NARHC Webinar
Monday November 24, 2020
Moderator: Nathan Baugh
Speakers: Shannon Chambers & Charles James

Navigating RHC Covid Reporting Requirements

Nathan Baugh:

0:05
Good afternoon and good morning, everyone. I would like to thank you all and welcome you to today's webinar.

0:13
My name is Nathan Baugh, the Director of Government Affairs.

0:16
for, the National Association of Rural Health Clinics.

0:19
And I'm the moderator for today's call today's topic is COVID-19 and Rural Health Clinics, Ask us anything.

0:27
I'm joined by Shannon Chamber's from the South Carolina Office of Rural Health, as well as the NOSORH Community Connections, Community Care Connections projects. I'm sorry. Shannon, you're going to have to correct me on the official name on that.

0:43
That is also a member of NARHC Board, and I'm also joined by Charles James, who is the President of the National Association of Rural Health Clinics, as well as the President and CEO of North American Health Care Management Services.

1:00
This webinar series is sponsored by HRSA Federal Office of Rural Health Policy and is done in conjunction with the National Association of Rural Health Clinics.

1:08
We're supported by a co-operative agreement, as you can see on your screen through the Federal Office of Rural Health Policy, and that allows us to bring you these webinars free of charge.

1:17
Purpose of this series is to provide RHC staff with valuable technical assistance and RHC specific information as it pertains to COVID 19 testing and the funds RHCs received for testing.

1:30
Please help us spread the word about these free webinars by encouraging anyone who may benefit from this information to sign up to receive announcements regarding dates, topics, and speakers at either the RHI Hub website or NARHC website.

1:45
When we get to the Q&A portion of today's presentation, we actually have this chat box open. We'll have the chat box open the whole time.

1:53
We're gonna try to get as many questions and answers done, as we can.

1:57
So, no, please listen to our presentation. First, we're gonna go over the commonly answered questions, and then you can put your questions that we didn't get to in the chat box.

2:09
As with all webinars, we are at the mercy of good bandwidth for all parties and we know that connectivity can go up and down, so, if you have any audio or visual freezes, we suggest refreshing the page and that usually fixes the issue.

2:23
If you continue to have issues, do not worry, because the recording of today's presentation will be posted on both RHI Hub website, as well as the NARHC website, with links to the slide and transcript. All right.

2:36
Here we go. So.

2:40
These are the, this is us. These are our speakers, is who will be answering your questions. There's Charles James, Shannon, and myself.

2:49
That's what we look like.

2:52
Common questions, going to knock some of these out first. and then we'll get to your Q and A's. Yes.

2:57
This is recorded, as I just mentioned, you can get our, get the slides on our website, probably in about 24 hours, as well as the the recording.

3:08
And the slides for this should be particularly helpful, because we have a lot of links here that take you to all the resources you need to answer any question you might have about rural health clinics and COVID. A lot of links. It's a link heavy slide deck.

3:27
Just real quick.

3:30
The COVID 19 Testing Fund reporting, as you all should know.

3:35
Rural Health Clinics each receive $49,000.

3:38
461 dollars and 42% per Rural Health Clinic to do COVID 19 testing.

3:48

And you are required to report information about what you used this money with, and how many tests you have done rhccovidreporting.com.

3:59
We created this website.

4:01
So we're here to help you if you have issues with it.

4:06
When you register, this is what it looks like.

4:08
The first time, uh, you do have to say yes to a question on the homepage. That's basically like a disclaimer question, then you can get to this registration page.

4:22
one of the biggest issues we've had with registration said people don't get the e-mail that they need to complete it. This is generally because your system as blocked the e-mail. So, the best thing to do is check your spam first. You can also whitelist that e-mail domain at narhc.org to potentially help the e-mail get through.

4:47
If you're still having problems, you can e-mail our web development team support@lan2wan.com.

4:58
All right, So I'm going to turn it over to Shannon to answer some of these common questions.

5:03
And Shannon, take it away.

Shannon Chambers:

5:06
Fantastic. Alright, so one of the main common questions that I've been receiving is, Can I update my information within the system?

5:13
So, it is now November say that you go in to report your October data, and realize that something is incorrect with the September data that you entered.

5:23
You can update your information at any time by logging in, make sure that when you get to it, take a chance, review it, make sure the information is correct.

5:34
Do you have to report by 10 number? Yes.

5:37

So, if you are a provider based clinic, and you have multiple rural health clinics that are assigned to that 10 number, then it's all inclusive reporting, just like we get an all inclusive, right, it's all inclusive reporting.

5:52
Does this include the antibody testing?

5:54
So, yes, if you are doing the antibody testing within your clinic, you can report those numbers on the portal as well.

6:02
I'm sorry.

6:05
Can't I use it? for staff time? For COVID testing? Yes.

6:09
The main thing we want to make sure that you understand is you can't double dip.

6:13
So, if you had the PPP funds and you were covering that for individuals' staff time, you cannot also use this same funding for staff time.

6:24
Most of us have used our PPP funds by now. So this would cover staff time. Your staff has outrunning a drive thru testing site at your clinic or down the road. Then yes you can use these funds for staff time.

6:39
And the main one is: Does specimen collection countess testing? Yes, so I want to elaborate just for a second.

6:46
With this, is that if you don't have the ability to run the test within your clinic and you are only doing the specimen and maybe you're sending it to lab or you're sending it to Quest or you're sending it to your state.

7:00
Those count, those are testing or specimen collections that you're doing and you would need to report that within the system.

7:08
And I guess I will turn it over to Charles now.

Nathan Baugh:

7:11
Yep, Charles do you want to tackle these three?

Charles James:

7:15
Of course. Thank you. Thank you, Shannon: Thank you. Nathan, thank everybody for being here.

7:21
Of course, there's always this valuable resource for even us, even myself, you know, who?

7:28
I have a lot of familiarity with, a lot of the technical details, there's always opportunity to learn.

7:34
Part of the objective of this session was to discuss, hey, what are the questions we're getting all the time?

7:41
And the biggest one I get is, do we know what's going to happen at the end of the PAC, the Public Health Emergency?

7:49
And relative, of course, to telehealth and RHCS Distance site are telephone only visits.

7:57
And all of our, what we perceive as gains, it's difficult to call them that in this environment, right?

8:05
But all of the tools that we've Ben allowed to use during this pandemic, what's going to happen to this.

8:14
Right now, at the Medicare level, we have had no change to any statute or any regulation that will make any of these changes permanent.

8:28
Of course, we've all been attuned to the election and the, what's going to happen with the Cures Act?

8:35
Are we going to get around four of a Cares Act in the cares Act in that? What is Round four? So, if you're listening to the news and you hear that Congress is negotiating this package, that's what we're talking about.

8:48
is round four of the Cures Act, which we heard, I believe in the House version nations can correct me if I'm wrong. There's already a provision passed to extend.

8:58
Our RHC is distance site.

9:01

Our aggregate G 2025 payment of 92 dollars and 3% that would extend these provisions for five years.

9:12
Nothing has been formally decided to that end. It's just been a conversation.

9:17
What we're advocating for, what I'm hoping for is, too, in the long term, instead of eliminate the distinction with telehealth visits and just make these visits, et cetera, make telehealth visits encounters through them on the cost report, et cetera. Right now, none of that has changed.

9:36
So, what is going to happen when the PH yens As of today, everything would revert to normal at the Medicare level.

9:44
Now, many of us at, in various states, and, of course, I'm located in red on the Missouri Illinois border, So, we're pretty mid-west, centric if that's a word, but many of our states, Missouri, Illinois, Kentucky.

10:01
Ohio just changed at the Medicaid level, We see encounter definitions already changing to accommodate.

10:14
Rural health is just site, Telehealth encounters as encounters.

10:19
And some of these states have telephone only visits so we have an instance where a lot of our Medicaid agencies are getting out in front of where Medicare is right now.

10:27
So first of all, check with your own state to see what's happening with your reimbursement and canter definitions.

10:34
At the Medicare level, nothing has changed so far, absent some talk, about extending what we have for five years, which would be minimum mental, minimally acceptable. I think alternative, I'll speak for myself, I'd much rather get the definition change.

10:52
So, I could go on with that more than people want to hear about.

10:55
But let's talk about testing fonds.

10:59
Oh, I'm getting a lot of questions about what can we do with our testing funds?

11:06
Can and I know we've talked about this topic ad nauseum.

