

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 7500 Security Boulevard
Baltimore, Maryland 21244-1850



DATE: April 3, 2020

TO: Medicare-Medicaid Plans in Texas

FROM: Lindsay P. Barnette
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SUBJECT: Texas STAR+PLUS Medicare-Medicaid Plan Dual Demonstration Project
(Dual Demonstration) Flexibilities Related to Coronavirus Disease
(COVID-19) 2020

COVID-19 presents new challenges for coordination of care and communication with those dually eligible older adults and people with disabilities enrolled in Medicare-Medicaid Plans (MMPs). We appreciate your ongoing commitment to the people we serve.

Many of you have already taken steps to reduce the risks of COVID-19 transmission and maintain continuity of operations. To support those efforts, after consultation with our partners at the Texas Health and Human Services Commission (HHSC), the Centers for Medicare & Medicaid Services (CMS) is using its enforcement discretion to allow MMPs in Texas the temporary flexibilities for operating their MMP consistent with guidance released by HHSC¹ and consistent with the Texas 1135 waiver approved on March 30, 2020. Specifically, we will exercise our enforcement discretion, as necessary to match the aforementioned guidance from HHSC, for the following sections of the three-way contract between CMS, HHSC, and each MMP:

- Sections 2.5.4.1.7.1, 2.5.4.1.7.2 and 2.5.4.1.7.3 - Requirements for face to face visits
- Sections 2.6.2.8.1 and 2.6.2.8.2 - Requirements for initial comprehensive Health Risk Assessments (HRAs) and annual reassessments for Level 1 Enrollees²
- Sections 2.6.2.3.3 and 2.6.2.3.4 - Enrollment in the STAR+PLUS HCBS program

¹ Guidance that HHSC has released related to COVID-19 for Medicaid and CHIP beneficiaries can be found at <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-people-receiving-services>

² Level 1 Enrollees: MMP enrollees with the highest level of risk/utilization including those in the STAR+PLUS HCBS program, nursing facility residents, individuals with severe and persistent mental illness, and other Enrollees with complex medical needs.

- Provisions in Section 2.12 related to continuation of benefits, appeals resolution timeframes, and modalities of appeal requests insofar as they are consistent with approved CMS waivers, including those made under Section 1135.

This flexibility is effective through April 30, 2020. CMS and HHSC will consider extending this policy as conditions warrant. We will ask MMPs to report to the Contract Management Team (CMT) during the next monthly call how the MMP is:

- 1) completing care coordination activities in lieu of face-to-face contact;
- 2) conducting outreach and COVID-19-related education to at-risk enrollees; and
- 3) implementing the use of informational telephonic scripts with COVID-19-related education for incoming enrollee calls and outbound telephonic welcome calls and assessment and reassessment outreach.

Finally, notwithstanding the guidance discussed in this memo, the MMP should comply with any instructions issued by federal, state, or local public health officials related to COVID-19 response. For more information on COVID-19 please refer to the CMS and CDC resources listed below that MMPs can utilize for beneficiary outreach and education.

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

<https://www.cms.gov/newsroom>

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>