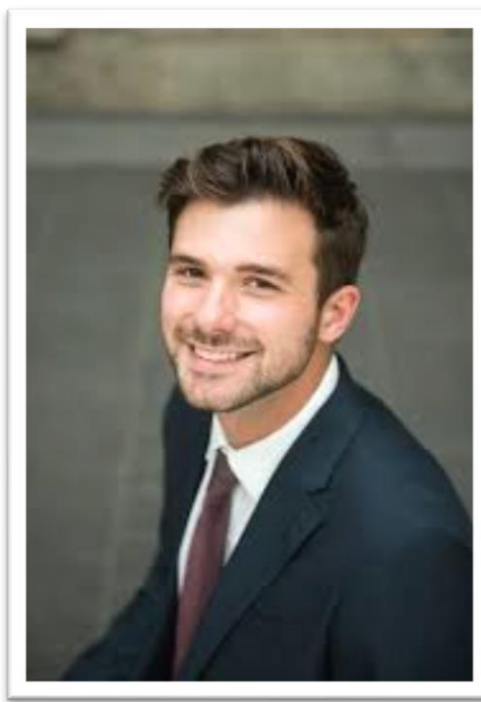


Deep Dive on
Coronavirus Aid, Relief,
and Economic Security
Act (CARES) and the
New Interim Final Rule

Speakers



Michael Budros, MPH

Michael offers a range of legislative and regulatory guidance and analysis across Healthspieren's clients, with specific expertise in value-based payment programs. In partnership with Healthspieren, Michael serves as the Policy Director for the National Coalition on Health Care



Valinda Rutledge, MBA

Prior to serving as SVP of Federal Affairs for APG, Valinda Rutledge worked as a Senior Advisor and Group Director for the Patient Care Models Group within the Centers for Medicare & Medicaid Innovation (CMMI).

Agenda

- Opening Comments- Don Crane
- Advocacy- Valinda Rutledge
- Payment Assistance- Valinda Rutledge
- Telehealth- Michael Budros
- Closing Comments- Don Crane



Welcome and Opening Comments

Don Crane

APG Advocacy Letters

- Request to Adm Verma relief on quality-3/21
- Congressional letter detailing requests for 3rd Stimulus- 3/23
- Request Telehealth flexibilities to Secty Azar and Adm Verma- 3/25
- Requesting Advanced Payment for Practices Letter- 3/26
- Letter to CMS/CMMI leadership regarding Risk-based models- 3/27
- Letter to CMS regarding flexibilities in Advance Payment- 3/30

Congressional Actions

- The Coronavirus Preparedness and Response Supplemental Appropriations Act - \$8.3 Billion for HHS, States, Small Business Administration, and Telehealth
- Families First Coronavirus Response Act – Sick Leave, Expanding food assistance, and unemployment
- Coronavirus Aid, Relief, and Economic Security- \$2 Trillion

Payment

- Small Business Administration Loans
 - Paycheck Protection Program
 - Emergency Economic Injury Disaster Loans
 - Emergency Economic Injury Grant
- Grants
- Advance and Accelerated Medicare Payments

Paycheck Protection Program

- SBA- 7(a) loans to Max of \$10 million (250 percent of Avg Payroll Cost)
- Covered period- Feb 15-June 30, 2020
- Small Businesses (less than 500 employees) and 501 (c) (3) non-profit
- Payroll costs (up to \$100,000 individual) salaries, rent, utilities
- Loan Forgiveness- up to 8 weeks -reduced by (at least 25 percent) decrease in wages

Economic Injury Disaster Loans (EIDL)

- Quick access to small amounts of money in a low interest loan
- Up to \$2 million and interest deferment for 4 years
- Less than 500 employees
- Emergency Economic Injury Grant- first apply for EIDL then grant like an advance (up to \$10,000) which doesn't need to be repaid

Websites

- Can apply for all three but no double dipping
- EIDL – [link](#)
- Paycheck Protection Program – [link](#)
- Additional Info from Senator Rubio [Link](#) and Senator Cardin [Link](#)

Advance and Accelerated Payment

- Can request up to 100 percent of Medicare FFS payment over a 3-month period
- MACs have started accepting applications- [link](#)
- Payments should be received within 7 days of request and will continue for 6 months
- Continue to submit claims as usual
- Practices will have 210 days to repay balance but begins in 120

Public Health and Social Services Emergency Fund (PHSSEF)

