Update: HME Industry during the COVID-19 Pandemic

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CARES Act & Economic Stimulus Programs
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Today's Agenda – Updates on Key Programs

- HHS Provider Relief (Applying and Reporting)

- Paycheck Protection Program (PPP Forgiveness)

- Uninsured COVID-19 Reimbursement Program

HHS Prov. Relief Phase 1 Payments – Round 1 Recap

- Phase 1 is a $50B General Distribution to healthcare providers – 2 Rounds
- First $30B of $50B GD was distributed automatically to healthcare providers (Round 1)
- Payments sent April 10-24, based on Medicare billings
- Payments sent/deposited – without application or request
- EFT/ACH or paper check from UHC/Optum "HHSPAYMENT"
- **These are <u>payments, not loans</u>, and <u>do not need to be repaid</u>.**

Phase 1, Round 2 (Medicare)

- Round 2 - Remaining $20B of $50B GD is accessible
- If you rec'd a Round 1 payment, you COULD APPLY for Round 2
- Deadline to apply for Round 2 of Phase 1 was originally June 3
- **2ND CHANCE FOR MEDICARE PROVIDERS WHO REC'D ROUND 1**
- Reopened on August 10th
- Will remain open until August 28th (11:59ET)

HHS Round 2 Details

- Additional $20 billion of the General Distribution to providers to augment their initial allocation so that $50 billion is allocated proportional to providers' share of 2018 net patient revenue

- Total payment will be the lesser of 2% of a provider's 2018 or 2019 net patient revenue or the sum of incurred losses for March and April

- If the Round 1 payment you received April 10-24 was at least 2% of your annual patient revenue, you will not receive a Round 2 payment

HHS Relief Payments – Phase 1, Round 2

- Starting Aug. 10, HHS will again accept applications from providers who received a P1R1 GD payment in order to determine if the provider is eligible for an additional funds.

- Phase 1 (Medicare) providers need to submit their revenue information through the portal to be eligible for additional funds.

Phase 1 Round 2 Eligibility

A provider is eligible if they:

- Missed the June 3 deadline to submit their March and April revenue information; or

- Did not receive General Distribution payments totaling approximately 2% of your annual revenue.*

*If provider has already received a payment (via Round 1) that is approximately 2% of their annual revenue from patient care, they will not receive additional payments.

HHS Relief – Phase 1 Round 2 Important Links

- Main webpage: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

- Application instructions: https://www.hhs.gov/sites/default/files/provider-distribution-instructions.pdf

- Sample application: https://www.hhs.gov/sites/default/files/provider-distribution-application-form.pdf

- Application portal: https://cares.linkhealth.com/#/

HHS Phase 1 Round 2 – Other Important Notes

- Portal updated to streamline and simplify application data fields. Even if you previously submitted revenue information, providers need to resubmit information in the new Portal.

- If you are still in consideration for a Phase 1 General Distribution payment, you must receive either a final payment or communication of ineligibility prior to re-applying in the current Portal.

- HHS Provider Support Line (866) 569-3522 7a-10p CT M-F

HHS Phase 1 Round 2 Important Links

- ~~https://covid19.linkhealth.com/docusign/#/step/1~~
- https://cares.linkhealth.com/#/- Application

- https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/terms-conditions/index.html Ts&Cs

- https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf FAQs

HHS Phase 2 – Medicaid/CHIP Providers

- $15B available
- Applicants cannot have received funds from Phase 1
- Billed Medicaid/CHIP 1/1/18 - 12/31/19
- Provider can receive same amount as Phase 1 (2%)
- Provide care after 1/1/31 (not ceased operations)
- Deadline August 28th (moved from Aug. 3rd)

HHS Phase 2 – Important links

- Main page: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html?language=en
- FAQs: https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf
- Application portal: https://cares.linkhealth.com/#/
- Terms & Conditions: https://www.hhs.gov/sites/default/files/terms-and-conditions-medicaid-relief-fund.pdf

New HHS Provider Relief Reporting Guidance

- Reporting required if over $10,000 was received by a provider in the aggregate from any HHS Relief Fund (any phase, any round)
- Reporting system will become available Oct. 1, 2020
- Report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020
- If all funds used by 12/31/20, submit a single final report by 2/15/21
- If funds remain after December 31, 2020, must submit a second and final report no later than July 31, 2021.
- Any funds unused by providers on 7/31/21 likely need to be returned
- **Additional guidance and template coming Aug. 17th (next week)**

Paycheck Protection Program Changes

- Application window closed for the 2nd time on Aug. 8th

- The rules have changed since we last talked…

Key features and provisions –
Ones that stayed the same

- Max loan = 2.5 times employer's avg. monthly payroll, up to $10M
- PPP loans have an interest rate of 1%.
- Loan payments will be deferred for six months.
- No collateral or personal guarantees are required.
- Neither the government nor lenders will charge any loan fees.

Proper Use of Funds From PPP Loan – Also Stayed the Same

- Loan dollars can be used by employers to cover:
- Payroll
  - wages/salaries
  - retirement contributions
  - health benefits
  - sick/medical leave
- Rent
- Utilities
- Mortgage interest

PPP Features That Have Changed

- PPP Flexibility Act of 2020 signed on June 5
- Loans issued prior to June 5 have a maturity of 2 years.
- Loans issued after June 5 have a maturity of 5 years.
- 60% of loan must be used to cover payroll expenses (formerly 75%)
- Moved deadline to rehire employees from June 30 to Dec. 31 ,2020
- Defer the 6.2% payroll tax that employers are charged for 2 years
- Will cover 24 (formerly only 8) weeks of payroll plus other expenses
  - Loans rec'd prior to June 5 can use the 8 week period if they want to

More Changes To Come???

- Many conversations happening that could lead to a much easier forgiveness application/process (Especially for smaller loans)
- HEALS Act Proposal as written today:
  - Loans under $2M forgiven with just a signature (over $150K audited?)
  - No additional paperwork would need to be submitted
  - Signature would serve as attestation that funds were used properly
  - Businesses with less than 300 employees and revenue down by 50% can apply for additional funding
  - Funds can be used for PPE and safety renovations
  - Might be worth waiting to apply for forgiveness????

Reimbursement for Uninsured COVID Patients

- HHS has opened a new portal allowing providers, including DME, to submit claims to be reimbursed at Medicare reimbursement rates if they provided equipment and services to uninsured patients with a COVID-19 diagnosis.

- Some key highlights and provisions of the program are as follows:

- Providers could begin submitting claims May 6th

- Dates of service February 4th or after are eligible for reimbursement

- Providers must enroll in the program (obtain an Optum ID – can be done here: https://healthid.optum.com/tb/app/index.html?client_id=unir96660&IsPassive=true&response_type=code&resume=%2Fas%2FX6NZk%2Fresume%2Fas%2Fauthorization.ping&scope=openid+profile+email&redirect_uri=https%3A%2F%2Fcoviduninsuredclaim.linkhealth.com%2Fauth&pfidpadapterid=OptumIdOIDC&spentity=null#/login

Uninsured Reimbursement for COVID-19

- Claims must be submitted electronically

- No contracting or credentialing required (administered through United Healthcare, but you do not need to be contracted or credentialed by them to participate)

- Claim payment will occur approximately 7-10 days after submission

- More details of the program can be found at the following links or by calling the Provider Support Line at **866-569-3522**.

- https://coviduninsuredclaim.linkhealth.com/
- https://coviduninsuredclaim.linkhealth.com/coverage-details.html

Problems with uninsured COVID-19 Program?

- Claims not being processed timely
- Patient ID numbers are only good for 30 days
- If equipment need goes into a 2nd month, need to get new ID numbers and show need is still COVID-19 related.
- Improper claims edits being applied to DME claims = Denials
  - UHC working to fix the issue and reprocess claims
- Bottom line – not working as expected, but funding still there to pay those claims – continue to utilize

Additional Resources

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

- Health Plan Policy Changes (3rd Party Payers - currently over 650 lines)
  - https://www.vgm.com/coronavirus/
  - Heading of "Health Plan Policy Changes"

Thank you!

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Mark's Commentary on "How All 50 States Are Reopening (and Closing Again)"…and some important taxation issues

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- Many of you…if not most of you…logged in earlier this late spring and summer to attend our Webinar updates on a state or regional basis. You may recall I offered a specific "state by state" summary of the status of healthcare issues, business re-openings, social events, and the overall lessening of restrictions.

- As you are well aware, these "phases" as I classified them, turned a bit sideways – if not completely upside down.

- Today I'll go over some quick tips for you to access your own state or region as to the current status….

There are several good tools available….

- Let's start with the daily update from the NY Times with a rather sophisticated interactive map.
- Go here (or Google "state by state covid-19 shutdown") https://www.nytimes.com/interactive/2020/us/states-reopen-map-coronavirus.html

And you will see this....

