



MCO Questions: COVID-19

(March 12, 2020)

Communication

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.

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 drug shortages. MCOs have prior authorization data and the most recent claims data to identify members that will have alternatives authorized.

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. Will HHSC allow for extra medication for individuals stocking up in case of quarantine?
- If the Governor declares a state of disaster, then the Texas State Board of Pharmacy (TSBP) has the option to authorize pharmacists in Texas to dispense up to a 30-day supply of medication (other than a Schedule II controlled substance) for people affected in the disaster area without the authorization of the prescribing practitioner. MCOs can allow for early refills in their claims systems, but pharmacies are not authorized to execute early refills unless the TSBP waives the policy. HHSC will work with TSBP as this situation evolves.

Provider Availability

1. 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”.

Quality

1. Will HHSC make accommodations for any impacts to the pay for quality program due to COVID-19?
 - HHSC will monitor for potential impacts to the Pay for Quality Program and determine whether accommodations need to be made.
 - HHSC will also monitor for potential impacts to the Hospital Quality Program, Nursing Facility Quality Incentive Payment Program and Delivery System Reform Incentive Payment program.

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 procedure codes for COVID-19 testing:
 - U0001 (for CDC lab testing) and U0002 (for non-CDC lab tests). The codes will be effective April 1, 2020.
 - U0001 will be payable retroactive to Feb. 4, 2020.
 - CMS has not yet clarified a retroactive date for U0002. A rate hearing has been scheduled for March 23, 2020 to propose reimbursement methodology for the testing codes.
 - CMS has issued a fact sheet for Medicaid covered treatment services related to COVID-19 [which can be found here](#).
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.
 - 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.
 - HHSC is making final decisions about COVID-19 testing code setup. A provider notification and MCO notice will be issued once decisions are finalized.