

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #16: State and Federal Updates – July 10, 2020

With federal and state health care policies changing in response to COVID-19, the Meadows Mental Health Policy Institute (MMHPI) is issuing *COVID-19 Regulatory & Reimbursement Newsletters* to support providers. In these newsletters, we highlight recent changes and extensions to regulatory and reimbursement rules, as well as newly published or updated guidance and answers to frequently asked questions.

These newsletters, along with additional information on mental health resources during a pandemic, are posted here: <https://www.texasstateofmind.org/covid-19/>. If you would like to have additional organizations added to our distribution list or have follow up questions on the content, please email Catie Hilbelink at chilbelink@mmhpi.org.

Contents

Texas Updates	2
Temporary Medicaid Rate Increases	2
Additional Medicaid Procedure Code for COVID-19 Testing.....	3
HHSC Updates FAQs	4
Behavioral Health Providers	4
Long-Term Care Facilities: ICF/IID Providers.....	5
ICF: Updated Response Plan.....	5
Waiver for Telephonically Renewing Scheduled Drugs Extended.....	6
FMSA and CDS Employers: Suspension of Face-to-Face Orientations Extended	6
HCSSA: New Reporting Requirements.....	7
Emergency Disaster Notification Form.....	7
State Contractor for COVID-19 Testing in Nursing Facilities and Assisted Living Facilities	8
Governor Abbott Establishes Statewide Face Covering Requirement	8
DSHS-certified Continuing Education: Community Health Workers / Instructors	9
Strategies for Health Care Workers to Manage Stress and Cope With COVID-19	9
Federal Updates.....	10
Paycheck Protection Program Reopened	10
Quality Reporting Exception Ends	10
New Authorization for Test Differentiating Flu From COVID-19	11
CDC Report: Pregnancy and COVID-19	11
CDC Report: Contacts Among COVID-19 Cases	12

Texas Updates

Temporary Medicaid Rate Increases

Date	July 8, 2020
Summary	<p>To protect Medicaid clients, providers, and the public health, safety, and welfare of the state during the COVID-19 pandemic, the Texas Health and Human Services Commission (HHSC) adopted an emergency rule to give HHSC the ability to establish emergency temporary reimbursement rate increases and limitations for certain Medicaid providers that serve vulnerable populations. This emergency rule was posted in the Texas Register with an effective date of June 19, 2020.</p> <p>HHSC is implementing temporary emergency payment rate increases for certain Medicaid providers to support access and safety during the disaster declaration related to COVID-19. Effective June 4, 2020, for dates of service on or after April 1, 2020, reimbursement rates for COVID-19 related procedure codes S8301, 71250, and 71260 procedure codes were updated. The emergency payment rate add-ons will be retroactive to April 1, 2020 and are assumed to conclude when the disaster declaration ends.</p>
Links	<p>http://www.tmhp.com/News_Items/2020/07-July/070820%20Reimbursement%20Rate%20Updates%20for%20TX%20Medicaid%20Eff%20April%201%20through%20the%20Remainder%20of-COVID-19%20Disaster%20Decl.pdf</p> <p>https://www.sos.texas.gov/texreg/archive/July32020/Emergency%20Rules/1.ADMI NISTRATION.html#9</p>

Additional Medicaid Procedure Code for COVID-19 Testing

Date	June 3, 2020												
Summary	<p>An additional procedure code for COVID 19-testing is now a benefit for Texas Medicaid, effective on or after the following date of service:</p> <table border="1"> <thead> <tr> <th>Date of Service</th> <th>Procedure Code</th> </tr> </thead> <tbody> <tr> <td>June 25, 2020</td> <td>87426</td> </tr> </tbody> </table> <p>Procedure code 87426 may be reimbursed as follows:</p> <table border="1"> <thead> <tr> <th>Place of Service</th> <th>Provider Type</th> </tr> </thead> <tbody> <tr> <td>Office</td> <td>County indigent health care program, physician, physician groups, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, registered nurse, licensed midwife</td> </tr> <tr> <td>Outpatient Hospital</td> <td>Hospital providers</td> </tr> <tr> <td>Independent Laboratory</td> <td>Independent laboratory/privately owned laboratory providers</td> </tr> </tbody> </table> <p>Services provided before expenditures are approved will be denied with an explanation of benefits 02008, "This procedure code has been approved as a benefit pending the approval of expenditures. Providers will be notified of the effective dates of service in a future notification if expenditures are approved." Once expenditures are approved, Texas Medicaid & Healthcare Partnership (TMHP) will automatically reprocess the affected claims. Providers are not required to appeal a claim unless they are denied for other reasons after the claim reprocessing is complete.</p>	Date of Service	Procedure Code	June 25, 2020	87426	Place of Service	Provider Type	Office	County indigent health care program, physician, physician groups, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, registered nurse, licensed midwife	Outpatient Hospital	Hospital providers	Independent Laboratory	Independent laboratory/privately owned laboratory providers
Date of Service	Procedure Code												
June 25, 2020	87426												
Place of Service	Provider Type												
Office	County indigent health care program, physician, physician groups, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, registered nurse, licensed midwife												
Outpatient Hospital	Hospital providers												
Independent Laboratory	Independent laboratory/privately owned laboratory providers												
Link	<p>http://www.tmhp.com/News_Items/2020/07-July/070320-%20Additional%20Procedure%20Code%20for%20COVID-19%20Testing%20for%20Texas%20Medicaid.pdf</p>												