The New York Times

See How All 50 States Are Reopening (and Closing Again)

By Jasmine C. Lee, Sarah Mervosh, Yuriria Avila, Barbara Harvey and Alex Leeds Matthews
Updated Aug. 12, 2020

Reopened   Reopening   Pausing   Reversing

Click a state to see more detail
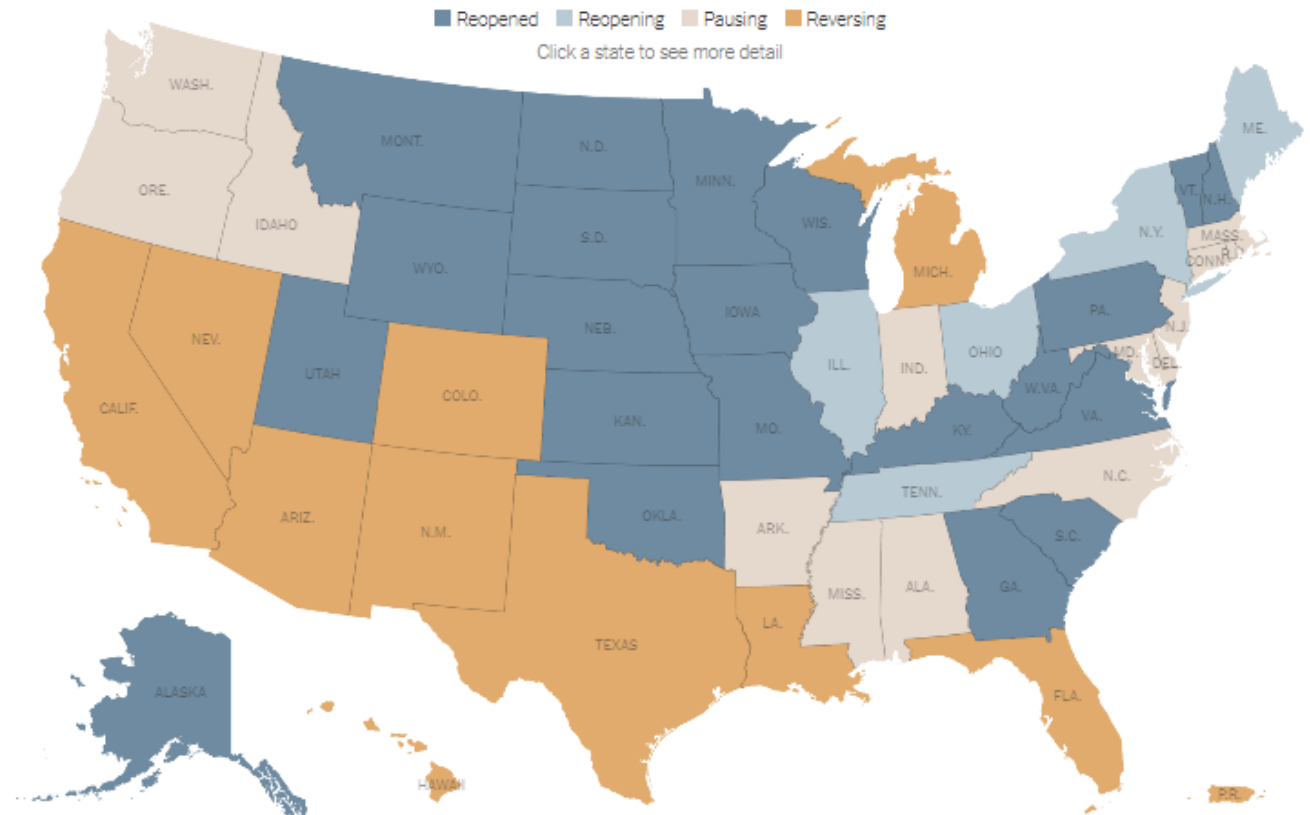
All 50 states had begun to reopen in some way after the coronavirus thrust the country into lockdown starting in March. Now, a growing number of states are pausing plans to reopen, amid rising case counts. Several are reimposing restrictions they had lifted earlier — for example, on bars and restaurant dining in many places.

Select your state(s)....

Reversing

Michigan

4,000 new coronavirus cases

Reopening

2,000

7-day avg.

March 1   April 1   Aug. 12
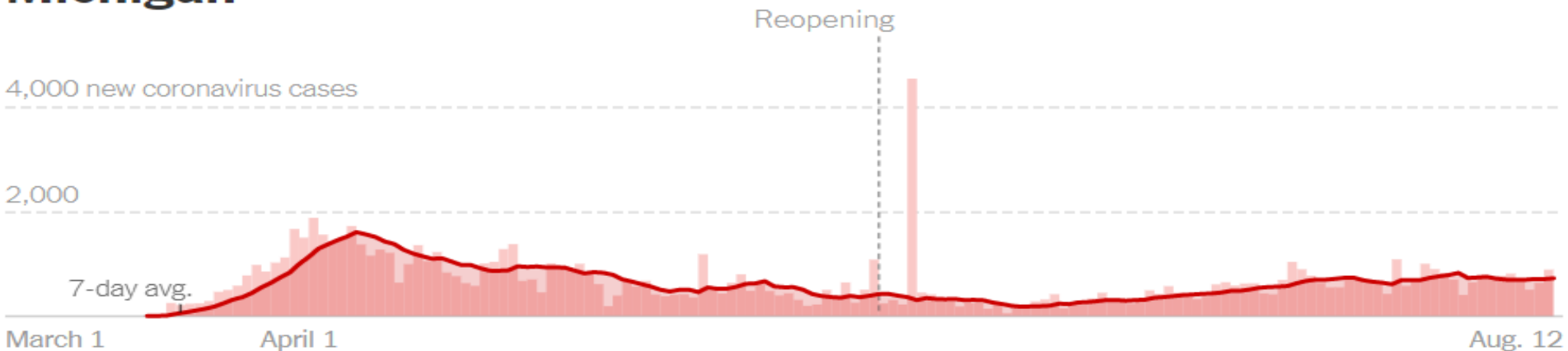
Reopened June 1.

Gov. Gretchen Whitmer, a Democrat, took a regional approach to reopening before lifting Michigan's stay-at-home order on June 1. Ms. Whitmer has since paused further reopenings, and on July 1, she ordered bars in most of the state to close again for indoor service. She later mandated the use of masks in most public settings. In late July, citing a resurgence in cases connected to social gatherings, Ms. Whitmer limited indoor gatherings to 10 people and ordered bars to close for indoor service statewide. Read more

Open

✔ Retail Retail stores

✔ Food and drink Bars for indoor service in certain counties; Restaurant dining; Bars for outdoor service

✔ Personal care Pet groomers; Hair salons, barbershops, nail salons, tattoo parlors

✔ Houses of worship

✔ Entertainment Arcades, bowling alleys, theaters, night clubs and convention centers in some regions; Casinos

✔ Outdoor and recreation Golf courses, marinas; Pools; Gyms in some regions

✔ Industries Construction, real estate; Manufacturing, including auto companies; Offices

Closed

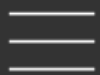✖ Food and drink Bars for indoor service

✖ Outdoor and recreation Gyms

Let's move on to healthcare issues...

- There is an excellent source with interactive tools updated daily at Kaiser Family Foundation (KFF); Google "KFF State Data and Policy Actions" or go here: https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/

Coronavirus (COVID-19)

State Data and Policy Actions to Address Coronavirus

Published: Aug 11, 2020

MAPS AND DATA | SOURCES

State Social Distancing Actions

Status of Reopening ▼

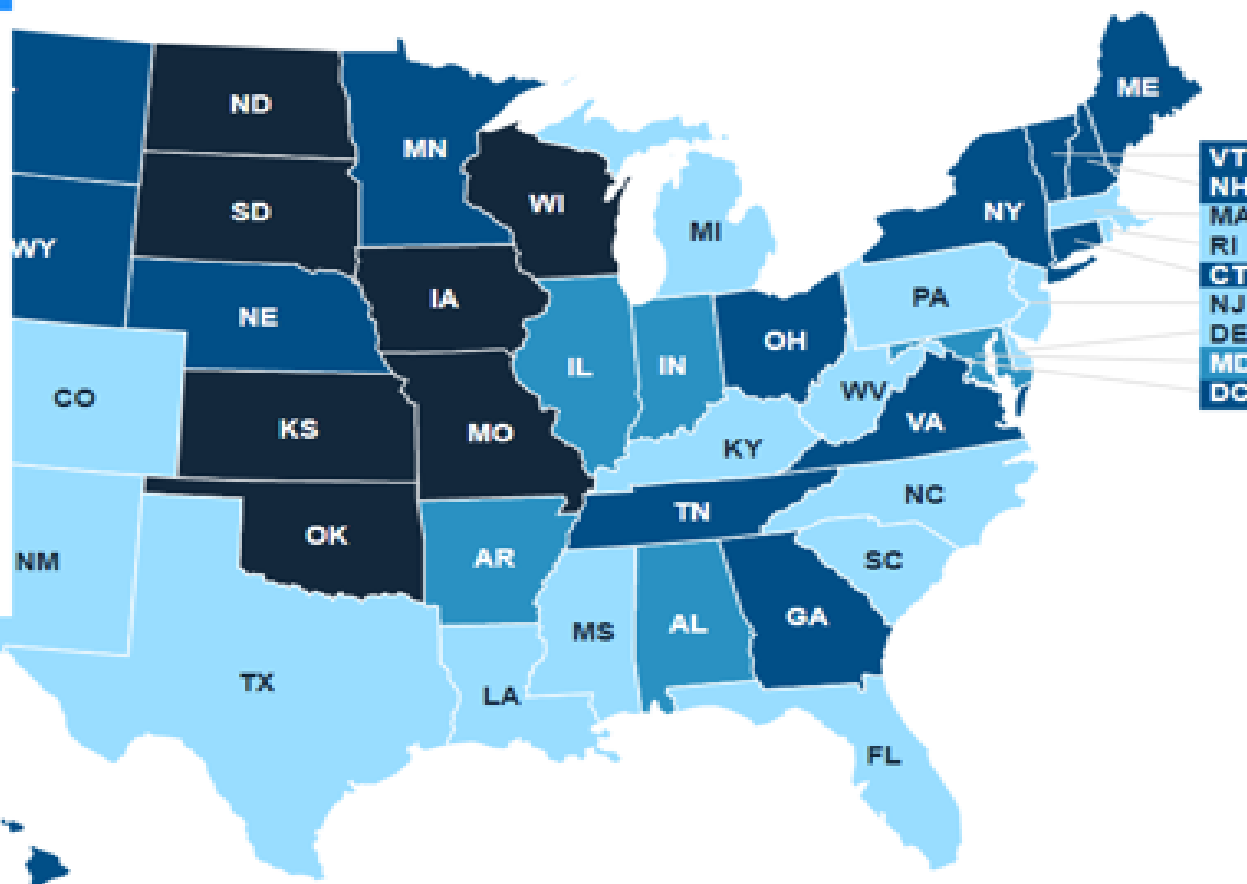| Status of Reopening |
|---|
| Stay at Home Order |
| Mandatory Quarantine for Travelers |
| Non-Essential Business Closures |
| Large Gatherings Ban |
| Restaurant Limits |
| Bar Closures |
| Face Covering Requirement |
| Primary Election Postponement |
| Emergency Declaration |

