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August 10, 2020

The MMS will continue to monitor developments related to the coronavirus (COVID-19) and the response by state and federal agencies. For current information, including updates from NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

Educational Resources & Programs

Ethics Talk: Embodied history, health justice, and COVID-19

In this Ethics Talk video, Dr. Audiey Kao, editor-in-chief of the American Medical Association's Journal of Ethics, talks with Dr. Nancy Krieger about the population health impacts of historical injustices and structural racism. [Watch here](#) »

Practice Management

Payments for providers who had a change in ownership

The U.S. Department of Health and Human Services (HHS) relied on 2019 Centers for Medicare and Medicaid Services (CMS) payment data on file to determine automatic payments for \$30 billion of the \$50 billion Phase 1 Medicare General Distribution. Accordingly, some providers or provider practices that experienced a change in

ownership in 2020 missed out on payments because the payments were distributed to the previous owners.

Prior owners are required to return the payments to HHS if they cannot attest to providing diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 on or after January 31, 2020. For program integrity considerations, previous owners are precluded from transferring funds to new owners who may qualify and can attest to providing care for possible or actual COVID-19 cases.

HHS did not reissue returned payments to the new owners and instead promised to give new owners a separate opportunity to apply for provider relief funding. That opportunity is now here.

Starting the week of August 10, providers who experienced change in ownership challenges may submit their revenue information and documentation proving a change in ownership by August 28 for consideration for Provider Relief Fund payment.

For updated information and data on the Provider Relief Fund, [click here](#). For further assistance with your application, please use the UnitedHealthcare Provider Relief hotline number: (866) 569-3522.

HHS extends Provider Relief Fund app. deadline for Medicaid providers

The U.S. Department of Health and Human Services (HHS) announced an application deadline extension for the Provider Relief Fund's Phase 2 general distribution to Medicaid, Medicaid managed care, Children's Health Insurance Program (CHIP), and dental providers.

Starting the week of August 10, providers who experienced challenges with the previous Medicare disbursements—or tried to submit under the Medicaid Phase 2 disbursement but had already received a small amount from the Medicare Phase 1 disbursement—may submit their revenue information by August 28 for Provider Relief Fund consideration.

For further assistance with your application, please use the UnitedHealthcare Provider Relief hotline number: (866) 569-3522. To learn more about the CARES Act Provider Relief Fund, please consult the [resources here](#).

Paycheck Protection Program closed August 8, 2020

Current law dictates that the Paycheck Protection Program (PPP) close on August 8, 2020. As such, the SBA is no longer accepting PPP applications from participating lenders.

The loan will be fully forgiven if the funds are used for payroll costs, interest on mortgages, rent, or utilities (due to likely high subscription, at least 60% of the forgiven amount must have been used for payroll). For more information, visit the [Frequently Asked Questions](#) about PPP Loan Forgiveness.

Harvard Pilgrim updated testing information

Members should always use participating providers/laboratories for all COVID-19 testing. Tests for employment screening, public screening, student screening, and travel screening are not covered benefits.

Coronavirus testing

- Coding information for COVID-19 current virus testing:
 - CDC labs: HCPCS U0001 for CDC labs
 - Non-CDC labs: HCPCS U0002 or CPT codes 87635, 0098U, 0099U, and 0100U; if using high throughput testing methodologies use either U0003 or U0004. High throughput technology employs automated processing of more than 200 specimens a day. For more information, please refer to the [AMA's coding guidance](#). Code 87635 is not applicable for Medicare Advantage.
- Use one of the following diagnosis codes along with any others as appropriate: Z03.818, Z20.828 or U07.1. Refer to the [CDC's coding guidance](#) for additional information.

- Specimen collection—For drive-through facilities: G2023. For collection at a SNF: G2024. For Medicare Advantage members, these codes may only be billed by clinical diagnostic labs per CMS guidance. Additionally, we accept codes 99211 and C9803.
- Harvard Pilgrim is waiving member cost share for viral testing through December 31, 2020 for commercial and Medicare Advantage members in all states. Viral testing for current COVID-19 infection is covered when ordered by a physician or appropriately licensed health care professional actively treating you, or for Maine members, when in accordance with the State of Maine regulatory guidelines.

To learn more, please refer to the [provider information sheet](#).

CMS COVID-19 office hours calls

The Centers for Medicare and Medicaid Services (CMS) hosts recurring stakeholder engagement sessions to share information related to COVID-19. These “Office Hour Calls” are an opportunity for hospitals, health systems, and providers to ask CMS officials questions about the temporary actions that:

- Increase hospital capacity
- Expand the health care workforce
- Put patients over paperwork
- Further promote telehealth in Medicare

Event details:

- Date: Tuesday, August 11
 - Time: 5:00 p.m. – 6:00 p.m. EDT
 - Attendee dial-in: (833) 614-0820
 - Passcode: 3048844
 - [Audio webcast](#)
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Physician fee schedule proposed rule: Understanding 4 key topics listening session

- Thursday, August 13 from 1:30 p.m. - 3:00 p.m. EDT
- [Register](#) for Medicare Learning Network events.

Proposed changes to the CY 2021 Physician Fee Schedule are aimed at reducing burden, recognizing clinicians for the time they spend taking care of patients, removing unnecessary measures, and making it easier for clinicians to be on the path towards value-based care. During this listening session, Centers for Medicare and Medicaid Services (CMS) experts will review provisions from the proposed rule and address your questions to help you with comments for formal submission.

- Extending telehealth and licensing flexibilities beyond the public health emergency
- Updating Evaluation and Management (E/M) coding guidance
- Updating the Quality Payment Program/MIPS Value Pathways
- Updating opioid use disorder/substance use disorder provisions

We encourage you to review the following materials prior to the call:

- [Proposed rule](#)
- [Press release](#)
- [Physician Fee Schedule proposed rule fact sheet](#)
- [Quality Payment Program proposed rule fact sheet](#)

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