

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #17: State and Federal Updates – July 17, 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
Governor Abbot Announcements and Extensions	2
Procedure Code Addition and Update	3
Intermediate Care Facilities (ICFs): Avoiding Gaps in Level of Care and Need.....	4
HHSC Submits Spell of Illness Amendment to CMS.....	4
Medicaid: Current Driver’s License Requirement Temporarily Waived.....	5
HHSC Updates Behavioral Health Providers FAQs.....	5
Nursing/Assisted Living Facilities: Clarification About Free COVID-19 Testing Initiative	6
Strategies for Managing Healthcare Worker Shortages.....	6
Health Care Volunteers	7
Community Health Workers Survey	7
Federal Updates	8
Changes to COVID-19 Daily Data Reporting Process.....	8
Additional Provider Relief Fund Payments.....	8
Key Considerations for Transferring Patients to Relief Healthcare Facilities.....	9
CDC Communications Toolkit	9
CDC Update: List of Underlying Medical Conditions That Increase Risk	10
CDC Report: Mortality Characteristics.....	10
CDC Report: COVID-19 and Meat Processing Facilities	10

Texas Updates

Governor Abbot Announcements and Extensions

Date	July 13, 2020
Summary	<p>Governor Abbott announced that the U.S. Department of Defense has activated additional U.S. Army Urban Augmentation Medical Task Forces (UAMTFs) to assist the state's efforts to combat COVID-19. At the Governor's request, one UAMTF arrived in San Antonio July 6, 2020 and an additional task force arrived in Texas to support the Houston region on July 13, 2020. Four UAMTFs, along with a U.S. Navy Acute Care Team and four U.S. Navy Rapid Rural Response teams, will be deployed to additional locations across Texas as identified by ongoing assessments. These teams consist of medical and support professionals, which are being deployed to support medical needs in hospitals throughout the state.</p> <p>He also announced an expansion of the state's suspension of non-essential surgeries and procedures in hospitals in all counties located within 11 Trauma Service Areas in Texas and extended the statewide COVID-19 disaster declaration. Previously, Gov. Abbott suspended non-essential services in Bexar, Cameron, Dallas, Harris, Hidalgo, Nueces, Travis and Webb counties.</p>
Link	https://gov.texas.gov/news/post/governor-abbott-announces-additional-department-of-defense-resources-to-mitigate-covid-19

Procedure Code Addition and Update

Date	July 10, 2020
Summary	Effective for dates of service on or after April 1, 2020, procedure code S8301 for infection control supplies above and beyond normal protocol will become a benefit in Texas Medicaid. Procedure code S8301 may be reimbursed as follows:

Place of Service	Provider Type
Office	County indigent health care program, physician, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, registered nurse, licensed midwife, dentistry group
Home	Home health durable medical equipment (DME) and medical supplier providers, home health agency
Outpatient hospital	Hospital providers
Independent laboratory	Independent laboratory/privately-owned laboratory providers
Birthing center	Physician providers, certified nurse midwife, registered nurse, licensed midwife
Other locations	Physician providers

Effective for dates of service on or after April 1, 2020, the following place of service and provider types will be updated for procedure code 99001 for specimen collection services provided at drive-through testing sites during the Public Health Emergency:

Place of Service	Provider Type
Office	County indigent health care program, physician, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, registered nurse, licensed midwife
Home	Home health DME and medical supplier providers
Outpatient hospital	Radiation therapy center, hospital, family planning clinic, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers
Independent laboratory	Independent laboratory/privately-owned laboratory and radiation therapy center providers

Link

http://www.tmhp.com/News_Items/2020/07-July/071020%20Procedure%20Code%20Addition%20and%20Update%20for%20Coronavirus.pdf

Intermediate Care Facilities (ICFs): Avoiding Gaps in Level of Care and Need**Date**

July 13, 2020

Summary

The Health and Human Services Commission (HHSC) is advising program providers to renew an individual's level of care that expired in March, April, or May if they did not get a physician's signature on the intellectual disability/related condition Assessment (ID/RC) assessment form before the level of care expired, as explained in [IL 20-29](#). Some Intermediate Care Facilities (ICF) for Individuals with an Intellectual Disability (IDD) or Related Conditions program providers are having difficulty obtaining a physician signature on ID/RC forms due to the COVID-19 pandemic. For questions about this information letter as it relates to:

- Renewing a level of care or submitting an ID/RC assessment form, call the IDD program enrollment support message line at 512-438-2484.
- A level of need, call the IDD utilization review message line at 512-438-5055.

Link

http://www.tmhp.com/News_Items/2020/07-July/IL%20-29%20Avoiding%20Gaps%20in%20Level%20of%20Care%20and%20Need%20During%20COVID-19%20Public%20Health%20Emergency%20for%20ICFs%20IID.pdf

HHSC Submits Spell of Illness Amendment to CMS**Date**

July 9, 2020

Summary

HHSC submitted a spell of illness amendment for COVID-related admissions request to the Centers for Medicare and Medicaid Services (CMS) to allow:

- an additional 30 inpatient hospital days for COVID-related stays; and
- an allowance for reimbursement of more than \$200,000 annually for COVID-related stays.

