



"Dawn comes after the darkness." -- Lisa Wingate

NEWS Update

- Attestation Deadline for Provider Relief Pymts Extended (Page 2)
- New Legislation to Amend PPP Loans (Page 2)
- HHS COVID-19 HIPAA Waivers (Page 3)
- Communication Tips for Phone Visits (Page 3)
- Getting Ready to See Patients Again (Page 3)
- HHS Releases Funds for Skilled Nursing Facilities (Page 4)
- MOC Deadline Extended to 2021 (Page 4)
- MIPS Update (Page 5)
- Medicare News (Page 6)

## Client Memo June 2020

### Health Insurance End Dates for Relaxed COVID-19 Telehealth Rules

In response to the Covid-19 emergency, all insurance plans had relaxed their rules for telehealth visits. Many insurance companies, however, imposed limited time frames for this. Below are the end dates provided by a few of the insurance companies.

As always, this is a fluid situation and the dates below are subject to change. Information is as current as reasonably possible, as of June 1, 2020. Telehealth visits billed after the end dates will be denied.

Telehealth Visit Relaxed Rules End Dates By Payers	
INSURANCE	Proposed End Date
Aetna	8/4/2020
AHCCCS plans	until end of Covid-19 Emergency
BCBS AZ	7/31/2020
BCBS AZ Medicare Adv	12/31/2020
BCBS Federal Plan	until end of Covid-19 Emergency
Cigna	7/31/2020
GEHA	6/30/2020
Humana	until end of Covid-19 Emergency
Medicare	until end of Covid-19 Emergency
Tricare	until end of Covid-19 Emergency
United Health Care	7/24/2020

The federal government emergency period is slated to end 7/24/20 but that may change going forward.

### AMA Issues New Codes for COVID-19 Testing -- CPT Assistant, April 20, 2020 Update

#### SARS-CoV-2 Serologic Laboratory Testing

As the COVID-19 pandemic continues and as responses to the disease evolve, the AMA CPT Editorial Panel approved codes specific to laboratory testing for COVID-19. One code was revised and two additional codes were established in April, 2020. Another code was added in March, 2020.

- 86318** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip)
- 86328** For SARS-CoV-2 COVID-19
- 86769** Antibody test SARS-CoV-2 COVID-19, multiple-step method

Please note that 86328 is listed under parent code 86318 while 86769 will be listed under the parent code 86710.

Another approved CPT code, related to SARS-CoV-2, and effective March 2020, is:

- 87635** Infectious agent detection by nucleic acid (DNA or RNA); SARS-CoV-2

The new codes will allow more accurate reporting and tracking of tests performed specially for COVID-19 caused by SARS-CoV-2 COVID-19. They will be included in the CPT 2021 code set.

More information can be found at: <https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf>

### Will Your Loan Be Forgiven?

Morgan Simon offers tips for a strong PPP loan forgiveness application in her May 18, 2020, article for *Forbes.com*.

On May 15, 2020, the SBA released its PPP Loan Forgiveness Application, providing much more clarity on what it takes to be eligible for forgiveness.

A copy of the application can be obtained by going to: [https://content.sba.gov/sites/default/files/2020-05/3245-0407%20SBA%20Form%203508%20PPP%20Forgiveness%20Application.pdf?utm\\_medium=email&utm\\_source=gov\\_delivery](https://content.sba.gov/sites/default/files/2020-05/3245-0407%20SBA%20Form%203508%20PPP%20Forgiveness%20Application.pdf?utm_medium=email&utm_source=gov_delivery)

Only four pages of the eleven-page application actually require providers to fill in information. The rest of the document tells providers how to do it and what documents

are needed, either to submit alongside the application or simply to save for recording-keeping purposes.

Here are some things you should know as you dig into this application, writes Ms. Morgan.

