

# Texas HHSC:2020 COVID-19 Impact Survey Questions

Thank you for participating in this survey! Your responses are critical to understanding the impact of COVID-19 on the provider workforce and how COVID-19 is affecting the way providers are delivering health care services.

Survey responses will enable Texas HHSC to develop, release, and implement policies and funding that seek to mitigate the impact of COVID-19 on the provider workforce, both in the short-term and in the long-term.

- **Please answer all questions about your billing provider as identified by the NPI/TPI** you will provide at the start of the survey.
- We request that **each billing provider (as identified by your NPI/TPI) submit only one response**. We suggest that someone familiar with your billing provider's financial and utilization information respond to this survey.
- The assessment is estimated to take approximately 15 minutes to complete. We recommend completing the survey in one sitting so that you do not lose your progress.

For questions about this survey, please reach out to [RateAnalysisDept@hhsc.state.tx.us](mailto:RateAnalysisDept@hhsc.state.tx.us). If you experience technical issues, please reach out to [agbedi@deloitte.com](mailto:agbedi@deloitte.com).

**Q1.** Please provide the following identification numbers for your billing provider.

National Provider Identifier (NPI): \_\_\_\_\_

Texas Provider Identifier (TPI): \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

**Q2.** Please provide your name and email address:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

**Q3.** Please select the number of persons enrolled in Medicaid who utilized your billing provider from March 1, 2020 to August 31, 2020.

- 0
- 1-49
- 50-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000+

**Q4.** In which county does your billing provider **primarily** provide services? If your billing provider provides services in multiple counties, please select the county where services are primarily provided. Complete list of counties available in the appendix.

**Q5.** How concerned are you about the **financial** impacts of COVID-19 on your billing provider?

- Extremely concerned
- Very concerned
- Moderately concerned

- Slightly concerned
- Not concerned

**Q6.** Which, if any, of the following *financial factors* have had *the most substantial impact* on your billing provider as a result of COVID-19? Please select up to **three**.

- Unexpected costs associated with increased spending on technology to facilitate remote work (e.g., virtual appointments)
- Unexpected costs associated with staffing changes due to COVID-19 (e.g., due to persons for whom your billing provider provides services-to-caretaker ratio reductions for COVID-19-related safety reasons, using higher-level staff to provide direct care services)
- Loss of revenue from services (e.g., elective surgeries, general visits to persons for whom your billing provider provides services, inability to deliver in-person services)
- Increased expenses involved with ensuring safety of staff and persons for whom your billing provider provides services (e.g., additional cleaning, extra housing space for quarantining)
- Other (please specify): \_\_\_\_\_
- None of the above

Please provide dollar amounts for the following **revenue sources** for the periods of **March 1, 2019 – August 31, 2019** and **March 1, 2020 – August 31, 2020**.

- Please respond in regard to the NPI/TPI you provided at the beginning of the survey.
- Please round to the nearest \$1,000.
- If your billing provider did not receive funding from a listed source, please type 0.

	March 1, 2019 – August 31, 2019		March 1, 2020 – August 31, 2020		
		I don't know		I don't know	
<b>COVID-Related Revenues</b>					
<b>Q7.</b> Federal COVID-19 relief funding or in-kind			\$	0	
<b>Q8.</b> State COVID-19 relief funding or in-kind			\$	0	
<b>Q9.</b> Local COVID-19 relief funding or in-kind			\$	0	
<b>Q10.</b> Non-governmental COVID-19 relief funding or in-kind (e.g., grants from non-profits)			\$	0	
<b>Reimbursements</b>					
<b>Q11.</b> Medicare reimbursement	\$	0	<b>Q12.</b>	\$	0
<b>Q13.</b> Medicaid reimbursement (base payments, QIPP, UHRIP)	\$	0	<b>Q14.</b>	\$	0

<b>Q15.</b> All other governmental reimbursement (e.g., UC, DSH)	\$	<b>0</b>	<b>Q16.</b>	\$	<b>0</b>
<b>Q17.</b> Commercial insurance reimbursement	\$	<b>0</b>	<b>Q18.</b>	\$	<b>0</b>
<b>Q19.</b> Self-pay	\$	<b>0</b>	<b>Q20.</b>	\$	<b>0</b>
<b>Q21.</b> All other reimbursements not identified above	\$	<b>0</b>	<b>Q22.</b>	\$	<b>0</b>
<b>Other</b>					
<b>Q23.</b> Grant or donation funding (not specific to COVID-19)	\$	<b>0</b>	<b>Q24.</b>	\$	<b>0</b>

**Q25.** You indicated that your billing provider received non-governmental relief funding or in-kind (e.g., grants from non-profits). Please describe the sources of this funding.

Please provide dollar amounts for the following **costs** from **March 1, 2019 to August 31, 2019** and **March 1, 2020 to August 31, 2020**.

- Please respond in regard to the NPI/TPI you provided at the beginning of the survey.
- Please round to the nearest \$1,000.
- If your billing provider did not incur any costs from a listed source, please type 0.

