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AMERICA'S PHYSICIAN GROUPS = HEALTHCARE ON THE HILL

April 13, 2020

Welcome to America's Physician Groups' "Healthcare on the Hill," where you can get the latest on healthcare happenings in our nation's capital--and with a special focus on the value-based care movement.

As our nation--and the world--continues to face the many challenge presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.

Think someone else may enjoy "Healthcare on the Hill?" Forward this email and have them click here to be added to our subscription list. And remember, you can always visit our website for more news and resources.

Valinda Rutledge
Senior Vice President of Federal Affairs
America's Physician Groups

CMS Allows Risk Adjustment Telehealth Payments

The Centers for Medicare & Medicaid Services (CMS) announced that organizations, including those in Medicare Advantage (MA), that submit diagnoses for risk adjusted payment are now able to submit diagnoses for risk adjustment that are from telehealth visits. APG has been vigorously advocating for this modification and we

applaud CMS for taking this meaningful action.

Submission for these visits are allowed when they meet all criteria for risk adjustment, which include:

- The visit is from an allowable inpatient, outpatient, or professional service, and
- A face-to-face encounter
    - This requirement is met when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication

You can view the CMS announcement by clicking here. Additional questions can be sent to RiskAdjustment@cms.hhs.gov by listing "Applicability of telehealth services for risk adjustment" in the subject line.

FCC Releases Public Notice on COVID-19 Telehealth Program
The Federal Communications Commission (FCC) released a public notice providing guidance on filing an application for COVID-19 Telehealth Program funding. This program includes $200 million in funding to help ensure healthcare providers can deliver connected care services to patients at their homes or mobile locations in response to COVID-19.

Major details on the program's application process include:

- Eligible providers who have purchased telecommunications and/or telemedicine equipment after March 13, 2020 can apply for funding support for those and any subsequent purchases
- For-profit and investor-owned hospitals are explicitly excluded as eligible providers
- To apply, facilities must confirm eligibility, obtain an FCC number, and register with the System for Award Management

An online portal for completing and submitting requests for funding opened **today at 12:00pm EDT**.

Examples of services and devices provided include:

- Telecommunications services and broadband connectivity services including voice services and internet connectivity
- Information services including patient monitoring platforms and services, patient reported outcomes platforms, store and forward services (asynchronous transfer of patient images and data for interpretation, and platforms and services to provide synchronous video consultation
- Internet connected devices such as tablets, smart phones for patient or healthcare providers

HHS Releases $30 Billion in Provider Relief

The Department of Health and Human Services (HHS) began the process last week of delivering $30 billion in relief funding to providers to assist in combating the COVID-19 pandemic. All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for payment.

Some key components of the relief:

- Payment will be direct deposited and is not expected to be repaid if providers comply with terms and conditions.
    - Providers who are reimbursed through checks will receive payment through checks
- Payments will be based upon providers' share of total 2019 Medicare FFS reimbursement
- Providers must sign an attestation on a portal (opening here the week of April 13, 2020) confirming receipt of the funds and agreeing to the terms and conditions of payment within 30 days of receipt
- Payments will be made according to providers' tax identification number (TIN)
- Practices will receive the amount through the group's central office based upon Taxpayer Identification Number (TIN)

HHS recently released updated terms and conditions for the funding that providers must attest to which include:

- Recipients are prohibited from using "balance billing" for patients for COVID-19-related treatment due to patients having more limited choice because of

the public health emergency, therefore having to seek treatment from out-of-network providers
- Recipients must certify that the payment will only be used to prevent, prepare for, and respond to COVID-19, including healthcare-related expenses and lost revenues attributable to the virus
- Recipients must certify that they are:
    - Currently providing diagnoses, testing or care for individuals with possible or actual cases of COVID-19
    - Permitted to participate in Medicare
    - Not currently excluded from participation in Medicare, Medicaid, and other federal healthcare programs
    - Do not currently have Medicare billing privileges revoked

- Recipients must certify that they will not use the payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- Recipients must submit reports to ensure compliance with conditions, as well as quarterly reporting requirements for recipients receiving more than $150,000 total in funds under the CARES Act and any other COVID-19 appropriated funds
- Recipients must maintain records and cost documentation information to substantiate reimbursement of costs and fully cooperate in all audits
- General statutory provisions in fiscal year 2020 Consolidated Appropriation also apply to these payments
    - e.g. none of the funds may be used to pay the salary of an individual at a rate in excess of $197,300

CMS Provides Additional Flexibilities in Effort to Support Frontline Workforces
This weekend, CMS moved to provide hospitals, clinics, and other healthcare facilities with support for frontline medical staffs by temporarily suspending a number of rules, expanding on previous waivers aimed at providing workforce flexibilities that were announced on March 30. The rule changes focus on reducing supervision and certification requirements so that providers may be hired quickly and work to the full extent of their licenses. The new directives include:
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- Providers may now directly care for patients at rural hospitals via phone, radio, or online communication, without having to be physically present, across state lines if necessary
    - Remotely located physicians, coordinating with nurse practitioners at rural facilities, will provide staff additional flexibility to meet the needs of their patients

- Nurse practitioners, in addition to physicians, may now perform some medical exams on Medicare patients at skilled nursing facilities so that patient needs continue to be met in the face of increased care demands
- Occupational therapists from home health agencies can now perform initial assessments on certain homebound patients, allowing home health services to start sooner and freeing home-health nurses to do more direct patient care

These workforce changes apply immediately. A complete list of the recent workforce flexibilities provided by CMS can be found here. CMS' fact sheet on all waivers may be read here.
