## All MCOs: COVID-19 Vaccine Coverage Includes Moderna

# **Background:**

On January 31, 2020, the Secretary of Health and Human Services declared the 2019 novel coronavirus (COVID-19) a public-health emergency for the United States effective January 27, 2020. The Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the use of the Pfizer-BioNTech COVID-19 Vaccine on December 11, 2020, and the Moderna COVID-19 Vaccine on December 18, 2020.

# **Key Details:**

MCOs must perform an off-cycle update of the formulary to manually add the following COVID-19 Vaccine national drug codes (NDCs) **by December 28, 2020**:

Manufacturer	Drug Name	NDC
Pfizer-BioNTech	COVID-19 Vaccine EUA	59267-1000-01
Moderna	COVID-19 Vaccine EUA	80777-0273-10

Beginning December 28, the COVID-19 vaccine NDCs will appear on the daily formulary file for the Medicaid and CHIP as a payable pharmacy benefit. VDP will backdate the effective date of formulary coverage to December 11 to align with medical benefit requirements, meaning pharmacy claims with dates of service starting December 11 are allowed beginning December 28. For informational purposes, MCOs may reference the fee-for-service Claim Billing Transaction (B1) payer specification on the Vendor Drug Program website.

#### Resources:

https://www.txvendordrug.com/about/manual/payer-sheets

#### **Contact:**

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## All MCOs: COVID-19 Test & Diagnostic Reimbursement Strategy

## **Background:**

In response to the COVID-19 public health emergency and the guidance provided from the Centers for Medicare and Medicaid Services (CMS), the Texas Health and Human Services Commission (HHSC) is adopting a non-risk payment outside of the managed care capitation strategy to reimburse MCOs for certain COVID-19 related services.

## **Key Details:**

This reimbursement strategy will be a phased approach and is based on encounter information. The first payment phase will include COVID-19 test and diagnostic service encounters over four payment processing cycles.

In mid-January 2021, MCOs will receive the first COVID-19 test and diagnostic reimbursement payments.

# Requirements Summary

- The criteria used to determine the eligible encounter records for reimbursement are those COVID-19 test and diagnostic procedures listed in the attached table.
- If the procedure has a fee-for-service rate, a payment calculation is applied that compares the actual amount paid by the MCO to the fee-for-service rate and pays the lesser of the two.
- The following programs are in scope: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.
- MCOs can expect each payment to be one lump sum per contract per cycle processed. Reports shall be made available to assist with itemization of the payments. MCOs will receive information about the report process through an MCO notification.
- Due to nuances in available information, the test and diagnostic procedure codes eligible for payment are grouped into the following cycles to be processed beginning in January 2021. Each processing cycle includes the previous cycle(s) to capture any new encounters and/or adjustments not previously processed. For example, cycle 2 includes the CHIP encounters as well as any cycle 1 records for the month of December 2020 and any newly received adjustments for prior months. Cycle 4 shall include any manually priced encounters as well as any newly received encounter records that meet cycle 1 through cycle 3 criteria. Refer to the attached table for the procedure codes identified for each processing cycle.
- 1) Cycle 1: <u>Test and diagnostic procedures with an established rate and existing encounter information.</u> Estimated time to receive first payment is mid-January.
- 2) Cycle 2: <u>Test and diagnostic procedures with an established rate for which additional encounter information is required specific to the CHIP program.</u> HHSC is working with TMHP to acquire the additional information.
- 3) Cycle 3: New test and diagnostic procedures currently in the process of onboarding a new rate. Once onboarded, the new procedures shall be incorporated into the process. MCOs will be notified of the addition of codes to the payment system through an MCO notification.
- 4) Cycle 4: <u>Test and diagnostic procedures where the rate is manually priced.</u> There is not a set price and a wide number of products with a variable range of

prices can be associated with the procedure code. HHSC is seeking CMS guidance to address reimbursement of these encounters.

## **Additional Information:**

After the initial payments are processed, HHSC is establishing an on-going monthly process to reimburse COVID-19-eligible test and diagnostic procedures beginning with December 2020 encounters in January 2021. As new COVID-19 procedure codes are added, these will be incorporated into the on-going monthly process. More information will be provided through MCO notifications.

HHSC is in the process of ascertaining the best way to identify the encounters with treatment service codes and a COVID 19 diagnosis. HHSC anticipates finalizing the criteria in early 2021, followed by a plan for reimbursement. More information will be provided through MCO notifications.

### Resources:

COVID-19 Test & Diagnostic Reimbursement Strategy (Attached)

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# All MCOs: Coverage of Casirivimab and Imdevimab under Emergency Use Authorization

#### Background:

Beginning Dec. 15, 2020, Texas Medicaid added Casirivimab and Imdevimab (Q0243) and administration of Casirivimab and Imdevimab (M0243) as benefits in response to the COVID-19 Emergency Use Authorization (EUA). It is an allowable drug for dates of service on or after Nov. 21, 2020.

# **Key Details:**

Administration of Casirivimab and Imdevimab as an outpatient benefit is for people diagnosed with mild to moderate coronavirus disease (COVID-19) with a diagnosis of U07.1, are 12 years of age and older, weigh at least 40kg, and are at a high risk of progressing to severe COVID-19 or requiring hospitalization.

Per CMS guidance, Casirivimab and Imdevimab are currently available at no cost. As a result, providers are reimbursed only for the administration of Casirivimab and Imdevimab.

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