

Important COVID-19 Updates



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Important COVID-19 Updates from Quick Med Claims

Quick Med Claims recognizes the challenges that you and your organization are facing related to the COVID-19 Pandemic. Our intent is not to overwhelm you with ongoing information but where appropriate, send you key informational updates that may prove helpful to you. The information below is a compilation of articles and information for your review that has been posted during the noted week.

Week of April 27, 2020 Update

CMS Relaxes Physician Certification Statement Signatures

The Centers for Medicare & Medicaid Services (CMS) has released guidance that recognizes the difficulty ambulance service providers and suppliers may have during the COVID-19 Public Health Emergency (PHE) in obtaining a physician certification statement (PCS) signed by a physician or other authorized professional While this remains a fluid situation, other industry experts have indicated it is too soon to know the full intent of this CMS change. For additional information please <u>click here</u>.

HHS Stimulus Relief – Round 2

HHS has begun distributing the remaining \$20 billion of the \$50 billion general distribution to Medicare providers to augment providers' allocations so that the whole \$50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue. For additional information please click here.

QMC and the Underinsured Patient – Making Application

QMC is glad to support our client partners with Round 2 application of the HHS Stimulus Funding. While we cannot initially set up your account application, we can render assistance as noted below.

Here's the steps you need to take in order to get the process underway.

- Client performs the initial registration and legally binds to accept the terms and conditions
- Client provides or applies for Optum registration
- Client submits roster of EMTs/Paramedics (We are still waiting for a definitive answer as to whether this is required by CMS)
- Once enrolled, client can assign Administrator's role to QMC
- QMC submits patient rosters for review
- QMC receives temporary patient IDs on behalf of the client (IDs are good for 30 days)
- QMC submits claims and batches electronically
- Should the client wish to handle all facets of the application process QMC will play a supportive role in providing necessary information, reports, etc. This will be obtained through your Account Manager and/or Billing Director

We hope you find this information helpful as we continue to support you, our valued client partners, during this extremely challenging time.

COVID-19 Financial Impact Calculator

The American Ambulance Association is working nonstop on advocating for financial relief from the impact of the Coronavirus (COVID-19) for our members. Now that ground ambulance service providers and suppliers are receiving federal funding to help partially offset the negative financial impact of the Coronavirus (COVID-19), the Congress is asking for information to substantiate that additional funding is necessary. Instead of providing just anecdotal information on the increased costs and lost revenue from COVID-19, we need to provide more wideranging data demonstrating the dire financial situation facing our industry.

To this end, the American Ambulance Association has developed a Financial Impact Calculator to gather information from our members to help us make our case for additional financial relief. The Calculator is also designed for members to use in <u>completing the application</u> for more funding under the General Allocation second distribution of the Public Health and Social Services Emergency Fund. For additional information on the COVID-19 Financial Impact Calculator please <u>click here</u>.

COVID-19 and HIPAA: Disclosures to First Responders

Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allow a covered entity to share the name or other identifying information of an individual who has been infected with, or exposed to, the virus SARS-CoV-2, or the disease caused by the virus, Coronavirus Disease 2019 (COVID-19), with law enforcement, paramedics, other first responders, and public health authorities without an individual's authorization? For additional information please click here.

Take the EMS PPE Survey

This survey is used to gauge the inventory of PPE for Fire & EMS Departments and the Supply Chain Needs. This information will help gauge the immediate and long-term concerns for Supply Chain Management for Fire & EMS Agencies. This survey is to help adjust the current climate of needs. For additional information please click here.

AAA Sends COVID-19 Relief Request Letter to President Trump

On April 28, the American Ambulance Association sent a letter to President Donald Trump with four requests as to how his Administration can best help ground ambulance service providers mitigate the COVID-19 pandemic. The AAA requested the following: Increase Financial Assistance Related to COVID-19 for Ground Ambulance Services Increase the percentage of the general allocation of funds under the Public Health and Social Services Emergency Fund (PHSSEF) for ground ambulance services providers and suppliers to equal a total of \$2.89 billion in funds for our industry. The \$2.89 billion reflects \$48,000 per ambulance with an estimated 60,000 registered vehicles. For additional information please click here.

