

All MCOs, All DMOs: COVID-19 MCO Notices Extension Updates

Background:

In response to COVID-19, HHSC has been posting MCO Notices to TexConnect with guidance that contains dates for which the guidance applies. Many dates on posted guidance are set to expire on Nov. 30, 2020.

Key Details:

HHSC is updating many MCO Notices with guidance dates that expire at the end of Nov. 30, 2020 to extend through Dec. 31, 2020, unless federal approval for these flexibilities ends sooner. HHSC will provide additional information, if so.

The previously posted individual notices in TexConnect will be edited the week of Nov. 30 to reflect the new extension dates.

The following flexibility is ending Nov. 30, 2020:

- **Remote Delivery:**
 - Allow FQHCs to be reimbursed as telemedicine and telehealth distant site providers. *Effective December 1, 2020, FQHCs may be reimbursed as telemedicine and telehealth distant site provider as permanent policy change per S.B. 670, Texas Legislature, Regular Session, 2019.*

The following flexibilities are ending Dec. 31, 2020:

- **Electronic Visit Verification:**
 - Extend visit maintenance timeframe from 60 days to 180 days.
 - Suspend claims matching requirement with a look back to program integrity. Providers should continue to capture visits using EVV when possible.
- **Prior authorizations:**
 - Extend pre-existing authorizations for which a beneficiary has previously received prior authorization.

See attached for a list of all the updated MCO Notices. If you do not see one of these notices posted in TexConnect, then it is not relevant to your health plan. The three tables of updated notices are:

1. MCO Notices Updated with Extensions Through December 31, 2020
 - These Medicaid and CHIP flexibilities have been extended through December 31, 2020 unless the U.S. Secretary of Health and Human Services ends the public health emergency earlier. If the public health emergency ends earlier, HHSC will provide additional information.
2. MCO Notices with Flexibilities That Have Ended

- This includes flexibilities that have ended July 31, 2020; October 23, 2020; November 30, 2020; and flexibilities that will end December 31, 2020.

3. Information on Other COVID-19 MCO Notices

- These various notices were not updated as the guidance either remains in effect until rescinded or the extension details remain the same. Please view these notices in TexConnect for flexibility details.

Resources:

Extensions - COVID MCO Notices Tables (Attached)

Contact:

MCO_COVID-19_Inquiries@hhsc.state.tx.us

All MCOs: 90-Day Prior Authorization Extensions to End Dec. 31. 2020

This notice replaces guidance issued on April 14, April 3 and March 31.

Background:

HHSC is issuing this guidance to Medicaid and CHIP MCOs and MMPs to help ensure continuity of care during the COVID-19 (coronavirus) response and notify of the end date of a flexibility implemented during COVID.

Key Details:

HHSC directs MCOs and MMPs to extend for 90 days existing prior authorizations and service authorizations that require recertification and are set to expire through December 31, 2020, after which time the 90-day prior authorization extensions will come to an end. The extended authorizations must contain the same proportional amount and frequency as was authorized in the original authorization.

This extension does not apply to current authorizations for one-time services or new requests for authorization, or pharmacy prior authorizations. For example, a single non-emergency ambulance trip would not be extended, but a recurring non-emergency ambulance authorization for dialysis would be extended.

This extension applies to all state plan services requiring recertification, including acute care and long-term services and supports such as personal assistance services, personal care services, community first choice, private duty nursing, physical, occupational, and speech therapies, and day activity and health services.

To implement this direction, MCOs and MMPs may either create new authorizations for the 90-day extension period or extend the end date on the current authorization.

MCOs are reminded that providers currently have an option to request prior authorization time periods other than the 90-day extension. Beginning with prior authorizations

expiring on January 1, 2021, the temporary policy requiring MCOs to extend prior authorizations will no longer be in place. However, MCOs must continue to implement the flexibility on processing new and initial PA requests and recertifications of existing prior authorizations. This policy will remain in place to provide continued flexibility for providers. MCOs are referred to the [TMHP COVID-19 webpage](#) and the [COVID-19 Guidance for New and Initial Prior Authorizations](#).

MCOs may request additional information if it is deemed necessary but will not deny prior authorization requests if providers are unavailable or unable to provide required documentation on a timely basis.

It is expected that before reimbursement is requested, providers have obtained the appropriate required documentation. The services delivered may still be subject to retrospective review for medical necessity. Exceptions will be reviewed on a provider or recipient-specific basis and need.

