

Washington Update



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Welcome to the

Rural Health Clinic

Technical Assistance Webinar

This webinar is brought to you by the National Association of Rural Health Clinics and is supported by cooperative agreement UG6RH28684 from the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA). It is intended to serve as a technical assistance resource based on the experience and expertise of independent consultants and guest speakers.

The contents of this webinar are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.



RHCs and COVID-19 Testing

On May 20, the Department of Health and Human Services released funds to virtually every federally certified Rural Health Clinic.

Each eligible RHC received a deposit of \$49,640 in their account if they have an ACH/EFT arrangement with CMS. If a clinic does NOT have an ACH/EFT billing arrangement, you will receive a check within 7 – 10 days* for this amount.

*estimate – actual delivery time will vary depending on mail delivery service.



Why us, Why now?

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COVID-19 testing is critically important to defeating this virus. It will not only provide information necessary to policy makers as they struggle with next steps, but it will also help to , reassure the American people that it is safe to resume “normal” activities.





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Why You? Why RHCs?

You are a respected voice in your community. Members of your community look to you for answers and solutions to healthcare problems affecting the entire community, not just those who might walk through your doors.

Congress and the Administration are looking to the RHC community to step up, be creative and help stop the spread of the Corona Virus.



As part of the CARES Act, Congress appropriated an unprecedented amount of money - \$225 Million specifically for RHCs for COVID-19 testing and testing related activity.

HHS adopted a policy that they would provide an equal amount to every RHC, regardless of size. This meant that smaller RHCs (by revenue and/or staff) would receive a larger payment as a percentage of clinic revenue than a larger clinic. This was intentional.



Who is eligible to receive the Rural Health Clinic Testing funds?

All RHCs that have CMS Certification Numbers (CCNs) and are listed in either

1. the CMS Provider of Service file (March 2020)

Or

2. the CMS Survey & Certification's Quality, Certification and Oversight Reports (QCOR) before May 7, 2020.



What if I'm eligible but I didn't get any money?

Most Rural Health Clinics received their Testing funds electronically based upon banking account information associated with the organization's TIN.

If the RHC does not have a TIN linked to a bank routing number, the organization will receive a paper check.

Paper Checks GENERALLY arrive within 7 – 10 days.



Any Other possible delays?

- In some cases, since the payments were made at the Tax ID Number (TIN)/organization level, it may take time for your larger parent entity to distribute the funds across the individual RHC sites.
- **Lastly, a small subset of RHCs did not receive funds on the first day of the disbursement due to TIN matching issues during the data processing phase. For these RHCs, payments will be made at a later date after the TIN is verified and confirmed. HHS is currently working through these issues to ensure proper payments as soon as possible to the affected RHCs.**



What can you do with this money.

RHCs have WIDE latitude in how they can spend this money as long as it is for direct or indirect expenses related to COVID-19 testing or testing related activities.

You COULD be subject to an audit at a later date in which you could be asked to provide a report on how you spent the money.

You should keep an account of how you spent the money.



OK, I got the money, now what?



Are there terms and conditions?

YES!

Within 45 days of receipt of this money if receipt is by ACH, within 60 days of check payment issuance you should complete the attestation process.

Recipients SHOULD sign the attestation form agreeing to the terms and conditions attached to receipt of these monies.

Not returning the payment or attesting to the receipt of funds within this timeframe will be viewed as acceptance of the terms and conditions.

<https://www.hhs.gov/sites/default/files/terms-and-conditions-rural-testing-relief-fund.pdf>



Acceptance of Terms and Conditions

I hereby attest to the following Terms and Conditions on behalf of the provider with the Tax Identification Number associated with this attestation (“Recipient”).

I further attest that I am authorized to make such attestation on behalf of the Recipient.

The Terms and Conditions below are not an exhaustive list and the Recipient agrees to comply with any other applicable statutes and regulations.



The Recipient certifies that it is a rural health clinic as defined in Social Security Act and it

- provides COVID-19 testing or incurs COVID-19 related expenses;
- is not currently terminated from participation in Medicare or precluded from receiving payment through Medicare Advantage or Part D;
- is not currently excluded from participation in Medicare, Medicaid, and other Federal health care programs; and
- does not currently have Medicare billing privileges revoked.



There's a time limit on attestation, is there a time limit on how quickly I need to spend this money?

No. If you have already been doing testing or testing related activities for which NO payment was received from another source, monies could be applied to those expenses retroactively – document!

If you do not start testing until August (i.e. perhaps for students returning to school). That is OK – Document.