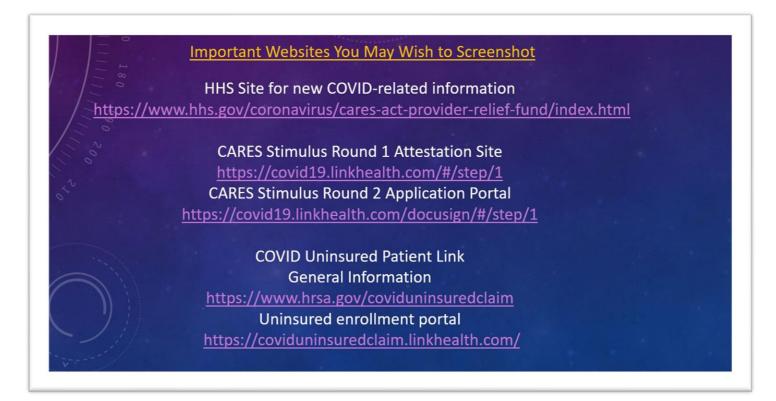
CDC Elevates First Responders to Highest Priority for COVID-19 Testing

On April 27, the CDC issued an update to its Guidance on "Evaluating and Testing Persons for Coronavirus Disease 2019" in which "first responders with symptoms" are now in the category of "highest priority" as to the prioritization of groups who should be tested for COVID-19. The AAA has been advocating to federal agencies and the Congress to move first responders to the highest level of priority for COVID-19 testing.

COVID-19 Uninsured Additional Coverage

The Uninsured Program will now reimburse air and water ambulances. Prior to this, these two emergency medical entities were omitted but as of April 30, 2020, they now have been included.

COVID-19 Website Links to Assist You



Week of April 27, 2020 Update

HHS Stimulus Funding Webinar: To Retain or Return – What We Know

There are many questions relating to the HHS Stimulus Funding which EMS organizations, both air and ground, have recently received. Of course, there are provisions within the funding guidelines for which you must comply. Join the QMC Team as we discuss what we know and the key provisions of this funding which your organization must consider.

Additionally, this Keynote Presentation will cover the key points when documenting a COVID-19 transport. This Keynote Presentation is scheduled for Tuesday, April 28, 2020 at 11:30 AM EST and April 28, 2020 at 7:00PM EST. To register for the 11:30 AM EST click here and for the 7:00 PM EST session please click here.

Ryan White Act and COVID-19

Several of our client partners have inquired as to the responsibility of the hospital/healthcare entity to inform EMS of a patient testing positive for COVID-19. Please note that Under the Ryan White Act, the facility is obligated by Federal law to inform any associated provider if there is a positive test confirming COVID infection.

SBA's Programs To Be Replenished

Congressional leaders and the Trump administration reached a tentative deal on an emergency economic rescue package that will replenish the SBA's Paycheck Protection, Emergency Injury Disaster Loan, and Emergency Economic Injury Grant programs. The legislation also includes funding for community health centers and rural health clinics and \$25 billion to increase testing and contact tracing capabilities.

Notably, the legislation also provides an additional \$75 billion in funding for hospitals and healthcare providers. The \$75 billion is an additional amount for the Public Health and Social Services Emergency Fund (PHSSEF). The language follows the CARES Act in that it remains available to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for healthcare-related expenses or lost revenues that are attributable to the coronavirus. The funds may not be used to reimburse expenses that have been reimbursed from other sources. Recipients must submit reports and maintain documentation as determined by the Secretary to ensure compliance with conditions.

COVID-19 Medicaid Waiver Update

CMS approved its 49th Medicaid waiver to the Wisconsin, delivering urgent regulatory relief to ensure states can quickly and effectively care for their most vulnerable citizens. In light of the urgent and evolving needs of states during the COVID-19 crisis, CMS developed a toolkit to facilitate expedited application and approval of State waivers requests in record time. The waivers support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported. The only states that have not applied for/received an 1135 waiver is now Ohio.

CARES Act Stimulus Payment Hotline

In the event you have not received stimulus funds or, you believe your dollars may have been deposited in an alternate account and can't locate it in your organization's primary account, please call the CARES ACT Stimulus payment hotline at: 866.569.3522. As a helpful tip, please be sure to look in other accounts which may have received Federal grant money in the past.