Action:

In addition to extending current authorizations as outlined above, MCOs and MMPs must:

- Communicate with providers once the impacted authorizations have been extended.
- Allow a provider to submit an amended request to an existing, extended prior authorization, process the request, and override the 90-day extension as appropriate.
- Have a process to ensure the provider is aware of and has timely access to the new or updated authorization in order to bill appropriately.
- Notify providers that updated authorization information must be entered into the electronic visit verification (EVV) system for EVV-relevant services.
- Notify providers impacted by the PA extensions ending December 31 and provide direction about steps providers should take to resume PA processes, including a reminder of the flexibility if documentation cannot be provided timely.

Additional Information:

A provider notice was also released and is available on the TMHP website. This does not apply to nursing facility services at this time. HHSC is still considering the appropriate action for nursing facilities. HHSC will follow up with the MCOs and MMPs regarding operationalizing this for services impacted by the EVV requirements. HHSC previously released guidance directing MCOs and MMPs to extend waiver service authorizations in alignment with HHSC's extension of the individual's eligibility for the waiver.

Resources:

http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

Contact:

jasmin.patel04@hhs.state.gov

STAR Kids, STAR Health, STAR+PLUS, MMP: Temporary EVV Policies for COVID-19 to end Dec. 31, 2020

Background:

In response to the novel coronavirus (COVID-19), HHSC is extending the [Temporary EVV Policies for COVID-19](#) through Dec. 31, 2020 for program providers currently required to use Electronic Visit Verification. HHSC will not extend the temporary policies after Dec. 31, 2020.

For dates of service beginning on Jan. 1, 2021, EVV claims matching with denials will resume, and claims will no longer receive an EVV07 match code in the EVV Portal.

Program providers:

- Must ensure a matching EVV visit transaction is accepted in the EVV Portal before billing the claim, or the claim will be denied.
- Will no longer have 180 days to complete visit maintenance.
- Should continue to follow the [Best Practices for Temporary Policies for COVID-19](#) to avoid recoupments for claims with dates of service from March 21, 2020 to Dec. 31, 2020.

Action:

HHSC requests MCOs post the attached communication to their Provider Portal and EVV webpage, as applicable, as soon as possible, but **no later than Dec. 9**.

Resources:

- Existing EVV Users: Temporary Policies for COVID-19 to end Dec. 31

Contact:

MCO_EVV_Communication@hhsc.state.tx.us

STAR+PLUS, MMP: STAR+PLUS HCBS Upgrade Process for Members Who Exited a Nursing Facility Due to COVID-19 Without Services in Place

Background:

House Resolution (H.R.) 6201 (116th Congress, 2019-2020; Public Law No: 116-127), passed March 18, 2020, requires that states maintain throughout the public health emergency the Medicaid eligibility of individuals receiving Medicaid benefits when the law was enacted. In accordance with H.R. 6201, HHSC maintained the Medicaid eligibility of STAR+PLUS members who exited a nursing facility (NF) on or after March 18, 2020,

without transferring to STAR+PLUS Home and Community-Based Services (HCBS). This includes medical assistance only (MAO) members.

Key Details:

Effective as of this notice, HHSC is allowing STAR+PLUS MCOs and MMPs to utilize the existing process for requesting upgrades to STAR+PLUS HCBS for STAR+PLUS members who exited a NF on or after March 18, 2020, due to concerns about COVID-19 or in accordance with local orders during the early stages of the public health emergency, without HCBS in place.

The existing upgrade process is described in the STAR+PLUS Handbook, Section 3330 "STAR+PLUS Members Requesting an Upgrade to the STAR+PLUS Home and Community Based Services Program."

Action:

This flexibility applies to STAR+PLUS members who were discharged from a NF on or after March 18, 2020, currently do not reside in a NF, and still have NF Medicaid.

The process will be as follows:

- The MCO must identify eligible members and inform them of the option to upgrade to STAR+PLUS HCBS.
- The MCO must conduct the initial STAR+PLUS HCBS Program medical necessity/level of care (MN/LOC) assessment for program eligibility as soon as possible via telehealth (audio + visual) or telephone and in compliance with the guidance on waiver assessments released on Oct. 27, 2020.
- The MCO will develop the Individual Service Plan (ISP) telephonically and send through the TexMedCentral portal.
- The PSU staff will process for STAR+PLUS HCBS enrollment if all eligibility criteria are met: approved MN, ISP, and active Medicaid eligibility for STAR+PLUS.
- The standard operating procedure for upgrades will be followed.

Contact:

MCO_COVID-19_Inquiries@hhsc.state.tx.us