

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Notice of Adjustments to Fees, Rates or Charges for
the Special Fee Review Related to Coronavirus
Disease 2019 (COVID-19)**

**Adjustments effective
April 1, 2020**

SUMMARY OF ADJUSTMENTS

To Be Effective April 1, 2020

The Texas Health and Human Services Commission (HHSC) has submitted an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect adjustments to Medicaid payment rates for Special Fee Review Related to Coronavirus Disease 2019 (COVID-19). HHSC has also submitted a waiver amendment for Appendix K for the Home and Community-Based Services Waiver (HCS) program. Pending approval of the State Plan Amendment and waiver amendment by the Centers for Medicare & Medicaid Services (CMS), the rate adjustments will be retroactively effective April 1, 2020.

In accordance with section 418.016 of the Texas Government Code, to the extent necessary to respond to COVID-19 related rates, the Office of the Governor has suspended the requirements of Texas Human Resource Code 32.0282 and Title 1, Texas Administrative Code, sections 355.201(e) and 355.105(g) in order to ensure timely delivery of necessary medical services in relation to the COVID-19 response. Accordingly, HHSC will not hold a rate hearing. Should you have any questions regarding the information in this document or associated attachments, please contact:

For questions related to attachment 1
Texas Health and Human Services Commission
Rate Analysis for Acute Care Services
E-mail: RADAcuteCare@hhsc.state.tx.us

For questions related to attachment 2
Texas Health and Human Services Commission
Rate Analysis for Long-Term Services and Support
E-mail: RAD-LTSS@hhsc.state.tx.us

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in Title 1 of the Texas Administrative Code:

- §355.201(c)(3), which addresses reimbursement related to economic conditions that, in HHSC's determination, substantially and materially affect provider participation.

Rate Adjustments

A summary of the methodologies used to determine the fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
 - Rate Increases for HCPCS and CPT codes will be increased to 100% of the established Medicare reimbursement rate.
- Rate increases for HCS and NF will be implemented as an increase to existing base rates.
 - For the HCS program, the rate adjustments apply to HCS waiver participants residing in group home settings who receive in-home day habilitation services. The rate adjustments to day habilitation rates are to be used to maintain hourly direct care staff wages due to reduced client to staff ratios.
 - For the nursing facility program, the rate adjustments may only allow nursing facility providers to use increased 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.

Specific payment rate adjustments are listed in the attachments outlined below:

- Att 1 – COVID-19 Response Updates
- Att 2 – COVID-19 Add-on Rate Sheet

Effective for Duration of Disaster

Rates as presented in this packet, subject to federal approval, are effective for the duration of the declared state of disaster stemming from COVID-19. Following the conclusion of the state of disaster, these rates will be reevaluated and potentially repriced according to HHSC methodology.

To receive funding for this rate increase, HCS and Nursing Facility providers will be required to attest that they will use the additional funds as directed. Failure to attest and comply with the requirements will result in recoupment of increased amount from the provider.

Contact Information

Questions regarding the payment rate adjustments in the packet may be sent by e-mail to RADAcuteCare@hhsc.state.tx.us or RAD-LTSS@hhsc.state.tx.us.

This public rate packet presents payment rates, subject to federal approval, effective April 1, 2020. Rate packets are posted on the HHSC website at <http://rad.hhs.texas.gov/rate-packets>. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

Updated rates effective April 1, 2020, for HCS waiver and NF programs will be posted on the LTSS Rate Analysis website at <https://rad.hhs.texas.gov/long-term-services-supports>. Decisions regarding Rate Adoption will be communicated through Provider notifications including appropriate Information Letters to Long-Term Care Providers.