HHS Funding UPDATE - April 23, 2020

We have been informed that the remaining \$20 billion of the general distribution of \$50 billion will be sent to providers as an allocation proportional to providers' share of 2018 net patient revenue that is based on the CMS cost reports. There will be a portal for those "without adequate cost report data on file" to submit to get money. While this information is new as of Thursday, April 23, 2020, more information will be forthcoming. Please <u>click here</u> to review additional details as well as the terms and conditions.

COVID-19 Reimbursement for Treatment of the Uninsured

The Trump Administration has allotted \$1 billion to the Provider Relief Fund and will be used to reimburse healthcare providers, <u>at Medicare rates</u>, for COVID-related treatment of the uninsured. Dates back to February 4, 2020. Steps will involve:

- Enrolling as a provide participant
- Enrollment for the program begins on April 27, 2020 and claims can be submitted in early May 2020

We are still collecting information regarding this and other COVID-19regulatory/policy matters. We encourage your attendance at our upcoming COVID-19 Question and Answer Webinar on Tuesday, April 28 @ 11:30AM (<u>register</u>) and 7:00PM (<u>register</u>) EST.

Connecticut Governor Issues Executive Order on COVID-19 Patients

For our CT EMS Providers, please review the Executive Order 7U issued by Governor Lamont as it relates to COVID-19 Patients and related reimbursements. Please Click Here

Week of April 13, 2020 Update

Pennsylvania COVID-19 Data Collection

The emergency declaration has far reaching implications and EMS is already struggling financially. The AAP will be collecting data each week and forwarding onto the Governor's office, legislators and other state agencies on the need to look at and protect emergency medical services and their ability to continue to provide services. For additional information please <u>click here</u>.

HHS Begins Immediate Delivery of Initial \$30B of CARES Act Relief

The Department of Health and Human Services (HHS) is beginning the delivery of the initial \$30 billion in 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 recently passed by Congress and signed by President Trump.

The \$100 billion of funding will be used to support healthcare-related expenses or lost revenue attributable to coronavirus and to ensure uninsured Americans can get the testing and treatment they need without receiving a surprise bill from a provider. The initial \$30 billion in immediate relief funds will begin being delivered to providers in April. For additional updates please <u>click here</u>.

Revised Statement Pertaining To CMS Pausing NET Prior Authorization

There has been an update to the CMS pause for non-emergency ambulance transport prior authorization model. Please see updated information from our friends at Page, Wolfberg and Wirth by clicking here.

Medicare FFS Claims: 2% Payment Adjustment Suspended (Sequestration)

Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act temporarily suspends the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration. The suspension is effective for claims with dates of service from May 1 through December 31, 2020.

Contact Congress About COVID-19 Ambulance Relief

The Congress and Administration are currently in negotiations on a fourth economic stimulus package to address the impact of COVID-19. While the AAA and our members were successful in helping secure the recent direct payments to ambulance service providers and suppliers, we still have several issues yet to be addressed including additional financial relief. Specifically, the American Ambulance Association is advocating for coverage for "treatment in place", the ability of private for-profit EMS organizations to apply directly for FEMA Public Assistance program grants, additional direct compensation for COVID-19 expenses and lost revenue, and priority access to PPE and COVID-19 testing for paramedics and EMTs.

Week of April 6, 2020 Update

Payroll Protection Plan for Ambulance Providers

The \$2 trillion Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), signed into law on Mar. 27, 2020, introduces a new federal loan program that can provide a critical infusion of cash into the arteries of ambulance services to help keep the blood flowing – keeping staff employed and covering the payroll during the next few months. The Paycheck Protection Program (PPP) has \$349 billion in funding to help prevent small businesses – including many eligible ambulance services – from failing due to losses caused by the COVID-19 pandemic.

The best part of the program is the loans can be forgiven in most cases (for practical purposes converting this loan program into a grant program) so long as the funds are used to cover payroll and a few other essential costs. For additional information please click here.

Quick Med Claims: Not Missing a Beat!

