HBS
Healthcare Business Specialists

Notes from NARHC Webinar – April 3, 2020

Here are my notes based upon the NARHC Webinar on CARES presented by Bill Finerfrock and Nathan Baugh at 2:00 Eastern, April 3, 2020. Much of this narrative is not directly from the webinar, just what came to me while thinking about what Bill and Nathan said during the webinar. Because things are changing at a rapid pace, please understand that it is difficult to keep up with pace of new information and sometime information in direct contrast to information just released a few days before for example a law passed in Phase 2 of the COVID-19 Stimulus package was reversed in Phase 3.

Telehealth

1. CMS still has not communicated the billing and coding instructions for how RHCs can bill Telehealth as a distant site one week after the CARES Act was approved. The payment will be some type of fee-for -service which is a blended rate of the CMS approved telehealth codes. The complexity comes from CMS now having 190 approved Telehealth codes during the PHE and which ones to use to establish the blended fee schedule rate for RHCs. For example, if CMS used codes 99212-99215 to establish the blended rate the fee would be $95.28 higher than the RHC Cap. Most likely there will be several time-based codes with different fee amounts. Again, all a guess.
2. As far as coding goes an Interim Final Regulation released on March 30, 2020 (see link below on Page 15 says **"We are instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person.** This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, **at the same rate they would have been paid if the services were furnished in person.** Given the potential importance of using telehealth services as means of minimizing exposure risks for patients, practitioners, and the community at large, we believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth. **Because we currently use the POS code on the claim to identify Medicare telehealth services, we are finalizing on an interim basis the use of the CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.** We note that we are maintaining the facility payment rate for services billed using the general telehealth POS code 02, should practitioners choose, for whatever reason, to maintain their current billing practices for Medicare telehealth during the PHE for the COVID-19 pandemic." For example, a telehealth visit for a service that would have normally been performed in the office will be billed with a Place of Service 11 and a 95 modifier. It is the thinking that RHCs may have a similar billing process, where they use the normal Medicare Part B HCPCS codes and add the 95 modifier to indicate the service was performed via Telehealth. Remember at this point everything is just a guess as to what CMS is going to do on their instructions to RHCs on how to bill as a distant site so do not start billing RHC telehealth claims yet. Here is the link:

https://www.cms.gov/files/document/covid-final-ifc.pdf?fbclid=IwAR0TYjcu5xyUfdNF03mb9AFBgKZmw82s7iE9cCpZ67jzjAKUdnR8utuLy)

3. The billing change to Telehealth noted on the previous page also changes the need for a provider to update their enrollment in PECOS to include their home address which was included in an FAQ (Question 11) released on March 23, 2020 by CMS. This guidance is not included in the most recent FAQ on enrollment that was just released days ago. The new Question 11 is completely different, and the old Question 11 was completely removed from the new document. (they do not do us any favors by just dating these FAQ March 2020). Here is the link to the new FAQ:

   https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

4. Additionally, the cost of providing Telehealth will not be a part of the All-Inclusive rate calculation on the cost report so RHCs should maintain good accounting records and time studies to determine the cost of Telehealth during the PHE and beyond as Telehealth is not a part of the all-inclusive rate calculation and while virtual visits are not considered Telehealth they are paid on a fee schedule (G0071 increased to $24.76 due to CMS adding 3 new codes to the blended rate on March 30, 2020) and are excluded from the cost report All-Inclusive Rate calculation.

5. RHCs should keep good records of the number of Telehealth visits, where the provider was located when the Telehealth visit occurred as well as where the patient was located (be careful to be licensed in states bordering your state in case the patient lives the adjoining state), and make sure to time stamp your medical records to determine the amount of time spent on the visit as most Telehealth codes are time-based and can span a period of time typically up to 7 days. Also make sure your malpractice coverage covers Telehealth as well. Since we do not know how to bill for Telehealth services yet in a rural health clinic, I would use the form developed by Patty Harper from InQuiseek, LLC to log your Telehealth claims until CMS provides billing instructions for RHCs.

   Medicare Log from Patty Harper from InQuiseek

Financial – Loans and Grants

The last half of the session was about funding for RHCs during this crisis. Three or Four different programs were explained. Two of them seemed to me to be relatively easy to implement and there is guidance now to do these things, versus the other programs that exist, we just don't know how they will work (sort of like RHC distant site billing). Here are the options:

Accelerated Medicare Payments

1. Medicare had this program in place before the current PHE and it allows a Medicare Part A or Part B provider to receive an advance from Medicare representing 3 months of Medicare Billing. The advance will start being withheld from the Medicare Remittance advices after 120 days and the liability must be paid in full withing 210 days or the debt will begin to incur interest at 10.25%.

2. The best way to compute the amount of the advance is to pull your P S and R report for the time period 10/1/2019 to 3/31/2020 and look at the line that says Gross Reimbursement. An RHC could ask for ½ that number which would represent 3 months of Medicare Billing. The great thing is your MAC will compute the maximum amount they will advance you if you check that box on the

form. The form takes less than five minutes to complete and can be found here if Palmetto is your MAC (for other MACs just go to their website and search for accelerated payments)

https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JJ-A-2005.pdf/$File/FN-JJ-A-2005.pdf?Open&

3. This type of advance should not affect your ability to receive other types of loans in the CARES program as this is simply a Medicare Advance for a very short period of time.

4. CMS has instituted flexibilities to streamline the existing advance payment process to provide the MACs with temporary authorization to issue advance or accelerated payments in order to effectuate timely processing and payment within seven calendar days of receipt of the request.