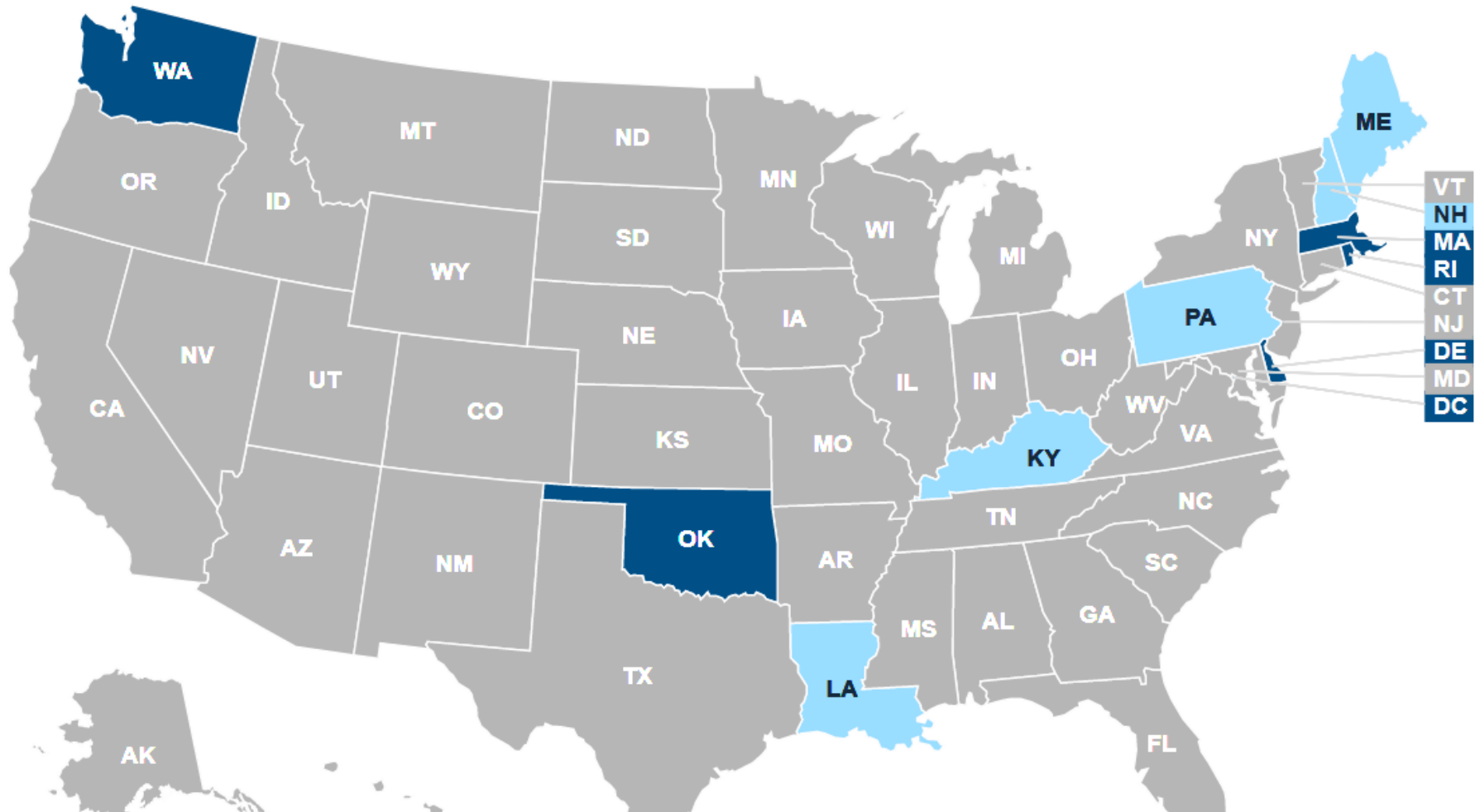# State Actions on Telehealth

View Full Table   Export CSV

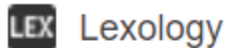| Location	New Requirements for Coverage of Telehealth Services	Waive/Limit Cost-Sharing for Telehealth Services	Reimbursement Parity for Telehealth and In-Person Services	Require Expanded Options for Delivery of Telehealth Services
United States	Parity with In-Person Services (6); Broad Coverage (6); Limited Coverage (6); No Action (33)	Waived for COVID-19 Services Only (7); Waived or Limited for All Services (8); Expired (1); No Action (35)	Required for All Services (17); No Action (34)	Yes (35); For Behavioral Health Services Only (1); Expired (1); No Action (14)
Alabama	-	-	-	-
Alaska	Expanded Coverage for Broad Set of Services	-	-	Yes
Arizona	Parity with In-Person Services	Must be Lower than for In-Person Services	Required for All Services	Yes
Arkansas	-	-	Required for All Services [1]	Yes
California	Parity with In-Person Services	Capped at Amounts for In-Person Services	Required for All Services [1]	Yes

State COVID-19 Health Policy Actions

State Requires Waiver of Prior Authorization Requirements* ▾

One more…

- Google "Covid-19 US State Policy Report", or go to: https://www.lexology.com/library/detail.aspx?g=71535d6e-a210-4f47-8776-4b3070590e4d
- Free registration may be required

LEX Lexology

COVID-19: US State Policy Report - August 10, 2020

COVID-19: US State Policy Report - August 10, 2020 ... Executive Order 2020-32, elective surgeries are permitted to resume on May 1 (see ...

2 days ago

This report captures the shifting state, territorial and local government policies and guidance in response to the COVID-19 pandemic and reopening of the economy in the US by tracking public information from official sources, such as gubernatorial comments, executive actions and guidance.

The following states have new or updated information: Arizona, Colorado, the District of Columbia, Hawaii, Illinois, New York, North Dakota, Ohio, Texas, and Utah.

Hereinafter, for ease of reference, the term "state" will refer to all US states, territories and the District of Columbia.

New Documents Released on August 10, 2020

- **Arizona:** Department of Health Services Phased Reopening Plan for Paused Industries (see here)

- **Colorado**
    - Executive Order D-2020-154 Amending and Extending EO on Protect Our Neighbors (see here)

    - Executive Order D-2020-155 Regarding November Election Operations (see here)

    - Executive Order D-2020-157 Extending Utilities Relief (see here)

- **District of Columbia:** Updated List of High Risk States, Three States Removed and Five Added (see here)

- Guidance for Hospitals to Resume Elective Surgery and Invasive Procedures (see here)

Let's move on to some tax issues that likely affect your business and your employees...

Introduction…

- In enacting the CARES Act, Congress did not specifically address the taxation of the Relief Payments.

- Although the IRS's position is that its FAQ guidance is not citable as legal authority, it seems clear that the IRS expects taxpayers to rely on these FAQs and other recently issued FAQs to meet their federal income tax obligations during the coronavirus (COVID-19) pandemic.

- We will look at some applicable FAQs that confirm that Relief Payments to for-profit healthcare providers are taxable on receipt. The US Department of Health and Human Services (HHS) has frequently updated its Relief Payments FAQs since April, but had not addressed the taxability question in those HHS FAQs.

Generally, if you are not tax exempt….

- Relief Payments issued to for-profit healthcare providers are includible in gross income under 26 U.S.C. § 61.

- The FAQs further clarify that the Relief Payments are not excludible from gross income under the qualified disaster relief provisions of 26 U.S.C. § 139 because a payment to a business, including a sole proprietorship, "does not qualify as a qualified disaster relief payment under section 139."

Previous webinars covered this, but let's review once more:

- Tell me about the provisions of *IRS Notice 2020-32* clarifying that certain otherwise deductible business expenses incurred in the taxpayer's business related to the Paycheck Protection Program are not deductible expenses? Is this both on the federal and state level?

- Yes. All of the US State Department of Revenues takes a "same as federal" position that certain otherwise deductible business expenses incurred in the taxpayer's business related to the Paycheck Protection Program are not deductible on a state business return because the expenses are now allocable to tax-exempt income.

- Since the loans are tax-exempt, the guidance was based on existing law, which generally aims to prevent people from receiving a "double tax benefit."

- If the PPP grants were taxable, the deductions would be viable, the administration has said.