### 1. Start now

- a. Providers don't have to submit the application until after their eight-week spending period, but if they read the application and use it to guide their spending practices over the next few months, it will make things much easier when the time comes.
- b. Pay particular attention to tracking the two main buckets of covered expenses: (1) money spent on employees, including payroll, retirement and other benefits, and (2) payments related to physical location, such as rent, a mortgage, and utilities.

### 2. Safe harbor clauses

The safe harbor provision on page 8 of the application includes an exemption for businesses whose workforces may have fluctuated, as long as by the end of the loan period, they are back at the same number of FTEs by June 30, 2020.

### 3. Might get more credit for payroll than you thought

- a. The Summary of Costs Eligible for Forgiveness on page two notes that payroll expenses can be calculated looking at both wages "paid" (the amount of actual money distributed during the time period) and wages "incurred" (wages earned that the business has to pay later), knowing that most businesses don't pay cash every shift; they pay two weeks after the fact.
- b. Payroll costs are considered **paid** on the day that paychecks are distributed or the Borrower originates an ACH credit transaction. Payroll costs are considered **incurred** on the day that the employee's pay is earned.
- c. Payroll costs incurred but not paid during the Borrower's last pay period of the Covered Period (or Alternative Payroll Covered Period) are eligible for forgiveness if paid on or before the next regular payroll date.

### 4. Don't even think about lying!

Knowingly making a false statement to obtain forgiveness of an SBA-guaranteed loan is punishable under the law but there's a difference between knowingly making a false statement, and making a mistake.

### 5. Choose time period wisely

Businesses should very carefully choose the time period from which they calculate their base-line

FTEs. The selection of a time period during which the baseline FTEs is chosen will mostly affect businesses with heavy fluctuation in seasonal staffing.

## Deadline Extended for Provider Relief Fund Payment Attestations

HHS announced on May 22, 2020, that the deadline for filling out the Provider Relief Fund attestation form was extended from 30 days to 45 days after receiving payment.

This announcement means providers have now been granted 90 days from the date they received a payment to accept HHS Terms and Conditions or return the funds. All providers who have received a Provider Relief Fund payment must agree to the program Terms and Conditions if they wish to keep the funds.

The attestation portal for funds already received is: <https://covid19.linkhealth.com/#/step/1>

## New Legislation to Amend PPP Loans

After hearing from constituents, Congress identified several issues with the PPP as currently implemented. As a result, a number of bills were introduced to amend the PPP to provide borrowers with more flexibility.

One of these bills, the Paycheck Protection Flexibility Act, was passed by the House of Representatives on May 28, 2020. The bill will make it easier for businesses to have their Paycheck Protection Program loans forgiven by relaxing restrictions on how the loan money can be used and extending the period that businesses have to use the funds, reports Sarah Hansen for *Forbes.com*, May 28, 2020.

The Paycheck Protection Program Flexibility Act was introduced by Rep. Chip Roy (R-Texas) and Rep. Dean Phillips (D-Minn). Key provisions of the bill include:

- Extending the forgiveness period for PPP loans from 8 weeks to 24 weeks;
- Reducing payroll spending requirements from 75% of loan funds to 60% of loan funds, giving businesses more flexibility in deciding how to allocate the emergency funds, and extending the June 30<sup>th</sup> deadline to hire workers back.

The bill is now headed to the Senate, where it is expected to pass.

## HHS COVID-19 HIPAA Waivers

The Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR) have issued several "good faith" HIPAA waivers brought on by the COVID-19 national public health emergency.

During the COVID-19 national emergency, providers subject to HIPAA Rules may provide telehealth services through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

The waivers allow providers to use any non-public facing remote, audio or video communications technology like Apple Face Time, Google Hangouts, Zoom or Skype to provide telehealth services during the COVID-19 emergency. These remote communication tools would typically not be allowed by HIPAA without a Business Associates Agreement.

OCR is exercising its enforcement discretion and will not impose penalties for non-compliance with HIPAA regulatory requirements against providers in connection with the telehealth good faith waivers **during the COVID-19 public health emergency.**

Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used for telehealth by covered health care providers.

Providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA BAAs in connection with their video communication products.

**OCR will not impose penalties against covered healthcare providers for the lack of a business associate agreement with video communication vendors or any other non-compliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency**

These waivers will only remain in place during the COVID-19 emergency. For more information please go to the HHS website: <https://www.hhs.gov/hipaa>

## Communication Tips for Phone Visits –

Staff, *FPM Journal*, April 6, 2020

Virtual visits have quickly become standard during the COVID-19 pandemic. Telephone visits may pose fewer technology challenges than telehealth (video) visits, but they present unique communication challenges due to the lack of face-to-face contact. Here are some tips for making telephone visits more productive and meaningful for providers and their patients:

- 1) Take a breath before calling the patient.
- 2) Smile when greeting the patient. Research has shown that people can tell if someone is smiling by the tone of voice.
- 3) Acknowledge the elephant in the living room: ask how the patient is coping with the COVID-19 pandemic.
- 4) Note visit duration. Tell the patient how much time is allotted for the visit and offer a reminder when the visit is almost over.
- 5) Remember to prioritize and negotiate what will be addressed during the call.
- 6) Increase the frequency of empathic statements and use a warm tone of voice. Patients are missing out on a provider's nonverbal and facial expressions of care, so the provider needs to convey these sentiments with his or her tone of voice.
- 7) Shorten educational spiels by breaking up explanations into short chunks, repeating them if necessary. Elicit reactions and questions regularly.
- 8) Encourage the patient to sign up for the patient portal to facilitate ongoing communication.

## Getting Ready to See Patients Again

Nearly half of 2600 primary care physicians who responded to a recent national survey said they were struggling to remain open during the crisis.

Most have had to limit wellness/chronic disease management visits, and nearly half reported that physicians or staff were out sick. Layoffs, furloughs, and reduced hours are commonplace with some practices being forced to shut down entirely, writes Liz Seegert in her *Medscape Medical News* May 7, 2020, article "COVID-19: 8 Steps for Getting Ready to See Patients Again."

Many physicians are now considering when and how to reopen their offices and ramp up to full capacity. They are also aware that it won't be 'business as usual' for quite some time.

If you are starting to think about reopening, here are some major considerations.

1. Develop procedures and practices that will keep your patients and staff safe.
2. Figure out how to safely see patients, particularly in your waiting areas and common spaces.
3. Prepare for routine screening of staff and other facility workers.
4. Develop a strategy for triaging and caring for a potential backlog of patients.
5. Anticipate changes in patient expectations.
6. Consider a new way to conduct "check-in visits."
7. If you haven't yet, consider becoming more involved with technology.
8. Update or reformulate your business plans.



Physicians say their post-COVID-19 practices will look very different from their pre-pandemic practices. Many plan to maintain guidelines, such as those from the AAFP, long after the pandemic has peaked.

The AMA recently unveiled a checklist for reopening. One key recommendation was for practices to select a date for reopening the office, ideally preceded by a "soft" or incremental reopening to ensure that new procedures are working. The AMA recommends:

- i. opening incrementally;
- ii. continuing telehealth while also inviting patients back into the office; and
- iii. contacting medical malpractice insurance carriers to check on possible liability concerns.

To view the AMA's checklist in its entirety, please go to: <https://www.ama-assn.org/delivering-care/public-health/covid-19-physician-practice-guide-reopening>

## HHS Releases \$4.9B in COVID-19 Relief for Skilled Nursing Facilities

On Friday, May 22, 2020, the federal government announced the distribution of almost \$4.9 billion in COVID-19 relief funds directly to skilled nursing facilities, the first specific allotment of stimulus money for the industry released since the start of the pandemic.