11:10

But clearly, it still needs some conversation and some reinforcement.

11:14
So first of all, the testing fund, FAQs are the singular, best place.

11:22
Chico as a reference for What can you do with your testing funds?

11:27
Because some of these, and we're here, we're talking about testing funds specifically. So for your testing funds, of course, yes, that implies that these money or to support your efforts to test.

11:40
Part of what's involved in that is, OK, what do we do with uninsured patients for these testing bodes.

11:46
Well, there's an optimum, if you have an optimized E, there's an optimum mechanism to report uninsured patients and to effectively submit a claim for an uninsured patient and COVID testing.

12:03
So once we get down in the weeds on these testing funds, you know, there are some micro differences, what we can or can't do. But just remember, globally.

12:11
First of all, go to the FAQ, Look at the FAQ.

12:15
That is the first place I go whenever I need an answer.

12:19
And globally, we can count on, if it's COVID related.

12:25
The Net and it's related to COVID testing.

12:28
Then that's how we can use those funds.

12:30
So we tend to overthink these a lot of times, but if it's covered related, we're going to use that to support testing in our community.

12:40
So, go to the FAQ, look at the FAQ and drill down into those answers on what you can do with COVID testing funds, because there it is where we all go on this call for our own information.

12:53
Finally, how will we get paid for the covered vaccine?

12:56
The formal answer is that nothing has been formally decided yet, and, of course, we don't know, for sure what our COVID vaccinations are going to look like.

13:09
In the sense of, you know, a lot of us have heard, for example, on the Pfizer vaccine, you have to have ultra cold storage for transportation of the Pfizer vaccination. I don't know about them and during the vaccination.

13:22
But I also heard the director of Operation were speed talk about the fact that they've really excelled at transporting medications globally and they found a way to get around the ultra cold temperature with a specialized box. Short version is, how are we going to get paid for the COVID vaccination?

13:41
Some of, I think, depends on the nature of the vaccination.

13:46
The conversation we've had, and that isn't quite formal, but it seems to be where we're heading, is that we're going to be paid for the COVID vaccination in the same manner. We would be paid for flu and pneumo.

13:58
And that includes, yeah, an amount for an administration.

14:04
An amount for the vaccination itself and we would anticipate this being filed on the cost report.

14:10
Now, of course, the traditional problem that we have with that in RHCS is that's our Medicare patients.

14:19
Does not address or medicates and let's just be blunt at the Medicaid level.

14:24
Many of us, ultimately, there's not a direct mechanism two, either get flu and pneumo costs on our cost report, or, of course, file a claim for that. So, you're going to need to pay very close attention at the state level, what your state plans are going to do with the costs for rolling out these vaccinations. On a quick, informal look, we did, the flu administration right now, is about 40 to 70 bucks. And, again, that's not scientific.

14:53
That depends on how many and how doses and how many high doses.

14:57
excuse me, how many doses, and how many of those are high dose.

15:02
And it also for ... and pneumo, it looks like 150 to 300 for administration.

15:09
And, on the fee for service level, I think, Nathan, correct me, if I'm wrong, it's look alikes, the ad man on the fee for service for the ...

15:18
vaccine will be about 15, 20 ish dollars, which leads it down towards the flu.

15:25
And so, it looks like the mechanisms are going to be cost reporting at the Medicare level. But stay tuned at Medicaid in your own state agency. Get on your provider bulletin website for your state agency, and pay close attention.

Nathan Baugh*:*

15:38
Charles, I have a question for you.

15:40
Is it do, generally, rural health clinics purchase the flu and pneumo vaccines, correct?

Charles James*:*

15:49
And of course, part of our problem is if we purchase those and we don't get written now, but we don't get reimbursed for mental August or September.

Nathan Baugh*:*

15:58
That'll be a huge difference here because I don't believe that any providers are going to be purchasing COVID vaccines, They will be given COVID vaccines generally by their state health department.

16:12
So, you're not gonna, you're not going to, you're only going to be baking in the administration and distribution costs, as opposed to the cost of the vaccine, itself.

16:23
So, that'll be a distinction.

16:28
Do you agree? I mean, do you agree?

Charles James*:*

16:31
Absolutely, Yes.

Nathan Baugh*:*

16:33
OK, all right, well, thank you, Charles, and and, and, as Charles mentioned, we have we need to get a little more detail from CMS on vaccine coverage vaccine administration. But, this is what you see on your screen is what is on CMS's site.

16:51

That indicates that we will be paid the same way we are paid for flu and pneumo.

16:57
But being a footnote, a triple star footnote is perhaps not the level of detail that we're all looking for, but that's the I think that's the best we have right now in terms of ...

17:09
vaccine for Medicare.

17:13
So before we get into the Q and A We, though, as a wise man once said, I can give you a fish, feed him for a day if I teach you to fish a fee for a lifetime, right? So that's the mentality that we're trying to take with these Q and A's.

17:34
So I have, as I mentioned, we have all the resources and links to where we are getting all our answers here on the next, on these two slides, and I'll flip back between the two, and as we're going throughout the Q&A, I'm going to ask Charles and Shannon to identify which document they think is best for each particular question.

17:58
And our goal here is, is not just to answer your questions, we do want to do that, but also teach you guys where to find answers for questions that you're going to have in the future. And there are questions that we don't get to today.

18:13
So we'll hopefully be able to show you guys the best places to look up, this thing, the best place to look up that thing, et cetera.

18:20
So, I have the two slides here, just so Shannon and Charles can see with plenty of resources for you all and we'll reference which document contains the answer or alludes to the answer as we go through out this Q and A So with that, I'm gonna leave Shannon and Charles, and my contact info up as we begin the Q&A period.

18:51
So first question I have is from Kelly Jerome or Jerome Kelly. Not sure.

18:59
SEER, he or, she asks CRF funds distributed by the Treasury to the States require reporting to be completed by December 30th, 2020 question.

19:12
What do you think, the chances are that this will be extended?

19:16
So, I don't, we, we're not entirely sure what CRF funds are there. We speculated that might be covid relief funds.

19:27
What do you guys know of something that's due at the very end of this year?

19:32
Reporting due on 12 30 fans do not all.

Shannon Chambers:

19:39
So, there's a question about that one as well is, how do you expect HHS to Audit Cares Act reporting?

19:45
So a lot of this information is going to be found at the provider relief.

19:49
So the second bullet that Nathan had up on the prior slides, um, right here, or I guess aren't bullet, fourth bullet, whichever. You know, for the Cares Act reporting, you have to remember that, that has specific information.

20:07
So January 15th of 2021, that reporting system is going to open.

20:12
February 15th is really your first reporting deadline for the use, or how you spent those funds.

20:19
These are separate from the funds we're talking about for the $49,000 at each rural health clinic received.

20:26
And then July as of right now is the final reporting deadline for those as how it's going to be audited.

20:33
It's going to be the same process that HHS has always used.

20:38
They are going to look at the information that was submitted, They're gonna go through it. If something doesn't look right, then you can expect that they're gonna ask you questions.

20:46
If they see something that doesn't make sense or doesn't fit in into, know, the kogod recording or information, then, of course, it's kinda come back up.

20:56
I'm not aware of a deadline of the 12th 30, 2020 unless they're talking about trying to expend all of the funds before December of 2020 for the provider relief. That would be my only thoughts. Charles?

Charles James:

21:12
I got, I don't have anything different than that either.

Nathan Baugh:

21:15
Yeah, but you don't have to expend all the funds by the end of the year.

21:20
Relief. Yeah. So, Yeah.

21:23
So, we're not sure exactly what you're talking about there, Kelly, so, maybe you can follow up on that.

21:30
Next questions we have is from Jackie King.

21:34
How are we to capture costs for collecting specimens in an RHC for the free been X now kits?

21:41
We know we can't bill for a specimen collection charge. So, can you suggest how we can capture these costs on the cost report?

21:49
Charles, you wanna take that Take this one.

Charles James:

21:51
You know, I'm always, and this is a big national call, so I'm always a little reluctant to say what I'm about to say be. Careful not get out over my skis.

22:07
I think this is a case where I really I think we need to consider using and posting the code for that whatever that testing code is, but zeroing it out.

22:20
And, of course, not reporting that on a claim.

22:25
And then, of course, we'll use how many times you get that code to help build our costs, that we would report for that on the cost report.

22:36
So first of all, we need to know how many of those we did.

