RHC BRIEFS

JUNE 2020

RHC TRAINING OPPORTUNITIES

Webinar

RHC-FQHC Telehealth and Care Management Service Billing Update

June 30th, 2-3 pm ET

Presented by Charles James

1. Current status of RHC-FQHC Distant Site Telehealth Billing and the Public Health Emergency
2. Care Management Services vs Telehealth: Where does Care Management fit in?
3. Distant Site Telehealth Visits, Virtual Check-Ins, Care Management and eVisits Claim Examples
4. Indiana Telehealth Claim Update

Charles is President and CEO of North American Healthcare Management Services, founded in 1992. Charles is the current Vice-President of the National Association of Rural Health Clinics, and the President-Elect for the Illinois Rural Health Association. Charles is a long-time participant on the NARHC Policy Committee and NRHA Annual Policy Institutes. He provides educational sessions and webinars on billing and compliance to organizations across the United States.

Charles, David James, and Charles James, Sr. started North American in 1992. Charles and David have overseen development of all RHC, RCM, and EHR processes for North American. Charles has a Bachelor of Science and an MBA from Saint Louis University.

North American currently provides comprehensive RCM, EHR Hosting, Provider Enrollment and other services to physicians, hospitals, RHCs, and FQHCs across the country. **Register Here**

An Introduction to the Practice of Telepharmacy Webinar

The Compliance Team is hosting **Telepharmacy 101. June 18 2 -3 pm ET** **Register Here**

This live presentation will cover the who, what, where, and when of opening and operating a tele-pharmacy. Special guests Mitch Larson and Alex Graber, of Tele Pharm (a Cardinal Health company) will help answer those questions!

IRHA Annual Conference

November 17-18, French Lick Indiana

Re Opening Indiana: Stage 4 Begins Friday, June 12, 2020

- What's Open and What's Closed.
- Up to date COVID information from the ISDH.
- https://backontrack.in.gov/

New CEO to Lead IRHA after the Fireworks: July 2020

The IRHA Board President, Mark Vonderheit announced IRHA's new CEO, "We were looking for a leader who could work with all partners and levels of rural health professionals in Indiana, and Cara's career reflects that."

Cara Veale holds a master's degree in occupational therapy and a doctorate in health sciences from the University of Indianapolis, has deep experience in directly working for rural hospitals.

Cara began her 13-year career with Daviess Community Hospital as an occupational therapist. In 2015, she was promoted to Chief Patient Experience Officer at Daviess Community Hospital. She has since provided high-level leadership training, facilitated training and implementation of various best practices at Daviess Community Hospital and served as a direct avenue for the patient and community voice. In 2017, Cara transitioned to the role of executive director of Provider Services and then into the role of vice president of Provider Services where she provided administrative oversight and direction to the medical practice groups, physicians, and advanced practice providers.

Cara received her Fellowship in the American College of Healthcare Executives (FACHE) in 2018, which demonstrates her dedication to promoting the highest standards in professional, educational and leadership performance.

NARHC COVID 19 Testing Webinar and Slides are Available to View

RHCs received nearly $49,640 to use for COVID-19 testing. This webinar is three-fold: a presentation from CDC that explains the differences between the viral/antigen and the antibody tests and the rationale of each type of test. FEMA discusses various types of test collection, e.g. point of care, drive through collection for the patient as well as self-collection options; and finally, a Q & A session.

Slide 8 describes priorities for who should be tested. While there are priorities, anyone is eligible.

Basically, the viral test identifies a current infection and the antibody a previous infection. Slide 11 lists what valuable information the CDC is getting about this virus through the serology (antibody) testing: how long the antibodies can be found after a COVID infection; how many experienced asymptomatic infections; how the virus is changing over time; what are the risk factors and how much of the population became infected. On the other hand, the tests do not reveal how many antibodies it takes to be immune, how long immunity would last and if people can be re-infected. Other pertinent points made is the importance of selecting a test with high specificity and sensitivity to increase the probability of an accurate test; CDC is developing a multiplex assay for Influenza A, Influenza B and SARS COV-2 and ALL test results must be reported to the local or state public health agency.

It was suggested that a cooperative plan with state government might help to secure a cost free, state owned site to set up a testing center. Flexible hours and regional routes in vans and RVs were effective strategies for assisting local industries. Currently a team is working on a plan for schools.

So how could RHCs use their funds to improve access to testing? If you missed the webinar, read the transcript or watch the recording to formulate some ideas.
https://www.web.narhc.org/narhc/TA_Webinars1.asp or
https://www.ruralhealthinfo.org/topics/rural-health-clinics/technical-assistance-calls (includes transcript).

These sites have links to the recent webinars on COVID-19 Funding and RHC Telehealth Services. More webinars are forth coming, including more on COVID-19.

