



# **Coronavirus Disease (COVID-19) Public Health Emergency Reporting**



**TEXAS**  
Health and Human  
Services

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**As Required by  
Senate Bill 809 and  
2022-23 General Appropriations Act,  
Senate Bill 1 (Article II, Health and  
Human Services Commission,  
Rider 143), 87th Legislature,  
Regular Session 2021**

**Health and Human Services Commission  
June 1, 2022**

# Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>1. Introduction .....</b>	<b>2</b>
COVID-19 Nursing Facility (NF) Temporary Rate Add-on .....	2
Nursing Facility COVID-19 Requirements .....	3
<b>2. Limitations of Data .....</b>	<b>4</b>
Data Comparison to Other Sources .....	6
Federal COVID-19 Funding Received .....	6
Source of Funds .....	10
<b>3. Conclusion .....</b>	<b>12</b>
<b>List of Acronyms .....</b>	<b>13</b>
<b>Appendix A Texas Health and Human Services Commission (HHSC) Nursing Facility Requirements for COVID-19 .....</b>	<b>1</b>

# Executive Summary

Senate Bill (S.B.) 809, 87th Legislature, Regular Session, 2021 and the 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 143) requires healthcare providers and institutions to report on their sources of Coronavirus Disease 2019 (COVID-19) relief funding. Due to the overlap in the reporting requirements of S.B. 809 and Rider 143, the Health and Human Services Commission (HHSC) chose to implement both provisions as a singular effort to reduce the possibility of duplicative administrative requirements for providers.

Through the implementation process, providers identified challenges in completing the required reporting. Examples of challenges reported by providers include:

- The ongoing monthly reporting required of providers is more frequent than their normal accounting practices;
- COVID-19 expenditures are difficult to track in real-time, and some providers are reporting \$0 because of uncertainty; and
- Federal and state reporting time frames are not in sync.

To support providers, HHSC has taken the following actions:

- HHSC has also allowed for a 15-day extension for monthly reports if requested by the provider.
- HHSC has been providing information to providers in many formats:
  - ▶ Information on the Provider Finance webpage (<https://pfd.hhs.texas.gov/provider-finance-communications>);
  - ▶ Frequently Asked Questions (FAQs) and documents with the required questions also on Provider Finance webpage;
  - ▶ Answering questions from a designated email inbox ([HHSC RAD Survey@hhs.texas.gov](mailto:HHSC_RAD_Survey@hhs.texas.gov)); and
  - ▶ Background information and instructions about how to correctly report at provider association meetings.

The information contained in this quarterly report is limited, incomplete, and potentially inaccurate because many providers produced estimates due to the unavailability of the financial data. This information will be updated, amended, and included in the next report due September 1, 2022.

# 1. Introduction

During the COVID-19 public health emergency (PHE) in 2020 and 2021, healthcare providers received government funding to help with additional costs and lost revenues. In regular circumstances, federal funds might flow through or be identified during the traditional state budget process. These federal funds were distributed in a PHE; therefore, the state did not act as the facilitator or distributor of most of these funds available to Texas healthcare institutions during the COVID-19 PHE.

S.B. 809 requires healthcare providers to report the federal money received under the Coronavirus Aid, Relief, and Economic Security Act; the Consolidated Appropriations Act 2020; and the American Rescue Plan Act of 2021 monthly. The goal of S.B. 809 is to gain a better understanding of the type and amount of federal funds that have flowed to healthcare institutions during the COVID-19 PHE. Similarly, Rider 143 requires nursing facilities and hospitals to report on COVID-19 funding as described above and other sources of COVID-19 relief funding. These other sources include state-appropriated rate increases or other forms of financial compensation received from the federal or state government to assist providers.

Due to the substantial overlap in the reporting requirements of S.B. 809 and Rider 143, HHSC implemented both provisions as a single report to eliminate unnecessary administrative requirements for providers.

HHSC set a deadline for the second month's first day following the reporting period. For example, the December 2021 report was due on February 1, 2022. HHSC has also allowed for a 15-day extension for monthly reports if requested by the provider.