22:39
So I think, and I don't know, the code off the top of my head, but zero charging that out, and making sure you keep some, or a specimen collection code and put, you know, CS modifier or something come up with some kind of internal mechanism to track how you do that.

22:58
That's why on the telehealth G, 2, 0, 2 5.

23:02
I think it's really important to know what the actual service that we provide during that telehealth visit is, I think, at some point, Well, we'll need to be able to answer for that.

23:17
And I think it's the same with the specimen collection for this.

23:21
Come up with a dummy code or some kinda internal dummy process, post it, don't submit the claim.

23:27
And then, of course, we're gonna be able to track what the direct expenses would be, as far as supplies, et cetera.

23:33
But then, we'd use a dummy code to track how many times we've done it, and to build our cost into the cost report. That's my best suggestions.

Nathan Baugh*:*

23:42
Yeah, and I'll just add that the on the fee schedule side, it's a level one A&M or a specimen collection.

23:49
So you potentially could use that for Charles's methodology there.

Charles James*:*

23:54
But, of course, if you do that, then it's really important that you know that, that 99211 was either that's why I put a CS modifier on it. Or use your own internal modifier or something.

24:07
It's going to be really important. So, the same thing.

24:10
If you post a dummy code on a G 2025, to post your E and M, you're going to have to know that, that E&M was Covid related. It wasn't an actual encounter, and to pull that out of your cost report because you'll destroy your rate.

24:29
If you count those in your denominator, but it's really important that if you're using just E&M codes, are these types of reasons that you're able to identify those via some kind of internal mechanism?

Shannon Chambers*:*

24:46
Totally agree.

Nathan Baugh:

24:49
OK, next question is, again, from Kelly and apologies, I am not sure I understand what she's talking about here, but she's saying OK, go ahead, Shannon. I'll read it just for the audience.

25:01
In regards to HHS tella tracking, reporting, and the classification of adult and pediatric patients, we've been advised several times to classify patients based on their age not bedtime.

25:12
However, last updates that the classification should be based on do you agree?

Shannon Chambers:

25:19
Sure.

25:19
So, the HHS, tallo tracking is a hospital reporting system that is required to tell pretty much how much how many open beds you have, what are you seeing?

25:29
So here in South Carolina we are required to report based on Benn type, Not based on age.

25:40
The goal is, is that, of course, pediatric beds in a hospital unit are not set up to take care of an adult patient.

25:47
Could it be transform to take care of an adult patient? Yes.

25:51
But the goal was, for the HHS Tallow tracking, is that they know how many beds are available across the country.

25:57
So, yes, I agree that it should be based on the bed type, and you should be able to answer? Or should be able to ask them that question. There's a very specific process for HHS tele tracking, and someone at your state level should be able to assist.

26:10
I don't know what state you're in, but that's not gonna probably be in one of our questions.

26:16
But if there's other questions, um, Kelly, please feel free to e-mail me directly and tell me what state you're in, and I'll be glad to assist you.

Nathan Baugh:

26:27
Thank you, Shan. Next question is from Mary Klatt.

26:30
It's a little it's similar, but it's slightly different than the last question on on COVID testing. So, I'm going to ask it.

26:38
Has there been a price attached to COVID tests so we can start adding up the costs to see when we reach the 50 K?

26:46
Charles or Shannon, do you guys want to tackle that?

Charles James:

26:53
I know. I got one. I haven't look terribly closely, either.

Shannon Chambers:

26:59
Same. There hasn't really been a price that's been attached to it.

27:03
I think that's more of a custom thing of what's your, you know, what are you paying for?

27:08
If it's costing you $17 to get that test, then you're going to want to make sure that you're calculating that appropriately for the cost to test for that almost 50,000.

27:20
I would encourage you, it's pretty much kind of like, in a sense, what you pay for flu and pneumonia, even though that's cost report, reimbursed, you're gonna wanna look to see what you're charged and come up with your price based on that mm.

Nathan Baugh:

27:33
So if you're purchasing COVID tests, whatever you spent to pay for the COVID tests, that's that's the number to start adding it up to the 50 K. I do want to caution there, is this.

27:49
There's, there is the difficulty of the COVID one thousand testing funds cannot be used for something that is otherwise reimbursed.

27:57
So, if you are being reimbursed for the COVID test.

28:03
Then you cannot use the 50 K or just under 50 K to pay herself again for administering that test.

28:14
So it's, it's, I wouldn't just say, OK, we did this mini test.

28:19

If you're billing it to Medicare or to another payer, and you're getting reimbursed for those tests, I certainly would not attach a price to the number of COVID tests you've done, and just use some sort of formula, is equal to 50 K.

28:36
It's better to use the 50 K for supplies, retrofitting, things like that.

28:42
That when you spend that money, you're not reimbursed, You don't generate a claim.

28:48
Because, again, the the COVID 19 Testing Fund FAQ is very clear that you can use the money for something that you're going to be reimbursed for.

Charles James*:*

29:03
That's a really important point, Nathan.

29:05
The really important point why don't you say a little more time just for posterity?

Nathan Baugh*:*

29:11
So this is, where am I getting this? Lets we're teaching you guys where to look it up, right?

29:18
The rural testing relief fund terms and conditions, OK? Those are actually on HRSA.

29:24
All right.

29:25
We all know there's, there's confusion between, and look at, look at the name here. Rural testing relief Fund, Rural Relief Fund.

29:34
Terms and conditions.

29:36
Testing is the key word, OK.

29:39
The testing relief fund is different than the rural relief fund.

29:45
And the FAQ for the testing relief fund is on her essay website, not AK Cesc website.

29:53
OK, so I put the FAQ there.

29:56

Um, again, it's on the HRSA website, not the HHS website, And that's where I'm drawing this answer from.

30:04
You cannot use the testing fund, or something that you're will otherwise be reimbursed for.

Charles James:

30:13
And that's why I'm glad, pardon me, I know.

30:17
I get uncomfortable talking about, you know, uninsured patients and right, do you have a mechanism to file a claim for some of our uninsured patients? Is now low maintenance, there's some hassle factor.

30:32
But your point is, is very important.

Nathan Baugh:

30:36
Yeah. But if you didn't enroll in that program, the uninsured.

30:43
Payment of COVID tests, then you then you're good, then you're golden.

30:47
Yeah.

30:47
Because you're not, you're not enrolled in that uninsured program.

Charles James:

It's just like anything else in our world, right? Watch out for double payment.

30:58
All right.

Shannon Chambers:

30:59
We actually had a clinic that created a custom insurance that was labeled COVID testing for our uninsured patients.

31:07
So Mary, your question here, about attaching the price to the cobra test.

31:11
So for those people that are uninsured, they actually billet bonuses to that insurance company, which is fake, in order to track how much they're using of the COVID-19 50,000.

Charles James:

31:27
And so then, you know, what, let's make 1 more 10, kinda tangential point, That's always one of my favorite words is that, um, part of this conversation was started, when do we see that reporting deadline being extended?

31:44
And of course, we know we have a lot of change happening right now at the Federal level, right, but what we've seen so far is only been a tightening of those provisions.

31:56
So, so, I think, based on, just, history, past is prolog.

32:05
I don't think we should anticipate any loosening of these reporting provisions.

32:11
By any stretch, I think we need to always be prepared to be answering for these.

32:17
So, as far as deadline pushback or somebody's reporting requirements getting softer, I would not anticipate that.

Nathan Baugh:

32:25
Well, you're talking about provider really fond reporting, just in general, right?

Charles James:

32:29
Right, on the Provider Relief Fund, that we've seen, that there's been a tightening of those provisions since they were first announced back in the spring and early summer.

Nathan Baugh:

32:40
And work, and we'll dive into that, I'm sure, in a bit. Next question is from Scott.

32:45
Hi, Scott. Will clinics have a chance to submit their pre october data at RHC covid reporting dot com if they miss the October 31st deadline? The answer is yes.

32:56
Rural health clinics can go back and edit all their data.

33:01
Even if they miss a deadline, they can go back and correct their record and make their data complete.

33:08
So, if you've missed the deadline, it's not the end of the world.

33:13
You can go back and, and edit and complete all your data.

33:20
You know, as soon as you can, the next deadline is December first, By the end of November, you need to have your October data in.

33:32
If you missed the last deadline, like I said, you can still log in and, and, and complete that information. People asked me often, you know, is there a penalty for missing.

33:49
There's no penalty in our website for missing.