Attachment 1: Acute Care Temporary Rate Increases for COVID-19 Reponse - Effective April 1, 2020

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/Facility (F)	CURRENT		4/1/2020		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	COVID Medicaid Fee	COVID Adjusted Medicaid Fee	
1	S8301	Infection Control Supplies, Not Otherwise Specified	0-999	N/F	Not a Benefit	Not a Benefit	Manually Priced	Manually Priced	100.00%
4	71250	**	0-20	N/F	\$129.39	\$129.39	\$166.37	\$166.37	28.58%
4	71250	**	21-999	N/F	\$123.23	\$123.23	\$166.37	\$166.37	35.01%
I	71250	**	0-20	N/F	\$46.59	\$46.59	\$59.91	\$59.91	28.59%
I	71250	**	21-999	N/F	\$44.37	\$44.37	\$59.91	\$59.91	35.02%
T	71250	**	0-20	N/F	\$82.80	\$82.80	\$106.46	\$106.46	28.57%
T	71250	**	21-999	N/F	\$78.85	\$78.85	\$106.46	\$106.46	35.02%
4	71260	**	0-20	N/F	\$156.05	\$156.05	\$200.66	\$200.66	28.59%
4	71260	**	21-999	N/F	\$148.62	\$148.62	\$200.66	\$200.66	35.02%
I	71260	**	0-20	N/F	\$49.68	\$49.68	\$63.88	\$63.88	28.58%
I	71260	**	21-999	N/F	\$47.31	\$47.31	\$63.88	\$63.88	35.02%
T	71260	**	0-20	N/F	\$106.37	\$106.37	\$136.78	\$136.78	28.59%
T	71260	**	21-999	N/F	\$101.31	\$101.31	\$136.78	\$136.78	35.01%

*Type of Service (TOS)	
1	Medical Services
4	Radiology
I	Professional Component
T	Technical Component

**** Required Notice:** The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2020 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or

Attachment 2: LTSS Attendant and Nursing Temporary Rate Increases for COVID-19 Response
Effective April 1, 2020

Program	Service	Unit	Current Rate	COVID Add-on	Percent Increase
Home and Community-based Services (HCS) Waiver	Day Habilitation LON 1	1 day	\$28.13	\$9.46	34%
	Day Habilitation LON 5	1 day	\$30.95	\$10.60	34%
	Day Habilitation LON 8	1 day	\$36.57	\$12.44	34%
	Day Habilitation LON 6	1 day	\$45.68	\$14.53	32%
	Day Habilitation LON 9	1 day	\$149.50	\$18.99	13%
Nursing Facility (NF)	RAD	1 day	\$193.36	\$19.63	10%
	RAC	1 day	\$170.79	\$19.63	11%
	RAB	1 day	\$160.40	\$19.63	12%
	RAA	1 day	\$141.07	\$19.63	14%
	SE3	1 day	\$230.93	\$19.63	8%
	SE2	1 day	\$196.07	\$19.63	10%
	SE1	1 day	\$170.25	\$19.63	12%
	SSC	1 day	\$166.27	\$19.63	12%
	SSB	1 day	\$157.19	\$19.63	12%
	SSA	1 day	\$156.83	\$19.63	13%
	CC2	1 day	\$135.82	\$19.63	14%
	CC1	1 day	\$128.65	\$19.63	15%
	CB2	1 day	\$124.59	\$19.63	16%
	CB1	1 day	\$118.96	\$19.63	16%
	CA2	1 day	\$112.94	\$19.63	17%
	CA1	1 day	\$106.16	\$19.63	18%
	IB2	1 day	\$113.11	\$19.63	17%
	IB1	1 day	\$105.45	\$19.63	19%
	IA2	1 day	\$96.30	\$19.63	20%
	IA1	1 day	\$91.32	\$19.63	21%
	BB2	1 day	\$111.06	\$19.63	18%
	BB1	1 day	\$100.51	\$19.63	20%
	BA2	1 day	\$94.50	\$19.63	21%
	BA1	1 day	\$85.51	\$19.63	23%
	PE2	1 day	\$119.61	\$19.63	16%
	PE1	1 day	\$113.06	\$19.63	17%
	PD2	1 day	\$114.65	\$19.63	17%
	PD1	1 day	\$107.90	\$19.63	18%
	PC2	1 day	\$105.03	\$19.63	19%
	PC1	1 day	\$100.72	\$19.63	19%
	PB2	1 day	\$98.06	\$19.63	20%
	PB1	1 day	\$93.31	\$19.63	21%
	PA2	1 day	\$87.50	\$19.63	22%
PA1	1 day	\$82.56	\$19.63	24%	
BC1	1 day	\$82.56	\$19.63	24%	
PCE	1 day	\$82.56	\$19.63	24%	