MCO Questions: COVID-19

June 18, 2020

(New information added since previous FAQ is *italicized* below)

Appeal and Fair Hearings

1. What is the effective date for the guidance on appeals and fair hearings?
    - The guidance was posted March 26, 2020 with an effective date of March 13, 2020.

2. Does the guidance retroactively impact open or pending cases, or does it only apply to newly initiated appeals and denials on or after March 13, 2020?
    - This applies to any open, pending and new appeals and denials on or after the effective date of March 13, 2020.

3. Should services be restarted if a continuation of benefits request was received within 30 days of the guidance effective date?
    - Yes

4. Can MCOs begin processing fair hearings for members who have only requested one verbally prior to the guidance effective date?
    - You can process without the written request. The date the verbal request is received should be the date.

CHIP Co-Pays

1. What is the start date for waiving CHIP co-pays for office visits? The MCO notice states March 13, 2020, but it was published until March 23, 2020. Should we reimburse members who were seen between March 13 and March 23, 2020? *Does this action also apply to CHIP Perinatal?*

- The start date for waiving CHIP office visit co-payments is March 13, 2020 and the end date is June 30, 2020. HHSC sent the notice to MCOs on March 23, 2020.
- Providers who collected a co-payment from CHIP members between the start and end date are required to reimburse the member. Providers are to work with their CHIP MCOs to ensure correct reimbursement.
- *CHIP Perinatal members are not subject to co-payments, therefore, the CHIP co-pay waiver is not necessary for CHIP Perinatal.*

Communication with MCOs

1. Will HHSC and DSHS establish an active communication channel with MCOs? Will it include updates on situational reports issued to state leadership?
   - HHSC is participating in regular meetings with DSHS leadership. We also have key points of contact for both clinical and policy-related information. MCS will share updates from these meetings with the MCOs.
   - Medicaid and CHIP Services (MCS) will host twice-weekly COVID-19 conference calls with MCO and DMO leadership to provide updates and discuss next steps.
   - MCS will also provide updates on TexConnect through MCO notices.
   - MCO questions related to COVID-19 can be directed to: MCO_COVID-19_Inquiries@hhsc.state.tx.us

2. Will HHSC share its continuity of operations plan with MCOs, including agency points of contact in the event the continuity of operations plan must be exercised?
   - HHSC is reviewing actions needed in response to COVID-19, including lessons learned from previous disaster responses. If HHSC alters normal operations, we will coordinate with the MCOs to include sharing any changes in points of contact.

Interest Lists and Eligibility

1. Does the guidance HHSC recently released on interest lists include those referrals received between April 1-3, or does it pertain only to those received prior to the March 13 date when the MCOs were instructed to cease face-to-face assessments including completion of the MNLOC? Is the guidance instructing that MCOs have only until April 30 to complete all pending interest list referrals and upgrades, including the ones received after April 1?
    - *The referrals received by MCOs between April 1-3 were retracted by PSU. If these referrals were not retracted, please contact Kimberly Carr at Kimberly.Carr@hhsc.state.tx.us.*
    - *Please refer to the MCO notice, "COVID-19 Guidance – MCO Telehealth Assessments and June Waiver Extension" posted in TexConnect on May 18, 2020. All PSU staff received the MCO notice related to interest list releases and are holding off on sending interest list referrals from past releases to the MCOs until further guidance is issued.*
    - *HHSC will determine a strategy for the interest list process for the month of July 2020 and issue further guidance once available.*

2. How are recertifications received currently being handled? For example, if a Medicaid renewal packet is submitted, how is the recertification being processed?
    - Because Medicaid program eligibility is being extended through the end of the public health emergency, HHSC is not currently mailing or processing Medicaid program recertification packets. If a client submits a recertification packet during the public health emergency, the information reported will be evaluated once the public health emergency ends.

MCO Compliance and Reporting

1. What type of COVID-19 related MCO reporting will be required and at what intervals?
    - HHSC is developing a standardized reporting form. However, additional reporting elements may be required at certain times depending on the situation. HHSC will work to anticipate needs as far in advance as possible.