33:53
but if you do not have data reported on rhccovidreporting.com, if you do get AI data, you could be at risk of you in violation of the terms and conditions and owing that money back, I don't want to scare anyone.

34:09
But a dad does loom out there, so that's why you need to do it. But if you miss a deadline, it's not the end of the world, you can go back and edit your information.

34:21
All right, next question is from Todd, Craig, Craig Keys.

34:25
For the COVID tests and do we need to bill insurance if there is insurance for the tele visits and COVID testing outside the building?

34:38
Does anyone want to tackle that?

34:39
I think we might need more, we might need to know Medicaid read that read, Reread the first, for sure for the COVID testing.

34:50
Do we need to bill insurance if there is insurance for the tele visits and COVID testing outside the building, and that question is kind of jumping off place.

Charles James*:*

Well, let's leave the first part out for a second.

35:07
It's COVID testing.

35:12
I'm kind of hanging up on that term, but I think part of the question really involves the last part. Should we bill insurance for visits We've seen out in the parking lot.

35:22

It's kinda, or, is that the way I'm reading that?

Nathan Baugh:

35:27
No, I am not sure.

Charles James:

35:29
So, so my response to that is, that if we're talking about the parking lot, and then, yes, of course, if that patient has insurance and they have someplace to bill for that, yes.

35:42
Of course, remember, CS Modifier, for every

35:49
Don't necessarily know that the insurer's will recognize CS Modifier, but we have to be really careful.

35:55
two, Make sure we get our CS modifier on there, particularly on a medicare claim.

36:01
If we key on the parking lot portion of that question, then, the response is, first of all, a lot of us think that even though the regs say, four walls, the RHC, a lot of us think that parking lot.

36:16
Includes the RHC. I think we could have a conversation about that.

36:19
But, regardless of that academic question, 135 foyer waivers clearly cover us for this parking lot, This visits, even if the parking lot is across the street, or across town, or whatever it is, that's where the 1135 waivers come in.

36:36
So, yes, that parking lot visit. Yeah.

36:39
Yes, The inch bill the insurance. Yes.

36:44
Find out what that?

36:46
What's your insurer needs for a CS modifier or COVID related? I assume many. Recognize that CS Modifier, yes, Yes, to all of the above.

Nathan Baugh:

36:56
Perfect, thanks, Charles. Next question is from Brenda.

37:00

This is nice and clear cut reporting by TIN, CAH and provide a base for our health clinic. Do I report the hospital lab results and the RHC results, or just the RHC result?

37:11
Well, if the hospital lab, it's a part of the TIN, you do include it.

37:16
OK. So, it sounds like, because your car and the provider based, sorry, to see the hospital as part of the 10. So, you do include those hospital lab results in your ear numbers on RHC code reporting dot com. Again, it's reporting by tax ID, number, organization.

37:36
So hopefully that's clear.

37:38
Next question is from Jennifer Belke, If the order is done within the clinic and sent to the lab for specimen collection, will that still need to be counted refering to the antibody test?

37:52
It depends on, if the lab is a part of your tin organization, Jennifer.

37:58
So if the lab is part of your organization, since you're reporting 10 wide data, I guess you would count that, even if it's just antibody.

38:08
the only time you wouldn't count.

38:11
Uh, This as part of your testing numbers is if you're simply doing an order corr all the testing and you're not doing any of the specimen collection work yourself.

38:25
So if all you're doing across your entire TIN organization is ordering on test, we don't count that.

38:34
OK.

38:36
But again, it's, it's a null and void point if the Lab is a part of the same or 10 organization as you are, OK, but if you're sending it outside and you don't count it.

38:51
Next question, detailed question from Kara Jo Carson.

38:54
I'm gonna read it here.

38:57
Can we bill for COVID testing that is provided free through the ID PH testing site?

39:03
We just do the collection.

39:05
We bill the same CPT and rate whether performed through our reference lab or the state ID PH lab.

39:12
It's been questioned whether we can even bill for the test if results are provided through the ID PH lab.

39:18
Since they don't charge us for the testing, there is some confusion whether instead of billing for the culvert testing done by the ID PH lab, we just charge a collection fee.

Shannon Chambers:

39:30
Um, Go ahead, Shannon.

39:35
OK, so if you are receiving the testing supplies through someone else and they are also running that as well, then yes, it's appropriate for you to bill a collection fee, but not to Bill for the actual results or running of that specimen.

39:52
We've had a lot of confusion with that across many different states.

39:56
But if you are receiving, if your state lab is actually running that, giving you the supplies and then you're swabbing the patient, you're doing specimen collection and then you're sending it back and they're actually providing the results. Then the only thing that you would have billable there is a collection fee.

Nathan Baugh:

40:21
Is that everything, Shannon? Charles, you want to weigh in on that?

Charles James:

40:29
Yeah, that was good. Thank you.

Nathan Baugh:

40:37
Stefani Shaver asks, Where can you go to find the FAQ to review?

40:41
Well, there are multiple FAQs, OK.

40:45
There's the FAQ on RHCcovidreporting.com, which simply helps you with that website.

40:51

There's the FAQ on HRSA's website inside the Federal Office of Rural Health Policy's website, which is the very bottom link on this slide.

41:03
So when you download the slide, you'll see it, but you can also just Google FORHP RHC, Testing Fund, and it should come up.

41:12
Then, the FAQ, there's many FAQs on the Provider Relief Fund. I'm sorry, I got that mixed up.

41:19
I got, I got to correct myself here. The middle link is the HRSA link. The bottom link is to the Provider Relief Fund FAQ.

41:30
OK, so, there's, there's three main FAQs to think about, Provide a Relief fund on HHS dot gov.

41:39
RHC, Testing Fund HRSA dot gov.

41:42
Then, RHCcovidreporting.com.

41:46
The FAQ is on that page, OK, so, three main FAQs that we're talking about today.

41:55
Next, question just looks like notation about how cold the vaccines must be from, Allison.

42:03
Kelly, I'm gonna circle back to you, since we're gonna try to get some questions from other folks in.

42:13
And I have a question from Denise Kennedy, who asks, Per the billing codes, for the uninsured HRSA cov in 19, the antigen test 8 7 4 to 6 is not being paid. When the test is being done at the RHC level. This 8742 6 will pay when performed at the independent lab.

42:34
We have heard that it was an oversight that it with and that it will pay, do we have a date for the update to the system for the HRSA ... Shirt? I was not aware of this fan antitrust. Have you guys heard about this that for the notch runner?

Shannon Chambers*:*

42:51
So I think that's something that we're going to have to definitely tag as a follow up, because I have not had anyone reach out to say that it's not pain.

43:00
So, Denise, thank you for letting us know that are my only question.

Nathan Baugh*:*

Charles James:

I'm really sorry, Denise. But my question is maybe an outbound claim issue. It sounds like you've researched the problem pretty thoroughly.

43:11
But if they're in it that independent claim paid.

43:15
Yeah, my my question would be what would maybe it's it claim issue somehow?

43:20
But back to Shannon, comment yeah, we need to check that out.

Nathan Baugh:

43:26
OK, next question from Carrie Nurse Meyer: Are we allowed to charge for rapid IGM IGG blood, CLIA waived testing, especially if they are cash paying patients? Are we supposed to bill insurance too?

43:40
Someone thought all COVID testing should be free to all.

Charles James:

43:50
Without having Nathan, go back and reread the question, COVID testing is not Should be free for all.

43:59
Pardon the, pardon the pun there, now is not a COVID testing free for all right.

44:05
The CS Modifier is what we have to use because there can't be any cost sharing for the patient related to anything covid.

44:21
So we're required to waive co-insurance and deductible for COVID related. We just talked a few minutes ago about, yes, we will bill the insurance for that, and their various mechanisms for uninsured patients.

44:37
And we need to be careful with some of that to make sure we're not, again, double, double pay.

44:43
But the CS modifiers explicitly to ensure that there is no cost sharing apply to coverage related services.

Nathan Baugh:

44:54

All right, and I'm not, I'm not sure what she means, if there are cash paying patients, I'm presuming they're uninsured.

45:04
Is that a bad assumption?

Charles James:

45:05
Well, sometimes, no, I think you can generally make that assumption.

45:10
Sometimes we do have patients that want to pay cash in that report thanks to there, their insurance. Shannon, maybe you want to weigh in on the cash thing?

