

COVID-19 Update: What Essentially Women Members Need to Know

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CARES Act Financial Stimulus Programs

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HHS Stimulus Payments

- **HHS Stimulus Distributions**
- \$30 billion is being distributed to healthcare providers
- Payments beginning April 10, 2020 – to eligible providers throughout the American healthcare system
- Payments will be sent/deposited automatically – no application or request required
- EFT/ACH or paper check from UHC/Optum “HHSPAYMENT”
- **These are payments, not loans, to healthcare providers, and will not need to be repaid.**

HHS Stimulus Payments

- All facilities and providers that received Medicare (FFS) payments in 2019
- Providers impacted by the COVID-19 pandemic
- Providers who are struggling to keep their doors open due to healthy patients delaying care and cancelled elective services
- Provided diagnose, test, or care for individuals with possible* or actual cases of COVID-19
- ****Care does not have to be specific to treating COVID-19. HHS broadly views every patient as a possible case of COVID-19.***

HHS – How are Payments Determined

- A provider can estimate their payment by dividing their 2019 Medicare FFS **(not including Medicare Advantage)** payments they received by \$484,000,000,000, and multiply that ratio by \$30,000,000,000
- Example: You processed Medicare FFS claims totaling \$1,000,000 in 2019
- **Formula**
- $\$1,000,000 / \$484,000,000,000 \times \$30,000,000,000 = \$62,000$

Terms and Conditions for Keeping the Money

- Attestation form – sign within 30 days - <https://covid19.linkhealth.com/#/step/1>
- Provider must be in good standing with Medicare/not terminated or excluded
- Funds used for health care related expenses OR lost revenues that are attributable to coronavirus
- Funds can't be used for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
- Reporting requirements to make sure the funds are used as intended
- For all care related to possible or actual case of COVID-19, providers cannot seek to charge a patient out-of-pocket expenses that are greater than in-network would be
- Full T&Cs here: <https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf>

What if I haven't received my HHS payment?

- Call United Healthcare
- 877-842-3210 option 7 or 866-569-3522
- Provide them with your TIN
- They will provide status of your payment

CARES Act – Paycheck Protection Program

- Designed to provide relief to small businesses so they can sustain their businesses and keep their workers employed.
- Administered by the SBA.
- **The loans will be forgiven** as long as the funds are used to keep employees on the payroll and for certain other expenses.
- Established by the CARES Act – Initially \$349B
- Program began on April 3, by April 16th, all \$349B had been claimed

Who is eligible?

- Businesses impacted adversely by COVID-19
 - Small businesses
 - Nonprofit entities
 - Sole proprietorships
 - Tribal businesses
 - Veteran's organizations
 - Independent contractors
-
- *In general you need to employ 500 or fewer employees (exceptions)

Key features and provisions

- Max loan = 2.5 times employer's avg. monthly payroll
- Will cover 8 weeks of payroll plus other expenses
- Loan for a single business cannot exceed \$10M
- No collateral or personal guarantee required
- Cash usually available quickly after approval

PPP Features Cont'd

- No loan fees
- 2 year maturity
- 1% fixed interest rate
- Fully insured and backed by federal government
- Loan payments deferred for at least 6 months, up to 1 yr
- Potentially forgivable if used properly

Proper Use of Funds From PPP Loan

- Loan dollars can be used by employers to cover:
- Payroll (wages/salaries, retirement contributions, health benefits, sick/medical leave*)
- Rent
- Utilities
- Mortgage interest (not for paying down principal)

- *not if FFCRA credit was obtained
- **Payroll costs are capped at \$100K/yr per employee

Loan Forgiveness

- The PPP loans can be forgiven, if:
- At least 75% of the money is used for payroll costs
- Pre-crisis level of full-time employees is retained:
- Retained employees and re-hired employees
- Maintain salary levels (maintain at least 75% of employee salaries/wages)
- <https://home.treasury.gov/system/files/136/PPP--Fact-Sheet.pdf>

Loan Forgiveness Cont'd

- Contact lending institution
- Document expenses paid (payroll, mortgage, utilities)
- Document # of full-time employees
- ØBank has 60 days to decide on loan forgiveness

How to apply

- Applications accepted starting April 3 (retro to 2/15)
- Another \$310B added to the program 4/24 (\$60B for smaller banks/C.U.s)
- Available through June 30 or until money is gone (current funds will not last until 6/30)
- Can likely be done online
- First come/first served basis (SBA, but maybe not banks)
- Any of the 1800+ SBA approved lending institutions
- Locate a lender: <https://www.sba.gov/funding-programs/loans>

Application Form Sources:

- <https://home.treasury.gov/system/files/136/Paycheck-Protection-Program-Application-3-30-2020-v3.pdf>
- <https://www.sba.gov/document/sba-form--paycheck-protection-program-ppp-sample-application-form>

SBA Loan Summary – First \$349B Summary

The screenshot shows a PowerPoint slide titled "Summary" with a table of loan statistics. The table has three columns: Loan Count, Net Approved Dollars, and Lender Count. The values are 1,661,367, \$342,277,999,103*, and 4,975 respectively. A note below the table states that the net approved dollars do not reflect the amount required for reimbursement to lenders per statute within the CARES Act. The slide also includes the SBA logo and the text "Approvals through 4/16/20". The bottom of the slide is partially visible, showing the heading "States and Territories".

