

# 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.

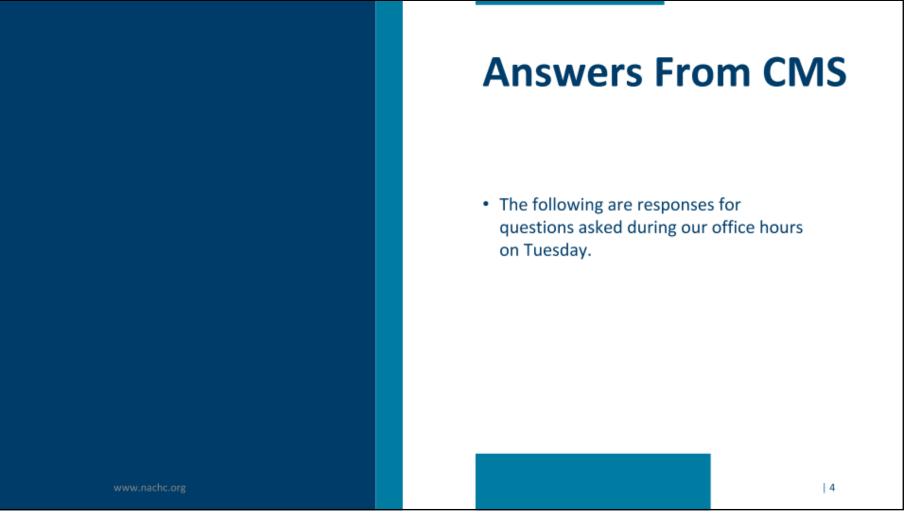
Providers can access the portal at <a href="https://coviduninsuredclaim.linkhealth.com/">https://coviduninsuredclaim.linkhealth.com/</a>

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



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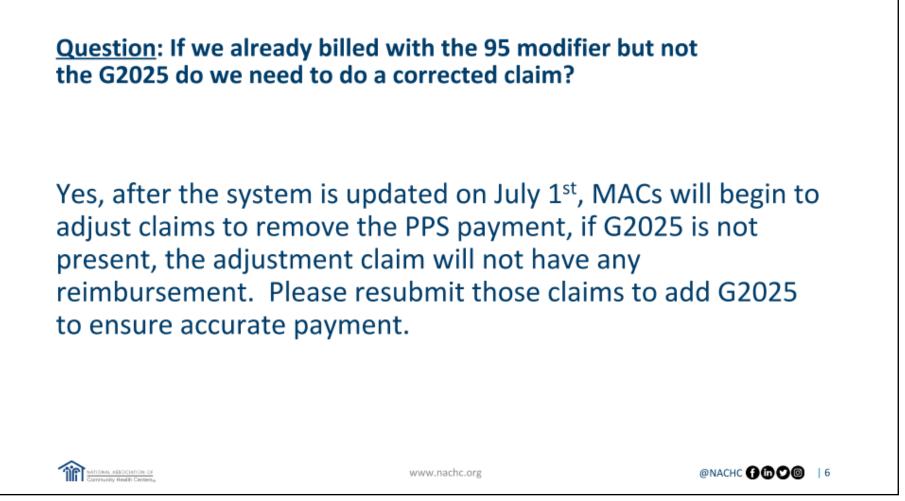