A 30-day spell of illness limit on inpatient hospital stays applies to adult clients receiving Medicaid, except those in the STAR program. A \$200,000 annual limit on inpatient hospital stays applies to adults receiving Medicaid, except for those in the STAR and STAR+PLUS programs.

Link

<https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/mcs-covid-19-info-handout-july-9-2020.pdf>

Medicaid: Current Driver’s License Requirement Temporarily Waived

Date	July 9, 2020
Summary	<p>HHSC has temporarily waived the requirement to have a current driver’s license to enroll in Texas Medicaid. Providers who have expired driver’s licenses and who submit a paper enrollment application or enroll through provider enrollment on the portal (PEP) must use “12/31/3999” as the driver’s license expiration date. Providers must submit a copy of the expired driver’s license with the application.</p> <p>The following requirements must be met to utilize this exception:</p> <ul style="list-style-type: none"> • the driver’s license expiration date is on or after March 13, 2020; and • the application received date is within 60 days after the end of the public health emergency.
Link	<p>http://www.tmhp.com/News_Items/2020/07-July/070920%20Current%20Driver%E2%80%99s%20License%20Requirement%20Temporarily%20Waived%20Due%20to%20COVID-19%20Pub%20Health%20Emerg.pdf</p>

HHSC Updates Behavioral Health Providers FAQs

Date	July 10, 2020
Summary	<p>HHSC updated COVID-19-related behavioral health frequently asked questions (FAQs) with the following:</p> <ul style="list-style-type: none"> • Q. Due to COVID-19, what happens if we are unable to meet the face-to-face training requirements for abuse and neglect as required by Guidance Letter 19-3000? <ol style="list-style-type: none"> A. On April 28, 2020, HHSC issued Guidance Letter (GL) 20-0002, which acknowledges that full compliance with state and federal laws, regulations and guidance documents may be difficult during the COVID-19 pandemic. GL 20-0002 further explains that although HHSC expects facilities to operate in full compliance with all applicable laws, regulations and guidance documents, HHSC also understands that full compliance may not be a viable option. Under the guidance letter, facilities should document all efforts to remain in compliance. If facilities experience compliance difficulties, they must maintain a written record of their attempted compliance. <p>Resource:</p> <p>https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-0002.pdf</p>

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

Nursing/Assisted Living Facilities: Clarification About Free COVID-19 Testing Initiative

Date	July 13, 2020
Summary	<p>The Texas Division of Emergency Management has contracted with Omnicare to administer COVID-19 tests. Texas Medicaid & Healthcare Partnership (TMHP) posted the following clarification: in nursing facilities, testing is for staff only, and in assisted living facilities, testing is for both staff and residents. Omnicare is providing point-of-care testing at no charge to the facility. Most results are provided to the facility within 24 to 48 hours.</p> <p>Omnicare will contact certain facilities to schedule COVID-19 testing and provide more detail about the process at that time. Facilities can request testing by contacting their HHSC regional director if they have not been contacted by Omnicare.</p>
Link	http://www.tmhp.com/News_Items/2020/07-July/Clarification%20About%20Free%20COVID-19%20Testing%20Initiative%20for%20NFs%20and%20ALFs.pdf

Strategies for Managing Healthcare Worker Shortages

Date	July 9, 2020
Summary	<p>The Texas Department of State Health Services (DSHS) issued state guidance to help health care facilities address staffing issues. The document chiefly emphasizes suspending non-essential procedures. It provides specific protocols that would allow exposed asymptomatic workers to continue to work under certain conditions and also emphasizes the use of time- or symptom-based strategies to discontinue isolation for health care workers with suspected or confirmed COVID-19 to allow them to return to work. The guidance suggests evaluating surge plans, reorganizing staff, and contracting with external staffing entities.</p>
Link	https://www.tha.org/Portals/0/files/COVID-19/HCW_shortages_7-9-20.pdf?ver=2020-07-09-232540-783

Health Care Volunteers

Summary	Staffing continues to be a growing concern with the ongoing pandemic. Texas is actively seeking health care staff and volunteers to help hospitals meet increasing pressures related to providing COVID-19 care in its facilities. At the request of state leadership, the Texas Hospital Association (THA) identified opportunities to mitigate staffing shortages and encouraged retired and other available health care professionals to volunteer their expertise through the state's registry . Texas hospitals can request volunteers here .
Link	https://txt.texas.gov/covid19/dshs/mvsr/

Community Health Workers Survey

Summary	DSHS shared a survey link for community health workers (CHWs) at the request of UTHealth. DSHS will not collect or analyze any of the responses or data related to the study.
	UTHealth and the C3 Project researchers would like to ask CHWs how the COVID-19 pandemic response has impacted their work and professional quality of life. All information shared is anonymous and confidential. Upon completion of a short 15-20-minute online survey, participants will be randomly selected to receive incentives of \$100 from a retailer such as Amazon or Wal-Mart! A summary of the survey results will also be shared with respondents who provide an email address. The survey is available until Monday, July 27, 2020.
	Please direct any questions to Sogand Solgi at mch@uth.tmc.edu
Link	https://uthtmc.az1.qualtrics.com/jfe/form/SV_2tn1eEGJTzEPtIh