Loan Count	Net Approved Dollars	Lender Count
1,661,367	\$342,277,999,103*	4,975

*Net Approved Dollars do not reflect the amount required for reimbursement to lenders per statute within the CARES Act.

SBA Approvals through 4/16/20

States and Territories

SBA PPP First \$349B State Loan Qty and \$s

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sba.gov/sites/default/files/2020-04/PPP%20Deck%20copy.pdf

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SBA Approvals through 4/16/20

States and Territories

State	Approved PPP Loans	Approved PPP Amount
AK	4,842	\$921,927,504
AL	27,922	\$4,862,690,120
AR	21,754	\$2,722,726,557
AS	2	\$419,583
AZ	19,280	\$4,846,959,062
CA	112,967	\$33,413,693,192
CO	41,635	\$7,392,960,359
CT	18,435	\$4,151,934,451
DC	3,253	\$1,247,218,727
DE	5,171	\$1,090,415,848
FL	88,997	\$17,863,199,837
GA	48,332	\$9,464,475,442
GU	508	\$102,418,346
HI	11,553	\$2,046,450,982
IA	29,424	\$4,315,688,444
ID	13,627	\$1,850,034,026
IL	69,893	\$15,972,578,071
IN	35,990	\$7,491,445,351
KS	26,245	\$4,288,652,108
KY	23,797	\$4,149,467,684

State	Approved PPP Loans	Approved PPP Amount
LA	26,635	\$5,100,534,501
MA	46,937	\$10,360,907,178
MD	26,068	\$6,537,733,687
ME	14,993	\$1,944,425,549
MI	43,438	\$10,381,310,070
MN	46,383	\$9,014,060,040
MO	46,481	\$7,547,822,023
MP	56	\$12,619,835
MS	20,748	\$2,481,000,606
MT	13,456	\$1,470,300,136
NC	39,520	\$8,005,752,270
ND	11,002	\$1,548,384,035
NE	23,477	\$2,988,890,489
NH	11,582	\$2,006,858,477
NJ	33,519	\$9,527,794,260
NM	8,277	\$1,424,408,711
NV	8,674	\$2,013,939,889
NY	81,075	\$20,345,681,101
OH	59,800	\$14,108,889,927
OK	35,557	\$4,615,708,450

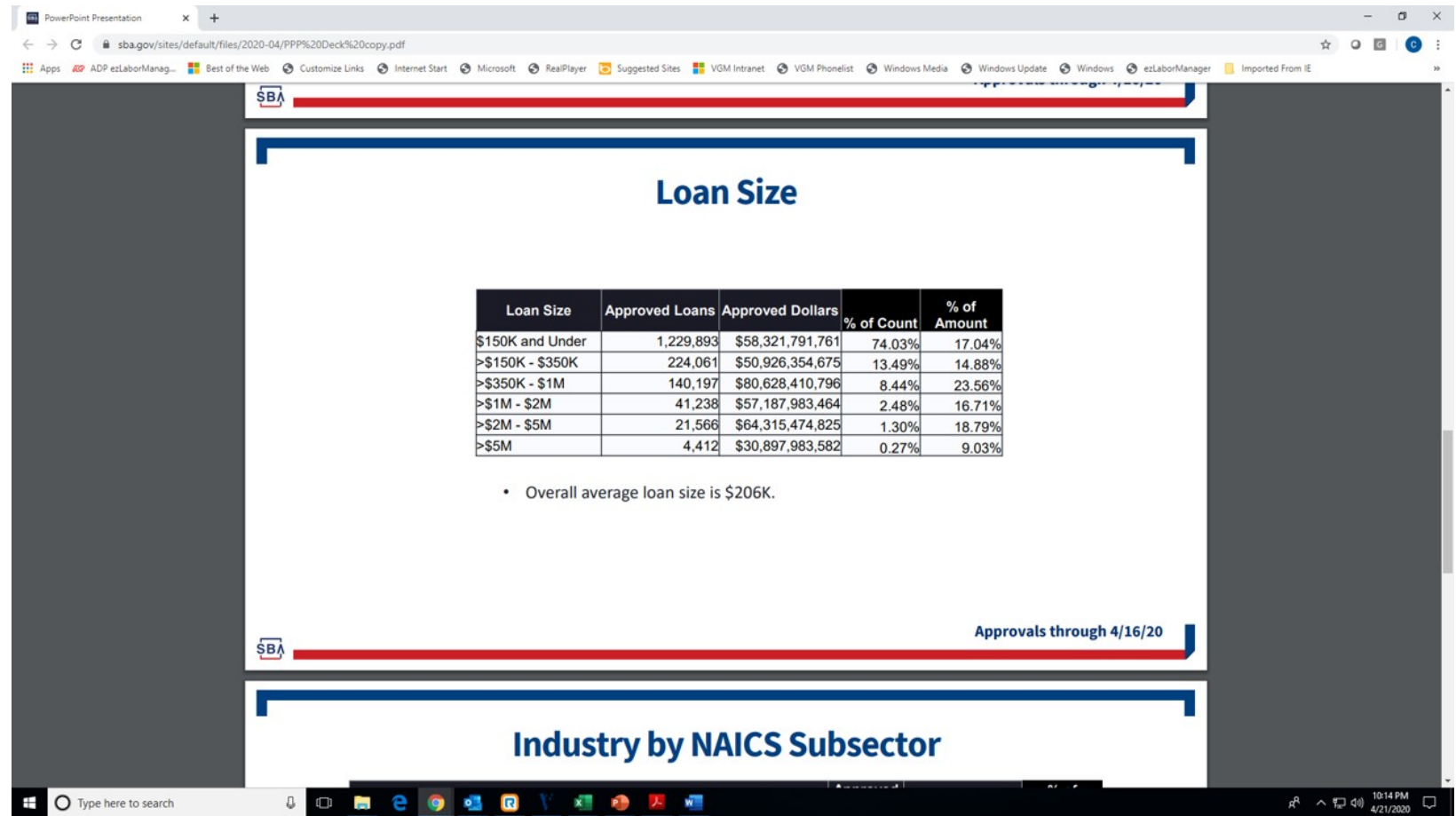
State	Approved PPP Loans	Approved PPP Amount
OR	18,732	\$3,806,104,476
PA	69,567	\$15,697,648,689
PR	2,856	\$658,573,638
RI	7,732	\$1,335,777,801
SC	22,933	\$3,807,578,397
SD	11,324	\$1,369,616,339
TN	34,035	\$6,542,045,089
TX	134,737	\$28,483,710,273
UT	21,257	\$3,695,399,459
VA	40,371	\$8,721,170,223
VI	240	\$62,242,612
VT	6,983	\$1,000,127,478
WA	30,421	\$6,959,680,159
WI	43,395	\$8,317,705,842
WV	7,861	\$1,351,223,328
WY	7,618	\$837,018,372