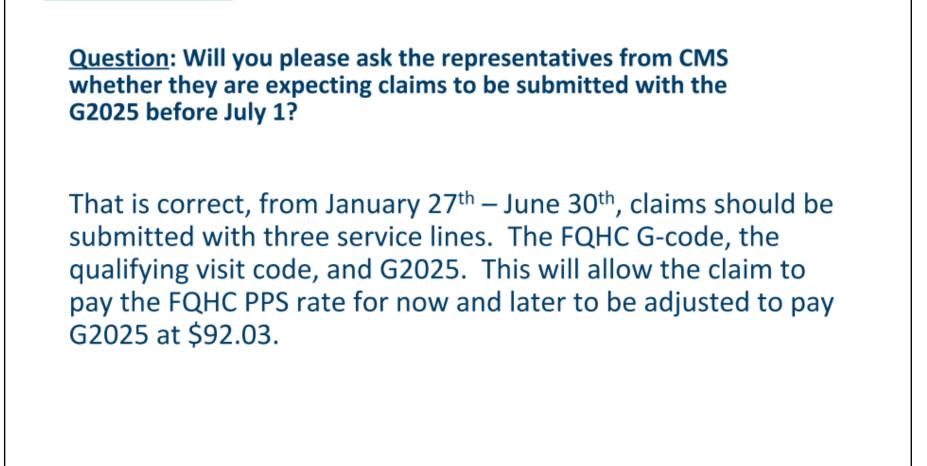
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Yes, the claim should be corrected to follow this example from January 27<sup>th</sup> through June 30th:

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







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# 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.



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## **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



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# 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

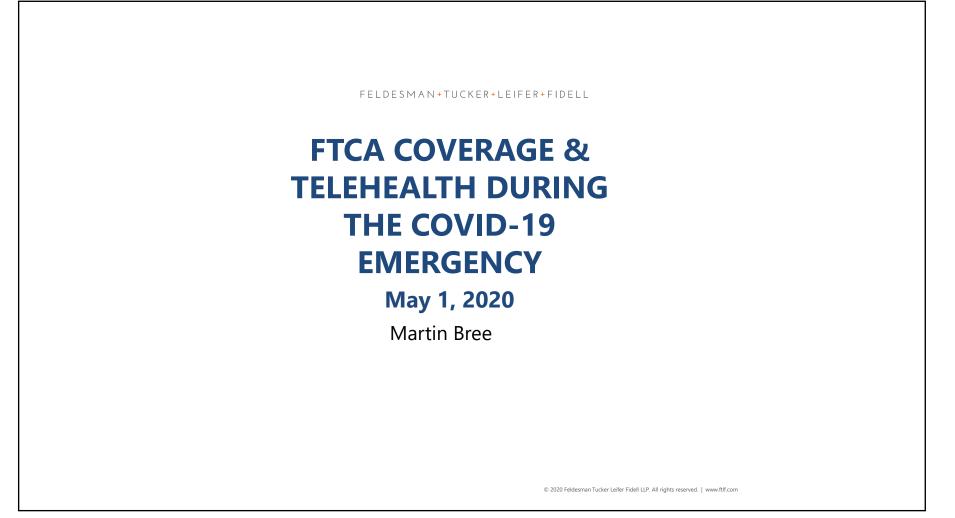


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# Grants Management, PPP, and Other Strategies

- What is most common mistake you have observed with Health Center's related to the PPP funding?
  - \$100,000 / 52 = \$1,923 x 8 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 8<sup>th</sup>?
  - 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