## **COVID-19 Nursing Facility (NF) Temporary Rate Add-on**

HHSC adopted temporary COVID-19 rate add-ons for NFs to support access and safety during the federally declared PHE. HHSC also adopted Texas Administrative Code (TAC) Section 355.205, Emergency Rule for Emergency Temporary Reimbursement Rate Increases and Limitations on Use of Emergency Temporary Funds for Medicaid in Response to Novel Coronavirus (COVID-19). The temporary COVID-19 rate increases were effective April 1, 2020 and is estimated to conclude at the end of the federally-declared PHE. NF providers may utilize the additional funding for COVID-related expenses, including direct care staff salary and wages, personal protective equipment (PPE), and dietary needs/supplies. As it relates to

direct care staff salary and wages, NF providers may only use the additional funding to increase staff compensation through reimbursement of overtime or lump sum bonuses, including bonuses for hazard pay, or other methodologies that will not result in future reductions in hourly wages when the temporary rate increases are discontinued. The temporary COVID-19 rate add-on is \$19.63 per day for nursing facilities. In addition, the temporary emergency rate increases apply to Medicaid hospice NF per diem rates. The State of Texas pays the Medicaid hospice provider a hospice-nursing facility rate that is no less than 95 percent of the Medicaid NF rate, \$18.65 per day, for each individual in a NF to take into account the room and board furnished by the facility [40 TAC §30.60(c) Medicaid hospice-NF per diem rates]. Pursuant to the Medicaid Hospice Provider Manual, Section 6310-NF Per Diem Rate, the hospice will then pass that amount on to the NF. An estimated \$772,629,718 in all funds (\$251,114,856 in General Revenue) has been distributed to nursing facilities from April 1, 2020 through April 15, 2022.

### **Nursing Facility COVID-19 Requirements**

Rider 143 requires HHSC to include a description of any requirements implemented for NFs in response to the COVID-19 pandemic, the cost to NFs to implement the requirements, and recommendations on whether or not the requirements should be continued after the end of the PHE. Attachment A lists requirements imposed on NFs as a response to COVID-19. At their core, the intent of these requirements was to protect NF residents and the public health, safety, and welfare of the state during the COVID-19 pandemic. The estimated costs imposed on a NF may vary depending on each specific requirement, the current NF infrastructure, the NF's current operations, and other factors. Providers self-reported that costs associated with COVID-19 imposed requirements were approximately \$592 million.

