF NOTIFICATION

Beginning September 1, 2025, the Texas Health and Human Services Commission (HHSC) will transition Medicaid-only services for dually eligible clients (clients who are eligible for both Medicare and Medicaid) enrolled in Medicaid managed care from a fee-for-service (FFS) to a managed care service delivery system. Community Health Choice will be responsible for the adjudication of these claims.

Provider Responsibilities:

Providers must submit claims for Medicaid-only services for dual eligible clients enrolled in Medicaid managed care directly to the MCO. If a provider submits a claim to TMHP in error:

- TMHP will forward the claim to the appropriate MCO; and
- TMHP's claim response will reflect that the claim was forwarded, but TMHP will not issue an Electronic Remittance and Status (ER&S) Report.

TMHP will forward these claims based on dates of service on or after September 1, 2025. TMHP will no longer adjudicate these claims.

Providers should contact the member's MCO directly for claim status updates and questions related to adjudication.

For a list of Medicaid-only services impacted by this change, see the *Rider 32 Procedure Code List*, attached. For questions, please contact Provider Services at 1.888.760.2600.

Authorization Requirements:

Prior authorizations must still be obtained from Community Health Choice for services that require them. Refer to the [Prior Authorization Information - Providers of Community Health Choice](#) webpage for specific services.

Please note: These may differ from FFS Medicaid requirements.