SBA Approvals through 4/16/20

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SBA PPP First \$349B Qty by Loan Size



SBA PPP First \$349B Qty and \$ by Industry

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SBA Approvals through 4/16/20

Industry by NAICS Subsector

NAICS Subsector Description	Approved Loans	Approved Dollars	% of Amount
Construction	177,905	\$44,906,538,010	13.12%
Professional, Scientific, and Technical Services	208,360	\$43,294,713,938	12.65%
Manufacturing	108,863	\$40,922,240,021	11.96%
Health Care and Social Assistance	183,542	\$39,892,493,481	11.65%
Accommodation and Food Services	161,876	\$30,500,417,573	8.91%
Retail Trade	186,429	\$29,418,369,063	8.59%
Wholesale Trade	65,078	\$19,489,410,472	5.69%
Other Services (except Public Administration)	155,319	\$17,707,077,167	5.17%
Administrative and Support and Waste Management and Remediation Services	72,439	\$15,285,814,286	4.47%
Real Estate and Rental and Leasing	79,784	\$10,743,430,227	3.14%
Transportation and Warehousing	44,415	\$10,598,076,231	3.10%
Finance and Insurance	60,134	\$8,177,041,995	2.39%
Educational Services	25,198	\$8,062,652,288	2.36%
Information	22,825	\$6,675,630,276	1.95%
Arts, Entertainment, and Recreation	39,670	\$4,939,280,138	1.44%
Agriculture, Forestry, Fishing and Hunting	46,334	\$4,374,343,877	1.28%
Mining	11,168	\$3,894,793,207	1.14%
Public Administration	5,570	\$1,197,353,586	0.35%
Management of Companies and Enterprises	3,211	\$1,170,748,130	0.34%
Utilities	3,247	\$1,027,575,137	0.30%

SBA Approvals through 4/16/20

PPP Lenders - Highest Approved Dollars

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SBA PPP First \$349B Qty and \$ by Lender

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sba.gov/sites/default/files/2020-04/PPP%20Deck%20copy.pdf

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Utilities	3,247	\$1,027,575,137	0.30%

SBA Approvals through 4/16/20

PPP Lenders - Highest Approved Dollars

Lender	Approved Loans	Approved Dollars	Average Approved Size
1	27,307	\$14,071,396,427	\$515,304
2	32,097	\$10,309,843,746	\$321,209
3	21,062	\$9,612,090,368	\$456,371
4	33,594	\$7,778,303,458	\$231,538
5	27,929	\$6,555,028,971	\$234,703
6	25,820	\$6,114,676,731	\$236,819
7	26,238	\$6,057,787,355	\$230,878
8	10,681	\$4,406,088,115	\$412,516
9	14,215	\$4,356,840,783	\$306,496
10	9,457	\$4,267,336,254	\$451,236
11	12,001	\$4,190,129,500	\$349,148
12	25,151	\$3,889,799,524	\$154,658
13	9,673	\$3,392,990,074	\$350,769
14	10,642	\$2,978,045,260	\$279,839
15	40,746	\$2,966,427,908	\$72,803

