RHC BRIEFS

APRIL 2020

UPCOMING EVENTS

WEBINARS FOR RHC SPRING INTO QUALITY PROGRAMS:

May 6, 2pm Webinar RHC Billing – Sharon Shover

June 3, 2pm Webinar – For RHC HIPAA and Privacy – Stacy Cook

TBD Webinar RHC Program Evaluation and Mock Survey – Joanie Perkins

INDIANA RURAL HEALTH ASSOCIATION ANNUAL CONFERENCE
FRENCH LICK, IN
NOVEMBER 17-18

SPECIAL RULES AND FUNDS DURING PUBLIC HEALTH EMERGENCY PHE

SUPERVISION RULES RELAXED CERTAIN STAFFING REQUIREMENTS WAIVED

CMS is waiving the requirement that RHCs have a PA, NP, or CNM available to furnish care at least 50% of the time the RHC operates. https://www.web.narhc.org/News/28310/COVID-19-Updates

From CMS
Certain staffing requirements. 42 C.F.R. 491.8(a)(6). CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC and FQHC operates (for the emergency period retroactive back to March 1, 2020).

CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be

available to furnish patient care services at all times the clinic or center operates. This will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mixes during the PHE.

RHC CLOSURE OR CHANGE HOURS OF OPERATION

You must notify Indiana State Department of Health, Kelly Hemmelgarn at khemmelgarn@isdh.in.gov or (317) 233-7541, to ensure you are able to close. If you have an accreditation contract with AAAASF or The Compliance Team, contact them as well.

Patty Harper, RHC Consultant recommends that the clinics:

- Post clear signage with information and phone numbers
- Change answering machine and post to social media/websites
- Keep call coverage in place per any payer contracts
- Secure drugs and medical records
- Clean clinic before closing
- Do not abandon patients
- Notify other providers, facilities, and law enforcement of closure, if applicable.

The Center for Clinical Standards and Quality/Quality, Safety & Oversight Group document provides detailed guidance for triaging COVID patients before they enter the clinic, establishing policy for sick staff returning to work, cleaning and disinfecting the facility, PPE, etc.

Since clinics may be called upon by their hospital or district to close to participate in the hospital's surge capacity or some other role. Page 5 of this CMS document states: "Therefore, if it is in the best interest of the facility's patients to cancel appointments and temporarily close the facility during an outbreak, that may be acceptable. Facilities should follow their emergency preparedness program policies and procedures to determine whether closure of the facility is appropriate and ensure patients receiving services are notified. Facilities should follow guidance of State and local health departments as conditions change in their state and area. CMS will not take administrative actions with respect to facilities who need to temporarily close during the outbreak, however, facilities are expected to resume operations or voluntarily terminate their Medicare enrollment within 30 days of the public health emergency being lifted." https://www.cms.gov/files/document/qso-20-22-asc-corf-cmhc-opt-rhc-fqhcs.pdf

COVID-19: EXPANDED USE OF AMBULANCE ORIGIN/DESTINATION MODIFIERS

During the COVID-19 Public Health Emergency, Medicare will cover a medically necessary emergency and non-emergency ground ambulance transportation from any point of origin to a destination that is

equipped to treat the condition of the patient consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished. On an interim basis, we are expanding the list of destinations that may include but are not limited to:

- Any location that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH), or Skilled Nursing Facility (SNF)
- Community mental health centers
- Federally Qualified Health Centers (FQHCs)
- Rural health clinics (RHCs)
- Physicians' offices
- Urgent care facilities
- Ambulatory Surgery Centers (ASCs)
- Any location furnishing dialysis services outside of an End-Stage Renal Disease (ESRD) facility when an ESRD facility is not available
- Beneficiary's home

CMS expanded the descriptions for these origin and destination claim modifiers to account for the new covered locations:

- Modifier D - Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility

Taken from MLN Connects Special Edition April 7. https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

IMMEDIATE INFUSION OF $30 BILLION INTO HEALTH CARE SYSTEM

Recognizing the importance of delivering funds in a fast and transparent manner, $30 billion is being distributed immediately through a program administered by the Department of Health and Human Services - with payments arriving via **direct deposit** beginning April 10, 2020 - to eligible providers throughout the American health care system. These payments are unrelated to the Accelerated and Advanced Payments you may have requested from Medicare.

The automatic payments will come from Optum Bank with "HHSPAYMENT" as the payment description.

PRIORITIES FOR THE REMAINING $70 BILLION

The Administration is working rapidly on targeted distributions that will focus on providers in areas particularly impacted by the COVID-19 outbreak, **rural providers**, providers of services with lower shares of Medicare reimbursement or **who predominantly serve the Medicaid population**, and providers requesting reimbursement for the **treatment of uninsured Americans.**

Read for further explanation about these payments www.hhs.gov/provider-relief/index.html.

