



Coronavirus Disease (COVID- 19) Public Health Emergency Reporting



TEXAS
Health and Human
Services

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

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

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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), require health care 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 expenditures are difficult to track in real-time and 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>);
 - ▶ FAQs and documents with the required questions;
 - ▶ Answering questions from a designated email inbox (HHSC_RAD_Survey@hhs.texas.gov); and
 - ▶ Presenting background information and instructions on how to report correctly 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 June 1, 2022.

1. Introduction

During the COVID-19 public health emergency (PHE) in 2020 and 2021, health care providers received governmental 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 health care institutions during the COVID-19 PHE.

S.B. 809 requires health care providers to report the federal money received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the Consolidated Appropriations Act 2020; and the American Rescue Plan Act of 2021 (ARPA) 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 health care 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 has identified providers that are required to submit reports to the United States Health Resources and Services Administration (HRSA) regarding received federal Provider Relief Funds (PRF). HHSC will evaluate the HRSA data when it is made publicly available to potentially streamline some of the state reporting requirements.

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

2. Limitations of Data

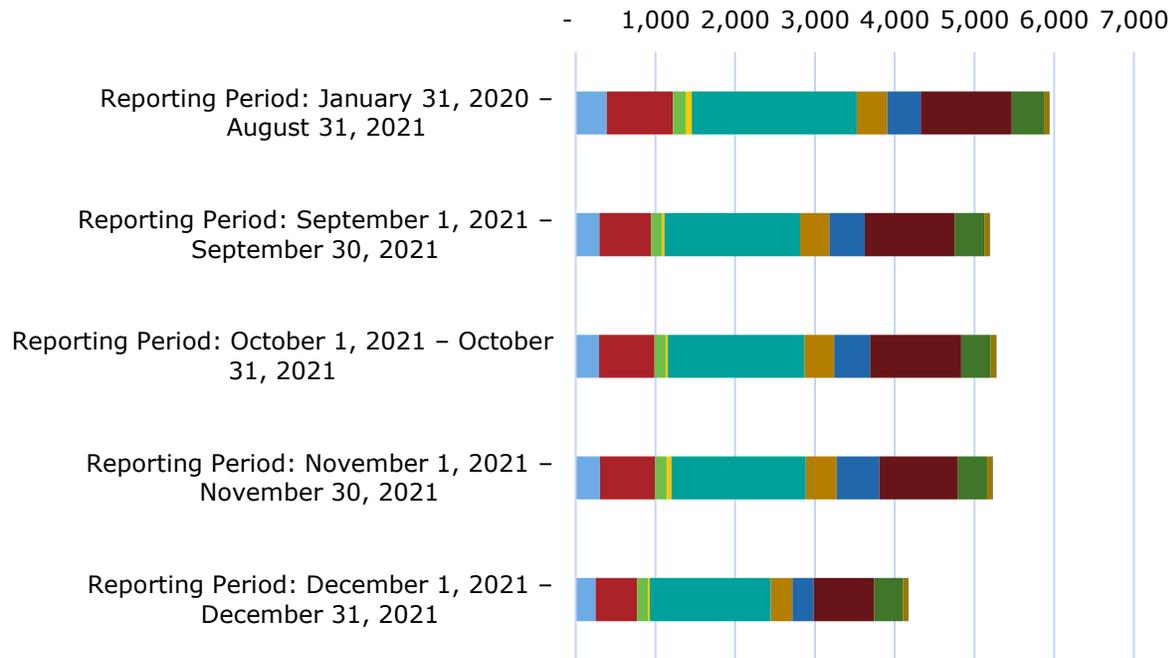
HHSC identified a preliminary list of approximately 13,000 providers that are subject to the reporting requirements of S.B. 809 and Rider 143. At the time of this report, this list is being analyzed to ensure all applicable providers are identified. HHSC planned to have the finalized list of all health care institutions and those who had not reported by the cutoff time for this report. Following conversations with several providers subject to this requirement, HHSC is implementing a process to update the list of eligible providers based on state maintained licensure data on a monthly basis. It is important to note the exact number of health care institutions in each report will change because of the dynamic nature of providers enrolling, disenrolling or changes to licensure.