SBA Approvals through 4/16/20

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EIDL/Emergency Advance

- <https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/economic-injury-disaster-loan-emergency-advance>
- Also administered by the SBA
- Also ran out of money last week
- Also being replenished by latest legislation
- \$60B in total funds re-allocated on 4/24
- \$50B for loans
- \$10B set aside for \$10,000 forgivable loan advances
- Apply only through SBA, not through banks

Who is eligible?

- Small business with fewer than 500 employees
- Sole proprietorships
- Independent contractors
- Self-employed persons
- Private non-profit organizations
- 501(c)(19) veterans organizations
- Must be adversely impacted by COVID-19

Program details

- Max loan is \$2M
- Loan amount varies by business
- 3.75% interest rate for businesses/2.75% for non-profits
- Loan term can be up to 30 years
- 1st payment deferred for 1 year
- ***All businesses applying for an EIDL loan are eligible to also apply for a fast \$10,000 advance on their loan. This advance does not have to be repaid, even if the applicant is not actually approved for the EIDL loan. Funds will be made available shortly following a successful application**

Thank you!

<https://www.vgm.com/coronavirus/government-cms-updates/economic-stimulus-programs--covid19-resource-tool/>

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Additional Small Business Benefits Available Now & In the Near Future!

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VP of Regulatory Affairs

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To begin...please **start at this web page**, and review all that is applicable to you (most of it is!!!!)

PS: Or...just Google “Coronavirus Relief Options” and it will be the first result!

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options>

Coronavirus Relief Options

We're here to help you overcome the challenges created by this health crisis. We offer multiple funding options for those seeking relief. Read more below.



Feedback



Paycheck Protection Program

This loan program provides loan forgiveness for retaining employees by temporarily expanding the traditional SBA 7(a) loan program.

[Learn more](#)



EIDL Loan Advance

This loan advance will provide up to \$10,000 of economic relief to businesses that are currently experiencing temporary difficulties.

[Learn more](#)



SBA Express Bridge Loans

Enables small businesses who currently have a business relationship with an SBA Express Lender to access up to \$25,000 quickly.

[Learn more](#)



SBA Debt Relief

The SBA is providing a financial reprieve to small businesses during the COVID-19 pandemic.

[Learn more](#)

Need help? Get free business counseling.

FIND COUNSELORS

CARES Act Provider Relief Fund

- **URGENT UPDATE! 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**.
- **Medicare providers for whom HHS did not have adequate cost report data** on file will need to **submit their revenue information** to the General Distribution Portal to be able to receive additional general distribution funds and agree to the Terms and Conditions for this additional distribution.

These are the URLs...

- <https://covid19.linkhealth.com/docuSign/#/step/1>
- <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html>

CARES Provider Relief Fund Payment Portal

President Donald J. Trump signed the bipartisan CARES Act that provides \$100 billion in relief funding to hospitals and health care providers. Providers who have already received payments from the CARES Act Provider Relief Fund may be eligible to receive additional funds

Providers who have already received payments from the CARES Act Provider Relief Fund must attest to each payment associated with their billing Taxpayer Identification Number(s). In addition, providers who have already received payments will need to upload their most recent IRS tax filings as well as estimates of lost revenues for March and April 2020.



What you need to know before beginning this process:

This portal is only for organizations who have already received payments through the CARES Act Provider Relief Fund. Before you begin this process, your organization will need to attest to each payment associated with your billing Taxpayer Identification Number(s). Please access our [user guide](#) for help with this process.



Billing TIN(s)

Please enter the Taxpayer Identification Number(s) (TIN) for the entity that (a) has previously received a CARES Provider Relief Fund Payment and (b) files a US Federal Income Tax Return. If the entity has subsidiaries that have received payments from the CARES Provider Relief Fund, and those subsidiaries DO NOT file separate tax returns, please list the TIN(s) of these non-filing subsidiaries here as well.

Please note, if you list multiple TINs below, only one of the TINs should be associated with an entity that files tax returns. If your organization has subsidiaries that file separate tax returns, each filing subsidiary must complete a separate portal application.

Billing TIN(s)

Example:
123456789,
987654321

Type or copy/paste TIN(s) here. Each TIN must be 9 digits with no spaces, hyphens or dashes. Multiple TINs should be separated by commas.



