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](mailto:Medicaid_COVID_Questions@hhsc.state.tx.us)
Requests for Federal Flexibility

- States have several avenues to request flexibility during a disaster to ensure client access and to ease administrative burdens for providers, such as:
  - 1135 waiver
  - 1115 waiver
  - 1915(c) waiver Appendix K
  - State plan amendment

- Texas submitted the initial Medicaid 1135 waiver request on March 25, 2020 and received partial federal approval on March 30, 2020.
Medicaid 1135 Request

HHSC continues to discuss the following flexibilities with CMS:

• 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.
• Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days.
• 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.
• 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.
• Waive timeframes associated with public notice requirements for an 1115 waiver.
1135 Request Approvals

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.
1135 Request Approvals

Fair Hearings:

• Extend the amount of time an enrollee has to request a state fair hearing by 30 days.

Other Approvals:

• Waive the timeframes associated with the public notice requirements for state plan amendments.

• Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission.
1135 Request Approvals

Medicaid Authorizations:

• Extend prior authorizations (PA) for services expiring.

• How HHSC will implement:
  o Managed care and fee-for-service prior authorizations requiring recertification and expiring from March 13 – April 30, 2020 will be extended for 90 days.
  o Extended authorizations must contain the same proportional amount and frequency as was originally authorized.
  o Does not apply to current authorizations for one-time services or pharmacy PAs.
  o A provider may submit an amended request to an existing, extended PA.
  o Before reimbursement is requested, providers must have obtained the appropriate required documentation.
1135 Request Approvals

Provider Revalidation/Enrollment:

• Postpone deadlines for provider revalidation for providers who are located in the state or otherwise directly impacted by the emergency.

• Waive certain requirements to expedite providers’ ability to enroll in Texas Medicaid:
  o Application fee
  o Fingerprint-based criminal background checks
  o Site visits
  o In-state license requirement as long as provider is licensed in another state
  o Medicare enrollment requirements
COVID-19 Provider Applications

• How HHSC will implement:
  o Temporary expedited enrollment is valid during dates of the current federally-approved public health emergency.
    ▪ All provider types that currently enroll into Texas Medicaid and CHIP using TMHP’s systems will enroll through the expedited process (http://www.tmhp.com/Pages/COVID-19/COVID-19-HOME.aspx).
    ▪ Pharmacies enrolling through the vendor drug program may use the temporary pharmacy agreement (https://www.txvendordrug.com/providers/enrollment-forms).
  o At the end of the COVID-19 public health emergency:
    ▪ Temporarily enrolled providers will be identified and contacted.
    ▪ Providers who do not wish to remain enrolled in Texas Medicaid or CHIP will be disenrolled.
    ▪ Providers who wish to remain enrolled must complete all required state and federal screening requirements.
COVID-19 Medicaid Policy Updates

Rural Health Clinics (RHCs) as distant site providers:

- RHCs can be reimbursed as telemedicine and telehealth distant site providers through April 30, 2020.
- RHCs must bill using procedure code T1015 with the modifier 95 to indicate use of the telehealth or telemedicine modality.
Guidance on THSteps Check-ups:

• Medical and dental providers are encouraged to adjust their clinical operations based on their professional medical judgment and guidance from their professional medical and dental societies.

• Adjustments may include:
  • Temporarily postponing certain check-ups.
  • Limiting check-ups to certain times of the day.
  • Dedicating specific rooms for sick visits and well visits.
  • Prioritizing visits for younger children, especially those due for routine vaccines.

• Providers are encouraged to continue providing medical exams for children entering Department of Family and Protective Services (DFPS) conservatorship (“3-day exam”) in-person.
DSRIP Flexibility Requests

• HHSC requested and received approval from CMS for flexibilities in April reporting and related payments.
  o Information has been shared with the regional anchors.

• HHSC is also requesting flexibilities around calendar year 2020 measurement.

• Questions can be directed to the DSRIP mailbox: TXHealthcareTransformation@hhsc.state.tx.us.