

# MMHPI COVID-19 Regulatory & Reimbursement Newsletter

## *Letter to Providers #19: State and Federal Updates – July 31, 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](mailto:chilbelink@mmhpi.org).

### Contents

<b>Texas Updates .....</b>	<b>2</b>
Governor Abbot Encouraged Medicaid Providers to Apply for Federal COVID-19 Relief Funds .....	2
HHSC to Post COVID-19 Data for State Hospitals, SSLCs, and Others .....	2
DSHS Reporting of COVID-19 Fatalities .....	3
Ambulatory Surgical Centers Reporting Requirements .....	3
Updated Guidelines for Nursing Facilities and Assisted Living Facilities (ALF) Reporting Cases .....	4
Updated COVID-19 FAQs for ALF Providers .....	4
Updated COVID-19 Response Plan for HCS Residential Providers .....	5
Hurricane Preparedness During the COVID-19 Disaster .....	5
Plasma Donation Information .....	5
<b>Federal Updates.....</b>	<b>6</b>
CMS Updates Data on COVID-19 Impacts on Medicare Beneficiaries .....	6
CARES Act Post Payment Reporting Requirements.....	6
Diagnostic Test for Asymptomatic People .....	7
FDA Availability of Transport Media.....	7
Public Health Emergency Declaration Renewed .....	7
CDC Updates and Reports .....	8
Infection Control Recommendations for Emergency Medical Services (EMS).....	8
Discontinuing Isolation for Hospitalized Patients and Those in Non-Health Care Settings.....	8
Return-to-Work Guidance and FAQs for Health Care Workers.....	9
Report on Symptom Duration and Time Return to Usual Health.....	9
Study of Contact Tracing During Coronavirus Outbreak.....	10
Reports on Infection Rates in Indiana and Atlanta .....	10

## Texas Updates

### Governor Abbot Encouraged Medicaid Providers to Apply for Federal COVID-19 Relief Funds

<b>Date</b>	July 24, 2020
<b>Summary</b>	Governor Greg Abbott and the Texas Health and Human Services Commission (HHSC) urged eligible Medicaid and Children’s Health Insurance Program (CHIP) providers to apply for federal COVID-19 relief funds before the August 3, 2020 deadline. Provider Relief Funds may be used to cover lost revenue due to COVID-19 or health related expenses purchased to prevent, prepare for, and respond to the virus, including supplies and equipment to provide health care services for COVID-19 patients, workforce training, reporting test results to federal, state, or local governments, and acquiring additional resources, equipment, supplies, staffing, and technology to expand and preserve care delivery. Up to \$15 billion from the CARES Act Provider Relief Fund is available to eligible providers that participate in state Medicaid and CHIP programs.
<b>Link</b>	<a href="https://gov.texas.gov/news/post/governor-abbott-hhsc-encourage-medicaid-chip-providers-to-apply-for-federal-covid-19-relief-funds">https://gov.texas.gov/news/post/governor-abbott-hhsc-encourage-medicaid-chip-providers-to-apply-for-federal-covid-19-relief-funds</a>

### HHSC to Post COVID-19 Data for State Hospitals, SSLCs, Nursing Facilities and Assisted Living Facilities

<b>Date</b>	July 27, 2020
<b>Summary</b>	HHSC announced that it will post COVID-19 case counts and deaths by facility for state supported living centers (SSLCs), state hospitals, and state-licensed nursing and assisted living facilities. COVID-19 case counts and deaths will be updated on the HHSC website by 3 p.m. CT Monday through Friday. State hospital and SSLC data will reflect confirmed cases as of the previous business day. Nursing facility and assisted living facility data will reflect data from the previous two weeks to accommodate time needed to review and correct data prior to posting.
<b>Link</b>	<a href="https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/hhsc-post-covid-19-data-state-hospitals-sslcs-nursing-facilities-assisted-living-facilities">https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/hhsc-post-covid-19-data-state-hospitals-sslcs-nursing-facilities-assisted-living-facilities</a>

## DSHS Reporting of COVID-19 Fatalities

<b>Date</b>	July 27, 2020
<b>Summary</b>	The Texas Department of State Health Services (DSHS) will identify COVID-19 fatalities through the cause of death listed on death certificates, the agency announced. DSHS previously counted COVID-19 fatalities as reported publicly by local and regional health departments after they received a notification and verified the death. A fatality is counted as due to COVID-19 when the medical certifier, usually a doctor with direct knowledge of the patient, determines COVID-19 directly caused the death. This method does not include deaths of people who had COVID-19 but died of an unrelated cause. Death certificates are required by law to be filed within 10 days. DSHS notes that counting fatalities by death certificates is faster and includes more comprehensive demographic data. It also ensures consistent reporting across the state and enables DSHS to display fatalities by date of death.
<b>Link</b>	<a href="https://www.dshs.texas.gov/news/releases/2020/20200727.aspx">https://www.dshs.texas.gov/news/releases/2020/20200727.aspx</a>