45:19
I think that, yes, if you're not going to file, I don't know, I'd have to think through that one on the, on the cash, on the cash payment.

Shannon Chambers:

Honestly, yeah, I'm taking it same way.

45:30
If it's a cash paying patient, 98% of the time, that's an uninsured patient, versus you do have those that don't want to have anything billed to their insurance company, whether there.

45:44
You just don't want to have something built their insurance company, and they have that option.

Charles James:

45:48
So, um, but the last thing I want to say is, yeah, go ahead and collect, collect from that patient, because we all know is that uninsured patient that are really the ones that get the short end of our health care system.

Nathan Baugh:

46:02
You don't want to collect from them, right?

Charles James:

So, that's my point.

46:05
So, no, so I'm very reluctant to say, just to tell you to do that for those uninsured patients I would first make sure, or, excuse me.

46:15
Let's make sure we're speaking correctly.

46:17
For the cash patient.

46:19
For the cash patient, let's make sure whether or not there is some insurance there.

46:24
And then, if you have a large number of uninsured patients that, that you're having to provide these services to, I would absolutely go get that Optum ID and get on the Optum uninsured portal and file those claims there.

46:43
That's the appropriate place for those claims, but make sure on your cash patients or the uninsured or they just have, many of us use those terms interchangeably uninsured in cash patients. So, let's just make sure the semantic but otherwise, if they're uninsured, I should be looking at that up and mechanism.

Nathan Baugh*:*

46:59
Right, but, I would say, alternatively, if you're not going to go through that Optum mechanism, that is a good use of the Covid-19. Yes, yes. If you're running out of ideas to spend the 49.5 grand, that is absolutely an appropriate way. And you're not participating in that opt in program.

47:19
That's good way to use it.

47:21
All right.

Charles James*:*

47:22
Can I, can I interject a fourth question that probably, I get more than any of these other things that we've talked about? I know we probably have a couple more questions left.

47:32
But the biggest one I get is, first of all, should I take the money?

47:39
Then second of all, should I spend the money?

47:44
And related to all of those, man, I think I just want to send it all back.

47:50
Well, look, what I just said was we would anticipate tightening increased restrictions on the reporting requirements and how we can use these monies not decreasing, so there's that.

48:07
Yes, of course there's always some risk of accepting. We all know there's no free money at the end of the day. Right?

48:16
But relative to taking the money.

48:18
I can tell you on a very personal level right now, internally, in our office, this is not over.

48:26
And so, we've got a long way to go with this thing.

48:31
So should you take the money if I were advising you on a business to business level, yes, take the money.

48:37
Should you spend the money?

48:39
In my view, if yes, spend the money.

48:43
Should you be really careful about reporting? Of course, absolutely. All the things we just talked about. Should you, because you're nervous about it, Send the money back.

48:56
My advice would be absolutely not.

48:59
First of all, once you send the money back, it's gone.

49:03
There's no way to get it back.

49:05
If your organization about it is about to change in a sale, and you're worried about that money. Talk to the person that people buy in your practice.

49:14
They should take over that money.

49:17
Once you write in the FAQ, as built in, but this question is Built Edge, what happens if we send the money back and we get it back? No. Period.

49:28
So, I think we got to really think about what these next six months you're gonna look like, as far as you know, is money.

49:36
And I think that if you don't have anything to spend it on right now, sticking in the bank and it won't be any big deal when you have to pay it back.

49:45

But my advice personal on a personal level, just Charles James, someone else, would be, take the money, use it as appropriate, this thing ain't over.

Nathan Baugh*:*

49:55
I will just add, I believe and a change of ownership, Charles, because you brought that up, I believe you, you can't just hand it to the new owners.

50:04
There's an FAQs misspoke.

50:07
But, yeah, there's that. But that's something that you look at the bottom link on this page. There's FAQs that enumerate the change a partnership issue.

50:18
Don't think because that is a big issue and people wonder what to do with it, so.

50:25
So just just take a look at the FAQs on change of ownership because they do exist there and that bottom link there.

50:33
OK, next question is from doctor Eliazer Hernandez Falcon.

50:38
When should we be expecting for phase three of the Provider Relief Fund to be paid out well?

50:44
Phase three, I'm not sure exactly what you're talking about.

50:48
Phase three.

50:50
You might be talking about the RHC testing fund.

50:55
There was, there were some clinics that should have gotten paid, the 49.5 grand that missed out on, on that payment, just largely due to day-to-day database issues at the CMS level.

51:10
And those clinics will be made whole, we expect, in a couple of weeks.

51:17
So if that's what you're talking about, that's, that's a payment that we expect to be coming.

51:23
Not sure what what else you might be talking about and in terms of provider, really fund payments.

51:30

Shannon Chambers:

An additional, in addition, if you did not receive the funding, the 49,000 and feel like your clinic should, there's an option when you go onto the testing portal, for you to actually say, did not receive funds. And that information, and you can put in their thoughts, your information, and then HRSA will have a chance to review that.

51:53
They have been fabulous partners on this process, and they are reviewing all of those that come in where it says, No, I did not receive payment, but I should, I feel I should have, they are getting reviewed internally by the HRSA team.

Charles James:

52:08
And I just want to add the doctor, you get the wind for the day with the most awesome name.

Nathan Baugh:

52:13
Hmm, hmm, hmm, hmm, yes, very much.

52:17
Next question is very open-ended and brought from Thomas Pynchon. Medicare Advantage plans pay the same as regular Medicare.

52:27
Medicare Advantage plans pay based on the contract that you signed with them?

52:31
Now, there it is.

52:36
If you're out of network for a specific type of Medicare Advantage Plan, then they They are obligated to pay you your IHC rate. It's a little outside of code.

52:50
It's not really COVID related this, this has always been the same thing, so not Zach's: exactly. Sure where you're talking about Thomas.

52:59
But, in general, you have a contract with the Medicare Advantage plan.

53:05
They're going to pay according to that contract.

53:09
Charles, do you have experience with with, with this, you?

Charles James:

Can we have another question, please? No, I'm just kidding, I'm kidding, of course, this is a complicated problem.

53:22
And directly what Nathan says, we have a site that we're working with right now that I won't name the name brand, payer that has a color in their name, but, you know, we just cannot get this particular plan to pay, uh, the rates. And a lot of that comes down to, Yes, The contract that you've got.

53:46
Uh, And.

53:50
It comes down to the contract you got: If you don't have a contract, many Medicare Advantage plans, we'll pay, yes.

53:59
A lot of this, frankly, has to do with degree of difficulty with the plan.

54:02
Some of these plants we just have to count every time we gotta send them our rate letter and fight it, and it's probably not worth the extra work you put into other plans, it's no problem On the telehealth, Let me just say kind of related in back tangentially, right?

54:20
Is that, you can kind of expect the Medicare Advantage Plan, to pay telehealth. Like, they would, your rural health clinic encounter.

54:30
And what I mean, is, if they're paying you, your rural health clinic and cataracts, probably pay the G 2025.

54:37
If the Medicare Advantage plan is paying a fee for service, you're gonna pay your telehealth visit. It's like they would Medicare fee for service is kind of a general distinction that you can make.

54:47
Yes, you should. Those advantage plans should pay you that. We can get about 95% of them to recognize a rural health clinic status with about 5% of them.

Nathan Baugh*:*

55:01
All right, thank you, Charles.

55:02
Um, let's see, next question I have here is from Vanessa.

55:08
She says, How do we handle the negative posting from Medicare? Is that the patient responsibility?

55:15

Also, does it prove better to hold charter's until March to minimize the number of negative payments?

Charles James:

55:22
I'm sorry, Shannon, do you want, do you mind, if I jump, start that one?

Shannon Chambers:

Oh, no, go ahead, If you want to go ahead.

Charles James:

55:28
So, I just don't want to still, all there. So I'll follow you, please go ahead.

Shannon Chambers:

55:35
Alright, so I'm gonna answer it kind of in two ways. So the first part is, Is it better to hold charged until March to minimize the number of negative payments?

55:43
You have to remember that the negative payment is going unless that patient's been to several different doctors before March.

55:50
Then, even if you hold that claim until March, it's still going to process with a negative a negative payment.

55:57
The best way to think about the negative payment is when you have a negative payment, you are going to offset that with a negative adjustment to equal the dollar amount that is in the deductible and or co-insurance fields.

56:12
So for example, if it's a $100 charge and it's 150 that is applied to the deductable and you're going to have a negative payment amount of , which is the difference.

