

## Rider 32 – Frequently Asked Questions

### For Providers

#### What is Rider 32?

The Texas Health and Human Service Commission transitioned Medicaid-only acute care services provided to dually eligible members from fee-for-service to managed care on **Sept. 1, 2025**. This change follows the implementation of Rider 32, as required by the 2024-2025 General Appropriations Act, House Bill 1, 88th Texas Legislature, Regular Session, 2023 (Art. II, HHSC, Rider 32).

Blue Cross and Blue Shield of Texas must cover, as Medicaid wrap-around services for dually eligible members, Medicaid-only acute care services that:

- Are not covered by Medicare; and
- BCBSTX covers for members who do not have Medicare

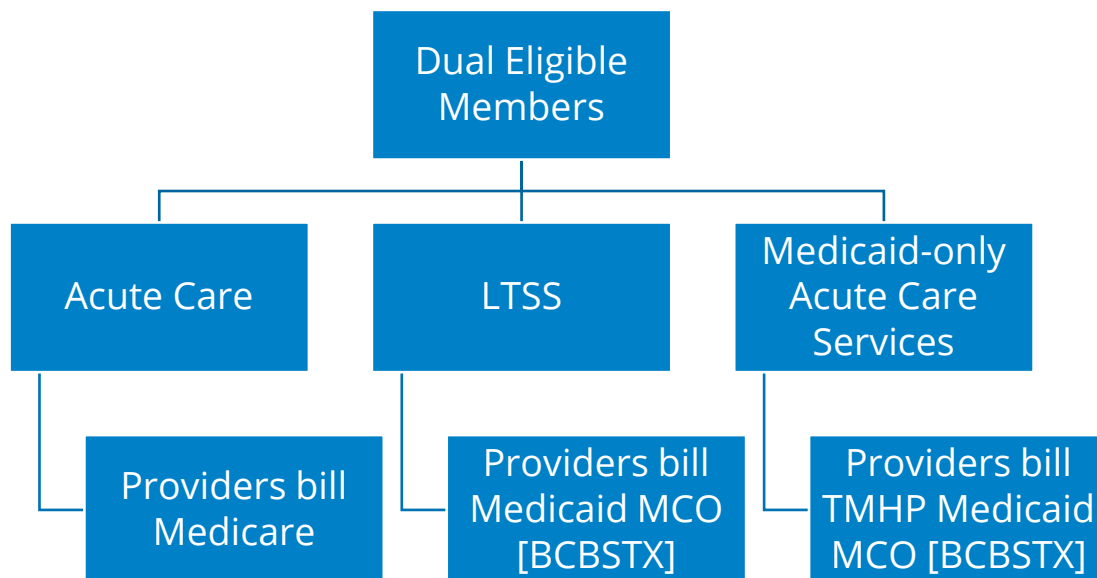
We will also begin covering non-risk, wrap-around drugs for dual eligible members.

Services provided via FFS for all Medicaid beneficiaries **are not** impacted by this transition.

#### Will both Medicaid and Medicare services be impacted? What does this mean for providers?

Rider 32 only affects the services that are Medicaid-only and currently covered by Medicaid FFS. Services that are covered by Medicare and their reimbursement schedule will not be impacted by this project.

#### Health care coverage for dual-eligible members as of Sept. 1, 2025:



**What are examples of Medicaid-only acute care services in Rider 32?**

Following are examples. This is not a complete list of acute care services.

- Targeted case management and mental health rehabilitation
- Substance use disorder treatment services provided in a chemical dependency treatment facility
- Routine podiatry
- Hearing aids and fitting exams
- Most disposable medical supplies, such as those for incontinence and tube feed
- Vision services

**What is the purpose of the Rider 32 implementation project?**

The purpose is to improve dually eligible client services by:

- Reducing provider administrative burden and confusion
- Enhancing managed care organizations' ability to coordinate services
- Improving care for members and timely receipt of services due to MCOs paying and processing claims directly

**What services are excluded for Medicaid-only?**

Services provided via FFS for all Medicaid members are not impacted by Rider 32. These services include:

- Pediatric nursing facility
- IDD waiver program

**What are the requirements for Rider 32?**

Rider 32 requires MCOs to provide benefits that are equal in amount, duration and scope to the services offered in FFS. This rule ensures that Medicaid beneficiaries do not lose access to covered benefits.

**What has not changed?**

- How providers bill for Medicare services provided to dual-eligible individuals;
- Which services are covered by Medicare for dual-eligible individuals; or
- Which services are covered by Medicaid MCOs for non-dual-eligible members

**Resources****[Rider 32 Procedure Code List](#)**

If you have questions or need assistance, please reach out to our Medicaid Provider Network Team at **855-212-1615** or [email](#).