



# **Stakeholder Update: COVID 19**

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**Medicaid and CHIP Services  
February 8, 2023**



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# Stakeholder Session Update

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- *Beginning May 6, 2021, HHSC will post pre-recorded sessions monthly.*
- *These sessions will continue to share information with stakeholders about the implementation of various Medicaid/CHIP flexibilities in response to the COVID-19 pandemic.*
- *HHSC may return to weekly sessions as needed if there are changes to the public health emergency.*





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# Ending Continuous Medicaid Coverage

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**Rachel Shumaker, *Deputy Associate Commissioner***

**Access and Eligibility Services**

# Overview

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# Background

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## The U.S. Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states **provide continuous Medicaid coverage** for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal public health emergency (PHE) ends.
- HHSC implemented the federal directive effective March 18, 2020.

# Federal Guidance

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**On December 29, 2022, Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous Medicaid coverage requirement from the PHE declaration.**

- The requirement to maintain continuous coverage will end as of **March 31, 2023.**
- States may begin disenrolling members who are no longer eligible **on April 1, 2023.**
- The enhanced FMAP will be phased out between April 1 – December 31, 2023.
- States may be subject to corrective action plans or enforcement actions for failure to comply with requirements during the unwinding.

# Federal Guidance

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Based on the most recent guidance from the Centers for Medicare and Medicaid Services (CMS), major parameters for the unwinding include:

- **States have up to 12 months** to initiate renewals and redeterminations, which can begin **as soon as February 1, 2023**.
- Disenrollments cannot be effective before **April 1, 2023**.
- **States must conduct a full redetermination** (as outlined in 42 Code of Federal Regulations 435.916) and allow members a minimum of 30 days to respond to renewal packets or requests for information.
- States may not disenroll members based on returned mail unless the state attempts to contact the member through **multiple modalities** (e.g., phone, text).

# Plan to Unwind Continuous Medicaid Coverage

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## Unwinding continuous Medicaid coverage will be an immense undertaking for states.

- As of September 2022, **2.7 million members have extended Medicaid coverage** due to the continuous Medicaid coverage requirement.
- States must renew everyone on Medicaid and CHIP within the 12-month unwinding period.
- HHSC must complete the redetermination process for **more than 5.9 million members** by May 2024.



# Plan to Unwind Continuous Medicaid Coverage

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- To unwind continuous coverage, HHSC will **stagger** Medicaid redeterminations over multiple months.
- The continuous coverage population will be distributed into **three cohorts** to best accomplish the goals of:
  - Maintaining coverage for eligible individuals; reducing churn;
  - Prioritizing redeterminations for those most likely to be ineligible or to be eligible for another program;
  - Reducing the risk of overwhelming the eligibility system or workforce during the unwinding period; and
  - Establishing a sustainable renewal schedule for subsequent years.

# Plan to Unwind Continuous Medicaid Coverage



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## First Cohort

Includes individuals most likely to be ineligible or transitioned to CHIP:

- Women who were pregnant who may transition to the Healthy Texas Women Program;
- Members who aged out of Medicaid; and
- Adult recipients who no longer have an eligible dependent child in their household.



## Second Cohort

Includes individuals likely to transition to a different Medicaid eligibility group:

- Medicaid children, parent/caretaker and waiver groups pending information; and
- Certain MAGI population groups (e.g., women aging out of Children's Medicaid, people under Transitional Medical Assistance).



## Third Cohort

Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., older adults and people with disabilities).

# Next Steps

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- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Complete final checks to ensure systems and workforce are prepared and establishing a cross-functional agency command center to oversee implementation of the unwinding.
- Developing monthly reports to monitor and track progress on unwinding efforts.
- Continue engaging with contract partners and external stakeholders to build awareness for the unwinding plan and actions members will need to take.

# Communications Plan for End of Continuous Coverage



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- HHSC's unwinding approach **includes a proactive multi-pronged communications campaign** to help members, providers, health plans, and advocates prepare for the end of continuous coverage.
- The second phase of this plan includes **texts, notices, social media, earned media and paid outreach** from HHSC to Medicaid members.

**First Phase –  
Pre-Continuous  
Coverage Ending**



**Second Phase –  
Continuous Coverage  
End Confirmed**



**Third Phase –  
Post-Continuous  
Coverage End**

# Ambassador Program

HHSC created the **Ambassador Program** for external partners, providers, health plans, and advocates to support members through the unwinding of continuous Medicaid coverage.