- Bottom line: You can't deduct your salary and/or rent expenses on your 2020 returns if they were sourced by PPP funds.

OBSERVATIONS...

- While the July 15 deadline for both first and second quarter 2020 estimated business tax payments has passed , it is important for recipients, particularly for-profit providers, of Relief Payments to immediately understand the impact of these funds on those estimates and prepare to make future remittances accordingly.

- VGM has discussed the matter of several HME Relief Payment recipients that opted to return some or all unused Relief Payment funds to HHS. The timing of the return of such amounts, whether it be within the taxable year of receipt or in a subsequent year, will have an impact on whether and how these portions of the Relief Payments are reported for tax purposes. Contact your tax advisor now!

- While the FAQs provide helpful clarity, there is some discussion whether if Congress intended to treat the Relief Payments as not taxable for all recipients. If this is the case it is clear that a legislative fix will be needed.

CARES Act and Business Payroll Taxes…

- <u>Borrowers With Forgiven PPP Loans Can Defer Payroll Tax Deposits</u>

- Section 2302 of the CARES Act provides that, through December 31, 2020, employers may defer the deposit and payment of the employer's portion of Social Security taxes. Half of the deferred amount is due on December 31, 2021, and the other half is due on December 31, 2022.

- On June 26, the IRS updated FAQ #4 on CARES Act payroll tax deferrals, confirming that an employer who has a Paycheck Protection Program (PPP) loan forgiven under the CARES Act is entitled to defer payment and deposit of the employer's share of Social Security tax. The update to FAQ #4 follows the enactment of the Paycheck Protection Program Flexibility Act (P.L. 116-142), which eliminated the CARES Act provision that had prevented an employer from deferring the deposit and payment of its share of Social Security taxes after its PPP loan was forgiven.

Bottom line…

- An employer that receives a PPP loan can defer payment and deposit of the employer's share of Social Security tax not only while the PPP loan is outstanding, but also after the loan is forgiven.

- The CARES Act payroll tax deferral provision essentially gives employers a two-year, interest-free loan from the federal government of approximately 6.2% of an employer's payroll (up to $137,700 per employee, which is the 2020 Social Security wage base cap). Employers are not required to apply for or take any other steps to qualify for this "loan."

Employee retention tax credit ("ERC")

- On June 26, the IRS updated several ERC FAQs. The ERC is a refundable tax credit equal to 50% of up to $10,000 in wages paid by an eligible employer whose business has been financially impacted by COVID-19.

- Each payroll period, employers may subtract the ERC from the employer's portion of payroll tax deposits and retain (rather than remit) that amount. But if the employer does not have sufficient payroll taxes to fund the ERC, the employer can apply for a rapid refund of the ERC using IRS Form 7200.

- Although the credit is determined quarterly, only $10,000 of wages per employee can be counted for all calendar quarters (i.e., the credit is currently capped at $5,000 per employee).

- Several proposals are pending in Congress that would expand the amount, scope and duration of the ERC. Lawmakers in both chambers of Congress have staked out positions on expanding the ERC. (See chart next...)

	CARES Act (Current law)	HEROES Act (House-passed bill)	Senate Republican Proposal
Eligible firms	(1) Businesses shut down by government or (2) businesses experiencing 50 percent decline in revenues compared to same quarter prior year	(1) Businesses shut down by government or (2) 10 percent revenue decline	(1) Businesses shut down by government or (2) 25 percent revenue decline
Qualified wages	For large businesses (>100 workers), wages and health plan expenses only for workers not providing services For other businesses, wages and health plan expenses for all workers	Same wage definition as CARES Act, but defines large businesses as those with 1,500 or more workers or $41.5 million in revenue	Same wage definition as CARES Act, but defines large businesses as those with 500 or more workers
Tax credit rate	50 percent	80 percent, but credit phases in if firm's revenue decline is 10–50 percent	65 percent

Note: The Senate proposal was authored by Senator Chuck Grassley (R-IA).

Wage cap	$10,000	$45,000 (and $15,000 per quarter)	$30,000 (and $10,000 per quarter)
Maximum credit	$5,000	$36,000	$18,000
Effective Date	March 12, 2020	March 12, 2020	July 1, 2020

Some detail on the payroll tax deferral and credits

CARES Payroll Tax Deferral

- Employer of any size can defer its payment of employer Social Security (6.2%) beginning March 27, 2020, and ending December 31, 2020
- 50% must be paid by December 31, 2021, with remainder due by December 31, 2022

CARES Employee Retention Payroll Tax Credit

- An eligible employer is one that has had
  - Operations fully or partially suspended due to COVID-19 related government order that limits commerce, travel or group meetings; or
  - Gross receipts for the 2020 quarter decline more than 50% when compared to the same 2019 quarter (eligibility continues through the 2020 quarter in which gross receipts are greater than 80% of gross receipts in the same 2019 quarter)
- For employers with greater than 100 employees, tax credit is 50% of wages up to $10,000 paid to employees who are NOT performing service (max credit of $5,000 per employee)
- For employers with 100 or fewer employees, tax credit is 50% of wages up to $10,000 paid to any and all employees (max credit of $5,000 per employee)
- Employer is determined on a controlled group/affiliated service group basis
- Employer is not eligible for the tax credit if it receives an SBA loan under the Paycheck Protection Program

Let's switch gears: My employees are asking me if their past and any future "stimulus checks" will be taxable to them. Are they?

- The short answer is no, you will not owe income taxes on the cash and do not need to include it as part of your taxable income on your 2020 return. The payment is technically being structured as an advance on a temporary, refundable tax credit.

- The original payments were 1,200 per adult for those with adjusted gross incomes of up to $75,000. The threshold for married couples is $150,000 – they were eligible for $2,400 and $500 per child.

And they are also asking about unemployment benefits and taxation….

- Under the CARES Act, eligible Americans who are out of work entirely or underemployed because of reasons related to coronavirus have been eligible to receive an additional $600 a week for up to four months.

- However, benefits from the federal government and state governments are generally taxable as income. Individuals need to request that taxes are withheld or estimated quarterly payments can be made.

- Interestingly, in a recent network survey, 37 percent of Americans thought the benefits were not considered taxable income.

- As you know, the expanded benefits have expired. We await a final decision as to how lawmakers will continue supporting unemployed individuals in the next stimulus package and at what amount.

Last topic…Paid Leave Under the Families First Coronavirus Response Act (FFCRA)

- Background: FFCRA helps combat the workplace effects of COVID-19 by reimbursing private employers that have fewer than 500 employees with tax credits for the cost of providing employees with paid leave taken for specified reasons related to COVID-19.

- It requires that certain employers provide up to 80 hours of paid sick leave to employees who need to take leave from work for certain specified reasons related to COVID-19.

- The Department of Labor has created an excellent (and user-friendly!!) online tool to determine eligibility, fact sheets and a series of FAQs.

- Google "FFCRA Temporary Rule" or go to: https://www.dol.gov/agencies/whd/ffcra

In this temporary rule, the Department:

- Issues rules relevant to the administration of the FFCRA's paid leave requirements.
- Provides direction for administration of the Emergency Paid Sick Leave Act (EPSLA), which requires that certain employers provide up to 80 hours of paid sick leave to employees who need to take leave from work for certain specified reasons related to COVID-19. These reasons may include the following:

  - the employee or someone the employee is caring for is subject to a government quarantine order or has been advised by a health care provider to self-quarantine;
  - the employee is experiencing COVID-19 symptoms and is seeking medical attention; or,
  - the employee is caring for his or her son or daughter whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19.

- Provides direction for the effective administration of the Emergency Family and Medical Leave Expansion Act (EFMLEA), which requires that certain employers provide up to 10 weeks of paid, and 2 weeks unpaid, emergency family and medical leave to eligible employees if the employee is caring for his or her son or daughter whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19.

This action is intended to provide guidance to the regulated community as they implement the statutory requirements.

⌄ Online Tool: Determine Your FFCRA Eligibility

- [Online Tool: Determine Your FFCRA Eligibility](#)

⌄ Additional Information About the Temporary Rule

- [Temporary Rule: Paid Leave under the Families First Coronavirus Response Act](#)
- [Temporary Rule correction notice](#)
- [Press Release (4/1/2020): U.S. Department Of Labor Announces New Paid Sick Leave and Expanded Family and Medical Leave Implementation](#)
- [Licencia Laboral Pagada bajo Ley Familias Primero de Respuesta al Coronavirus](#)

› Fact Sheets

⌄ Questions and Answers

- [Families First Coronavirus Response Act: Questions and Answers](#)

Document1 - Word

Questions? Contact Me!

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Billing & Reimbursement Update

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Extension of Payment –CARES Act
May 11 – MLN MM 11784 Released with Instruction

- ❑ **Rural and contiguous areas**: The 50/50 blend will extend the reimbursement rates for beyond 2020, for the duration of the COVID-19 Public Health Emergency (PHE).

- ❑ **Non-Rural and noncontiguous areas** will get the 75/25 blended rate. That is 75% of the adjusted rates and 25% of the 2015 unadjusted rates.

  - ✓ **The rates will be retroactive as of March 6, 2020, through the remainder of the duration of emergency period**.

  - ✓ Reimbursement has started for April DOS – check your EOBs

  - ✓ Adjusted rates only apply to HCPCS codes in former CBA

  - ✓ March 6 – April 22 (51-day time period) appears that mass adjustment will take place by October 5, 2020 - still waiting on more instruction

- ❑ Temporary elimination of 2 percent Medicare sequester reduction that went into effect in 2013. This relief will be effective for May 1-Dec. 31, 2020.