2. Will HHSC consider relaxing contractually required turnaround times for responses to audit findings or corrective action plans, or extensions on deliverable due dates given a state of emergency has been declared?
   - HHSC is looking at deliverables on a case by case basis. HHSC understands the urgency and is mindful of the need to put COVID-19 responses in the forefront of MCO operations.
   - Send specific concerns to MCO_COVID-19_Inquiries@hhsc.state.tx.us

3. Will network access standards be considered in the event of a provider shortage?
   - HHSC is monitoring impacts COVID-19 may have to network access standards on an ongoing basis and will consider these when reviewing networks for correction action plans and/or liquidated damages. At this time, HHSC has not identified a need to waive these requirements.

4. Will Corrective Action Plans be issued in FY 2022 to MCOs not meeting THSteps checkup timeliness standards since contractual requirements for new and existing members used to calculate the performance rates are waived during the COVID-19 time period.
   - MCOs will not be penalized for missing targets during the time this COVID-19 waiver was in effect, but THSteps checkups will be considered complete when the full THSteps components are complete (i.e., both the telemedicine and the in person).

Meetings

1. Will HHSC consider postponing in-person meetings or moving them to a virtual platform? (i.e. audits, advisory committees, and readiness reviews)
   - HHSC will follow CDC, DSHS, and local or county health department guidance regarding meetings and events. HHSC is focused on offering virtual participation capabilities for meetings or postponing when possible, based on the specific situation.

2. Will HHSC allow MCOs to postpone Member Advisory Group meetings?
   - MCOs should follow contractual requirements for Member Advisory Group meetings, as described in Section 8.1.5.10 of the UMCC. MCOs

should also consider guidance issued by the local public health authority associated with the location of the meeting. Contract language does not require Member Advisory Groups to meet in person.

Member and Provider Communication

1. Can MCOs get expedited approval of member and provider communications related to COVID-19?
   - HHSC will be collaborating with TAHP and MCOs on provider and member communication content.
   - MCOs are encouraged to share COVID-19 related information with members and providers through their existing channels (website, call centers, mailings, etc.).

Pre-approved materials
HHSC encourages MCOs to repurpose the following materials that can be shared with members and providers without submitting to HHSC for review. • DSHS' Communication Tools available at https://dshs.texas.gov/coronavirus/tools.aspx. The toolkits are updated to be responsive to the evolving situation across the state. • The CDC also has communication tools available at https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html.
New MCO materials
HHSC will conduct a prioritized review of MCOs' COVID-19 related member materials that are not based on the pre-approved materials. Include "COVID-19" in the Material File Name field when uploading the material for review into HHSC's Data Management System (DMS). HHSC is considering the potential for waiving the requirement for review in some cases and will provide additional guidance in a future update.

2. Can MCOs send text messages to members related to COVID-19 without receiving prior approval from HHSC?
   - Medicaid and CHIP MCOs should exercise their professional judgment and coordinate with their legal counsel in light of the federal "Notification of Enforcement Discretion for telehealth remote

communications during the COVID-19 nationwide public health emergency".

- If the text message contains information about Medicaid or CHIP benefits, MCOs must submit it to HHSC for review, since it is considered a member material (see question 1). Text messages that do not contain information about Medicaid or CHIP benefits do not have to be reviewed by HHSC.

3. How will HHSC communicate to members and providers, and will MCOs be included in the messaging approach?
   - Since DSHS is the state agency responsible for public health preparedness and response, in conjunction with the CDC and local or county health departments, HHSC encourages use of preparedness materials from those agencies for families.
   - COVID-19 impacts and timing will vary across the state, so HHSC has established a place for general information to members and providers via the HHSC webpage at https://hhs.texas.gov/services/health/coronavirus-covid-19. Updates on this site will focus on COVID-19-related impacts to Medicaid and CHIP benefits (and other HHSC-administered benefits).
   - MCOs are a critical communication partner for getting information out to members and providers. HHSC will provide MCOs any information about changes impacting members or providers so it can be shared though MCO standard channels of communication. For example, if the Texas State Board of Pharmacy authorizes early refills, HHSC would inform MCOs and post information on the HHSC website to help members and providers be better prepared.