HHSC Updates FAQs

Behavioral Health Providers

Date

July 2, 2020

Summary

HHSC updated the COVID-19-related frequently asked question (FAQs) for behavioral health providers with the following:

- **Q. For family partners who cannot access Via Hope’s certified family partner basic training, will HHSC waive the requirement to become certified in a year?**
 - A. During the COVID-19 pandemic, Via Hope is continuing to provide virtual trainings for certified family partners. Applications for training open six weeks before the training date. If a family partner is approaching the one-year time frame for basic certification, contact the family partner coordinator at nidia.heston@viahope.org. Additionally, during the COVID-19 pandemic, HHSC will not enforce contractual guidelines that require training and certifications within specified time frames.
- **Q. Do services provided by certified family partners through telephone and telehealth count toward the performance measures?**
 - A. Certified family partner services delivered via telephone and telehealth will count toward performance measures. HHSC is relaxing certain performance measures and strategies related to service delivery, including certified family partner services. For general revenue-funded services, including certified family partner services, there is currently no end date. Any decision regarding changes to service provision will be determined as the COVID-19 situation evolves. We recommend visiting the COVID-19 Provider Resources SharePoint site for up-to-date information.

Link

<https://hhs.texas.gov/sites/default/files/documents/services/health/behavioral-health-services-covid-faq.pdf>

Long-Term Care Facilities: ICF/IID Providers

Date	July 6, 2020
Summary	<p>HHSC posted COVID-19 updates and questions answered by the Long-Term Care Regulation Division and the Department of State Health Services (DSHS) for Intermediate Care Facilities (ICF) for Individuals with an Intellectual Disability or Related Conditions (IDD) providers. Questions answered include:</p> <ul style="list-style-type: none"> • Q. Can ICF residents be restricted from going home on weekends if they refuse to isolate when they return? <p>A. No. ICF/IDD residents do have the right to go home for visits, and they have the right to return to the ICF after those visits. ICF staff need to have a plan in place for ensuring the health of all residents and staff when residents return from home visits –keep them separated from other residents, encourage them to wear a face covering when out of their rooms, model and encourage proper hand hygiene, etc.</p> • Q. If a client goes home on a 3-day home visit, are they automatically required to be put in isolation/quarantine for 14 days upon return? <p>A. Yes. A resident who goes on a home visit should be separated from other residents upon return to the ICF. This does not mean they should be confined to their room. Rather, the provider should have plans in place to allow residents to utilize communal areas at different times to ensure those who go into the community are kept separated from those who choose not to leave the facility.</p>
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/recording-july-6-icf-covid-19-qa-provider-webinar-available

ICF: Updated Response Plan

Date	July 7, 2020
Summary	HHSC Long-Term Care Regulation (LTCR) has updated the COVID-19 response plan for ICF/IID. The document provides guidance for ICF/IIDs response actions in the event of a COVID-19 exposure.
Link	http://www.tmhp.com/News_Items/2020/07-July/070720%20Updated%20ICF%20COVID-19%20Response%20Plan.pdf

Waiver for Telephonically Renewing Scheduled Drugs Extended

Date	July 1, 2020
Summary	The Texas Medical Board extended a waiver allowing providers to telephonically renew scheduled drugs (such as opioids) for patients with chronic pain through September 2, 2020. The extended waiver continues to allow for telephone refills of a prescription for treatment of chronic pain by a physician with an established chronic pain patient. Ordinarily, there is a prohibition on telephonically renewing prescriptions for scheduled drugs for chronic pain.
Link	http://www.tmb.state.tx.us/dl/BCD2EF6B-186F-C204-1F70-121C07BAB042

FMSA and CDS Employers: Suspension of Face-to-Face Orientations Extended

Date	July 6, 2020
Summary	HHSC issued guidance for Financial Management Services Agencies (FMSAs) and Consumer Directed Services (CDS) employers, extending the suspension of face-to-face CDS orientations through July 31, 2020. The information letter, IL 2020-08 , was originally published on March 20, 2020.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/revised-il-2020-08-suspension-face-face-cds-orientations-extended-through-july-31