## Key Messages – Continuous Coverage is Ending

- Medicaid members should look out for renewal notices mailed in a **yellow envelope that says “Action Required” in red** or sent electronically to members signed up for electronic notices.
- Members will need to complete and return renewal packets and requests for information on time.
- Contact HHSC to report any changes (such as contact information, pregnancy or household changes) as soon as possible.

These key messages aim to increase likelihood of **eligible members maintaining coverage** and **minimize call center volume**.



# Notice – Retest All

## **Form H1809: Retest all Continuous Medicaid Population**

In response to the COVID-19 pandemic, the federal government declared a public health emergency Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage. Based on new federal law, continued eligibility will end March 31, 2023.

You are getting this notice because your Medicaid eligibility will be reviewed to determine if you can keep receiving Medicaid benefits. If you are eligible, your coverage will be renewed, but you might be asked to give more information or complete a renewal packet.

### **Please respond quickly if you receive a request for information or a renewal packet.**

If more information is needed to determine your eligibility, you will receive Form H1020, Request for Information or Action. This form will tell you what information is needed, the deadline for submitting the information and instructions on how to submit it.

Your Medicaid coverage will stay active while we review your eligibility. Please continue to report any updates to your information, including address changes.

Once a final determination is made, you will receive Form TF0001, Notice of Case Action. This form will provide information about your Medicaid eligibility and instructions on how to appeal the eligibility decision if you think the decision was wrong.

If you have questions about your Medicaid coverage or need to update your contact information, call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m.– 6 p.m. Central Standard Time. After selecting a language, press 2.

### **Set Up a Your Texas Benefits Account and Update Your Contact Information**

You should set up a Your Texas Benefits online account if you do not already have one. Your Texas Benefits is the easiest way to update your contact information, respond to requests from HHSC and get information from HHSC related to the end of continuous Medicaid coverage. You can also sign up for electronic notices to stay informed about your case.

Visit [YourTexasBenefits.com](https://YourTexasBenefits.com) or download the Your Texas Benefits mobile app to get started.

You can also update your contact information by calling 2-1-1 or 877-541-7905.

### **Questions?**

- Visit [hhs.texas.gov/update](https://hhs.texas.gov/update)
- Call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m.– 6 p.m. Central Standard Time. Select a language, then press 2.



# Envelope



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P.O. BOX 149029  
AUSTIN, TEXAS 78714-9029

**ELECTRONIC SERVICE REQUESTED**

Manage and renew your benefits online:

**Your Texas  
Benefits.com**

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
CSG Mail Services

**ACTION REQUIRED**

**FILL OUT THE FORM INSIDE AND  
RETURN IT BY THE DUE DATE**

**ACCIÓN REQUERIDA**

**LLENE LA HOJA ADENTRO Y DEVUÉLVALA  
ANTES DE LA FECHA LÍMITE**

Window Size: 5 3/4" x 1 1/2"

From Left: 4"

From Bottom: 1"



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# FAQs

## End of Continuous Medicaid Coverage FAQ

January 2023

### End of Continuous Medicaid Coverage FAQ

#### 1. What is the Public Health Emergency, and why is it important for my benefits?

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) on Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage.

#### 2. When will continuous coverage for Medicaid end?

Based on new federal law, continued Medicaid coverage will end on March 31, 2023. HHSC will reach out to you when it's time to renew your coverage. It is important for you to respond to any renewals or information requests from HHSC to ensure you keep your coverage if you are still eligible.

#### 3. What should I do now to ensure my Medicaid coverage continues if I am eligible?

You should respond to any request HHSC sends you. When you get a notice that your renewal is due, follow the instructions to complete and return the information as soon as possible. This will ensure that your benefits continue if you are eligible.

**The best way to complete your renewal is online at [YourTexasBenefits.com](https://YourTexasBenefits.com).**

You can also submit your application, renewal form and requested information by:

- Mail.
- Fax.
- Calling 2-1-1 and choosing Option 2 after picking a language.
- Visiting a local office or a community partner. To find an HHSC office or a community partner, visit [yourtexasbenefits.com/Screeners/FindanOffice](https://yourtexasbenefits.com/Screeners/FindanOffice), or call 2-1-1 and choose Option 2 after picking a language.