OIG Audit Implications

1. If families decline in-home services will the OIG take that into consideration in future audits, investigations, inspections, or reviews?
   - When conducting audits, inspections, investigations and reviews, the Texas Office of Inspector General (OIG) uses several official sources to determine compliance. MCOs and their network providers should document any deviation and the reasons why as they relate to COVID-19.

- Note: Please check [The OIG webpage on COVID-19] for all relevant notices and deadline extensions that may affect Texas providers and MCOs/DMOs. The page will be updated according to the status of the COVID-19 pandemic.

Pharmacy

1. Will any Medicaid-covered drugs experience shortages due to COVID-19? What will HHSC do if shortages occur?
   - HHSC is monitoring potential shortages of drugs that the Food and Drug Administration (FDA) has identified on its website. Currently, there is no shortage of any drugs used to prevent, test, or treat COVID-19. HHSC also has an established drug shortage notification process that manufacturers use to notify HHSC of any shortages. Should a shortage occur, HHSC will identify and announce possible alternatives.
   - VDP will share with the MCOs all information regarding drugs shortages. MCOs have prior authorization data and the most recent claims data to identify members that will to have alternatives authorized.
     - See the below table for a list of COVID-19 related notices, including those specific to drug shortages.

2. If a vaccine is developed, will HHSC make the vaccine available through both health care and pharmacy providers?
   - Best estimates suggest a vaccine is 12- to 18-months from development. HHSC will determine if the vaccine will be covered and who can deliver the vaccine when it is available.
     - A federal waiver is needed to provide coverage of a COVID-19 vaccine through the pharmacy benefit. If an anti-viral drug is created, the drug could be covered through the pharmacy benefit.
     - This process should not require non-risk based payments but MCS will work with HHS Actuarial Analysis once the cost of the vaccine or drug is known.

3. Will HHSC allow for 90-day refills on maintenance medications due to COVID-19?

- Currently, a 90-day supply is a possible option for some medications. MCOs have authority to extend the day supply dispensed to the member.
- For a pharmacist to dispense a 90 day supply they must comply with the following requirements:
  - Pharmacists may dispense only the amount of medication indicated on the prescription. A pharmacist may dispense up to a 90-day supply of certain drugs pursuant to a valid prescription that specifies the dispensing of a lesser amount followed by periodic refills of that amount if:
    - the drug is not a psychotropic; and
    - the patient is at least 18 years of age;
    - the physician has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary;
    - the total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the original prescription, including refills;
    - the patient consents to the dispensing of up to a 90-day supply and the physician has been notified electronically or by telephone.

4. Are members able to get extra medication in case of quarantine?
   - MCOs already have authority to extend the day supply dispensed to the member (see question 3).
   - If requested by a member, pharmacists work with prescribers on what is allowable for early refills or extra medication. For example, if a member has a 30-day prescription with multiple refills available, the pharmacy can work with the prescriber to authorize more than a 30-day supply.
   - MCOs must ensure their pharmacy benefit manager's claims processing systems can accommodate these requests.
   - On March 19, in response to the state of disaster declaration for COVID-19, the 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) for patients in the event a prescriber cannot be reached.

5. Can MCOs waive home delivery fee for medications?
   - In accordance with UMCC 8.1.21.12, MCOs are required to have a process to ensure Medicaid and CHIP members receive free outpatient

pharmaceutical deliveries from community retail pharmacies in their service areas. The MCO cannot charge a member any fees for choosing to use a mail-order pharmacy, including postage or handling for standard or expedited deliveries.

6. Does HHSC have concerns with MCOs using out-of-network pharmacies to allow members additional options to get medications?
   - At this time HHSC will only allow services through Medicaid-enrolled pharmacies but has requested a waiver from CMS to expedite the provider enrollment process.

Prior Authorizations

1. Does the MCO notice guidance on extensions for existing prior authorizations apply to behavioral health services?
   - Authorizations for residential and inpatient behavioral health services (including residential substance use disorder services) are considered one-time authorizations for services. The 90-day extension does not apply to current authorizations for one-time services or new requests for authorization. In an effort to support continuity of care, please utilize other flexibilities allowed regarding electronic signatures, telemedicine and appropriate sharing of medical necessity documentation to support any new authorization request for behavioral health services.