About HHS



Programs & Services



Grants & Contracts



Laws & Regulations

[HHS](#) > [Coronavirus Home](#) > [Cares Act Provider Relief Fund](#) > Terms & Conditions for Provider Relief Fund Distributions

Coronavirus (COVID-19)



CARES Act Provider Relief Fund

Terms and Conditions

Telehealth

Mental Health and Coping

Optimizing Ventilators

COVID-19 News

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Terms and Conditions for Provider Relief Fund Distributions

Terms and Conditions

[Relief Fund Payment from \\$20 Billion General Distribution - PDF](#)

[Relief Fund Payment from \\$30 Billion General Distribution - PDF](#)

[FFCRA Relief Fund Payment Terms and Conditions - PDF](#)

[Uninsured Relief Fund Payment Terms and Conditions - PDF](#)

- **Providers who received their additional money automatically will still need to submit their revenue information** so that it can be verified via the portal.
- [Click here for FAQs on the General Distribution Portal - PDF.](#)
- <https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf>

This is a portion of the FAQ:

- HHS will distribute additional moneys via “**Targeted Distributions**” aimed at providers who are disproportionately impacted by COVID or who have not received payments in the General Distribution.
- Providers will only get a General Distribution payment **if they billed Medicare in 2019 and provide or provided after January 31, 2020 diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.**
- The **Provider Relief Fund Application Portal** has been deployed in order to collect information from providers who have already received General Distribution payments prior to April 24th 2020 at 5 pm EST.

The Provider Relief Fund Application Portal is collecting four pieces of information for use in allocating remaining General Distribution funds:

- 1) a provider's "**Gross Receipts or Sales**" or "**Program Service Revenue**" as submitted on its federal income tax return;
- 2) the provider's **estimated revenue losses** in March 2020 and April 2020 due to COVID;
- 3) a copy of the provider's most recently filed **federal income tax return**;
- 4) a listing of the **TINs** any of the provider's subsidiary organizations that have received relief funds but that DO NOT file separate tax returns.
- This information may also be used in allocating other Provider Relief Fund distributions.

Why are these being collected?

- “We are collecting the “gross receipt or sales” or “program service revenue” data to have an understanding of a provider’s usual operations.
- We are collecting the revenue loss information to have an understanding of COVID impact.
- We are collecting tax forms in order to verify the self-reported information.
- And we are collecting information about organizational structure and subsidiary TINs so that we do not overpay or underpay providers who file tax returns covering multiple legal entities (e.g. consolidated tax returns).”

Providers meeting the following criteria are required to submit a separate portal application:

- a) Provider has received Provider Relief Fund payments as of 5:00 EST Friday April 24th **AND**
- (b) Provider has filed a federal income tax return for 2017, 2018, or 2019.
- As such, **each entity that files a federal income tax return is required to file an application** even if it is part of a provider group. However, a group of corporations that files one consolidated return will have only the tax return filer apply.

- Each provider submitting an application is required to list the TINs of each subsidiary that (a) has received Provider Relief Fund payments as of 5:00 EST Friday April 24th **AND** (b) has not filed federal income tax returns for 2017, 2018, or 2019.
- **Do not list any subsidiary's TIN that has filed a federal income tax return**, because such subsidiary is required to submit a separate application.

To emphasize...

- The CARES Act Provider Relief Fund Payment Attestation Portal is **now open**.
- Providers who have been allocated a payment **must sign an attestation confirming receipt of the funds** and agree to the terms and conditions within 30 days of payment.
- This is the URL for the portal:
<https://covid19.linkhealth.com/#/step/1>

Background/Summary...

- President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. On March 27, 2020, the President signed the bipartisan **CARES Act that provides \$100 billion in relief funds** to hospitals and other healthcare providers on the front lines of the coronavirus response.
- This funding will be used to **support healthcare-related expenses or lost revenue attributable to COVID-19** and to **ensure uninsured Americans can get testing and treatment** for COVID-19.
- In allocating the funds, the Administration is working to **address both the economic harm** across the entire healthcare system due to the stoppage of elective procedures, and **addressing the economic impact on providers** incurring additional expenses caring for COVID-19 patients, and to do so as quickly and transparently as possible.

- **Payments will go out weekly**, on a rolling basis, as information is validated, with the first wave delivered on April 24th.
- Providers who receive funds from the general distribution have to **sign an attestation confirming receipt of funds and agree to the terms and conditions** of payment and confirm the CMS cost report. The URL to sign the attestation and accept the Terms and Conditions is <https://covid19.linkhealth.com/>
- The **Terms and Conditions also include other measures to help prevent fraud and misuse of the funds**. All recipients will be required to submit documents sufficient to ensure that these funds were used for **healthcare-related expenses or lost revenue attributable to coronavirus**. There will be significant anti-fraud and auditing work done by HHS, including the work of the Office of the Inspector General.

Also....

- IN ADDITION TO...the HHS payments noted in the previous slides (that is the initial \$30 billion already distributed and the \$20 billion scheduled for this and upcoming weeks...) **HHS will receive an additional \$75 billion in funds that healthcare providers and suppliers may access.**
- The stated purpose of these funds is to prevent, prepare for and respond to COVID-19 and to reimburse providers that have been adversely affected by the pandemic.
- **Recipients will be required to apply for these funds in a manner that will be determined by the Secretary of HHS.**

VGM & EW will notify members when this is available!!!!