## 2. Limitations of Data

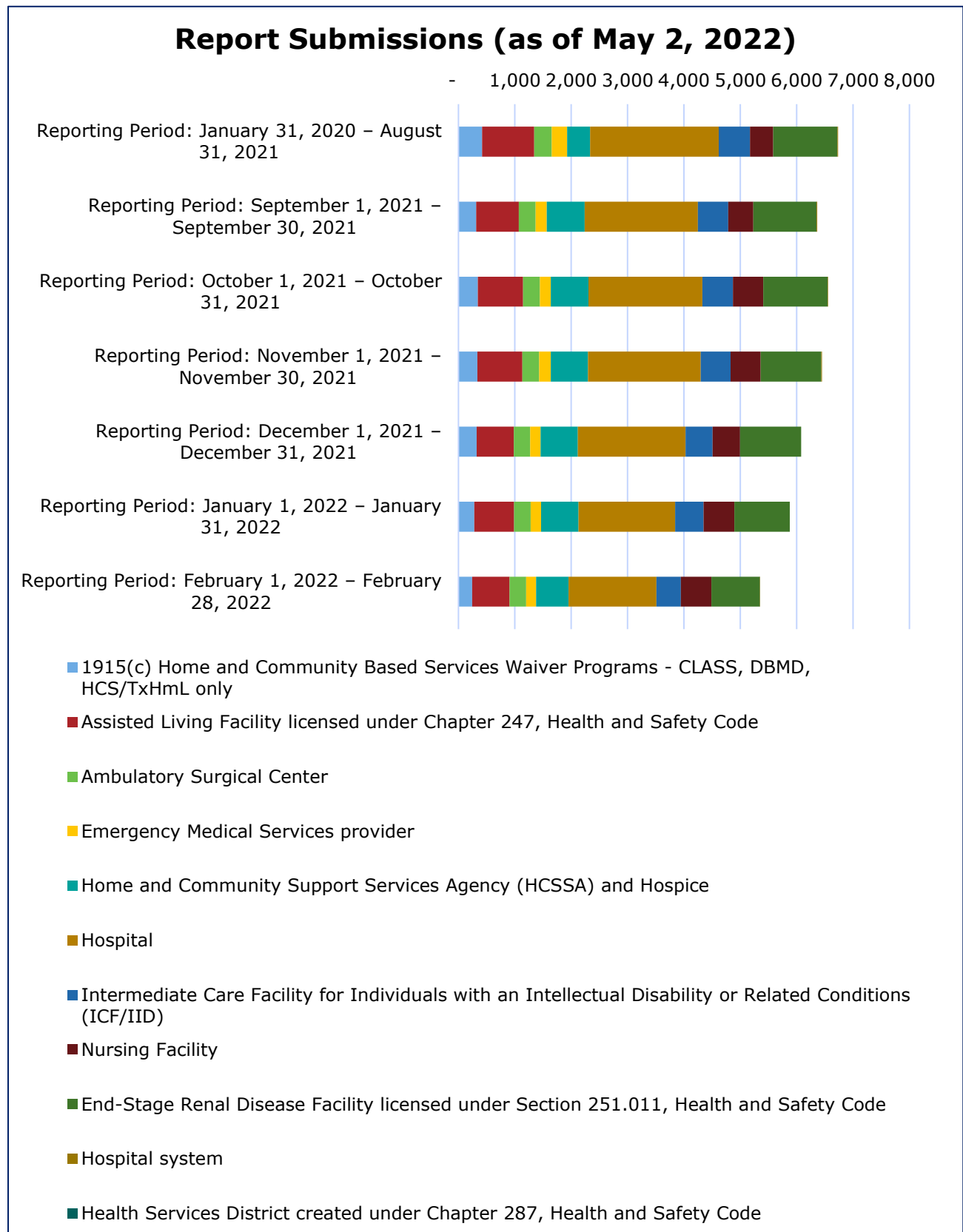
HHSC identified a list of approximately 14,000 providers that are subject to the reporting requirements of S.B. 809 and Rider 143. Following conversations with several providers subject to this requirement, HHSC implemented a monthly process to update the list of eligible providers based on state-maintained licensure data. It is important to note the exact number of healthcare institutions in each report will change because of the dynamic nature of providers enrolling and disenrolling or from licensure changes.

HHSC is reporting on seven periods in the third quarterly report due June 1, 2022. This submission contains updated data reported for the first three time periods from the first quarterly report due December 1, 2021: January 31, 2020-August 31, 2021; September 1, 2021-September 30, 2021; and October 1, 2021-October 31, 2021. The submission also contains updated data from the following two time periods from the second quarterly report due March 1, 2022: November 1, 2021-November 30, 2021, and December 1, 2021-December 31, 2021. The submission also contains new data from the following two time periods for the third quarterly report due June 1, 2022: January 1, 2022-January 31, 2022, and February 1, 2022-February 28, 2022.

At the time of the report (data as of May 3, 2022):

- 6,734 providers submitted a report for January 31, 2020 – August 31, 2021.
- 6,365 providers submitted a report for September 2021.
- 6,557 providers submitted a report for October 2021.
- 6,448 providers submitted a report for November 2021.
- 6,080 providers submitted a report for December 2021.
- 5,876 providers submitted a report for January 2022.
- 5,348 providers submitted a report for February 2022.

**Figure 1. Report Submissions (as of May 2, 2022).**



The monthly reporting frequency is the most difficult challenge identified by providers. Providers have stated their concern over the accuracy of the data because the one-month reporting turnaround for the ongoing monthly reporting is not feasible. Multiple providers have stated that their bookkeeping is done quarterly or even annually. HHSC offers a 15-day extension for providers that make this request to assist with this turnaround.