<u>Provider and member notifications</u>

2. Does an MCO need to send additional notifications to impacted members about the extended prior authorizations?
   - An additional notification to impacted members is not required. Please refer to the MCO Notice released on April 3, 2020 “Updated: Guidance for MCOs and MMPs regarding Extensions for Existing Prior Authorizations”. The notice indicates an MCO must communicate with providers, but not members, about the extended prior authorization.

Provider Availability

1. Are MCOs required to help members locate a new provider, such as a therapy provider, if the provider becomes ill and is not able to deliver services?
   - MCOs are contractually required to assist members in ensuring timely access to providers of covered services.
   - If in-network providers are not available in a timely manner, MCOs are still expected to make reasonable efforts to assist members in scheduling appointments, including through out-of-network providers if necessary. If MCOs are unable to meet appointment availability or out-of-network contractual requirements, the MCO may request an exception which HHSC will evaluate on a case-by-case basis.

Provider Billing and Reimbursement

1. What is the billing guidance for hospitals approved to provide inpatient care at off-site facilities.?
   - Hospitals approved to provide inpatient care at an off-site facility will remain the billing provider for services rendered in the off-site facility. Hospitals should continue to bill for inpatient services per standard billing practices and in accordance with the Texas Medicaid Provider Procedures Manual.

2. How should hospitals bill for COVID-19 testing for IP claims. Will this be included in the AP DRG payment or will this be carved out fee-for-service (FFS) or even billed separately on an OP claim?
   - Hospital reimbursement (i.e., inpatient DRG reimbursement) includes payment for all pathology and laboratory services. Hospitals should continue following standard inpatient billing practices.
   - For additional guidance, refer to the Texas Medicaid Provider Procedures Manual (TMPPM) Radiology and Laboratory Services Handbook: Section 2.4.2.

3. Should an FQHC use the normal Financial Arrangement Code (FAC) for telemedicine/telehealth encounters?

- Yes, HHSC is using the same FACs for telemedicine/telehealth encounters.

4. Will the state reimburse FQHCs/RHCs the PPS encounter rate for encounters submitted with codes 99201-99205 and 99211-99215 if an appropriate T-code and the modifier 95 is also included?
    - HHSC will reimburse FQHCs/RHCs their encounter rate (PPS/APPS) for codes 99201-99205 and 99211-99215 (informational only codes) with the use of the appropriate T-code and 95 modifier.

5. Could FQHCs/RHCs bill Q3014 without a procedure code and still be paid?
    - Q3014 is not payable to an FQHC or RHC.

6. Should FQHCs/RHCs use Q3014 for all telehealth services?
    - Q3014 is not payable to an FQHC or RHC.

7. What Place of Service code (POS) should be billed by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) when the service is delivered through telehealth or telemedicine?
    - *Generally speaking, the POS must reflect where the provider is located when delivering the service. For example:*
        - *If the FQHC/RHC provider is physically located in an office space at an FQHC/RHC, they should bill National POS 50 (FQHC) or 72 (RHC).*
        - *Providers may use POS 02.*
    - *The POS will not affect their reimbursement.*
    - *Wrap payments are not impacted because the logic used for those payments does not check place of service.*

Quality

1. Will HHSC make accommodations for any impacts to the pay for quality program due to COVID-19?
    - *HHSC is considering modifications to the Pay-for-Quality Program and will share with health plans soon.*
    - *HHSC will also monitor for potential impacts to the Hospital Quality Program.*

- *HHSC provided accommodations for Delivery System Reform Incentive Payment program (DSRIP) participating providers during April reporting, allowing for provisional approvals of certain metrics to reduce the reporting burden for providers who are on the front-line response to COVID-19. HHSC has collected feedback from DSRIP providers on the impact of COVID-19 on service delivery and resulting quality measurement. HHSC will be requesting flexibility for DSRIP participating providers for measurement during calendar year 2020.*
- *CMS has approved the following changes to the Nursing Facility Quality Incentive Payment Program (QIPP) requirements:*
    - *Component 1: Quality Improvement monthly reporting requirement – require providers to continue activities but waive monthly reporting requirement for 90 days, through July 31, 2020.*
    - *Component 3: Change quality measures from pay for quality to rate enhancement only, giving providers full payments, through August 31, 2020.*
    - *Component 4: Reduce from three to two quality measures for infection control pay for quality requirements because one quality measure is based on MDS data which is not available, through August 31, 2020.*

