

08/11/2025

Prior Authorizations Extended Due to 2025 Texas Flooding

Background:

The Health and Human Services Commission (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 2025 Texas flooding response.

HHSC directs MCOs and MMPs to extend by 90 days existing prior authorizations (PAs) that require recertification and are set to expire between July 2, 2025, through Sept. 29, 2025. This will apply statewide and only at the request of members or providers impacted by the 2025 Texas flooding. MCOs and MMPs must implement immediately upon receipt of this MCO notice to retroactively apply to July 2, 2025 through Sept. 29, 2025.

Key Details:

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, pharmacy PAs, or nursing facility services. For example, a single nonemergency ambulance trip would not be extended, but a recurring non-emergency ambulance authorization for dialysis would be extended. Requests for new PAs will not be subject to the 90-day extension.

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.

Members and providers must include in the PA extension request that the need for the extension is a result of the 2025 Texas flooding.

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:

- Provide notice of this flexibility to all providers and members as soon as practical.
- Communicate with providers and members once the impacted authorizations have been extended.
- Reprocess any claims impacted by the PA extension.

- Allow a provider to submit an amended request to an existing, extended PA 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 to bill appropriately.
- Notify providers that updated authorization information must be entered into the electronic visit verification (EVV) system for EVV-relevant services.
- MCOs and MMPs are encouraged to also notify members and providers of this change on their websites.

Additional Information:

A fee-for-service provider notice will also be released and will be available on the Texas Medicaid and Healthcare Partnership (TMHP) website.

Resources:

Link:	TMHP homepage: https://www.tmhp.com/
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Contact:

managed_care_initiatives@hhs.texas.gov

Type: Action Required

To: CHIP; MMP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: Policy