



Finance Office Hours for Health Centers During COVID-19: Your Questions....Answered!

May 1, 2020 2 pm EDT

BREAKING NEWS!

- **CMS Covers Audio Only Services for Medicare Patients:** CMS just [announced](#) an interim final rule with COVID related changes. Included in this important rule is **allowance for FQHCs and RHCs to provide audio only services to their Medicare patients.**
- In addition, they provided additional information on the distant site provision for health centers, including more detail on billing and coding for these services. See the updated MLN Matters [here](#).

Update: The COVID-19 Uninsured Program Portal is NOW open

Providers who have conducted COVID-19 testing or provided treatment for uninsured individuals with COVID-19 on or after February 4, 2020 can begin the process to file claims for reimbursement for testing and treating the uninsured.

Providers can access the portal at <https://coviduninsuredclaim.linkhealth.com/>

View Frequently Asked Questions. <https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions>

Answers From CMS

- The following are responses for questions asked during our office hours on Tuesday.

Question: If a claim was billed without the modifier, will it be flagged for recoupment? Should a corrected claim be sent?

Yes, the claim should be corrected to follow this example from January 27th through June 30th:

Revenue Code	HCPCS Code	Modifiers
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

Question: If we already billed with the 95 modifier but not the G2025 do we need to do a corrected claim?

Yes, after the system is updated on July 1st, MACs will begin to adjust claims to remove the PPS payment, if G2025 is not present, the adjustment claim will not have any reimbursement. Please resubmit those claims to add G2025 to ensure accurate payment.

Question: Will you please ask the representatives from CMS whether they are expecting claims to be submitted with the G2025 before July 1?

That is correct, from January 27th – June 30th, claims should be submitted with three service lines. The FQHC G-code, the qualifying visit code, and G2025. This will allow the claim to pay the FQHC PPS rate for now and later to be adjusted to pay G2025 at \$92.03.



Medicare – Telehealth, Grants Management, PPP, and Other Strategies...

Jeffrey Allen, CPA – Partner, BKD, LLP

Catherine Gilpin, CPA – Director, BKD, LLP

Medicare Cost Report

- How will telehealth services be reported on the Medicare and our state Medicaid cost reports?
- Will we have to allocate time from our providers and make sure our visits are segregated in our internal records?
 - Yes, especially for Medicare. An FQHC will have to do an allocation of time between face to face visits and telehealth visits so salary and benefits from the provider can be allocated to different lines on the Medicare cost report. Telehealth visits should be separately identified in the FQHCs records as those visits will not be included in the Medicare cost report (similar to dental visits). State Medicaid will likely be different for many FQHCs as several states are paying those visits exactly like they were face to face visits. In that case, it may not be necessary to separately track the time or the visits for Medicaid purposes.

Grants Management, PPP, and Other Strategies

- What are the permissible uses for funds received through the CARES Act Provider Relief fund?
 - Support healthcare related expenses or lost revenue attributable to COVID-19...
 - These funds are conditional on acceptance of terms and conditions
- When should my Health Center recognize revenue for this funding?
 - It depends on the strategy chosen for obligation of these funds..
 - Lost revenue vs. expense
 - Size of organization and potential unobligated 330 grant funding

Grants Management, PPP, and Other Strategies

- Regarding Payroll Protection Program, does my Health Center need to re-budget the 330 grant because I am allocating a different % of an employee or different employees to the 330 grant because of the PPP?
 - No. If a Health Center was previously approved to support S&W with the 330 grant they are able to change allocations (% or personnel) without asking permission from HRSA
- What is the rebudgeting process for the 330 grant?
 - Contact HRSA – Grants Management Specialist

Grants Management, PPP, and Other Strategies

- What is most common mistake you have observed with Health Center's related to the PPP funding?
 - $\$100,000 / 52 = \$1,923 \times 8 \text{ weeks} = \$15,385$ – Cap on allocations to PPP
 - Health Center's continue to exclude staff allocated to 330 grant
 - Remember to consider cap on allocations to PPP when thinking about hazard and premium pay
 - Guidance on forgiveness has not yet been released... HC's might want to wait before making one time decisions
 - \$100,000 Cap - HC's can charge up to \$100,000
- How do I account for funding that Congress is providing for COVID-19 testing on Budget due to HRSA May 8th?
 - Health Center's are permitted but not required to budget for program income and other funding on their COVID-19 CARES Act Health Center Funding

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**FTCA COVERAGE &
TELEHEALTH DURING
THE COVID-19
EMERGENCY**

May 1, 2020

Martin Bree

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- Marty's practice involves general health law matters with a focus on professional liability and FTCA problems as well as other grant related compliance issues.
- Marty was a Commissioned Officer of the U.S. Public Health Service from 1976 to 2004. He started his career in Philadelphia as a project officer working with Health Centers and the National Health Service Corps. During his career he held various positions in the HRSA's Philadelphia, New York, Chicago and Kansas City Regional Offices. From 1998 through 2004 he directed the Health Center FTCA program.
- From 2004 to 2010, Marty was the Senior Partner in the Triton Group, LLC providing technical assistance to Health Centers, HRSA, and other federal and state agencies on medical malpractice, risk management and the FTCA program.