Federal Updates

Changes to COVID-19 Daily Data Reporting Process

Date	July 10, 2020
Summary	<p>The U.S. Department of Health and Human Services (HHS) announced significant changes to the federal reporting process for hospitals related to bed capacity, utilization, personal protective equipment (PPE), and in-house lab testing data. Most notably, the National Healthcare Safety Network reporting module will no longer be an option for daily data reporting beginning July 15, 2020. Hospitals should report data through the HHS TeleTracking portal. HHS has also made significant changes to the data fields it is asking for in daily reporting, including information on both pediatric and adult patients. In addition, HHS will request daily data on hospitals' inventory of remdesivir; going forward, HHS will only use this mechanism for distribution calculations.</p> <p>Texas DSHS guidance is available here. This document outlines the new data that must be reported and provides instructions on how to submit the required data.</p>
Links	<p>https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf</p> <p>https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/hospitals/dshs-hospital-data-reporting-changes.pdf</p>

Additional Provider Relief Fund Payments

Date	July 9, 2020
Summary	<p>HHS, through the Health Resources and Services Administration (HRSA), announced additional distributions from the Provider Relief Fund to eligible Medicaid and Children's Health Insurance Program (CHIP) providers. HHS expects to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not yet received a payment from the Provider Relief Fund General Allocation.</p> <p>The deadline to apply for the Federal CARES Act Provide Relief Fund is July 20, 2020. Interested providers are encouraged to apply. Per the published guidance, "To be considered for the Medicaid and CHIP Distribution, providers must submit their gross revenues from patient care for CY 2017, 2018, or 2019 by July 20, 2020. Applications submitted after this deadline will not be considered for funding." More information and the application portal is available here.</p>

HHS also announced its plans to distribute an additional \$4 billion from the Provider Relief Fund. HHS will add approximately \$3 billion to the previous \$10 billion provided for hospitals serving a high number of Medicaid and uninsured patients. The original methodology required eligible hospitals to have a margin of 3% or less; HHS is now expanding that criterion to be a margin of less than 3% averaged consecutively over two or more of the last five cost-reporting periods. Twenty-five additional Texas safety net hospitals are [expected](#) to receive a total of approximately \$325 million. HHS is also adding an additional \$1 billion for rural-designated hospitals in urban areas and others in non-rural communities. Forty-three of these providers in Texas are [expected](#) to receive approximately \$85 million.

Links

<https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html>

<https://www.hhs.gov/about/news/2020/07/10/hhs-announces-over-4-billion-in-additional-relief-payments-to-providers-impacted-by-coronavirus-pandemic.html>

Key Considerations for Transferring Patients to Relief Healthcare Facilities

Date	July 12, 2020
Summary	The Centers for Disease Control and Prevention (CDC) released guidance for emergency medical planners and health care facilities on identifying relief health care facilities and establishing or using medical operation coordination cells to improve surge capacity and resource allocation during the COVID-19 pandemic. Learn more from the Federal Medical Operation Coordination Cell Toolkit .
Link	https://www.cdc.gov/coronavirus/2019-ncov/hcp/relief-healthcare-facilities.html

CDC Communications Toolkit

Date	July 10, 2020
Summary	The CDC updated its “one-stop shop” toolkit for COVID-19 communications resources. Topic-specific toolkits help entities access and share CDC resources to prevent the spread of COVID-19. These new toolkits contain videos, social media posts, print resources, checklists, FAQs, and web resources specific to young adults, businesses and workplace, travelers, the general public, and other audiences.
Link	https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/

CDC Update: List of Underlying Medical Conditions That Increase Risk

Summary	The CDC continues to update its list of research papers that support claims that certain underlying medical conditions increase a person’s risk of severe illness from COVID-19.
Link	https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html

CDC Report: Mortality Characteristics

Date	July 10, 2020
Summary	The CDC issued a report detailing the characteristics associated with COVID-19 deaths. Analysis of supplementary data for 10,647 decedents in 16 public health jurisdictions found that a majority were aged ≥65 years and most had underlying medical conditions. Overall, 34.9% of Hispanic and 29.5% of nonwhite decedents were aged <65 years, compared with 13.2% of white, non-Hispanic decedents. Among decedents aged <65 years, a total of 7.8% died in an emergency department or at home.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm?s_cid=mm6928e1_w

CDC Report: COVID-19 and Meat Processing Facilities

Date	July 10, 2020
Summary	The CDC issued a report that analyzed the rapid spread of COVID-19 among meat and poultry processing facilities. Specifically, among 23 states reporting COVID-19 outbreaks in meat and poultry processing facilities, 16,233 cases in 239 facilities occurred, including 86 (0.5%) COVID-19-related deaths. Among cases with race/ethnicity reported, 87% occurred among racial or ethnic minorities. The report underscores the need for workplace interventions and prevention efforts tailored to the groups most affected by COVID-19 to help reduce COVID-19-associated occupational risk and health disparities.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6927e2.htm?s_cid=mm6927e2_w