Rate Adjustments

1. Is HHSC willing to discuss any rate options for additional costs MCO may be incurring related to COVID-19?
    - HHSC along with Rudd and Wisdom consulting actuaries will continue to monitor the COVID-19 impact as the situation develops. The actuaries are also working with other HHSC departments as the agency evaluates potential changes to benefits and/or policies to mitigate COVID-19 risks.

Telehealth and Teleservices

1. How will telehealth and telemedicine services provided during this time, including the flexibility to provide services over the phone, be handled in encounters?
   - To help ensure continuity of care during the COVID-19 response, providers should continue to use the 95 modifier to indicate that remote delivery has occurred. This modifier should be reflected on the managed care encounter.
   - HHSC is continuing to explore additional code options for telephone (audio-only) telemedicine and telehealth services and will provide supplemental guidance on any new codes that are added for Medicaid reimbursement.

2. Are telemedicine and telehealth services provided by FQHC providers considered wrap eligible?
   - If the service to be provided would have been included in the wraparound process if delivered in person, then it should be included in the wraparound process if delivered remotely. During this time, the fact that the service was delivered remotely does not dictate if it is included in the wraparound process. Refer to the MCO notice published on March 19 for information on FQHC reimbursement for telemedicine and telehealth services.

3. Do MCOs have flexibility in using telehealth and telemedicine during the COVID-19 event?
   - S.B. 670 (86th Legislature, Regular Session, 2019) made statutory changes to the Medicaid telemedicine and telehealth services benefit, increasing MCOs' flexibility to provide teleservices. These flexibilities should be considered as part of any plans to provide continuity of care in response to COVID-19.
   - HHSC released an MCO notice on Aug. 22 regarding this topic. The notice was re-released on March 9. The MCO notice states:
     - MCOs may not deny reimbursement for a covered health care service or procedure to a network provider solely because the service or procedure was delivered remotely or based on the provider's choice of platform.
     - MCOs must ensure that telemedicine and telehealth services promote and support patient-centered medical homes through

the sharing of certain information between tele providers and the member's primary care provider.

- HHSC reminds health plans that a member's home is an allowable place to deliver telehealth or telemedicine services and encourages MCOs and providers to take advantage of this option.
- To further support the use of teleservices, HHSC is clarifying that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. Co-payments are required for CHIP services listed in the Uniform Managed Care Manual Chapter 6.3, "CHIP Cost Sharing".
- HHSC also released an MCO notice on March 19 to specify that Federally Qualified Health Centers (FQHCs) may be reimbursed as telemedicine and telehealth distant site providers.
- Additional information for providers on how to bill for medical and behavioral health telephone services was issued on March 20.

Testing

1. Will new billing codes and new diagnosis codes be implemented for testing and treatment of COVID-19? For covered codes, what will the fee schedule be?
   - *The Centers for Medicare & Medicaid Services (CMS) has issued two new HCPCS codes for use by providers who are testing patients for COVID-19. Providers can submit these codes for dates of service on or after February 4, 2020:*
     - *U0001 – The CDC-developed test kit*
     - *U0002 – A laboratory test that is not the CDC-developed test kit (any technique)*
   - *The American Medical Association (AMA) has created a new CPT code for use on or after March 13, 2020:*
     - *87635 – A laboratory test that is not the CDC-developed test kit (amplified probe technique)*
   - *CMS has issued two new HCPCS codes for lab tests that use high-throughput technologies to test for COVID-19. Providers can submit these codes for dates of service on or after April 14, 2020:*
     - *U0003 – A laboratory test performed using high-throughput technologies that is not the CDC-developed test kit (amplified probe technique)*
     - *U0004 – A laboratory test performed using high-throughput technologies that is not the CDC-developed test kit (any technique)*