HHSC has received many questions from providers unsure about the funds they have received, their national provider identifier (NPI) number, their provider type, and other related questions. HHSC has worked to mitigate these questions as much as possible by providing all information, including a FAQ document on the Provider Finance webpage (<https://pfd.hhs.texas.gov/provider-finance-communications>), answering questions from a designated email inbox ([HHSC RAD Survey@hhs.texas.gov](mailto:HHSC_RAD_Survey@hhs.texas.gov)), and presenting at association meetings.

Beyond data collection challenges, HHSC has also identified challenges in presenting data in the appropriate context. Multiple providers have stated they are unable to report accurate data because they do not reconcile costs to know what is attributable to COVID-19 regularly. They stated they are reporting "\$0" for any questions asking for data and would submit a corrected report later once their accounting is up-to-date.

## **Data Comparison to Other Sources**

HHSC initially sought to compare the providers' self-reported data to other publicly available sources to assist in a general validation process. One source considered was the United States Health Resources and Services Administration (HRSA). The information published from HRSA shows 32,518 Texas providers received a total of \$9,265,519,145 in federal provider relief funds (see Appendix J for more information). HHSC is unable to compare this publicly available data at a provider level because the data is only searchable by a provider's name and not by identifiers utilized by HHSC, such as the NPI, Facility ID, and/or License Number.

## **Federal COVID-19 Funding Received**

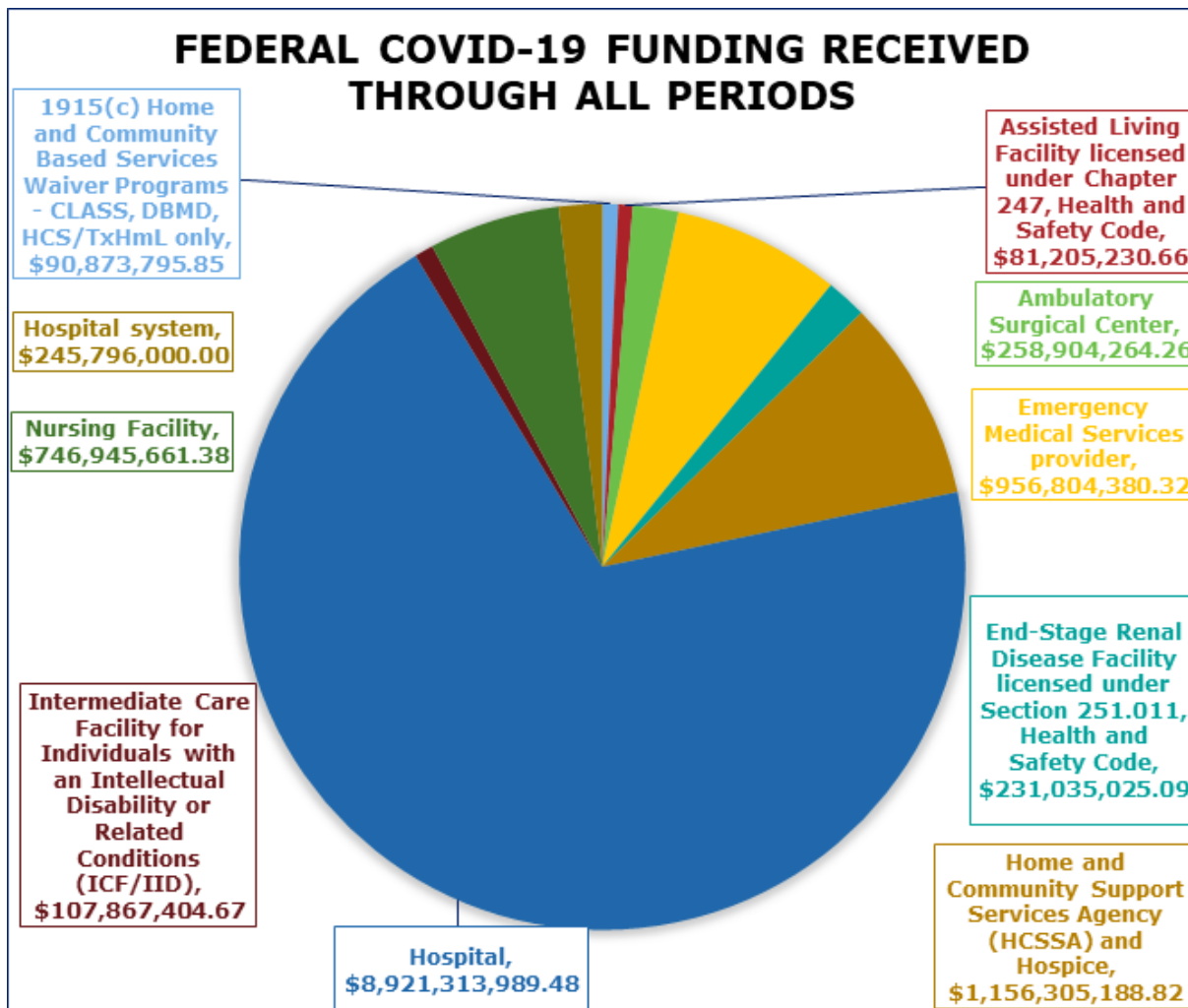
With the limitations and challenges in mind, HHSC is providing the following information and attached appendices. The table and pie chart below shows the amount of federal COVID-19 funding received by provider type from January 31, 2020 through February 28, 2022.