HHSC is reporting on five periods in the second quarterly report due March 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 data from the following two time periods for the second quarterly report due March 1, 2022: November 1, 2021-November 30, 2021; and December 1, 2021-December 31, 2021.

At the time of the report (data as of February 8, 2022):

- 5,944 providers submitted a report for January 31, 2020 – August 31, 2021.
- 5,197 providers submitted a report for September 2021.
- 5,279 providers submitted a report for October 2021.
- 5,233 providers submitted a report for November 2021.
- 4,177 providers submitted a report for December 2021.

Report Submissions (as of February 8, 2022)



- 1915(c) Home and Community Based Services Waiver Programs - CLASS, DBMD, HCS/TxHmL only
- Assisted Living Facility licensed under Chapter 247, Health and Safety Code
- Ambulatory Surgical Center
- Emergency Medical Services provider
- Home and Community Support Services Agency (HCSSA) and Hospice
- Hospital
- Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
- Nursing Facility
- End-Stage Renal Disease Facility licensed under Section 251.011, Health and Safety Code
- Hospital system
- Health Services District created under Chapter 287, Health and Safety Code

The most difficult challenge providers identify is the monthly reporting frequency. 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 Frequently Asked Questions (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), and presenting at association meetings.

Beyond data collection challenges, HHSC has also identified challenges presenting data in the appropriate context. Multiple providers have stated they are unable to provide accurate data during the time of the reporting because they do not reconcile costs to know what is attributable to COVID-19 on a regular basis. 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.