- \$100 billion in Grants for hospitals and providers
- Reimburse for expenses and lost revenues of COVID-19
- Will be distributed on rolling basis and payments must be made expediently.
- Information Forthcoming

Misc Changes

- 2 percent Sequestration on hold May 1 - Dec 31, 2020
- 20 percent payment for any hospital discharge with COVID dx
- Post Acute Waivers (IRF, LTACH)

Interim Final Rule

- Effective March 1, 2020
- Telehealth Flexibilities
- Home Health- Medically indicated Quarantine is considered homebound (needs documentation)
- Expansion of Remote Pt Monitoring for Practice use- Billing, New pts, Acute and chronic
- New sites of hospital services

Interim Final Rule- Con't

- QPP- will address in another IFR
- MSSP Quality- Modified the Extreme/uncontrollable circumstances and Financial reconciliation. Will review at RETF webinar April 9.
- Part C Quality Rating-Modifications of rules to replace from previous years, remove guardrails, and expand hold harmless provision
- Risk Adjustment Data Validation Audits- suspending activities



COVID-19 TELEHEALTH POLICY UPDATE AND DISCUSSION

MARCH 31, 2020

MICHAEL BUDROS
POLICY DIRECTOR
NATIONAL COALITION ON HEALTH CARE

PHASE I LEGISLATIVE PACKAGE: CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT

- **March 4** – Phase I bill included a waiver of certain Medicare telehealth requirements to allow beneficiaries to receive telehealth services in their homes regardless of whether they reside within a rural community. However, the waiver was dependent upon the President’s declaration of a public health emergency.
- **March 13** – **National emergency declaration allows CMS to use I 135 waiver authority**, which allows for broad authority for the Secretary to waive Medicare, Medicaid, CHIP requirements – including telehealth. Nearly 35 states have approved these waivers for their Medicaid programs.
- After declaration, CMS issued guidance on expanded telehealth coverage during COVID-19

REGULATORY ACTION IN RESPONSE TO COVID-19 *HIGHLIGHTS*

- **March 17 – New Medicare Telehealth Flexibilities:** Consistent with President Trump’s March 13 emergency declaration, CMS eased Medicare regulatory barriers. The expansion of access to benefits applied starting March 6, 2020. Changes:
 - Originating site
 - Changes to cost-sharing
 - Established patient/provider relationship
- **March 17 – CMS released telehealth guidance for Medicaid fee-for-service payments.**
 - Telehealth flexibilities and coverage offered at the state level may differ state to state due to existing variations in state telehealth definitions, legislation, and regulations, and policies.
 - Guidance allows states to pay for telehealth services without a state plan amendment of payments (if delivered like face-to-face settings).

HHS OFFICE OF CIVIL RIGHTS (OCR) EASES TELEHEALTH ENFORCEMENT GUIDANCE

- March 17 – concurrently, the OCR released two pieces of guidance:
 - Notification of Enforcement Discretion: OCR will not impose penalties for noncompliance with regulatory requirements under HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth;
 - and guidance on sharing patient information, specifying when patient authorization is not necessary.
- **HHS OIG also expanded platforms that can be used for telehealth services**
 - Sample platforms you **MAY** use: Apple Facetime, Facebook Messenger video chat, Google Hangouts video, Skype, Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet
 - You **CANNOT** use public-facing application, e.g.: Facebook Live, Twitch, TikTok

PHASE 3 LEGISLATIVE PACKAGE: CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

Key Medicare Telehealth Provisions:

- Allows the Secretary to waive all telehealth requirements under an 1135 emergency preparedness waiver and **removes the requirement for providers to have an existing relationship** with a patient for telehealth services under an 1135 waiver;
- Generally expands the use of telehealth and telecommunication for a variety of providers such as home dialysis, home health, and hospice, as well as for FQHCs and RHCs

PHASE 3 LEGISLATIVE PACKAGE: CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

Key Commercial Telehealth Provisions:

- Allows high-deductible health plans (HDHPs) to provide coverage of telehealth services before the deductible for beneficiaries in 2020 and 2021 without said coverage potentially applying against the plan's status as a "high-deductible" plan.
- Allows self-insured plans to cover telehealth for all services – not just COVID-related – through December 2021.

