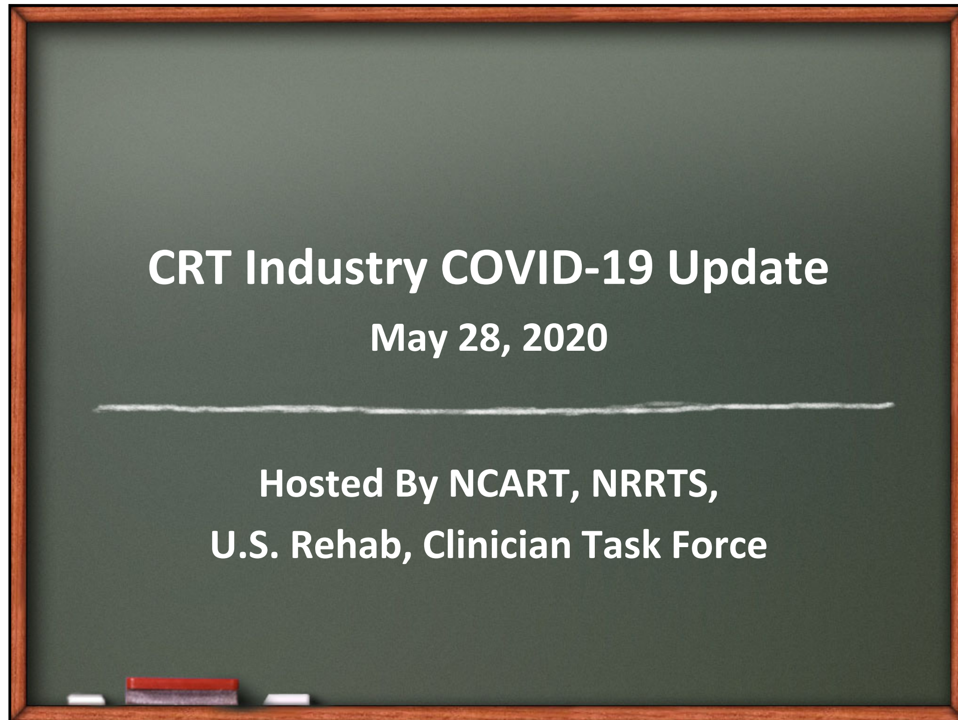

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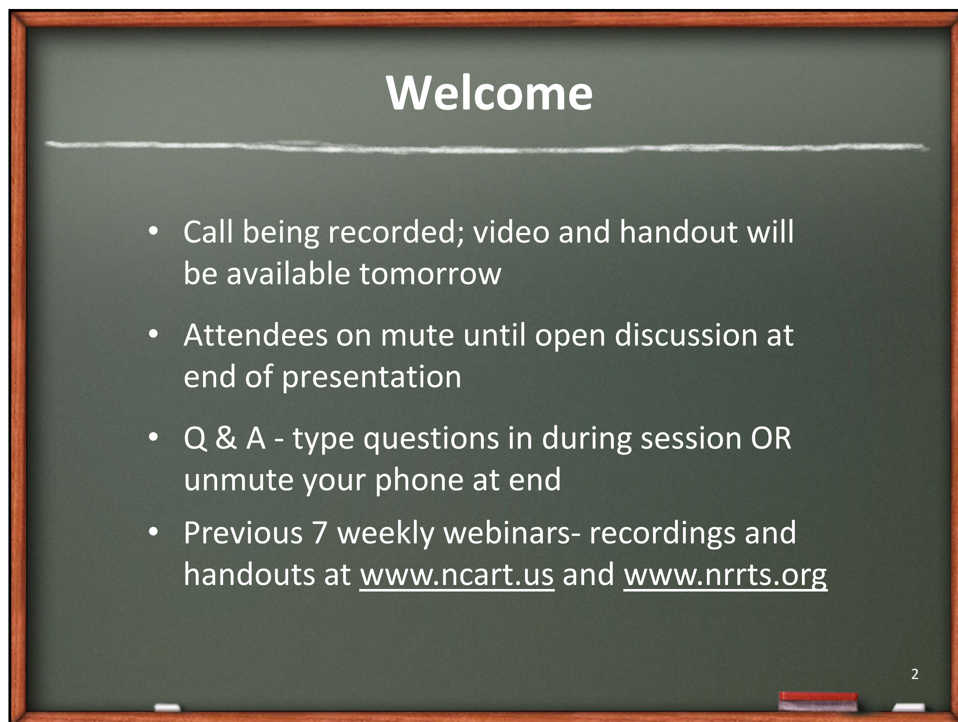

