

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #21: State and Federal Updates – August 14, 2020

Contents

Texas Updates	2
HHSC Updates FAQs for Behavioral Health Providers	2
HHSC Emergency Rule for Behavioral Health Services	3
Medicaid, FPP, HTW, and the CSHCN Services Program: Reimbursement Rate Updates for Procedure Code C9803.....	4
Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions Visitation Requirements	4
Assisted Living Facility: Mitigation and Response Emergency Rules.....	5
HCS and TxHmL Providers: Random Moment Time Study Resuming	5
Abbott Extends Disaster Declaration	5
Extended Flexibilities: Expanding Services at Ambulatory Surgical Centers	6
DSHS Guidance on Staffing Shortages.....	6
Alternative Care Sites Available.....	7
Testing at Minute Maid Park	7
Updated DSHS COVID-19 Printable Graphics	7
Federal Updates.....	8
HHS Expands Eligibility for General Distribution Funds	8
HHS Releases July - December State Testing Plans	8
Collect Demographic Information When Ordering COVID-19 Laboratory Tests.....	9
CDC Updated Guidance and Reports.....	9
Children and Hospitalization.....	9
Children and Multisystem Inflammatory Syndrome	10
Overnight Camp Transmission	10
Caring for Newborns.....	10
Close Contact Guidance	11
Symptom Duration.....	11
American Academy of Pediatrics Report: Child Coronavirus Cases	11
Initiative to Transform Rural Health.....	12

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.

Texas Updates

HHSC Updates FAQs for Behavioral Health Providers

Date	August 7, 2020
Summary	<p>The Texas Health and Human Services Commission (HHSC) updated COVID-19-related frequently asked questions (FAQs) for behavioral health providers with the following:</p> <ul style="list-style-type: none"> • Q. During a COVID-19 Mental Health Services Informational Update in July HHSC provided information on the Crisis Text Line, National Suicide Prevention Lifeline, the Veterans Crisis Line, the Trevor Project, and Suicide Prevention wallet cards. Can you provide this information again? <ul style="list-style-type: none"> A. See the following: <ul style="list-style-type: none"> – Crisis Text Line <ul style="list-style-type: none"> ○ Free, available 24/7 ○ Text TX to 741471 from anywhere in the U.S. – National Suicide Prevention Lifeline <ul style="list-style-type: none"> ○ Free, available 24/7 ○ 800-273-8255 – Veterans Crisis Line <ul style="list-style-type: none"> ○ Free, available 24/7 ○ 800-273-8255, Press 1 – Trevor Project (for LGBTQ young people) <ul style="list-style-type: none"> ○ Dial 866-488-7386 or Text START to 678-678 ○ Chat online at thetrevorproject.org/get-help-now – Suicide Prevention wallet cards <ul style="list-style-type: none"> ○ Suicide Prevention Wallet Card English ○ Suicide Prevention Wallet Card Spanish

- **Q. Recently, the Department of State Health Services (DSHS) COVID-19 dashboard changed, and there is no longer one link to review the COVID-19 data. Can HHSC provide the new links?**
 - A. DSHS now reports COVID-19 data using the following links:
 - [COVID-19 DSHS Data Dashboard Cases and Fatalities](#)
 - [COVID-19 DSHS Data Dashboard Tests and Hospitals](#)

Link

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

HHSC Emergency Rule for Behavioral Health Services

Date

August 7, 2020

Summary

HHSC posted an emergency rule in the Texas Register for behavioral health services, implementing the face-to-face requirement that has been waived since March 2020.

(a) Rules in Title 25 and Title 26 of the Texas Administrative Code (TAC) require behavioral health providers to deliver certain services through face-to-face contact. Beginning on March 13, 2020, through the withdrawal or expiration of this emergency rule, the provision of behavioral health services through a face-to-face contact, otherwise required by the rules identified in subsection (b) of this section, is not required. Instead, providers may use telehealth, telemedicine, video-conferencing, or telephonic methods to engage with the individual to provide these services, to the extent this flexibility is permitted by and does not conflict with other law or obligation of the provider. Providers must ensure the selected method of contact complies with all applicable requirements related to security and privacy of information.