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The materials are being issued with the understanding that in conducting this training program the authors are not engaged in rendering legal services. **If legal assistance is required, the services of a competent attorney should be sought.**

COMMON QUESTIONS RELATED TO COVID-19

Does FTCA coverage extend to telehealth visits with both established patients and non-health center patients?

Yes.

- A HRSA FAQ published 3/27/20 HRSA states that in scope services provided via telehealth to health center and non-health center patients with all other requirements of the FTCA program being met are covered by the FTCA.

COMMON QUESTIONS RELATED TO COVID-19

Can our providers provide telehealth services from home? Yes. (See particularized determination published by HRSA in their FAQs).

- Scope of employment – providers employment agreement must be consistent with this activity.
- License – understand licensing laws in states where patients may be located.
- Informed consent – consent to telehealth and to treatment.
- Record keeping.
- Non-health center patients must subsequently be registered and record created.

COMMON QUESTIONS RELATED TO COVID-19

Can we see via telehealth means, a new patient for screening for COVID-19 for the first time from the patient's home? Yes. (See particularized determination published by HRSA in their FAQs).

- Remember previous comments on scope of employment, license, informed consent and record keeping.

Can we see via telehealth, a new patient for health care services other than COVID-19 screening (e.g., behavioral health and chronic disease management)? Yes. (See definition of a health center patient in the FTCA Manual).

- Must provide initial triage/screening and register patient.
- Remember previous comments on scope of employment, license, informed consent and record keeping.

COMMON QUESTIONS RELATED TO COVID-19

Can we provide services via telehealth to patients who are in a different state. **Maybe.**

- State licensing laws vary with some requiring the provider to be licensed in the state where the patient is located.
- Many states are providing exceptions during emergency. Check with the relevant state licensing boards.

Can a health center practitioner provide services via telehealth when he/she is not in the United States and expect FTCA coverage?

Probably not.

RESOURCES

FTLF Learning Center
<https://learning.ftlf.com>

Particularized Determination for COVID-19 Emergency
<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/COVID19GeneralDeterminationHC.pdf>

Novel Coronavirus (COVID-19) Frequently Asked Questions
<https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

PAL 2020-01: Telehealth and Health Center Scope of Project
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>

PAL 2017-07: Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations
<https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf>

Federation of State Medical Boards – COVID-19
<https://www.fsmb.org/advocacy/covid-19/>

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NACHC FINANCE OFFICE HOURS

Your Questions . . . Answered!

May 1, 2020

Michael B Glomb, Partner



PPP ELIGIBILITY

Question: Are there financial criteria that determines whether you can be approved for the loan? For example, do you have to show cash need such as low days cash on hand, etc.? And, how does current financial position impact the amount that can be forgiven?

(From April 3, 2020 NACHC webinar Q and A)

PPP CERTIFICATION

- Borrowers must certify that:

“ . . .the uncertainty of current economic conditions makes necessary the loan request to support the ongoing operations of the eligible recipient;” CARES Act, Section 1102(a), amending SBA Act Section 7(a), March, 27, 2020

“[b]orrowers must make this certification in good faith, taking into account their current business activity and their ability to access other sources of liquidity sufficient to support their ongoing operations in a manner that is not significantly detrimental to the business.”

SBA FAQ 31, April 23, 2020

(All emphasis added)

PPP CERTIFICATION

- So why the change in tone?
 - PPP ran out of funds on April 16
 - Congressional inquiries
 - Bad press – Shake Shack, the Lakers, Ruth’s Chris, *etc.*
- Government Response
 - Treasury/SBA to audit loans \$2million and over
 - Threat of legal action – false claims, false statements

PPP CERTIFICATION

- So what do I do now?
 - **Don't** panic: health centers are not the Lakers or Shake Shack
 - Current and future viability is essential
 - **Do:** document/memorialize conditions existing *when you applied* that support need for a loan
 - **Do:** document use of loan proceeds consistent with the allowable uses of the PPP loan *and* as necessary for loan forgiveness
 - Consider amnesty: if all else fails, you can return the loan proceeds by May 7, 2020 without penalty

