

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #32: State and Federal Updates – October 30, 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

Texas Health Steps: Flexibilities Not Extended

Date	October 22, 2020
Summary	<p>The Texas Health and Human Services Commission (HHSC) announced some Medicaid and Children’s Health Insurance Program (CHIP) flexibilities for Texas Health Steps will end October 31, 2020. These include:</p> <ul style="list-style-type: none"> • Waiver of timeliness requirements for medical and dental Texas Health Steps visits that were due between March and October 2020. • Waiver of managed care organization (MCO) contract requirement to provide outreach and education in coordination with existing community, school-based and health education programs.
Link	https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/mcs-covid-19-info-handout-oct-22.pdf

Extended Flexibilities

Children with Special Health Care Needs Services Program

Date	October 26, 2020
Summary	<p>As part of its continued response to COVID-19, the Children with Special Health Care Needs (CSHCN) services program will provide reimbursement for previously identified telemedicine and telehealth services through November 30, 2020 dates of service. Effective dates remain as stated in the original notifications, which are listed below:</p> <ul style="list-style-type: none"> • Claims for telephone (audio only) medical services • Claims for telephone (audio only) behavioral health services

- [Rural health clinics and federally qualified health center reimbursement for telemedicine \(physician-delivered\) and telehealth \(non-physician delivered\) services](#)
- [Claims for telehealth service for occupational, physical, and speech therapy for the CSHCN Services Program](#)

Additionally, the requirement to obtain the client or guardian signature on the CSHCN services program documentation of receipt form is waived through November 30, 2020.

Links

<https://www.tmhp.com/news/2020-10-26-cshcn-covid-19-telehealth-and-telemedicine-extensions-through-november-30-2020>

<https://www.tmhp.com/news/2020-10-26-client-signature-requirement-waived-cshcn-documentation-receipt-form-through>

CHIP Copayments Waived

Date	October 22, 2020
Summary	As part of its continued response to COVID-19, HHSC has extended the waiver of CHIP co-payments through November 30, 2020. The waiver applies to medical office visit co-payments only.
Link	https://www.tmhp.com/news/2020-10-22-chip-copayments-waived-through-november-30-2020

Existing EVV Users

Date	October 26, 2020
Summary	HHSC extended the temporary electronic visit verification (EVV) policies in response to COVID-19 through November 30, 2020. This information is for program providers currently required to use EVV.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/existing-evv-users-temporary-evv-policies-covid-19-extended-nov-30

Financial Management Service Agencies

Date	October 23, 2020
Summary	HHSC revised IL 2020-08, COVID-19 Guidance for financial management service agencies (FMSAs) and consumer-directed services (CDS) employers , extending the suspension of face-to-face CDS orientations through November 30, 2020.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/update-covid-19-guidance-fmsas-revision-il-2020-08

In-Home Day Habilitation

Date	October 27, 2020
Summary	In response to COVID-19, HHSC temporarily waived requirements in Sections 4320 and 3710 of the Home and Community-based Services Billing Guidelines and the Texas Home Living Billing Guidelines. HHSC published a revision to this in IL 2020-19, In-Home Day Habilitation Information for Program Providers , extending the temporary guidance through November 30, 2020.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/updated-home-day-habilitation-information-program-providers-covid-19-il-2020-19

FAQs

CMS Mandated COVID-19 Testing FAQs

Date	October 27, 2020
Summary	HHSC Long-term Care Regulation has issued frequently asked questions (FAQs) regarding the Centers for Medicare & Medicaid Services (CMS) COVID-19 testing requirements.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/hhsc-issues-cms-mandated-covid-19-testing-faqs

ICF/IDD Providers

Date	October 27, 2020
Summary	HHSC Long-term Care Regulation has updated the intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID) provider FAQs about COVID-19.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/october-26-updated-icf-covid-19-faqs

Trauma Service Areas with High Hospitalizations

Date	October 29, 2020
Summary	Two additional Trauma Service Areas (TSAs) A and B have been added to the list of TSAs with “high COVID-19 hospitalizations,” defined as seven consecutive days in excess of 15% of COVID-19 hospitalized patients over total capacity. TSA I was previously the only TSA with this designation. If a hospital falls in an area with high hospitalizations, it must follow the restrictions laid out in GA-31 . GA-31 states that hospitals “must postpone all surgeries and procedures that are not medically necessary to diagnose or correct a serious medical condition of, or to preserve the life of, a patient who without timely performance of the surgery or procedure would be at risk for serious adverse medical consequences or death, as determined by the patient’s physician.” However, GA 31 does not prohibit any surgery or procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete any hospital capacity needed to cope with the COVID-19 disaster. As a reminder, Gov. Abbott’s executive order (GA-32) on the reopening of bars updated how the state calculates “high COVID-19 hospitalizations,” the metric that determines the capacity at which businesses in a region can open; it is now defined as seven consecutive days in excess of 15% of COVID-19 hospitalized patients over total capacity.
Link	https://www.dshs.state.tx.us/GA3031/