You may know that over the past two weeks, QMC has relocated our workforce to a work-at-home (WAH) format. This was accomplished with the cooperation of many along with the resources and technology that you've come to expect from QMC. At present, our teams are working at full productivity level and continuing to bill for our valued client partners without missing a beat.

COVID-19 Medicaid Waiver Update

CMS approved its 45th Medicaid waiver to the District of Columbia, delivering urgent regulatory relief to ensure the District can quickly and effectively care for their most vulnerable citizens. In light of the urgent and evolving needs of states during the COVID-19 crisis, CMS developed a toolkit to facilitate expedited application and approval of State waivers requests in record time. The waivers support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported. The only states that have not applied for/received an 1135 waiver are Utah, Ohio and Wisconsin. For additional waiver information please click here.

New York State Updates COVID-19 Schematron for ePCR Vendors

The Schematron establishes the documentation standard implemented by all EMS agencies and ePCR software vendors for care provided by New York State EMS agencies. The Schematron is updated to adapt to a changing EMS system or current situations. The COVID-19 Schematron Update is designed to improve documentation standards during the COVID-19 pandemic response. For additional information on this please <u>click here</u>.

UnitedHealth Group Accelerates \$2B in Payments to Providers

UnitedHealth Group (NYSE: UNH), through UnitedHealthcare and Optum, has announced it is taking steps immediately to accelerate payments and other financial support to health care providers in the U.S. to help address the short-term financial pressure caused by the COVID-19 emergency. For additional information please <u>click here</u>.

BP Supporting Local Heroes with Gas Discount

BP is supporting first responders, doctors, nurses or hospital workers to provide them with a 50 cents off per gallon discount to use on their next fill up at BP and Amoco stations For additional information please <u>click</u> here.

ET3 Delayed Till Fall 2020

The Centers for Medicare & Medicaid Services (CMS) just announced that it is delaying the Emergency Triage, Treat, and Transport (ET3) Model until **Fall 2020**. CMS says it is "seeking to support the community of organizations that are responding to the public health emergency stemming from the Novel Coronavirus Disease (COVID-19)." So, ET3 will no longer begin on May 1, 2020.

AAMS Requests 363.5M In Emergency Funding for Air Ambulances

The Association of Air Medical Services (AAMS), representing the air medical transport industry submitted a letter this week to Department of Health and Human Services Secretary Alex Azar with an urgent request to rapidly distribute money to emergency air medical providers from the Public Health and Social Services Emergency Fund. In order to ensure the sustainability of the air ambulance community's labor force through the challenges of the next six months, air ambulance labor costs will increase by an estimated 50%. AAMS anticipates a total six-month need of \$254,424.00 per aircraft, for a total allocation of \$363,571,425.00 For additional information please click here.

UPDATE: CMS Pausing the Scheduled, NET Prior Authorization

Question: Is CMS Pausing the Scheduled Non-Emergency ambulance transport prior authorization model? Answer: Yes, but there's a catch. Effective March 29, 2020, CMS announced that certain claims processing requirements for the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model would be "paused." This pause does not mean that ambulance services are not expected to or are prohibited from still participating in the prior authorization submission process for purposes of obtaining the Unique Tracking Number (UTN). For additional information please click here.

Week of March 30, 2020 Update

Quick Med Claims recognizes the challenges that you and your organization are facing in light of the COVID-19 Pandemic. Our intent is not to overwhelm you with ongoing information but where appropriate, send you key informational updates that may prove helpful to you. The information below is a compilation of articles and information for your review.

Suspension of Patient Signatures

CMS now states that a beneficiary's signature will not be required for proof of delivery, as it relates to durable medical equipment services, during the PHE. In a follow-up exchange with CMS, the American Ambulance Association (AAA) has confirmed that this policy of not requiring a beneficiary's signature also applies to ground ambulance providers and suppliers retroactive to March 1, 2020. The AAA has requested that this clarification for ground ambulances also be provided in a written FAQ. Providers/suppliers should document in the PCR that a signature was not able to be obtained because of COVID-19. As a best practice, QMC encourages obtaining a secondary form of verification if possible.

