



Stakeholder Update: COVID 19

**Medicaid and CHIP Services
August 6, 2020**



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Provider Relief Fund: Medicaid CHIP Distribution (1 of 3)

- The U.S. Department of Health and Human Services (HHS) expects to distribute \$15 billion to eligible Medicaid and CHIP providers that have not yet received a payment from the Provider Relief Fund General Distribution allocation.
- HHS has indicated the payment to each eligible provider will be at least 2 percent of reported gross revenue from patient care.
- Instructions for the enhanced portal form and attestation can be found here:
<https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-instructions.pdf>



Provider Relief Fund: Medicaid CHIP Distribution (2 of 3)

- For additional information, please call the Provider Support Line at (866) 569-3522; for TTY, dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday.

The deadline to apply has been extended to August 28, 2020.

- Beginning August 10, 2020, HHS will allow certain Medicare providers who experienced challenges in the Phase 1 Medicare General Distribution application period a second opportunity to receive funding.



Provider Relief Fund: General Distribution (3 of 3)

- This includes Medicare providers who missed the opportunity to apply for additional funding from the Phase 1 Medicare General Distribution and Medicare providers and provider practices who experienced a change of ownership in 2020.
- Applications must be submitted by August 28, 2020.
- More information can be found here:
<https://www.hhs.gov/about/news/2020/07/31/hhs-extends-application-deadline-for-medicare-providers-and-plans-to-reopen-portal-to-certain-medicare-providers.html>





Medicaid Updates (1 of 3)

Flexibilities Extended

- In general, Medicaid and CHIP COVID-19 flexibilities are extended through the end of the federal public health emergency (October 23, 2020), unless ended earlier by the U.S. HHS Secretary.



Medicaid Updates (2 of 3)

Flexibilities Extended

- Some Medicaid and CHIP flexibilities are extended until further HHSC guidance is provided. These include:
 - Suspension of CHIP office visit copayments.
 - Extend Medicaid waiver program level of care assessments, authorizations, and ISPs set to expire in August for 90 days.
 - This includes the waivers operated in managed care and waivers for people with intellectual and developmental disabilities.
 - Extensions of prior authorizations coming up for recertification in August are extended for 90 days.



Medicaid Updates (3 of 3)

Flexibilities Extended

- Certain flexibilities ended on July 31, 2020:
 - Extending the timeline for health and dental plans to resolve standard appeals from 30 to 60 days.
 - Resume 30-day timeline for health and dental plans to resolve standard appeals.
 - Allowing medical transportation program (MTP) to use alternative transportation services.
- For more information:
<https://gov.texas.gov/news/post/governor-abbott-hhsc-extend-flexibilities-for-medicaid-chip-providers-during-covid-19-response>





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Stakeholder Updates

Access & Eligibility Services Updates

Stakeholder Updates (1 of 6)

Access & Eligibility Services Update

- Medicaid coverage continues to be maintained during the federally-declared public health emergency due to the COVID-19 pandemic.
- HHSC will resume reviewing Medicaid eligibility beginning in August.



Stakeholder Updates (2 of 6)

Access & Eligibility Services Update

- Clients whose benefits were up for renewal during the pandemic (March–August) and due in September will receive a notice this week informing them HHSC is resuming reviewing eligibility for Medicaid and will send information on next steps on continuing their Medicaid coverage.
- Talking points regarding resuming the Medicaid renewal process will also be issued to stakeholders.



Stakeholder Updates (3 of 6)

Access & Eligibility Services Update

In mid-August, HHSC will run an electronic renewal process and send out a second notice to identified clients informing them to turn in more information so HHSC can determine Medicaid eligibility.



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Access & Eligibility Services Update

- The client will have 30 days to report any changes or return any information back to HHSC.
 - If clients are still eligible, benefits will be sustained after the public health emergency ends.
 - If clients are not eligible, benefits will be denied after the public health emergency ends.
 - The client will receive a notice informing them the coverage will continue until the end of the month in which the pandemic ends.





Stakeholder Updates

Access & Eligibility Services Update

Note:

- Medicaid coverage will not be denied for any reason except voluntary withdrawal, death or moves out of state during public health emergency.
- This includes denials for procedural reasons such as not returning renewal forms or verification.



Stakeholder Updates

Access & Eligibility Services Update

- Additionally, in August HHSC will mail renewal applications to clients whose benefits are due for renewal in September and October.
- Renewal applications for ongoing months will be mailed following the normal schedule.
 - Clients must return the renewal application back to HHSC by the date specified on their notice.





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Stakeholder Updates

Regulatory Services Updates

COVID-19 Response

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

+ Update calls

Submit questions to:
Medicaid_COVID_Questions@hhsc.state.tx.us



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Thank You!

**Next update:
August 13, 2020**