Community Health Centers



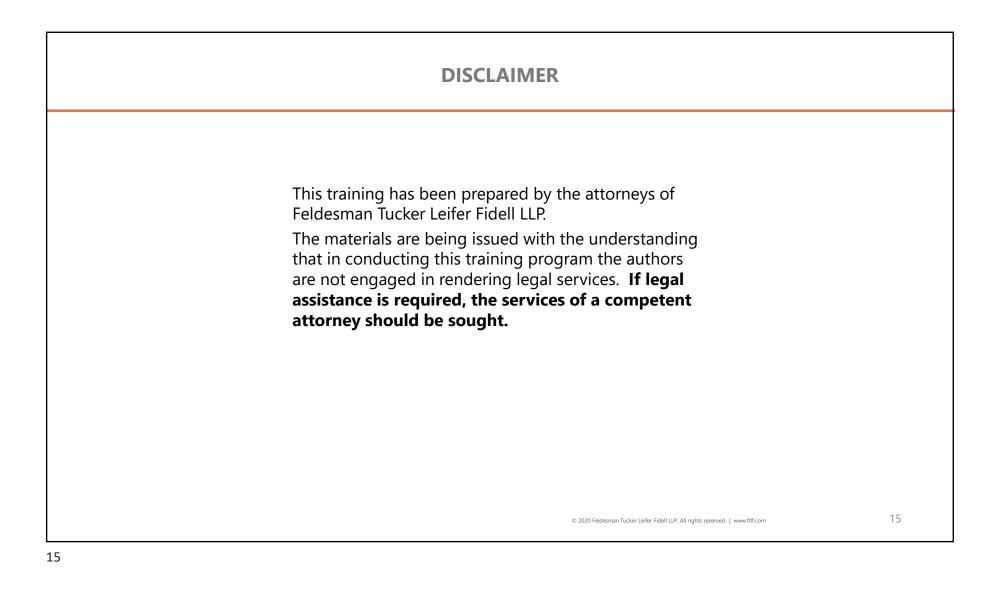
#### **PRESENTER: MARTIN J. BREE**

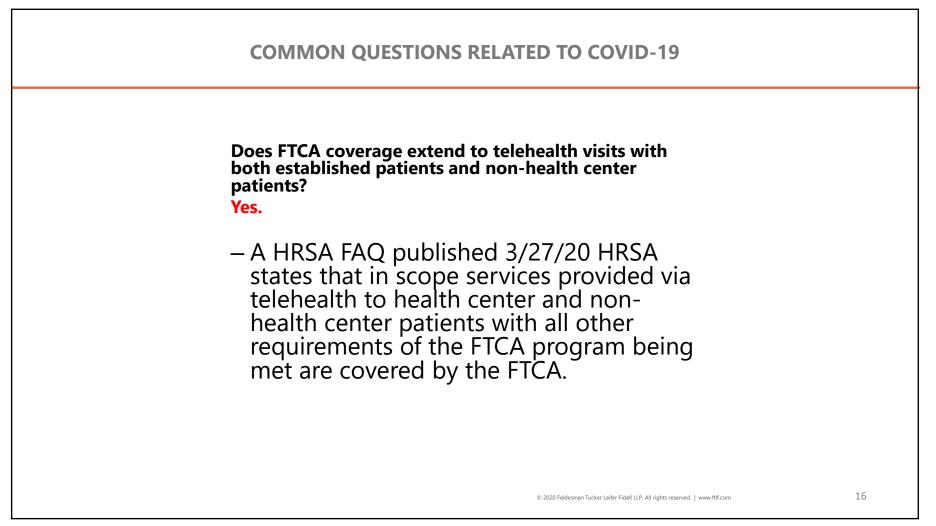


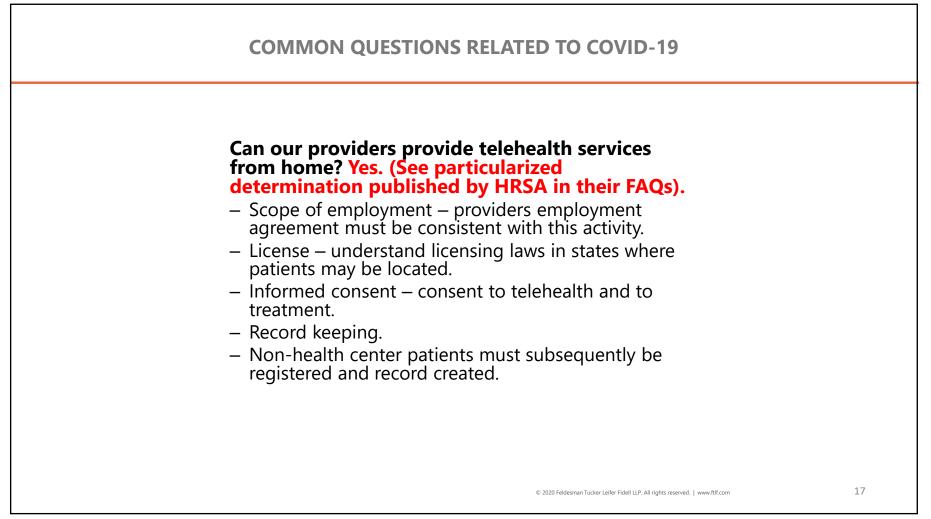
Contact Information: <u>mbree@ftlf.com</u> 202.466.8960