You can create a Your Texas Benefits online account or download the Your Texas Benefits mobile app to view your account information, update your contact information or report a change, and download verifications

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# Ambassador Program Toolkit

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## Actions Ambassadors Can Take Now

- Download Ambassador Toolkit from <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/end-continuous-medicaid-coverage-ambassador-toolkit>
- Share toolkit items with Medicaid members in offices or electronically.
- Share toolkit items with other stakeholders to ensure consistent messaging.
- Visit [hhs.texas.gov/update](https://www.hhs.texas.gov/update)





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# **COVID-19 Medicaid and CHIP Flexibility Extensions**

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**Kellie Dees, *Senior Advisor***  
**Office of Policy**

# Federal End of COVID-19 PHE Date Announced

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**On January 30, 2023, the federal government stated they plan to end the public health emergency on May 11, 2023.**

- HHSC is assessing the impact this has on the remaining Medicaid and CHIP flexibilities.



# Medicaid & CHIP Flexibilities Extensions

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**HHSC updated many notices with flexibility dates that were set to expire January 31, 2023. Some have been extended through April 30, 2023, and others are ending.**

The following flexibilities are now set to end:

- Extension of the timeframe for a member to request a managed care appeal – this flexibility has been determined to end on March 31, 2023.
- Managed care service coordination and assessment flexibilities will end when the proposed rule #22005 becomes effective. It is currently expected to be effective April 23, 2023.
  - The rule public comment period ended on Jan. 30, 2023. Once HHSC has considered all comments, a notice will be issued to managed care organizations to outline expectations that will implement with the rule effective date.



# Medicaid & CHIP Flexibilities Extensions

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Information on the flexibilities and extensions can be found on the following web pages:

- TMHP Coronavirus (COVID-19) Information (<http://www.tmhp.com/Pages/COVID-19/COVID-19-HOME.aspx>)
- HHS Provider (PL) and Information (IL) letters (<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers>)
- HHS Coronavirus (COVID-19) Provider Information (<https://www.hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information/medicaid-chip-services-information-providers>)





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# **Update on Case Management for Children and Pregnant Women (CPW) Policy Changes and COVID-19 Flexibilities**

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**Rachel Roedl, *P.S. VI***

**Medical Benefits Policy**

# Update on CPW Policy Changes and COVID-19 Flexibilities

**HHSC is updating the direction and providing clarification related to COVID-19 flexibilities for Case Management for Children and Pregnant Women (CPW) services and guidance on National Correct Coding Initiative (NCCI) practices for CPW claims.**

- Effective September 1, 2022, CPW comprehensive visits and follow-up visits completed through the use of synchronous audiovisual technology are benefits of Texas Medicaid.
- Providers can refer to the Behavioral Health and Case Management Services Handbook and the Telecommunication Services Handbook in the Texas Medicaid Provider Procedures Manual and the article “Changes to Case Management for Children and Pregnant Women, Including Teleservices, Effective September 1, 2022” published on [tmhp.com](http://tmhp.com) on July 18, 2022, for additional details.



# Update on CPW Policy Changes and COVID-19 Flexibilities

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- The COVID-19 flexibilities for CPW services outlined below will remain in place until HHSC provides further direction. Please note that the flexibilities have been updated to align with NCCI practices.
  - CPW services, including comprehensive visits, may be completed by telephone (audio-only telecommunications).
  - When submitting a new prior authorization (CM-01) for a comprehensive visit to be completed using telephone (audio-only telecommunications), include “telephone comprehensive visit will be completed due to COVID-19” within the psychosocial section of the prior authorization request form.
  - Modifier 93 must be included on the claim form when the comprehensive visit or follow-up visit is completed using telephone (audio-only) telecommunications.





