

May 2020 Infoline- Special COVID-19 Edition



What's New

Welcome to the exciting new AR System's Info Line Newsletter. We are excited to change the format 'a bit' but all the rest of the fun updates remain unchanged. Enjoy!

Perspective

Hi Happy Healthy end of April. When I look at our last Info Line, 3-11-20, it is amazing to see such a dramatic difference in our country in 6 short weeks. COVID-19, Coronavirus, PPE, ventilators (who even knew what they looked like?), public health emergency/PHE, shelter at home/stay at home and finally, social distancing. In 6 short weeks, our world has tilted.

I got a bit of perspective: March 30th 4000 deaths April 27th 55,564 deaths. About 30 days = 50,000 deaths. (20 yr /1955-1975 Vietnam war killed 58,220)

Humbling and yes, a bit terrifying. On a personal note, I am sure I am not the only one with 'at risk' family members. As we all try to create a new norm - I loved what Gov Cuomo/NY said about 're-imagining' not just 're-opening.'. We have discovered so many new potential norms- some easier than others. Opportunity to look at the old way, the 'norm' that happened overnight/some less fun than others, and say - let's use that creative genius as we move forward. During this period, the 50th Anniversary of Apollo 13 /April 11th happened. I loved the commentary on what a group of focused scientists/engineers did 50 years go - what can't we do! As I look back at my 40+ years in healthcare, I am sure I join many when I say - we have seen many 'changing of rules retrospectively' and the impact to the internal working of our healthcare industry - but it is nothing compared to the 'speed of light' changes we need to make now. And with over 500+ payers having their own rules, the job is monumental. Lots of exceptional front-line inspirational healthcare workers leading the charge while the back end of revenue cycle teams are working to try to keep the cash flow moving in the most challenging of times. I am humbled every day...and so very grateful.

We are dedicating this edition to COVID-19- Regulation and Payment Updates
Dr Ron Hirsch, R1 RCM, Inc., VP of Regulation & Education has graciously joined me in the past 2 weeks to teach the 'hot off the press' FREE webinar to any group as requested. (HFMA regions, ICAHN and soon to add Compliance 360/May 12th. *If your group might be*

interested, let me know. *)

WOW! I can tell you that trying to keep this class current is almost a daily event...and that is not overstating it. It is what everyone is dealing with.



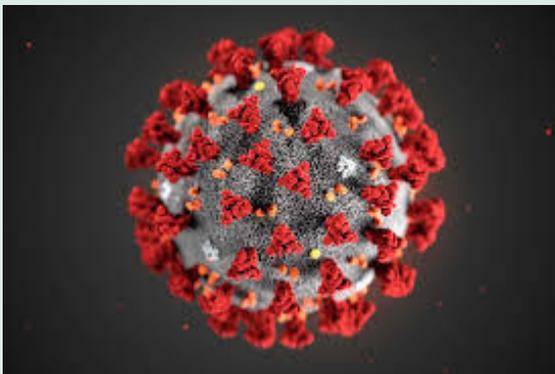
HOT OFF THE PRESS

HOT, HOT, HOT off the press - Thanks. Dr Hirsch. CMS release Families First Coronavirus Response/FFCRA which appropriates \$1B to reimburse providers for conducting coronavirus testing for the uninsured and the Coronavirus Aid, Relief and Economic

Security (CARES) Act, which provides \$100B in relief funds to hospitals and other healthcare providers. Within the Provider Relief Fund, a portion of the funding will be used to support healthcare-related expenses attributable to the treatment of uninsured individuals with COVID-19. How it works: Providers who conducted COVID testing or provided treatment for uninsured individuals on or after Feb 4, 2020, can electronically request claims and generally be paid at the Medicare rate, SUBJECT TO AVAILABLE FUNDING. WOW! There are detailed steps so do this NOW.

<https://coviduninsuredclaim.linkhealth.com/> United Healthcare is administering the funds... (gads) update: reported that there is some anguish with using the portal.

(Thoughts: But---Why not open the enrollment in the Marketplace/Exchange that was created thru the Affordable Care Act? This is being done instead of opening the enrollment for anyone who did not have insurance to sign up. (Normal enrollment is Nov 1-Dec 16). By not opening for the Pandemic, the FFCRA/Tax payer relief program is going to pay for the COVID-19 related test and/or treatment instead of the insurance plans. Many of these people could likely qualify for the tax credit which is income based and will help with the monthly premiums. Why not? Also, anyone who has lost their employer-sponsored plan /lost job -can qualify NOW nation-wide for consideration under the Special Enrollment period/60 days from the life event. Help your patients! (Note: Under PFNFinc.com webpage - there is a series of articles /Healthcare buzz about this program. Also look on your state's webpage. Use it!)



NEW COVID REGULATION TRAININGS

Webpage: COVID-19 powerpt under Value Added Training

On the webpage, we have posted the most current class -with updates thru 4-23-20. We have dated it as it is only current thru that day.

Plz feel free to get it as it has a ton of operational guidance plus updates.

Items included in the powerpt on the webpage:

1) 4 HFMA Regional replies to key polling questions.. Take a look at the questions about cash on hand, employed/contracted providers, reductions in coding and PFS staff. (Just saw stat: 32% of physicians had to lay off staff. 68% say COVID-19 has substantially decreased their revenues.) As we continue to do additional professional groups, we will add their input as it reflects a larger picture of financial health.

2) CMS Waivers - this has had many updates so be sure to stay current about the practical applications of same. *Only use if you need to/CMS 3-31 guidance.* CAHs have some unique to them; others apply to all size facilities.

3) Great insurance plans/payer link to try to stay current with each plan's issues: waiving of prior authorization, copayment of COVID-19 TESTING (only?), accelerated payments. Each payer has their own guidance. Still plenty to query on.

4) Accelerated Payment Program - learn about the repayment program for hospitals, CAHs and physicians. If you have requested one, it is important to clarify HOW the Claim Offset will work on day 121. A percentage of your total amount, how will it be held out, etc. This is a cumbersome process..how to post a payment to a patient's account and then reconcile against a less amount on the EOB/think unique adjustment code for ease of tracking as we never know when things might change.

DID I SAY CHANGE? Yep, effective 4-26, CMS announced that it is reevaluating the amounts that will be paid under its Accelerated and Advance payment program and SUSPENDING Advance Payment Program to Part B suppliers effective immediately. Since 3-28, CMS approved over 21,000 applications totaling \$59.6 Billion in payments to Part A providers, which include hospitals. For Part B suppliers, 24,000 applications \$40.4 Billion in payments. No new applications will be accepted with CMS re-evaluating all pending payments and new applications. CMS announced the change due to successful payment of over \$100B to healthcare providers and suppliers thru these programs and in light of the \$175B recently appropriated for healthcare relief payments. The new relief funds do not have to be repaid if the conditions are met, i.e. Do not balance bill the patient for any amount higher than it would be if the pt had an in-network claim/surprise billing. (NOTE: Part B suppliers - it appears this also means outpt hospital Part B and physician's Part B. Poor word usage.)

Yep, CMS issued new updated waiver on April 30th. Big updates to Telehealth: Rehab, technical component, phone vs telehealth, RHC... and more! Go to www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

5) Telehealth guidance. This topic has continued to evolve especially as each payer appears to a) not accept all the same codes/same rules for coverage and b) the new telephone only covered codes by CMS are not being covered by some individual payers. Others have only coverage for a limited time frame.

6) DR /Disaster related condition code/UB billing. CMS has one use/waiver with the National UB committee creating it for usage for any payer to better clarify a situation.

7) CR/Catastrophic related modifier/1500 billing. This is not to be used for outpt Part B Hospital/Use DR All reference material is within the class.

8) Claim rejections. WOW! With the new dx codes/date specific and the new lab testing codes - we are having claim submission rejections. Some vendors/payers do not have all the new codes loaded. We are seeing new potential scrubber edits built to attach a DR to a combination of the new ICD-10 and lab codes - WHY? These are all valid and should not require an edit.