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Today's Topics

1. Overview
2. Legislative Update
3. Provider Relief Fund
4. Remote Services/Telehealth
5. Billing Information
6. Q & A
7. Next Webinar- Thurs June, 11 at 4:00 PM ET

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Overview

- While the access and operational challenges continue, the policy landscape is settling
- Providers, clinicians, and manufacturers are adjusting to what we know
- Looking at how best to operate in the environment in the next 60 to 90 days and beyond
- Planning for what will come from the "re-opening" as we move ahead

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Overview (cont'd)

- Developing steps to advocate against Medicaid cuts to CRT at the state level
- Working on temporary changes expiring at end of PHE that need to be made permanent to provide better service and outcomes
- Developing standards and protocols to preserve timely access within the "new normal"

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Comments re CMS Interim Rule

- Comments re CMS-1744-IFC (COVID-19 Policy and Regulatory Revisions) due June 1
- Make certain temporary policies permanent
- Provide needed clarifications regarding documentation details and requirements
- Provide clear guidance for future reviews and audits of COVID-19 period
- Delay 2021 round of Medicare Competitive Bidding for at least 1 year

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Legislative Update

Congress

- House & Senate in session this week
  - House rules change allows proxy voting for the first time on the House floor

Hearings on COVID Impact and Response

House passed HR 7020 – PPP Flexibility Act

- Lowers payroll threshold to 60% from 75%
- Extends timeframe from 8 weeks to 24 weeks to qualify for loan forgiveness

Senate had similar bill to provide PPP flexibility

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White House Executive Order

- May 19- President signed Executive Order to help slash “regulatory red tape“
- Goal is to help revitalize the economy and get people back to work"

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HHS Relief Payments – Round 1

- $175B for hospitals and healthcare providers
- $50B GD for healthcare providers
- First $30B distributed automatically to healthcare providers
- Payments sent April 10-24
- EFT/ACH or paper check from UHC/Optum “HHSPAYMENT”

- **These are payments, not loans, to healthcare providers, and will not need to be repaid (as long as you use as intended)**

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Terms/Conditions for Keeping Money

- Attestation form – sign within 45 days - https://covid19.linkhealth.com/#/step/1
- Must be in good standing with Medicare
- Funds used for health care related expenses or lost revenues that are attributable to coronavirus
- Funds can’t be used for expenses or losses that have been or will be reimbursed from other sources
- Reporting requirements to make sure the funds are used as intended
- Can’t charge patients more than in-network cost share

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Round 1 Reminders

- Monies received are subject to income tax where applicable
- Organizations receiving more than $150,000 will be subject to quarterly reports
- Need to identify amounts of "lost revenue" and "increased expenses"; monies received that is less than these amounts must be refunded
- We are awaiting further instructions and details from HHS on reporting and auditing

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HHS Relief Payments - Round 2

- Remaining $20B of $50B GD
- Total distribution is proportional to provider's share of TOTAL net patient revenue
- Total payment will be the lesser of 2% of a provider's 2018 or 2019 net patient revenue or the sum of incurred losses for March and April.
- If the Round 1 payment you received April 10-24 was at least 2% of your annual patient revenue, you will not receive a Round 2 payment

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Application Process

- Enter Tax Identification Number
- Verify Round 1 Payment Amt & Check/Routing #
- Estimate revenue losses in March & April 2020 due to COVID-19 (budget vs. actual/year over year)
- A copy of the most recently filed federal income tax return (likely 2018)
- **Must be completed by June 3rd**

* This information may also be used in allocating other Provider Relief Fund distributions

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Important Links and Resources

- https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf - Round 1 Ts & Cs
- https://covid19.linkhealth.com/docusign/#/step/1 - Application for Round 2
- https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html - Round 2 Ts & Cs
- https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf - FAQs

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Other Payments Coming??