COVID Testing Activities, Services and Equipment Considered Appropriate for Use of COVID-19 Testing Funds included in NARHC's Hosted Webinar

- Efforts to maintain or increase rural health clinic capacity and personnel levels to support COVID-19 testing and related clinical and operational needs, including hiring and contracting with providers and other personnel.
- Development of testing plans for both active infection and prior exposure
- Procurement and distribution of tests within the service area

- Purchase of testing equipment and supplies
- Temporary drive-or walk-up testing
- Laboratory services
- Patient and community education related to testing
- Assessment of symptoms, delivering test results, and appropriate follow up assessment, including by telephone, text monitoring systems, or videoconference
- Testing personnel to support a safe workplace and facilitate timely return to work
- Personnel training related to testing
- Outreach to patients who may be at high risk or who have access barriers
- In coordination with federal, state and local public health activities, notifying identified contacts of infected health center patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy)
- Reporting information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy)
- Personal protective equipment
- Equipment (e.g., telehealth equipment, temporary and non-fixed barriers to separate patients, vehicles to transport patients or health center personnel)
- Health information technology and digital tools (e.g., technology to support patient engagement and remote monitoring, case management, health information exchange with state and local public health partners, enhanced reporting)
- Minor alteration or renovation (A/R) projects directly supporting testing capacity expansion
- Purchase or lease of mobile vans/units directly supporting testing capacity expansion
- The key to a determination of the appropriate use of the money is in some respects - intent. Is the money being spent on an activity, task, service, equipment that is directly related to COVID-19 testing?
- If you look at the FAQs that have been developed by the Federal Office of Rural Health Policy, it speaks to the issue of circumstances where multiple RHCs - such as in a provider-based RHC

situation - where you can combine the funds in support of a particular item or activity.

Question: If an organization has multiple RHC sites, which RHC will receive the Rural Health Clinic Testing funds? (Added: 5/20/2020)

Answer: Rural Health Clinic Testing funds will be distributed to the banking account information associated with the organization's billing TIN, based on the organization's number of eligible RHC sites. Billing TINs receiving a payment that operate more than one RHC site have discretion to distribute the payment among their RHC sites.

Again, it will be impossible to run every possible scenario or question by the staff at the FORHP. In deciding on whether an expenditure might qualify think about the intent of the money and the intent of your actions. Is the activity specifically for COVID-19 or it is an activity that is RELATED to COVID-19 testing? Are you stretching to justify an action or activity as being "COVID-19 testing related" or it is obvious that the expenditure is testing or related to testing using the above examples as a guide to the types of things the government has in mind. (Source: Bill Finerfrock, NARHC)

CMS News Release: Trump Administration Encourages Reopening of Healthcare Facilities June 9, 2020

New recommendations provide guidance to health systems and patients as COVID-19 cases decline

This document refers to Phase II of the Guidelines for Opening Up America Again, a three-phased approach, released by President Donald Trump, based on the advice of public health experts. In addition, an article in Fierce Healthcare details six factors to consider when opening practices.

Today, under the direction of President Trump, the Centers for Medicare & Medicaid Services (CMS) released a guide for patients and beneficiaries as they consider their in-person care options. During the height of the pandemic, many healthcare systems and patients postponed non-emergency, in-person care in order to keep patients and providers safe and to ensure capacity to care for COVID-19 patients. As states and regions across the United States see a decline in cases of COVID-19, CMS is providing these recommendations to ensure that non-emergency healthcare resumes safely and that patients are receiving needed in-person treatment that may have been postponed due to the public health emergency.

The announcement's links go into greater detail about testing options for patients and staff; daily screening of staff working in NonCOVID Care areas; PPE and Supplies, that calls for patients to wear cloth masks and staff to wear surgical masks unless high risk procedures calling for N-95 masks; workforce availability and sanitation protocols. https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf

This News Release includes a informative resource, "Re Opening America: What Patients Should Know about Seeking Healthcare." This is aimed at encouraging to patients to seek care for their chronic and ongoing needs, continue preventive health services and reschedule postponed surgeries. https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care.pdf and Spanish https://www.cms.gov/files/document/covid-what-patients-should-know-about-seeking-health-care-spanish.pdf

Read the full News Release at: https://www.cms.gov/newsroom/press-releases/trump-administration-encourages-reopening-healthcare-facilities

CMS News Release: President Trump Announces Lower Out of Pocket Insulin Costs for Medicare's Seniors

Across the nation, 88 Part D Sponsors applied to the Part D Senior Savings Model to offer enhanced plans with a maximum $35 copay for a broad set of insulins beginning in 2021

Over 1,750 standalone Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug coverage have applied to offer lower insulin costs through the Part D Senior Savings Model for the 2021 plan year. Across the nation, participating enhanced Part D prescription drug plans will provide Medicare beneficiaries access to a broad set of insulins at a maximum $35 copay for a month's supply, from the beginning of the year through the Part D coverage gap.

This is good news since one in every three Medicare beneficiaries has diabetes.