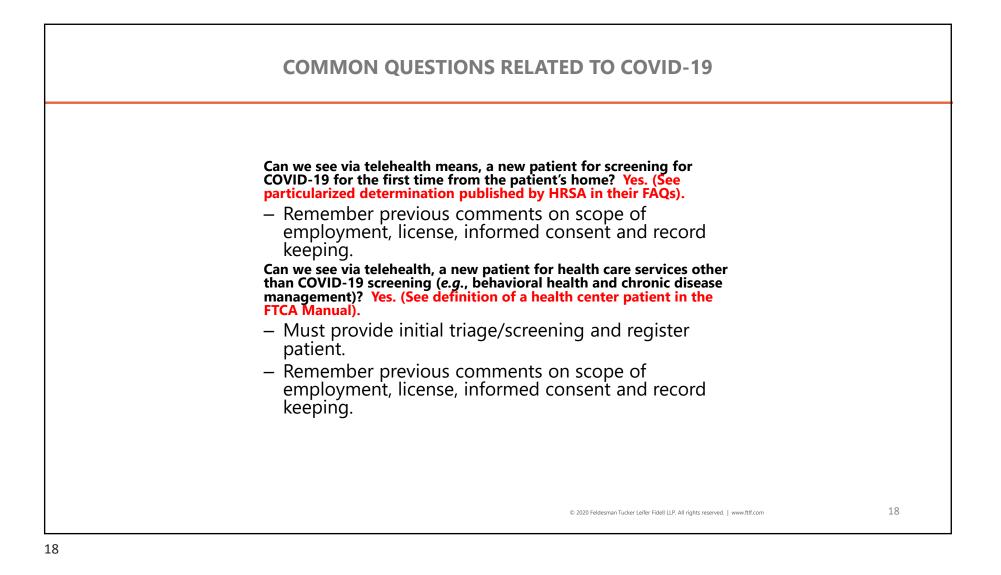
- Marty's practice involves general health law matters with a focus on professional liability and FTCA problems as well as other grant related compliance issues.
- Marty was a Commissioned Officer of the U.S. Public Health Service from 1976 to 2004. He started his career in Philadelphia as a project 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.

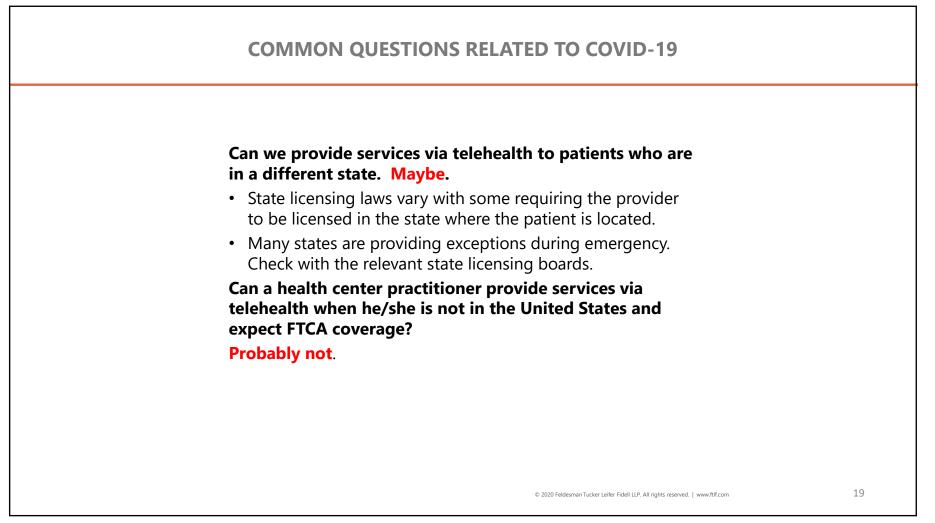
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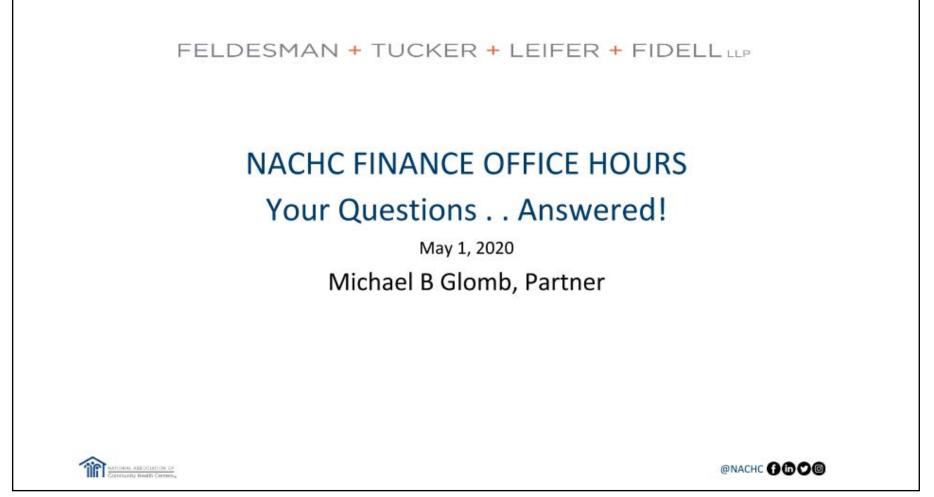