REMOVING BARRIERS FOR COVID TESTING AND TREATMENT: CS WAIVER REIMBURSES PROVIDERS AT 100%

Use of modifier CS for all COVID-19 testing-related services for **Medicare patients** will waive (link to the MLN Matters News Article) any cost sharing obligation for the patient and pay the provider 100% of their payment, RHC's all-inclusive rate.

Indiana Medicaid also uses the CS modifier for cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test. April 7, 2020 *BT202038*

The AAFP blog address commercial payers:

> Physicians should use the -CS modifier on applicable claims to identify the service subject to the cost-sharing waiver. Medicare beneficiaries should not be charged for any coinsurance or deductible for those services. The -CS modifier will signal the Medicare Administrative Contractors (MACs) to pay 100% of the allowable cost for the service. Physicians should contact their MACs and request to resubmit applicable claims with dates of service on or after March 18, 2020, that were submitted without the -CS modifier. The -CS modifier should not be used for services unrelated to COVID-19.
>
> **Commercial payers** are generally following Medicare's lead in terms of coverage and policy. However, coding guidance varies from payer to payer. The AAFP is tracking payer policies closely. A table of private payer policies and list of frequently asked questions are available on the Academy's COVID-19: Practice Management Page.
>
> One final note: Appropriate diagnosis coding can help further distinguish services related to COVID-19. The Centers for Disease Control and Prevention has updated the ICD-10-CM official coding and reporting guidelines(www.cdc.gov) to address COVID-19 diagnosis and exposure coding.
> — Erin Solis, Manager, Practice & Payment at the AAFP

EXPANDING COVID 19 TESTING

Today, Trump Administration Announces Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency.

"CMS, together with the Departments of Labor and the Treasury, issued guidance to ensure Americans with private health insurance have coverage of COVID-19 diagnostic testing and certain other related services, including antibody testing, at no cost. This includes urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor's office that result in an order for or administration of a COVID-19 test. As part of the effort to slow the spread of the virus, this guidance is another action the Trump Administration is taking to remove financial barriers for Americans to receive necessary COVID-

19 tests and health services, as well as encourage the use of antibody testing that may help to enable health care workers and other Americans to get back to work more quickly."
Press Release
Guidance

INDIANA EXPANDS TESTING

Similarly, Governor Holcomb and Health Commissioner Dr. Box announced an expanded list of who is eligible for testing. They are encouraged to go to a testing site.

- Health care workers
- Essential workers
- First Responders
- Anyone symptomatic in the household in the workers listed above

This is to assure that those critical workers can go to work without worrying about whether they might have been exposed at work or at home.

- Residents at higher risk, including aged and over weight
- Anyone with COVID symptoms

The State is using Ivy Tech Community Colleges for drive through testing as well as other sites.
They also predicted that in the next 2 weeks, they would know whether Indiana will surge, recognizing that the Midwest and the coasts are on different timelines. They are collaborating with states to work in unison.

CMS FAQS ON TELEHEALTH AND BILLING DURING COVID – 19

FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency: https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf Highlights from this link:

Virtual communication services may be furnished to **both new and established patients during the COVID-19 Public Health Emergency (PHE).** CMS added Expansion of Virtual Communication Services for FQHCs/RHCs. The following Qs & As are particular to RHCs.

1. Question: **What are "online digital evaluation and management services" in RHCs and FQHCs?**
Answer: Online digital evaluation and management services are non-face-to face, patient-initiated, digital communications using a patient portal, that require a clinical decision that otherwise typically would have been provided in the office. CMS has been paying separately under the physician fee schedule for these services since before the PHE and is expanding the same flexibilities to RHCs and FQHCs.

2. Question: **How can RHCs and FQHCs BILL for online digital evaluation and management services?**

Answer: RHCs and FQHCs can bill for online digital evaluation and management services using the **RHC/FQHC HCPCS code G0071**. The payment for G0071 will be the PFS national non-facility payment rate for HCPCS code G2012 (communication technology-based services), HCPCS code G2010 (remote evaluation services), CPT 99421, CPT 99422, and CPT 99423. The **new payment rate is $24.76**.
The new payment rate is effective for **services provided on or after March 1, 2020**. However, claims submitted with this code before the claims processing system is updated will be reprocessed.

3. Question: **How frequently can G0071 be billed by RHCs and FQHCs?**
Answer: Because these codes are for a minimum 7-day period of time, they cannot be billed more than once every 7 days. (Currently there is no guidance in cases where the patient calls with another/new problem within the 7day period.)

4. Question: **Is beneficiary consent required?**
Answer: Yes, but during the PHE, it may be obtained at the same time the services are furnished. Document it even though it is verbal. (4/9/20)

5. Question: **Can practitioners provide Medicare telehealth services using their phones?**
Answer: Yes, for use of certain phones. Section 1135(b)(8) of the Social Security Act allows the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 PHE. Additionally, CMS amended its regulations through the IFC to remove the potential perception of restrictions on technology that practitioners can use to provide telehealth services. CMS has not determined how RHCs bill for telehealth, forthcoming.