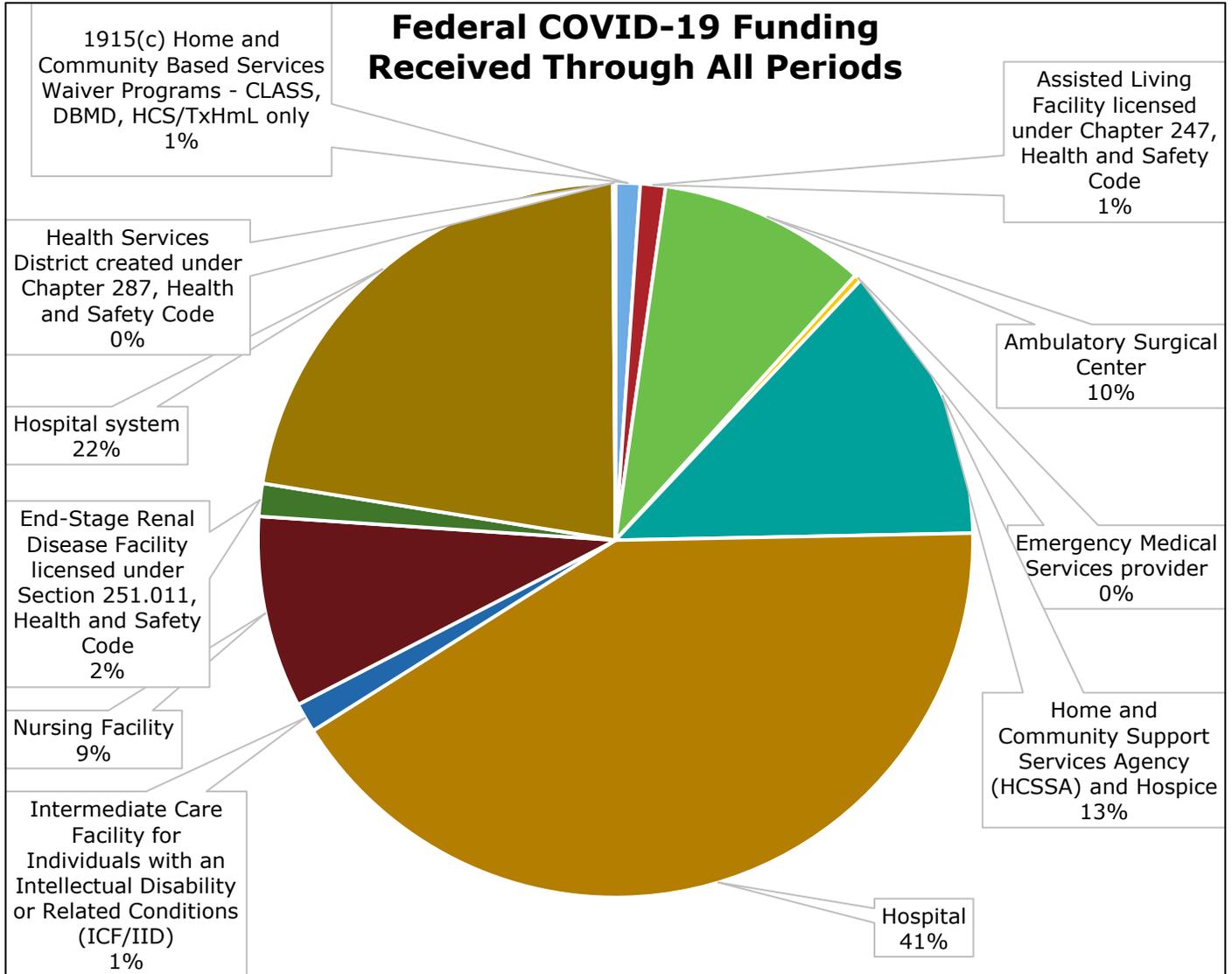
3. Conclusion

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

Because of the challenges described in the report and the number of nursing facilities that responded, HHSC is unable to provide a recommendation at this time. We plan to include this information in future reports.

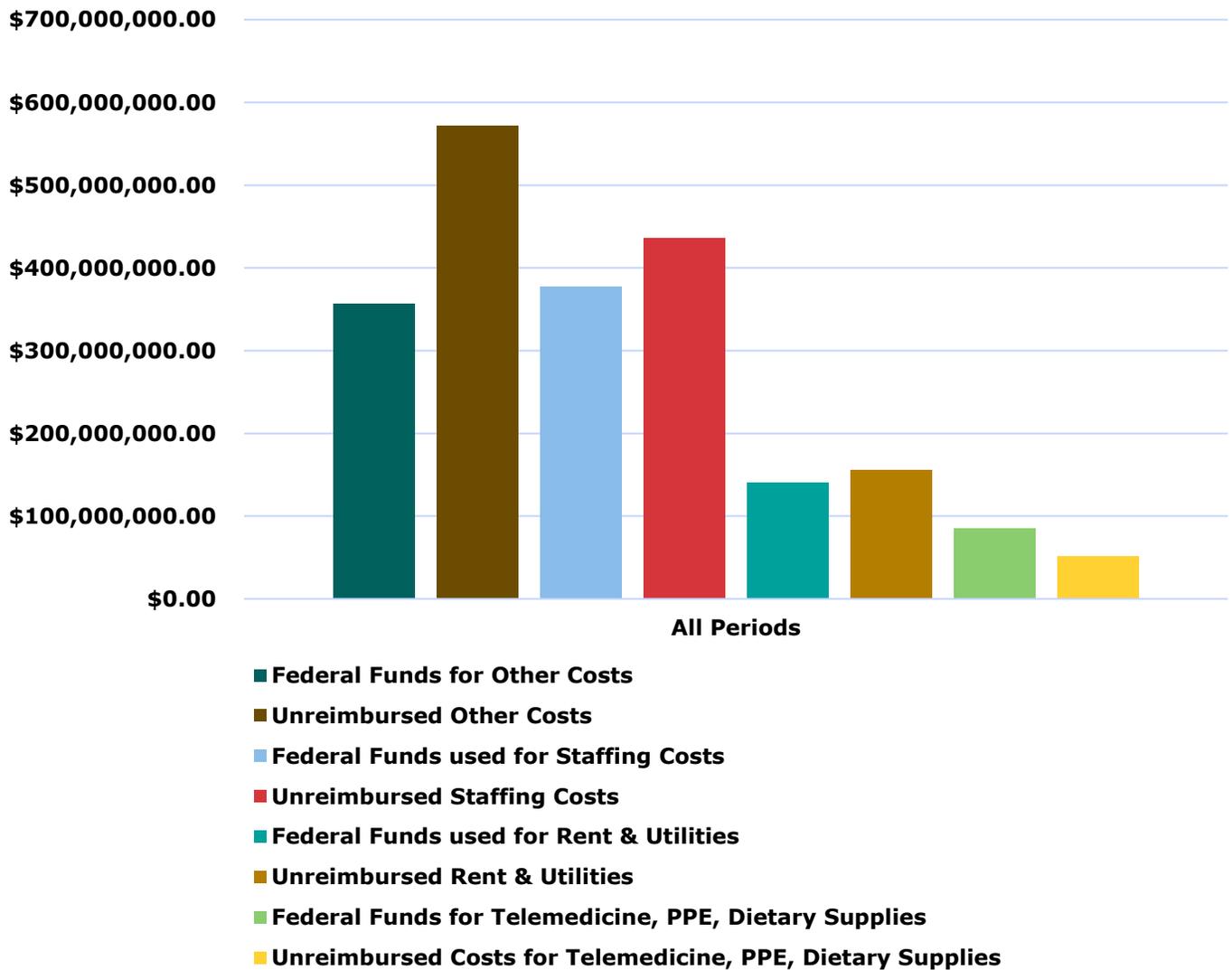
With the limitations and challenges in mind, HHSC is providing the following information and attached appendices. The below table shows the amount of federal COVID-19 funding received by provider type from January 31, 2020 through December 31, 2021. The pie chart below the table gives the percentage breakdown by provider type.