Link

<https://www.sos.texas.gov/texreg/archive/August72020/Emergency%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#11>

Medicaid, FPP, HTW, and the CSHCN Services Program: Reimbursement Rate Updates for Procedure Code C9803

Date	August 12, 2020
Summary	<p>Effective August 13, 2020, for dates of service on or after March 1, 2020, reimbursement rates for COVID-19 related procedure code C9803 will be updated for Texas Medicaid, Healthy Texas Women (HTW), Family Planning Program (FPP), and the Children with Special Health Care Needs (CSHCN) Services Program. The following link shows the updates: COVID-19 Specimen Collection Procedure Code C9803.</p> <p>Affected claims with dates of service from March 1, 2020 through August 13, 2020, if any are identified, will be reprocessed. Providers are not required to appeal the claims unless they are denied for additional reasons after the claims reprocessing is completed.</p> <p>The rates listed in these spreadsheets are effective for the duration of the federal emergency declaration. Following the conclusion of the emergency declaration, these rates will be reevaluated and potentially repriced according to HHSC methodology.</p>
Link	http://www.tmhp.com/Pages/COVID-19/COVID-19-HOME.aspx

Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions Visitation Requirements

Date	August 10, 2020
Summary	<p>HHSC published Provider Letter 20-24, Phase 1 COVID-19 Visitation Requirements, for nursing facility (NF), assisted living facility (ALF) and intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) providers. The provider letter outlines requirements for phase one visitation.</p>
Link	http://www.tmhp.com/News_Items/2020/08-August/HHSC%20Publishes%20PL%2020-24%20Phase%201%20COVID-19%20Visitation%20Requirements%20for%20ALF,%20ICF,%20and%20NF.pdf

Assisted Living Facility: Mitigation and Response Emergency Rules

Date	August 11, 2020
Summary	HHSC issued enhanced COVID-19 emergency rules requiring additional actions by assisted living facilities to mitigate the spread of COVID-19.
Link	https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/alf-covid-19-response-emergency-rule.pdf

HCS and TxHmL Providers: Random Moment Time Study Resuming

Date	August 10, 2020
Summary	HHSC, in collaboration with Public Consulting Group (PCG), plans on reinstating the random moment time study (RMTS). Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers should be on the lookout for key notifications from PCG or HHSC about the RMTS within the next few weeks. PCG planned on conducting RMTS earlier in 2020; this RMTS was stopped in March due to COVID-19.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/08/random-moment-time-study-resuming-all-hcs-txhtml-providers

Abbott Extends Disaster Declaration

Date	August 8, 2020
Summary	Governor Abbott extended the state's disaster declaration for all counties in response to the COVID-19 threat. According to the Governor, the declaration, which was originally issued on March 13, 2020, allows the state to be provided with resources to curb the spread of the coronavirus.
Link	https://gov.texas.gov/news/post/governor-greg-abbott-renews-covid-19-disaster-declaration-3

Extended Flexibilities: Expanding Services at Ambulatory Surgical Centers

Date	August 6, 2020
Summary	<p>HHSC extended through September 22, 2020 an emergency rule and issued Guidance Letter 20-2012-A-1 permitting ambulatory surgical centers (ASCs) to expand their services beyond surgical services and keep patients for longer periods of time in response to the COVID-19 pandemic. Under the emergency rule originally issued on April 10, 2020, an ASC may provide surgical services and “other health care services to patients” and may keep patients for longer than 23 hours. In addition, ambulatory surgical centers do not need to report patient transfers to hospitals and patient stays exceeding 23 hours. However, under the emergency rule, an ambulatory surgical center must submit to DSHS the number of functioning ventilators and other respiratory support equipment at the ASC and any additional information required by DSHS.</p>
Link	<p>https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-2012.pdf</p>