COVID-19 PUBLIC HEALTH EMERGENCY INTERIM FINAL RULE

- **March 30** – CMS issued an interim final rule with comment period (IFC) providing additional coverage and payment flexibilities, including expanded telemedicine services
 - Builds on the CARES Act telehealth provisions and clarifies previous CMS telehealth guidance
 - Expands list of covered telehealth services (see Appendix slide)
 - Modifies billing requirements to ensure that telehealth services are reimbursed at the same rate as if they were furnished in person.
 - Removes frequency restrictions for certain codes, including critical care consultations and required “hands-on” visits for ESRD monthly capitation payments
 - Expanding telehealth services to be used as part of the Hospice Benefit requirements

COVID-19 PUBLIC HEALTH EMERGENCY INTERIM FINAL RULE, CONT'D

- Reinforces OIG's previously issued Policy Statement that clinicians will not be subject administrative sanctions for reducing or waiving beneficiary cost-sharing obligations, and noting that this policy applies to a broad category of non-face-to-face services furnished through various modalities
- Permits consent for Communication Technology-Based Services to be obtained at the same time the service is furnished, and can be obtained by the auxiliary staff under general supervisions as well as the billing practitioner
- Details enforcement discretion for the “established patient” requirement, where applicable
- Allows reimbursement for telephone services.
 - CPT codes 99441-99443 (Telephone E/M by a physician or other qualified health care professional who may report E/M services) and CPT codes 98966-98967 (telephone assessment and management services provided by qualified nonphysician health care professionals)

OTHER NEWS: FCC & TELEHEALTH AND EXCHANGES

- CMS' March 24 guidance says that while individual and group plans are generally not permitted to change a product mid-year, the agency will not take enforcement action against any issuer that chooses to provide greater coverage or to reduce or eliminate cost sharing for all services, even those not related to COVID. trying to access telehealth technology.
- March 30: FCC Chairman Ajit Pai has proposed a telehealth program that would use the \$200 million from Congress to establish grant program for hospitals and health system providers to use telehealth in COVID-19 response
 - Part of the wide-ranging \$2.2 trillion coronavirus relief package advanced into law last week
 - Eligible providers: teaching hospitals, community health centers, non-profit hospitals, local health departments or agenices, rural health clinics, and skilled nursing facilities.
 - For-profit hospitals not to be eligible.
- March 30: FCC Connected Care pilot program that would spend up to \$100 million to cover 85% of costs for providers to boost telehealth capacity for low-income and veteran patients.

MORE TELEHEALTH RESOURCES

- **CMS Provider Fact Sheet on Medicare Telehealth Flexibilities**
 - Describes new flexibilities from National Emergency Declaration, Section 1135 Authority, retroactive to March 6, 2020.
- **CMS Toolkits for General Practitioners, End-Stage Renal Disease Providers, and Long-Term Care Nursing Homes**
 - CMS released telehealth toolkits for general practitioners, end-stage renal disease providers, and long-term care nursing homes. Each toolkit contains a list of information from CMS and other entities on telehealth and telemedicine, including general information on telehealth, telemedicine vendors, how to initiate a telemedicine program, monitor patients remotely, and develop documentation tools. Additionally, the information contained within each toolkit outlines how to use temporary virtual services (e.g. Skype and FaceTime) to treat patients during the duration of the COVID-19 Public Health Emergency.
- **Healthsperien Summary of Telehealth Flexibilities for providers**
 - In this briefing we provide an overview of the COVID-19 Telehealth Flexibilities, which apply retroactively beginning March 6, 2020.

APPENDIX: EXPANDED LIST OF COVERED TELEHEALTH SERVICES IN IFC

- Emergency Department Visits
- Initial and Subsequent Observation, and Observation Discharge Day Management
- Initial hospital care and hospital discharge day management
- Initial nursing facility visits and nursing facility discharge day management
- Critical Care Services
- Domiciliary, Rest Home, or Custodial Services
- Home Visits
- Inpatient Neonatal and Pediatric Critical Care
- Initial and Continuing Intensive Care Services
- Care Planning for Patients with Cognitive Impairment
- End-Stage Renal Disease Services (ESRD)
- Psychological and Neuropsychological Testing
- Therapy Services
- Radiation Treatment Management Services

Current Advocacy Priorities

- Medicare Advantage Modifications
- MPFS 20 percent increase with COVID dx
- CMMI Risk-based Models

Additional Info

- FQHC/RHC- request info
- Telehealth Billing Info Webinar
- Medicare Advantage Webinar
- Summaries of CARES Act and Interim Final Rule- on website tomorrow

Questions?



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