Just document the COVID testing or testing related activities you undertook and how much was allocated to that purpose.



Review the Document

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You reviewed and you are ready to sign!



Attestation Portal

<https://covid19.linkhealth.com/#/step/1>



I tried the portal but I cannot complete the process because I do not bill Medicare. What should I do?

We recommend that you call the provider support line at

(866) 569-3522

to initiate a ticket so they can investigate the issue further. Using this process also helps them with quality control for process updates.

HHS is aware of this problem and is working on a solution.





Step 1 Eligibility

The Department of Health & Human Services (HHS) has announced \$30 billion in immediate relief funding to providers in support of the national response to COVID-19, as part of the distribution of the \$100 billion provider relief fund provided for in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This site is open to all providers, regardless of network affiliation or payer contract. HHS is contracting with UnitedHealth Group to facilitate delivery of the funds.

HHS plans to make publicly available the names of payment recipients and the amounts received, for all providers who attest to receipt of a payment and acceptance of the Terms and Conditions. By accepting funds, the recipient consents to the Department of Health and Human Services publicly disclosing the payments that recipient has received from the Relief Fund.



Eligibility

As a reminder, you must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 45 days if ACH payment or 60 days of check payment issuance. Should you choose to reject the funds, you must also complete the attestation to indicate this. This Payment Portal will guide you through the attestation process to accept or reject the funds.

Are you a billing entity that received Medicare fee-for-service (FFS) payments from the Centers for Medicare and Medicaid Services (CMS) in 2019?

- Yes
- No



Eligibility

Answer

YES



Step 2 Billing TIN(s)



Billing Tax ID Number(s)

Please enter the Taxpayer Identification Number (TIN) (either Employer Identification Number or Social Security Number) connected to the billing entity you entered in the previous step. You may enter up to 20 TINs as long as they are attached to the same billing entity. TINs must have all 9 digits entered to be accepted.

Billing TIN(s)

Example:
123456789,
987654321

Type, or copy/paste TIN(s) here. Multiple TINs should be separated by commas.

Continue

Important Information

[CARES Act Provider Relief Fund Details](#)

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Are you a billing entity that received Medicare fee-for-service (FFS) payments from the Centers for Medicare and Medicaid Services (CMS) in 2019?

- Yes
- No



Eligibility

Answer

NO



We're sorry, you are currently not eligible.

Only billing entities that received Medicare fee-for-service (FFS) payments from the Centers for Medicare and Medicaid Services (CMS) in 2019 are eligible. If you believe there is an error, or for questions regarding the distribution of funds, please visit hhs.gov/providerrelief or call the toll-free CARES Provider Relief line at (866) 569-3522.

Important Information

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What are permissible expenses under the \$225 million Rural Health Clinic Testing payment?

Examples of related expenses include, but are not limited to,

- planning for implementation of a COVID-19 testing program,
- building or construction of temporary structures,
- leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing
- procuring supplies to provide
 - testing,
 - training providers and staff on COVID-19 testing procedures, and
 - reporting data to HHS on COVID-19 testing activities
 - Purchasing PPE for employees to wear who may be involved in obtaining samples



What can't I spend this money on?





Buying a boat with this money and calling it Covid Testing – Does NOT Qualify as spending the money on COVID testing...





Establishing a College fund for your newly renamed daughter COVID does not constitute COVID related activity



If an organization has multiple RHC sites, which RHC will receive the Rural Health Clinic Testing funds?

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.



How does the \$225 million in Rural Health Clinic Testing funding differ from the recent \$10 billion Rural Distribution funding?

The \$225 million in Rural Health Clinic Testing is specifically to support COVID-19 testing and related expenses in Rural Health Clinics (RHCs). Under this distribution, HHS will make uniform payments to all RHCs listed in either the Centers for Medicare and Medicaid (CMS) Provider of Service file (March 2020) or the CMS Survey & Certification's Quality, Certification and Oversight Reports (QCOR) before May 7, 2020.

The previous \$10 billion Rural Distribution provided funds not only to RHCs but to rural acute care general hospitals, Critical Access Hospitals (CAHs), and Community Health Center sites located in rural areas, to assist these providers in addressing the effects of the COVID-19 pandemic beyond testing, recognizing that many were already operating on thin margins.



THINK Creatively – ACT Responsibly

Can you partner with your local schools who want to test teachers or students prior to reopening schools?

Can you partner with local businesses that want to test their employees in order to facilitate reopening or remaining open?

How can YOU help your community?



