



# **Stakeholder Update: COVID 19**

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**Medicaid and CHIP Services  
June 3, 2021**



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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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# **CHIP Renewals**

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**Rachel Moyer-Trimyer, Manager**

***Access and Eligibility Services Program Policy***

# CHIP Renewals

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- During the Public Health Emergency, HHSC has been automatically extending CHIP renewals.
  - Members did not have to take any action to continue CHIP coverage.
- CHIP renewals will be extended one final time.
  - Renewals due in June 2021 will be extended until either October, November or December 2021.
  - Members will receive a notice informing them of the extension and new coverage end date.



# CHIP Renewals

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- HHSC has resumed processing CHIP renewals.
- CHIP members whose coverage ends in July 2021 or later will go through the regular eligibility determination process.
  - Members will need to turn in their renewal packets to continue receiving receive CHIP coverage.

**Note:** HHSC is not required to maintain CHIP coverage during the Public Health Emergency. If the member is determined ineligible or fails to return their renewal packet timely, CHIP coverage may be denied.





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# **Long Term Care Regulatory Updates**

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**Diana Conces, Director**

**LTCR Policy, Rules and Training**

# LTCR Emergency Rules

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- **Extended rule:**
  - NF/ALF Vaccine Reporting rules, eff. 5/10
- **New Rule:**
  - Temporary Nurse Aides, eff. 5/19
  - HCSSA COVID-19 Vaccination, eff. 5/24
  - NF Mitigation & Visitation, eff. 6/1



# Other LTCR News

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- **Updated guidance:** HCSSA FAQs, 5/28
- Hurricane preparedness, alert, 5/18
- Guidance on masks, alert, 5/21
- **Upcoming webinars:**
  - *Creating a Culture of Normalcy*
  - *HCSSA Hurricane Preparedness Hot Topic*
  - *Infection Control Basics for HCS/TxHmL*
- **Surveys:**
  - CNA Workforce (closes 6/18)
  - Nurse Aide Clinical Sites







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# Policy Updates

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**Michelle Erwin, *Deputy Associate Commissioner***  
**MCS Policy and Program**



# Medicaid & CHIP Flexibilities

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- Many Medicaid and CHIP flexibilities have been extended through **June 30, 2021**, unless the federal Public Health Emergency ends sooner.
- HHSC will provide more information if there are changes.



# Medicaid & CHIP Flexibilities

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- Information on the flexibilities and extensions can be found on the following webpages:
  - TMHP Coronavirus (COVID-19) Information (<http://www.tmhp.com/Pages/COVID-19/COVID-19-HOME.aspx>).
  - HHS Provider (PL) and Information (IL) letters (<http://apps.hhs.texas.gov/providers/communications/letters.cfm>).
  - HHS Coronavirus (COVID-19) Provider Information (<https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>).



# Update to COVID-19 Guidance

## Continuation of Benefit Request Extension to End June 30, 2021

- In response to COVID-19, HHSC required CHIP, STAR, STAR Health, STAR Kids, STAR+PLUS MCOs, Dual Demonstration Medicare-Medicaid Plans (MMPs), and DMOs to extend the timeframe members, legally authorized representatives, or authorized representatives had to request continuation of benefits in response to an adverse benefit determination, or denial, of services.



# Update to COVID-19 Guidance

## Continuation of Benefit Request Extension to End June 30, 2021 (cont.)

- HHSC continues to require MCOs, DMOs and MMPs to extend the timeframe to 30 days for a member to request continuation of benefits for adverse benefit determinations going into effect through **June 30, 2021**, after which time this extension will end.
- Effective **July 1, 2021**, members will have the federally required timeframe to request continuation of benefits, which is the later of 10 days from the date the MCO notice of adverse benefit determination is mailed or the date services will change.



# CLIA Update

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## QW Modifier Required for COVID-19 Testing Procedure Code 87636

- Effective **July 1, 2021**, for dates of service on or after **October 6, 2020**, the following COVID-19 procedure code will require modifier QW: **87636**
- The QW modifier is a Clinical Laboratory Improvement Amendment (CLIA) guidelines requirement for specific procedure codes based on their complexity and must be included on claims that have CLIA-waived procedure codes.



# CLIA Update

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## QW Modifier Required for COVID-19 Testing Procedure Code 87636 (cont.)

- Claims submitted with modifier QW with dates of service on or after October 6, 2020 will be automatically reprocessed for appropriate payment no later than July 27, 2021, and providers may receive an additional payment.
- **Reminder:** Providers must have the required CLIA certification on file, and they must use the QW modifier when it is required, per the Centers for Medicare & Medicaid Services (CMS).
  - Claims will be denied if the QW modifier is not present on applicable CLIA-waived tests.



# CLIA Update

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## QW Modifier Required for COVID-19 Testing Procedure Code 87636 (cont.)

- Providers are not required to appeal the claims unless they are denied for other reasons after the claims reprocessing is complete.
- **Important:** Providers must refer to the CMS CLIA website for information about CLIA-waived tests, provider certifications, and billing requirements.
- **Resources:** [QW Modifier Required for COVID-19 Testing Procedure Code 87636](#)





# 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:  
July 1, 2021**