- ❑ **Former Competitively Bid Areas:** The single payment rates (SPA) will remain the same (**unchanged**).

https://www.cms.gov/files/document/mm11784.pdf

More on CARES ACT Mass Adjustment

- The FROM date of service is between March 6, 2020, through April 22, 2020
- The HCPCS/Modifier combination is on the list in Attachment A of CR 11784
- The claim line was previously paid

After the DME MACs have completed the automated adjustments, the DME MACs will adjust claims for the KE modifier with dates of service beginning March 6, 2020 through April 22, 2020, when brought to the attention of the DME MACs by suppliers for HCPCS/Modifier combinations in Attachment B of CR 11784.

❖ Suppliers **must** notify the DME MACs to add the KE modifier by requesting claim reopenings/adjustments.

❖ **The DME MACs must complete the automated adjustments before suppliers may begin sending KE modifier reopenings/adjustments.**

❖ The DME MACs will notify suppliers via listserv once the automated adjustments are completed.

CARES ACT Modifier Questions and Answers (Q&A):

https://cgsmedicare.com/jc/pubs/news/2020/07/cope18174.html

Q: Starting back in 2018, the KE modifier was used for a list of specific option codes on manual wheelchairs (K000 1 through K0009) for beneficiaries that live in a rural zip code. Should current claims continue to be billed with the KE modifier in these situations?
A: Yes.

Q: Does usage of the KE modifier associated with the CARES Act (MLN Matters MM11784), effective 3/6/20, for specific options codes with manual wheelchairs in non-rural zip codes and non-contiguous states apply to former CBAs?
A:No.
MLN Matters MM11784- Extension of Payment for Section 3712 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) served two main purposes. Instructing the DME MACs to reprocess claims based on the new fee schedule and to demonstrate that CMS re-instated the use of the KE modifier for the non-rural fee areas.

Q: Does the language in the CARES Act regarding the usage of the KE modifier apply to HCPCS K0007?
A: Yes

What About the Diagnosis Code?

- **Use these codes only if it applies!**

- **Starting with the diagnosis coding**, follow the normal guidelines outline in the medical policies to append the appropriate ICD-10 diagnosis code. If the patient is being treated for COVID-19 related illness, then use the following guidelines based on dates of service.

- **For claims with dates of service before April 1, 2020,** suppliers and providers should enter two ICD-10 codes on the claim. The first code entered should be used to describe the clinical diagnosis (pneumonia, bronchitis etc.). The second code entered should be B97.29 (OTHER CORONAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE).

- **For claims with dates of service on or after April 1, 2020,** suppliers and providers should enter ICD-10 code U07.1 (COVID-19) on the claim.

- For example, if the patient has COPD (no COVID) then <u>only use </u>J44.9
  - do not append a COVID-19 DX if the medical records do not justify it

Is Telehealth Here to Stay

Appears so ~ From the Program Integrity Manual (PIM) Chapter 5 posted in early July 2020:

5.4 – Face-to-Face Encounter Definition (Rev. 10190; Issued: 06-19-2020; Effective: 01-01-2020; Implementation: 07-01-2020)

A face-to-face encounter means an in-person or telehealth encounter between the treating practitioner and the beneficiary. The face-to-face encounter must be used for the purpose of gathering subjective and objective information associated with diagnosing, treating, or managing a clinical condition for which the DMEPOS is ordered. Telehealth encounters used to satisfy the face-to-face requirement must meet the requirements of 42 CFR §§ 410.78 and 414.65 for purposes of DMEPOS coverage.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf

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

❑ **YES** - Telehealth has been approved in place of the **in person visit with an approved telehealth supplier** during the PHE (<u>must be audio and video</u>)

❑ **Approved Telehealth Providers - Physicians, Nurse Practitioners, Clinical Nurse Specialists, Physician Assistant**

❑ **F2F for PMD is required by statute**
  ➢ The statute has always allowed for telehealth visits for PMD F2F under previous limitations
  ➢ Expanded telehealth provisions now also apply to PMD F2F
  ➢ PTs/OTs -previously, the statutory definition of a telehealth-eligible provider did not include occupational or physical therapists. Now PTs, OTs, SLPs can receive payment for telehealth services
  ➢ LCD requirements have not changed which means objective measurements are still needed

Telehealth (The New Face-to-Face)

OK
Apple FaceTime
Facebook Messenger video chat
Google Hangouts video
Skype

BETTER
Doxy.me
Updox
Vsee
GoToMeeting
Amazon Chime
Zoom for Healthcare
Cisco Webex Meetings/Webex Teams
Google G Suite Hangouts Meet
Skype for Business/Microsoft Teams

NOT OK
Facebook Live
Twitch
TicTok
Any Public Facing Platforms
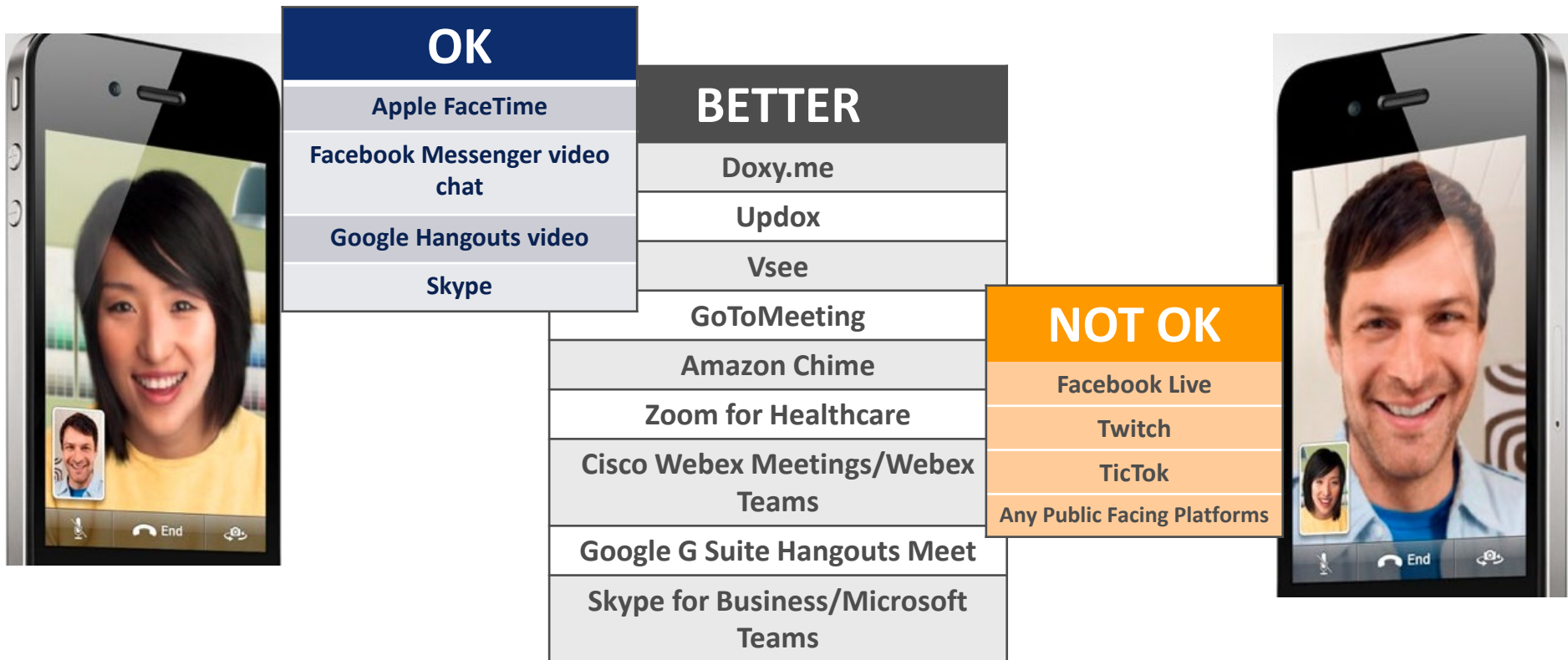
Which Products are included in the Prior Authorization (PA) ~~Suspension (effective 3/1/20)?~~ RESUMED Aug 3rd

❑ Manual Wheelchairs – PA was never required for manual chairs but ADMC is optional for K0005 and E1161 and that remains an option

❑ Scooters – PA was eliminated as an option for scooter in Aug 2018 therefore they are not impacted by this suspension

❑ **Power Wheelchairs – resumed Aug 3rd**

❑ **Group 2 Support Surfaces – resumed Aug 3rd**

❑ Lower Limb Prostheses ~~Delayed (was scheduled to begin May 4, 2020)~~
  ❖ Phase 1 begins Sept 1 for CA, TX, PA, and MI may start submissions Aug. 18 for DOS Sept 1
  ❖ Phase 2 begins nationally no date announced, should be 60 days after Phase 1 which is Nov 1
  ❖ Codes included: L5856, L6857, L5858, L5973, L5980, L5987

Medicare Audits RESUMED August 3

➢ Medical review resumed August 3rd, there will likely be a delayed time frame before audit requests officially go out

➢ CMS is currently working to develop instructions for contractors

➢ All audits resuming on August 3rd will be post-pay audits

➢ Starts with the DME MACs followed by RACs and then SMRC

➢ COVID claims <u>will not</u> be part of the audit focus initially, the reviews will be for DOS prior to PHE

➢ Article released Aug 11th – MACs to resume post payment review beginning Aug 17th for services prior to March 1, 2020

➢ What items will be audited – has not been announced, suspect those with high error rates in the past

➢ TPE audits <u>will not</u> be part of this initial audit phase (restart at later date)

CMS has made it clear that during this pandemic they do not want to want to hold up payments for suppliers.

