



Hurricane Harvey
Medicaid and Children's Health Insurance Program (CHIP)
Frequently Asked Questions

September 1, 2017

On August 25, 2017, Hurricane Harvey hit the Texas coast and caused significant damage and flooding in numerous counties forcing many to evacuate to temporary locations.

Texas Health and Human Services (HHS) is committed to sharing pertinent Hurricane Harvey information with you via a Frequently Asked Questions (FAQs) on a daily basis. This document will provide Medicaid and CHIP MCOs with the tools and resources needed to ensure the provision of services and supports to needy residents in Texas in the aftermath of this natural disaster.

Each business day, new and revised information contained in the FAQ document will be highlighted in yellow.

In addition to this FAQ, HHS has two webpages dedicated to Hurricane Harvey to help our members, providers and stakeholders stay informed.

For providers:

<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/hurricane-harvey-information-providers>

For members:

<https://hhs.texas.gov/services/financial/disaster-assistance>

Federal Waivers and Modifications

1. Does the Health and Human Services Commission (HHSC) plan to apply for federal waivers as they have done for past natural disasters?

A: On Friday, August 25, 2017, Texas Health and Human Services (HHS) Executive Commissioner, Charles Smith, sent a letter to Secretary Price, requesting a waiver from certain provisions of the Social Security Act. CMS acted quickly, indicating it would waive various federal requirements, employing 1135 of the Social Security Act.

This authority waives or modifies various federal provisions, including health care provider participation, certification and licensing requirements (permitting those with out of state licenses to render services in Texas), while also providing relief from specific sanctions or penalties. The approved 1135 authority can be accessed here:

<https://www.phe.gov/emergency/news/healthactions/section1135/Pages/harvey-26aug2017.aspx>. On Thursday, August 31, 2017, CMS issued further relief to the state under

1135 of the Act, offering needed flexibility pertaining to existing provider enrollment requirements, allowing Texas the ability to enroll providers by meeting a more limited set of minimum requirements.

On Wednesday, August 30, 2017 HHS also submitted a second request to CMS, requesting flexibility for members served by the state's Children's Health Insurance Program (CHIP). On Thursday, August 31, 2017, CMS approved the state's request, permitting the state the ability to do the following:

- Allow CHIP enrollees to receive services beyond their certification period and provide additional time to submit a renewal or verification.
- Waive certain verification requirements at application and renewal.
- Waive CHIP co-payments through November 30, 2017.
- Waive CHIP enrollment fees for families approved for coverage or renewal in August, September, and October and November 2017.

HHS will continue to work with CMS to access needed allowances in order to ensure continuity of care for Medicaid and CHIP enrollees over the course of the disaster event.

2. Governor Abbott has issued a disaster proclamation certifying that Hurricane Harvey posed a threat of imminent disaster, including severe flooding to 54 counties as of August 28, 2017. Will the federal waivers and modifications apply to the same geographical area?

A: Federal waivers and modifications apply to the geographical area identified by the Federal Emergency Management Agency (FEMA). Those counties are periodically updated. The list can be accessed here: <https://www.fema.gov/disaster/4332>

3. Did CMS issue any blanket waivers under Sec. 1135 or 1812(f) of the Social Security Act so individual facilities do not need to apply?

A: Yes, CMS issued the following three blanket waivers:

- Skilled Nursing Facilities
 - 1812(f): This waiver of the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility stay provides temporary emergency coverage of Skilled Nursing Facility (SNF) services without a qualifying hospital stay, for those people who are evacuated, transferred, or otherwise dislocated as a result of the effect of Hurricane Harvey in the State of Texas in 2017. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period. (Blanket waiver for all impacted facilities)
 - 483.20: This waiver provides relief to Skilled Nursing Facilities on the timeframe requirements for Minimum Data Set assessments and transmission. (Blanket waiver for all impacted facilities)
- Home Health Agencies
 - 484.20(c)(1): This waiver provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. (Blanket waiver for all impacted agencies)
- Critical Access Hospitals

- This action waives the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours. (Blanket waiver for all impacted hospitals)

These temporary emergency policies would apply to the timeframes specified in the waiver(s) issued under section 1135 of the Act in connection with the effect of Hurricane Harvey in the State of Texas. CMS is reviewing additional waivers and will update the following page as decisions are made. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Hurricanes.html>

4. What resources are available for Texas residents on dialysis?

A: If a Texas resident is on dialysis and needs assistance finding a dialysis provider, they may call 1.866.407.ESRD for support. If a managed care plan needs assistance in finding a dialysis provider for a member, they can contact a member of Texas' End stage renal disease (ESRD) network directly:

Javoszia Sterling
JSterling@nw14.esrd.net

Mary Albin
Mary.Albin@alliantquality.org

Glenda Harbert
GHarbert@nw14esrd.net

Eligibility and Enrollment

5. Will the eligibility certification period for Medicaid, CHIP and Texas Health Women Program clients be extended for those that have a permanent residence in one of the FEMA-declared disaster counties?