Finally...

- HHS allocated \$10 billion to providers particularly impacted by COVID-19 as well as \$10 billion for cash infusions to rural health care providers.
- Much of the remaining \$30 billion is expected to be used to **reimburse providers at Medicare rates for COVID-19 treatment of the uninsured.**
- The **Indian Health Service** is expected to receive roughly \$400 million to be allocated based upon need and the impact of COVID-19.
- **HHS has also updated the Terms and Conditions for acceptance of the Provider Relief Fund grants** – these changes should be reviewed but largely are not substantive.

Questions??

Contact me any time!!

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SUPPLIER OPERATIONS AND BILLING in a COVID-19 Environment

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Reopening Best Practices

- How to take in people, set up appointments, and reopen?
 - Follow CDC, State Guidelines, and Public/County Health Department Guidelines
 - Only allow patient into store (no other family members)
 - Disinfection area at entry for patient to use before doing anything with staff
 - Chairs are minimum 6 ft apart
 - Minimal patients in store at one time (some doing curbside pickup)
 - Clean/disinfect store, work areas daily (beginning and end of work day)
 - Clean/disinfect fitting rooms after each use

Universal Precautions & Emergency Preparedness

- Emergency/Disaster Plans should be implemented
- Adjust disaster planning as needed
- Universal Precautions & Infection Control are required
- Annual competency as part of accreditation
- When situation arises such as COVID-19, provide re-education and continuous updates to ALL Staff
- Assess if there is staff that can work remotely

When to Handwash

- When arriving and before leaving a health care facility
- When arriving and before leaving a patient's home
- Before applying or removing gloves
- Between patient-to-patient contact
- After touching inanimate items or surfaces that are likely to be contaminated with virulent or epidemiologically important microorganisms, including urine-measuring devices or secretion-collection devices
- After picking up an object off of the floor of a patient's home
- Before and after touching wounds
- Before performing invasive procedures
- Before taking care of particularly susceptible patients, such as newborns and people who are severely immunocompromised
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions
- After taking care of an infected patient or one who is likely to be colonized with microorganisms of special clinical or epidemiologic significance, such as multiply-resistant bacteria
- Before eating
- After using the restroom

Personal Protective Equipment (PPE)

- In addition to handwashing, health care personnel may need to wear personal protective equipment (PPE) in situations where they will have contact with potentially infectious materials. Protective barriers reduce the risk of exposure of the health care worker's skin and mucous membranes to potentially infective materials. Protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which standard precautions apply.
- PPE includes gloves, gown, mask, and goggles or face shield
- Follow CDC/Health Department guidelines, minimum of gown, mask, and gloves

Fitting Experience

- First Question: Can this be shipped via shipping service?
 - Ostomy
 - Urological Supplies
 - Incontinence
 - Wound Dressings
 - CPAP Machine/Supplies
 - Walker
 - Commode
 - Diabetic Supplies
 - Mastectomy Supplies - Refills
- Secondly: What is considered non-emergent? Patient's with comprised immunity may choose to wait for fitting. Who can wait for fitting, i.e., existing patient?
- Thirdly: If patient chooses to have a fitting, have the conversation to set the expectation for the fitting experience.

Proof of Delivery (POD) For Shipping

Delivery via shipping or delivery service directly to beneficiary

- Beneficiary's name
- Delivery address
- Delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records
- Description of each item delivered
- Quantity delivered
- Date delivered
- Evidence of delivery
- Get Confirmation of Delivery = these are not stored with shipping service (USPS, UPS, FedEx) supplier is responsible for saving in patient file

All the dots need to connect between shipping, delivery, and billing

- If this is a request for refill of supplies, follow guidelines for request for refill

Is Telehealth acceptable in place of In Person Visit (face to face)?

- YES** - Telehealth has been approved in place of the **in person visit with an approved telehealth provider** during the PHE (must be audio and video)
- Audio is acceptable for mastectomy supplies. Audio = telephone
- Approved Telehealth Providers - Physicians, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistant**
- Please note regardless if telehealth is used in place of an in person visit ALL coverage criteria are still applicable and medical necessity must be documented in the medical record to justify the items provided (**exception certain respiratory policies**)
- IFR – allows additional practitioners to order home medical equipment and supplies under Medicaid Home Health Benefit as of March 1, 2020
 - Must be within their scope of practice

Is Telehealth acceptable via telephone?

- What about beneficiaries who do not have access to smart phones or other technology that supports two-way, audio and video telecommunications technology?

YES - The IFC allows physicians and other practitioners to bill for certain telephone assessment, evaluation and management services during the PHE. These services were previously not separately billable. These services may be billed for both new and established patients.