**Table 2: Federal COVID-19 Funding Received by Provider Type –  
January 31, 2020 through February 28, 2022**

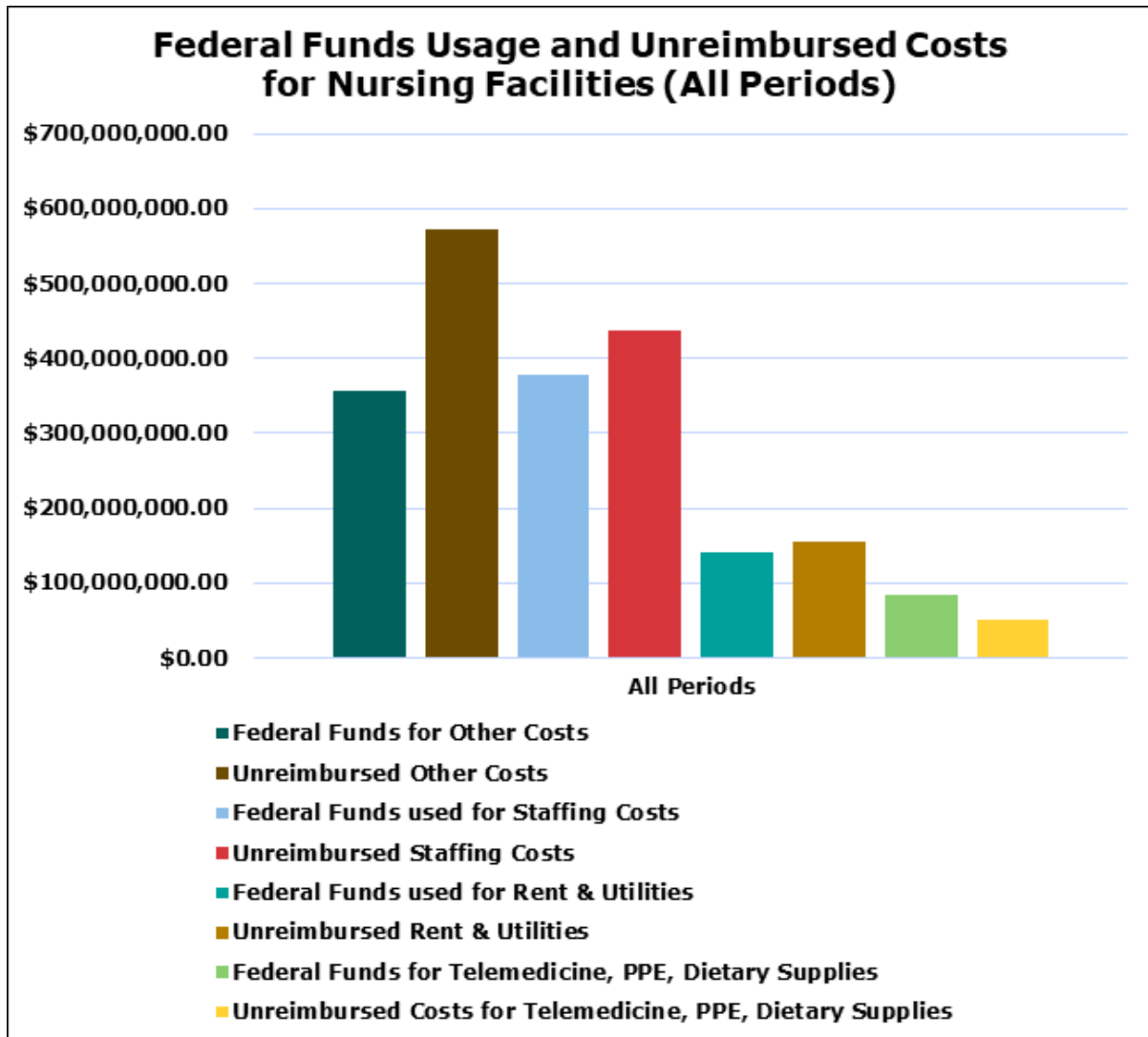
<b>Provider Type</b>	<b>Amount</b>
1915(c) Home and Community Based Services Waiver Programs - CLASS, DBMD, HCS/TxHmL <i>only</i>	\$ 90,873,795.85
Assisted Living Facility licensed under Chapter 247, Health and Safety Code	\$ 81,205,230.66
Ambulatory Surgical Center	\$ 258,904,264.26
Emergency Medical Services provider	\$ 956,804,380.32
End-Stage Renal Disease Facility licensed under Section 251.011, Health and Safety Code	\$ 231,035,025.09
Home and Community Support Services Agency (HCSSA) and Hospice	\$ 1,156,305,188.82
Hospital	\$ 8,921,313,989.48
Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)	\$ 107,867,404.67
Nursing Facility	\$ 746,945,661.38
Hospital system	\$ 245,796,000.00
Health Services District created under Chapter 287, Health and Safety Code	\$ 0.00
<b>Total</b>	<b>\$ 12,797,050,940.53</b>