Payment Transports to Alternative Destinations

Through the duration of the crisis, CMS has expanded the list of destinations for which Medicare covers ambulance transportation to include all destinations, from any point of origin, that are equipped to treat the condition of the patient consistent with Emergency Medical Services (EMS) protocols established by state and/or local laws where the services will be furnished. For additional information please click here.

Pause in the Non-Emergency Prior Authorization Model

CMS has paused the claims processing requirements for the Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model, effective March 29 until the end of the Public Health Emergency (PHE). During this pause, claims for repetitive, scheduled non-emergent ground ambulance transports for the COVID-19 pandemic in States in which the model operates, Delaware, the District of Columbia, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia and West Virginia will not be stopped for pre-payment review if prior authorization has not been requested by the fourth round trip in a 30-day period. For additional information please click here.

Suspension of Audits

In guidance released separately, CMS indicates that it is suspending nearly all audits of providers and suppliers for the duration of the PHE. CMS has suspended most Medicare Fee-For-Service (FFS) medical review during the emergency period due to the COVID-19 pandemic. This includes pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate program, and post-payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC).

Accelerated/Advance Payment Requests

UPDATED MARCH 31, 2020: The Centers for Medicare and Medicaid Services (CMS) has expanded the Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers in an effort to provide financial relief and to increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic.

To be eligible to participate in the Accelerated and Advanced Payment Program, providers and suppliers must meet the following criteria:

- 1) Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form
- 2) Not be in bankruptcy
- 3) Not be under active medical review or program integrity investigation; and
- 4) Not have any outstanding delinquent Medicare overpayments

Qualified providers and suppliers will be asked to request a specific amount using an Accelerated or Advance Payment Request Form provided on each Medicare Administrative Contactor's (MAC's) website. Payment is typically processed in about seven (7) days. Ambulance providers and suppliers can utilize these accelerated or advance payments to ease cash flow disruptions during the COVID-19 public health emergency. Below is a link to obtain the request form from the MAC in your organizations area.

First Coast Service Options, LLC - <u>Click Here</u>

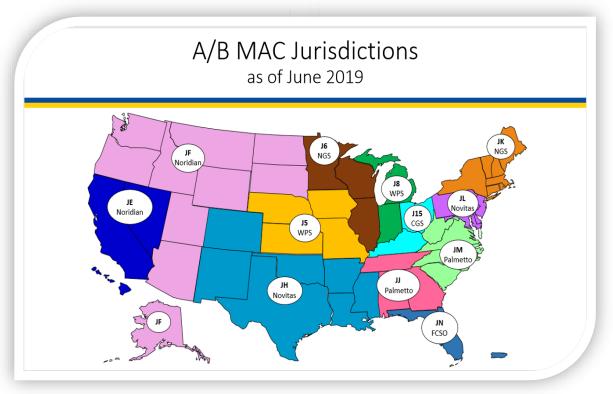
CGS Administrators, LLC – Click Here

National Government Services, Inc. (NGS) - Click Here

Noridian Healthcare Solutions Accelerated or Advanced Payment Request - Click Here

Novitas Accelerated or Advanced Payment Request - Click Here

Palmetto GBA, LLC Accelerated or Advanced Payment Request (also used for RR Medicare) - <u>Click Here</u> Wisconsin Physicians service Government Health Administrators (WPS) - <u>Click Here</u>





Additional Links from CMS

To view an updated list of CMS Actions relating to COVID-19, please click here.

For Information on CMS waivers and rule changes, please <u>click here</u>.

For Information on CMS waivers and guidance as well as the Interim Final Rule, please click here.

Questions to CMS on COVID-19: COVID-19@cms.hhs.gov



Links from Page, Wolfberg and Wirth, LLC (PWW)

COVID-19 EMS Resource Information. Please click here



Links from the American Ambulance Association

Weekly COVID-19 Member Calls (Must be a Member to take part).

Operational Discussions | Chaired by AAA President Aarron Reinert | Wednesdays at 4:00 pm ET Clinical Discussions | Chaired by Dr Ed Racht of Global Medical Response | Fridays at 4:00 pm ET For additional information please click here.



Quick Med Claims will be glad to assist you with any questions you might have in the days ahead. Please contact QMC's Client Services Team at 412.532.2392 or clientservices@quickmedclaims.com should you require additional assistance.