## Ambulatory Surgical Centers Reporting Requirements

<b>Date</b>	July 24, 2020
<b>Summary</b>	<p>HHSC posted an amended guidance letter, replacing the previous GL 20-2012, issued on March 27, 2020, to notify providers that on July 24, 2020 HHSC extended emergency rule amendments to 25 T.A.C. Section 135.2, Definitions, and 25 T.A.C. Section 135.26, Reporting Requirements, for an additional 60 days. The emergency rule extension is effective until September 22, 2020 and can be viewed in the Texas Register under docket number 202001270.</p> <p>Ambulatory surgical centers (ASCs) will now be permitted to expand their services beyond surgical services and keep patients for longer periods of time in response to the COVID-19 pandemic. ASCs must also now report to DSHS the number of functioning ventilators and other respiratory support equipment at the ASC and any additional information required by DSHS. This letter describes the emergency rule and provides directions for immediate reporting of required information.</p>
<b>Link</b>	<a href="https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-2012-a.pdf">https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-2012-a.pdf</a>

## Updated Guidelines for Nursing Facilities and Assisted Living Facilities (ALF) Reporting Cases of COVID-19

<b>Date</b>	July 27, 2020
<b>Summary</b>	<p>Effective immediately, nursing facility (NF) and assisted living facility (ALF) providers must:</p> <ul style="list-style-type: none"> <li>• report the first confirmed case of COVID-19 in staff or residents as a self-reported incident;</li> <li>• report the first new case of COVID-19 after a facility has been without cases for 14 days or more as a self-reported incident; and</li> <li>• <a href="#">notify HHSC through TULIP</a> or by calling Complaint and Incident Intake at 800-458-9858.</li> </ul> <p>Do not report subsequent cases and addendums to HHSC. NFs and ALFs are also required to report communicable diseases, including COVID-19, to the health authority with jurisdiction over their facility. This is in accordance with the Communicable Disease and Prevention Act, Texas Health and Safety Code, Chapter 81. It is also specified in 25 T.A.C. Chapter 97.</p>
<b>Link</b>	<p><a href="http://www.tmhp.com/News_Items/2020/07-July/Updated%20Guidelines%20for%20NFs%20and%20ALFs%20Reporting%20Cases%20of%20COVID-19.pdf">http://www.tmhp.com/News_Items/2020/07-July/Updated%20Guidelines%20for%20NFs%20and%20ALFs%20Reporting%20Cases%20of%20COVID-19.pdf</a></p>

## Updated COVID-19 FAQs for ALF Providers

<b>Date</b>	July 21, 2020
<b>Summary</b>	<p>HHSC has updated the Frequently Asked Questions (FAQs) about COVID-19 for ALF providers. New FAQs include the following:</p> <ul style="list-style-type: none"> <li>• Is there any guidance for ALFs with residents in memory care who are unable or refuse to wear a facemask and have difficulty understanding social distancing recommendations?</li> <li>• When residents leave the facility to go to an essential medical appointment do they have to be quarantined when they return?</li> <li>• Can an ALF admit new residents during at this time?</li> <li>• Can family members of a resident moving in or out of the facility be considered the "moving company" and thereby be allowed into the facility for that purpose only?</li> </ul>
<b>Link</b>	<p><a href="https://hhs.texas.gov/sites/default/files/documents/govdelivery/alf-faqs.pdf">https://hhs.texas.gov/sites/default/files/documents/govdelivery/alf-faqs.pdf</a></p>

## Updated COVID-19 Response Plan for HCS Residential Providers

<b>Date</b>	July 27, 2020
<b>Summary</b>	HHSC Long-term Care Regulation has updated the COVID-19 response plan for Home and Community-based Services (HCS) residential providers. The document provides guidance on response actions in the event of a COVID-19 exposure.
<b>Link</b>	<a href="https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/covid-19-response-plan-hcs-residential-providers-update">https://hhs.texas.gov/about-hhs/communications-events/news/2020/07/covid-19-response-plan-hcs-residential-providers-update</a>