The Paycheck Protection Program

While the accelerated Medicare program seems to be a relatively easy decision to make the other loans may need more nuanced decision making and you should consult the advice of your CPA (and while Dani and I are both CPAs, all our focus is devoted to more mundane aspects of operating RHCs such as cost reporting, emergency preparedness, program evaluation, compliance, preparing quarterly Tenncare reports, converting into RHCs, etc) to guide you through the choice of which program, loan, or grant to pursue as choosing one option may preclude you from another route.

The program provides cash-flow assistance through 100 percent federally guaranteed loans to employers who maintain their payroll during this emergency. **If employers maintain their payroll, the loans would be forgiven,** which would help workers remain employed, as well as help affected small businesses and our economy snap-back quicker after the crisis. PPP has a host of attractive features, such as forgiveness of up to 8 weeks of payroll based on employee retention and salary levels, no SBA fees, and at least six months of deferral with maximum deferrals of up to a year.

With that said, the Paycheck Protection Program seemed very attractive to most small businesses. Banks are administering the program and started accepting applications on April 3, 2020 so it is operational now. No waiting for the government to issue regulations. Here is what the SBA will loan a small business (basically 2 ½ times your monthly payroll expense)

- If you were in business February 15, 2019 – June 30, 2019: Your max loan is equal to 250 percent of your average monthly payroll costs during that time period. If your business employs seasonal workers, you can opt to choose March 1, 2019 as your time period start date.
- If you were not in business between February 15, 2019 – June 30, 2019: Your max loan is equal to 250 percent of your average monthly payroll costs between January 1, 2020 and February 29, 2020.

One thing to note is that salaries are limited to $100,000 annually in this program so if you have physicians, nurse Practitioners, or physician assistants in some cases not all their salaries would qualify for this loan and forgiveness. To find out more about the Paycheck Protection Program, I would contact your banker

and CPA to go over the options and determine if this program is for you. Here is some additional information that will be helpful.

- The Small Business Owner's Guide to the CARES Act by: Senate FAQ
- Paycheck Protection Program (PPP) by: SBA FAQ
- RHC Relief Options in Recently Signed CARES Legislation by: NARHC Letter

Other programs were mentioned in the webinar included a program to replace lost revenue by RHCs and hospitals due to COVID-19, but information for that program has not been released at the time of the webinar.

These are simply notes from the webinar and a significant amount of narrative provided by us. We have added to the content and does not represent advise to individual RHCs nor does it indicate any advice provided by the NARHC during the webinar. RHCs should consult professionals with knowledge of the loan processes and the specific programs that CARES has initiated to help healthcare entities survive though this Public Health Emergency. If you missed the NARHC webinar, you will find the slides and the recording of the webinar at the following link:

https://www.web.narhc.org/narhc/TA_Webinars1.asp

As a reminder to our cost report clients cost report deadlines have been extended to July 31st for cost reports that were due May 31st. Even though the cost report deadline has been extended it is still a good idea to go ahead and send us your cost report information so you may receive your tentative settlement as quickly as possible.

Thank you for reading this document. We will add to it as we find out more. If you have corrections, additional questions, or want to elaborate on any of the information, please let us know by emailing Mark Lynn at marklynnrhc@gmail.com. To keep up with the latest information, join our Facebook Group at https://www.facebook.com/groups/1503414633296362/ and we will post daily updates on our website at http://www.ruralhealthclinic.com/covid19.

We have added the agenda to the upcoming webinar on RHC Telehealth Billing on the next page and it contains links to drafts of presentation on RHC Billing to Part A for Telehealth (awaiting the new information and codes) and Telehealth Billing for Part B including slides with the new 95 modifier for Medicare. Best wishes and stay safe.

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RHC Distant Site Billing Webinar - Agenda

Date: To Be Announced – Noon, Central Time

Day after RHC Distant Site Regulations are Released

chartspan™

Agenda

Azalea HEALTH

Time	Speaker	Subject
12:00 to 12:05	Mark Lynn, HBS	Administration
12:05 to 12:07	Travis Stevens, Chartspan	Sponsor Message
12:07 to 12:12	Mark Lynn, HBS	Introduction of Speakers & Panelists
12:12 to 12:20	Nathan Baugh, NARHC	Legislative Process for RHCs
12:20 to 12:30	Margaret Chandler, Azalea Health	Accelerated Payments and Paycheck Protection Program
12:30 to 1:00	Charles James, North American Healthcare Management Services & Mark Lynn	RHC Billing as a Distant Site and Medicare Part B Billing for Telehealth
1:00 to 1:10	Patty Harper, InQuiSeek	Telehealth Documentation, Consent to Treat
1:10 to 1:12	Julie Quinn, HSA	Telehealth and Non-RHC Cost Reporting Issues
1:15 to 1:45	Speakers and Panelists	Questions and Answers

Draft of Presentations

We have been preparing for this webinar for several weeks now awaiting CMS to announce the RHC billing process for Telehealth, but in the meantime, we are going to provide our drafts of the webinar information for Part A and Part B.

Telehealth Billing for Medicare Part B Draft of Presentation to be presented at the webinar when scheduled

Telehealth Billing for Medicare Part A RHC Draft of Presentation to be presented when webinar is scheduled

Thank you for reading this document. We will add to it as we find out more. If you have corrections, additional questions, or want to elaborate on any of the information, please let us know by emailing Mark Lynn at marklynnrhc@gmail.com. To keep up with the latest information, join our Facebook Group at https://www.facebook.com/groups/1503414633296362/ and we will post daily updates on our website at http://www.ruralhealthclinic.com/covid19.