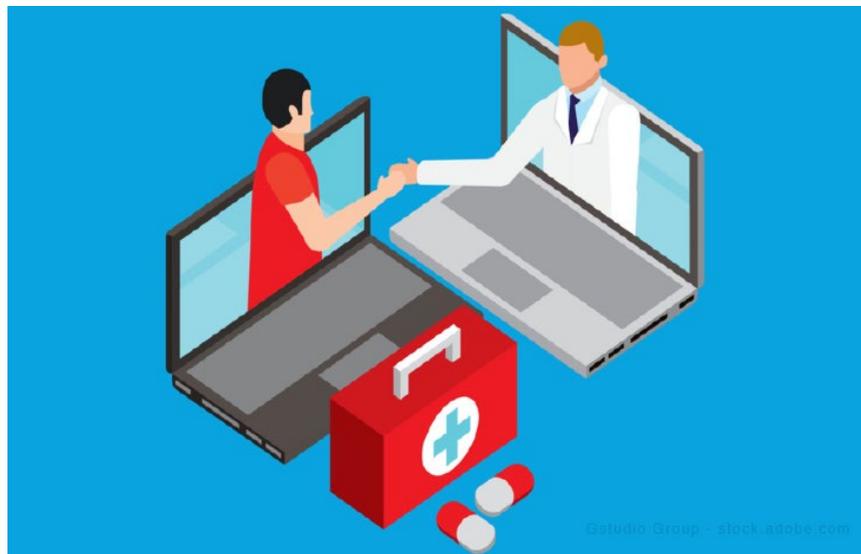
RHC Testing Fund ~ Data Collection

HHS plans on doing some data collection as it pertains to the RHC testing fund

The goal is to collect basic data in a way that will not be administratively burdensome



RHC Telehealth Update



- Major update to the RHC telehealth policy was released on April 30th. MLN Matters SE20016.
- RHCs are to use the HCPCS code G2025 (w/ modifier CG) for all telehealth distant site visit claims
- RHCs can now use HCPCS code G2025 to bill for audio-only telehealth visits (previously was shoehorned into a G0071 service)
- Payment for G2025 is \$92.03 but until June 30th RHCs will receive their normal All-Inclusive Rate
- In July, Medicare will either recoup or pay an additional amount for each G2025 service performed ~ details of how this will work are still TBD



RHC Telehealth Update

- It is my understanding that most MACs are processing G2025 w/ modifier CG properly now
- Some have had better success also appending modifier 95 (which is optional)
- CMS significantly expanded the codes that providers can bill via telehealth on April 30th.
- In that update, they specified a significant number of codes that can be billed audio-only.
- Currently less relevant for us because we bill all these codes with G2025
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>



Name of Telehealth Service	Brief Description	How to bill	Payment
Virtual Check-In or Virtual Care Communications	Remote evaluation of a picture – G2010 Brief communication with patient (5 min) – G2012	G0071 Bill on UB-04 No modifier necessary Rev Code 052X	\$24.76
Digital e-visits	Online digital evaluation and management 99421-99423	G0071 Bill on UB-04 No modifier Rev Code 052X	\$24.76
Telehealth Visits	One to one substitutes for in-person services/visits ~ many	G2025 Bill on UB-04 Modifier CG, (95 optional), Rev Code 052X	\$92.03
Telephone Audio-Only E/M Visits	Telephone E/M 99441-99443	Can bill as G2025 services	\$92.03



More Information

The National Association of Rural Health Clinics has been chosen by the Federal Office of Rural Health Policy to lead the effort to work with Rural Health Clinics to Prevent, Prepare and Respond to the COVID-19 pandemic for communities served by RHCs.

Over the course of the next several months, NARHC and partner organizations will be sponsoring and hosting numerous events all aimed at assisting you in this endeavor.



Webinars to come

- Testing best practices with the CDC
- Cost reporting during COVID-19
- Collaborating with your community to re-open safely
- Covid-19 data reporting



We want to hear from you!

What do you need in the way of Education?

What do you need in the way of Resources?

How can NARHC best be of help to you as we work through this together?



We'd like to welcome Kerri Cornejo and Sarah Young with the Federal Office of Rural Health Policy to participate in the Question and Answer portion of this webinar.

Kerri and Sarah have been heavily involved in developing the RHC COVID-19 testing initiative for FORHP

QUESTIONS



Can you provide more detailed examples of the types of activities that may be related expenses?

The following are examples of the types of activities that may fall into the category of COVID-related expenses:

- 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

More Examples

- 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



Thank You!

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