## Hurricane Preparedness During the COVID-19 Disaster

<b>Date</b>	July 22, 2020
<b>Summary</b>	HHSC issued <a href="#">guidance</a> to regulated health care facilities and professionals on how to prepare for the 2020 hurricane season during the pandemic. Included in the guidance is <a href="#">Form 3125</a> , which is required to be submitted when any licensed facility experiences an emergency or disaster resulting in an emergency closure or changes in daily operations and services provided. The guidance also includes information on how to request an emergency rule exemption as well as a list of links to additional information from state and federal agencies. See also the Centers for Disease Control and Prevention's <a href="#">Natural Disaster, Severe Weather and COVID-19 web page</a> .
<b>Link</b>	<a href="https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-2020-0003.pdf">https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-2020-0003.pdf</a>

## Plasma Donation Information

<b>Summary</b>	Texas hospitals need plasma. As a reminder, <a href="#">here</a> is information that can be provided to patients and members of the general public wishing to donate.
<b>Link</b>	<a href="https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/donate-covid-19-plasma">https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/donate-covid-19-plasma</a>

## Federal Updates

### CMS Updates Data on COVID-19 Impacts on Medicare Beneficiaries

<b>Date</b>	July 28, 2020
<b>Summary</b>	The Centers for Medicare & Medicaid Services (CMS) released its first monthly update of data that provides a snapshot of the impact of COVID-19 on the Medicare population. For the first time, the snapshot includes data for American Indian/Alaskan Native Medicare beneficiaries. The new data indicate that American Indian/Alaskan Native beneficiaries have the second highest rate of hospitalization for COVID-19 among racial/ethnic groups after Blacks. The updated data confirm that the COVID-19 public health emergency is disproportionately affecting vulnerable populations, particularly racial and ethnic minorities.
<b>Link</b>	<a href="https://www.cms.gov/research-statistics-data-systems/preliminary-medicare-covid-19-data-snapshot">https://www.cms.gov/research-statistics-data-systems/preliminary-medicare-covid-19-data-snapshot</a>

### CARES Act Post Payment Reporting Requirements

<b>Date</b>	July 20, 2020
<b>Summary</b>	The United States Department of Health & Human Services (HHS) shared additional information on reporting requirements for recipients of provider relief funds authorized under the CARES Act and Paycheck Protection Program and Health Care Enhancement Act. Recipients that received one or more payments exceeding \$10,000 in the aggregate from the Provider Relief Fund will be required to report to HHS on how the funds have been spent using a portal that the agency will open on October 1, 2020, with detailed instructions regarding these reports released by August 17, 2020. The Health Resources & Services Administration, the agency that distributes the relief payments, will host educational sessions for providers.
<b>Link</b>	<a href="https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf">https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf</a>

## Diagnostic Test for Asymptomatic People

<b>Date</b>	July 24, 2020
<b>Summary</b>	The Food and Drug Administration (FDA) reissued its emergency use authorization for the LabCorp COVID-19 RT-PCR Test to include authorized use for asymptomatic people and for pooled sample testing with up to five individual specimens. FDA previously authorized emergency use of the test for patients with suspected COVID-19 and individual specimens.
<b>Links</b>	<a href="https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-diagnostic-test-screening-people-without-known-or">https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-diagnostic-test-screening-people-without-known-or</a>

## FDA Availability of Transport Media

<b>Date</b>	July 20, 2020
<b>Summary</b>	Given ongoing demand for testing supplies, FDA issued guidance to help expand the availability of transport media used to transport certain clinical specimens for testing during the COVID-19 pandemic. FDA will now allow commercial manufacturers to ship their products immediately, without submitting the formal, 90-day notifications typically required for a new medical device. FDA also posted <a href="#">answers</a> to FAQs relating to the development and use of transport media during the COVID-19 public health emergency.
<b>Link</b>	<a href="https://www.fda.gov/regulatory-information/search-fda-guidance-documents/enforcement-policy-viral-transport-media-during-coronavirus-disease-2019-covid-19-public-health">https://www.fda.gov/regulatory-information/search-fda-guidance-documents/enforcement-policy-viral-transport-media-during-coronavirus-disease-2019-covid-19-public-health</a>

## Public Health Emergency Declaration Renewed

<b>Date</b>	July 23, 2020
<b>Summary</b>	HHS Secretary Alex Azar renewed the public health emergency beyond the July 25, 2020 expiration date, ensuring that critical resources to fight the pandemic can continue. Public health emergencies last for 90 days, so the latest renewal will expire in late October without another extension. HHS originally declared a public health emergency on January 31, 2020.
<b>Link</b>	<a href="https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-23June2020.aspx">https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-23June2020.aspx</a>