- Audio is acceptable for mastectomy supplies. Audio = telephone
- Approved Telehealth Providers - Physicians, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistant**
- Please note regardless if telehealth is used in place of an in person visit ALL coverage criteria are still applicable and medical necessity must be documented in the medical record to justify the items provided (**exception certain respiratory policies**)

Telehealth Acceptable Format and HIPAA/BAA Compliance

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Note: OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

Level I

- In person visit/face to face **IS required** as it's a statutory requirement
- In person visit may be conducted via telehealth (audio **and** video)
- Clinical indications/coverage criteria must be met

Product Categories

- Power Mobility Devices (PMDs)
- Therapeutic Shoes for Diabetes

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

Level II

- In person visit/face to face IS NOT required
- In person visit may be conducted via telehealth (audio and video or telephone)
- Clinical indications/coverage criteria must be met**

Product Categories

- Manual Chairs
- Hospital Beds
- Nebs
- HFCWO
- NPWT
- Support Surfaces
- Prosthetic**, Orthotics
- Supplies** and **All Other Policies** not listed in level I and III

Implications of NCDs/LCDs during the Public Health Emergency (PHE)

LEVEL III

- In person visit/face to face **IS NOT required**
- In person visit may be conducted via telehealth (audio and video or telephone)
- Clinical indications/coverage criteria **suspended temporarily during the PHE**

Product Categories

- NCD 240.2 Home Oxygen
- NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea
- LCD L33800 Respiratory Assist Devices (ventilators for home use)
- NCD 240.5 Intrapulmonary Percussive Ventilator
- LCD L33797 Oxygen and Oxygen Equipment (for home use)
- NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management
- NCD 280.14 Infusion Pumps
- LCD L33794 External Infusion Pumps
- Noninvasive ventilators

Has CMS Relaxed Signature Requirements?

- ❑ CMS is waiving signature and **proof of delivery requirements** for Part B drugs and **Durable Medical Equipment**
- ❑ When a signature cannot be obtained because of the inability to collect signatures:
 - Suppliers should document in the medical record the appropriate date of delivery and that a **signature was not able to be obtained because of COVID-19**.
- ❑ Refill orders try to get an order signed by treating practitioner (email, fax), if this cannot be done then document the situation COVID-19 – office closed, date time
- ❑ Continued need can be established via telehealth during the Covid-19 emergency where clinical indications are required
- ❑ **Also, check your state law requirements**

ABN, AOB, and other intake documents

Current notice delivery instructions provide flexibilities for delivering notices to beneficiaries in isolation.

- Hard copies of notices may be dropped off by any hospital worker able to safely enter
- Contact phone number provided for beneficiary questions

.When hard copy delivery not possible

- Notices may be delivered via email if beneficiary has email access (use docu-sign)
- Notices should be annotated with circumstances of delivery
 - ❖ Who completed delivery
 - ❖ When and to where was the email sent

May be delivered via telephone or secure email to beneficiary representatives offsite

ABN , AOB, and other intake documents

ABN should be annotated with circumstances of delivery

- ✓ Person delivering notice via telephone
- ✓ Time of call, or
- ✓ Where and when the email was sent
- Follow this standard for all your intake documentation

Review the specifics of notice delivery, as set forth in Chapter 30 of the Medicare Claims Processing Manual

<https://www.cms.gov/media/137111>

Your Turn – Share any thoughts or any questions?

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Federal Lobbying Efforts and Personal Protective Equipment Resources

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PPE Resources

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus or Person Under Investigation for 2019 nCOV in Healthcare Setting: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
- Healthcare Supply of Personal Protective Equipment: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
- Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html
- FAQ on PPE from CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Letter from 3M - Watch out for Counterfeit PPE Products

- “VGM continues our efforts to obtain, source and/or uncover opportunities for our members as it relates to PPE offerings. Scott Owen, VP of Contracting is in contact with our contracted vendor partners on a routine basis with updates and allocation procedures specific to distribution of these critical items. VGM’s focus is assisting the front line workers in desperate need of these necessary items to function in a healthcare setting”.



To: Valued 3M Customer and Authorized Channel Partner in the U.S.
Subject: Fraudulent Activity and Counterfeit Products
Date: March 20, 2020

Dear Valued Customer and/or Channel Partner,

Unfortunately, we have seen an increase in fraudulent and counterfeit activity in connection with the recent novel coronavirus outbreak (2019-nCoV, COVID-19). Examples include people fraudulently misrepresenting themselves as being affiliated with 3M or having authentic 3M product to sell, or in selling counterfeit 3M products.

3M recommends purchasing 3M products only from 3M authorized distributors or dealers, which will increase the likelihood that you will receive authentic 3M products.

If you need help identifying 3M authorized distributors and dealers in your area, please contact the 3M Help Center at https://www.3m.com/3M/en_US/company-us/help-center/ or 1-888-3M-HELPS.

If you have concerns about potential fraudulent or counterfeit activity related to 3M or 3M products, please report such concerns using our Report a Concern option detailed at https://www.3m.com/3M/en_US/ethics-compliance/report-concern/.