	<b>March 1, 2019 – August 31, 2019</b>		<b>March 1, 2020 – August 31, 2020</b>		
		I don't know			I don't know
<b>Q26.</b> Staffing costs	\$	<b>0</b>	<b>Q27.</b>	\$	<b>0</b>
<b>Q28.</b> Telemedicine equipment	\$	<b>0</b>	<b>Q29.</b>	\$	<b>0</b>
<b>Q30.</b> PPE	\$	<b>0</b>	<b>Q31.</b>	\$	<b>0</b>

Please provide the **direct service expenditures** for the periods of **March 1, 2019 to August 31, 2019** and **March 1, 2020 to August 31, 2020**.

- Please respond in regard to the NPI/TPI you provided at the beginning of the survey.
- Please round expenditures to the nearest \$1,000.
- If your billing provider did not receive funding from a listed source, please type 0.

	<b>March 1, 2019 – August 31, 2019</b>		<b>March 1, 2020 – August 31, 2020</b>		
		I don't know			I don't know
<b>Q32.</b> Total direct service expenditures (including	\$	<b>0</b>	<b>Q33.</b>	\$	<b>0</b>

expenditures related to COVID-19)					
<b>Q34.</b> Direct service expenditures related to COVID-19 (e.g., testing, treatment)			\$		0

**Q35.** As a result of COVID-19, which cost-cutting measures has your billing provider taken, if any? Please select **all** that apply.

- Furloughing staff
- Pay cuts
- Reduced hours of services (administrative, support, team members, etc.)
- Reduction of non-COVID related services
- Closing facilities or locations (temporary or permanent)
- Other (please specify): \_\_\_\_\_
- None of the above

How has the **utilization** of the following services changed from the period **March 1, 2020 to August 31, 2020** compared to the period **March 1, 2019 to August 31, 2019** at your billing provider?

	Increased substantially	Increased somewhat	Stayed about the same	Decreased somewhat	Decreased substantially	I don't know/ Not applicable
<b>Q36.</b> Dental	0	0	0	0	0	0
<b>Q37.</b> Emergency Room	0	0	0	0	0	0
<b>Q38.</b> Home Health	0	0	0	0	0	0
<b>Q39.</b> Inpatient	0	0	0	0	0	0
<b>Q40.</b> Outpatient	0	0	0	0	0	0
<b>Q41.</b> Personal Care	0	0	0	0	0	0
<b>Q42.</b> Primary Care Physician	0	0	0	0	0	0
<b>Q43.</b> Specialty Physician	0	0	0	0	0	0
<b>Q44.</b> Home Delivered Meals	0	0	0	0	0	0
<b>Q45.</b> Emergency Response Services	0	0	0	0	0	0
<b>Q46.</b> Other Professional, Other Medical, Durable Medical Equipment,	0	0	0	0	0	0

Adaptive Aids, Medical Supplies						
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Please rate each of the following statements regarding safety and PPE at your billing provider.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
<b>Q47.</b> My billing provider currently has all the COVID-19-related PPE that it needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q48.</b> My billing provider is concerned about having sufficient COVID-related PPE supplies for the next 6 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q49.</b> My billing provider's safety was at risk due to a lack of COVID-19-related PPE on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q50.</b> COVID-19 demand has exceeded billing provider capacity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q51.** Does your billing provider practice telemedicine?

- Yes
- No
- I don't know

**Q52.** You indicated that your billing provider practices telemedicine. Please rate each of the following statements regarding telemedicine at your billing provider.

	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree	I don't know
<b>Q53.</b> My billing provider has the necessary equipment to practice telemedicine ( <i>equipment is anything necessary in order to perform telemedicine</i> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q54.</b> My billing provider has had to purchase additional equipment in order to shift services to telemedicine ( <i>equipment is anything necessary in order to perform telemedicine</i> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q55.</b> My billing provider would benefit from more training resources in order to practice telemedicine effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the amount of time employees and staff at your billing provider are spending on the following tasks due to COVID-19 compared to what they otherwise would.

	Significantly more	Somewhat More	No Change	Somewhat Less	Significantly Less	Don't know/ Not applicable
<b>Q56.</b> Administrative activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q57.</b> Care or support for persons to whom your billing provider provides services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q58.</b> Clinical research or support for clinical research activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q59.</b> Information technology-related tasks or support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional feedback to help us improve and support you during this time.

**Q60.** What is the single most impactful way that Texas HHSC can support your billing provider during the COVID-19 pandemic?

**Q61.** To which of the following categories was your comment related? Please select **all** that apply.

- Communication
- Returning to the physical workplace
- Regulatory flexibilities
- Policy flexibilities
- Manage care coordination
- Managing transmission of COVID-19 at the organization
- Additional relief funding
- None of the above

**Q62.** How did you hear about this survey?

- Email from HHSC
- Email from someone else in my billing provider
- Email from industry group
- Email from another source (please specify): \_\_\_\_\_
- Website (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Please note, by clicking "Next" the survey will end and your responses will be submitted.

## **Survey End**

Thank you for completing this survey. Your feedback is highly appreciated and will help us improve our ability to serve you.