# Update on CPW Policy Changes and COVID-19 Flexibilities

- Procedure Codes and Modifiers

| Service  | Submitted Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 |
|--|--------------------------|------------|------------|------------|
| Comprehensive visit (in-person or synchronous audiovisual) | G9012                    | U2         | U5         | 95         |
| Follow-up visit (in-person or synchronous audiovisual)     | G9012                    | TS         | 93         |            |

**For more information, call:**

- The TMHP Contact Center at **800-925-9126**





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# **COVID-19 Vaccine Update**

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**Rachel Roedl, *P.S. VI***

**Medical Benefits Policy**

# COVID-19 Vaccine Administration Procedure Codes 0164A and 0173A Now Benefits

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- Effective for dates of service on or after December 8, 2022, per the U.S. Food and Drug Administration's amended Emergency Use Authorizations, COVID-19 vaccine administration codes 0164A (Moderna) and 0173A (Pfizer-BioNTech) are benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program for administration of the following:
  - Moderna COVID-19 bivalent booster vaccine to individuals 6 months through 5 years of age
  - Pfizer-BioNTech COVID-19 bivalent booster vaccine to individuals 6 months through 4 years of age



# COVID-19 Vaccine Administration Procedure Codes 0164A and 0173A Now Benefits

- Procedure codes 0164A and 0173A are Medicaid benefits for the following provider types and places of service:

| Place of Service     | Provider Type  |
|----------------------|--|
| Office               | Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Physician, Pharmacist, Certified Nurse Midwife (CNM), Federally Qualified Health Centers (FQHCs), Nephrology (Hemodialysis, Renal Dialysis), Rural Health Clinics (RHCs), Pharmacy |
| Home                 | PA, NP, CNS, Physician, Home Health Agency, Comprehensive Care Program (CCP) Provider  |
| Outpatient hospitals | FQHCs, Hospitals, Nephrology (Hemodialysis, Renal Dialysis), Renal Dialysis Facility, RHCs   |
| Other locations      | PA, NP, CNS, Physician, FQHCs, CCP Provider, RHCs  |



# COVID-19 Vaccine Administration Procedure Codes 0164A and 0173A Now Benefits

- Procedure codes 0164A and 0173A are CSHCN Services Program benefits for the following provider types and places of service:

| Place of Service     | Provider Type  |
|----------------------|--|
| Office               | PA, NP, CNS, Physician, Pharmacist, FQHCs, Nephrology (Hemodialysis, Renal Dialysis), RHCs, Pharmacy |
| Home                 | PA, NP, CNS, Physician, Home Health Agency, CCP Provider   |
| Outpatient hospitals | FQHCs, Hospitals, Nephrology (Hemodialysis, Renal Dialysis), Renal Dialysis Facility, RHCs           |
| Other locations      | PA, NP, CNS, Physician, FQHCs, CCP Provider, RHCs  |





# COVID-19 Vaccine Update

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## For more information, call:

- The TMHP Contact Center at **800-925-9126** or
- The TMHP-CSHCN Services Program Contact Center at **800-568-2413**.





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# **Update to “COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit”**

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**Rachel Roedl, *P.S. VI***

**Medical Benefits Policy**



## **Update to “COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit”**

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**This is an update to the article titled “COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit” published on this website on May 2, 2022.**

- Texas Medicaid and Children with Special Healthcare Needs (CSHCN) Services Program have added pricing for the COVID-19 monoclonal antibody bebtelovimab, procedure code Q0222, effective for dates of service on or after August 15, 2022.





# Update to “COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit”

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- On November 30, 2022, the U.S. Food and Drug Administration (FDA) announced that bebtelovimab is no longer authorized in any U.S. region due to lack of effectiveness against Omicron sub-variants BQ.1 and BQ.1.1. Therefore, providers may no longer administer bebtelovimab to treat COVID-19 until further notice from the FDA.
- Before August 15, 2022, procedure code Q2022 was not assigned a rate and processed as “informational” because the drug was exclusively supplied free of charge to providers by the federal or state government. Supply of this drug was transitioning to commercial sale prior to the FDA’s announcement. Therefore, providers should include the procedure code Q0222 on claims for dates of service from August 15, 2022, through November 29, 2022, only when the drug was purchased commercially



# Update to “COVID-19 Monoclonal Antibody Administration Procedure Codes M0222, M0223, and Q0222 for COVID-19 Now a Benefit”

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## For more information, call:

- The TMHP Contact Center at **800-925-9126** or
- The TMHP-CSHCN Services Program Contact Center at **800-568-2413**.



# 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@hhs.texas.gov](mailto:Medicaid_COVID_Questions@hhs.texas.gov)



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# Thank You!

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**Next update:  
March 2, 2023**