Certificate of Public Advantage

Date	October 25, 2020
Summary	HHSC adopted rules to implement Chapter 314A, Texas Health and Safety Code, authorizing certain hospitals to apply for a Certificate of Public Advantage (COPA), which grants merging hospitals immunity from federal and state antitrust laws. These rules, effective October 25, 2020, replace previously adopted emergency rules in 26 Texas Administrative Code Title (TAC), Chapter 567.
Link	https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-1014.pdf

Assisted Living Facilities: Updated Response Plan

Date	October 27, 2020
Summary	HHSC Long-term Care Regulation has updated the COVID-19 response plan for assisted living facilities (ALFs). The document provides guidance to ALFs on response actions in the event of a COVID-19 exposure.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/october-27-updated-covid-19-response-plan-alfs

ALF, HCSSA, ICF/IID and NF providers: Attestation for Free COVID-19 Testing Kits

Date	October 27, 2020
Summary	HHSC has published attestation for free COVID-19 testing kits. Texas is distributing test kits to certain ALF, home and community support services agencies (HCSSAs), ICF/IID and nursing facility providers located in counties where the COVID-19 positivity rate is greater than 10%. The attestation form includes instructions for requesting the free COVID-19 testing kits.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/hhsc-publishes-attestation-free-covid-19-testing-kits-alf-hcssa-icf-nf-providers

HCSSA Providers: Point-of-Care Antigen Testing

Date	October 26, 2020
Summary	HHSC has published PL 20-47, Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing for HCSSA providers. The letter outlines responsibilities related to reporting COVID-19 test results for agencies conducting point-of-care antigen tests.
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/hhsc-publishes-reporting-guidance-point-care-antigen-testing-hcssa-providers-pl-20-47

HHSC Accepting Comments on Proposed Rule: Rate Increase Attestation Process COVID-19

Date	October 27, 2020
Summary	<p>HHSC is accepting comments from stakeholders on the following proposed rule, which is now posted in the Texas Register:</p> <ul style="list-style-type: none"> • Texas Health and Human Services Title 1, Part 15, Chapter 355, Subchapter B, Establishment and Adjustment of Reimbursement Rates for Medicaid, Section 355.205, concerning the rate increase attestation process during COVID-19. Comments can be emailed to the HHS Provider Finance Department. <p>The comment period ends November 23, 2020.</p>
Link	https://hhs.texas.gov/laws-regulations/policies-rules/health-human-services-rulemaking/comment-proposed-draft-rules

Federal Updates

HHS Revises PRF Reporting Requirements, Expands Eligibility for General Distribution Payments

Date	October 22, 2020
Summary	The U.S. Department of Health and Human Services (HHS) announced amended reporting requirements to add flexibility regarding how the funds can apply toward lost revenues related to COVID-19. According to the new instructions, after reimbursing COVID-19 health care expenses that were unreimbursed by other sources, providers may use remaining Provider Relief Fund (PRF) dollars to cover any lost revenue, measured as a negative change in year-over-year actual revenue from patient care related sources. See the policy memo and guidance for additional details. Also, HHS announced that the latest PRF application period has been expanded to include provider applicants such as residential treatment facilities, behavioral health providers, ambulatory health care facilities, hospital units and other providers that have not yet received distributions. As a reminder, HHS will make up to \$20 billion in new Phase 3 General Distribution payments available for providers on the frontlines of the pandemic. The deadline to apply is November 6, 2020.
Link	https://www.hhs.gov/about/news/2020/10/22/hhs-expands-relief-fund-eligibility-and-updates-reporting-requirements.html

Reports on Completeness of Hospital Daily COVID-19 Data

Summary	HHS began posting reports on its protect public data hub regarding how completely hospitals are reporting the required COVID-19 daily data. The agency will provide weekly reports showing the number and percentage of days with complete reporting, each week, by data field.
Link	https://protect-public.hhs.gov/