A: Yes. Due to disruptions to mail delivery and to ensure continuity of services, HHS received federal approval to provide a six month extension of medical benefits for Medicaid, CHIP and Healthy Texas Women clients whose permanent residence is in one of the FEMA-declared disaster counties.

Clients that were up for renewal of their benefits in August, September, October or November will have their certification periods automatically extended for six months. Clients do not need to take any action for this extension to be effective.

Households with certification periods ending in:

- August 2017 will be automatically extended through February 2018;
- September 2017 will be automatically extended through March 2018;
- October 2017 will be automatically extended through April 2018; and
- November 2017 will be automatically extended through May 2018.

Households will receive a notice when it is time to renew their benefits. Clients are encouraged to use YourTexasBenefits.com or the Your Texas Benefits mobile app to manage their benefits

case and to update HHS of any address changes. When updating their address members should update mailing address, but keep permanent address on file. Clients are also encouraged to sign up for electronic notices to stay informed about their cases.

6. What should members do if they are displaced from Hurricane Harvey and need to update address information?

A: Members should update mailing address but keep permanent address on file. This can be done by contacting 211 or through YourTexasBenefits.com. It is important for members to keep their permanent address on file if they plan to return home.

7. What are HHSC's plans for newly eligible beneficiaries that did not receive their New Enrollment Packet?

A: The Enrollment Broker will contact these members and inform them who their health plan is and provide them an opportunity to change their plan.

Pregnant women and newborns will continue with the current process of being enrolled in managed care. The Enrollment Broker will contact these members and inform them who their health plan is and provide them an opportunity to change their plan.

Fair Hearings

8. What happens if a member misses a scheduled Fair Hearing or if the member cannot participate in the scheduled Fair Hearing?

A: HHSC will automatically reschedule fair hearings for members that live in an area affected by Hurricane Harvey. This includes those instances where a member may have missed their fair hearing or have one scheduled prior to September 18, 2017 and are unable to participate.

Members getting services pending the appeals process will continue to receive those services. For any member questions related to fair hearings, please call Fair and Fraud Hearings Section at 512-231-5701, or fax 512-231-5743.

CHIP Cost-Sharing

9. Will there be any changes to CHIP co-payments as a result of Hurricane Harvey?

A: HHS is waiving co-payments for all CHIP members with a permanent address in one of the Hurricane Harvey FEMA-declared disaster counties. Co-payments are waived for services provided August 25, 2017 through November 30, 2017. Therefore, providers must not require or collect co-payments for CHIP members living in or displaced from a Hurricane Harvey FEMA-declared disaster county.

Providers should contact the Provider Line at 1-800-645-7164 for updated co-payment information.

Social Security

10. Is there any guidance related to members getting Social Security Payments in areas affected by Hurricane Harvey?

A: The Social Security Administration has issued a press release related to various delivery methods for people getting social security payments in the wake of hurricane Harvey. Information can be found here: <https://www.ssa.gov/news/press/releases/#/print/8-2017-6>

Non-Texas Medicaid Enrolled Providers, including Out of State Providers

11. Can out of state pharmacies refill Texas Medicaid prescriptions?

A: MCOs: Yes, must implement ways in order to allow payment to these pharmacies.
FFS: Yes, the current override process will allow non-enrolled out of state pharmacies to dispense drugs to clients. The claim will be pended in order for HHSC to enroll the pharmacy and set-up payment.

12. Will MCOs be able to submit pharmacy encounters for claims paid to out of state pharmacies?

A: HHSC is researching and will provide guidance in the near future.

13. How can non-Texas Medicaid enrolled provider, including out of state providers be reimbursed for services rendered to Texas Medicaid eligible clients who were affected by Hurricane Harvey?