## CDC Updates and Reports

### Infection Control Recommendations for Emergency Medical Services (EMS)

<b>Date</b>	July 15, 2020
<b>Summary</b>	The Centers for Disease Control and Prevention (CDC) updated its <a href="#">infection control recommendations</a> for emergency medical services (EMS) and emergency communication personnel. The changes reflect additional recommendations that were included in <a href="#">health care infection prevention and control FAQs</a> addressing: (1) universal use of personal protective equipment (PPE) for health care personnel working in communities with moderate to sustained transmission of COVID-19; and (2) a process for responding to SARS-CoV-2 exposures among health care personnel and others.
<b>Link</b>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html</a>

### Discontinuing Isolation for Hospitalized Patients and Those in Non-Health Care Settings

<b>Date</b>	July 17, 2020
<b>Summary</b>	CDC recently updated its guidance for discontinuing isolation of <a href="#">hospitalized patients with COVID-19</a> and <a href="#">COVID-19-positive individuals in non-health care settings</a> . The test-based strategy is no longer recommended for either population. Instead, CDC recommends using the symptom-based strategy to determine when to discontinue isolation. Clinicians are encouraged to read the summary of changes to the symptom-based strategy for both populations. CDC also updated its <a href="#">decision memo</a> , which includes empirical evidence that supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy.
<b>Link</b>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a>



## Return-to-Work Guidance and FAQs for Health Care Workers

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<b>Date</b>	July 17, 2020
<b>Summary</b>	<p>CDC updated its return to work guidance for health care workers. The test-based strategy is no longer generally recommended to determine when to return to work, because it would exclude health care workers who shed the virus but are no longer infectious. This would allow workers to return to work earlier.</p> <p>CDC also updated its <a href="#">COVID-19 FAQs for health care workers</a>. Specifically, providers are encouraged to review questions and answers related to the proper handling of health care personnel who have clinically recovered from infection but are still within three months of onset of their prior infection. The FAQs cover work restrictions, PPE, and whether they should be assigned to care for patients with suspected or confirmed COVID-19. Staffing decisions should be based on usual facility practice: while individuals who have recovered might develop some protective immunity, the duration and extent of such immunity are unknown.</p>
<b>Link</b>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a>

## Report on Symptom Duration and Time Return to Usual Health

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<b>Date</b>	July 24, 2020
<b>Summary</b>	<p>CDC released a report assessing symptom duration and prolonged return to usual health among outpatients with COVID-19. Prolonged symptom duration and disability are common in adults hospitalized with severe COVID-19. Characterizing return to baseline health among outpatients with milder COVID-19 illness is important for understanding the full spectrum of COVID-19-associated illness and tailoring public health messaging, interventions, and policy.</p>
<b>Link</b>	<a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w">https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w</a>

## Study of Contact Tracing During Coronavirus Outbreak

<b>Date</b>	July 16, 2020
<b>Summary</b>	CDC released a report on contacting tracing during COVID-19 in South Korea. The researchers analyzed reports for 59,073 contacts of 5,706 COVID-19 index patients reported in South Korea from January 20, 2020 through March 27, 2020. Of 10,592 household contacts, 11.8% had COVID-19. Of 48,481 non-household contacts, 1.9% had COVID-19. Use of personal protective measures and social distancing reduces the likelihood of transmission.
<b>Link</b>	<a href="https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article">https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article</a>

## Reports on Infection Rates in Indiana and Atlanta

<b>Date</b>	July 24, 2020
<b>Summary</b>	CDC released two reports about infection rates. The first <a href="#">report</a> noted that an estimated 2.8% of Indiana residents aged 12 or older randomly tested in late April had SARS-CoV-2 infection or antibodies, and 44% of those with active infections reported no symptoms. Those with a household member diagnosed with COVID-19 were 15 times more likely to test positive than those who did not. Nearly 200,000 Indiana residents were infected from the start of the pandemic through April 29, 2020 – 9.6 times the number of confirmed cases, with an infection-fatality rate of 0.58%, six times the mortality rate for flu. The second <a href="#">study</a> notes that an estimated 2.5% of Atlanta residents randomly tested April 28, 2020 to May 3, 2020 had SARS-CoV-2 antibodies. Both reports highlight the importance of continued mitigation measures such as social distancing, face coverings and hand hygiene to prevent infection and reduce hospitalizations.
<b>Link</b>	<a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6929e1.htm?s_cid=mm6929e1_w">https://www.cdc.gov/mmwr/volumes/69/wr/mm6929e1.htm?s_cid=mm6929e1_w</a>