DSHS Guidance on Staffing Shortages

Date	August 7, 2020
Summary	<p>DSHS released updated guidance related to strategies for handling staffing shortages providers may be experiencing during the COVID-19 pandemic. The updated document emphasizes that providers with staffing issues should work to bring back any staff that have previously been furloughed. The document also offers return-to-work criteria for health care workers and notes that providers can increase capacity in space and staffing by decreasing or cancelling non-essential procedures and visits.</p>
Link	<p>https://www.tha.org/Portals/0/files/COVID-19/HCW_shortages_8-7-20rev.pdf?ver=2020-08-10-183340-783</p>

Alternative Care Sites Available

Date	August 6, 2020
Summary	On a statewide hospital huddle with DSHS, health officials noted that there are several alternative care sites now available in Texas, including locations in McAllen, Pharr, Laredo, and Houston. All sites are geared toward lower acuity patients. For information about bed availability and transfers, hospitals can work with their hospital preparedness program contacts.
Link	https://www.dshs.state.tx.us/commprep/hcsp/Hospital-Preparedness-Program.aspx

Testing at Minute Maid Park

Date	August 6, 2020
Summary	Governor Abbott announced that the Houston Astros and the Texas Division of Emergency Management have teamed up to open a free COVID-19 testing site at Minute Maid Park in Houston. The testing site will be able to process 2,000 tests per day and began operations on August 8, 2020.
Link	https://gov.texas.gov/news/post/governor-abbott-houston-astros-tdem-announce-covid-19-testing-site-at-minute-maid-park

Updated DSHS COVID-19 Printable Graphics

Date	August 10, 2020
Summary	DSHS updated its printed education materials on COVID-19, including materials that can be used in health care settings and schools . The updated materials include topics such as how to evaluate test results and how to manage face coverings, including basic signage related to symptoms, distancing, and handwashing.
Link	https://dshs.texas.gov/coronavirus/tools/print.aspx

Federal Updates

HHS Expands Eligibility for General Distribution Funds

Date	August 10, 2020
Summary	The U.S. Department of Health and Human Services (HHS) announced it will allow providers who have not received two percent of their patient revenue to apply for General Distribution funding from the Provider Relief Fund (PRF). This includes Medicare Part A providers who experienced a change in ownership and billed Medicare fee-for-service in 2019 or 2020 and had previously been ineligible to apply. The deadline for applying for General Distribution funding is August 28, 2020. Updated CARES Act FAQs include general distributions; distributions for rural, skilled nursing and safety net hospitals; general information, such as rejecting payments, auditing and reporting, and balance billing; and distribution for Medicaid and CHIP providers.
Links	https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/providers/index.html?language=en https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html

HHS Releases July - December State Testing Plans

Date	August 10, 2020
Summary	<p>HHS publicly posted the July through December COVID-19 testing plans from all states, territories, and localities on HHS.gov. The state testing plans serve as a roadmap developed in partnership with the federal government for each jurisdiction's monthly 2020 testing strategy for SARS-CoV-2, the virus that causes COVID-19. The plans include details on responding to surges in cases and reaching vulnerable populations including minorities, immunocompromised individuals, and older adults.</p> <p>Access Texas' COVID-19 testing plan here.</p> <p>Each state plan is required to include details of critical parameters for state testing strategies, including target numbers of tests per month, as outlined in the Centers for Disease Control and Prevention's (CDC's) Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) guidance document.</p>
Link	https://www.hhs.gov/about/news/2020/08/10/hhs-releases-july-december-covid-19-state-testing-plans.html

Collect Demographic Information When Ordering COVID-19 Laboratory Tests

Date	August 1, 2020
Summary	<p>CDC notes that the public health response to COVID-19 depends on comprehensive laboratory testing data and reminds health care providers that the CARES Act and the HHS Laboratory Data Reporting Guidance, released June 4, 2020, require every COVID-19 testing site to report specific data elements for every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody). The data are to be reported to the appropriate state or local public health department, based on the individual's residence. Health care providers also have a critical role in collecting several of the data elements when ordering a COVID-19 laboratory test, particularly demographic information such as the patient's age, sex, race, and ethnicity.</p> <p>Beginning August 1, 2020, testing sites should make every reasonable effort to report these demographic data to state and local health departments using existing public health reporting channels (in accordance with state law or policies).</p>
Link	https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf

CDC Updated Guidance and Reports

Children and Hospitalization

Date	August 7, 2020
Summary	<p>CDC issued a new report about children who are hospitalized with COVID-19. Analysis of pediatric COVID-19 hospitalization data from 14 states found that although the cumulative rate of COVID-19–associated hospitalization among children (8.0 per 100,000 population) is low compared with that in adults (164.5), one in three hospitalized children was admitted to an intensive care unit.</p>
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm?s_cid=mm6932e3_w

Children and Multisystem Inflammatory Syndrome

Date	August 7, 2020
Summary	CDC issued a new report about multisystem inflammatory syndrome in children (MIS-C). The report underscores that distinguishing MIS-C from other severe infectious or inflammatory conditions poses a challenge to clinicians caring for children and adolescents. Most cases of MIS-C have features of shock, with cardiac involvement, gastrointestinal symptoms, and significantly elevated markers of inflammation.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e2.htm?s_cid=mm6932e2_w

Overnight Camp Transmission

Date	August 7, 2020
Summary	CDC released a report about COVID-19 transmission at an overnight camp in Georgia. When one camper was confirmed with COVID-19, the camp shut down and encouraged all attendees to get tested. Of the 597 campers and staff, only 58% got tested; 76% of those individuals tested positive. The positive cohort represents 44% of all campers and staff. The attack rate would have been higher if everyone was tested. The report shows that COVID-19 spreads efficiently and resulted in a high attack rate despite the young ages of campers.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm?s_cid=mm6931e1_w

Caring for Newborns

Date	August 3, 2020
Summary	CDC updated its guidance about minimizing COVID-19 transmission from a mother to a baby. The update covers mother-baby contact, emphasizing the importance of maternal autonomy in the medical decision-making process. The guidance provides updated evidence about routes of SARS-CoV-2 transmission to neonates and updated information on infection prevention and control.
Link	https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

Close Contact Guidance

Date	August 3, 2020
Summary	<p>CDC updated two resources to include guidance on close contact. CDC updated its when-to-quarantine recommendations with a list of scenarios that are considered to be close contact with a sick person, including providing home care to the person; being within six feet of them for 15 minutes; having direct physical contact; sharing eating or drinking utensils; or if the sick person sneezes or coughs on you.</p> <p>Another updated guidance document indicates that close contact occurs even if one of the parties is wearing a mask.</p>
Link	https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

Symptom Duration

Date	July 31, 2020
Summary	<p>CDC released a report about symptom duration, underscoring the prolonged nature of the illness, even among young adults without underlying chronic medical conditions. In a multistate telephone survey of symptomatic adults who had a positive outpatient test result for SARS-CoV-2 infection, 35% had not returned to their usual state of health when interviewed two to three weeks after testing. Among persons aged 18–34 years with no chronic medical conditions, one in five had not returned to their usual state of health.</p>
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w

American Academy of Pediatrics Report: Child Coronavirus Cases

Date	July 30, 2020
Summary	<p>According to a new report by the American Academy of Pediatrics and the Children’s Hospital Association, more than 97,000 children in the U.S. tested positive for coronavirus in the last two weeks of July. The researchers found a 40% increase in child coronavirus cases in the states and cities that were studied during those two weeks.</p>
Link	https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%207.30.20%20FINAL.pdf

Initiative to Transform Rural Health

Date	August 11, 2020
Summary	<p>The Centers for Medicare & Medicaid Services (CMS) Innovation Center announced a new Model, the Community Health Access and Rural Transformation (CHART) Model. Through the CHART Model, CMS aims to continue addressing disparities by providing a way for rural communities to transform their health care delivery systems by leveraging innovative financial arrangements as well as operational and regulatory flexibilities.</p> <p>CMS is providing funding for rural communities to build systems of care through a Community Transformation Track and is enabling providers to participate in value-based payment models where they are paid for quality and outcomes, instead of volume, through an Accountable Care Organizations (ACO) Transformation Track.</p>
Link	https://www.cms.gov/newsroom/fact-sheets/community-health-access-and-rural-transformation-chart-model-fact-sheet