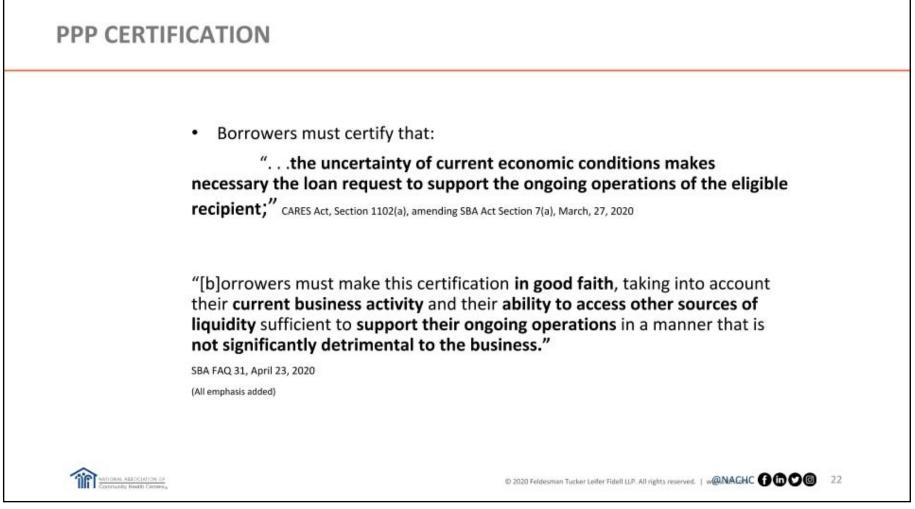
RESOURCES				
	FTLF Learning Center   httips://learning.ftlf.com   Particularized Determination for COVID-19 Emergency   https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/COVID19GeneralDeterminationHC.pdf   Novel Coronavirus (COVID-19) Frequently Asked Questions   https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html   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/ptol-2017-07.pdf   Federation of State Medical Boards - COVID-19   https://www.fsmb.org/advocacy/covid-19/			
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PPP ELIGIBILITY	
you can be approved for th to show cash need such as	ial criteria that determines whether ne loan? For example, do you have low days cash on hand, etc.? And, position impact the amount that
(From April 3, 2020 NACHC webinar Q and A)	
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#### **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



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#### **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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5/1/2020



### Disclaimer

- 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



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## **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,	196 1971 1976	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/docum ent/03092020-covid-19-faqs-508.pdf; https://www.feldesmantucker.com/cms- expands-fghcs-flexibility-to-serve-patients-	
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/Med icare-General-Information/Telehealth/Telehealth-Codes @NACHC () () () ()

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