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June 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 the NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

Government Guidelines

State society advocacy on next COVID-19 relief package

The MMS and other state medical societies sent a [letter to U.S. Senate leadership](#) outlining priorities for the next COVID-19 relief package. The letter urges the Senate to:

- Provide additional financial aid to the states, particularly a 14% increase in federal Medicaid matching funds.
- Direct additional funds to the Health and Human Services (HHS) Provider Relief Fund, enact a more equitable distribution model, and have HHS release funding to Medicaid-dependent physicians quickly.
- Require all ERISA health plans, Medicare Advantage, and TriCare for military families to cover and pay for telehealth and telephone audio-only services.
- Increase the production, distribution, and availability of PPE and testing, and accelerate contract tracing initiatives.

The Senate is considering next steps on a COVID-19 legislative proposal that would be a response to the House-passed HEROES Act. The MMS has been actively engaged in

advocacy with our congressional delegation on physician priorities for the next COVID-19 relief package.

Medical association advocacy on federal liability protection

The Massachusetts Medical Society, along with the American Medical Association (AMA) and several state and specialty medical societies, sent a [letter to congressional leadership](#), urging them to include federal liability protections for physicians in the next COVID-19 relief package. Specifically, the letter advocates for Congress to adopt H.R. 7059, the “Coronavirus Provider Protection Act.” The legislation provides protection for health care services provided in good faith during the COVID-19 public health emergency (and 60 days after the emergency declaration is lifted) and services provided or withheld in situations beyond the control of physicians/facilities (e.g., following government guidelines or lack of resources). Protections would not apply to situations of gross negligence or willful misconduct. The bill would provide similar protection to what was passed by the Massachusetts legislature earlier this year.

Practice Management

Phase 2 updates to "Tips for Expanding Practice during COVID-19"

The Massachusetts Department of Public Health issued [Phase 2: Cautious](#) guidance, effective Monday, June 8, that provides health care workers needed information about restarting in-person services and procedures. The Medical Society updated its "Tips for Expanding Practice during COVID-19" to reflect the new Phase 2 guidelines. To view the updated tips document, please [click here](#).

AMA ethics guidance during a pandemic: An overview

This article series draws on the American Medical Association's Code of Medical Ethics to help physicians provide care when facing urgent patient needs, limited resources, and rapidly changing scientific knowledge. To learn, more please [click here](#).

HHS announces enhanced provider portal, relief fund payments for Medicaid and CHIP providers

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), [announced](#) additional distributions from the Provider Relief Fund to eligible Medicaid and Children's Health Insurance Program (CHIP) providers that participate in state Medicaid and CHIP programs. HHS expects to distribute approximately \$15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Allocation.

HHS is launching an enhanced Provider Relief Fund Payment Portal that will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider will be at least 2 percent of reported gross revenue from patient care. The final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients' providers serve.

To be eligible for this funding, health care providers must not have received payments from the \$50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, and May 31, 2020.

The MMS advocacy team has been actively lobbying Congress and HHS to designate more funding for the Provider Relief Fund, to distribute the funds using a more equitable distribution model, and to release funding to physicians quickly. We will continue to monitor HHS guidance on the funds and advocate for additional and equitable physician support.

More information about eligibility and the application process is [available here](#).

Update on claims for COVID-19 testing

In accordance with the Centers for Medicare and Medicaid Services (CMS) Public Health Emergency guidelines, National General Services is modifying internal claim editing to allow the following COVID-19-related procedure codes to process as potentially payable without ICD-10 diagnosis restrictions, including screening diagnosis codes:

- Diagnostic panels: U0001-U0004
- Laboratory studies: 87635, 86328 and 86769
- Specimen collection codes: G2023 and G2024

Mass adjustments are in process for claims previously denied due to diagnosis editing. Providers are reminded that appeals are not necessary for these denied claims, and no other provider action is needed at this time.

NGS proper billing for telehealth services claims

National General Services (NGS) Medicare has received a high volume of paper CMS-1500 claim forms for telehealth services with dates of service during the Public Health Emergency (PHE) that were rejected because they improperly recorded two different POS codes on one claim (example 11-office, 02-telehealth).

The CMS-1500 paper claim form cannot contain more than one POS. This rule does not apply to electronic (837) claims.

The PHE is effective for services performed on and after 3/1/2020. Per CMS, at this time, there is no end date to the PHE.

If you are offering telehealth services as part of the PHE, those claims should be submitted with the POS from where the face-to-face service is normally performed (e.g., office POS 11, hospital POS 21) and include modifier 95 to identify this as a telehealth service during the PHE. This is the preferred method for submission.

COVID-19 Medicare Part B advanced payment, repayment and recoupment process webinar

If you requested and received accelerated or advanced payments from Medicare due to the COVID-19 public health emergency, this learning session is for you. The Centers for Medicare and Medicaid Services (CMS) expanded the accelerated and advance payment program for financial hardship relief during the COVID-19 public health emergency. Accelerated or advanced payments need to be repaid to the Medicare Trust Fund. During this webinar, NGS will review the repayment process.

Date: Thursday, June 11, 2020

Time: 10:30 a.m. - 11:30 a.m. EDT

Register: [Click here](#).

Date: Thursday, July 16, 2020

Time: 10:30 a.m. - 11:30 a.m. EDT

Register: [Click here](#)

- The Paycheck Protection Program Flexibility Act (PPFPA) also clarifies that loan forgiveness will not be reduced because of an inability to rehire employees if the employer can document (1) written offers to rehire individuals who were employees of the organization on February 15, 2020; or (2) an inability to hire similarly qualified employees for unfilled positions by December 31, 2020.
- We will continue to monitor [The Small Business Administration \(SBA\)](#) guidance and revisions to its existing terms.

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