- *AMA announced one revised CPT code and two new CPT codes that providers can submit for antibody testing for dates of service on or after April 10, 2020:*
    - *86318 – Multiple infectious agents antibody testing performed using a single-step method immunoassay (Revised)*
    - *86328 – COVID-19 Antibody testing performed using a single-step method immunoassay*
    - *86769 – COVID-19 Antibody testing performed using a multiple-step method*
- *CMS has issued two new HCPCS codes for COVID-19 specimen collection. Laboratories can submit these codes for dates of service on or after March 1, 2020:*
    - *G2023 - Specimen collection, any specimen source (for use by laboratories only)*
    - *G2024 - Specimen collection from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source (for use by laboratories only)*
- *All other providers may continue to bill for the COVID-19 specimen collection using one of these existing codes:*
    - *99001 - Handling and/or conveyance of specimen*
    - *99211 – Established office visit not requiring the presence of a physician*
- *The rates for the new procedure codes listed above are posted on the Rate Analysis Department website in the interim and the fee schedule will be updated soon.*

2. Will HHSC establish criteria for COVID-19 testing?
    - HHSC will defer to providers and local public health authorities in determining when the COVID-19 test is appropriate.

3. Is the COVID-19 test benefit limited to people enrolled in Medicaid and CHIP or will it be billable to other people residing in the members home?
    - The benefit will be limited to people enrolled in Medicaid and CHIP.

4. Will the state permit MCOs to prior authorize the COVID-19 test?
    - No, prior authorization will not be permitted on the COVID-19 lab test by Medicaid and CHIP plans or fee-for-service Medicaid.

5. Will new billing codes be limited to a specific place of service or a provider type? For example, if a medically fragile member requires an in-home

test, could a home health agency administer the test in the member's home?
- HHSC is setting up the COVID-19 testing procedure codes similarly to other comparable laboratory tests are made payable in Texas Medicaid.
- The codes will be payable to laboratories that are subject to Clinical Laboratory Improvement Amendments (CLIA) for high complexity lab testing. *Providers with a Certificate of Waiver will be allowed to perform and bill procedure codes 87635 and U0002 with the QW modifier.*
- At this time, HHSC does not anticipate any barriers to specimen collection in the home as long as a trained professional is performing the collection and proper storage instructions are followed.

6. Can HHSC clarify Medicaid coverage for CPT 87635?
   - *Procedure code 87635 is a covered benefit effective for dates of services on or after March 13, 2020.*

The below table is a list of all the MCO Notices posted in TexConnect that provide guidance in response to COVID-19. If you do not see one of these notices posted in TexConnect, then it is not relevant to your health plan.

Issued MCO Information Regarding COVID-19	
Title of MCO Notice:	**Issued on:**
Updated COVID-19 FAQs – June 18	June 18
Texas Health Steps Telemedicine Guidance for Providers: Answers to Common Questions Update	June 18
Medicaid and CHIP Managed Care Provider Re-credentialing – COVID-19	June 18
COVID-19 Guidance: Temporarily Allow Verbal Consent from Members on Service Plans & Related Forms	June 17
Updated Guidance: CHIP Office Visit Co-Payments, Updated Reimbursement Process	June 8
Spell of Illness Limitation and COVID-19	June 4
COVID-19 – Spell of Illness Limitation in STAR Health	June 4

Issued MCO Information Regarding COVID-19	
COVID-19 and Applicability of EPSDT for Some Adults in STAR and STAR Health	June 2
Texas Health Steps Telemedicine Guidance for Providers: Answers to Common Questions	June 1
HEDIS 2020 Hybrid Measures Due Date Extended to Aug. 31	June 1
Temporary Change in Status for Platelet Aggregation Inhibitors Drug Class Effective May 28	My 29
Updated COVID-19 FAQs – May 28	May 28
Two MCO Notices Retracted: April 3, 2020 MDCP and STAR+PLUS HCBS Interest List Releases	May 28
Submit DMO COVID-19 Information by June 15	May 28
COVID-19 MCO Notices Updated with Extensions through June 2020	May 22
Specialty Drug List from Quarter Four (December 2019) Remains in Effect	May 22
Service Planning for Pregnant Women During COVID-19	May 22
Updates Made to MCO Telehealth Assessments and June Waiver Extension Notice Posted on May 18	May 21
CHIP Office Visit Co-Payments, Updated Reimbursement Process	May 18
COVID-19 Guidance – MCO Telehealth Assessments and June Waiver Extension	May 18
Update on Medicaid Encounter Data Validation Scoring	May 18
Performance Improvement Project Extensions due to COVID-19	May 18
Due Date Postponed for MCO COVID-19 Emergency Report	May 13
Extending CHIP and CHIP-P Coverage during COVID-19	May 13
New Guidance: THSteps Medical Checkups via Remote Delivery During Implementing COVID-19 Restrictions	May 11

