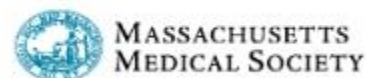


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June 15, 2020

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

Advocacy work on reducing administrative burdens

The Massachusetts Medical Society continues its advocacy to reduce administrative burdens during the COVID-19 pandemic and beyond. On Wednesday, June 10, the Medical Society and the Massachusetts Health and Hospital Association (MHA) sent a [joint letter](#) to Division of Insurance (DOI) Commissioner Gary Anderson seeking to extend the waiver on prior authorization reviews, which is set to expire on June 30. The DOI is currently reviewing this letter with the Command Center.

Specifically, our comments focused on [Bulletin 2020-15](#), which expands on Bulletin 2020-13. Bulletin 2020-13 requested carriers to forego prior authorization reviews—or concurrent reviews—for any scheduled surgeries and behavioral health or nonbehavioral health admissions at acute care and mental health hospitals for a period of 60 days. MMS and MHA noted:

“[We] find value in extending such a request beyond the originally proposed 60-day period, as the increased demands of the COVID-19 pandemic are likely to extend well beyond that time. Furthermore, we continue to advocate for legislative codification of administrative simplifications, which will improve patient care and decrease inefficiencies that lead to heightened health care costs and delayed access to care. The MMS and MHA further request continued flexibility regarding other Carrier administrative processes highlighted in the 2020-15 Bulletin, including an accelerated processing of clean claims, development of processes to expedite health plan credentialing, and streamlining of coding and billing policies to reduce the administrative complexity of coding for claims.”

Practice Management

AMA COVID-19 daily video update: How to maintain a human touch when using telehealth platforms

AMA Chief Experience Officer Todd Unger speaks with health care professionals on updates regarding the COVID-19 pandemic including how physicians can maintain the human touch when using telehealth platforms. [Click here](#) to watch the video.

Telehealth FAQ

[This guide](#) provides the latest Medicare telehealth updates and waivers including telephone services, sites of service, and eligible practitioners.

HHS Announces enhanced provider portal, relief fund payments for safety-net hospitals, Medicaid & CHIP providers

The U.S. Department of Health and Human Services (HHS), announced approximately \$15 billion in COVID-19-related relief payments for physicians and hospitals that

participate in state Medicaid programs and the Children's Health Insurance Program (CHIP).

The deadline to submit an application is July 20, 2020. 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 have directly billed either their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. Close to one million health care providers may be eligible for this funding.

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

Before applying through the [enhanced provider relief portal](#), applicants should:

1. Read the Medicaid provider distribution instructions ([PDF](#))
2. Download the Medicaid provider distribution application form ([PDF](#))

SBA revises PPP application forms to reflect changes in applicant eligibility and implementing PPP Flexibility Act

The U.S. Small Business Administration (SBA) issued new and revised guidance for the Paycheck Protection Program (PPP), which implements the Paycheck Protection Program Flexibility Act (PPPFA).

To act on the PPPFA, SBA revised its first PPP interim final rule posted on April 2, 2020. As described in a June 8, 2020 [announcement](#), the new SBA rule updates provisions

about loan maturity, deferral of loan payments, and loan forgiveness. The SBA also issued a revised PPP [Borrower Application Form](#). More guidance should follow soon about loan forgiveness and applying for forgiveness.

- [Click here](#) to view the new interim final rules.
 - [Click here](#) to view the new borrower application.
-

COVID-19 Medicare Part B advanced payment, repayment and recoupment process webinar (7/16)

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, 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.
-

DOI & CHIA meeting for providers: Testing, telehealth, and prior authorization

The Division of Insurance (DOI) and the Center for Health Information and Analysis (CHIA) hosts regular meetings offering providers an opportunity to raise questions and concerns related to Governor Baker's emergency order commercial insurance provisions.

The next meeting, which will be recorded, will be held from 2:00 p.m. – 3:00 p.m. on Thursday, June 18, and will focus on testing, telehealth, and prior authorization.

To join the meeting, please see below.

- Meeting
URL: <https://zoom.us/j/2902895643?pwd=MUIsMTE5T2hPcHUwc2Y0RkITS0w0dz09>
- Meeting ID: 290 289 5643
- Password: 501

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