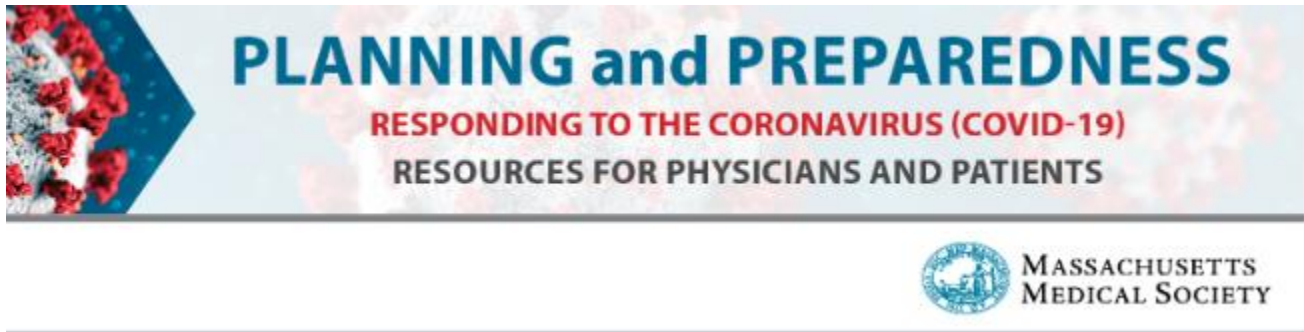


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June 17, 2020

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.

Public Health

Pop-up testing for COVID-19: June 17 and 18

The Commonwealth is urging anyone who has attended a large gathering in the past two weeks to get tested for COVID-19. This testing will be provided at no cost. Testing is available on Wednesday, June 17, and Thursday, June 18. The website www.mass.gov/GetTested lists testing locations and other pertinent details. Some sites require appointments, so calling ahead is advised.

Practice Management

MassHealth announces alternative interim payment program

Yesterday, June 16, the Executive Office of Health and Human Services (EOHHS) released [Administrative Bulletin 20-62](#), which outlines an alternative interim payment program available to eligible physicians participating in the MassHealth program. Eligible physicians may apply for the lesser of \$500,000 or two months of the provider's

average monthly calendar year 2019 MassHealth payments for Physician Services rendered to individuals enrolled in MassHealth fee-for-service, the Primary Care Clinician (“PCC”) Plan, or a Primary Care Accountable Care Organization (“ACO”).

To apply, a physician must meet the eligibility criteria set forth in [MassHealth Physician Bulletin 101](#) and submit an attestation of compliance (appended in PB 101) with those criteria **by 5:00 p.m. on Tuesday, June 23, 2020**. MassHealth will notify eligible recipients of the amount of its interim payment no later than July 8, 2020. Recoupment will begin on January 1, 2021, and MassHealth will start withholding 50% of the payable amount of each Recipient’s paid claims processed through the Medicaid Management Information System (MMIS) until the total amount withheld equals that Recipient’s Interim Payment Amount.

To be eligible, applicants must be a MassHealth physician or group practice that received a CY19 average of \$10,000/month from MassHealth, billed at least 20% of the practice’s total CY2019 charges to MassHealth, and do not owe overpayments or otherwise are not indebted to MassHealth in an amount exceeding \$10,000. Additionally, applicants must accept all terms and conditions of the program, including the payment methodology and reconciliation process, and must agree to any audits or inspections and provide any requested information to MassHealth.

If you have questions about the information in this bulletin, you may contact the MassHealth Customer Service Center at (800) 841-2900 or email your inquiry to advancepay@maximus.com.

Measures impacted by telehealth revisions

The Board of Directors of the National Committee for Quality Assurance (NCQA) [approved](#) a sweeping set of adjustments to 40 of its widely-used Healthcare Effectiveness Data and Information Set (HEDIS) measures. These adjustments are intended to support health plans, clinicians, and patients who rely on telehealth services because of COVID-19. The changes will apply to the measurement of health care quality starting this year. They align with recent telehealth guidance from the Centers for Medicare & Medicaid Services and other federal and state regulators. [Click here](#) to learn about the measures impacted by telehealth revisions.

Paycheck Protection Program (PPP) loan details and forgiveness update

Today, the U.S. Small Business Administration (SBA) posted a revised Paycheck Protection Program (PPP) loan forgiveness application. In addition, SBA published a new EZ version of the forgiveness application that applies to borrowers who either:

- Are self-employed and have no employees.
- Did not reduce the salaries or wages of their employees by more than 25%, and did not reduce the number or hours of their employees.
- Experienced reduced business activity because of health directives related to COVID-19, and did not reduce the salaries or wages of their employees by more than 25%.

The [EZ application](#) requires fewer calculations and less documentation for eligible borrowers. Details regarding the applicability of these provisions are available in the [instructions to the new EZ application form](#). Both applications give borrowers the option of using the original 8-week covered period (if their loan was made before June 5, 2020) or an extended 24-week covered period. For more information, [click here](#).

Provider Relief Fund general information FAQ

On June 9, the U.S. Department of Health and Human Services (HHS) [announced](#) it is moving forward with additional distributions from the Provider Relief Fund. HHS expects to distribute approximately \$15 billion to eligible physicians and organizations that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Allocation. HHS also launched an [enhanced portal](#) for Medicaid and CHIP providers to report their annual patient revenue and necessary information to receive a payment equal to at least 2% of reported gross revenues from patient care. Additionally, HHS released updated [FAQ](#) regarding the CARES Act Provider Relief Fund. To learn more, [click here](#).

CMS changes in guidance for E/M telephone services (99441-99443)

The guidance about CPT codes 99441- 99443 for telephone E/M services has been revised:

- Because CMS designated these telephone services to be representative of E/M services for patients who do not have telehealth capabilities, the only limit is the long-standing rule of one billable service per day. When repeat services are medically necessary for patient follow-up or care, these services may be performed as frequently as necessary.
- Changes in guidance for E/M telephone services by residents: in a primary care exception setting, a resident may perform a telephone E/M service (CPT codes 99441-99443) when the teaching physician is available via audio/visual means and able to review the outcome of the phone discussion and the resident's plan-of-care on the same date of service.

"Lessons from the Front Lines": COVID-19 (Fridays at 12:30 p.m. – 2:00 p.m. EDT)

The "Lessons from the Front Lines" program is a joint effort between CMS Administrator Seema Verma, FDA Commissioner Stephen Hahn, MD, and the White House Coronavirus Task Force. Physicians and other clinicians are invited to share their experiences, ideas, strategies, and insights with one another related to their COVID-19 response. There is an opportunity to ask questions.

Here are the call details for this week's "Lessons from the Front Lines":

- Date: Friday, June 19
 - Time: 12:30 p.m. – 2:00 p.m EDT
 - Dial-in: 833-614-0820
 - Access code: 2258722
 - [Web link](#)
-

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=MUlsMTE5T2hPcHUwc2Y0RkITS0w0dz09>
- Meeting ID: 290 289 5643
- Password: 501

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