9) CS modifier = Traditional Medicare pays 100% of testing related claims. Now this one is still a bit unknown. We do have CMS's guidance on attaching the CS to the test and the visit/like ER facility and ER provider E&M. But there still seems to be confusion over attaching the CS TO EVERY LINE associated to the outpt claim. (Ex: IV infusion, fluids, drugs, other tests.) Also, effective date is 3-18 which will require NOTIFYING your MAC and resubmitting your claims. YEP! I have included some sample reports for a couple areas... If the pt paid, refund their out of pocket. What about the supplementals who already paid? Get ready.

10) ICD-10 update. Before and after 4-1-20

11) Rural Health Telehealth. Thanks to ICAHN/Jackie we were able to teach this powerful piece and include it in the web class.

12) Audits - post COVID. Yes, there is no guarantee that there will not be post-discharge audits. Document very very well.

FINALLY:

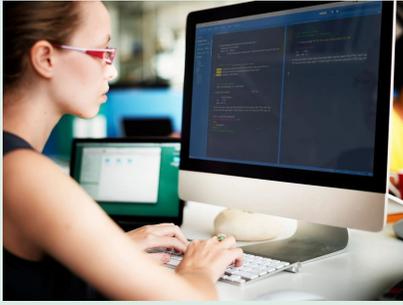
Create a payer-specific workpaper. Reach out to each payer for the above issues and others as they continue to occur. Ask specific questions - as outlined in the powerpt. Out of network will be an issue. What exactly is waived? No copayment to the pt - does that mean you get 100% and what if deductible has not been met-different than co-payment. Just the testing or ALL services related? There are a ton of these type of questions - make your master file. Date and include who you spoke to. Many , many issues. Takes a ton of manpower but what is your alternative?

HEY other fun items on the Web page

- Free updated classes on many topics. When we are doing our desk top audits/benchmark audits - Pt status, coding integrity/coder and provider, charge capture integrity/lost revenue and compliance -take a look at the classes that accompany them. For every audit, we can add a class to teach additional identified concepts. Kind of cool!
- Remote coding services. With our Critical Access pricing, just- in- time coding, 24-48 coding guarantee, no minimums, and in-country experienced coders assigned to each facility - it is a joy to work with all size facilities doing just what is needed. Let's talk.
- All historical Info Line classes are posted on the webpage plus some great reference material. Free - have fun
- Coming soon a new hot-off-the-press class: 2021 Physician E&M Documentation Training

Thank you for the opportunity to continue to be part of your healthcare family. We are all leaders in our community. We lead by example. We teach to our families and our communities in our area of expertise. We are patient. I wear my mask in public to show my community - I care about your health, I am a good neighbor, I am a good citizen. Each of us has our own challenges -many unknown to us. Kindness matters. Our HealthCare

Village Is Strong! *Join us if you can for the free webinars...it feels very good to give back/pay it forward in an area where we can help.*



UPCOMING WEBINARS

COVID-19 : Regulations and Payment Updates 1 hr of content, up to 30 mins of Q&A . We will stay on the phone until all questions are answered.

Thurs, May 7th Region 6/HFMA noon EST Check with your individual chapters and regional webpage

Fri, May 8th Region 3/HFMA noon EST Check with your individual chapters and regional webpage.

Tues, May 19th AHIA Noon CST

Fri, May 29th HFMA Women's Event No California HFMA sponsored noon PST

Tues, May 12th Compliance 360/SAI Global Open to all. 1:00 EST/noon CST/11 MTN/10 PST go to this link for more info and to register:

(<https://www.saiglobal.com/hub/us-healthcare/covid-19-regulatory-and-payment-updates-for-healthcare-providers.>)

Info line Subscriptions

If you know someone that might appreciate being added to future Info line Newsletters please have them submit a request through the below link.

[Info line Signup](#)

**Kind regards,
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