Codes Have Been Selected

Announced Wednesday (Aug 12) currently the codes selected for widespread complex post-pay review so far, it's only CGS JB and JC:

- ❑ A4253 (BLOOD GLUCOSE TEST STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS)
- ❑ L0650 (Lumbar-sacral orthosis)

The ADR letter will contain the following information:
1. Preliminary dispensing order (if items were dispensed prior to obtaining a detailed written order);
2. A valid order;
3. The patient's medical records that may support the medical necessity for the items provided and the frequency of testing ordered;
4. Documentation from the physician's records OR the beneficiary's records that support/verifies the frequency with the beneficiary is testing his/her blood glucose level;
5. Itemized proof of delivery documentation
6. Proof of beneficiary's or caregiver's request for refill
7. Any other pertinent documentation
8. Advance Beneficiary Notice (ABN) on file should be submitted with other requested documentation

https://cgsmedicare.com/jb/pubs/news/index.html
https://cgsmedicare.com/jc/pubs/news/index.html

Look for Noridian (JA & JD) to announce Friday morning

Site Visits Resuming!

Effective immediately (July 6), per CMS guidance, the National Supplier Clearinghouse is resuming normal site visit activity. Therefore, any enrollment application received will not be finalized until a site visit is conducted. Inspectors will follow all state requirements regarding the use of appropriate personal protective equipment {PPE) when conducting the site visits.

For enrollment related questions, please contact the **NSC** (Palmetto GBA) at 866-238-9652 from 9 a.m. until 5 p.m. ET.
Published: 8-6-2020

Effective July 6, 2020, CMS is resuming all provider enrollment site visits in accordance with 42 C.F.R. 424.517 and 424.518, if applicable to the provider or supplier. For those site visits that require the inspector to enter the premises, the inspector will follow all state and local requirements regarding the use of appropriate personal protective equipment (PPE) when conducting the site visit (i.e., masks will be worn in public buildings if required by the state).

The picture can't be displayed.
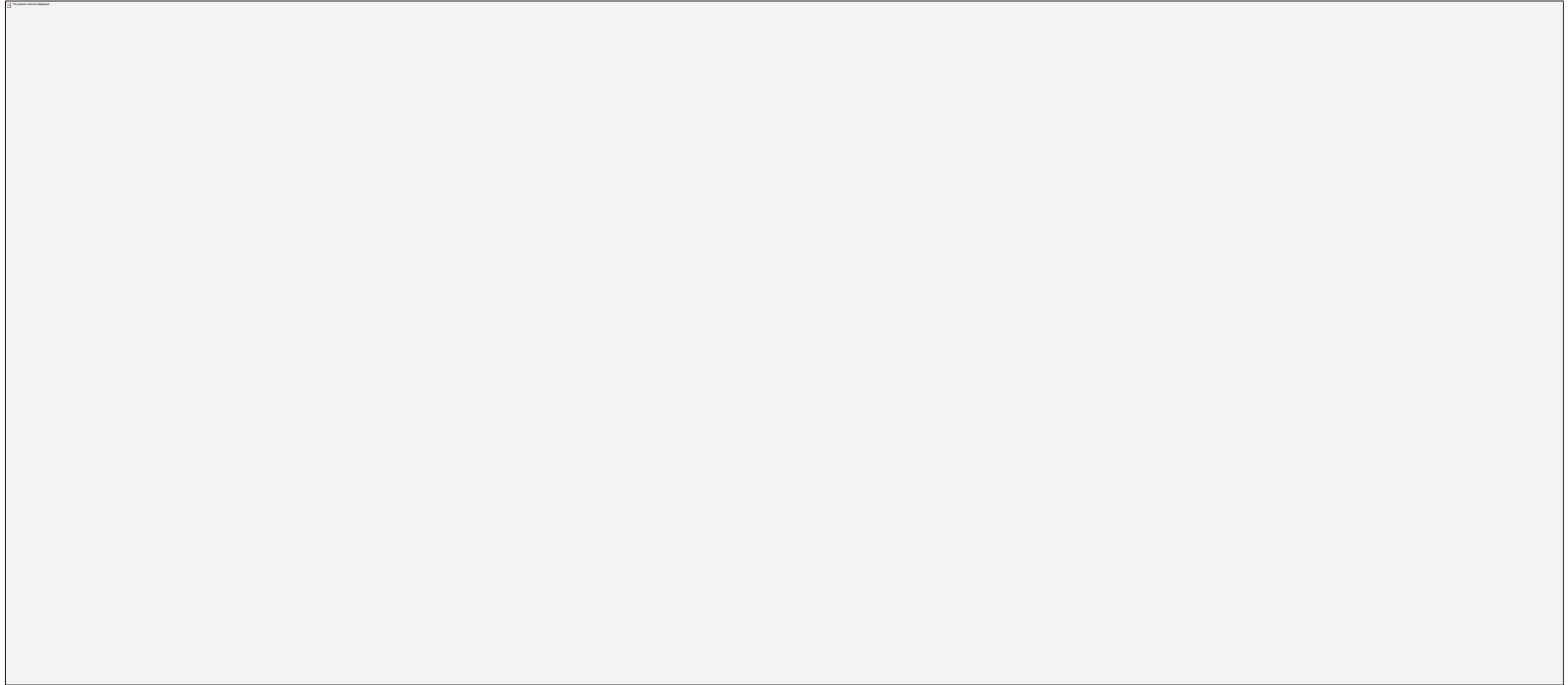
If your business still needs hours adjusted, communicate to the NSC and AO and post signs!

Question:

Will the Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) accreditation and reaccreditation requirements be waived?

ANSWER:

Effective July 6, 2020, CMS is resuming all accreditation and reaccreditation activities for DMEPOS suppliers, to include surveys. Surveys may be conducted onsite, virtually or a combination of both depending on the state's reopening plan. All survey activities will be conducted in accordance with the Center for Disease Control (CDC) and local guidelines. New DME suppliers enrolled after 3/1/2020 without the appropriate accreditation shall submit a completed application to the Accrediting Organization (AO) with all required supporting documentation within 30 days of notification from the National Supplier Clearinghouse (NSC), to apply for accreditation. Failure to obtain accreditation, will result in the deactivation of your Medicare billing privileges. Similarly, DME suppliers who originally received an extension of their expiring supplier accreditation due to the Public Health Emergency will be contacted by the NSC to begin the reaccreditation process.

Reach out and have conversation with your Accreditation Organization!

- Only change to the form is the updated expiration date 6/30/2023

- The renewed ABN will be mandatory for use on 1/1/2021 (extended from initial date of 8/31/2020)

- May use current ABN until Dec. 31, 2020

- Recommend implementing into forms library now and educate staff, don't wait time will get away

---

A. Notifier:

B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

<u>NOTE:</u> If Medicare doesn't pay for D._____ below, you may have to pay.
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D._____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

NEW!

WHAT YOU NEED TO DO NOW:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D._____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.
☐ OPTION 1. I want the D._____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
☐ OPTION 2. I want the D._____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
☐ OPTION 3. I don't want the D._____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).
Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

- For those that use the true CMNs and DIFs for CMS, there are news ones

- No start date for using, however start using now

- Only change is expiration date (02/2024)

- No other changes on any CMN or DIF

- Available on CGS, Noridian, & VGM websites

Federal Lobbying Efforts

And Personal Protective Equipment Resources

John Gallagher

Vice President of Government Relations
Phone: 800-642-6065
john.Gallagher@vgm.com

While the president dubbed the actions he took over the weekend as "executive orders," only one of the four qualifies as such. The other three actions are technically "memorandums."

- The president instructed the Treasury department to **halt collection of payroll taxes** from September 1 through December 31for workers who earn less than $104,000 a year.

- The more than 30 million people on **unemployment** had been receiving an extra $600 a week from the federal government on top of their state aid (which averages about $330 a week), but that funding expired at the end of July. One of the president's memos calls for **federal aid to restart at a level of $400 a week**, with the federal government covering $300 and states kicking in the other $100. Many questions remain on implementation of this policy.

- Another memo calls for Health and Human Services Secretary Alex Azar and Centers for Disease Control and Prevention Director Robert Redfield to "consider" whether an **eviction ban** is needed. It also calls on Treasury Secretary Steven Mnuchin and Housing and Urban Development Secretary Ben Carson to see if they can find any more funds to help renters. The memo does not ban evictions or promise more aid.

- The final Trump memo waives all interest on **student loans** held by the federal government through the end of 2020 and allows people to delay payments until December 31.

INDUSTRY EFFORT
COVID #4 Legislative Specs

- Pause the implementation of the competitive bidding program through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) December 31, 2021.

- Asking for a blended rate of the 75% (adjusted fee schedule rate) + 25% (old fee schedule rate) for patients in **competitive bidding areas** (CBA's) using home respiratory therapy and hospital beds through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) December 31, 2021.

INDUSTRY EFFORT
COVID #4 Legislative Specs

- Extend the blended rates that were in the CARES Act in rural and non-bid areas through the same time period. (50/50 Blend in Rural Areas and 75/25 Blended rate Non-Bid Areas through the later of either: a) 12 months after the end of the COVID-19 Public Health Emergency, or b) <u>December 31, 2021</u>.