Each skilled nursing facility in the country will receive a baseline payment of \$50,000, plus an additional \$2,500 per bed, HHS announced. The money, part of the CARES Act stimulus package, will be available to all facilities with six or more certified beds, reports Alex Spanko for *Skilled Nursing News*, May 22, 2020.

As with other rounds of CARES Act funding, facilities must agree to certain terms and conditions in order to accept the cash, and must comply with future audit and reporting rules, according to HHS.

The May 22<sup>nd</sup> distribution marks the first dedicated relief for nursing homes, which have served as the epicenter of the coronavirus pandemic in the United States.

## ABIM Extends MOC Deadline to 2021

Clinicians whose ABIM certificates are expiring in 2020 will now have until the end of 2021 to complete their 10-year exam and fulfill other requirements for maintaining certification, reports Alicia Ault in her April 15, 2020, article for *Medscape Medical News*.

In making the announcement on its website on April 13<sup>th</sup>, 2020, the ABIM cited the pressure of COVID-19 on internal medicine specialists.

The organization had previously suspended spring exams until fall out of concern that the timing would likely have had diplomates traveling just as COVID-19 cases were peaking, ABIM President and CEO Richard J. Baron, MD, told *Medscape Medical News*.

The ABIM decided to be more generous with the time frame and is working on setting up new dates for the 10-year exam. "What we're trying to do with this decision is to provide flexibility so people who want to do them in the fall can do them in the fall," said Dr. Baron. Those who still cannot envision an assessment this year "can take it off their list," he said, adding that a spring 2021 exam would be in the offing.

The ABIM is also ensuring that diplomates who wait until 2021 to complete their MOC requirements will still be board certified.

Clinicians who want to continue to log points for MOC in 2020 will be able to do so. They can, for instance, receive credit for COVID-19-related education, said Dr. Baron. He noted that he had collected MOC points for completing a module at the American College of Physicians' COVID-19 website.

## Initial Certification Exam in August — for Now

In a separate announcement, the ABIM said it was still planning to offer the initial certification exam in August — with a caveat. "None of us know what the situation's going to be in August," said Dr. Baron. "But we heard from program directors, from candidates — most people overwhelmingly want to take it if they can."

That may be a challenge. Baron noted that many of the review courses and in-person medical meetings used for studying have been canceled. The ABIM is exploring backup dates in the fall and winter for the initial exam.

## MIPS Update

### 2020 MIPS Promoting Interoperability Performance Category Hardship Exception Application Is Available

Certified electronic health record technology (CEHRT) is required for participation in the PI category. Under MIPS, providers may qualify for a re-weighting of the PI performance category to 0% if they meet certain criteria. The application deadline is December 31, 2020.

MIPS-eligible clinicians, groups, and virtual groups may submit a MIPS Promoting Interoperability Performance Category Hardship Exception application citing one of the following specified reasons:

- You are a small practice;
- You have decertified electronic health record (EHR) technology;
- You have insufficient Internet connectivity;
- You face extreme and uncontrollable circumstances, such as disaster, practice closure, severe financial distress, or vendor issues; or
- You lack control over the availability of CEHRT.

### 2020 Extreme and Uncontrollable Circumstances Exception Application Window Is Now Open!

MIPS-eligible clinicians, groups, and virtual groups may submit an application for re-weighting of any or all MIPS performance categories if they have been affected by extreme and uncontrollable circumstances that impact these categories. The Extreme and Uncontrollable Circumstances Exception application deadline is December 31, 2020.

Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control

of the facility in which you practice. These circumstances would:

- Cause you to be unable to collect information necessary to submit for a MIPS performance category.
- Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (e.g., if you were unable to collect data for the Quality performance category for 3 months), and/or;
- Impact your normal processes, affecting your performance on Cost measures and other administrative claims measures.

For the MIPS **2019** performance period, CMS added flexibilities to allow the healthcare delivery system to focus on the COVID-19 response. The automatic Extreme and Uncontrollable Circumstances policy was extended to all MIPS-eligible clinicians. MIPS-eligible clinicians who were not able to submit any 2019 MIPS data by April 30, 2020 will receive a neutral payment adjustment for the 2021 MIPS payment year.