- $175B total for hospitals & healthcare providers
- $50B GD
- $12B to COVID-19 “high impact areas”
- $10B to “rural providers”
- $500M to Indian Health Services
- Undisclosed amount for providers who treat uninsured COVID-19

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Money Not Yet Allocated…

- Roughly $75B distributed so far
- Roughly $100B left – where will it go?
- There are providers who will receive further, separate funding, including SNFs, dentists, & Medicaid only providers

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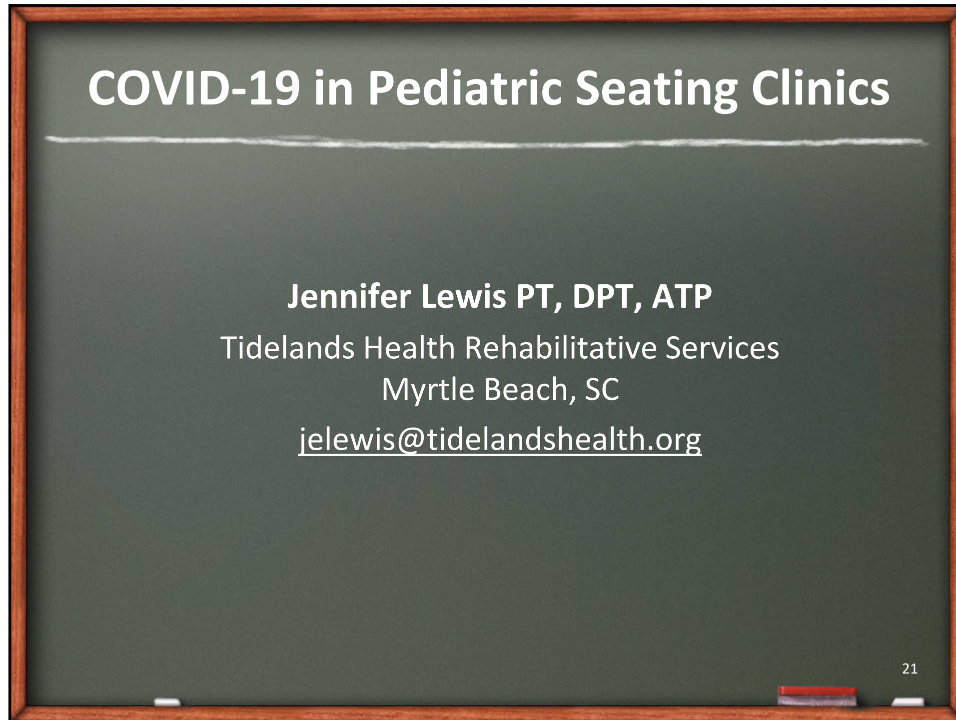

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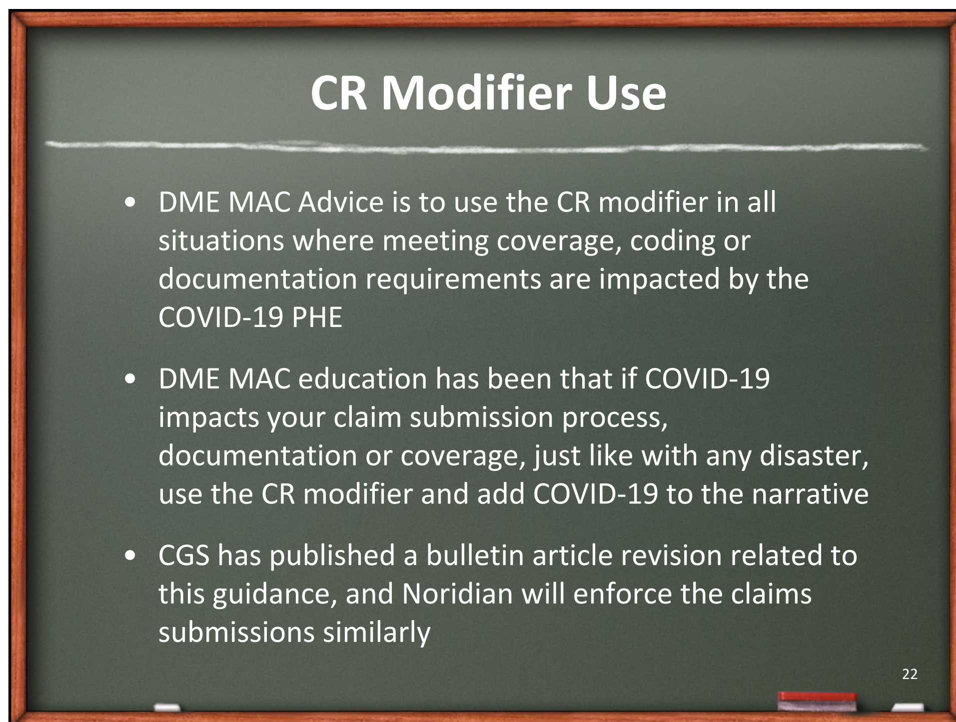