A: A simplified provider enrollment application has been created to allow non-Texas Medicaid enrolled providers, including out of state providers, to temporarily enroll in Texas Medicaid. Providers must be enrolled in Texas Medicaid in order to be reimbursed for rendering services to Texas Medicaid eligible clients whose permanent address is in one of the FEMA-declared disaster counties. The expedited enrollment application can be found here: http://www.tmhp.com/Pages/Topics/Hurricane_Main.aspx

The simplified enrollment process will expedite Texas Medicaid's provider enrollment process and allow providers to temporarily enroll in Texas Medicaid. Provider enrolled through this process will be eligible for reimbursement for services rendered from August 25, 2017 through December 31, 2017. After December 31, 2017, providers enrolled under this process will be automatically dis-enrolled. Future guidance is forthcoming on claims submission and processing.

Providers who wish to continue to provide services to Texas Medicaid clients may pursue traditional provider enrollment with Texas Medicaid. Additional information about this process may be found on www.tmhp.com. Provider may also call the TMHP Contact Center for more information at 1-800-925-9126.

14. Are there special provisions for out-of-state providers assisting with disaster response?

A. Yes, for health care providers employed by a hospital and licensed and in good standing in another state to practice in Texas, the Office of the Governor in accordance with section 418.016 of the Texas Government Code, temporarily suspended all necessary statutes and rules to allow these providers to assist with the disaster response operations.

Hospitals must submit to the applicable licensing entity each out-of-state provider's name, provider type, state of license, and license identification number.

This suspension is in effect until terminated by the Office of the Governor or until the Tropical Depression Harvey disaster declaration is lifted or expires.

E-mail health care provider information (provider's name, provider type, state of license, and license identification number) to: TMBtransition@tmb.state.tx.us

Prescriptions

15. People often forget their medicines when they evacuate and need an early refill from a pharmacy. In most cases, pharmacists may not dispense more than a 72-hour supply of medication. Is there any way a prescription can be filled sooner?

A: Yes, HHSC implemented an emergency procedure for pharmacists to follow if a prescription rejects with an error code "79" ("Refill Too Soon"), but only for individuals the pharmacist identifies as affected by Hurricane Harvey. Pharmacy staff should use their professional judgement when filling prescriptions to ensure adherence to state and federal law. HHS guidance on how to fill a prescription earlier may be found here:

<https://www.txvendordrug.com/hurricane-harvey>

16. May pharmacists refill Schedule II medications early?

A: Yes, in the event of an emergency, a practitioner may prescribe a controlled substance telephonically and follow up within 7 days with a written prescription. The pertinent citation is as follows:

Texas Controlled Substances Act

Sec. 481.074. Prescriptions.

*(b) Except in an emergency as defined by rule of the board or as provided by Subsection (o) or Section 481.075(j) or (m), a person may not dispense or administer a controlled substance listed in Schedule II without a written prescription of a practitioner on an official prescription form or without an electronic prescription that meets the requirements of and is completed by the practitioner in accordance with Section 481.075. In an emergency, a person may dispense or administer a controlled substance listed in **Schedule II on the oral or telephonically communicated prescription** of a practitioner. The person who administers or dispenses the substance shall:*

(1) if the person is a prescribing practitioner or a pharmacist, promptly comply with Subsection (c); or

(2) if the person is not a prescribing practitioner or a pharmacist, promptly write the oral or telephonically communicated prescription and include in the written record of the prescription the name, address, and Federal Drug Enforcement Administration number issued for prescribing a controlled substance in this state of the prescribing practitioner, all information required to be provided by a practitioner under Section 481.075(e)(1), and all information required to be provided by a dispensing pharmacist under Section 481.075(e)(2).

(c) Not later than the seventh day after the date a prescribing practitioner authorizes an emergency oral or telephonically communicated prescription, the prescribing practitioner shall cause a written or electronic prescription, completed in the manner required by Section 481.075, to be delivered to the dispensing pharmacist at the pharmacy where the prescription was dispensed. A written prescription may be delivered in person or by mail. The envelope of a

prescription delivered by mail must be postmarked no later than the seventh day after the date the prescription was authorized. On receipt of a written prescription, the dispensing pharmacy shall file the transcription of the telephonically communicated prescription and the pharmacy copy and shall send information to the board as required by Section 481.075. On receipt of an electronic prescription, the pharmacist shall annotate the electronic prescription record with the original authorization and date of the emergency oral or telephonically communicated prescription.