HCSSA: New Reporting Requirements

Date	July 1, 2020
Summary	<p>Home and community support services agencies (HCSSAs) must ensure its staff are screened at the beginning of each workday per emergency rule 26 T.A.C. §558.408 (Emergency Rule for HCSSA Response to COVID-19). Staff are considered employees, contractors, and volunteers. Staff include attendants, home health aides, hospice aides, health care professionals, and providers of hospice core and non-core services.</p> <p>Personal Assistance Services (PAS) agencies must ensure that staff are screened at the beginning of each workday and that a client and the client’s household members are screened before a home visit. A PAS agency must also document that each screening occurred.</p> <p>HHSC surveyors and investigators and the agency’s Quality Assessment and Performance Improvement Committee must be able to retrieve the documentation for review. If screening documentation is maintained electronically, then the agency must generate a report for HHSC surveyors and investigators. Agencies must implement the documentation requirements described in this alert by July 22, 2020.</p>
Links	<p>HCSSA: https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/new-reporting-requirements-some-hcssas-due-july-22</p> <p>PAS: https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/licensed-hcssas-personal-assistance-services-category-only</p>

Emergency Disaster Notification Form

Date	July 2, 2020
Summary	<p>HHSC announced that form 3215, the Emergency/Disaster Notification form, has been updated. All licensed health care facilities are required to complete and submit the form in the event of emergency closure or change in daily operations and services provided as soon as possible.</p>
Link	<p>https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/emergency-preparedness-response</p>

State Contractor for COVID-19 Testing in Nursing Facilities and Assisted Living Facilities

Date	July 6, 2020
Summary	<p>The Texas Division of Emergency Management (TDEM) has contracted with Omnicare to administer COVID-19 tests in nursing facilities and assisted living facilities beginning in July. Omnicare is replacing the National Guard units, which are being demobilized.</p> <p>Omnicare will provide point-of-care testing and results the same day testing occurs. HHSC will provide Omnicare with a list of facilities for testing. Omnicare will contact the facilities directly to schedule COVID-19 testing and will provide more detail about the process at that time.</p> <p>Facilities interested in requesting testing should contact their long-term care regulation regional director to be added to the list.</p>
Link	<p>http://www.tmhp.com/News_Items/2020/07-July/07-06-20%20State%20Contractor%20for%20COVID-19%20Testing%20in%20NFs%20and%20Assisted%20Living%20Facilities.pdf</p>

Governor Abbott Establishes Statewide Face Covering Requirement

Date	July 2, 2020
Summary	<p>Governor Abbott issued an executive order requiring all Texans to wear a face covering over the nose and mouth in public spaces in counties with 20 or more positive COVID-19 cases, with few exceptions. The Governor also issued a proclamation giving mayors and county judges the ability to impose restrictions on some outdoor gatherings of over 10 people, and making it mandatory that, with certain exceptions, people cannot be in groups larger than 10 and must maintain six feet of social distancing from others.</p>
Link	<p>https://gov.texas.gov/news/post/governor-abbott-establishes-statewide-face-covering-requirement-issues-proclamation-to-limit-gatherings</p>

DSHS-certified Continuing Education: Community Health Workers / Instructors

Date	Extended to July 30, 2020
Summary	<p>Dia de La Mujer Latina, Inc. (DML) and the Intercultural Center for Health, Research, and Wellness are offering a free six-hour continuing education unit (CEU) training program for community health workers (CHWs).</p> <p>Training Program: DML and the Intercultural Center for Health, Research, and Wellness.</p> <p>Course Title: Expanding the role of CHWs as Behavioral Health Community Navigators Addressing COVID” and “Anxiety, Depression, and Stigma.” (2nd part in the series for Telehealth Community Navigation Program).</p> <p>Dates: July 1, 2020 - July 30, 2020</p> <p>Time: Open – pre-recorded</p> <p>Cost: free</p> <p>Number of Hours: 6 hours: Knowledge Base</p> <p>Language: The pre-recorded webinar is in English and in Spanish (July 3)</p> <p>Registration Information: English: Register at the webinar website.</p> <p>Introduction: Venus Ginés, CHWI</p> <p>DSHS-Certified Instructors: Venus Ginés, CHWI, Robyn Correll Carlyle, CHWI (ENG) Leslie Hargrove CHWI,</p> <p>Certificates: 6-hour CEU Certificate for both Promotores and CHWs and Instructors will be e-mailed upon completion of the post-survey from chwcovid@gmail.com.</p> <p>Post-Survey: Please complete the pretest by sending your request to chwcovid@gmail.com</p> <p>Contact Information: For any questions, please email chwcovid@gmail.com</p>
Link	https://diadelamujerlatina.org/covid-19-training/