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Outpatient Therapy Services

- CMS has clarified that registering a patient's home as an off-site PBD is only needed if the hospital wants to bill at the facility rate
- If the hospital accepts the non-facility PFS rate, therapy services can be provided via telehealth but billed as though the patient was seen in the outpatient clinic

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Resubmission of CRT Accessory Claims

- CMS has issued instructions for reprocessing of claims submitted for wheelchair accessories used on Manual CRT bases submitted from January 1, 2020 to June 30, 2020 in order to ensure payment at the correct fee schedule amount in line with the legislation
- https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center

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Reprocessing of Claims

- When completing the DME MAC Reopening Request Form on or after July 1, 2020, suppliers should:
  - For "Supplier Information" - Complete all fields
  - **Important** - list all PTANs for which you request these reopenings
  - For "Beneficiary Information" – Complete only as follows:
  - Reason for Adjustment: Check "Other"
  - Comments: State "Please adjust my previously processed claims for the PTAN(s) listed above for the HCPCS covered in CR 11635"

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Reprocessing (Cont'd)

- On the DME MAC Reopening Request Form, suppliers do not need to complete the fields associated with the beneficiary (i.e., beneficiary name, Medicare number, address, etc.), Date of Service, HCPCS, or Claim Control Number.
- Suppliers must fax the completed DME MAC Reopening Request Form to the appropriate DME MAC fax number located at the bottom of the form. The DME MACs will identify and adjust the claims to ensure appropriate payment at the unadjusted fee schedule amount.

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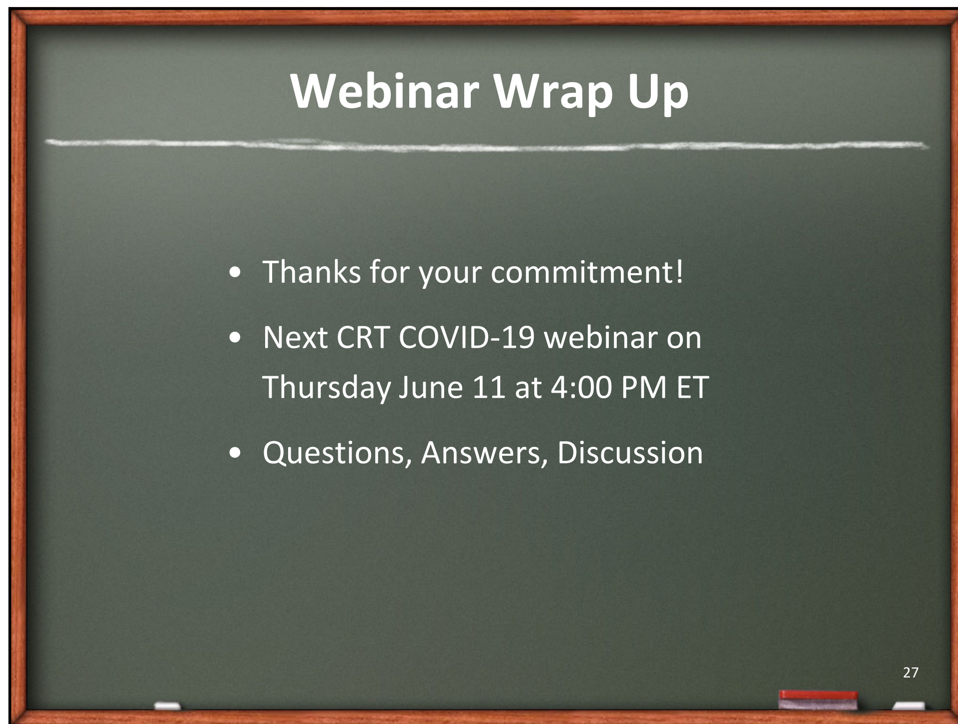

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