17. How are Medicaid and CHIP members' refill requirements affected by the Governor's Disaster Declaration?

A: MCOs: Effective August 26, 2017, the Texas Department of Insurance released a Commissioner's Bulletin (# B-0014-17) requires MCOs to provide coverage for up to 90-day supplies of prescription drugs that would be denied or rejected due to an early refill limitation. This bulletin and other TDI guidance related to the Harvey Disaster Response may be found at this [link](#).

Pharmacists: Currently, the Board and Texas Medicaid/CHIP are allowing pharmacies to dispense up to 30 days of a prescription drug, other than a Schedule II drug, in the case that an emergency refill is needed. Emergency refills are refills made without the authorization of the prescribing physician (e.g. no refills remaining on prescription). State law does not allow for more than 30 days to be dispensed without a physician's authorization. This notice and additional guidance from the Texas State Board of Pharmacy may be found at this [link](#).

Pharmacists and MCOs are advised to monitor as much as possible guidance from the Texas State Board of Pharmacy, the Vendor Drug Program and the Texas Department of Insurance in case the above guidance should change or new guidance released.

18. What may a pharmacist do if a prescribed drug is out of stock?

A: Pharmacists must adhere to the Texas State Board of Pharmacy substitution rules. Generally, they may dispense a generically equivalent drug or interchangeable biological product if:

- (1) the generic drug or interchangeable biological product costs the patient less than the prescribed drug product;
- (2) the patient does not refuse the substitution; and
- (3) the practitioner does not certify on the prescription form that a specific prescribed brand is medically necessary as specified in a dispensing directive described in subsection (c) of the Texas State Board of Pharmacy substitution rules.

Nursing Facility Evacuations

19. Numerous Medicaid beneficiaries have been evacuated and relocated to new nursing facility.

What are the evacuating facility responsibilities?

A. During an evacuation, the evacuating facility retains responsibility for the care of their evacuated residents. As with past disasters, the evacuating facility will be responsible for payment to the accepting facility [or facilities] for the care of their residents. HHS

recommends that evacuating facilities establish an agreement with the accepting facilities as soon as feasible regarding housing and care of evacuees, and for reimbursement of services the receiving facility provides to support the evacuee details.

- B. Monitor the care of their residents for the duration of the event, including the potential re-evacuation of a resident.
- C. After residents have returned to the evacuating facility or have been discharged, the evacuating facility must complete all assessments in accordance with federal guidance.
- D. Bill the appropriate Medicaid managed care plan.
- E. After payment by the managed care plan, the evacuating facility must pay the accepting facility for their resident's care for the duration of his/her residency at the accepting facility, per the payment agreement.
- F. Be responsive to the member's managed care plan.

20. What are the accepting facility responsibilities?

- A. Communicate regularly with the evacuating facility on the status of their residents.
- B. Maintain records, as required, about each resident to be sent when the resident returns to the evacuating facility.
- C. Work with the evacuating facility on an informal payment agreement.
- D. Support service delivery to residents as though they are your own, and in accordance with their indicated care plans that were provided by the evacuating facility.
- E. Be responsive to the member's managed care organization

21. What are the managed care plan's responsibilities?

- A. Track and monitor members that have been evacuated.
- B. Provide support to evacuating and accepting facilities, proactively, and as needed.
- C. The managed care plan service coordinator must work with the evacuating and receiving facility to continue to meet all responsibilities outlined in contract including: addressing identified needs, assisting the member in locating providers of add-on services, and referring for any necessary services.
- D. Pay the evacuating facility for the services rendered by the accepting facility; even if the accepting facility is out-of-network or a non-Medicaid provider. Be flexible and cooperative with providers so they receive prompt and proper payment for the care delivered by both facilities.

E. Promptly reply to inquiries and complaints from facilities and members, or their representatives. Offer dedicated contact information or e-mail box, if necessary, to facilitate disaster-related communications, even outside of normal business hours.

22. If a nursing facility, assisted living facility, or adult foster care home evacuates its residents to a facility that is not in the network of its contracted Medicaid MCO, will the evacuating facility/home be paid the full rate?

A: Yes. At minimum, the MCO should pay the evacuating facility/home its full, contracted rate for the services rendered by the accepting facility/home; even if the accepting facility/home is out-of-network or a non-Medicaid provider.

23. Will the state reduce the number of forms required during the duration of the disaster?

A: Yes, the following forms are not required from either facility for the duration of this disaster:

- Form 3618 Resident Transaction Notice;
- Form 3619 Medicare/Skilled Nursing Facility Patient Transaction Notice; or
- 483.20: The 1135 waiver provides relief to Skilled Nursing Facilities on the timeframe requirements for Minimum Data Set assessments and transmission. (Blanket waiver for all impacted facilities)
- Visit the following CMS site for additional information and to download their "All Hazards" document:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Benefits

24. Once the devastating floodwaters recede, there will be a substantial increase of mosquitoes in the affected areas of the state. Do Medicaid, CHIP and other state programs cover mosquito repellent products for the prevention of Zika virus?

A: Yes. Medicaid, CHIP, CHIP-Perinatal, Healthy Texas Women, Children with Special Health Care Needs (CSHCN) and the Family Planning Program cover mosquito repellent products for pregnant women of any age, women and girls ages 10-55, and men and boys 14 and older.

25. What is the benefit?

A: The benefit began May 1, 2017 and ends on December 31, 2017. One can or bottle of mosquito repellent is permitted per pharmacy fill, with 1 refill allowed per month. Mosquito repellent won't count against the monthly 3-prescription limit for those clients with a monthly limit.

26. How do clients get the repellent?

A: Many pharmacies can provide clients mosquito repellent without a prescription from their doctor. Clients should contact their pharmacy to make sure they are participating in this benefit.

If a pharmacy recommends getting a prescription or if the client is enrolled in CSHCN, they may contact their healthcare provider and ask them to send a prescription to the pharmacy.

Providers can send a prescription to their pharmacy via phone, fax, or e-prescription. If the client receives services from the Family Planning Program, and their healthcare provider offers this benefit, they can pick up mosquito repellent at a participating Family Planning Program clinic.

THSteps

27. How should Texas Health Steps (THSteps) providers handle laboratory specimens that must be sent to the Department of State Health Services Laboratory for testing?

A: On August 25, 2017, the DSHS Laboratory issued the following guidance regarding specimen collection and handling in response to Hurricane Harvey.

1. Collect all specimens as usual.
2. Expect delays from courier and postal services for areas that will be impacted by the hurricane. Hold specimens until shipping and mailing services become available next week.
3. Store specimens to ensure they remain at the appropriate temperature until shipping/ mailing.
 - a. Freeze serum specimens after collection for glucose, cholesterol/HDL/lipid panel, and HIV/syphilis.
 - b. Refrigerate whole blood specimens for lead and hemoglobin.
4. Anticipate loss of power and possible flooding. Prepare a backup storage method, especially for those specimens that require refrigeration and freezing.
5. Maintain specimens in a dry location, especially for newborn screening specimens.
6. Expect a possible backlog for courier and postal services when they resume.

Newborn screenings in response to Hurricane Harvey.

1. Collect and dry newborn screens within the appropriate time frames.
2. Ensure the parent/guardian contact information will be valid throughout any potential family/baby relocation.
3. Ship as soon as possible, preferably within 24 hours after collection.
4. Contact courier directly for service information for your area
5. If courier services are interrupted, store the specimens at room temperature in a dry location.
6. Do not put specimens in air-tight sealed containers.
7. Ensure that newborn screening results are known, documented, and discussed with the family/caregiver.
8. Facilitate repeat or confirmatory testing, appropriate subspecialty referral and timely intervention if necessary

Additional information is available on the DSHS Laboratory website:

<http://www.dshs.texas.gov/lab/default.shtm>. Contact the DSHS Laboratory at 512-776-7318 or toll free at 888-963-7111, ext. 7318.

Provider Enrollment

28. Will there be any changes related to HHSC's plan to require that providers that ordered, referred or prescribed services for Medicaid, Children with Special Health Care Needs (CSHCN), and Healthy Texas Women (HTW) be enrolled in Texas Medicaid?

A: Due to the impact of Hurricane Harvey and pending decisions that may impact the implementation of the Federal Regulation, HHSC is delaying the deployment of this requirement. All medical and pharmacy claims will continue to pay through calendar year 2017 regardless of the ordering, referring, or prescribing provider's Texas Medicaid enrollment status.

HHSC will begin enforcing the enrollment requirement in January 2018 for Medicaid, CHIP, HTW program, and CSHCN Services Program. HHSC will provide specific dates and details in the coming weeks.

If possible, ordering, referring, and prescribing providers should begin the enrollment process before January by completing the application online at http://www.tmhp.com/Pages/ProviderEnrollment/PE_TX_Medicaid_New.aspx