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TELEHEALTH CODING & BILLING UPDATE (1-MAY 2020)



REVENUE CYCLE | GHC EXPERTISE
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Disclaimer

1. The guidelines, interpretations, and recommendations set forth as part of this training session are presented as a guide only. Attendees understand and recognize that actual coding and/or business decisions are the sole liability and responsibility of the provider(s), respective billing staff, and financial professionals. PMG, Inc. does not accept any liability or responsibility in this regard.
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MLN Revision

- MLN SE20016, 30-April Revision (Update)
- Expanded telehealth to pay “audio only” E&M (i.e., 99441-99443)
 - Effective DOS: 1-March
 - Check with MAC for directives
- 99441-99443 Qualifying visit? Neither PPS nor telehealth
- “When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, & then bill them with HCPCS code G2025.”*
- Know ALL payers (even those following Medicare) are unique
 - Learn what opportunities exist

*Source: <https://www.cms.gov/files/document/se20016.pdf>



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Update from CMS

#1 Claim Example for DOS 27-Jan through 30-Jun

Revenue Code	HCPCS Code	Modifier
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

#2 Claim Example DOS 1-Jul and forward

Revenue Code	HCPCS Code	Modifier
052X	G2025	95

Format #2 for ANY telehealth after 1-July

Format #2 for any audio only telehealth as of 1-Mar DOS

Telehealth Coding Summary

Type of service	CPT Code	Description	FQHC Code	FQHC Payment	MLN Resource
Medicare Telemed Visits	99201-99215	A visit with a provider that uses real-time audio <u>and</u> video telecommunications systems between a provider and a patient. For COVID,	G0466- G0470 & G2025	PPS & \$92.03	https://www.cms.gov/files/document/se20016.pdf
Virtual Check-In	G2012 & G2010	A brief check in with a provider with a telephone or other telecommunication device to decide whether an office visit is warranted <u>OR</u> a remote evaluation of recorded video or images submitted by a patient.	G0071	\$ 24.76	https://www.cms.gov/files/document/se20016.pdf
Online Evaluation: E-Visits	99421 - 99423 G0261-G0263	Communication between a patient and their provider through a 24/7 online portal (based on cumulative time spent over 7 day period); e.g., EMR's patient portal	G0071	\$ 24.76	COVID: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf ; https://www.feldesmantucker.com/cms-expands-fqhcs-flexibility-to-serve-patients-https://www.cms.gov/files/document/se20016.pdf
Telephone only, Core Provider	99441-99443	Telephone evaluation by a physician or non-physician (based on time)	G2025	\$92.03	https://www.cms.gov/files/document/se20016.pdf

- 99211 is a telehealth-COVID-PHE-approved code*
- Be patiently persistent with MACs... all are learning.
- Check with Medicaid & commercial payers that follow CMS telemed

*<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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RESOURCES

✓ **FTLF COVID-19 Resource Center:**

§ <https://www.feldesmantucker.com/tag/covid-19/>

✓ **FTLF COVID-19 National Emergency Federal Response Framework White Paper, April 8, 2020:**

§ <https://www.feldesmantucker.com/wp-content/uploads/2020/04/Federal-Response-to-COVID-19-FTLF-White-Paper.pdf>

RESOURCES

- ✓ **FTLF Client Alert: Financial Relief for Health Centers, Other Nonprofits, and Businesses During the COVID -19 Public Health Emergency, April 7, 2020:**
 - § <https://www.feldesmantucker.com/client-alert-financial-relief-for-health-centers-other-non-profits-and-businesses-during-the-covid-19-public-health-emergency/>

- ✓ **FTLF Client Alert: The Small Business Administration (“SBA”) and the Treasury Department Issue a Frequently Asked Questions (“FAQ”) on the Paycheck Protection Program, April 8, 2020:**
 - § <https://www.feldesmantucker.com/client-alert-the-small-business-administration-sba-and-the-treasury-department-issue-a-frequently-asked-questions-faq-on-the-paycheck-protection-program/>

RESOURCES

- ✓ **FTLF Client Alert: What You Need to Know About Economic Injury Disaster Loans & Emergency Grants During the COVID-19 Pandemic, April 14, 2020**
 - § <https://www.feldesmantucker.com/client-alert-what-you-need-to-know-about-economic-injury-disaster-loans-emergency-grants-during-the-covid-19-pandemic/>

- ✓ **Small Business Administration:**
 - § <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

- ✓ **Department of the Treasury:**
 - § <https://home.treasury.gov/policy-issues/cares>

- ✓ **Internal Revenue Service:**
 - § <https://www.irs.gov/coronavirus-tax-relief-and-economic-impact-payments>