56:28
And you would have to do an adjustment to equal that Without actually showing you a slide. I think that's sometimes a little confusing of how to understand that.

56:40
Charles, I'll let you take it from there.

Charles James:

56:44
Yeah, it's a huge problem So, first of all, put another way Medicare is not going to let you collect more than your rate in deductable Amount.

56:58
So, having much more acclaim has an excess of your rate in deductable.

57:05
So, you have a $235 deductible amount I think Medicare's up to that now.

57:10
Medicare is going to take back the difference between 235 and your rate.

57:15
You're still going to get your rate, but then, what we're, What are we, assuming we're assuming you're gonna get that from the patient in deductible?

57:23
Should you hold your claims until March of apps? My response will be absolutely not.

57:29
I'm Bill, or I'm never a believer and holding claims. A matter of fact, that claim will help eat through that patients deductible more quickly.

57:37
Ultimately the correct way to, to post that is written, get it to balance, honestly.

57:44
Um, as long as the patient balance comes out correctly, having get that to work internally as your best post posting method, I can't even. We used to set up all these dummy accounts and everything to compensate for that, it's, it's a problem, and it's a nuisance. But, no, I would not manipulate your revenue cycle to account for that. Definitely not.

58:06
You're just unfortunate going to have to deal with it?

58:08
And it's just natural.

Shannon Chambers*:*

58:11
If you want to e-mail me directly, I have slides that can explain it.

58:15
I'm sure Charles' does Patty Harper, who's also listening in, just also sent me a message that she's got some slides on that we all have it, because this question comes up.

58:26
All the time, especially for newer, rural health clinics, are newer, newer, right, newer billers within the system that don't understand when negative adjustments come through. So, send me a message, Send Charles, a message, and we'll get you some information.

Nathan Baugh*:*

58:43

And I know we're right at three o'clock, but as, as most of you know, we usually go over as Honors, Charles and Shannon don't have hard stop times, which I'm good at.

58:53
Your service, OK, we'll go. We'll go 15, 20 minutes or so over to get as many questions as we can.

59:02
I am skipping some and I apologize if I skip your question.

59:05
I'm just trying to get a good variety here, and, ah, and you get to some of these later questions.

59:10
So, next question I'm going to ask is from Jennifer Riley. Hopefully quick, quick and easy one. Is it too late to sign up for that uninsured program?

59:23
Is I, I thought it might be Charles to you now is the deadline for?

Charles James*:*

Yeah. I don't offhand, but it is an optimum ID.

Nathan Baugh*:*

59:33
I thought it was too late. I thought you had until like July.

59:39
I was, that's just what I remember Shannon, do you know. We can, we can look that up I think pretty easily but.

59:48
They might even think we're all steadily typing right now trying to find our resources so let's come back to Jennifer's question, OK, OK, next question is from Glenda Smith who asks, Do you have any information regarding the distribution of the vaccine?

1:00:05
We, we don't have any information that's going to, that's different than what's publicly available. But the place that I'm going to suggest that you look is your state. Your state, should have a vaccine distribution plan. Every state has had one, and I believe they are all publicly available.

1:00:29
So, that's a good place to check and now. We've reviewed some of these state distribution plans.

1:00:37
Some of them are really good in regards to mentioning RHCS, incorporating RHCS and vaccine distribution.

1:00:44

Some of them are nice, they don't even mention provider types as a part of the distribution, they just focus more on which types of patients get it first or which types of individuals should get the vaccine first. And then others do mentioned a lot of providers as a part of the distribution plan but don't mentioned RHCS.

1:01:09
And so we were certainly concerned if the state kind of completely weft on incorporating RHCS in their vaccine distribution plan.

1:01:18
So, they vary, but I would check your state for their vaccine distribution plan.

1:01:26
I think it's a good document, you know, start to familiarize yourself with, as we could get vaccines, the first shipment of vaccines to the States pretty soon here. So, I'm gonna revisit, Charles. Real quick.

1:01:41
Yes.

Charles James*:*

1:01:42
Since we were all actively Googling that, anybody else can jump in here, please, but I'm just on the COVID uninsured claim mm hub, covid uninsured claim read part of it, if folks don't mind. COVID testing provided treatment for uninsured Individuals, COVID 19 Primary Diagnosis on our African Request claims for reimbursement.

1:02:05
Providers can also request reimbursement for covid 19 vaccine administration was available.

1:02:10
Steps will involve enrolling as a provider, participant, checking patient eligibility, so many patient information submitting claims and receiving payment.

1:02:18
You must have checked that there is no additional health care covered. Cover H eligibility, excuse me, for not being able to speak.

1:02:25
You'll accept defined reimbursement.

1:02:28
Not balanced fill the patient, angry tip program, terms and conditions, and may be subject to post reimbursement audit.

1:02:35
The final entry on the program timeline is May 18 began receiving reimbursement.

1:02:41
There's no end date, at least, on this site, unless anybody else, actively Googling, see something, same exact thing that I just found perfect. Great job.

Nathan Baugh:

1:02:52
So, not too late.

Charles James:

1:02:54
It is not too late, Correct, and hi, Jennifer.

Nathan Baugh:

1:02:58
Perfect.

1:02:59
Now, Lisa Mackay has left, but she asks, are really important and difficult question.

1:03:07
So I'm going to, so I'm going to bring it up, anyway. So she says, we include the cost of the supplies of the test, even if we are getting reimbursed. Or would that be considered double dipping?

1:03:19
So this is, this is, this is quite frankly, a difficult topic, to

1:03:28
Discuss.

1:03:31
And that is because reimbursement, for example, for a COVID 19 test, some portion of that reimbursement does cover some overhead.

1:03:47
And that overhead, you could attribute some of that overhead to the cost of supplies.

1:03:52
So, are you getting reimbursed, later for

1:04:00
Let's say, the cost of purchasing the test.

1:04:03
When you do the filing the claims, and then can you use the Fund, for the cost of purchasing does test because three months from now use you made your money back by administering so many tests.

1:04:21
This is a, one of the difficult areas in the policy, quite frankly, There's an FAQ that tries to address this.

1:04:33

I don't necessarily have a good answer. I don't know. Shannon, or Charles wanna weigh in on this?

1:04:38
Um, we think it's there.

1:04:42
It's pretty clear that, if you purchase use The COVID 19 Testing Fund to purchase COVID one thousand tests, you're using it for the right reason.

Shannon Chambers:

1:04:56
But, yeah, I think I think you just want to talk about make sure about the double dipping.

1:05:00
So again, if it's being reimbursed or somewhere else, right? Then, of course, we're not going to get reimbursed through the COVID testing. I think that's the key to remember, with double dipping, is we can't be paid twice for the same exact service,

Nathan Baugh:

right? But let's say so, Shannon, let's say you spend $10000 to Buy COVID 19 tests, OK?

1:05:20
You write it off on the covid 19 testing fund, Then you do a lot of testing, and you get reimbursed for that testing.

1:05:29
And do your reimbursement for that testing.

1:05:32
Covers your cost of salary, and covers some of your cost of supplies, Such that you start to earn some money back on that $10,000. Do you have to reduce that from what you allocated to the testing fund?

1:05:48
Because what I would do

Shannon Chambers:

Yeah, So, again, I wouldn’t also purchase.

1:05:56
Just thinking through your question.

1:05:58
Is that if I'm using these funds to purchase the testing, um, you know, we have to remember if I get reimbursed by Medicare and Blue Cross, or Aetna, Cigna, United, I don't care pick a plan.

1:06:10
You're uninsured patients, yes.

1:06:12
So unless you're gonna calculate that back out of what you spent, it's going to be a nightmare.

1:06:20
So my suggestion is, is that the only time you're going to want to hit those funds or use those funds is for uninsured patients to keep it very, very clean, so that if audited, you can show or provide the backup.

1:06:35
I used this money to purchase these, realize that 85 of them, out of the hundred that we purchased, or for patients that had insurance, we offset that money back into our individual fund.

1:06:47
It's why it's so important for accounting to keep up with how you're spending this, or however, whether you're creating that on QuickBooks and you're creating a separate department for just these funds.

1:06:59
I mean, it really depends on think about, know how you're going to be audited. If I was to say, OK, I'm coming in to do an audit today and let me see everything that you spent that money on.

1:07:09
And you're going to have to have a clear process that explains to me exactly what was included.

Nathan Baugh*:*

1:07:17
No, I think, I think that's all really good advice.

1:07:20
That next question is, very similar.

1:07:24
It's related ... and she says, We have provided over 3500 COVID test. We purchased the test as $70 per test. We have an average reimbursement rate of 51 dollars and 33%. We have deleted or expanded, hurt, the whole fund, What can we do from here? So that is a good example of, you're not making money on the tests.

1:07:45
So, there's that difference between 750, 133. Absolutely, you can apply that to the testing font, RG testing fun, however it sounds like you have expended fully the testing font.

1:08:00
Where can you go from here?

1:08:02
I mean, at this point, since you've expended the testing fund, hopefully you can get tests for a cheaper amount per test such that going forward, you can either breakeven or make a slight profit on, on the testing, relative to how much it costs you to purchase it And then, how much you'll be reimbursed for.

1:08:24

So, hopefully that, that's now that the supply demand is a little different. You'll be able to continue to do testing, but that is a good example of where you can use that just under $50,000.

1:08:39
If you're not making money on the tests, you can use it to cover that difference.

1:08:45
So, I've got a few, we're going to do a few more here. And then, we will close it out.

1:08:53
Our office was a late certification RHC. We received no funds and no testing funds.

1:08:58
Is there a list for waiting funds or assistance in any way.

1:09:03
Erin, Shannon mentioned it earlier. I want you to go to RHCcovidreporting.com.

1:09:08
On the first page, you'll see a lot of legalese. But at the bottom, there's a question.

1:09:14
And it says Did your tax ID organization get funding?

1:09:20
And there's a response that says, no, but I believe my TIN organization is eligible.

1:09:27
I wanted you to select that. Send us your information potentially if there is assistance coming. But I can't guarantee that.

1:09:35
But the best thing to do is go to the RHCcovidreporting.com and let us know that you believe you are eligible for the testing fund.

1:09:45
All right, next question is from Trish Brooks, if we're are paying a company supplying our tests and their lab running to test, let's say, $100 per test, can we take that 100 from the COVID testing fund

1:09:58
For only uninsured patients?

1:10:00
As of now, we've been charging strictly a $50 facility fee for purposes of what funds needs to be ...

1:10:08
to reimburse us.

1:10:11
Should we also bill a facility fee for doing the actual test?

1:10:15

Um.

1:10:18
Using terms like facility fee is throwing me off here, Shannon, Charles, you guys, could, you go ahead.

Shannon Chambers:

1:10:25
Shannon, as I say, I think this is going to be a provider based clinic, because normally when you get into facility fee, you're talking about both sides with the hospital system.

1:10:35
The way that I'm reading this is the question that she's asking is, if it's an uninsured patient, um, can we use the covid testing patents? The answer is yes.

1:10:46
My question back to her, in a sense, is, we have to make sure that we're charging all patients the same.

1:10:53
Same way. So, I'm a little worried about the wording with the uninsured patients versus an insured patients and the difference between $100 and $50. So, we want to make sure, of course, we're charging all the patients the same way, and we're not treating one different than we treat another, et cetera. Surcharge if we didn't answer Charles, unless you want to weigh in on that. But it sounds like, based on that, our labs running their test, they're paying a company for supplying the test.

1:11:21
And there, the other lab is running it, not them, So, yeah.

Charles James:

1:11:28
Yeah, that sounds like a difficult one to answer on the, on this type of call.

Nathan Baugh:

1:11:35
Yeah.

1:11:36
So you can e-mail us if you want to elaborate on this question.

1:11:44
Just reading the questions ahead here.

1:11:48
Have one from Estella Cardenas who says, If you already used up all the PPP funds, can you use the covid?

1:11:56

I believe it's provided Relief Fund for the payroll of the personnel can conducting COVID testing.

Shannon Chambers:

1:12:03
Yes, Yes, and yes. That is a fabulous question. We get that a lot, if you're staff time.

1:12:09
If you want to use those covered funds for staff time, the answer is yes, you'll just need to tell us that on the RHC portal, on the Reporting portal.

Nathan Baugh:

1:12:22
OK, next question is from Sorry, I'm just reading it ahead here.

1:12:32
Coleen Nolan said Medicare is rejecting claims for RHC with CS Modifier on the Labs.

1:12:42
And by lab, she means COVID Testing Labs.

1:12:46
Uh.

1:12:48
So, Colleen, I'm not entirely sure about your question.

1:12:52
COVID 19 Testing does not count as an RHC encounter Therefore, we cannot bill it to Medicare.

1:13:00
So, again, if you're, for example, if you're just doing specimen collection, you try to bill 99211.

1:13:06
to Medicare, that's not going to, that's not going to pay, because that doesn't count as an RHC encounter. Even if he used modifiers cs.

1:13:16
Furthermore, I know that the, there's like some Q codes that are, for the Laboratory portion of COVID-19 testing.

1:13:23
Again, those do not constitute RHC encounters.

1:13:28
So, therefore, your you should not be trying to bill those to Medicare on the ours on the RHC side. Certainly.

1:13:38
And so, it's out. Those are, Right, sounds.

1:13:41

So they should build that through the lab, right?

Charles James:

1:13:44
Right, So that'd be a non rural health.

1:13:47
These are non rural health services.

1:13:48
So it sounds to me like, you'd probably, instead of having a CS Modifier problem, again, it's, it's hard to know without, more information about the rejection.

1:13:57
But it sounds to me that's more of a claim flow problem.

1:14:01
For those non rural health clinic services, then maybe it is a problem with the CS modifier per se. But again, it's, it's hard to know without looking at some data on that claim rejections.

1:14:13
But those should be non, you know, our labs are never going to go on our RHC claim for Medicare ever.

Nathan Baugh:

1:14:20
OK, all right, and again, I apologize if I'm skipping your question, but you can e-mail us directly and we'll be sure to answer you. Tami. Haycock, asks, others have asked what I'm looking for clarification on numbers, reported on RHC covid site.

1:14:36
I was reporting tests that were collected in the RHC whether the test was completed in the IC or the Carla.

1:14:41
However, I was not including tests that were collected in the ED, whether performed in the car or not.

1:14:47
Again, Tammy, you want to think TIN wide, TIN wide data, OK.

1:14:53
So, if you're doing specimen collection in the RHC and then testing in the lab, you would count that as one COVID test.

1:15:03
OK, if the patient never comes into the RHC but, rather, is there a specimen collection done in the ED that will also count as another test, OK, So just as long as it's an entity within your TIN, you count it.

1:15:23

What you don't do is you don't count it twice.

1:15:26
If you don't count, you know, once per specimen collection and then another one for the lab portion.

1:15:31
That would just be one, OK, but TIN wide, tax ID number wide data.

1:15:39
Alright, we'll do maybe three more questions.

1:15:44
Stacie Hall and Asked, If my billing staff have not added the CS modifier to Medicare patient claims for their telehealth visits,

1:15:52
Do I have them send corrective claims?

1:15:58
Does anyone want to?

Charles James:

Yes.

Nathan Baugh:

1:16:01
OK, when do they add modifier cs?

Charles James:

1:16:04
Monitor this closely related COVID related only. And yes, I just looked this up last week.

Shannon Chambers:

Don't forget the preventative side of this.

Charles James:

1:16:17
C S is all C S is really for eliminating caution on any of these claims.

1:16:24
But yes, if you did not report to see us modifier, and we had patient cost sharing apply to COVID related services, then yes, you will need to correct those claims.

Nathan Baugh:

1:16:34
And this, and just for more context, we bill our telehealth as it's with what G 2025, right?

1:16:41
So the government No one has any idea if that's a Preventive service or not, or COVID related service or not.

1:16:51
And this was one of the issues with billing G2025 for all telehealth visit.

1:16:56
So, in order to, you know, make sure that Medicare patients receiving preventive services do not have cost sharing.

1:17:05
CMS created this workaround and said: You guys can use the modifier that we created, mostly for covid, to also indicate that you're doing a preventive service via Telehealth imperfect solution.

1:17:19
Sure, but it's a patchwork solution that will make sure that patients receiving preventive services through telehealth do not have coinsurance.

Charles James*:*

1:17:31
Um can I make one really important distinction I mean it's so hard to get, we get down on such technical detail and stuff.

1:17:40
At the beginning of the pandemic, we all talked about OCR and OIG Not auditing.

1:17:48
So we're able to voluntarily waives co-insurance for telehealth visits, we're able to do that during the pandemic.

1:17:57
But anything that's COVID related must be waived.

1:18:03
So we may waive telehealth.

1:18:06
Cost sharing: we must waive covid related cost sharing.

Nathan Baugh*:*

1:18:14
Correct.

1:18:16
All right.

1:18:19
Next question I have from Harriet's Steinberg. I'm getting confused about accounting for the 49,000. I thought we just had to report test numbers for this fund.

1:18:28
The reporting for the cares relief dollars where we are tracking all covid related costs, can you elaborate?

1:18:35
So COVID 19 Testing Fund Reporting is RHCcovidreporting.com.

1:18:43
That's the 49,000 OK.

1:18:46
In January, the government HHS will open up a portal.

1:18:51
For reporting on the cares, provide a relief, cares Act, Provider Relief fund, money.

1:18:59
And if you have more than $10,000, which you probably do in terms of Provideer relief and money, you will have to do some reporting there.

1:19:11
The, the place to go to dive into exactly what that reporting is going to look like is provide a relief fund portal.

1:19:23
OK, so, I'm not going to elaborate more, because all the answers are right here on this second link.

1:19:30
Provide a really fund. OK, dive into that, you will see all of the reporting requirements for the Provider Relief Fund.

1:19:38
OK, so, that is different and distinct from the RHCcovidreporting.com.

1:19:44
We created that it's a lot.

1:19:46
It's designed to be very easy, very simple, very straightforward, provider relief fund, potentially going to be more financial, potentially a little bit more difficult, but, I don't think it's going to be too crazy. And the portal for that has not opened up yet, it's going to open up in January.

Shannon Chambers*:*

1:20:05
I want to add one thing.

1:20:08
So one of the questions I see on here is that, um, for Flu A and Flu B, the ...

1:20:16

The covid the testing funds are not for flu, you can only use the kind of the testing funds for COVID related expenses.

1:20:26
So if you buy a COVID testing machine, fine. If you're buying covid Test again, as long as you're not getting reimbursed somewhere else, we've talked about the double dipping.

1:20:37
But we want to make sure that that is very clear.

1:20:40
We cannot be purchasing flu avian flu B tests with that COVID with the Covid Funds.

Nathan Baugh*:*

1:20:49
Now, that's, that's perfectly fine. All right, we're gonna go to 3 30. That's our hard stop.

1:20:57
I appreciate the clarification. From Mark Lynn.

1:21:00
Phase three funding is The 20 billion that HHS is planning on handing out application was due on November six.

1:21:07
Yeah, that's the phase three general allocation.

1:21:13
There's the phase 1, 2, 3, and four legislation that was passed, and I think that's what I was getting confused about.

1:21:20
The general allocation, which is part of the ..., phase one, base two, and then the phase three that you had to apply for November six. I don't know when that.

1:21:32
I haven't seen anything on when that is going to be administered, but I suspect that it will be not too much longer.

1:21:43
But now I don't, I don't know exactly when that's going to happen roxanna Notes said she signed up for the uninsured.

1:21:50
Insurance Program this past week, so, more confirmation that you can still sign up for that program.

1:21:59
So, thank you for that Trish.

1:22:02
Next question, I'm going to ask from Kisha Sexton.

1:22:06
What if we use the COVID testing funds to purchase tests?

1:22:10
Did you just answer this? Shannon?

Shannon Chambers:

I did that thought I answered, and I answered the next one down.

Nathan Baugh:

1:22:17
OK, perfect. Sorry.

1:22:19
I'm trying to gather these here.

1:22:24
Amy says, we collect specimens and send them to an outside lab for processing.

1:22:29
We have paid half of the lab fee for the uninsured payments, should we be paying 100% of the lab fee for the, for those uninsured, since there is no cost share for insured patients.

1:22:44
Follow up. Yeah, go ahead. Yeah, follow up on.

Shannon Chambers:

1:22:49
So, Amy, I may have you e-mail me directly, but I'm going to answer your question. The best I can. It should we be paying 100%. So I'm assuming you're paying the outside lab for processing per uninsured.

1:23:02
I think that's something you're probably going to want to have a conversation with your outside lab to see if they have any arrangements for uninsured patients since they're probably billing for the patients that have insurance.

1:23:14
It may be something that you can work out with the patient, excuse me, with the provider, up with the outside lab.

1:23:22
But if I'm not answering that correctly, Nathan, I'll put our contact information back up and you can e-mail me directly with that question and I'll be glad to help you walk through that.

Nathan Baugh:

1:23:34
Shannon or Charles, can you post the link to the uninsured program that you guys found for Brittany?

1:23:45
Should be able to answer her question. So for those of the, for others that are looking for that link to that uninsured program, stay tuned. Alright, that's the end of the questions.

1:23:55
I know I skipped a lot, so I apologize if I skipped a lot of ....

1:23:59
Shannon, Charles, do you guys have any any things, topics, questions that you want to bring up?

Charles James:

1:24:05
Now, I don't think so. We've covered a lot.

1:24:08
Shannon just posted that I'm having a little trouble with the questions panel, so I think we've covered a lot of ground, but just to re-emphasize, please, contests, contact us individually if you have other questions. And sometimes, these get to be very technical questions, so sometimes it's not possible to just rip off an answer in five minutes. So I'll get your e-mail and just be patient with me and I'll get your response. Yeah.

Nathan Baugh:

1:24:36
Shannon, do you have anything

Shannon Chambers:

No, thanks for everyone's time today. We know, you know, there are a lot of questions.

1:24:43
We are here to help you Nathan's on a fabulous job with trying to get it all co-ordinated.

1:24:50
And, you know, HRSA has been a great partner, if there's additional questions, we're more than willing to help, I think, you know, that about all three of us.

1:24:58
Um, and hopefully, everyone has a Happy Thanksgiving.

Nathan Baugh:

1:25:03
Yeah, thank you, everyone.

1:25:04
And just to re-emphasize, where you look for resources, when you have questions, you got MLA matters, C 2, 0016, that's all your telehealth questions, OK?

1:25:18
Got the Provider Relief and portal, which is very expansive, is multi-layered, Lotsa FAQs, lots of auditing, lots of reporting. Lots of documents.

1:25:29
If you put it all together, it's many pages of documents that provide a really fun portal, is exhaustive and expansive.

1:25:37
So, a lot of questions can be answered there, you have Covid 19 waivers, which we don't really talk a lot about. But I got you the link there. There's are some RHC specific waivers.

1:25:50
And then, we've created some resources.

1:25:53
Shannon made a great step by step instructions for reporting on RHCcovidreporting.com which, you can use if you're struggling with that.

1:26:04
RHCcovidreporting.com should be very easy but there's an FAQ there as well. As I mentioned, to keep, please, please, please keep in mind rural testing Rural Fund Rural Relief Fund.

1:26:16
Those are the differences. We have links to the terms and conditions, different FAQs here.

1:26:22
One's on HHS dot gov, runs on HRSA dot gov.

1:26:25
So, with that, you're armed with the knowledge you need to look at many of these answers yourselves. Not every answer, but many of these answers can be found somewhere in these links.

1:26:38
With that said, I'm going to go ahead and close this up.

1:26:42
Bye.

1:26:44
Thanking everyone for attending today's webinar, especially Shannon and Charles, for lending us their expertise, as well as the Federal Office of Rural Health Policy for sponsoring the Technical Assistance Webinar Series.

1:26:58
Again, we encourage others who may be interested to register for the webinar series at narhc.org or RHI hub

1:27:05
website.

1:27:06
And you can also e-mail Nathan.baugh@narhc.org, or if you have any suggestions on a future webinar topic.

1:27:14

The CEU code, which is on the screen for the Certified Rural Health Clinic Professionals, is MPX75.

1:27:23
And, again, I'll repeat that MPX725, Our next webinar.

1:27:29
It's going to be December. Second. I know there's been a lot of webinars.

1:27:32
This one is not at all COVID related, so a little break from the covid stuff, and it will be on HPSA 101 for RHCS and we have the folks from ....

1:27:44
Gonna do that presentation on December second. So that's next Tuesday at 2 Eastern.

1:27:50
So we haven't sent out the registration for that yet, but we'll send that out, probably tomorrow.

1:27:56
So if you want to get oriented and learn everything about HPSA please join us next week.

1:28:01
So, with that, I want to thank everyone last time, and that concludes today's presentation.