

# **Texas HHSC 2020 COVID-19 Impact Survey**

**Final Survey Instrument  
10/07/2020**

## Section 1: Landing Page

### Texas HHSC 2020 COVID-19 Impact Survey

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 20 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).

## Section 2: Respondent Information

##Note: All items are required, unless otherwise noted##

**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 \_\_\_\_\_ ##optional##

Last Name \_\_\_\_\_ ##optional##

Email Address \_\_\_\_\_ ##optional##

**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. **##dropdown** with a list of counties. See appendix for full list of counties**##**

## Header

**###**At the top of each page from here to the end of the survey, display the following heading: **###**

Please answer all questions about your billing provider as identified by the NPI/TPI provided at the beginning of the survey.

## Section 3: Financial Information

- 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 **##exclusive##**

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				\$	,000.00	○
<b>Q8.</b> State COVID-19 relief funding or in-kind				\$	,000.00	○
<b>Q9.</b> Local COVID-19 relief funding or in-kind				\$	,000.00	○
<b>Q10.</b> Non-governmental COVID-19 relief funding or in-kind (e.g., grants from non-profits)				\$	,000.00	○
<b>Reimbursements</b>						
<b>Q11.</b> Medicare reimbursement	\$	,000.00	○	<b>Q12.</b>	\$	,000.00
<b>Q13.</b> Medicaid reimbursement (base payments, QIPP, UHRIP)	\$	,000.00	○	<b>Q14.</b>	\$	,000.00
<b>Q15.</b> All other governmental reimbursement (e.g., UC, DSH)	\$	,000.00	○	<b>Q16.</b>	\$	,000.00
<b>Q17.</b> Commercial insurance reimbursement	\$	,000.00	○	<b>Q18.</b>	\$	,000.00
<b>Q19.</b> Self-pay	\$	,000.00	○	<b>Q20.</b>	\$	,000.00
<b>Q21.</b> All other reimbursements not identified above	\$	,000.00	○	<b>Q22.</b>	\$	,000.00

<b>Other</b>					
<b>Q23.</b> Grant or donation funding (not specific to COVID-19)	\$ ,000.00	<input type="radio"/>	<b>Q24.</b>	\$ ,000.00	<input type="radio"/>

**Q25.** [If Q10 > \$0] 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. **##optional##**

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	\$ ,000.00	<input type="radio"/>	<b>Q27.</b>	\$ ,000.00	<input type="radio"/>
<b>Q28.</b> Telemedicine equipment	\$ ,000.00	<input type="radio"/>	<b>Q29.</b>	\$ ,000.00	<input type="radio"/>
<b>Q30.</b> PPE	\$ ,000.00	<input type="radio"/>	<b>Q31.</b>	\$ ,000.00	<input type="radio"/>

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 ( <b>including</b> expenditures related to COVID-19)	\$ ,000.00	<input type="radio"/>	<b>Q33.</b>	\$ ,000.00	<input type="radio"/>

<b>Q34.</b> Direct service expenditures related to COVID-19 (e.g., testing, treatment)		\$ ,000.00	0
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**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 **##exclusive##**

### Section 4: Services Provided

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 Prof, Other Medical, Durable Medical Equipment,	0	0	0	0	0	0

Adaptive Aids, Medical Supplies						
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**Section 5: Equipment**

**Section 5.1: Safety and PPE**

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"/>

**Section 5.2: Telemedicine**

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

- Yes
- No
- I don't know

[If Q51 = Yes, display the below table] You indicated that your billing provider practices telemedicine. Please rate each of the following statements regarding telemedicine at your billing provider.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	I don't know
<b>Q52.</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>Q53.</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>Q54.</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"/>
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**Section 6: Well-being**

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>Q55.</b> Administrative activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q56.</b> Care or support for persons for 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>Q57.</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>Q58.</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"/>

**Section 7: HHSC Support**

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

**Q59.** What is the single most impactful way that Texas HHSC can support your billing provider during the COVID-19 pandemic? *##optional##*

**Q60.** To which of the following categories was your comment related? Please select **all** that apply. *##optional##*

- 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 *##exclusive##*



**Q61.** How did you hear about this survey? *##optional##*

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

## Survey End

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

## Appendix

### List of Counties (for drop-down)

Anderson	Colorado	Gonzales	Kerr	Nolan	Taylor
Andrews	Comal	Gray	Kimble	Nueces	Terrell
Angelina	Comanche	Grayson	King	Ochiltree	Terry
Aransas	Concho	Gregg	Kinney	Oldham	Throckmorton
Archer	Cooke	Grimes	Kleberg	Orange	Titus
Armstrong	Coryell	Guadalupe	Knox	Palo Pinto	Tom Green
Atascosa	Cottle	Hale	Lamar	Panola	Travis
Austin	Crane	Hall	Lamb	Parker	Trinity
Bailey	Crockett	Hamilton	Lampasas	Parmer	Tyler
Bandera	Crosby	Hansford	LaSalle	Pecos	Upshur
Bastrop	Culberson	Hardeman	Lavaca	Polk	Upton
Baylor	Dallam	Hardin	Lee	Potter	Uvalde
Bee	Dallas	Harris	Leon	Presidio	Val Verde
Bell	Dawson	Harrison	Liberty	Rains	Van Zandt
Bexar	Deaf Smith	Hartley	Limestone	Randall	Victoria
Blanco	Delta	Haskell	Lipscomb	Reagan	Walker
Borden	Denton	Hays	Live Oak	Real	Waller
Bosque	DeWitt	Hemphill	Llano	Red River	Ward
Bowie	Dickens	Henderson	Loving	Reeves	Washington
Brazoria	Dimmit	Hidalgo	Lubbock	Refugio	Webb
Brazos	Donley	Hill	Lynn	Roberts	Wharton
Brewster	Duval	Hockley	Madison	Robertson	Wheeler
Briscoe	Eastland	Hood	Marion	Rockwall	Wichita
Brooks	Ector	Hopkins	Martin	Runnels	Wilbarger
Brown	Edwards	Houston	Mason	Rusk	Willacy
Burleson	El Paso	Howard	Matagorda	Sabine	Williamson
Burnet	Ellis	Hudspeth	Maverick	San Augustine	Wilson
Caldwell	Erath	Hunt	McCulloch	San Jacinto	Winkler
Calhoun	Falls	Hutchinson	McLennan	San Patricio	Wise
Callahan	Fannin	Irion	McMullen	San Saba	Wood
Cameron	Fayette	Jack	Medina	Schleicher	Yoakum
Camp	Fisher	Jackson	Menard	Scurry	Young
Carson	Floyd	Jasper	Midland	Shackelford	Zapata
Cass	Foard	Jeff Davis	Milam	Shelby	Zavala
Castro	Fort Bend	Jefferson	Mills	Sherman	
Chambers	Franklin	Jim Hogg	Mitchell	Smith	
Cherokee	Freestone	Jim Wells	Montague	Somervell	
Childress	Frio	Johnson	Montgomery	Starr	
Clay	Gaines	Jones	Moore	Stephens	
Cochran	Galveston	Karnes	Morris	Sterling	
Coke	Garza	Kaufman	Motley	Stonewall	
Coleman	Gillespie	Kendall	Nacogdoches	Sutton	
Collin	Glasscock	Kenedy	Navarro	Swisher	
Collingsworth	Goliad	Kent	Newton	Tarrant	