Resources for Uninsured Program Portal

Summary	As a reminder, the Health Resources and Services Administration (HRSA) has a portal health care facilities can use to submit reimbursement claims for providing COVID-19 treatment, testing, and other services for the uninsured. According to HRSA, more than \$1.4B has been paid and more than 143,000 health care providers have enrolled in the program to date. HRSA offers an FAQ , Optum Pay™ direct deposit enrollment and alternative payment routing options . Additional general information is available here .
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Link | <https://coviduninsuredclaim.linkhealth.com/patient-details.html>

FDA Approves First Treatment for COVID-19

Date	October 22, 2020
Summary	<p>The U.S. Food and Drug Administration (FDA) approved the antiviral drug Veklury (remdesivir) for use in adult and pediatric patients 12 years of age and older and weighing at least 40 kilograms (about 88 pounds) for the treatment of COVID-19 requiring hospitalization. Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care. Veklury is the first treatment for COVID-19 to receive FDA approval.</p> <p>This approval does not include the entire population that had been authorized to use Veklury under an Emergency Use Authorization (EUA) originally issued on May 1, 2020. In order to ensure continued access to the pediatric population previously covered under the EUA, the FDA revised the EUA for Veklury to authorize the drug's use for treatment of suspected or laboratory confirmed COVID-19 in hospitalized pediatric patients weighing 3.5 kg to less than 40 kg or hospitalized pediatric patients less than 12 years of age weighing at least 3.5 kg. Clinical trials assessing the safety and efficacy of Veklury in this pediatric patient population are ongoing.</p>
Link	https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-covid-19

CDC Guidance and Reports

Close Contact Guidance

Date	October 21, 2020
Summary	<p>The Centers for Disease Control and Prevention (CDC) updated its “close contact” guidance. The previous guidance defined a close contact as someone who spent at least 15 consecutive minutes within six feet of a person with confirmed COVID-19. Close contact is now defined as someone who was within six feet of an infected individual for a total of 15 minutes or more over a 24-hour period.</p>
Link	https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

Hospitalized Health Care Personnel

Date	October 30, 2020
Summary	CDC issued a report that analyzed COVID-19 hospitalization data from 13 states. The report indicated that 6% of adults hospitalized with COVID-19 between March 1 and May 31 were health care personnel. Among the health care workers hospitalized with COVID-19, 36% were in nursing-related occupations, and 73% had obesity. Approximately 28% of these patients were admitted to an intensive care unit, 16% required invasive mechanical ventilation and 4% died. Texas data is not represented in the report.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e3.htm#:~:text=Analysis%20of%20COVID%2D19%20hospitalization,%2C%20and%2073%25%20had%20obesity.

In-Hospital Complications

Date	October 23, 2020
Summary	CDC issued a study indicating that hospitalized patients with COVID-19 had a more than five times higher risk for in-hospital death and increased risk for 17 respiratory and non-respiratory complications than did hospitalized patients with influenza. The risks for sepsis and respiratory, neurologic, and renal complications of COVID-19 were higher among non-Hispanic Black or African American and Hispanic patients than among non-Hispanic White patients.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6942e3.htm?s_cid=mm6942e3_w

Excess Deaths

Date	October 23, 2020
Summary	CDC issued a study indicating that nearly 300,000 more deaths than expected occurred in the United States from January 26, 2020 to October 3, 2020, with 66% attributed to COVID-19. The largest increases were among adults aged 25-44 years and Hispanic or Latino residents.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6942e2.htm?s_cid=mm6942e2_w

COVID-19 Mitigation Behaviors by Age Group

Date	October 27, 2020
Summary	A CDC report found self-reported engagement in mitigation behaviors (mask wearing, handwashing, physical distancing, crowd and restaurant avoidance, and cancellation of social activities) differed significantly by adult age group. During April–June 2020, the prevalence of these behaviors was lowest among adults aged 18–29 years and highest among those aged >60 years. Whereas mask wearing increased over time, other reported mitigation behaviors decreased or remained unchanged. Improved communication and policy priorities are needed to promote recommended COVID-19 mitigation behaviors, particularly among young adults.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e4.htm?s_cid=mm6943e4_w

Outbreak Among a University’s Men’s and Women’s Soccer Teams

Date	October 27, 2020
Summary	A CDC investigation of 17 COVID-19 cases among a university’s men’s and women’s soccer team identified numerous social gatherings as possible transmission events. Minimal mask use and social distancing resulted in rapid spread among students who live, practice, and socialize together. Colleges and universities are at risk for COVID-19 outbreaks because of shared housing and social gatherings where recommended prevention guidance is not followed. Schools should consider conducting periodic repeat testing of asymptomatic students to identify outbreaks early and implementing policies and improving messaging to promote mask use and social distancing.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e5.htm?s_cid=mm6943e5_w