Issued MCO Information Regarding COVID-19	
Maintaining Medicaid Coverage during COVID-19	May 11
THSteps Medical Checkups via Remote Delivery During Implementation of COVID-19 Restrictions	May 8
COVID-19: Service-Level Changes Resulting from Telehealth and Telephonic Visits	May 7
MCO COVID-19 Emergency Report for MCCO and VDP - Updated Template and Frequency	May 7
COVID-19: MCO Appeal Determination Extension Reporting	May 5
Money Follows the Person Process for Nursing Facility Residents	May 5
Families First Coronavirus Response Act Information for FMSAs and CDS Employers	May 5
Updated COVID-19 FAQs – May 4	May 4
COVID-19: Third Party Resources in STAR Health due to HR 6201	April 30
Nitrofurantoin Oral Suspension and Azithromycin Drug Shortages	April 30
Supplemental Files of STAR Kids March Age-Outs that Transitioned to STAR+PLUS on April 1, 2020	April 28
NAP Status Ended on Daily Formulary File for Non-Preferred Drugs Effective April 26	April 27
COVID-19 Mailing Requirements	April 27
COVID-19 Changes to 2020 Appointment Availability Studies	April 27
COVID-19 Guidance: STAR Kids Age-Outs that Transitioned on April 1, 2020	April 23
Updated COVID-19 FAQs – April 23	April 23
Temporary Change in Status for the Stimulants Drug Class Effective April 23	April 23
COVID-19 MCO Notices Updated with Extensions through May 2020	April 21
MCO and DMO Reconciliation Process for Texas Medicaid Enrollment During COVID-19	April 21

Issued MCO Information Regarding COVID-19	
No Signature Required for Prescription Drug Delivery	April 20
Due Date Extended for EVV Quarterly Compliance Oversight Review Report	April 20
THSteps Medical and Dental Checkups during COVID-19	April 17
Temporary Change in Status for Oral Immunosuppressives Drug Class Effective April 17	April 17
COVID-19 - Access to Care Enrollment Verification Escalation Process for MCOs	April 16
Updated COVID-19 FAQs – April 9	April 16
COVID-19 Guidance: Texas Medicaid and CHIP Managed Care Deliverables	April 16
FFY 2019 Annual DUR Surveys Delayed Due to COVID-19	April 16
Clarification to Guidance for MCOs and MMPs Regarding Extensions for Existing Prior Authorizations	April 14
Updated Guidance: Reimbursement for Coronavirus Testing and Other Associated Codes	April 14
Temporary Change in Status for Topical Nonsteroidal Anti-inflammatory Drugs Class Effective April 10	April 14
New Prospective Claims Processing Edit in Response to the TSBP Emergency Rule 291.30	April 14
Update on COVID-19 Stakeholder Information Sessions	April 14
MCO COVID-19 Guidance: Telehealth for Physical, Occupational, and Speech Therapy	April 10
COVID-19 Guidance: STAR Kids Age Outs	April 10
Updated COVID-19 FAQs – April 9	April 9
OIG Announcements Related to COVID-19: Information to Share with Providers and Clients	April 9
17P Monthly Matched File Production Temporarily Suspended	April 9

