



# **Stakeholder Update: COVID 19**

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**Medicaid and CHIP Services  
January 12, 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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# **COVID-19 Medicaid and CHIP Flexibility Extensions**

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

# Medicaid & CHIP Flexibilities Extensions

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**Reminder: HHSC updated many notices with flexibility dates that were set to expire November 30, 2022, and extended them through January 31, 2023.**

- 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>)



# Update to COVID-19 Accommodations for the Member Appeals Process for Medicaid and CHIP

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- HHSC has been allowing managed care members additional time beyond the required 60 days to request an appeal. Members have had 90 days to request an appeal.
- HHSC is ending the additional 30 days a member has to request an appeal on March 31, 2023.
  - This date was pushed back from the January end date presented on our last call.
- For services provided April 1, 2023, and ongoing, the normal policy of allowing 60 days will apply.
- MCOs will notify all members about this change.





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# Medicaid Eligibility Updates

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**Hilary Davis, *Deputy Associate Commissioner***

**Access and Eligibility Services Program Policy**

# Omnibus Bill (HR 2617) Impacts

- In December 2022, Congress passed the Omnibus spending bill (Consolidated Appropriations Act, 2023- HR 2617) which contains changes impacting Medicaid eligibility:
  - Sets an end date of March 31, 2023, for the continuous Medicaid eligibility requirement established under the Families First Coronavirus Response Act (FFCRA).
  - Phases down the 6.2 percentage point FMAP enhancement throughout 2023 as follows:
    - Through March 31, 2023: 6.2%
    - April 1, 2023 – June 30, 2023: 5%
    - July 1, 2023 – September 30, 2023: 2.5%
    - October 1, 2023 – December 31, 2023: 1.5%



# Omnibus Bill (HR 2617) Impacts

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- Prior to any disenrollments in Medicaid, HHSC is required to conduct a redetermination of eligibility using current household information.
- HHSC is finalizing operational processes and communication plans regarding ending the continuous Medicaid eligibility requirement.
  - Additional details and timelines will be shared:
    - on future webinars;
    - in various stakeholder forums or meetings; and
    - through HHSC's End of Continuous Medicaid Ambassador Program.





# 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:  
February 2, 2023**