- The National Academies of Medicine will review effects of pandemic on home respiratory therapy and report on the increase in utilization of home respiratory therapy by COVID-19 patients and patients with other acute respiratory diseases that were treated with home respiratory therapy, the long-term effects COVID-19 patients experience, and other relevant considerations that the Secretary should consider in relationship to the home respiratory therapy benefit.

Congressional Sign on Letter to HHS/CMS

- Requested a delay to the bid program for one year or throughout the public health emergency (whichever is longer).

- The letter also includes that HHS and the Office of Management and Budget (OMB) support extending the blended rates in both Competitive Bid Areas (CBA's) and non-competitive bid areas to maintain access and stability across all parts of the country.

- Garnered 101 supporters

Cathy McMorris Rodgers (R-WA)   **Dave Loebsack (D-IA)**

Congress of the United States
Washington, DC 20515

July 30, 2020

The Honorable Alex Azar   Ms. Seema Verma
Secretary   Administrator
The U.S. Department of Health   Centers for Medicare & Medicaid Services
and Human Services   7500 Security Boulevard
200 Independence Avenue, S. W.   Baltimore, MD 21244
Washington, D. C. 20201

Dear Secretary Azar and Administrator Verma:

We are writing today to urge you to delay the implementation of the Medicare Competitive Bidding Program (CBP) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for one year or throughout the public health emergency (whichever is longer) to protect patient access, considering the unique situation that the pandemic has recently created. During the delay period, we also ask that the Department of Health and Human Services (HHS) and the Office of Management and Budget (OMB) support extending the blended rates in both competitive bid areas (CBA's) and non-CBAs to maintain access and stability across all parts of the country.

2018 Rural Fee Schedule Amounts (State Averages Shown)

IFR & ESRD Proposed Rule

DMEPOS Item	HCPCS	Unadjusted Fee	Non-Rural Rural Fee-Jan	Rural Rural Blended Fee	Sample 25/75 blended rate
Oxygen Concentrator (monthly)	E1390	$ 182.43	$ 72.33	$ 121.46	$99.86
Portable Oxygen Concentrator	E1392	$ 51.63	$ 37.44	$ 41.91	$40.99
Portable Gaseous Oxygen	E0431	$ 30.42	$ 17.29	$ 19.03	$20.57
CPAP (rental)	E0601	$ 103.78	$ 43.95	$ 73.86	$58.91
Hospital Bed (rental)	E0260	$ 136.78	$ 65.40	$ 100.83	$83.25
NPWT (rental)	E2402	$ 1,665.09	$ 703.16	$ 1,184.12	$943.64
Manual Wheelchair (rental)	K0001	$ 57.86	$ 24.50	$ 41.18	$32.84
Power Wheelchair (rental)	K0823	$ 585.51	$ 294.71	$ 440.11	$367.41
Walker (purchase)	E0143	$ 112.47	$ 50.61	$ 81.54	$66.08
Commode Chair (purchase)	E0163	$ 119.27	$ 56.30	$ 87.79	$72.04
TENS (purchase)	E0730	$ 405.26	$ 72.11	$ 238.69	$155.40
Nebulizer (rental)	E0570	$ 18.12	$ 6.12	$ 12.15	$9.12
Powered Mattress (rental)	E0277	$ 671.70	$ 205.41	$ 438.55	$321.98
Enteral Pump (rental)	B9002	$ 123.40	$ 67.64	$ 95.57	$81.58
Enteral Supplies (daily)	B4035	$ 12.12	$ 5.79	$ 8.95	$7.37
Enteral Nutrients (100 calories)	B4150-B4154	$ 1.14	$ 0.70	$ 0.91	$0.81

House Energy and Commerce

Democrats

Chairman - Frank Pallone Jr.	NJ-6
Yvette D. Clarke	NY-20
Bobby L. Rush	IL-1
Anna G. Eshoo	CA-18
Eliot L. Engel	NY-16
Diana DeGette	CO-1
Michael F. Doyle	PA-14
Jan Schakowsky	IL-9
G. K. Butterfield	NC-1
Doris O. Matsui	CA-6
Kathy Castor	FL-14
John Sarbanes	MD-3
Jerry McNerney	CA-9
Peter Welch	VT-AL
Ben Ray Lujan	NM-3
Paul Tonko	NY-20
David Loebsack	IA-2
Kurt Schrader	OR-5
Joseph P. Kennedy III	MA-4
Tony Cardenas	CA-29
Rual Ruiz	CA-36
Scott Peters	CA-52
Debbie Dingell	MI-12
Nanette Barragan	CA_44
Lisa Blunt Rochester	DE-01
Robin Kelly	IL-02
Ann Kuster	NH-02
A. Donald McEachin	VA-04
Tom O'Halleran	AZ-01
Darren Soto	FL-09
Marc Veasey	TX-33

Republicans

Ranking Member - Greg Walden	OR-2
Fred Upton	MI-06
John Shimkus	IL-15
Michael C. Burgess	TX-26
Steve Scalise	LA-1
Bob Latta	OH-5
Cathy McMorris Rodgers	WA-5
Brett Guthrie	KY-2
Pete Olson	TX-22
David McKinley	WV-1
Adam Kinzinger	IL-16
Morgan Griffith	VA-9
Gus Bilirakis	FL-12
Bill Johnson	OH-6
Billy Long	MO-7
Larry Bucshon	IN-8
Bill Flores	TX-17
Susan Brooks	IN-5
Markwayne Mullin	OK-2
Richard Hudson	NC-8
Tim Walberg	MI-7
Earl Carter	GA-1
Jeff Duncan	SC-03
Greg Gianforte	MT-01

SBA Business Smart Toolkit

https://www.sba.gov/offices/headquarters/oed/spotlight
It's in the process of being revamped by the Marketing division. However, it should be helpful.

https://www.sba.gov/local-assistance:

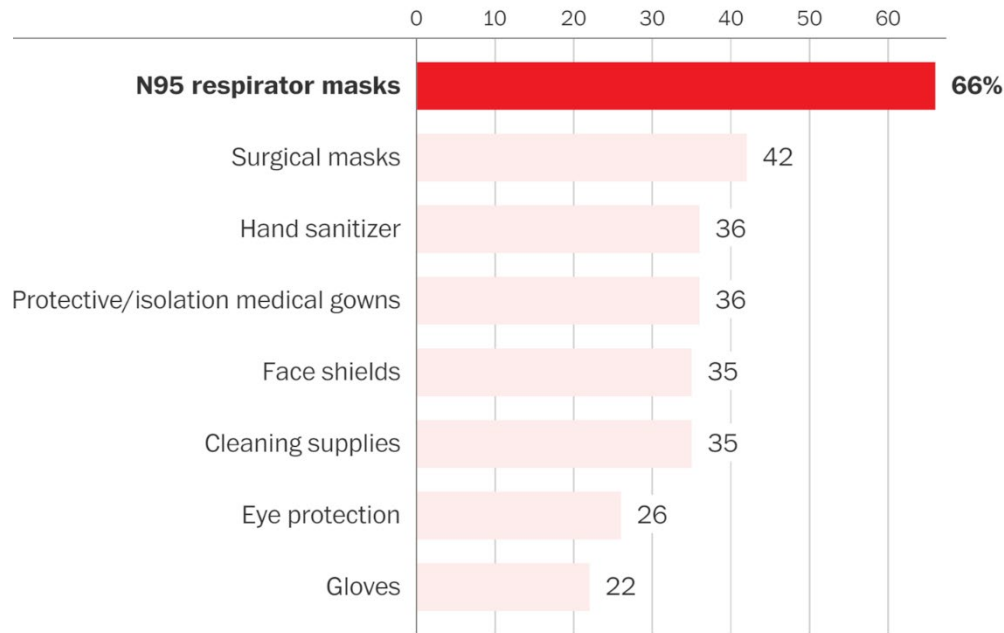Business Guide

Funding Program

Federal Contracting

Learning Center

We also refer the small businesses to their local SBA District Office via the SBA's Local Assistance Directory for information/resources on starting a business. Each District Office website has a resource guide which provides prospective business owners with local information/resources.

Personal Protective Equipment (PPE)

Most health-care workers report shortages of N95 respirator masks; shortages of other supplies also common

Q: At your workplace which, if any, of the following are in short supply? (Among those who work with patients in a health-care setting)

N95 respirator masks	66%
Surgical masks	42
Hand sanitizer	36
Protective/isolation medical gowns	36
Face shields	35
Cleaning supplies	35
Eye protection	26
Gloves	22

Source: April 27-May 4, 2020, Washington Post-Ipsos poll of 278 Americans who work with patients in a health-care setting with a margin of error of +/- 6.5 percentage points.

EMILY GUSKIN/THE WASHINGTON POST

Cheat Sheet: Strategies to Optimize PPE & Equipment

Overview of CDC's new guidelines following PPE shortages due to COVID-19

Abstract

The Centers for Disease Control and Prevention (CDC) loosened guidelines on what is acceptable for personal protective equipment (PPE) due to shortages of N95 respirators, facemasks, and gowns in the United States. The CDC shared strategies to optimize these PPE supplies in healthcare settings when there is limited supply. This document summarizes the "need-to-know" information from that guidance.

Stages of PPE capacity

The CDC uses surge capacity as its framework to approach shortages in PPE supply, however, there are no specific measurements to differentiate surge capacity from normal capacity of a healthcare facility. Surge capacity is the ability to manage a sudden, unexpected increase in patient volume. Three stages are used to describe surge capacity and can be used to prioritize actions of the healthcare facility to preserve PPE supplies during the COVID-19 response.