Issued MCO Information Regarding COVID-19	
CARES Act Information to be Shared with Providers	April 9
COVID-19 Guidance: Nursing Facility MDS Authorization Extensions	April 9
Maintaining Medicaid Eligibility during COVID-19	April 8
Texas Psychological Association Referrals for Members' Uninsured Family	April 6
Temporary Change in Status for Inhaled Glucocorticoid, Insulin Hypoglycemics Drug Classes	April 3
STAR+PLUS HCBS Interest List Releases and Upgrades	April 3
MDCP Interest List Releases	April 3
Updated: Guidance for MCOs and MMPs regarding Extensions for Existing Prior Authorizations	April 3
Provider Enrollment Requirement Waivers due to COVID-19	April 2
Updated COVID-19 FAQs – April 2	April 2
Clarification: Guidance for MCOs and MMPs regarding Extensions for Existing Prior Authorizations	April 2
Guidance for MCOs and MMPs regarding Extensions for Existing Prior Authorizations	March 31
THSteps Medical and Dental Checkups during COVID-19	March 30
COVID-19 Information Sessions Scheduled for April 2 and April 9	March 30
April 7 OIG Coordination Call with MCOs on Medical Services Updates	March 30
Add Rural Health Clinics as Telehealth and Telemedicine Sites	March 27
Due Date Extended for EVV Quarterly Performance Measures Report	March 26
COVID-19 Guidance: MCO Appeal Determinations	March 26
COVID-19 Guidance: Appeal and Continuation of Benefit Request Extensions	March 26

Issued MCO Information Regarding COVID-19	
COVID-19 Guidance: Oral Requests for an Appeal	March 26
COVID-19 Guidance: Fair Hearing Request Extensions	March 26
COVID-19 Guidance: Fair Hearing Determination Extensions	March 26
New MCO COVID-19 Emergency Report Due Every Monday Starting April 6	March 26
COVID-19 Guidance: Face to Face Visits and Service Coordination/Case Management	March 26
COVID-19 Guidance: Amend the General Revenue (GR) Process for Services that Exceed the Program Cost Limit	March 26
RESCHEDULED - COVID-19 Information Session on March 27	March 26
WIC Referrals for Nutritional Services	March 26
Updated COVID-19 FAQs – March 26	March 26
Telehealth for Physical, Occupational, and Speech Therapies	March 24
COVID-19 Guidance for the Consumer Directed Services (CDS) Option	March 24
COVID-19 Guidance for MCOs regarding Durable Medical Equipment	March 24
COVID-19 Information Session on March 25	March 24
HHSC Extends Enrollment in STAR+PLUS HCBS and MDCP for Members with ISPs Expiring through April 2020	March 23
Waiver of CHIP Copayments	March 23
Updated COVID-19 FAQs – March 23	March 23
Post by April 6: Select an EVV System by May 1	March 23
Post Temporary EVV Policies by April 6	March 23
OIG Announcements Related to COVID-19 – Deadline Extensions and Documentation	March 23
Pharmacy Benefit Updates Related to the Coronavirus (COVID-19) Outbreak	March 20

Issued MCO Information Regarding COVID-19	
PDL Changes to the Bronchodilators, Beta Agonist Drug Class Effective March 21, 2020	March 20
Claims for Telephone (Audio-Only) Behavioral Health Services	March 20
Claims for Telephone (Audio-Only) Medical Services	March 20
FQHC Reimbursement for Telemedicine (Physician Deliv.) & Telehealth (Non-Physician-Deliv.) Services	March 19
Coronavirus Testing Procedure Codes to Become a Benefit	March 16
Updated COVID-19 FAQs – March 16	March 16
Initial COVID-19 Guidance: Face to Face Service Coordination	March 13
Updated COVID-19 FAQs – March 12	March 12
Clarification to MCOs about Flexibility to Provide Teleservices	March 11
COVID-19 FAQ: HHSC to Post COVID-19 MCO Questions and Answers to TexConnect	March 9
Potential Need to Increase MCO Notice Posting Frequency	March 9
Reminder to MCOs about Flexibility to Provide Teleservices	March 9
HHS Monitors Coronavirus, Provides Guidance to Long-Term Care Facilities	March 5
Save the Date: HHSC Coronavirus Update Scheduled for March 11	March 5
Share 2019 Novel Coronavirus (2019-nCoV) Health Alert with Providers	Feb. 27