The Office of Civil Rights has also issued guidance allowing covered health care providers to use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk of penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/index.html (CMS)

(At this time, do not use Zoom for patient visits due to security issues. Zoom is currently in the process of updating their platform.)

INDIANA MEDICAID

IHCP COVID-19 Response: IHCP extends timely filing limit on managed care claims Effective March 1, 2020, and through the duration of the Governor's declaration of public health emergency for the coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is **extending the timely filing limit on claims for services rendered to members enrolled in managed care. The timely filing limit will be extended from 90 to 180 calendar days from the date of service (DOS). This change impacts all managed care claims with DOS on or after March 1, 2020.** Providers should continue to submit the claims to the managed care entity (MCE) with which the member is

enrolled. The timely filing limit on claims for services rendered through the fee-for-service (FFS) delivery system remains at 180 calendar days.

COVID-19 AND THE UNINSURED

From Ann McCafferty, IRHA

Not only are Hoosiers losing their jobs due to COVID-19, they are losing their health insurance benefits. Employer-sponsored health insurance is the most common type of health coverage in Indiana. As businesses shut down and employees are laid off or let go during the pandemic, many Hoosiers, as well as their family members, will be left uninsured. The risk of financial liability due to the high cost of healthcare combined with the recent loss of a job can be overwhelming.

Indiana Rural Health Association continues to offer licensed and trained professionals to assist families facing such concerns and uncertainties. Connecting Kids to Coverage Indiana continues to offer free support and assistance. While our circumstances have changed, our commitment to the goal of lowering the percentage of uninsured Hoosiers remains stronger than ever. Although unable to connect through community outreach events or through face-to-face appointments, our team of Indiana Department of Insurance licensed health insurance navigators have worked diligently to adjust to the COVID-19 social restrictions by offering phone appointments and assistance remotely.
As health insurance is not one-size fits all, we understand that each case is different and we assess each call individually to ensure the *best* fit. As we gather information, we are able to determine potential eligibility for health insurance programs such as Healthy Indiana Plan, Hoosier Healthwise, marketplace plans through healthcare.gov or a specialized referral if needed.

We also offer cost savings tips such as lowering prescription costs by utilizing prescription savings programs like Good Rx or prescription assistance programs or providing a list of providers offering a sliding fee scale discount for patients. Thank you for helping us spread the word of our availability as we continue to provide this valuable resource for those looking for affordable health insurance coverage.

For more program information, please visit www.indianaruralhealth.org/services
To schedule a phone appointment, please e-mail: navigator@indianarha.org
For all other questions, please contact: Tina Darling, MPA, Project Director/Indiana Navigator
Phone: 812-478-3919, ext 248,
Email: tdarling@indianarha.org

On March 20th, Division of Family Resource (DFR) offices closed to the public. Online and telephone services continue to operate as normal. DFR staff are available by phone at 800-403-0864 Monday through Friday 8 am - 4:30 pm. All scheduled appointments will take place by phone. Documents can be sent to DFR via mail at P.O. Box 1810, Marion, IN 46952. More information in this *FSSA News Release*.

COST REPORT DEADLINES PUSHED BACK AGAIN

CM CMS delay the filing deadline for cost reports impacted during the COVID-19 again. The extension impacts the following cost reporting fiscal year ends for all provider types (hospitals, SNFs, HHAs, hospices, ESRDs, RHCs, FQHCs, CMHCs, OPOs, histocompatibility labs and home office cost statements):

Cost Reporting Period Ending	Initial Due Date	Extended Due Date
10/31/2019	3/31/2020	6/30/2020
11/30/2019	4/30/2020	6/30/2020
12/31/2019	5/31/2020	7/31/2020

RESOURCES

INDIANA MEDICAID POSTS THEIR LATEST WEBINAR COVID UPDATES

https://www.in.gov/medicaid/providers/1014.htm

3RNET OFFERS FREE HEALTHCARE JOB POSTINGS

Use 3RNet for your job searches. It is free to post your open healthcare workforce positions on this site. Log in to your account regularly to see candidates who have been referred to you based on your open positions.

HELPING YOUR KIDS QUIT TOBACCO

With social distancing hitting full swing, many families are spending more time together than ever. It's an ideal time for parents to talk to kids about vaping and help them quit. Through our *Protect Kids: Fight Flavored E-Cigarettes* campaign, we've developed a robust set of free, online resources to help.

One in four U.S. high school students uses e-cigarettes. This was a dangerous situation even *before* COVID-19. But now, it's even more so. Behaviors that weaken the lungs put kids at greater risk.

GET PARENT RESOURCES