Based on CMS's estimates, beneficiaries who use insulin and join a plan participating in the model could see average out-of-pocket savings of $446, or 66 percent, for their insulins, funded in part by manufacturers paying an estimated additional $250 million of discounts over the five years of the model. Beneficiaries will be able to enroll during Medicare open enrollment, which is from October 15, 2020 through December 7, 2020. Read more detail at https://www.cms.gov/newsroom/press-releases/president-trump-announces-lower-out-pocket-insulin-costs-medicares-seniors

Mental Health Support with Be Well Indiana!

FSSA: For many of our fellow Hoosiers, struggling with mental health issues or feelings like stress, grief or anxiety may not be something they've experienced before. As part of the Be Well Indiana initiative, we're providing access to tools and resources that can help people identify what they may be feeling and connect to resources that can help them through it.

Since its launch, over 25,000 people have visited BeWellIndiana.org, and we're just getting started with the resources and tools available.

Through BeWellIndiana.org, Hoosiers can take one of several **Mental Health Self-Assessments** offered by Mental Health America specific to their needs or what they may be feeling. These quick snapshots of mental health can help the user decide if they could better manage their feelings or if they should seek additional support. *Learn more by clicking here*

Additionally, we've been creating and updating the **Video Resources** on BeWellIndiana.org. Through this series of short, simple videos, Hoosiers can learn coping tips from local experts in a variety of fields such as mental health, substance use disorder and more.

See the videos by clicking here. We're all in this together, and we are here to help however we can.

Be Well, Indiana! (Source FSSA)

Amendments to Paycheck Protection Program (PPP) Provide More Flexibility

Nathan Baugh & Emma Finerfrock
06/11/2020

On Friday, June 5, 2020, the **Paycheck Protection Program Flexibility Act (PPPFA) of 2020** was signed into law. This legislation relaxes requirements in the Paycheck Protection Program (PPP) and was passed in response to small business **concerns** about the requirements to qualify for loan forgiveness.

There is still roughly **$100 billion** of undistributed money in the PPP fund and the PPPFA has now extended the loan application deadline from **June 30, 2020, to December 31, 2020**. Rural Health Clinics (RHCs) that did not apply for a PPP loan may want to re-evaluate the opportunity. RHCs that already received PPP money should be aware of these changes as well.

Read more at https://www.web.narhc.org/narhc/News1.asp

Source: Nathan Baugh, Director of Government Affairs, National Association of Rural Health Clinics

Distribution for Pediatric Clinics

June 9, the HHS announced a distribution of approximately $15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Distribution and $10 billion to safety net hospitals.

Payment Allocation per Provider = 2% (Gross Revenues x Percent of Gross Revenues from Patient Care)
For CY 2017 or 2018 or 2019 as selected by applicant

On June 10th, those RHCs who did not receive any general allocation funds will be able to enter in their patient revenue information through an enhanced portal. The Provider Relief Fund Payment Portal below will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment.

Examples of providers, serving Medicaid/CHIP beneficiaries, possibly eligible for this funding include pediatricians, obstetrician-gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities and other home and community-based services providers. More information about eligibility and the application process is available at **https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html**

The portal for this Medicaid/CHIP targeted allocation is now available here: http://cares.linkhealth.com/ HHS has also released instructions here: https://www.hhs.gov/sites/default/files/medicaid-provider-distribution-instructions.pdf

Pertinent Medicaid Bulletins

BT202072 **– *IHCP COVID-19 Response:* Managed care claim timely filing returns to 90 days**
BT202071 **– *IHCP COVID-19 Response:* Updated COVID-19 policy FAQs as of June 11, 2020**

Office of Community and Rural Affairs Announces CRA - COVID-19 Response Program Funding: Phase 2

I wanted to make you aware of this funding in in hopes that you could partner with an eligible applicant to expand COVID testing in your community. The Office of Community and Rural Affairs announced the second phase of the COVID-19 Response Program is now open. The COVID-19 Response Program was created to address the immediate impacts of COVID-19 on Indiana's rural communities. Funds are derived from the State's annual Community Development Block Grant (CDBG) allocation and guidance was provided by the U.S. Department of Housing and Urban Development (HUD) on how the funds were to be used.

Phase 2: Long-Term Recovery
Eligible applicants include non-entitlement local units of government and can apply for up to $250,000. The two eligible economic recovery activities include grants or loans to businesses to retain low-to-moderate (LMI) jobs.

Proposals are now being accepted until 11:59 p.m. ET on Friday, June 26, 2020. However, we encourage you to submit by 4 p.m. ET as there will be no technical support available after that time. Final applications are now due by 11:59 p.m. ET on Friday, July 31, with funding awards planned for the week of August 23,2020.

A variety of resources are available to help prepare a proposal including a video, resources and information found at www.in.gov/ocra/3010.htm. If you have specific questions on this phase of the program, contact the Community Liaison for your region.

Source: Melissa Thomas, Office of Community and Rural Affairs, melthomas@ocra.in.gov
(317) 727-7682, Facebook, Twitter, & Instagram

STAY WELL AND STAY SAFE!

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