With regard to 3M respirators specifically, here are some tips to help avoid counterfeit products:

- 3M respirators will be sold in 3M packaging, with model-specific user instructions accompanying the product;
- 3M respirators should not be sold individually, in bulk (such as large bags or boxes of loose respirators), or without packaging (including User Instructions); and
- 3M has strict quality standards, and therefore products that have missing straps, strange odors, blocked valves, misspelled words, etc. are likely not authentic 3M respirators.
- For further assistance in determining whether a 3M product you have purchased is authentic, we encourage you to contact your local 3M Technical Service team at 1-800-441-1922. Please be prepared to share your proof of purchase information (invoice, receipt, etc.) in order to help with this process.

Regards,

Regards,

Michael DeVacchio
Vice President – USA and Canada
3M Medical Solutions Division

If you need help identifying 3M authorized distributors and dealers in your area, please contact the 3M Help Center at https://www.3m.com/3M/en_US/company-us/help-center/ or 1-888-3M-HELPS

Re-use N95 Respirators

- One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators.
- Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day.
- This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19).³ HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in [CDC's re-use recommendations](#).

Reuse N95 Respirator

CDC - In this video we demonstrate potential approaches for donning and doffing of an N95 filtering facepiece respirator in a Limited Reuse situation. This video was developed based on the CDC guidelines for NIOSH approved N95 respirators. <https://www.youtube.com/watch?v=Cfw2tvjiCxM>

Partnering with Canada's National Microbiology Laboratory (NML) and the Health Sciences Centre in Winnipeg, researchers tested four different types of N95 masks with four different sterilization methods. In this video we demonstrate potential approaches for donning and doffing of an N95 filtering facepiece respirator in a Limited Reuse situation. This video was developed based on the CDC guidelines for NIOSH approved N95 respirators. Those methods included repeated cycles of standard autoclaving, ethylene oxide gassing, ionized hydrogen peroxide fogging, and vaporized hydrogen peroxide treatment. <https://globalnews.ca/news/6774161/coronavirus-n95-masks-clean-and-reuse-university-of-manitoba/>

Reuse N95 Respirator

Anesthesia Patient Safety Foundation ~ Potential Processes to Eliminate Coronavirus from N95 Mask. The APSF recognizes that there is great interest and need for re-using N95 masks during this period of mask shortages. A variety of cleaning and decontamination processes have been reported. The CDC provides guidance on the short-term and long-term re-use of N95 masks (<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>).

- It may be possible to reduce or eliminate coronavirus from N95 masks. Three documented approaches to decontaminating coronavirus from N95 masks include the use of hot air and/or room air drying, ultraviolet light, and hydrogen peroxide vapor-linked processing.
<https://www.apsf.org/news-updates/potential-processes-to-eliminate-coronavirus-from-n95-masks/>

Michigan State University is using a new method to clean and reuse N95 masks. (April 3, 2020)

- 170 degrees for 30 min.
- <https://www.youtube.com/watch?v=prn5AMTecNc>

N95 Respirators Can Be Decontaminated For Re-Use

National Institutes of Health recently conducted a study and found that N95 respirators can be decontaminated effectively for as many as three uses. In a statement from NIH, they state that decontamination methods tested included vaporized hydrogen peroxide, 70-degree Celsius dry heat, ultraviolet light, and 70% ethanol spray.

<https://www.medrxiv.org/content/10.1101/2020.04.11.20062018v1>

Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission



- Use of Cloth Face Coverings to Help Slow the Spread of COVID-19
- CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from [recent studies](#) that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.
- How to make a cloth mask <https://youtu.be/tPx1yqvJgf4>
- Sewing fabric surgical masks <https://www.youtube.com/watch?v=ZnVk12sFRkY>
- **DoD orders everyone to wear masks....**“Effective immediately, all individuals on DoD property, installations, and facilities will wear cloth face coverings when they cannot maintain six feet of social distance in public areas or work centers,” the Defense Department announced Sunday in a statement, adding, “This guidance applies to all service members, DOD civilians, contractors, families (apart from residences on installations) and all other individuals on DOD property.”

PROTECTING FACIAL SKIN - N95

- The NPIAP (<https://npiap.com/>) is a national organization of thought leaders and a credible resource as it relates to pressure injuries.
- In response to pressure injuries developing from the face masks being utilized during COVID-19, they have developed a position statement and a simple infographic.
- Position statement regarding preventing pressure injury under face masks:
https://cdn.ymaws.com/npiap.com/resource/resmgr/position_statements/Mask_Position_Paper_FINAL_fo.pdf
- Infographic on “ PROTECTING FACIAL SKIN Under PPE N95 Face Masks”
[https://cdn.ymaws.com/npiap.com/resource/resmgr/position_statements/NPIAP - Mask Injury Infograp.pdf](https://cdn.ymaws.com/npiap.com/resource/resmgr/position_statements/NPIAP_-_Mask_Injury_Infograp.pdf)

Heather Trumm BSN, RN, CWON

Director of Wound Care

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Essentially Women would like to thank our panelists from VGM Government Relations. Feel free to reach out to them if you have additional questions.

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