#### **Please note:**

*Beginning in January 2020, a Health Care Quality Information Systems Access Roles and Profile (HARP) account is required to submit a MIPS PI Hardship Exception Application or an Extreme and Uncontrollable Circumstances Application on the QPP website.*

Log into the Quality Payment Program (QPP) portal with your HARP credentials, click the 'Exceptions Application' on the left-hand navigation pane, and then select the appropriate application to complete and submit.

For more information on how to obtain a HARP account, refer to the "Register for a HARP Account" document in the QPP Access User Guide. <https://www.qpp.gov>

## New Improvement Activity Announced

CMS is encouraging clinicians to contribute to scientific research to fight the COVID-19 pandemic.

Clinicians may now earn MIPS credit for participation in a clinical trial and reporting clinical information by attesting to the new COVID-19 Clinical Trials Improvement activity.

## Updated 2021 eCQM Specifications and Materials Now Available

CMS has posted the electronic clinical quality measure (eCQM) specifications for the 2021 reporting period for Eligible Hospitals and Critical Access Hospitals, and the

2021 performance period for Eligible Professionals and Eligible Clinicians.

CMS updates the specifications annually to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting.

These updated eCQMs are to be used to electronically report 2021 clinical quality measure data for CMS quality reporting programs.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability Programs
- Quality Payment Program (QPP): The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- APM: Comprehensive Primary Care Plus (CPC+)
- APM: Primary Care First (PCF)

The updated eCQM specifications are available on the eCQI Resource Center for Eligible Hospitals and Critical Access Hospitals and Eligible Professionals and Eligible Clinicians under the 2021 Reporting/Performance Year at: <https://ecqi.healthit.gov/ep-ec?year=2020>

## MEDICARE NEWS

### CMS Announces Changes to Medicare Advantage

On May 22, 2020, CMS finalized requirements that will increase access to telehealth for seniors in Medicare Advantage plans, expand the types of supplemental benefits available for beneficiaries with an MA plan who have chronic diseases, provide support for more MA options for beneficiaries in rural communities, and expand access to MA for patients with End Stage Renal Disease (ESRD).

### Addition of QW modifier to HCPCS code U0002 and 87635

A new MLN Matters Article MM11765 on the Addition of the QW modifier to HCPCS code U0002 and 87635 is available.

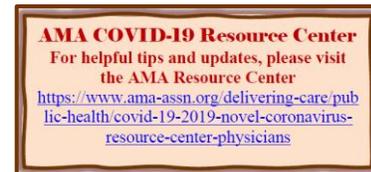
Medicare will permit the use of codes U0002QW and 87635QW for claims submitted by facilities with a valid, current CLIA certificate of waiver with dates of service on or after March 20, 2020.

### CMS Issues Nursing Homes Best Practices Toolkit to Combat COVID-19

On May 13, 2020, under the direction of President Trump, CMS released a new toolkit developed to assist nursing homes, governors, states, departments of health, and other agencies who provide oversight and assistance to these facilities, with additional resources to aid in the fight against the COVID-19 pandemic within nursing homes.

The toolkit builds upon previous actions taken by CMS, and provides a wide range of tools and guidance to states, healthcare providers and others during the public health emergency. The toolkit is comprised of best practices from a variety of front line health care providers, Governors' COVID-19 task forces, associations and other organizations, and experts, and is intended to serve as a catalogue of resources dedicated to addressing the specific challenges facing nursing homes as they combat COVID-19.

The toolkit can be accessed from the following site: <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>



*We are working hard to keep you on the edge of healthcare. Help us fulfill our strong commitment to maintain our level of service excellence by providing us with your feedback. Please feel free to contact your Account Representative or call 1.800.568.4311.*