1 Conventional capacity	**2** Contingency capacity	**3** Crisis capacity	No PPE available
Strategies that should already be implemented in general infection prevention and control plans	Strategies that may be used temporarily during periods of expected PPE shortages	Strategies that may need to be considered during periods of known PPE shortages	Last resort strategies that may be needed when healthcare facilities have no available PPE

Strategies to Optimize PPE & Equipment

|	N95 Respirators	Facemasks	Isolation Gowns	Eye Protection
Conventional Capacity	• Surgical N95 respirators are recommended only for use by HCP[1] who need protection from both airborne and fluid hazards.	• Use facemasks according to product labeling and local, state, and federal requirements.	• Use isolation gown alternatives that offer equivalent or higher protection.	• Use eye protection according to product labeling and local, state, and federal requirements.
Contingency Capacity	• Use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing. • Extended use of N95 respirators.[2] • Limited re-use of N95 respirators for tuberculosis.[2]	• Remove facemasks for visitors in public areas. • Implement extended use of facemasks.[2] • Restrict facemasks to use by HCP, rather than patients for source control.	• Shift gown use towards cloth isolation gowns. • Consider the use of coveralls. • Use of expired gowns beyond the manufacturer-designated shelf life for training. • Use gowns or coveralls conforming to international standards.	• Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields). • Implement extended use of eye protection.[2]
Crisis Capacity	• Use of respirators beyond the manufacturer-designated shelf life for healthcare delivery. • Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators. • Limited re-use of N95 respirators for COVID-19 patients.[2] • Prioritize the use of N95 respirators by activity type.	• Use facemasks beyond the manufacturer-designated shelf life during patient care activities. • Implement limited re-use of facemasks.[2] • Prioritize facemasks for selected activities.	• Extended use of isolation gowns.[2] • Re-use of cloth isolation gowns.[2] • Prioritize gowns for certain activities.	• Use eye protection beyond the manufacturer-designated shelf life during patient care activities. • Prioritize eye protection for selected activities. • Consider using safety glasses that have extensions to cover the side of the eyes.
No PPE available	• HCP use of non-NIOSH[3] approved masks or homemade masks.	• Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask. • HCP use of homemade masks.	• Consider using gown alternatives that have not been evaluated as effective.	

PERSONAL PROTECTIVE EQUIPMENT- NIOSH PPE Tracker App

• The NIOSH PPE Tracker mobile app can help healthcare and non-healthcare systems track their personal protective equipment (PPE) inventory. Facilities can use the app to calculate their average PPE consumption rate or "burn rate." The app estimates how many days a PPE supply will last given current inventory levels and PPE burn rate. Based on the PPE Burn Rate Calculator Excel spreadsheet, the app features several improvements, including an easy-to-use interface and the ability to add restock. The app is available for both iOS and Android devices.

Key Features

• With the NIOSH PPE Tracker app, you can

• Track different types of PPE, such as gowns, gloves, surgical masks, respirators, face shields, and more

• Track inventory by number of boxes or number of individual units

• Add restock when calculating inventory totals

• Calculate burn rate by type of PPE (such as gloves) and for specific units (such as small gloves)

• Calculate PPE burn rate by the number of patients being treated and track changes in PPE usage as the number of patients fluctuates

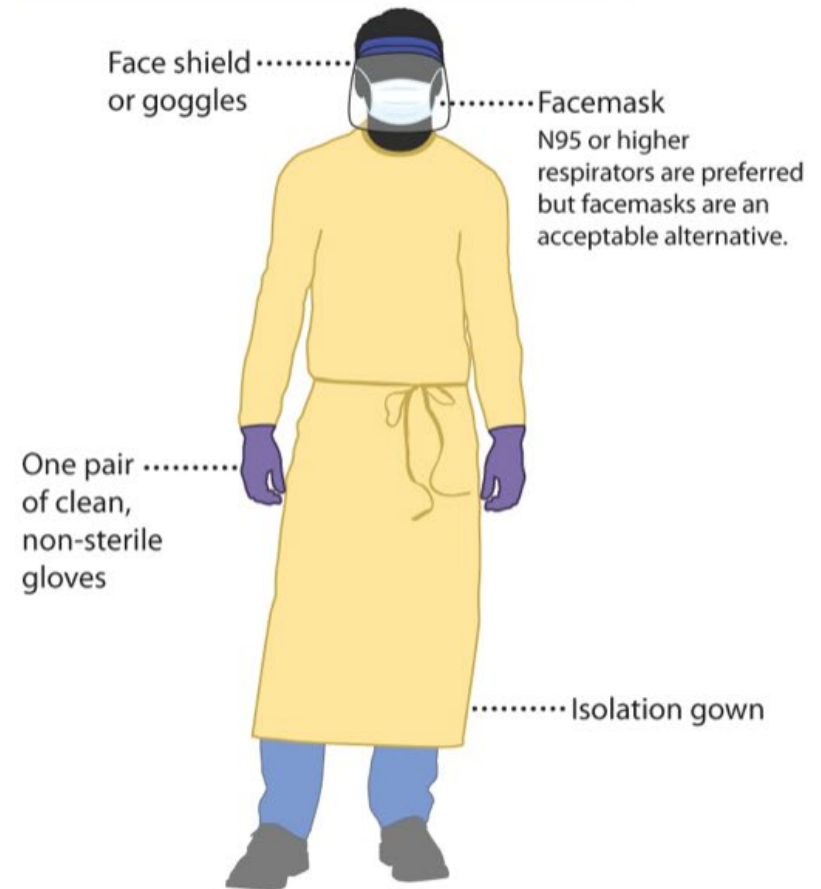• Download inventory and burn rate data and share reports via email
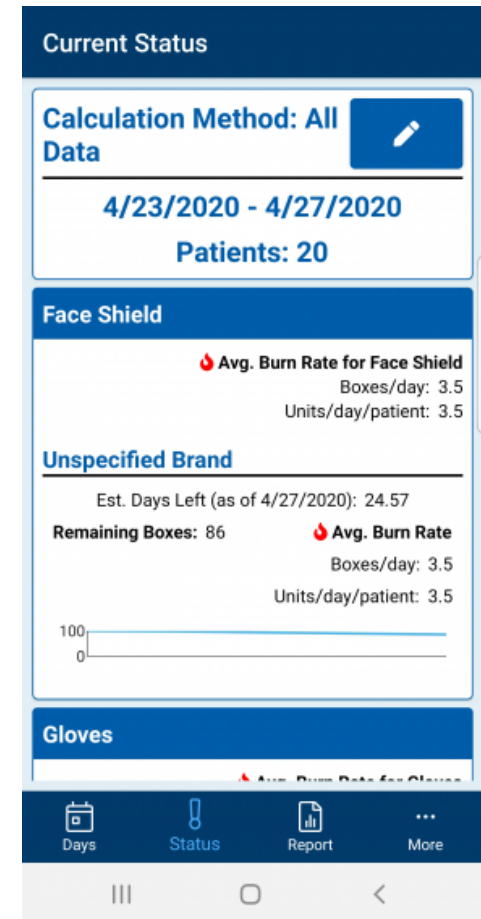
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator

Face shield or goggles

N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

Acceptable Alternative PPE – Use Facemask

Face shield or goggles

Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves

Isolation gown

Mazza Healthcare PPE prices

PPE PRICE LIST for VGM
Bringing Healthcare Products to Life

August 3, 2020

Photo	Model #	Product	Packaging	Each price	Case price
	3015	ASTM Level 2 3-Ply Surgical Face Mask w/Ear Loops	50 Masks/Box 10 Boxes/Case 500 Masks/Case *In-Stock*	$0.35	$175.00
	Multiple	Reusable Antibacterial Face Mask - Child	2 Masks/Pack 25 Packs/Case *Adult In-Stock*	$6.95/pack of 2 masks	$173.75

Fraud Eradication Awareness Team F.E.A.T

Medicare Fraud Reporting

The VGM & Associates group of companies is dedicated to ensuring that all Medicare beneficiaries receive Home Healthcare, HME, Rehab, and O&P services at a professional level and equipment of the highest quality possible. We believe the integrity of our industry must be upheld. At the same time, those operating in an illegal or unethical manner must be rooted out.

https://www.vgm.com/feat/

Grassroots Accountability Project (GAP)

VGM and AAHomecare are working together with each state association to bolster grassroots efforts nationwide.

Becoming and HME Advocate doesn't require a lot of additional work.

- Qualified candidates must be willing to…
- speak broadly about the issues within the HME industry
- speak specifically about health issues that affect you, your business and the patients you serve
- speak regularly with your member of Congress' staff
- reach out to the congressional office asking for support when legislation arises
- build a working relationship with your member of Congress' office

VGM and AAHomecare's staff are working to arm you with everything you need by…

- providing brief education sessions on how to speak with your member of Congress
- providing talking points for your discussions with the congressional offices
- providing any needed support and encouragement along the way

Interested in becoming a grassroots advocate in your state or district?

Reach out to Emily!

Emily.harken@vgm.com or 319-830-1578

VGM Resources

- https://www.vgm.com/coronavirus/

- www.vgmgov.com

- COVID-19: VGM's Next Steps Guide

    Playbook for businesses in this new COVID-19 Environment

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Thank you for joining us today!

VGM Government Relations and Regulatory Team