**Figure 2: Federal COVID-19 Funding Received Through All Periods**

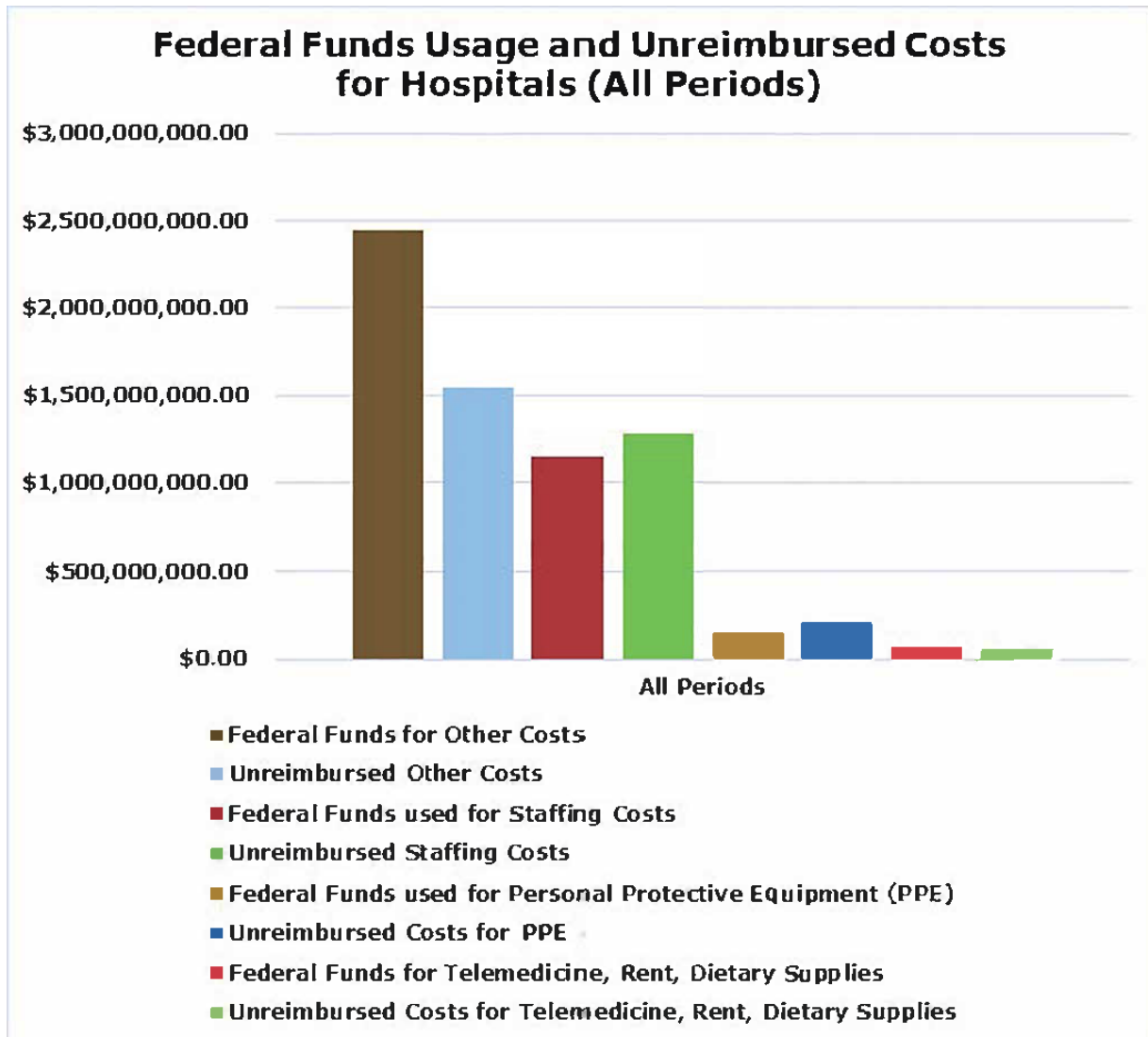


NFs and hospitals were asked additional questions about the costs paid through federal COVID-19 funds received and unreimbursed costs. The below charts show the different types of costs (staffing, telemedicine, PPE, rent and utilities, dietary supplies, and other costs) and whether they were paid by federal funds or unreimbursed. Providers were asked to provide a description of additional money spent on other costs. Responses varied, including supplies, lost revenue, testing, insurance, and maintenance.

**Figure 3: Federal Funds Usage and Unreimbursed Costs for Nursing Facilities (All Periods)**



**Figure 4: Federal Funds Usage and Unreimbursed Costs for Hospitals (All Periods)**



### Source of Funds

Beginning in the February 2022 report (due April 1, 2022), HHSC asked providers to indicate how they received the federal funds they were reporting. Please see Table 1, which summarizes the responses received.

**Table 1: Provider Responses Regarding How They Received Federal Funds**

<b>Source of Funds</b>	<b>Count</b>
Application for Funds	1,285
Application for Funds; Block Grants	103
Application for Funds; Block Grants; Other	33
Application for Funds; Other	79
Application for Funds; Submitting Expenditures for Reimbursement	53
Application for Funds; Submitting Expenditures for Reimbursement; Block Grants	70
Application for Funds; Submitting Expenditures for Reimbursement; Block Grants; Other	1
Application for Funds; Submitting Expenditures for Reimbursement; Other	10
Block Grants	132
No Funds Received	1,039
Other	264
Submitting Expenditure for Reimbursement	21
Submitting Expenditures for Reimbursement; Block Grants	7
Submitting Expenditures for Reimbursement; Block Grants; Other	1
Submitting Expenditures for Reimbursement; Other	5
<b>Grand Total</b>	<b>3,103</b>

### **3. Conclusion**

HHSC lacks sufficient data to report accurately on the financial environment for the affected providers because of the small number of current submissions. The next quarterly report is due September 1, 2022. HHSC intends to have accurate data through May 2022 to provide a more complete list of healthcare institutions that had not previously reported based on licensure status.

## List of Acronyms

Acronym	Full Name
<b>CLASS</b>	Community Living Assistance & Support Services
<b>COVID-19</b>	Coronavirus Disease 2019
<b>DBMD</b>	Deaf Blind with Multiple Disabilities
<b>FAQ</b>	Frequently Asked Questions
<b>HCS</b>	Home and Community-based Services
<b>HCSSA</b>	Home and Community Support Services Agency
<b>HHSC</b>	Health and Human Services Commission
<b>HRSA</b>	United States Health Resources and Services Administration
<b>ICF/IID</b>	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
<b>NF</b>	Nursing Facility
<b>NPI</b>	National Provider Identifier
<b>PHE</b>	Public Health Emergency
<b>PL</b>	Provider Letter
<b>PPE</b>	Personal Protective Equipment
<b>S.B.</b>	Senate Bill
<b>TAC</b>	Texas Administrative Code
<b>TxHmL</b>	Texas Home Living

# **Appendix A**

## **Texas Health and Human Services Commission (HHSC) Nursing Facility Requirements for COVID-19**

- Emergency rules 40 TAC Section 19.2801 – limited who could enter a NF to only critical services
  - ▶ Provider letter (PL) 20-11 issued related to these ERs. This PL and rule are now retired.
- Emergency rules 40 TAC Section 19.2802 – mitigation rules include screening and other infection control requirements related to staffing and personal protective equipment
  - ▶ Policy guidance provided during NF Q&A webinars, COVID-19 response plan, and FAQs documents – see [NF provider portal COVID-19 resources](#) section
- Emergency rules 40 TAC Section 19.2903 and 26 TAC Section 554.2803 (title transfer) – limited visitation permitted
  - ▶ PL 20-24, 20-44, 20-42, 21-08, and 21-20 issued related to these emergency rules. All PLs retired.
  - ▶ Visitation has been allowed for all residents at all times, in accordance with CMS [QSO 20-39](#), since November 12, 2021. Policy guidance provided during NF Q&A webinars, COVID-19 response plan, and FAQs documents – see [NF provider portal COVID-19 resources](#) section
- Emergency rules 26 TAC Section 554.2804 – vaccination reporting
  - ▶ 26 TAC Rule 554.2804, which required NFs to report COVID-19 vaccinations amongst staff and residents to HHSC, expired May 5, 2022. NFs that are Medicaid or Medicare certified are still required to report vaccine data to NHSN. Policy guidance provided during NF Q&A webinars and FAQs documents – see [NF provider portal COVID-19 resources](#) section
- Emergency rules 26 Section TAC 556.100 – nurse aide transition plan
- [PL 2021-19](#) issued



- ▶ Policy guidance provided during NF Q&A webinars – see [NF provider portal COVID-19 resources](#) section
- Other COVID-19 policy guidance not related to a specific emergency rule also provided during NF Q&A webinars, COVID-19 response plan, and FAQs documents – see the [NF provider portal COVID-19 resources](#) section
- [PL 2021-29](#) (revised, replaces 2020-21 and 2021-26) – guidance about the end of certain regulatory waivers issued related to the COVID-19 PHE
- [PL 20-37](#) – guidance about COVID-19 reporting requirements
- [PL 20-46](#) – guidance about COVID-19 antigen testing reporting requirements
- [PL 2020-49](#) – guidance about requesting free antigen test kits
- [PL 20-50](#) – guidance about flu vaccine during COVID-19 PHE
- [QSO-20-39](#) – guidance on activities, dining, and volunteers.