

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #26: State and Federal Updates – September 18, 2020

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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

DSHS Positivity Rate Reporting

Date	September 14, 2020
Summary	The Texas Department of State Health Services (DSHS) announced it will begin reporting two additional measurements of the state’s COVID-19 positivity rate (the percentage of tests that are positive in a given period). The update is the result of DSHS’s work to enhance the state’s COVID-19 data in partnership with the Governor’s Strike Force. DSHS will now primarily rely on the positivity rate calculated according to the specimen collection date, which provides the most accurate view of the pandemic’s effect over time. This new methodology will help ensure the rate is not skewed by delays in reporting test results to the state.
Link	https://www.dshs.state.tx.us/news/releases/2020/20200914.aspx

Day Activity Health Services: Updated FAQs

Date	September 8, 2020
Summary	The Texas Health and Human Services Commission (HHSC) updated COVID-19-related frequently asked questions (FAQs) for day activity health services (DAHS) providers, including: <ul style="list-style-type: none"> • Can staff wear a cloth mask? • If a person serves medically-fragile clients, should he or she don full personal protective equipment (PPE) when servicing them? • Do attendants need full PPE when they take clients to the restroom? • Where can I find information on the extension to the emergency rules? • When do I need to change out a client’s mask?
Link	https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/coronavirus-dahs-frequently-asked-questions.pdf

Death Reporting Guidance for Long-term Care Providers

Date	September 9, 2020
Summary	<p>HHSC Long-term Care Regulation has published Provider Letter 20-37, Reporting Guidance for Long-term Care Providers. The letter outlines provider reporting responsibilities related to COVID-19 and deaths (COVID-19 and non-COVID-19 related). This letter and attachment consolidate reporting requirements in a more user-friendly manner. The letter is addressed to:</p> <ul style="list-style-type: none"> • nursing facilities; • assisted living facilities; and • intermediate care facilities for individuals with an intellectual disability or related conditions.
Link	<p>https://www.tmhp.com/news/2020-09-10-hhsc-publishes-pl-20-37-covid-19-and-death-reporting-guidance-long-term-care</p>

Existing EVV Users: Best Practices for Temporary EVV Policies for COVID-19

Date	September 14, 2020
Summary	<p>The temporary electronic visit verification (EVV) policies for COVID-19 allow program providers required to use EVV:</p> <ul style="list-style-type: none"> • 180-calendar days from the date of the visit to complete visit maintenance; and • to submit a claim for an EVV-required service before completing visit maintenance. <p>HHSC recommends program providers follow the normal EVV claims submission process. To do this, confirm an EVV visit transaction is accepted in the EVV Portal before submitting the claim.</p> <p>When this is not possible due to situations affected by COVID-19, program providers should refer to the Best Practices for Temporary EVV Policies for COVID-19. This ensures an EVV visit transaction supporting the EVV claim is accepted in the EVV Portal and matches the claim within 180-calendar days from the date of the visit, or the claim may be recouped.</p>
Link	<p>https://hhs.texas.gov/about-hhs/communications-events/news/2020/09/existing-evv-users-best-practices-temporary-evv-policies-covid-19</p>

LPPF Penalty for Not Reporting by Deadline Temporarily Waived

Date	September 16, 2020
Summary	<p>The Local Provider Participation Fund (LPPF) reporting portal is open beginning September 16, 2020 until October 10, 2020 for fourth quarter reporting. Units of government operating an LPPF will be able to enter required financial information for the federal fiscal quarter of July to September 2020.</p> <p>Due to the public health emergency caused by COVID-19, HHSC requested and received approval from the Office of the Governor to temporarily waive the penalty for non-compliance with Texas Administrative Code §355.8068.</p> <p>Units of government operating LPPFs are still required to report certain financial information but will not be penalized if the information is not reported by the quarterly deadline. This waiver is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires.</p>
Link	http://registration.hhsc.state.tx.us/LPPF/LPPFlogin.aspx

Federal Updates

Substance Use Disorder linked to COVID-19 Susceptibility

Date	September 14, 2020
Summary	<p>A National Institutes of Health-funded study found that people with substance use disorder (SUD) are more susceptible to COVID-19 and its complications. The research, published in <i>Molecular Psychiatry</i>, was co-authored by Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA). The findings suggest that health care providers should closely monitor patients with SUD and develop action plans to help shield them from infection and severe outcomes.</p>
Link	https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility

Updated Medicare FFS Billing FAQs

Date	September 11, 2020
Summary	The Centers for Medicare & Medicaid Services (CMS) posted updated COVID-19-related FAQs on Medicare fee-for-service (FFS) billing, noting the file is now all-inclusive.
Link	https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Department of Labor Revises FFCRA Leave Rules

Date	September 11, 2020
Summary	<p>The U.S. Department of Labor (DOL) announced revisions to its initial rule implementing the Emergency Paid Sick Leave (EPSL) and the Emergency Family and Medical Leave Expansion (EFMLE) provisions of the Families First Coronavirus Response Act (FFCRA). The revised rule is effective September 16, 2020. The revisions are a response to a lawsuit challenging the DOL’s original rules. A ruling in that case invalidated some of the provisions of the original rule. The most significant change for providers is a narrowing of the definition of a “health care provider,” which will expand the availability of EPSL and EFMLE to more health care employees. The original rule allowed providers to exempt all employees from EPSL and EFMLE. The revised rule still allows an employer to exempt direct caregivers and individuals that are integrated with and necessary to diagnostic, preventive, or treatment services, for example lab personnel. However, individuals who provide services that affect, but are not integrated into, the provision of patient care are no longer covered by the definition. The DOL lists information technology professionals, building maintenance staff, human resources personnel, cooks, food service workers, records managers, consultants, and billers as examples of individuals who are not included in the definition. The revised rule contains additional information and explanation to address the court’s remaining concerns with the original rule.</p>
Link	https://www.dol.gov/newsroom/releases/whd/whd20200911-2

MFAR Withdrawal Amid Pandemic

Date	September 14, 2020
Summary	CMS announced it was withdrawing the Medicaid Fiscal Accountability Rule due to “potential unintended consequences” of the proposed rule, citing concerns raised by state and provider partners. CMS originally proposed the rule in an effort to increase transparency and limit states' ability to draw down federal Medicaid funding, which would have jeopardized \$11 billion in Texas hospitals’ supplemental Medicaid payments in 2020 alone.
Link	https://twitter.com/SeemaCMS/status/1305608634165010443

CMS Releases Community Health and Rural Transformation Model Notice of Funding Opportunity, Encourages Rural Communities to Apply

Date	September 15, 2020
Summary	<p>CMS released a Notice of Funding Opportunity (NOFO) for the Community Health Access and Rural Transformation (CHART) Model Community Transformation Track. The Community Transformation Track will provide up-front funding to up to 15 rural communities across the country. The rural communities will be awarded seed money to work with health care providers and payers across the community to design systems of care that improve access to high quality care that is sustainable and value based.</p> <p>CMS announced the voluntary CHART Model on August 11, 2020. In addition to the Community Transformation Track, the CHART Model offers another participation option through the ACO Transformation Track, which will advance value-based care by providing upfront shared savings payments to rural accountable care organizations.</p> <p>For more information about the NOFO or the CHART Model, please visit: https://innovation.cms.gov/innovation-models/chart-model.</p>
Link	https://www.cms.gov/newsroom/press-releases/cms-releases-chart-model-notice-funding-opportunity-encourages-rural-communities-apply

CDC Reports

Spread Among Children

Date	September 11, 2020
Summary	The Centers for Disease Control and Prevention (CDC) released a report on COVID-19 transmission among children at childcare facilities. The report found that children greater than 10 years old can transmit the virus. Testing the contacts of lab-confirmed COVID-19 cases in childcare settings, including asymptomatic children, could help control of transmission from childcare attendees to family members.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e3.htm?s_cid=mm6937e3_w&source=email

Dining Out

Date	September 11, 2020
Summary	A CDC study indicates that adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at restaurants within 14 days of developing symptoms compared with those whose test results were negative.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a5.htm?s_cid=mm6936a5_x

Deferral of Care

Date	September 11, 2020
Summary	CDC released a report on deferral or avoidance of care due to the pandemic; it found that 41% of Americans delayed or avoided medical treatment, including 12% who needed emergency care and 32% who needed routine care. Adults who are at highest risk for COVID-19 complications were the most likely to report avoiding care during the pandemic. Black and Hispanic adults, those with at least two underlying conditions, and unpaid caregivers of adults reported higher rates of avoiding emergency care.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a5.htm?s_cid=mm6936a5_x