Strategies for Health Care Workers to Manage Stress and Cope With COVID-19

Summary	<p>Direct care staff are taking appropriate precautions to protect themselves from contracting COVID-19 but prioritizing mental wellness and managing stress is critical during these challenging times. The physical and emotional toll this work takes on frontline workers cannot be underestimated. The Texas Hospital Association shared strategies for health care workers to manage stress, encouraging frontline staff to consider techniques and opportunities to prioritize and protect their mental health as they continue to combat COVID-19.</p>
Link	https://www.tha.org/Portals/0/files/COVID-19/Mental_Health_Strategies.pdf?ver=2020-07-06-223123-983

Federal Updates

Paycheck Protection Program Reopened

Date	July 4, 2020
Summary	President Trump signed S. 4116, a bill unanimously passed by both the House of Representatives and Senate to reauthorize the Paycheck Protection Program through August 8, 2020. The Paycheck Protection Program resumed accepting applications July 6, 2020, at 9:00 AM EDT in response to the program's extension.
Link	https://www.whitehouse.gov/briefings-statements/bill-announcement-102/

Quality Reporting Exception Ends

Date	July 1, 2020
Summary	The blanket data reporting exceptions and extensions implemented in March across Medicare quality reporting and value-based payment programs expired July 1, 2020. The Centers for Medicare and Medicaid Services (CMS) had made it optional to submit data from the fourth quarter of 2019 and the first two quarters of 2020 and will not use claims data from January 1, 2020 through June 30, 2020 to calculate performance in its quality reporting and value-based purchasing programs. CMS expects hospitals to collect and report data for the third and fourth quarters of 2020 in accordance with regular program requirements. Hospitals unable to report may also use the program's existing policies to request an exception within 90 calendar days of the extraordinary circumstance preventing their ability to report.
Link	https://www.tha.org/Portals/0/files/COVID-19/CMS_ECE_Request_Form.pdf?ver=2020-07-02-224216-243

New Authorization for Test Differentiating Flu From COVID-19

Date	July 2, 2020
Summary	<p>The Food and Drug Administration (FDA) authorized the emergency use of several new COVID-19 test kits and an emergency use authorization (EUA) for a test differentiating flu from COVID-19. The test from the Centers for Disease Control and Prevention (CDC), along with previously authorized tests from others, require only a single sample from patients who exhibit respiratory disease symptoms. FDA said these tests will use fewer supplies and provide faster and comprehensive results. Here are the EUAs for the three COVID-19 test kits:</p> <ul style="list-style-type: none"> • The Bio TNS COVID-19 RT-PCR Peptide Nucleic Acid can qualitatively detect nucleic acid from SARS-CoV-2 in respiratory specimens. • The Kroger Health COVID-19 Test Home Collection Kit can be used by individuals to self-collect nasal swab specimens at home while video-observed by a health care provider. • Psomagen’s Psoma COVID-19 RT Test is authorized for qualitative detection of nucleic acid from SARS-CoV-2 in upper respiratory swab specimens and bronchoalveolar lavage specimens.
Link	https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-additional-covid-19-combination-diagnostic-test-ahead-flu

CDC Report: Pregnancy and COVID-19

Date	June 26, 2020
Summary	<p>The CDC issued a report on pregnancy and COVID-19. The report found that pregnant women experience immunologic and physiologic changes that could increase their risk for more severe illness from respiratory infections. Among women with COVID-19, approximately one third of pregnant women were reported to have been hospitalized compared with 5.8% of non-pregnant women. After adjusting for age, presence of underlying medical conditions and race/ethnicity, pregnant women were significantly more likely to be admitted to the intensive care unit and receive mechanical ventilation than non-pregnant women, but their risk of death is similar.</p>
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm?s_cid=mm6925a1_w

CDC Report: Contacts Among COVID-19 Cases

Date	July 3, 2020
Summary	<p>The CDC issued a report this week noting that one in two COVID-19 patients could not identify a person with COVID-19 with whom they had close contact in the previous two weeks. The study involved a telephone survey of 350 adult inpatients and outpatients who tested positive for SARS-CoV-2 infection. Only 46% reported recent contact with a COVID-19 patient. Most participants' contacts were a family member (45%) or a work colleague (34%). Two-thirds of participants were employed; only 17% were able to telework. The report concludes that investigation, contact tracing, and isolation of infected persons are needed to prevent ongoing community transmission, given the frequent lack of a known contact. Enhanced measures to ensure workplace safety, including social distancing and more widespread use of cloth face coverings, are warranted.</p>
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6926e3.htm?s_cid=mm6926e3_w