



Stakeholder Update: COVID 19

Medicaid and CHIP Services

March 25, 2020



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Services

COVID-19 Response

Where we are:

- Rapidly changing situation
- Response is iterative
- Review what's implemented to date

Communication Channels

Clients

- [COVID section on HHS site](#)
- Health plan channels and providers

Providers

- [COVID section on HHS site](#)
- [COVID section on TMHP site](#)
- Health plan channels

+ Weekly calls

Submit questions to:

Medicaid_COVID_Questions@hhsc.state.tx.us



Implemented

Teleservices:

- Reminded managed care organizations (MCOs) about existing flexibility to provide teleservices and the ability for a member's home to be a place of service.
- Clarified that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.
- FQHCs can be reimbursed as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers.
- HHSC is allowing telephonic only behavioral health services and office visits for medical services through April 2020. HHSC notified providers on March 20, 2020.



Implemented

Face-to-Face Visit Requirements:

- Directed MCOs to suspend face-to-face service coordination visits for 30 days in STAR Kids, STAR+PLUS, and STAR Health.
- Authorized fee-for-service case managers and service coordinators to suspend face-to-face service coordination visits for 30 days and encouraged telephonic, telehealth, or telemedicine visits.
- Extended services for people whose reassessments are scheduled from now through the end of April 2020.
 - Extends medically necessity/level of care determinations, service authorizations, and individual service plans.
 - Applies to STAR+PLUS Home and Community Based Services, the Medically Dependent Children Program (MDCP), and 1915(c) waivers for individuals with intellectual and developmental disabilities.
- Directed STAR, STAR Health, STAR Kids, and STAR+PLUS MCOs to allow FMSAs to suspend providing face-to-face orientations for CDS employers for the next 30 days. Employer orientations scheduled in the next 30 days will be virtual or by telephone. Face-to-face will be required after the suspension.



Implemented

Electronic Visit Verification (EVV):

- Payments for services delivered through April 2020 will not be conditioned on an upfront EVV match. Providers will continue to use EVV to the extent possible. All service delivery must be documented in the EVV system, even if initially documented on paper. Payments and encounters will be reconciled retrospectively.

Pharmacy:

- Texas State Board of Pharmacy authorized pharmacists in Texas to dispense up to a 30-day supply of medication (other than a schedule II-controlled substance) in the event a prescriber cannot be reached.
- To address possible drug shortages in short acting agents, HHSC moved drugs in the Bronchodilators, Beta Agonist drug class from non-preferred to preferred status, effective March 21, 2020. Drugs with preferred status do not require non-preferred prior authorization.

CHIP Co-payments:

- CHIP co-payments for office visits are waived through April 2020.



Implemented

COVID-19 Testing:

- Medicaid and CHIP will cover COVID-19 testing for Medicaid and CHIP clients with no prior authorization required.

Durable Medical Equipment:

- MCOs may not require Durable Medical Equipment (DME) providers to obtain the member or member's guardian signature on DME Certification and Receipt Forms. Effective through April 30, 2020.





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Medicaid 1135 Request

Medicaid Authorizations:

- Allow Texas Medicaid Healthcare Partnership (TMHP) and MCOs to extend prior authorizations (PA) for services expiring in the next 30 days when a PA cannot be obtained.

Long Term Services and Supports:

- Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days.
- Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.



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Medicaid 1135 Request

Provider Enrollment:

- Waive payment of application fee to temporarily enroll a provider.
- Waive criminal background checks associated with temporarily enrolling providers.
- Waive site visits to temporarily enroll a provider.
- Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollees and be reimbursed for that service.
- Streamline provider enrollment requirements.
- Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency.
- Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state.
- Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated.



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Medicaid 1135 Request

Appeals and Fair Hearings:

- Extend to 60 days the amount of time that MCOs have to resolve standard appeals statewide.
- Waive the requirements that a member appealing to an MCO must have their oral request for an appeal be confirmed in writing.
- Extend the amount of time an enrollee has to request a state fair hearing by 30 days.
- Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days.
- Extend the state's deadline to take final administrative action in a Fair Hearing by 30 days.



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Medicaid 1135 Request

Other Flexibilities:

- Waive any requirements of the state plan that require face-to-face contacts to allow the services to be performed by telehealth, telemedicine, or telephonic contact as consistent with state law and subject to HHSC requirements.
- Waive the timeframes associated with the public notice requirements for the state plan and 1115.
- Extend current medical necessity, service authorizations, and level of care authorizations for state plan fee-for-service and managed care services and programs, including waiver programs.
- Extend or allow the state to waive any requirements that require the signature of physician or DME provider or Medicaid recipient.
- Allow Texas Medicaid to reimburse pharmacies for the administration of flu vaccines, long acting antipsychotics, and drugs used to treat substance use disorder or opioid dependency.
- Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission.