Guidance for MCOs and MMPs regarding Extensions for Existing Prior Authorizations

Background:

HHSC is issuing this guidance to Medicaid and CHIP managed care organizations (MCOs) and Medicare-Medicaid Plans (MMPs) to help ensure continuity of care during the COVID-19 (coronavirus) response.

Key Details:

HHSC directs MCOs and MMPs to extend for 90 days existing prior authorizations and service authorizations that require recertification and are set to expire March 13, 2020 through the end of April 2020. The extended authorizations must contain the same proportional amount and frequency as was authorized in the original authorization.

This extension does not apply to current authorizations for one-time services or new requests for authorization. For example, a single non-emergency ambulance trip would not be extended, but a recurring non-emergency ambulance authorization for dialysis would be extended.

This extension applies to all state plan services requiring recertification, including acute care and long-term services and supports such as personal assistance services, personal care services, community first choice, private duty nursing, physical, occupational and speech therapies, and day activity and health services.

To implement this direction, MCOs and MMPs may either create new authorizations for the 90-day extension period or extend the end date on the current authorization.

It is expected that before reimbursement is requested, providers have obtained the appropriate required documentation. The services delivered may still be subject to retrospective review for medical necessity. Exceptions will be reviewed on a provider or recipient-specific basis and need.

Action:

In addition to extending current authorizations as outlined above, MCOs and MMPs must:

- Communicate with providers once the impacted authorizations have been extended.
- Allow a provider to submit an amended request to an existing, extended prior authorization, process the request, and override the 90-day extension as appropriate.
- Have a process to ensure the provider is aware of and has timely access to the new or updated authorization in order to bill appropriately.

- Notify providers that updated authorization information must be entered into the electronic visit verification (EVV) system for EVV-relevant services.

Additional Information:

A provider notice was also released and is available on the TMHP website. This does not apply to nursing facility services at this time. HHSC is still considering the appropriate action for nursing facilities. HHSC will follow up with the MCOs and MMPs regarding operationalizing this for services impacted by the EVV requirements. HHSC previously released guidance directing MCOs and MMPs to extend waiver service authorizations in alignment with HHSC's extension of the individual's eligibility for the waiver.

Resources:

http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

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