Provider Type	Federal COVID-19 Funding Received Through All Periods (Jan 2020 – Dec 2021)
1915(c) Home and Community Based Services Waiver Programs - CLASS, DBMD, HCS/TxHmL only	\$101,727,213.48
Assisted Living Facility licensed under Chapter 247, Health and Safety Code	\$104,409,204.43
Ambulatory Surgical Center	\$866,414,973.80
Emergency Medical Services provider	\$30,134,526.94
Home and Community Support Services Agency (HCSSA) and Hospice	\$1,159,489,284.95
Hospitals	\$3,789,786,251.68
Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)	\$123,090,951.94
Nursing Facility	\$794,859,727.35
End-Stage Renal Disease Facility licensed under Section 251.011, Health and Safety Code	\$135,738,000.00
Hospital system	\$2,046,851,604.50
Health Services District created under Chapter 287, Health and Safety Code	\$10,920,599.31
Total	\$9,163,422,338.39

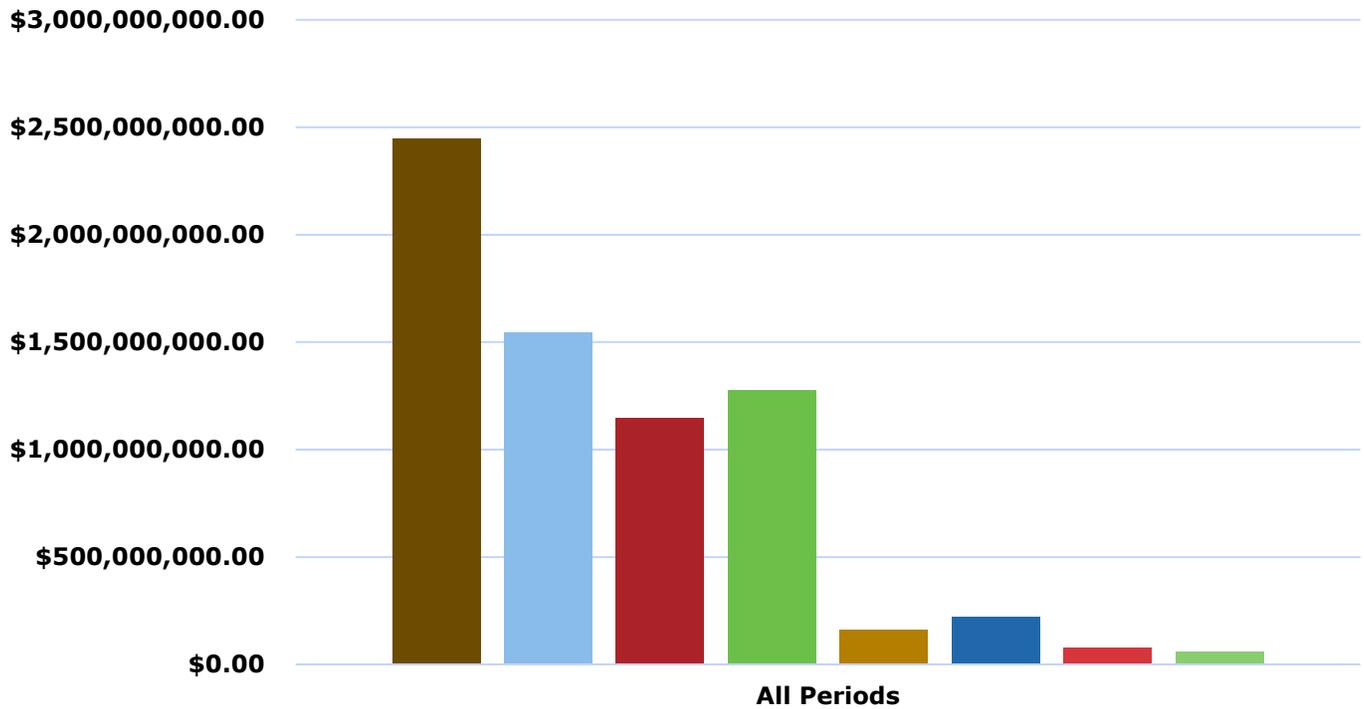


Nursing facilities and hospitals were asked additional questions related to the costs that were paid through federal COVID-19 funds received and unreimbursed costs. The below charts show the different types of costs (staffing, telemedicine, personal protective equipment, rent & utilities, dietary supplies, 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.

Federal Funds Usage and Unreimbursed Costs for Nursing Facilities (All Periods)



Federal Funds Usage and Unreimbursed Costs for Hospitals (All Periods)



- Federal Funds for Other Costs
- Unreimbursed Other Costs
- Federal Funds used for Staffing Costs
- Unreimbursed Staffing Costs
- Federal Funds used for Personal Protective Equipment (PPE)
- Unreimbursed Costs for (PPE)
- Federal Funds for Telemedicine, Rent, Dietary Supplies
- Unreimbursed Costs for Telemedicine, Rent, Dietary Supplies

List of Acronyms

Acronym	Full Name
ARPA	American Rescue Plan Act of 2021
CARES	Coronavirus Aid, Relief, and Economic Security
COVID-19	Coronavirus Disease 2019
FAQ	Frequently Asked Questions
HCSSA	Home and Community Support Services Agency
HHSC	Health and Human Services Commission
HRSA	United States Health Resources and Services Administration
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
NF	Nursing Facility
NPI	National Provider Identifier
PHE	Public Health Emergency
PL	Physician Letter
PPE	Personal Protective Equipment
PRF	Provider Relief Funds
S.B.	Senate Bill

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 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 except [PL 21-20](#).
 - ▶ 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
 - ▶ [PL 21-01](#) issued
 - ▶ 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 21-19](#) 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 20-21](#) – guidance about regulatory waivers issued related to the COVID-19 PHE
- [PL 20-26](#) – guidance about waiver related to certified nurse aides
- [PL 20-37](#) – guidance about COVID-19 reporting requirements
- [PL 20-46](#) – guidance about COVID-19 antigen testing reporting requirements
- [PL 20-49](#) – guidance about requesting free antigen test kits
- [PL 20-50](#) – guidance about flu vaccine during COVID-19 PHE
- PL 20-53 (retired) – guidance about activities, dining, and volunteers during COVID-19 PHE